THE TEXT-BOOK OF IRIDIAGNOSIS AND GUIDE IN TREATMENT

BY

J. HASKEL KRITZER, M. D.

PRESENTING

IRIDIAGNOSIS: A SCIENCE, REVEALING PATHOLOGICAL AND FUNCTIONAL DISORDERS IN THE HUMAN BODY BY MEANS OF ABNORMAL LINES, SPOTS, AND DISCOLORATIONS IN THE IRIS OF THE EYE.

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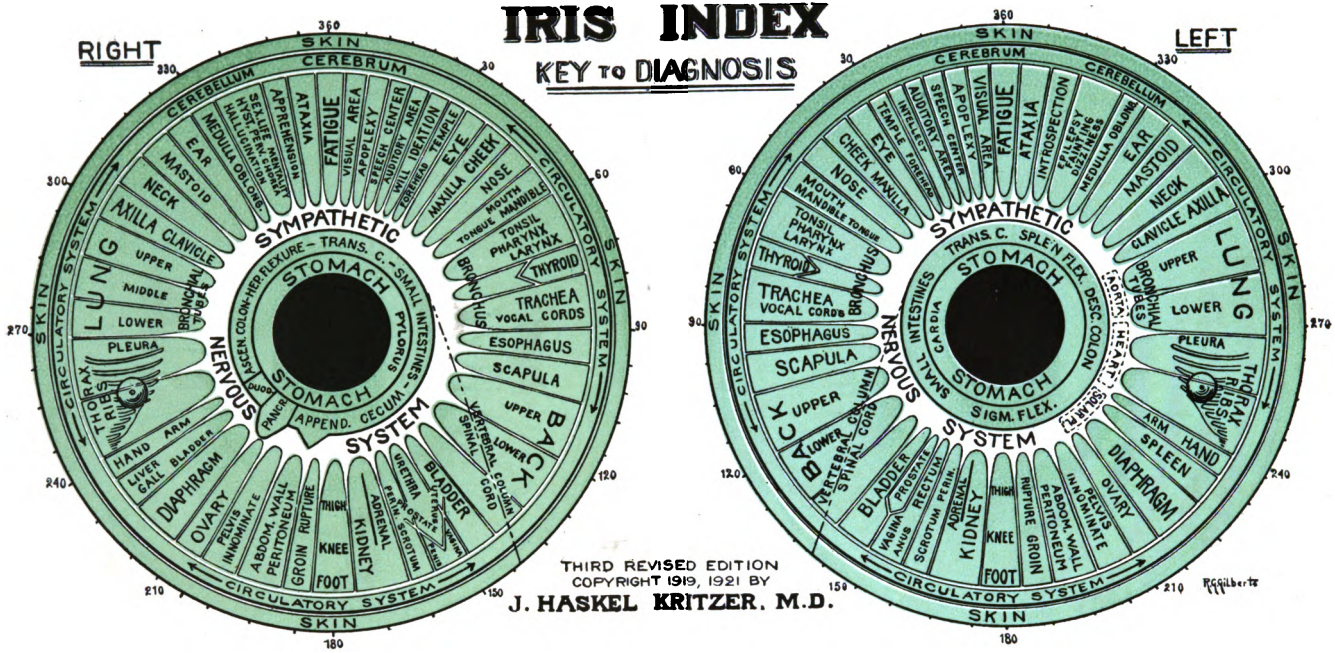
IRIS INDEX

KEY TO DIAGNOSIS



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"There is a principle which is a bar against all information which is proof against all argument, and which cannot fail to keep a man in everlasting ignorance. That principle is condemnation before investigation."

Herbert Spencer.

DEDICATION.

To the Students of Iridiagnosis, whose urgent appeals for a reference manual inspired this work, and

To all those who are engaged in the healing art, and

To those who teach natural living as the basis of a useful life,

This book is respectfully dedicated,

BY THE AUTHOR.

TABLE OF CONTENTS.

Pages

LIST OF ILLUSTRATIONS.

CHARTS.

PLATES.

ILLUSTRATED COLORED SECTION.

ACKNOWLEDGMENT

When the ancients referred to the eyes as being the "windows of the soul" they voiced only a half truth, for they are also the "windows" of the body.

One often speculates what would be the effect upon the human family if all of its members could read and understand the records of violation of Nature's laws as revealed in the iris.

Time and attention are spent upon external appearances. Cosmetics and beautifiers are resorted to in a vain endeavor to cover up the effects of the grosser disobediences of Nature and her laws.

The majority little realize that every abnormality in the physical, and every perversity in the mental, is clearly impressed upon the iris, and through its records we stand exposed to each other as though we lived in glass houses into which he who looks and knows, may see.

While a poor complexion may be covered up, the iris reveals its true cause, which glares forth most markedly.

For this great discovery, humanity is primarily indebted to Ignatz Peczely, born January 26, 1826, in Egervar, near Buda-Pest, Hungary.

The incident leading to the discovery is recorded

in all books on Iridiagnosis and need not be elaborated here. Suffice it to state that, at the age of eleven, while playing in his father's garden, he captured an owl, and, in the struggle that ensued, the bird sustained a broken leg. After the owl was subdued, the observant boy noticed a white cloud in the lower part of its iris on the same side as the injured leg. When, after the leg had healed, he again looked into the bird's iris he noticed that a black speck, circumscribed by white lines, had replaced the former cloud-like sign.

The incident was recalled to Peczely's mind years later, when, as a practicing physician, he was called upon to treat a fracture of a man's leg. He proceeded at once to examine his eye and was once more confronted with a curious spot in the patient's iris similar to that he had observed in the bird's. From that time, he continued his investigations until he discovered various definite areas in the iris corresponding to the organs in the body, thus giving the world the ground-work of a reliable method of diagnosis.

Dr. Peczley's first and only book was published in 1880 in Buda-Pest, Hungary, entitled: "Entdeckungen auf dem Gebiete Der Natur and der Heilkunde."* His disciples appeared in various European countries. Among these were a prominent Berlin physician, Dr. August Zoeppritz, editor of "Die Homeopatishe Monathsblätter," in which he published

* Koenigliche Ungarishe Staatsdruckerei.

Peczely's chart, in 1886.* Dr. Niels Liljequist, a Swedish Homeopath, was another follower of Peczely, who also made some valuable contributions to the science. Dr. H. W. Anderschou, of Norway, published a treatise on the subject in 1903, which he, later, translated into English under the title "Iris Science," published in London, England, in 1916.

In the United States, it was introduced by Henry E. Lahn, M. D., who, in 1904, published a book entitled "The Diagnosis from the Eye," later changed to "Iridology." Henry Lindlahr, M. D., a pupil of Lahn, published in 1917, a book, entitled, "Iridiagnosis."

It was my privilege to receive instruction from the former, and also to be actively associated with the latter in his sanitarium, which afforded me an opportunity for clinical investigation in Iridiagnosis, and in the principles of Natural Therapeutics. Independent research, however, led me to many conclusions differing from theirs.

I take this opportunity of acknowledging my indebtedness to my friends and colleagues, Charles W. Allen, M. D., and Dr. John Dequer; to the former for his skillful and diligent production of the colored plates and other drawings, illustrating this volume; to the latter for his many valuable suggestions and criticisms of the manuscript.

I also wish to express my regard and sincere ap-

* Reprinted in this volume, page 149.

preciation of the work done by the many pioneers of the past and present day members of the regular school of medicine. As one of their ranks, I acknowledge, most humbly, my indebtedness to them for much of the material contained in this book. I am not unmindful of the labor of the many researchers in medicine, some of whom have even sacrificed their lives upon the altar of science for humanity's sake.

I also desire to acknowledge my esteem and recognition of the many great achievements in the field of similar service by the worthy pioneers outside the ranks of the regular school, whose findings contributed to the basis of this work.

It is, therefore, with a like profound concern for the welfare of the human race, more particularly for those who are afflicted—because of a lack of proper knowledge of the laws of life and health—that the information contained in the following pages is submitted.

It is my cherished hope that the facts contained in this volume will throw more "light on the path" of those who have chosen the noble calling of ministering to the sick and the afflicted.

J. HASKEL KRITZER.

Chicago, Illinois,
July 25, 1921.

Knowledge is the reward of investigation

CHAPTER I

A CHALLENGE

The contents of the following pages are respectfully submitted to the earnest student for unbiased and sincere consideration.

In the preparation of this work, the author was permeated by a solemn desire and supreme motive to further the labors of his predecessors, and to join those of his day in the effort to lift the seemingly impenetrable veil that obscures the most vital phenomenon upon which life and death depend—the relative mystery of health and disease.

Many earnest investigators are searching for low forms of life supposed to cause the great scourges, which under various names, exact a heavy toll of life annually. And others, equally earnest, exert all their efforts to discover deadly antidotes with which to combat the long list of already known, named and classified bacteria supposed to cause diseases and death.

An examination of our vital statistics with their enormous mortality figures forces upon us the conviction that we have signally failed to cope with the commonest forms of disease, whatever their causes. Millions are expended in medical research, but the

fact remains, that there is a steady increase in the annual death rate.

The following figures gathered from those compiled by the United States Bureau of Vital Statistics for the years 1908 and 1918 show an alarming mortality increase in the United States registration area per 100,000 of the population:

	Deaths in 1908	1918
Brights Disease (Acute and Chronic)	43,835	79,192
Cancer	33,465	65,282
Heart Disease (All forms)	69,614	138,086
Pneumonia ((All forms	122,518	222,400
Tuberculosis (All forms)	78,289	121,204

About half a million of the civilian population in the United States alone, die annually of only five diseases—all of which are preventable.

In addition, the following figures—which I have not verified—were compiled by Dr. J. H. Kellogg and published in his magazine "Good Health" as early as 1906:

"Insanity has increased 300% in the last fifty years.

Idiocy has increased 300% in the last fifty years.

Epilepsy has increased 300% in the last fifty years.

Cancer has increased 305% in the last fifty years.

Bright's Disease has increased 527% in the last fifty years.

Diabetes has increased 1459% in the last fifty years.

Insurance statistics reveal an equally alarming increase in arterio-sclerosis, apoplexy and other diseases.

How many of those preventable diseases and untimely deaths may be attributed to incorrect diagnosis and to wrong methods of treatment? Yet, Peczely's great discovery of the iris as a guide in diagnosis, though recognized and adopted by individual physicians, is officially ignored by the medical profession. The admitted inadequacy of present methods of diagnosis makes the failure to investigate its merits the more deplorable.

The fatal consequences of incorrect diagnosis, frequently follow administration of contra-indicated drugs, exploratory incisions and often unnecessary surgery—means which at best only temporarily postpone the inevitable results of disease.

A new day is dawning, however. The art of drugless healing is fast becoming a forceful and constructive factor in modern life. Its scientific basis is corroborated by Nature's own signs in the iris which, like a beaming search-light, expose bodily disorders, often beyond the range of the commonly approved methods, such as Roentgenology (X-ray), Microscopy, Cystoscopy, etc., including the more recent methods of spinal diagnosis—the great discovery of Andrew Taylor Still, M.D., Electronic diagnosis—evolved by Albert Abrams, M. D.—and Bio-dynamo-chromatic diagnosis by George Starr White, M. D.

Nevertheless, through the iris as a guide in diagnosis, we are given a keener insight into the fundamental causes and cure of disease, though no claim is made that Iridiagnosis is, in itself, all sufficient to the exclusion of other methods. It is affirmed, however, that this method throws new light on old accepted doctrines of causes and effects of disease, thereby challenging and refuting:

1. The germ theory as a primary etiological factor in disease. Iridiagnosis proves that the much dreaded germs are scavengers, feeding upon the accumulated waste in the system, and become dangerous only when such cleansing process is either neglected or repressed. From this it follows that destruction of germs without the removal of the morbid soil actually hinders rather than aids Nature in her healing process.

2. Iridiagnosis refutes the doctrine that drugs and chemicals are remedial agents, and proves that while they kill germ life, they also destroy healthy tissue.

3. Iridiagnosis refutes the theory that vaccines, serums, and antitoxins aid Nature's defensive forces and proves, as nothing else will, that vaccines and anti-toxins, (a) deplete Nature's protective forces; (b) lay foundations for malignancy in various forms by their toxic irritation.

4. Iridiagnosis refutes the theory that crude poisonous drugs are eliminated from the system and furnishes incontestable proof that: (a) they DO ACCUMULATE; (b) that they are largely re-

sponsible for many chronic forms of disease. This fact was recognized more than a century ago by Hahnemann, the father of homeopathy, and is verified to-day by medical men of repute.

5. Iridiagnosis indicates that when a patient recovers from an illness, for which vaccines and drugs in physiological dosage were given, he is only relieved of the symptoms, not of the potential cause.

6. Iridiagnosis points with unfailing accuracy to hereditary organic defects and encumbrances as etiological factors in certain forms of disease.

7. Iridiagnosis reveals functional and organic changes taking place in any part of the body long before their symptomatic manifestation.

CHAPTER II

THE EYE

The eye ball, (bulbus oculi), is situated in the anterior part of the orbital cavity, and is supported by a cushion of connective tissue and fat. It is held in position by its muscles, the optic nerve, conjunctiva, etc. It is protected in front by the eyelids and the eyebrows. The eye-ball is composed of segments of two spheres of different sizes, the anterior, the cornea being the smaller, while the sclerotic coat, the posterior, is the larger segment.

The eye-ball consists of three coats:

1. The *External Fibrous Tunic* which comprises the sclera and the cornea.

2. The *Middle Vascular Tunic,* which includes the choroid, the ciliary body, and the iris.

3. The *Inner Nerve Tunic,* the retina—the light perceiving portion of the eye—which is formed by the terminal expansion of the optic nerve, representing also a portion of the brain itself. (The retina is also of diagnostic value in diseases, such as: nephritis, diabetes, lues, etc.) The aqueous humor, the crystalline lens, and the vitreous body are enclosed by these coats, and represent the refractive media of the eye.

The sclera—the outer coat surrounding the iris—is also of some diagnostic value, being of clear bluish white in the young, as well as in healthy adults. The yellowish scum that is seen in some eyes—rather pronounced in jaundice—indicates a

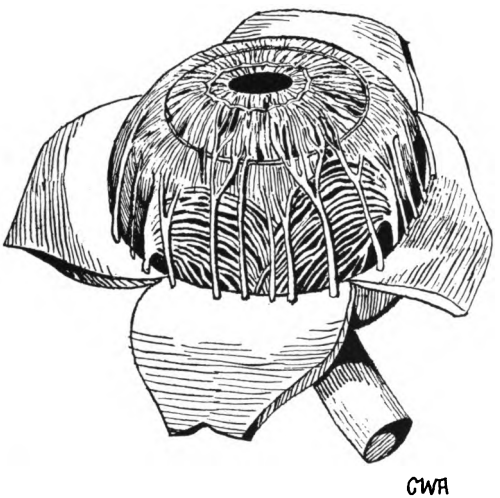

Fig. 1.

Fig. 1. Blood supply of eye-ball and iris (after Zinn)—Lucianis' Human Physiology.

constitution laden with impurities. It is often seen in diabetes. The prominence of red streaks denotes congestion of the local blood vessels and is indicative of excessive bodily heat, resulting from an excess of carbonaceous foods, such as starches, sugars and fats.

Protrusion of the eyeball is a familiar indication

of exophthalmic goiter. Bulging of the eyeball is also caused by painful excitation of the sensory nerves.

THE IRIS

The iris is a perforated, contractile, variously colored structure, containing a central circular opening designated as the pupil. The iris acts like a curtain by cutting off the marginal rays thus preventing a spherical aberration that might result in indistinct vision. By virtue of its contractile function, (usually spoken of as contraction of the pupil),

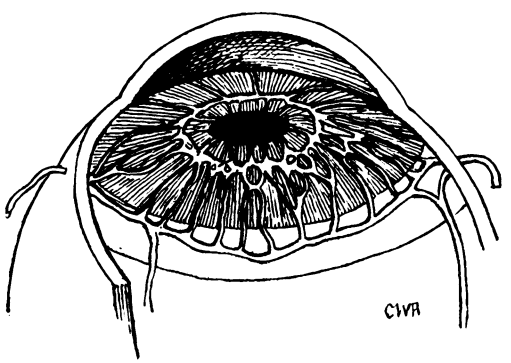

Fig. 2.

Fig. 2. Blood supply of the iris. (Piersol's Anatomy).

the iris regulates the amount of light that enters the eye during bright illumination. With this contraction fewer rays of light are admitted to the eye when the light is strong than when it is weak. The iris is also an accessory to the muscles of accomoda-

tion. These are two in number and are antagonistic—the sphincter, which contracts and is supplied by the oculo-motor nerve, and the dilator of the pupil, supplied by the cervical sympathetic and the trigeminus. The pupil dilates, therefore, after paralysis of the oculo-motor and contracts after the excision of the sympathetic.

BLOOD SUPPLY OF THE IRIS

The blood supply to the iris is derived from the long and short posterior and from the anterior

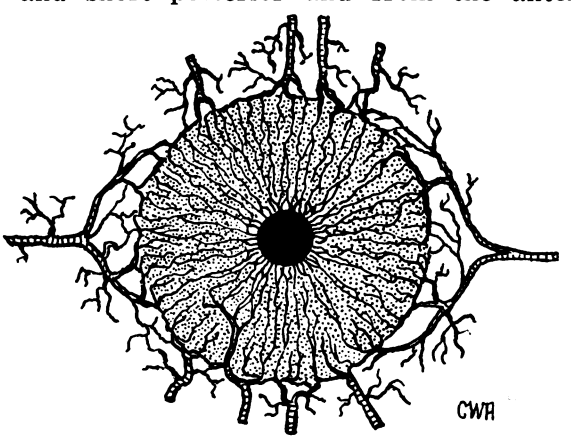

Fig. 3.

Fig. 3. Capillaries of the iris (after Sappey)—Norris & Oliver, System of Diseases of the Eye.

ciliary arteries, arising from the ophthalmic artery, and from the major and minor *circulus arteriosus iridis.*

The capillaries of the iris terminate in the *venae radicae* which proceed radially to the ciliary body; they empty into the venae vorticosae.*

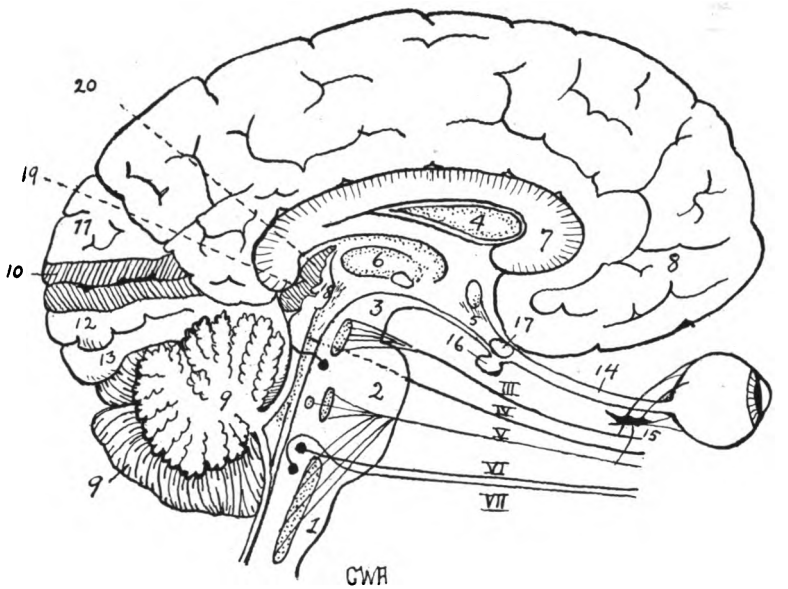

Fig. 4.

Fig. 4. The relation of the ocular nerve to the brain. (From de Lapersonne et Cantonnet, Manuel de Neurologie Oculaire.)

1, Medulla; 2, Pons; 3, Peduncle; 4, Septum lucidum; 5, Infundibulum of third ventricle; 6, Optic thalamus; 7, Corpus callosum; 8, Frontal lobe; 9, Cerebellum; 10, Calcarine fissure (left); 11, Cuneus; 12, Lingual gyrus; 13, Inferior frontal gyrus; 14, Optic nerve (left); 15, Ciliary ganglion with its connection; 16, Pituitary body; 17, Section of chiasm; 18, Pineal gland; 20, Pulvinar; III, IV, V, VI, VII, Cranial nerves.

* Posey and Spiller, Page 286. The Eye and Nervous System.

NERVE SUPPLY TO THE IRIS

The iris is innervated by the cervical sympathetic and the third, or oculo-motor nerves. The cervical sympathetic proceeds from the medulla to the first, second and third dorsal centers of the cord, and through the sympathetic cervical gangliae, to the Gasserian ganglion in the brain, reaching the iris

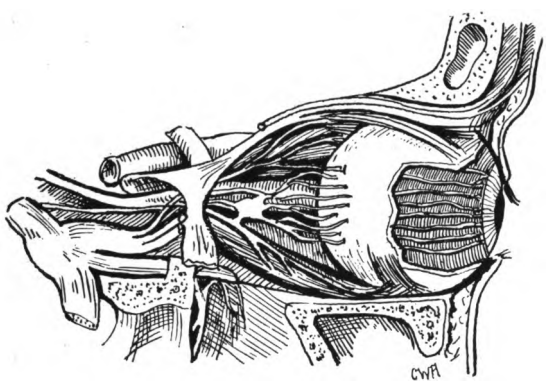

Fig. 5.

Fig. 5. Nerve supply to the eye-ball and iris (after Hirschfield)—Abrégé D'Anatomie.
P. Poirier, A. Charpy and Cuneo.

through the long ciliary process. Hence the nerves supplying the iris are 1. sensory, 2. motor, 3. sympathetic.

THE PUPIL

The pupil is the central opening of the iris and is three to six millimeters in diameter when at rest. In

health the size varies with exposure to light, accommodation, and convergence. It is also influenced by age, and the character of refraction. Other things being equal, the pupil is generally smaller in old age and far-sightedness, while it is larger in youth and in near-sightedness.

CONTRACTION OF PUPIL

The pupil contracts on the exposure of the eye to a bright light; a flash of lightning following a long period of darkness; when the eye is focused on near objects, or on convergence to look at a near object; on the administration of opium, aconite, and in the early stages of chloroform and alcohol poisoning; on the division of the cervical sympathetic, or stimulation of the third nerve.

Contraction of the pupil is further caused in congestion of the iris; in venous obstruction; in certain fevers; in plethora; in mitral diseases; in neurasthenia and various forms of paralysis; and under the influence of miotics.

DILATATION OF THE PUPIL

The pupil dilates in the dark first rapidly and later, more slowly; on the focusing of the eye for distant objects; by the irritating action of the nerves of the sexual organs; labor pains; loud noises in the ear; in diphtheria; in dyspnea; before the approach of an epileptic fit; the local applications of atropine and its allied alkaloids and their internal administration; in the later stages of poisoning by

chloroform, opium and other drugs, particularly quinine poisoning.

The pupils also dilate in ocular diseases, and in fright, emotion; in aortic insufficiency; in vomiting and anemia of the brain. Some say that dilated

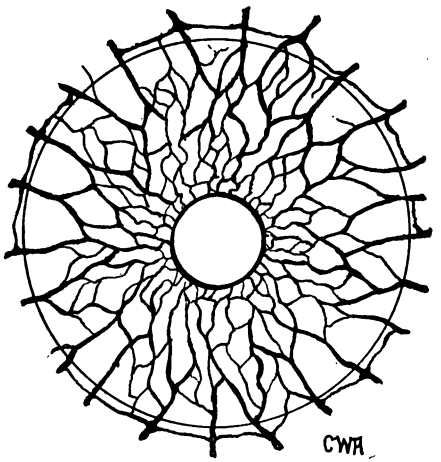

Fig. 6.

Fig. 6. Nerve supply to the iris (Histological) after Quain's Anatomy and Neurology.

pupils are found in persons of low mental development.

UNEQUAL PUPILS
(Anisocoria)

Unequal pupils are rarely seen in health. Variation in equality, now occurring on the one side and now on the other, is, according to Von Graefe, a serious premonitory symptom of insanity.

CHAPTER III

Facts Concerning the Natural Color of the Iris

The formation of the various colors of the human iris has long been a subject of much speculative discussion. Numerous assertions have been made by German, English and French scientists of note, among them, Professors Virchow, Beddoe, Broca and others.

Aristotle (300-400 B. C.,) was probably the first to have observed that the color of the iris in the new born is blue. This truth has since been verified by leading physicians and other scientists interested in the evolution of the human race, and has also been exploited by various authors in Iridiagnosis as proof to their claim of the superiority of the blue-eyed as against the brown-eyed types. They see in this color phenomenon proof that "Nature Selects the Best," whereas it is due only to the absence of pigmentation. Pigment develops only after birth.

Some contend that the blue Iris is even found in the new born of the colored races. This, however, is but relatively true, for I found that the iris in the new born negro is of a dark steel gray hue—

the entire iris giving the appearance of a homogeneous grayish mass, which gradually turns darker, and assumes the characteristic very dark brown color. The same phenomenon also occurs in the new born of the white races and is explained by the fact that there is either an insufficiency of pigmented cells in the pigment layer, or their total absence, both in the posterior pigment layer and in the stroma of the iris in the new born. And, as the iris is thin, the dark background assumes a blue shade through the semi-opaque stroma, just as the dark color of the veins shows blue through the tender white skin. This relative blue color changes or turns gray with the increase in pigmented cells especially when the iris is thicker. It turns brown when the increase in pigmentation is more abundant.

It is also of interest to note that the color difference between the white and colored races is only "skin deep," as may be deduced from the findings in the dissecting room—which show that the difference is in the skin pigment only, and not in the blood.

The skin pigmentation, however, is influenced by the secretion of the adrenals. This is proved by the so-called "bronze-colored skin" in Addison's disease—a disease of the adrenals.

CLASSIFICATION OF IRIS COLORS

There is a great deal of conflicting data available on the iris colors as a result of exhaustive investigation by some of the foremost scientists engaged in

the study of the human race. The central points of discussion are:

1. What are the natural colors of the iris?
2. What causes the variation in the colors?
3. What is the significance, if any, of the color of the iris?

These questions are now definitely answered and scientifically proved through the discovery of the iris as a means of diagnosis by Peczely and his followers. It points to the fact that the only true and natural primary colors of the iris are blue and brown. Iridiagnosis leads us also to the causes responsible for the abnormal discolorations of the iris and shows their true significance concerning the state of health or disease of the individual.

Before we further discuss the subject, it may be of general interest to first note the scale of colors as given by other scientists. Broca—quoted by Beddoe—arranges them in shades of orange, green, blue and violet gray. Beddoe* acknowledges three classes of eyes: the light, the intermediate and the dark. To the first class he assigns all blue, bluish gray, and light gray eyes; to the second class, dark gray, brownish gray, very light hazel or yellow, formed by streaks of orange, and most shades of green. Into the third class he places the so-called black eyes and those usually called brown or dark hazel.

Peczely classifies them into the blue and brown

* "The Races of Britain," John Beddoe, M. D., F. R. S.

colors, (with a sub-classification of light, medium and dark blue, and light, medium and dark brown). Light, medium and dark green. Light medium and dark gray.*

My own observation leads me to a modification of the foregoing with a subsequent re-classification into the following table.

1. Clear blue, whitish blue, grayish blue and inky blue.

2. Clear brown, amber color, or muddy brown, dark brown and "roasted coffee" brown.

3. Intermediate. This is a hybrid shade of an indistinct color, bluish brown, or brownish blue of light and dark shades of a greenish cast, according to the dominant shade of blue, making for the lighter, or the dominant brown making for the darker shade.

This third shade, in accord with the Mendelian law of heredity, is usually observed in offspring, one of whose parents had brown, and the other blue irides and physical qualities of a more or less equal proportion as to composition of blood, health, strength, vitality, etc.

4. Mixed colors. To this class we assign all irides which were originally blue or brown, but have changed in parts due to the deposit in the system of various crude drugs, making for the yellow, or "cat-eye," orange and steel gray shades, and many so-called brown or hazel irides.

* Page 45, Entdeckungen auf dem Gebiete, etc., Peczely.

5. The pink, or albino iris, is found in people who are unusually fair, almost white, hence the designation "albino"—alba, Latin for white,—which is due to a lack of pigmentation in the lining of the choroid at the back of the eye, so that light passing through the iris and pupil is tinged red from the blood vessels at the back, thus, their eyes may seem to "blush simultaneously with their face," as Tyler expresses it.

Absence of pigmentation is not necessarily confined to any particular race or habitat, but is found in the negro as well as in the white race. I observed quite a number of albinos among Americans, Canadians, and Austrians. Their complexions were very fair and their hair white: they were suffering from affliction of the eyesight and nystagmus,—rapid oscillation of the eyeballs.

One young woman was, at one time, almost totally blind. She informed me that, by the aid of spinal manipulation, her vision was so improved that she was enabled to take up the healing art and become a student and practitioner of iridiagnosis, which requires fair eyesight.

The serious impairment of vision in albinos is due to the absence of the protecting black pigment, according to Tyler.* This also accounts for their sensitiveness to light, making Albinos avoid the glare.

* Anthropology, by E. B. Tyler, 1916 Appleton Pub. Co.

CHAPTER IV

Normal and Abnormal Colors of the Iris—Their Causes and Meaning

The most common discoloration found is the change of a blue iris apparently into a brown or hazel. This color transformation misled able investigators in their erroneous classification of brown eyes, which in reality were blue. The abnormal color change is also responsible for the eulogies written by men of science concerning the marked decrease of the blue-eyed blondes, and the corresponding increase of the brown-eyed brunettes. Indeed, the complexion in general, and the color of hair in particular, also change from fair to dark in the exact proportion to the changes of the color of the eyes, which in its turn, is influenced by systemic changes. Among the chief contributing factors responsible for the change of a blue iris into an abnormal brown are:

1. Drugs, such as quinine, sulphur, iron, iodine, ergot, ichthyol, etc. For a detailed discussion of drugs see page 81.

2. Excessive beer drinking (especially true of the German peoples). My suspicions that excessive beer drinking, causes a change in the pigmentation

of the iris, was first aroused in 1915, when I examined a number of brewery employees whose irides were blue and tinged with a peculiar grayish or pale brown, beer shade; developing, as it were, from the pupillary border where it was dense, and progressively spreading out in a lesser dense shade, covering the greater part of the iris.

My suspicion was confirmed a year later, when I was called to St. Louis to give a course of lectures in Iridology. A member of the class, the son of the general superintendent of the world's largest brewery, invited me to inspect the plant, and while there we also examined the irides of the employees and officials.

In all those who drank beer liberally, from the general superintendent down to the bottle washers and truck drivers, I found that distinct pale brown beer shade. They had also the peculiar stoutness and round face typical of being overfed on carbohydrates. Here again, nature left its indelible impression in the iris, showing over-indulgence and intemperance.

NATURAL CAUSES RESPONSIBLE FOR THE BROWN EYES

Let us now discuss the natural causes which tend to increase the brown-eyed types. It will be of interest to note that Virchow, (quoted by Liljequist) speaking of his investigation of the German decline in blue eyes, in families where the father is brown-eyed and the mother blue-eyed, states that seventy-five per cent of their children are brown

eyed, thus pointing to mixed marriages as three-fourths of the cause of the decline of the fair and increase of the darker types.*

My observation in this phase of the subject (this is by no means exhaustive, for more extensive investigation may affect a material change), led me to the conclusion that this is equally true among the races and nationalities that make up this great American nation, that where the mother is brown-eyed, the results will be similarly proportioned.

Another interesting point in my observation was, that the brown-eyed are usually found among the oldest and the youngest of the family. I have also found families with as many as seven, eight and eleven children, all of whom were brown-eyed in spite of the fact that one parent was brown-eyed while the other was blue-eyed. In some instances, where both parents were blue-eyed and their offspring were brown-eyed and vice versa, a further investigation revealed that there was a grand parent that had brown eyes in cases where the third generation was brown-eyed, and a blue-eyed grandparent where the third generation was blue-eyed. In other rare instances we also found among the offspring of mixed marriages, (mixed color of iris only, not a mixture of race or nationality,) to have, heterochromia—unequal color of one or both irides, such as one iris blue, and the other brown, or one

* Liljequist (quoting Virchow), page 19, Die Diagnose aus den Augen, third edition, 1911, Krueger & Co., Liebigstrasse, 9 Leipzig.

iris brown and one half of the other iris also brown, while the remaining half of the second iris was blue. The reverse is frequently found where one iris is blue and the greater part of the other iris is also blue and the rest is brown.

It may be of interest at this point to also relate an instance of equal proportionment in a family of nine children, where the father was brown-eyed and the mother blue-eyed. The first four children had brown eyes, the fifth had one blue and one brown iris, and the four last children were blue-eyed.

THE WHITISH BLUE IRIS

(Denotes acidosis. See acidosis page 218)

The often found whitish-chalk-like substance covering the blue iris reveals the presence of an excess of various acids, particularly uric acid, accumulated in the system. The normal color of such irides is usually dark blue; but the chalk-like white covering causes them to assume an exaggerated blue shade. Such irides may therefore be mistaken for a normal clear blue iris denoting perfect health. The reverse however is correct.

A thorough understanding and recognition of a whitish blue iris is very essential, as the inexperienced may mistake it for an azure blue. The acidosis iris is whitish blue, by virtue of its color usually being dark, and, when covered with that milky, flake-like substance of acidosis, it causes a dark blue iris to assume an exaggerated lighter shade, which,

of course, is misleading, for such an iris denotes anything but a perfect constitution.

It was in 1912 when I first discovered the significance of the whitish blue iris and its real indication as to the health of its possessor. I was called to a young physician, of 26, suffering from arthritis. I was surprised to find that the color of the patient's iris was apparently as clear as the azure blue, usually found in excellent health. In reality, however, I was facing a very sick man, suffering agonizing pains. A continuous, close observation of the case, after he was placed under a strictly natural regime revealed a change of shade where dark blue areas could be seen between the chalk-like spaces covering parts of the iris. A few days later, less of the white cloud could be seen until it had gradually disappeared, leaving the dark blue—his real iris color —uncovered. It was truly remarkable how quickly the entire fog-like covering was eliminated from his eyes, during and after his recovery, leaving only pure white lines in the various areas corresponding to the affected parts and organs of his body.

Shortly afterwards, I had several similar cases, and I began to search for the cause of this phenomenon. After years of clinical investigation, I have tabulated the following:

1. The whitish blue or whitish gray iris denotes a progressive development of acidosis, which is due to an excessive accumulation of various acids,—particularly uric acid,—in the blood and tissues irritating the system.

2. The darkening of the whitish blue or the whitish gray iris denotes a subacute form of acidosis.

3. In the brown iris, it produces an amber color of a cloudy appearance.

These findings are based upon the following:

1. In every case the patients admitted that their meals consisted of acid producing food, such as meats, eggs, white bread, white sugar, tea and coffee, etc.

2. (a) That the iris cleared up after the patient had developed an acute attack of arthritis, or some other disease which cleared the system of the acids, and incidentally, the iris of the milky covering. (b) That the same results—clearing of the iris—followed after a change in diet in which consumption of acid-producing foods was restricted and substituted by fresh fruits and green leafy vegetables, rich in organic mineral salts,—thus neutralizing and eliminating the acids from the system.

CHAPTER V

Mistaken Attributes of the Blue Iris

Liljequist makes this assertion: "Only those persons with blue eyes, the iris of which is fine and dense, have prospects of obtaining the age of one hundred years." (Page 16, edition 1911.) "The brown iris marks them as belonging to a weak, sensitive and nervous generation." (Page 15.)

In my excursions to the homes of the aged, I found the only living man who was nearing his hundred and tenth birthday, to be the possessor of intermediate irides of a greenish cast, and it was difficult to tell which of the two shades predominated—the blue, or the brown. The man was a Russian Hebrew, born in 1810, in the Province of Bessarabia. He came to America at the age of 85 and became a successful farmer.

When asked to what he attributed his longevity, he informed me that it was due to heredity. His father had attained the age of 101; one brother passed out at the age of 112, and another at 114. I found him hale and hearty, possessed of all his faculties, and, in my judgment, he did not appear to be older than 75 or 80.

In another institution whose inmates were of

English, Scotch and German origin, I found that the only one approaching his hundredth birthday had a blue iris, but the yellow brownish discoloration was so well marked around the pupil that an insufficiently trained observer would have classified him among the brown eyed.

Lindlahr asserts this: *"Visit an old people's home and count the brown-eyed above 60 years of age; you will not find twenty five in a hundred."

I submit figures of the first hundred examined for that purpose. Of sixty-five men and women sheltered in The Memorial Home in St. Louis, thirty four were blue and gray-eyed; sixteen, brown-eyed, some of whom were past eighty, the oldest being eighty-four; one at seventy-six, still worked in one of the city parks; another, at seventy-five, was doing some very fine artistic writing and landscape painting. Fourteen others were of the intermediate color, (blue brown). The oldest of the blue and gray-eyed were eighty-six years of age respectively. Of thirty-six inmates in another home, twenty three were blue and gray-eyed, ten brown-eyed, and three intermediate. The oldest of the blue-eyed was 90, the oldest of the brown-eyed, 86.

To further quote Lindlahr: "Our brown-eyed patients, as a rule, shun the cold water treatment; they have a perfect horror of it. Many would rather die than be cured by cold water, while the blue-eyed usually take to it like ducks.

"Homeopathy says sulphur patients shun the

* Page 32, Iridiagnosis, edition 1919.

water. Now sulphur patients are usually psoric patients, and psoric individuals are brown-eyed."

I was actively connected with Lindlahr and his sanitarium for a period of three years, during that time I had occasion to observe the effects of the cold water treatments, and I came to entirely different conclusions.*

The last statement that all psoric patients are brown-eyed proves that his conclusion is based upon inadequate observation. Indeed, I found any number of blue-eyed people afflicted with itch—psora—in most annoying forms. Furthermore, in the course of my research, I visited institutions for the blind, deaf-mutes, epileptics, feeble-minded, etc. Among other important findings, this fact was rather significant—that only every sixth of those examined was brown-eyed.

Among the children in the wards for congenital syphilis, Cook County Hospital, Chicago, the brown eye was a rare exception; and the same was true of

* As a matter of personal hobby, I checked up those who enjoyed and those who dreaded cold water and found that not only the brown-eyed dreaded it, but also the blue-eyed, born under the zodiacal sign of fire, or what is known in the astrological terminology, as the "fire triplicity." To such, cold water is truly as injurious as it is antagonistic to fire. I found that the daily cold baths in such types retarded their recovery; to some it was detrimental. Those enjoying good health may not have so keen an aversion and may even be stimulated after the cold bath, but even they feel better after restricted and more judicious use of cold baths.

On the other hand, my observations proved that those born under the so-called "water-triplicity," be they brown or blue-eyed, take to water like ducks. To them, it is truly a great remedy for they find themselves in their own element.

the numerous patients I have examined in various insane asylums.

Concerning the susceptibility of the blonde and brunette types to disease, Beddoe states: "In my experience as a physician it has appeared that, on the whole, dark complexioned children showed more tenacity of life than fair ones, under some of the unfavorable conditions connected with town life."

In contrast with the superiority of the blue-eyed and fair complexioned, attributed by authors of Iridiagnosis, I constantly found myself confronted with various diseases among the blondes which seemed to me out of all proportion when compared with brunette types.

Baxter states that : "In the American Federal army more fair than dark men were rejected for every large class of disease, with the single exception of chronic rheumatism, thus proving even a slight superiority among the Americans of the dark complexion."

I submit statistics compiled by Baxter, comprising 334,321 recruits and drafted men, out of whom 217,292 were light and 117,029 were dark complexioned. (Page 453, Table 18) Volume II, 1875.

Statistics Medical and Anthropological, under the direction of the secretary for war.

Total Number men examined, ...	334,321
Number of dark examined, ...	117,029
Number of dark rejected, ...	1,775
Number of light examined, ...	217,292
Number of light rejected, ...	3,945

	Rejected		Ratio per 1000	
	Dark	Light	Dark	Light
Heart Disease (Acute and Chronic)	1,775	3,941	15.167	18.137
Kidney Diseases (Acute and Chronic)	113	302	.966	1.390
Pulmonary Phthisis	1,070	2,654	9.143	12.214
Epilepsy	466	1,064	3.982	4.897
Insanity	83	174	.709	.801
Syphilis	865	1,862	7.391	8.569
Scrofula	312	750	2.666	3.452
Chronic Rheumatism	570	1,013	4.871	4.662
Cancer	19	34	.162	.156

However, in Britain, more brunettes are liable to cancer than blondes. (Beddoe, Page 224. The Races of Britain).

TEXTURE OF THE IRIS AN INDEX TO LONGEVITY

By the term texture is meant: (1) The actual compactness of the unit fibers making up the topmost layer of the iris, their evenness as well as closeness to each other. (2) The dense, even deposition of the pigment of the iris. This describes a perfect iris, but, where the pigmentation of the iris is not uniform, and is darker in one region and lighter in another, it is considered an average iris. When the uniformity of the fibers that compose the top layer is disarranged, flexed or broken, in addition to the unevenness of color, it is considered a poor texture.

A perfect texture in the blue, as well as in the

brown irides, denotes that their owner is endowed with an excellent constitution; a wealth of reserve force and energy, which seems almost unlimited. Exhaustion is practically unknown, to them. When fatigued, a short rest and relaxation revitalizes them, and charges them with new vigor. Such persons do not readily succumb to disease; when ill, they recover speedily, for they possess inherent recuperative powers. Exclusive of accidents, their longevity is assured.

CHAPTER VI

SUNLIGHT A NATURAL FACTOR IN THE BROWN IRIS

That the blue eye in the Indo-European peoples is largely influenced by sun-light—rather than by racial peculiarities— may be verified by the fact that the inhabitants of regions adjacent to the Baltic Sea, such as the Scandinavians, northern Germans, French and English, are, with few exceptions, blue-eyed, light-haired, and of fair complexion. It is not unusual for some authors to use the term "Nordic," as a synonym for the blue eye. These Nordic types are well adapted for the fogbound coasts they inhabit, by virtue of the fact that their fair skins readily absorb the few actinic rays which penetrate the atmosphere. For this reason some authors state that there is no third generation of white men in India, because their fair skin is over-stimulated by the intense actinic light of the sun in that country, burning out their very life. The brown-eyed types, however are better prepared to live in the more fogless regions. For unlike the northern type, which retains the animal heat, the brunette, or southern type, does not retain it beyond a certain degree, but radiates it outwardly. This is probably the reason why the brunette can withstand thirst on a hot day

longer than a blonde, and would most likely out-last his fair eyed partner if both should be lost in a desert, for the former is well supplied with dark pigmentation that affords him protection against the sunshine and dry air. It is, indeed, interesting to study the couples out in the parks on a hot summer day; the brown-eyed thoroughly enjoys a good baking from the penetrating sun rays, while the blue-eyed mate runs for the shady spot.

It may be pertinent to insert, here, a word of caution against the indiscriminate practice of "sun-bathing" as advocated by some cults. My personal experience and observation taught me that prolonged sun baths are devitalizing to both dark and light complexioned persons of the Caucasian race. Sunlight is particularly injurious to those suffering with asthma.

A sun bath should not exceed the period of twenty minutes, beginning, first, with three to five minutes' exposure, and gradually increasing it.

The following excerpts taken from the St. Louis, Mo., Sunday Globe-Democrat literary section, July 20, 1919, will be of interest as they deal with the effects of climate upon the human race. These conclusions having been reached after a very extensive study by Prof. O'Malley, well known author and physician of Philadelphia. The article is written by Mr. William A. McGarry, as follows:

"The Irish, English, Scotch, Germans, and all other north-Europeans will be extinct in this coun-

try within one or two centuries, unless there is constant immigration from their native lands.

"The United States, with European immigration cut off or reduced, will become a land of Southern Europeans within a few generations.

"North Europeans cannot exist as a mass, for more than a few generations in most parts of the United States. As quickly as they migrate into sections such as Philadelphia, they perish—literally burned up by the ultra-violet rays of the sun.

"IRISH FAMILIES DYING OUT"

"Enough proof of these assertions to fill a library has been obtained by Dr. O'Malley. But the most outstanding pieces of evidence, because it is available for the study of every one, is the record of the American Revolution. According to a record of the testimony given by Major General Robinson, the English commissioner sent to this country during the revolution, for the exchange of prisoners, General Washington's army consisted of 'one half Irish, one fourth natives and the rest were Scotch, German and English.'

"'During the war of the American Revolution,' says Dr. O'Malley, 'almost the entire Pensylvania and Maryland line in the American army was made up of Irish, there are now almost no Irish names among the Daughters of the Revolution, the Cincinnati and similar societies, made up of persons who had ancestors in the revolutionary war, because the Irish of the Revolution are extinct. I recently ex-

amined fifty Irish families in Northern Pennsylvania, who are now in the second American generation.

"These families were of the best immigrants that came here just after the famine in Ireland of 1847. They gave their children the best example; they all succeeded financially, so that their children were well fed, well housed and educated; nearly every family was able to send some of their sons to college. In the first American generation there were a little over five children as the average, to each family—276 in all. If these 276 people had the number of children their parents had, they would now be represented by at least a thousand descendants.

"They are actually represented by less than 200 delicate, neurotic children. These families will be extinct in a few more generations. One group of seven families in this list had forty-nine children in the first American generation, of which nine per cent became insane, but the second American generation consists of six delicate children, and there will be no more. Instead of a progression in the second generation, there is a retrogression by more than eighty-six per cent.'

"The underlying cause of this retrogression, according to Dr. O'Malley, is climate—attempts by light complexioned nationalities to exist in degrees of light against which nature has not protected them. Without the protective pigment that will shut out the ultra-violet rays, he declares, the Northerner in this climate first becomes irritable and unduly hurried—

American 'pep.' His children, or his children's children, are still less capable of withstanding the rays, they work additional havoc until, within a few generations, the family name disappears unless there is a blending with more immigrant blood, or with darker skinned races, better equipped by nature to withstand the sun."

The striking facts presented by O'Malley, arrived at after his extraordinary observations, point very strongly, to the influence of light as the chief factor responsible for the changes of the iris color and complexion in general.

Major C. E. Woodruff, A. M., M. D., page 95, Medical Ethnology, states:

"It is an unsolved mystery why there should be no human apparatus to receive impressions from the harmful ultra-violet, while we can perceive the slower rates by sight or temperature sense. If the heat sense was evolved because those having it were guided from harmful to beneficial temperatures, why did we not evolve a pain sense to guide us away from harmful sun's rays—like the ants and lower organisms generally? The only hint we have is in the supposition that our remote ancestors evolved in dark, rainy, misty, cloudy regions. Such an atmosphere filters out the ultra-violet. Hence, there was no nerve sense evolved as there was no need of it, but evolution later took the direction of throwing out a pigment and this resulted in the survival of the pigmented, and the death of the unpigmented when ultra-violet did enter the environment."

According to J. Dequer, (in Western Comrade, June 15, 1915) "The question of pigmentation is not of heat, but of light, depending upon the amount of ultra-violet radiation which, in turn, depends upon the amount of humidity in the atmosphere. Hence, we find where the humidity is greatest, the more pronounced types of blondes are evolved. There is yet another element that must be taken into consideration and that is, the fact that the phenomenon of blondness in fog-bound climates is limited to man alone by virtue of his hairless condition, which causes him to cover his body with variously colored materials — which serve to absorb the already scanty violet rays in the atmosphere. There is reason to believe that if blonde men were to live nude in these fog-bound regions they would become pinkish brown rather than a flat white. The phenomenon of blondness is probably due to the fact that the Aryan race entered the fog-bound regions from the Steppes of Russia, or the plains of Iran already clothed; hence had to make the re-adaptation to a lessened actinic stimulation in a covered condition. A fact which plays no part in animal evolution. This explains why the Finns and the Blonde Esquimaux who are racially Mongolian, have become pronounced blondes".

This is further borne out by the researches of J. Tyndal, F. R. S., in his book, "Heat, a Mode of Motion," page 299, where he states:

"You have often heard of the effect of colors on radiation, and have doubtless heard a good deal that

is unwarranted by experiment. Let me give a passing proof of this. One of the sides of a cube is coated with whitening, another with carmine, a third, with lampblack, while the fourth is left uncoated. Filling the cube with boiling water, and presenting its black surface to the pile, the needle moves, and finally points steadily to 65 degrees. The cube rests upon a little turntable, by turning which the white face is presented to the pile. The needle remains stationary, proving the radiation from the white surface to be just as copious as that from the black. When the red surface is turned towards the pile, there is no change in the position of the needle. I now turn the uncoated side; the needle instantly falls towards zero degrees, proving the inferiority of the metallic surface as a radiator. I made the same experiments with another cube, the sides of which are covered with velvet; black, white and red. The three velvet surfaces radiate alike, while the naked surface radiates less than any of them. These experiments show that the radiation from the clothes which cover the human body is not at all, to the extent sometimes supposed, dependent on their color. The color of animal's fur is equally incompetent to influence the radiation. These are the conclusions arrived at by Leslie and Melloni for obscure heat."

The evolution of dark colored races even to the point of blackness is not, as some have supposed, a matter of temperature, or racial characteristic

but is entirely due to the adaptation of the organism to the amount of actinic light available.

"The law of absorption is the reverse of that of radiation. The darker a color, the more heat it absorbs from a source other than itself. A piece of coal lying on the snow will warm up in the sunshine and melt the snow around, but the snow itself reflects the heat. Throughout the tropics, the dark native, if left to his own instinct, hides away in the shade during midday."—(Woodruff).

The above is explained by the fact that, during midday, the actinic radiation is so intense that not even his black skin affords sufficient protection from its over-stimulating effect. For, as we know, over-stimulation leads to exhaustion. This also explains the sense of well-being felt by white men suffering from tubercular or other wasting diseases when they go to regions of more intense illumination, such as Colorado, Arizona and Southern California. This sense of well-being, however, is of short duration, especially for the fairer types, as it is speedily followed by reaction which, only too frequently, terminates fatally.

A number of experiments related in Cleave's work on "Light-Energy", quoted by Woodruff, show that the skin pigment of man is really perfectly efficient in excluding those short rays to which man is naturally exposed.

J. Rudis Jicinski, in New York Medical Journal, quoted by Woodruff, shows: "That the effects of X-rays are the same as those of longer rays of

violet and ultra-violet, and he further shows that blondes will tolerate short exposures at long intervals, while brunettes seem quite immune to the unpleasant results of erythema and dermatitis. Many others have published similar statements and have shown that brunette operators are rarely injured while blondes had better keep out of the specialty, even if they wear protective masks and gloves."

CHAPTER VII

Racial Influence Upon Iris Color—Secondary

Before proceeding with our discussion it is essential to trace the origin of the groups of mankind as distinguished by their color and racial characteristics. Accordingly, Blumenbach divides them into five groups: 1, Caucasian, or white; 2, Ethiopian, or black; 3, Mongolian, or yellow; 4, American, or red; 5, Malay or brown.

Huxley classifies mankind into four principal groups: 1, the Australoid; 2, Negroid; 3, Mongoloid; 4, Xanthochroic. He sub-divides the fourth group into two varieties: (a) the Xanthochroic, or "fair whites," (b) the Melanochroic, or "dark whites."

He also suggests that the dark white peoples of southern Europe are of mixed Xanthochroic and Australoid stock. The fair whites (Xanthochroic) are prevalent in northern Europe and may be traced into North Africa, and eastward as far as India. In the South and West, they mix with the dark whites, (Melanochroic), and on the North and East, with that of the Mongoloids. Southern Europeans, Spaniards, Greeks, Arabs, extending far into India, come into the Melanochroic groups.

In a paper: "Complexion, Climate and Race," (quoted by Beddoe), Buchanan expresses an opinion that: "Xanthons, the fair white variety of man, were developed by natural selection in the northern temperate zone, where dark pigment was least required as a protection against sunshine and dry air; but that, once established, climate has little further effect on it, at least in cognizable periods."

Furthermore, consider the brown-eyed natives of sunny Italy or Greece, who are now predominantly brown-eyed. Their brown eyes and dark complexion are held to be racial characteristics; yet the inhabitants of the northern part of Italy, which are still made up of direct descendants from the ancient Gauls, are blue-eyed. It is also a fact that if the brown-eyed migrate to northern countries, they will produce blue-eyed variations in a few generations, not necessarily on account of mongrelization, but by natural selection of the fairer types in foggy climates.

The reverse is noted by those who have carefully observed the mountain folk of eastern Kentucky and Tennessee; in fact, of the entire Appalachian mountain region. While these people are almost of pure English stock, they have in the 300 years of their sojourn in these mountains, achieved many decidedly Indianesque characteristics. Most of them have brown eyes, straight black hair, high cheek bones, dark olive skins, and rugged frames. Even the mental attributes, some say, have become Indianesque. This is also pointed out among those

called the Pennsylvania Dutch who, on account of their religious convictions, keep to themselves and do not intermarry with the incoming Europeans.

From this, it may be reasoned that, if immigration from Europe were cut off, in course of time, the American would again be a red man, as the North American Indian is today.

BLUE-EYED TYPES AMONG JEWS

Various hypotheses have been set forth by some attempting to explain the phenomenon of the large numbers of blue-eyed and fair complexioned Jews. Some attribute it to inter-marriage and insist, accordingly, that the predominance of brown irides among the Hebrews is a racial characteristic. My long and careful investigation of this subject among the Jews of all stations in life, in the United States and abroad, leads me to conclusions refuting both hypotheses. I found large numbers of blue-eyed men and women of all ages among strictly orthodox Jews. Indeed, they embodied the age-old typical Semitic characteristics which fact, in itself, would not permit even the slightest suggestion of inter-marriage, nor that a drop of blood other than purely Semitic should circulate in their veins. I also submit conclusions of other investigators bearing upon this subject. In "The Study of Man," page 19, A. C. Haddon states:

"Rev. Dr. Adler, chief rabbi, believes that the dark and blonde types are original, dating from Bible times, and described respectively: 'His locks

are curling and black as a raven,' (Canticles., 113) and, 'He was ruddy and, withal, fair of eyes and goodly to look upon.' (I. Samuel XVI., 12).

"That the existence of the blonde type among the Jews was not due to intermarriage since Biblical times might be proved by the fact that it was to be found among the Jews of North Africa, Syria and Persia, where, owing to the prevalence of fanaticism, mixed marriages had rarely, if ever, taken place."

The large proportion of blue-eyed Jewish children that I have found, on examination for this purpose, in the Ghettos of Polish and Russian Jewish immigrants, corroborates the above conclusions.

Beddoe found "that 49 per cent of the Jewish children in Bavaria have brown eyes, against thirty-four per cent, of the German, the blonde being 30 against 54."

In his book "Anthropology," page 393, Tyler states: "Facts also seem to bear out the theory to which we have already alluded, that the oriental Jews betray a slighty greater blonde tendency thus inclining to rufous, (reddish, or brownish red). In Germany, also, the blonde tendency becomes more frequent in Alsace-Lorraine. This comparative blondness of the Alsacian Jew is not new, for in 1861 the origin of these same blonds was a matter of controversy.

"Broca believed them to be of northern derivation, while Pruner Bey traced them from a blondish

eastern source. The English Jews seem also to be slightly lighter than their continental brethren."

To further prove that the color of the iris is a result of natural selection of the blue-eyed and light complexioned predominating in fogbound climates, as against the predominance of the brown-eyed and dark-complexioned in the less humid climates, I quote "Military and Anthropological Statistics" of 668,000 American Soldiers of the War of the Rebellion, compiled by B. A. Gould (United States Sanitary Commission Statistics, Memoirs,) Vol. 2, page 201, giving the ratio of natives of Denmark, Sweden, and Norway (all regions of foggy climate), as 78 light to 18 dark; while for natives of Spain, Portugal, and Spanish-America, the ratio was 19 light to 66 dark. The proportion of blue eyes in the two cases is 68 to 24; that of dark or black eyes as 8 to 41. All this definitely disproves the theory of Liljequist and his followers that the blue or brown iris colors mark one as belonging to a superior or inferior type of mankind. In fairness to him it should be stated that his theory is not purely hypothetical, at least as far as he is personally concerned. Being a native of Sweden—a fog bound region, which by natural selection, favors the blue-eyed and blonde type—his observation was evidently limited to his own countrymen.

CHAPTER VIII

The Skin in Iridiagnosis

As indicated in the diagram—IRIS INDEX (Key to Diagnosis), every organ has its exact corresponding area in the iris.

These become visible only through abnormal changes—pathological or functional disturbances—taking place in such organs. In other words, the iris of a perfectly normal person, if there be such, shows a clear blue or brown color, without spots, lines, or discolorations. Spots, lines and discolorations show only when certain changes take place in the body. Normal bodily functions do not show in the iris; as, for instance, gestation, menstruation, puberty, etc.

The skin being the outer garment enveloping the body is shown in the ciliary border the outer edge of the iris. It is lamentable that very little attention is paid to the skin and its preservation. The full significance of the skin in diagnosis is very little appreciated; indeed, there are few physicians who investigate the condition of this vital organ, and patients seldom complain about the action, or rather inaction of the skin, unless it is visibly and painfully afflicted.

A study of the manifold functions of the skin reveals the following:

1. The skin is an organ of sensation protecting the body from trauma, by virtue of its containing a great network of sensory nerve endings throughout its structure.

2. The skin is also a heat regulating center which maintains the equilibrium of bodily temperature.

3. It is an organ of respiration—men, like frogs, breathe through the skin. The exhalation of carbonic acid through the skin, according to some authorities, is in the ratio of $\frac{1}{150}$ to $\frac{1}{200}$ of that which passes through the lungs. (Page 351 Kirk's Physiology).

4. Absorption—food and medication are to some extent taken up by the skin and thrown into the blood stream.

5. Secretion—the manufacture of sebum, a lubricating tonic for the hair, and milk in the mammary glands of the female during the period of lactation.

6. Excretion—throwing off bodily waste through perspiration and gases. Some hold that a trifle over half the bodily impurities are eliminated through the skin as insensible or invisible perspiration. Sensible perspiration appears in drops and is called sweat.

It must not be forgotten that nature's efforts to rid the body of inherited or acquired poisons manifest themselves, first, through the outer skin. When through hot bathing, dense clothing, and insufficient

air contact, this activity is materially reduced, nature next turns to the inner skin (the mucous membranes) and we have colds, catarrhal exudates, bronchitis, pneumonia, etc. Only after these two channels are undermined are the vital organs attacked.

Anatomy teaches us that it takes about twenty square feet of skin surface to cover the body of an average sized person; that it contains from two and a half to three million minute sweat glands one-fourth of an inch long. These little tubular glands are coiled in the under layer of fat and constitute a drainage of two and a half to three miles.

Physiology teaches us that it takes four to six weeks for a gland to secrete one drop of sweat. The three million glands secrete and excrete normally every twenty-four hours from forty to fifty ounces of sweat—two and a half to three pints.

From the foregoing, the vital relation of the skin to health is evident. While, ordinarily, little notice is taken of the slow failing of the skin, iridiagnosis reveals it at a glance.

THE SCURF-RIM

Scurf rim is a term used to indicate abnormalities in the functions and structure of the skin, as revealed in the iris. It is derived from the Greek term "scorbutus," meaning scurvy, and, as it surrounds the iris it is called a rim, and shows a partial or complete dark covering of the periphery of the iris.

That the scurf rim represents the skin area in the iris, pathologically, is proved by the following facts: When a scurf-rim is present in the iris, the skin is dry, white (leukoderma) and anemic, having lost its normal pink color as a result of the clogging of the superficial blood vessels. Perspiration is scant and lacks some of its essential elements.

Impaired capillary circulation, causes high blood pressure and congestion in the internal organs. As a result there is not enough blood in the skin surface, making the individual sensitive to cold. On the other hand, when skin action improves, the scurf rim decreases, and when normal function is restored, disappears entirely. The skin then shows an appreciable change by the return of its normal moisture and healthy complexion.

CAUSES OF SCURF-RIM

(In Children)

1. A child born of parents encumbered with various waste materials, usually shows a dense, broad scurf-rim, denoting inherited impurities. It is not unusual to find offspring in whom the scurf-rim covers the entire iris. This is often a source of great delight to the uninformed mother, who takes pride in her babe's "beautiful black eyes." Little does she suspect that her darling will have to undergo a siege of so-called "children's diseases"—measles, scarlet fever, smallpox, etc., which are nature's effort to rid the child's system of this here-

ditary load, a form of expiation for its parents' ill-health.

2. Offspring born of healthy parents may develop a scurf-rim after birth, as a result of the irrational ways in which they are reared. The constant hot water bathing, the powdering and oiling of their bodies, clogs the pores and weakens the skin.

3. Insufficient exposure of its nude body to the open air.

4. Irrational treatment of skin eruptions and the "milky crust"—the scaling of the topmost layer of the scalp—usually suppressed by ointments, coal oil shampoos, vaselines, etc.

(In Adults)

1. Heavy underclothing, preventing close contact of fresh air with the surface of the body. Too heavy bed covering at night, which weakens the skin through overheating and prevents the normal escape of bodily gases. Airing the body is most essential for the welfare of the skin and health in general.

2. Lack of sufficient bodily exertion, together with poor hygiene.

3. Excessive bathing in hot water, which proves the correctness of Kuhne's statement that "hot water is dead water," particularly so when taking a hot water bath with soap, the so-called "cleansing bath," which is not at all cleansing, but, on the contrary, clogs the pores with the fatty substances of the soap. For, while the hot bath relaxes the skin

and opens the pores, thus supposedly throwing off poisons—the open pores, re-absorb the dirt of the superficial layers of the skin.

4. Thin, anemic people, who form the "daily cold bath" habit weaken their skin and consequently develop a scurf rim, because anemic persons lack the animal magnetism necessary for proper reaction.

I have collected sufficient data to warrant a condemnation of the enumerated practices, and have repeatedly observed the disappearance of the scurf-rim in patients who changed to saner hygienic habits. I have accumulated proof that, when simple hygiene is regularly practiced in health, and when acute processes are allowed to run their course, aided by natural methods of treatment, the scurf-rim, in course of time, entirely disappears.

INDICATIONS OF SCURF-RIM

A scurf-rim indicates inactivity of and poor elimination through the skin, causing, in time, an accumulation of pathogenic matter throughout the system; therefore, when a scurf-rim is broad and dense, it denotes general auto-intoxication.

I have in mind the case of an Austrian peasant, who lived on a ranch in North Dakota for sixteen years, during which time he abstained from any kind of bath. His scurf-rim was unusually heavy and his skin had developed a new layer, which was without sensation, being immune even to the pricks of pins and needles. It was only after two weeks of daily scrubbing with a brush, soap and hot water,

followed by cold, that the acquired layer of skin was removed and normal sensation recurred in his natural skin. The man presented a pitiful picture of anemia and emaciation as the result of his gradually developed auto-toxaemia.

It is well known that when the skin is completely covered by a substance impervious to air, the individual does not long survive. He is poisoned by his own toxins and gases, and through increased internal temperature which results in acute inflammatory changes in the visceral organs. Cases are on record of individuals who died a few hours after their bodies were covered with impervious material.

In St. Louis several years ago, a child was dressed in tin foil to represent a cupid on a float of a Veiled Prophet parade and a few hours after the parade the child died of nephritis. The function of the skin as an organ of elimination having been suspended for a few hours, the burden was thrown upon the kidneys. It is also a known fact that in burns of the third degree, or in scalds where two-thirds of the skin area is destroyed, death follows shortly after caused by reflex destruction of the internal organs.

LOCAL DISTENTION OF SCURF-RIM

Distention of the scurf-rim in the iris indicates catarrhal encumbrance in the corresponding organ. Marked distention in the region of the lungs indicates catarrhal encumbrance in those organs. Distention in the region of the larynx, pharynx, or

naso-pharynx indicates catarrhal distention there. Heavy distention in the brain area indicates passive congestion and encumbrance in the brain, causing dullness, lack of concentration, impaired memory; poor circulation in the tissues of the scalp, resulting in dandruff and shedding of the hair and, in some cases, complete baldness.

Distention of the scurf-rim in the outer and lower borders of the left iris, corresponding to the spleen —and in the same region of the right iris, corresponding to the liver—is found in persons who have suppressed exanthematous fevers, such as measles, chicken pox, scarlet fever, smallpox, etc. This may be explained by the probable absorption of the poisons by the liver and spleen.

CHAPTER IX

Diagnostic Spots in the Scurf-Rim

Prominent dark spots in the cerebral area are sometimes found in cases of suppressed scabies and pediculosis—head lice. Such suppression may cause chronic headaches, petit mal, and even grand mal—varieties of epilepsy.

I know also of a number of patients who, for a brief period, developed pediculosis under natural healing methods. All gave histories of head lice in early life, which were quickly disposed of by coal oil or other medicated hair washes, only to be followed by headaches, convulsions, vertigo, etc. This proves the error of treating by repressive methods.

The presence of lice on a person may be explained by the fact that they live and perform scavenger service on the bodies of persons whose tissues are loaded with toxins as a result of inadequate hygiene and also because of malnutrition. Both causes are found among children of the poorer classes; though pediculosis in children of the wealthier class is not infrequent. Thanks to our modern food refining processes, these children starve in the midst of plenty. In order to permanently rid the system of these parasites, it is essential to build

the tissues with vitalizing foods instead of disposing of them through suppressive means. Foods that are rich in organic mineral salts, such as fresh and dried fruit, leafy and underground vegetables, the whole grains, brown sugar, real honey, etc.

Ranch men know that during hard winters horses out on the hills are apt to become infested with lice, which they retain until spring. When the green grass comes and they begin to shed their hair, the lice pass away as if by magic. If, however, the horses are taken off the ranch and doped with lime and sulphur solutions, coal oil, tobacco, and other preparations which "cure" them, they will break out with lice in the spring or early summer. The suppression kills the lice, but preserves the nits in the subcutaneous tissue, where they hatch as soon as the inhibiting chemicals are expelled by proper nutrition causing increased elimination—a natural process in men and beasts alike.

Frequently we notice cases in which the scurf-rim of one iris is heavier or darker than that of the other, and that the color of that iris is also darker than the other. This I am inclined to believe is due to habitually reposing on one side during sleep. Because of the constant pressure against the bed, capillary circulation and drainage in the periphery is inhibited, slightly interfering with the elimination of waste on that side. Hence, both the scurf-rim and the iris of the corresponding side are darker.

WHEN NEURASTHENIA IS NOT—AND WHY?

(Scurf-Rim in Neurosis)

Not a few patients, both male and female, are often arbitrarily placed in the class of neurasthenics or hysterics. In such cases, a careful examination of the scurf-rim will reveal the true nature of a neurotic condition, originating in a localized seat of irritation.

Experience taught me that neurasthenia and hysteria in both sexes have often been caused by suppression of gonorrheal or leukorrheal discharges. A dark spot in the scurf-rim area of the generative organs, right iris, denotes chronicity, or suppression of such discharges. From the viewpoint of cause, effect, and cure, both gonorrhea and leukorrhea are eliminating processes, which, if suppressed, cause systemic disturbances. It should be borne in mind, that of the two, gonorrhea is the more disastrous in its consequences, if suppressed. This is proved by the many laparotomies performed on women with the resultant mutilation of their generative organs. Sterility in both sexes, gonorrheal arthritis and endocarditis often follow "quick cures" of gonorrhea.

When either discharge is suppressed by medicated applications or hot douches, it may find its way through the lymphatics into any weakened organ, or it may settle in the generative organs locally causing chronic irritation. Local irritation of the very sensitive tissues of the sex organs produces, almost

invariably, reflex brain irritation. Under natural treatment, the discharge is brought back. When elimination through the local channels is thus restored, it removes the reflex brain irritation, and the patient gets well.

TYPCIAL CASES

Case 1. A man, thirty-six years old, was seriously troubled with nervousness, insomnia, irritability and depression. Examination of the iris revealed a dark speck in the area of the generative organs. I asked the patient if he had ever been "cured" of gonorrhea. His answer: "I was cured twelve years ago," was the old story of suppression repeated. The iris also revealed various acute and sub-acute conditions involving the digestive tract. The patient was put on a fast; on the fifth day of the fast a gonorrheal discharge appeared. Microscopical examinations of a specimen revealed numerous gonococci; the gonococci were also found in his urine. After three days the discharge diminished, and disappeared entirely after the thirteenth day. The patient's fast was broken and he was placed on a strictly vegetarian diet. His urine was examined at four different periods, but no gonococci could be found. In the course of four month's treatment, consisting of general body massage, followed by spinal manipulation, cold sitz baths once a day and cold compresses applied to his abdomen and lumbar region, the patient was per-

manently relieved of his symptoms and gained thirty-two pounds in weight.

Case 2. A woman twenty-eight years old; married six years; pregnant four times. At the time of examination, patient was in a sanatorium for nervous and mental diseases. The iris showed a very dark spot in the area of the genitalia in the scurf-rim, right iris. She reported having a bad discharge of leukorrhea when only nine years old; menstruation at thirteen, with dysmenorrhea and continuous leukorrhea. Later, local treatments were employed and the discharge was "cured." Congestion at the base of the brain, causing headaches and despondency followed. The usual nerve tonics were given, the patient gradually growing worse until she reached the pitiful state in which we found her. The number of mental derangements, resulting from suppressive measures, is much greater than is suspected. In all such cases, the symptoms have been relieved after the discharge reappeared under natural healing methods.

Case 3. A married young man consulted me about a problem involving both the health and the honor of his young wife. He had been recently married, after a prolonged courtship. He never doubted her virtue for he had known her from childhood; yet he developed gonorrhea before the honeymoon was over. The suspicion that he was cheated gave him no rest. A glance at the iris of the overwrought young husband, revealed a dark spot in the generative area in the surf-rim of his right iris.

I asked how long since he had had his first gonorrheal infection. After a little thought he replied that it was about six years, adding that he had not allowed it to become chronic, but went to a specialist and had it "cured quickly." He also informed me that he had had no relation with his bride since he noticed the discharge. I suggested that he invite his wife to my office for an examination, which he did. Her radiant purity instantly dispelled any doubt as to her innocence, but I nevertheless had a specimen of her leukorrheal discharge examined repeatedly, but it was always negative. She told me that the leukorrhea had developed in the course of their long engagement. This is a weakness of the female generative organs caused by the stimulating effects of semi-platonic affections, nature's disapproval of protracted courtships. When legal union sanctioned conjugal contact, her leukorrheal discharge excited a simple urethritis in her husband, which redeveloped his latent gonorrheal infection into a renewed acute case. For anything which stimulates the generative organs, such as beer or liquor of any kind, richly spiced foods, or sexual excitement, often re-developes suppressed gonorrhea.

THE SCURF-RIM AND RECTAL DISORDERS

The area of the rectum and anus is shown in the lower border of the left iris. Rectal disorders do not always give rise to conscious symptoms. Occasionally a slight periodic irritation may be no-

ticed. Small papillae in the mucosa of the lower rectum often become over-sensitive, causing reflex disturbances without local discomfort, thus producing constant irritation of the sympathetic nervous system. This is another cause contributing to nervous debility and neurasthenia. A dark spot in the scurf-rim in the area of the anus and rectum reveals such irritation.

FOOT SWEAT—ITS SYSTEMIC SIGNIFICANCE

Another important spot revealing actual or potential conditions capable of developing into serious organic disorder is found in the scurf-rim in the region of the foot—lower border of the iris. Such a spot indicates chronic perspiration of the feet or its suppression. Foot sweat is regarded as a local condition and is usually disposed of by dusting powders, etc., but, in reality, it is vicarious elimination, compensating for inactive kidneys. It is a danger signal of impaired vital functions.

The suppression of foot sweat is often followed by serious consequences. Pastor Kneipp in his treatise, "My Water Cure," cites cases of insanity resulting from the suppression of foot sweat. He based his conclusions upon the development of profuse foot sweating in patients under his water cure. After a thorough course of elimination, the patient's sanity was restored, and vicarious elimination was replaced by normal excretion through the kidneys, skin, etc.

SPECIFIC HEREDITY SIGNS IN THE SCURF-RIM

In addition to acquired or suppressed lesions showing in the scurf-rim, we also find signs denoting hereditary lesions. These are dark spots in the scurf-rim surrounded by white borders. The following are typical cases:

1. A woman, forty-five years old showed, among other lesions, a dark white-bordered spot in the bladder area of the scurf-rim. She was not conscious of any symptoms, but informed me that her father had died of cancer of the bladder.

2. A man showed a marked hereditary lesion in the lung and throat regions. He informed me that his father had been troubled with catarrh of the throat and bronchials and had died of pneumonia.

3. A man showed a white-bordered spot in the scurf-rim corresponding to the kidney. He stated that his mother had died of Bright's disease.

Hereditary weaknesses may be permanently eradicated under natural healing and living. (For other signs denoting hereditary lesions, see page 130).

A scurf-rim may often be found in persons who perspire easily and profusely. The sign in the iris for extreme skin conditions of this kind is a dense, broad scurf-rim, containing white lines resembling a circular comb. They denote chronic inflammation of the sweat glands caused by retention of poisons. These conditions may be mistaken for good skin action; the reverse, however, is true—it is only ex-

cretion of local moisture from the sweat glands, and should not be regarded as systemic drainage.

(Excessive perspiration, or more properly, hyperactivity or over-irritation of the sweat glands, is also very often induced by the daily cold-bath habit which causes their over-stimulation.

In addition to excessive and easily provoked perspiration, and often also night sweats, cold baths also tend to nervousness and insomnia, especially when taken before retiring, and also to decrease the pulse rate particularly in the less robust type.)

The indicated treatment for such skin conditions is total restriction of bathing, or its limitation to once a month. Hot or cold baths are injurious rather than beneficial. The skin can be effectively cleansed by daily dry friction with a rough towel, hair mits, or skin brushes, always followed by brisk rubbing with the bare hands. Frequent exposure of the entire body to light, air and sunshine is also essential. Such hygienic measures will restore normal skin action, resulting also in the elimination of the scurf-rim, which first becomes transparent and narrower and later disappears entirely.

SUMMARY

(See plate 1)

1. Heavy scurf-rim, denotes general inactivity of the skin—figure 1.

2. Heavy scurf-rim in parts only, denotes morbid retention in the organ corresponding to that area—figure 2.

3. Dark spot in the scurf-rim, or distention of scurf-rim surrounded by white border, denotes hereditary weakness and encumbrance—figure 3.

4. Dark spot in center of generative organs right iris, denotes suppression of gonorrhea or leukorrhea—figure 4, right iris.

5. Dark spot in region of anus or rectum, left iris, denotes hemorrhoids, itching, fistula, fissure, etc.—figure 4, left iris.

6. Dark spot in foot area, denotes chronic perspiration of the feet or its suppression—figure 4, left iris.

7. Dark spot in region of cheek—usually triangular—denotes suppression of, or predisposition to, erisipelas—figure 3, left iris.

8. Dark spot in brain region, denotes suppression of scabies or pediculosis (lice)—figure 2.

9. Distention of scurf-rim in areas of liver, right iris, and spleen, left iris, denotes suppressed eruptive fevers—figure 4.

10. White concentric lines, resembling a comb, denote excessive perspiration, see plate 7, figure 2.

ERRATA

Page 62, last line, should read, **"Plate XI, Fig. 3."**

Page 65, 4th line above caption, "Salt and Bright's Disease," should read "the injurious effects of **inorganic** salts."

Page 205, Plate XI, Fig. 2, third line from bottom, should read "sympathetic wreath, **right iris.**"

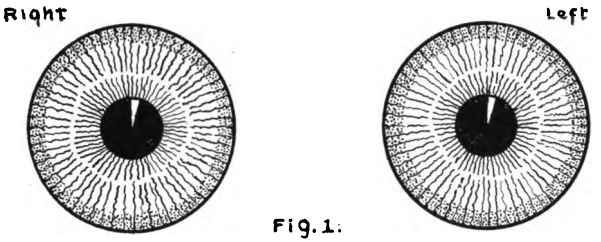

Fig. 1.

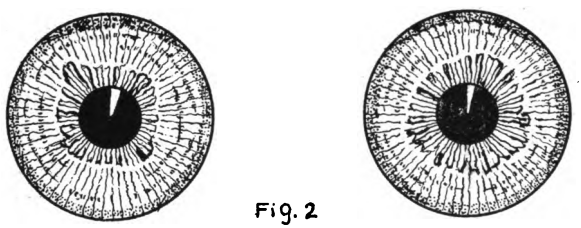

Fig. 2

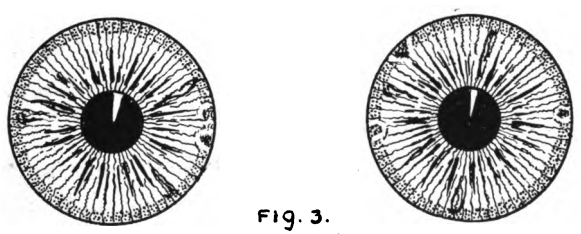

Fig. 3.

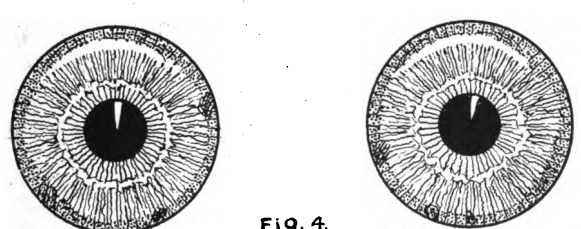

Fig. 4.

C.N.W. ALLEN

PLATE I

CHAPTER X

Sodium Ring

The so-called sodium ring is found in the irides of persons who habitually use sodium and other inorganic salts in large quantities. These deposit in the walls of the blood vessels, and form a whitish or silver gray ring of a metallic luster in the area of the circulatory system. See Plate IV., Fig. 2, and Plate VII., Fig. 1. This ring may entirely surround the iris, or only in parts, depending upon:

1. The quantities used;
2. The powers of elimination of the individual;
3. The part of the circulatory system that has the least resistance.

It should be borne in mind that only such ingredients show in the iris as are of slow rate of vibration; hence are neither assimilated by the system nor entirely eliminated—thus acting as foreign agents in the body and becoming a source of disease. This is also true of all pathogenic matter not excreted by the system. Food elements and their organic salts, do not show in the iris, regardless of the quantities used.

INDICATIONS OF SODIUM RING

When a sodium ring is present it may indicate the following:

1. That the patient was subject to rheumatism and was treated with sodium salicylate.
2. Acidity of the stomach, for which sodium bicarbonate was taken.
3. That the person consumes large quantities of baking soda in the daily dietary, through the habitual use of light breads, cakes, soda biscuits, etc.
4. The excessive use of common table salt.
5. Saline cathartics.
6. Mercurial salts especially when used with potasium iodide.

(See also mercury, page 121).

The foregoing statements are based on extensive clinical investigation which I have made in various hospitals, as well as in private practice. The injurious effects of excessive consumption of organic salts are further corroborated by leading authorities who arrived at the same conclusion through other methods of investigation.

SALT AND BRIGHT'S DISEASE*

"A few years ago a French physician published a very interesting and remarkable letter giving observations that he had made. He had a patient suffering from Bright's Disease, and upon looking into his

* J. H. Kellogg, M. D., in "Good Health," Vol. XLI., No. 3, page 109-110.

case found that there was a very small excretion of chloride of sodium.

"It occcurred to the physician that, as the patient was eliminating very little salt, it might be possible that salt was accumulating in his tissues and that the water was accumulating in the tissues to disolve the salt.

"The patient was in the dropsical condition peculiar to this disease in the advanced stage. He placed the patient on a dehydrochlorinated diet, (salt free diet) and the dropsy disappeared entirely in three days. Thinking that this might be an accident, the doctor permitted the patient to return to the use of salt, and, in three days, the dropsy had returned. Salt was withdrawn again, and the dropsy disappeared; replaced again, and the dropsy returned. This was repeated several times, and each time with the same result."

In his discussion on meat as a probable cause of cancer, in an article entitled "An Hypothesis Regarding the Physico-Chemical Nature of Cancer," (Medical Record, September 1, 1917,) Edward Percy Robinson, M. D., states:

"What then, may we suppose to be this something usually present in the new diet, of universal and increased use in the diet of civilized people? Is it not possible that, in the profundities and intricacies of scientific investigation, we have overlooked the one thing whose simplicity and familiarity have obscured our vision? This something, this one thing,

in the judgment of the writer, is sodium chloride. (Page 361.)

"Salt is present in all animal and vegetable tissues, and is a necessary substance in life and in health, of animals and of man, but civilization has acquired the habit of using salt in foods to a degree far greater than was possible or even known to peoples of ancient times. Meat, to be palatable, must be salted to a degree greater than that which is normally found in the tissues of the animal."

"To summarize all that has been said regarding cancer: Any pathological state of the body must arise from the action of organic, inorganic, or traumatic influences. In cancer, organic and traumatic influences have been eliminated as causes. Considering the inorganic agents as causes, all have been eliminated, leaving only that which appears to be the most active cause and this is sodium chloride."

A letter written to the New York Sun, and reprinted in the "Minneapolis Journal," January, 1917, entitled, "Excessive Use of Salt Decried." also throws further light on this question.

"During the last four or five years I have been compiling salt statistics and I have in my possession clippings from medical journals, demonstrating the advisability of a salt free diet, in all diseases that mankind is subject to. I have records showing where salt kills hogs, chickens, rabbits, and where a salt solution is used for suicidal purposes in China; also where 50 grains of salt will kill a dog. The action of salt on hogs, rabbits, etc., is to paralyze the mus-

cles of the hind quarters and the animal sinks to the ground. Later the muscles of the lungs are paralyzed and the victim dies of asphyxia. If this is the result of the consumption of salt by animals, is it unreasonable to suppose that if a child was fed on salt-cured meats, salted codfish and had a habit of adding salt to everything it partook of, it might be a factor in the causation of poliomyelitis?

"It has been demonstrated frequently by investigation that the average daily consumption of salt is 300 grains, whereas but 15 grains are utilized by the system. Therefore there are 285 grains of salt a day that must be eliminated through three channels, namely, the tear ducts, sweat glands and the kidneys. We know that the tear ducts are not generally overworked, neither are the sweat glands, and if the kidneys are faulty in eliminating this excessive amount of sodium chloride or common salt, is it unreasonable to suppose it will accumulate in the system?

"We know that when salt is used on meat it withdraws the meat juices and hardens the muscle fibres, and that its action on live tissue is the same as it is on dead tissue. We also know that salt is dehydrating. Knowing these facts, is it unreasonable to believe that the excessive consumption of salt is a prime factor in the causation of hardening of the arteries and other diseases of the circulatory system?"

The statements quoted corroborate the conclusions as to inorganic salts being foreign agents, and

are based on overwhelming clinical evidence, through iridiagnosis, as confirmed by those examined.

The over-seasoning of foods with common table salt may temporarily stimulate the perverted taste buds. However, the proportions of salt, pepper, and other condiments, have to be increased gradually because of their deteriorating effect upon the taste-buds, provided by nature as a protection against consuming unwholesome foods.

This is equally true of the use of salts as cathartics. These so-called remedies lash the weary bowels into action, but in this instance, also, the dosage must gradually be increased in order to obtain results. The temporary benefits derived from such artificial means, are, however, too costly to the individual and sooner or later nature will exact heavy penalties.

A question in this connection arises, as to why cattle crave and eat salt when they have an opportunity of doing so; that inorganic mineral salts are less injurious to cattle is probably due to the coarser make-up of the animal tissue. Thus, being of a lower vibratory rate, it (animal tissue) is more capable of assimilating substances of the two lower kingdoms—the vegetable and the mineral. Whereas, the human kingdom, being the fourth and highest, is capable of assimilating substances of the lower kingdoms only—the animal and the vegetable—but not of the mineral, which is the first and lowest kingdom.

ELIMINATION OF SALTS FROM THE SYSTEM

Fortunately, the elimination of salts from the body is comparatively easily accomplished and depends upon:

1. The absolute elimination of all salts from the dietary—or for medicinal purposes.
2. The increased consumption of fresh fruits and leafy vegetables, all of which are rich in organic mineral salts.
3. Bodily massage and general hygiene.
4. Spinal manipulation to tone up the organs of elimination.

To illustrate: Mr. N., a farmer 56 years old, dark blue irides, heavy sodium ring, marked lesion in heart—mitral insufficiency—was placed on a course of natural treatment and improved nicely. On the ninth week he was taken seriously ill, and symptoms of approaching death developed. The patient in the meantime also developed a violent rash all over the body. He was placed on a fast and got well —the sodium ring greatly diminished.

SALICYLIC ACID—SALICYLATES

Salicylates show like the sodium ring, the salicylate sign is often seen in the brain area only. Salicylic acid is readily absorbed, and probably circulates in the blood as sodium or other salicylates.

SYMPTOMS

Salicylates produce symptoms similar to quinine poisoning, such as ringing in the ears, headaches,

depression, loss of hair, profuse dandruff, lachrymation, and discharges through the nasal passages.

Its deposit in the brain region often causes paralysis. I found its sign in the brain region in pa-

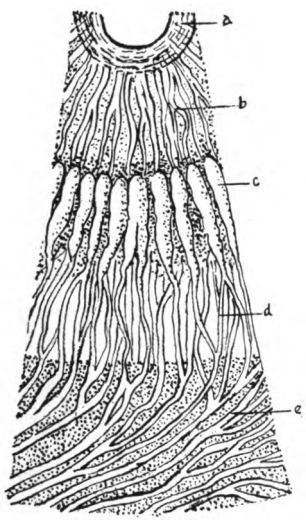

Fig. 7.

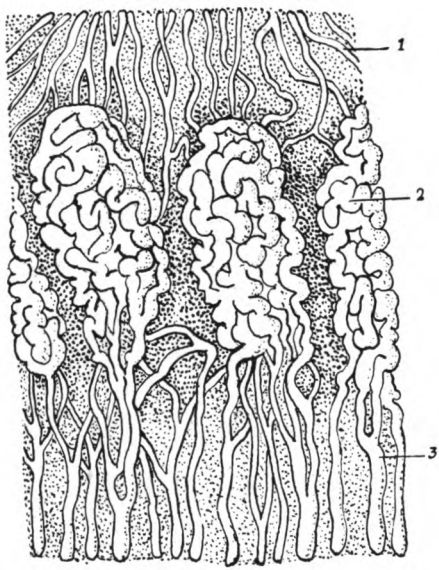

Fig. 8.

Fig. 7. Segment of the ciliary body and of the iris (Sappey) in Norris and Oliver, System of Diseases, etc.

a—Pupillary zone.
b—Ciliary zone.
c—Ciliary process.
d and e—Choroid with its vessels.

Fig. 8.

1—Veins from the iris to the ciliary processes.
2—Ciliary bodies.
3—Venules passing from the ciliary to the vasa vorticosa.

tients suffering with senile dementia. Its inhibiting action also interferes with the various autonomic centers, thus hindering respiration, digestion, etc.

ARCUS SENILIS OR SODIUM RING—WHICH?

The much mentioned term, Arcus Senilis, in our medical text books, is quite misleading, and is ob-

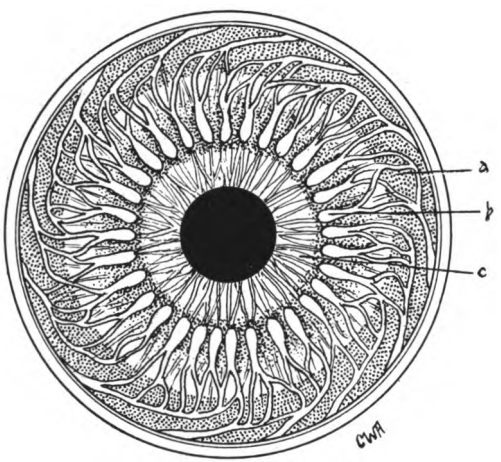

Fig. 9.

Fig. 9. Ciliary body seen from behind.—Norris and Oliver.
a—Ora serata.
b—Ciliary body.
c—Iris.

served less often than has been generally supposed. In most cases it is merely a "salt ring" and can be found, according to my observation, in persons even in the twenties. To distinguish the real arcus senilis from the salt or sodium ring, the reader will bear in

mind that the sodium ring is found in the area of the circulatory system, which forms a circle within the iris, with a rather noticeable margin between it and the extreme ciliary border. It is also seen in advanced dropsy.

The arcus senilis is a whitish blue outer covering —probably due to a granular infiltration of hyaline substances in the ciliary bodies deposited above the surface which seems to raise the sclero-corneal coat causing it to overlap the iris.

Fig's. 7, 8 and 9 show the ciliary bodies relative to the formation of the arcus senilis.

ANEMIA

In this connection it should also be stated that in cases of anemia, where there is a deterioration of the blood cells, a bluish circle is seen at the point between the ciliary border—the outer edge of the iris, and the sclero-corneal coats.

CHAPTER XI

Arsenic and Miscellaneous Drugs

Arsenic shows white flakes in the circulatory area. My observations lead me to believe that the arsenic sign is more often found in the blue iris than in the brown, indicating that the blue-eyed, fair types, are more susceptible to the drug than the darker types.

In the brown iris, arsenic shows an amber or straw color flake in the same area.

I have noticed two cases in which the arsenic flakes were conected with white lines resembling a string of pearls, denoting an irritation of the entire circulatory system.

Arsenic pin-point flakes are often seen in the skin area—under the scurf rim, showing arsenic deposited in the skin layer. In such case, the patient has an active eruption on the skin surface of the corresponding area.

Some authors call these whitish flakes the "lymphatic rosaries;" others, the "typhoid rosary." Their explanation is that it is found in the lymphatic system and it is noted in individuals who have had typhoid fever. Their conclusions, however, are erroneous, for I could not verify it clinically. The "typhoid rosary" denotes accumulation of arsenic

in the system of persons who had typhoid fever and were treated with arsenical compounds, both for cardiac stimulation and for intestinal antisepsis, the old time treatment for enteritis—at present in disuse.

Arsenic is almost universally used as a heart and brain stimulant, in gastric disorders, bronchial and respiratory affections, anemia, malaria, skin eruptions, cancers, (epithelioma) and in syphilis—as salvarsan.

ACCIDENTAL POISONING

Among those subject to accidental arsenic absorption, are textile workers, wall-paper makers, glass-blowers, dental workers; through tonics, cosmetics, and according to Bastedo, "chronic arsenical poisoning may be produced from the gradual absorption of very minute quantities, as from the dyes in stockings, the coloring matter of wall paper, carpets, curtains, artificial flowers, etc. Morse reports poisoning in an infant from the blue silk lining of its basket. The famous epidemic of 1900, in which over three thousand cases of poisoning were discovered in England and Wales, occurred from minute quantities, one-seventh to two sevenths of a grain of arsenic trioxide per gallon in a cheap beer. The arsenic was traced back to the sulphuric acid which was used in the manufacture of the glucose employed in the preparation of this particular brand of beer. Starr reports that of forty-two

samples of furs examined in New York, eleven were heavily loaded with arsenic." (Page 547-10).*

To further quote Bastedo (Page 548):

"The patients look chronically ill and have loss of appetite, nausea, diarrhea or constipation, abdominal cramps, anemia, irritability of temper, insomnia, debility, and emaciation. In addition there may be swelling of the liver, with or without jaundice, associated with fatty degeneration and rarely followed by atrophy. General edema, various skin eruptions, falling of the hair and nails, neuritis with paralysis or ataxic pains, etc., resembling that from alcohol. Swift reports the following, from the arsenic treatment of chorea: Hemorrhage from the stomach and from the kidneys, conjunctivitis, neuritis, serious anemia and tedious gastro-intestinal inflammation with albmumen in the urine; similar reports have come from others from the use of arsenic in chorea."

The arsenic sign enables us to correctly diagnose conditions often erroneously called neuritis, neuralgia, muscular rheumatism, writer's cramp, or paralysis, conditions frequently caused by chronic arsenical poisoning.

Chronic arsenical poisoning often causes paralysis—resembling tabes, and some French authors refer to it as 'pseudo-tabes, arsenalis'—general irritation of all mucous membranes, particularly those of the respiratory organs resulting in catarrhal ex-

* Materia Medica and Pharmacopeia.

udates from the throat and nose. Excessive lachrymation and photophobia, (sensitiveness to light), brittleness of the hair, and in many instances, dandruff and baldness, cracking and irritation of the skin, especially between the toes and fingers.

ARSENIC—A CAUSE OF NEURITIS AND WRITER'S CRAMP

A few typical cases.

Case 1. A woman of thirty-six, developed neuritis after working six months as bookkeeper in a wall paper concern. Upon finding the arsenic sign in the iris, I asked her if she had ever taken arsenic, to which she said no, but explained that, every morning, when she entered the office, the arsenic fumes were so strong that the doors and windows had to be opened before she could assume her duties.

Case 2. A young man of twenty-six was suffering from neuritis; after doctoring without obtaining relief, he turned to chiropractic, both as a patient and student. He graduated, but was still troubled with neuritis in spite of the daily spinal manipulation he had received at the school for more than a year. His iris showed numerous arsenic flakes in the circulatory, area. He admitted the use of Fowler's solution, after which the symptoms developed.

Case 3. A young woman had to give up her position as typist on account of "writer's cramp" in her right arm. She showed an arsenic sign in the iris. When asked if she had ever used arsenic she replied

that she had taken it for a little over a year in tonic. During that time she had developed the condition.

Case 4. A two-year old baby showed a prominent arsenic sign. The mother admitted the use of arsenic in the treatment of the child. After a thorough course of natural treatments, the child developed severe skin eruptions and the arsenic sign in the iris disappeared.

In the adult, elimination of arsenic is much more difficult, if at all possible, and then only when very radical means are employed, such as exposure of the body to the elements for long periods, dry friction baths, and a fruit and vegetable diet.

Some persons may show a prominent arsenic sign but have not any symptoms of poisoning. This is explained by the fact that, by virtue of their good vitality, they acquire an increasing tolerance for the drug.

Arsenic is eliminated through violent skin eruptions, often termed "eczema arsenalis" or "acne arsenalis," boils, carbuncles, lachrymation, etc.

Its elimination through the genito-urinary organs causes the characteristic burning sensation preceding, during, and after micturition.

PHOSPHORUS

Phosphorus shows white flakes similar to arsenic. It is differentiated from arsenic by the finding of the latter in the circulatory area, whereas phosphorus deposits anywhere in the iris, particularly in the muscular and oseous parts of the body, such as the

abdomen, back, jaw, diaphragm and also the heart.

When located in the heart region, and, though no organic lesion could be detected, an arythmic pulse was noted in an otherwise normal heart, possibly due to the lodgment of the drug in the bundle of His, which controls the pulse rythm.

Phosphorus, like arsenic shows white in the blue as well as in the brown iris, though in the latter, it may assume a light amber shade. Phosphorus is also cumulative, and may be absorbed by the system through inhalation. Thus, numerous instances of phosphorus poisoning are found among workers in match factories, causing the well known occupational disease "necrosis of the jaw." Phosphorus resembles arsenic in its action, but it is less of an irritant locally, and has a greater tendency to produce fatty degeneration.

MEDICINAL USES

Phosphorus is used as an alterative in osteo-malacia, (softening of the bones), rickets, and in neurosis, as a general nerve tonic. It is often given in sexual impotence. Its temporary stimulating action is followed by permanent ill effects. This is due to the fact that any reflex, when over stimulated, becomes exhausted.

CREOSOTE

Creosote shows sparkling white spots in the area of the stomach and intestines—around the pupil. The location thus distinguishes the creosote sign

in the iris from arsenic and phosphorus signs, which also show white. This drug is obtained by the distillation of wood tar usually from beech wood and sometimes from oak or pine; it is chiefly used in the treatment of respiratory afflictions, tuberculosis, coughs, etc. My discovery of this sign in the iris followed an approach of a "patent medicine" concern to recommend what they called a "sure-cure for tuberculosis," admitting that creosote was one of its ingredients. While examining some of their "cured" patients, I noticed the white spots in their irides (around their pupils). This sign was found in other persons examined, who admitted having taken the drug.

TURPENTINE

Turpentine also shows white and is differentiated from arsenic, phosphorus, and creosote by its location—the area of the genito-urinary organs, kidneys, bladder, urethra, uterus. This oil is obtained by the distillation of substances derived from various species of resinous trees, and is sometimes adulterated with petroleum.

It is used medicinally for diuresis and antisepsis of the genito-urinary organs, also for colds. Turpentine may be absorbed through inhalation by turpentine distillers, painters, and artists. Turpentine poisoning may result in suppression and retention of urine.

CHAPTER XII

QUININE—CINCHONA

(Obtained from Cinchona bark)

Quinine is one of the principal factors contributing to the abnormal color of the iris. It gives the iris a greenish, or yellowish-green discoloration. It is first noted in the stomach and intestinal areas, and, after its continued use in large quantities, the greenish yellow tint spreads out over the entire iris, assuming the characteristic cat-eye shade.

This only refers to the signs of alkaloids of quinine. The salts, such as quinine bi-sulphate, and quinine hydro-bromide show a whitish dense cloudiness in the same areas around the pupil. Of the two preparations, the salts of quinine are more injurious and have a particularly destructive effect upon the auditory nerve, causing severe forms of deafness. It is also more difficult to eliminate from the system, than the alkaloids. Even the elimination of the latter is never complete, according to Wood,* who states: "There is considerable evidence that some of the alkaloids are destroyed in the body, probably in the liver; from seventy-five to eighty per

*Page 336, Pharmacology and Therapeutics, edition 1916.

cent. of the amounts administered is all that can be recovered unchanged."

Iridiagnosis reveals the presence of twenty-five per cent unaccounted for by the author and points to the organs and tissues in which the remaining quinine is deposited.

The action of quinine is described by H. C. Woods, Jr., London, who states in part: "Quinine is a protoplasmic poison and in sufficient doses is capable of destroying the vitality of nearly all forms of unicellular life." (Page 334.)

(Page 338) "It is evident from a study of its germicidal properties that it is impossible to introduce enough of the drug into the blood to directly affect the growth of micro-organisms without endangering the life of the patient." Extensive clinical observations, backed by personal experience, convince me that quinine is most detrimental to health and life. And yet, nearly eighteen million pounds of this highly poisonous drug are produced annually. Its use is endorsed by official medicine, and no provision whatever is made for its regulation, since a child can procure quantities from any drug store.

The following extracts are from the report of a case published by Dr. Voorhies in the transaction of the American Medical Association for 1879, page 411, quoted by Roosa and Ely:

"February 16, 1878, I was asked to see Miss V. H., a young lady, aged 18, living on the Arkansas side of the Mississippi. I found the patient in bed

with every appearance of being extremely ill. One week before the date of my visit, under the apprehension that this lady was threatened with a congestive chill, a relative (not a physician), caused an ounce of quinine to be administered to her within the space of a few hours, and a like quantity was given each day for the two following days. In other words, more than thirteen hundred (1300) grains were given by the stomach and rectum within three days. On the morning of the second day it was discovered that she was perfectly blind."

The same author quotes the following extract from Dr. Werker's recent work, (Ocular Therapeutics.):

"Intoxication by quinine is extremely rare. You have seen here a young patient, who, having contracted intermittent fever in the tropics, determined to cure himself. He filled a large glass with about an inch of quinine, swallowed it all, and went to bed. He awoke both deaf and blind. . . . ."

Experiment by Wood, Jr., reported in the Philadelphia Medical Times, Vol. 4, page 675:

"Experiment upon pregnant animals. A female cat in a very advanced state of pregnancy but not quite at full term. At 12:30 p. m., 20 grains of quinine were injected into the cellular tissues of various parts of the body. At 1:00 p. m. the cat offered no symptoms worthy of remark. At 2:00 p. m. she was seen by my assistant and was alive. At 4:30 p. m., I found her dead and rigid. She had

not aborted, and there were no indications of any disturbance of the genitalia."

Its use as prophylactic against and curative for malaria, has been scathingly repudiated by Dr. A. S. Bleyer, of Washington University Medical School, St. Louis, Mo., in a lecture before mothers at the Community School, when he said, as quoted in the St. Louis Globe-Democrat, Friday, March 19, 1920, that "SANITATION, NOT QUININE, ERADICATES MALARIA."

MEDICINAL USES OF QUININE

Quinine is used as a tonic, antiseptic, anti-periodic, and anti-pyretic. Also in acute rheumatism, tonsilitis, neuralgia, variola, typhoid and other septic fevers, as well as in certain skin diseases.

ACCIDENTAL ABSORPTION

It may be absorbed through the use of hair tonics, aspirin and the common "cold breakers," bromo-quinine, etc.

CHRONIC SYMPTOMS

Effects of quinine poisoning are: ringing in the ears, a sense of constriction in the head, temporary or complete deafness. Tinnitus aurium—extreme roaring in the ears—headache, pointing to cerebral congestion, which is relieved in some cases by spontaneous epistaxis, (nose bleed). Serious visual disturbances, often complete blindness, due to degeneration of the ganglion cells of the retina and

the optic nerves. Daltonism, (color blindness)—particularly the inability to distinguish between red and green; diminished perspiration; suppressed and delayed menstruation.

The symptoms enumerated above are well known to medical men and quinine users, but Iridiagnosis reveals other serious conditions caused by quinine. Whenever its sign is found around the pupil in the gastro-intestinal tract, it denotes stubborn constipation. Such persons have an abnormal craving for food, amounting to perversion, and yet they are anemic and emaciated because accumulation of quinine in the digestive tract hinders normal assimilation and absorption of nutrient matter.

EFFECT OF QUININE UPON THE BRAIN AND NERVOUS SYSTEM

When quinine deposits in the brain region, the symptoms and the consequences become much more serious. I have observed its ill-effects on patients in various sanitariums, where I had ample opportunity and clinical material to do first hand investigation.

Some cases suffer from extreme mental depression with a fixed idea of their being alone in the world, though in reality they may be surrounded by loved ones who extend them all possible aid. They are negative and over-sensitive, often weeping at the slightest provocation.

Some suffer from dual personality, melancholia or violent mania, others from over-irritation of the

generative organs leading to self-abuse and other perversities in sex life.

QUININE, A CAUSE OF AMNESIA

That Amnesia, (loss of identity), may be attributable to quinine poisoning, is evident from the following case:

A young man of 26, after returning from Mexico, where he had suffered from malaria, which was treated by the conventional large doses of quinine bi-sulphate and other anti-pyretic quinine preparations, returned to Los Angeles, where, a few days after his arrival, he awakened, one morning, in a state of complete amnesia. So complete was his loss of identity that he could not recall his name or anything about his past history. It was not until a friend met him and called him by name that the spell was broken.

Since that time, a period of twelve years, there have been recurrent periods of amnesia, although the intervals between attacks have become longer since he has endeavored to eliminate the quinine from his system by a strict adherence to natural habits of living. It should be stated that these attacks occur whenever the process of quinine elimination becomes active.

Similar experiences may be multiplied indefinitely. The reason why it has not been observed by other medical men is because the great majority of them do not look for the cause of disease in what they consider standard medication. I know of numerous

milder cases of amnesia, where the patients had to "pinch" themselves to ascertain the reality of their existence. All this was due to quinine poisoning, and was ascertained, firstly, by the finding of the quinine sign in the iris; secondly, by the patient's history admitting the use of quinine in large doses, and thirdly, by the fact that they gave no history of such attacks, prior to the use of quinine.

ELIMINATION OF QUININE

A climax of the patients' suffering is reached when, during elimination of quinine, under natural healing methods, the patient's symptoms become intensified. During such periods they often develop a desire to destroy everything in sight, cutting their clothing into shreds, and often attempting violence to those around them. Such attacks usually last for several days until a copious nose-bleed gives them relief. This form of quinine elimination removes the irritation from the brain. It is usually followed by paroxysms of weeping—another form of quinine elimination, after which the patient becomes quiet and normal.

In milder cases, quinine elimination manifests itself in the form of colds, associated with a slight elevation of temperature, the characteristic bitter quinine taste in the mouth, partial or complete deafness, lasting for two or three days at a time, diarrhea, and profuse perspiration. Thus, the functions which are diminished or suppressed by the presence of the drug in the body become exaggerated immed-

iately before and during its elimination from the system. Hematuria, often also blood in the stool indicate the destructive effects of quinine upon these passages.

Strict dieting, with plenty of fruit juices and fresh leafy vegetables, is most essential for the elimination of quinine.

CHAPTER XIII

SULPHUR

When taken medicinally, or through absorption of sulphur cured foods, sulphur shows a dark brown, cloud-like discoloration in the stomach and intestinal areas, unlike quinine, which shows yellowish green or greenish yellow. When absorbed through drinking mineral water it shows in dark brown spots and not as clouds as described above. (See plates).

At times, when the iris is discolored with both quinine and sulphur, it may be difficult to distinguish one drug from the other; in such cases, the dark brown sulphur shade neutralizes the yellowish-green shade of quinine.

Whenever a double discoloration is found, it denotes more intensified symptoms, particularly of the functions of the gastro-intestinal tract. Constipation is more severe, and assimilation of food is materially affected, causing the characteristic symptoms of malnutrition and anemia. Under a strictly natural regime, sulphur may be eliminated in the form of severe diarrheas, the feces having the characteristic sulphur odor. It may also be eliminated through the skin, and in the form of dandruff.

MEDICINAL USES

Sulphur is used as a laxative, in tonics, in various skin diseases, and is also a common home remedy in the form of "sulphur and molasses."

ACCIDENTAL ABSORPTION

Sulphur may be absorbed through sulphur baths, and by drinking sulphur water. It may also be absorbed through drinking Pluto Water, which is "doctored" with sulphur. Those who, in search of health, resort to sulphur vapor baths, little realize that, while such baths may promote temporary elimination, they cause absorption of enough sulphur to seriously impair their health.

The same is true of the use of sulphur in the treatment of skin diseases: sulphur coming in contact with the moisture of the skin, forms a salt known as hydrogen-sulphate, which is absorbed by the system. Sulphur may enter the system, through the use of dried fruits which are sulphur cured: such as raisins, dates, figs, apricots, pears, etc. My attention was drawn to this fact through a 2-year old babe patient and its mother, both of whom were suffering, apparently, from acute indigestion, the child being in the more serious condition, vomiting severely and having violent purgation through the bowels. Upon questioning the mother as to what she and her child had eaten, she replied that they had eaten figs and dates that evening, and that it was the second attack in a week, following the con-

sumption of the same fruits. The mother showed me the box containing the fruits, and upon it was the inscription, "sulphur cured."

Numerous other patients informed me that every time they ate sulphur-cured fruit, they developed epistaxis (nose-bleed), while some informed me of having nose-bleeds after taking "sulphur and molasses;" others of coughing after eating sulphur cured English walnuts.

Unscrupulous commercialism does not stop, with adulteration of dried fruits, but poisons also our very staff of life; for practically all the grains are given a thorough sulphur treatment before, or soon after, their being stored in the granaries. The same is also true of the white sugar which is sulphur-bleached, as I was informed by an inspector of the New Orleans sugar refineries, who added that the "darkies employed there would never taste white sugar on that account." The following letter points to an excellent start in curbing food doctoring:

NORTH DAKOTA AGRICULTURAL COLLEGE

E. F. LADD, PRESIDENT
POST ADDRESS
AGRICULTURAL COLLEGE, NORTH DAKOTA

OFFICE OF THE
FOOD COMMISSIONER

May 18th, 1921.

Dr. J. Haskel Kritzer,
326 South Ashland Blvd.,
Chicago, Illinois.

Dear Sir:

Your letter addressed to the Official Grain Inspector at Bismarck has been forwarded to this Department for reply.

This letter has reference to the use of sulphur dioxide in foods. The North Dakota State Food Law prohibits the use of sulphur dioxide or any form of sulphuric acid.

We are mailing you under separate cover, our Special Bulletin No. 6, which contains the food and drug laws of this state. On page 2, Section 3, Article 2 you will find information concerning sulphur dioxide.

Yours very truly,

R O Baird

Chief Deputy Food Commissioner.

CHAPTER XIV

LEAD—STRYCHNINE

Lead shows a dark, or steel-gray perfect circle around the pupil, in the stomach and intestinal areas.

DIFFERENTIAL DIAGNOSIS

Lead must be differentiated:

1. From strychnine which shows a perfect circle around the pupil, wheel-like in shape, with spokes radiating from the center. Its color is whitish or silver gray;

2. From bismuth which is also found around the pupil and is of a similar steel gray shade. Unlike lead, which shows a perfect circle, bismuth is irregularly shaped, expanding toward the abdominal area.

MEDICINAL USES

Lead is used as a local sedative and astringent; internally as an astringent and hemostatic. Lead preparations are also used in inflammatory skin diseases, in discharges from the ear or urethra, in diarrhea and in vaginal douches. Lead can be absorbed into the system through the various occupations, and is commonly found in steel workers, wagon makers,

typesetters, lead miners, painters, plumbers, etc. Chronic poisoning may also develop through absorption of face powders, tooth pastes, and cosmetics; through drinking water from lead cisterns or lead pipes and through various plasters which have their basis in lead oleate. Frequent abortions among female typesetters are attributed to occupational lead poisoning through inhalation.

The Philadelphia Medical Times, Vol. 4, page 672, reports: "Death of an infant from the application of an Acetate of Lead lotion to the nipples. N. Bouchat mentions the case of a lady who having used a lotion called Eau de Madame Delacour, a favorite quack remedy in Paris for sore nipples, omitted to wash it off before putting the child to her breast. The child was shortly after seized with violent colic and died in a few days with all the usual symptoms of lead poisoning."—Gazette de Hopitaux—Boston Medical and Surgical Journal.

CHRONIC SYMPTOMS

Nearly all cases of chronic lead poisoning show the characteristic softening of the gums with a "pencil line" along the margin of the teeth. "Lead colic" is the chief symptom of acute poisoning which is also associated with violent purgation of the bowels. This is, in turn, treated with full doses of creosote and bismuth to check the corrosive effects of lead. Hence signs of both lead and bismuth are quite often seen in the same area.

Anemia and emaciation are quite frequently ob-

served, and are due to the presence of lead in the intestinal mucosa, which retards assimilation resulting in malnutrition, loss of appetite, particularly for breakfast; severe chronic constipation, hemorrhoids and other rectal disorders. Cases of paralysis and others, resembling tabes, often result from lead poisoning, all of which is corroborated by finding the lead sign in the iris, the patient's admission of having used lead or of having been exposed to lead absorption, and by the exclusion of other possible causes contributing to paralysis. The characteristic wrist-drop is quite common in chronic lead poisoning.

STRYCHNINE—ALKALOID OF NUX VOMICA

Strychnine shows a whitish gray, or silver gray wheel-like circle, with spokes radiating from the pupil in the area of the stomach and intestines.

DIFFERENTIAL DIAGNOSIS

The strychnine sign must be differentiated from lead which shows a dark, or steel gray perfect circle around the pupil, is not wheel-like, and has no radiating spokes.

Strychnine or nux vomica are used as tonics, stimulants and stomachics, (appetizers.) According to Scudder, "strychnine is one of the most violent poisons known—prussic acid excepted. It is so intensely bitter that the taste is distinctly perceptible when diluted with sixty thousand parts of water."*

*American Ecclectic Materia Medica and Therapeutics—Jones-Scudder.

The action of strychnine upon the brain and nerve centers is highly destructive, often causing paralysis. It also has a destructive effect upon the genitalia. Robinson, in the American Journal of Clinical Medicine, November, 1911, states:

"As strychnine may do great harm in paralysis, so it may do injury in sexual debility; by irritating the already irritated erection and ejaculation-centers, it causes their exhaustion and thus makes bad matters worse."

The effect of strychnine upon the alimentary tract is almost as injurious as lead; there are erratic desires for food, mal-assimilation, constipation, anemia and emaciation.

CHAPTER XV

IODINE

Iodine shows in red spots surrounded by white borders, and may be seen in any area in the iris. Evidently iodine has no particular affinity for any special tissue, though some text-books state that it affects the glandular organs. Iridiagnosis proves, however, that the drug deposits in any organ of low vitality.

DIFFERENTIAL DIAGNOSIS

Iodine is differentiated from ergot—the latter showing a sparkling red spot, which is not surrounded by a white border, from iron which shows rust-brown; from ichthyol, which shows light brown spots.

IODIDES

Iodides also show in red spots but are not circumscribed by white borders. This is probably due to the fact that the salts of iodine break down inflamatory exudates, formed by the system in its effort to wall off, (or "arrest"), the spread of microorganisms, or of inflammatory processes. The dangers of administering iodides in arrested tuberculosis therefore becomes evident. Its absorptive act-

ion upon inflammatory exudates, breaks down the encapsulation, thus setting free the baccillus, often to the detriment of the patient. The encapsulation of the bacillus in the lung tissue is shown in the lung area of the iris and explains why the sputum of tubercular cases is often free from bacilli.

Iodine has no absorptive power. Being a powerful irritant, it causes a net work of connective tissue to be formed, which is Nature's provision for preventing its spread into adjacent tissue. After iodine has remained in the system for a length of time, it assumes a darker shade, due to the chemical change it undergoes. Thus we can recognize recent or chronic iodine absorption.

MEDICINAL USES

Iodine is used extensively as an antiseptic, germicide, and as a counter-irritant in various inflammatory processes, particularly of the joints, pleura, lymph glands, goiters, in syphilis, etc.

CHRONIC SYMPTOMS OF IODINE POISONING

Persons suffering from chronic iodine poisoning often manifest symptoms of abdominal pains, nausea vomiting, catarrhal discharges of the respiratory tract, sneezing, and, in some instances, pain in the frontal sinuses, ptyalism and ulceration of the skin. I know of a case of a young man who, on account of a depression of one of his ribs, had a pain in the upper thoracic area. Being alarmed by its persistency, he consulted a physician, who advised

painting his chest with iodine. It was not long after this that the young man developed palpitation of the heart. A red iodine spot, circumscribed by white, was found in the area of the heart in his iris. Numerous cases developed serious skin eruptions of a stubborn nature after the use of iodine.

Salivation in iodine poisoning may be due either to its irritating effect upon the salivary glands during the active process of iodine elimination; or to the effect of iodides upon systemic mercurial deposits resulting from medication; for mercury is kept in solution by its action.

On page 380, "Therapeutics—Its Principles and Practice," Wood quotes:

"Rilliet, who has had wide opportunities, and has apparently studied the subject very closely, describes three forms of iodic intoxication: first, that in which the symptoms are those of gastric irritation; second, that characterized by nervous troubles, neuralgia, ringing in the ears, convulsive movements, disturbed intellection with coryza ophthalmia, salivation, vomiting, diarrhea, polyuria and cutaneous eruptions, and in some cases atrophy of the mammae in the female and of the testicles in the male; third, iodic cachexia, caused either by iodine or potassium iodide, continuously used for many months. It is said to be most easily induced in goitrous persons (and yet it is so widely used in goiter treatment! Author), and is characterized by a rapid emaciation commencing mostly in the face and severe nervous palpitation of the heart, with

excessive appetite, which sometimes precedes and sometimes follows the loss of flesh. So long as the drug continues to be taken, these symptoms continue to progress and, after a time, hysteria and hypochondriasis, with insomnia, manifest themselves. The goiter, the mammae, and the testicles waste away together; but if the medicine be suspended and health gradually returns, while the normal growth reappears, the sexual glands remain wasted."

The "Medical Times," (Philadelphia), Vol. 4, page 661, quotes from the Gaz. Med. de Paris, a case coming under the notice of Dr. Juan Lomon: "A man of 27 had suffered from various manifestations of syphilis, among others, orchitis, and pharyngeal ulcerations. Under the influence of judicious medication by means of iodide of potassium and mercury, all signs of disease disappeared. About a year later, however, some ulceration appeared on the pharynx, and the patient taking the case into his own hand, dosed himself with large quantities of iodide. The ulcers were finally healed, but a twelve-month later he requested Dr. L. to examine his testicles. The right, on inspection, was found to have disappeared; the left was about the size of an almond. Coition was accompanied by pain, erection taking place slowly and lasting a long time. The duration of the venereal act was prolonged, and no emission of semen took place."

Thus, iodides are used for the purpose of curing luetic infections, but in so doing, the sex organs

are frequently destroyed, even under the "judicious" supervision of a physician; nevertheless, iodine is looked upon by the profession and the laity as a harmless antiseptic.

CHAPTER XVI

IRON—ICHTHYOL—ERGOT

Metallic iron shows as reddish rust brown spots typical of iron rust shade. It has no particular affinity. Hence iron spots may be seen anywhere on the surface of the iris superficially deposited. Iron oxide, such as is to be found in mineral waters, or waters that stand in or pass through rusty iron pipes, shows in the iris as dark, almost black spots, of a slightly metallic texture. Care must be taken not to confound it with zymoid spots.

DIFFERENTIAL DIAGNOSIS

Iron must be differentiated from:

1. Iodine, which shows red spots surrounded by white borders.
2. Ichthyol, which shows light brown spots.
3. Sulphur, which shows dark brown spots.

MEDICINAL USES

Iron is used as a tonic, styptic, astringent and haemostatic. It is used in the metallic state as well as in various soluble and insoluble salts.

CHRONIC SYMPTOMS

Iron spots in the iris show the deposit of the drug

which, in itself, condemns its use. Lodged in any organ, iron acts as a foreign agent, causing chronic irritation. It is a known fact that its prolonged use internally destroys the enamel of the teeth. If this is its effect on hard tissue, what must it do to the tender mucous membrane of the alimentary tract? Indeed, M. Petit, M. A. Dubnow, and others, have observed that iron preparations in large doses inhibit the digestive process. Wood, (page 327), quoting the above authors, adds: "Our experience is that gouty or rheumatic patients bear iron badly and that sometimes its exhibition seems to aggravate the arthritic symptoms. The chief contra-indication for the use of iron is the existence of plethora or of catarrhal diseases of the gastro-intestinal tract."*

Scudder, (page 471), states that:

"From the protracted use of iron, the spleen becomes diminished in size and the liver undergoes similar changes."

ICHTHYOL

Ichthyol shows light brown spots over various parts of the iris. Quite often it is found in the area of the lungs, as well as in the area of the generative organs, particularly in the female. Ichthyol is obtained from the distillation of a fossil fish deposit found in bituminous rocks of the Tyrol mountains, and is treated with sulphuric acid, etc. Since 1914

* "Therapeutics, Its Principles and Practice." H. C. Wood, M. D., LL.D.

it has been unobtainable and was, therefore, manufactured in the United States from asphalt.

DIFFERENTIAL DIAGNOSIS

Ichthyol must be differentiated from:

1. Sulphur, which shows dark brown spots.
2. Iron, which shows typical reddish brown spots of an iron rust shade.
3. Iodine, which shows red spots, surrounded by white borders.

MEDICINAL USES

Ichthyol is used for practically the same purposes as iodine, for local treatments of the female genitalia for tuberculosis, and various skin diseases—eczema, acne, lupus, etc., and for rheumatic and gouty diseases.

My discovery of its sign in the iris was made through finding a light brown spot in the mammary area of a patient suffering from sarcoma of the breast. This also furnished me with a possible clue to the cause of her disease. When asked if she had used iodine, she informed me she had had local treatment for leukorrheal discharges, with a liquid concoction which looked similar to iodine and which we later discovered to have been ichthyol. I firmly believe that the suppression of the local discharges, together with the drug, having been absorbed by the lymphatic system and deposited in her breast, evidently containing cancerous soil, set up the irritation causing sarcoma. I have since identified spots of

this shade in the lungs of patients who had used ichthyol in cough remedies, and also in women gynecologically treated.

OPIUM AND MORPHINE ITS DERIVATIVE

These narcotics show very minute black lines in the stomach area immediately around the pupil. They form a perfect wheel-like circle, resembling the strychnine wheel. The latter is, however, whitish gray, and more prominent in its size than the morphine circle. Having examined but few morphine patients, though I found the sign as described, its complete verification is still questionable. Some authors speak of these drugs as producing whitish yellow lines radiating from the pupil. I have, however, not been able to verify them in spite of diligent efforts.

CHRONIC SYMPTOMS

Chronic Symptoms are expressed by marked gastro-intestinal disturbances, most likely due to arrested secretions.

ERGOT

Ergot shows a reddish circle in the stomach area, slightly below the shade of iodine, being of a lighter red. Ergot spots are also seem in other areas—particularly that of the generative organs.

Ergot is a drug derived from the "Claviceps purea", a "botanical tramp", as Arny calls it, which feeds upon the young rye. "The rye mixed with

ergot is, of course, dangerous, and on several occasions entire communities have been poisoned by eating bread made from rye flour containing ergot". Arny.*

MEDICINAL USE

Ergot is used as an ecbolic, to increase labor pains, to stop hemorrhage, and to contract tissues and blood vessels. It has a weakening effect upon the muscles of the heart, of the blood vessels, as well as the muscle fibers of the stomach and intestines.

* Page 837, second edition, "Principles of Pharmacy."

CHAPTER XVII

BROMIDS

Bromin and its salts show a whitish-blue crescent at the upper surface of the iris, in the brain area, in the blue as well as in the brown iris. The crescent appears to be a lid pasted over the upper surface of the iris, tempting the observer, as it were, to insert something underneath it.

DIFFERENTIAL DIAGNOSIS

A bromid sign must be distinguished from that denoting anemia or venous congestion which shows a bluish crescent in the same region as the bromid crescent. The latter is caused by virtue of the continuation of the sclerotic coat of the eye which overlaps the iris. The coal tar products, unlike bromids, show a much heavier discoloration of a dark gray shade. The discoloration covers a larger surface, and is not crescentic in shape.

MEDICINAL USE OF BROMID

Bromids are employed as a specific in epilepsy; as a depressant in neurasthenia, in sexual over-stimulation, and to stop nervous headaches.

CHRONIC BROMID POISONING

Chronic symptoms of bromid poisoning usually manifest themselves in violent headaches. In some instances, convulsions and even epilepsy follow shortly after taking this drug. Clinical observations invariably bear out the fact that more severe and more lasting headaches develop after taking bromid for headaches, probably caused by some reflex irritation of a gastro-intestinal, uterine, or ovarian origin. Of the bromin salts, potassium bromid is the most toxic to the heart and muscular system.

Because of its affinity for the brain region, bromid, in many instances, inhibits the autonomic brain centers, thereby seriously damaging the vital force and functions.

This drug depresses all forms of protoplasm, but has an especial attraction for the central nervous system. In the brain, its depressing action affects the psycho-motor area, with its intellectual centers, as well as the sensory nerves of the spinal cord—as shown in diminished reflexes. Thus the Iridiagnostician is less likely to be mislead by the diminution of the reflexes after discovering the bromid sign in the iris.

Concerning the use of bromids in neurasthenia, there is considerable difference of opinion in the medical texts. Bastedo recognizes the fact that "although bromids may be symptomatically useful, yet,

by interfering with the metabolism, and with the central nervous system, they prevent recuperation."

Chronic bromide poisoning develops shortly after its administration, and the ill effects gradually become intensified as time passes. There are cases on record, and I personally knew such, of individuals suffering the loss of voice, or of sexual virility years after the drug had been taken; bromid may also cause atrophy of the testes in male and mammary glands in female.

Dr. W. J. Robinson, in American Journal of Clinical Medicine, November, 1911, relates the following:

"As to the injurious effects of the bromids, particularly potassium bromid, I have seen some very sad cases. Some high-minded young men, considering extra-marital intercourse morally wrong, decided to repress their sexual desires by the use of potassium bromid. By the advice of a young physician they took thirty to sixty grains, (two to four grams) every night for a period of several months. Two of the young men kept up the bromid, with some intermissions, for over two years. They all succeeded in repressing their desires. But, unfortunately, they also succeeded in several other things: they succeeded in ruining their digestion, in getting a nice crop of brom-acne that was very resistant to treatment, and in becoming IMPOTENT."

On page 154, H. C. Wood, Jr., 14th edition, Pharmacopeia and Materia Medica, states:

"The bromids, in sufficient concentration, are poisonous, apparently, to all forms of animal proto-

plasm. They show, however, a selected action upon the nervous system.

"In man and the higher mammals, the first action of the bromids is upon the brain in which they seem to depress both the intellect and the psychomotor areas. After large doses there is also depression of the spinal cord."

Page 155 . . . "That a large dose is capable of affecting the sensory system in man, as well as in the frog, is shown by the fact that in several cases more or less complete general cutaneous anesthesia has followed the ingestion of the bromid."

In Stevens Materia Medica,* on bromid, we read:

"When ingested, it causes inflammation and extensive necrosis of the gastro-intestinal mucosa. Inhaled, it acts like chlorin, producing mucopurulent bronchitis, edema of the lungs, and foci of catarrhal pneumonia."

Many sudden deaths, attributed to heart failure, are in reality due to the destructive action of bromid upon the vagus and respiratory centers. In some cases, it results in paralysis of the lower extremities, often erroneously diagnosed as locomotor ataxia. The following are striking cases:

Case 1. A young woman patient came to our clinic in Buffalo, N. Y., complaining of developing paralysis of the lower extremities. She consulted several specialists and was told that she was de-

*A. A. Stevens, A. M., M. D., fourth edition, "Materia Medica and Therapeutics."

veloping locomotor ataxia, regardless of her negative history of any venereal taint. A bromid crescent in her iris revealed the cause of her symptoms. She admitted having used bromid, quite often, for the relief of headaches.

Case 2. Mr. B., 58 years old, who was gradually losing control of the lower extremities. As the symptoms became aggravated, he consulted numerous specialists, who diagnosed the condition as locomotor ataxia. The man had led an unusually clean life and gave no history of any venereal infection. His iris revealed the characteristic bromide crescent. He admitted the habitual use of bromo-quinine for general nervousness. A course of drugless treatment resulted in general improvement, particularly in the use of his extremities. A decrease of the bromid crescent in the iris was noted.

Case 3. Another interesting case strikingly illustrates the injurious effect of bromid. Rev. G., in seeking relief from a violent palpitation of the heart, appealed to his druggist friend for as large a dose of bromid as could be taken into the system at one time without serious harmful effect. He was given fifteen grains of the drug. Twenty days after he had taken the dose he developed a very violent headache, which continued periodically. A distinct bromid crescent in the iris revealed the cause of the headache.

ELIMINATION OF BROMIDS

Bromids are eliminated through the skin in the form of pustules and other eruptions. It is also excreted through the general organs of elimination, causing the characteristic symptoms of pain and irritation in the passages of elimination.

CHAPTER XVIII

Coal Tar Products

Coal tar drugs also have their affinity for the brain region and are recognized through the presence of a dark, dirty, gray veil covering almost one-half of the upper part of the iris.

Differential Diagnosis

The Coal tar sign must be differentiated from a bromid crescent which is whitish-blue, and covers a smaller area of the upper part of the iris. Bromid is rather like a crescent pasted on the surface of the iris. It should also be distinguished from a bluish crescent denoting cerebral anemia, apparently a continuation of the sclerotic coat of the eye, overlapping the iris.

Among coal tar products are classed most of the anodines and analgesics—pain relievers—as well as various antipyretics. There are numerous derivatives of coal tar. The leading preparations are acetanilid, aspirin, phenacetin, antipyrin, antikamnia, etc., all of which are found among the varieties of patent medicines for headaches, fevers, and various other ailments particularly of a nervous origin.

The antipyretic action of the coal tar products is

positively detrimental because of its depleting effect upon the patients' vital force.

It is not surprising, therefore, that acute diseases thus treated claim so many deaths. The wonder is that there are not many more fatalities which result under the old way of treating acute diseases. It is probably due to the fact that those who do not succumb are endowed with a natural vitality and survive in spite of the treatment.

It is also interesting to note that the action of most of the coal tar products as antipyretics does not begin before one hour after their administration, which is one hour lost, as compared with the instantaneous action of the cold water application, which materially reduces the temperature immediately after the application. This greatest of all remedies in Materia Medica—WATER, judiciously applied—invigorates the patient, promotes speedy elimination, and increases the patient's recuperative powers in contrast with the paralyzing effect of the coal tar antipyretics.*

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* The cold compress is an invaluable agent in controlling temperature in febrile diseases. It is, indeed, a life saver. It equalizes the blood circulation, it relaxes the tissues, it opens the pores, it withdraws the toxins from the body, and refreshes and invigorates the patient.

The cold compress is indicated in fevers, in local congestion, cough, pain and swelling. It is also greatly beneficial even in chronic diseases, when applied around the abdomen and back. (In erysipelas a warm compress is indicated.)

How to apply a cold compress:

Take one or two layers of linen or sheeting, wet in cold water (not ice) wring out thoroughly and wrap same around

ACCIDENTAL ABSORPTION

Coal tar products may be absorbed through the use of home remedies, such as oil of wintergreen, cinnamon oil, lysol, vaseline, kerosene, benzol alcohol, naphthol, salycilic acid, etc. They are also absorbed through vanilla extracts synthetically produced from crude oil, flavorings of ice cream sodas, orangeades, pink lemonade, "doctored" cherries, the coloring matter of the cheap candies, and most of the canned foods, preserved with coal tar products.

SACCHARIN—A COAL TAR PRODUCT

It should be mentioned that some unscrupulous corporations in their over-zealous "patriotism" to conserve food during the war, capitalized the sugar shortage, urging through page advertisements in the metropolitan dailies the use of saccharine "as a sugar substitute." Knowing the ill-effects brought about by the cumulative action of the coal tar prod-

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patient's body from the axilla to the hips. Wrap over this one or two layers of dry wool or flanellete and cover patient up. Keep on until the compress feels hot to the patient—almost at the point of getting dry—then remove compress, sponge body with cold water, after which repeat application.

In severe chills—apply cold compresses the same way and put warm water bottle to each side of patient, also one to the feet.

In fevers beyond 103% Fahrenheit—wrap patient from neck to foot in cold wet sheet, similar to the one described above. Repeat application until the temperature is reduced to 101% Fahrenheit, then change to local compress, applying same three to four times a day.

In all febrile cases—a cold compress should also be applied to the throat to prevent—possible delirium.

ucts upon the brain and nervous system, one shudders to think of the number of idiots future generations may develop on account of the use of saccharine as a sugar substitute. While saccharine is claimed to be about five hundred times sweeter than sugar, thus deceiving the sense of taste, it cannot, however, deceive the sensitive nervous system, and sooner or later nature exacts a heavy penalty—ill health, as indicated by the signs in the iris of coal tar products. The use of saccharine is strongly condemned by authorities of international reputation as may be seen from the following cable to the Chicago Tribune—New York Times, dated Vienna, May 31, 1920:

"SACCHARIN USE INJURES HEART, SCIENTIST SAYS." "Prof. Heitler, the well known authority on heart diseases, published the result of his examinations on the "eugenic" side of the sugar shortage problem. While sugar stimulates activity of the heart, Heitler demonstrates that the use of saccharine reduced it. Heart pulses become weaker as saccharine is used.

"Heitler comes to the conclusion that saccharine has a directly injurious effect on the heart."

"Those who are sound of heart can use it under force of circumstances with the greatest possible restriction, but those with weak or affected hearts should avoid it altogether."

Some very interesting facts were brought to light by expert witnesses in the suit brought by the United States Government against the Monsanto Chemi-

cal Works, a corporation which was charged by the government with violating the Pure Food and Drug Act by selling saccharin labeled as "A perfect sweetener, healthful and positively harmless." Against this infamous claim many expert witnesses for the government, nationally known as authorities, such as Dr. A. J. Carlson, of the University of Chicago, testified, as reported in the St. Louis Press, December 20, 1920:

"That he had used saccharin, had studied its use among the people of Europe and had conducted widely diversified tests to determine the physiological effect of the chemical upon the body. Men, women, dogs and goats were used in his research work. 'The presence of saccharin delays the formation of red blood corpuscles,' he stated."

"Another expert government witness, Dr. Solomon Cohen, former professor of pharmacology at the Jefferson Medical College, Philadelphia, testified: "That his observation of the effects of saccharin on human beings during a period of nearly twenty years had convinced him it was harmful, interfering with digestion, frequently causing heartburn, distaste for food, nausea and headaches.' "

"Dr. Carlson, and Dr. Hugh McGuigan, professor of Pharmacology at the University of Illinois, both testified concerning actual experiments with saccharin, which they said convinced them that its use resulted in a fifty per cent loss of appetite, and a decrease in the efficiency of the digestive processes of the human body."

It should also be remembered that most of the cheap candies contain saccharin, and various coal tar dyes. In all probability our infant mortality rate may be attributed, to a great extent, to the consumption of such sweets. A prominent physician told me of a steady patient, a child, who developed convulsions on Sundays, which he attributed to the child's consuming samples of colored candy brought home by its father, who was a traveling candy salesman, returning home for the week-end. This item from the Chicago Daily News, May 18, 1921, is inserted while going to press.

"CHILD IS KILLED BY POISONED SWEETS: 13 OTHERS ARE VICTIMS. "The death from poisoning of a child in the Gresham district and the serious illness of some thirteen others in the same neighborhood today brought a sweeping investigation into the manufacture and distribution of cheap licorice candy in Chicago.

"The principal victim was Raymond Doolittle, 4 years old, 616 West 103rd street, who died early today after an illness of several days, directly traceable to a visit to a confectionery shop near his home.

"Raymond became ill last Friday afternoon after eating some licorice sticks."

"SOFT" DRINKS—HARMFUL

I was reliably informed by another prominent physician of three cases of epilepsy and other cases of convulsions of a milder form in children, following their outings to the city parks on Sundays,

where they partook liberally of "soft" drinks. His investigation proved that they developed convulsions only on, and after the days on which they drank these "harmless" and widely advertised beverages.

ARTIFICIAL PERFUMES—DETRIMENTAL

A man whom I knew well, died of coal tar poisoning through the inhalation of perfume of coal tar origin. The man never considered himself well groomed without saturating his hair and clothes with perfumes. He was found dead in his room in which everything was saturated with his favorite coal tar perfume. The coroner's verdict ascribed this as the cause of his death.

Numerous sudden deaths usually attributed to unknown causes, or to "heart failure", may in reality have been caused by coal tar poisoning in one form or another.

IS TOMATO CATSUP WHOLESOME?

Several cases that came to my notice pointed to a hitherto unsuspected channel of coal tar absorption. Two young women consulted me about having "bloody sweat" under the axilla, and as they had also suffered from occasional dysmenorrhea, I was led to believe that it was a form of vicarious menstruation. But, one day a student inquired for an explanation of his developing "red sweat" under the arm pits after partaking of tomato catsup. From that we learned that it was not "bloody sweat", but the anilin dye used to preserve the red tomato cat-

sup, which was thus eliminated through the axilla.

Coal tar derivatives are also used as sedatives and hypnotics for nervous headaches, neuralgia, gout, rheumatism, etc. It is also found among the various patent headache remedies.

"An Acetanilid Death Record"* The above is a headline of an article by S. H. Adams, who compiled a list of twenty-two fatalities made up from statements published in various newspapers, giving the names, addresses, dates of death, and stating, "in every case the person who died had taken to relieve a headache or as a bracer, a patent medicine containing acetanilid without a doctor's prescription, (doctor's prescription does not prevent acetanilid's deadly action—Author), adding, "this list does not include the case of a dog in Altoona, Pa., that died immediately on eating some sample headache powders. The dog did not know any better."

* "The Great American Fraud," Samuel Hopkins Adams, page 34. P. F. Collier & Son, Publishers.

CHAPTER XIX

MERCURY—HYDRARGYRUM

(Quicksilver)

Mercury shows a whitish or silver gray circular line of a marked metallic luster in the circulatory area of the brain region. It shows bluish in the brown iris.

When mercury is used in connection with KI—potassium iodide—in anti-luetic treatment—it may then show over the entire circulatory area, like a sodium ring. This is due to the action of potassium iodide which keeps the metallic salts of mercury soluble in the blood stream. It is for this reason that the presence of mercury in the system may not be detected until from five to fifteen years later; sooner, if the iodide and its action be discontinued.

When mercury is seen in the circulatory area, the patient is so thoroughly saturated with the drug that gold rings on the fingers or even gold watches carried, in the vest pocket turn black. Its destructive effect upon the system can easily be understood from a rather significant statement made to me by one of the victims: "If I had not boiled it out of me ever so often it would have surely killed me." The circulation of this metallic salt in the ar-

terial system gradually causes it to deposit itself in the walls of the blood vessels, resulting in hardening of the arteries, aneurism of the aorta, or other valvular disease.

THERAPEUTIC USES OF MERCURY

Mercury is used as a disinfectant, antiseptic, for cauterization, etc.; locally, as an astringent and irritant, for irrigation of any bodily cavity—throat, vagina, uterus, or bladder. Externally, in skin diseases of a bacterial origin, pediculosis (lice) of the pubes; it is also used in inunctions (rubbing into the skin), by mouth, hypodermic injections; also in the form of calomel, as a purgative in constipation.

CHRONIC MERCURIAL POISONING—ACCIDENTAL ABSORPTION

The above may be found in occupational diseases among workers engaged in the manufacture of mirrors, thermometers, and barometers, who are subject to poisoning by absorption. Amalgam filling in teeth cavities may also cause chronic mercurial poisoning in some persons by virtue of the fact that it comes in contact with the salt contained in the food, forming bichloride of mercury. The symptoms in such cases often manifest themselves in catarrhal irritation of the respiratory tract. I know of instances where the combined Nature Cure methods have not relieved such a condition. The extraction of the silver filling, however, affected a cure.

SYMPTOMS OF CHRONIC MERCURIAL POISONING

These vary with different types and constitutions, as is true of other drugs. It does not affect two persons alike. Among the many chronic conditions caused by the excessive use of mercury locally, is a roughening and discoloration of the skin. Continuous wet dressing often produces a dermatitis, or a pustular rash. According to Bastedo (page 487, 1913, edition) "mercuric chloride has a special destructive action upon the epithelium of the convoluted tubules; in sub-acute and chronic poisoning there may be a diffuse nephritis."

SALIVATION SYMPTOMS

There is a profuse, sticky and tenacious saliva of a metallic taste, with a very foul breath. The tongue is coated and swollen. The gums sore, and ulcerated. Soreness of the teeth sockets and loosening of the teeth. According to Bastedo, "The mildest form of poisoning has for its prominent feature 'Mercurial Stomatitis,' or as it is commonly called 'Salivation.' It is much more readily produced in nephritis than when the kidneys are unimpaired." * * * "The profuse salivation may go on to inflammation of the salivary glands, and necrosis of parts of the mouth and jaws; in addition, the patient feels ill, and there may be headache, lassitude, muscular weakness, and diarrhea; occasionally there is constipation."

Among other general ill effects are loss of appe-

tite, anemia, loss of flesh and strength, aching of bones and joints, profuse perspiration of the forehead and palms of the hands, frequent nose-bleeds, and itching of the anus and rectum.

NERVOUS SYMPTOMS

The nervous system and the brain in particular are most susceptible to metals, which often cause various constitutional disturbances. Excitability and sclerosis in the brain and spinal cord are sometimes manifestations of metallic poisoning, according to reliable authorities. The iris corroborates the truth of this statement more particularly in regards to mercury, as it has an affinity for the brain and spinal cord, often causing locomotor ataxia.

Bastedo describes the nervous symptoms as follows: "Tremor of the hands and lips, or the whole body; irritability of temper, fear, hallucination, loss of memory, and perhaps a peripheral neuritis."

I personally know of two cases suffering from extreme mental afflictions due to mercurial poisoning. One was a young mother of two children who was kept under mercurial treatment for five years, on the mere suspicion that she had syphilis. This was admitted by her family physician.

The presence of a heavy mercurial ring in the brain region in the iris told the sad story. It was later corroborated by the breaking out of boils and a mercurial rash which she developed under rational treatment, and which was followed by a cessation

of her violent symptoms, and a lessening of the mercurial sign was noted.

The second case was that of a young man who developed violent mania after mercurial treatment. After mercurial elimination was begun, through the usual siege of boils and carbuncles, the symptoms subsided, and a complete restoration to normal followed.

SUMMARY OF DRUG SIGNS

ARSENIC—white flakes in the circulatory area.

BISMUTH—dark steel gray irregular circle in the digestive tract.

BROMID—a whitish-blue crescent in the cerebral area.

COAL TAR—a dark gray veil-like covering of the upper surface of the iris—cerebral area.

CREOSOTE—white specks in gastro-intestinal tract.

ERGOT—bright red circle in stomach area, often also reddish spots in other areas—particularly that of the generative organs.

ICHTHYOL—light brown spots in any area, particularly that of the lungs and female genitalia.

IODINE—red spots, surrounded by white borders.

IODIDE—red spots, not surrounded by white borders.

IRON—rusty brown spots, typical of iron rust.

LEAD—steel grey, perfect circle in gastro-intestinal tract.

MORPHINE—very minute, almost imperceptible, black circle around pupil (this sign needs more corroboration).

MERCURY—a whitish gray or silver gray circular line of a metallic luster, in the cerebral area, when taken with potassium iodide, it may also show in the entire circulatory area, like sodium. It shows blue in the brown iris.

PHOSPHORUS—white flakes in the muscular or bony structure areas.

QUININE Alkaloid of—yellowish-green or greenish-yellow discoloration, over entire iris, principally in the area of the digestive tract.

QUININE—Salts of—whitish clouds around pupil.

SODIUM—and SALTS—whitish gray circle in circulatory area.

SALICYLATES—same as sodium.

STRYCHNINE—whitish gray or silver gray circle with wheel-like spokes in digestive tract.

SULPHUR—dark brown, cloud-like discoloration in area of digestive tract, or dark brown spots when absorbed through drinking water, containing sulphur.

TURPENTINE—whitish gray spots in area of genito-urinary tract.

VACCINES—black or muddy brown spots surrounded by white borders. Superficially deposited on the surface of the iris.

ZYMOID—same as vaccines, but are not surrounded by white borders.

CHAPTER XX

Zymoid Spots

Zymoid deposits show black or muddy brown spots, superficially deposited on the surface of the iris, often resembling an external speck of dirt or dust. (Black spots denoting destruction of tissue are deep and penetrative.) They may be congenital, hereditary, or acquired. This morbid deposit has no special affinity for any organ; it is therefore found anywhere in the iris, for, as with other poisonous substances, zymoid also deposits in an organ or part of lowered vitality.

Under this term are included all spots denoting a deposition of toxins resulting from putrid tissues such as boils, carbuncles, fistulae, abscesses, cysts, necrosis—all forms of dead tissue, also vaccines and serums. They are often, also, hereditary. Dorland's medical dictionary defines zymoid as "any poison derived from a decaying tissue."

Zymoid spots may often indicate effects of suppressed measles, scarlet fever, small pox, various skin diseases, such as scabies, itch, psoriasis, etc., and often suppression of pediculosis. It is because of the two, itch and psoriasis—that these spots are

designated in some books by the misleading terms of "itch" spots or "psora" spots.

Peczely was the first to discover and interpret these spots as indicative of suppressed scabies. I found, however, that they also indicate other suppressed external conditions as well as local hereditary encumbrances as mentioned.

Numerous persons in whose eyes I found "itch" spots have positively denied ever having had scabies, itch or psoriasis. Some have, upon my urgent request, inquired of their parents about the probability of their ever having been treated in childhood for such conditions, only to be reassured to the contrary.

I have also found such spots in patients who gave a history of pediculosis capitus (head lice). Some of them developed headaches shortly after the little scavengers had been disposed of by repeated coal oil shampoos or other strong mercurial ointments. Quite a few cases of petit mal and even grand mal have been traced directly to just such successful disposition of pediculosis, which is, in reality, only a form of vicarious elimination. These parasites live and multiply only on filth accumulated in the body through faulty elimination, neglected hygiene or both. Retention of such putrid tissue in any organ may in the course of time lead to development of malignancy, especially in cancerous soil. Zymoid deposits are usually eliminated through boils or carbuncles.

VACCINATION SPOTS

(See also page 231)

Vaccine or other serum products show in black or muddy brown spots, similar to Zymoid, and are often surrounded by white circles.

Spots in the iris denoting vaccine and other products of serum therapy, are Nature's own registered protest against the loading up of the system with virus obtained from immunized (diseased) animals. These mute iris records point to the utter folly of the persistent semi-barbaric practice of inoculating the system with foreign substances as a preventive and curative, instead of eliminating those already present.

Immunity against disease must come from within, from a revitalized organism in which the individual cells are strong enough to resist and expel all foreign substances and to resist invasion of pathogenic bacteria.

This can only be accomplished:

1. By a diet in which all essential elements are present in the food.

2. By an unimpaired blood and nerve supply, assuring proper circulation and drainage.

3. By a rational system of bodily hygiene to assist Nature in the elimination of unused materials --waste.

CHAPTER XXI

Lesions—Hereditary and Acquired

In the discussion of the skin center, (Scurf-rim), we have classified indications of hereditary diseases as follows:

1. The dark shade of the blue and brown iris, at or after birth.

2. The development of a scurf-rim at birth or immediately after.

3. A dark spot in the scurf-rim surrounded by a white circle.

Spindle-Shaped Spots

Now, let us add other signs indicative of hereditary lesions.

These are recognized and differentiated by their rather elongated, egg, or almond-shape. They are dark spots surrounded by white, and may be found in any area corresponding to an organ, suffering from a hereditary encumbrance or weakness. Such lesions are, as a rule, unknown to the individual as far as the manifestations of any symptoms are concerned. Nevertheless, they denote vulnerable spots, which are exposed to the invasion of pathogenic micro-organisms. Organs so affected are the

first to suffer under a general run-down condition, when through various causes, the patient's vitality becomes lowered, the condition, if neglected, may develop into serious organic complications. (See Plate II, Fig. 1, a).

It should be borne in mind that dark spots (not necessarily spindle-shaped) are often found in children; they indicate hereditary lesions. This I have verified by finding similar lesions in the irides of one or both parents. Dark nerve rings often denote hereditary weaknesses.

ACQUIRED LESIONS

1. Acute; 2. Sub-acute; 3. Chronic; 4. Destructive.

The accuracy of iridiagnosis is best illustrated by the four cardinal signs in the iris (acute, sub-acute, chronic, destructive). These enable us to read many of the known conditions that the human body is heir to, regardless of the "scientific" attempts to complicate the simple meaning of nature, in health and disease, by complex and technical terms. Ignoring, as it were, man's attempt at voluminous academic terminology, Nature has given us four simple signs by which we may recognize the condition of health and disease in any person. It may sound naïve to some, but if we stop to think that all the literature of the ages, which has been written in or translated into English, is expressed in only twenty-six characters, is it, then, so remarkable that nature portrays vari-

ous diseases by signs indicating four processes—acute, sub-acute, chronic and destructive?

ACUTE PROCESS

1. The actue stage is shown in the iris by one or more white lines, or a white cloud, indicating acute inflammatory processes taking place in any organ corresponding to the areas in which they are found. (See Plate II, Fig. 1, d). A mild cold or a severe case of pneumonia, tonsilitis, or laryngitis, acute arthritis, or any "itis," anywhere in the body, including trauma of any kind, are revealed by these white lines, or clouds. These, however, gradually become less noticeable as the acute process subsides, and eventually vanish completely, leaving, in their place, a much brighter spot in the iris.

In our discussion of the color of the iris, we have learned that the brighter the iris, the sounder the health and vitality of the individual. We find, here, a corroboration of that statement in the fact that, after an acute condition in any organ, especially when treated rationally, the corresponding part in the iris turns brighter. On the other hand, when, instead of intelligently co-operating with Nature, we suppress the acute process by crude drugs, ice-bags or hot packs, etc., the white signs partly turn darker, thus indicating the sub-acute stage.

SUB-ACUTE STAGE

2. In this process white lines, or white clouds, intermingle with dark lines or clouds. As the term

implies, the sub-acute stage is the border line between the acute and chronic stages. Increasing darker lines or clouds in any area in the iris during an acute process of an organ, denotes that Nature's healing forces are weakening, and that the development of the chronic stage is steadily progressing. Here we find an example of the prevailing struggle for supremacy between the constructive and destructive principles in Nature. The eternal struggle between life and death is most markedly portrayed in the iris during an acute attack. The predominance of white lines indicates that the healing life forces are struggling with the forces of death, in the organ attacked. Therefore, the dark lines turn lighter and eventually fade away, as the protective forces in the system gain control in the healing process. Just as soon, however, as the disease forces advance, the white lines turn dark, denoting the chronic stage.

CHRONIC STAGE

3. This stage is recognized by dark lines, clouds or spots, which reveal chronic encumbrances and latent diseases. The importance of an early recognition of such disease-signs cannot be over-estimated, particularly in the involvement of vital organs. In such instances, the individual is, as a rule, ignorant of what is taking place in his system, at least as far as pain is concerned. Vital organs, such as the heart, lungs, kidneys, etc., may be diseased for years without causing pain. Absence of pain,

however, is due to the fact that the internal organs are controlled by the sympathetic nervous system, which is mainly motor in its function rather than sensory. Persons who consider themselves healthy often become disillusioned after being rejected by the examiners of insurance companies as unacceptable risks. Many sudden deaths could easily have been prevented if pain—the danger signal—had warned the victim that something in a vital organ had gone wrong.

DESTRUCTIVE STAGE

4. This stage shows a deep black line or spot denoting destruction of tissue caused by either trauma, surgical operations, malignancy or necrosis; also through constant irritation by foreign matter deposited in the respective organs. (See Plate II, Fig. 1, c).

Black, deeply penetrating spots reveal tubercular or ulcerated conditions of any organ. Pulmonary tuberculosis may often be recognized despite negative bacteriological findings, by black spots circumscribed by white circles, showing destruction of lung tissue and the arrested spread of the bacillus through an inflammatory exudate which nature has formed. By minute black spots it is also possible to account for every hemorrhage the patient has suffered, for they denote destruction, or rupture of a blood vessel responsible for the hemorrhage.

A black spot in the area of the tonsil denotes either surgical removal of the gland or a degenerated

tonsil. The loss of an organ through operative surgery also shows distinctly, provided the individual's system was free from drugs or other morbid encumbrances prior to the operation, or, as in certain instances, we find a reddish sign of iodine in the area denoting the site of the operation. It will be remembered that iodine is used as a sterilizing medium on the operative field, and is frequently absorbed and deposited in that tissue, thus obscuring the sign of the operation.

Black spots around the pupil—representing the gastro-intestinal tract—denote ulceration, very minute black spots in that area indicate tuberculosis of the intestines. Chronic alcoholism also produces black spots. All such spots may be obscured in persons whose intestinal area is discolored by drugs or other morbid materials, and may therefore not be seen.

CLOSED AND OPEN LESIONS

By "closed lesions" is understood any spot in the iris indicating:

1. A toxic condition of an organ formed by an inflammatory exudate which surrounds the affected part, inhibiting its spread into adjacent structures. This is accurately reproduced in the iris by the white circle encapsulating the dark spot.

2. The same sign can also be seen in cases where an injury or any other form of destruction of tissue has healed.

In open lesions, the spot is only partly sur-

rounded by white or not at all. (See Plate II. Fig. 1, b). The total absence of the white circle is usually found in patients of very low vitality where the affliction is steadily progressing.

Of the two lesions, the open is the more dangerous, as Nature provides no protection against its further spread into neighboring tissues.

Closed lesions, are on that account, less harmful, but they, too, denote weakness of an organ—with a latent encumbrance that may become active at any time. The protective principle that holds such chronic affliction in check may be materially weakened after an acute attack in some other organ or part of the body. This explains why some patients develop one disease after another. It is especially true under supressive drug treatment. Closed and open lesions are found among acquired as well as hereditary lesions, the difference being in the shape.

* * *

Plate II, Fig. 1, (a) illustrates closed spindle-shaped hereditary lesions; (b) open hereditary lesions; (c) shows lesions indicating destruction of tissue; (d) shows acute and sub-acute lesions.

Fig. 2, illustrates a normal light iris, of good texture.

Fig. 3, a normal dark iris of good texture.

Fig. 4, illustrates an iris of poor texture; the dark spots denote chronic lesions; Note comparison with figure 1 (c), showing jet black spots denoting destruction of tissue.

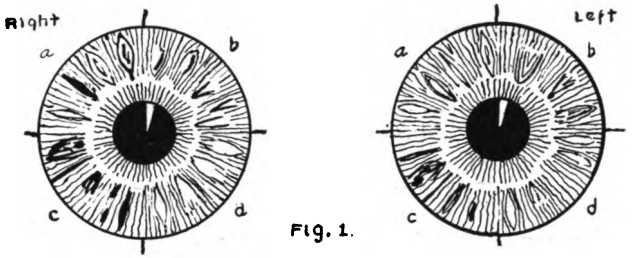

Fig. 1.

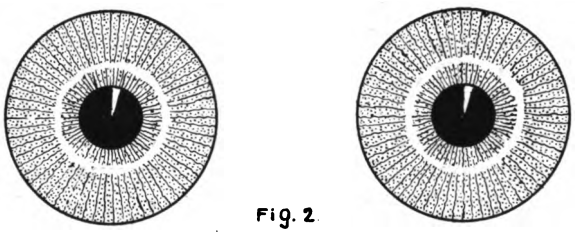

Fig. 2.

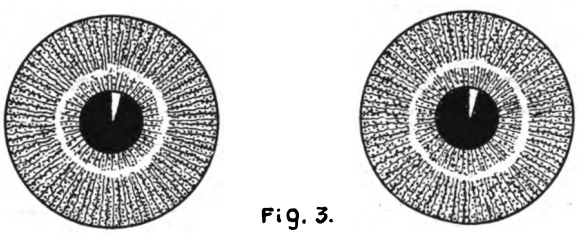

Fig. 3.

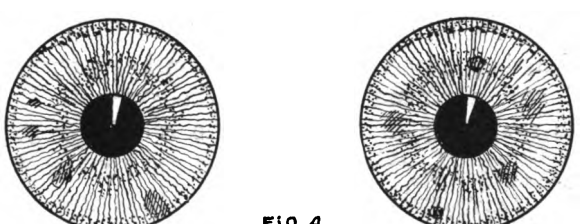

Fig. 4.

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PLATE II

CHAPTER XXII

The Sympathetic Wreath

The sympathetic wreath is so-called because of its wreath-like shape. It represents the area of the sympathetic nervous system in the iris. It is seen near and around the pupil, as a zigzag circle, being white in the blue as well as in the brown iris; though it may, in some cases be overshadowed by encumbrances or drug discoloration.

The presence of the sign of the sympathetic nervous system in the normal iris is explained by the fact that it is the embryonic remains of the *tunica vasculosa lentis*,—the pupillary membrane in fetal life, part of which persists all through life, never changing its white color nor its fibrous consistency. Its prominence may also be due to the fact that it is situated over the *circulus arteriosus minor*, the highly vascular portion of the pupillary border of the iris; thus raising the white topmost fibers which remain visible, unless obscured by drug discoloration.

The area of the sympathetic nervous system is the only exception which is seen in the iris in health as well as in disease. The distinction between the normal and abnormal states of the sympathetic nervous system is indicated by the relative regularity

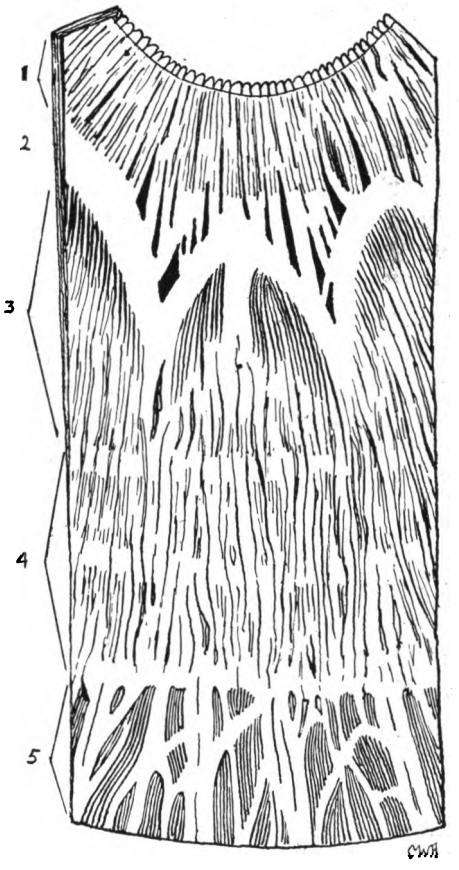


Fig.10.

Fig. 10. Segment of the anterior surface of the iris x20; pupil contracted. (Modified after Fuchs, in System of Diseases of the Eye, Norris and Oliver, Vol. 1.)

1. Pupillary zone (Radii pupillaris minores).
2. Circulus minor (Sympathetic wreath).
3. Smooth ciliary zone.
4. Folded part of the ciliary zone (nerve rings.)
5. Marginal zone.

of the wreath in health, and its irregularity in disease. (See figure 10 and plate 3.)

Any deviation from the normal regularity of the circle denotes a corresponding irregularity in the function of the organ towards which it points.

The reader's attention is called to the fact that by a careful analysis of the irregularity of the sympathetic wreath it is possible to detect important points of diagnostic value which might otherwise remain obscure. As the function of the sympathetic nervous system is mainly motor, with slight sensation, if any, it exercises an independent control of motion upon the internal organs, such as the heart action or the peristaltic action of the gastro-intestinal tract.

DIAGNOSTIC ILLUSTRATIONS

When the sympathetic wreath is pointing:

1. Towards the peritoneum, it indicates an impaired function of the alimentary tract which causes distention of the colon as the result of stasis. Symptoms are: pain, discomfort, flatulence (gas), as well as belching.

2. When pointing towards the rectum, tenesmus —rectal pain with spasmodic contraction. Symptom: false desire to go to stool right after evacuation of bowel contents.

3. When pointing towards the bladder, desire to urinate right after emptying the bladder.

4. When pointing towards the center of the gen-

erative organs, right iris, it denotes sexual impotency due to sympathetic disturbances of the generative organs locally.

5. When pointing towards the sex center in the cerebellum, right iris, sexual debility, due to a central brain lesion.

6. When pointing towards bronchi or lungs—sypmptoms of dyspnea—difficulty in breathing, asthma.

7. When pointing towards the bronchus and vocal cords—spasmodic irritation of these passages producing dry cough.

8. When pointing towards the nose, and if a white line is present in the nose area, it denotes an exaggerated sense of olfaction—which means that the sense of smell is too keen; if a dark line is found in the same region, it denotes either an impairment or a complete loss of the sense of smell, due to a degeneration of the Sneidarian membrane.

In fact, wherever the distended sympathetic wreath points to the area of any organ, the function of that organ is either hypertrophied—exaggerated, or atrophied. This depends upon the local lesions—white or dark—found in such areas. In other words, if a white line is found, there is an over-stimulation, whereas, if there is a dark sign, it denotes debility. Thus, if a white line is seen in the sex center of the cerebellum, it denotes undue passion and even perversion. If, however, a dark line or spot, is found there, it denotes either indifference, or even repulsion to an amorous contact.

When the sympathetic wreath is seen distorted in all directions over the entire iris, it is a fair indication that there is an inco-ordination in the internal organs showing a lack of tonicity. Such persons are of a nervous, easily excited and hysterical type, being highly emotional and over-sensitive. An individual that easily flies to pieces, always busy "collecting" himself.

RADII PUPILLARIS MINORES

These are small radiating dark lines from the pupillary zone caused by the bending of the topmost fibrous layer resulting from gastro-intestinal disorders. They are minute folds formed like other lesions by the separation of the fibers in the first and second layers of the iris. (See figure 10 and plate 3, figure 4).

* * *

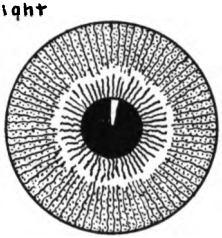
Plate III, figure 1, illustrates normal sympathetic wreath.

Fig. 2, shows a partially distorted wreath, and serious intestinal lesions.

Fig. 3, shows a rather irregular wreath.

Fig. 4, illustrates radii pupillaris minores.

Right



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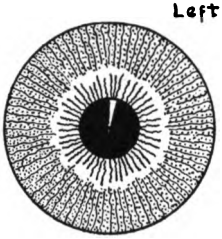
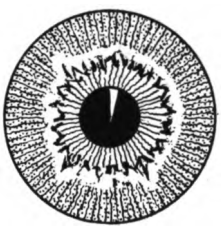


Fig 1.



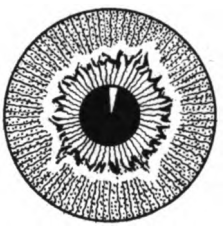
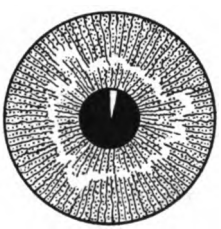


Fig. 2.



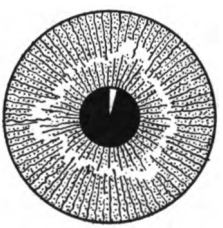
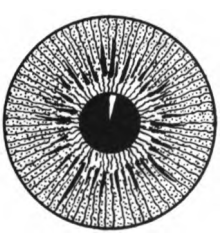


Fig. 3.



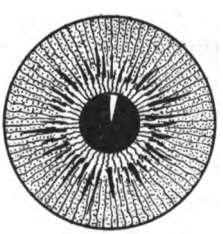


Fig. 4

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PLATE III

CHAPTER XXIII

NERVE RINGS

Nerve rings are curved thread-like circular lines which may be seen half way between the pupillary and ciliary borders of the iris. They are formed by the contraction furrows of the iris (see figure 10 and plate IV) as Fuchs terms it, and may completely surround the iris, or only in part. They are white or dark—alike in the blue and brown iris—denoting:

1. If they are white, and form a complete circle, they indicate high nerve tension, due to great demands made upon the nervous system. White nerve rings may be found in (a) children who are growing too rapidly, the slender tall type, showing a great nerve strain; (b) mental workers, such as lawyers, students before examinations; in fact, in any person who is under a prolonged mental or nerve strain.

2. If white and restricted to a particular area, they denote local acute inflammatory changes, causing congestion and pain, such as (a) when in the lower part of the iris, corresponding to the genito-urinary organs, dysmenorrhea, menstrual colics. (It may be pertinent to the subject to mention the fact that, under natural healing methods, menstruation ceases, in some women, even for several months. It

is probably due to increased elimination through the regular emunctories. This phenomenon leads us to a belief that menstruation is not entirely a normal function, but is rather an accessory process of elimination. It explains why perfectly healthy specimens of womenhood do not menstruate); or orchitis, in the male, (testicular cramps); (b) if in abdomen, colics; (c) in the region of the respiratory organs, lungs, bronchus, throat, etc., cough; (d) in the region of the cerebrum, insomnia; (e) in cerebellum, convulsions, spasms, fits of anger, paroxysms of weeping, etc.

3. In organs responding to regenerative treatment in chronic diseases. In this instance, white, circular lines appear as signs of healing, and, as a rule, they are not seen before treatment is instituted.

DARK NERVE RINGS

Dark nerve rings are seen:

1. In hereditary weaknesses, especially in children.

2. In acquired chronic diseases of long standing. Dark nerve rings should warn the physician to refrain from prognosticating speedy results, for in such cases the patient lacks vital nerve force, especially in the organ in whose area the dark nerve ring is found. They are often seen in the lower part of the iris; in mucous colitis and other abdominal, or pelvic irritation of a chronic nature, which is also evident from the dense discoloration of the area of

the digestive tract. Only after dark nerve rings turn lighter—gray at first, and later white—can there be any hope of regeneration of these parts. Even in such cases, though devitalized through years of suppression and drugging, nature responds in the course of time, to simple healing methods. In treating chronic diseases of long standing, it is a safe rule to allow one month as a necessary period of healing for each year since the development of the disease, judging from the first manifestation of symptoms. One ought to judge the mental state of a patient before thus informing him as to this principle, for it may have a negative effect upon the disease-wearied patient, for as a rule the chronic sufferer is anxious to be cured quickly, regardless of the fact that it took him a lifetime to reach that state.

In ordinary chronic diseases, when the patient is still endowed with sufficient vitality, a four-month's course of natural treatments may start the process of regeneration. It is, however, essential to continue with the constructive mode of living, for a four month's course of treatment has only laid the foundation for better health.

CONVERGENT LINES

White lines, apparently originating from the center and radiating throughout the iris, may be seen in persons approaching, or suffering from a nervous collapse, due to constant mental or emotional strain.

These lines appear practically in every part of the iris, thus showing an over-irritated nervous system. It represents "a bundle of nerves", a person that must retire from active duties until the overworked nerves have become rested and revitalized.

* * *

Plate IV, figure 1, illustrates white nerve rings.

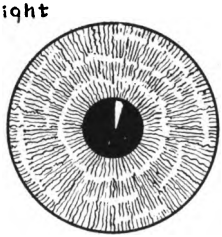
Fig. 2, illustrates incomplete or broken nerve rings compared with the rather broad "sodium ring." The wheel-like circle represents strychnine.

Fig. 3, represents dark nerve rings, and also an ulceration of the digestive tract.

Fig. 4, shows dark nerve rings associated with chronic lesions in the cerebral and respiratory areas.

Right

Left



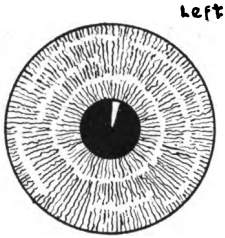


Fig. 1.

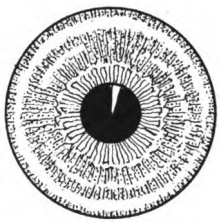
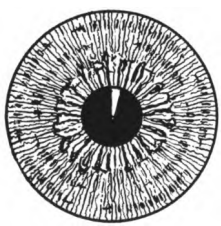


Fig. 2.



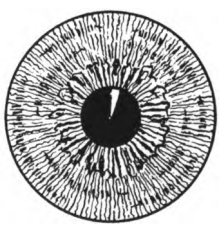
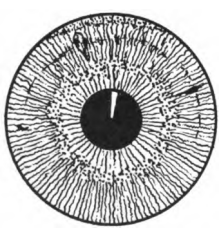


Fig. 3.



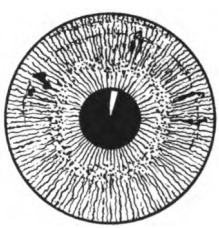


Fig. 4.

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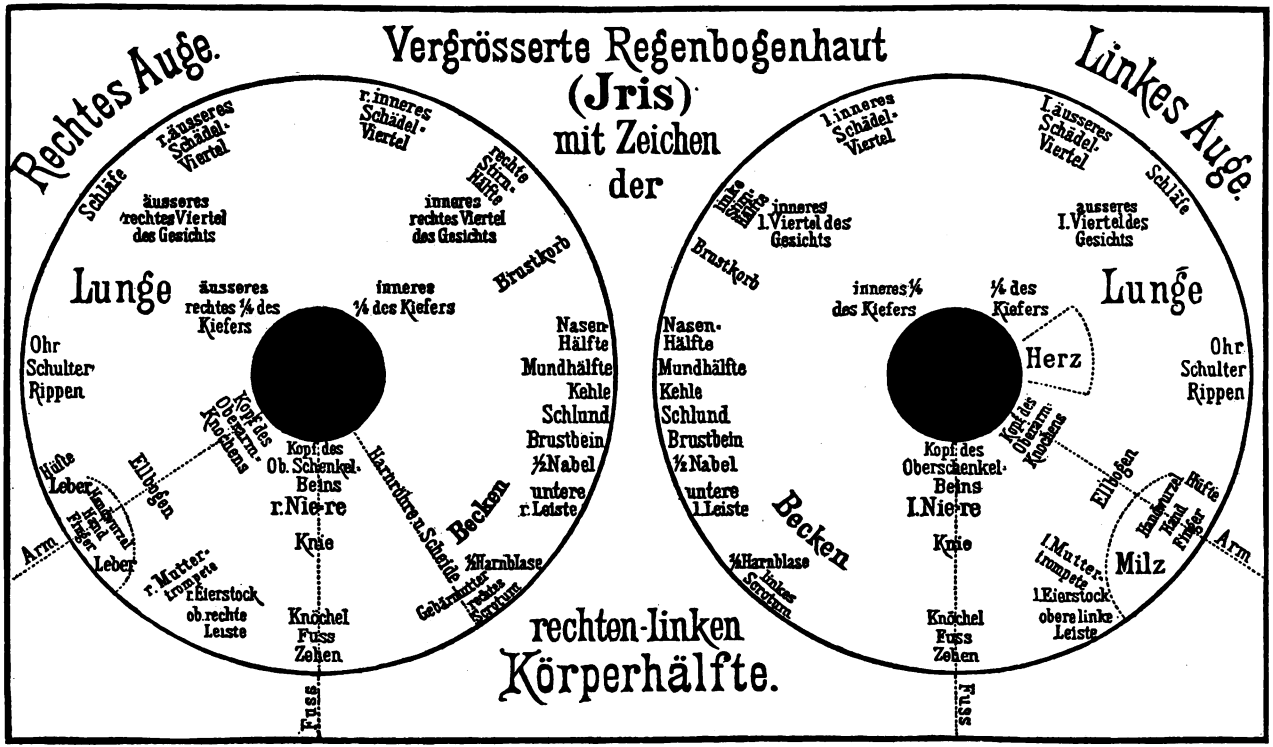
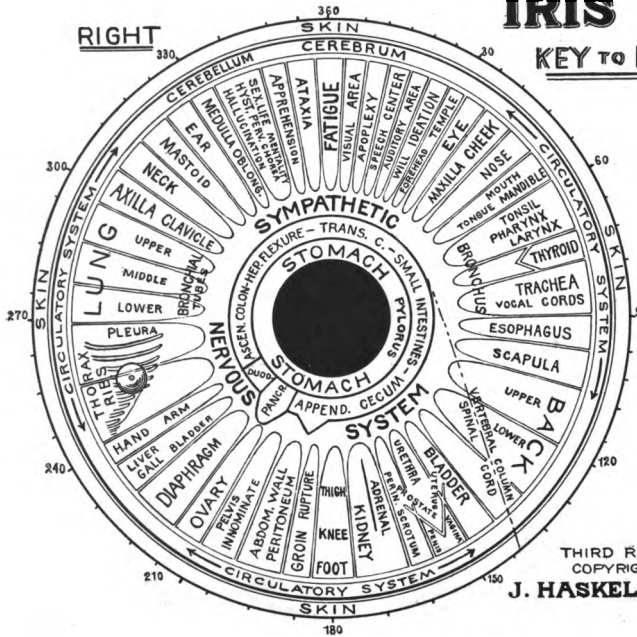
PLATE IV

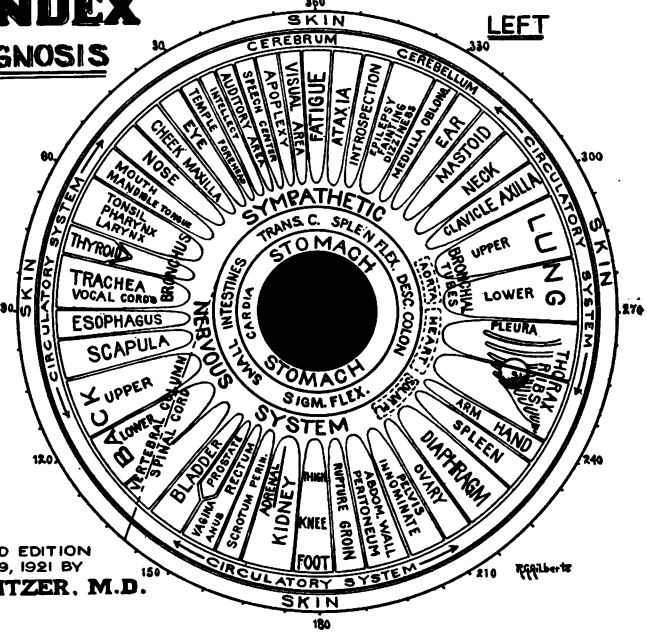


Peczely's first chart of the iris. From the Homeopatische Monatsblatter, 1886.

IRIS INDEX

KEY TO DIAGNOSIS





THIRD REVISED EDITION

J. HASKEL KRITZER, M.D.

CHAPTER XXIV

IRIS INDEX—KEY TO DIAGNOSIS

(Its Interpretation)

As a correct Iridiagnosis depends upon the accurate location of the organs in their corresponding areas in the iris, the iris index is of basic importance. In studying the index it is best to start from the pupil, which is analagous to the center of the body, the umbilicus—the navel.

STOMACH AREA

The first circle from the pupil outward represents the stomach with the cardia on the left side, and the pylorus on the right, both pointing from their respective sides toward the median line of the body.

It is noteworthy that as a rule the pupillary margin of the iris is seldom as clear as the rest of the iris, nor is it of the same color. It is usually darker—somewhat grayish in the normal iris, which may be due to increased pigmentation deposited in the layer of the pupillary margin of the iris, a space called the uvial ring. Gastric disturbances of a chronic nature, such as catarrh and allied encumbrances, show dark spots or lines in that region and it involves a larger space than the former.

In the stomach area, immediately around the pu-

pil, there is often found an amber or straw-colored circle, denoting acidity of the stomach. This sign is rather common because the error of diet responsible for the condition is almost universal. Such functional disorder—acidity of the stomach—is largely caused by over-eating, especially of starches and sugars. Thus we recognize at a glance, not only the disturbance, but also its cause, which, in itself, suggests the remedy—diminished consumption of starches and sugars.

SYMPTOMS OF HYPER-ACIDITY

The most common symptoms in hyper acidity are: a bitter taste in the mouth, especially on arising, a heavily coated and slimy tongue, with teeth imprints on it; the characteristic constant craving for starches and sweets—the very foods that usually produce acid fermentation. It also points to the unreliability of the appetite as a guide in selection of food when the taste buds become perverted.

When dark spots are found in the region of the pylorus the patient may have pain immediately after meals, produced by the irritation of food passing from the stomach into the intestines through the affected pylorus. It is well known that the pylorus is often the seat of malignancy which, among other factors, may probably be due to irritation caused by mixed secretions—the acid secretion of the stomach, and the alkaline secretion of the intestines, meeting near the junction of the pylorus and the duodenum, producing chemical reactions.

INTESTINES

The second circle around the pupil next to the stomach is the area for the small and large bowels. Note the distended portion of the outer and lower areas in the right iris—the area of the pancreas and the triangular lines for the appendix. Attention must be called to the area of the small intestine in both irides as being towards the inner border, the median line, whereas the colon is in the outer border of the same circle.

The area of the digestive tract is rarely as clear as the color of the rest of the iris. It is probably because the digestive organs are the most abused, and seldom free from ailments and disturbances—functional or organic. Therefore complete victory over the monster of disease can only be attained through a regeneration of the alimentary tract.

A darkening or discoloration of these areas indicates accumulated waste materials with two-fold deteriorating effects. (1) That of hindering thorough assimilation of food as a result of the clogging of the villi (folds), lactials and other assimilative structures of the intestines, causing malnutrition. (2) Reabsorption of waste matter which is taken into the blood stream and eventually deposited in various organs or tissues of the body. Hence various complications in disease may well be traced to the gastro-intestinal tract as the starting point.

The color changes in the iris indicate that the health-building process begins where the disease

process manifested last, gradually progressing back to the starting point. This phenomenon of healing explains the rapid color changes in the iris under natural methods, which seem to stop when they reach the alimentary tract, at least for the time being.

It also throws light on the fact that the stomach and intestines, particularly the latter, are the last organs to develop the regenerative crisis, which is usually an attack of diarrhea. Numerous black spots in this section may be seen in chronic alcoholism, ulceration, and tuberculosis. A heavily encumbered digestive tract may often lead to the diagnosis of the cause, as well as to determine the cure of epilepsy produced by intestinal putrefaction and reabsorption. (See epilepsy, page 180). The dark area in the intestinal tract in children generally denotes hereditary digestive disorders, giving rise to marasmus and kindred disorders, which are various forms of intestinal cleansing processes. Very dark spots in the intestinal area in children denote worms.

APPENDIX

In true appendicitis a white triangle is seen in the appendix area, thus distinguishing it from pseudo-appendicitis, which is indicated by a white line only. This sign will prove to be of great value to the surgeon and may help to decrease materially this popular form of mutilation. The removal of the appendix, even in cases actually acute, must be condemned. For, in the light of the excellent re-

sults obtained through natural healing methods, it has become evident that the inflammation of the appendix is only an indication of latent chronic disorders in the bowels.

PANCREAS

The little wedge-shaped space in the intestinal area, as shown on the iris index, is the location of the pancreas. In a true case of diabetes mellitus there is found a discoloration, spot or line in that region. In this disease there is a pathological condition of the Islands of Langerhans, the minute bodies that are supposed to split the coarser products of starches and sugars into finer and more assimilable forms. In addition to the pancreatic lesion, the diagnostician may also observe acute lines in the regions of the kidneys, urethra, and bladder, due to irritation produced by the unassimilated sugar excreted through them. No pancreatic sign or lesion will be found in the iris in physiological glycosuria. (This is the excretion caused by the ingestion of more sugar than can be assimilated.) Such glycosurias are commonly met with during the holiday season. It is worthy of mention that drug spots are quite often found in the pancreatic area in true cases of diabetes mellitus. The chemical irritation thus produced by the drug deposited in the vital organs, may be the true cause of the disease in such instances.

SYMPATHETIC NERVOUS SYSTEM

(See sympathetic wreath, page 138)

GENITO-URINARY ORGANS

The diagnostician continues his analysis from the area of the kidneys, right iris, pointing toward the median line. In the kidney area there is a space marked adrenal. An adrenal lesion may be seen in Addison's disease, known also as bronzed skin disease, and in tuberculosis of the supra-renal capsules.

Diseases of the kidney proper are recognized by the primary lesions (acute, sub-acute, chronic and destructive). Minute jet black spots in the kidney area denote renal calculi.

THE REPRODUCTIVE ORGANS

The first line is marked Perineum, Scrotum. As the latter contains the testicles, no mention is made of the desticles in the index. To ascertain this center was rather difficult, in view of the fact that several recent authors have misplaced this area in their charts, designating it on the opposite side from its actual situation. Their erroneous idea is probably based on the physiologic fact that, in embryonic life, the testicle in the male is located where the ovary is in the female, deriving, of course, the blood and nerve supply from the same source. The theorists, however, have not carried their investigation beyond this point and have not

taken into consideration the descent of the testicle into the scrotum later in life.

In my efforts to corroborate their supposed area for the testicle, I resorted to the venereal wards of the large city institutions where ample clinical material is to be found. In the numerous cases of orchitis, (inflammation of the testicle) hydroceles, and orchectomies, (removal of testicle), no sign of any of these conditions could be found in that region (ovarian region). But they all showed marked lesions in the area given in this "iris index."

UTERUS

The uterus shows in the right iris in the center between the bladder and perineum. The numerous disorders affecting this organ, such as displacements and prolapsus, may be seen as a very dark line radiating from the sympathetic wreath to the scurf rim. Fibroids and kindred conditions show as dense spots.

PROSTATE GLAND

The prostate, (having two lobes), is also located in the same area as the uterus, right iris, and also in the corresponding area in the left iris. All Prostatic afflictions, therefore, may be seen in either iris, or in both, if both lobes are affected. This important organ is also shown in a wrong position by recent authors.

URETHRA

When a dark spot is found in this region it denotes an organic stricture in the urethra, formed by connective tissue. A spasmodic—nervous stricture, is shown in a protrusion from the sympathetic wreath pointing in the direction of the urethra. This enables us to definitely ascertain if the stricture is organic or of a nervous origin. While in the organic strictures where connective tissue is formed, the introduction of sounds (a probe) may relieve the sufferer, in the spasmodic type it is positively injurious and will only aggravate the constriction. This also is true of the first type and therefore the sounds should be used only after every effort to bring relief has failed. For we must remember that contraction follows when tissue is irritated.

A white line in the region of the urethra may be found in cases of self-abuse, especially in the young. The extreme importance of this sign, therefore, becomes evident.

BLADDER

Diseases of the bladder are recognized by the various signs found in that area (acute, sub-acute, chronic, destructive). A black spot may denote calculus. A white line (acute) in this organ is often seen in young women, showing a mild inflammatory irritation, which might be due to voluntary retention of urine caused by a hyper-sensitiveness to answer nature's call when in company and away from

home. Our civic authorities and public health officers are as yet unmindful of the great need of public lavatories. The absence of public stations causes a great deal of discomfort and may also be responsible for diseases of the genito-urinary organs due to retention of the urinary ingredients in the bladder which results in irritation and re-absorption.

CHAPTER XXV

Interpretation—Continued

The Vertebral Column—Spinal Cord

The vertebral column includes all of the vertebrae from the atlas to the coccyx. The following clue will help to properly locate them. The atlas area is found on the line near the bronchus, followed by the other cervicals slightly lower, by the thoracic vertebrae in the center of the outline, and by the lumbar, sacral, and coccygeal vertebrae, near and in the skin areas.

Back-Scapula.

There is no specific diagnostic feature in these areas beyond the usual signs, (Acute, sub-acute, etc.).

Esophagus

Black spots may often be found in the esophagus area denoting injury to the mucous membrane caused by swallowing excessively hot or irritating substances.

Vocal Cords—Trachea

Catarrhal conditions—hoarsness, etc., are recognized by the various spots and discolorations.

THYROID

Little is as yet known of the functions of the endocrine glands. (Ductless glands). Some authors maintain that enlargement of the thyroid is due to suppressed sex emotions and resultant congestion of the genital organs. Others attribute it to gastric or cardiac disorders, as in exophthalmus, or to some nerve derangement, and general autointoxication. It is also often observed in men passing through the "change period" of middle age. Whatever the cause may be, we are here interested in the manifestation of a thyroid lesion in the eye. The thyroid being a double lobed organ has areas in both irides. If one lobe only is affected the spot or line denoting such lesion, will naturally be found in the corresponding iris or in both, if both lobes are affected.

TONSIL—PHARYNX—LARYNX

It is not uncommon to find minute black spots in the tonsil area. These denote the removal of the gland; other conditions are recognized by the usual signs.

BRONCHUS

The bronchus area is located within the three spaces designating the trachea, etc., near the sympathetic wreath. Dark spots denote chronic bronchitis.

MOUTH—TONGUE—MANDIBLE

In this area may be found stomatitis (inflammation of the oral cavity) cankers, etc. Minute black spots indicate loss of teeth.

NOSE

Diseases of the nose, such as enlarged adenoids, catarrh, etc., are indicated in this region by the usual signs. (See lesions page 131). Black spots denote the removal of adenoids or other surgical operations.

MAXILLA—CHEEK

In this area are shown injuries or erysipelas.

EYE

This area shows local disturbances of the eye. (See also visual area, page 165).

FOREHEAD—TEMPLE

See lesions. (Page 131).

IDEATION—WILL

I discovered the center of Ideation by finding a white line in this region in persons showing no affliction of any brain faculty. This center was originally known as the center of "Will Power" only. I have, however, found lesions in that area in persons whose will power was not at fault. After questioning and consequent exclusion of possible causes for such a line, I centered upon Ideation.

Further inquiries brought out the fact that the persons in question were, for some time, intensely engaged mentally with certain plans or fixed ideas but were not in a position to solve them. This resulted in congestion in that brain center. When there is a dark line in that region, it may denote a weakened will.

AUDITORY AREA—AND SPEECH CENTER

Through the kindness and co-operation of the attendants and the Sisters of the St. Joseph Deaf-Mute Institute, St. Louis, Missouri, I was able to discover the auditory (hearing) as well as the speech centers. All of the inmates examined showed lesions in that region. These findings were also borne out later, in private practice, and in clinics. The auditory area is important because it enables us to ascertain whether a given case of deafness is due to local auricular (ear) disturbances, or to the central auditory area in the brain. In the latter case, spinal manipulation is indicated. I know of chronic cases of deafness that improved through spinal treatments. One case in particular is worthy of mention: Mrs. G. had suffered with deafness for a period of over twenty years, and had been examined by many specialists. When I examined her iris, I found a dark line in the auditory region. Thinking in terms of pathology, I was rather prejudiced against the idea of a possible regeneration of the brain cells of that center. But, rather than send her away hopeless, I recommended her to an expert

spinal therapist, with the faint hope of relieving her cervical nerve pressure. The result was that she could hear the ticking of a clock after the first few weeks of spinal treatment.

SPEECH-CENTER

I have found that the loss of speech, either through injury of the speech center, or the lack of its embryonic development, is shown in this area. In stuttering or stammering I found a slight pin-point spot in that area. But the number examined is not sufficient to either reject or accept it as a center for stammering or stuttering. It should also be born in mind that such defects in speech are largely influenced by lesions in:

1. The tongue.
2. The vocal cords.
3. The diaphragm.
4. The nervous system, (due to shock).

APOPLEXY

Intra-cranial congestion due to high blood pressure, or insufficient drainage by the cranial veins, shows in that area. A black line denotes a cerebral hemorrhage, (blood clot) with resultant paralysis, (hemiplegia) of the opposite side of the body. If a dark line, it denotes intra-cranial passive congestion due to a variety of causes, and may be accompanied by low blood pressure (anemia).

A white line in the area of apoplexy denotes high blood pressure. In such instances, discretion

should be exercised not to alarm the patient, for fright, fear, and anxiety may raise arterial tension and cause a premature stroke of apoplexy.

Manipulation, such as massage and drainage (squeezing out) of the cervical glands, of the supra-scapular and supra-clavicular glands, will remove the danger of a stroke. By relieving congestion, proper drainage is re-established. The patient's diet must be free from all stimulating foods and drinks.

VISUAL AREA

My discovery of the sight center was made possible through the co-operation of the superintendent of the Institution for the Blind in the City of St. Louis. The numerous clinics conducted there were of no small value. It should be stated that many of the unfortunates, whose condition was attributed to optic atrophy, were in reality victims of quinine poisoning. This was evident from the quinine discoloration completely covering the iris.

The diagnosis of such cases should be OPTIC DEGENERATION DUE TO QUININE POISONING, for their invariable testimony was to the effect that their visual disturbances began after the continuous use of quinine in large doses. Blindness, in a number of others among those examined, was due to venereal heredity.

The visual area enables us to differentiate visual disturbances due to local disorders of the eye from defects in the sight center in the brain. The former

may be corrected by properly fitted lenses, while, in the latter case, spinal manipulation will either entirely cure the condition or may, at least, materially relieve it.

FATIGUE

My discovery of this center was also incidental, and was made by exclusion of other possible disorders in the brain center. A straight line radiating from the pupil upward, in this center, reveals loss or lack of endurance, both physical and mental. The possessor of such a lesion becomes exhausted by the mere attempt at actual work of any kind. The saying of "adding insult to injury" may be correctly applied to such persons when they are usually classed as being lazy. The line in the fatigue center shows that there is a lesion in the central nervous system in need of regeneration. I find corroboration for the fatigue center in Foster's Textbook of Physiology: (Page 129).

"The sense of fatigue of which we are conscious in our bodies is, probably, of complex origin, being due to changes that take place in the muscles themselves, changes in the nervous apparatus concerned in muscular action, especially in those parts (of the central nervous system) which are concerned in the production of voluntary impulses."

It is not uncommon to find the acidosis sign, in some cases, in addition to the fatigue line, which also confirms the statements of other physiologists that muscular fatigue may be due to sarcolactic acid,

lactic acid, uric acid, etc. Weichardt, quoted in Howell's Physiology, (Page 70, 7th edition) states: "muscular contractions give rise to a definite toxin, derived from the protein material of the muscle, as the chief agent in causing fatigue."

ATAXIA

I discovered this center among patients in venereal wards. A line or spot in this area will help to differentiate tabes dorsalis (locomotor ataxia) from incipient paralysis due to other causes. I find confirmation for this center in Howell's Physiology, (page 172, edition 1919), showing that there is, in tabes, also an involvement of the brain center in addition to the pathology of the posterior funiculi of the cord. "The sensation thus aroused in the higher parts of the brain are necessary to the proper coordination of the movements of the muscle. Injury to these funiculi (in the brain), therefore, while it does not cause paralysis, is followed by disorderly—that is—ataxic movements".

Incipient paralysis is frequently mistaken for tabes. The former is often due to the ill-effects of drugs such as bromides, coal tar products, etc. (See page 111). As confirmed, firstly, by finding drug signs in the brain region, inhibiting the center of locomotion, and secondly, by the absence of a lesion in the center of ataxia, which is always present in a true case of tabes dorsalis.

CHAPTER XXVI

(Interpretation Continued)

APPREHENSION

My discovery of this center, in private practice, was later confirmed when I examined inmates of insane asylums. This center might have been entitled, paranoia, for every one of the inmates confined for paranoiacal delusions, showed a marked dark line or dot in that region.

It is noteworthy, however, that there are untold numbers of "paranoids" of various degrees, in our midst, who harbor unfounded fear of things which never come to pass. The most common forms of fear are usually fear of certain diseases, poverty, old age, fear of the elements, particularly storms, etc. All these show in the same region, varying only in the degree of dark—or light—shades, denoting the degree of intensity. Hence, the term apprehension was chosen instead of paranoia.

The advantage in recognizing this sign of morbidity affords the diagnostician a great opportunity for service. He is in a position to correctly explain that, whatever the cause of the patient's fear, it is unreal and is brought about by brain irritation which can be removed by proper treatment; and that the

negative mental attitude can be replaced by a positive one. This is illustrated by the following case: Miss C. was a school teacher of seven years' experience, a very bright young woman of mature age, with an all around education, and Christian training. When I found the apprehension line in her eyes, I inquired what form of imaginary condition she feared. After expressing astonishment that even this negative emotion registered in the iris, she explained that, ever since she had been engaged in teaching, she had feared that something might happen to the little children in her charge. I immediately explained that she was not their sole guardian; that, instead, she, together with the little ones under her charge, were being taken care of by the constantly guarding invisible forces. This point she readily conceded, admitting that it made a deep impression upon her. When seen some time later, she informed me that not alone was her fear expelled, but that her school work had become a greater joy.

SEX-LIFE MENTALITY

Sex lesions are discussed on page 141 and are only mentioned here in association with the mental faculty. There is, indeed, a connecting link between the two. Excesses in the sex function invariably lead to mental inefficiency. Constructive or creative thought depends largely upon the vital force so indiscretely wasted by many in the vain quest for happiness upon the physical plane. Conservation of this life force is of basic importance if one would

reach the realm of highest mental alertness, spiritual unfoldment, and full expansion of the soul in its higher attributes. Not until mankind learns to appreciate the unlimited possibilities of the aroused sex force, properly controlled and directed, can we hope for the realization of the much desired heaven on earth. The first step towards this realization is an understanding of true relationship between the sexes, that it is not only a means of procreation of new life, but that it, also, is the spring of perpetual youth and energy, which generates and imparts new vital force for the indefinite prolongation of one's own individual life.

A lesion in the sex area denotes a person whose creative sex or mental forces lack the vigor natural in health. This force, however, if lost or weakened, can be cultivated and gradually reacquired by:—rational living, persistent constructive thinking, clean moral habits, creative work, sufficient rest, outdoor recreation, and systematic deep breathing.

HYSTERIA, PERVERSION, CHOREA

In hysteria, perversion, or chorea, a lesion is found in this area. The following case may illustrate just what is meant by the term perversion, showing also the scope of service that can be rendered through the recognition and correct interpretation of signs in the iris.

While giving a course of lectures to a class in Minneapolis, my attention was called to a case of juvenile criminality—the forgery of a small check, this be-

ing his third offense. The defendant was a lad of eighteen years, whose parents were wealthy farmers, thus eliminating want as a probable motive for his offense. Aroused by the plea of defending counsel that it was a form of mania, the prosecution obtained testimony from three medical experts repudiating the contention; they found the boy normal. He was sentenced to ninety days in the house of correction. A few weeks later I was requested to examine him. Before proceeding, I pointed out the area of pervesion on the chart, to the warden, saying that I expected to find a lesion in that location in the boy's iris, and that a similar lesion would be found in many of the juvenile offenders under his charge. The examination verified the warden's belief that those under his charge, whom we examined, were afflicted with brain lesions, which were primarily responsible for their perversion. He said that his long experience with juvenile offenders convinced him that such unfortunates must be treated as patients, rather than punished as criminals. It was also gratifying to find that this humanitarian put his convictions into practice with excellent results.

Lesions in that region may also account for kleptomania—a craving to appropriate things belonging to some one else.

HALLUCINATION

Hallucination is a perception without an object, according to Ball, and "may affect any of the senses

—sight, hearing, smell, touch, thermal sense and sense of pain," according to Rosanoff.[1]

Hallucinations, illusions and delusions or a predisposition thereto, are indicated by a white or dark line, according to the degree of the affliction.

MEDULLA OBLONGATA

The medulla is regarded by physiologists as the center of autonomic functions of the body. Upon the posterior surface of the medulla is imbedded the fourth ventricle. It is the space into which the central canal of the cord opens out superiorly, according to Ott.[2]

According to Brubaker,[3] the following centers are found in the medulla:

1. The cardiac—acceleration and inhibition of the heart action.
2. Vaso-motor—regulating distribution of blood.
3. Respiratory—which co-ordinates the muscle movements for respiration.
4. Mastication.
5. Deglutition.
6. Articulation—which co-ordinates the muscles of articulate speech.
7. Diabetic—stimulation of which gives rise to glycosuria.

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[1] "Manual of Psychiatry," 1920 edition, page 22.

[2] "Text Book of Physiology, Isaac Ott, A. M., M. D., 1913 edition.

[3] Text Book of Human Physiology, Albert C. Brubaker, A. M., M. D., fifth edition, page 464.

8. Salivary—stimulation of which excites discharge of saliva, and according to Starling, vomiting, coughing, etc., have also their centers in the medulla oblongata.* Therefore, lesions in the region of the medulla affect one or more of the functions mentioned.

EAR, RIGHT AND LEFT IRIS

A lesion in this area indicates disturbances in the ear, (see also auditory area, page 163), the internal ear, and the semi-circular canals which are located there and control bodily equilibrium. A spot denoting zymoid deposits, drugs or vaccines, may affect the equilibrium of the body, making it impossible for the individual to either stand or walk. A lesion in the area of dizziness, left iris, is usually associated with it.

MASTOID

Mastoiditis, as well as diseases of the mastoid cells, also excessive thirst show in this area.

NECK

See lesions.

AXILLA-CLAVICLE

See lesions.

LUNGS—BRONCHIAL TUBES

(Note three spaces in the lung area right iris.)

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* Ernest H. Starling, M. D., "Principles of Human Physiology, edition 1912.

Early recognition of pathological or functional disorders in the lungs would materially lessen the number of victims claimed annually by the white plague.

Patients in incipient stages of tuberculosis usually drag along in their malais condition for a long time before consulting a doctor. And, when they do, it is often for some other symptoms that may or may not have any bearing to pulmonary disorders, as may be seen from the following case: A young woman, twenty years of age, consulted me for indigestion. Upon examination of her iris, I found an acute sign in the pylorus, and acute signs in the lung regions. The patient did not complain of any lung trouble, but I found the following significant clinical symptoms: a feeble pulse of 89, afternoon temperature of 99 degrees Fahrenheit, slight cough and light night-sweats.

A change in diet relieved her indigestion, but the pulmonary symptons persisted for months.

For further discussion of lung disorders see lesions, page 131.

PLEURA—THORAX—RIBS

In this region are found conditions pertaining to the chest, mediastinum and pleura. The lines on the chart, in that region, indicate the ribs. A lesion in this area is quite often seen when there is pain in the chest or in inter-costal neuralgia. A person, so affected, fears tuberculosis in the lungs or disease of the heart if in that region. It is, however, often due

only to a depression of the ribs, irritating the pleura or pericardium. Such irritation is more painful than a true lung lesion, for the covering of the heart and lungs is vastly more sensitive than the organs themselves. A slight mechanical stretching, or raising of the ribs will afford immediate relief.

The small circle over some of the rib lines indicates the mammary glands on each side, (the breasts). Tumors and other diseases of the breast are seen here. A dark spot in the pleura area denotes neglected or suppressed pleurisy.

HAND—ARM

Fractures, dislocations, etc., are shown here. (See lesions.)

LIVER—GALL BLADDER

In addition to the signs of the various stages, (acute, sub-acute, chronic, destructive), a lesion in the liver may well point to an indiscreet diet, causing biliousness, as a result of excesses in starches, sweets, fats, excessive drinking of beer, or other fermented beverages. A white cloud indicates enlargement of the organ, and a dark spot denotes cirrhosis, (atrophy). This is also true of other organs.

Black spots, even though they are very minute, denote gall stones, if in the area of the gall bladder.

DIAPHRAGM

A lesion in the above area may indicate difficult deglutition, straining at stool, or during micturi-

tion, impaired or incomplete respiration, stammering, hiccoughs, vocal inarticulateness, due to diaphragmatic spasms.

OVARY

(See lesions.)

PELVIS—INNOMINATE

The most frequent lesions to be found in the pelvis, (bony structure) are those of the innominate bones, for these are the most movable, according to osteopathic findings. An innominate lesion frequently results in pain and impaired function elsewhere. An upward, (posterior) or downward, (anterior), slip of the innominate produces irritation upon the great sciatic nerve. The peculiarity of nerves are that pain is often felt more acutely at the ending than at the point of contact. Hence, pain in the knees or ankles may be caused by pressure upon the sciatic nerve, and, if the pressure be continuous, anesthesia, and even paralysis, may result.

An innominate lesion, therefore, may cause:

1. Sciatica.
2. Pain in the knee or ankles.
3. Pain in the lumbar region, (lumbago).
4. Irritation of the genito-urinary organs in both sexes.
5. Menstrual disorders in the female.
6. Varicoceles and testicular cramps in the male.
7. Frequent seminal emissions.
8. Cystitis.

9. Constipation.
10. Hemorrhoids.

All of which may be due to reflex irritation of the lumbo-sacral plexus of nerves.

ABDOMEN—PERITONEUM

When a lesion is seen in that region, it may denote a weakness of the abdominal walls due to loss of muscular tonicity, colics, tympanites, or peritoneal disturbances. Black spots denote surgical incisions.

GROIN—RUPTURE

Enlargements of the inguinal glands, (bubo), hernia, or a pre-disposition thereto, show in this area by the usual signs. See lesions.

THIGH—KNEE—FOOT

Injury, rheumatic pain, sciatica, varicose veins, phlebitis, and other pathologic conditions, are denoted by the usual signs.

CHAPTER XXVII

(Interpretation Continued)

Left Iris

As seen from a study of the index key, there are some differences between the areas of the right and left irides. Organs in the right side of the body show in the right iris, and those of the left in the left iris. We shall, therefore, discuss the different areas in the left iris.

Rectum—Anus

Starting from below, upward, in the inner edge of the left iris is the center for the rectum and anus. Hemorrhoids, fistula, fissures, and other rectal disturbances, are here indicated by the usual signs. (See lesions).

Spleen

In the outer, lower edge of the left iris, is the spleen area; it is not uncommon to find characteristic lesions here. Some physiologists maintain that the spleen has an affinity for uric acid, which, if precipitated in excess, forms waste. This may explain the reason for the fact that, when quinine is administered, the output of uric acid is increased. It may

be due to the contractile action of the drug upon the spleen. The same phenomenon may be elicited by the concussion of the first three lumbar vertebrae which produces the splenic reflex of contraction, according to Abrams.

A lesion in the spleen area (left iris) and liver, (right iris), is usually diagnostic of malaria, either active or suppressed, according to the signs present. (See lesions). A white cloud in that region may denote enlargement of the organ.

Powell advances the theory that among its various functions, the spleen performs also the highly important service of mitigating the shock occasioned by a sudden rush of blood from the periphery to the center of the system, a function that the healthy spleen, due to its elasticity, is eminently capable of performing. It is capable of expanding to three times its size.

He draws the logical conclusion that the spleen acts the part of a safety valve, preventing rupture of the heart and central blood vessels, by receiving a large percentage of the sudden rush of blood. This explains the "sense of fullness" or of pain felt in the region of the spleen, during a severe chill after hearing bad news, fear and anxiety.

Persons showing lesions in the spleen area are frequently disinclined to any form of activity, almost to the point of laziness. They are subject to fits of sleepiness, occasionally dozing, even while listening to a conversation.

DIZZINESS—FAINTING—EPILEPSY

Barring various systemic diseases, dizziness is usually a result of passive (venous), congestion at the base of the brain, due to impaired drainage, or anemia. This area is closely associated with that of fainting, indicated by the usual signs when affected.

On the third line, in that space, is the center for epilepsy, discovered by Liljequist. My clinical research to determine the various stages of epilepsy, through signs in the iris, resulted in findings, tabulated as follows:

1. A very dark, almost black, heavy line denotes a severe type of grand mal—Jacksonian epilepsy, known also as *staticus epilepticus.*

2. A fainter line denotes a milder type of grand mal, where the attack is severe but less often.

3. A dark spot in that region denotes petit mal —a mild form of epilepsy, manifested in a brief, almost momentary loss of consciousness. Such attacks occasionally take place during the day, but, generally, at night. In some cases, at night only, known as nocturnal epilepsy.

4. In cases of epilepsy caused by an injury, a small black speck is found.

I demonstrated these findings to members of an iridology class, invited for that purpose, to a home for epileptics and feeble minded. (The Emmaus Asylum, St. Charles, Missouri).

Seventeen out of twenty cases were diagnosed correctly. This was done under the critical super-

vision of the superintendent, who compared our findings with his accurately kept records of the patients, in which was registered every seizure as well as the degree of its intensity. The remaining three could not be diagnosed because of the dense discoloration of their irides due to drugs. It should be stated that, in one of the seventeen cases, our diagnosis was hysteria and not epilepsy. The superintendent's record of the case corroborated the correctness of our diagnosis. In this case there was no sign in the epileptic center, but a line in the center of hysteria in the right iris.

In some cases of epilepsy, no appreciable sign in the iris may be found. Instead, a very heavy intestinal discoloration is present, showing that the real cause of epileptic seizures, in such patients, is due to intestinal putrefaction and re-absorption.

I saw this truth demonstrated in actual practice. The following are typical.

Case 1. A young woman in whose iris I found a very faint spot in the epileptic center; also a dense discoloration corresponding to the stomach and intestinal areas. The patient was placed on a strictly vegetarian diet, eliminating also white bread, pastries and white sugar. She was also given massage and spinal manipulation, and was cured in four months.

Case 2. A young woman of thirty-four had been suffering from epilepsy since six years of age, and was under the bromide treatment for many years, without relief. A beautiful girl otherwise, but her

face was disfigured by postules caused by the elimination of bromide. The iris examination had shown a slight speck in the epileptic center, but a very heavy discoloration in the gastro-intestinal tract. She admitted that, to her knowledge, she had never had a normal bowel movement. I placed her under the same treatment as Case 1, instructing her to stop the bromide treatment, even at the risk of increased attacks as a reaction thereof. It should be mentioned that the seizures took place during her menstrual period. After three weeks of treatment, her bowels began to function normally, though her epileptic convulsions were more severe during her first menstrual period; less on the second, and during the third and subsequent periods she had none. A few months later, she had an attack and attributed it to a violation of one of my dietary instructions—not to mix acids with starchy food—stating that, on the night of the convulsive seizure, she ate a good portion of potatoes and drank plentifully of buttermilk. This incident corroborated the diagnosis that her convulsions were due to reflex irritation of the intestinal tract, and not to a brain lesion.

INTROSPECTION

When a lesion is found in that area, it denotes a tendency to self-analyzation and self-condemnation, which are premonitory symptoms of development, or actual melancholia.

It is best not to mention the term melancholia to the patient as the recognition of it by the doctor

confirms his fear and aggravates the condition. On finding such a lesion, if the diagnostician tactfully ignores it he thus negativates the patient's suspicion and fear and dissipates the primary phases of melancholy.

This is a proper psychological moment to impress the patient's mind with positive suggestions. For the power of one skillful mental treatment may dispel long-nursed illusions and save the patient from the ultimate pitfall of despair, the horrors of a self-inflicted purgatory and mental anguish.

The starting point in melancholy is usually prolonged brooding and worry over imaginary, or real mistakes, remorse, followed by self-accusation, all of which, in due course of time, depletes the vital force and reduces the individual to a negative state, mentally and physically. During such states, the mind and brain cells are keenly receptive to impressions which become permanent in their automatic action, and quite often defy the individual's attempts to control them.

Such a patient often voices his automatically repeated lamentations of "why did I do this?" or, "why did I let that happen?" even years after his one-thought habit caused his institutional confinement.

During the hours before falling asleep and those immediately after arising, the brain is most susceptible to thought impressions, constructive or destructive; therefore, the most effective way to speedily erase unwholesome thoughts is, first of all, to

thoroughly relax. We then sever our relations with the past, visualizing instead, the new day, with the experiences it may carry in its wake, repeating, mentally, until falling asleep: "I am entering into new life, health and opportunities."

During slumber, these confirmations automatically repeat themselves, thus laying the foundation of reconstructive thought for the next day. This regime, persistently practiced, though somewhat difficult at first, will daily become much easier, and will positively and unfailingly reverse the negative morbid thoughts into a positive, joyful and thrilling consciousness of new energy, hope and life.

ACTIVE MELANCHOLIA

Active melancholia also shows a lesion in the area of apprehension in addition to a lesion in the area of introspection. It is not unusual to find lines in the introspection area in some persons who are seemingly unaffected by depression, though they indulge in "moods" occasionally.

INTELLECT

A person showing a lesion in that area has a tendency to "wear out" mentally. Any deep thinking or steady concentration for any length of time is usually followed by a left-sided headache and a feeling of exhaustion. Such condition may be easily overcome by plenty of restful sleep, physical exercise in the open air, systematic deep breathing and

a well balanced diet, with fresh fruits and fresh leafy vegetables predominating.

THE CIRCULATORY SYSTEM

A Depository for Inorganic Salts

The circulatory system shows next to the skin area. In the normal iris it is an imaginary circle, but becomes real and visible under abnormal conditions. This area has been designated, by some authors, as that of the lymphatic system.

My investigation, however, led me to the conclusion, that it is the area for the entire circulatory system, which comprises the arteries, arterioles, veins, venules, and lymphatics, exclusive of the heart and the aorta, which have their centers in the sympathetic wreath, left iris. This conclusion is based upon the finding of a gray circle in the area of the circulatory system associated with arterio-sclerosis. (See sodium ring, page 64).

Through the iris, nature teaches us another important lesson, which, if heeded, will prevent premature old age and its consequences. It teaches us that all inorganic salts, including our ordinary table salt, baking soda, and potash, are not only non-essential, but highly detrimental. This truth is verified by the presence of the so-called sodium ring in the area of the circulatory system.

THE LYMPHATIC SYSTEM

The lymphatic system, which is part of the circulatory system, comprises the lymph vessels, the

lymph capillaries, and the lymph glands. They are distributed all over the body and are the first tissues to offer points of resistance to bacterial agents or other foreign matter.

To illustrate: an infection of the toe is invariably followed, or associated, by enlargement of the inguinal glands, just as in an infection of the finger there is an enlargement of the axillary glands. Lymph capillaries are similar to blood capillaries and lymph vessels run along the blood vessels, having thinner walls than the latter. These ultimately drain into the thoracic lymph ducts and eventually into the venous system. The lymphatic glands are composed of adenoid tissue.

Owing to the fact that the lymphatics are superficially distributed all over the body, following the course of the circulatory system, their corresponding center in the iris is in the circulatory area, and is found next to the skin area.

When lymph nodes and vessels of the internal organs are affected they show in the iris area of that organ.

SKIN AREA

(See Scurf-rim, page 47).

CHAPTER XXVIII

Iris Signs, Histologically Explained

To properly understand how the iris record is made, it is necessary to discuss briefly the histology of the iris.

The iris is a neuro-muscular pigmented organ resembling a rainbow-like circle. Its function is to occlude the rays of light from the periphery of the lens. The iris is composed of three primary layers,* which may be recognized from before backwards:

1. *Anterior endothelium*—a single layer of cells which form the topmost white fibrous layer of the iris, continuous with the endothelium of the cornea. In health they are microscopic and therefore invisible to the naked eye.

2. *The stroma,* a net-work of blood vessels and fibrous tissues, in which are also embedded the sphincter and dilator muscles of the iris. In the thickness of the stroma and muscle fibers pigmentation is deposited.

3. *Pigment epithelium,* or (pars iridica retinae) the posterior epithelial layer, also known as (pars iridica ciliaris) which is black. This is the bottom layer—continuous with the pigmented layer of the

* "A Manual of Normal Histology and Organography"—Walter A. Hill, Ph. G., M. D.

retina—and is composed of double layers of pigmented cells.

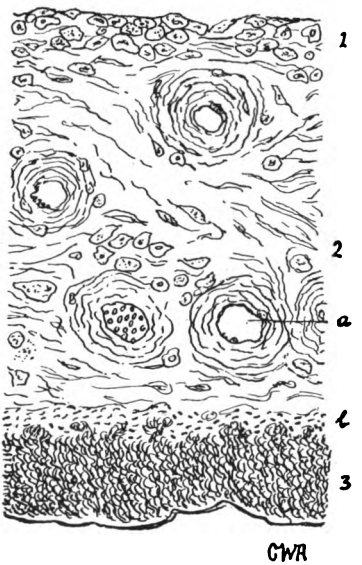


Fig. 11.

Fig. 11. Section of iris—Histological—(Merkel-Henle in A Text-Book of Histology. F. R. Bailey, A. M., M. D.)
1—Anterior endothelium.
2—Stroma (a) blood vessels, (b) vitreous membrane.
3—Pigment layer.

The intimate connection between all parts of the body and the iris is made possible by the sympathetic and cerebro-spinal nervous systems and their branches supplying the iris (see page 11). The process by which lesions are registered in the iris can best be illustrated by the phenomenon of an acute

inflammation. Every inflammation is a reaction of living tissue to irritation caused by any kind of pathogenic matter or by trauma. The irritation is transmitted through afferent nerves to the autonomic brain centers which, in response to stimulation, send via efferent nerves, a rush of blood to the affected parts, causing hyperemia, resulting in acute congestion and swelling. The local congestion is immediately transmitted through reflex nerve stimulation to the corresponding area in the iris, causing a distention of the vascular projecting ridges which run radially from the ciliary to the pupillary borders; this, in turn, raises the normally white fibers of the top layer of the iris, making them plainly visible to the unaided eye. This phenomenon does not in any way affect the vision, but it explains why every acute process shows white in the iris.

As the congestion in the organ is lessened, a decrease also takes place in the vascular congestion of the iris, thus reducing the elevation of the white fibers of the topmost layer, which become fainter and eventually fade away entirely; in other words, the white fibrous layer assumes its normal position, denoting completion of the healing process.

When, through suppression or neglect, the acute process passes into a chronic inflammation, causing a passive congestion—a venous stasis—a similar stasis occurs in the vascular layer of the iris, causing a darkening of the corresponding part due to the accumulation of dark venous blood.

Crypts are formed by the distortion of the white fibers of the top layer, which, as a result of the chronic congestion of the blood vessels underneath, become dented and bent, often even entirely drying up and being obliterated, thus leaving the dark congested blood vessels uncovered. This explains why chronic lesions show dark; and why sub-acute lesions, being an intermediate stage between acute and chronic, show white and dark, closely associated.

In the stage where there is destruction or loss of tissue, there is a severance of nerve connection with the corresponding area of the iris, resulting in the drying up of the vascular portion of the iris, as well as of the minute white fibers of the top layer, exposing the bottom pigment layer, which is black in blue as well as in brown eyes. Thus the stage of tissue destruction through injury, necrosis or surgical operation shows black—a deeply penetrating black spot.

HEMIPLEGIA SIGN

It is of interest to note that hemiplegia (paralysis) of one side of the body is shown in the opposite iris, contrary to all other records, which show in the corresponding iris of the affected side. This is explained (figure 12) by virtue of the fact that the nucleus of the eye reflexes is not involved in a hemiplegia. Therefore it records the seat of the lesion in the corresponding brain center.

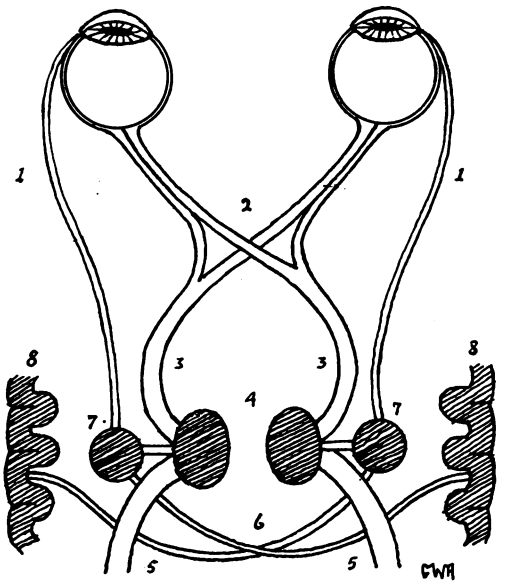


FIG. 12

Fig. 12. Diagram showing why hemiplegia shows in the opposite iris. (L. Testut and O. Jacob. Traité D'Anatomie Topographique.)

1. Motor oculi nerve.
2. Optic commissure.
3. Optic nerve.
4. Optic ganglia.
5. Intra-cerebral optic nerve.
6. Motor oculi communicating nerve.
7. Motor oculi communicating center.
8. Cortical center of nerves to iris and ciliary muscles.

CHAPTER XXIX

Technique of Iridiagnosis

An accurate iridiagnosis depends upon:

1. Determination of the color and texture of the iris.
2. Finding the exact location.
3. Determination of the exact shades of the various colored spots.

It is therefore essential to have the best light available, clear daylight preferable. A proper light also contracts the pupil, thus giving the best possible view of the iris. Artificial light may also be employed advantageously if it is moderately concentrated by the aid of a magnifying lens.

I do not recommend the use of a lens for magnifying purposes, because of the ever-present risk of displacing the location of a lesion. Unless one has impaired vision, the lenses should be used only to differentiate the various colored spots.

For one specializing as a consulting Iridiagnostician, a high revolving chair, in which the patient is comfortably seated, is ideal, the diagnostician facing the patient, standing up.

The utmost care should be exercised in preventing

fatigue in the patient, through harshly pulling the patients eyelids. This can be avoided by requesting the patient to hold the eyes widely open; to look up for exposure of the lower part of the iris, and to look down, when examining the upper part.

Another excellent plan is that of having the patient lie in a reclining position, the diagnostician standing at the head of the table. This position facilitates diagnosis by virtue of the close proximity and also eliminates embarrassment and fatigue of the patient as well as reflection of the direct rays of light.

PROCEDURE

It is always best to take the patient's complete history, dating back to his ancestors, ascertaining also the patient's age, sex, social status, (single or married) occupation, birthplace, (with reference to climate and country), personal habits, etc.

It must be borne in mind that important lesions may be often overlooked on account of the minuteness of their signs, especially when the iris is discolored by drug signs or acidosis. In such instances, the patient's history will lead to additional findings.

It is the duty of the diagnostician to the patient and himself to find the cause or causes of diseases before proceeding with treatment.

The next step is to concentrate attention upon the patient's iris without attempting to find anything in particular. This helps us to form a mental

picture of the iris after which we proceed to locate the most prominent spots, lesions or drug signs.

It is to mutual advantage to enumerate the symptoms to the patient rather than to mention lesions, especially where drugs or vaccines are found, in order to avoid unnecessary arguments about the patient's admitting or denying having taken the drugs found. Discretion should be exercised where there are organic lesions, mention of which, if in vital organs, such as: the brain, heart, lungs, and kidney, might frighten the patient. It is especially essential to refrain from mentioning lesions to a mentally negative patient, for, in his receptive and negative state of mind, not only the physician's utterances, but also his expressions are impressed upon his consciousness either for good or evil. An unguarded remark about a lesion found in a vital organ of such a patient may lead him to magnify it, causing destructive mental states. Should it become necessary to inform a patient of a vital affliction, it should always be re-enforced with a constructive suggestion. For it must be remembered that, as physicians, our duty is to persistently point to healing forces within and around us. These forces can be invoked by co-operation with Nature and obedience to her laws, through physical, mental and moral hygiene.

It is worthy of mention that unless one is a keen observer, one may find oneself diagnosing an artificial eye. These are often so accurately matched to the natural eye, that the error may not be dis-

covered immediately, unless we look for the alternate dilation and contraction of the living iris. It should also be borne in mind that even an artificial eye changes its color. This is due to the membranous secretions dissolving the dye of the artificially colored eye.

CHAPTER XXX

CASES ILLUSTRATED

Plate V

Fig. 1. Iris color dark gray, denoting chronic acidosis. Texture, poor; chronic catarrh of digestive tract; sympathetic wreath fairly normal; right kidney and diaphragm show chronic lesions; slipped right innominate; white lines radiating over entire iris, indicating general nervous irritation; lesions in upper left iris show chronic cerebral congestion; spot in ataxia centers, denotes loss of sensation in lower extremeties; spot in introspection showing tendency to melancholia. Splenic atrophy, shown by dark spot in area of that organ; heavy scurf rim.

Fig. 2. Irides of physician; color, whitish blue—acidosis; texture fair; incomplete sodium ring denoting anti-rheumatic treatment; yellowish brown around the pupil due to quinine and sulphur discoloration, causing constipation; two light brown ichthyol spots in area of left lung, the ichthyol was taken for coughs; black spot in sigmoid—ulceration.

Fig. 3. Color, blue; greenish hue, due to quinine discoloration; texture poor; dark brown sulphur

sign in stomach and intestines, denoting constipation; radii pupillaris minores; chronic kidney lesions; note zymoid spot in sex area right iris indicating weakened sexuality due to irritation; dark nerve rings denoting general nervous debility; scurf rim.

Fig. 4. Color whitish blue—acidosis; texture poor; arsenic flakes in peripheral zone, causing neuritis; iron, sulphur, and iodine spots in digestive tract; fatigue lesions. Note lesion in area of ideation-will, denoting negativity, lack of will power; chronic catarrh of nose and throat; chronic right kidney.

Plate VI

Fig. 1. Iris color, intermediate; texture, fair; heavy scurf rim; sulphur in gastro-intestinal area, caused constipation; quinine, taken as tonic—shows in both irides, iodine, in lung, as the result of external application for cold in chest; active lesion in right lung area; iron spot in kidney; ulceration of descending colon and small intestines, both irides. Note black spot in region of appendix—denoting its surgical removal.

Fig. 2. Color, intermediate, showing distinctly inherited iris colors of both parents, one of whom was blue and the other brown-eyed; texture, fair; sulphur discoloration around pupils in gastro-intestinal area—the result being aggravated constipation for which sulphur was originally taken as a laxative; Iron spots due to drinking well water. Note dis-

tension of sympathetic wreath towards bronchus, denoting asthma; dark area lower left iris—flaccidity of abdominal muscles; nerve rings; scurf rim.

Fig. 3. Color, whitish blue—acidosis; texture, poor, because of numerous hereditary lesions; iron, quinine, sulphur in area of stomach and intestines. Note iron spot in pancreas—patient had advanced diabetes; spindle shaped hereditary lesion in throat, also serious lesions in lungs—advanced cases of tuberculosis; fatigue lines; scurf rim.

Fig. 4. Color, whitish blue; acidosis—causing neurasthenia; texture, poor; acute gastritis, frequent eructation of gases; sympathetic wreath slightly distended though regular; fatigue lines prominent in both irides; lesion in apprehension—patient feared death; rheumatism in right leg, enlarged (chronic) inguinal glands; sub-acute kidney lesions; sub-acute lesions, bordering on chronic, in lung, bronchials and pleura.

Plate VII

Fig. 1. Iris color, intermediate, brown predominating; texture, poor; broad, dense scurf rim, denoting auto-intoxication, due to impaired skin action because of poor hygiene; gastro-intestinal encumbrances, denoting chronicity; radii pupillaris minores; iron rust spots, denoting iron tonics, their continuous use caused mitral insufficiency; sub-acute kidney lesion.

Fig. 2. Color, blue; greenish cast due to quinine; texture, fair over entire iris, but poor in gastro-in-

testinal area; acidosis; rust brown spots, result of iron tonics; patient suffered from eczema—Nature's efforts to eliminate quinine and acidosis. Distorted sympathetic wreath pointing to disturbances in their respective vital centers; chronic constipation; lesions in will and ideation center; scurf rim.

Fig. 3. Color, blue; texture, good; slight acidosis; steel-gray discoloration around pupils, denoting lead in digestive area; patient is a painter; dense sulphur cloud in intestines, indicating sulphur taken as laxative. Note dark speck in aorta, denoting insufficiency; open hereditary left kidney lesion; scurf rim.

Fig. 4. Color, whitish blue—acidosis; texture, fair, excepting for sympathetic wreath; arsenic in periphery, absorbed while working in wall paper factory; developed neuritis as result; strychnine in stomach area, causing gastritis; distended sympathetic wreath pointing towards lungs and bronchi —asthma; intestinal encumbrances; fatigue. Note line in vertebral column, denoting scoliosis.

Plate VIII

Fig. 1. The iris denoted the characteristic muddy-brown, cloudy discoloration, typical of acidosis; texture, poor. The effects of acidosis were already noted through various dark spots and clouds affecting the vital organs, such as the kidneys, liver and spleen. Eventually, it manifested itself in headaches, for which the patient sought relief in the

usual suppressive remedies of bromo-selzer and bromo-quinine.

The relief brought about by these drugs was, of course, temporary, while their paralyzing effects lasted, and grew worse later, owing to the fact that these drugs have an affinity for the brain region, inhibiting, also, various other vital functions, particularly the heart.

For the newly acquired malady the doctor prescribed strychnine stimulants. This drug has a particular affinity for the gastro-intestinal tract, where it finds permanent lodgment, causing indigestion and constipation, (strychnine is recognized as a whitish-gray wheel-like circle around the pupil), for which the patient again doctored. This time he needed a laxative, and sulphur was given, but while the primary action of sulphur, especially that of the sulphur salts, temporarily stimulates bowel action, its secondary ill-effects result in a lessened activity: a more stubborn constipation. This is true of all physics. (Note dark brown sulphur cloud next to the strychnine sign).

An arbitrary rule of the establishment where the patient works compels its employes to be vaccinated periodically. He was vaccinated three times. The record in the iris shows three unmistakable vaccination spots. One, in the region of the lungs and bronchials, right iris, two others in the bronchial and lung regions, left iris. The presence of the vaccine virus in his respiratory organs produced catarrh and asthma.

Despairing, under his increasing troubles, and disappointed at the failure of drugs to relieve him, he sought relief from a chiropractor, under whose care he continued for about two years. Some of the symptoms disappeared, notably those of the respiratory organs, and the iris corroborates the regeneration that took place through the well-defined, grayish, closed lesions. But, nevertheless, the destructive inroads of acidosis continued their slow, but steady progress, for, while spinal treatments relieve nerve pressure and stimulate circulation, they cannot supply deficient ingredients to the blood without the necessary organic mineral salts. Therefore, spinal manipulation without scientific dieting is as effective as a check on a bank without sufficient funds.

A few weeks later, when he was again seen, after following out the prescribed diet, in which the proteids and starches had been greatly reduced and fresh fruits and green, leafy vegetables increased, the color of the iris had already assumed a more normal color; the muddy-brown, cloudy acidosis sign was greatly diminished, and the symptoms had also subsided. His ill-temper gave way to a mild disposition, and his mental and nervous symptoms, as formerly expressed in thoughts of suicide, death and destruction, had lost their viciousness. He was now encouraged, and determined to continue the new regime until the vicious cycle of disease was completely broken.

Fig. 2. Color intermediate; texture, poor; heavy

scurf rim; dark brown spots denoting sulphur and iron absorbed from drinking mineral waters; yellow discoloration—quinine—taken for malaria. Note lesions in spleen, left iris, and liver, right iris; seat of malarial infection; intestinal encumbrances; nerve rings.

Fig. 3. Color, intermediate—brown predominating; texture, fair; clear gastro-intestinal tract; iron spots; quinine discoloration; nerve rings; lesion in lower right—sub-acute peritonitis. Stricture in urethra, dark spot in area of the generative organs in the scurf rim, right iris—chronic gonorrhea; dark lines radiating from center downward—chronic arthritis. Note dark line in upper left iris—epilepsy—grand mal.

Fig. 4. Color, blue; texture, poor; drug signs of arsenic, quinine, strychnine, iodine; chronic lesions over entire respiratory area; abdominal incision for appendectomy; note black spot in area of appendix. Fatigue, prominent sympathetic wreath.

Plate IX

Fig. 1. Color, intermediate; texture, fair; chronic gastritis; nerve rings; hereditary lesions in scurf rim, in area of lungs, right, and throat, left iris; father died of tuberculosis; remarkably free from drugs.

Fig. 2. Color, blue; texture, fair. Note amber-colored circle around pupil, denoting acidity of stomach. Intestinal incompetency; distended sym-

pathetic wreath; chronic lesions in throat, bronchi and lungs. Note numerous white flakes of arsenic, responsible for neuritis, mis-diagnosed muscular rheumatism; palpitation of heart; iron rust-brown spots showing effects of iron tonics.

Fig. 3. Color, blue; greenish cast, due to quinine; texture, fair; note chain of arsenic flakes; greenish, because of quinine discoloration; iron and sulphur spots; lesion in pancreas, right iris, advanced case of diabetes; white lines in kidney, left iris, and bladder, right iris, showing acute irritation caused by excretion of unassimilated sugar; scurf rim; chronic constipation, due to sulphur in digestive tract.

Fig. 4. Color, whitish blue—acidosis; texture, poor; acid stomach; distended sympathetic wreath, left iris, due to local injury to eye; chronic digestive disturbances; patient had epilepsy—grand mal, but shows no brain lesion, condition evidently due to intestinal putrefaction; note black spot in area of transverse colon, left iris—ulceration.

Plate X

Fig. 1. Color of right iris, brown; color of left, blue, showing inherited equal characteristics of both parents. The father's irides were blue—the mother's, brown. Texture, fair. Chronic catarrhal gastro-intestinal disturbances, also quinine discoloration. Note black spot in right kidney, denoting

renal calculus. Chronic lesion in left kidney; catarrhal lesion in respiratory areas.

Fig. 2. Color, brown; texture, good; heart lesion; prominent nerve rings, denoting strenuous mental labors; exceptionally free from drugs.

Fig. 3. Case of a man 68 years old, a retired locomotive engineer. The comparatively clear blue color shows that, in spite of his advanced age, he was well preserved. When asked if he had ever taken sulphur medicinally, he denied having done so, but added that he "pulled" a local passenger train for over thirty years, and that twice daily he would drink freely of the water from a well containing sulphur located at one of the stations on his run.

In common with the erroneous popular belief that mineral waters are conducive to good health, he attributed his well preserved constitution to the drinking of that mineral water. The clear blue color of his irides, however, proved that his strong constitution was, in reality, due to a sound heredity.

Fig. 4. Color, intermediate, brown predominating; texture, poor; tubercular—note lesions in lungs and throat—nerve rings; iron spots; dark digestive tract denoting chronicity; bromide sign in brain area; lesion in area of dizziness; note lesion in lower back—lumbago.

Plate XI

Fig. 1. Color, intermediate; muddy-brown acidosis discoloration; texture, fair; note white ring

in circulatory area—sodium salicylate taken as anti-rheumatic—producing arterio sclerosis. Nerve rings; chronic kidney and abdominal lesions; hereditary lesions in both lungs. Note two black spots in area of gall bladder, right iris, denoting gall stones; black spot in sigmoid flexure, left iris, denoting ulcerated condition caused by irritation of fecal impaction; chronic constipation; lesion in hysteria center; nerve rings in cerebral area—fits of weeping; black spot in arm area left iris, denotes fracture of arm.

Fig. 2. Color, blue; texture, fair; note arsenic and quinine signs—the latter discoloring the white arsenic flakes. Distention of sympathetic wreath, left iris—pointing to rectum, denoting incontinence of feces, also pointing to vertebral column, showing rectal disorder, due to derangement of the sympathetic nervous system; sympathetic wreath, left iris, pointing to ovary and lungs, showing pelvic and pulmonary disorder; scurf rim.

Fig. 3. Color, inky blue, denoting hereditary encumbrance; texture, poor; heavy sulphur discoloration in intestinal tract; fatigue lines; spindle shaped lesions in throat, lungs and kidney—father died of Bright's disease, mother tubercular—still living; spot in heart area denotes angina pectoris; zymoid spots in center of fainting and dizziness, also in anus—piles; scurf rim.

Fig. 4. Color, brown; texture, poor, few radii pupillaris minores; chronic lesion in small intestines, right iris, and in descending colon, right iris;

fatigue lines. Note lesion in area of apoplexy, right iris; patient had stroke affecting left side of body; chronic kidney lesions; left hernia; zymoid spots; distended sympathetic wreath; sodium ring.

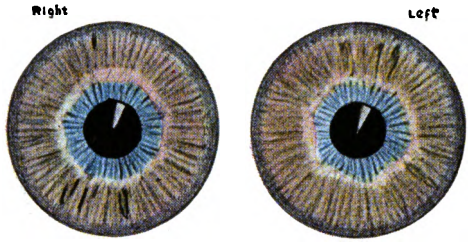
Plate XII

Fig. 1. Color, intermediate; texture, fair; chronic gastritis, probably caused by strychnine and quinine; patient suffering from mental depression—symptom of chronic quinine poisoning; left hernia and chronic lumbago as seen by dark spots; dark, irregular lines, right iris, in area of generative organs, denoting uterine version; chronic lesions in right bronchials; cyst in right ovary; chronic lesion in right visual area; acute catarrh in nose and throat; heavy scurf rim.

Fig. 2. Color, whitish blue—acidosis; texture, poor; sarcoma in left leg; heavy encumbrance in area of stomach and intestines; distorted sympathetic wreath, denoting flaccidity of visceral organs; iodine in pelvis, only visible drug; sub-acute and chronic bronchial involvement; ataxia lesion, left iris; heavy scurf rim.

Fig. 3. Color, intermediate; texture, poor, chronic ulceration in intestinal tract; sulphur discoloration; constipation; radii pupillaris minores corroborating affliction; spot in lower right iris denoting rupture; pressure at the medulla, left iris; radiating lines over entire iris: neurasthenia—result of coal tar in brain region; heavy scurf rim.

Fig. 4. Color, brown with hereditary blue



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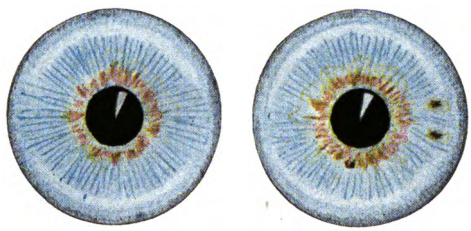

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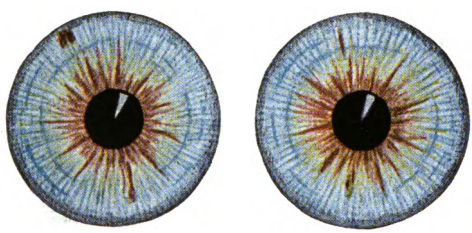

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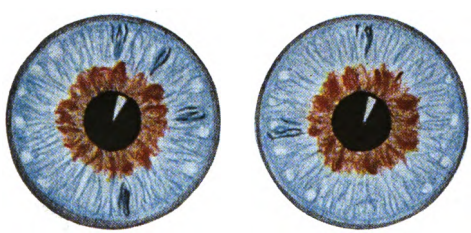

Fig. 4.

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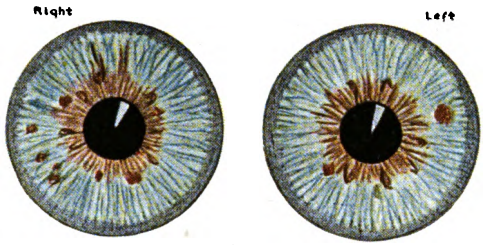
PLATE V



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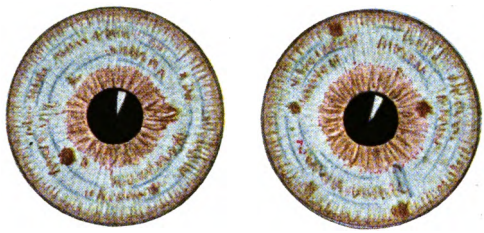

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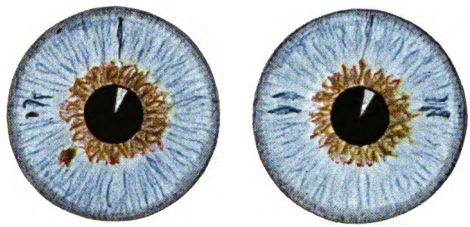

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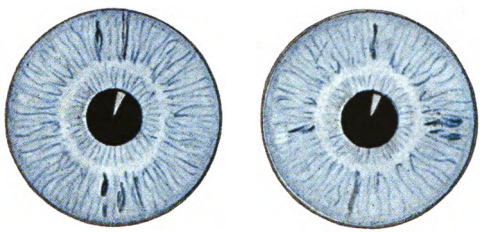

Fig. 4.

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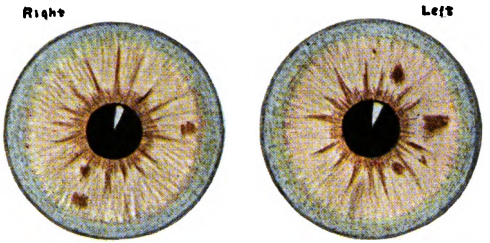
PLATE VI



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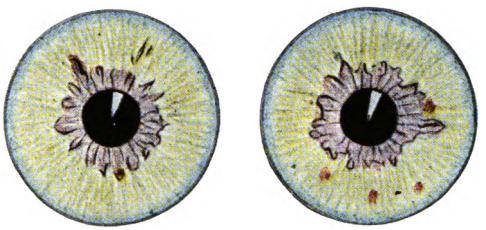

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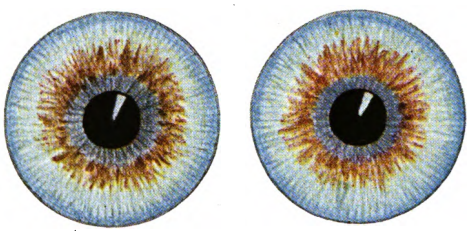

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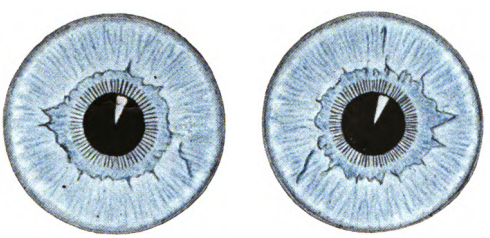

Fig. 4.

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PLATE VII

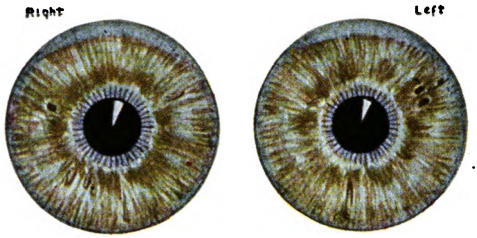
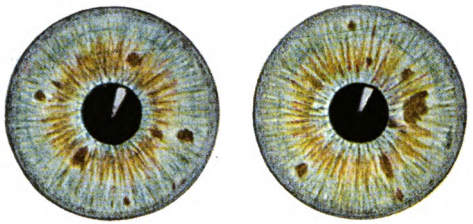


Fig. 1.



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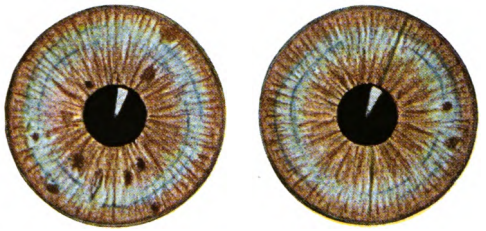

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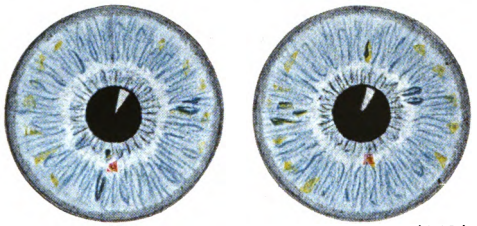
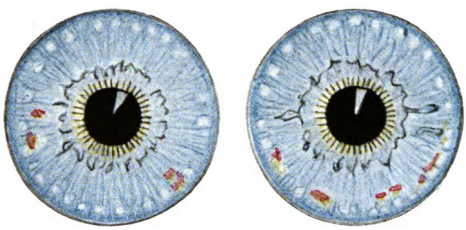


C.W. ALLEN

Fig. 4.

PLATE VIII

Fig. 1.



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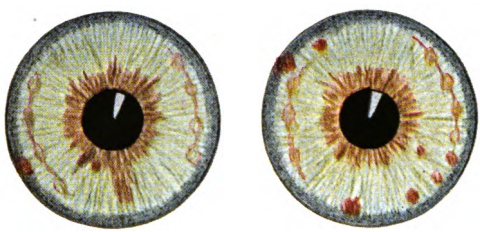

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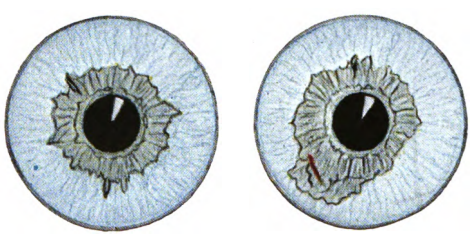

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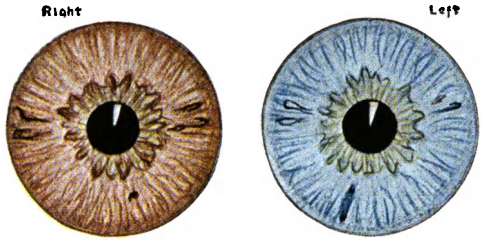
PLATE IX



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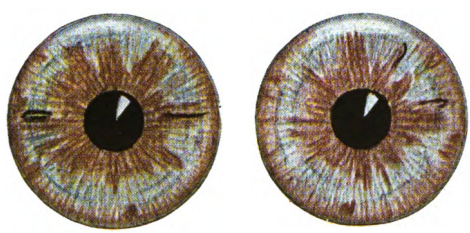


Fig. 4.

D.W.ALLEN

PLATE X

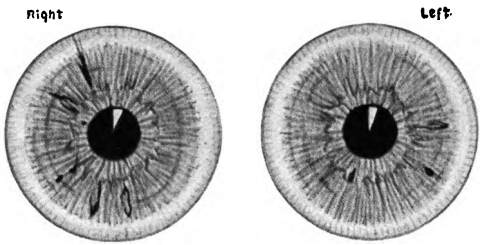
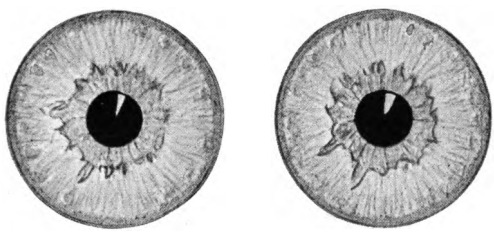


Fig. 1.



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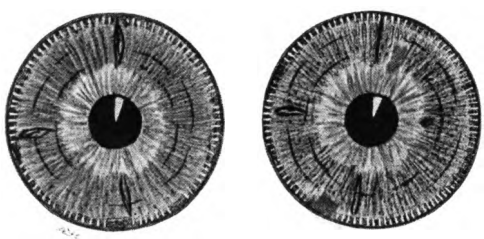

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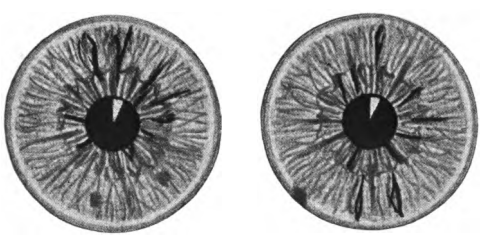


Fig. 4.

PLATE XI

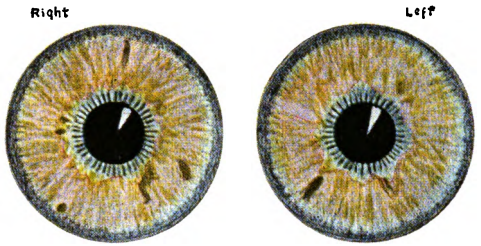
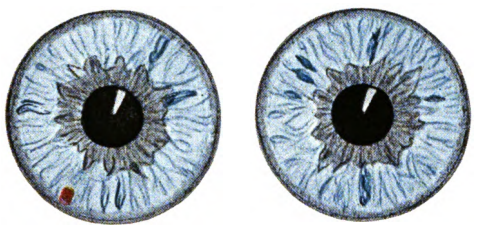


Fig. 1.



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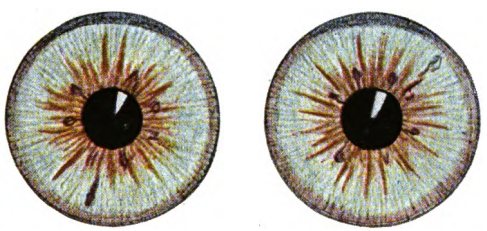

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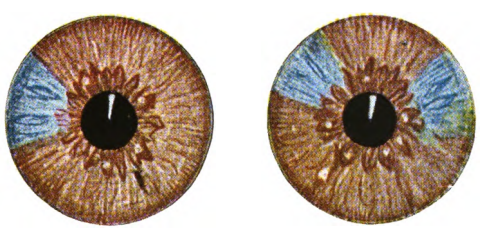

Fig. 4.

C.W.Allen

PLATE XII

patches—denoting intermediate color—brown predominating: Father has brown, mother blue irides. Texture, fair. Irregular sympathetic wreath, chronic indigestion. White spots in gastro-intestinal tract—showing creosote, taken for respiratory affliction. Note spindle shaped lesions in that area. White spot in bladder denotes turpentine.

CHAPTER XXXI

SALVARSAN ("606")

A FACTOR IN THE SPREAD OF SYPHILIS—NOT A CURE

In the latter half of 1909 Prof. Ehrlich's discovery of "606", with a later preparation of Neo-Salvarsan ("914"), was heralded as a cure for syphilis, and adopted as such by the medical profession. Humanity was, at last, to be purged of its sins through the mystic formula of Dioxydiamidoarsenobenzol (C_{12} H_{12} N_2 O_2 As_2) known to the laity as "606," which is an arsenical compound.

This new discovery, in an old, highly poisonous drug, was now to replace the standard anti-luetic, potassium iodide (KI) and mercury. The rapidity with which the profession adopted this new formula was in itself a frank admission that KI and mercury had failed as an anti-luetic. Those who studied diseases from the viewpoint of cause and effect have, as a result of their scientific observation, long ago condemned the use of KI and mercury, not only as a non-curative and suppressant, but in itself, as detrimental to the brain and nerve tissue.

They have, therefore, regarded "606" in the same light, by virtue of the proved truth, that crude poisonous drugs cause, rather than cure, diseases,

even though they relieve symptoms temporarily. But this light has, as yet, not dawned on most medical men whose investigation into the merits of any drug ceases with the relief of the symptoms for which it is administered: an age-long practice that had resulted in an unprecedented mass shortsightedness, appalling in its consequences.

When Prof. Ehrlich first discovered "606" he advocated one inoculation of Salvarsan as all-sufficient to cure the infection. Accordingly, assurances were given to all who applied for the treatment that the disease would be exterminated. And behold, the sore disappeared. The afflicted were relieved. Nature's wrath for the abuse of her procreative function was outwitted by the genius of her creation. Though the new hope was of short duration, the delusion frequently lasted long enough to enable the sufferers to unconsciously communicate the loathesome disease, usually, to those they loved the most.

Thus, the dream of many a young woman, visualizing love in its charming blossom of motherhood, was most cruelly shattered, for as it is written, the "sins of the father are visited upon the children unto the third and fourth generation!" What was once an episode in a young man's life, while sowing his "wild oats," was, later, staged into a tragic drama, in which the infected father, innocent mother and child were assigned the principal roles.

To many a young woman the age-old hope of motherhood was forever blasted. The transmit-

ted infection so depletes the maternal organs that child-bearing frequently becomes impossible. The poor man, whom science had pronounced sound and safe was only superficially so, and, presently, found himself driven out of the paradise he sought through the short-cut of "606". The local infection, on the surface, which so miraculously vanished, had become systemic, circulating freely in his veins and gradually finding its way into one or more vital organs, slowly degenerating them—damaged goods, nature's vengeance for scientific suppression.

THERAPEUTIC ACTION OF SALVARSAN

SCIENTIFICALLY ANALYZED

WHY "606" DOES NOT CURE SYPHILIS

Professor Ehrlich and his followers claim:

1. That Salvarsan exerts a germicidal action upon the spirocheta pallida.

2. That it stimulates the systemic anti-bodies.

They base their theory upon the disappearance of the external manifestations of the disease after an inoculation of "606".

This theory is refuted by the following clinical evidence:

1. The necessity for repeated inoculation—in some cases as many as forty or fifty are given.

2. Congenital syphilis in the offspring.

3. The appearance of secondary and tertiary manifestations of syphilis in patients considered cured.

4. The former practice of injecting "606" directly into the spinal fluid was fatal to some of the unfortunates, while others, of stronger physical resistance, became insane. This is accounted for in Bastedo's standard work on "Pharmacology and Materia Medica," thus: "Arsenic is more destructive to highly organized life than to bacteria."

5. Though the toxic action of "606" is greatly modified by the chemical action of the blood when given intravenously, it is still destructive enough to often cause permanent blindness through the destruction of the optic nerve and ganglion.

The following is one of many typical cases: A patient aged 34 developed dimness of vision after the first injection. He grew progressively worse with each successive inoculation, and was completely blinded after the sixth.

OTHER REFUTING EVIDENCE

Excerpt from editorial in "Therapeutic Medicine" (October, 1911) "Present Status of Salvarsan:"

* * * "The new drug was to be a Therapia sterilisans magna—to destroy by one massive dose of a 'parasitotropic' remedy all of the infecting organisms in a syphilitic patient. In the light of even the brief present experience with 606, it may be said with confidence that the agent has failed in this magnificent aim. It is not a *therapia sterilisans magna;* it does not destroy the infection; and it does not rid the syphilitic patient of his syphilis.

"The belief that Salvarsan cures syphilis in man depends on the following considerations: (1) The destruction of the spirochetes. (2) The reversal of the Wasserman reaction. (3) The removal of the clinical manifestations of syphilis. The evidence is becoming increasingly strong that Salvarsan does not permanently and completely cause any of these results. It has a striking effect on spirochetes, but the sudden disappearance of spirochetes from lesions is no evidence of an overwhelming attack of the disease. The drug may cause the disappearance of spirocheta from a chancre within twenty-four hours, and greatly reduce their number or cause their disappearance from deeper lesions, but mercury may do the same thing. If one were to take any warning from the accumulated experience of generations in syphilis, it would lead one to expect that the apparent disappearance of the spirochetes was but a lull in the invasion and that they would return. And that is exactly what is coming to light.

"Disappearing spirochetes are returning, it may be, even at the site of the original lesion, where their disappearance has been regarded as of such significant importance."

Professor McDonagh, clinician to the outdoor department of Loch Hospital, London, in his book "Biology and Treatment of Venereal Diseases," (1915 edition), states that, after the fourth year, "treatment is by no means indicated, it may even be a contra-indication, as I have seen several cases in

which I am certain that a degenerative nervous lesion was precipitated, owing to the check which treatment put upon the production of systemic anti-bodies."

WASSERMAN TEST UNRELIABLE

It is the practice of syphilologists to institute provocative treatment in patients who furnish a negative Wasserman. This means that a "606" injection is given arbitrarily, after which a new Wasserman is taken. A person of good vitality is very likely to react, which means that the arsenic inoculation has provoked anti-bodies, and they, rather than the spirocheta, furnished a positive Wasserman.

McDonagh, in his very extensive experience recognizes this fact, stating: "I now practically never do a Wasserman in this stage (after the fourth year) for the simple reason that a positive reaction may only mean that the patient's protective mechanism is working well and requires no stimulus," adding, that malaria and other parasitic diseases also furnish a positive Wasserman test.

In an exhaustive article entitled "La Réaction de Wasserman en dehors de la Syphilis," (Wasserman reaction outside of syphilis) in "Revue de Médicine," Paris, December, 1920, chief of the Faculty Clinic, A. Touraine, states that: "Almost all the maladies which respond to the positive Wasserman are characterized by a rapid and intense deglobulization. This deglobulization is most marked in diseases due to parasites which live in the blood. A

number of tropical diseases have been found to give positive reactions. Positive reactions were also found in Sleeping Sickness by Hallock, Jakimoff, Schilling and others, Eichelberg obtained ten positives out of 25 cases of Scarlatina. Laederlich found positive reactions in Measles. Ravout found positives in starch poisoning. In the study of pneumonia Weill obtained 23 positives of 23 cases.

"Bacillary diseases, especially pulmonary tuberculosis offer a truly extraordinary collection of positives.

"Positive reactions are sometimes found in diabetes, alcoholism and morphinomania.

"Nanta and Joltrain obtained three positive Wassermans out of four cases of lymphatic leukemia. Ten out of eleven cases of myeloid leukemia were obtained by Bruck, Nanta and Joltrain."

DeQuer informed me that he had obtained a positive Wasserman in four hundred cases of chronic constipation. Of these, three hundred and sixty-four gave a negative Wasserman after the constipation was cured by natural methods—diet, hydrotherapy, spinal treatments, etc.

It is not unusual to also obtain a positive Wasserman in chronic mercurial or other drug poisoning.

Thus, many an innocent person may not only be stigmatized as a victim of syphilis, but as a result, is also subjected to the harmful anti-syphilitic treatment.

NEED FOR EDUCATION

The need for education against both the monstrous social disease and the present day treatment employed for its abatement, becomes the more urgent, because of the adoption of "606" with its twin—potassium iodide, by the federal, state and city health departments as standard anti-luetics.

It is indeed high time for concerted action against the prevading ignorance and indifference to the grave national peril of venereal disease. This great menace, however, threatens to become intensified through the well intended but ill-chosen method of treatment—"606", KI and Mercury, for which at least one million dollars were appropriated by the federal government in 1920.

Some syphilologists state that they had noticed no ill-effects from "606" but this is due to the fact that those suffering from chronic Salvarsan (arsenic) poisoning become patients of other specialists whose practices are limited to nervous and mental disorders.

The following will also be of interest, being an extract from an article in the Journal of the American Medical Association, of March 20, 1920, entitled, "General Prognosis for Syphilis in the Light of Recent Progress" by Sigmund Pollitzer, M. D.: "When we consider the enormous chronicity for syphilis; the fact that lesions may occur after an interval of freedom from symptoms, lasting for thirty or forty years, it is evident that freedom from

symptoms alone cannot be considered a proof of cure."

Indeed not! I have seen syphilitic ulcers return under natural healing methods on the original parts of the body twenty years after they were "cured." I also had a recent opportunity of observing a man while on a seven-weeks' outing, who, as a result of the simple outdoor life, under a practically raw food diet, developed all of the symptoms of acute syphilis, seven years after he was pronounced "cured" by means of "606," potassium iodide and mercury.

The man contracted syphilis while in British Columbia, years ago, and was treated in the "regular" way. To ascertain if he were getting genuine "606," he went to New York and later to Berlin, Germany, to continue his treatment. After seven or eight inoculations, he was then assured of being cured, but, alas, he developed serious mental and nervous symptoms shortly afterward, as a result of the effect of the drugs depositing in his brain as revealed through the iris. He then resorted to a drugless sanitarium in the East, and, by the combined natural methods employed there in the treatment of diseases, he was materially benefitted.

During the seven weeks of outdoor life under my observation, he slept on the ground, and lived on practically raw food, and, for the last three weeks, on an exclusive milk diet to which he added some acid fruits occasionally. On the sixth week, he developed acute symptoms similar to those he had when he contracted the infection. For months after-

wards, he had continuous sores on various parts of his body similar to those he had preceding and, during his "scientific" anti-luetic treatment.

THE TRUE CURE FOR VENEREAL DISEASES

A genuine and lasting cure for the so-called social diseases is only possible by letting Nature run her course aided and assisted by simple means. For all venereal infections are self-limited, provided drugs are not employed in their treatment. Chronicity in venereal diseases is invariably caused by suppressive medication.

The only way to permanently eradicate the venereal taint from the system is by adopting a strict vegetarian and fruitarian diet—preferably uncooked—with total abstinence from all stimulating foods and drinks; scientific application of hydrotherapy, air and friction baths, systematic deep-breathing and out-door exercises. I have also been reliably informed by some master homeopaths, of many years practice, that they have been very successful in the treatment of these diseases by the properly selected homeopathic high potency remedies.

CHAPTER XXXII

Cause of Acidosis

Acidosis, as the term implies, is a general hyper-acidity, an over accumulation of acids, such as carbonic, phosphoric, sulphuric, oxybutyric, and nitric, the last of which eventually turns into uric acid.

In normal proportions, these acids are useful products, generated by the system in the process of digestion, contributing an important share in metabolism. Metabolism embodies a two-fold function in the economy of nature—the catalytic, or breaking-down process, known as catabolism, which includes the elimination of waste matter; and the building-up process, including digestion and assimilation, known as anabolism.

The equilibrium of metabolism, however, depends upon the organic mineral salts—ash,—which render and keep the blood an alkaline medium. This is necessary for the neutralization and subsequent elimination of acids. The most important of the alkaline mineral elements are iron, sodium, potassium, calcium, chlorin, fluorin, magnesium, manganese, silicon, etc., being also blood and bone building elements as well as antitoxin-forming agents. A study of the food constituents making up the three daily meals consumed by the average individual re-

veals the total lack of the organic mineral salts, as may be seen from the almost universal menus:

Breakfast—Some denatured cereal which, for commercial purposes, is being deprived of most of its nutritive elements, cream, milk and white sugar (white sugar, a harmful ingredient), ham and eggs, and coffee.

Luncheon—Meat and potatoes with gravy, white bread and butter, pie, ice cream, coffee. This is, with some slight variation, repeated at the evening meal. Rarely, if ever, are there any green leafy vegetables or fresh fruits; the latter are often found on the table, more to look upon than to eat, as they are usually considered a non-essential, rather more of a luxury than a food.

Let us now analyze these foods chemically, and what do we find? The starches (potatoes, bread, pastry), sugars and fats contain carbon, oxygen, and hydrogen. The meats, cheese and eggs, and the leguminous vegetables, such as peas, beans, etc., contain, in addition to the above three elements, phosphorous, sulphur and nitrogen, all of which are acid forming. Physiology teaches us that the blood is made up of about nineteen chemical elements, some of which were enumerated at the beginning of this chapter. These are being used up during the discharge of our daily duties, and, unless fully replenished, ill health is inevitable.

Now, there are various ways by which we can replenish them: breathing, especially systematic, deep inhalation of pure air, drinking of fresh, pure wa-

ter, exercising—the contraction and relaxation of the muscle cells, causing a juicy secretion to be formed, which exerts a nutritive tonic effect upon the body. For the chief avenue of supply, however, we depend upon food, but our chemical analysis of the average daily food consumption reveals that it contains only six elements! The question arises, how are the other thirteen elements supplied? Lack, or insufficiency is the answer. As a result, there is an over-abundance of acid elements, and a gross deficiency in the alkaline elements, deranging equilibrium, with the inevitable consequence—disease.

We find a corresponding instance of this in the great macro-cosmos of the social organism. The basic character of this truth impresses itself upon the thinking mind, when watching the bread lines in our large cities, with their concomitant crime waves, symptoms of a diseased social organism treated by the usual suppressive methods and productive of the typical chronicity—social chaos.

A dose of some poisonous drug quickly whips the protesting organ into submission, analogous to the establishment of order in society by the policeman's club. In both instances we treat only symptoms, leaving the real cause of disorder untouched; but our system gradually disintegrates; for the excessive acids go on with their work of destruction, and the inevitable result is the untimely death of the individual, paralleled in the decline and fall of mighty nations and empires.

SYMPTOMS OF ACIDOSIS

The danger of acidosis becomes intensified because of its very insidious onset, and its slow development. The first mild indications gradually gain prominence and persistency. During such periods, the victim develops an exaggerated sense of well-being believing himself to be perfectly well. He is, as a rule, over-ambitious, whereas, in reality, it is only restlessness, due to irritation, caused by the presence of surplus uric acid in the system.

According to Haig, of London, in his monumental work "Uric Acid in the Causation of Diseases," the formation of uric acid is in the ratio of one grain to thirty-five grains of urea; and thirty-three and one-half per cent of urea are formed per pound of body weight in every individual, daily. In persons of faulty elimination this accumulates in the body. Uric acid then becomes a foreign element, causing irritation, not alone to the blood and tissue but also to the brain and nervous system, hence, the acidosis victim is driven to over-activity and restlessness.

As uric acid increases in the system, the patient becomes more irritable, and even ill-tempered, disagreeable to his friends and loved ones; is difficult to please because of his constant fault finding. He sees only the pessimistic side of everything. When his blood and tissues are saturated with uric acid, his very thoughts and emotions become sour and perverted. There is an almost constant over-stimulation of the generative organs leading to excessive indulgences.

One of the prominent symptoms that brings home this state of affairs to the patient is the characteristic restless sleep. He usually retires late, for "he just cannot go to bed early." Indeed not, for he is over-stimulated and does not find it easy to fall asleep, and when he does, it is really due to exhaustion more than to relaxation; it is more a lethargy than actual sleep.

During the day, the effects of uric acid are held in abeyance by the various stimulating foods and drinks, tobacco, etc., the very elements that cause the condition, and, just as in the use of drugs, the dosage must be increased, so, now, the foods must be more highly seasoned. In the absence of these stimulants at night on retiring, the effects of uric acid, unnoticed during the day, become more irritating to his consciousness. The effort of uric acid to attract alkalinity from the blood, which, is by this time, already deficient in alkaline elements, results in nervous irritation, causing exhaustion on arising.

Most often these patients tell the same story: "Doctor, I am more tired in the morning when I arise than before I retired". Precisely so! They are the types of people who usually take a few hours "to get themselves into shape" as the common expression is.

Of course they must have their coffee, ham and eggs, or a cigar, whatever stimulant will again check the perceptible effects of uric acid. When the system becomes completely saturated, the manifested hyperactivity—in accordance with the law of action

and reaction—turns into fatigue to the extent that any form of activity exhausts them. It is, indeed, an effort for such persons to even move. They feel as though they carry a heavy load, which they do, for the cells are overburdened with uric acid. This is also responsible for extreme muscular rigidity at first, followed later, by flabbiness; for, as the alkalinity of the blood is diminished, the acid elements draw upon the alkalinity of the muscles.

When the alkalinity of the muscles is reduced, the alkaline elements of the bones are next absorbed, causing osteo-malacia,—softening of the bony structure. This accounts for the numerous fractures of limbs caused by falls or blows. They are due to the loss and destruction of the protective and hardening elements of the bone tissue. The many rachitic children may well credit their poor start in life to parental ignorance, in the selection of foods, particularly during the prenatal influence of the expectant and subsequent nursing mother. Nature, however, sometimes compensates for this deficiency by extracting the hardening elements of the mother's frame for the needs of the foetus. This probably accounts for the loss or decay of teeth in some women during the period of gestation, particularly in the tubercular types.

EFFECT OF ACIDOSIS UPON THE DIGESTIVE AND NUTRITIVE ORGANS

The digestion of proteids—meats, fish and eggs, in particular commences in the stomach, and exces-

sive consumption leads to a hyper-secretion of the gastric juices, and is followed, in due time, by a diminished secretion,—dyspepsia. The food is next acted upon by the intestinal juices; these are subject to the same laws, giving rise to constipation, putrefaction and reabsorption.

Thus the blood cells are gradually deteriorating, being next in need of attention, and, presumably, find lodgment in the spleen, which is supposed to act as a base hospital for that purpose. Cells which are beyond repair, are conveyed to the liver, which may well be compared to a morgue, for there the cell is broken down into urea and eventually turned over to the undertakers, the kidneys. There it ends in the formation of uric acid, to be excreted into the urine, or to be reabsorbed by the blood. The organs which so dispose of these cells and other by-products of digestion, in time, degenerate because of excessive labors and impoverished blood.

GENITO-URINARY SYMPTOMS

The excessive and constant presence of uric acid in the kidney invariably follows by a parenchymatous degeneration of that tissue: the glomeruli of the kidney and the uriniferous tubules are gradually destroyed. The urinary symptoms are: a characteristic burning sensation preceding, during and after micturition; this is caused by the excreted acids; an abnormally high acidity of the urine with the presence of albumen, renal and other casts, xanthins and hypo-xanthins, indican, and occasionally hemat-

uria, (blood in the urine), all of which are produced by the corrosive action of uric acid.

It also exerts an over-stimulating effect upon the sex-organs, leading to excessive indulgences, masturbation, seminal emissions in the male, and delayed and scanty menses in the female.

VASCULAR SYMPTOMS

Excessive uric acid impoverishes the blood, and produces, in due course of time, a glue-like consistency of the blood designated by Haig as collaemia, which has a particular tendency to clog up the capillary circulation, causing a cold and clammy skin and cold upper and lower extremities. Obstruction of the superficial blood vessels also greatly hinders the general circulation, and is largely responsible for arterio-sclerosis and arterial hyper-tension, (high blood pressure), frequently causing apoplexy.

Belief in this phenomenon is also shared by Thos. Powell in his book "Fundamentals and Requirements of Health and Disease," who has constructed the appropriate term "Pathogen" by which he designates the sero-albuminous product of proteid metabolism. He also applies the term "Pathogen" to the white blood corpuscles in his plausible theory that the white blood cells are not defensive bodies as generally accepted, but that they are disease-causing products of proteid metabolism: "Agents of death."

It also counteracts the oxidizing effect of iron,

preventing it from building up the blood, hence, anemia.

THE HEART

From the foregoing, it becomes evident that the heart—the chief vascular organ—must compensate for the tension in the vascular system caused by uric acid, and often hypertrophies. The heart must now exert a greater pressure to force the circulation of blood into and through the obstructed capillaries, and, if no relief is obtained, the period of compensation is materially shortened, and dilatation of the heart follows, resulting in incompetency. This makes itself known through extreme shortness of breath, palpitation, dizziness, and dropsical conditions, due to the retention of fluids in the tissues caused by the failure of the heart to exert sufficient pressure for the kidneys to excrete them.

NERVOUS AND MENTAL SYMPTOMS

Excessive uric acid often also produces an intracranial congestion causing vertigo, headaches, especially after theaters and church attendances. It is also responsible for forgetfulness, fear, subjectivity hallucinations, depression, insanity in various forms, and, in some instances, epilepsy.

CUTANEOUS AND GENERAL SYMPTOMS

Uric acid gives rise to peripheral neuritis, boils, carbuncles, excessive perspiration, shingles, scurvy and various skin eruptions, to which may be added

all of the so-called acute contagious and infectious diseases, such as exanthematous fevers—measles, scarlet fever, smallpox, including influenza, etc.; dandruff, loss of hair, enlarged adenoids and tonsils, polypus, defective teeth, pyorrhea; hemorrhoids due to stasis in the portal circulation.

URIC ACID—A FACTOR IN IMMORALITY

That excess of acids has a great bearing upon immorality is due to the fact that it over-irritates all vital organs and particularly the organs of generation, locally. Our preachers and guardians of public morals have, so far, almost entirely ignored this phase. Of what avail are eloquent sermons upon chastity and purity while consuming meats, fish, eggs and other sex-stimulating foods excessively?

We consider the closing of saloons a moral victory, but indulge, more than any other nation, in chocolates and confections WHICH ARE WORSE THAN LIQUORS in their over-stimulating effect upon the generative organs. This fact is almost unknown. The tons of chocolates sent to our soldier boys by our kind-hearted sisters in their misdirected expression of admiration is an instance in point; it greatly hindered the excellent work of our government in protecting the soldier's morals.

"Too great fullness is never profitable,
Too much abstinence is often prejudicial,
But intemperance is always better in drink than meat." *Aurelius Cornelius Celsus.*

A profound philosophy is expressed in the above

aphorism by a disciple of the Hippocratean School of Medicine of more than 2,000 years ago. Compared with our recent legislation prohibiting the manufacture and sale of liquors, it is a painful admission of our incompetent system of education. As yet we have not learned the futility of superficial and symptomatic treatment of any evil which cannot be removed by attacking the effect while leaving the cause untouched. It is recognized that the intemperate use of alcoholic beverages is detrimental and that the saloon was a sore upon our social organism, but, unfortunately, we have overlooked the fact that meats, eggs, chocolates and highly spiced foods primarily arouse a craving for liquor. This was recognized by the early philosophers who always preached the gospel of simple foods with the sparing use of meats.

I have had repeated demonstrations of this truth while watching the changes taking place in patients under treatment for chronic alcoholism, victims of narcotics and those subject to various mental and psychic disorders. The craving for liquor and tobacco vanished shortly after they were placed on a vegetarian diet, but it very often returned in its full passion after the first meal of meat in months!

Many permanent cures in alcoholism, the drug and nicotin habits were established by the simple vegetarian diet, when continued. It therefore becomes evident that, with the adoption of simple food to the exclusion or restriction of meats and

spices, that the saloon and cigar stores would cease to exist.

CURE OF ACIDOSIS

"Some think it is no Matter what is the Cause,
But only what is the CURE of a Disease."—
Celsus.

A permanent and speedy cure of any disease can only be accomplished by the removal of the cause. It is clear that acidosis results from an over-accumulation of acids due to errors in diet. It therefore follows that the diet must be rearranged.

Proteid foods, meat, eggs, etc., must be greatly reduced at all times, and the consumption of starches and particularly sugars, should be restricted, especially during hot weather. In severe cases, however, both protein and carbonaceous foods must be entirely eliminated, and substituted with fresh and dried fruits in winter, and fresh fruits and green, leafy vegetables in summer.

Laboratory tests of the urine of individuals on a vegetarian diet during the months of December, January and February, showed that it greatly increased the acid contents, while it decreased with a bread and potato diet. This phenomenon, however, reversed itself during the spring and summer months, from which it follows that dietetic practice ought to be regulated according to the season of the year as well as the condition of the patient. Thus, by a scientifically regulated diet, we cut the supply of acid-forming elements, and furnish, at the same

time, the antidote that neutralizes the acids present. Limes, oranges, grapefruit and lemons are efficient acid neutralizers; lettuce, spinach, water cress and the various greens in season are also valuable.

The water of potatoes boiled in the jackets and water of boiled wheat bran is also a powerful acid solvent. The latter was found highly efficacious by Hindhede, a leading Danish dietitian, and was also employed, with great success, in this country by Alfred W. McCann, who also recommends "vitality soup" made of cooked vegetables from which the solids have been strained.

Whole wheat bread, with cottage cheese, neither in excess, will well take the place of meats.

CHAPTER XXXIII

VACCINATION—A DETRIMENT AND FAILURE

Vaccination is treason against the human race. It produces diseases, often worse than the malady it is supposed to prevent. It even causes death. It is as Dr. James J. Garth Wilkinson, the noted English physician, says: "A homicidal insanity of the whole profession. It is blood assassination".

Vaccination, vaccinia, or cowpox, ("vacca, Latin for cow), is an acute infectious disease, caused by inoculation of the serum or virus obtained from immunized (?), diseased cattle. In vaccination, as in smallpox, there are various eruptive stages, often leading to serious organic complications.

Osler's "Modern Medicine" (page 329, eighth edition), quotes McFarland as having collected ninety-five cases of tetanus around Philadelphia, following vaccination. In his "Practice of Medicine," French states, that a latent malady, such as tuberculosis or syphilis, may be brought into activity by vaccination with fatal results. In Tyson's "Practice of Medicine", we read that "there can be no doubt that vaccinia is smallpox modified by transmission through the cow."

Vaccination was practiced for many centuries in China and other Asiatic countries, and, in the latter

half of the seventeenth century, Jenner introduced cowpox innoculation — vaccination — which was adopted in England and France, but it fell into disrepute, because those who had been vaccinated, later developed smallpox. Not long afterwards, it was again introduced into England by the wife of an ambassador to Turkey, with the idea of re-vaccination.

DOES VACCINATION PREVENT SMALL POX?

To answer this question we again quote Osler: "The continuous existence of small pox often in epidemic form, makes more obvious the need of improvement". (Abolition, the only improvement possible.—Author). Indeed, the oft-repeated epidemics of small pox with a mortality rate of fifteen to thirty per cent, in spite of constant re-vaccination, proves the folly of its practice. The high mortality rate in this and other acute infectious diseases, is not due so much to the disease, but, rather, to suppresive treatments.

Hippocrates, the father of Medicine, considered acute diseases in themselves, as Nature's efforts to rid the body of accumulated poisons. Hippocrates was perhaps the first to recognize acute diseases as having a constructive purpose.

Hahnemann, the founder of Homeopathy, in his "Organon", refers to acute diseases as having a "Constitutional background", and that they are curative, if allowed to run their course. This fact is demonstrated in the treatment of every acute disease. The toxins in the body, that provoked a fever

are destroyed by its action, thus a fever is a helpful physiological process of combustion, and proves fatal only through suppression. This truth was demonstrated during the recent influenza-pneumonia pandemic which exacted a staggering loss of hundreds of thousands of lives under drug treatment, as compared with the very few deaths in proportion to the number treated by homeopaths, osteopaths and chiropractors. Every student of physiology knows that, when an infection takes place, its products serve as a stimulus to the body cells, which call forth a greater activity with a consequent production of various specific defensive organisms. These struggle incessantly in their effort to neutralize the toxic products. When this process is checked it is not strange that there is such a growing mortality rate, but, rather, surprising that it is not greater. Patients endowed with plentiful vitality, who recover in spite of such treatment, do not, however, entirely escape Nature's punishment, for it manifests itself in various chronic diseases. This is fully verified by Nature's records in the iris of the eye, the acute signs in the glandular system, kidney, bladder, etc., and also by the darkening of the color of the iris after vaccination, denoting pollution of the blood.

From this point of view, vaccination is but a wholesale slaughter, analogous to that of the Christians by the Turks, or the massacres of the Jews perpetrated by the "Black Hundreds" of Russia, in their vain effort to divert the attention of the

restless masses to prevailing conditions. Civilization condemns such massacres, yet, in the name of science, we indulge in vaccination, a practice almost as vicious, which also diverts attention from other morbid processes in the body.

Vaccine, (cowpox), as a preventive against smallpox is in reality a substitute for the disease. Smallpox is an acute disease, and so is vaccination, the difference being that smallpox develops naturally as an eliminative effort of Nature, cleansing the system of impurities, while vaccination is a morbid virus forced upon the system, regardless of the individual's condition of health. Hence, the many serious complications; spinal meningitis, infantile paralysis, tetanus, etc.

If it be true that vaccination has checked smallpox as its advocates claim, ignoring the fact of modern hygiene as an adequate contributory factor—it is equally true that malignant diseases, such as cancer, Bright's disease, tuberculosis, etc., have greatly increased, as a result of vaccination. Furthermore, inoculation of the human system with a virus from diseased cattle, develops a chemical irritation in weakened constitutions, predisposing them to malignancy. I have verified numerous instances through the records in the iris of those so afflicted, locating vaccine spots in the organs affected. The patients testified that their symptoms had developed only shortly after they had been vaccinated. Others never survive to tell the tale.

CORROBORATIVE EVIDENCE

G. W. Desbrow, M. D., in an article entitled: "Vaccination Killed My Two Sisters," published in "Physical Culture," May, 1921, in concluding, states:

"Prof. Edgar M. Crookshank, the eminent bacteriologist, a staunch believer in vaccination, undertook an exhaustive investigation into the subject. The result was two volumes of scathing denunciation of the virtuous and utterly harmless practice—harmless to the vaccinator.

"And this brings us to the consideration of one of the most inexcusable of all the vile lies told to bolster up the filthy practice. This is the claim made as to the innocuous nature of the operation—its benign harmlessness.

"This is a lie, as deep and black as was ever uttered this side of hell. I, myself, lost two sisters—killed by vaccination—bright, lovely girls, just entering into womanhood with everything in the world to live for.

"Neither girl had ever known a sick day in their lives. Yet after vaccination, neither ever again knew a well day.

"Successive crops of ulcers and abscesses sapped their vitality and, finally, acute miliary tuberculosis set in. In a few brief months the flesh had melted from their bones, and death stepped in and mercifully ended their ghastly struggle for existence."

Alfred Russel Wallace, in his book, "The Wonderful Century", after offering a great mass of evi-

dence against vaccination, cites the following: (page 247), "Since 1854, it, (vaccination) has been compulsory and almost universal; yet from 1854 to 1884, there is almost no decline of smallpox perceptible, AND THE SEVEREST EPIDEMIC OF THE CENTURY OCCURRED IN THAT PERIOD". (Caps. are Author's.) (Page 249). "Many students of epidemics hold, that certain diseases are liable to replace each other, as suggested by Dr. Watt, of Glasgow, in the case of measles and smallpox. Dr. Farr, the greatest medical statistician, adopted this view. In his annual report to the Registrar General, in 1872, (page 224), he says: "They have this property in common with weeds and other forms of life: as one species recedes, the other advances".

Precisely so. Suppress one disease and Nature retaliates with another. Here is the last of a list of similar testimony, (page 221), "Mr. William Tebb, brought before the Commission a paper by Dr. Maclean, in the Medical Observer, of 1810, giving 535 cases of smallpox after vaccination, of which 97 were fatal. He also gave 150 cases of diseases from cowpox, with the names of ten medical men, including two professors of anatomy, who had suffered, in their own families, from vaccination. The following striking passage is quoted: 'DOCTRINE —Vaccination or cowpox inoculation is a perfect preventive of smallpox during life. (Jenner, etc.) REFUTATION—535 cases of smallpox after cowpox. DOCTRINE—Cowpox renders smallpox milder, it is never fatal. REFUTATION—Ninety-seven

deaths from smallpox after cowpox, and from cowpox diseases".

The same tragic conditions prevail to this day after more than a century of the practice of vaccination.

In his book "Horrors of Vaccination Exposed", Chas. M. Higgins quotes reports collected by Mr. Loyster, as follows, (page 204):

"During the last great smallpox epidemic in New York City, in 1901 and 1902, the City Department of Health issued a printed circular to doctors, dated 1902, which clearly acknowledged that the majority of all cases in this epidemic occurred in persons who had been successfully vaccinated a few years previously, and not in unvaccinated persons. This statement was signed by Dr. Ernest J. Lederle, Commissioner of Health, and Dr. Herman M. Biggs, Chief Medical Officer, and was in part as follows:

"Experience in the recent outbreaks in New York City, contrary to the general opinion, has shown that a majority of the cases occurring here are not in unvaccinated persons, but in those who have been vaccinated successfully some years previously."

INFLUENZA VACCINE

Dr. A. B. Wadsworth, page 1657, Vol. 73, No. 22, "Journal of the American Medical Association," states: "When early in the influenza epidemic in this country there was an outbreak in Hudson, N. Y., the New York training school for girls at Hudson, vaccinated all inmates, to thus safeguard them

against the epidemic, with a vaccine prepared by suspending in salt solution the growth of fifteen strains of the influenza baccillus; three doses containing one billion bacilli per cubic centimeter were given.

"During the latter part of December, 1918, however, there was an outbreak of influenza in the institution lasting through January, 1919. In February a second outbreak occurred, making the total number of cases for the two outbreaks a hundred and sixty-six among the vaccinated and thirty-seven among the unvaccinated. These thirty-seven had doubtless been assigned to the institution after October 31, when the vaccination of the inmates was completed."

Numerous individual physicians as well as public spirited men and women are thoroughly aroused against the curse of vaccination, seeking its abolition.

Will the profession at large do its share?

CHAPTER XXXIV

Anti-Toxin a Menace

It is supposed that anti-diphtheritic serum is an immunizer against and cure for diphtheria. The claim is based upon the theory that the inoculation of anti-toxin stimulates anti-bodies in the system. Granting that anti-bodies exist, the reverse would yet be more correct. For, nature in her endeavor to expel this foreign substance,—anti-toxin—calls upon every available vital resource, often to such an extent that, in my opinion, the patient dies from toxemia and exhaustion, due to double infection. A patient endowed with inherent vitality may survive in spite of it all, but is often made liable to resultant ill-effects later in life as the iris records of many chronic sufferers testify.

In patients of lesser vitality, after inoculation with anti-toxin, diphtheria is often followed by paralysis, empyema or some other virulent pus condition resulting in death.

The menace of anti-toxin was brought home to me when one of my sisters lost a 5-year old boy shortly after the child's inoculation with anti-toxin.

Other Pertinent Evidence

In volume 9, No. 9, "New York State Journal of

Medicine," Gillette concludes an article, stating: "Here is a brief history of thirty cases where death or collapse has followed the use of some form of serum."

Of the thirty cases thus reported, fifteen, including two physicians, died in from five minutes to ten hours after inoculation with diphtheria anti-toxin!

To quote J. M. Shaw, M. D., London, in "Medical Priest Craft, a National Peril," page 137: "It is worthy of note that diphtheria, which for some years has been treated by anti-diphtheritic serum, (anti-toxin), is the only acute infectious disease which shows a steadily increasing mortality amounting to from 60 per cent. to 70 per cent."

In his book, "Leicester, Sanitation versus Vaccination,"* J. T. Biggs, J. P., Member of the Leicester Sanitary Committee for over twenty-two years, gives the following statistics:

"Before Anti-toxin, 1836-1891—

Annual average cases 6.2

Annual average death rate per million..... 6.5

After Anti-toxin, 1893-1910—

Annual average 61.0

Death rate per million 29.4

(Table 38, page 646).

For additional overwhelming proof, every thinking physician should read this extraordinary volume with its laboriously compiled statistical facts.

Boughton, in the "Journal of the American Medi-

* Published by the National Anti-Vaccination League, 27 Southampton Street, Strand, Londan, W. C.

cal Association," December 27, 1919, states: "That many cases of bronchial asthma are the result of sensitization to the emanations from horses presents an added complication, for the existence of this sensitization makes these persons unusually susceptible to horse serum, and thus it is occasionally dangerous to administer prophylactic or curative serum in amount sufficient to be effective. There are many cases recorded in the literature in which serious collapse has followed the administration of anti-toxin serum, and a few instances in which death has occurred."

* * * "A large proportion of these sudden deaths are bound to occur in asthmatics." (Vol. 73, No. 26).

Startling as these statistics are the knowledge of the widespread use of anti-toxin is still more so.

That diphtheria can be successfully cured without anti-toxin has long been demonstrated by many physicians who have recognized the menace of anti-toxin. Shortly after my sister lost her boy through anti-toxin, the 6-year-old girl of another sister became ill with diphtheria while I was spending my vacation with them in Canada. I did not administer anti-toxin, and, by the aid of cold water applications, enemizing of the bowels, the administration of acid fruit juices three or four times daily, and spinal manipulation, the child recovered speedily.

J. H. Kellogg, M. D.,* testifies to having personal

* "Diphtheria, Its Causes, Prevention and Proper Treatment," pages 43-44.

knowledge of three hundred cases successfully treated without anti-toxin (not a single death), and of an additional one hundred cases under his personal observation, four hundred in all, without the loss of a single patient.

In the "Medical Record" of April 17, 1917, Dr. Minchin relates some wonderful successes in the treatment of diphtheria with garlic, (Allium Sativum). He recommends: "Have patient keep a clove of garlic in the mouth and occasionally crush it between the teeth, thus expressing the juice. This may be kept up indefinitely for three or four hours, from one to two ounces may be used in this way. At the expiration of this time, one not infrequently finds that all membrane has been removed from the tonsils, and that the temperature has fallen even to normal." He further adds that, "The patient, suffering from diphtheria neither smells nor tastes garlic, but merely finds it hot." He also recommends a garlic pack to be applied externally to the throat.

I do not unqualifiedly endorse this treatment as it probably acts as a suppressant rather than a curative. It is, nevertheless, worthy of mention, to show that there are other less dangerous methods of treating diphtheria than anti-toxin—the serum of diseased horse blood.

From a recent cable to the "Chicago Herald and Examiner":

"Cures Disease by Simple Diet."

"London, April 1.—Inoculated with the most virulent germs, including anthrax, the scourge which

has made terrible inroads during the past few years, William Aird of Sompting, Sussex, has startled the medical world by curing himself with natural foods.

"He allowed himself to be inoculated to prove his assertion. He has suffered no harm. His only medicine has been fresh, uncooked fruits and vegetables.

"GERMS REALLY FRIENDS"

"Disease," he told a Universal Service representative who visited him, "is not an accident that cannot be avoided. It is a curative process. The germs which we think are our bitter enemies are really our friends.

"They enter our bodies to feed on waste products. If all the food we ate were only that which the body needed—uncooked fruits and vegetables—there would be no waste products and no germs.

"By eating these simple foods cancer, epilepsy and other so-called incurable diseases can be effectively and permanently cured."

DO GERMS KILL?

Not according to Albert Bardes, M. D., quoted in "Medical Record" of April 23, 1917, who states that "as many as 150 kinds of germs have been found in the throat of a healthy person."

In view of the foregoing, I reiterate—(1) that acute infectious diseases often terminate fatally, because of irrational treatment, (2) that, if acute in-

fectious diseases are allowed to run their course, assisted by simple co-operation with Nature in her process of elimination, not only does the patient fully recover, but, generally, finds himself revitalized physically and mentally.

CHAPTER XXXV

FASTING

(Its Beneficial and Harmful Effects)

Fasting is not synonymous with starvation. Fasting is constructive; starvation is destructive. We may gradually starve to death on three meals a day, consisting of foods that lack the essential organic salts; whereas, we may fast our way back to health. For fasting—the total abstinence from all food—is Nature's own way of cleansing and regenerating the body and the mind.

From the earliest available Egyptian records, we learn that they considered fasting essential for the preservation of health and the prolongation of life. Among the earliest mystics, fasting was regarded as a necessary step for spiritual unfoldment, a practice which is still followed by various sects of occultism. To this day, the genuinely orthodox Hebrew practices fasting religiously every Monday and Thursday in the week, from sunset to sunset, in addition to the numerous fast days during various periods of the year. (These are strict fasts, excluding even water). Every orthodox Jewish bride and groom precede their wedding ceremony by a twenty-four hours' strict fast.

Abstinence from food in the treatment of diseases

was also recognized by Hippocrates, as may be seen from his aphorism: "Food given to those who are convalescent from fever increases strength; but, if there be still disease—increases the disease."

Fasting is indeed a normal and often very essential process through which the body becomes self-regulative and self-curative. It is a natural law by which metabolism is readjusted. When animals are sick, they seek no food and reject it when it is offered to them.

In disease—particularly in acute diseases—food turns into poison rather than nourishment, thereby aggravating the symptoms. It thus delays recovery, often leading to chronic disease, and, not infrequently, to untimely death.

Scientific fasting does not exclude drinking of water, diluted fruit juices, or various herb teas, in fact, these hasten elimination and thus shorten materially the period of abstinence from solid food.

ELIMINATION DURING A FAST

Proper elimination while fasting does not begin before the third day. There are indications, however, that various gases leave the system, at times, even in the first day, as is evidenced from the offensive breath of some persons after omitting their first few meals. As a rule, it takes about three days before the system readjusts itself to the new physiological changes, which probably accounts for the fact that hunger is most acute during the first three

days. During this time, there is also marked weakness, and, not infrequently, nausea.

A general weakness is usually felt in the morning on arising, which, later, becomes more noticeable in the lower extremities, particularly around the knees. It is, however, a very remarkable phenomenon, that renewed strength seems to return and to increase as we abstain from food. It is an interesting experience teaching us that there is another source of vital energy outside that which is derived from food.

SYMPTOMS OF ELIMINATION

During a fast one may expect to develop various discharges, diarrheas, skin eruptions, boils, etc., all of which are due to increased elimination. It is also interesting to observe the remarkable color changes taking place in the iris during a fast. Indeed the dark shade of the iris gives way to a much lighter color even in a short fast. There is, however, no danger of any aggravation of symptoms or of any serious condition developing while fasting. All things being equal, the patient's condition is safest during the fast, if such fast is not prolonged beyond reasonable limits.

MENTAL AND EMOTIONAL SYMPTOMS

During a fast the mind is exceedingly alert, capable of clear thinking. The intellect is keenly perceptive, and in a perfect condition to assimilate most technical knowledge. The emotions become very

tender, and easily swayed; one becomes rather child-like in nature, naïve, credulous and extremely sensitive to environment, often being easily moved to tears.

The more negative emotions, such as fear—of nothing in particular, and everything in general—lonesomeness, even though among friends and loved ones—assert themselves progressively with the fast. There is, however, a contrary tendency to become easily provoked and angered. The love nature becomes extremely intensified—incredibly free from any carnal impulse—with a desire to embrace the universe and everybody in it. The inherent and latent sense for the beautiful, oridinarily stifled or undeveloped, unfolds perceptibly and expresses itself in a desire to be attired and surrounded by white—the symbol of purity and innocence.

In a sense, one developes almost super-human sensations, gradually drifting away from the ordinary affairs of life, with a particular aversion to food to a point where eating seems to be little more than a non-essential self-imposed "nuisance."

This inadequate description of the sensation experienced during a long fast taken, ordinarily, without having acute symptoms calling for a fast, may help one to understand the fortitude of the hunger striker, especially when a great principle is involved, as in the case of MacSweeny, the late Lord Mayor of Cork.

Those who have gone through the interesting experience of a long fast will appreciate my statement

that there is a great temptation to continue fasting indefinitely, living, as it were, in a strangely fascinating dream world, with nothing else to hold one down except one's rapidly evaporating anatomy. Indeed, I felt a peculiar sensation when I terminated my twenty-five day fast similar to that of being abruptly called away from dear ones, or from an unfinished task. Therein lurks the grave danger of prolonged fasting. The tendency to get one's feet off the ground is very strong; in fact it makes the return to earth almost an ordeal.

WHEN FASTING IS INDICATED

Total abstinence from all food is essential—when the "appetite is lost." In every acute process, whatever its cause, and at all times when there are symptoms of rising temperature, (excepting in active tuberculosis!) congestion, swelling, pain, or discharges of any kind; in an ordinary cold, or a severe case of pneumonia, in fact in all acute infectious diseases as well as in trauma.

The energy consumed in digesting food and the elimination of its waste product is otherwise utilized, for the speeding-up of the healing process. Fasting, therefore, assures a surprisingly rapid recovery, especially in acute diseases.

It is also well to fast while wrestling with important mental problems, or when writing examinations; in fact, where rapid and clear thinking is essential, it is always accomplished best on an empty stomach, or, on fruit juices.

When changing from one climate into another, or during the change of seasons, especially in the springtime and in the autumn, or a change from one diet to another, to vegetarianism from a meat diet, or vice versa; indeed, it is highly advantageous to precede every important change in life with a short fast from three to seven days duration.

WHEN FASTING IS CONTRA-INDICATED

It is neither wise nor beneficial to begin fasting when there is a strong desire for food—be it a normal feeling of hunger, or an abnormal craving, due to gastric disorder. Fasting, under such circumstances, produces a general tension which, in itself, is not conducive to elimination—the chief object in fasting. The mental process involved in the suppression of a pronounced craving for food, is unwholesome, and may even contribute to the manufacture of new toxins, for, at best, there is an increase of acids in the system during the fast with corresponding lessening in the alkalinity of the blood which normally bathes the tissues.

Fasting, therefore, is not indicated in the treatment of chronic diseases. On the contrary, such patients should be dieted on foods rich in organic salts until their semi-starved tissues become revitalized and capable of promoting better tissue changes—metabolism.

When symptoms of elimination, such as diarrheas or other discharges appear in chronic diseases, it

is Nature's sign that the body is prepared for an essential fast.

Though I have had excellent results in curing numerous cases of chronic constipation by fasting, (never longer than sixteen days for that purpose), I do not now recommend it, for I have had as good results with careful dieting.

In mental, nervous, and psychic diseases, fasting should be avoided—unless, of course, acute symptoms develop, such as elevation of temperature, diarrhea, etc. Beware of an empty stomach in melancholia, for the patient's constant brooding causes a congestion of blood in the brain, and unless the blood is withdrawn through the process of digestion, the chances of the aggravation of the mental symptoms are increased. All persons negatively inclined physically, mentally or psychically—the "sensitive" types—would fare better on a properly balanced diet rather than fasting, even though for short periods.

PREVENTION OF TOXIC REABSORPTION

As the bowel action is materially lessened during a fast, there is a great possibility for intestinal reabsorption, not only of accumulated fecal matter, but also of the tissue that is being used up by the system, as a food substitute. Hence, daily enemizing of the bowels is beneficial.

Preference should be given to less drastic means of emptying the bowels. For this purpose a tea made of celery-king taken once or twice daily will

be found beneficial. (One-fourth of a package of the herb to three glasses of water boiled down or steamed to one glass).

It is not unusual to develop flatulency, (gas). This can be controlled by drinking a glassful of the essence of caraway seed prepared in the same way as celery-king.

Excessive drinking of water as advocated by some, is not beneficial and may even be harmful, because it irritates the kidneys, bladder, etc., through over-action, and it also tends to dilute the blood.

DANGER SIGNALS

Serious injurious effects of prolonged fasting can be avoided by the careful observation of the following symptoms, which are nature's warnings to discontinue fasting.

1. Palpitation of the heart.
2. Dyspnea, (difficult breathing).
3. Vomiting.
4. Hiccoughs.
5. Night sweats.
6. A rapid, thin wiry pulse.
7. Extreme nausea.

The last named symptom is the least reliable indication for the breaking of a fast, for there is apt to be some slight nausea while abstaining from food for any length of time. Only when this symptom is persistent and severe, the fast should be stopped.

ESTIMATED LOSS OF TISSUE DURING A FAST

Adipose tissue—fat—loses about 97% which shows that the loss of weight is greatest in the tissues least essential to life; whereas, the highly essential and more refined nerve tissue and also that of the heart losses about 2% and only after prolonged inanition. Death may result from the loss of 40% of the total body weight, according to physiologists.

During the total abstinence from food, the body is nourished by its own fat and protein, often also by extracting the lime salts of bone tissue. This is evidenced by the fact that, in prolonged fasting, the teeth often decay—forming cavities.

Most of the energy used in Nature's economy during the emergencies of prolonged fasting is to maintain the body temperature and the vital movements of respiration and circulation. Therefore it is best to rest, while fasting.

Voit, quoted by Brubaker, furnishes data resulting from an analysis of the organs and tissues of a cat after a thirteen-day period of starvation, during which time the animal lost 1017 grams in weight, as shown in the following table:

Organ	Percentage loss of weight	Actual Loss of tissue grams
Adipose tissue (fat)	97	267
Spleen	67	6
Liver	54	49
Testes	40	1
Muscles	31	429
Blood	27	37
Kidneys	26	7
Skin and Hair	21	89
Lungs	18	3
Intestines	18	21
Pancreas	17	1
Bones	14	55
Heart	3	0
Nervous system	3	1

As is seen from the above table, the nervous system loses least of all other tissues. The ill-effect of prolonged fasting upon the nervous system is, however, more pronounced and of longer duration.

Indeed, the individual drifts into a negative condition, becomes irritable and extremely sensitive.

It often requires years of careful living in order to successfully overcome the shock received by the nervous system after an injudicious long fast.

THE BREAKING OF A FAST

The ideal food for the first meal is any fresh fruit in season, peaches or pears, preferably; oranges are also good and are excellent to break a fast with

during any period of the year. All the melons are also good. In fall or winter, stewed prunes or baked apples (both without sugar) will answer the purpose fairly well.

In breaking a long fast, it is wise to consult the patient's wishes as to the particular food desired for the first meal. Any food wished for should be granted—even if it is meat, ice cream, chocolate or any other food outside of the fruit and vegetable kingdoms.

In this instance the patient's appetite is fully reliable, and the food thus craved may supply an essential need. Should such a request be denied, the patient's improvement may be retarded.

It is best to break a fast at five o'clock in the afternoon, thus the patient has an opportunity of thoroughly digesting his meal before retiring. It also affords the digestive organs a considerable rest between the first and second meals. The second meal should consist of a different fruit, and the third of a salad, either fruit or vegetable—with one slice of whole wheat bread and butter. Thus the meals may be increased successively until a regular meal consisting of three or four different food articles may be taken with perfect safety.

Extreme care should be taken not to over-eat when commencing to take regular meals. This can best be prevented by thoroughly masticating the food.

NUMBER OF MEALS DAILY

As to the question of the one, two or three-meal-a-day plan, it is safest not to lay down any definite rules. A person whose digestive organs are in a good condition may do well on one or two meals a day. On the other hand, one whose digestive system is impaired will fare better on three and sometimes even on four moderate meals a day. Impairment of the digestive function makes assimilation of enough food at one time impossible. The result is that one heavy meal taxes the system with considerable waste and the patient remains undernourished.

The intricate problem of dieting can be simplified by observing a few simple rules:

1. Proper food combinations, such as always having an abundance of organic mineral salts with each meal.

2. Always begin the principal meal with some kind of a raw food, preferably a combination fruit, or vegetable salad.

3. Do not mix acids with starches at the same meal, nor sweeten any acid fruits, thus avoiding undue fermentation. Food combinations such as potatoes and sauerkraut, or potatoes and tomatoes or tomatoes and rice, or spaghetti, or potatoes and butter milk, cherry pie, gooseberry pie, strawberry shortcake, are positively injurious at any time, particularly in cases of impaired digestion.

4. Do not mix flesh proteids with starches.

I agree with Tilden that meat with potatoes, white

bread or rice, are positively detrimental and causes fermentation and gases. For, inasmuch as starchy food is digested first, in the oral cavity, by the action of the ptyalin, and passes through the stomach into the intestines, where digestion is completed, it is essential to thoroughly masticate starches, whereas, meats and other proteids, such as fish, fowl, eggs, etc., are digested first in the stomach, by the action of the hydro-chloric acid which disintegrates the proteid material. When starches and proteids are eaten together, the starchy food remains in the stomach longer than it does normally, when eaten alone. The hydrochloric acid, coming in contact with the starch, causes unhealthy fermentation.

5. To change one's food daily.

6. To eat all fresh fruit in their respective seasons, reserving the dried fruits for the winter time.

7. Not to mix dairy products with meat, nor two animal proteids, such as meat and fish or eggs at the same meal.

Observation of these simple rules will do away with the "problem" of diet.

RADICAL DIETETIC CHANGES

In the treatment of chronic diseases, it is not advisable to institute radical changes at once, either in the patient's diet or in their general habits of hygiene. For the reaction thus brought about overtaxes the resisting power of the patient, and he

succumbs, usually, on the sixth or seventh week after the change was made.

This principle holds good in all cases of malignancy, and also in chronic diseases, particularly in patients who have passed their half-century mark, or those approaching old age. On the other hand, if the alteration in dietary is introduced by degrees, these changes are obviated. If the patient is a heavy meat eater, it will be more advantageous to reduce his meat rations to once every other day, rather than to eliminate it entirely from his dietary at once. This rule should also be applied to other habits, such as alcoholism, nicotin and the drug habits. The introduction of the vegetarian and fruitarian diet, in the meantime, gradually promotes elimination and reduces, also, the craving for stimulants. In due course of time, a physiological readjustment takes place, after which the changes may be permanently completed.

* * *

NICOTIN.

While there is no definite sign in the irides of those using this narcotic weed, it nevertheless causes a darkening of the iris color in persons who smoke excessively. In these, besides the functional cardiac disturbance known as the "tobacco heart", there is also profuse perspiration, which is nature's effort to eliminate the poison from the system.

Irritability and nervousness and often tremor are not uncommon after middle age in heavy smokers.

CHAPTER XXXVI

To the Physician

You, who are the first to meet man at the gateway of life, and the last to minister at the inevitable portal of death; you, who guard and guide him throughout the storm-tossed journey of existence—often at the risk of your own life,—with devotion excelled only by that of a mother; you, who are the refuge of the suffering in time of peace, subject to the call of the afflicted, regardless of hazards or costs; unmindful of race, color or sex; the first to be thought of in distress, though you are often the last to be remembered by those you succored; you, who are found on the battlefields of opposing armies in time of war, recognizing but one universal enemy—suffering—it is to you, my colleagues, that I appeal for profound reflection in the name of truth.

In the preceding chapters, it was made clear that the temporary relief from pain and the checking of fever with the aid of drugs and chemicals, is obtained only through their paralyzing action upon the brain and nerve centers.

Do you ever pause to think that, while you have temporarily checked the sufferer's pains, you have also stifled Nature's healing efforts, and thus laid the foundation for much more serious disorders, of-

ten infinitely worse than those you were called upon to treat?

Do you realize that a large percentage of those who make up the incurables, the inmates of insane asylums, doomed to life-long torment, and, to some extent, many unfortunates in prisons, might be the product of just such successful suppressions of Nature's purifying efforts?

On the other hand, you may earn the supreme privilege of truly relieving the patient, and, with lasting benefits by employing three simple methods:

1. Enemizing of the bowels.
2. Application of cold compresses (not ice) to control the fever.
3. Fasting—giving the patient no food whatever excepting diluted acid fruit juices, and as much water as desired by the patient.

These unfailing methods of co-operating with Nature in her cleansing and healing efforts—in acute diseases, not only restore the patient to health, but leave him in better condition than before the acute attack. This, however, is reversed under suppressive drug treatment.

Unfortunately, though, as physicians in general practice, you are in no position to study the inevitable ill-effect of your "cures," for the symptoms of drug poisoning and vaccines develop very slowly; in fact, years after such "successful" cures.

The patient, in the meantime, takes just a little more quinine for just another cold, or a little more bromid for just another headache, gradually filling

his body with deadly chemicals and just as gradually developing depression, nervousness, hysteria, and other negative mental and physical states, and, very often, some shock or disappointment in the patient's course of life completes the process of despair —resulting in a nervous breakdown.

When such a patient returns to you, as the family physician, you find the unfortunate beyond your skill and recommend him to specialists on "nerves", who administer more sedatives, adding more irritation to the over-burdened brain and nervous system until they, also, find him beyond their skill.

FINIS

POST SCRIPTUM.

While the book was being printed, two cases of chronic turpentine poisoning came to my notice which well merit mention here.

Case 1. A man past fifty who suffered for years with painful bladder symptoms; frequent retention of urine, as well as a burning sensation preceding, during, and after micturition. He was examined by various physicians and urologists, who cystoscoped and X-rayed him, but were unsuccessful in their findings. Discouraged, he went to Vienna, the once famous medical center of Austria—with the same results. On his return, he came to our clinic, and, upon examination of his iris, we found two whitish-gray spots in the areas of his bladder and urethra—denoting turpentine. When questioned as to whether he had ever used turpentine medicinally, he replied that he was a painter, and had been one for over thirty years. He had absorbed the turpentine by inhalation.

Case 2. (Illustrates the virtue of Iridiagnosis as well as that of natural healing methods.) A man of fifty-four, who habitually took turpentine for colds. His first symptoms manifested themselves in burning sensations after micturition. He was treated by various physicians, and was also an indoor hospital patient for two months, and was being pre-

pared for an operation on the bladder, which was not performed, owing to the finding of sugar in his urine. Upon examination of his iris in our clinic we found the characteristic turpentine spot in the area of his bladder. A young drugless physician, a member of the class, took charge of the case. After six months of spinal manipulative treatment and a well-regulated vegetarian diet, the patient passed large quantities of broken-down, tumorous tissue with his urine—enough to fill several bottles.

Turpentine, having deposited in his bladder, exerted an astringent, contractile effect upon the organ, thus causing the retention of some urinary ingredients which gradually collected and formed the tumor.

(See also turpentine discussed on page 80, and illustr., Pl. XII, page 207.)

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