

PART TWO. VOLUME ONE

The Diagnosis of Disease by Observation of the Eye

TO ENABLE
PHYSICIANS, HEALERS, TEACHERS
PARENTS TO READ THE EYES

Based upon more than One Thousand Eye Examinations and upon the
Results of the Latest Ray Researches

With Two Colored Eye Charts, Three Additional
Colored Charts and Nine Special Eye
Diagnosed Illustrations

By PETER JOHANNES THIEL
1905

English Translation
with Special Notes Edited by

DR. F. W. COLLINS
1918

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1918
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DEDICATION

This volume is dedicated to
my friend—true as gold, with
grit like steel, with never a
waver or complaint, tried and
not found wanting.

DR. CHARLES F. HAVERIN

Introduction

"Realizing that further editions of this work, and more exhaustive investigations will raise it to a state of perfection greater than it now enjoys, I submit this booklet to all teachers of hygiene and those interested in this science with the request that they give it their kind consideration and investigation and the benefit of their criticism."

Thus I wrote two years ago. And what changes have these two years brought about? "The Diagnosis of Diseases by Observation of the Eye" has attained world fame, not only through the publication of my modest little book, but through the esteemed efforts of my adversaries as well. During the first half year these copies did not want to leave their nests, as it were, until suddenly, through these very efforts they grew wings; and now as four thousand migratory birds, they have flown throughout the world.

And what a change for me, personally, and for my School of Hygiene at Lebensheim, struggling along for these past seven years, deluged by newspaper reports, attacks, recognition, lawsuits, sick visits and persecution, following one upon the other. But far outweighing the annoyances of those opposed to my theories, was the pleasure of those seeking my help. Daily they filled my home to such a degree that I was compelled to establish on Wednesday a free clinic in Lebensheim. But even then the crowd was so great that the majority had to register a week in advance. I kept accurate account of more than a thousand examinations in the course of half a year. In this number are not counted those cases that I have described in my previous lectures, which in themselves amount to more than a thousand examinations. Through these cases I believe I have gained many new experiences. Since Reichenbach's "Odlehre," upon which I founded my "Diagnosis of Diseases through Observation of the Eye," has been substantially enriched by means of the new ray researches, I felt duty bound to completely revise this edition. Unfortunately, I cannot, at the present time, on account of the high cost of everything, replace all the eye illustrations with colored ones; I expect, however, in the near future, to do this in a special and larger work. This may bring the price to 5 marks,

since I intend to add to it many pictures for further illustration. It shall be a thoroughly scientific work, and review the results of the investigations of all our co-workers in this new science, and fuse them into related facts. Whosoever wishes to study further about "The Diagnosis of Diseases through Observation of the Eye" may notify me of the fact. The more that do, and the more quickly the arrangements are made, the more quickly I can look after the welfare of suffering humanity. In Lebensheim, as in my other societies, I intend as I did previously, to give courses in this study.

I must give special thanks to all those physicians who in spite of all the persecution and punishment meted out to me by the Court of the Medical Faculty, saw fit to visit me during my office hours, and publicly acknowledge the value of my work. Through their encouragement, as well as through the entreaties of the ever-increasing number of patients, I founded the "Recreation Center" at Lebensheim on the first day of May of this year. The number of patients were so great that we had to take additional rooms in another house, as well as in the little garden house adjoining the solarium.

During the summer, Lebensheim became a happy vacation colony. Only cases for recuperation were accepted, patients who had to remain under observation of a doctor were barred. The entire proceeds of this institution, as well as of the Lebensheim Health Bazaar (Elberfeld, Henbruch 5) and of this pamphlet, is used for the care of destitute sufferers. For a moderate fee or as charity, many poor children, as well as adults, have come to Lebensheim as to a sanctuary. May it in the future be ever thus extolled!

Lebensheim bei Elberfeld, Christmas, 1904.

PETER JOHANNES THIEL,

Manager of the Lebensheim Educational Institute.

SPECIAL NOTICE.—This work is a continuation of part one. It was translated by a Newark man. The colored plates and engravings are produced by the Art Photo Engraving Company. Printed by Essex Press, by permission of the Premier Print Shop, solely Newark institutions. The editor, Dr. F. W. Collins, is a Newark man, born in New Jersey. The work is verbatim excepting some necessary changes by the editor to make it thorough and complete. We invite criticism and suggestions.

CHAPTER I.

THE DOMINATING COLOR OF THE IRIS.

"Gentlemen! Consider for a moment how small the eye is, in comparison to the entire body. How is it possible to recognize the innumerable ills of the large body from observations of the small iris." With some such remark has a member of the Board of Health ridiculed "The Diagnosis of Diseases by Observation of the Eye" to his audience. It is admitted that a drop of water is smaller than the iris and science has proven, according to the opinion of this gentleman, that the former view in regard to the vivification of a drop of water with a billion living organisms is pure humbug. We simple-minded laymen still imagine that we see, with the old microscope from our grandfather's garret, a whole fairy world of phantom figures in a drop of water. And we laymen are criminally impertinent enough to remark that by means of magnifying glasses, we can observe in the iris a host of disease conditions. "It would be asking too much of any scientific man to investigate such nonsense," replied a physician, when asked by the president of the Board whether he had investigated the contents of my pamphlet. I intend to warm up this same nonsense with a new sauce so that "Fools will never die out," as these friends of mine have so often said. Fortunately those eager to learn will never die out, even though they were unable to get their knowledge within the walls of a high school.

Of course, he who only superficially observes the sky blue, cat gray or fawn color of the iris does not consider from what combination of simple colors this composite color is derived. To the illiterate, in a similar way, writing on a sheet of paper appears as an unintelligible scrawl of ink. If we observe the blue and brown of the colored eye chart, we will immediately recognize many distinct lines, bands and spots of varied hue. The rays of the seven colors of the rainbow blend with one another to form the white sunlight. We shall later learn how and why the different rays of the inner Odiclight unite in the iris to form one definite color.

For our investigation we will now consider the so-called iris. The founder of "The Diagnosis of Diseases by Observation of

the Eye," the Hungarian physician, Dr. Peczely, and the Swedish pastor, Liljequist, state that a pure blue was the normal and original color of the eyes of all races; and that, to this day, all new-born babies, even those of the dark-eyed races, are born with blue eyes. This last remark, unfortunately, I can not pass judgment upon; the first statement, however, I must take exception to. These two investigators maintain that brown eyes have developed as the result of itching skin diseases, which caused deterioration in whole races. In reality the spreading of the itch leaves behind brown spots even in blue eyes. (See Chart IX, pair II.) The iris is in reality similar to the skin and dependent upon the condition of the hair of the race; thus, dark-skinned, dark-haired people are dark eyed, and the reverse is likewise true. Only after Peczely and Liljequist pointed out that the black hair of the Italian, and the red skin of the Indian originate from itching skin diseases, did I believe that the longing eyes of the Hungarian women and the fawnlike eyes of the women from the Rhine have been caused by itching and contagious skin diseases.

In this pamphlet, as well as in the illustrations, we will learn to consider blue and red as opposite poles of color. Out of blue and red, with a mixture of yellow, all colors may be produced, as happens in tri-color printing. Blue and red litmus papers serve as a test for acids and bases. How far the red blood in the arteries and the blue blood in the veins determine the dominating color of the eye, must be reserved for special investigation. As a matter of fact, the tissue of the iris has been all too little investigated. While Peczely declared that the small fibers in the iris were nerves, and assumed a relationship between the nerves of the eye and those of the rest of the body, these fibers are considered at the present time to be blood vessels. Dr. Lohmann considers the color of the eye to be due solely to the deposition of pigment from the blood vessels. To such a deposition of pigment is due the color of the hair and skin. While Dr. Lohmann considers these abnormal pigments in the eye as chance occurrences, arising from external, mechanical conditions, we will recognize these pigments and their arrangement as a very important sequence of a very rigid law. This is the case with the eye as with the skin pigmentation, and with the "chance" occurrence of freckles, liver spots and nail spots.

These fibers mentioned above need not be blood vessels only. In their course they are changeable, indeed often movable. As they spread out they are dependent upon the two muscles that dilate and contract the pupil, and upon the nerves that control these muscles. As in the skin, they appear to be imbedded between the muscle and nerve fibers in different layers one above the other.

However that may be, nevertheless these fibers are very changeable in arrangement and color, not in a haphazard way, but according to an immutable law. In my lecture at Düsseldorf, illustrated with hand-colored photographs of the eye, all antagonistic physicians remarked that the appearance and color of the eye is unchangeable, therefore the "Diagnosis of Diseases by Observation of the Eye" rests upon an untruth. Not once did the doctor grasp this fundamental principle, and, in spite of his ignorance, he condemned it.

Peczely described the direction of the fibers as proceeding in the form of a pyramid, from the outer border at the sclera to the inner border of the constricting muscle of the pupil. According to my observations, it seems to be reversed.

Perhaps some one with similar ideas will place an iris of an animal or human eye under a microscope for further investigation. I could only show the course of the fibers, in my pictures, as they showed themselves through several enlargements with a magnifying glass.

CHAPTER II.

THE COLORS IN THE IRIS.

In the white of the eye, all colors are blended into white, as in the sunlight. But the white of the eye may show abnormal colors; the red of the arteries in active congestion and inflammation, the yellow of bile in liver diseases, the blue of veins in passive congestion, etc. And there are practitioners who can recognize still other diseases by the white of the eye, as we shall see later. We are only concerned with the iris of the eye. In the first pair of eyes in Chart VIII and in the fourth pair in Chart IX we immediately recognize the red spot brought out by the use of iodine. And similarly in Chart VIII, second pair, we recog-

nize the yellow of ingested sulphur, encircling the pupil. The third pair in Chart VIII shows us the brown rusty spots of iron, taken to overcome anaemia. Through these abnormal colors we may detect the presence of a whole series of poisonous drugs. Liljequist devoted much attention to the study of these colors due to poisonous drugs, and sought to find the characteristic color for each one; for example, the dull luster in lead poisoning, the minute glittering points in mercury poisoning, a yellow white in quinine, a gray white in arsenic, a misty gray in creosote, a dirty gray in salicylic acid, a light gray in opium poisoning. As an aid to the quick recognition of the diseases and their complications, for which these drugs were used, the recognition of these abnormal colors is of a certain value. I have sought especially to demonstrate the rusty brown color following the administration of iron to the anaemic; the dirty brown of scrofula and other constitutional diseases; the ipdin red in sexual diseases, rupture, pleurisy, etc. But the longer I have studied the subject, the more convinced I am that too much value must not be placed upon these signs. It is easy to understand why these two pioneers, as representatives of homeopathy, directed all their energies in proving the damage caused by giving large allopathic doses. It is difficult to understand why many representatives of nature therapy should have paid so little attention to the proof of this damage. But we will discuss more of this later. For science, these particular researches are of the greatest importance; in the practice of medicine they are of less importance. For the latter it is enough to know that the eye contains these abnormal colors and the body, foreign material; to know where and how they are stored, and what results follow.

The clearer, purer and denser the blue or brown, the less diseased is the body. When the blue merges into gray, or brown into green, a different state of affairs arises. One should note the first pair of eyes in Chart IX—in particular, the right gray eye. When looking at the right or left eye in the illustration, one must bear in mind that the right illustration represents the left eye and the left illustration the right eye. This right eye was blue, and through many unfortunate experiences, became gray. The second and fourth pair of the same chart were originally blue and became green, as blue through a mixture of yellow and

brown becomes green. The mixture of brown, caused by the itch, iron, etc., with the original blue of the eye, turns the latter green. Often the eye is brown at the center and blue at the periphery (Chart VIII, pair III), a condition that Liljequist thought occurred only in people born to parents each of which had different colored eyes. In discussing the stomach area we will elaborate further upon this.

Just as important as a description of the colors of the iris is a description of the lights and shades. We shall see, in the eye-charts, many such shades darkening the fundamental color; for example, Chart IX, pair I, 16a and 14a; pair II, 1a and b, etc. Lights we see in Chart IX, pair II, 9; pair IV, 5a and 5b, 8a and 8b; Chart VIII, pair II, 7a and b, 5a and 5b, etc. What is their significance? Later we shall learn how they originate from the circulation. Any inflammation in any organ, from the smallest abscess to a fatal pneumonia, signifies an increased flow of blood, a brighter redness, a rise of blood heat and sharp pain. Such inflammations register themselves in the eye as lights. Every acute catarrh accompanied by abundant secretion, as in the acute catarrhs of the eye, nose and throat, "running ear," leucorrhea, gonorrhea, diarrhoea, etc., is an inflammation accompanied by active congestion and fever, and registers itself in the eye as white spots. A general fever of the whole body gives rise to a characteristic luster in the entire eye. Then very often we find little white clouds or white threads (in brown eyes, green) in those conditions apt to be accompanied by inflammation; such as uric acid deposition, irritation through uric acid, gout, rheumatism and neuralgia. (Chart IX, pair IV, 5a and b; Chart VIII, pair II, 7a and b, 5a and b; pair III, 14a.

Every state of passive congestion, from the most insignificant black and blue spot to the decay of an entire limb, is accompanied by sluggishness and cloudiness of the blood, by a fall in temperature, and a feeling of pressure, and registers itself in the iris as a shadow, ranging from the finest shading to a black spot. Every dry chronic catarrh, as a chronic nasal catarrh, dry cough, "dulness" in the ear, dry vaginal catarrh, constipation, etc., signifies blood stasis, anaemia and lowered temperature, and registers itself in the eye as shadows. It is well here to call attention to the dark ring due to anaemia, found in the iris at its attachment

to the sclera. (Chart VIII, pair I and pair III; Chart IX, pair III and pair IV.)

At first I only looked for the real dark, almost black spots, which signifies a positive interruption of the circulation. These were caused by some form of external violence, as from a blow, a stroke, a push, a fall, a tear, a cut or an operation, etc. On account of such an injury from external violence, this science was discovered. When a small boy, the future Dr. Peczely sought to extricate his hand from the claws of an owl; in doing so he broke its leg and noticed in the eye of the owl the sudden appearance of a black mark running perpendicularly downward from the center. He bandaged the owl's leg and observed on numerous occasions when the bird returned, that the spot in the eye never disappeared. Only, when in later years Dr. Peczely observed similar signs in his own patients, he remembered this occurrence; and thus was the science of "The Diagnosis of Diseases by Observation of the Eye" discovered.

A sudden break in a nerve or blood vessel, muscle fiber or bone cell, through some powerful outside influence, is soon followed by the increased blood supply essential for healing; thus to the black in the eye is added the white of hyperaemia and inflammation. If the wound heals entirely, we will observe in the iris a white scar (sometimes green or yellow in brown eyes) surrounding the black spot. (Chart VIII, pair III, 15a and b; Chart IX, pair III, 1a and b.) If the wound does not heal entirely and there remains behind a wound discharge, a fistula or an open sore, bright bands may be observed, stretching from the dark spots outward toward the white of the eye.

Chart IX, pair I, 16a, shows a white vaginal discharge following an operation upon the womb; Chart VIII, pair III, 12a and b, an unhealed tracheotomy wound; Chart VIII, pair I, 2a and 3b, gonorrhea, as a complication in the treatment of an abdominal disease with iodine.

It is quite as astonishing to the patient as to the observer if, at the first glance at such spots with their light borders, one can diagnose and locate fresh wounds, scars, healed and unhealed; operations, etc. It often happens that the patient no longer remembers the occurrence. Usually his memory returns during the examination or soon thereafter. Thus I had the following

experience: During one of my lectures a patient would not admit that he had received an injury to the spine; eventually he confessed that at the battle of Koeniggraetz, on account of a severe injury to his spine, sustained through a fall from his horse, he had to lie in Nazareth for several weeks. He thought that that had happened too long ago to be of any significance. As is so often the case, I had to teach this individual that these eye signs never disappear.

Is it any wonder if the beginner in this art, after a few successful diagnoses, makes the search for these light and dark spots his hobby, and after many blunders eventually turns his back to all our teachings and becomes our most aggressive opponent? An added difficulty is the fact that many patients insist upon having their past injuries diagnosed. Thus, at one of my lectures, I had the following painful experiences: I pointed out to one man that he had haemorrhoids, stasis of blood in the rectum. He at first denied it in spite of the evidence, but finally acknowledged that he had undergone a severe rectal operation on account of haemorrhoids and a rectal fistula. I found only a very insignificant shadow that was almost hidden by other neighboring and distant evidences. But more of this later. At another time, in the presence of an audience, an elderly woman insisted upon having her trembling hand diagnosed; another, her broken ankle. Both cases were not easy to recognize, because of the presence of a great number of other signs. I confess that, at first, such cases often discouraged me, until I recognized the limits of the possibilities of our art. Therefore, all beginners should guard against the temptation of carrying on such work as sport. They should take up the study more seriously, and follow instructions according to Chapter XVI.

CHAPTER III.

THE FORMATIONS IN THE IRIS.

Still more important than the colors, is the arrangement of the fibers in the iris. If the fibers were only blood vessels, they would spread over the entire iris like a net. But the ring around the pupil, which we will later recognize as the stomach area, shows, in most eyes, smooth parallel threads running in a direc-

tion at right angles to the margin of the pupil, like the radii of a circle. In a person with a normal, healthy stomach, these fibers are equidistant from one another, like the spokes of a little wheel surrounding the pupil. Look especially at Chart VIII, pair II, pair III; Chart IX, pair IV. Beyond the circumference of the wheel, the little fibers branch more or less. (Chart VIII, pair I.) The healthier the body, the straighter is the course of these radiations to the white of the eye. (Chart IX, pair II.) The distance between the rays is necessarily increased the further they extend towards the periphery. The spaces between are filled in by other branches, like the feathers on a quill. The denser this fiber formation, the greater the muscle tissue of the body, the firmer the skin and the inner and outer mucous membranes. The looser and more widely separated are the fibers, the looser the structure of all the organs of the body; looseness of the skin and flabbiness of the muscles, sluggishness of the pores of the skin (in winter continual chilliness, in summer constant sweating), continual feeling of tiredness, softening of the bones (in children rachitis), torpidity of all the glands and all the organs and an inclination to dilatation (scrofula, emphysema of the lungs, dilatation of the heart, enlargement of the liver, dilatation of the stomach, enlargement of the spleen in leucaemia, Bright's disease, varicose veins, nervous prostration, softening of the brain, etc.). The position of these signs shows us which particular organ is suffering from this loss of vitality.

Next we must consider these formations by themselves. They arise through a union or a separation of the fibers in the upper layers. When they unite they form thicker fibers which are raised above the surrounding tissue, and are more brightly illuminated by a light from external sources, and therefore appear brighter. (Chart VIII, pair III, 14a and b; Chart IX, pair I, 18a, 9a.) This corresponds to the redness and swelling of inflamed organs. When the fibers of the upper layers are separated, they expose the underlying layer, which is then more poorly illuminated by a light from external sources, and therefore appears somewhat shaded. (See Chart IX, pair I, 3a, 8a, 11.) As a result of greater damage and deeper injuries, the fibers of the second layer separate, exposing the third layer, and the shading becomes still darker. (See Chart IX, pair I, 16a, 14a, 3b.)

The formations resemble the lesions of the disease, and enlarge when the lesions of the disease enlarge. Chart IX, pair I, shows at 11a the picture of a gall stone in the liver area; this formation grew larger as the stone increased in size. At 6a is shown the beginning of a cavity formation in the lung area, which developed further as the lung lesion continued to progress. With the first haemorrhage from the lungs small black points form. In the sexual area at 16a is demonstrated an inflamed womb and the white discharge from diseased vaginal lips. One finds very often these surprising similarities that prove beyond doubt the strong relation that exists between the eyes and the organs.

Surprising, also, is the uniform direction of these abnormal formations from the pupil to the white of the eye. This uniform direction, like the spokes of a wheel, from the axle to the periphery, proves that the spots arise from a separation of the fibers and run "parallel" outward toward the periphery.

CHAPTER IV.

THE ABNORMAL COLORS AND FORMATIONS IN THE PUPIL.

Abnormal colors in the pupil arise through a cloudiness in the cornea, a cloudiness of the aqueous humor, in cataract and in albinos. The transparent cornea surrounds the entire eye, acting as a protection to it. It also covers the sclera or white of the eye. In front of the iris it is raised like a watch glass over the face of a watch. Through the presence of foreign bodies, its transparency may be impaired. In such cases the vision is obscured, as if one were looking through a haze. If such foreign bodies or abscesses lie in front of the pupil, the latter changes from a deep black, found in normal eyes, to a gray color. The various tissue layers, which surround the eye, contain a black pigmented layer directly behind the vascular choroid. No rays of the sun can penetrate this layer and illuminate the interior of the eye. In a similar way the photographer darkens the interior of his apparatus and throws a black cloth over his head to keep stray beams of light away from his camera. Only those rays of light that have passed through the lens in front should fall upon

the photographic place. In a similar way, only that light should reach the retina that has passed into the eye through the pupil. The pupil, in a healthy eye, appears black because of the dark pigmented layer lining the interior of the eye ball. In those cases where this pigmented layer is absent, the light rays penetrate the sclera and choroid and cause irritation of the retina. This light, striking the blood vessels, causes a red reflection. This red reflected light passes out of the eye through the pupil, giving the latter a reddish hue. Such people are called albinos. The pigmented layer of the hair and skin is likewise lacking in these people, for which reasons they seem to have such delicate white skin and white hair. We find similar conditions in white guinea-pigs and white mice. Because of the lack of protection of this pigmented layer, the albinos are very sensitive to light and weather conditions and to mental influences.

If the black pupil turns gray, we must find out whether the cloudiness lies in the cornea, in the aqueous humor, or in the lens in back of the iris. We can readily determine this by directing a ray of light into the eye, by means of a magnifying glass or pocket flash light. The aqueous humor is a fluid, as clear as water, situated between the cornea and iris. It becomes turbid very easily. The lens lies directly behind the pupil and iris and, like a burning glass, its duty is to gather together the rays of light and focus them as an image upon the retina. Through changes in its elasticity, it causes near-sightedness and far-sightedness; through cloudiness, it causes cataract formation. This begins as a mistiness of the cornea, so faint as to be difficult to recognize; but is easily recognized in the beginning of its formation through our examination. It reveals other conditions usually associated with it: lack of bodily secretions, stasis of blood, low grade of metabolism and sluggishness of digestion. In the early stages it can be prevented from developing and be cured by a thorough nature cure, relieving the congestion in the head by sitz baths and light and air baths; and more especially by the curative powers of odic force.

In a more advanced condition its maturity can be hastened by increasing the congestion in the head. It can not be operated upon until the lens has become hard and total blindness has developed.

I have described these abnormal colors in the pupil at some length because patients so frequently seek advice from the eye specialist about these matters. We will now consider the abnormal formations.

Let us now examine Chart IX, pair I and pair III; Chart VIII, pair III, and notice the difference in the pupils of these pairs of eyes. In the left eye of Chart IX, pair I (to the right of the observer), the pupil is small, while in the right eye (to the left of the observer) the pupil is large. The enlarged pupil on the right side denotes a less healthy condition of the right half of the body with the abnormal products of metabolism as the cause of the disease, and damaged organs as the result of the disease. I have investigated the eyes of the dead and found that the pupil was practically as large as the iris itself. (Chart VIII, pair IV.) Therefore, we note the vacant stare of the eyes of the dead. This shows that the constricting muscle of the pupil has entirely lost its power. It is a well-known fact that after death the sphincter muscle of the anus is no longer able to hold back the intestinal contents. All the other sphincter muscles, as well as all the other muscles, have lost their power of contraction. In diseases of the spinal cord, we find the opposite condition of a small pupil, a continual unchanging contraction of the pupil. (Chart IX, pair IV.) If we find the latter condition, we can surmise what would take place from what we know in the other condition. In this latter condition the pupil sphincter has complete control, and its antagonistic muscle, the dilator of the pupil, is completely paralyzed. Between these two states of contracted and dilated pupil lie the various degrees of the dilated pupil which correspond to the different stages between health on the one hand and disease on the other.

Let us now consider the pupil in health. The pupil is the gate of vision and at the same time the safety valve for a very strong light. When looking into darkness, the pupil of the healthy dilates as far as possible in order to take in as much light as possible to render the vision clearer. It is a well-known fact that at nights cats have very large pupils, and therefore see so well at these times, whereas, during the day, their pupil is narrowed down to a mere slit. In a strong light the sphincter of the pupil contracts involuntarily, otherwise an overabundance of light

would blind the retina, and through repeated irritation cause amaurosis.

We often notice a large widely dilated pupil in persons in whose eyes were instilled drops of atropine, for an operation, or even for a brief examination. Through this drug the pupil is artificially dilated and permits the operator to make a long and uninterrupted examination of the interior of the eye. By means of this poison, which is obtained from the thorn apple and deadly night shade, the sphincter of the pupil weakened, not only during the short time of the operation, but more or less permanently; the pupil remains dilated, the light that enters the eye is not sufficiently cut down, and the gradual development of blindness all too easily brought about. The women in the southern countries use atropine that they may have a pitch black bewitching eye. How easily, from the blinding rays of the sun in these warmer countries, can blindness ensue.

The sphincter of the pupil should always retain its mobility. The greater its power of contraction and dilatation and the more this is stimulated by light from without, and not from irritation of the nerves within, the greater its power of vision, and the more normal is the work of all the organs of the body. A person whose pupils contract well in a strong light, and dilate well at night time, will have skin pores that contract well in the cold that will prevent the body from freezing; in warm weather these pores will dilate and the skin, through the evaporation of its secretion, will enable the body to cool off; his digestion will be good; his metabolism active. The sphincter muscles of the stomach and intestines, of the urinary bladder and of the gall bladder will work normally and regularly—in short, all the activities of his body will be well regulated. Such eyes we will find in all people who live according to nature, as foresters and farmers, and especially children who are allowed to play in the open.

If we find in children wide, sluggish pupils, we must bear in mind inherited weakness, many diseases in childhood, and more especially worms. The small pin worms rob the sphincter of the anus of its tone, the round and especially the tape worms weaken the tonicity of the entire intestine. Digestion and metabolism are sluggish and the sphincter of the pupil is likewise sluggish.

Large sluggish pupils denote bodily weakness (Chart IX, pair II). The wider the pupils, the nearer the body is to death, provided the tonicity of the pupillary muscles can not be recovered by a natural mode of living. Such pupils dilate very little in the dark, and contract to an insignificant degree when light enters the eye. In order to detect the degree of sluggishness, I instruct the patients to cover their closed eyes with their hands, then quickly notice the size of the pupils as they take their hands away, and then I direct the rays of an electric pocket lamp into the eye. Sunlight or lamplight may be use in a similar way if the rays are focussed through the pupil by means of a magnifying glass used as a burning glass. The pupil of a healthy person will suddenly contract to a small size and bear the light pretty well. The sluggish pupil will only contract a little, but the eyelids will close tightly and a flow of tears will be evidence of the irritation produced. Such a test of the pupils must take place at the end of the examination, otherwise the examination would have to be cut short on account of the irritation produced. Through irritation of the eye to a greater or less degree, one can determine the grade of nervous instability.

I consider the observation of the pupil the very best method for determining the nervous state of an individual. The pupil of a healthy person remains the same size in the same light and does not interfere with the examination by dilating and contracting alternately. And a person of a weaker constitution, whose nerves may be weak and dulled, but who does not show any nervous instability, has sluggish pupils that do not change their size in an unchanging light. The hypersensitive nervous individuals not only open and close their eye lids continually, but more particularly their pupils are constantly contracting and dilating. A change in the intensity of light is not the cause of this, but rather the nerves of the eye, which are closely related to the whole nervous system. In Chapter XII we will come to recognize the pupillary ring as the area of the nervous system. The nervous individual may seek to master his hyper-irritability in the presence of the examining physician. He can hold in check his expression and his actions. With a certain amount of training, he may be able to quiet an over-active heart. Therefore, he may be able to deceive the physician in regard to his

nervous condition. But he cannot control the contractions of his pupil, so he cannot deceive the eye examiner.

Mention must still be made of the fact that near-sightedness and far-sightedness have an influence upon the size of the pupil, something that the eye examiner must learn and consider. And further, operations upon the iris cause the development of abnormal formations in the pupil. One should guard against mistaken diagnoses of this condition. (For example, Chart VIII, pair III, right.)

CHAPTER V.

THE ABNORMAL COLORS AND FORMATIONS OF THE STOMACH AREA.

For this new edition I consider it necessary to give a separate description of the various organs of the body, and their corresponding areas in the eye. And this time I believe that, after the presentation of the various areas, I will submit the scientific proofs thereof. After all, the most important thing for us is the practical use of our art. The scientific proof of it can hardly be more than touched upon in this little book, meant as an aid to beginners. It had better be reserved for a larger work, with its complete presentation of the subject.

After the nerve area of the pupillary ring, we must observe the stomach area; first, because it encircles the nerve area; second, because it is the easiest for the beginner to investigate, and lastly, because it contains the most important of all the eye signs for interpretation. I do not agree with Kuhne in the opinion that all illnesses come from the stomach; nevertheless, all disturbances of the stomach, as well as of the blood-forming organs, must influence all other organs. Therefore, we are friends of nature therapy methods in disease and opposed to causing injury to the stomach through treatment with poisonous drugs, since the apparent cure of the disease is only brought about by irritation of the stomach. If we observe the first pair of eyes in Chart VIII we will find a reddish area surrounding the black pupil. This is the stomach circle, that shows the abnormal color of iodine red. On account of venereal disease (1a, 2a, 2b, 3b) the man used iodine internally and externally, and thereby permanently

damaged his stomach, and disturbed his metabolism. This stomach area likewise shows abnormal formations. The smooth fibers extend outward for unequal distances, and this signifies a dilatation of the stomach. In Chart IX, pair I, we see no abnormal colors, but markedly abnormal formations. In this case the dark spots are scattered up to the very edge of the pupil, and denote an injury to the mucous membrane of the stomach from the formation of an ulcer.

In the second pair of eyes in Chart VIII, the stomach area is of a bright yellow color. Through the ingestion of sulphur, the mucous membranes of the stomach and neighboring organs have been irritated, causing a chronic catarrh as the result. This condition rapidly develops into an acid stomach, so called hyper-acidity of the stomach, foul odor from the mouth, heart-burn, abdominal pains and diarrhoea. The third pair of eyes in Chart V shows a similar yellow stomach area, but unfortunately can only be demonstrated in my original colored picture. We often notice that the eyes are lighter around the pupil and darker toward the periphery. The healthy eye shows a uniform shade of the entire iris, the stomach area is but very little lighter. This is a proof of the equal distribution of blood throughout the body. With the conditions of "internal fever," stomach congestion and stomach hyper-acidity, are usually associated an anaemic skin and cold anaemic extremities. The blood, present in too large a quantity in the interior of the body, is insufficient for the exterior. Therefore, the occurrence of severe chills in conditions accompanied by a rise of the internal temperature. It is important that we do not increase the internal heat through the administration of acid foods, spices and indigestible foods, nor attempt to relieve it by swallowing ice. The patient naturally longs for a cool, refreshing drink. But ice is too irritating; cool fresh water is far more beneficial. The ingestion of fruits in large quantities causes additional acid formation. Sugar and sweetened foods likewise irritate the mucous membrane of the stomach—in brief, they aggravate the existing hyper-acidity. A moderate amount of sweets and foods that unite with the acid in the stomach are best digested. Such a hyper-acid stomach does not bear well the sweet malted Simons Roggen bread or the sour wheat bread from the upper Rhine, but digests much more readily the Kneipp,

Felke and graham bread. Wonderful in its action is the use of odic force in treating the stomach. Stomach massage, as practised to-day, will only increase the sensitiveness of the stomach nerves.

Besides a diet that will unite with the acid, it is very necessary to drive the blood and heat from the stomach to the skin, abdomen and extremities. This we accomplish through light and air baths, cool (not too cold) sitz baths, barefoot walking, cool compresses around the abdomen, wrapping up the legs and cool rectal injections. In cases of severe stomach colic and stomach cramps, hot abdominal compresses cause a more equal distribution of blood and lessen the pain.

In contrast to the bright color in the iris from a congested stomach is a darkening of the stomach area around the pupil in conditions of anaemia of the stomach with sluggish digestion. The blue pair of eyes III, Chart VIII, shows a brown stomach area, a condition that is very frequently observed. Liljequist traced this double color back to people born of parents, each of which had different colored eyes; the mother brown and the father blue, or vice versa. I have found brown colored stomach areas in the blue eyes of people whose parents were both blue eyed. And in these cases I could always discover some stomach trouble. In the previous case, the brown spots in both eyes denote poisoning of the stomach with iron. Iron containing pills, tincture of iron, chalybeate waters, etc., are the cause of these iron spots. The nerves of the stomach are paralyzed and there follows disturbances of digestion, diminished formation of acid, pressure over the stomach, especially after eating, as if a stone lay there, and a susceptibility to the development of cancer. The blood that should be in the stomach is driven to the head; wherefore, the presence of dizziness, nausea and vomiting.

Therefore, we find the upper half of both pupils considerably lighter than the lower; the first corresponding to congestion of the upper half of the body, the second to anaemia of the lower half.

This same difference in the distribution of the blood we notice in the brown pair of eyes III in Chart IX. In this case the

stomach area is dark brown, the upper half of the iris being lighter than the lower half.

In anaemia of the stomach, it should be our purpose to draw the blood from the head and breast by cool applications to the body and by cool sitz-baths. Hot moist applications to the stomach brings heat directly to this organ, and irritates the mucous membrane by causing a secretion of acid. Applications of lime water and aluminum acetate may be used alternately with success. Applications containing mustard cause a sharp reaction, and may easily irritate the stomach nerves. Still more irritating substances, like iodine, are tabooed by us friends of nature therapy methods. In the same category we condemn the irritating drugs that are given internally; as hydrochloric acid, cathartics, Carlsbad salts, etc. We recommend a diet that will aid the secretion of acid, as lemons, oranges, sour fruits and fruit juices; but advise against the use of vinegar and preserved fruits. Simons bread is the best and mildest laxative for such stomach trouble. Here, too, the treatment of the stomach by odic force is most successful. (See page 60 of my article.)

The fourth pair of eyes in Chart IX shows a dark ring in the stomach area, which signifies a light grade of anaemia of this organ. Likewise, the red ring directly surrounding the pupil indicates a degeneration of the stomach nerves, as well as of the entire nervous system, on account of a tubercular infection of the spine.

The fourth pair of eyes in Chart V shows the normal, almost circular, line of demarcation of the stomach area. The second pair, Chart V, shows plainly ulcer formation and scars throughout the stomach. The line of demarcation in Chart V, pair III, is, in my original colored picture, an orange yellow, similar to Chart VIII, pair II; and indicates sulphur poisoning of the gastric mucous membrane. In Chart VI we find eyes of brown only, or brown mixed with other colors. The dominating color of the first pair in Chart VI was blue, and the various dark spots that they contain are due to the itch, as illustrated especially well in 5. Therefore all light spots appear green. The stomach area is not demarcated, but is traversed by many dark brown streaks. This is a proof of the poor development and sluggish work of the stomach, and of the poor circulation of blood through the mucous membrane.

In Chart VI, pair II and III, the stomach areas are sharply demarcated, and of a dark brown color; the lighter area in the rest of the iris is green in the second pair and yellow in the third pair.

The left eye of the second pair (the right from the observer) shows many spots characteristic of ulcer formation in the left half of the stomach. The stomach in both cases (II and III) in Chart VI shows a greater disturbance of digestion than in the first pair.

The first two pair of eyes in Chart VII were originally a blue of the same shade, but through the administration of poisonous drugs, changed into a mixed shade; the first pair became gray white, with a dark blue ring of anaemia, from the use of creosote for a disease of the lungs (1a and 1b), while the second pair turned gray brown, with a black ring of anaemia, from the ingestion of salicylic acid for rheumatism of the joints (arms 5a and b, legs 1a and b, kidneys 3a and b). The third pair, on account of an inherited syphilitic infection, is broken up into a dirty gray-brown color, especially in the stomach and intestinal areas; and shows a dilatation of the stomach, and degeneration of the gastric mucous membrane. The salicylate has so damaged the mucous membrane that the diminished acid secretion of the stomach shows itself as a deep brown in the stomach area.

We must still give our attention to two important regions of the stomach: the cardiac orifice, at the entrance to the oesophagus, above and to the left (Chart IV above 17), and the pyloric orifice at the exit into the duodenum, below and to the right (Chart III, above and to the right 15). The cardiac orifice permits food to pass from the oesophagus into the stomach, and the pyloric orifice permits food to pass from the stomach into the duodenum. In their normal healthy condition, they do not allow the food to pass in the reversed direction. Hyperacidity of the stomach, dilatation of the stomach from eating or drinking to excess, irritation of the mucous membrane through spices, sugars, tea, coffee and tobacco causes a torpidity of the entire stomach wall, especially at the stomach sphincters. The latter no longer contract, and, through fermentation, the stomach and intestinal contents are driven upward. Even in an otherwise normal stomach, with a firm contraction of the cardiac orifice, an inap-

propriate mixture of foodstuff may give rise to such fermentation, that the cardiac orifice suddenly opens, and the fermenting food is forced upward. By such continued abuse, the sphincters of the stomach are damaged, and become inflamed; and ulcers and eventually cancer may develop. The area of the cardiac orifice one may recognize in the red zone in Chart VI to the left, as a blue cross in a blue ring. Diseases of the cardiac orifice are shown in Chart VIII, pair I 17; Chart V, pair II to the left, at 9b—ulcers; Chart VI, pair III, to the left, between 8b and 3b—dilatation; Chart VII, pair I, to the left 1b; Chart VII, pair III, to the left, 13—dilatation.

The pyloric orifice weakens very easily in inflammatory conditions of the adjoining duodenum, into which the bile is poured from the gall bladder of the liver. In cases where an excess of bile is developed, or in gall stones, or gall stone colic, the duodenum becomes inflamed, and with it the pyloric orifice. This becomes weakened, and eventually is forced inward to the stomach. Thus the bile enters the stomach, irritates its mucous membrane, starts bile fermentation, and causes the vomiting of green bile even when the stomach is empty. In liver diseases, the bile may cause the formation of ulcers and cancer at the pylorus.

The area of the pylorus is found in Chart II in the blue zone to the right; a red cross in a red circle. The cardiac orifice is the "negative" (blue), and the pyloric orifice the "positive" (red) pole of the stomach. Evidences of disease of the pylorus, in particular, an inherited ulcer, is shown in Chart IX, pair I, to the right between 8a and 9a, at the boundary of the stomach area; Chart VIII, pair I to the right, between 22 and 24a, shows a similar condition within the stomach area; Chart V, pair II, to the right 13, a disease of the stomach with liver and gall bladder trouble; Chart VI, pair I, to the right 8; Chart VI, pair II, to the right 12.

It is necessary to mention that Peczely and Liljequist placed the area of the cardiac orifice in a line running horizontally inward from the left pupil toward the nose, in the middle of the stomach area; and the area of the pyloric orifice in a line running horizontally from the right pupil inward toward the nose, likewise in the middle of the stomach area. If one will think of the

pupil as contracted to a mere point, then my presentation of these areas will be a little higher on the left side, and lower on the right.

CHAPTER VI.

THE ABNORMAL COLORS AND FORMATIONS IN THE INTESTINAL AREA.

The intestinal area encircles the stomach area, just as the stomach area surrounds the nerve area (Chart II, III and IV). With the intestines in a normal state, no sharp boundary can be observed (Chart V, pair I). In Chart VIII, pair I, a very faint abnormal color is seen, but a marked abnormal formation is present. From the stomach the food proceeds to the duodenum, and from there to the wider small intestine (Chart III, 46), whose area lies to the nasal side of the stomach area in both eyes, and in the right eye extends a little lower downward (Chart II). An acute catarrh of the mucous membrane of the small intestine gives rise to diarrhoea.

Diseases of the small intestine are shown in Chart IX, pair I, 18a to 22a; Chart V, pair II, 11a to 5a, 10b to 3b; Chart VII, pair I, 6a to 12, 6b to 17; Chart VII, pair III, 4a to 9a, 4b to 9b. To the small intestine (Chart III, 47) is joined the large intestine or colon, in the neighborhood of the appendix (Chart III, 45). The colon ascends on the right side to about the level of the navel (41), then crosses the abdomen horizontally toward the left side (42) and descends on the left side (43). This continues downward in an S-shaped curve, known as the sigmoid flexure (44), and terminates as the rectum (47) at the anal sphincter. One may find the location of these organs, as registered in the eye, in Chart II.

If we observe the small intestine area (46) in Chart III below, in the right iris (to the left of the observer), and follow the zig-zag line first downward, and then to the right (observer's left), between 35 and 36, until we reach 45, we will note the appendix area marked off as a red triangle. At the right lower corner of the zig-zag line, extending upward as line 41, is the ascending colon area; at the right upper corner, extending to the left (observer's right), along the blue-black zig-zag line 42, to

the left upper corner, lies the area of the right half of the transverse colon; the left half of the transverse colon is seen in the left eye, along the red-black zig-zag line 42; the descending colon, from the left upper corner, downward, along the red line 43; then the sigmoid flexure from 44 toward the right to 47; and the rectum, designated as a black line between two parallel red lines, running from 47 to 14; point 14 designates the location of the anus. (These areas are likewise shown in Chart II.)

The more diseased the large intestine, the more sharply circumscribed is the square surrounding the stomach area; as demonstrated in Chart V, pair II; Chart VII, pair III; Chart IX, pair III.

Disease of the large intestine usually originates through constipation, the cause of innumerable ills. How often do patients deny any digestive disturbance; they can eat everything, have a good appetite and know nothing about indigestion. If I question them in regard to their bowel movements, they think that such conditions have very little significance, even though they may have gone days and weeks without a passage. Diarrhoea, on the other hand, is always considered a more dangerous symptom, and is suppressed by drugs, when in most cases it is nothing more than an intestinal cleaning. One should not attempt to move the bowels from above through the use of cathartics, since in this way additional poisons are added to the body. The entire success of the nature-therapy method rests upon the principle of drawing the material out, not forcing it out from within. The former method is accomplished by the use of light, air, water, etc. The Priessnitz applications to the body works wonders in constipation as well as in diarrhoea; in the former case it is applied in its stimulating form, in the latter, in its soothing form. In the case of the infant, it is an indispensable method for all digestive disorders. In diarrhoea, repeated cool rectal injections are of benefit, and in constipation, lukewarm enemata, provided they are followed with cool rectal injections. Sitz baths and air baths will bring about a cure, but best of all is the treatment of the intestines by odic force. Diseases of the large intestine (ascending colon) are shown in Chart IX, pair I, from 9a to 6a; Chart IX, pair III, 11 to 1a; transverse colon, 2a to 4a, and 4b to 2b; descending colon, 26 to 12; sigmoid

and rectum, from 14 to 7b; Chart VIII, pair I, ascending colon, 22 to 16a; transverse colon, 18a (right eye) to 18b (left eye); descending colon, 15 to 25. Chart V, pair II, transverse colon, 9a to 9b; descending colon, 9b to 7b; sigmoid and rectum, 7b to 5b; Chart V, pair III, 1b to 7b; 2, ulcer formation of descending colon.

Inflammation of the appendix may, at any time, cause death. This little sacculated intestine, lying between the small intestine and ascending colon (Chart III, 45), with its worm-like tip, can take up, through its small opening, small bits of food particles, like the small seeds of berries, and, on account of its lack of muscular power, fail to get rid of them. By means of an inflammatory process, it seeks to expel these foreign particles; and such an inflammation may easily lead to a fatal peritonitis. The physicians of the regular school endeavor to withdraw heat by the application of ice; whereby, according to the principles of nature therapy, they really cause an increased congestion and temperature. We seek to mitigate the inflammation by luke-warm (neither hot nor cold) soothing applications, and at the same time apply cold packs around the more distant regions of the body, as the legs and chest, in order to draw the blood away from the peritoneum. Likewise cool sitz baths and the soothing body packs help to alleviate the fever. Diseases of the appendix, and the signs of previous inflammation, we may recognize in: Chart VIII, pair I, 26 (not the red, but the black streaks); Chart V, pair II, 1a (not the streaks 13, which signify a severe injury of the peritoneum in the region of the liver, as a true complication of an inflammation of the appendix); Chart VI, pair I, 8.

The most common disease of the rectum (excluding worms) is haemorrhoids. Hard-formed stools and constipation are the causes of this troublesome malady, from which a rectal fistula so readily develops. It is really nothing more than a stasis of blood in the rectal mucous membrane. Because of the pressure exerted by a hard stool, the blood is prevented from returning to the systemic veins and to the heart. Not enough fresh blood can flow through the bowel to properly nourish it. As a result, the mucous membrane of the bowel becomes torpid. Because the stasis, projections of mucous membrane, filled with blood, are formed, which, on account of their tension, are exquisitely

painful, especially during the passage of a hard stool. If they rupture, the blood escapes and the tension ceases. Their strangulation at the anus is exceedingly painful. Therefore their treatment should be as follows: Prevent the stools from becoming hard; use lukewarm sitz baths; by deep breathing, draw the blood away from the lower abdomen; aid the circulation through light, air, and water baths. Haemorrhoids are easily recognized in the rectal field (Chart III, 13) especially well in the left eye, often as well in the right eye in the same location. Consider for a moment that the sigmoid flexure proceeds from left to right from its junction with the rectum. The nearer the haemorrhoidal masses lie to the anus, the nearer its location in the iris to the testicle area (Chart III 14, Chart IV 14a). Badly inflamed, soft piles show the light marks of inflammation; on the other hand, the more frequent, chronic type of hard indolent piles show dark brown spots. The former are seen in Chart VII, pair II, 18b, pair III, 3b; Chart VIII, pair II, 6a and 6b. In these latter illustrations, we may observe the irritating effect of sulphur upon the mucous membrane of the stomach and intestines, especially in the rectum. Dark spots from chronic haemorrhoids we see in Chart VI, pair II, 9b, pair III, 5b; Chart VII, pair I, 13b; Chart VIII, pair I, 1b; Chart IX, pair II, 5, pair III, 7b, pair 14, 6b.

CHAPTER VII.

ABNORMAL COLORS AND FORMATIONS OF THE SKIN AREA.

After the blood-forming organs, we come to the blood-purifying organs. Even though the lungs are the most important of this group, nevertheless for us friends of the out-door life, in contrast to those who live within four walls, the skin, through its secretion of sweat, must be considered the most important blood-purifying organ, and can best be made use of for curative purposes. Likewise, for the diagnosis of disease, it is the easiest to interpret. In Chart II we find it at the outer border of the iris in both eyes, extending in a half-circle; the skin area of the right half of the body localized in the right eye, that of the left half in the left eye. The skin represents the

external pole of all the internal organs. If one pole suffers, the opposite pole likewise suffers. If an organ is diseased, the skin is sympathetically involved. The skin must give up its blood in order to nourish the organs poor in blood. The skin becomes placid and anaemic, if the internal organs are "feverish." The skin must sweat and breathe to excess if the lungs are not able to breathe sufficiently. The skin secretes small droplets of yellow bile, if the liver is unable to get rid of the bile. The sweat is rich in uric acid whenever the kidneys are overworked. The tissues of the skin become oedematous if the bladder fails to excrete water. In enlargement of the spleen, the skin becomes leucaemic; in deficient excretion of carbonic acid gas, because of tubercular lungs, the skin appears bluish in color; in stomach and kidney disease, caused by an over-indulgence in alcohol, the skin is covered with rust-colored spots. The diagnosis of diseases, by observation of the skin, is not only possible, but very important, if not essential, for the help, confirmation and completion of the evidence of disease as found in the eye.

Since the hair is really a part of the skin, and developed from the same material, it is of considerable importance from a diagnostic point of view. In particular a more or less bright luster of the skin and hair indicates a heightened or lowered degree of vitality and power of recuperation; the latter being very important in giving the prognosis, or deciding the length of time for convalescence.

The synergistic action of the skin and digestive organs we shall soon come to recognize. The physicians of the regular school, as well as the homeopaths, seek to cure all organs through the stomach, although the latter do not employ large poisonous doses. The nature therapy method, on the other hand, seeks to favorably influence the organs by treating the skin with light, air, water, massage and odic force, without injuring the skin. This method is not as damaging as the use of iodine, lunar caustic, quicksilver, vaccination, etc., as used by the allopaths; and it is more agreeable to the patient.

In most skin diseases we see a dark ring in the skin area in the eye. Near the brain area (Chart III and IV, 1 and 2) this shadow is usually interrupted by a light area. The skin area near the foot, on the other hand, is considerably darker. One

should notice the following eyes in particular, on account of their anaemic ring: Chart VII, pair I and II; Chart VIII, pair I and III; Chart IX, pair III and IV. As constipation is the almost invariable symptom of a chronic, slowly progressing disease without fever, so, likewise, is the skin, but poorly adapted for breathing and purifying the blood; likewise chronic cold feet and chronic congestion of the head. This is shown in the eye as a dark ring with a light area above and a black area below (Chart VII, pair III; Chart IX, pair III). We can determine the degree of skin disease according to the breadth and darkness of the skin area in the eye. When there is no well-defined skin area, we may assume a normal activity of the skin (Chart IX, pair I; Chart V, pair I and II).

It is a strange fact that all people with dark rings like sour foods; on the other hand, all those who show no ring prefer sweet foods. This fact I had occasion to confirm in about twenty cases, in my Wednesday afternoon free clinic. To my records of my eye examinations I have one of my nurses note whether the patient prefers sweet or sour food. I hope to be able to draw very important conclusions in regard to the dependency of the polarity between the skin and the stomach, skin and blood, blood and stomach, blood and food, acids and alkalis, etc. Perhaps I will succeed, from the study of the individual taste, in determining the special diet most favorable for the patient's recovery. Should I succeed, the *Diagnosis of Disease by Observation of the Eye* will have a greater significance.

In cases of anaemia of the skin and congestion of the head, sun, light, and air baths are of the greatest service; likewise packs, and, in preference to all, my treatment of the spine and ganglia with odic force. In cases of palpitation of the heart, and a feeling of pressure in the head, the use of steam baths and electric light baths are also serviceable, provided the temperature is not raised to a dangerous degree. The following course of treatment is sometimes given to patients presenting these symptoms: In the morning, after changing the clothes, a sponging off of the entire body is ordered. In winter the patient is rapidly sprinkled with water by the hand, then dried with a towel; in warmer weather a sitz bath is preferable, and the patient allowed to become dry through turning exercises. At

9 A. M. or 3 P. M. light and air baths, best taken in the sun if not too hot. After a change of clothes, an air bath at home in the evening; in winter, preferably in a warm room. Never go to bed, after strenuous evening exercise, without an air bath, if you want to fall into a deep sleep rapidly. In case of cold feet, you must take a foot bath before retiring.

If we find a light area in the foot area, as in Chart VI, pair I, 6; Chart VIII, pair II, 5a and b; Chart IX, pair IV, 8a and b, the diagnosis of sweating feet is justified. This condition should not be rapidly cured by the use of salves. Daily luke-warm washes gradually diminish the sweating, and by stimulation of the excretory organs, as the skin, intestines and kidneys, the excretion of the remainder is diverted to these natural channels.

Skin diseases may be recognized in the skin area of the iris. The itch, treated by inunctions, leaves behind brown spots in the skin area, as shown in Chart VI, pair I, 1b, 3, 2, 7, 9b, 8, 5, etc.; Chart IX, pair—. Inflammation of the skin, especially moist vesicular eruptions, produce light spots; suppressed vesicular eruptions, and skin diseases accompanied by the formation of scales, show, on the other hand, almost black rings, as in Chart VII, pair II.

CHAPTER VIII.

ABNORMAL COLORS AND FORMATIONS IN THE RESPIRATORY AREA.

After consideration of the skin as a blood-purifying area, we must next consider the lungs and bronchi from the same point of view. These areas are easily memorized, and the signs of diseases easily differentiated.

If we consider, in Chart II, the two iris of the eyes as wheels, and the heavy lines between the stomach area and skin ring as the spokes, we have, then, above the four straight spokes marked 17, the respiratory area; and to the right, toward the periphery (in the blue diagram), the three lobes of the right lung (Chart III, 22); to the left, toward the periphery (in the red diagram), the two lobes of the left lung; toward the inside, in black, the area of the bronchi and larynx (Chart III, 8). To the respiratory area belongs the area of the lower pharynx, designated in the

chart as the lower jaw (7), lying to the inside and above the bronchial area (Chart II, III, IV), the area of the mouth and oro pharynx (6), and of the naso pharynx (5), designated as the upper jaw, and of the nasal cavities. Therefore the respiratory field, lying to the inner side of both eyes, from the bronchial area to the nasal area, occupies the area between the five spokes, as illustrated in the diagram, from 8 to 4. The area of the lungs, lying toward the outside of both eyes, extends for a distance equal to three spokes above the horizontal line, but extends a little below the horizontal line in the area of the pleura and breasts (23 and 24). Here we wish to call attention to the location of the nipple in the center of the horizontal line of both eyes (Chart II), designated on the chart as a point surrounded by a double ring, red in the right eye, blue in the left, colored in this way only to illustrate it better. Diseases of the female breast, such as an ulceration, registers itself in the eye at this point (Chart VIII, pair III, 16a and 16b).. Chart IX, pair I, 7a and 7b, shows sluggish, inactive breasts, the result of blood stasis.

If we consider, in Chart III, the larynx and trachea as the stem of a bunch of grapes, we will observe that this stem divides into the two large bronchi (Chart IV, 23), the right bronchus divides further into three branches, one to each lobe of the right lung (Chart III, front view of figure); the left bronchus into two branches, one to each lobe of the left lung. Each bronchus divides further into many bronchioles, and each bronchiole into the very smallest of bronchioles, which eventually end in lung cells, just as the smallest twig in a bunch of grapes leads to a single grape. Just as the grape receives the sap through the twig, so the lung cells receive their sustenance from the air entering through the bronchi. In each lung cell two minute blood vessels terminate; one brings the blood from the heart to the cell, the other takes the blood that has been freed from its carbon dioxide gas by the air back to the heart. The entire respiratory tract is lined on the inside with a mucous membrane which secretes mucus, which keeps the hard, cartilaginous crepitating air passages smooth and flexible. Most diseases of the respiratory tract come from an excess or deficiency of mucus. We call these diseases of the mucous membrane catarrh.

Just as a stomach and intestinal catarrh may be moist, as in

diarrhoea, or dry, as in constipation, so, also, all catarrhs of the respiratory tract are either moist or dry nasal catarrhs, throat catarrh, laryngeal, tracheal, bronchial or lung catarrh. Just as constipation is more dangerous than diarrhoea, so in the respiratory field a dry catarrh is more stubborn than a moist one. We must change the former into the latter. The most harmless is the nasal catarrh. The lower down the catarrh extends, and the nearer it approaches the lungs, the more dangerous it is. The narrow glottis in the larynx is especially sensitive, and in case of inflammation, dangerous to life. As soon as diphtheria extends from the nose and throat to the glottis, it is usually fatal. Croup, a dry form of laryngeal catarrh, in which the parched mucous membrane is torn into bloody shreds; and whooping cough, a catarrh of the bronchi and lungs, accompanied by a viscous secretion, cause the death of many children. Every catarrhal inflammation of the lung is serious, because it can so easily develop into consumption. Every cough of over a week's duration should make us suspicious of tuberculosis, and should be a warning to the patient to change his mode of life. For three years I was practically condemned to death on account of a stubborn throat affection. Cauterization with lunar caustic and iodine, burning with an electric cautery, cutting, painting, inhaling, gargling—in short, all the drastic methods of the physicians only aggravated my trouble. At last I gave myself up to nature, and light, air, water and woods helped me to a complete recovery. My three years of suffering was the cradle from which grew my knowledge of the natural life, my *Lebensheim*, and my "Diagnosis of Disease from the Eye."

This science not only tells us the location of the catarrh, but very clearly tells us its seriousness. It is very important that we should be able to determine these important diseases long before they become active. I have sought more and more to develop this science from a mere diagnosis of past or present illness to a point where I will be able to give a prognosis of the possibilities of convalescence, and to foretell diseases not yet developed. We will discuss this more in detail in Chapter XVI, page 58.

Let us now try to recognize evidences of disease of the respiratory tract, as shown in our eye charts. Chart IX, pair I, 24a

and 24b, dry nasal catarrh; 23a and 23b, dry pharyngeal catarrh; 22a and 22b, husky voice with a tendency to hoarseness; 21, sensation of pressure in the trachea; 6a, 6b, 7a, in part an affection of the lungs; in part a healed cavity formation; also a similar condition in the left eye at 6c and 7b. Chart VIII, pair I, 18a, a tendency to an apical catarrh of the right upper lobe of the lung; at 17 and 19, a severe affection of both left lobes; at 7, iodine poisoning of the larynx and trachea, a chronic laryngeal catarrh; 9b, catarrhal inflammation of the left soft palate, of the uvula and left pharyngeal wall; at 11, a deposit of iodine in the mucous membrane of the left side of the nose. Chart V, pair I, some foreign matter in the lung, but none in the bronchi, the result of a previous attack of whooping cough (3). Chart V, pair II, left pleura 8b, larynx and pharynx below 11b. Chart V, pair III, at 4, 5 and 6, dry catarrh of the bronchial tubes, larynx and pharynx; at 1b two large, but healed white-rimmed cavities in the upper and lower lobes of the left lung. Chart VII, pair I, 1a and 1b, considerable danger through an apical catarrh of both lungs; Chart VII, pair II, at 15, pharyngeal catarrh; at 6, 7, 8, three healed cavities, one in each lobe of the right lung; at 9 and 10, on account of joint rheumatism, salicylate poisoning of heart and lungs. Chart VII, pair III, at 14 a-c and 7-9, inherited syphilitic degeneration of the entire respiratory tract. Chart VIII, pair III, 3a, 4a, 3b, 4b, blood stasis in both lungs. Chart VIII, pair IV, 1a and 1b, evidences in the eye of lung-tuberculosis of a patient who died of this disease; 2 to 4, tuberculosis of the upper air passages. Chart IX, pair II, 4 (left eye, right from observer), the accumulation of the itch poison in the left lung. Chart IX, pair III, 2a and 2b, small cavities in both lungs from the spitting of blood; 5a and 5b, dry laryngeal catarrh, a tendency to laryngeal tuberculosis; 4a and 4b, pharyngeal catarrh; 3a and 3b, nasal catarrh. Chart IX, pair IV, 12a and b, 13a and b, blood stasis over a large area in both lungs, following tuberculosis of the spine, and treatment with iodine and mercury.

CHAPTER IX.

We will now consider other blood-purifying organs—namely, the glands. The skin and lungs cleanse the blood through an exchange of gases, and, less often, by secreting a fluid, as in

sweating, formation of eruptions, and catarrhal inflammations. Each gland, however, cleanses the blood, only through the secretion of a special fluid. All the organs of the body have their own cleansing glands: the head, its glands of the neck; the ear, the parotid gland; the arm, the axillary glands; the leg, the inguinal glands, etc. The largest gland, the liver, is the gland for the whole body. If part of the body suffers, its gland must work more than normal; it becomes enlarged until the point of exhaustion. In vaccination of the arm, the axillary glands enlarge; in injury to a leg, the inguinal glands; in general debility of the entire body, the liver; in alcoholism, the kidneys swell, etc. Irritated glands collect foreign matter, gradually enlarge, become inflamed, become exhausted, and eventually become hard and completely inactive. Diseased glands should not be cauterized with poisons, and thereby forcibly whipped into activity. We prefer to cautiously stimulate or soothe them by treatment with water and sunlight or odic force, as specially applied to glands.

Here we must again distinguish between the prognosis and the diagnosis. General glandular disease, the light form of "scrofula," we will recognize by the light shading in the glandular area; especially of the liver (Chart IV, 30; Chart III, 30, in the figure as well as in the iris) of the spleen, directly opposite in the iris of the other eye, also marked 30, in the figure showing front of body, near 31. Further damage to the kidneys, shown in Chart III, in the figure showing back of body, and in the iris, marked 15.

Simple glandular disease is shown in the following pairs of eyes: Chart IX, pair I, 11, spleen; pair II, 4, right kidney; pair III, 9, left kidney; 13, liver; 14, spleen; pair IV, 7a and b, both kidneys; Chart VII, pair II, 3a and 3b, kidneys; Chart VI, pair I, 8, liver.

An inflamed, swollen liver, with abundant secretion of bile, because of irritation and bright spots in the liver area, are demonstrated in Chart VII, pair II, 16a; pair III, 2a; Chart VIII, pair III, 6a. On the other hand, evidences of bile sluggishness, severe liver disease, feeling of heavy pressure over liver with a dark liver area, are found in Chart IX, pair I, 10, and pair III, 13;

the very dark spots in Chart IX, pair I, 9a and 11a; and Chart VII, pair III, 2a; Chart VIII, pair III, 6a, signify gall stones.

The sluggishness of the bile causes the bile to gradually thicken and form bile gravel. These small particles of bile gravel either pass out with the bile, or enlarge to form gall stones. Since the duct from the gall bladder to the duodenum is about the diameter of a straw, the small stones must be forced through; and it is this that causes the severe pains of gall-stone colic. The physician of the regular school suppresses the colic by injection of morphine, and in so doing only aggravates the colic. A woman who suffered from a severe grade of gall-stone colic received so much morphine that her liver almost ceased to work; as a result, the entire right side of the body suffered. The right eye became blind, the right ear, deaf, and the right arm and leg almost paralyzed. The right pupil was more dilated, and the color of the right eye much darker. In the pair of eyes, Chart IX, pair I, we see large dilated pupils and a gray coloration, the result of injections. The woman consulted me often on account of her liver disease, but I did not attempt to suppress the pain, and thereby the passage of the stones; but, rather, by odic force, applied to the liver, aided the passage of the stones, and thus drove away the pain.

With disease of the liver, usually the spleen is likewise irritated, due to polar influences (Chart III, near 30, in the figure showing front of body; 30 in the half of the left eye drawn in red). The activity and secretion of the spleen is not well understood. But the presence of leucaemia, in enlargement of the spleen, shows us that the spleen is directly concerned in the formation of the white blood corpuscles. Well known is the pain in the left side (splenic pain), especially brought out in running, and in diseases of the spleen. Evidences of disease of the spleen are shown in the following eyes: Chart IX, pair I, 11, inactivity of the spleen; Chart V, pair I, 1, congestion and inflammation of the spleen; Chart VI, pair III, 7b, blood stasis in a sluggish spleen.

Diseases of the kidneys (Chart II, 15) are caused almost exclusively by alcohol, coffee, tea, corsets, etc., according to our point of view. The kidneys act like sieves, that allow the urine to filter out of the blood and pass to the bladder; in disease, they

permit the valuable constituents of the blood to pass through likewise. In diabetes, the kidneys permit sugar to pass, and in nephritis, albumen to pass. In other cases they either allow nothing to pass, as in dropsy, or too little uric acid, which then remains in the blood, and is later deposited in the joints especially. They form hard-pointed uric acid crystals similar to the frost on window panes in very cold weather. By the irritation from these crystalline points, the pain of gout is produced (gouty nodules), likewise rheumatism (fleeting pains along the course of various nerves). The physicians of the regular school seek to dissolve the uric acid crystals with salicylates, and thereby drive them back into the circulation. The salicylates, however, act as a poison to the entire body, especially the heart and stomach, so that very often heart disease and stomach trouble are the results of salicylate poisoning. We shall see examples of the former condition a little later on.

Kidney disease is very easy to recognize in the iris. Only one must carefully observe the kidney area (Chart II and III). The large dark spots in Chart IX, pair I, 15a (midway between pupil and sclera) and 15b show nephritis, which can be distinguished from the diabetic kidney by the marked loss of weight and characteristic color of the face of the diabetic patient. The urine analysis must always confirm the eye diagnosis. The kidneys that fail to secrete uric acid sufficiently may be recognized as innumerable fine white threads (in brown eyes, green or yellow) to the outside of the dark kidney spots, especially in the areas of the joints of the arm, leg, shoulder and spine. Chart VIII, pair II, 2a and b, 3a and b, 4a and b, 5a and b, 7a and b; Chart VIII, pair III, 14a and b, 11a and b; Chart IX, pair IV, 8a and b, 5a and b. Sluggishly acting kidneys are shown as follows: Chart VIII, pair I, 30a, 30b; Chart V, pair III, 2a, 2b; Chart VI, pair I, 9a; Chart VI, pair III, 16a; Chart VII, pair II, 3a; Chart IX, pair IV, 7a and b. Inflamed kidneys we find in Chart VI, pair II, 4a, 4b; Chart VII, pair II, 3b.

In Chart IX, pair I, the dark points at 15a may be diagnosed as prolapsed kidney or wandering kidney, whose ligaments have become stretched and can no longer hold the kidneys in place. A similar condition is shown in Chart IX, pair IV, 7b.

CHAPTER X.

ABNORMAL COLORS AND FORMATIONS IN THE HEART AND BLOOD VESSEL AREAS.

After the consideration of the blood-forming and blood-purifying organs, we must consider the blood circulatory system. As in any water circulatory system, we must differentiate between the clean water pipes and dirty water pipes, so also with the blood we must make a similar distinction.

The circulation of water is as follows: reservoir, suction pump, clean water pipes which branch until they eventually reach every kitchen; the water returns from the sink, drains and gutters into other pipes that lead to the sewer, from the sewers to one large pipe that eventually empties into the sea. The blood acts in a similar way. The heart is both the pump and reservoir. The heart drives the blood out of the left ventricle into the aorta, the large artery in the body. This artery branches into smaller and smaller arteries, until the innumerable smallest ones enter each individual cell. Here the blood is used, as water is used in the kitchen. It gives up its nutrient material, and receives the refuse from the cells, becoming thereby blue in color. These little capillary gutters and drains then enter a vein, is somewhat purified by the glands, similar to dirty water in a cess-pool, and eventually reaches the large veins of the body¹⁷; from there it returns to the reservoir of the heart, to the right auricle, and through a valve further into the right ventricle. From here it is driven to the lungs for purification, then to the left auricle, and through a valve into the left ventricle, where the circle begins again. Just how far Jezek is right in his attack upon the theory of the circulation of the blood the near future will probably decide. I contemplate discussing this point in my more complete edition. For the present I would recommend everyone, even the laity, to read this new, thoughtful, epoch-making work of Jezek, entitled "The Study of Life" (normal life without a circulation). It is easy to understand, even by the laity, because of its exceptionally fine illustrations. It is published at Berne, and appears in many editions, for about 80 Pfg.

The mildest heart affection is the "nervous" heart, recognized by the constantly changing size of the pupil, especially in

the region of the heart area (in the left eye it lies in the same direction as a straight line drawn from the heart to the navel; Chart II and IV, 47). The nervous heart works with too much effort, and forcibly opens and closes the heart valves. Just as a door that is opened and closed with too much force no longer fits its frame well, and allows air to enter and leave the room, so also does a heart act that has been maltreated by its nerves. Through continued nervous irritation, too much strenuous exercise, through bicycle riding, rowing, activity in business, worries, alcohol, coffee and tobacco, the heart becomes more and more nervous, and its valves more and more incompetent. The blood waves, instead of being transmitted away from the heart, as in the normal body, are, in part, propelled in the opposite direction. Accordingly too little blood reaches the arteries, the heart must work harder, it dilates, and becomes incompetent—the patient approaches the grave. Heredity especially lays the foundation for such diseases. If one observes in the heart area of children's eyes, (Chart III and IV, 47) light shadings, great caution is advised, especially if the father or mother or any blood relation has died of heart disease. The physicians of the regular school do not attempt, with their present methods of investigation, to diagnose a tendency to heart disease. They talk of a nervous heart whenever the patient complains of palpitation; or they call it hypochondria or imagination. Valvular disease or dilatation can be readily diagnosed through auscultation, but inherited or acquired tendencies cannot be so diagnosed. Children, in whom I have diagnosed such conditions, were declared by physicians to be perfectly well. In one particular case I treated a boy for a tendency to heart disease. A physician treated him later, and declared him perfectly sound, and condemned me and my methods. Later another physician examined the boy and found evidences of heart disease present. In another case a patient consulted me on account of shortness of breath; he had been treated previously in a sanatorium for lung disease. In spite of this I recognized, from his eyes, that his lungs were normal, and that his "asthma" was due to heart disease. A teacher that suffered from "asthma" was treated for lung disease. During one of my lectures before a society of teachers I examined the eyes of those present; and in the case of this particular teacher diagnosed

normal lungs and a diseased heart. This was something entirely new to him. After a few weeks I received word from the president of the society that this teacher had died from apoplexy.

One may recognize a nervous heart by the nervous restlessness of the pupil, especially in the region of the heart area. The nervous pulse confirms it. Valvular disease can be diagnosed by the points and spots in this area, according to the number of valves diseased. Valvular disease is shown in the following illustrations: Chart IX, pair I, 4a, b, c, d; pair III, 2b; pair IV, 12b. Chart VIII, pair I, 16b to 19; pair III, 4b; pair IV, 1b; Chart VI, pair II, 5, show valvular disease with dilatation, represented as indentations of the iris; Chart VII, pair II, 11 to 9, more cases of valvular disease. Dilatation of the heart, as recognized by the marked indentations in the iris, is shown in Chart VI, pair III, 3b; Chart VII, pair I, 1b; Chart VII, pair III, 13.

The aorta, the large artery of the body, proceeds from the left ventricle upwards, gives off the arm and neck branches, then passes in a curved direction to the left side of the body and then proceeds downwards to end eventually in the arteries of the legs. With a healthy heart, we seldom find these tense elastic arteries diseased. Such diseases would show themselves by means of abnormal formations a little below the heart area of the left eye, as shown in Chart VI, pair III, 3b to 7b; Chart VII, pair I, 15 to 8b; Chart VII, pair III, 12b to 2b. In old age we notice calcification, hardening and brittleness of the arteries, as shown in the eye by dark shadows, which are difficult to distinguish from blood stasis. Only by considering the age of the patient can we differentiate these two conditions. We must note also the slowly developing "arcus senilis" (Chart VIII, pair II, 1a and 1b). This will be taken up in more detail in the next chapter.

The veins, not as elastic as the arteries, bring the contaminated blood back to the heart. Through a thickening of the blood and through a weakness of the heart, they become easily clogged. The arteries, on the other hand, because of disease or high blood pressure, never become clogged; but they rupture more easily. Without traps in which the dirt of the gutters collect, the pipes would easily clog. If the glands, the traps in the blood stream, are not working actively enough, a stasis of

contaminated blood results, the blood cannot move along, and becomes thicker and thicker. In such cases of marked blood stasis, swellings form (varicose veins). These appear on the calves of the legs, likewise around the arms as haemorrhoids, polyps, proud flesh, etc. Such blood stasis, usually associated with constipation, is recognized as dark shadows in the iris. Examples are: Chart VI, pair III, 2a, 2b, 1a; Chart VIII, pair III, 8a and 8b; Chart IX, pair III, 10, 8, 9, and 12. Nasal polypi are seen in Chart IX, pair III, 15a; Chart VIII, 15a and b; Chart VI, pair II, 10a and b; Chart VII, pair I, 11; pair II, 14a; pair III, 9a.

Although heart disease, as a rule, is incurable, still in the early stages it can be benefited by cold compresses, odic force applied to the heart and by sparing the nerves. Likewise it is possible to cure varicose veins by odic force applied to the legs. We will find shadows in the eye, caused by blood stasis in the large veins leading to the heart, in the neighborhood of the ascending colon in the following illustrations: Chart VI, pair III, 6a to 11a; Chart VII, pair I, 8a to 1a; Chart VII, pair III, 19 to 12a. Shadows of the leg line, perpendicularly upward, are shown as follows (Chart III and IV, 35 to 40): Chart IX, pair I, 14a and b; Chart VIII, pair I, 29a and b; Chart V, pair III, 2a and 2b; Chart VII, pair II, 1a and 1b; pair III, 17a and 17b. Further, shadows in the head line, anaemia of the brain, perpendicularly upward (Chart III and IV, 1), are shown in Chart IX, pair I, 1a and 1b; Chart V, pair I, 6a, b; pair II, 6a, 6b; Chart VI, pair I, 1b; pair II, 1a; pair III, 1a; Chart VII, pair II, 13.

CHAPTER XI.

After considering the organs that form the blood, that purify it, and cause it to circulate, we come to those organs that use the blood for material with which to build the body. The bones are the frame work and the muscles the masonry. Without bones we would be as worms without support or carriage; without muscles we would be like a skeleton, without motion or protection for the bones and vital organs.

The bones of children contain too much cartilage and not enough lime; they bend easily, but seldom break. The bones of the aged are, like his blood vessels, calcified, brittle and un-

yielding. If the bones of the child do not absorb enough lime, or if the child's nourishment is deficient in lime salts, rickets or the "English Disease" as it is sometimes called, develops. We friends of nature therapy are opposed to giving such children lime salts, since we do not believe they can be made use of by the body for building material. Through the administration of vegetable foods, rich in lime and other nutritive salts, we try to cure this condition. Dr. Lohmann's vegetable milk and Dr. Kellogg's nut preparations are helpful. We seek to aid the assimilation by packs, light and air baths, treatments by odic force, etc.

We recognize the lack of assimilation, that is, digestion, in children's eyes, as a turbidity, an anaemic ring and large pupils.

The excessive calcification of the bones, muscles, blood vessels and brain in old people, is represented in the eye by similar signs, but still better by the "arcus senilis." This is a markedly opaque (hornification) of the upper periphery of the cornea that is normally transparent. (Chart VIII, pair II, 1a and 1b.) According to the breadth and darkness of this ring can the degree of calcification be determined. Hand in hand with this condition goes the general weakness of all the organs and of all the body that accompanies old age. One can also diagnose in these cases a hardening of the prostate gland, an organ lying between the bladder and male member. In these cases the urethra is so narrow that the urine is passed with difficulty; at times it is impossible to pass it at all. The introduction of a catheter is imperative, and easy to perform. One should not only not attempt to keep the urine back, but should use this harmless method before it is too late.

The best preventative against calcification and hardening of the organs and the weaknesses of old age is a mode of life according to nature. I know old people of sixty and seventy years of age who still take their daily air baths in the open air; in winter, in their rooms, with exercises and with the proper use of water; and, with the exception of their gray heads, show no trace of their old age.

Bone injuries from sprains, dislocations, fractures and caries are easy to recognize in the eye. A sprain is produced whenever a bone is pulled out of its joint and then slips quickly back again. The tearing of the ligaments causes an inflammation, swelling

and redness, and therefore we see the bright marks of inflammation in the corresponding area of the eye. After a complete rest for many days, the ligaments contract and hold the bones firmly in their joint. In cases of neglect, the ligaments remain stretched and weak, like torn rubber bands, and can no longer give proper support to the limb. We have then a condition of chronic dislocation, a perpetual tendency of the limb to become dislocated.

In the true dislocation, the bone remains in its new abnormal position until it is returned to its joint by manipulation. All the signs in the eye are more marked; the healing is more difficult, and takes a longer time.

In fracture of the bones we seek to bring the ends of the bones into exact approximation, and to hold them in this position until they have healed together. We friends of nature therapy do not approve of the method of binding up the limb in hard plaster, or other unyielding bandages. In such cases the circulation is unbarred, and healing interfered with, and the healed limb must be taught again, from the beginning, how to move; a procedure that lasts for weeks and months. We physicians of nature understand how to retain the mobility of the limb by light bandaging, and thereby hasten the convalescence, without permitting the broken ends of the bones to separate through improper movements.

All fractures, like a rupture of the intestines, through the abdominal wall into the scrotum, appear in eye as fibers that have been torn apart and leave a black shadow in the corresponding eye area. We must here note especially the areas of the leg, arm, skull, ribs, spinal cord and groin. The leg area lies along the two perpendicular lines, one on each side of the pupil. (Chart III and IV, 35 to 40.) According to their situation along this line, they are designated as follows: 40 foot, 39 ankle, 38 leg, 37 knee, 36 thigh and 35 groin.

The following signs are shown in Chart IX, pair I: at 14a, a spot under the pupil, disease of the small intestine; below, severe injury to the right knee, and in addition light scars on the leg and ankle. 14b, under the spot of the sigmoid flexure, healed wounds of the left thigh, and blood stasis with an inclination to abscess formation at the knee and leg. At 13a and b, scars in both groins.

Chart VIII, pair I, 29a: an accumulation of iodine in the right thigh and a severe injury to the knee, well healed. 29b: small accumulation of foreign matter. 28a and 27: swelling of the inguinal glands in both groins, following the treatment of venereal disease by iodine.

Chart V, pair II, 2a: severe injury to the right thigh with a right inguinal hernia and disease of the right kidney (each condition shown by a separate mark).

Chart V, pair II, 2a and 2b: scars from the healing of long incised wounds on both legs and in the right groin.

Chart VII, pair I, 2a and 2b: poor circulation and coldness of the feet.

Chart VII, pair II, 1a to 1b: rheumatism of both legs, the result of diseased kidneys; 3a and 3b, the same with salicylate poisoning; 2a to 2b, rheumatism in both groins.

Chart VII, pair III, 17a to 17b: poor circulation of the lower abdomen and legs.

The location of the arm area I have designated, according to Peczely and Liljequist, on line 11 (Chart III) at 25, 26, elbow; 27, fore arm; 28, wrist; 29, hand and fingers. I have come to doubt, however, the accuracy of these localizations. Only occasionally have I been able to confirm the eye signs in this area. A striking example is the presence of dark lines in Chart VII, pair II, 5a to 5b, in which the signs of joint rheumatism is confirmed by the presence of disease of the arm. According to my idea, the arm areas lie in the shoulder line. (Chart II, blue 5.) I hope, in my more complete work, to determine this more accurately.

I must also mention the fact that in amputation of the extremities, under anaesthesia, eye signs do not appear. It seems as if it were less the mechanical interference than the weakening of the vitality, and shock from pain, that lay the foundation for the changes in the iris. This would be a fruitful field for research for the surgeons, especially in war. That the changes in the iris, due to loss of limb, are untrustworthy, as an expert testified at the Tilseter case, may therefore be dismissed.

Fracture of the ribs appear in the chest area. The areas mapped out for the chest and pleura, in Charts III and IV, 23 to 24, are the areas for the lower ribs only, where, as a rule, the

chest and pleura inflammations first show themselves. The lung areas (22) likewise correspond to the chest area. Disease of the female breast appears in the middle of the lung area. The bright bands between 20 and 1a, Chart VII, pair III, is characteristic of an inflammation of the pleura. The dark spots of a lung cavity and fracture of a rib are difficult to differentiate, as are likewise the light marks of lung catarrh, lung inflammation and rheumatism of the chest. In the last case, kidney signs will be present; in the first, signs of disease of the upper respiratory tract. One must always consider the signs in the various areas in their relation one to the other, in order to arrive at the correct diagnosis as often as possible.

Injuries to the skull appear in the upper part of the vertex line. (Chart II, black 1; III and IV, 1 and 1.) Examples are: Chart V, pair III, 6a, healed wound of the forehead; Chart VII, pair I, 9 and 10, vertex and forehead injuries; Chart IX, pair III, 1a and 1b, healed fracture of the skull.

Disease of the spinal cord is shown in the spinal area, Chart IV, 9, 10, x. White bands in these areas denote lumbago, caused by an accumulation of uric acid. If these areas are especially bright, and if we notice that the patient staggers when his eyes are closed, we can diagnose tuberculosis of the spinal column. Chart IX, pair IV, with narrow pupils and light spinal areas (5a and b), is the pair of eyes of a case of tuberculosis of the spine. Black spots in this area would signify destruction of the vertebral column by pus. Very often this is accompanied by evidences of venereal disease in the sexual area. In Chart IX, pair I, 18a and b, the black spots signify healed wounds of the back from being run over. Chart VIII, pair I, 5a, 6b, a collection of foreign matter and weakness of the back; and it is not improbable that a tuberculosis of the spine will develop as the result of venereal disease.

Chart V, pair I, 5a, 5b, blood stasis in back and abdomen. Since the back and stomach lie one in front of the other, so, in the eye, their areas overlap. The outer halves of the abdomen show their location in the eye along the abdominal line. (Chart II, black 12.) Chart V, pair III, 10, injuries to the back. Chart VI, pair II, 8; Chart VII, pair I, 6a to 6b; pair III, 5a and 5b, show various diseased conditions of the back.

Irritation of the muscles from uric acid, a condition known as muscular rheumatism, is represented by white lines; blood stasis in muscles, by shadows; injuries and wounds of muscles, by black spots. If they are ringed, it signifies that they are healed and scarred. One may seek them for himself.

CHAPTER XII.

ABNORMAL COLORS AND FORMATIONS OF THE NERVES, BRAIN AND ORGANS OF SENSATION.

We have already learned that the inner ring of the pupil, the sphincter muscle of the pupil, is the most important nerve area. This muscle is, in reality, composed of two muscles, the dilator of the pupil and the constrictor of the pupil. Both work involuntarily and unconsciously, are therefore under control of the involuntary "vegetative" nervous system. This has its central station in the solar plexus, a group of ganglia that lie approximately in the middle of the body. (See Chart III, front view of figure.) Connected to the solar plexus are the ganglia of the heart, the lungs, the liver, the intestines; in short, all the organs that work involuntarily. (See Chart I in my "Healing by Odic Force.") Corresponding to its central position in the body, the area of the solar plexus, the central station of the vegetative nervous system lies in the center of the eye around the pupil. The field of the conscious, "animal," "positive," voluntary nervous system, whose central station lies in the brain, is found above in the vertex line of both eyes. (Charts III and IV, 1.) The observation of the heart area is also very important in judging the nervous state. Here we may likewise observe the irritability of the unconscious "vegetative," nervous system. In anaemia we have, as a rule, a diminished amount of blood in the feet, associated with a congestion of the head and brain, with a feeling of pressure in the head, dizziness, pain at the roots of the hair, a hot, flushed face and reddened eyes. This corresponds to the milk white color of the brain area, in connection with the darkening of the foot area. (Chart VIII, pair III; Chart IX, pair III; Chart VII, pair III; Chart VI, pair I; Chart V, pair II.) The rarer condition of anaemia of the brain, with a feeling of

emptiness in the head, pallor of the face, attacks of syncope, is shown as a dark brain area in Chart VI, pair II and III.

Congestion and a feeling of pressure in the head, headaches, migraine, neuralgia of the head, insomnia, etc., should not be temporarily driven away through the administration of anti-pyrine, anti-febrine, migraine tablets and similar drugs that deaden the nerves. Rest, sparing the nerves, driving the blood away from the head, by means of sitz baths; the use of odic force to the spine and neck during the sitz baths; if necessary, the use of hypnosis, are better methods. Numerous remedies for sleeplessness are given in my pamphlet, "How Shall I Cure Myself?"

The areas of the organs of sensation are as follows: eyes, Charts III and IV, 3; ears, 19; nose, 4; tongue, 6-7; in the left eye for the organ on the left side, in the right eye for that on the right. A running nasal catarrh shows a light nasal area, Chart VII, pair III, 9a to 9b; dry nasal catarrh, on the other hand, a dark area; Chart VI, pair II, 10a and 10b; Chart VII, pair I, 11. Nasal polypi are shown as dark spots. In Chart VII, pair II, 9a denotes a healed operation in the right nose, while in the left nose (9b) the polypi are still growing. Chart VIII, pair I, 11, shows iodine treatment of the left nasal cavity, with continual sneezing and running from the irritation. Pair III, 15a and b, eye disease; operation on the right eye. 14a and b, a chronic running nasal catarrh; Chart IX, pair I, 24a and b, nasal disease; pair III, 3a and b, dry nasal catarrh; 15, disease of the eye; pair IV, 2a and b, nasal polypi. We friends of nature therapy are opposed, as a rule, to tearing out the polyps and burning their roots. By drawing away the blood from the head, we seek to shrink them and very gradually cause the disappearance of these little blood sacs. They are neither animals nor plants, but like haemorrhoids and varicose veins, the results of blood stasis.

In Chart IX, pair I, 3a and 3b, we have blood stasis in the ear, with a tendency to middle ear inflammation. A severe grade of disease, due to foreign matter, accompanied by pus formation in the left ear with destruction of the little bones in the ear, is shown in Chart VI, pair I, 3a. Continual discharge from the auditory canal would show the light marks, characteristic of any discharge, as shown in Chart VIII, pair II, 3a and b. Chart IX,

pair IV, 13b, shows iodine poisoning of the left ear, which is syphilitic and discharging pus.

CHAPTER XIII.

ABNORMAL COLORS AND FORMATIONS OF THE SEXUAL AREA.

In almost all the diseases peculiar to women, as well as in men sick from venereal disease, and in children who have abused themselves, there can be seen changes in the important sexual line, shown in Charts II and IV as black lines surrounded by red. Peczely and Liljequist located this line only in the right eye, while the rectum and anus lay along the same line in the left eye. But I often noticed similar alterations of the sexual line in the left eye. Since the rectum starts on the left side, signs of constipation and haemorrhoids appear, as a rule, only in the left eye. It appears, therefore, that the sexual organs, which lie in the middle line of the body, as does the rectum, have their area more in the right eye, while the rectal area lies more in the left eye.

Chart IX, pair I, 16b, shows blood stasis; on the other hand, the five spots in the right eye at 16a shows various operations upon the sexual organs. The two spots lying near the periphery show injury to the two outer true vulval lips; the two small spots above, injury to the two inner and smaller vulval lips; and the large spot, in between, injury to the womb.

The large spot above this, along the margin of the pupil, belongs to the gastro-intestinal area. The signs characteristic of venereal diseases have a definite localization. An American book that bears a title similar to mine (author not mentioned) just reverses the location of the uterus and vulval lips, placing the former at the periphery, and the latter, including vagina and lips, more toward the inside. It is self-evident that this does not correspond to the true state of affairs.

The light bands, in between, indicate leucorrhea, inflammation and catarrh of the mucous membrane. This should not be relieved by injections of alum or other irritating drugs, but by means of warm washes, used several times a day, and cautious douching with pure water. Eventually, as in the case of all

catarrhs, their general health improves, and then the other conditions clear up spontaneously. Better than everything else, besides diet and rest, is the use of sun, light and air baths, and the ray treatment of the region of the vulva, daily lukewarm sitz baths at 32 to 26 degrees C.; mornings, a cold sponge with a change of clothes.

Similar operation marks can be identified in the female eyes in Chart IX, pair III, 7a (7b would be interpreted as haemorrhoids); Chart VIII, pair III, 10a.

For the characteristic formations of these diseases of the male and female sexual organs, I must refer you to the more detailed pictures and illustrations in my work, entitled "German Method of Healing by Odic Force." The area of the ovaries, which lie in the flanks, near the hips (Chart III, figure facing front, 32), we find along the stomach line in Chart II, 12.

In Chart IX, pair I, 13a and 13b, we recognize evidences of operation on both ovaries—a similar condition is shown in Chart IX, pair III, 10 and 12; and Chart VIII, pair III, 7a and 7b. Right here it should be emphasized how easily natural methods of treatment bring about a cure, and how often they are successful. Hot compresses to the groins, douches and treatment of ovaries by odic force are important methods of treatment.*

The male sexual diseases we find in Chart VIII, pair I, 1a and 3b. At 1b and 2b abnormal colors and abnormal formations are present. In 1a, of the two spots lying one upon the other, the outer one denotes a syphilitic infection of the urethra; the one lying toward the pupil, disease of the prostate gland and the parts above it. The two spots at the side show an eating away or corrosion of the two neighboring organs. The iodine spots at 2a and 2b are the results of iodine poisoning. The latter has left behind traces in the inguinal glands and neighboring parts (28a, 26, 27); also in the larynx (7) and nose (11). The signs of a flaw at 1a and 2a denote a urethral discharge. At 3a and 3b signs of bladder involvement are shown. By means of mercury injections, this poison is forced into the bladder, sets up an inflammation and produces a lasting bladder catarrh. Even the kidneys are directly involved (30a and 30b). A still greater destruction is shown in the pair of eyes of a case of tuberculosis of the spine;

* See our work, "Pathology Iridiagnosis and Treatment," by Doctors F. W. Collins and Charles Haverin.

Chart IX, pair IV, 6a and 6b, show evidences of operations, syphilitic ulcerations and iodine treatment.

I want to take every opportunity to emphasize the damage caused by mercury in any form, and the advantages of treatment according to the principles of nature therapy through washes, sun baths, sitz baths, sweat cures, etc.

CHAPTER XIV.

THE EYE SIGNS OF DISEASE AND THE NEW RAY RESEARCHES.

How is it possible that the areas of the various organs in the iris are arranged according to their position in the body? The eye has no direct nerve communication with each individual organ, and is not actually involved in diseases of the various organs. The "materialistic" gentlemen believe in the transmission of power only through channels that can convey such power, as, for example, through the blood vessels, nerves, or at least through oscillatory waves that can be demonstrated, counted and measured.

Reichenbach, with his teaching of odic force as energy in the form of rays, has now, after a silence of one hundred years, suddenly come to life again, due to two new discoveries; one, the wireless telegraphy; the other, the discovery of the invisible rays. Who is the greater master, the discoverer of the first steam engine or the discoverer of the innumerable improvements upon it? Who has rendered the greater service to mankind, the first discoverer of the invisible odic rays, or the investigator of innumerable varieties of invisible rays? Just as it is hardly possible any more to discover new elements, so will it be with new rays. Then one will come to realize that according to the laws of the conservation of matter and energy, the various elementary substances are only transformations of one original element, material or substance, whatever one may choose to call it. In a similar way we will learn that all the rays, like all other forms of energy, are only transformations of one original form of energy. It will further be shown that all these changes take place under the influence of the two antagonistic poles. Not only have magnetism and electricity their double polarity, that is,

a male "positive" (+) and a female "negative" (—) pole, but also heat, light, gravity, and all other forces like odic force and the new rays. Likewise all the elements and all bodies, the earth and all the heavenly bodies, and the solar system have their male or positive and their female or negative pole. All transformations of energy, as light into heat, electricity, magnetism, odic force, the forces of attraction or repulsion, etc., take places according to the laws of polarity. Reichenbach has already pointed out that the human and animal bodies, the plants, crystals and stones have antagonistic poles in their length, breadth and thickness. Also man and woman, the male and female species in animals and flowering plants, all confirm the theory of polarity.

Reichenbach named the unknown force of radiant energy that is invisible, and only to be recognized by very sensitive people in a dark room, after the God of the Germanic people, Odin, or Od. Therefore, in my pamphlet, "German Method of Healing by Odic Force Instead of Swedish Massage," and in the first edition of this work, I have retained the name Od. After the discovery of the invisible ultra-violet rays, which lie beyond the violet end of the spectrum, as well as the invisible but otherwise entirely different X rays, other investigators have more recently carried their study of the invisible rays still further. A more detailed consideration of these discoveries and their significance in regard to life itself and in regard to the eye-signs of disease, is better reserved for my more complete edition. The researches of Becquerel must, however, be considered here. He found out that even our body emits N rays, and that they emanate from the nerve centers. He acknowledged the value of Reichenbach's discovery and confirmed the results of his investigations.

What the industrious Reichenbach described in his now rare two-volume work, "The Sensitive Person," has since been confirmed by later investigations. It is deserving of mention that to this day investigators seek to elaborate upon, and to apply to other branches of research, Reichenbach's original discovery of radiant energy. But this by no means detracts from the significance of Reichenbach's Odic Force.

The results of this new research will completely change the

broad field of philosophic investigation. Furthermore, it will lead to a complete revolution of related sciences, even of philosophy itself. Following Kant's "Age of the Philosophers" came Darwin's "Epochs of Nature," and Büchner's "Force and Matter." We are standing at the threshold of a new era, at the reconciliation of philosophy and the natural sciences, of Kant's "The Thing of Itself" and Büchner's "Force and Matter," of Fichte's "I" and Liebig's "Albumen Studies," of Schopenhauer's "Will" and Meyer's "Conservation of Energy." From the infinity of the universe of Copernicus, we are led to the boundless realm of microscopic investigation. As the world can have no external boundaries, neither can it have internal ones. I have sought to show, in my illustrations of the ovary and spermatozoon in my "Method of Healing by Odic Force" that by continually increasing the magnifying power of our microscope, we will always be able to find new and more minute worlds; and that the limits to which we can increase the magnifying power does not lie at any definite mathematical point. The microscope, like the telescope, will always be more and more perfected; the view of what is near, as well as of what is far distant, will always be greater, and the end will be—delusion. Our vision is but delusion. "The Thing of Itself" is entity. Matter and force will fraternize with space and time. The research into radiant energy and into the elementary composition of matter must eventually be handed over into the realm of philosophy and metaphysics.

May I be pardoned for my digression.

In spite of all, Odic Force remains Odic Force; and, furthermore, we shall give Reichenbach the honor of calling his child by the name he picked out for it.

CHAPTER XV.

THE EYE SIGNS OF DISEASE AND THE STRUCTURE OF THE BODY.

In my pamphlet, "German Method of Healing by Odic Force Instead of Swedish Massage," I have named the male, "positive," strong and active pole, Ad, after Adam; and the female, "negative," weaker and passive pole, Ev, after Eve. Odic Force, like all other forms of energy, such as magnetism, elec-

tricity, etc., has, therefore, two poles. In this booklet I have illustrated the two antagonistic poles by means of many instructive colored charts of the sexual organs, as well as of the other organs of the male and female body. I have also shown the development of the human body from the ovum, according to the laws of polarity. It shows that the lower half of the body exerts its stream of energy outwards, in an odic, positive way. The action of the bladder, intestines and sexual organs are examples. The upper half that is evic or negative draws its energy inward, as is the case with the mouth, nose and other organs of sensation. The wonderful symmetry of the right and left sides is nothing more than the equilateral location of the side poles of the ovum, holding the sides in equilibrium.

In the Charts III and IV, we have drawn the left half of the body, adic red; the right half, evic blue. This is of great significance. In the spectrum of the seven colors of the rainbow, red is the adic, brightest color at the positive end, with the greatest number of oscillatory waves; on the other hand, blue, near the light violet end, is the evic softest color at the negative end, with the least number of oscillatory waves. In chemistry, the positive acids color the evic blue litmus paper an adic red; and the negative bases color the adic red litmus paper an evic blue. By separating its poles, Odic Force emits adic or positive Y rays at one end, evic or negative Y rays at the other.

Because of this, I have marked all the evic organs on the right side blue, and the adic organs on the left side red. In the figure showing side view in Chart IV, the adic hard back is drawn in red, the evic soft front in blue, corresponding accurately to the researches of Reichenbach. I take one exception to him, however, in that I consider the male sexual organs the most adic of all. In my booklet "Healing by Odic Force, etc." I have clearly shown, through illustration and text, how, even in the ovum, all the adic organs like the nerves, bones, limbs, hair, etc., are elongated like the male organ and the spermatozoon, and how they continue elongated even as they grow, while the ovary and the womb take on a more modest rotundity. And I have further shown how all the organs, whether adic or evic, have an adic, pointed, positive pole directed downward, and an evic rounded negative pole directed upward. The womb and the

ovary show a rounded evic pole and a pointed adic pole; the spermatozoon, a rounded head and pointed tail; the male organ, rounded testicles and pointed glans. This is further strikingly demonstrated if we observe the upper evic roundness, and the lower adic pointedness of the head, heart, trunk, stomach, bladder, and almost all the other organs of the body. As in the rainbow, the evic blue lies along the inner, and the adic red along the outer curve, so we find that all the joints in our body bend toward the inner softer evic side, and are unable to bend toward the outer bony hard adic side. Thus we can only bend the body toward the front, toward the evic soft abdominal wall, and not toward the hard adic back. The hard adic spinous processes of the vertebrae prevent this. The elbow joint bends toward the front of the forearm, the knee joint toward the soft calf of the leg, the hand toward the evic palm, the feet toward the evic sole. And so it is very easy to differentiate between the evic and adic poles of the various organs of the body; either by means of its form, whether evic round or adic pointed; or by the direction toward which a joint bends; or by the direction of the adic secretion in the case of the excretory organs.

Unfortunately, I can merely mention this important relationship of the poles of the various organs, and must refer one for more particulars to my pamphlet "Healing by Odic Force." In this work I have proven that the "Diagnosis of Disease by Observation of the Eye" rests upon a scientific foundation, and not upon empiric observations and experiences. We must be able to establish scientifically the dependency of the eye signs upon disease lest our work be justly ridiculed as a fabric of lies. "See what Thiel, from the depths of his intellect, has formulated in regard to the localizations of the organs in the eye," exclaimed Liljequist, scornfully. "It is to be hoped that Thiel has learned to draw as good pictures of the iris as I have." My readers may judge whether Liljequist or any other eye diagnostician can show the same clear illustrations that I have in this book. Dr. Schlegel, a physician in Tübingen, who has expressed great admiration for most of my work, declines to give recognition to the part that puts it upon a scientific foundation. The critics of this new edition must necessarily have read and received their information from my booklet, "Curative Treatment by Odic

Force." I am more than willing, upon request, to send my "German Method of Healing by Odic Force" free to all honorable men who are engaged as critics to any well known paper, if they, in return, will promise to produce proofs of their criticism.

In this same book I have shown why the heart must be on the left side of the body; why the large intestine extends upward on the right, and downward on the left side; the aorta downward on the left, but the large veins upward on the right side. I have also shown that there is a reason for all the forms, positions, directions and activities of all the organs of the body. A physician of Krefeld thought it necessary to represent, in a long newspaper article, my scientific efforts as the buffoonery of a quack healer, who had no conception of the formation of the interior of the body, nor any knowledge of natural laws. Let science ask such a wise man where the fool is to be sought; amongst the children who always ask the why and wherefore of things, or amongst those to whom every question appears as a phantasm?

Even in the ovum the S-shaped heart tube turns its adic point downward and to the left, and raises its evic rounded end upward to the right. The evic upper pole that draws the blood in leads to the auricles; the adic lower pole that drives the blood out leads to the ventricles. The evic right pole leads to the two right chambers, the adic left pole to the two left chambers. The adic chambers on the left side of the heart, together with the aorta on the left side, contain red adic blood; the evic right chambers with the large veins on the right side contain evic blue blood. This is entirely in agreement with the pole colors described above, and with the colors of the electric stream. The direction of the poles of the heart governs the direction of the poles of all the organs of the body. The direction of the poles in a piece of ice towards its adic point may help to explain the cause of polar direction in general.

In the course of development of the ovum, according to the laws of polarity, daughter cells are given off from the original ovum simultaneously to the right and left, above and below, and in front and behind it, as illustrated in the pictures of my "Method of Healing by Odic Force." The antagonistic poles of the cells keep them in equilibrium in relation to the middle of

the body; and they remain mutually dependent upon one another, and upon the body as a whole, as they develop.

In wireless telegraphy innumerable small iron filings are loosely placed in a vacuum tube. If an electric stream be directed into such a tube, all the little iron particles unite to form one magnet that conducts the electric stream to the other pole of the tube. If one strikes the tube with a hammer, the iron filings fall out of place, and are no longer magnetized. This tube may be considered to the ovum undergoing development in the womb. The penetrating spermatozoon is the electric spark. The cells of the ovum draw together in groups according to the laws of polarity, and then begin to expand in the three dimensions; in the axis of length, Chart III and IV, upward as evic, downward as adic; in the axis of breadth, Chart III, toward the left, adic, toward the right, evic; in the axis of depth, toward the back, adic, toward the front, evic. The body works as one single magnet. When the hammer blow of death comes, all living cells fall lifeless apart.

If one breaks a magnet apart, one would not have in the one hand the adic positive half, and in the other the evic negative; but each piece will be a complete double-poled magnet. If one continues to break each piece apart, each resulting piece will be a complete magnet in itself, even if the division is carried down to the smallest particle of iron. In a similar way, in our body, that portion above the diaphragm, and that below it, act as two separate magnets. Furthermore, every individual organ is a magnet in itself, with an upper evic pole and a lower adic pole. Finally every individual cell has an upper evic and lower adic pole.

These poles are dependent upon one another in growth, development, activity, disease and convalescence; this accounts for the relationship existing between the two lungs, the two ears, etc. Irritation of the brain causes stimulation of the sexual organs, and vice versa. A hot head is associated with cold feet. A diseased liver affects the spleen, and vice versa, since they are organs of opposite polarity. Writer's cramp of the right hand makes it necessary to prohibit attempts at writing with the left. Many other examples could be cited to illustrate still further this polar dependency.

Diseases of the adic pole of the body, the sexual organs or rectum, for example, cause disease not only of the organs of opposite polarity, as of the brain, shown by headaches; but also of all the organs that have their adic pole directed downward, as the head, oesophagus, larynx, the lower valves of the heart, the bile ducts of the liver, the ureters of the kidneys, the sphincter muscles of the stomach, etc. Disease of an evic right-sided organ, as the liver, causes disease not only in the spleen—the organ of opposite polarity—but also in all the evic organs lying on the right side of the body. On account of gall-stone colic, a woman received an injection of morphine in the region of her liver; following this her right eye became blind, her right ear deaf, her right arm and right leg partially paralyzed. Similar results were observed in many of my investigations. Heart disease shows disease of the adic organs on the left side of the body; spleen, left lung, left kidney, left-sided rheumatism, left-sided headache, etc.

Upon the same laws of polarity depends Kuhn's science of facial signs. If he finds the right cheek involved, he diagnoses liver disease; left cheek, heart disease. If the depression of the throat is markedly raised or lowered, he diagnoses stomach disease; according to the size of the nape of the neck, disease of the spinal column. I have learned to value very highly this knowledge of facial signs, and I make use of it in conjunction with the eye signs of disease. The examination of the head reveals most of the things that the eye signs and local examinations confirm. Puffiness of the lower eyelids signifies oedema and kidney disease; yellow spots on face and hands, gall bladder disease and liver trouble; blue lips mean an excess of carbon dioxide gas in the blood from lung trouble, etc.

As the head, because of its polarity, acts like a mirror in reflecting the condition of the entire body, so every part of the head, as the eyeball and iris, reflect in a similar way the condition of the body.

Just why we are able to interpret diseases by observing the signs in the iris depends upon the fact that in this place all the abnormal colors and formations are seen most clearly.

We have the same polar axes in the iris as in the rest of the body (Chart III and IV below). Since the iris is only a surface,

and not a solid body of three dimensions, we can distinguish in it only an axis of length, from above downward (Chart III and IV), and an axis of breadth from right to left, which proceeds in a zig-zag rather than a straight line (x to 11). All the areas above the zig-zag line that corresponds to the line of the diaphragm, are the areas of the organs of the upper half of the body; and those areas below, the areas of the organs below the diaphragm. One should compare the relative positions of the organs of the adic red half of the body with the arrangement of their areas in the left eye, and those of the evic blue right half of the body, with those in the right eye. A few organs that lie in the middle line of the body, as the forehead, nose, mouth, larynx, etc., are drawn in a neutral black color in the inner half of both eyes, arranged from above downward in their natural sequence. Since the iris has practically no depth, the organs that lie one in back of another, as the stomach and back, sexual organs and rectum, sternum and spinal cord, trachea and oesophagus, occupy the same areas; and it is this that makes the Diagnosis of Disease by Observation of the Eye difficult.

The localization of the eye areas, according to the laws of polarity, did not rest upon a scientific foundation until long after the facts were discovered empirically.

The beginner must commit to memory and know with a certainty the localization of the various areas. What Peczely explains in his "localization" charts, by a chart of numbers, and what Liljequist attempts to show by means of crosses and oblique lines, offers insurmountable obstacles to the memory. I have endeavored, through the simplest illustrations, to place the same facts within the grasp of every father and mother. One should carefully compare in Charts III and IV the arrangement of the organs of the body with the arrangement of their areas in the eye. Then thoroughly make yourself familiar with the spokes or radii of the iris, between each two of which, with few exceptions, three areas are included: 1, vertex spoke or line; 2, foot line; 3, arm line; 4, navel; 5, shoulder; 6, lips; 7, chest; 8, larynx; 9, temporal; 10, sexual; 11, eyebrow; 12, abdomen. This arrangement is designed so that it may be more easily memorized. Next we come to the perpendicular line in the longitudinal axis, from the vertex to the foot. Then comes the important zig-

zag line (3-4-3) which in its breadth and depth (x to 11) corresponds to the arm and navel lines of Chart III and IV. After these follow the lines of the lips and axillae, running in opposite directions, in the upper half of the eye.

The horizontal line of the chest and larynx is especially important to commit to memory, because along its upper half lies the respiratory area. Between these lines described above lie other lines, as the temporal, sexual, eyebrow, and abdominal lines. One must carefully note the areas bounded by these radii and commit to memory the many signs found here.

CHAPTER XVI.

THE EYE SIGNS OF DISEASE AND THE METHODS OF NATURE THERAPY.

Peczely and Liljequist, founders of "The Diagnosis of Diseases by Observation of the Eye," were homeopaths. In the homeopathic movement of the past century this method of diagnosis played a very important role. For what could plead more eloquently against the large allopathic doses of drugs, and in favor of the small homeopathic doses, than the demonstration of the residual poison in the iris? And then the homeopathic physicians held a conference which sounded the death knell of the possibilities in, and the usefulness of, this method of diagnosis, much to the detriment of their movement. This is proven by the large number of recruits we have made along the lower Rhine who are practicing this science and using it as an aid in spreading the knowledge of the methods of nature therapy. Nothing else has made Pastor Felke's "Method of Healing" so popular and famous along the lower Rhine but his carefully studied diagnoses from the eye. Felke was considered the keenest practitioner in the world. Then I appeared with my little book and photographs describing the diagnosis of diseases by observation of the eye. None of the Felke, Kneipp, homeopathic or any nature therapeutic society along the lower Rhine troubled themselves about the great expense incidental in arranging for these illustrated lectures. These lectures were very well attended, and became most efficient in spreading the doctrine of curative methods in accordance with the laws of nature. The

medical profession recognized its significance, for they felt impelled to prosecute, in every possible way, this popular "Eye Diagnosis." They likewise attacked my book, my lectures, my activities, and even my very person. They tried, above all, to give the death blow to nature therapy methods, since at the trial of Tilsit they sought to prove that the "Eye Diagnosis" was pure humbug and a swindle. Schroeter was foolish enough to walk into a trap when he took the matter into the court. Every practitioner of this method of investigation must know how easily the investigation is influenced by one's emotions and frame of mind. It is not a simple mechanical reading of letters, but a difficult interpretation of living movable signs, a sort of "reading between the lines." It is not so much a question of certain external symptoms as it is a question of the investigation of the underlying cause; a comparison of related areas, colors and formations; a question of reasoning and judgment. It requires considerable practice to arrive at conclusions quickly, and a great deal of discretion, composure and proper frame of mind in order not to go astray. I usually refuse to make cursory examinations, referring such cases to my free Wednesday afternoon clinics at Lebensheim. There my organization is complete, and I am not disturbed; besides, there I have my glass. In spite of my short-sightedness, I seldom use this for magnifying purposes. I still use it, however, to illuminate the eye. An electric pocket lamp gives me very good service for the same purpose. For beginners, however, a good magnifying glass is strongly to be recommended. This glass need not have the lines of the areas marked upon it, as is found in Schroeter's ill-famed glasses. Such a crutch for the beginner was an impediment for those further advanced.

While the nature therapy societies of the Rhine and Westphalian group gave undivided recognition to the "Diagnosis of Disease by the Eye," the leading organizations and most important periodicals of the nature therapy movement, for some unknown reason, remained cool toward us, if they had not already turned against and condemned us. The "Deutsche Warte," the leading paper of the movement, and with it many other nature therapy periodicals, thought it necessary to reject our methods of examination, since it did harm to their move-

ment. At the time of the Tilsiter trial, everyone was not anxious to have nothing to do with this "Eye Diagnosis." It could have nothing in common with the methods of nature therapy.

How foolish! How unwise! One has thrown away the sharpest weapon they possessed against the regular school of medicine, against "allopathy," against the teaching of healing by means of poisons. The homeopathist picked it up later, after it had been discarded by their own physicians.

It is fortunate that out of the circle of friends of nature therapy, physicians are now arising who are helping to support this method of diagnosis, and to put it upon a scientific basis. Dr. Diehl, physician in chief to the nature therapy institute at Soden Saalmuenster, and successor to Dr. Bilfinger, has passed critical but correct judgment upon our method of investigation in the periodical, "Naturarzt." We hope he will not go the way of many other men who at first gave us recognition, and then because discouraged on account of early mistakes, turn around and become our sharpest adversaries. Even I have passed through a critical period. As long as I walked the paths smoothed out by Peczely and Liljequist and sought to fathom every case of drug poisoning, every rupture and every scar, and found that I could not interpret everything exactly according to the letter, then I, too, began to lose faith, if not entirely in regard to the possibilities, nevertheless in regard to the advantages of this method of investigation. I said to myself, "What is the use of diagnosis, since in the teachings of nature therapy the recognition of symptoms and the nature of the illness does not play such an important role as it does in allopathy and homeopathy." This critical period of doubt and despair lasted a full year. The things that saved me from the fate of those who were originally enthusiastic friends, and later became critical doubters, were my daily intercourse with my patients, my unbiased mind and a mentality that was not molded to a definite system of training through an academic course of studies, and, above all, the importance of my investigations. I wanted to know, once for all, what there was to this thing. I learned to forget, more and more, the search for little corners and spots, and to observe the important points leading to the fundamental cause. The "prog-

nosis" gradually replaced the "diagnosis." The recognition of the results of operations and the ingestion of drugs were of less importance to me than the discovery of unnatural methods of living. While Peczely and Liljequist directed all their attention to previous wounds, scars, poisonous drugs, etc., I turned away from these things and paid special attention in regard to the prognosis of the length of time of convalescence and of future illnesses. Prevention is very much more important than the cure. Of course, one gets less thanks for the former than for the latter. And so I have developed from a diagnostician to a teacher of the art of healing. For the healthy as well as for the sick, it is very much more important to tell him, from the examination of his eyes, from what complications he must guard himself than to perform clever tricks by telling him, from the examination of his eyes, about his wounds, scars, iodine inunctions, creosote ingestion, etc. For the practised eye examiner, the past, present and future ills are clearly distinguishable from one another. The latter appear as the faintest shadows in the light as well as dark areas. The degree of shading can be best distinguished in Chart IX, pair I, at 1a, 1b, 4c, 11, 14b, 17b, 12, etc.; Chart VIII, pair I, at 29b, 19, 16a, 18a, etc.

Deposition of foreign matter signifies an inclination to colds, or to an inflammation. Every inflammation endeavors to throw off the foreign matter, as in the case of an abscess caused by a thorn irritating the flesh. We pull the thorn out, and try to get rid of the foreign matter gradually through all the excretory organs, before the body casts it off in the course of a fever, thereby endangering the whole system. By means of the X-rays, the surgeon seeks to locate a foreign body that has penetrated the tissues; we determine its location by examining the iris. A patient may have no suspicion of impending disease; no pain, no feeling of pressure, not even temporary discomfort.

A pretty yellow-looking gentleman came to see me with his sick wife. He did not wish to be examined, since he considered himself perfectly sound, and claimed he had always had a yellow complexion since childhood. From his eyes I diagnosed a sluggishness of the bile, with an excess of bile present in the blood. Since his father had died from liver disease, he accepted my advice, took frequent sun baths, lost his yellow color in a remark-

able way, and saved himself from the fate of his father. A teacher and his children were examined by me. I found, in addition to skin disease, a marked affection of the lungs from foreign matter. I consider both conditions as worthy of more attention than the associated disease of the conjunctiva and of the other organs. The teacher refused to believe in the possibility of lung disease affecting himself and his children, although he admitted that his relatives were suffering from lung trouble, and he and his children from a scaly condition of the skin. I pointed out to him the relationship that exists between the lungs and skin, and that a scaly condition of the skin is the result of inactivity of the lungs. I advised him urgently to take breathing exercises, and give proper care to his skin. If he had followed my advice, he would have saved himself and family from the fate of his relatives; if he fails to follow it, the lung trouble will develop into an inflammation of the lungs. If the amount of foreign matter cannot be disposed of through the process of an inflammation, but remain, deeply rooted, then death is inevitable through haemorrhage or through the development of tuberculosis.

The stomach and skin areas give many valuable signs in regard to the prognosis. How often do patients deny any stomach or skin disease and, to their own detriment, fail to follow the advice given them.

How fortunate I consider myself, in my intercourse with my patients, to be able to call such a method my own. How grieved I feel that every other doctor will not give it recognition. Why do I deserve the complete and wonderful confidence of the sick? Is it true that there is no end of ignorant people? Is it not true that among my patients are men of the highest attainments and women of the noblest character? What am I, weak mortal, to these poor people? It is nothing more but the fact that I tell the people all that they themselves would have to confess to the doctor! O, you doctors of nature, do not cast away this valuable method. It should not take the place of other methods of investigation. Rather, it should be the first and leading method of investigation employed by the doctor, who will find that it will win for him the complete confidence of his patient. It should be the guide to the investigation of local conditions. And if all

other doctors refuse to use this golden method, remember that you should develop it to its full splendor. For, know you that in the eyes of suffering humanity, you will find not only personal glory, but a brilliant weapon in defense of our method of nature therapy.

THE EYE SIGNS OF DISEASE IN OUR ILLUSTRATIONS OF INDIVIDUAL PAIRS OF EYES.

Chart V, Pair I. The blue-green eyes of my eleven-year-old son Ernest: apparently normal eyes with small pupils, no black spots nor abnormal colors in the stomach area, but a marked brown color in the region of the liver (2) and especially spleen (1); a condition that is hard for me to explain, since I and my wife have clear blue eyes. The only diseases that we know about are: rupture in the right groin (4), whooping cough (3a and b), and a marked eruption on the head (6a and b) that had been present some time ago. There are signs also in the abdominal and back areas (blood stasis, 5a and b). The other shadows are probably due to inherited conditions. The brown area shown above, that appeared for the first time three years ago, has now almost completely disappeared, and other signs have in the meanwhile appeared. This shows how changeable the appearance of the eye is.

Chart V, Pair II. The light brown, markedly fissured eyes of one of my pupils, showing degeneration of the entire intestinal tract, and a chronic inflammation of the appendix (1a and 13); still the spots are not elongated like those that denote a complicating disease of the neighboring organs in the region of the liver: ulcerations at the cardiac orifice of the stomach (9b), and at the pylorus (13); corrosion of the mucous membrane of the transverse colon (9a to 11a, 11b to 9b), of the ascending colon (9b), sigmoid flexure and rectum (at the edge of the stomach area 1b, and at 5b), and of the small intestine (4a and b, at the periphery of the intestinal area). As the result of this destruction of the intestine, there are evidences of poor blood, poor nutrition of the heart with dilatation (9b), kidney disease (2a and b), liver catarrh (13), lung disease (9a and b), bronchial and laryngeal disease (4a and b), pharyngeal disease (below 11a and

11b), and anaemia of the brain (6a and 6b, 10b). The three spots at 2a signify: 1, injury to the thigh; 2, to the right, inguinal rupture; 3, to the left, damage to the right kidney.

Chart V, Pair III. Blue-green eyes of one of my pupils with yellow streaks marking the borders of the stomach area (similar to Chart VIII, pair II). They show ulcerations at the cardiac orifice of the stomach (7b, at the border of the stomach area), with dilatation of the stomach. The dark-looking spots along the sexual line are in reality yellow in color (3a), associated with a white line, signifying a discharge; both conditions lead one to suspect onanism. Severe but healed lesions (black with white borders) of the two left lobes of the lungs (1b), and of the left half of the forehead (6a), shown less plainly at 6b. In the same way, at 1a and 7a, we note disease of the right lung only. Injury to both legs with tendency to varicose veins (2a and 2b), disease of left chest (8), liver lying directly beneath the skin (9), disease of the upper part of back (10). Marked degeneration and dry catarrh on the left side of the larynx, pharynx and nose (4, 5, 6), sluggishly acting kidneys (2a and 2b).

Chart VI, Pair I. The eyes of one of my pupils, originally blue, but now green, containing considerable amounts of brown, like one suffering from the itch. The marked darkening of the right eye, toward 5, where almost one-fourth of the eye is affected, shows, according to my colored charts, such a striking abnormal brown pigmentation that it must arise, without doubt, from some contagious form of the itch. I have often found, in other cases of the itch, a similar dirty brown color, but never have seen it covering such a wide area. That the right eye is especially involved signifies a severe grade of illness of the entire right side of the body, which fact is confirmed by the presence of liver disease (8); the latter, in turn, has affected the spleen by reason of its polarity (7). At (8) is also seen disease of the pylorus and appendix. The stomach area shows a brown discoloration, and the other well marked brown areas indicate a blood stasis of the vertex (1a and b), of the right temple (3b), of the left ear with pus formation (3a), and of certain parts of the abdomen. Direct injury of the left chest is shown at (2). The green rings (shown in the illustrations as dark rings) which encircle the entire iris, are very clearly shown. I cannot agree with

Liljequist that they are a sign of convulsions. At 9a and b is shown involvement of the kidneys.

Chart VI, Pair II. A thirteen-year-old pupil of mine with brown eyes containing light green rings. The light green lines, especially in the sexual area (9a and b), indicate a discharge. The dark brown pigmented intestinal area shows disease of that organ. All these signs, together with the manner in which these fibers are torn apart, reveal a thoroughly degenerated constitution. I wish, at this point, to show a little more clearly why brown eyes are much more difficult to examine than blue ones. While in blue eyes injuries and discharges are usually sharply demarcated, and show a difference in shade that is easy to distinguish, brown eyes show a mixed color from the blending of brown and green. In place of black spots, very dark brown spots appear, and the white streams and clouds become a yellowish green of various shades. The green-yellow color along the sexual line (9a and b) signifies masturbation, a diagnosis that probably clears up many of the symptoms in this case, and associated with this, because of opposite polarity, a congestion of the head. The dark brown streaks in the direction of the vertex (1a and b) signify a lack of body fluids, dilatation of the heart (5), kidney disease (4a and b), tuberculosis of the spine (3 and 8), inactivity of the stomach and intestines, with disease of the cardiac orifice of the stomach (5), of the pylorus (12), haemorrhoids (9b). We also find gout in the left groin (11b), ear discharge on the left side (7), dry nasal catarrh (10a and b), disease of the right bronchus (13), gout of the right arm (12).

Chart VI, Pair III. Yellow eyes of a pupil of mine with numerous spots ringed with brown, a honey-combed appearance around the intestinal area, and a suspicious sexual line. Evidences of blood stasis around and in the stomach area, constipation, haemorrhoids (5b), blood stasis in both lungs (8a and b), in the liver and spleen (7a and b), in the kidneys (16a and b), in the large systemic veins (6a upward toward 11a), larynx (4), pharynx (13a and b), both ears (10a and b), dilatation of the heart (3b). Weakness of the walls of the aorta (6 to 9, upwards toward 6b).

Chart VII, Pair I. Eyes of a mixed blue and yellow-white color, with a marked anaemic ring and a shredded appearance of

the fibers surrounding the stomach and intestinal areas, with a suspicious-looking sexual line (13a). These were the eyes of one of my pupils, very anaemic, 14 years of age, with a pale flabby skin. They show degeneration of the stomach (dilatation) and of the pylorus (1b), of the small intestine (6a upward to the margin of the stomach area to 12, and 6b upwards to 17); of the ascending colon and vena cava (8a upwards) and of the descending colon and aorta (1b upwards toward 8b); hard haemorrhoidal nodules (13b), an apical catarrh of both lungs (1a and 1b), anaemic cold feet (2a and b), disease of the spine (6a and b), dry nasal catarrh, healed wound following operation for nasal polypi (12), injury to right eye (11), wound of head (9 and 10).

Chart VII, Pair II. Yellow-brown eyes of a 14-year-old pupil of mine showing separating of the fibers, a typical picture of joint rheumatism with salicylic acid poisoning. The lines of the arm (5a and 5b), the foot lines (1a and b), dilatation of the heart, leaky heart valves (9 and 10), lung disease dependent upon heart disease (9 and 10); all are involved as a result of the rheumatic condition. In the right lung we find healed cavities (6, 7, 8). We find further a catarrhal inflammation of the gall bladder with a swollen liver (16a), sticking pain in the region of the spleen (16b), pain in the kidneys (3a), pharyngeal catarrh (15), dry nasal catarrh (14a and b), injury to the right eye (12a), rheumatic pain in groin (2a and b), anaemia of the stomach, haemorrhoids with discharge (18b), varicose veins (1a and b), anaemia of the brain (13).

Chart VII, Pair III. The very broad streams along the sexual line (3a and b) indicate a criminal type. This is confirmed by the formation of the head, the behavior and the habits of this individual, leading one to suspect that he was born of drunken parents. His father was a driver and a drunkard, his mother was confined to an institution on account of habitual laziness. The patient is their fourteen-year-old son, in my lowest class for the feeble-minded. Often he would wander past the school, remaining absent for days at a time, seeking amongst the refuse for salable articles, from the income of which he lived. Once, while in the city, I seized hold of him, his face smeared with red cherry juice, and handed him over to the

police. The suggestion to have him educated in a reformatory was turned down by the authorities. My original colored pictures show the shattered odic powers of this poor human being still more clearly. The many small remnants of blue in the eye signify, perhaps, that the eyes were originally blue, but now, are a dirty brown gray throughout. The fibers of the stomach area are of the same size and color, but they have the appearance of being torn from one another (dilatation of the stomach); there is also present dilatation of the cardiac orifice of the stomach (13), of the ascending colon (18a to 12a), of the transverse colon (14c to 8 to 13), of the descending colon (12b to 2b), of the sigmoid and rectum (to 46), of the small intestines (3a to 10a, 3b to 10b, 1a to 5a). Haemorrhoids are seen at 3b. Almost all the organs appear degenerated; marked catarrhal condition of the liver with gall stone formation (2a), injury to the kidneys (16a to b), an inclination of the right lung to tuberculosis (14a to c), incipient tuberculosis of the spine (4a, 5a, 6). The entire right eye shows, in addition to disease of the organs mentioned, an affection of the right side of the whole body. At 1a and 1b, an injury to the arm, 17a gout of the right leg, at 17b pains in the left foot especially at 7 bronchial and laryngeal catarrh, 12a discharge from right ear, 16a and b kidneys, 18a varicose veins in left groin (17a and b). Former pleurisy (light line between 20 and 3a). The navel line, 5a and b, besides the syphilitic spots, 3a and 3b, strengthen the suspicion of an inheritance of drunkenness. The dirty gray-white may be due to quinine that was taken for typhoid fever.

Chart VIII, Pair I. The eyes of a man suffering from venereal disease. A superficial examination shows marked clefts and spaces in both blue eyes, indicating severe constitutional illness as the result of previous sexual disease (1a and 1b), and of its medicinal treatment with iodine and mercury. The well marked red spots (24, 2a, 2b) represent the external use of iodine, the lighter red in the stomach, laryngeal and nasal areas (7 and 11), the present internal use of iodine.

Now for a detailed explanation, in the proper sequence, of the most striking signs, and of all the other signs depending upon them by reason of their polarity. The original illness is a sexual disease, caught through contagion. At 1a, the four large black

spots, and at 1b, the single spot represent some marked disturbance in the body, either because of an operation, or of the corrosive action of some poison. Unfortunately I could not obtain very much information from the patient, since he was greatly surprised to learn the nature of his illness, and seemed to consider it a matter of secondary importance, when, in reality, it was the underlying cause of all his ills. The streamers, running from the black spots mentioned above to the periphery of the iris, reveal the presence of an uncured discharge. The restless state of the pupils show a degeneration of the vital centers through over stimulation of the solar plexus. The result is degeneration of the heart, as represented by the four spots along the axillary line (17). The ingestion of powerful poisons has destroyed the digestive and blood-purifying mechanism of the body, as shown by the light red zone around the stomach area and pylorus (between 24 and 26); severe injury to the mucous membrane of the intestines; from 21a to 18a, about midway between the pupil and periphery of the iris, four fissures in the area of the ascending colon; from 18a to 9a, and from 9b to 17, fissure of the transverse colon area; from 17 to 27, of the descending colon; to 30b, of the sigmoid and rectum. The inner spots at 6a and b, near the stomach area, indicate disease of the small intestine. No. 24 shows iodine spots of the appendix. The entire blood-purifying mechanism is overwhelmed, and shows signs of degeneration because of the futile attempt to get rid of the poison. Therefore we find: Liver disease (22), spleen (23), albuminous kidneys (30a and b), lungs (18a and b). While the whole left lung shows no direct cavity formation, merely a general state of impaired vitality, still we notice, on the other hand, a compensating activity of its blood-purifying powers in the upper lobes of the right lung. In case of neglect of a strictly regulated mode of life, and scrupulous care of the skin, these simple lesions can easily develop into a tuberculosis; for the periphery of both eyes shows a total inactivity of the skin. The skin must in all cases assist the lungs and the mucous membrane lining them, in order to prevent the lungs from becoming over-worked. In the night sweats of tuberculosis we see the marked compensatory activity of the skin, in an exaggerated degree. But before this ensues, the lungs should be relieved of

the excessive amount of work by means of sun, light and skin baths. The arc that runs between the stomach area and periphery of the iris signifies an interruption of odic radiations because of annular spasmodic conditions in the nerves of the organs that lie in this location.

We may further observe the following areas and lesions: 14b cerebrum, 13a and b forehead, 15 cerebellum; headache, the result of venereal disease, because of opposite polarity; 12a and b, eyes; twelve red spots caused by an equal number of iodine injections into the mucous membrane of the nose, causing a light grade of catarrh; 9a and b, decay of tooth; 8a and b, laryngeal and pharyngeal catarrh; 7, to the left, iodine injection into the oesophagus; 6a and b, 5a and b, 4a and b, pain in spine due to mercury; 29a, severe injury to knee from injection of iodine; 29b, rheumatism from mercury; 28a, lesion in right groin (rupture ?); 25b, disease of left peritoneum; 29a and b, varicose veins.

Chart VIII, Pair II. A seventy-year-old man, affected by sulphur, and showing in the upper part a gray "arcus senilis" (1a and b). This is evidence of a beginning calcification of the blood vessels, and hardening of the glands. There is also present in this case congestion of the stomach, hyper-acidity of the stomach, heart burn, eructations and neuralgia of both temples (2a and 2b); marked uric acid affection of the spine (7a and b), of the legs (5a and b) and of the groins (4a and b). Apical catarrh of the lungs is shown at 3a and b, bladder catarrh at 6a and 6b.

Chart VIII, Pair III. Eyes affected by iron, therefore brown in color. They are the eyes of a twenty-four-year-old virgin whose ovaries had been removed (7a and b), and whose left pupil had been operated upon. They show sluggishly acting stomach and intestines, due to iron (7a at the border of the stomach area), enlarged cervical glands (3a), apical catarrh of the lungs (4a and b), swollen liver with gall stones (6a), valvular disease of the heart (4b), previous attack of pleurisy, and, as a sequel, purulent abscesses of the chest (16a and 16b), varicose veins (8a and b), scrofulous disease of the eyes and chronic nasal discharge (14a and b).

Chart IX, Pair I. This is the case of a twenty-five-year-old

virgin, mentally active, and, in spite of all medication and many operations, apparently enjoying good health. But the examination of her eyes, and the facial expression, according to the teachings of Kuhn, reveal a severe grade of disease of the right half of the body. The entire right side of the face is, upon close examination, somewhat larger than the left; the right eye is darker and more spotted, and the pupil somewhat larger. In my colored chart, ten times enlarged, we find the right eye gray, the left one blue.

The history of the illnesses of this case is as follows: Before reaching maturity her health was relatively good; as a child she had diphtheria, scarlet fever, many attacks of inflammation of the glands, and stiff neck with shortening of the tendons on the left side. At the age of five she was run over by a wagon that injured her right leg and right half of back. She likewise suffered from worms, abdominal pains, stomach trouble, diarrhoea with the passage of blood and pus about once a month and painful condition of the deep glands in the region of the groin. At the age of fifteen, her periods became irregular, and were accompanied by severe pain in the pelvis, in the groins and in the entire back. The pains lasted fourteen days, the bleeding only four. An inflammation of the cornea of both eyes was cured by the administration of poisonous drugs. Iron was ordered for the anaemia that began with the outset of her periods. At the age of fifteen, inflammation of the kidneys with kidney stones appeared. An apparatus, similar to the scarifiers of early days, that made cuts into the skin, into which an oil is then rubbed, dissolved the kidney stones and took away the pains in the back and in the region of the kidneys; still, later on, these pains recurred. With the stomach and pelvic trouble was associated bladder trouble. Each spring and fall she developed an insatiable appetite, and after she had eaten an excessive amount of food she developed in the course of a few days an irregular temperature lasting for weeks, a weakness, pain in the left side in the region of the heart and spleen, and on the right side in the region of the liver. She vomited green bile that caused a sensation of burning and heat in the mouth. At the age of eighteen she was confined to bed for a period of twenty-nine weeks and could neither sit nor lie during this time. She had to be assisted

by two people to get out of bed; she suffered unbearable pains in the back, her skin was ice cold and her hands and feet stiff from cold; her flanks dry, but otherwise her body covered with sweat. She had evidences of a marked affection of the nerves that led to severe attacks of heart cramp; her knee was flexed upon her chest; her lips and nose blue; she heard everything without being able to reply. The right arm, especially the hand, was paralyzed. The heart cramp returned again, only not so severely. The right hand remained paralyzed, and the right middle finger was bent at its middle joint, upon the wrist. There was a sensation of continual tingling in the right, the skin of which was very loose. In the spring her condition improved. She had to learn again how to walk with crutches. And all this time she continued to use the scarifying apparatus. At the age of twenty-one her womb began to pain her more and more, as the result of her anaemia, according to the opinion of her doctors. Two years later they diagnosed malposition of the womb, and a year later ordered her to wear a ring. Pastor Felke recognized the presence of the ring from the examination of her eyes, and forbid her to wear it. A year later she was operated upon, the womb scraped, the right ovary partially removed, and the ring replaced. The white vaginal discharge that persisted since her first period grew worse, likewise her poor blood circulation. She suffered from hot head and cold hands and feet; varicose veins of the leg, especially the right; her right knee would become very hot, painful and immobile. The medicines prescribed were mercury and aconite.

Now in regard to the interpretation of the eye signs. The examiner's first glance at the two eyes reveals, by reason of the darkening of the right eye and paralysis (dilatation) of the right pupil, a right side affection, namely a disease of the liver; which fact is confirmed by the presence of five spots intersected by lines indicating a discharge at 10, below the axillary line. In women it is necessary to observe more particularly the sexual line, which at 16a shows three almost black spots that indicate a scraping of the womb and injury to the two inner vulva lips; the two small spots on both sides, nearest to the uppermost spot (i. e., nearest to the area of the cervix and womb), indicate the action of a pessary in interfering with the circulation. The catarrhal condi-

tion that gives rise to the white discharge shows itself in the eye as light bands extending from the area of the vulva lips to the periphery of the iris. The spots lying along the sexual line, and extending to the area of the digestive organs, indicate a deep-seated and severe grade of injury of the pelvic organs extending to the level of the solar plexus. We direct our third glance, in our effort to learn more about the diseases of the womb, toward the areas of the two ovaries, directly above the abdominal line. At 11a we note a dark spot and at 12 lighter spots, surrounded by lines characteristic of a discharge, which indicate a severe grade of trauma; while in the left eye at 11b and 13b broad lines indicating a discharge extend outward from two small points. This signifies a lesser degree of trauma, corresponding to the lesser degree of affection of the left side. Strong rheumatic pains have persisted in both right and left groin. The bladder and kidneys likewise have become involved, and show evidences of a white discharge, causing severe pains in the back, as indicated at 17a and 17b. The three large black spots at 18b lead us to suspect severe internal injuries, perhaps in this case caused by the injury sustained when she was run over by a wagon. The kidney areas (15a and 15b) are suspiciously marked; this is confirmed by the presence of severe and continual pain in the region of the kidneys. It is strange that the sexual line only shows signs of a discharge, and no signs of any uterine disease. Liljequist and Peczely considered the area of the womb to be on the right side only, a condition that is contrary to my studies of odic polarity. Since I have observed sexual spots in the left eye, I must consider the presence of a sexual line in the left eye. This is in agreement with my own teachings and with the opinion of others who have taken up the study of eye diagnosis—for example, Posthausen, a representative of Felke, in Elberfeld. Even Peczely recognized a testicular area in the left eye. Liljequist considered this area in the left eye as belonging to the rectum.

The spleen, related to the liver by reason of its polarity, shows a marked catarrhal condition at 11. According to the laws of polarity diseases of the sexual and pelvic organs enable us to diagnose diseases of the chest and brain, a condition that a trained eye reader immediately observes, just as a finished artist glances over the harmony of an entire score. Corresponding

to the disease of the liver, we find disease of the right lung, which at 6b shows healed wounds at the tracheal opening into the lower lobes. The catarrh of the spleen has caused a mucous discharge of both lobes of the lungs (4a to d to 8b) and shows healed lesions of both poles of the chest, especially the left. Because of this both breasts functionate sluggishly, suffer from blood stasis, and their nipples are deformed (7a and b). At 4a-d we recognize in the four spots that look as if they were attached to stems, a severe grade of leaky heart valves, which are partly the cause and partly the result of heart cramps. At any rate it is the result of many and repeated traumatisms, whereby the solar plexus and the whole vegetative nervous system and the heart naturally show signs of degeneration. The heart sends out odic radiations characteristic of disease and irritation. Such a diseased heart must permit the blood to circulate throughout the body in a very irregular way; therefore we may notice the evidences of disease along the temporal lines of both eyes at 1a and 1b; the spots and bands along the foot line at 14a and 14b indicating varicose veins, abscesses and rheumatism. The somewhat darker spots in the foot area represent a poor circulation in the soles of the feet with cold toes. The arm areas, 9a and 9b, are very suspicious, 9a in particular signifies paralysis of the right arm. The temporal lines at 3a and 3b enable us to diagnose throbbing temples, rheumatism of the face and migraine; 25a and 25b, diseased, dull aching, poorly nourished eyes with defective vision; 24a and 24b, nasal catarrh, to the left, nasal obstruction; 23a, 23b, 22a and 22b, severe tooth ache from decayed teeth; 21, pharyngeal catarrh; at 20, in the laryngeal line, diphtheria. The large spot to the left of 20, near the dilated pupil, might stand for a severe injury to the larynx that has healed, or an injury to the intestines, since the spot lies also within the area of the small intestine. The many spots in the stomach and intestinal area of the right eye represents a severe grade of disease and injury to the digestive organs on the right side; therefore, we note the irregular course of the fibers, especially in the left stomach area, and the lines there present, some dark, some light, some broken. Since the stomach area shows no change in color, it is proof that it has not been abused through the administration of poisonous drugs, various drinks and other methods of cure. There is no

evidence of a general affection of the large intestines, though minor injuries may be present. Several ulcerations of the stomach are shown at 14a and 16a, the pylorus, between 8a and 9a, in the stomach area.

Chart IX, Pair II. The eyes of a child suffering from the itch; wherefore the green color with brown spots, especially in the outer skin area (2), toward the liver (7), toward the right kidney (4), toward the rectum (7), haemorrhoids, toward the left lung (4), and toward the forehead (1a and b).

Chart IX, Pair III. The brown eyes of an anaemic woman showing disease of the left side of the heart; left pupil sluggish in reaction, valvular disease (2b near the intestinal area), poor circulation in the stomach, abscesses of the stomach and intestines, degeneration of the large and small intestines. Haemorrhoids (7b), curettage of womb (7a), operation upon the ovaries (10 and 12), prolapse of the left kidney (8), appendix (11), injury to left knee (9), cold feet with poor circulation (9 and 10), congestion of the head with injury to the temple (1a and b), haemorrhages from the lungs (2a and b), dry catarrh of larynx (5a and b), susceptibility to laryngeal tuberculosis, pharyngeal catarrh (4a and b), dry nasal catarrh (3a and b), sluggishly acting liver, due to tight lacing, with the formation of gall stones (13), disease of the eyes (15a and b).

Chart IX, Pair IV. The eyes of a man in his thirties, showing tuberculosis of the spine. Small paralyzed pupils present. Iodin irritation of the stomach area around the pupil, anaemia, hard haemorrhoids (6b), extensive blood stasis toward both lungs (12a and b, 13a), disease of the kidneys (7a and b), deposition of uric acid in the legs, in which the nerves are partially paralyzed; wasting of the muscles of the back (5a and b). Leaky heart valves (12b), polypi (2a), syphilitic discharging ear (13b). Decay of the sexual organs (6a and 6b) at the periphery of both testicular areas.

SPECIAL NOTICE.—See our works under preparation: "Osteological Adjustment," embracing "Osteopathy in a Nutshell," by Dr. Charles F. Haverin; "Chiropractic in a Nutshell," by Dr. F. W. Collins; "Pathology, Iridagnosis and Treatment," by F. W. Collins, M.D., D.O., D.C., Ph.O., Ph.C., and Charles F. Haverin, M.D., D.O., D.C., Ph.O., Ph.C. Private course of instruction in classes of three or more with degree of M.D. (Master Diagnostician), \$500.00 each student. A full course in Iridology given to physicians by correspondence with the degree of M.D. (Master Diagnostician), price \$300.00. This can be taught by mail, as it is done by comparison.

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Chart III.

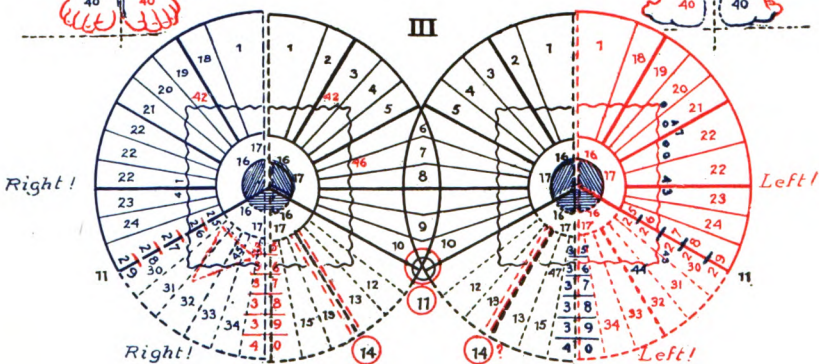
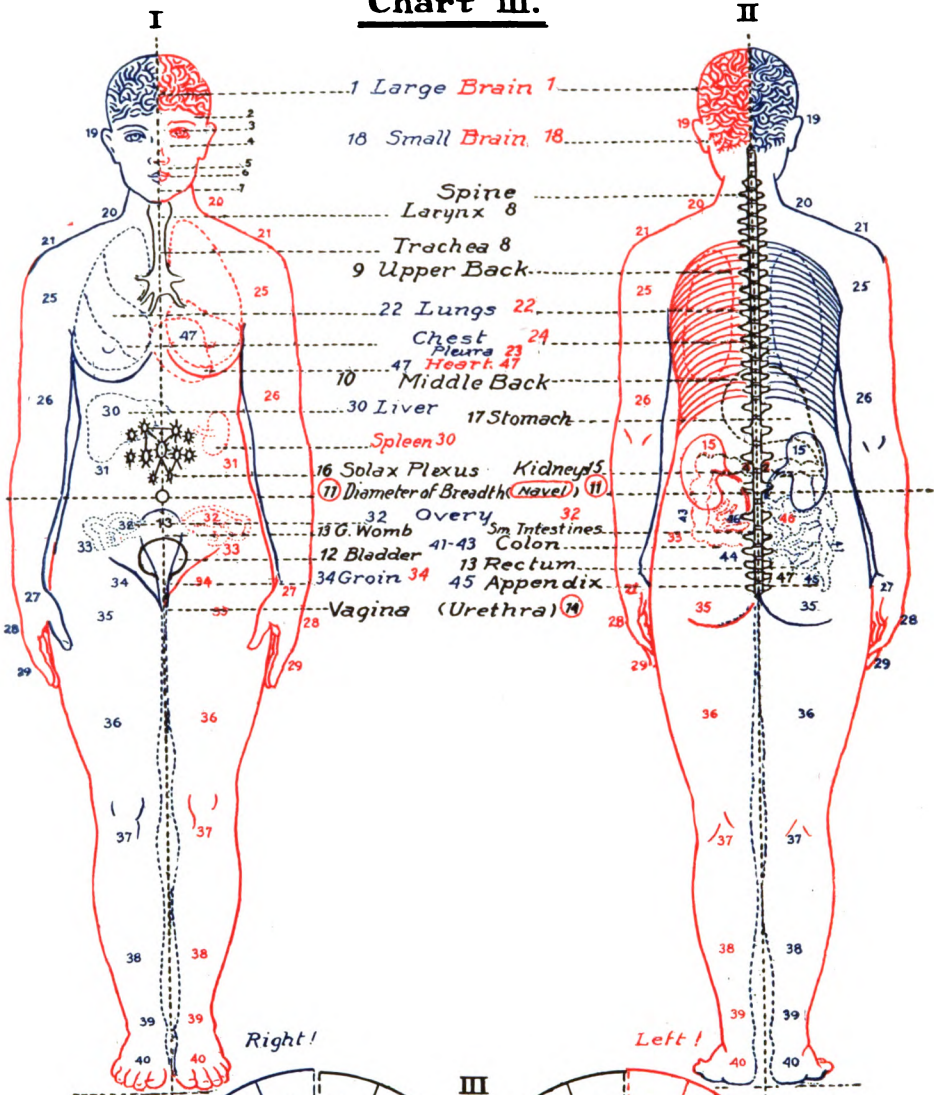


Chart IV.

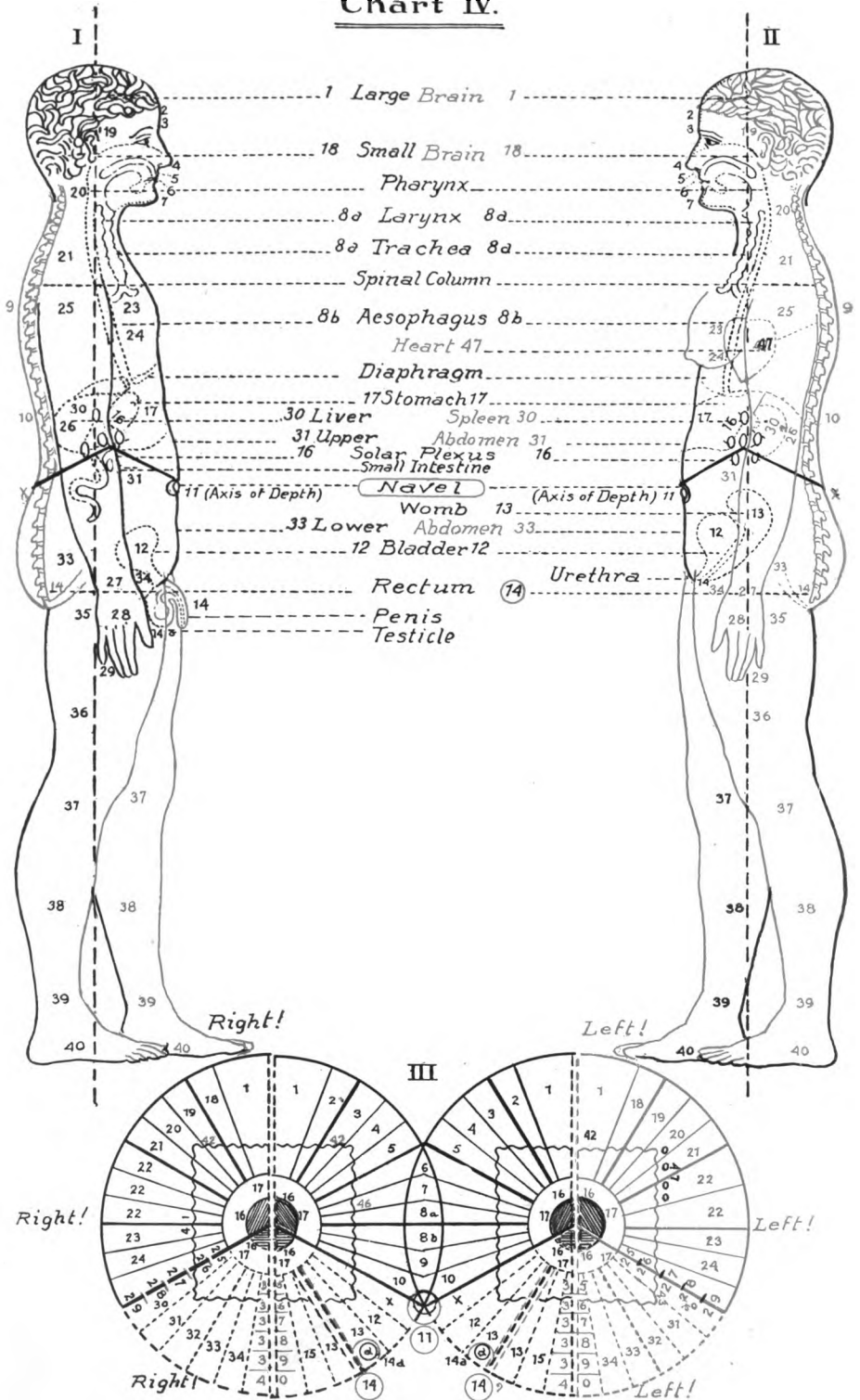


Chart V

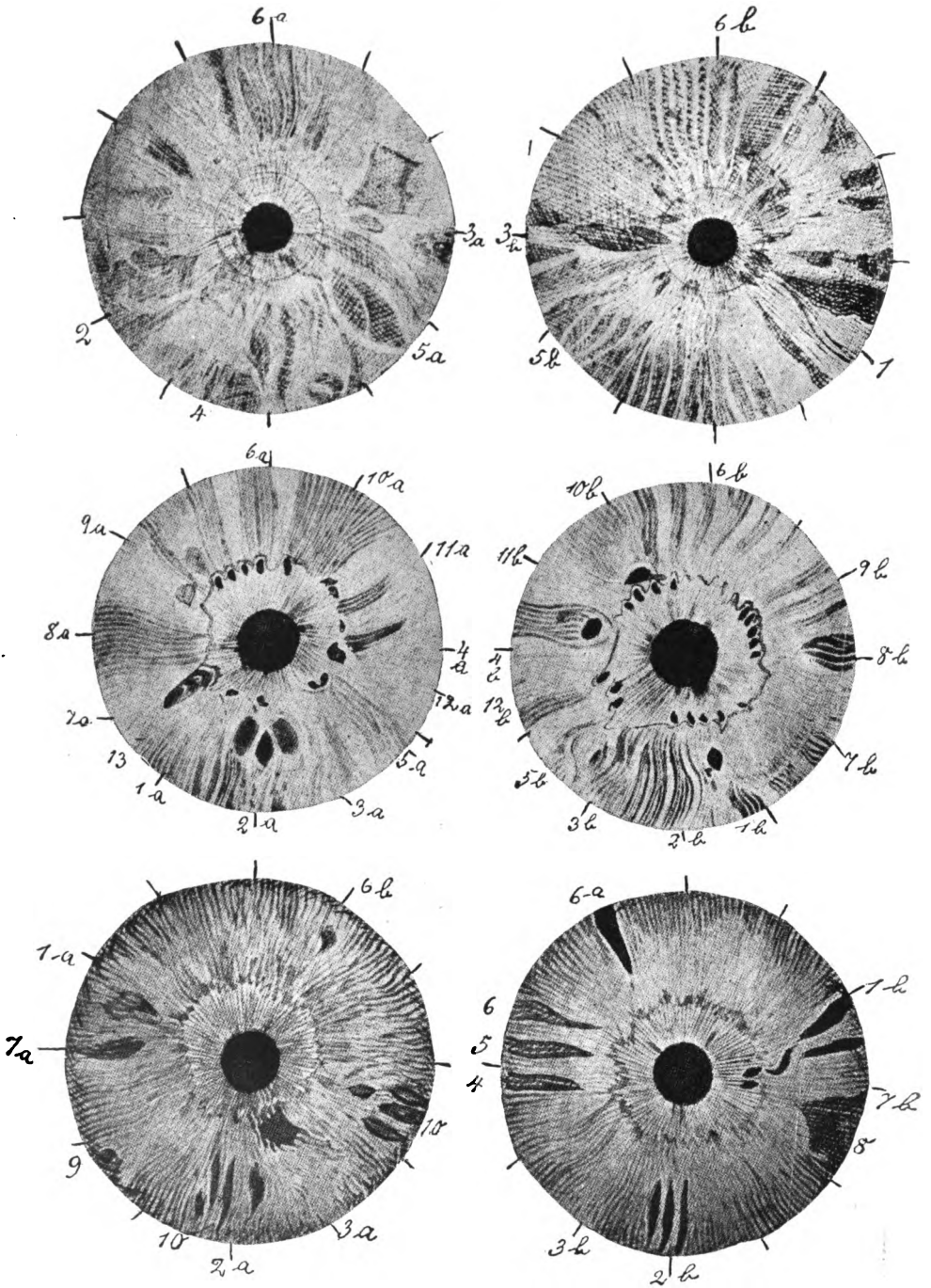


Chart VIII.

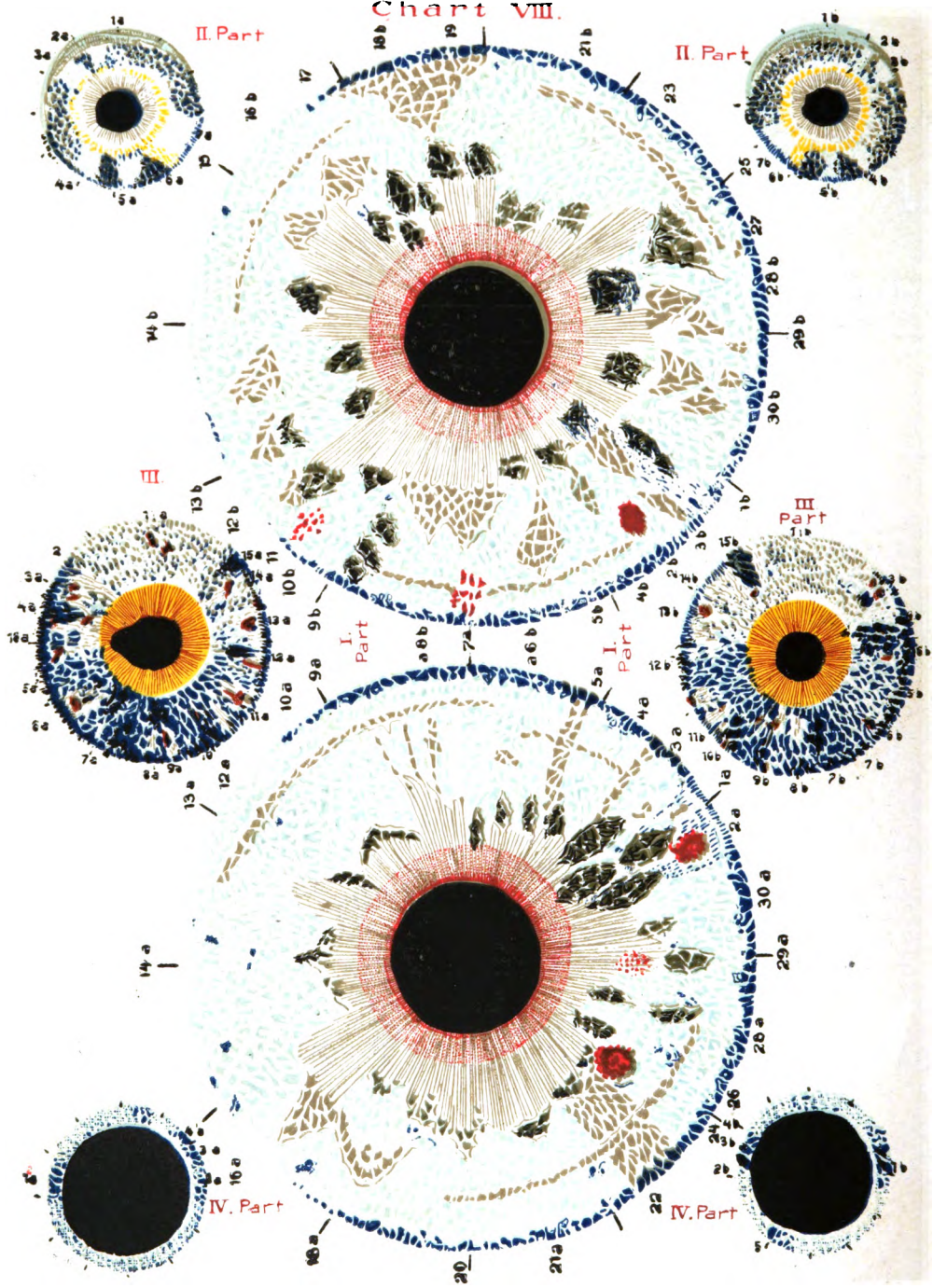


Chart IX

