JOHN HARVEY KELLOGG (1852-1943)

Lectures, Speeches, Notes, and Articles, ca. 1890-ca. 1943
(undated by topic)

Battle Creek Sanitarium
1. The Sanitarium Board will maintain the old standards and principles recognized and advocated by the institution and its plans and principles of operation as set forth in the action taken by the old board of management prior to the reorganization under "The Plan."

Maintaining in the Sanitarium instruction for patients in the principles and technique of biologic living, which is to be under the direction of the Race Betterment Foundation.

To permit the Race Betterment Foundation to maintain a headquarters and a representative in the institution.

In case of failure of the Battle Creek Food Company, to comply with the terms of this agreement and

And it is expressly understood and stipulated as an essential part of this agreement that if and when the Battle Creek Food Company shall have paid in full the sum of $128,780.12, with interest thereon, this paragraph(8) of this agreement shall become null and void, and Dr. John Harvey Kellogg shall be relieved from all obligation, stated or implied, to permit the Battle Creek Food Company to place upon its packages the words "This product recommended by Dr. John Harvey Kellogg, founder of Battle Creek Sanitarium," or words of like import, shall be and hereby is declared null and void.

And it is hereby especially understood and stipulated that the license, authorization, and assignment above referred to are only to be made in case of failure of the Battle Creek Food Company to make the payments required under this agreement; or if made, they shall be held in abeyance and become effective only in case of default on the part of the Battle Creek Food Company.
Exact physical examinations are essential in the scientific treatment of chronic invalids for the reason that the powerful physiological agents employed in the rational method have a positive and known value and are capable of producing positive and definite results when intelligently employed. Repeated examinations are essential for determining the progress the patients make under treatment and the necessity for any changes in any case.

Examinations of the stomach fluid, for example, show whether there should be a decrease or increase in the amount of hydrochloric acid produced as the case may require. Other examinations of the stomach indicate whether its position or its size has changed for the better and to what extent.

Examinations of the urine give important indications respecting the nutritive processes of the body and function of the liver and kidneys. Examinations of the blood are highly important as they indicate the state of this most important of the bodily healing agencies.

Determinations of the weight indicate clearly assimilation or disintegration is in the ascendancy.

Determinations of the muscular strength give important information, not only respecting the muscles, but also the general state of the body as regards tone and vital resistance.

The Sanitarium method is thoroughly scientific and cannot be carried on successfully without the information to be obtained through well equipped laboratories and especially trained chemists, bacteriologists, and other experts in laboratory methods, as well as physicians, nurses, and attendant who have made a special exhaustive study of hydriatic and other physiological measures of treatment. With these in hand and the thorough co-operation of the patients, all curable maladies are curable by persevering effort and the list of so-called incurable diseases has been largely diminished by the successes obtained in the treatment of
maladies which are utterly intractable to ordinary remedies. Even incurable cases are not entirely hopeless, for, in the great majority of cases, the disease can be arrested or the rate of progress greatly lessened and distressing symptoms may be wonderfully ameliorated if not wholly controlled.
Battle Creek, Mich., May: At last the date has been set for the formal opening of the big Battle Creek Sanitarium. The old Sanitarium was entirely destroyed by fire on the morning of February 18, 1902. Builders say that remarkable time has been made in the construction of the new building which will be dedicated with imposing ceremonies on May 31st and June one. The ceremonies are to be made public in character and will probably include an address by Governor Bliss, and speaking from other state officers, and state senators. Great preparations are being made for the event. The governors of several nearby states will be invited and tens of thousands of ordinary citizens will be in attendance. The railroads have made reduced rates for the occasion and the crowd will be a very large one.

Sunday, May 31st, will be devoted to religious ceremonies in connection with the affair, while Monday will be given over to the secular observances. The program has not been issued yet, but will be out soon and will be on a scale commensurate with the importance of the affair.

The main building has a frontage of 550 feet, is six stories in height, and has three large wings at the rear, each four stories in height. It cost over $425,000.00 and is of the most modern construction. The building is of buff and gray hydraulic pressed brick, and presents a very handsome appearance. The latest and most modern ideas have been used in its construction. The floors for instance, are built according to a very new plan, one which is used only in a few of the new large buildings of the country. When the walls had reached the height of the floors, steel cables were stretched across from side wall to side wall, and on these were
stretched heavy wire netting; on the netting was laid a cement floor several inches in thickness, which practically became on hardening a part of the building's walls. This obviated all necessity of using wood in the flooring and there is absolutely no danger of fire there being no wood used about the main building except in the door and window casings.
Battle Creek, Mich., May : May 31st and June 1st will witness the formal dedication of the big new Kellogg Sanitarium, and they are days to which the people of Battle Creek have been looking forward to for many months. The old Sanitarium burned to the ground early in the morning of February 18, 1902, and ever since then people have been looking forward to the day when the new building will be open.

Shortly after the fire it was feared that the building would be rebuilt in some other city, but it was finally decided to rebuild in Battle Creek, and over $425,000 has been spent in the erection of the magnificent new building. The main building has a frontage of 550 feet, is six stories high, and has three large rear wings each four stories in height. Hardly a bit of wood is used in the main building, except in the windows and door casings and a repetition of the fate which overtook the old Sanitarium is declared to be impossible. Indeed it is stated that any room in the building could be filled with shavings and inflammable material and fired without in the least endangering the safety of the building, so perfectly fire-proof has it been made.

The complete program for the dedication has not yet been given out, but arrangements are under way to make the affair of much importance. Governor Bliss has been invited and with members of his cabinet and many other state officials will undoubtedly be on hand. Invitations have been extended to governors of many other states and it is likely that some of them will attend. Low rates have been made on the railroads and thousands of people will be in the city to watch the ceremonies.

Sunday, May 31st, will be devoted to exercises of a religious nature in connection with the affair, and though those in
charge of the institution are almost entirely of the Adventist faith, all denominations will be invited to take part. Monday will be given over to observances of a secular nature.
Dr. Walter F. Martin.

In the death of Dr. Walter F. Martin, the Sanitarium enterprise has met with the greatest loss it has ever sustained. My personal loss is, with one exception, the greatest I have ever been called upon to bear.

Dr. Martin was a rare man, a great man, great in those qualities of mind and soul which made him a large place in the hearts and lives of many thousands of men and women during his lifetime, and will cause him to be missed by all who have felt the touch of his skilled hands and the warmth of his gentle heart.

When, more than forty years ago, I first met Dr. Martin as a student, I soon recognized in him the talent which would make him of great public service in the rapidly growing work of the Sanitarium. Even during his medical student days his work fore-shadowed his splendid future career, and I looked forward with high anticipation to the great service he might render in the building up of the work of the Sanitarium. My highest hopes were never disappointed. His loyalty to the fundamental scientific principles, to the promotion of which the Sanitarium is devoted, inspired many others with the same life saving and race betterment ideals, and soon made him a pillar in the work and a most useful member of the Sanitarium board of managers.
His skill in his specialty, his pleasing personality, in his professional work as a specialist and a consultant gave him a larger contact with the patrons of the Sanitarium than any other member of the faculty. His ability as a speaker added to his popularity and influence. Reliance upon all these great qualities, so essential in Sanitarium work, has been one of the great hopes of friends of the institution, who have been looking forward to its sometime rehabilitation, and his death at this critical moment is a blow which will be deeply felt in any effort toward restoration that may be made.

To me it is indeed from this standpoint a great calamity, for he is the one who has always stood staunchly by my side in my efforts to prevent as well as to repair the financial disaster that has befallen the institution.

Dr. Martin's skill as a surgeon brought him patients not only from all parts of the United States, but from foreign countries. He was a source of great revenue to the institution for he never accepted a fee of any kind for any operations which he performed. For many years his office brought larger revenue to the institution than any other, notwithstanding the fact that the revenue of his office was used to help cover the losses of other departments. He never, on this account, asked for an increase of salary, but unwaveringly stood at his post, even when the New York bankers who
came to him for relief which they did not find elsewhere, offered him a cash guarantee of an income several times the salary which he received for his invaluable services. He gladly accepted as the chief remuneration for his services, the appreciative gratitude of his patients, feeling that he was helping to promote a great humanitarian project for the amelioration of human suffering and the betterment of the human race.

But great as Dr. Martin was in his professional work, in his inspiring leadership and bigness of heart, he was greatest of all in his friendliness. A mutual friend once said to me, "Dr. Martin and I are different. I love a few people, but Dr. Martin loves everybody. He loves his intimates fervently, his patients devotedly and loves sincerely every human being to whom he could offer friendship."

More than once I have seen his friendship sorely tried, but it never broke nor even showed a crack. No one could contact Dr. Martin without feeling the friendliness which beamed from his kind face and enveloped him like an aura. His offices were luminous with mental and moral sunshine and his waiting rooms were always crowded with patients, often more than a hundred a day, each to receive physical ministry of some sort, often painful, and yet anticipated with pleasure because of the kindliness with which it was administered, and the good cheer and hope inspired.
Notwithstanding the fact that Dr. Martin enjoyed a degree of popularity that would have engendered in many men an appreciable degree of pride and self-satisfaction, this gifted physician was an example of humility and meekness. He never sought honors or favors, and hesitated to accept them when pressed upon him. So far as I have known, he had no enemies and certainly deserved none. He was probably tolerant of the opinions of others and patiently bore injustice, rather than to allow a personal difference to grow into a hostility. He spent little time in recreation or pleasure-seeking, but found joy and happiness in bringing relief to pain-wracked bodies and the sunshine of hope to despairing souls. His one great ambition was to devote his declining years, after retiring from active professional work, to work as a counselor and hope inspirer of soul-sick and despairing men and women, who needed spiritual as well as physical help. He was just entering upon this higher type of professional work, which he was happily anticipating, when stricken down by the acute exacerbation of his ailments, which prematurely ended his wonderfully fruitful career.

Another of Dr. Martin's many noble qualities, which was, however, appreciated by only a few of his most intimate friends, was his marvelous courage and fortitude. During a large part of his life, or the most active part of it, he was a constant sufferer of physical pain, the result of an
unfortunate experience in his early youth.

When a boy of fourteen or fifteen years he was left the only source of support of a mother and several younger brothers and sisters. Circumstances led to his adopting the trade of house painting and decorating and brought him in contact with highly poisonous paint. With no methods of protection against the danger, which was not then appreciated as it is now, no precautions being taken, he suffered a life long and irreparable injury from lead poisoning. For many years, during the long hours that Dr. Martin spent in the operating room and his consulting offices, making instrumental examinations, requiring intense concentration and steadiness of nerves, the doctor was a constant sufferer; behind his smiling face was agony caused by arteries hard as pipe stems, or arteriosclerosis due to the poisonous lead which had blighted his life. But never a groan escaped his lips in the presence of a patient. Very often he suffered far more than those who consulted him.

During the last twenty years of his life, when the slowly developing arteriosclerosis had deposited lime in every artery of his body, he was never for a moment free from a distressing pain in his spine, but he stood at his post, spending ten hours in the operating room, and even longer hours in his offices, rendering physical, mental and spiritual comfort to his patients, who had often
waited hours for his healing touch.

He loved his work so passionately that as he once told me, he forgot his own suffering by relieving others. Although when his long day's work was done and he dragged his tired, pain-wracked body to his home, he always spent almost sleepless nights, despite the pain-assuaging measures employed, which did not include drugs; he never surrendered to opiates, no matter how great his suffering, until the very end of his battle with an incurable malady. When all other known means had ceased to control the steadily progressing damage produced by an insidious poison, for which no successful antidote is known, an indomitable will, courage, fortitude and almost unbelievable and most scrupulous adherence to the biologic principles of living which he taught to the patients, enabled Dr. Martin to keep the Grim Reaper at bay nearly half a century, and to make his life a life of human service, such as few men have ever lived. And in his exit from a life of continuous activity and intense suffering, he leaves behind only memories fragrant with the sweet incense of love and human kindness, radiant with the light of good works and good deeds and good fellowship.

Dr. Martin is gone, but his work and the influence of his noble life will live so long as human hearts beat and human brains think.

This feeble tribute conveys but a weak suggestion of the grief that I and others of
Dr. Martin's colleagues who survive, experience in the loss of his companionship and his help in the battle we are trying to carry on against evils which are driving the world toward chaos.

We may thank God for the privilege of having enjoyed for so many years, association with a man who possessed the noble qualities of Dr. Martin, and resolve to emulate his example in fidelity to truth against error, and to set our hearts like steel to struggle on in the battle for the accomplishment of the great purposes for which the Battle Creek Sanitarium was founded, confident that though man may fail and institutions may fall, truth endures forever and will ultimately triumph. May we hope that in that day of triumphant exaltation, some of those who knew and loved and worked with Dr. Martin may join with him in grateful appreciation of the privilege of contributing the best of all they possessed towards that glorious consummation.
have prepared a roll
of subscribers. Get Ashley
Mrs. Henderson
Miss Haskell

We are here to dedicate
this temple to the
benevolent service of
man.

Human hands have toiled
during weary months to
make of the common
carved sand, iron, cement
lime and wood this beauti-
ful temple of knowledge.
The beautiful lines and proportions, to symmetry and grace, are the embodiment and expression of the best that architectural science and expert craftsmanship can produce. It is a worthy life-saving symbol of the noble truths which Jinn claimed to a suffering and dying world. Many
hands have helped to rear these massive walls and to shape these graceful architraves and pilasters. Not only the master workmen in stone and marble, who have brought with line and plummet, plane and round, hammer, saw and chisel, but those visionary souls...
Who saw these walls before they were only the earth and visualized this occasion before it's object had materialized? My colleagues, Dr. Martin and President Walker are to be congratulated that they are here to see the realization of their dreams, a child conceived by their vision.
I may go farther back
in looking at the early
beginnings of this project.
I remember a deeply nearly
twenty years ago when
a plainly dressed woman,
indescribly a person ac-
customed to loss and
hardships, came into
my office and asked
me to aid her in
planning the disposal of a considerable sum of money which during months expenses the bank accumulated and which she thought she would have little further use because she was under to undergo a surgical operation which she feared she would not survive.
I suggested various things but none seemed suitable to us. I suggested that we build a building in a suitable place, although at the needed. Although at the Battle Creek College in the new building stage, is at least not yet finally. "Said the lady, "That's just the same as thing?"
and that the sixty thousand dollars she placed in our hands was carefully treasured until greatly needed to treble buy the wells for this magnificent structure. And there was this generous contribution to far more than its face value, and grows with
brilliant lustre as a
precious gift where the
picturesque beauty of the
plums was its origin in sum,
I asked the graces
down how the had acquired
this sum of money, and of the time was
anyone who had an interest in
besides herself. “I’ve made
it herself,” she replied. I carried it all
myself, traveling, stood on
the road to helping the boats, which
carried the seed to the
copper mines of northern Michigan, where it was used for weathering, rendering the cracks in the greatsomething into columns of the copper refineries. And so you see the columns you see this splendid temple of learning rests upon a foundation of sand, and wherever you enter these doors that was just ordinary
shifting sand the
plaything of earth and
wave, poet and
pursued
of special extraordinary virtues
and consecrated to be
hundreds years of faithful
arduous work and self
denying, ardently wounds
for the devotion of mankind
service whenever you
enter these fields, may
friends, may there rise
before your eyes a picture
of that devoted woman working patiently toiling year after year in rain or shine, summer heat and winter cold, until with calloused hands and body bent and worn long past middle age lead gray hair gray and wrinkled face haggard and wrinkles by exposure, she was compelled to cease, and then instead of retiring noble
to enjoy a life of ease and luxury. She as she might have done, she came and laid her wise life saving her mankind. I was cutting tool, where I took from these dearly bought her ex-words. It beseeches to devote their lives to noble service. May the consecrated spirit of our generous benefactors miss Hartnell ever longer in these halls.
And now I may have the pleasure of reminding you that most of our audience are indebted for this fire library building to our fellow citizens of Battle Creek. For nearly two weeks a hundred of the leading business men of the city devoted a large
Share of their time to
The preservation of
the use to the people
of this city of the works
of Roselle Creek College
and the Blessing
need of this building.

The results of their
efforts are shown in
this list of contributors.
to the building fund numbering more than 1,700 and totaling subscriptions to the amount of $200,000, of which $100,000 has been paid. This generous action on the part of the leading and representative citizens of Battle Creek has made the college an integral part of the
friends. We found our way back to the hotel, which was located near the beach and had a beautiful view.

The next morning, we decided to take a short hike along the beach. The path was relatively flat and offered stunning views of the ocean. We encountered a few other hikers who were also enjoying the scenery. After our hike, we spent the afternoon relaxing on the beach and enjoying some snacks.

In the evening, we went out to try some local cuisine. It was delicious! We tried a variety of dishes, including seafood, which was a specialty of the area. The restaurant was located in the heart of the city, and it was bustling with activity. We sat outside and watched the people strolling by, enjoying the lively atmosphere.

The next day, we visited a nearby museum. It was filled with artifacts from the local history, and it was fascinating to learn more about the area. After the museum, we explored the city for some more sightseeing. We visited a few parks and gardens, which were beautifully landscaped.

Overall, our trip was incredible! The scenery was breathtaking, the food was delicious, and the city was vibrant. We made many memories and look forward to returning in the future.
If various leading educational institutions, together we
solemnly dedicate this
building and, the activities
which center in it to
human service in the pro-
motion of peace, betterment
through sciences and biologic living,
and consecrate to this
for all time. And
sacred work and
may heaven guide and
keep and prosper it and
make it a power for good
in the world.
Notice for the Papers.

I wish for myself and in behalf of the managers of the Battle Creek Sanitarium, to thank the many citizens of Battle Creek who rendered valuable assistance at the occasion of our recent disastrous fire, in helping our patients to places of safety, and for the kind spirit of hospitality manifested by so many in receiving patients and nurses into their homes. I wish also to thank the firemen for their brave efforts to save the buildings. Although their efforts were unsuccessful, I am sure that everyone did his best.

The East Hall and other buildings belonging to the Sanitarium which the fire spared have now been fitted up for guests and we are able to accommodate very comfortably the two hundred patients who still remain in the city. Treatment rooms being rapidly fitted up will be ready for use in a few days. Patients can receive as efficient and thorough-going treatment as before. Meals are served both in West Hall and East Hall. Treatment of various sorts is being administered to patients in their rooms. All are doing well and some declare that they are improving even faster than before. We appreciate exceedingly the loyalty of our patients which leads them to remain with us under such trying circumstances, and trust that they will be amply rewarded for their confidence.

J. H. Kellogg.

PJ.
For the afternoon papers.

Many have expressed great surprise that there were so many manifestations of physical courage and fortitude on the part of helpers and nurses in aiding to rescue the patients who were in perilous situations. Certainly there must have been most heroic efforts, and I need not say that I feel proud and happy that our doctors and nurses conducted themselves in such a way as to merit such universal praise and commendation. I am bound to say, however, that the sort of courage which those young men and women have manifested is not that of the soldier, which is the result of hardening, as the soldier calls it, the contempt of danger which comes from familiarity with it, but Christian courage, the sort that comes from self-forgetfulness, from consecration of the life to the good of others. The young man or woman who is willing to risk his own life to save that of another, suffering from smallpox, or diphtheria, or plague, or some other contagious malady, or to stand guard day after day over a raving lunatic with a homicidal mania, whose daily work is a training and a preparation for a mission to benighted heathen, dwelling in the pestilential swamps of the Gold Coast, or the fever-infested regions of Fiji, or New Guinea, who has consecrated his life to be a sacrifice on the altar of humanity, is not likely to be frightened at the prospect of getting his clothes burned or his hair singed, nor to stop short of anything else than a heroic effort to rescue a human being in peril, even at the risk of his own life. The Battle Creek Sanitarium nurses are not hirelings; men and women who work for three to five dollars a week when their services are in demand at twenty-five dollars, are not professional nurses. They are ordinary men and women and missionaries of a very practical sort. I am glad that the people of Battle Creek and the world have an opportunity to learn of what kind of stuff Battle Creek Sanitarium nurses are made. Multitudes of suffering men and women have learned before, through the experience of the quiet heroism of the sick room, the exercise of which daily and hourly during many weary months is really a better test of character than the mere momentary exhibition of courage.
under tragic circumstances.

"Where do you get such nurses," is the question which has been asked me hundreds of times. They are not made by training; they cannot be purchased with money. They are the men and women who have been gathered here from every part of the United States and from some foreign countries, drawn by the magnetism of principles which they recognize as truth, and who see in the devotion of their lives to the promotion of truth and reform that which a deteriorating and dying world needs. They are men and women whose hearts have been opened to hear the wail of woe, the great sob of sorrow and distress which is everywhere rising from the wounded, crushed, bleeding, despairing heart of humanity, and they have resolved to go to the rescue to lay down their lives on the altar of sacrifice, to be consumed in the work of comforting, healing, lifting, enlightening, and helping human lives, human souls out of darkness, sorrow and suffering into the light of happiness,--consumed not next year, ten years hence, but to-day if need be, and every day. This is the secret of the courage, the fortitude, the faithfulness, the loyalty which led so many of my colleagues fearlessly to face fire and death in doing their duty in the awful ordeal of yesterday. I only regret that I had not the honor to be among them, but I was hastening home, impelled by the feeling that I was greatly needed and must come, though urgent demands were made upon me to return...
I must say a word also with reference to the earnings of the institution, since a wrong impression has gotten abroad upon this point. The earnings of the Battle Creek Sanitarium have been expended in its development. The total amounts of gifts to the institution from the beginning to the present time amount to only about $50,000. Several hundred thousand dollars have been expended in the care of the sick poor and in the training and education of missionaries to be sent to all parts of the earth. So much has been expended in this way that the improvements made in the construction of buildings and the provision of equipments has been made with borrowed capital, a large amount of which still remains unpaid. The various branches which have been started in Chicago, San Francisco, in England, Germany, and Australia, Africa and other parts of the world have not been built with money from the Battle Creek Sanitarium. The charter of the institution expressly prohibits the expending of any of the earnings of the institution outside of the state of Michigan. These branches have all been started with funds expressly contributed for the purpose by the friends of the principles of reform that the institution represents, and generally by those residing in the country or district where the new work has been begun.
I think it important to say a few words of explanation on one point for the benefit of the citizens of Battle Creek, some of whom may not be as well acquainted with the character of our work as many who live at a greater distance who through having been guests and inmates of the institution, have become better acquainted with it than many nearer by. The Sanitarium is not a sectarian institution. It is not the property of the Seventh Day Adventist church. It is not ruled by any church authority nor owned by any church organization. Its Articles of Incorporation expressly stipulate that it is and shall ever be non-sectarian in its objects and its work. The Battle Creek Sanitarium belongs to humanity; it is carried forward in the interests of no church but in the interests of suffering humanity and the principles of philanthropy, temperance, hygienic and social reform.
Reference has been made to the Sanitarium food business and its commercial value. I should perhaps say a word upon this point. Neither the Battle Creek Sanitarium nor the food companies connected with it, directly or indirectly, have ever manufactured any food of any sort to sell. The foods made by these companies represent principles which are conceived to be of vital importance to the physical welfare of humanity, and these foods have been devised and are manufactured and sold for the purpose of aiding men and women to the recovery of health if they have lost it. Whatever commercial success may have been connected with the work is only an incident which is the result of the growth and success of the principles which the foods represent. The Sanitarium managers are not in the race for commercial success in the food business. They can not employ the popular commercial methods of the day which other men adopt. We must stick to our principles as missionaries and reformers. Commercial methods are not missionary methods. Financial prosperity is not altogether compatible with missionary zeal, and humility and absorbing love for truth essential to missionary success.
The managers, the doctors, the nurses, and the employees, down to the newest bell-boy at the Sanitarium believe that they have a mission of building a temple of truth whose duty it shall be to stand in the world and protest against error, a temple in which shall be taught and illustrated the divine way of life, through the influence of which men and women shall be won back from the perversion of fashions and customs, shall be rescued from the slavery of appetites and vices and planted upon a highway of natural, which means spiritual, and righteous conduct. To build this temple and others like it in all the world is the great work Heaven has given us to do, and to every invitation that could possibly be held out to us to engage in worldly or commercial schemes or enterprises, we must answer as did Nehemiah when building the walls of Jerusalem, "I am doing a great work so that I can not come down."
A Notable Event

The dedication of the Battle Creek Sanitarium marks an advance step in the development of physiologic therapeutics in America. For more than a quarter of a century this institution has stood as a pioneer and the foremost representative of the physiologic side of the agencies in this country and its management have been active in fostering the spread of knowledge about the use of various known the value of physiologic agents in the treatment of disease, and in developing new methods of their employment.
The destruction of the various buildings of the institution by fire Feb 18, 1902, gave to the management an opportunity to plan and erect a modern Sanitarium structure which they have now completed, and which will long stand as a model in all its features. Being in the style of architecture, in plan and arrangement for comfort and convenience, in materials of construction, and in the representation of all recognized scientific means for the recovery of health, the new building of the Matte Creek Sanitarium and the organization connected with it, set a high mark in the art as well as in the lead in the advancing line of progress in
physiologic medicine to this country. A feature of the work of the Matte Creek Sanitation is not as widely known as it should be, and in which it sets an example worthy of imitation, is the elimination from its financial organization of all private interests. The society is incorporated under the laws of Michigan as a charitable organization, and all persons connected with are employed on salary. The institute's employees receive fair compensation and paid salaries for their services. Salaries are moderate in all cases, and the employees.
Union of physicians, surgeons and managers are merely personal in surgical or other fees paid to private individuals, and all earnings are devoted to the improvement of the institution and the extension of the various charities connected with it, and support the confidence which the profession have given to this institution during the past twenty-five years have will be increased by a knowledge of the great progress which has been recently made in the permanent character which the grand new Building
The great aim and purpose of Battle Creek College is to all around, symmetrical education. So far as I know, this is the only college that really undertakes to do this in a thorough-going way.
Report of Second Call on Several Dealers with whom we placed a large line of goods and racks.

Amsden & Morse, Dowagiac, Mich.

Goods placed Jan. 11. Second call made April 26. Had sold goods amounting to $4.25, list. Paid $3.19, net amount due for goods sold, and returned the rest. Goods they had sold in this city were: 7 packages of Corn Flakes, 1 of Caramel Cereal, 3 of Granose Biscuit, 3 of Nut Butter; half pounds, one of Zwieback, 1 of 20% Gluten Meal, and 1 of Apple Juice.

H. B. Laberteaux, Niles, Mich.

Had settled his account with us. Said that everything sells a little but Gluten Meal.

Theo Blake, So. Bend, Ind.

Had settled his account with us. Mr. Blake said there was almost no sale on Fruit Juice, Corn Flakes and other new articles. Did not care to return anything yet. If he finds it absolutely impossible to dispose of some of the goods placed with him on consignment, he will return them later. We notice it takes Blake quite a while to make up his mind that anything is unsalable. He still has some Toasted Wheat Flakes on hand that we sold him in 1902.
J. F. Hollister, Michawaka, Ind.

I arrived at Mr. Hollister's place at a few minutes of 1 P.M. The clerk said that Mr. Hollister would be in about one O'clock. I waited until about 2-20, then went on to Elkhart. Mr. Hollister had sold all of the corn flakes and had been out about a week. It took him 9 weeks to dispose of 12 packages. In ten weeks Mr. Hollister sold the following: 12 packages of Corn Flakes, 4 cans Baked Beans, 2 packages of Granola, 2 Packages of Zwieback, 3 packages of Whole Wheat Wafers, 3 packages of Glutin Biscuit; half size, 2 packages. No Coffee, 2 Protose; half pounds, and 2 Nut Butter; half pounds. $5.09 worth in all at list.

W. A. Griffin, Elkhart, Ind.

Griffin had settled his account. Gave me a 5 case order. Expected to sell out everything left on consignment.

Salinger Bros., Goshen, Ind.

Had settled account. Were not ready yet to return anything. Thought they might have to return a few packages in the end but not many.


Had settled account. Did not think they would have to return anything.

Henry Pinski, Michigan City, Ind.

Had sold nearly everything left on consignment. Has sent one order to us since amounting to $14.09, net. He also bought twice in Chicago. Purchased about $25 worth there, I think. He finds it
more advantageous to buy in Chicago as he saves carriage by sending there. 

He expects to send the next order here as he wants some samples to distribute.

Rosserman & Orr, La Porte, Ind.

Had had the goods about 60 days and had sold only about 

$2.34, list. Settled for these and returned the rest.

W. C. Windal, Valparaiso, Ind.

Mr. Windal was not in. He had been handling Granola and 

granose plakes before I called on him the first time. I saw he had 
a new lot of these in but further than these I did not see that he had 
sold anything except 3 packages of Corn flakes.

SUMMARY

Ten towns were visited. Two men were not in. I could not 
have hoped for any encouragement from either one of them if I had seen them. Two firms returned our goods. Five men had been handling our 
goods previously. None of the five thought our campaign had had any 
effect. They thought they might dispose of the new goods left with them 
but that there would not be sufficient demand to warrant them ordering 
again these new articles. One place, Michigan City, our campaign 
showed a little returns—A profit on the goods of about four or five 
dollars. The only reason we had any returns in Michigan City was 
because the Grocer took an interest in the goods himself. As far as 
I could see the advertising we did, calling on the physicians, 
and the circularizing the customers was absolutely wasted. There is 
no way that we can see to get the grocer to keep our goods constantly
on hand, never to be out of them, except through the Jobber. For instance, Herr Bros. were out of Granola when I called. These gentlemen have been carrying our goods for years. Occasionally they send us five case orders, but they can not tell just what the demand is going to be from time to time. They run out of Granola unexpectedly. If they order from us it will take one or two weeks to get them by freight, all of which time they are out. They thought perhaps they could buy Granola from local jobbers. If they could they intend to do so, if they could not, they were going to wait until they sent in another order to the Chicago Jobber and buy the Granola of him. They could not afford to buy one case of Granola from Battle Creek and pay freight and cartage on it. Henry Finkel, of Michigan City said he preferred to buy in Chicago instead of sending direct from us because of cartage. He could have our goods come with the other goods ordered from Chicago and the cartage would amount to almost nothing. If he had them come from Battle Creek he had to pay the minimum cartage charge on our goods alone. Grocers will not send in a special order direct to us for a few dozen packages of goods, they must wait until they have a larger order and by that time they have perhaps been out of our slow selling articles for some time and thus educated their customers to do without them.

Suggestion---If we want to do more business with the dealers and are not prepared to put on an advertising campaign, it seems to me that we would do better to send a demonstrator to those stores where we already have an established trade. The demonstrator could interest those people who are already buying our foods in some new kinds; and could interest some who are not and could acquaint them with our line in the staples.

Eric E. Covert
R. Universita di Genova
Instituto
Di Farmacologia e Terapia
Sperimentale

Il Direttore

Dear Professor:

In order to your kind favor on the 14 December last, I am glad to inform you that I shall have the honor to participate to the jubilee that you celebrate in the 80th year of your Chief Director, John Harvey Kellogg.

I shall send you an article to be published in the volume dedicated to Dr. J. H. Kellogg.

I thank you very much for having thought of me on this occasion.

Very sincerely yours,

A. Benedicenti.

(Prof. A. Benedicenti, Director of the Institute of Pharmacology, to the University of Genoa, Italy).
Charles P. Thwing
Western Reserve University
Cleveland

Dr. Kellogg has for many years appealed to me as a union of devotion to scientific research and to direct human values. The desire to know truth, and the desire to help men, are in him joined together in noble harmony.

Charles F. Thwing.

11109 Bellflower Road
The great aim of life
and happiness is Battle
Creek College is to
all around, symmetrical
education. So far as I
know this is the only college
that really succeeds
to do their aim a thorough-
going way.
Popular educational methods in our best universities are controlled by precedent, current demand and financial considerations rather than by progressive educational ideals.
Very few of our colleges give even casual attention to health ideals. Our greatest educators have recognized the need of making health the corner stone of educational edifice, but no one has actually undertaken to do it. I said the late President Chas. W. Elliot.
Long ages of neglect of wealth in education has resulted in setting up a race determining tendency of a most pronounced character.
Real founders
Graham
Alcott
Phillips 1866
Reform, West
Health, Reformer
Laugh, Gage
1876
New building
failed
Obstacles
Change & remove
Robinson, Holyer

1898
New Charles
Fire
New building
Freedom
Race Rebellion
Kansas City
College
Forecast

Embarassed
Surprise
Confidence
Respect
Deal 26
Went 29 29
Eye 30
Stew 31
Mort 38
Dadd 26 Riley 44
Murph 46
Joy 48
Dulce 2 moine
GripStand 26

Refugee
Embarass
Glue of the idea
Hope man
Year work

Antique
Your learn to carry on
Forecast
Experiment station
Dr. lease

Rebuild & PROVIDE
Info & MISTAKES

Surprise
Embarrass assessment
RATES OF ADVERTISING

GOOD HEALTH.

GUARANTEED CIRCULATION, 6000.

<table>
<thead>
<tr>
<th>Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL PAGE</td>
<td>$20.00</td>
</tr>
<tr>
<td>HALF PAGE</td>
<td>$12.00</td>
</tr>
<tr>
<td>QUARTER PAGE</td>
<td>$7.00</td>
</tr>
<tr>
<td>EIGHTH PAGE</td>
<td>$4.00</td>
</tr>
</tbody>
</table>

LESS SPACE, 20 CENTS A LINE.

For three insertions, 10 per cent off. For additional insertions, 20 per cent off. Special rates by the year.

Address: GOOD HEALTH PUBLISHING CO.,
          Battle Creek, Michigan.
Patients

Hand Book

of

Treatment, Diet, etc.
The object of this little manual is to enable each patient to obtain at once on arriving at the institution, a knowledge of all that pertains to the rules, customs, and rules of the institution, and to become acquainted with the various departments of the work in which their treatment is administered so that no time may be lost, and the work of each begin at once.

It is earnestly desired that each patient will read carefully each page, and if further information is desired, it will be most cheerfully given by those in charge of the various departments.
All inquiries as to meeting prices, rooms, etc., should be made at the business office. Complaints of inattention on the part of bell boys or the part of helpers in any department should be entitled at the office place business office as should together with all complaints which relate to the general business matters of the institution.

Complaints relating to the care of rooms, and requests for change in the furniture or arrangements of in rooms, should be made to the matron, Mrs. B.M. Hall.
My task matters relating to the medical department, of the much an important or insufficient, on the part of nurses or wards attendants, real or fancied neglect on the part of physicians, and all other matters which may have been reported to others but not received attention, should be promptly brought to the attention of the Medical Superintendent and to no one else.

Grumbling, unreasonable fault-finding, malicious gossiping, and talking with others about personal symptoms and diseases, not allowed. Those
Why should insist upon indulging in these follies will be asked to find some more congenial atmosphere in which to gratify their unhappy mediolubities. Complaints circulated among patients against the managers concerning the general institution which have not been properly reported as requested above, will be considered a malicious violation of this rule.
Turkish

I. - Turkish Bath
Rom. - Roman Bath

Rus. - Russian

E.V. - Electro-Vapor

T.E. - Thermo-Electrical

E.C. - Electro-Chemical

Ac. - Hot Air

V. - Vapor

S.V. - Sulphur Vapor

S. - Sponge

S.S. - Saline Sponge

Sp - Spray

A.Sp - Ascending

Shl. - Shallow

S.Shl. - Standing Shallow

Shwr. - Shower

1/2 - Half

R.W.S. - Rubbing wet sheet
W.S. - Wet sheet pack

B. Pack - Blanket Pack

1/2 B. P. - Half Blanket Pack

1/2 P. - Half pack

4 P. - Hip pack
Sw. P. - Revealing Pack
Deep P. - Dry Pack
Shrs. P. - Shower Pack
Ze. P. - Yog Pack
C. P. - Chest Pack
Sh. P. - Spinal Pack
Th. P. - Throat Pack
A. - Affusion

Sitz

Hot & Cold Foot Bath
SANITARIUM

BILL OF FARE.

GENERAL TABLE.

DINNER.

Hour. 1:30 P. M.

The Dinner will be served in four courses, ten or fifteen minutes being occupied by each course.

The dishes marked constitute the Bill of Fare for this day and meal.

As a man eateth, so is he. Eat ye that which is good.
**DINNER.**

**SOUPS.**
- Milk Soup,
- Potato Soup,
- Vermicelli Soup,
- Rice Soup,
- Celery Soup,
- Brown Soup,
- Lentil Soup,
- Scotch Broth,
- Bean Soup,
- Pea Soup,
- Tomato Soup,
- Barley Soup,
- Green Corn Soup,
- Parsnip Soup,
- Vegetable Soup,
- Vegetable-Oyster Soup,
- Beef Soup,
- Macaroni and Tomato Soup,
- Bean and Tapioca Soup.

**GRAINS.**
- Wheaten Grits,
- Oatmeal Mush,
- Graham Mush,
- Cracked Wheat,
- Crushed wheat,
- Granola,
- Farina,
- Hominy,
- Corn Meal Mush,
- Samp,
- Maizena,
- Frumenty,
- Rice,
- Pearl Barley,
- Crushed Barley,
- Pearl Wheat,
- Wheatena,
- Gluten.

**MEATS AND EGGS.**
- Beefsteak,
- Roast Beef,
- Boiled Beef,
- Scrambled Eggs,
- Cold Meat,
- Stewed Beef,
- Mutton,
- Mutton Stew,
- Egg-nog,
- Mince Mutton,
- Roast Chicken,
- Fish,
- Boiled Eggs,
- Poached Eggs,
- Stewed Chicken.

**VEGETABLES.**
- Potatoes (Baked),
- Potatoes (Boiled),
- Sweet Potatoes (Boiled),
- Potatoes (Mashed),
- Scalloped Potatoes,
- Sweet Potatoes (Baked),
- Chopped Potatoes,
- Potato Croquettes,
- Turnips,
- Corn & Tomatoes,
- Cabbage,
- Beets,
- Parsnips,
- Carrots,
- Asparagus,
- Peas,
- Rice Croquettes,
- Stewed Tomatoes,
- Baked Tomatoes,
- Macaroni a l’Italian,
- Spinach,
- Squash,
- Beans (Baked),
- String Beans,
- Lima Beans,
- Sweet Corn,
- Green Corn Croquettes,
- Succotash.
DESSERT.
Hydropathic Pudding, Farina Custard Pudding, Bread Pudding,
Variety Pudding, Apple Pudding (Steamed), Fruit Blanc Mange,
Baked Indian Pudding, Fruit Pudding (Steamed), Peach Pudding,
Baked Apple Pudding, Cracked Wheat Pudding, Apple Custard,
Lemon Pudding, Fig Pudding, Orange Pudding,
Chocolate, Pudding, Jellied Rice, Corn Starch,
Tapioca, Manioc, Sago, Rice.

PIE.
Apple Pie, Pumpkin Pie, Lemon Pie,
Custard Pie, Berry Pie, Prune Pie.

CAKE.
Plain Graham Cake, Fruit Cake, Buns,
Cream Puffs, Fruit Cookies, Cookies,
Marble Cake, Washington Pie, Custard Cake.

NUTS.
Pecans, English Walnuts, Chestnuts,
Filberts, Almonds, Hickory Nuts.

BREADS.
Graham, Oatmeal Crackers, (Unleavened), Oatmeal Gems,
Fine Flour, Graham Crackers, Gluten Gems,
Corn Bread, Fine Flour Crackers, French Rolls,
Rusks, Boston Brown Bread, Finger Rolls,
Graham Gems, Dyspeptic Wafers, Oatmeal Biscuit,
Corn Muffins, Whole Wheat Puffs, Snow Bread.

FRUITS.
Apples (Raw), Rhubarb, Dried Peaches,
Apples (Stewed), Prunes, Canned Blackberries,
Apples (Baked), Dates, Canned Raspberries,
Dried Apple Sauce, Stewed Peaches, Canned Raspberries (Red),
Canned Peaches, Canned Pears, Canned Strawberries,
Canned Cherries, Stewed Cranberries, Prunelles,
Raisins, Figs, Peaches,
Pine-apple, Tomatoes, Oranges,
Bananas, Currants, Pears,
Plums, Grapes, Canned Pears,
Melons, Stewed Apricots, Whortleberries.
LIQUID FOODS.

Graham Gruel, Oatmeal Gruel, Milk Porridge,
Corn-Meal Gruel, Farina Gruel, Milk.

RELISHES.

Apple Jelly, Current Jelly, Maple Syrup, Celery,
Cranberry Jelly, Grape Jelly, Honey.

MISCELLANEOUS DISHES.

Fruit Toast, Beef Tea, Chicken Broth, Cracker Dust,
Cream Gravy, Cream, Lemons, Dry Toast,
Caramel Coffee, Cream Toast.

An extra charge will be made for
articles furnished which are not on the Bill of Fare for the day.
SANITARIUM

BILL OF FARE.

✦ DIINER. ✦

Hour. 1:30 P. M.

The Dinner will be served in four courses, ten or fifteen minutes being occupied by each course.

The dishes marked constitute the Bill of Fare for this day and meal.

As a man eateth, so is he.

Eat ye that which is good.
DINNER.

SOUPS.

Potato Soup,
Vermicelli Soup,
Rice Soup,
Celery Soup,
Milk Soup,
Brown Soup,
Lentil Soup,
Green Corn Soup,
Pea Soup,
Tomato Soup,
Barley Soup,
Scotch Broth,
Bean Soup,
Parsnip Soup,
Vegetable-Oyster Soup,
Beef Soup,
Macaroni and Tomato Soup,
Bean and Tapioca Soup,
Vegetable Soup.

GRAINS.

Oatmeal Mush,
Graham Mush,
Cornmeal Mush,
Samp,
Pearl Wheat,
Wheatena,
Cracked Wheat,
Crushed Wheat,
Honey,
Crushed Barley,
Granola,
Pearl Barley,
Farina,
Wheaten Grits,
Rice,
Malzena,
Gluten,
Frumenty.

MEATS AND EGGS.

Beefsteak,
Roast Beef,
Boiled Beef,
Cold Meat,
Scrambled Eggs,
Stewed Beef,
Mutton,
Mutton Stew,
Minced Mutton,
Egg-nog,
Roast Chicken,
Fish,
Boiled Eggs,
Stewed Chicken,
Poached Eggs.

VEGETABLES.

Potatoes (Baked),
Potatoes (Boiled),
Potatoes (Mashed),
Scalloped Potatoes,
Sweet Potatoes (Baked),
Sweet Potatoes (Boiled),
Potato Croquettes,
Turnips,
Chopped Potatoes,
Cabbage,
Corn & Tomatoes,
Beets,
Parships,
Carrots,
Asparagus,
Peas,
Rice Croquettes,
Stewed Tomatoes,
Baked Tomatoes,
Macaroni à l'Italian,
Squash,
Beans (Baked),
String Beans,
Lima Beans,
Sweet Corn,
Green Corn Croquettes,
Succotash,
Spinach.
DESSERT.
PUDDINGS.
Hydropathic Pudding, Farina Custard Pudding, Bread Pudding,
Variety Pudding, Apple Pudding (Steamed), Fruit Blanc Mange,
Baked Indian Pudding, Fruit Pudding (Steamed), Peach Pudding,
Apple Pudding (Baked), Cracked Wheat Pudding, Apple Custard,
Lemon Pudding, Fig Pudding, Orange Pudding,
Chocolate, Pudding, Jellied Rice, Corn Starch,
Tapioca, Manioca, Sago, Rice,

PIE.
Apple Pie, Pumpkin Pie, Lemon, Pie,
Custard Pie, Berry Pie, Prune Pie,

CAKE.
Plain Graham Cake, Fruit Cake, Buns,
Cream Puffs, Fruit Cookies, Cookies,
Marble Cake, Washington Pie, Custard Cake,
Pecans, English Walnuts, Chestnuts,
Filbers, Almonds, Hickory Nuts,

NUTS.

BREADS.
Graham, Oatmeal Crackers, Plain,
Fine Flour, Graham Crackers, Oatmeal Gems,
 Corn Bread, Fine Flour Crackers,
Boston Brown Bread, Graham Gems,
Dyspeptic Wafers, Corn Muffins,
Oatmeal Biscuit, Whole Wheat Puffs,

FRUIT.
Apples (Raw), Canned Raspberries (Black), Pine-apple,
Apples (Stewed), Canned Strawberries, Tomatoes,
Apples (Baked), Canned Cherries, Oranges,
Dried Apple Sauce, Stewed Cranberries, Bananas,
Canned, Peaches, Prunes, Currants,
Stewed Peaches, Prunelles, Pears,
Dried Peaches, Raisins, Plums,
Canned Pears, Figs, Grapes,
Canned Blackberries, Dates, Whortleberries,
Canned Raspberries (Red), Peaches, Melons,
Stewed Apricots,
LIQUID FOODS.

Graham Gruel, Oatmeal Gruel, Milk Porridge, Corn-Meal Gruel, Farina Gruel, Milk.

RELISHES.

Apple Jelly, Currant Jelly, Maple Syrup, Celery, Cranberry Jelly, Grape Jelly, Honey.

MISCELLANEOUS DISHES.

Butter, Coffee, Fruit Toast, Cream, Caramel Coffee, Dry Toast, Beef Tea, Tea, Cream Toast, Cracker Dust, Chicken Broth, Cream Gravy, Lemons,
# SANITARIUM STEAM LAUNDRY

We will not be responsible for any Articles not Listed.

**OUR TERMS:**
CASH ON DELIVERY.

Battle Creek, Mich.

__Mr.__

---

## Residence

### PRICE LIST

<table>
<thead>
<tr>
<th>No.</th>
<th>GENTLEMEN'S LIST.</th>
<th>Price</th>
<th>No.</th>
<th>LADIES' LIST.</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shirts</td>
<td>10 to 25</td>
<td></td>
<td>Dresses, Plain</td>
<td>30 to 50</td>
<td></td>
</tr>
<tr>
<td>Collars</td>
<td>3c—35 per doz</td>
<td></td>
<td>Dresses, Fancy</td>
<td>50 to $2</td>
<td></td>
</tr>
<tr>
<td>Drawers</td>
<td>5</td>
<td></td>
<td>Wrappers</td>
<td>30 to $1.50</td>
<td></td>
</tr>
<tr>
<td>Undershirts</td>
<td>5</td>
<td></td>
<td>Waists, Plain</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Night Shirts</td>
<td>8 to 12</td>
<td></td>
<td>Waists, Fancy, 25c to $1.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socks</td>
<td>2 to 5</td>
<td></td>
<td>Skirts, Plain</td>
<td>15 to 25</td>
<td></td>
</tr>
<tr>
<td>Hdkfs</td>
<td>1 to 2</td>
<td></td>
<td>Skirts, Fancy</td>
<td>50c to $1</td>
<td></td>
</tr>
<tr>
<td>Cuffs</td>
<td>6c—70c per doz</td>
<td></td>
<td>Skirts, Dress, 50c to $3.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neckties</td>
<td>3 to 5</td>
<td></td>
<td>Chemises</td>
<td>6 to 25</td>
<td></td>
</tr>
<tr>
<td>Bosoms</td>
<td>5 to 10</td>
<td></td>
<td>Corsets</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Coats</td>
<td>15 to 25</td>
<td></td>
<td>Drawers</td>
<td>5 to 20</td>
<td></td>
</tr>
<tr>
<td>Vests</td>
<td>12 to 25</td>
<td></td>
<td>Stockings</td>
<td>2 to 4</td>
<td></td>
</tr>
<tr>
<td>Pants, Linen</td>
<td>10 to 25</td>
<td></td>
<td>Collars</td>
<td>3 to 4</td>
<td></td>
</tr>
<tr>
<td>Towels</td>
<td>2 to 4</td>
<td></td>
<td>Cuffs</td>
<td>6 to 20</td>
<td></td>
</tr>
<tr>
<td>Napkins</td>
<td>1 to 3</td>
<td></td>
<td>Night Dresses, Plain</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Table covers</td>
<td>4 to 15</td>
<td></td>
<td>do Fancy, 30 to $1.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheets</td>
<td>3 to 6</td>
<td></td>
<td>Aprons</td>
<td>5 to 25</td>
<td></td>
</tr>
<tr>
<td>Pillow Slips</td>
<td>2 to 8</td>
<td></td>
<td>Counterpanes</td>
<td>5 to 25</td>
<td></td>
</tr>
<tr>
<td>Pillow Shams</td>
<td>20 to 75</td>
<td></td>
<td>Blankets</td>
<td>20c to $1.00</td>
<td></td>
</tr>
<tr>
<td>Ruffles</td>
<td>2 to 12</td>
<td></td>
<td>Curtains</td>
<td>25c to $1.00</td>
<td></td>
</tr>
<tr>
<td>Rollers</td>
<td>3 to 10</td>
<td></td>
<td>Underflannels</td>
<td>10 to 20</td>
<td></td>
</tr>
</tbody>
</table>

Extra Charges for Goods Laundried on Short Notice.
**INVALID FOODS.**

In the effort to meet the necessities of a large Sanitarium with its great variety of patients, we have produced a number of food preparations adapted to different diseased conditions, the merits of which are such as to secure for them a very large and increasing sale, not only to persons belonging to the invalid class, but to those who wish by "good living" to avoid disease. We challenge competition in the line of foods described. Only the choicest and most expensive materials are used in their production, and no pains is spared to make them perfect in every particular. The following list comprises our leading preparations:—

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oatmeal Biscuit</td>
<td>12 cts.</td>
</tr>
<tr>
<td>Medium Oatmeal Crackers</td>
<td>10 cts.</td>
</tr>
<tr>
<td>Plain Oatmeal Crackers</td>
<td>10 cts.</td>
</tr>
<tr>
<td>No. 1 Graham Crackers</td>
<td>10 cts.</td>
</tr>
<tr>
<td>No. 2 Graham Crackers</td>
<td>10 cts.</td>
</tr>
<tr>
<td>Plain Graham Crackers (Dyspeptic)</td>
<td>10 cts.</td>
</tr>
<tr>
<td>White Crackers</td>
<td>10 cts.</td>
</tr>
<tr>
<td>Whole-Wheat Wafers</td>
<td>12 cts.</td>
</tr>
<tr>
<td>Gluten Wafers</td>
<td>30 cts.</td>
</tr>
<tr>
<td>Anti-Constipation Wafers</td>
<td>12 cts.</td>
</tr>
<tr>
<td>Passover Bread</td>
<td>15 cts.</td>
</tr>
<tr>
<td>Fruit Crackers</td>
<td>20 cts.</td>
</tr>
<tr>
<td>Carbon Crackers</td>
<td>15 cts.</td>
</tr>
<tr>
<td>Beef and Bread Combination Biscuit</td>
<td>20 cts.</td>
</tr>
<tr>
<td>Ground Crackers</td>
<td>12 cts.</td>
</tr>
<tr>
<td>Wheatena</td>
<td>12 cts.</td>
</tr>
<tr>
<td>Avena</td>
<td>13 cts.</td>
</tr>
<tr>
<td>Granola</td>
<td>12 cts.</td>
</tr>
<tr>
<td>Beef and Bread Granola</td>
<td>20 cts.</td>
</tr>
<tr>
<td>Diabetic Food</td>
<td>40 cts.</td>
</tr>
<tr>
<td>Gluten Food</td>
<td>40 cts.</td>
</tr>
<tr>
<td>Infant's Food</td>
<td>20 cts.</td>
</tr>
</tbody>
</table>

Manufactured by
SANITARIUM Food Department,
Battle Creek, Mich.
The report first sent you was for the normal cases, those in which in T. T. M. A max 160-235, H 240, coef. a 85-115.

The following is the max. and min. for 336 cases:

Acid combined chlorine
Max 252
Min 0

Neutral combined chlorine
Max 182
Min 0
Acid combined chlorine (C)
Max. 176
Min. 52

Neutral combined chlorine (N)
Max. 134
Min. 28

Of these cases, 4/5 fall within
Max. 134 90
Min. 90 72
Memorandum of agreement with reference to the circulation of health books through the tract societies and other Seventh Day Adventist organizations.

1. The several denominational publishing houses shall be recognized as distributors of the subscription publications of the Good Health Publishing Company.

2. The books shall be sold to the several publishing houses at a discount of 65% cash on delivery of the books unless special arrangements are made otherwise.

3. The Good Health Publishing Company shall be recognized as the health book publishing house of the denomination, and the publishing houses which act as distributors of the books published by the Good Health Publishing Company shall not publish health books without first consulting with the Good Health Publishing Company and making satisfactory arrangements for such publication.

4. The tract societies and publishing houses shall be given exclusive control of only such territory as they are prepared to work at once and thoroughly. Territory shall not be assigned in whole states or other large bulks, but there shall be a mutual understanding between the Good Health Publishing Company and the distributing or canvassing agent so that no collision shall occur, and shall secure the most thorough and prompt working of the territory. The canvassing agencies shall have a free field except in the states or other territory in which they may be operating, except in relation to such territory as may be especially stipulated by the Good Health Publishing Company, and such territory shall not be closed by the Good Health Publishing Company unless they are prepared to work it themselves at once.

5. The tract societies or other canvassing agents shall furnish to the Good Health Publishing Company a complete record of the work done in the territory assigned them, and shall be furnished with a record of work which has already been done or which may be done by their agents.
of the Good Health Publishing Company.

6. This arrangement shall not interfere with the pushing of the publications of the Good Health Publishing Company through the ordinary trade channels.

7. The names and address of all persons who purchase books from the canvassing agents of the tract societies must be furnished to the Good Health Publishing Company when called for, it being understood that the Good Health Publishing Company shall supply paper especially for the copying of these names and pay for the labor of copying at the rate of $2.00 a thousand.

8. It is understood that the tract societies shall agree to interest themselves in the circulation of GOOD HEALTH, to place GOOD HEALTH in the hands of their canvassers who are competent to handle it as a help in connection with their books, and to cooperate with the Good Health Publishing Company and the Sanitarium in the organization of schools of health, and in carrying forward the work of education in the promulgation of the gospel of health in the circulation of special editions of the GOOD Health and Pacific Health Journal, and other health journals which may be published in the territory in which the work is being carried on.

9. This arrangement is made with the understanding that the Good Health Publishing Company shall turn over to the trustees of the American Medical Missionary College 10% of the retail price on all subscription books published by it, or on which it receives 15% or more.
The Dedication of the Battle Creek Sanitarium.

The Memorial season in Michigan this year will be marked by events relating to the future history and the better progress of our state as well as to recitals and reflections on the lives and deeds and deaths of its heroic citizens. On Memorial Day, through sacred services and songs and eloquent addresses and the strewing of flowers in city and village and country communities throughout our state, tribute will be paid to the memories of the men who during the dreadful war-time years gained for themselves glory forever and for our state a splendid and increasingly precious heritage.

On the following day in Michigan will occur another event which gains its interest and its value from long years of worthy service and unflinching sacrifice—the dedication of a magnificent building at Battle Creek to purposes as worthy and as valuable to the state as could be formed from love of country and sincere desire to contribute to its welfare and the betterment of its people.

The incidental or the accidental observations of an hour sometimes afford interesting material for long time and serious reflection. An opportunity utilized by the writer recently to make a brief visit at the Battle Creek Sanitarium.
and to learn something of what the men and the women who are officially connected with that splendid Michigan institution had done and what they are doing and are seeking to do, resulted in information which added greatly to sympathy and to interest in the dedication event of the thirty-first day of May.

The Battle Creek Sanitarium is not a state institution so far as state control and state appropriations are concerned. It adds nothing to the burden of state taxation and requires from no citizen payments of rates or taxes to provide for its helpful existence, but it is a worthy and most desirable state institution from every other point of view. It has assisted in spreading the name and fame of Michigan throughout the civilized sections of the globe; and in far off South Africa and Australia and New Zealand, in all the great commercial centers of Europe and in the islands of the sea, Michigan is known and the acquaintance will be increased through the establishment of other similar institutions related directly and indirectly to the greater and older establishment at Battle Creek.

THE BURNING OF THE BATTLE CREEK SANITARIUM.

With this point of view in mind it can be seen how calamitous to the interests of our state and to one of its principal cities seemed the great fire on February 18, 1902, which completely destroyed the main building and the hospital of the institution, causing a loss of several hundred thousand dollars and for a little time creating anxiety and question as to whether the Battle Creek Sanitarium would ever again be fully restored or permanently retain its place as one of our state's
best institutions. And this view will further explain why to the people of Michigan and to all who know something of this great enterprise the forthcoming dedicatory event is considered one of state-wide interest and has been given official recognition and official approval. Invitations signed by Governor Bliss and other official representatives of our state government have been sent to the governors of other states and to members of legislatures and to representatives of municipal governments throughout the United States and to foreign countries, requesting their attendance at the exercises attending the dedication of the great building which has arisen from the ashes of the structure destroyed by fire on that February night in 1902.

A MAGNIFICENT TEMPLE OF HEALTH.

By those who are familiar with such matters the building to be dedicated at Battle Creek on the last day of the present month is said to include the foremost improvements of the present age and the best ideas that could be gathered from world-wide observation and experience in connection with the needs it is intended to meet and the developing requirements of the modern hospital and the model sanitarium. The general style of the building is that known by architects as the Italian renaissance. The design is that of a main building with three separate buildings in the rear connecting with each other and with the main building by a semi-circular corridor. The main building is 527 feet in length exclusive of the porches and 46 feet in width; the width being increased at either end and in the center to 58 feet. It is five stories in height with a ten foot basement and a roof story of lighter structure and
somewhat less width occupying nearly the whole length of the building, practically seven stories in all. The structure throughout is the latest improved form of fire construction. It is built of brick, stone, iron and cement. So perfectly fire proof is the building said to be that any office, parlor or sleeping room might be filled with straw saturated with kerosene oil and set on fire without damage, aside from the scorching it would give to the space within which it was confined. The flames could not possibly extend to any other room in the building, neither could it do any serious injury outside the room itself.

The floors of the great structure make up an area of five acres of marble mosaic, the construction of which was superintended by the Italian artist in that line of work, who had charge of the beautiful mosaic work of the congressional library building at Washington, D. C. In no respect has convenience or any desirable purpose been sacrificed to ornament or effect, and yet, when fully completed it will stand as one of the beautiful buildings of Michigan, creditable to the city and to the state in which it is located, and a permanent monument to heroic effort on the part of those who represent the "Battle Creek Idea" as well as to the achievements of the health giving and health retaining improvements and inventions of the present age.

THE MOTHER OF SANITARIUMS.

By those familiar with the work of the world in that direction, the Battle Creek Sanitarium is said to be the first institution of its kind. It was established thirty-seven years ago by a little coterie of earnest men possessed of mutual purposes and sympathetic enthusiasms. There is more than a little
in the work as then entered upon to suggest the famous Brook Farm experiment of 1841, but the experiment which down in Connecticut more than sixty years ago resulted in financial failure, bringing disappointment to Ralph Waldo Emerson, Amos Bronson Alcott, Nathaniel Hawthorne, George Ripley, Charles A Dana, William Henry Channing, and others of its members, has in Battle Creek, Michigan in this later period resulted in a success so pronounced as to make its methods and its theories the accepted standards of institutions of its kind throughout the world.

A GREAT MISSIONARY TRAINING SCHOOL.

An important public purpose fulfilled by the Battle Creek Sanitarium and one which gives it especial value to Michigan and our neighboring states is the service it has rendered as a training school for physicians and nurses. Michigan is proud of its great University at Ann Arbor, and the hundreds of thousands of dollars annually required to meet the expenses of that great educational institution are cheerfully paid from the pockets of the people in order that its great work may be continued and its progress encouraged. Yet it can hardly be said that less value has come to our state from an institution such as the Battle Creek Sanitarium, which has sent out over one thousand nurses and physicians, trained and equipped not only through demonstrations of the laboratory and discussions in the class room, but by anxious days and nights of careful and conscientious service in the practical battle against death and disease. The Sanitarium nurses' training school was organized in 1884, and has grown to be the largest training school for
nurses in the world. All these nurses and physicians have been trained to go out as missionaries into the dark places of the earth, devoting their lives to the service of God and humanity.

GREAT SELF-SUPPORTING CHARITY.

In another respect has the Battle Creek Sanitarium proven to be a most desirable state institution. When the institution's books were examined in March of last year by an official committee, representing the business men and the ward of alderman of Battle Creek who desired to possess direct information touching its past work, they found that $103,647.00 had been expended on behalf of the institution within the preceding three years, the period included in their examination, in behalf of charity patients—persons from our own state and from other states who needed the skill, treatment and care provided at the Sanitarium, yet who had no means with which to make recompense. It was stated by the committee, which was composed of bookkeeping experts and practical business men of the highest reputation, that the expenditures for charity referred to, often amounting to over $40,000.00 per year, did not include surgical fees or concessions on account of treatment, nor any of the ordinary dispensations of charity, common alike to individuals and to institutions whose circumstances permit.

The committee further found and reported that the salaries paid at this institution would have seemed ridiculously inadequate had it not been for the fact that financial compensation seemed to form but a minor part of the inducements connecting the managers, the physicians and the nurses with their work.
The spirit which gave birth to the institution and which has made it of world-wide influence and value, seems yet to fully control the work and service of every official and every assistant. The Sanitarium's philanthropic disbursements, amounting to more than $375,000.00 and the unusual work in that direction which it is constantly doing, has been done in great part as a result of self-sacrifice on the part of the doctors, nurses, managers and many of the ordinary employees of the institution. The salaries of the physicians are actually less than the compensation of a locomotive engineer, and in many instances skilled physicians receive less than the hire of a common laborer. The compensation of the nurse is less than that of a district school teacher, and it is stated that there are those among the physicians and managers who have served faithfully for many years without any monetary compensation whatever.

Possibly the ordinary reader may not understand the sympathies and the relations which suggest such sacrifices and secure such results. But if that be true, he might also fail to comprehend the original and helpful elements in the treatment of disease, in the establishment of valuable theories of living and of life and in the development and the dissemination of principles through the Battle Creek Sanitarium which all the world acknowledges as valuable, even though all the world may not fully understand or accept them.

The fact that this work, which for more than a third of a century has been conducted in a broad and liberal spirit, defined by its charter as strictly non-sectarian and undenominational, devoted in the truest sense to the public interest,
and the marvelous growth which the years have witnessed, test
the value of the ideal toward which the promoters of this enter-
prise are striving and command the respect of all those who are
interested in human welfare and progress.

OFFICIAL RECOGNITION.

It is because of the relations of the Battle Creek
Sanitarium to the interests and progress of Michigan and to our
entire country, as herein stated and as herein further suggested,
that the dedication of the Sanitarium building on the 31st of
May is deemed an event worthy of state recognition and of state-
wide interest. It is because of these things that the Governor
of Michigan has invited the governors and officials of other
states to attend the dedicatory exercises; and it is because of
the great work the institution is doing and is seeking to do
that Governor Bliss and Senator Burrows and Congressman Gardner
and other gentlemen distinguished in official and professional
circles from our own and from other states, have accepted invi-
tations to participate in an event which splendidly marks the
progress thus far attained in a unique work, and gives fitting
promise for a future worthy of a past so deserving of commenda-
tion and encouragement.

Perry F. Powers.
COURSES OF LECTURES FOR CORRESPONDENCE SCHOOL OF HEALTH.

COURSE 'A'

"Our Bodies"

---- o ----

1. The House We Live In; what it is and what it does.
2. How we Digest. The digestion of a mouthful of bread.
3. The Lungs and Heart; their structure and uses.
4. The Brain and Nerves; how we feel and think.
5. Eyesight; what and how we see.
6. Ears; what and how we hear.
7. Smell and Taste.
8. Touch, Temperature, Muscular Sense, and General Sensations.
10. The Liver; its wonderful versatility; the business of the bile.
11. Our Five Hundred Muscles; their uses and capabilities.
12. The Science of Life.
COURSE B

"Personal Hygiene"

1. What is Health.
2. Common Errors in Diet.
3. How to Develop the Heart and Lungs.
4. Sleep.
5. Care of the Eyes, Glasses.
6. Care of the Ears.
7. Hygiene of the Nose and Mouth.
8. Significance of Appetite and other General Sensations.
9. Physical Basis of Beauty; how to have a healthy skin; facial massage to remove wrinkles.
10. Biliousness; what it is and what it signifies.
11. How to be Strong.
12. Hygiene of Maternity.
COURSE "C".

"Fundamental Principles of Hygiene".

1. What is Disease.
2. The Natural Diet of Man.
3. Common Causes of Heart and Lung Disease not Generally Recognized
4. Memory.
5. Eye-strain and Headache.
6. The Significance of Ear Symptoms; deafness etc.
7. Care of the Teeth; natural and artificial.
8. Pain; its significance and beneficence.
9. Cosmetics; hair dyes, etc.
10. The Liver of Dyspeptics.
11. What to Eat for Strength.
12. Parental Obligations.
COURSE "D"

"Treatment of Disease."

1. Rational Treatment of Disease.
2. Common Digestive Disorders.
3. How to Cure a Cold on the Lungs.
4. Some Common Nerve Maladies; their cause.
5. Some Common Acute Maladies of the Eye.
8. Effect of Stimulants and Narcotics.
10. Uric Acid; its mischiefs and miseries.
11. Strains, Sprains and Muscular Rheumatism.
12. Massage and Physical Culture.
COURSE "E".

"Remedies and Preventives."

2. Treatment of Chronic Digestive Disorders.
3. Consumption—the great white plague—preventatives.
4. The Insane Heredity; can it be obliterated.
5. Our American Nervousness.
6. Chronic Ear Disease; aids to hearing, etc.
7. Chronic Catarrh.
COURSE "P".

Scientific Cooking.

1. Foods.— Their Composition and Values.
2. What to Cook.
3. Adulterations of Foods.
5. Methods of cooking.
6. How to Cook.
7. Hygiene of the Kitchen.
9. Medical Dietetics; Food for Invalids, Diabetes, Diet to
   Reduce fat.
10. The daily Ration. How to live well on a Dime a Day.
11. How to Construct the Bill of Fare.
12. The Art of Dining.
COURSE "G".

Studies in Child Life. Environments.

1. The Hygiene of Heredity.
2. Care of Children.
3. Child Culture.
4. Occupation and Training.
5. Mental Development and Education.
6. A Neglected Duty. [Note: legible title is unclear, could be "Work in Child Welfare and Education"]
8. Influences—Mental, Moral, Physical and Magnetic.
12. The Hygiene and Value of Sunshine.
HEALTH DEPARTMENT
RECORD

Published by
THE ARISTOCRACY OF HEALTH
Battle Creek, Michigan
THE CODE OF HEALTH

1. Fresh Air. Live, work, play and sleep in the open as much as possible, and secure an ample amount of outdoor air when indoors.

2. Wholesome Food. Eat and drink for health and strength; that is, eat biologically, giving preference to natural foods and reducing denatured foods to a minimum and avoid adulterated and unwholesome foods.

3. Keep the Colon Clean. Evacuate after each meal. If necessary use an enema at bedtime. Prevent putrefaction and offensive stools by changing the intestinal flora and keeping it changed.

4. Thorough Chewing. Chew solid and semi-solid foods until smooth and nearly tasteless.

5. Exercise. Exercise sufficiently each day to induce perpiration and moderate fatigue. Walk more; ride less. Hike, swim, bicycle, work.

6. Correct Posture. Hold the chest up when sitting, standing, walking, and, so far as possible, when at work.

7. Rest. Take proper rest by change of occupation and recreation.

8. Sleep. Sleep eight hours in the fresh air.


10. Avoid Poisons. Avoid poisons, such as alcohol, tobacco, tea, coffee, condiments, and the habitual use of drugs of any sort.

11. Infections. Avoid unclean or infectious contacts, such as toilet dangers, persons suffering from colds, pneumonia or other infectious disease and infected foods or food handlers.

12. Amiability and Optimism. Cultivate amiability and avoid depression, anger, worry and fear.


14. Concentration. At least twice daily concentrate the mind intensely and uninterruptedely upon self-betterment, physical, mental, and moral, during a period of at least five or ten minutes, in silent seclusion.
In general, our personal habits, eating, drinking and other matters which influence health, are the chief factors which influence our physical well-being and determine our health status.

Treat the body as a delicate and nicely balanced machine, and in all things avoid excess.

Live the simple life. It pays to be good to yourself.

HOW TO USE THE HEALTH DEPORTMENT RECORD

Each blank page provides spaces for recording the success, partial failure or complete failure to observe meticulously each one of the 14 requirements of the Code. Perfect deportment is indicated by the numeral 1, failure 0, partial failure ½. Fourteen is a perfect score for one day, making a total of 98 for the week. Each week a special effort should be made to make a perfect record in relation to two "besetting sins." If success for one is attained, 1 may be added to the 7 days' score; if both are mastered, add 2, making 100 a perfect week's score.

This Health Code is a brief epitome of Rules for Right Living which should be carefully studied. A detailed account of the biologic way of living will be found in the volume entitled How to Have Good Health.

A person who really desires to acquire right living habits will find the conscientious and persistent use of this Health Deportment Record a valuable means of self-discipline and the training necessary for the attainment of the health betterment which is the natural result of thorough and conscientious obedience to the biologic laws which govern our bodily organs and regulate their functions.

A record of the results of each day's experience as indicated by a sense of fitness and general well-being is made by use of the simple signs +, —, and 0. If wholly satisfactory, the plus sign should be the last item in the day's record, opposite the words sense of fitness and well-being.
# HEALTH DEPARTMENT RECORD

<table>
<thead>
<tr>
<th>HEALTH DUTIES</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wholesome Food</td>
<td>1</td>
<td>½</td>
<td>1</td>
<td>1</td>
<td>½</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Thorough Mastication</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>No Tea, Coffee or Condiments</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Frequent Evacuation</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Water Drinking</td>
<td>0</td>
<td>½</td>
<td>½</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mouth Hygiene</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Outdoor Exercise</td>
<td>0</td>
<td>0</td>
<td>½</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Proper Posture</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Deep Breathing</td>
<td>1</td>
<td>½</td>
<td>½</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Proper Relaxation</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Eight Hours Sleep (or more)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Morning Bath</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Optimistic Attitude</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Amiability</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>11</td>
<td>8½</td>
<td>9½</td>
<td>14</td>
<td>10½</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Satisfactory Fitness</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>—</td>
<td>0</td>
<td>—</td>
<td>+</td>
</tr>
</tbody>
</table>

**Week ending 1-7-37.**

Per cent of Efficiency, 80½.

Add 2 points for general good conduct.

Week ending .................

Efficiency Per cent .................
THE CODE OF HEALTH

1. Breathe Pure Air. Live, work, play and sleep in the open air as much as possible, and breathe pure air indoors.

2. Eat Wholesome Food. Eat and drink for health and strength; that is, eat biologically, giving preference to natural foods and reducing denatured foods to a minimum. Avoid all adulterated and unwholesome foods.

3. Evacuate after Each Meal. Evacuate after each meal. If necessary, use an enema at bedtime. Prevent putrefaction and offensive stools by changing the intestinal flora and keeping it changed. Avoid laxatives.


5. Proper Daily Exercise. Exercise sufficiently each day to induce perspiration and moderate fatigue. Walk more; ride less. Hike, swim, bicycle, work out of doors. Use "Health Ladder."

6. Maintain Correct Posture. Hold the head up when sitting, standing, walking, and, so far as possible, when at work. Do not slump in sitting.

7. Rest, Relax and Recreate. Take proper rest by change of occupation and recreation and relaxation.

8. Sleep eight hours; more if necessary.
9. **Bathe Daily.** Cold water or air bath every morning; solar light bath once a week; soap and water bath twice weekly.

10. **Avoid Poisons.** Avoid alcohol, tobacco, tea, coffee, condiments, and the habitual use of drugs of any sort.

11. **Avoid Unclean and Infectious Contacts.** Special dangers - persons with colds or other infections, shaking hands, visits to toilets, infected foods, and food handlers.

12. **Cultivate Amiability, Optimism, Contentment, and Poise.**

13. **Avoid Petulance, Anger, Worry and Fear.** Cultivate composure.

14. **Concentrate.** At least twice daily, in silent seclusion, concentrate the mind intensely upon physical, mental, and moral betterment, for five or ten minutes.
## HEALTH DEPARTMENT RECORD

<table>
<thead>
<tr>
<th>HEALTH DUTIES</th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oating</td>
<td>1</td>
<td>1/2</td>
<td>1</td>
<td>1</td>
<td>1/2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Biologic Diet</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Three Evacuations</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mastication</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Daily Exercise</td>
<td>0</td>
<td>1/2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Correct Posture</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Relaxation</td>
<td>0</td>
<td>0</td>
<td>1/2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Eight Hours Sleep</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Baths</td>
<td>1</td>
<td>1/2</td>
<td>1/2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Avoid Poisons</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Avoid Infections</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Optimism</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Poise</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Concentration</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>11</td>
<td>8 1/2</td>
<td>9 1/2</td>
<td>14</td>
<td>10 1/2</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Satisfactory Fitness</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>0</td>
<td>-</td>
<td>+</td>
</tr>
</tbody>
</table>

Week ending 1-7-37

Per cent of Efficiency 80 1/2.

Add 2 points for general good conduct.

---

Week ending

Efficiency Per cent
Brain
2. Sinuses
3. Eye
4. Teeth
5. Teeth and gums
6. Blood and blood vessels
7. Nose
8. Nerves
9. Liver
10. Suprarenal glands
11. Pancreas
12. Kidney
13. Muscles
14. Skin
15. Hair
16. Pituitary gland
17. Ear
18. Tongue
19. Parathyroid
20. Thyroid
21. Thymus
22. Lungs
23. Heart
24. Mammary glands
25. Spleen
26. Bone marrow
27. Stomach and intestines
28. Sex organs
29. Bladder
30. Bones and joints
Nose and Throat.

A - Acute Infections, colds, sinusitis, rhinitis, sore throat, tonsillitis.

Nerves.

A - Degeneration of peripheral nerves, facial neuralgia,
B - Neuroses, paralysis, spasms,
C - Neuralgias and paraesthesia of limbs, spinal cord disease
D - Convulsions and other nervous symptoms which occur in rickets.

E - Delayed mental development.

F - Degeneration of nerves and spinal cord, as seen in pellagra.

LIVER.

A - Liver inefficiency, deficient storage of Vitamin A. observed in chronic nephritis.
B - Pernicious anemia
C - Liver hypertrophy

SUPER RENAL GLANDS.

A - Atrophy of glands
B - Hypertrophy of glands
C - Hypertrophy of glands, secretion, low blood pressure, lessened Vitamin C, irregular heart action,

PANCREATIS.

A - Diminshed lipase and esterase, and formation of insulin.
KIDNEY.
A - Calculi, nephritis
B - Calculi of kidney, bladder calculi, prostatic urinary calculi.

MUSCLE.
A - Diminished muscular power,
B - Loss of muscle tone, spasms, paralysis, muscle pains and soreness.
C - Atrophy and edema of muscles.
D - Soreness, weakness, tetany in infants, low blood calcium
E - Weakness, atrophy, paralysis.
F - Malnutrition and inanition.

SKIN.
A - Skin infections, roughness and dryness, acne
B - Skin easily bruised, blue marks easily caused by pinching and assage, palor, skin lesions
C - Skin eruptions, dermatitis,

HAIR.
A - Loss of glossiness, thinning of hair.

PETITUITARY GLAND.
A - Inactivity of sex glands, diminished petuitary secretion,
Hypertrophy of petuitary gland.
E - Changes in petuitary gland like those following gastation.

EA R.
A - Discharging ear.

TONGUE.
A - Inflammation and swelling.
B - Glossitis, atrophy
C - Ulceration, headache, parathyroid.
D - Calcium deficiency
THYROID GLAND.

A - Atrophy in males, in females first hypertrophy then atrophy.

B - Enlargement of glands, exophalmic goiter.

C - Lessened secretion of thyroidin.

THYMUS.

A - Atrophy.

LUNGS.

A - Respiratory infections, colds, bronchial pneumonia, chronic bronchitis, lobar pneumonia

B - Difficulty of breathing.

C - Rapid breathing

D - Predestination to lung tuberculosis.

HEART.

A - Swelling of extremities, edema/

B - Slow heart, myocarditis, heart failure

C - Rapid pulse, headache, mammary glands

MAMMARY GLANDS.

A - Failure of lactation.

B - Lactation failure.

SPLEEN.

A - Atrophy

BONE MARROW.

A - Spinal cord degeneration, pernicious anemia.

Predisposition to bleeding.

STOMACH AND INTESTINES.

A - Dyspepsia Indigestion, gastro-duodenitis, gallbladder disease, gastric and duodenal ulcers, diarrhea, colitis,

B - Loss of appetite, constipation, ulcer of stomach and duodenum, hypochlorhydria, deficiency of gastric acid, achylia

C - Peptic ulcers, degeneration of gastric and intestinal glands, hyperchlorhydria.
D - Indigestion, diarrhoea, colitis, loss of appetite

SEX ELEMENTS

A - Sterility, degeneration of testes
B - Amenorrhea, diminished activity, deficiency of pituitary secretion, infrequent alvulation.
C - Ovarian pains, tendency to abortion
D - Miscarriage, atrophy, sterility, sexrigidity, bladder
E - Cystitis, calculi
F - Formation of calculi

BONES AND JOINTS

A - Degeneration of bone marrow
B - Frigidity of bones, easy fracture, joints sore and painful, abscess formation in joints
C - Defective bone formation, deficiency of lime and phosphorus deficiency of calcification of bones, large joints, osteo-malacia, osteoporosis.
Nose and Throat.

- Acute Infections, colds, sinusitis, rhinitis, sore throat, tonsillitis, etc.

Nerves.

- Degeneration of peripheral nerves, facial neuralgia,
- Neuroses, paralysis, spasms,
- Neuralgias and paraesthesia of limbs, spinal cord disease
- Convulsions and other nervous symptoms which occur in rickets.

- Delayed mental development.
- Degeneration of nerves and spinal cord, as seen in pellagra.

LIVER.

- Liver inefficiency, deficient storage of Vitamin A. observed in chronic nephritis.

- Pernicious anemia
- Liver hypertrophy

SUPER KNEAL GLANDS.

- Atrophy of glands
- Hypertrophy of glands
- Hypertrophy of glands, secretion, low blood pressure, lessened Vitamin C, irregular heart action,

PANCREATIS.

- Diminished lipase and esterase, and formation of insulin.
KIDNEY.

A - Calculi, nephritis
B - Calculi of kidney, bladder calculi, prostatic urinary calculi.

MUSCLE.

A - Diminished muscular power,
B - Loss of muscle tone, spasms, paralysis, muscle pains and soreness.
C - Atrophy and adena of muscles.
D - Soreness, weakness, tetany in infants, low blood calcium
E - Weakness, atrophy, paralysis.
F - Malnutrition and inanition.

SKIN.

A - Skin infections, roughness and dryness, acne
B - Skin easily bruised, blue marks easily caused by pinching andassage, palor, skin lesions
C - Skin eruptions, dermatitis,

HAIR.

A - Loss of glossiness, thinning of hair.

PETITUITARY GLAND.

A - Inactivity of sex glands, diminished petuitary secretion,

Hypertrophy of petuitary gland.

E - Changes in petuitary gland like those following gastration.

EA R.  A - Discharging ear.

TONGUE.  A - Inflammation and swelling.
B - Glossitis, atrophy
C - Ulceration, headache, parathyroid.
D - Calcium deficiency
THYROID GLAND.

A - Atrophy in males, in females first hypertrophy then atrophy.
B - Enlargement of glands, exophthalmic goiter.
C - Lessened secretion of thyroidin.

THYMUS.

A - Atrophy.

LUNGS.

A - Respiratory infections, colds, bronchial pneumonia, chronic bronchitis, lobar pneumonia
B - Difficulty of breathing.
C - Rapid breathing
D - Predestination to lung tuberculosis.

HEART.

A - Swelling of extremities, edema/
B - Slow heart, myocarditis, heart failure
C - Rapid pulse, headache

MAMMARY GLANDS.

A - Failure of lactation.
B - Lactation failure.

SPLEEN.

A - Atrophy

BONE MARROW.

A - Spinal cord degeneration, pernicious anemia.
    Predisposition to bleeding.

STOMACH AND INTESTINES.

A - Hæmorrhage, Indigestion, gastro-duodenitis, gallbladder disease, gastric and duodenal ulcers, diarrhea, colitis,
B - Loss of appetite, constipation, ulcer of stomach and duodenum, hypochlorhydria, deficiency of gastric acid, achylia
C - Peptic ulcers, degeneration of gastric and intestinal glands, hyperchlorhydria.
D - Indigestion, diarrhoea, colitis, loss of appetite

SEX ELEMENTS

A - Sterility, degeneration of testes

B - *Staphylococcus aureus* Amenorrhea, diminished activity, deficiency of pituitary secretion, infrequent ovulation.

C - Ovarian pains, tendency to abortion

D - Miscarriage, atrophy, sterility, sexrigidity, bladder

E - Cystitis, calculi

F - Formation of calculi

BONES AND JOINTS

A - Degeneration of bone marrow

B - Frigidity of bones, easy fracture, joints sore and painful, abscess formation in joints.

C - Defective bone formation, deficiency of lime and phosphorus deficiency of calcification or bones, large joints, osteo-malacia, osteoporosis.
URINARY TOXICITY.

Patient: Miss E. Gibson weight 55 kilos.


Total solids 220 gms. Albumen: pus, blood, Temp. 22°C

Rabbit: weight 1.97 kilos. Temp. 40°C

NOTES.

Injection made in vein of Neck.

Injection began 10° 31' 12"

Clefs 10° 31' 42" Clefs 10° 31' 45"

Clefs 10° 31' 50" Clefs 10° 31' 53"

Cres 10° 32' 0° Sec. Tet. 10° 32' 2"

Exp. 10° 32' 5" Cres

10° 32' 26" Death. Temp. after death 40.5°C

Urine required to kill rabbit 13 c.c.

Urotoxic 65.5 c.c. No. daily urotoxies 7.6

Urotoxic coefficient 13

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost calories

Date 6/19/95

H. A. Reed, M.D.
QUANTITIES.

a. Weight of patient in kilogrammes.
b. Amount of urine in 24 hours in c.c.
c. Weight of rabbit in kilogrammes.

x. Number of c.c. of urine required to kill rabbit.

y. Number of c.c. required to kill one kilogramme of rabbit, or urotoxic.

z. Number of urotoxies in 24 hours, or number of possible kilogrammes of rabbit killed in 24 hours.

q. Urotoxic co-efficient, or the possible amount of rabbit killed by the urine produced by one kilogramme of the patient in 24 hours.

\[ \frac{x}{c} = y. \]

\[ \frac{b}{y} = z. \]

\[ \frac{z}{a} = q. \]
URINARY TOXICITY.

Patient: Grace Gilmour

Weight: 65 kilos.


Total solids: 25 gms. Albumen: 0.0 pus, blood, Temp: 22°C

Rabbit: weight: 1.40 kilos. Temp: 40°C

NOTES.

Injection made in vein of neck.

Injection began: 2° 57' 21".

Injection continued:

2° 57' 36". 2° 57' 36". 2° 57' 36". 2° 57' 36".

2° 57' 36" to 2° 57' 21".

Death: Temp. after death: 70°C.

Urine required to kill rabbit: 8 c.c.


Urotoxic coefficient: 1.6.

Heat units (kilo calories), gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost: calories.

Date: 6/21/25

R. E. Rand, M.D.

Post 24 hrs after operation.
QUANTITIES.

a. Weight of patient in kilogrammes.

b. Amount of urine in 24 hours in c.c.

c. Weight of rabbit in kilogrammes.

x. Number of c.c. of urine required to kill rabbit.

y. Number of c.c. required to kill one kilogramme of rabbit, or urotoxie.

z. Number of urotoxies in 24 hours, or number of possible kilogrammes of rabbit killed in 24 hours.

q. Urotoxic co-efficient, or the possible amount of rabbit killed by the urine produced by one kilogramme of the patient in 24 hours.

\[
\frac{x}{c} = y. \\
\frac{b}{y} = z. \\
\frac{z}{a} = q.
\]
URINARY TOXICITY.

Patient: Miss Gilmore. Weight: 33 kilos.


Total solids: 2.8 gms. Albumen: 0. Pus, blood. Temp. 22 °C.

Rabbit: weight: 1.9 kilos. Temp: 40 °C.

NOTES:

Injection made in vein of neck.

Injection began: 5:01:10. 5'.

Ass. 5:01:12. 15'. Strychnine. Bratins. 5:01:11.

Ass. 5:01:36. 12'. Ass. 5:01:36. 12'.


Eco. 5:00:11. 6'. Stop 5:00:14. 12'.


Urine required to kill rabbit: 445 c.c.

Urotoxic: 23 c.c. No. daily urotoxies: 2.74.

Urotoxic coefficient: 2.49.

Heat units (kilo calories), gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost: calories.

Date: 6/24/95. S.R. Rand, M.D.

3 1/2 day after operation.
QUANTITIES.

a. Weight of patient in kilogrammes.
b. Amount of urine in 24 hours in c.c.
c. Weight of rabbit in kilogrammes.

x. Number of c.c. of urine required to kill rabbit.
y. Number of c.c. required to kill one kilogramme of rabbit, or urotoxic.

z. Number of urotoxies in 24 hours, or number of possible kilogrammes of rabbit killed in 24 hours.

q. Urotoxic co-efficient, or the possible amount of rabbit killed by the urine produced by one kilogramme of the patient in 24 hours.

\[ \frac{x}{c} = y, \]
\[ \frac{b}{y} = z, \]
\[ \frac{z}{a} = q. \]
URINARY TOXICITY.

Patient Mrs. Dade

Weight 50 kilos.

Urine, amount for 24 hours 100 c.c. Sp. Gr 1.025 Urea 0.5 gms.
Total solids 0.7 gms. Albumen 0 pus, blood, Temp. 22°C

Rabbit: weight 1.420 kilos. Temp. 36.7°C

NOTES.

Injection made in vein of neck.

10° 46' 1" Injection began 10° 46' 1"
Closed 10° 46' 7" Closed 10° 46' 20"
Closed 10° 46' 24" Closed 10° 46' 30"
Pet Sp. 10° 46' 09" Pet 10° 46' 39" Pet 10° 46' 46" Pet 10° 46' 37" Exop. 10° 46' 09"

10° 47' 30" Death. Temp. after death 38.5°C

Urine required to kill rabbit 14 c.c.

Urotoxic 78 c.c. No. daily urotoxies 204

Urotoxic coefficient 4

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost calories

Date 6/5/95 Dr. Rand, M.D.
QUANTITIES.

a. Weight of patient in kilogrammes.
b. Amount of urine in 24 hours in c.c.
c. Weight of rabbit in kilogrammes.

x. Number of c.c. of urine required to kill rabbit.
y. Number of c.c. required to kill one kilogramme of rabbit, or urotoxie.
z. Number of urotoxies in 24 hours, or number of possible kilogrammes of rabbit killed in 24 hours.

q. Urotoxic co-efficient, or the possible amount of rabbit killed by the urine produced by one kilogramme of the patient in 24 hours.

\[
\frac{x}{c} = y, \\
\frac{b}{y} = z, \\
\frac{z}{a} = q.
\]
Ovariotomy

URINARY TOXICITY.

Patient. Mrs. Dade weight 57 kilos.

Total solids 42.3 gms. Albumen 0 pus, blood, Temp. 22°C

Rabbit: weight 1.9 kilos. Temp. 39.5°C

INJECTION MADE IN VEIN OF

Injection began 3:05:38 2'

Urine required to kill rabbit: 15 c.c.

Urotoxic coefficient: 2.25

Heat units (kilo calories), gained lost by rabbit.
Heat units absorbed by urine injected.
Heat units actually gained lost calories.

Date: 6/17/35

A.F. Rand, M.D.
QUANTITIES.

a. Weight of patient in kilogrammes.
b. Amount of urine in 24 hours in c.c.
c. Weight of rabbit in kilogrammes.

x. Number of c.c. of urine required to kill rabbit.
y. Number of c.c. required to kill one kilogramme of rabbit, or urotoxic.

z. Number of urotoxies in 24 hours, or number of possible kilogrammes of rabbit killed in 24 hours.

q. Urotoxic co-efficient, or the possible amount of rabbit killed by the urine produced by one kilogramme of the patient in 24 hours.

\[ \frac{x}{c} = y. \]
\[ \frac{b}{y} = z. \]
\[ \frac{z}{a} = q. \]
Tumor of Ovariectomy

URINARY TOXICITY.

Patient: Mrs. Wm. Dade

Weight: 67 kilos.

Urine, amount for 24 hours: 800 c.c. Sp. Gr. 1.025 Urea: 1.0 gms.

Total solids: 29.0 gms. Albumen: 0.

Pus, blood, Temp. 22°C

Rabbit: weight: 2.25 kilos. Temp. 70.2°C

NOTES.

Injection made in vein of

Injection began: 10:21:16

Che 10:21:49 Che 10:22:12

Che 10:22:19 Che 10:22:21


Dep. Dr. 10:22:28

10:22:31 Death. Temp. after death: 70.0°C

Urine required to kill rabbit: 17 c.c.

Urotoxic: 6.22 c.c. No. daily urotoxies: 80.6

Urotoxic coefficient: 1.6

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost calories

Date: 6/9/93

2nd day after operation.
QUANTITIES.

a. Weight of patient in kilogrammes.
b. Amount of urine in 24 hours in c.c.
c. Weight of rabbit in kilogrammes.

x. Number of c.c. of urine required to kill rabbit.
y. Number of c.c. required to kill one kilogramme of rabbit, or urotoxie.

z. Number of urotoxies in 24 hours, or number of possible kilogrammes of rabbit killed in 24 hours.

q. Urotoxic co-efficient, or the possible amount of rabbit killed by the urine produced by one kilogramme of the patient in 24 hours.

\[
\frac{x}{c} = y, \quad \frac{b}{y} = z, \quad \frac{z}{a} = q.
\]
Tumor and Ovariotomy

URINARY TOXICITY.

Patient: Mrs. Wm. Dade
Weight: 58 kilos.

Total solids: 37.8 gms. Albumen: 0. pus, blood. Temp. 22°C

Rabbit: Weight: 3.07 kilos. Temp: 40.1°C

NOTES:

Injection made in vein of Neck

Injection began:

3°32'15"

Colchicine 3°32'16" Colchicine 3°32'47"

Colchicine 3°32'57" Pudendal 3°32'55"

Pudendal 3°33'12" Opcv 3°33'9"

3°33'18"

3°33'39" Death. Temp. after death: 40.0°C

Urine required to kill rabbit: 13 c.c.

Urotoxic coefficient: 6

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost: calories

Date: 6/9/95

3rd day after operation.
QUANTITIES.

a. Weight of patient in kilogrammes.
b. Amount of urine in 24 hours in c.c.
c. Weight of rabbit in kilogrammes.

x. Number of c.c. of urine required to kill rabbit.
y. Number of c.c. required to kill one kilogramme of rabbit, or urotoxie.

z. Number of urotoxies in 24 hours, or number of possible kilogrammes of rabbit killed in 24 hours.

q. Urotoxic co-efficient, or the possible amount of rabbit killed by the urine produced by one kilogramme of the patient in 24 hours.

\[
\frac{x}{c} = y,
\]
\[
\frac{b}{y} = z,
\]
\[
\frac{z}{a} = q.
\]
URINARY TOXICITY.

Patient: Mrs. J. T. Judson

Weight: 85 kilos.


Total solids: 28.0 gms. Albumen: 0. pus, blood, Temp: 21.0°C

Rabbit: weight: 1.35 kilos. Temp: 39.5°C

NOTES.

Injection made in vein of: Jack

Injection began: 10:02:40

10:03'9" C.Cl. 10:03'21" Seo. C.Cl. 10:03'25"

10:03'27" Seo. C.Cl. 10:03'34"

Pip. Widely dil. 10:03'36" Exp. 10:03'44"

10:04'15" Death. Temp. after death: 37.8°C

Urine required to kill rabbit: 18 c.c.

Urotoxie: 116 c.c. No. daily urotoxies: 43.2

Urotoxic coefficient: 5

Heat units (kilo calories), gained lost by rabbit...

Heat units absorbed by urine injected...

Heat units actually gained lost... calories

Date: 6/19/90

Handwritten note: Before operation.
QUANTITIES.

a. Weight of patient in kilogrammes.
b. Amount of urine in 24 hours in c.c.
c. Weight of rabbit in kilogrammes.

x. Number of c.c. of urine required to kill rabbit.
y. Number of c.c. required to kill one kilogramme of rabbit, or urotoxie.

z. Number of urotoxies in 24 hours, or number of possible kilogrammes of rabbit killed in 24 hours.

q. Urotoxic co-efficient, or the possible amount of rabbit killed by the urine produced by one kilogramme of the patient in 24 hours.

\[ \frac{x}{c} = y \]
\[ \frac{b}{y} = z \]
\[ \frac{z}{a} = q \]
URINARY TOXICITY.

Patient: Mr. Johnson
weight: 55 kilos.

Urine, amount for 24 hours 800 c.c. Sp. Gr 1.26 Urea 4.0 gms.
Total solids: 48.5 gms. Albumen: pus, blood, Temp. 32°C

Rabbit: weight: 2.77 kilos. Temp: 40.6°C

NOTES.

Injection made in vein of Neck

Injection began 3° 32’ 30”
CeX3°32’34” CxX3°32’35”
Cxt3°32’33” Cxt3°32’15”
Cxt3°32’20” Cxt3°32’25”
Cxt 3°32’30” Cxxt 3°32’32”
marked Cxxt 3°32’35”

9° 38’ 48” Death. Temp. after death: 42°C

Urine required to kill rabbit: 9 c.c.

Urotoxic: 32 4 c.c. No. daily urotaxies: 24 6 9

Urotoxic coefficient: 2.9

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost: calories

Date: 6/21/90 – A.F. Rand, M.D.

10 1/12 hrs. after operation
QUANTITIES.

a. Weight of patient in kilogrammes.

b. Amount of urine in 24 hours in c.c.

c. Weight of rabbit in kilogrammes.

x. Number of c.c. of urine required to kill rabbit.

y. Number of c.c. required to kill one kilogramme of rabbit, or urotoxie.

z. Number of urotoxies in 24 hours, or number of possible kilogrammes of rabbit killed in 24 hours.

q. Urotoxic co-efficient, or the possible amount of rabbit killed by the urine produced by one kilogramme of the patient in 24 hours.

\[
\frac{x}{c} = y, \\
\frac{b}{y} = z, \\
\frac{z}{a} = q.
\]
URINARY TOXICITY.

Patient: Mrs. Johnson. ... weight ... 85 kilos.

Urine, amount for 24 hours ... 50 c.c. Sp. Gr. 1.026. Urea ... 2.7 gms.
Total solids ... 5 gms. Albumen ... 0. Pus, blood. Temp. 32.2°C

Rabbit: weight ... 3 kilos. Temp. 39.6°C

NOTES.

Injection made in vein of ... 

Injection began: 7:07:15 A.M.

Injection continued:

Cath 4° 05' 10" Cath 4° 05' 17" Cath 4° 05' 22"
Cath 4° 05' 43" Cath 4° 05' 50" Cath 4° 05' 12'
Cath 4° 05' 17" Cath 4° 05' 17" Cath 4° 05' 25"
Cath 4° 05' 31" Cath 4° 05' 32" Cath 4° 05' 45"

Vitrectomy, evacuation.

5:06:10 A.M. Death. Temp. after death ... 40.0°C

Urine required to kill rabbit ... 20 c.c.

Urotoxie ... 23 c.c. No. daily urotoxies ... 4.3

Urotoxic coefficient ... 0.5

Heat units (kilo calories), gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost ... calories.

Date: 6/24/95. A.D. Rand, M.D.

3rd day after operation.
QUANTITIES.

a. Weight of patient in kilogrammes.
b. Amount of urine in 24 hours in c.c.
c. Weight of rabbit in kilogrammes.

x. Number of c.c. of urine required to kill rabbit.
y. Number of c.c. required to kill one kilogramme of rabbit, or urotoxie.

z. Number of urotoxies in 24 hours, or number of possible kilogrammes of rabbit killed in 24 hours.

q. Urotoxic co-efficient, or the possible amount of rabbit killed by the urine produced by one kilogramme of the patient in 24 hours.

\[ \frac{x}{c} = y. \]
\[ \frac{b}{y} = z. \]
\[ \frac{z}{a} = q. \]
URINARY TOXICITY.

Patient: Mrs. J.B. Longworth

weight: 55 kilos.


Total solids: 1.8 gms. Albumen: 0 pus, blood, Temp.

Rabbit: weight: 1.56 kilos. Temp: 40.5 °C

NOTES.

Injection made in vein of Druck

Injection began: 5° 3' 40"

Pip. Dil. 5° 5' 15"  Clep. 5° 5' 30"

Pip. Cont. 5° 5' 45"

Pin. Point Pip. 5° 6' 11"  Clep. 5° 6' 10"

Tet 5° 6' 11"  Ser. Tet. 5° 6' 17"

Ops. 5° 6' 21"  Exp. 5° 6' 26"  Expiration of Rouch.

5° 6' 42" Death. Temp. after death: 40.5 °C

Urine required to kill rabbit: 45 c.c.

Urotoxic: 33.2 c.c. No. daily urotoxies: 27.4

Urotoxic coefficient: 4.9

Heat units (kilo calories), gained lost by rabbit:

Heat units absorbed by urine injected:

Heat units actually gained lost: calories.

Date: 6/3/93

H.F. Rand, M.D.
QUANTITIES.

a. Weight of patient in kilogrammes.
b. Amount of urine in 24 hours in c.c.
c. Weight of rabbit in kilogrammes.

x. Number of c.c. of urine required to kill rabbit.
y. Number of c.c. required to kill one kilogramme of rabbit, or urotoxic.

z. Number of urotoxies in 24 hours, or number of possible kilogrammes of rabbit killed in 24 hours.

q. Urotoxic co-efficient, or the possible amount of rabbit killed by the urine produced by one kilogramme of the patient in 24 hours.

\[ \frac{x}{c} = y. \]
\[ \frac{b}{y} = z. \]
\[ \frac{z}{a} = q. \]
Ovariotomy

URINARY TOXICITY.

Patient: Mrs. B. Longworth.

Weight: 55 kilos.

Urine, amount for 24 hours: 1200 c.c. Sp. Gr. 1.016 Urea 35.7 gms.

Total solids: 48.1 gms. Albumen: 0 pus, blood, Temp. 22°C

Rabbit: weight: 1.2 kilos. Temp. 38.9°C

NOTES:

Injection made in vein of neck.

Injection began: 3° 47' 32"

Cloth: 3° 45' 23"

Petrol: 3° 45' 32"

Pulp: 3° 45' 36"

Oper: 3° 45' 38"

3° 45' 40" Death. Temp. after death: 38.9°C

Urine required to kill rabbit: 14 c.c.

Urotoxic: 11.6 c.c. No. daily urotoxies: 11.2

Urotoxic coefficient: 2

Heat units (kilo calories), gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost: calories.

Date: 6/7/95

Dr. Rand, M.D.

1st day after operation.
QUANTITIES.

a. Weight of patient in kilogrammes.

b. Amount of urine in 24 hours in c.c.

c. Weight of rabbit in kilogrammes.

x. Number of c.c. of urine required to kill rabbit.

y. Number of c.c. required to kill one kilogramme of rabbit, or urotoxic.

z. Number of urotoxies in 24 hours, or number of possible kilogrammes of rabbit killed in 24 hours.

q. Urotoxic co-efficient, or the possible amount of rabbit killed by the urine produced by one kilogramme of the patient in 24 hours.

\[
\frac{x}{c} = y.
\]

\[
\frac{b}{y} = z.
\]

\[
\frac{z}{a} = q.
\]
Ovariotomy

URINARY TOXICITY.

Patient
Mrs. H.O. Longworth

Weight
65 kilos.

Urine, amount for 24 hours
400 c.c.
Sp. Gr. 0.125
Urea 1.45 gms.

Total solids: 23.2 gms.
Albumen: 0 pus, blood, Temp. 22°C

Rabbit: weight
2.07 kilos.
Temp. 39.9°C

NOTES.

Injection made in vein of

Neck

Injection began

O氏 1/3” 401 45”

O氏 1/3” 401 45”

O氏 1/3” 401 45”

O氏 1/3” 401 45”

O氏 1/3” 401 45”

O氏 1/3” 401 45”

O氏 1/3” 401 45”

O氏 1/3” 401 45”

O氏 1/3” 401 45”

Death. Temp. after death 31.2°C

Urine required to kill rabbit

10 c.c.

Urototoxic

7.2 c.c.

No. daily urotaxies 55.6

Urotoxic coefficient

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost... calories.

Date 6/9/95

2nd day after operation.

A.F. Rand, M.D.
Ovariotomy

URINARY TOXICITY.

Patient: Mrs. J. B. Longworth
Weight: 55 kilos.
Urine, amount for 24 hours: 800 c.c. Sp. Gr. 1.020 Urea 22.5 gms.
Total solids: 37.6 gms. Albumen: 0 pus, blood. Temp. 22°C

Rabbit: weight: 2 kilos. Temp: 39.1°C

NOTES:
Injection made in vein of

Injection began: 3' 15' 10"

Omnopon Dil 2.012 '42" Caff 3.0' 14' 41"
Caff 2.0' 10.4" Secavit 3.0' 17' 11"
Oxy 3.0' 17' 14" Exoph 3.0' 17' 19"

2' 0' 17' 31' Death. Temp. after death: 39.1°C

Urine required to kill rabbit: 15 c.c.

Urotoxic: 7.5 c.c. No. daily urotoxies: 10.6.

Urotoxic coefficient: 14.

Heat units (kilo calories), gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost calories.

Date: 6-9-95

3rd day after operation.
URINARY TOXICITY.

Patient: Mrs. H. Merrill

weight: 6.6 kilos.

Urine, amount for 24 hours: 300 c.c. Sp. Gr. 1.026 Urea: 7.5 gms.

Total solids: 18.3 gms. Albumen: 0 pus, blood. Temp. 22°C

Rabbit: weight: 1.23 kilos. Temp.: 35.7°C

NOTES.

Injection made in vein of neck.

Injection began: 10° 36' 14''

C.C.: 10° 39' 10'' Exp.: 10° 39' 20''

C.C.: 10° 39' 22'' C.C.: 10° 39' 35''

Tet: 10° 39' 39'' Sect: 10° 39' 40''

C.P. 10° 39' 41'' Pup. Dil. 10° 39' 45''

Masked Exp.: 10° 39' 48'' Sect: 10° 39' 54''

10° 40' 1'' Death. Temp. after death: 35.3°C

Urine required to kill rabbit: 12 c.c.

Urotoxie: 9.7 c.c. No. daily urotoxies: 80.9

Urotoxic coefficient: 49

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost... calories

Date: 6/3/95

H. F. Rand, M.D.
Ovariectomy

URINARY TOXICITY.

Patient: Mrs. Merrill... weight... 66... kilos.

Urine, amount for 12 hours... 900... c.c. Sp. Gr./025 Urea... 27... gms.

Total solids... 52.2... gms. Albumen... 0... pus, blood. Temp. 22°C

Rabbit: weight... 2.1... kilos. Temp. 38.7°C

NOTES:

Injection made in vein of... neck.

Injection began... 2:52:33.

Cloth 2:54:14" Cloth 2:54:15"

Pin Point Pup 2:54:21" Cloth 2:54:29"

Pet Shy 2:54:31" Ops 2:54:33"

Leo Pet Sh 2:54:37"

Leo Pet Sh 2:54:43"

2:55:20... Death. Temp. after death... 39.4°C

Urine required to kill rabbit... 21... c.c.

Urotoxic... 10... c.c. No. daily urotoxies... 50...

Urotoxic coefficient... 1/2...

Heat units (kilo calories), gained lost by rabbit...

Heat units absorbed by urine injected...

Heat units actually gained lost... calories.

Date... 6/7/93... [Handwritten: day after operation]
Ovariotomy

URINARY TOXICITY.

Patient: Mrs. Merrill  weight: 66 kilos.
Urine, amount for 24 hours: 100 c.c. Sp. Gr: 1.032 Urea: 3.6 gms.
Total solids: 7.5 gms. Albumen: 0 pus, blood. Temp: 22°C
Rabbit: weight: 2.62 kilos. Temp: 40.1°C

NOTES

Injection made in vein of Neck.
Injection began: 4:15'10"

Urine required to kill rabbit: 18 c.c.
Urotoxie: 6.8 c.c. No. daily urotaxies: 147
Urototoxic coefficient: 2

Heat units (kilo calories), gained lost by rabbit
Heat units absorbed by urine injected
Heat units actually gained lost calories

Date: 6/9/90  H. Rand, MD
2nd day after operation.
Ovariotomy

URINARY TOXICITY.

Patient: Mrs. Merrill  weight  66  kilos.

Urine, amount for 24 hours  500 c.c.  Sp. Gr. 1.012  Urea  144 gms.
Total solids  22.4 gms.  Albumen  0 pus, blood, Temp. 22 °C
Rabbit: weight  2.0  kilos.  Temp.  39.1 °C

NOTES.

Injection made in vein of  Neck

Injection began  30 26' 0"
Asthm 30'20'18"  Asth 30'20'17"
Asth 30'20'26"  Asth 30'20'25"
Asth 30'20'29"  Asth 30'20'28"
Asthm 30'20'30"  Astdh 30'21'7"
Pup Dil 30'21'18"

30'26'42"  Death.  Temp. after death  40.6 °C

Urine required to kill rabbit  18 c.c.

Urotoxic 2  91 c.c.  No. daily urotoxies  8.8.

Urotoxic coefficient  1.3

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost calories

Date  6/9/95  R.A. Rand, M.D.

3d day after operation
URINARY TOXICITY.

Patient: J. W. Wm... weight 56.8 kilos.

Urine, amount for 24 hours 400 c.c. Sp. Gr. 1.032 Urea 16 gms.
Total solids 29.6 gms. Albumen 0 pus, blood, Temp. 21.0°C

Rabbit: weight 2.0 kilos. Temp. 39.5°C

NOTES.

Injection made in vein of neck

Injection began 30/5 20

Closed 30/15 35

Cup Dil 30/15 45° Pet. Shm 30/15 65°

Pet. Shm 30/16 57° Cup Dil 30/16 8°

Exp 30/16 12°

30/16 05° Death. Temp. after death 39.5°C

Urine required to kill rabbit 9 c.c.

Urotoxic c.c. No. daily urotoxies

Urotoxic coefficient

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost calories.

Date 5-24-95

A. P. M.D.
URINARY TOXICITY.

Patient: Mrs.同盟     weight: 70 kilos.

Urine, amount for 24 hours: 200 c.c. Sp. Gr. 10.29 Urea 21 gms.
Total solids: 90.4 gms. Albumen: 0 pus, blood, Temp: 0°C

Rabbit: weight: 1.270 kilos. Temp: 38.9°C

NOTES:
Injection made in vein of

Injection began

Death. Temp. after death: 38.3°C

Urine required to kill rabbit: 12 c.c.

Urotoxic c.c. No. daily urotoxies

Urotoxic coefficient

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost: 0 calories

Date: 6/8/90

Chief: H. C. Rand MD.
**URINARY TOXICITY.**

Patient: Mrs. T. Higgins, weight 45.5 kilos.

Urine, amount for 24 hours 250 c.c. Sp. Gr. 1.020, Urea 1.6 gms.

Total solids 28 gms. Albumen +, pus, blood, Temp. 21 °C.

Rabbit: weight 3.4 kilos. Temp. 38.8 °C.

**NOTES.**

Injection made in vein of neck.

Injection began 3°28'10".

ClSp 3°28'25" ClSp 3°28'27"

ClSp 3°28'20" ClSp 3°28'32"

ClSp, ClSp 3°28'37" ClSp 3°28'40"

Ope 3°28'43" Pfp 3°28'45"

3°28'55" Death. Temp. after death 40.1 °C.

Urine required to kill rabbit 10 c.c.

Urotoxie 3 c.c. No. daily urotoxies 3.

Urotoxic coefficient 3.

Heat units (kilo calories), gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost calories.

Date 3-24-93.
URINARY TOXICITY.

Patient: Mr. Byrd
Weight: 64 kilos.

Urine, amount for 24 hours: 1,000 c.c.
Specific gravity: 1.025
Urea: 26 gms.
Total solids: 5.7 gms.
Albumen: pus, blood
Temp: 21 °C

Rabbit: weight: 2.8 kilos.
Temp: 39.7 °C

NOTES.
Injection made in vein of neck.
Injection began 2:08:30
Clamp 2:05:30
Set Sp. 2:08:15
Open 2:03:30
Set set down 2:03:55
Exop 2:07:15
Pip Dil 2:04:10


Urine required to kill rabbit: 10 c.c.

Urotoxic c.c. No. daily urotoxicities:
Urotoxic coefficient:

Heat units (kilo calories) gained lost by rabbit:

Heat units absorbed by urine injected:

Heat units actually gained lost: calories:

Date: 5/24/95

[Signature]
URINARY TOXICITY.

Patient: Mrs. Swain  Weight: 73 kilos.


Total solids: 17 gms. Albumen: 0 pus, blood. Temp: 21°C

Rabbit: weight: 2.15 kilos. Temp: 38.5°C

NOTES.

Injection made in vein of

Injection began:

2016'28'' Clsh 3011'5'' Clsh 3011'21'' Pup. 3011'27'' Clsh 3011'36'' Clsh 3011'44'' Clsh 3011'69'' Clsh 3012'11'' Iw. Pt. 3012'17'' Clsh 3012'15'' Exh. 3012'18'' Exh. 3012'27''

Evacuation:

3012'42'' Death. Temp. after death: 38.5°C

Urine required to kill rabbit: 21 c.c.

Urostoxic x c.c. No. daily urostoxic y

Urostoxic coefficient z

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost: calories

Date: 5/17/90

[Signature: A.E. R. M.D.]
URINARY TOXICITY.

Patient: Mrs. Luethise. Weight: 75 kilos.

Total solids: 33.2 gms. Albumen: 0.pus, blood. Temp: 21.0°C

Rabbit: Weight: 2.2 kilos. Temp: 39.2°C

NOTES:

Injection made in vein of

Injection began 30.0.17.

Put Dil 30.0.77. Ins. Breathing 30.1.2
Clir 30.17" Clir 30.12" Clir 30.8"
Clir 30.3.28" Clir 30.3.24" Clir 30.9.13"
Clir 30.3.28" Clir 30.3.24" Clir 30.9.13"

Lev Iter Clir 30.1.18. Evacuation

30.4.18" Death. Temp. after death: 38.8°C

Urine required to kill rabbit: 39 c.c.

Urotoxic 8 c.c. No. daily urotoxic 6.

Urotoxic coefficient 8.

Heat units (kilo calories), gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost.. calories.

Date: 5/17/92
URINARY TOXICITY.

Patient: Johnston, weight 90.5 kilos.

Urine, amount for 24 hours 600 c.c. Sp. Gr. 1.024 Urea 23.4 gm.
Total solids 25 gms. Albumen --- pus, blood, Temp. 21.0°C

Rabbit: weight 2 kilos. Temp. 37.5°C

NOTES.

Injection made in vein of neck.

Injection began

<table>
<thead>
<tr>
<th>Time</th>
<th>Dilution</th>
<th>C.P.</th>
<th>Urotoxic 5</th>
<th>Urotoxic coefficient</th>
<th>Heat units (kilo calories), gained lost by rabbit</th>
<th>Heat units absorbed by urine injected</th>
<th>Heat units actually gained lost</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20:47'0''</td>
<td>2% dil.</td>
<td>20'48'45''</td>
<td>20'48'55''</td>
<td>20'49'8''</td>
<td>20'50'10''</td>
<td>20'50'32''</td>
<td>20'50'44''</td>
<td>20'50'55''</td>
</tr>
</tbody>
</table>

Death. Temp. after death 37.9°C

Urine required to kill rabbit 27 c.c.

Urotoxic 5 c.c. No. daily urotoxies 9

Urotoxic coefficient 5

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost calories.

Date 5/17/95

S.G. R. M.D.
URINARY TOXICITY.

Patient: Mrs. Mosher. Weight: 60 kilos.

Total solids: 2.56 gms. Albumen: pus, blood. Temp.: 21.0°C

Rabbit: Weight: 2.25 kilos. Temp.: 38.9°C

NOTES.

Injection made in vein of .

Injection began:

30 29 15
Pip Dil 30 29 13.5 Chel 30 29 18
Chel 30 29 16 Chel 30 29 52
Chel 30 29 56 Chel 30 30 6
Ser Pet ether 30 30 8 Op 30 30 9

30 30 12 Death. Temp. after death: 38.9°C

Urine required to kill rabbit: 6 c.c.

Urotoxic c c. No. daily urotoxies:

Urotoxic coefficient:

Heat units (kilo calories), gained lost by rabbit:

Heat units absorbed by urine injected:

Heat units actually gained lost:

Date: 9/17/95

S. F. R. MS.
URINARY TOXICITY.

Patient: Mrs. J. Contelin  weight: 41 kilos.

Urine, amount for 24 hours: 600 c.c.  Sp. Gr. 1.030  Urea 27.6 gms.
Total solids: 420 gms.  Albumen: 0 pus, blood, Temp. 21°C

Rabbit: weight: 2.1 kilos.  Temp: 38.9°C

NOTES.

Injection made in vein of Neck

Injection began: 3:34:23

Close: 3:35:25  9:54 Oct 3:36:0

24:36:0  Clos 3:36:6

Exit: 3:36:7

3:36:9 Death.  Temp. after death: 39°C

Urine required to kill rabbit: 15 c.c.

Urotoxic coefficient: 3

No. daily urotoxies

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost: calories

Date: 5/17/95  

[Signature]
URINARY TOXICITY.

Patient: Mrs. Bassett  
weight: 64 kilos.

Urine, amount for 6 hours: 400 c.c.  
Sp. Gr: 1.035  
Urea: 12.8 gms.

Total solids: 32.8 gms.  
Albumen: pus, blood, Temp: 23°C

Rabbit: weight: 2.35 kilos.  
Temp: 37°C

NOTES.

Injection made in vein of

Injection began: 5° 21' 57"

5° 22' 00"  5° 22' 02"
5° 22' 15"  5° 22' 17"
5° 22' 27"  5° 22' 30"
5° 22' 32"  5° 22' 33"
5° 22' 37"  5° 22' 39"
5° 22' 48"  Death.  Temp. after death: 39°C

Urine required to kill rabbit: 16 c.c.

Urotoxic coefficient:

Heat units (kilo calories), gained lost by rabbit:

Heat units absorbed by urine injected:

Heat units actually gained lost:

calories.

Date: May 2

Dr. J. F. R.
URINARY TOXICITY.

Patient: Mrs. M. Richmond

Weight: 57 kilos.


Total solids: 25.0 gms.  Albumen: 0 pus, blood, Temp: 22°C

Rabbit: weight: 1.55 kilos.  Temp: 40.5°C

NOTES.

Injection made in vein of: Neck

Injection began: 10°30'30"

Cath: 10°51'2"  Cath: 10°51'35"
Cath: 10°51'42"  Cath: 10°51'47"  Cath: 10°51'54"
Cath: 10°52'3"  Sew: Cath: 10°52'8"  Cath: 10°52'16"
Cath: 10°52'19"  Sew: Cath: 10°52'21"
Exp: 10°52'26"  Exp: 10°52'29"

10°52'29" Death.  Temp. after death: 40.5°C

Urine required to kill rabbit: 24 c.c.

Urotoxic: 1.55 c.c.  No. daily urotoxic: 64.5

Urotoxic coefficient: 

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost: calories.

Date: 6/18/95  Hand: Mod

Before operation
URINARY TOXICITY.

Patient: Mrs. M. Richmond

Weight: 57 kilos

Urine, amount for 24 hours: 500 c.c.
Sp. Gr.: 1.023
Urea: 14.5 gms.
Total solids: 26.0 gms.
Albumen: 0
Pus, blood, Temp.: 22.2°C

Rabbit:
Weight: 1.82 kilos
Temp.: 40.0°C

NOTES.
Injection made in vein of

Injection began: 3:26:52

Urine required to kill rabbit: 9 c.c.

Urotoxic coefficient: 179

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost... calories

Date: 6/21/00

12th 24 hrs after operation
URINARY TOXICITY.

Patient: Mrs. J. M. Richmond. Weight: 0.7 kilos.
Total solids: 16.9 gms. Albumen: 0. Pus. blood, Temp: 22°C.
Rabbit: Weight: 1.82 kilos. Temp: 20.0°C.

NOTES.

Injection made in vein of neck.

Injection began at 0:25:01.
clid 0:26:00 clid 0:27:35 clid 0:28:15
clid 0:28:30 clid 0:28:50 clid 0:29:05

2 cc. clid 0:29:20 2 cc. Perfusion 0:28:20

0:28:25 Death. Temp. after death: 70.0°C.

Urine required to kill rabbit: 8 c.c.

Urotoxie: 6 c.c. No. daily urotoxicies: 5 D.

Urotoxic coefficient: 89.

Heat units (kilo calories), gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost: calories.

Date: 6/24/95. Signatures: H. T. Rand, M.D.

3rd day after operation.
URINARY TOXICITY.

Patient: Mrs. Olson
Weight: 55 kilos.

Urine, amount for 24 hours: 600 c.c. Sp. Gr. 1.021 Urea 18.2 gms.
Total solids: 29.4 gms. Albumen: 0 pus, blood, Temp: 22°C
Rabbit: weight: 1.87 kilos. Temp: 40.2°C

NOTES:
Injection made in vein of

Injection began:

11° 2' 15"

11° 3' 2" 11° 3' 13"

11° 3' 31" 11° 3' 33"

11° 3' 38" 11° 3' 42"

11° 3' 45" 11° 3' 48"

11° 3' 50"

11° 3' 56" Death. Temp. after death: 40.3°C

Urine required to kill rabbit: 15 c.c.

Urotoxic: 82 c.c. No. daily urotoxies: 75

Urotoxic coefficient: 14

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost... calories.

Date: 9/18/95

A. F. Reed, M.D.

Before operation.
URINARY TOXICITY.

Patient: W. M. Crum
Weight: 57.5 kilos.

Urine, amount for 24 hours: 1,770 c.c.
Sp. Gr: 1.021
Urea: 3.8 gms.
Total solids: 7.9 gms.
Albumen: 0 pus, blood
Temp: 22°C

Rabbit: Weight: 1.82 kilos.
Temp: 39.3°C

NOTES:
Injection made in vein of neck
Injection began: 3° 05’ 12"

Death: 3° 59’ 10”
Temp. after death: 40.3°C

Urine required to kill rabbit: 12 c.c.

Urotoxie: 86 c.c.
No. daily urotoxies: 1373

Urotoxic coefficient = 2.7

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost... calories

Date: 6/21/90

1st 24 hrs. after operation
URINARY TOXICITY.

Patient: Mrs. Crum .......................... weight: 6.0 kilos.
Total solids: 25.8 gms. Albumen: 0. pus, blood, Temp: 22°C
Rabbit: weight: 1.77 kilos. Temp: 40.0°C

NOTES:
Injection made in vein of Neck
Injection began 5° 8° 22°

CLEH 5° 86° 18° CLEH 5° 86° 21° CLEH 5° 86° 30°
CLEH 5° 86° 32° CLEH 5° 86° 33°
CLEH 5° 86° 37° CLEH 5° 86° 46°
Pup Widely Dil 5° 86° 49°

5° 86° 02°. Death. Temp. after death: 44.0°C
Urine required to kill rabbit: 10 c.c.

Urotoxic x 67 c.c. No. daily urotoxies y 39.1
Urotoxic coefficient z 10.8

Heat units (kilo calories), gained lost by rabbit
Heat units absorbed by urine injected
Heat units actually gained lost ... calories

Date: 6/25/95  A.F. Rand, M.D.
3rd day after operation
URINARY TOXICITY.

Patient: Mrs. C.R. Bush weight 66 kilos.
Urine, amount for 24 hours 207 c.c. Sp. Gr. 1.08 Urea 14.4 gms.
Total solids 19.2 gms. Albumen 0 pus, blood. Temp. 72°C
Rabbit: weight 3.17 kilos. Temp. 39.1°C

NOTES.
Injection made in vein of Neck

Injection began 10° 22' 49"
ClSr. 10° 22' 03" ClSr. 10° 22' 58"
ClSr. 10° 23' 27" ClSr. 10° 23' 40"
ClSr. 10° 23' 34" ClSr. 10° 23' 39"
Opiodil 10° 24' 14" ClSr. 10° 24' 14"
10° 25' 28" Death. Temp. after death 39.3°C

Urine required to kill rabbit 72 c.c.
Urotoxie x 12.3 c.c. No. daily urotoxies y 9.76
Urotoxic coefficient z 1.74

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost calories

Date 6/3/93 - A.I. Rand M.D.
Tumor of Ovariotomy

URINARY TOXICITY.

Patient: Mrs. C. R. Bush
Weight: 56 kilos.

Total solids: 22.7 gms. Albumen: 0 pus, blood. Temp. 2.2°C

 Rabbit: weight: 14.9 kilos. Temp. 39.6°C

NOTES:

Injection made in vein of Neck

Injection began 3° 0' 31"

Pup. Cecil 3° 1' 21" Oph. 3° 2' 42"
Pup. Dil 3° 1' 57" Oph. 3° 2' 14"
Lev. Oph. 3° 2' 18" St. Oph. 3° 2' 19"
Oph. 3° 2' 23" Ex. 3° 2' 27"
Lev. Pet. St. 3° 2' 34" Pup. Vib. Dil. 3° 2' 37"
C. 3° 2' 51" St. Vitalic Vitaly 3° 2'
C. 3° 2' 28" Death. Temp. after death 39.0°C

Urine required to kill rabbit: 21 c.c.

Urotoxic x 11 c.c. No. daily urotoxies = 7.27

Urotoxic coefficient: 1.29

Heat units (kilo calories), gained lost by rabbit
Heat units absorbed by urine injected
Heat units actually gained lost = calories

Date: 6/7/95

A. F. Rand, M.D.

1/2 day after operation
Ovariotomy

URINARY TOXICITY.

Patient: Mrs. C. T.lush

Weight: 57.6 kilograms.

Urine, amount for 24 hours: 1900 cc. Sp. Gr. 1.007. Urea: 2.9 gms.

Total solids: 26.6 gms. Albumen: 0. Pus, blood. Temp: 22°C

Rabbit: Weight: 2.35 kilograms. Temp: 40.6°C

NOTES.

Injection made in vein of颈

Injection began: 4:01:00

Class: +0.32.5". After: +0.32.8"

Ext. Pitch: +0.32.10". A/pos +0.32.10"

Exp. +0.32.16". Pup widely dil +0.32.18"

4:32:36" Death. Temp. after death: 39.9°C

Urine required to kill rabbit: 36 cc.

Urotoxic: 15.3 cc. No. daily urotoxies: 124.

Urotoxic coefficient: 2.2

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost calories

Date: 6/9/30

Dr. Rand M.D.

2nd day after operation
Ovariotomy

URINARY TOXICITY.

Patient: Mrs. R. Bush. Weight: 56 kilos.


Total solids: 13.0 gms. Albumen: 0. No pus, blood. Temp.: 22 °C

Rabbit: weight: 2.57 kilos. Temp.: 40.1 °C

NOTES:

Injection made in vein of neck.


3:46:00. Death. Temp. after death: 40.5 °C

Urine required to kill rabbit: 36 c.c.

Urotoxic 15 c.c. No. daily urotoxies: 83.

Urotoxic coefficient: 13.

Heat units (kilo calories) gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost: calories.

Date: 6/7/20.

3rd day after operation.
URINARY TOXICITY.

Patient
Mrs. L. S. Filer
Weight 70 kilos.

Urine, amount for 24 hours 400 c.c. Sp. Gr. 1.030 Urea 14 gms.
Total solids 28.0 gms. Albumen 0.0 pus, blood, Temp. 25.0°C

Rabbit: weight 1.42 kilos. Temp. 70.0°C

NOTES.
Injection made in vein of neck.
Injection began 4:03:55 a.m.
Spasm 4:05:12 a.m. Cold 4:05:21 a.m.
Resp. 4:05:27 a.m. Tob. 4:05:30 a.m.
Leo. 0:0 a.m. 4:05:42 a.m. Pup. 0:0 a.m. 4:05:35 a.m.
Ope. 4:05:40 a.m.

4:05:56 a.m. Death. Temp. after death 40.5°C

Urine required to kill rabbit 9 c.c.

Urotoxie 0.6 c.c. No. daily urotoxies 63.5

Urotoxic coefficient 0.8

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost calories

Date 6/3/95

Dr. A. Land, M.D.
Ovariotomy
URINARY TOXICITY.

Patient. Mrs. Wilson. weight. 70 kilos.


Total solids 24.6 gms. Albumen. 0. pus. blood. Temp. 22°C

Rabbit: weight. 1.8 kilos. Temp. 39.7°C

NOTES.

Injection made in vein of Neck.

Injection began 20 41' 10"

Pap Dil 20 41' 30" Closh 20 41' 34"

Closh 20 41' 30" Closh 20 41' 1"

Jet 20 42' 3" Closh 20 42' 1"

Exop 20 42' 11" Jet. Spar. 20 42' 15"

20 42' 26" Death. Temp. after death. 38.9°C

Urine required to kill rabbit. 21 c.c.

Urotoxic x 14.6 c.c. No. daily urotoxies. 2.5-9.

Urotoxic coefficient. 5 3.7

Heat units (kilo calories), gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost. calories.

Date. 6/7/95 Dr. Rand. Wld.

1st day after operation.
Ovariotomy

URINARY TOXICITY.


Rabbit: Weight: 2.27 kilos. Temp.: 40.0°C.

NOTES.

Injection made in vein of neck.

Injection began: 3:00 P.M.

Cloth 3:05 20, Cloth 3:08 20
Cloth 3:10 20, Den Cloth 3:05 20

Den Cloth 3:07 35, Cloth 3:35 27
Den Cloth 3:38 33, Cloths 3:35 39

3:50 P.M. Death. Temp. after death: 40.0°C.

Urine required to kill rabbit: 8 cc.


Urotoxic coefficient: 1.22.

Heat units (kilo calories), gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost: calories.

Date: 6/9/30. E. Rand, M.D.

2nd day after operation.
Ovariectomy

URINARY TOXICITY.

Patient: Mrs. Pileon

Weight: 70 kilos.

Urine, amount for 24 hours: 600 c.c., Sp. Gr. 1.025, Urea 19.2 gms.

Total solids: 24.8 gms. Albumen: 0, pus, blood. Temp. 32°C

Rabbit: Weight: 2.4 kilos. Temp. 39.4°C

NOTES.

Injection made in vein of neck.

Injection began 2:05:19.


Marked Clop 2:05:30, Clop 2:05:45, Clop 2:05:54. Ops 8:00:15.

3:00:27 Death. Temp. after death 40.6°C

Urine required to kill rabbit: 18 c.c.

Urotoxic 7.5 c.c. No. daily urotoxies by 8.0

Urotoxic coefficient 81

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost: calories.

Date: 6/9/92

Dr. Rand M.D.

3 day after operation.
### Report of Blood Examinations for the Month of January, 1895

#### Men

<table>
<thead>
<tr>
<th>Range</th>
<th>No.</th>
<th>Hemo-globin</th>
<th>% Hemoglobin</th>
<th>Above 5,000,000</th>
<th>No.</th>
<th>Hemo-globin</th>
<th>% Hemoglobin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above 5,000,000</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between 4,000,000 and 2,000,000</td>
<td>27</td>
<td>14</td>
<td>15</td>
<td></td>
<td>14</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>13</td>
<td>27</td>
<td></td>
<td>13</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>17</td>
<td>11</td>
<td></td>
<td>17</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>11</td>
<td>7</td>
<td></td>
<td>11</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>4</td>
<td></td>
<td>1</td>
<td>10</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>64</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

#### Women

<table>
<thead>
<tr>
<th>Range</th>
<th>No.</th>
<th>Hemo-globin</th>
<th>% Hemoglobin</th>
<th>Above 5,000,000</th>
<th>No.</th>
<th>Hemo-globin</th>
<th>% Hemoglobin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>14</td>
<td></td>
<td></td>
<td>14</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>48</td>
<td>13</td>
<td></td>
<td></td>
<td>20</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>17</td>
<td></td>
<td></td>
<td>22</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>4</td>
<td></td>
<td></td>
<td>13</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>80</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td>80</td>
<td></td>
</tr>
</tbody>
</table>

Grand total: 144

<table>
<thead>
<tr>
<th>Malaria Examinations</th>
<th>Total Examinations</th>
<th>** Method**</th>
<th>Examinations</th>
<th>** Method**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ehrlich's</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total no. of Specimens examined for Tuberculous Bacilli

- **Cases**: 16
- **Cases in which T. Bacilli were found**: 14
URINARY TOXICITY.

Patient: Judge Pick. Weight: 36 kilos.


Total solids: 30 gms. Albumen: 6 pus, blood, Temp: 22 °C

Rabbit: weight: 2.8 kilos. Temp: 40 °C

NOTES.

Injection made in vein of Neck.

Injection began at 10:30 am.

Syringe 40 m 20 sec, Syringe 40 m 35 sec
Syringe 41 m 6 sec, Syringe 41 m 36 sec, Syringe 41 m 52 sec
Ch. Syringe 42 m 00 sec, R. Dil. 42 m 2 sec
Ch. Syringe 42 m 10 sec, R. Dil. 42 m 16 sec
Ch. Syringe 42 m 18 sec, R. Dil. 42 m 36 sec

42 m/kg Death. Temp. after death: 39.2 °C

Urine required to kill rabbit: 32 c.c.

Urotoxic x 11.43 c.c. No. daily urotoxins y

Urotoxic coefficient z

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost... calories.

Date: Feb 24 '95

Dr. Rand

11 1/4 3
First 24 hrs CO₂ Poisoning

URINARY TOXICITY.

Patient: Mr. A. Hughes

Weight: 63.8 kilos.


Total solids: 33.6 gms. Albumen: pus, blood. Temp. 22 °C

Rabbit: weight: 2.37 kilos. Temp: 40.5 °C

NOTES.

Injection made in vein of mck.

Injection began: 5h 50' 32"

Oils 50' 37" Cold 50' 57"

Oils 50' 13" Cold 51' 19" Pat 51' 41"

Pat 51' 47" Oils 57' 52" Exp 51' 52"

Prep Dil 51' 52"

Evacuations: Urination

5h 52' 2" Death. Temp. after death: 39.2 °C

Urine required to kill rabbit: 16,277 c.c.

Urotoxic c.c. No. daily urotoxies

Urotoxic coefficient: 1.92

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost calories.

Date: Dec 28 75

Dr H. H. Rand
Second 24 hrs after CO₂ poisoning

URINARY TOXICITY.

Patient: Mr A. Hughes
Weight: 65.8 kg

Total solids 3.5 gms. Albumen pus, blood, Temp. 22 °C

Rabbit: weight 2.7 kg
Temp. 40.7 °C

NOTES.
Injection made in vein of rabbit.

Injection began
Cl. Sh. 13 m 9 sec
Cl. Sh. 14 m 11 sec
Cl. Sh. 14 m 28 sec
Cl. Sh. 14 m 30 sec
Cl. Sh. 16 m 1 sec
Pulp cont. 18 m 32 sec
Cl. Sh. 18 m 51 sec
Pet. Sh. 22 m 1.2 sec
Cl. 22 m 14 sec
Exp. 22 m 19 sec
Pulp 22 m 23 sec my sec. Death. Temp. after death 39.3 °C

Urine required to kill rabbit 24 c.c.

Urotoxic c.c. No. daily urotoxies
Urotoxic coefficient 1.08

Heat units (kilo calories), gained lost by rabbit
Heat units absorbed by urine injected
Heat units actually gained lost calories.

Date: Feb 28 '95 Dr. H. F. Rand
At tempted to inject 1 ce to second

URINARY TOXICITY.

Patient: Simonsov. weight 124 kilos.

Urine, amount for 24 hours 500 c.c. Sp. Gr. 1023 Urea 145 gms. Total solids 14288 gms. Albumen 1470 gms. pus, blood, Temp. 36.5 °C

Rabbit: weight 157 kilos. Temp. 40-20 °C

NOTES.

Injection made in vein of Jugular

Injection began

Injection 25 c.c. Sp. 5° ice 5°C

30 sp. st. urinary of cuttie body

35 Kill scream. Death

55 sec

11 258.35 sec. Death. Temp. after death 39.95 °C

Urine required to kill rabbit 35 c.c.

Urotoxic 

2374 c.c. No. daily urotoxies 337

Urotoxic coefficient 0.64

Heat units (kilo calories), gained lost by rabbit 367.5

Heat units absorbed by urine injected 243.75

Heat units actually gained lost 124.25 calories.

Date 11/4/16

JW Bollard
URINARY TOXICITY.

Patient: Mr. Lawson

- weight: 57.14 kilos.
- Urine, amount for 24 hours: 600 c.c.
- Sp. Gr.: 10.30
- Urea: 19.2 gms.
- Total solids: 142 gms.
- Albumen: 0
- Pus, blood, Temp: 33°C

Rabbit: weight: 1.56 kilos.

Temp: 40°C

Injection made in vein of Mr. Jugular. Injection began

- 10 c.c. ap 20 c.c. 30 c.c. (2) 40 c.c. gasping 65 c.c. heavy sp. op.
- 70 c.c. dead, pup cont. except.

- June 2 min. 18 sec.

- 4:45:30 Death. Temp. after death: 39.2°C

Urine required to kill rabbit: 4808 c.c.

Urotoxic: 8 c.c. No. daily urotoxies 12.48

Urotoxic coefficient: 0.2273

Heat units (kilo calories), gained lost by rabbit: 1.248

Heat units absorbed by urine injected: 1.65

Heat units actually gained lost: 783 calories

Date: 7/1/96

Signed: [Signature]
URINARY TOXICITY.

Patient: Mrs. Brown. Weight: 44.5 kilos.


Total solids: 14.65 gms. Albumen: 0, pus, blood, Temp. 28°C

Rabbit: weight: 1.40 kilos. Temp. 39.8°C

NOTES.

Injection made in vein of U.F. Fuguilis.

4 hr. 30 min. 0 sec., Injection began.

10 c.c. Sp. pupil contracted, Sp. 4.

15-Sp. 20 Sp. 30 Sp. 20


5.5 Sp. 60 death

2 m. 30 sec.

Death. Temp. after death: 39.3°C

Urine required to kill rabbit: 60 c.c.

Urotoxic: 4.8 c.c. No. daily urotoxies: 25.16

Urotoxic coefficient: 0.494

Heat units (kilo calories), gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost... calories.

Date: 15/05/16. D.S. Head.

Some injected into cellular tissue, but not counted in the above. Needles passed clean through the vein.
URINARY TOXICITY.

Patient: Miss Davis; weight 141.8 kilograms.


Total solids 14.6 gms. Albumen 0.0, pus, blood. Temp. 39.9 °C.

Rabbit: weight 144 kilograms. Temp. 39.45 °C.

**NOTES:**

Injection made in vein of R. jugular.

Injection began at 6 a.m. Sp. (2) 10 Per sp. 1.5 liter. 0.6% 50 deaths.

Time 1 minute.

Pupils contracted after death.

Death. Temp. after death 39.2 °C.

Urine required to kill rabbit 20 c.c.

Urotoxic 13.2 c.c. No. daily urotoxies 6.84.

Urotoxic coefficient 1.52.

Heat units (kilo calories), gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost calories.

Date 10/26/96.
URINARY TOXICITY.

Patient: Mrs. M. Dyer

Weight: 44.8 kilos.


Total solids: 16 gms.  Albumen: 0  pus, blood, Temp. 75° C

Rabbit: weight: 1.53 kilos.  Temp. 40.56° C

Notes:
Injection made in vein of Ar. jugular.

Injection began:
5 c.c. 5% concentrated sp. urine.  cont. sp. arms.
10 c.c. concentrated sp. opis. mouth wide open.
17" death.  urine 1 minute.
Eyes protruding after death.

Death. Temp. after death: 40.17° C

Urine required to kill rabbit: 12 c.c.

Urotoxic: 78.4 c.c.  No. daily urotoxies: 6377

Urotoxic coefficient: 1.472

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost: calories.

Date: 7/9/96  Signed: [illegible]
URINARY TOXICITY.

Patient: MRS. BALL

Weight: 44.8 kg

Urine, amount for 24 hours: 500 c.c. Sp. Gr: 1.016
Urea: 15.1 gms.

Total solids: 16 gms. Albumen: 0
pus, blood, Temp: 32.5°C

Rabbit: weight: 1.7 kg, Temp: 40.28°C

NOTES.
Injection made in vein of R. Jugularis.

Injection began:

15 c.c.: Pupil contracted
35 breathing slowed
40 Sp. 75 Sp. (3) deep
55 Sp. 67 Pupils pinhead size
75 Sp. 71 Pulse: 80 Sp 5
85 Death Smile 8 min. 49 sec.

Death. Temp. after death: 39.45°C

Urine required to kill rabbit: 85 c.c.

Urotoxic 

78.3 cc. No. daily urotaxies 6383

Urotoxic coefficient 
0.142

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost calories.

Date: 7/196

Signature:
URINARY TOXICITY.


Urine, amount for 24 hours: 50 c.c.  Sp. Gr.: 1.076  Urea: 3 gms.
Total solids: 16 gms.  Albumen: 0  pus, blood, Temp.: 32°C

Rabbit: weight: 1.22 kilos.  Temp.: 40°C

NOTES:

Injection made in vein of ..................................................

Injection began ..............................................................

5 c.c. Sp. 10 perp. slowly centi.  Sp. 15 40 c.c.
35 c.c. Sp. slow. 7. urea or urea 40 c.c. 20 c.c.
75 c.c. still centi. slow. 20 c.c. 10 c.c.
7.5 c.c. slow defec. More defec 50 c.c. 60 c.c.
60 c.c. comm. Sp. defec. 90 c.c. cont. Sp. squaral. 7.5 c.c.
7.5 c.c. continued gasping & death

Time: 7.10 a.m.  Temp. after death: 34.4°C

Urine required to kill rabbit: 7.5 c.c.

Urotoxic x 6147 c.c.  No. daily urotoxic y 313

Urototoxic coefficient: y 0.1814

Heat units (kilo calories), gained lost by rabbit ........................................

Heat units absorbed by urine injected ............................................

Heat units actually gained lost .................................................

Date: 7/1/96.

[Signature]

[Note: The handwriting is legible despite the instruction not to hallucinate.]
URINARY TOXICITY.

**Patient**
Mrs. Z. A. Dury

**Weight**
54.3 kilos.

**Urine**
Amount for 24 hours... c.c. Sp. Gr 1.039 Urea 10.2 gms.

**Total solids**
29.17 gms. Albumen... pus, blood, Temp 37.2° C

**Rabbit**

**Weight**
1.7 kilos. Temp 40.89° C

**NOTES.**
Injection made in vein of O.J. regular

Injection began 04-03-26
10 cc Sp 15 Sp 8. Resp. very rapid.

25 min. Resp. continued convulsions.
25 tremors. Pup. contracted.
35 Resp. closed. death

Time 3 min.

Death. Temp. after death... 140 5-6° C

Urine required to kill rabbit... 3.5 c.c.

Urotoxie... 20.59 c.c. No. daily urotoxies... 15.54

Urotoxic coefficient... 2.86

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost... calories.

Date 6/31/21

Signature...
URINARY TOXICITY.

Patient: Mrs. A. May... weight 54.3 kilos.

Total solids: 291.2 gms. Albumen: 0 pus, blood, Temp. 32 °C
Rabbit: weight 2.02 kilos. Temp. 40.36 °C

NOTES.
Injection made in vein of Jugular.

Injection began

5 cc/1% nuc. bleph 50 sp. (1) 25 sp. (2) 30 lat sp. Red reflex in eye more diaphoretic (40 sp) of column
reduced to 75 cc. (79). Short time 4 sp. Pup did at 70% continued to contract from that on.
50 sp (6). Next convulsive spasms (50 sp) 3 def. sp. (4)
90 sp (5) 95 sp (5) very rigid 100 def. sp. Pup gasping, 1st 125 lat sp. Continued 5 gasping
continued to no. Death at 700 cc.

9 mm 30 sec. Death. Temp. after death 40.39 °C

Urine required to kill rabbit... 120 c.c.

Urotoxic... 59.4 c.c. No. daily urotoxie... 5367

Urotoxic coefficient... 0.792

Heat units (kilo calories), gained lost by rabbit...

Heat units absorbed by urine injected...

Heat units actually gained lost... calories.

Date: 1396

Signature: W. A. Kendall
URINARY TOXICITY.

Patient: Mrs J A Terry, weight 54.3 kilos.

Urine, amount for 24 hours: 3200 c.c., Sp Gr 1.039, Urea 102.4 gms.

Total solids: 91.2 gms. Albumen: 0. Pus, blood, Temp: 32°C.

Rabbit: weight 1.93 kilos. Temp: 40.33°C.

Injection made in vein of R jugularis.

Injection began:
- 10 c.c. (sp. gr. 0.9) Quinhydrone
- 5 c.c. (sp. gr. 0.9) Spasmoxy
t
- 20 c.c. (sp. gr. 0.9) Imitride

Gasping, resp. Opisthotonos, pupilled, met.

Time 2 min.

Death. Temp. after death: 40.28°C.

Urine required to kill rabbit: 30 c.c.

Urotoxic x: 15.5 g c.c. No. daily urotoxies: 2059.

Urotoxic coefficient: 359.

Heat units (kilo calories) gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost: calories.

Date: 130196.

Signature: [Signature].
URINARY TOXICITY

Patient: weight kilos.

Urine, amount for 24 hours c.c. Sp. Gr. 1027 Urea gms.

Total solids gms. Albumen pus, blood, Temp. °C

Rabbit: weight kilos. Temp. °C

NOTES.

Injection made in vein of

11/4/53 Injection began

52 0 0 Strong

533

143 Infused Normal

160 " dilated

Contracted

Death. Temp. after death 9.2 °C

Urine required to kill rabbit c.c.

Urotoxic c.c. No. daily urotoxies 

Urotoxic coefficient 

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost calories.

Date
URINARY TOXICITY.

Patient.

Dog.

Weight 19.6 kilos.

Urine, amount for 24 hours 105 c.c. Sp. Gr. 1.027 Urea 4 1/2 gms.

Total solids 8 gms. Albumen 0 pus, blood, Temp. 21°C

Rabbit: weight 2.090 kilos. Temp. 39.2°C

NOTES.

Injection made in vein of ear.

11:40 Injection began.

40:40” Juvils contracting.

11:20” Slight shivering

11:45” All stomachs

4:2” Shyft shaming; death.

11:42” Death. Temp. after death 39.5°C

Urine required to kill rabbit 37 c.c.

Urotoxic coefficient 5 17.9 c.c. No. daily urotoxies 7

Urotoxic coefficient 5 15.1

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost calories.

Date
URINARY TOXICITY.

Patient: 

weight: 

kilos.


Total solids: gms. Albumen: pus, blood, Temp.: °C

Rabbit: weight: kilos. Temp.: °C

NOTES.

Injection made in vein of: 

Injection began: 

6:00 Inputs character: 

6:15 Reg slow urine: 

6:30 Massage: 

6:15 Depth Shatam: 

12:00 Death. Temp. after death: °C

Urine required to kill rabbit: c.c.

Urotoxic: c.c. No. daily urotoxies:

Urotoxic coefficient:

Heat units (kilo calories), gained lost by rabbit:

Heat units absorbed by urine injected:

Heat units actually gained lost: calories.

Date:
URINARY TOXICITY.

Patient: Dog Juice

weight: 3.2 kilos.


Total solids: gms. Albumen: pus, blood, Temp. °C

Rabbit: weight: 3.5-0 kilos. Temp. °C

NOTES.

Injection made in vein of

12/21/21 Injection began

3:28:40 Shown classical

continued to rise rapidly till

12/28/20 gushing

12/21 death

Death. Temp. after death /03.18 F. °C

Urine required to kill rabbit: c.c.

Urotoxic ε: c.c. No. daily urotoxie σ

Urotoxic coefficient τ:

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected.

Heat units actually gained lost: calories.

Date
URINARY TOXICITY.


Total solids: 9.34 gms. Albumen: 0. Pus, blood. Temp.: 19.5°C.
Rabbit: Weight: 1.8 kilos. Temp: 39.4°C.

NOTES.

Injection made in vein of 11:15. Injection began 15:33:15.5.

15:33:15.5 Shaded.
5:41:05. Haveful Mumps.
5:41:15. Euphorbium.

Death. Temp. after death: 39.7°C.

Urine required to kill rabbit: 3116 c.c.

Urotoxic: 3116 c.c. No. daily urotoxies: 5.

Urotoxic coefficient: 1.78.

Heat units (kilo calories) gained/lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained/lost calories.

Date: 11/12/20.
URINARY TOXICITY.

Patient: Mr. Johnston

weight: 65 kilos.

Urine, amount for 24 hours: 1200 c.c. Sp. Gr. 1024

Urea: 67.2 gms.

Total solids: 67.2 gms. Albumen: pus, blood. Temp: 41.5 °C

Rabbit: weight: 2.66 kilos. Temp: 40.5 °C

NOTES.

Injection made in vein of 10:14 a.m. Injection began 17:10 slight shivering

17:15

17:20 while continued

17:45 after, shivering with

cry

18:30 Death. Temp. after death: 41.5 °C

Urine required to kill rabbits: 50 c.c.

Urotoxic: 22.7 c.c. No. daily urotoxies:

Urotoxic coefficient: 801

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost: calories.

Date: 

15.2.19
URINARY TOXICITY.


Total solids: 123.8 gms. Albumen: pus, blood, Temp.: 22.2°C

Rabbit: weight: 8.5 to 9 kilos. Temp.: 40.1°C

NOTES.

Injection made in vein of...

11/28/139 Injection began...

23.2.28 Res. small

24.03 slight Chasma

24.13 pupils Contract

24.15 Audible Res.

24.17 Stony Gras.

37.140 Death. Temp. after death: 40.1°C

Urine required to kill rabbit: 114 c.c.

Urotoxie: 2 c.c. No. daily urotoxies: 95.8

Urotoxic coefficient: 117.3

Heat units (kilo calories), gained lost by rabbit.

Heat units absorbed by urine injected.

Heat units actually gained lost: calories.

Date:...
URINARY TOXICITY.

Patient: Cow

Weight: 191 kilos.

Total solids: 5.71 gms. Albumen: 0 pus, blood, Temp.: 39.5°C

Rabbit: weight: 2136 kilos. Temp.: 39°C

NOTES.

Injection made in vein of

11:27:34 Injection began

11:52:20 rabbit died

11:54:06 injection completed

Death. Temp. after death: 103.2°F

Urine required to kill rabbit: 18 c.c.

Urotoxic 8 c.c. No. daily urotoxies:

Urotoxic coefficient: 4.141

Heat units (kilo calories), gained lost by rabbit

Heat units absorbed by urine injected

Heat units actually gained lost... calories.

Date: }
Johnson (1)

Coefficient

143

Coefficient

143
Sanitarium Laboratory
Examination of Urine For

Weight: Kilo: 

Physical
Quantity of specimen examined: C. C.
Total quantity for 24 hours: C. C.

Color: Odor: 

Reaction: Ac: Al: N: Sp Gr: 

Chemical

Normal Elements:
Urea: gms.
Phos: gms
Uric acid: gms
Chlorides: gms
Total Solids: gms

Albumen: gms
Sugar: gms
Bile: 
Blood: 
Tolims: 

Coefficients
(a) Urea: 
(b) Uric acid: 
(c) Total Nitrogen
(d) Total Solids
(e) Relation of uric acid and urea elimination compared with normal.

Microscopical
Crystals: 
Oils: 
Foreign Matters: 

Morphological Elements.
Casts, No. in field: Blood, No. in field: 
Spermat " " 
Pus: " " 
Mieroks " " 

M. D. 189
Sanitarium Laboratory

Examination of Urine For

Mr. ..................................................

Weight........Milo.........................

Physical

Quantity of specimen examined...C. C.
Total quantity for 24 hours...C. C.

Color.........................Color...........

Reaction...Ac........Al........Al........Sp Gr.............

Chemical

Normal Elements.

Urea..................gms. ............Albusen..................gms.
Phos..................gms................Sugar..................gms.
Uric acid..............gms..............Nile..................gms.
Chlorides..............gms..............Blood..................gms.
Total Solids...........gms..............Toilns..................gms.

Coefficients

(a) Urea......................................(c) Total Nitrogen
(b) Uric acid............................(d) Total Solids
(e) Relation of uric acid and urea elimination compared with normal.

Microscopical

Crystal

Oil

Foreign Matters

Morphological Elements.

Casts, No. in field................Blood, No. in field

Spermat " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " 

M. D. ....................139.
Alternative

1. Pay off both banks rather promptly.
2. Put up the stock and then fix up some arrangement to carry on.
3. Pay off the New York bank and stay along with the Old National of Chicago.

understood and

And it is expressly stipulated that all additions thereto are essential parts thereof.

The Battle Creek bank can agree that if and when the above shall have been paid in full the above $128,550.17 and with interest thereon, all obligations
Alternative

1. Pay off both banks rather promptly.
2. Put up the stock and then fix up some arrangement to carry on.
3. Pay off the New York bank and stay along with the old National of Chicago.

And it is expressly stipulated that if and when agreement is made with the Battle Creek firm, and the Battle Creek firm can guarantee that I and all obligors shall have paid in full the debt as of 128, 1860, 17, and with interest therein, all obligations
This hand-generated text is difficult to decipher due to the handwriting style.
import shall be said hereby of declared null and void.
Address of Fred N. Scott, A.M., of the University of Michigan.

I take great pleasure, Mr. Chairman, Ladies and Gentlemen, in saying a few informal words on this occasion, for the reason that it gives me an opportunity to pay a debt of long standing which I owe to this great institution. It is a twofold debt. The debt is, first, for health and strength such as I now enjoy. That is a debt which thousands of others owe to this noble institution, and I need not dwell upon it. But I owe another debt,—I may call it a moral debt,—for a revelation to me, at a time when I needed such a revelation, of a new type of human character.

It was my fortune, when I was a very young man, to act as private secretary to the superintendent of this institution, at a critical period in its development. In this way I came to know the superintendent of the institution very intimately. I suspect that few public men know how intimately their private secretaries come to know them. Take a young man with some power to read character and with some education, put into his hands all the correspondence of his employer, let him hear a great part of his conversation, and he is a pretty poor student of human nature if he does not come to know that public man more intimately than his private friends know him—perhaps more intimately than he knows himself. I came to see and know Dr. Kellogg very intimately. I came to know his weaknesses,—and doubtless he came to know mine—and if he will promise not to tell anything about my faults this afternoon, I will promise not to tell anything about his. (Laughter.) I came to know his courage in the face of emergencies and his singlehearted devotion to his cause, and also to know some things which a physician must know and then seek to conceal—his sympathy and warm-heartedness. Perhaps now, and then a public man, especially a physician, must surround himself with a
kind of shell, as he cannot live upon his emotions; but I wish now to testify to the warmth at the core of the head of this institution. I knew him intimately, and he was a revelation to me of a new type of man. I have known two types of men pretty thoroughly: the religious leader, who is on fire to redeem men's souls; and the intellectual leader, the thinker, the investigator, the scientist, who is on fire to redeem the human intellect. But here I came to know a new character—a man who was burning with zeal to redeem men's bodies, a man who was on fire to see normality and health of body prevail throughout this nation. This, I say, was a revelation to me of a new type of man at a time when such a revelation meant a great deal.

This is a high ideal for any man; it is a high ideal for a physician. And I wish, here and now, to testify that during those years that I had occasion to know almost everything that anyone could know about the private life of the man, that, so far as I ever knew, he never, by act or word, or in writing, swerved from his high ideal. That was years ago. We have met infrequently since then, but I am ready to believe that he has never, in those intervening years, lost sight of that high ideal; that he has never, for an instant, put himself above this ideal of humanity. And I like to think of this gigantic building as having arisen as the visible and outward expression of great ideals; I like to think of it, not as founded on mere mortar, stone and cement, but as resting upon eternal principles and upon the faith that ultimately, throughout this nation, soundness of body and normality of health shall prevail. An institution that is founded upon such a faith as that must endure. (Applause.)

AMERICAN BLUE BOOK.

Kellogg, John Harvey, physician of Battle Creek, Mich., was born Feb. 26, 1852, in Tyrone, Mich. He graduated from the Bellevue hospital medical college of New York City, and studied in Europe, and since 1875 has practiced in Battle Creek. Since 1876 he has been superintendent of the Battle Creek sanitarium. Since 1891 president of the Haskell orphans' home. He is the inventor of improved apparatus and instruments for medical and surgical purposes. He is the author of Text Book and Charts on Physiology for Use of Schools; Man the Masterpiece; Art of Massage; Rational Hydrotherapy; The Stomach; also many technical papers and articles. He is the editor of Good Health.

Fellow of the Royal Society of Medicine - London.

From San Script -1917.

JOHN HARVEY KELLOGG, M. D.

Completed a Special Course at the University of Michigan, March, 1874.
Graduated from Bellevue Hospital, New York City, 1875.
Member of the Michigan State Board of Health, 1879-90; 1911-17.

DEGREES:

L. L. D. Honorary degree from Olivet College, June, 1913.
F. A. C. S. Fellow of the American College of Surgeons, June, 1914.
Honorary Member of the Accademie Fisico-Chimica Italiana, 1914.
Member of the Agassiz Association, 1916.
Member of the British Gynecological Society; International Periodical Congress of Gynecology and Obstetrics; American Association of Obstetricians and Gynecologists; British and American Associations for the Advancement of Science; the Societe d'Hygiene of France; Pan-American Congress of Religion and Education; American Society of Microscopists; American Electro- Thera-
peutic Association; Mississippi Valley Medical Association; Tri-State Medical Society; Michigan State Medical Society.

From the Encyclopedia Britannica.

p.534 Vol III.

Under

Battle Creek.

Here are the hospital and laboratories of the American Medical Missionary College (of Chicago) and the Battle Creek Sanitarium, established in 1866, which was a pioneer in dietetic reform, and did much to make Battle Creek important in the manufacture of health foods, and in the publication of diet reform literature.

From the Ram's Horn. Dec. 17-1898 - page 5.

HOW DR. J. H. KELLOGG LABORS DAY AND NIGHT TO ADVANCE CHRIST'S KINGDOM - THE SECRET OF HIS POWER.

I recently had a delightful hour's conversation with one of the most interesting men in America - Dr. J. H. Kellogg. Few persons in the world work harder than he. He reminds you of the German Emperor in his inexhaustible energy and lightning-like speed of activity. The amount of labor he performs seems incredible. It appears utterly impossible that one man could do so many things in a day, as he does. His story smacks of magic, of fairyland, of romance, but it is absolutely true, and is another case of truth being stranger than fiction.

Here are some of the lines of work Dr. Kellogg has charge of: he is superintendent of the Battle Creek Sanitarium, which is the largest in the world. He is president of a sanitarium organization which operates a dozen or so of these institutions in different parts of the globe. He is president of a
missionary association which has hundreds of heralds of the gospel preaching in far off continents, isles of the sea and the slums of our great cities. He is editor of half a dozen weekly, monthly and quarterly periodicals. He is the author of nearly a score of popular and scientific books on medical subjects.

But the enumeration of these facts fail to give one a clear conception of his tremendous working capacity. Let us follow him through a single day, and see some of his working ways. In answer to my questions, he said:

"I generally awake at 6 o'clock a.m. Instantly, on opening my eyes, a torrent of ideas comes surging through my mind. I lie in bed for fifteen minutes, preparing for the two or more lectures I will have to deliver during the day. Then in a moment I make out mentally my schedule of work for the day. Jumping up, I take a cold sponge bath, dress rapidly, and eat a very light breakfast of fruit and grains.

"Am in my office soon after 7 o'clock, where I find awaiting me, a pile of letters over a foot high, and a secretary and stenographer. I read one letter, and at the same time my secretary reads another, while in the odd seconds and minutes, I dictate replies. This task is completed in about an hour. The remainder of the forenoon is spent in the consultation and operating room. I perform more than a thousand operations yearly, and personally examine three-fourths of the patients that come to Battle Creek. I find that today I can perform an operation in five minutes, that twenty years ago occupied an hour and a half."

And let me add that a professor in one of our greatest universities told me that Dr. Kellogg performs an operation in fifteen minutes that would keep almost any other surgeon busy for an hour. And to examine three-fourths of the patients coming to the sanitarium, is no light task when it is remembered that fifty to one hundred people arrive there daily.

At 1 o'clock p.m., Dr. Kellogg delivers his first lecture and spends the remainder of the afternoon in overseeing the various departments of the
institution, intermingled with more examining, more operating, more dictating, etc., etc.

At 7 o'clock p.m., he delivers another lecture, and gets back to his home at, possibly, 10 o'clock. Is his work now finished? Hardly. He dictates more letters. He dictates articles for his various publications. In fact, Dr. Kellogg dictates all his ideas. To write with a pen would be too slow, and take too much energy. He has six personal stenographers; two for correspondence, two for articles, and two for books which he is constantly writing. Some of these stenographers work with him during the day, others at night. Pacing up and down the floor in his medical or literary library or his study, he dictates until 12 or 1 or 2 or 3 o'clock. Then dismissing his helpers, heheaps on his bed a pile of periodicals in English, German, French and Italian and reads until he can no longer hold his eyes open.

It is one of Dr. Kellogg's central principles to work every atom in his body to its utmost, every day. If he has had only an hour or two of sleep the night previous, he will take minute naps at intervals during the day as he sits in his chair.

Dr. Kellogg gets his vacations by doing what other men would call the hardest kind of work. He jumps aboard a train and visits a distant sanitarium, or the missionary college in Chicago, or delivers a lecture at a social, religious, medical or philanthropic conference. He takes a stenographer along, and crams his valise full of the latest literature.

After sitting for nearly an hour enchanted by his narrative, I exclaimed:

"Dr. Kellogg, tell our readers how on earth you manage to do so much! What is the secret of it? Give them the key that will unlock the mystery!"

In answer, he said: "When I was ten years old, I was weak in mind and body. My parents did not think it worth while to give me an education. First, I
determined I would gain health. I early decided that from an ethical standpoint, flesh-eating is wrong, and later verified my conclusion by the most careful scientific research. I obeyed God's laws of health, yet until twenty I was hardly ever free from pain. Today, at forty-six, I haven't an ache or pain in the world. My muscles are like steel. I attribute it largely to eating fruits, grains, and nuts; and to working until I am worked out, seven days in the week, and three hundred and sixty-five days in the year."

PHYSICIANS AND SURGEONS OF AMERICA.

"The Relation of Static Disturbance of the Abdominal Viscera to Displacements of the Pelvic Viscera," presented before the Periodical Gynecological Congress held at Brussels, Belgium, September, 1892, and published in the proceedings.

The last of these researches were reported in a paper entitled, "Experimental Researches Respecting the Effect of Alcohol upon the Healthy Human Body," read at the meeting of the American Medical Temperance Association, June, 1894.

The Correction of Uterine Displacements by Alexander's Operation," read before the International Medical Congress held in Washington, September, 1887, and since that time various other papers, especially the following: "Value of Exercise as a Therapeutic Means in the Treatment of Pelvic Diseases of Women," presented at the meeting of the Association of Obstetricians and Gynecologists held September, 1890, in Philadelphia; "Two New Electrodes," read before the annual meeting of the Electro-Therapeutic Association held in New York, September 24-26, 1891; "The Physiological Effect of a Magneto-Electric Current of Regular Variation," read before the American Electro-Therapeutic Association, held in New York, October 4-6, 1892; "The Graphic Study of Electrical Currents in Relation to Therapeutics, with Special
Reference to the Sinusoidal Current," read before the Electro-Therapeutic Association held in Chicago, September, 1893.

Among the surgical instruments devised by Dr. Kellog are:

An aseptic drainage tube for use in abdominal surgery. This instrument, together with the method of using it, was described in a paper entitled, "Report of Fifty-two Consecutive Successful Cases of Ovariectomy, Including Two of Hysterectomy," presented at the meeting of the Michigan State Medical Association, June, 1891, and published in the annual proceedings.

A peculiarly constructed snare, especially intended for the removal of internal hemorrhoids, but also useful for any other purpose for which a snare may be employed. This snare was described, together with the method of operation, in a paper published in the Modern Medicine and Bacteriological Review, February, 1892.

A set of instruments consisting of hooks and retractors for performing the operation of shortening the round ligaments by a new method. These instruments were described and shown in a paper entitled, "Report of Seventy-three Cases of Alexander's Operation for Shortening the Round Ligaments, and Description of an Improved Method of Operation."

An improved apparatus for producing a sinusoidal electrical current, description of which was published in a paper entitled, "The Graphic Study of Electrical Currents in Relation to Therapeutics, with Special Reference to the Sinusoidal Current," 1893.

The electrograph, an instrument for making a graphic representation of variable electrical currents, described in a paper read before the American Electro-Therapeutic Association at its annual meeting, held in New York, October 4-6, 1892.

An instrument for determining the amount of CO contained in a given quantity of air.
An instrument, which he has called a pneograph, by means of which it is possible to obtain a graphic representation of the movements of the air currents in respiration.

A volatilizer and nebulizer combined, intended for treating diseases of the nose, throat, and lungs.

A sterilizing fan for use in surgical operations.

An operating water-bed, for the purpose of preventing shock from chilling of the patient during long operations.

A vibrating chair, vibrating bar, and various other appliances for the purpose of communicating mechanical vibratory movements to the body. These instruments were constructed in 1883 and have been in use since. Seven or eight years subsequently similar apparatus was independently devised and made by Professor Charcot of Paris.


A device for testing the quickness of muscular movement, described in the same paper.

An improvement in a device for testing reaction time.


John Harvey Kellogg, M. D., son of John Preston and Anne Jeanette Kellogg, was born at Tyrone, Michigan, February 26, 1852. Through his grand mother, whose name was Gardner, he was descended from Mr. Gardner, one of the Pilgrim Fathers who landed at Plymouth Rock in 1620. His mother, whose name was Stanley, claimed descent from Lord Stanley. At the early age of twelve years he entered a printing office and followed the printer's trade until he was twenty, with the exception of such time as was spent in completing his studies in the public schools of the city and the Michigan State Normal School at Ypsilanti, studies which were supplemented and extended by work of private tutors.

In 1872 he entered upon the study of medicine, taking a course at the medical department of the University of Michigan and graduating from Bellevue Hospital Medical College, which later became a
department of the University of New York, in the spring of 1875. His preceptor while an undergraduate was Dr. Edwin Lewis, an eminent New York physician. He was also a private pupil under the late Prof. Austin Flint, Sr., the late Prof. E. G. Janeway, and after graduating was pupil assistant of the eminent Dr. George N. Beard, a pioneer in this country in the application of electricity in the treatment of disease.

After graduating in 1875, Doctor Kellogg became connected with the Battle Creek Sanitarium, and was appointed superintendent of the institution, which honor he declined. However, he accepted a year later at the solicitation of the board, on being informed by the board that the determination had been made to close the institution unless he would consent to take charge of it.

Doctor Kellogg was made editor of Good Health Magazine in the spring of 1873, a position which he has held continuously since that time, in addition to his work as superintendent of the Battle Creek Sanitarium.

Five months were spent in Europe during the early part of the year 1883 in study in various hospitals and laboratories. Most of the time was devoted to the study of surgery under the famous Bilroth in Vienna, at the time the leading surgeon of the world. Special courses of instruction were taken under Bilroth's first assistant, Doctor Wolfier, who shortly before had discovered the operation known as gastro-enterostomy. Special attention was given to the practice of this operation and other operations upon the stomach, together with plastic operations upon the face and other parts, operations for which the clinic of Professor Bilroth was especially noted. Some time was also spent at the clinics of Politzer in Vienna, Charcot and Landolt in Paris, and at several London hospitals.

A second trip abroad was made in 1889, during which four months
were spent as assistant to the famous Dr. Lawson Tait of Birmingham, England, at that time the leading abdominal surgeon of the world. This was a most profitable season, as a very exceptional opportunity was enjoyed for becoming thoroughly familiar with a department of surgical work which at that time was undertaken by comparatively few surgeons and in which the mortality still remained at a very high figure. During this visit to Europe, some time was also spent in watching the work of Savage, Thornton, Bantock, Lister, and other eminent surgeons.

A third visit to Europe was made in 1900, on which occasion a short trip was made to Egypt, Palestine, Turkey and the Balkan countries, particularly for the purpose of studying the climate of these countries and also to obtain a little needed rest. This Oriental trip of two weeks was the only real vacation the doctor has ever taken during an active professional life of more than fifty years. During this trip a considerable number of surgical operations were performed in Switzerland and Denmark.

In 1902, after the fire and the laying of the cornerstone of the new building, the plans for the building having been completed, Doctor Kellogg made an extended trip through Europe, visiting the leading hospitals and sanitariums for the purpose of securing for the new institution the most up-to-date equipment possible.

Five years later a fifth visit was made to the leading medical centers of Europe, special attention being given to the surgery of the stomach and intestines. A visit was also made to St. Petersburg for the purpose of studying the work of the famous Doctor Pawlow, whose researches on the physiology of digestion have placed him foremost among the physiologists of the world and secured to him the Nobel prize.

A sixth European trip, made in 1911, was spent in Dresden studying the great International Hygiene Exhibition, and in study with the
leading specialists of Berlin, Vienna and London. During this trip a special study was made of the new remedy, radium, and of various remarkable new appliances for the study and cure of disease recently perfected by European experts.

Doctor Kellogg has also made numerous trips to Mexico, where a mission was for years conducted under his general supervision, as president of the International Medical Missionary Board. A trip was made to Cuba in 1888, and to Porto Rico in 1909. During all these trips, every spare moment, whether traveling on shipboard or on the cars, was occupied in writing. The doctor rarely failed to return from a long trip without bringing home the manuscript of a new book.

While devoting full time to his duties as superintendent of the Battle Creek Sanitarium, Doctor Kellogg has found time to take part in numerous additional enterprises. In 1895 he joined with others in the organization of the International Medical Missionary and Benevolent Association, as president of which he spent half his time for ten or twelve years in the interest of the work of the board, which resulted in the establishment of numerous small sanitariums and homes in different parts of the United States and other countries.

In 1894 Doctor Kellogg, with others, organized the American Medical Missionary College as a training school for young men and women who desired to devote their lives to medical work in missionary lands. After existing for fourteen years, during which time over two hundred students were graduated, it was in 1910 merged with the medical department of the University of Illinois. In 1902 Doctor Kellogg, with others, organized the Haskell Home for orphans, and in 1891 the James White Memorial Home for aged persons. More than $100,000 was raised for the complete equipment and maintenance of these institutions. Other philanthropic work has also been undertaken, including
the establishment of the City Mission in Chicago, to which weekly visits were made for more than seven years. The work, which was established more than twenty years ago, is still being carried on under the charge of doctors and nurses who have been trained for this work.

Among other enterprises in which Doctor Kellogg has taken a special interest as superintendent of the Battle Creek Sanitarium, are the following:

**Battle Creek Sanitarium and Hospital Training School for Nurses,** established in 1883. The first training school the students of which received instruction in sanitary methods; and at present one of the oldest, and for many years recognized as the largest, training school in the United States.

**Battle Creek Sanitarium School of Health and Household Economics,** an institution which undertakes to give to women interested in scientific housekeeping the broader training which the large practical experience of the Battle Creek Sanitarium renders possible.

**Normal School of Physical Education,** another of the educational departments of the institution. Organized for the purpose of preparing young men and women to act as physical directors in colleges, seminaries, normal schools, Young Men's and Young Women's Christian Associations, and playgrounds.

Besides being a member of the American Medical Association and Fellow of the Royal Society of Medicine of Great Britain, Doctor Kellogg is also a life member of the British Gynecological Society, corresponding member of the Societe d'Hygiene de Francois, and member of the following organizations: British and American Association for the Advancement of Science, American Society of Microscopists, Mississippi Valley Medical Association, Tri-State Medical Society, Michigan
State Medical Society, and the American Geographical Society.

Doctor Kellogg has served for sixteen years as a member of the State Board of Health, having received appointment from four different governors.

Doctor Kellogg began his literary activities at an early date. At a rather early age, when placed in the editorial charge of Good Health Magazine, he had already had several years' preparation as a proofreader and editorial assistant in the Review and Herald printing office, where he acquired a knowledge of printing and publishing. Although the editorship of Good Health Magazine has occupied most of his time which could be spared from his professional duties, time has been found for the preparation of a considerable number of books, as well as the publication for five years of a monthly medical journal, Modern Medicine. Among the leading books which he has written or published are the following: "Rational Hydrotherapy," a work of 1,237 pages, especially designed for the medical profession. This work, published by the F. A. Davis Company, medical book publishers of Philadelphia, has had a circulation of nearly 15,000, mostly among the physicians of the United States. The work is sold to some extent in other countries. The "Art of Massage," a book for physicians and nurses, has enjoyed a very considerable degree of popularity, having reached its fifth edition. The "Home Hand Book of Modern Medicine," "Plain Facts," "Man the Masterpiece," "Ladies' Guide," and "The Miracle of Life," are works prepared for the hygienic and sanitary instruction of the laity which have had a circulation amounting to several hundred thousand copies, and have been sold extensively in England, Australia, New Zealand, South Africa, and to some extent in India, as well as in this country. Two text-books on physiology, written by request of the Harper Bros., first published by them, later by the
American Book Company, have had an extensive sale as school text-books. Some dozens of medical papers have been prepared and read before medical societies and have been published in various medical journals. Some of these have attracted considerable attention. A paper entitled "Tendencies Toward Race Degeneracy" was published as a senate document, and has been very widely circulated.

Doctor Kellogg has been quite active as an inventor, besides devising several surgical procedures, some of which have been recognized and adopted by surgeons in both this country and Europe. He has invented many medical appliances, especially for the application of passive exercises, as well as numerous modes of applying water and other therapeutic means. He first observed and described what was afterwards described and named by d' Arsonval of Paris as the sinusoidal electrical current. The electric light bath and numerous appliances for making use of light as a remedial agent was invented by Doctor Kellogg for use in the Battle Creek Sanitarium and has now become one of the most popular of all methods of applying heat in the leading hospitals of the world. Many thousands of these baths have been installed in European countries, although they have only within the last few years begun to be appreciated in the United States.

The Universal Dynamometer, a device for determining the total strength of the human body and the strength of each individual group of muscles, which was perfected by Doctor Kellogg more than twenty years ago after nearly ten years of experimentation, was several years ago adopted by the United States government and has been in constant use in all its military and naval schools. One of these devices was recently shipped to the Philippine Islands for the equipment of the military academy there.
Another line of inventive activity in which Doctor Kellogg has been conspicuous is the preparation of ready-to-eat foods and foods especially designed for the use of invalids. Having been from his fourteenth year a flesh abstainer, the doctor has been especially interested in improving the quality and increasing the variety of vegetable foods and food preparations. Having given considerable attention to the study of the chemistry of foods, he began, soon after he took charge of the Battle Creek Sanitarium, a series of experiments, the result of which was the development of a thoroughly dehydrated food ready for immediate use, and, so far as is known, the first of its sort. Cereal coffee was the next product, and then came the invention of flaked cereals prepared from different grains, out of which grew the large business in flaked foods which has been developed in Battle Creek and in various other places. Doctor Kellogg's purpose in the preparation of foods has always been to meet some need recognized in the work of the sanitarium. His arduous duties as superintendent and surgeon of the Battle Creek Sanitarium have led him to leave to others the commercial development of many of his original ideas.

On February 22, 1879, Doctor Kellogg was married to Miss Ella E. Eaton, of Alfred Center, New York, herself an author of note and a prominent W. C. T. U. worker. In lieu of no children of their own, Doctor and Mrs. Kellogg have taken into their home and educated more than a score of little ones, many of whom are now grown up and married and have families of their own. All of these children, and the children's children as well, have been reared in harmony with the health principles which are promulgated at the Battle Creek Sanitarium.
he would note exactly what time it was, and the man in the other room
made the exact time at the little indicator went up and made a mark on the
smoked paper. Then they compared notes afterwards and they found that every
time the indicator rose in the adjacent room the man had had a hunger pain.
Now what did we know from that? We knew from that, that every time this man
had a sensation of hunger his stomach contracted like that, doubled up on its-
self so the discovery was made that hunger is simply the stomach contracting.
A sort of spasm of the stomach. That is what hunger is and that is why we say
"I have felt the pangs of hunger". You hear people say sometimes that they have
felt the pangs of hunger. One is not hungry all the time. The next time you get
hungry, say tomorrow morning, for example, you note the fact that you are not
hungry all the time. You feel the sensation of hunger disappears pretty soon.
It comes again and disappears, and pretty soon it comes again. It is because the
stomach is contracted. Now what has this to do with what we are talking about
here? It has this to do with it. When the stomach is ready for food it indicates
the fact. It notifies us that it is ready for food, and we ought to eat. When the
stomach is not ready, it is simply to heap upon your stomach an insult.
It is to insult it, to give it work which it cannot do. Now when one takes food into
his stomach when he is not hungry the stomach can not do anything with it. It is
not prepared to digest it and the food simply lies there a long time and after a
while perhaps becomes to manage to do a little work and unload it, get it down into
the intestines where it can be digested. Now of course, there are some exceptions.
There are some people who go to the table not the least bit hungry and pretty soon
they get hungry. Appetite comes with eating. The reason for that is that the
chewing of food, the flavor of the food or the odor of the food or the stimulation
of the food has caused the stomach to begin work, and the stomach has begun to pa
pour out juice. So we have a revelation from pathological laboratory that hunger
means juice. That appetite means juice. So the appetite comes with the coming of the
juice in the stomach. When a man begins to eat with every meal. When one had that
experience, then the probability is that his stomach is simply lacking in tone, in
to cheer them up, etc., so I got a wood pile outside of the house and I invited these gentlemen all to come out with me and split wood and we had a bee and we just enjoyed it hugely and day after day we went out and split wood and everybody had a good jolly time but after about a week one man said, "How much pay do we get for this?" "Well", I said, "The pay we get is health and vigor, a good appetite and ability to digest food and so on" but he said, "You don't catch me out here any more if that's what you all the pay that I am going to get. I am accustomed to getting compensation for manual labor." You know that was the difficulty we found with sick people. They don't want to work unless they are paid for it but I suppose there were some who would not work even then. We have an apparatus down the hall here where we apply electricity to people and we set the muscles all to going. A doctor was looking at it the other day and asked me what that was for. I told him that was for two kinds of folks, people who could not exercise and people that were too lazy to exercise, people that were too sick, that it was good for both sorts. I have often thought that perhaps we would have to go into that thing and that plan to get people to get hold of a machine and pay a dollar an hour for the privilege of hanging on a machine to exercise them. I believe if we had enough machines of that sort we could get one hundred people tomorrow morning to get into it and work hard. I saw a man sitting on this apparatus a little while ago with the perspiration just pouring down and all the large muscles of his body were just working tremendously hard and he was lifting up great sand bags that were piled on to him so as to make the muscles work and yet he was not doing a thing voluntarily. The machine was doing it all. He would get a little electrical shot once a second and the muscles would twitch and jerk tremendously but he was working and he was enjoying it hugely. He reduced his flesh at the rate of an ounce a minute steadily for an hour. At the end of half an hour he had lost two pounds as a matter of fact, a little more than an ounce a minute and he was happy. That man could have reduced his flesh just as fast if he had gone out and taken a walk and walked fast enough to make himself perspire vigorously. He would have reduced his weight even a
little faster than he had with that machine but he preferred to pay one or two dollars for the half hour's electrical exercise and he could have gotten the walking exercise for nothing but he wouldn't do it so we had to put him in there, set him down in that machine and exercise him. Now, as I said, I have thought possibly we might have to do that on a larger scale. I have studied considerably over the problem of how we could do it. If we could get a whole lot of people to exercising in concert in that way, you know we would have a big room with forty or fifty of these machines and people sitting down there all working together in concert and I believe we might make the exercise interesting. We could have the band play or the orchestra or something to entertain you and we might get folks to work. Now I am ready to make these remarks by the fact that I drop out into the gymnasium every day, at the exercise hour and there were just eight ladies at work. We have got 350 ladies here in the institution at this time and every last one of them ought to be at work. Well, just a few are in the surgical ward and I suppose they may be excused for a few days but every single one of these feeble women needs work, needs exercise. Why a lady said to me the other day, "Yesterday I walked up stairs and it gave me an awful backache. What do you think I ought to do?" I said, "Take another walk upstairs by all means." "Why are you really in earnest about it?" "Why certainly. If your backache it is evident that there is a weak spot in your back that needs to be strengthened and going upstairs sets that back to work and that is the kind of exercise you ought to take to cure that weak spot. That is the very thing you ought to do." A man said, "I was in the gymnasium yesterday and it made my muscles so sore I can just hardly stand it. I feel as though I have rheumatism all over me." I said, "That is splendid. I am delighted to hear it." "Why", what do you mean", he said. Do you mean to say you are glad I am suffering?" "Yes, I am really delighted to know that your muscles are sore because that is an indication that you are going to be stronger tomorrow or next day. That
soreness means simply that nature is sending in a great supply of new fresh
blood to build up bigger muscles for you so the next time you go into the
gymnasium you will be prepared for the work you have not been accustomed to.
The muscles are sore not because they have been damaged but because nature is
going to make them strong and is building them up, filling them with blood and
the congestion is the first step toward building up larger muscles so the
gentleman, I think, took courage. There are a good many things about it we do
not understand. I remember a gentleman from away down in Illinois some years ago
the sheriff of a certain town there, a man who had been sheriff and had gotten
pretty tired, he went to bed to take a rest and he got so tired, he got more and
more tired the longer he stayed in bed and they had a famous nerve specialist
from Chicago down to see him and he had been lying there in bed for eight years
and finally his neighbors got together and persuaded the doctor to advise him to
come here which the doctor did. Then one of his neighbors brought him here and
got him in bed upstairs and after a day or two I began to talk with him about
exercise. "Oh, Doctor", he said, "I am so tired. I just can't. I just can't.
Just let me rest a week or two longer. Then I will try." Well he had been
resting eight years already. "How are you going to get any more rested by
resting here two or three weeks more?" "Well please, doctor, do let me have a
couple of weeks more. Then I think I will be rested enough so I can walk."

Now I gave him a couple of days grace. Then I just got after him. I put him into
a wheel chair and told him I wanted to see him in my office. I took him down to
the end of the hall, got him into a room filled up with surgical instruments
and things and there was a big skeleton behind the curtain in the corner and
I accidentally knocked that curtain down on one side and then slipped out the
door. I had taken the precautions to leave the chair outside and had him
seated in a chair. I begged his pardon, excused myself just for a moment. Then
I went off down the hall and took the chair with me and I had some business
around that part of the house that kept me pretty much there for an hour or so
breakfast and take the exercises. We give here in this institution an opportunity for training of the muscles such as does not exist anywhere else on the face of the earth. I defy anybody to show that that statement is not correct. For forty years I have been studying this question how to arrange exercise for sick people so as to adapt the exercise to all classes of people and one of the things that we found very necessary was the means of measuring the strength of an individual so as to know how much exercise he ought to take. That is the very first thing I found it necessary to do. When I began work here in the institution, began to learn to use exercise as a means of cure, there did not exist any means of testing a person's general strength. Dr. Sargent of Harvard University had invented several dynamometers for testing special groups of muscles, the muscles of the hand or arm or the forearm. He had one instrument which one would push on both sides and would record the amount of strength but there was no means by which the strength of the whole body could be tested. I worked for ten years to devise this instrument by means of which every important group of muscles in the body can be tested. This instrument is recognized as the only scientific instrument of the sort by means of which such general tests can be made. The United States Government tests every man who enlists, that is, who goes to Annapolis or West Point. Every man who goes there is tested with this apparatus. The United States Government has had it in use for years. They sent one of their officials here some years ago for treatment and he was tested and got a chart and when he got home and showed that chart to the medical officers at West Point they wanted to have the apparatus so we had to make one for them. It was made in our machine shop for a good many years and is now manufactured by the Sanitarium Equipment Company and thirty or forty of the biggest gymnasiums of the country are supplied with this instrument and there is also one instrument in Berlin. Not very long ago the United States Government ordered one sent to the Philippines to the military school to be established there. I only mention this so you will know that is a reliable instrument that has been subjected to the tests of practical use.
during many years and by scientific men. By this instrument the strength of every group of muscles is tested and you can tell what your total strength is. Every person who comes to this institution ought to have his strength tested. If you are not strong enough to have all the muscles tested, have them muscles of the hand or an arm tested by simply closing the hand. Test both hands. It is very important to know the strength of the muscles of the abdomen, back, chest, diaphragm and other muscles of the body. It is one of the most important things we can know. There is a picture of a perfectly developed man. See the splendidly rounded contours of the arms and the trunk showing where the great masses of muscles lie. This is a German athlete. He is not extraordinarily developed in any one particular place but/all around development. Here is a picture of a man with a well developed chest and another man with a poorly developed chest. This man at one time had a more poorly developed chest than this man. The New York newspaper, the first paper, offered a prize of $100.00 to the young man who made the most progress in six months in physical development. I don't know but what it was a year and this young man who was a poor weakly cigarette smoker was stimulated by that $100.00. He lived up in Boston and he went to work. He went into the Young men's Christian Association and developed himself. He afterwards came here and had this picture made here. He afterwards studied medicine and became a doctor and is now practicing medicine. In one year's time he secured that splendid development by simply taking some muscular work every day. Now it is worth a good deal to have that kind of chest and it is a misfortune to have that sort of chest. A good many of you say, "I have got it and I have got my growth and I am too old now to change and it is no use." There is not a single person here but what can be benefited by breathing exercises. The way we ordinarily breathe we only use about one-tenth part of the lung capacity, only about a tenth part but when we take breathing exercises we bring all the rest of the lung into active play and as we open it up the healthy blood courses through the tissues, the beginning of
disease is wiped out, the parts are kept healthy and the resistance to
disease is maintained. I am going rapidly to show you a few more pictures.
Here is a well developed man with the skin off and you see the muscles. These
wonderful structures every one of which is a distinct organ, 500 different muscles
in the body and every one with a particular function with nerves and/nerve centers
to control it and with some special uses to perform. Now see the muscles of the
back. See what splendid structures these are. This great muscle, the latissimus
dorsi, that is the muscle that draws the arms down to the side in this way.
If one reaches up and his hanging by his arm it is this muscle that helps to
sustain the body. This muscle is brought into use in some of the breathing
exercises. Here is the great trapizus muscle. Here are various other
groups of muscles by which portions are shown. Here is the other side of the body. Here is
the rectus muscle, the lateral muscles of the abdomen. When these muscles are
strong they hold all the internal organs up in place and when they become weak
and flabby and relaxed like a cloth the internal organs fall down out of place.
When a person finds the lower part of the abdomen projecting, finds a depression
of the upper part and a projection below, that means these muscles are weak and
need training and they can be trained and that is the special thing that we attend
to here in this institution is the development of these muscles of the trunk
because it is far more important than anything else for the maintenance of
health. Ones arms muscles may be weak and the leg muscles may be weak and he
may not suffer seriously but if the abdominal muscles are weak that is really a
very serious matter indeed so these splendid muscles, the latissimus dorsi, here
the abdominal muscles and the trunk muscles, it is very important that they should
be carefully developed. Here are the rectus muscles running down here and here is
the great serratus magnus muscle which is one of the great breathing muscles.
All these muscles are brought into exercise in the various forms of exercise
that are given in the gymnasium during the day. We have one kind of exercise
before breakfast and another kind after breakfast and that is during the forenoon
and afternoon hours and again after supper. The program changes continually but
...
everything is carefully planned. It is not a haphazard arrangement. These physical teachers in the gymnasium are doing just what they have a fancy for but they are carrying out a regular systematic carefully thought out program to which an enormous amount of time has been devoted. Twenty-five or thirty years ago I used to spend an hour or two in the gymnasium every day myself. I used to lead the morning exercise and the evening exercise every day. For years I did it because I could not get anybody else to do it, to put the right kind of enthusiasm into it and because I thought it was a thing so necessary it must not be neglected. Here are some Japanese wrestlers. Notice the tremendous development of the arms and of the trunk. See what marvelous arms and what marvelous muscles they have. These men are giants. When these men are seen walking along the streets they stand head and shoulder above the other people on the street. They intermarry and have done so for many generations. They cannot marry outside of their class so they have gradually developed a new race in Japan, a special race of men who have wonderful strength. This shows them in the act of wrestling. Now it is not necessary to be strong as these Japanese wrestlers but it is worth while to have every group of muscles in the body well developed, to have them in fit condition and to keep them supple. Many people get stiff, rigid and rheumatic simply because they do not use their muscles and their joints in a thoroughly effective way. These light exercises that are given in the gymnasium are intended to give suppleness of the body, to bring all the joints and muscles into play without turning or overworking any of them. We have think these exercises are very necessary and we have them not only for our patients but also for our nurses. Here you see long lines of our young lady nurses and lines of young men nurses. These young people have a good deal of hard work in their regular daily duties but they enjoy immensely exercises in the gymnasium so as to secure regular systematic development. They have these exercises and get more erect in their carriage and get better breathing power and greater endurance. Here is a picture in
the gymnasium. Some of you have been in there but I don't suppose half of you
go to the gymnasium regularly yet there is benefit to be derived from this
particular part of the work of the institution that you cannot get in any other
way. Here is the outdoor gymnasium. The program is beginning there now. Don't
forget to get out there and get the sunshine and get just as close to nature
playing as you can. Here we have patients and I think a few nurses too who are taking
some games. Here you see they are having a run around the running track. Of
course, the exercises are adapted to the individual need. Here is a sand pile.
There is exceedingly great profit in getting in contact with the light and the
air and the sun so as to get the skin tanned and get the whole body vitalized
by these natural forces. Now in special cases we have here a special series of
exercises that I think are needed by almost every person who comes and there is
very great profit in them. It is a series of trunk exercises given in the
morning after the morning exercises. I think it begins about half past nine
or o'clock in the morning. The curtain is drawn down through the center of the
gymnasium so the ladies can have one side and the men the other side and then
various exercises are given by means of beards inclined against the wall. Here
is a table that has been prepared for the purpose of taking these exercises at
home. It folds up so that it lies flat you see. Here it is shown in the
horizontal position at first arranged so that one end will fold up and then it
is be inclined in a moment. Here are some exercises taken lying down upon the
back and lying upon the face raising the head and heels for strengthening
the muscles of the back. Here is another exercise for strengthening the spine.
Suppose there is curvature of the spine this way. Then by lying on the side
and taking this exercise the curve is reversed. This is one of the most
effective means of curing spinal curvature. Round shoulders and slight chest
can be improved by exercise of this sort. Here is a little trap you see into which
the feet are thrust and that prevents the feet from rising so that the trunk
and-the- can be put into this position. It is a splendid exercise for
strengthening the muscles of the back. Grasping the handles of the table the
v-m
heels and the head are raised and it makes a splendid and very effective
movement but the most important of all the movements taken here are with the
table inclined. Grasping the handles here and the feet under the strap the
breathing exercises are taken. Mr. Miller who kindly posed for these pictures
is exercising his face muscles as well. Now this is one of the most important
things for the average chronic invalid is to get the blood out of the abdomen.
Lying in this position the blood runs down out of the abdomen vessels and
by putting the edges of the hands down low upon the abdomen then lifting upward,
the stomach and the colon and these other prolapsed may be lifted up into place
and floating kidneys and redundant colons, colons that are kinked and prolapsed,
stomachs can be lifted up into position in this way and that is one of the
advantages of the inclined table exercises being taken after the viscera has been
put in place as they help to keep the viscera there whereas when one takes
exercise upon the feet the prolapsed viscera are down out of place and the
exercises taken have the effect to force them further down out of place, unless
great pains is taken to keep the abdominal muscles well contracted. This is another
form of exercise lifting the abdominal viscera up into place grasping with the
hand and lifting upward first with one hand, then the other until one has the
feeling that there is more room below and something has been moved up into
position. One can easily get the sensation and see that there has been a change
in the form while making these simple manipulations. By seizing a rod at the end
of the table one can lift the head up into position. In lying upon the table
with the head inclined a variety of exercises can be taken. Holding the body
in position with one foot the other foot is exercised. The knee must be drawn
far up and it is well also to raise the head at the same time otherwise the
abdominal muscles will be exercised very little but the legs may be raised into
position and a series of exercises taken closing and spreading the legs so the
muscles of the back and of the pelvis will be brought into vigorous play.
Here the legs are brought into a vertical position, thrown over to one side
and this rolling of the body from side to side brings the muscles of the back into
very firm vigorous action. Then the feet are carried down and thrown across into this position and then back again, then down again and so they swing around a circle and the body rolls back and forth in the meantime exercising especially the muscles of the back and trunk. Both feet are raised together and then are turned to position counting four, one two, three four and then down again. Here the body is drawn up into position. This is a splendid exercise for the abdominal muscles and the muscles of the trunk in general. Here is another exercise for personak who are not strong enough to take the exercises with the head below. The head is placed at the other end of the table and in that way there is some assistance. It is easier to rise from an inclined in this way than it is to rise from the horizontal position and much easier than it is to rise from the position with the head low. Here you see the body drawn up into position.

Now there is a picture of one of the most remarkable men living in the United Stated, Dr. Stephen Smith of New York City. At the time this picture was taken he was 90 1/2 years old but the picture was taken two years ago and he is now 92 1/2 old. He doesn't look any older than when I first met him a good many years ago. Dr. Smith was the founder of the Bellevue Hospital Medical College in New York City. He prepared a text book in surgery which was used by surgeons in the Civil War so he has been for fifty years very prominent in New York as a member of the most important state commission. He was a member of the commission of lunacy. He is a member at the present time of the state board of charities, one of the commissioners of charities and for many years he was president of this Board. Last year Dr. Smith at the age of 91 years was appointed elected for another term of eight years as a member of the state Board of charities so he is regarded as one of the most efficient and important members of the Board. Although 92 years old he travels all about the state investigating various institutions and questions that arise in connection with various large state institutions in the state of New York and here is his sister sitting beside him who is four years his senior and is now over 96.
years old and these persons are both as clear headed and active mentally as ever in their lives. At the time this picture was taken his daughter wrote me that when he had his picture taken he had just come in from working in his garden where he had been hoeing his potatoes. Every year he goes to his country place and spends the summer there, raises the garden himself and has made many experiments in agriculture particularly to introduce some improvements in the methods of the farming in that vicinity. Now there is a splendid man who has attained a splendid old age, a life of temperance; never any alcohol in his life; never any tobacco in his life, no tea, coffee or scarcely any meat. He has lived the simple life all his life time and because he had to do it. He was an invalid. He didn't know about Battle Creek ideas until he came here about ten or twelve years ago for the first time and he found that he was entirely in accord with the things we were doing here and he has been one of our most active and influential and helpful friends ever since but Dr. Smith was an invalid. He had chronic diarrhea when he was a student in college and he was so slender and puny that nobody thought he would live long but there he is 92 years and more old still active and vigorous mentally although an invalid all his life simply because he had taken care of himself. It is the excessive my friends that do the harm. It is the excessive. He has always been a very hard working man and is working hard still, does a good big day's work every single day. He doesn't hesitate to start out for a long walk and is one of the most active men I know of. When he was here at our Race Betterment Conference in January he was one of the liveliest persons about here. A lady stepped up to him and said, "Dr. Smith, I am very old and I would like to talk with you about how you managed to attain such great age" and he said, "Madam, I will tell you. There is one thing I think has helped me very much. I have always refused to talk with old people" and he moved along down the hall. He won't allow himself to be considered old. He is young. He is still young in spirit and in soul and he means to be young for a good many years yet. I believe he will finish out his term of eight years for he doesn't yet show any symptoms of his getting old. His arteries are not hard yet his blood pressure
is almost normal, about 130 if I remember rightly, yet I met a man a day or two ago with his blood pressure at 240 and only forty-two years of age. Now just think of it. This temperate, simple life is the thing that keeps the body in good working condition and enables us to live long and preserve our faculties and our efficiency. Now, my friends, I hope you will all turn over a new leaf those that have not already done so since getting here. Get into the gymnasium, get all the benefits you can from the work there. Ask your doctor to advise you if you are a little doubtful what you are able to do. Call for Mr. Miller or for the young woman director there. We have several young ladies who are well trained in all this line of work and ready to render you assistance, and I am sure there is nothing we can cure you with in this institution that will be a benefit to you better than strong muscles, reinforced heart and improved blood and ability to make such use of your body as you have never before been able to do. I thank you for your attention.
les with vegetables and cereals?

A. Certainly. They are all a healthy family and you may add nuts too. The only thing necessary is that these foods should all be thoroughly chewed. All foods agree in a liquid state, they are all harmonious in a liquid state. It when the foods are solid, half masticated that mischief comes. If you swallow a lot of vegetables and fruit, half masticated, you will have trouble as sure as the world, because vegetables require a long time to digest in the stomach while fruits require very little time. The fruits ought to pass out of the stomach in the course of an hour or two while vegetables are very likely to remain two or three hours. If fruits are there and vegetables are there at the same time they get mixed together and both stay there you see. If the fruits have been taken along, they would pass out in an hour but the vegetables will remain there three or four hours. If you eat fruit and vegetables together the fruit will remain with the vegetables until they are ready to pass out to a considerable degree and during that time the fruits will undergo fermentation, for fruits ferment quickly while vegetables do not ferment quickly. If the fruits and vegetables are chewed up very thoroughly that they do not with one of them remain in the stomach a great length of time but both pass on together and there is no inconvenience at all.

Q. Is it a good plan to eat fruits regularly at meals with cereals and vegetables?

A. Yes, it is a splendid thing to take something raw at every meal. Raw dry fruits and dry vegetables. Lettuce is one of the very finest of all the raw vegetables, the cucumber is another, there is nothing healthier than raw cucumbers. I see some yes you take in a long breath at that but the cucumber is a perfectly healthy food perfectly wholesome. You need not be scared to eat a raw cucumber, you can take at all meals raw cucumbers if you like. The less you mix with it the better, chew it well and do not take any vinegar on it but use a little lemon juice if you want to and a trifle of salt for a dressing and you won't have the least bit of trouble with the cucumbers. I used to tell people to beware of cucumbers but
thirteen years ago I was in Egypt and I was walking along a Nile one day watching the natives, Egyptians, and I saw a native Egyptian mother going along with a cute baby on her shoulders, astride her neck with its arms around her neck head and she was gnawing away at a long cucumber and every little while the baby would take a bite off the end of it and I said to myself why she will kill that baby sure and I looked at the baby by three or four times and it seemed to be perfectly happy and contented and didn't show any signs of colic or anything else, it was a perfectly healthy baby, it was a very different thing when a lady was feeding a baby a cucumber pickle, another lady saw her doing it and said, "Why for pity sake, you will kill the baby". She said "Oh, he hasn't anything the choked on it yet". She supposed the young baby could swallow was alright. Now that little baby was eating the raw cucumber, the raw cucumber is harmless but the pickled cucumber is as indigestible as pebbles or wood but the raw cucumber is very easily digested and entirely wholesome. Celery is another good thing and cabbage is another. There are four raw foods which can be eaten with intinuity if you simply take them and chew them thoroughly. Chewing celery for example if it has got very long strings in it, reject those strings. Only swallow that part which can be chewed up to a reasonably fine pulp. Some of these vegetables ought to be taken at every meal, make it a point to eat something of this sort at every meal, I think the raw vegetables supply something that is not quite so well supplied by raw fruit.

Q. What causes enlarged glands in the neck?

A. Tubercular germs. Generally bovine tubercular germs. Various from of
from germs derive from the flesh from the ox or the pig some beef or pork or from the cow. That is the principle reason for these enlarged glands or one of the principle causes.

Q. If one is nervous is it wise to try to control the nervousness or is it best to give vent to it? and if so, to what extent should one give vent to it?
should think

A. That is a pretty hard question to answer. I suppose it would depend upon what you are disposed to do. If one is nervous the proper thing, certainly is for him to control his feelings. If one feel nervous and cannot sit still certainly it would not do any harm to get up and walk but if one feels as though he would like to give some one a piece of his mind it would be better to restrain that because the more of that thing you do the more you will have to do probably and you might get something back, but if one is nervous and feels like walking, the thing for him to do is to take a walk of course, if one feels disposed to try, sometimes it does one good to try. As I told a lady the other day, she said she had been crying, she was so nervous she could not keep still, she had to cry and I said, "Just let it go". She said, "When I let it go I cry two days steady, and get so exhausted it takes a week to get over it". That is going to an extreme, of course. We cannot recommend going quite so far as that. You know it is astonishing how much this nervousness can be controlled. One simply diverts his mind from it. I have often seen people so nervous they were simply going all to pieces and just by telling a little story to divert their mind, some little thing happening, perhaps
Perhaps the cat jumped upon the table and tipped over a vase or a pitcher of water or some other thing or the wind blew in and tipped over a flower pot onto the floor, something that attracted attention and the nervousness all stopped. It is amazing how quickly these unnatural manifestations of nervous energy, how quickly they may be controlled by something that will change the current of thought.

Q. What treatment do you advise in case of goitre?
A. It depends upon what kind of goitre it is and how far advanced it is. The first thing I ought to say about goitres is that they are not so dangerous as most people think. Old Dr. Musser of Philadelphia used to say there is too much goitre surgery and I am sure he was entirely right. Everybody that has goitre does not have to have an operation. There are several kinds of goitres among others what we call the simple goitre and the exophthalmic goitre. In simple goitre there is simply enlargement of the gland and no other symptoms and in exophthalmic goitre there are a lot of other symptoms. Exophthalmic goitre is sometimes very slow in developing and the first symptom will be nervous excitability, symptoms very much like those of a person who just taken a first glass of wine. He will seem to be a little under the influence of the wine all the time. Next comes the rapid pulse, then trembling of the hands and a variety of symptoms. By and by the patient becomes so weak and nervous with high temperature and is so much disturbed that he is incapacitated for business. Now even those cases will get well if they are little long generally. Take such a patient and put them to bed for a time on a proper diet and keep the bowels active, shut away meats of all kinds and tea and coffee and all sorts of stimulants and intoxicants and these cases will get well if they do not do anything at all. Nine out of ten of them will get well if they are simply put to bed, kept quiet with good care but sometimes these patients get so far advanced that the process of cure seems to fail. The efforts of nature seem to fail and the process is
not perfected as it ought to be. Occasionally a case of that sort, perhaps one in ten or fifteen in those cases require a simple operation and this is very effective, ligating one or two of the arteries which supply the gland ordinarily will cut off the supply of blood so that the gland will diminish in size and the symptoms will all disappear. Sometimes it is necessary to remove a part of the gland. We have found great success in treating these cases here. I have in mind at this very moment persons who were patients here, one a very prominent New York lady was a patient here and she came here when she was a girl about 19 years of age, more than thirty-five years ago, a lady very prominent in New York City. She was here for treatment. I think it was Mrs. Stokesbury now of Philadelphia, head of a big wholesale firm of Philadelphia. She had exophthalmic goitre very, very bad. I met her father, Judge Roberts, down at Miami, Fla. the other day and he told me about her, how perfectly well she is and has remained after she was here having been given up to die by some of the best physicians in the country. She came here to die. She was brought here by her parents at her own request so that she might have a quiet place in which to die but instead of that she got well again and was married to a Mr. Cromwell of New York and afterwards outlived her husband and was married again to Mr. Stokesbury a couple of years ago and they had a very notable New York wedding. Some of you read about it in the newspapers so I remember very well a girl who came into the city something over thirty years ago with exophthalmic goitre and was treated a few weeks and got entirely well. Ten years later she was forelady in a factory in Milwaukee and came down here with a relapse of the disease. She had a few weeks' treatment which again restored her to perfect health so that she was entirely well. I remember another case the niece of a very prominent physician of Cincinnati, Ohio. She was brought here by her aunt, the physician. This lady had been in an Eastern Hospital under treatment some time but was getting worse every day. She was fed upon a meat diet which was the worst thing possible. They did not recognize the nature of the disease at first. The lady was a medical student so the lady was
having the very best of care but she was having a meat diet and was getting worse every moment but we put her on a Sanitarium diet and the next day I saw her and I said, "I would recommend an operation and I think that will expedite the cure." She said, "I am not going to have any operation." She said, "I have seen operations enough and I don't propose to have an operation." She would not submit to an operation. She was with us for six months and at the end of that time was a great deal better. The next year she came back, was not quite well but was a great deal better and was with us another two or three months. She kept a nurse with her and continued treatment at home for another year and then she came back and this time she was well and she got well without any operation. It is a slow process sometimes and sometimes the patient can make a choice whether they will have an operation for ligating a couple of arteries, perhaps removal of a part of a gland and get well quick or take a longer time and follow a careful regimen and get well without an operation. At any rate, you do not need to be scared.

Q. What are the medical properties of pieplant?

A. It has no medical properties. It has poisonous properties. Pieplant contains oxalic acid, the very sort of oxalic acid that you use for taking fruit stains off your hands or out of the carpet and out of clothing. Oxalic acid is the acid of pieplant. The acid of the sour grape is tartaric acid. That is wholesome. That is food acid and the acid of the apple is malic acid. That is wholesome food acid and the acid of the lemon and the orange is citric acid and that is another wholesome food acid but the acid of pieplant is oxalic acid and that is a poison. Just as the acid of vinegar is acetic acid and that is a poison. These acids are not utilized in the body. They are poisons in the body. They do harm, hence ought to be avoided. That is why we recommend lemon juice instead of vinegar. We never use vinegar and I should advise you to put it all off your tables as soon as you get home. It is a great source of indigestion. Sir Wm. Roberts of London more than 20 years ago showed that as much as one teaspoonful of vinegar will suspend entirely the process of starch digestion in the stomach.
April 27, 1914.
10,140

Sir Wm. Roberts of London showed more than twenty years ago that as much as one teaspoonful of vinegar will suspend entirely the process of starch digestion in the stomach. One teaspoonful of vinegar will entirely suspend starch digestion in the stomach for a whole meal so you see what a good many people are doing to themselves and how much indigestion may be traced to the use of vinegar.

Q. What is the cause of catarrh?

A. I think the principal cause is the absorption of toxins from the intestine.

Q. Are dreams the result of impression made upon the mind during the day or is their origin in the physical condition such for instance, as a state of indigestion?

A. I called on a patient this morning, a very charming gentleman and I said, "How did you sleep last night?" "Fine, doctor" he said. "I slept nine hours and I was sleeping just as fine as ever in my life and a ruffian came into this room and seized me by the shoulders and gave me an awful shaking and said, "I have got you now and you are Ty Cobb. You ran away with my wife and I have caught you now and I will fix you." I said, "What in the world were you dreaming about that sort of a thing for? You didn't run away with Ty Cobb's wife." He said, "No, I never thought about it. I believe it was the hypodermic injection the doctor gave me last night." Now we cannot account for dreams. While the will in abeyance the subconsciousness seems to run away like a span of horses that haven't any driver, just running away wherever they like and they form all sorts of combinations and some of these activities of the basal faculties of the brain, the subconsciousness, some of them are so intense that they obtrude into the consciousness to some degree and we catch a glimpse of what is going on. You know there is a whole lot of business going on in the subconsciousness all the time that we do not realize anything about, a whole lot going on there. For instance, we have some
problem we cannot solve and we lay it aside. By and by all of the sudden that thing comes right up into the mind all solved. We see the solution perfectly worked out. It has already been worked out but by a long practice process of reasoning that we were not conscious of at all. Maybe you are trying to think of some name and cannot think of it. We dismiss the whole thing and by and by it suddenly comes up into the consciousness. The whole memory comes back and clear and distinct as it is possible to be without any conscious effort at all. Dreams are simply the play of the subconsciousness when the consciousness is not completely suspended, when there is still enough consciousness left to recognize a little something is going on. There is no doubt but what the experiences of our working hours have something to do with dreams and it is possible by the study of dreams to know something of character. Freud of Germany has recently been making a great study of dreams and he has developed a theory by which he thinks it is possible to learn more about a person's character by the study of dreams than in any other way and he will ask you to tell him what you dreamed. I am sure if he should ask me to tell him about my dreams he would get very meagre reports for I do not dream. If I ever do dream the dream is so evanescent I cannot possibly recall it. Dreams, however, with some people are very intense experiences. Neurasthenics particularly suffer often from dreams, so intense they seem almost to have the effect of real transaction. For instance, a person will dream of fighting with burglars at night, or robbers coming into the house and they wake up with a terrible sense of exhaustion as though they had just been through such a terrible experience. Such dreams are almost as exhausting as the real experience. When a business man finds he is dreaming about his business that means that that part of his brain which is used in his business is being overworked and is so filled with blood that it does not stop at night. The blood vessels have become so distended that the machinery does not stop at night but goes right on so there is perpetual work wear and tear and no opportunity for complete repair and when a man gets to the point where he dreams about his.
business it is time for him to take a little vacation and a little rest. If he doesn’t he will have by and by a complete breakdown. The probability is that man is worrying about his business because normal work does not have that effect. It is worry that worries these deep into the brain so that you cannot make the brain stop at night when you ought to suspend activity entirely.

Q. Can a heart that has valvular lesions and is enlarged ever compensate enough to do its work?

A. Certainly. Most of hearts of that sort do. The majority of people who have rheumatism of the heart get the valve thickened or inflamed or otherwise damaged. The majority of such people live on through many years of life without any serious discomfort, perhaps are a little short of breath and perhaps have to avoid violent activities of all sorts, cannot play baseball or run a sprinting race or anything of that sort. They have got to be a little careful as if they had lost a leg or a toe or something.

Q. Do you object to rice waffles and maple syrup?

A. The rice waffles are not very digestible of course. The greee on the outside renders the starch saturated with the greee absolutely indigestible and so for that reason they are bad. Then maple sugar is just the same as any other sugar only it has a little maple flavor and some dirt mixed with it. Cane sugar is the same thing.

Q. Why one should sleep on one’s back?

A. Now he should and he should not. If he feels more at ease and resting better he may sleep on his back or he may sleep on his side. One should sleep in that position which is most comfortable. We cannot lay down any law for people to sleep in a certain position. I did sometime ago but I found it was all I could possibly do to make my patients follow prescriptions when they were awake. I had a letter from a man sometime ago who had been making experiments with sleeping, had been practicing himself sleeping with the head in all
different directions and he had become thoroughly convinced that it made a
great difference about the direction in which one will lay in the sleep.
For instance, if one lay with his head to the north he dreamed of storms, and
tornadoes and when he slept with his head to the east he dreamed of war and if
he slept with his head to the west he dreamed of discovery. If he slept with
his head to the south he dreamed of gentle summer breezes, etc. Now if he slept
north
with his head to the north east he had a different sensation or to the north
northwest or south southwest it was something entirely different. He had
it all worked out for the principal points and some of the intermediate points
of the compass and he was sure there was a great deal in it and wanted me to
publish his books. I have not been able to verify some of these wonderful
discoveries.

Q. Will the custom and the habit of the bowels be disturbed by changing
from three to two meals a day?

A. Yes because food is the natural laxative and if one's bowels have
been in the habit of moving three times a day, if he eats but two meals it may
act a little differently. Such persons may overcome the difficulty by
taking an extra lunch of fruit. Fruit requires no digestion. It does no harm
to take an apple or an orange at bed time if you like and it is indeed a very
good means of stimulating peristaltic activity. When food is taken into the
stomach it gives a little nudge to the intestine, so to speak, and causes a
little movement all along the line and advances the material of the intestine
a little and it may be that little movements forward is what is all that is
necessary to bring the contents of the intestine to the point necessary to
secure a complete evacuation in the morning so an orange at night and a glass
of cold water at night has the same affect on many people or an apple at night
is really a very wholesome thing for many persons especially who eat but two
meals a day.

Q. After one is cured of intestinal autointoxication of long standing
how can he prevent a return of these conditions?
A. By keeping right on with the cure. That is an important thing. I wish I had an hour to talk about it. The importance of continuing the things that have helped you get well. When a man has found himself in a desert where he is starving to death and he finally finds a way out of that desert, if the desert is off here to the west and he has discovered it and travelled east, if he keeps on travelling east he will keep away from that desert. Now if you have found yourself in the slough of constipation, dyspepsia or some other ill it is because there has been something wrong with your habits of life. You must correct that thing. When you find here at the Sanitarium a regimen that will lift you out of that condition and relieve you of the miseries you have been suffering, if you find a dietary or any daily habit that is a help to you, why, my friends you can never dispense with that thing. That is a crutch you have learned to use and you must keep on using it the rest of your life. A man came here some years ago and said, "Doctor, I am prepared to do anything you say. I am prepared to eat sawdust if you say so. I will do anything you want me to do for three weeks but when I get through here I want you to understand I am going back to Chicago and going to eat three square meals a day and I want you to get me fixed up so I can. I had to explain to him right at the start that his case was a hopeless case. There was no hope of ever restoring him to a condition in which he could abuse his stomach in the way he had been in the habit of doing. Sometime ago a good friend of mine had another friend downtown who kept a restaurant, a Mrs. Webb. He came to me and said, "Mrs. Webb—a lady whom I never saw, I never had seen her restaurant even, but had heard that she had a restaurant downtown and I had the pleasure of prescribing for a number of people who had met disaster in that restaurant. My friend said, "Mrs. Webb told me to tell you the next time I saw you that you and she are partners in business." I said, "How in the world can she make that out." "Why", he said, "Mrs. Webb said, "You know Dr. Kellogg takes people who have worn their stomachs out with high living and he fixes them up so they can begin to eat something again, then they come down to see me and I give them
a square meal and that upsets the stomach and then they go back to them him and he fixes them up again and they come back to me and I give them another square meal and upset the stomach again so we play back and forth right into people one another's hands, don't you see? Now that is what the restaurant all over the country are doing. They are playing into our hands. How think of that when you go home and attempt to eat a square meal.

Q. Does a person who habitually dreams get the full amount of rest out for sleep?

A. No indeed. Dreamless sleep is the most refreshing. The less you dream the better.

Q. Is there any cure for locomotor ataxia?

A. Yes if it is not too far advanced. Ataxia is simply unsteadiness of gait. Even very bad cases of locomotor ataxia, cases so bad that persons cannot balance on their feet at all, cannot walk at all, can be cured so that such a person may be able to walk even without a cane and walk steadily. It is a process of re-education of special gymnastics. Professor Frenkel of Berlin originated a method of treatment for these cases, a method of training by which the power to walk can be reacquired. Certain muscles which are ordinarily used for balancing have lost their power but other muscles can be educated to take their places so that by a process of education and re-education of these old muscles that have become ineffective in their work can be made to do their work very well. It is possible to get people on their feet so that they can walk steadily and nobody be aware that they have any diseased condition. The reflex does not come back again and some other symptoms remain but the walking power may be brought back almost to the normal state.

Q. Please outline a diet for a case of gastric ulcer.

A. If you have got a bad gastric ulcer the diet must be what the French call absolute. That means nothing at all but the French absolute diet is nothing but water. Go to bed and take no food at all for one day. The next day take a tablespoonful of gluten gruel or barley gruel. Well boiled barley gruel
a tablespoonful in a tumbler set down in a bowl of broken ice so it will be
cold, not absolutely frozen but cold. One tablespoonful should be taken every
two hours. The next day take two tablespoonfuls every two hours and the next
day three and the next day four, once in three hours and so on increasing
and at the end of ten days the ulcer will be cured. Now that is true in almost
every single case. Frozen malted milk is a very good remedy. Frozen cream
works very well in some cases. The fat of the cream has the effect to restrain
the secretion of the hydrochloric acid. If it is a bleeding ulcer it may require
something more than rest. If it is a very old callous ulcer it may require an
operation to give the stomach an outlet at a new point. Here is the stomach.
I suppose this is an ugly ulcer and the food comes down here and it has to
pass up over this ulcer to get out of the pylorus. An operation is performed
which is wonderfully successful in these cases and consists in bringing the
to small intestine up through the lower part of the stomach here and joining the
two together so as to make a little outlet of that sort. This is an operation
we frequently have to do here at the Sanitarium and it is wonderfully successful.
Then the food comes along down here and passes out here you see instead of
passing over the ulcer. It is the hydrochloric acid acting upon the raw surface
of this ulcer that keeps it alive. By this means the food is made to pass out of
the stomach quickly and very little hydrochloric acid indeed is produced and the
foodstuffs go out of the stomach so quickly that the stomach has a chance to
rest and the ulcer soon recovers.

Q. Is there any danger of your system leading to delusions
Q. Is there any danger of your system leading to delusion? That is if a man lives in a flat where the sofa turns into a bed and the washstand into a desk where nut mixtures are obtained, cutlets and kaffir tea and substitutes most things are substitutes. Isn't there a danger of giving people a substitute habit through giving the delusion that a man is not quite himself?

A. Well I suspect the writer of this note may be suffering from a delusion. That may be. I do not know how else to account for it. Certainly I do not see any particular danger in the directions suggested.

Q. When one feel that the food stays in the stomach too long what is that from one meal to another. What should it do? There is no distress but a feeling that there is food there.

A. The things you should do is to take a bismuth meal and find out for certain whether that is a fact or merely a feeling. It may be merely a feeling of food in the stomach when there is none there. He must have a bismuth meal and find out. And if he finds out that food remains in the stomach 8 or 9 hours, something ought to be done. I operated in today in a case in which there was trouble of that sort. Food remained for several hours in the stomach. I thought possibly there might be an ulcer here in the duodenum, but there was none so we did not do this sort of operation but down at the other end of the small intestine here. Suppose this represents the colon, this the stomach and here the small intestines. Here is the ileocecal valve, in this case the ileocecal valve was gone entirely and instead of there being a construction here there was a funnel shaped opening like that so that the material from the colon pushed right back into the small intestine and there was great delay in the small intestine and the material came down from stomach passed into the colon then went back again. We have another case in the house at the present time in which the material remains in the small intestine 26 hours and it ought to be gone out, passed away out of the body in half that time but it remains here for twenty six hours. In such a case this bended back process extends back to the stomach itself. When there is delay lower down in the intestine there is also delay in the stomach so all we did was to repair this ileocecal valve.
which was a very simple operation. It requires nothing more than simply a little enfolding here, pushing in the intestine here like that and the edges here are brought together and by that means that little fold is re-
stored and that makes the valve and it is all done from the outside of the intestine so that there is no cutting at all it is done in two or three minutes and we have done this operation in over one hundred cases and it always effects a cure and is a harmless and safe operation.

Q. Are the outer coverings of nits digestible?
A. No.

Q. Would you consider massage beneficial for a case in which a siatic nerve has been injured by a fall?
A. Massage might be beneficial but how beneficial we could not determine without ascertaining how far the muscles were degenerated.

Q. What is the cause of enlargement of the thyroid gland?
A. Autointoxication.

Q. Does the action of the mind from over work and responsibility sleep and loss of eating upset digestion?
A. Indeed it does sometimes. There is no doubt about that. That is the reason it is not a good thing for business men to read the morning newspaper looking up reports on stocks and bonds and things of that sort while eating breakfast, he may get something unpleasant that will upset his digestion entirely.

Q. Is neurasthenia imaginary or is it due to some physical injury of the body?
A. Neurasthenia is never imaginary. A person who has neurasthenia is suffering from a physical disease and that physical disease almost invariably is an autointoxication it is a poisoning, intoxication of the brain, of the nerve cells by poisons generated in the colon. Work does not produce neurasthenia. I never yet saw a person who had neurasthenia because they worked too hard. People who work hard do not get neurasthenia. A report made not long ago by an eminent surgeon of 604 cases of neurasthenia, showed only 6 hard working men in the whole lot.
only 6 men who used their muscles vigorously, only 6 in the whole 604, less than one per cent in number. On the other hand there were one hundred and fifty lawyers, seventy-five rated clergymen a large number of teachers and all sorts of men who used their brain and who's habits were sedentary. The sedentary life leads to inactivity of the bowels, auto-intoxication, inactivity of the liver and other excretory organs and the accumulation of these poisons intoxicates the brain and the nerves and produces a state of chronic fatigue that we call neurasthenia. I have been writing a little book on the subject that will be through the printer's hands before long and the reason I took a vacation was to write a book on neurasthenia and I got the book done just in time to get home. I worked as hard as I could all the time and I hope it will be in a book form in the course of a few weeks.

Q. What is a good remedy for dandruff?

A. There is nothing so good as sunlight, exposing the scalp to the sun keeping the scalp clean by shampooing twice a week, an egg shampoo is the best form, applying a little oil afterwards. A very good remedy indeed consists of resertin, ten grains, alcohol one ounce and two drops of castor oil, that is a very good thing for the shampoo and to rub into the scalp.

Q. What is the cause of prominent veins in the hands and arms?

A. A relaxed condition of the blood vessels.

Q. What is the cause and cure of dilatation of the stomach?

A. The most common cause of dilatation of the stomach is obstruction at the outlet, the only real source of dilatation of the stomach is due to obstruction of the outlet and this obstruction generally comes from ulcer that forms in here and partly obstructs the outlet so that the stomach becomes dilated by over extension.

Q. Does frequent bathing exhaust the supply of natural oil of the skin.

A. Yes. So it is necessary to supply some ointment of some kind to
the skin and the best thing to apply is the very simple preparation for
which I will give you the formula and you trouble with dry, itching, burning
skin will be relieved and this will prevent almost all troubles that comes
upon the skin, like chapping; Lanolin, one dram, lanolin is an oil prepared
from sheep's wool, borage-type, two drams, cold cream, made with vaseline,
an itching and
six drams. Now if there is anything like burning of the skin, have the druggist
put in five drops of carbolic acid to the ounce and if that is not quite sufficient
then have him add ten grains of menthol to the ounce and so you see we have the
three preparations, the simply lanolin cream as we call it or the Number two
lanolin cream which has five drops of carbolic acid to the ounce in it or number
three which has five drops of carbolic acid and ten grains of menthol and that
will relieve almost any kind of itching and burning of the skin and it is one
of the very best remedies I ever knew. Don't forget to get out doors these beau-
tiful days, there is a great deal more health and life out doors in the sun-
shine than there is in this great institution, a great deal more. If you would
do just one thing, live out doors or take all the treatment we have got in this
of house, the out doors will do you a great deal more good than the treatment, that is
the truth. Get out doors, not only while you are here but after you go home and
don't forget to have your windows open, sleep with all the fresh air pouring over
your face that you can get, get out in the out door gymnasium and spend as much
time there as you can. Get the skin tanned and well browned, get as brown as a
malatto or as an Indian. This adds enormously to one's vitality and adds wonder-
fully to the resistance of disease and efficiency not only of the skin but of the
internal organs. I thank you for your attention.
Now, if the operator will give us the pictures on the screen, I will show you a few pictures to illustrate a few points. First of all we must have a foundation principle. Deitl, perhaps the greatest pupil of one of the greatest pathologists, one of the greatest physicians of Europe, Roquetansky,—Deitl, one of the most famous men of his time, said this: "Nature cures: that is the first and greatest law of therapeutics which we should never forget. Nature creates and maintains, therefore she must be able to heal." Now, this is a great truth expressed very tersely, that nature is the healing power; and Prof. Virchow, who is probably the greatest physician who has lived in the latter half at least, of the last century, a man of wonderful mind, of wonderful knowledge, great versatility of knowledge,—a man who was the only man in Germany who was able to stand up against Bismark, who was Bismark's great foe,—Bismark certainly was not a man who could be opposed successfully by a weakly sort of man, but in Berlin Virchow was Bismark's constant opponent who was against him in politics, and he succeeded in maintaining his opposition and his great prestige notwithstanding. He was the founder of the great university there, and, as I said, I believe, the greatest physician that has lived in the last half century. See what he said in 1847, just sixty years ago, Long before this institution was started, Virchow said, "Diseases are not entities that have entered into the body from the parasites that take root in the body; they merely show us the course of the vital processes of a man under altered conditions." That is, when a man is sick he is no different from the man who is well, only his conditions are bad. To make the thing very simple, suppose here is a donkey tripping along over the turf lightly, nimbly and briskly. Load that donkey down with rocks, put 250 lbs. of Mexican on his back and the poor donkey will amble along in a very slow and painful manner. He may stagger under his load, as you have doubtless often seen in Mexico, those of you have been there in the West have seen them lying down in the dust. That is exactly the situation. The human body performs its work painlessly, without the slightest sensation in relation to the control of the parts. The liver goes on and does its work, half a dozen
different kinds of work,—the liver is the jack of all trades of the body, it has half a dozen different trades that it works at systematically and successfully. It is like a man who might undertake to be a watch maker, a blacksmith, a wagon maker and a piano maker, and perhaps a tailor and a preacher also, and try to work at them all at the same time. Now, that is just about what that liver does. It has the most diversified function of any organ of the body; its functions are performed without our consciousness. Nobody would know we had a liver if we didn't get sick sometimes. No one would know we had a stomach, if we didn't get hungry and overeat, which is very likely to remind one of the location of his stomach. No one would know anything about the liver, the spleen, or even the heart if he didn't inquire into it, so far as sensations are concerned, until it becomes diseased. When organs become diseased, then they complain, then they sound a warning note, begging us, beseeching us to be careful, to cease to do evil and to learn to do well.

So the diseased condition is simply the body struggling under abnormal conditions and doing its very best to do its work faithfully and well under these abnormal conditions, and under these burdensome conditions.

Now, here is a picture of a man who has done more, perhaps, than any other living man to put upon a scientific basis these natural methods, particularly as they relate to water. This is Prof. Winternitz. When Prof. Winternitz was a young physician some forty years ago or more, nearly fifty years ago he became interested in hydrotherapy, and he sought out the little water cure at Graabenburg in Austrian Silesia, away off on the eastern confines of Austria, a few miles from the Russian border where that wonderful peasant, that inspired man, Priessnitz, one hundred years ago—fifty years before that time—had discovered and invented and brought together facts in relation to the use of water and methods which made it possible for him to organize a system of hydrotherapy; for Priessnitz was the very first man who ever employed water systematically. Other men before his time had used water, but he
was the first man who ever made a system of it, and it grew up gradually. It was not the creation of a day, but during his whole life time he worked, and although he was an ignorant man and could not read or write until he was forty years of age, and then could barely write his own name and read a little, though he left no written books behind him, and not a single article did he leave behind,—nothing in the way of a scientific paper or scientific work did he leave, his work was all thought of, invented, and discovered, and a practical application made of it by this man Priessnitz who left behind this wonderful legacy of facts of practical knowledge; and Winternitz went to Graefenburg and under the successor of Priessnitz, Dr. Schott, he studied this system as Priessnitz left it, and then he began to apply tests, scientific research, the scientific method of experiment to these methods. For instance, here is the cold bath, or the wet sheet pack. Priessnitz found what they were valuable for; he found the cold pack, the wet sheet pack was a means of reducing fever; so Dr. Winternitz goes to work to study this pack and he saw how it reduces fever, how it accomplishes the reduction of temperature, and he demonstrated that it does that. He showed how it reduces the temperature of a man who has fever, by experimental use of the thermometer; he was able to show how it reduces the temperature of the sick man, and just how it could be used in such a way as to accomplish the greatest results in the reduction of temperature of the sick man; so he studied the heating compress to know how it accomplishes these wonderful results; and he has done more, as I said before, than any living man to put the use of water on a thoroughly scientific basis; so now we know not only that the wet sheet pack is good for fever, but we know why it is good for fever; we know all the different ways in which it influences favorably the patient who is sick with fever. I have the pleasure of knowing this man who is certainly a very remarkable man, and I have the honor to number him among my very best friends; and I have been entertained at his house a number of times. Whenever I go to Vienna, he insists on
my coming to his home, and has a dinner party or something; and we had a very pleasant meeting with him last spring when I was in Vienna the last time. He is about seventy years old but still active and vigorous; and he goes out in the mountain twice a week in the high hills about his place, climbs two or three hours, comes back and takes a bath in water at 40°—his morning bath at 40°. He is lively, vigorous, and I might almost say, gay and frisky as a boy of sixteen, although he is seventy years of age. You see he has a fine face and a splendid head, and he is a man who is naturally a genius and a man of unusual intelligence. Now, this man who has sometimes met a great amount of opposition, has compelled the attention of the world to the important facts which he has demonstrated in relation to the use of water, and these facts have proven of great value to us. I first met him twenty-five years ago and have since met him a number of times when visiting that country.

I thought possibly you would like to take another look at him. This is Winternitz, and this is your humble servant. As we were walking together, my secretary who was behind took a snap shot of us; so you have a little glimpse of the surroundings of his beautiful place. He has a number of cottages there and accommodations for about 400 patients. The place is mostly closed in winter-time, but during the summer season about four months, he has the place full. He has achieved such remarkable success that his work is known all over the world.

Here is the face of another noted man whose work has done much to place this natural system upon a scientific basis—Prof. Koch of Berlin. Prof. Koch is the man who discovered that germs are the cause of disease. Prof. Pasteur, of Paris, had previously discovered that germs are the cause of putrefaction, that germs are the cause of disease in plants, that germs cause disease in grape vines and various other plants; but Prof. Koch was the one who first discovered that germs are productive of disease in human beings in a wholesale way. He first discovered the tubercle bacillus and proved that this little germ is the cause of tuberculosis. Twenty-
four years ago I went to Europe on purpose to study this germ, and I studied the subject in different places. It was very little understood in this country at that time; they had very little faith in this theory, but I recognized the fact that if this really were true, it had a very important relation to our methods and our system. So I went there to make a study of it. I found the greatest physiologists in Europe were greatly opposed to this theory; they did not believe tuberculosis was caused by these germs, and, indeed, it was at least ten or twelve years afterwards before the theory received general acceptance. Prof. Koch has labored persistently and very perseveringly to demonstrate the relation of germs to various kinds of maladies until at the present time it is clearly shown that the majority of acute diseases are due to the direct and active operation of germs in the body, and I believe it can be easily shown that the majority of chronic diseases are due to the poisons produced by germs which are absorbed from the alimentary canal,--the majority of acute diseases, such as lagrippe, colds, measles, whooping cough, chicken pox, small-pox, typhoid fever--all these acute infections are due to the operation of germs within the body which get into the body, in the interior of the body, swarm there, do great damage in the blood. Most chronic diseases, however, are due to certain changes which are taking place in the body as the result of the absorption of poisons which are formed by germs living in the alimentary canal. They take possession of the intestine and grow there, and produce poisons which are absorbed and produce changes in the blood-vessels, changes in the brain, changes in the spinal cord, and changes in the nerves; so many changes are induced in the body.

Now, here is Prof. Koch, a man of able face, you see, a grand man who has risked his life many times in his researches as to the nature of diseases,--went to Africa, went into the most pernicious potions of the country, the most deadly sections where people were dying off rapidly, where the average life of the Europeans is only two years,--he went into that country and he demonstrated certain facts which were
previously unknown. He went to Egypt to study cholera, and he demonstrated that the cholera is due to certain particular germs that are always found present when the disease is present; and against great opposition he constantly made progress until the time has come when his work is thoroughly recognized and he is recognized, I think, along with Pasteur, as one of the greatest benefactors of his race, through these wonderful discoveries.

Now, finding out that the germs are the cause of so many maladies, it only remains for us to find out how to successfully combat these germs, and the most interesting thing we have learned is that germs are not able to make much headway in a thoroughly healthy body,—that the man who has a thoroughly healthy body is almost proof against germs. You never heard of such a thing as a man who was all ready, in fit condition ready for a prize fight,—you never heard of such a man as that having to declare the fight off because he had taken cold, or got an attack of pneumonia, or something of that sort. A man that is ready for a prize fight, that is ready to meet the champion fighter of the world,—that man is ready to meet any germ that lives, and he need not have very much fear of the germs as long as he is in that condition. But it is bad habits that bring us down, that put us within the power of germs, that make us a prey to these parasitic organisms which are really scavengers. Nearly all germs are scavengers. Their function in the world is to destroy bad things, to eat them up and to consume them. They are the means by which the fiat of the Almighty, "Dust thou art and unto dust shalt thou return", is executed. But if it were not for these germs, the man would simply dry up and stay there; but the germs seize upon the man, tear him to pieces, reduce him to dust instead of leaving him a mummy. If a man's habits are bad, if he violates the laws of health, his body is depreciated, reduced to such a degree by these errors of conduct that these germs are able to seize upon him and destroy him,—to seize upon him while he is still alive; and that
is why we suffer from germ diseases,—it is because we have by wrong habits of life become weakened, debilitated and enfeebled so the scavengers get hold of us prematurely and begin their work a little while before they ought to.

One of the most conspicuous ones of these bad habits, one of the most prevalent bad habits in civilized lands, is the wrong habit of dress in women. The old Greeks recognized the fact that in order to have strong men there must be strong mothers; that it was impossible for the race to become strong unless the mothers were strong; so the mothers were required to take exercises just the same as the men, while the men were required to make themselves strong by means of games and exercises of various sorts. The women also were required to take such exercises as would develop their bodies and make them strong; and under the stimulus of this interest in the body, and the view of the body and reverence for the body—those things induced the Greeks to write over the portals of their temples, "A sound mind in a sound body," under the stimulus of this idea that the body must be sound as a foundation for health, happiness, success and a vigorous life. This nation became the most beautiful nation—the Greecian nation at that time became the most beautiful nation, the most remarkable people that ever lived in that age,—one of the most remarkable peoples that ever lived, and it must be their great success, their great prestige must be attributed very largely to the fact that the mothers were strong.

Now, the great trouble with our modern race, the great cause, I believe, of the degeneracy which is coming on so rapidly in this country and every civilized land, progressing with such astonishing rapidity,—the great cause of it is the degeneracy of womenkind, the feebleness of women. Women have come to be notoriously feeble. Women are generally known as the weaker vessel. Isn't that so? There are many women who take a sort of pride in their semi-invalidism. At medical banquets, there is almost always a toast to women, you always find this toast to women—"Woman—God's best gift to man and the chief support of the doctors." The doctors
are always very kind to women, because if it were not for the women, most doctors
would have to go back to the farm, and go to work on the land or engage in some use-
ful occupation somewhere, certainly, if it were not for women and the requirements
of medical practice with women—doctors would be comparatively rare, there would not
be more than one doctor where there are now ten if it were not for the invalidism of
the women. A large part of this difficulty has come from wrong practices, and you
see these pictures reveal it very clearly.

Here is a model prepared by Prof. Ziemssen, copied directly from Prof.
Ziemssen's atlas of anatomy. It shows the internal organs and the ribs, shows the
relation of the internal organs to the frame work of the body. Here is the liver,
you see, above the lower border of the ribs. A lady told me the other day she had
a terrible pain in her liver, and put her hand up here. Her liver may be up there,
but that is not the proper place for it at any rate. Here is the stomach. A lady
told me she had an awful pain in her stomach, and put her hand down there; and on
examination I found her stomach was there, sure enough. But I don't think the pain
was in the stomach at all, because one feels the pain here, no matter where the stom-
ach is, because here is where it feels, and the stomach always reports home no matter
where it may be. It sends a report of the situation home. There is the home of the
stomach up there.

This represents the cause of the displacement of these parts. See how the
liver is displaced here. See how the stomach is displaced. Here is the umbilicus.
This stomach is three or four inches below the umbilicus, whereas the stomach belongs
normally as much above this point as it is below in this case. I have found the
stomach as low as that—clear down to the pubic bone sometimes; and we sometimes
find the stomach three or four times as large as it ought to be. That kind of dis-
ease has come because of the wrong habits of life, which is a common cause of disease.
When the stomach is in this position, it can not possibly do its work well; it can
not possibly perform its functions properly; so the blood becomes deteriorated and
the whole body falls into a state of disease.

Now, the first thing to be done for the person who is sick, by the physiologic and natural method, is to remove the causes of disease. We must remove the causes of the disease. If the man is smoking, ruining his heart by the habit of smoking, he can not expect to be cured of tobacco heart unless he stops smoking. I sent a letter home today, telling a lady about her son, a patient here, and I reported that he was gradually giving up tobacco. I told his mother if he did not stop that tobacco, he would certainly die, that we could not cure him unless he gave it up entirely. I don't like this gradual tapering off, for it really never quite gets to the end. It tapers off and is almost gone, then tapers on again; and it is just as likely to taper on as it is to taper off—more likely, because the old appetite is kept alive. If you have a friend that is tapering off, you see that he cuts it off. The thing to do is to cut off that thing, that is the only way to make an end of it.

Prof. Winternitz was the first one, I think, to coin this axiom, or this medical proverb or saying which has to me been one of the most illuminating of any phrase I have ever learned in my medical study: "It is the blood that heals."

Twenty or twenty-five years ago Prof. Winternitz said, "It is the blood that heals." It is the blood that heals. So long as the blood is sound, so long as the blood is perfectly healthy,—the body would not become diseased if the blood-vessels did not become diseased, the tissues can not become diseased, because the disease begins with the blood-vessels. So long as the blood and the blood-vessels are sound, it is almost impossible that there should be disease in any part. When disease sets in prematurely, it is the blood and the blood-vessels that are diseased, the blood first, then the blood-vessels. So long as they are healthy, the body retains its vigor.

Now, let us see how that is. Here is an illustration of how the body fights disease in the shape of germs. These little elliptical bodies you see here represent germs. Suppose these are typhoid fever germs. We have a gentleman up in the ward that
I operated on the other day, a very curious case, who had typhoid fever six months ago and he had not felt quite well since he had typhoid fever. He came here and I examined him and found a bunch here in his abdomen. I opened it and took out a quart of pus, and examination of that pus showed it to be pure typhoid fever germs, pure typhoid fever germs and blood-cells; that is, white blood-cells like those, and germs that are the cause of typhoid fever, typhoid fever germs which these blood-cells had captured and taken out of the body and carried them out into this abdominal wall which had become infected six months ago and there it had been ever since. That is a very unusual case. He is getting well very rapidly, but he has been carrying those germs around with him and all this time; they were growing, and the blood-cells were coming in from the blood just as you see them coming out here from the tissues and fighting the germs away until millions and millions and millions of them had gotten out here.

Now, you see here, this represents the blood, the red blood-cells coming down through the center, and the white blood-cells that are accumulating. The way they drag themselves along, they look very much like snails, dragging themselves along the walls of the blood-vessels—little, white, transparent drops of jelly like a little drop of water flowing down the window pane. That is the way these little cells creep along the walls of the blood-vessels. Now, when some germs get into the tissues outside the blood-vessels, you see, these little cells begin to stop, and they heap up, pile up right here at the spot where the germs are, and pretty soon you see one making a little gimlet of itself; it just makes a little new opening and sticks itself through. It bores a hole in the wall and tucks itself through just as you would tuck a pocket handkerchief through a ring, until it gets out on the other side; and then it goes right straight off for the germ. It does not hunt around, feel around after them, but it goes right straight toward the germ, right where they are. It hasn't any eyes, but it seems to be able to see; it has instinct that leads
it to the germ. It goes right straight to the germ, just as a carrier pigeon has
instinct that leads it straight toward home, though it is 500 miles away; this little
cell has an instinct that leads it to the germ, so it goes right to the germ. Here
it surrounds one in that way. By and by it gets it inside. Here is one that has
cought two; there is another one that has caught one; here is one swallowing two at
a mouthful; it gets them inside and they gradually disappear. First the color dis-
appears, and by and by it disappears entirely until the germ has been actually eaten
up. That is what its little folds are for. Now, they keep swarming out, and if
they are successful, they eat up the germs. They do not die generally, but they
will come back to the blood-vessels, and the spleen and various parts of the body
where they undergo repairs, for they may have suffered damage in their battle with
the germs, and then they start out again for another battle. But sometimes the
poisons produced by these germs are so virulent that they destroy the cells; and that
is what forms the matter of a boil; that is pus. It is these white cells that have
captured germs and have been killed by the process in the battle, have fallen in their
efforts to defend the body.

Now, so long as the blood is normal, so long as the blood is pure and healthy
and vigorous, and there is plenty of it, why these cells are ready to defend the body
against every kind of germs. Now germs, for instance the germs that produce measles,
must come in contact with the body, must attack the body, but they won't produce
death. They go through the process of elimination, and the body will be sick, the
child will have measles, but will not die. A person might have small-pox and not die;
he would recover. If small-pox germs get into the body, the body in a few days would
rally its forces, and would be able to cast the germs out, destroy them, and he would
not have it any more. That is the normal process; but death would not occur unless
there was something wrong with the man before. Nobody would die of pneumonia if it
was not for the reduced condition of the patient before the attack began. It is not
pneumonia that kills the man; it is not small-pox that kills the man that dies of
small-pox; it is not the measles that kills the child that dies of malignant measles; it is not diphtheria that kills the child that dies of diphtheria; it is the condition of the body before the disease was acquired, before these germs were received into the body, the weakened condition of the body.

Now, it is exactly so with a fort. Here is a garrison, all sick perhaps, or maybe not all sick, but all drinking, and the enemy get in, take advantage of the fact that the garrison is drunk, and they swarm over the walls and take the citadel. It was not because the citadel was not strong or because the enemy was too strong for the citadel or the garrison, but because the garrison were drunk. That is the trouble. Now, that is the difficulty with the body, a body that is food drunk. We see a good many people going about with their bodies food drunk all the while, that is, persons with their bodies poisoned with food,—the food intoxicated,—which comes from the Latin word, toxicare, which means to poison. A body that is poisoned is intoxicated no matter what the poison is, whether typhoid fever, or diphtheria, or some other poison—if the body is poisoned with it it is intoxicated. Now, when the body is filled with poisons that come from decaying flesh in the body, from the absorption of poisons there, through too long retention of food residues in the colon, such a body is intoxicated—autointoxication we are talking a great deal about nowadays, intestinal autointoxication, and it is the talk everywhere. I got a letter a day or two ago from one of the leading doctors in New York, and he tells me it is the general talk down there. A doctor got hold of our Bulgarian germs, and he said, "We have bugs to the front of us, bugs to the right of us, bugs to the left of us, and bugs behind us; we are surrounded by them and we think they are doing us good."

Well, there is no doubt about it. Got hold of some of our yogurt and he wanted to know how he could get some more of it. The idea of taking these friendly germs in the form of food was somewhat new to him. He took some of our yogurt cheese down to a gentleman's club that meets in New York city every Saturday and has a feast,—he took some yogurt cheese down there, passed it around when the time for cheese came,
told them this was a new variety of cheese from Michigan,—Michigan has something of a reputation for cheese, you know", without telling them any more about it; and they all pronounced it remarkably excellent, and wanted to know where to get it. So there comes a demand from New York for a supply of Yogurt cheese, which we can supply. Now, germs are not always unfriendly, you see. It has been found out that these friendly germs which we are talking about are capable of chasing out some of these unfriendly germs that grow in the intestines and produce these poisons that intoxicate the body; so that is the reason why we recommend them. I swallow four capsules three times every day, and I find it very good for me. I think I am getting better every day. I am doing it for longevity's sake. We call them longevity germs, because it is shown that people who use these germs freely in their food, in the form of yogurt in Bulgaria, are the longest lived and hardiest people in the world; that they suffer the least from intestinal disorders; do not have appendicitis at all, because the germs that cause appendicitis are chased out, are not permitted to grow by these friendly germs. The friendly germs, if you please, are the flowers in the flower garden, while the unfriendly germs correspond to the weeds, and these weeds get in and grow, and they make the coated tongue, and the putrid stools, and they produce horrid eructations, bad breath, and the other awful things—coated tongues, sallow skins, big brown circles around the eyes, brown circles, skin eruptions of various sorts—these are all results of the horrible germs growing within us which produce these poisons which contaminate and injure the blood. So long as the blood is pure and the body remains in a state of health, when any disorder occurs it quickly comes back to the normal condition again; so that the maintenance of the blood is a matter of the greatest importance. That is the reason why we study the blood so carefully; and I will show you in a moment just two or three slides to show you the different kinds of blood.

This shows you some of the different kinds of blood-cells, and some of them diseased. These are blood-cells that occur in a diseased condition of the blood.
This is a case of pernicious anemia. We always have several cases of pernicious anemia with us, and it is a condition in which the blood is being destroyed by poisons absorbed from the intestine. Here is another example showing these various forms. These are the red cells, and these are the white cells of different kinds. This is another form of anemia, and here is still another, showing different sorts of cells, some of which are healthy, and some are diseased. These are degenerating white blood-cells. Here are some more still. There are many different forms of these cells in the blood, and in pathological or diseased conditions they become changed in a great variety of ways.

Now, it has been found that by the use of water and the sunshine, the arc light, the electric light bath, massage, exercise, and especially by proper diet, it is possible to modify the blood, to improve the blood, to purify the blood more effectively than in any other way. So, by the application of hydrotherapy, we may even increase these white cells to a wonderful extent. They have been increased as much as sixty times 25% in half an hour's time. The number of these white cells in the blood is something prodigious. There are some seven thousand of them in the minutest little drop that can be made to hang on the head of a pin,--a cubic 25th of an inch. That is not very much, you see. It is one third of one eighth of an inch. A drop of that size has 7,000 of these little blood-vessels in it. Think how much there must be in the whole body with ten or twelve pints of blood--how many millions of them, something like 400,000 millions; that is the number of these cells that are found in the blood. Now, that number can be increased 25% in a short time. In other words, ten thousand millions of these white cells are brought out into the blood in thirty minutes by the application of a short hot bath followed by a short cold bath and a good, vigorous reaction.

Now, another interesting thing about hydrotherapy is its influence upon the nervous system. You know, when a lady faints away, you sprinkle cold water on her face and it wakes her up. Why is it we put cold water on the face when one faints?
Cold water put upon the body in general will have a similar effect, but it is quite sufficient to put a few drops of cold water upon the face of a person who has fainted away. It will almost certainly revive him. Why is it? Because the brain is connected with the skin of the face. When we apply cold to the face, it wakes up the brain, sets the heart going, cures the fainting; so the brain has a face. The front of the head and the scalp here is the face of the brain. Now, the lungs have a face also. The skin covering the chest is the lung face, and the skin over the heart is the heart face; and if the heart is going slow and we apply cold water over the heart, it wakes it up. I was up to see a patient before I came in here, who had a very weak heart, a heart which skips a beat once in a while. Instead of going regularly, it skips every fourth beat regularly. Now, I prescribed for this lady that she have an ice bag over her heart, a whip to wake her heart up and steady it, to give her a better grip; and when I go back to see her, I shall find the heart is beating all right. The chances are 1 in 100 to one that the heart will be beating all right by simply stimulating the heart, waking it up by putting on cold water.

Here is the stomach face, and we have here the kidney face, and the spleen face, and the bowel face, and the bladder face, and the pelvic organs here, and here are two important faces in the hands here, the palms of the hands. These are connected with the brain and the lungs and with other important organs. The soles of the feet also are connected with the brain and with the lungs. Here are faces on the back of the body. Here is a face that has charge of the heart and lung, and this has charge of the stomach, and this of the mouth. Here are the faces of the pelvic viscera, and this of the brain. So all the organs of the body have faces that are related to the different internal organs; and it is possible to influence every internal organ by making applications upon the proper surface of the body. If an organ has too much blood in it, we put cold on and that cold contracts the blood-vessels and relieves the congestion. That is why, when we apply cold over the stomach, we do not expect to cool the stomach directly, but we cause the blood-vessels
to contract in the stomach. The blood-vessels in the stomach face contract, and at the same time the blood-vessels in the stomach itself contract. If we have hemorrhage of the lungs, we put cold on the chest, not to cool the lungs, because it does not cool the lungs necessarily, but to contract the vessels of the skin and at the same time influence the blood-vessels of the lungs themselves to contract, because they are associated together in this way. So all these internal organs can be affected in a similar way. The surface of the body is a sort of piano forte, if you please, a sort of keyboard on which we can play all sorts of therapeutic tunes, in which we can increase the blood supply, or diminish the blood supply; and this shows the same thing illustrated in another way. This shows the skin with too much blood in it. Now when we apply cold to a part, it causes contraction of those blood-vessels, and so relieves the congestion. Here is a boil. We put cold on the boil and it increases the pain, because cold increases pain while heat kills pain. Cold increases pain unless you apply enough cold to benumb the parts; so if you put cold on there it will increase the pain, and you want to relieve the pain of the boil. There is too much blood here, and the blood-vessels are congested in the boil; but around outside of the boil, the blood-vessels are not so filled with blood. We apply a fomentation over the whole thing and it causes the blood-vessels in the boil to lessen in size, and the blood-vessels outside the boil to increase in size. The blood is distributed better; it is spread out in larger territory, and in order that we may not increase the pain of the boil or increase the congestion, we put a little piece of rubber cloth or newspaper over the boil, or oil cloth over the boil to protect it from the heat, then put a fomentation on in such a way as to affect the skin around the boil.

This shows how to relieve the pain down in a deep-seated part. Here is a large vessel bringing blood to the skin and to the muscle under the skin. If we apply heat to the skin, it brings a large share of blood up to the skin, and there is less blood to go into the muscle below, you see; so these blood vessels now are...
now are smaller, there is less blood here, and in that way the pain is relieved.

On the other hand, we may drive blood into the muscle by applying cold to the skin, so producing the opposite effect. Now, suppose we have a congested stomach.

We apply a hot bag in front, and that draws the blood up into the skin, venous blood; and we apply a heating compress behind, and that draws the blood into the skin,--the arterial blood in that part, and in that way the congestion of the stomach is relieved. So these are diagrams prepared to show you how these simple remedies act.

Here is a congested lung. We apply compresses in front and behind, and this draws the blood into the skin both in front and behind, and so relieves the congestion.

This is one of the most remarkable things you ever saw, I think,--is the great relief afforded by a simple application of a wet cloth in this way. Suppose a child has got the croup, or the whooping cough and can not sleep. Put a warm pack on the chest, and it is simply wonderful what relief it gives. A congested kidney is relieved by the same plan—a fomentation to draw the venous blood to the surface, and an ice bag over the lower end of the sternum which causes contraction of the blood-vessels of the kidney and so affords relief. Now, you see how this is done. Here is the fomentation cloth in position over the stomach. This shows the fomentation being wrung out of the water, taken by the ends because the ends being not so hot, you can wring it out very dry. You do not want the water, but the steam from the water; then the steam goes through the flannel which is opened up and spread out, and in that way the heat is applied. Heat kills pain. That is why in every case where there is pain, we simply apply heat, but it must be a large fomentation. Suppose you have a pain as big as the end of your thumb. You may have to have a fomentation two feet square to relieve that little pain. You have got to affect a large number of nerves surrounding the pain so as to submerge it and overwhelm it completely by the large application of heat. Heat kills pain. Just remember that heat is the enemy of pain and everybody knows that. When a baby has the ear ache, it puts its hand to the ear.
That is the way the mother knows the baby has trouble with its ear, because it puts its hand up to its ear. Why? It is an instinctive method of applying heat with its hand to the ear as a remedy. When a dog has the earache, it puts its ear on its paw so as to warm up its ear. If a boy has a stomachache, he doubles up in bed as close as he can. That is just the way the dog does when he has stomachache.

I was at a meeting once where doctors were discussing this question of hydrotherapy, and a doctor did not believe heat would relieve pain, and I told them the story of a circumstance I saw once—how that he didn't see how water was going to do all these wonderful things. I was out at California some five or six years ago about this time of year; I was at the Hotel Coronado, on Coronado beach, out on an island, and I went out in the morning—in February—to take a dip in the surf, and there was a fine surf rolling in that morning. The temperature of the water was only 52°.

So I thought I would have a little swim. I went by the animal house as I went out, and I saw a mother monkey there with two little ones, and I always like to watch the monkeys because they are so much like us, and I can always learn something; and I learned something that morning that was really of great interest to me, in watching this mother monkey in the management of her children. Some one had thrown some green fruit into the cage, and the little monkeys were very anxious to get hold of it; one of them had evidently been eating some, and the mother monkey had gathered this green fruit up close to her and was keeping guard over it, and one of these little monkeys was mimicking slipping up behind trying to swipe one of them, as the boys in Chicago try to steal it on the sly. One of them had evidently had a very tough pill, and while the mother was protecting the other one, this one had climbed up on the side of the cage and was hanging over a hot water pipe, taking a fomentation to its stomach. It was really a very interesting sight. That monkey knew heat was good for pain. It is a normal instinct to apply heat to relieve pain, and it kills pain, has the power to inhibit the nervous sense we call pain.

Now, here is the very opposite sort of application, a thing to awaken
nervous activity, while heat deadens nervous activity and numbs nervous activity. Heat always makes one feel stupid, lessens his activity. If you have heat enough, you will go to sleep. Get into a warm bath and it takes your strength away, weakens you and weakens all the nerve forces; and that is the way it relieves pain—by lessening sensibility and weakening the nervous energy. Cold is the very opposite. Cold weakens nervous energy. That is why I advise you all to sleep with your windows open, to breathe all the cold air you can at night. I slept with my head in a fresh air tube last night. I got three hours' sleep, and woke up feeling first rate, and have not felt any inconvenience all day; I feel as though I had a good night's rest. You would hardly know the difference. I possibly would be a little bit more frisky if I had had a good night's rest, but in three hours in the cold air, I received more good than a whole night would have done me in warm air. Waking up in the morning and feeling languid, as though you sleep had not done you any good,—it is because you have been sleeping in warm air which is depressing. If you sleep in cold air, you wake up in the morning feeling the cumulative effect that you get when you get outdoors in the cold air for a few minutes. It brightens you up. You can just as well have eight hours of that freshening as not if you will insist on having cold air. Have the fresh air tube going and letting the cold air flow in. If the wind is blowing hard from the window, lower it at the top, and the air will be sucked out of the top of the window and come in at the bottom, so the air can always be circulating no matter which way the wind blows. If the air is blowing away from the window, lower the window from the top and shut the transom; then the air will be sucked out through the top and will flow in at the bottom, and you have the interchange of air in that way.

Here is the application of cold as a tonic. This patient is neurasthenic, feels weak all the time. What he wants is bracing up, and cold is the best means in the world of doing it. These mittens are dipped in cold water and rubbed on the
skin. The cold and the friction are applied together in that way. You get the double effect of the cold stimulus and the friction, the blood being brought into the skin and relieving the congested nerve-centers which are the cause of sleeplessness and of depression and of many of the inconveniences and distressing symptoms of neurasthenia.

Here is the wet sheet rub. See what a fine glow there is on the skin of this man. It is red because it is full of blood. Now, when the skin is so full of blood as that, the liver, the spleen, and the lungs and the heart and brain can not be congested,—when the skin is so full of blood, because the blood can not be in two places at the same time; it can not be in the skin and the liver be congested at the same time. When the blood is on the outside of the body, it can not be on the inside to any great extent.

Here is a fomentation to the spine. This cloth will be folded up and the fomentation cloth put inside, folded in, and the heat will be retained. This is the very best means of relieving pain in the spine and, when cold is applied, is one of the very best means of stimulating the spinal spine to activity.

The next time we will talk about the stomach, and the Battle Creek Sanitarium method of treating digestive disorders, and the Battle Creek Sanitarium dietary.

---
List of Medical Women of the
Battle Creek Sanitarium
Battle Creek, Michigan.

Items checked indicate those who's sketch is enclosed.
(#) indicated deceased.
Data regarding others has not yet been received.

✓ Beckner, Dr. Clara (Mrs. E. F. Otis)
  Brea, California
  (Graduated A.M.M.C. 1900)

✓ Banta, Dr. Margaret,
  2644 Rimpau Blvd.,
  Los Angeles, California.
  (Graduated A.M.M.C. 1903)

✓ Brunie, Dr. Yolanda,
  (Mother-Mrs. E.A. Sutherland)
  (Madison, Tennessee)
  (Graduated C.M.E. 1928)

# Bryant, Dr. Ruth, (Leake)
  (Friend- Fanny Talbot-Moon-Journal)
  (Dr. Bryant buried at Dowling, Mich)
  (Graduated U. of M. 1991)

✓ Canfield, Dr. Martha,
  Loma Linda Sanitarium,
  Loma Linda, California.
  (Graduated Women's Medical College of Pa. 1908)

Case, Dr. Helena,
  180 N. Michigan Ave.,
  Lake Michigan Bldg.,
  Chicago, Illinois.

Cleveland, Dr. Lou,
  474 East Santa Clara St.,
  San Jose, California.
  (Brother- Arthur Cleveland,
    employed at B.C. Food Co.)
  (Graduated U. of M. 1893)

Cook, Dr. Anna, (Mrs. R. L. Owens)
  (Sister-in-law, Evelyn Nielson)

Cornell, Dr. Inez,
  Cornell Clinic, 2813 Farragut St.,

✓ # Delhorbe, Dr. Florence Ellen (Mrs. Wm. McCormick)
  (Dr. Wm. T. McCormick, Toronto, Canada)
Dryden, Dr. Mary V.
1714 N. Prospect St.,
Milwaukee, Wisconsin.
(Graduated-Northwestern U. Womens Medical School 1893)

Durrie, Dr. Anna B.,
803 Lake Shore Drive,
Michigan City, Indiana.
(Graduated A.M.M.A. 1909)

Elwell, Dr. Lois, (Johnston)
Women's Hospital,
49 Worple Road, Wimbledon, London S.W.

Eshleman, Dr. Lillian Eshleman, (Magan)
1738 Chelsea Road,
San Morino, California.

Evans, Dr. Nettie, (Knapp)
Wellsboro, Pa.

Filley, Dr. Georgia,
(Brother - George Aldrich, Phone 9005)

Fraser, Dr. Leslie,
1214 West Ninth St.,
Los Angeles, California.

Geisel, Dr. Caroline,
(Sister - Alice Geisel, Tekonsha, Mich.)

Gilfillan, Dr. M.J.
Battle Creek Sanitarium,
Battle Creek, Michigan.
(Graduated Rush Medical College. 1908)

Goodison, Dr. Mary (Leach)
Navasota, Texas.
(Brother Dr. Howard Truex, San Antonio, Texas)

Harbaugh, Dr. Dorothy,
Salt Lake City, Utah.

Hunt, Dr. Lyra, (George)
Loma Linda, California.

Helman, Dr. Evelyn,
Route 6, Box 707,
Santa Rosa, California.

Hilborn, Dr. Caroline,
Bunnell, Florida.

Holt, Dr. Jean Florence,
Los Angeles, California.
Howe, Dr. Mabel (Otis)
1514 Fifth Ave.,
Moline, Illinois.

Holt, Dr. May (Habernicht)
State House,
Des Moines, Iowa.

Hudson, Dr. Myrtle,
Oakland,
California.

Humphrey, Dr. Amy,
Route 1, Box 154,
Morgantown, N.C.
(Graduated A.M.M.C. 1903)

#Hunter, Dr. Mary (Newlove)
(See Dr. Helena Case)

Jesperson, Dr. Lydia,
Battle Creek Sanitarium,
Battle Creek, Michigan.
(Graduated - University of Ill, 1913)

Johnson, Dr. Gertrude,
Battle Creek Sanitarium,
Battle Creek, Michigan.

Kerr, Dr. Elizabeth, (Harris)
Battle Creek Sanitarium,
Battle Creek, Michigan.

#Kirby, Dr. Sarah Etta,
(Corresponded with Dr. Julia White)

Kress, Dr. Lauretta,
705 Carroll Ave.,
Takoma Park, Washington D.C.

Kress, Dr. Ora (Mason)
Murray,
Kentucky.

#Kynett, Dr. Lydia (Parmalee)
(Corresponded with Dr. Julia White)

#Lindsay, Dr. Kate,
Nephew-Att'y Winkler, Battle Creek, Mich.
Nephew--Dr. Wm. T. Lindsay, Madison, Wis.
Sister - Mrs. C.M. Christianson, Walla Walla, Wash.
Sister - Mrs. Paton
Long, Dr. Winnie,
(Mother - Dr. Long, 49½ Howland St.
Battle Creek, Michigan)

Landis, Dr. Roxette (Runck)
Washington Sanitarium,
Takoma Park, Washington, D.C.

Maxon, Dr. Hattie,
(Brother A. J. Sanderson, Berkley, Calif.)
Graduated U. of M. 1885.

Marsh, Dr. Lucinda Alfiera,
La Rose,
Illinois,

Mackin, Dr. Mamie, (Dr. Mary C. Browing)
Cortland, Ohio.
(daughter- Dr. Zelma McManus-MacKillop)

McManus, Dr. Zelma, (MacKillop)
West Farmington,
Ohio.

Mosher, Dr. Bertha.
172 N. Washington Ave.,
Battle Creek, Michigan.
(Graduated - A.M.M.C. 1904)

Martinson, Dr. Elsie Marie (Gilbert)
6508 Central Ave.,
Tampa, Florida.
(Graduated - A.M.M.C. 1900)

Merritt, Dr. Elsie Belle (Miller)

Merritt, Dr. Lovina Ruth,
Sanitarium,
California.

Norman, Dr. Estelle, G.,
Battle Creek Sanitarium Inc.,
Miami Springs, Florida.

Nicola, Dr. Mary,
(Daughter - Dr. Hazel Woodruff,
1303 Delaware St, Detroit, Michigan)
Graduated U. of M. 1897.

Otis, Dr. Maud, (Vollmer)
Lutheron Hospital,
1630 Fifth Ave.,
Moline, Ill.

- Page 4 -
Patterson, Dr. Louise,
606 S. Kingsley Drive,
Los Angeles, California.

Ferrine, Dr. Emma A. Laird,
Paw Paw,
Michigan.

Radabaugh, Dr. Clara V.
Battle Creek Sanitarium,
Battle Creek, Michigan.

Roth, Dr. Linda May,
162 Oaklawn Ave.,
Battle Creek, Michigan.

Riley, Dr. Etta May,
112 Manchester St.,
Battle Creek, Michigan.

# Stewart, Dr. Anna (Flatt)

Shively, Dr. Ida May, (Nelson)
St. Helena,
California.

# Stoner, Dr. Laurabelle,
(See Dr. Mosher)

Staines, Dr. Carrie, (Kellogg)
Kellogg Hotel,
Battle Creek, Michigan.

Staines, Dr. Minnie,
235 E. Pikes Peak Ave.,
Colorado Springs, Colo.
324 Burns Building.

Stewart, Dr. Jean (Boyd)
869 Madison St.,
Memphis, Tenn.
(Graduated - C.M.E. 1931)

Stevens, Dr. Nellie M.,
1269 Harding Way, East,
Galion, Ohio.

# Vandervoort, Dr. Louise E. (Stegman)

Vernier, Dr. Jean (Radcliff)
969 Gladstone Ave.,
Detroit, Michigan.
Wood, Dr. Lillis, (Starr)
3807 W. 21st. St.
Los Angeles, California.
(Graduated – U. of M. 1891)

✓ Winegar, Dr. Abbie (Simpson)
    Glendale Sanitarium,
    Glendale, California.

Wood, Dr. Amelia,
c/o Ballis Teachers College,
Muncie, Indiana.
(Graduated U. of M. 1918)

✓ White, Dr. Julia,
1736 Camulos East,
Glendale Sanitarium,
Glendale, California.

Westcott, Dr. Leona,
1396 29th. St.,
San Diego, California.

✓ Weeks, Dr. Wilma, (Rorich)
109 Sunnyside Drive.,
Battle Creek, Michigan.

✓ Whitney, Dr. Jean (Morse)
c/o Iowa Sanitarium,
Nevada, Iowa.

✓ Wood, Dr. Belle (Comstock)
c/o White memorial Hospital,
Los Angeles, California.

✓ Wild, Dr. Mary (Paulson – Neal)
Quincy,
Illinois.
QUESTIONNAIRE

All Replies Confidential. Answer Questions Fully, Carefully. Please Print.

You may answer most of the questions merely by checking, thus: Male [✓]

Your Name ________________________________
Address ____________________________ City ___________ State _________

Where to write in case of your death (name of relative, friend, or Life Insurance Company)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
1. HEREDITY

<table>
<thead>
<tr>
<th>Your Parents</th>
<th>If still living, give present age</th>
<th>If dead, give age at death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check whether you think you have inherited more than usual health, vitality, long life. [___]

or about usual health, vitality, long life. [___]

or less than " " " " [___]

2. PAST CIRCUMSTANCES LIKELY TO AFFECT PRESENT HEALTH

Past Home and Working Conditions

Where have you mostly lived? City [___] Suburb or Country town [___]

Country [___]

In your opinion has your work ever been a great strain on your health?

No [___] Yes [___]

Have there ever been any personal circumstances (financial, domestic, or otherwise) which were a great strain on your health?

No [___] Yes [___]

Past Habits

What has been your practice, over many years of your life, as to drinking alcoholic beverages?

Used daily and freely [___] Used daily but "in moderation" [___]

Used less often [___] Not used [___]

What has been your past practice, over many years of your life, as to the use of tobacco?

Used daily and freely [___] Used daily but "in moderation" [___]

Used less often [___] Not used [___]

Have you been accustomed to inhale? No [___] Yes [___]

Have you, over many years of your life, used tea or coffee habitually?

No [___] Yes [___]

Have you, over many years of your life, used patent medicines or other drugs habitually or as often as once a week?

No [___] Yes [___]

Have you, over many years of your life, been constipated or had other trouble with your bowels?

No [___] Yes [___]

Have you, over many years of your life, had very foul smelling stools?

No [___] Yes [___]
Have you, over many years of your life, made a special practice of eating healthfully and otherwise living healthfully as compared with the usual customs of others around you?

No [ ] Yes [ ]

3. HEALTH HISTORY

How many days' work have you lost through illness in the last twelve months?
Less than one week [ ] Less than one month [ ] Less than three months [ ] Three months and more [ ]

Compare your health the last twelve months with your usual health during the last two years:
Improvement [ ] About the same [ ] Worse [ ]

Have you ever had a serious illness? No [ ] Yes [ ]

If so, give briefly any important particulars, including name of ailment and dates

__________________________________________________________

Do you think that such illness has tended appreciably to affect your vitality, your present strength, endurance, working power, etc.?

No [ ] Yes [ ]

4. SPECIAL INTEREST IN HEALTH

Has any experience in your life (such as a serious illness for instance) led you to take a special interest in trying to keep well and to improve your health?

No [ ] Yes [ ]

If so, give briefly any important particulars

__________________________________________________________

5. YOUR PRESENT CONDITION

Height and Weight

Height: ________ feet ________ inches. Weight ________ lbs.

(Without clothes)

Height: ________ lbs.

(with clothes)

How much is your present weight above or below your normal weight when full grown (about age 23)?

Above by ________ lbs.

Below by ________ lbs.

Other Indicators

Are you susceptible to colds? No [ ] Yes [ ]

Have you any dead (devitalized) teeth? No [ ] Yes [ ]

Do you look old for your age? No [ ] Yes [ ]

Do you usually have a coated tongue? No [ ] Yes [ ]

Do you usually have a bad breath? No [ ] Yes [ ]

Do you often have headaches? No [ ] Yes [ ]

Do you often have morning fatigue? No [ ] Yes [ ]

Do you eat with relish? No [ ] Yes [ ]

Do you often notice shortness of breath on exercising? No [ ] Yes [ ]
Are your stools usually very foul smelling? No [ ] Yes [ ]

Have you now any known specific ailment of a serious nature? No [ ]

Yes [ ] If so, specify ________________________________

Have you now any known specific ailment of a minor nature? No [ ] Yes [ ]

If so, specify ________________________________

Impairments

How many teeth (out of the original 32) have you lost? ______

Have the lost teeth been restored by "false" teeth? No [ ] Yes [ ]

Has your hair: Turned all white [ ] Partly turned [ ] Unturned [ ]

Is your eyesight: Mostly gone [ ] Somewhat impaired [ ] Unimpaired [ ]

Has your memory become appreciably impaired? No [ ] Yes [ ]

Is your physical endurance, or power to work and exercise physically, now: Greatly below previous best? [ ] Slightly below previous best? [ ] Unimpaired [ ]

Is your mental endurance, or power to work mentally, now: Greatly below your previous best? [ ] Slightly below previous best? [ ] Unimpaired [ ]

Is your general sense of enjoying life: Greatly reduced? [ ] Slightly " [ ] Unimpaired? [ ]

3. PRESENT HEALTH HABITS

Work and Rest

In working days, how are the twenty-four hours sub-divided?
I.e. how many hours do you ordinarily devote to: Sleep _______ hrs.

Mealtimes _______ "

Work, physical _______ "

Work, mental _______ "

(Active recreation (bathing, exercise, play, sports) _______ "

Otherwise _______ "

Making the total of _______ "

Do you endeavor to be "moderate in all things" i.e., to avoid excesses likely to injure health? No [ ] Yes [ ]

What are the conditions of your present work? Healthy-[ ] Unhealthy-[ ] Neutral [ ]

Are there now any personal conditions (financial, domestic, or otherwise) which are a great strain on your health? No [ ] Yes [ ]

During the last twelve months have you, in general, had at least one day's rest from work each week? No [ ] Yes [ ]

Have you, in addition, had a vacation? No [ ] Yes [ ]

If so, how long _______ weeks.

Are you inclined to worry? No [ ] Yes [ ]

Are you inclined to any other unhealthful mental states such as fear, anger, despondency? No [ ] Yes [ ]

Are you habitually tense or relaxed? Tense [ ] Relaxed [ ]

Food and Drink

Do you eat slowly and masticate thoroughly? No [ ] Yes [ ]
Check what foods you eat, and how frequently:

<table>
<thead>
<tr>
<th></th>
<th>Other Foods</th>
<th>Patty Foods</th>
<th>Milk Foods</th>
<th>Bread Stuff</th>
<th>Cereal, Barley, Oatmeal, Rice</th>
<th>Fruit</th>
<th>Other Vegetables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twice or more daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once daily or less</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Flesh foods comprise: meats (beef, mutton, lamb, pork) fowl, fish, shell fish.

**Namely: Eggs, nuts, peanuts, cheese, legumes (peas, beans - not "string beans") lentils.

***Including butter, cream, oil.

Including unfermented fruit juices

Greens comprise: Lettuce, romaine, escarole, watercress, chickory, beet tops, spinach, asparagus, kalo, Brussels sprouts, string beans, cabbage, and other leafy vegetables.

Do you eat often candy or sweets between meals? No [_] Yes [__]

How much do you use pepper, mustard, and other "hot" condiments? None at all [__] Sparingly [__] Freely [__]

Is your present practice substantially the same as that already described for the past as to alcoholics, tobacco, coffee, tea, patent medicines, and drugs? Substantially the same [__] Changed [__] Namely [__]
Digestion
Do you suffer from gastric acidity (sour stomach)? No □ Yes □
Do you commonly have pain in the stomach after eating? No □ Yes □
Do you generally suffer from mental dullness after meals? No □ Yes □
Do you often sleep after dinner? No □ Yes □

Bowels
Do you often use drug laxatives? No □ Yes □
Do you use enemas frequently? No □ Yes □
Average number of bowel movements per day
Less than once daily □ Once □ Twice □ More often □
Have you much gas distension? No □ Yes □
Does the distension disappear after bowel movement? No □ Yes □
Has the gas expelled an offensive odor? No □ Yes □

Skin Exposure
How often do you bathe?
Once or more daily □ 1-6 Times weekly □ Less than once a week □
At what temperature do you usually bathe? Hot □ Medium □ Cold □
Do you expose your nude body to the air? Never □ Occasionally □ Daily □
Do you expose your nude body to the sun? Never □ Occasionally □ Daily □
Do you sleep with windows Open? □ or Closed? □
Do you sleep outdoors? No □ Yes □
Do you spend most of your day in well ventilated rooms and outdoors? No □ Yes □
Do you wear as light and as little clothing as possible? No □ Yes □
Are all your clothes porous? No □ Yes □
Are all your clothes loose? No [ ] Yes [ ]

Exercise and Posture.

Do you take systematic physical exercise in addition to your work? No [ ]
Yes [ ] If so, how often? Daily [ ] 1-6 times a week [ ]
1-4 times a month [ ] Less often [ ]

Do you take deep breathing exercises daily? No [ ] Yes [ ]

Do you perspire appreciably daily? No [ ] Yes [ ]

Do you stand, walk and sit in good posture, i.e., erect? No [ ] Yes [ ]

Medical Advice

How often, if at all, have you, within a year, taken a medical examination (other than in relation to a foreknown illness, or for life insurance) for ascertaining your condition as to health and for advice as to keeping well?

None [ ] Once [ ] Twice [ ] Oftener [ ]

Are you accustomed to confide in, and rely upon, your physician? No [ ] Yes [ ]

How often do you consult your dentist? Only when in special need? [ ]
Once a year [ ] Twice a year [ ] Oftener [ ]

General

Do you classify yourself as in any religious group, or health cult, with health rules? No [ ] Yes [ ]

If so, indicate which

Christian Scientist [ ] Fruitarian [ ] Mosaicist [ ]
Mormon [ ] All raw foods [ ] Other [ ]
Vegetarian [ ] Naturopathist [ ] Namely [ ]

In your opinion, what factors, habits, practices, hobbies, or conditions have contributed most to your health?

In your opinion, what neglects or other factors, have most injured your health?

Review your answers to this questionnaire and, if you find any answer misleading, or in special need of explanation or amplification, remark upon it, referring to page after inserting a star thereon:

Page *

If you have experienced any marked changes in health, due, you believe, to changes in habits, please give an account of them, in a separate letter. In this account tell in detail the facts showing improvement (or the opposite) in your health, strength, or endurance, and improvement (or the opposite) in your exercise, diet, use of alcohol, tobacco, mental attitude, working conditions, etc.

Letter attached [ ] No letter attached [ ]
GENERAL

PRESENT

Do you classify yourself as in any religious or other group, or cult, with health rules, or customs?  NO  Yes

If so, indicate which:

Christian Scientist [ ] All raw food [ ]
Seventh Day Adventist [ ] Naturopathist [ ]
Mormon [ ] Nudist [ ]
Vegetarian [ ] Other, namely [ ]
Fruitarian [ ]

PAST

Did you formerly classify yourself as in any religious or other group, or cult, with health rules, or customs?  No  Yes

If so, indicate which:

Christian Scientist [ ] All raw food [ ]
Seventh Day Adventist [ ] Naturopathist [ ]
Mormon [ ] Nudist [ ]
Vegetarian [ ] Other, namely [ ]
Fruitarian [ ]

YOUR OWN OPINION

In your opinion, what factors, habits, practices, hobbies, philosophy of life, religious or other conditions have contributed most to your health?

________________________________________________________________________

________________________________________________________________________

Please give an account of any marked changes in health, due, you believe, to changes in habits in a separate letter. In this account tell in detail the facts showing improvement (or the opposite) in your physical fitness and improvement (or the opposite) in your habits or other factors affecting health: Letter attached [ ]

No letter attached [ ]

Review your answers to this questionnaire and, if you find any answer misleading, or in special need of explanation or amplification, remark upon it, referring to page after inserting a star thereon:

Page ___*
Do you expose your nude body to the sun?  
   Never □  
   Occasionally □  
   Usually daily □  

Did you formerly expose your nude body to the sun or artificial sunlight?  
   Never □  
   Occasionally □  
   Usually daily □  

Do you sleep with windows open □ closed □  

Did you formerly sleep with your windows open □ closed □  

Do you spend most of your day either in well ventilated rooms or outdoors?  
   No □ Yes □  

Did you formerly spend most of your day either in well ventilated rooms or outdoors?  
   No □ Yes □  

Do you wear as light and little clothing as possible?  
   No □ Yes □  

Did you formerly wear as light and little clothing as possible?  
   No □ Yes □  

Are all your clothes loose?  
   No □ Yes □  

Formerly were all your clothes loose?  
   No □ Yes □  

**EXERCISE AND POSTURE**

**PRESENT**

Do you take systematic exercise, such as walking, athletic games, or setting up exercises, in addition to your work?  
   No □ Yes □  

If so, how often?  
   Daily □  
   1-6 times a week □  
   Less often □  

Did you formerly take systematic exercise, such as walking, athletic games, or setting up exercises, in addition to your work?  
   No □ Yes □  

If so, how often?  
   Daily □  
   1-6 times a week □  
   Less often □  

Do you take deep breathing exercises daily?  
   No □ Yes □  

Did you formerly take deep breathing exercises daily?  
   No □ Yes □  

Do you usually work or exercise to the perspiration point?  
   Daily □  
   Less often □  
   Almost never □  

Did you formerly work or exercise to the perspiration point?  
   Daily □  
   Less often □  
   Almost never □  

Do you stand, walk, and sit in good posture, i.e. erect?  
   No □ Yes □  

Did you formerly stand, walk and sit in good posture, i.e. erect?  
   No □ Yes □  

**MEDICAL ADVICE**

**PRESENT**

How often are you accustomed to take a general medical examination?  
   None at all □  
   Once a year □  
   Oftener □  

Did you formerly accustomed to take a general medical examination?  
   None at all □  
   Once a year □  
   Oftener □  

Do you confide in, and rely upon your physician?  
   No □ Yes □  

Did you formerly confide in, and rely upon your physician?  
   No □ Yes □  

How often are you accustomed to have a dental examination?  
   Only when in special need □  
   Once a year □  
   Oftener □  

Were you formerly accustomed to have a dental examination?  
   Only when in special need □  
   Once a year □  
   Oftener □  

-5-
1. We are pleased to tell you that we make special concessions to physicians in actual practice and dependent members of their families as shown on the special card enclosed herewith.

2. All rates quoted are those in effect at the time of making the quotation and are subject to change without notice.

3. The enclosed card of rates will show you something of our charges. The special card enclosed will inform you as to the special concessions we are pleased to make to clergymen and dependent members of their families.

4. You will note that the charge for the regular entrance examination is $75.00. There are other examinations, some of which are usually found necessary in each case that comes to us, but are not employed so generally as to enable us to include them in the price of the general examination.

5. We have asked our Business Department to write you in further detail regarding rates and accommodations.

6. If —— circumstances are limited, special arrangements can be made for —— to lessen expense. For instance, —— could take rooms outside and come in for treatment at a cost of scarcely more than half the regular rate or even less than that in case of necessity. The Battle Creek Sanitarium is not a money making concern but is purely beneficial in its aims and organization.

7. If—— find it necessary to reduce expenses still lower than —— can do in this way, —— can effect a further saving by taking room and board outside of the institution and coming in for treatment. In this case, —— would receive treatment on the same basis as though —— occupied a room in the Main Building. During the summer months, however, the special concessions do not cover accommodations in the Main Building, but only in the Annex and other buildings.
8. If ---- circumstances are limited, we feel sure our Business Department would be glad to take this point into consideration in making the charge for ---- examination.

9. We have asked our Business Department to write ---- in further detail concerning rates and accommodations, particularly with reference to special concessions.

10. We have asked our Business Department to write ---- in further detail concerning rates and accommodations, particularly with reference to special concessions and possible employment.

11. If ---- desire to do so, ---- may take board and room outside of the institution and come in for treatment. In this case, ---- would be allowed to receive treatment on the same basis as though ---- occupies a room in one of our Main Buildings.

12. We make special rates to regular practicing physicians but these rates do not apply to physicians who are under treatment for drug habit. If the physician is the patient in mind, he would be expected to pay our regular rates until entirely relieved of the drug habit and then would be entitled to the special concessions which we make to practicing physicians as shown by a special card enclosed herewith.

13. ---- will notice that there is considerable opportunity for choice as to the matter of rates and accommodations. ---- will also note that our rates, while only about the same as those of a first-class hotel, include in addition to ordinary hotel accommodations, general medical attention and general bathroom treatments.
14. We have asked our Business Department to write ---- in detail as to the probable expense of ---- stay here and so to special arrangements.

15. The lowest priced room in our Main Building is $65.00 per week and the minimum price for a room with private bath is $83.00 per week.

16. The enclosed card of rates will show ---- some thing of our charges. ---- will note that there is considerable opportunity for choice as to the matter of rates and accommodations.

17. The enclosed card of rates shows something of our charges. By taking room and board outside of the institution and coming in for treatment---- can reduce expenses still lower than our lowest regular rates.

18. The enclosed card of rates will show ---- something of our charges. The lowest priced room in our Main Building with private bath is $83.00 per week. We think perhaps if two of you come and occupy the same room together, ---- would be pleased with a room with private bath priced at about $80.00 per week or more. This would be a room plenty large enough for a large double bed or two single beds.

19. When a second person as a boarder only occupies the same room with a patient, the extra charge for board and room would be $42.00 per week in a room priced at $89.00 or above or $35.00 per week in a room priced under $89.00; or if you should prefer to take room in our Annex, the extra charge for a second person would be $30.00 per week.

20. When two patients occupy one room in the Main Building the regular rate varies from $124.00 per week to $199.00 per week for the two persons. The difference in rates is regulated, of course, by the difference in location and furnishings of rooms.
21. The extra charge for a child under ten years, not taking treatment, occupying the same room with an adult, is $21.00 per week.

22. ---- will note that there is considerable opportunity for choice as to the matter of rates and accommodations. ---- will also note that our charges while only about the same as those of first-class hotel accommodations, include general medical attention and general bathroom treatment, which are not included in the prices of any hotel with which we are acquainted.

23. As a professional courtesy to practicing dentists, we make them no charge for examinations excepting X-ray examinations for which full rates are charged. Dependent members of families of practicing dentists are made no charge for the general entrance examination but are charged half rates for special examinations excepting X-ray examinations for which full rates are charged.

24. If ---- should take a room outside of our Main Building, ---- would receive treatment in the Main Building and exactly the same treatment as though ---- occupied one of our most expensive rooms in the Main Building. The difference in price is occasioned only by the difference in furnishings and location of the room. The medical attention and treatment are the same in any case. If ---- should find it necessary to economize still more than ---- can do by taking a room at our minimum rate, ---- would be at liberty to obtain ---- own room and board outside of the institution and then come in for treatment. In this way a considerable saving could be effected, although we feel confident ---- would find board at the Sanitarium a distinct advantage, as we have in constant attendance during meal hours, a number of trained dietitians who are prepared to render every possible assistance in the matter of diet. However, if ---- board outside, ---- could obtain board at a cafe just across the street from the Sanitarium where the same foods are served as appear upon the Sanitarium tables but at a less expense.
25. Our patients on an average pay about ten dollars per week each for extra treatments. Some take practically none while others take extra treatments amounting to considerable more than this.

26. In general, the expense of a stay here is about the same as at a first-class hotel; but it should be borne in mind that in addition to the ordinary hotel service, our guests receive medical attention, baths and other treatment and the services of attendants, dietitians and physical directors, making our rates extraordinarily low, considering the service given. By special arrangements the stated weekly expense may be reduced considerable in cases where rigid economy is necessary.

27. If circumstances are limited can reduce expenses in various ways which our business manager will be glad to explain if will call on him after arrival here.
INTRODUCTION.

1. Yours of --- received.

2. I have yours of ---.

3. I thank you for your very kind note of ---.

4. I thank you very much for your note of ---.

5. Your inquiry of ---.

6. Yours of --- received. We are unable to find any record of having received your previous communication to which you refer.

7. Yours of --- received. From what you say of your case, we should advise you by all means to visit us. We are constantly treating many similar cases and with excellent success and feel sure we should be able to help you greatly.

8. From the information we have received with reference to your case, we should advise you by all means to visit us. We feel sure a stay here would prove exceedingly profitable for you.

9. We thank you very much for your favor of --- giving us the address of ---. We are sending him some literature and writing him by the same mail as you suggest.

10. We thank you very much for commending --- to us. The patient has not yet arrived but hope --- will come within a few days. We are at any rate, sending him information as you suggest and feel sure we can help him greatly by a visit here.
11. At the request of -- we are sending you, under separate cover, some literature pertaining to our institution including a copy of our illustrated Sanitarium book which gives you a good general idea of the Sanitarium and Sanitarium methods.

12. At the request of -- of your city, we are sending you, under separate cover, some literature pertaining to our institution, including a copy of the illustrated Sanitarium book which gives a good general idea of our facilities and equipment, a copy of "The Measure of a Man," from which you may obtain considerable detailed information as to the various methods of examination which we employ, and a copy of a little circular called "The Factor of Safety in the Human Body," which will give you perhaps a new idea as to the importance of maintaining the highest possible degree of physical vigor and efficiency.

13. Yours of recent date received. I assure you it will be a pleasure to have a visit from you and to be of every possible personal service in aiding -- to the restoration of your health.

14. Yours of recent date received.

15. Come right along whenever you find it convenient to do so and let us make a thoroughgoing physical inventory of you. I assure you it will be a pleasure to be of every possible personal service in getting you started on the right road.

16. We assure you it will be a pleasure to have a visit from -- at the time you suggest and to be of every possible service to --.
19. From what you say of your patient's case, we shall be very glad to have
_____ visit us and believe we can give _____ just the advantages you desire _____
to have. We have generally excellent success in treating such cases as you
described this one to be.

20. We shall be very pleased to be of every possible service to any patient whom
you may commend to us. We should be still better pleased to have a visit from
you and to show you personally the various features of our work, in some of which
we believe you would be particularly interested.

21. Replying to your letter of _____ it would be impossible from the description
given in your letter, to state whether or not you can be helped or, if so to what
extent. We would suggest that you have your family physician write us a detailed
account of your case and then we should be better prepared to give you intelligent
advice.

22. Yours of _____ received. From what you say of your patient's case, we should
advise _____ by all means to visit us. We are constantly treating many similar cases
and find our methods particularly successful in relieving this class of patients.

25. TO DOCTORS. Your note of _____ commending to us _____, received.

We are writing _____ by the same mail and are sending _____
some of our literature. We thank you very much for your courtesy in referring the
patient to us and assure you, Doctor, it will be a pleasure to be of every possible
service in aiding _____ to better health.
32. continued.
both ---- and ---- friends would be pleased with the results of ---- stay here, should ---- visit us, we are

33. Assuring you it will be a pleasure to be of every possible service in the case, we are

38. We shall be glad to have ---- visit us and feel sure we shall be able to give ---- the very best possible chance for recovery.

39. Anticipating the pleasure of meeting ---- here soon, and assuring ---- we will do our utmost to make ---- stay with us as pleasant and profitable as possible, should ---- come, we are

INFORMATION.

40. If ---- desire further information on any point, other than ---- can obtain by reading the literature sent ----, please be free to write us.

41. If you would like further information on any point, please be free to write us.

42. If ---- desire further information other than ---- can obtain from reading the literature sent you, please be free to write us.
43. If ---- would like further information on any point, other than ---- can obtain by reading the literature sent ----, please be free to write us.

44. Assuring you, Doctor, it will be a pleasure to have a visit from ---- and to be of every possible service in aiding ---- to better health and feeling confident ---- will not be disappointed in the results of ---- stay here, should ---- come, we are.

45. Hoping to have the pleasure of rendering material service in ---- patient’s case and trusting ---- will yourself sometime visit us, we are.

46. If ---- are in need of treatment, Doctor, we shall be very glad to have a visit from ---- and assure ---- we shall do our utmost to make ---- stay with us both pleasant and profitable, should ---- come, we are.

47. Assuring you, Doctor, it will be a pleasure to be of every possible service in the case of your patient and thanking you for your courtesy in commending ---- to us, we remain.

48. Thanking you, Doctor, for your courtesy in commending this patient to us and assuring you we will do our utmost to expedite ---- recovery, I remain.

50. Assuring you we are giving ---- case every possible attention and that we will do our utmost to make ---- stay with us both pleasant and profitable, we remain.
Dear Sir:

We thank you very much for your kind note of giving us the address of ----. We are sending ---- some literature by the same mail and are also writing ----. We shall be very glad to have ---- visit us and trust we shall be able to make ---- stay with us entirely satisfactory, should ---- do so.

Again thanking you for your courtesy which we assure you is greatly appreciated, we are

Sincerely yours,

THE BATTLE CREEK SANITARIUM.
CONCLUSIONS.

26. Hoping we may have the pleasure of a visit from ---- and assuring ---- we shall do our utmost to make ---- stay with us as pleasant and profitable as possible, should ---- come, we are

27. Hoping ---- will decide to visit us and feeling confident ---- will be well pleased with the results of ---- stay here, should ---- come, we are

28. Hoping to have the pleasure of rendering ---- some further service, we remain

29. Hoping we may have the pleasure of a visit from ---- and feeling confident ---- would not be disappointed in the results of ---- stay here, should ---- come, we are

30. Hoping to have the pleasure of rendering material service in aiding ---- to better health and feeling confident ---- would not be disappointed with the results of ---- stay here, should ---- visit us, we are

31. We have no doubt that if ---- visits us ---- will feel well repaid for the effort involved. We assure ---- we shall do our best to make ---- stay with us as pleasant and profitable as possible, should ---- come, we are

32. Hoping we may have the pleasure of a visit from ---- and feeling confident
51. I hope sometime when passing this way you will stop off for a little visit -
as I feel sure we could show you many things in which you would be interested.

52. When you are passing this way, Doctor, be sure to stop off for a little visit.
We should be very glad to see you any time you find it convenient to drop in.

53. Trusting that some of the suggestions you will receive will prove helpful to
you at home, and hoping also we may sometime have the pleasure of a visit from ----
here so that we may render ---- such material service as can be rendered only by
personal treatment, we are

54. Hoping we may have the pleasure of a visit from ---- and feeling confident ----
would not be disappointed in the results of ---- stay here, should ---- come, we are

55. Anticipating the pleasure of ---- visit, we are

56. Hoping to have the pleasure of hearing from ---- again, we are

57. Again thanking you for your courtesy, we are

58. Assuring ---- it is always a pleasure to be of any possible assistance to one
who is interested in promoting a knowledge of right principles, I remain
59. Trusting this information will be of material service to ——, we are

60. Hoping —— will decide to visit us and assuring —— it will be a pleasure to be of every possible personal service in —— case, should —— come, we are

61. Hoping your wife will decide to come and assuring you it will be a pleasure to be of every possible service in aiding her to recovery, should she visit us, we are

62. Assuring you, Doctor, it will be a pleasure to be of any possible service to any patient whom you may commend to us and hoping we may sometime have the pleasure of a visit from you, we remain

63. Assuring you, Doctor, it will be a pleasure to be of any possible service to you or any patient whom you may be good enough to commend to us and hoping we may sometime have the pleasure of a visit from you, we remain

64. Assuring you, it will be a pleasure to be of any possible service, we are

65. If —— decide to visit us, we shall take pleasure in making a careful study of —— case, and should expect to be able to relieve —— of —— troubles and to show —— how to keep well after —— have recovered.

66. Assuring you it will be a pleasure to be of every possible service in —— case, we remain
APOPLEXY. or PARALYSIS.

There are three things possible in cases of (apoplexy, paralysis.)
First, complete recovery of the use of the paralyzed parts.
Second, an arrest of the disease and a very considerable degree of improvement, and

Third, an arrest of the disease which is naturally progressive.
That is, if something is not done for the patient, the attacks probably will recur, the patient being left each time in a worse condition than before. Which one of these results could be obtained in --- case, it is, of course, impossible to predict without more knowledge of the case than it is possible to have by correspondence. Certainly we ought to be able to do a great deal for ----. Cases are very rare, indeed, in which the disease cannot be arrested, and it is certainly very seldom that we fail to secure a very considerable degree of improvement.

On the other hand, cases of complete recovery are by no means common.
### Indications of Your State of Health

**Present**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many days' work have you lost through illness in the past twelve months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you now any ailment of a serious nature?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you now any ailment of a minor nature?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you conscious of having neglected to correct removable physical defects (in teeth, tonsils, overweight, underweight, flat feet, etc.)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you susceptible to colds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you any dead (devitalized) teeth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you constipated or have other troubles with your bowels?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you often notice shortness of breath on exercising?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Women: Are your periods regular?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you usually have a very coated tongue?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you often have headaches?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you often have morning fatigue or other fatigue which cannot be explained?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you eat with enjoyment and relish?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you commonly have pain in the stomach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are your stools usually foul smelling?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Past**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many days' work have you usually lost each year through illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a serious illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you formerly had ailments of a minor nature?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you formerly neglected to correct removable physical defects (in teeth, tonsils, overweight, underweight, flat feet, etc.)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you formerly been susceptible to colds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you formerly have any dead (devitalized) teeth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you formerly been constipated or had other troubles with your bowels?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you formerly notice shortness of breath on exercising?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Women: Have your periods formerly been regular?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you formerly have a very coated tongue?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you formerly have headaches frequently?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you formerly have morning fatigue or other fatigue which cannot be explained?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you formerly eat with enjoyment and relish?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you formerly have pain in the stomach or bowels after eating?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formerly were your stools usually foul smelling?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
YOUR PRESENT CONDITION

Height and Weight

Height ______ feet ______ inches. Weight ______ lbs. (with clothes, but without overcoat).

How much is your present weight above or below your normal weight when full grown (about age 25)?

It is above normal by ______ lbs. It is below normal by ______ lbs.

Impairments

How many teeth (out of the original 32) have you lost? ________

Have the lost teeth been mostly restored by "false" teeth? No ____ Yes ____

Have you sufficient back teeth (natural or artificial) to thoroughly grind your food? No ____ Yes ____

Is your eyesight: Mostly gone? ____ Somewhat impaired? ____ Unimpaired? ____

Do you wear glasses? No [ ] Yes [ ]

Has your memory become appreciably impaired? No [ ] Yes [ ]

Is your physical endurance, or power to work and exercise physically, now:

  Greatly below previous best? [ ]
  Slightly below previous best? [ ]
  Unimpaired? [ ]

Is your mental endurance, or power to work mentally, now:

  Greatly below previous best? [ ]
  Slightly below previous best? [ ]
  Unimpaired? [ ]

Is your general sense of enjoying life: Greatly reduced? [ ]

  Slightly reduced? [ ]
  Unimpaired? [ ]
<table>
<thead>
<tr>
<th>Present</th>
<th>Past</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you suffer from mental dullness, depression or drowsiness after meals?</td>
<td>Did you formerly suffer from mental dullness, depression or drowsiness after meals?</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you often have a bad taste in your mouth?</td>
<td>Did you formerly have a bad taste in your mouth?</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you sleep soundly?</td>
<td>Did you formerly sleep soundly?</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Are you weak and easily fatigued?</td>
<td>Were you formerly weak and easily fatigued?</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Are you subject to sore mouth, eruptions, dryness of skin or is your flesh sensitive or easily bruised?</td>
<td>Were you formerly subject to sore throat, eruptions, dryness of skin, or was your flesh sensitive or easily bruised?</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
(Important: Fill out carefully; Print: Be legible)

CONFIDENTIAL
National Vitality League
26 West 44th Street
New York, N.Y.

QUESTIONNAIRE

You may answer many of the questions merely by checking, thus: Male □

Name ..............................................................................
Address Street..........................................................City.............................................State........
Where to write in case of your death (name of relative or friend or Life Insurance Company) .................................................

.................................................................

1.) YOURSELF

Male □ Female □
Date of Birth Month ..............................................Day...............................Year .........
Country of birth ......................................................White □ Colored □
Religion .................................................................Single □ Married □ Divorced □
Re-Married □ Widowed □

2.) YOUR FAMILY

<table>
<thead>
<tr>
<th>Your Parents - Grandparents</th>
<th>Age now</th>
<th>Age at death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father's Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father's Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother's Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother's Mother</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Brothers or Sisters</th>
<th>Age now</th>
<th>Age at death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Children</th>
<th>Age now</th>
<th>Age at death</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAMES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Check in case your father or mother or any of your brothers or sisters had:
- Consumption (T.B.)
- Gout
- Cancer
- Insanity or Idiocy
- Heart Trouble
- Epilepsy
- Diabetes
- Apoplexy

3.) YOUR HEALTH HISTORY

What was your general health in childhood?  Poor □  Fair □  Good □  Excellent □

If you have had any of the following diseases put a check in the box after the word mention age at which it occurred and describe on lines below.

- Diphtheria  Age....
- Scarlet Fever  "....
- St. Vitus Dance  "....
- Bronchitis  "....
- Pleurisy  "....
- Influenza  "....
- Measles  "....
- Syphilis  "....
- Typhoid  "....
- Other disease  "....
- Tuberculosis  Age....
- Pneumonia  "....
- Tonsilitis  "....
- Rheumatism  "....
- Neuritis  "....
- Lumbago  "....
- Whooping Cough  "....
- Rheumatic fever  "....
- Kidney Trouble  "....
- Appendicitis  "....
- Diabetes  Age....
- Asthma  "....
- Hay fever  "....
- Epilepsy  "....
- Paralysis  "....
- Heart disease  "....
- Gonorrhea  "....
- Gallstone colic.....
- Abdominal operation.....

Sleeping sickness □  Cerebrospinal meningitis □  Anemic dysentery □

Have you ever lived in the tropics? Dates............................

Have you had Malaria? □  Amebic dysentery? □

Have you had any accidents which impaired your health? No □  Yes □ at age.......

Remarks............................

Has this impairment been permanent □  temporary □

Have you had any broken bones? No □  Yes □ at age...............

Have you had any surgical operations? No □  Yes □ at age...............

Against which, if any, of the following diseases have you been protected (by vaccination, etc.)

- Smallpox. How many years ago ..............
- Typhoid " " "
- Diphtheria " " "
- Other Disease " " "

How often do you catch colds? Less than once a year □  About once a year □

About two to four times a year □  Oftener □

How long does your average cold last? Only 1 day □  2 to 6 days □

1 to 2 weeks □  3 weeks or more □

How many days work have you lost through illness in the last 12 months? None □

One day □  2 to 6 days □  1 to 2 weeks □  3 to 4 weeks □

1 to 2 months □  3 to 5 months □  6 to 9 months □  10 to 12 months □
Compare the past 12 months with last two years; Improvement □; About the same □; Worse □

Compare the past 12 months with last five years; Improvement □; About the same □; Worse □

Compare the past 12 months with last ten years; Improvement □; About the same □; Worse □

4.) YOUR PRESENT CONDITION

Height ...... feet ...... inches.  Weight .................. lbs.

During the last 5 years has your weight been Increasing □ .......... lbs.

Decreasing □ .......... lbs.

What is the condition of your eyesight? Good □ Fair □ Poor □

What is the condition of your hearing? Good □ Fair □ Poor □

What is the condition of your teeth? Good □ Fair □ Poor □

What is the condition of your hair as to color? Unturned □ Partially Gray □

Very Gray □

What is the condition of your hair as to abundance? Thick □ Thin □ Bald □

Are you inclined to worry? No □ Yes □

Do you derive comfort from Religion □ Philosophy □

Are you habitually tense or relaxed? Tense □ Relaxed □

What is the rate of your pulse per minute? ........................

What is your blood pressure, if known?  ........................

Do you ever have:

□ Loss of appetite □ Nervous breakdown □ Excessive gas formation

□ Indigestion □ Cramps □ Burning in stomach

□ Nausea or vomiting □ Palpitation □ Headaches

□ Shortness of breath □ Boils □ Trouble with urination

□ Cough □ Swellings

Any other specific ailment? ...........................................

Do you consider yourself in good health?  No □ Yes □

If not, what is your complaint other than already noted above? ........................

Other remarks concerning your present condition .............................

For Women

Are your monthly periods regular? No □ Yes □

What is your complaint? Prolonged □ Excessive □ Painful □

Have they interfered with your occupation? No □ Yes □ In what way ..........

Have pregnancies and confinements, if any, been subject to accident? No □

Yes □
8.1 HOME AND WORKING CONDITIONS

Check whether

- You live in a Family [ ] or Alone [ ]
- Your home life Congenial [ ] or Depressing [ ]
- Your home life Quiet [ ] or Irritating [ ]
- You have Time by yourself? [ ] or not [ ]
- You have Room and Bed to yourself? [ ] or not [ ]
- You were born in City [ ] Suburb [ ] Country [ ]
- Where did you mostly live when you were 1 - 10 years old City [ ] Suburb [ ] Country [ ]
  10 - 16 " " " " " " " " " " " " " " " " " " " " " " 17 - 25 " " " " " " " " " " " " " " " " " " " " " " 25 - 35 " " " " " " " " " " " " " " " " " " " " " " over 35 " " " " " " " " " " " " " " " " " " " " " "

How many hours in each 24 do you ordinarily devote to:
- Sleep: .......................... hrs.
- Mealtimes: .........................
- Work, physical: ..........................
- Mental: ..........................
- Active recreation (bathing, exercise, play, sports, etc.): ..........................
- Otherwise: ..........................

Total: 24 hrs.

How many hours a week do you ordinarily devote to sports and other active recreation? ..........................................................

How many hours a week do you ordinarily devote to inactive recreation (cards, shows, radio, etc.) ..........................................................

At what age did you go to work for pay? Below 15 years [ ]; 15-17 years [ ];
- 18-20 years [ ]; 21-30 years [ ]; over 30 years [ ]

What is your present occupation? ..........................................................

How long have you been at that type of work? .......................... years.

What previous occupations have you had (with numbers of years in each) ..........................................................

Have you changed your work frequently and why? ..........................................................

What are the conditions of your work?
- Dangerous [ ] Dark [ ]
- Noisy [ ] Crowded [ ]
- Fatiguing [ ] Well lighted [ ]
- Dusty [ ] Standing [ ]
- Outdoors [ ] Indoors [ ]
- Smelly [ ] Walking [ ]
- Sitting [ ]

How many rest periods in a day do you have during working hours besides lunch time?
- 1 [ ]; 2 [ ]; More [ ]; Remarks ..........................................................

In your opinion has your work ever been a great strain on your health? No [ ]; Yes [ ];
- Physically [ ]; Mentally [ ];

Give particulars ..........................................................

Give other important data concerning the relation of your occupation to your health. ..........................................................

-
Is your income sufficient to support yourself and dependents in health? No ☐ Yes ☐

During the last year have you, in general, had at least one day's rest from work each week? No ☐ Yes ☐

Have you, in addition, had a vacation, and if so, how long?

- None ☐
- About 1 week ☐
- About 3 weeks ☐
- About 2 to 3 months ☐
- About 7 to 9 months ☐
- A few individual days ☐
- About two weeks ☐
- About 1 month ☐
- About 4 to 6 months ☐
- About 10 to 12 months ☐

6. EATING AND DRINKING HABITS

How many times do you usually eat each day? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ times daily

Are you regular in your habits of eating? No ☐ Yes ☐

Do you eat between meals? No ☐ Yes ☐

Are you a small, medium, or hearty eater? Small ☐ Medium ☐ Hearty ☐

How rapidly do you eat? Fast ☐ Moderately ☐ Slowly ☐

Check what foods you eat, and how frequently:

<table>
<thead>
<tr>
<th></th>
<th>Flesh Foods</th>
<th>Eggs</th>
<th>Nuts &amp; Peanuts</th>
<th>Legumes</th>
<th>Cheese</th>
<th>Milk</th>
<th>Cream</th>
<th>Butter</th>
<th>Other Fats</th>
<th>Bread &amp; “stuff”</th>
<th>Cereals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twice or More Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 to 3 times wkly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once Weekly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Often</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Flesh Foods Comprise: Meats (beef, mutton, lamb, pork, bacon), fowl, fish, shell fish, etc.

**Legumes comprise: Peas, Beans (but not "string beans") Lentils.

<table>
<thead>
<tr>
<th></th>
<th>Pastry</th>
<th>Slices</th>
<th>Sugar Sweets</th>
<th>(Including unfermented fruit juices)</th>
<th>Potatoes</th>
<th>GREENS*</th>
<th>Other Raw VEGETABLES</th>
<th>Other Cooked VEGETABLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twice or More Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 to 3 times wkly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once Weekly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Often</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


How much do you use pepper, mustard and other "hot" condiments? None at all ☐
Sparingly ☐ Freely ☐
Check how frequently you use:

<table>
<thead>
<tr>
<th></th>
<th>Coffee</th>
<th>Tea</th>
<th>Coca Cola</th>
<th>Coca or Chocolate</th>
<th>Beer &amp; Malt Liquor</th>
<th>Cider</th>
<th>Wine</th>
<th>Spirituous Liquors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twice or More Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 to 3 Times Weekly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once Weekly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Often</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.) OTHER HABITS

Are you habitually constipated?  No [ ] Yes [ ]
Do you use laxatives regularly?  No [ ] Yes [ ]
Do you use laxatives occasionally?  No [ ] Yes [ ]
Do you use enemas regularly?  No [ ] Yes [ ]
Do you use enemas occasionally?  No [ ] Yes [ ]

Average number of bowel movements per day?  Less than one daily [ ] once [ ] twice [ ] more often [ ]

At what temperature do you usually bathe?  Hot [ ] Medium [ ] Cold [ ]
Do you take systematic physical exercise in addition to your work?  No [ ] Yes [ ]
If so, how often?  Daily [ ] Once a week [ ] Once a month [ ] Less often [ ]
Do you expose your body to the air?  Never [ ] Occasionally [ ] Daily [ ]
Do you sleep nude?  No [ ] Yes [ ]
Do you expose your body to sun or sun lamp?  Never [ ] Occasionally [ ] Daily [ ]
What weight of clothing do you wear?  Heavy [ ] Medium [ ] Light [ ]
What type of underclothing do you wear?  Cotton [ ] Woolen [ ] Silk [ ] Linen [ ]

About how much, if any, tobacco do you use?

<table>
<thead>
<tr>
<th></th>
<th>Cigarettes</th>
<th>Cigars</th>
<th>Pipes</th>
<th>Chewing Tobacco</th>
<th>Snuff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If not every day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much Weekly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In your opinion, has the use of tobacco affected your health?  Health benefitted [ ]

Unaffected [ ]; Injured [ ]

Do you use patent medicines or drugs habitually or as often as once a week?  No [ ]

Yes [ ]

If so, state the character and daily quantity used...............................

8.) GENERAL

Medical Advice

How often, if at all, have you had a physician for illness during the last 12 months?

None [ ]; Once [ ]; 2-5 visits [ ]; 6-15 visits [ ]; 16-50 visits [ ];
over 50 visits [ ]
How often, if at all, have you consulted a physician, aside from specific illnesses, but for advice as to keeping well? None □; Once □; about once a month □; Oftener □.

How often, if at all, have you taken a medical examination (other than in relation to a foreknown illness, or for life insurance) for ascertaining your condition as to health? None □; Once □; Twice □; Oftener □.

Are you accustomed to confide in, and rely upon, your physician? No □ Yes □.

How often do you consult your dentist? Only when in special need □; Once a year □; Twice a year □; Oftener □.

Do you classify yourself as in any religious group, or health cult, with health rules? If so, indicate which.

□ Christian Scientist □ Naturopathist □ All Raw Food
□ Mormon □ Nudist □ Other, namely: .........
□ Vegetarian

In your opinion, what factors, habits, practices, hobbies or conditions have contributed most to your health?

In your opinion, what factors, habits, practices, hobbies or conditions have contributed most to your health?

If you have experienced any marked changes in health, due, you believe, to changes in habit, please give a detailed account of them with dates, on a separate sheet or letter.

If possible, within a few days after returning this questionnaire, have your photograph taken (preferably cabinet size), and send to the National Vitality League after writing on the back your name, address, and date taken. Other or earlier photographs will be welcome provided you can assign approximately correct date or your age in years.
SCHEDULE II.

PHYSICAL CONDITION

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Normal</th>
<th>Counts</th>
<th>Counts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>General Nutrition (Muscles</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Development (Bones (Physique (Figure</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Nervous System</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Lungs</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Digestive Organs</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Kidneys</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Pelvic Organs</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Endocrine Glands</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Eyes</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Ears</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Nose and Throat.</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Teeth</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Feet</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

PHYSICAL TESTS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Normal</th>
<th>Counts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Strength</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Posture</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Lung Capacity</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>Blood (Count</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>(Hemoglobin</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>(Sero logical</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>Kidneys ...............(Urine</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>(Efficiency</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Intestinal Motility</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>8.</td>
<td>Intestinal Flora</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>9.</td>
<td>Metabolism</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>10.</td>
<td>Intelligence test</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

Perfect score 100

This blank will be filled out by the school physician.
DIRECTIONS FOR MAKING A PERSONAL HEALTH SURVEY

Schedules I, III and IV are to be filled out by the subject himself, noting the following points with reference to the several schedules:--

Schedule I.

1. To make 10 counts, one should enjoy uninterrupted good health, with a sense of fitness for his tasks and of complete physical and mental well-being. An occasional interruption of this state of physical beatitude would require a marking of 9, 8, or 7, according to the frequency of the loss of fitness. A person who feels always below par should mark himself zero.

2. An uninterrupted good appetite and relish for every meal, merits 10. If appetite is good for lunch and dinner only, mark 7. If a keen appetite and relish for food are never experienced, mark zero.

3. One who rarely wakes in the morning feeling refreshed and prepared for his day's duties, or who does not, on the average, sleep more than six hours, should mark 5. One who is really suffering from insomnia, will make still lower marks, according to the degree of loss of sleep.

4. A marked lack of endurance and great fatigue after slight exertion calls for a marking of 2-5. A person should be very strong and well to merit 10.

5. To merit the full 10 counts, one should have an uninterrupted appetite for study or other mental work and a normal degree of efficiency.

6. The full count of 10 calls for a placid cheerful state of mind under conditions justifying such a mental state, and a reasonable degree of adaptability to adverse conditions.

7. If frequent attacks of colds or other illnesses occur, the
marking should be 5. The constant presence of headache or of any one or more of the illnesses named, will require a zero mark.

8. If the tongue is coated and the breath odorous, or if unpleasant body odors are constantly present, mark zero. If only occasionally present, mark accordingly.

9. Any bodily defect of which the individual himself is conscious, such as hare-lip and eye squint, defective speech, pigeon-breast, curvature of the spine, club-foot, flat-foot, the effects of rickets in infancy, a history of typhoid, smallpox, unusually severe attack of scarlet fever, diphtheria or measles or recognized tubercular infection of lungs or bones, will reduce the counts to 5 or even zero, according to the number or gravity of the defects or diseases.

10. The absence of vaccination will demand a zero mark.
<table>
<thead>
<tr>
<th>Height</th>
<th>WOMEN</th>
<th>Strength</th>
<th>Lungs</th>
<th>MEN</th>
<th>Weight</th>
<th>Strength</th>
<th>Lungs</th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td>111-126</td>
<td>2045</td>
<td>129</td>
<td>63</td>
<td>128-139</td>
<td>3435</td>
<td>185</td>
</tr>
<tr>
<td>60</td>
<td>113-129</td>
<td>2044</td>
<td>137</td>
<td>64</td>
<td>131-143</td>
<td>3569</td>
<td>205</td>
</tr>
<tr>
<td>61</td>
<td>115-132</td>
<td>2030</td>
<td>142</td>
<td>65</td>
<td>134-147</td>
<td>4115</td>
<td>228</td>
</tr>
<tr>
<td>62</td>
<td>117-136</td>
<td>2161</td>
<td>145</td>
<td>66</td>
<td>138-151</td>
<td>4154</td>
<td>230</td>
</tr>
<tr>
<td>63</td>
<td>120-140</td>
<td>2265</td>
<td>152</td>
<td>67</td>
<td>142-156</td>
<td>4329</td>
<td>244</td>
</tr>
<tr>
<td>64</td>
<td>123-144</td>
<td>2251</td>
<td>155</td>
<td>68</td>
<td>146-162</td>
<td>4338</td>
<td>248</td>
</tr>
<tr>
<td>65</td>
<td>125-148</td>
<td>2159</td>
<td>157</td>
<td>69</td>
<td>150-168</td>
<td>4351</td>
<td>253</td>
</tr>
<tr>
<td>66</td>
<td>128-152</td>
<td>2210</td>
<td>163</td>
<td>70</td>
<td>154-174</td>
<td>4414</td>
<td>256</td>
</tr>
<tr>
<td>67</td>
<td>132-155</td>
<td>2218</td>
<td>168</td>
<td>71</td>
<td>159-180</td>
<td>4676</td>
<td>272</td>
</tr>
<tr>
<td>68</td>
<td>136-160</td>
<td>173</td>
<td>72</td>
<td></td>
<td>165-185</td>
<td>4726</td>
<td>286</td>
</tr>
</tbody>
</table>

Strength = 40 X grip
ROLLIN'S COLLEGE ADDRESS

John Fish

When I was a boy
Some time ago
Backwood school teacher
Rousseau, Jean Paul, Froebel, Bronson Alcott, Margaret Fuller,
Thoreau, Harriet Martineau (Montigau?)

Degeneracy

Age - including average
Decrease - maximum
Cancer
Heart
Bright's disease
etc.

Aristocracy

Eugenics fashionable
Pedigree

Deteriorating influence
Posture - Panel
Poison habits
Tobacco, coffee, chocolate, government bulletin.
Alcohol.
COLLEGE HEALTH PROGRAM

1. **Ideals**

   *Mens sana in corpore sano* should be written over our temples of learning to-day, as in ancient Greece.

2. **Curriculum**

   (a) **Eugenic or racial hygiene.**

      **Heredity** - Physical basis of heredity.
      
      What do we inherit?
      
      Race degeneracy.
      
      Race improvement.
      
      Birth control.
      
      An aristocracy of health.

   (b) **Euthenics** -

      Personal hygiene.
      
      Home hygiene.
      
      School hygiene.
      
      Public hygiene.
      
      Child welfare.

3. **Equipment**

   (a) Competent head - Dean of health - Physicians, Nurses, cooks, dietitians, health coaches.

   (b) Diagnostic facilities.

   (c) Gymnasium - swimming pool.

   (d) Corrective appliances.

   (e) Treatment facilities, light bath, etc.
4. **Program**

Initial examination.

Repeat examinations.

Probation for correction of defects.

Corrective work.

Posture.

Digestion.

Strength.

Endurance.

Sleep.

Colds.

etc.

**Rating**

A - Sound health - no defects.

B - Sound organically.
   Underweight, low in strength or endurance.

C - Definite defects which may be corrected.

D - Incurable defects.

**Credits**

Health improvement should be recognized in a substantial way.

Every student must have an intensive course in the essentials of healthful or biologic living.

Health instruction must be made
ROLLIN'S VISIT

Films and Slides

Carrel's chicken
Tobacco
Alcohol
Amoeba
Leucocyte
Sleeping sickness
Trypanosomes
Memo for Dr. Kellogg

OBJECTS

Race degeneracy

Biology with special reference to human diet and regime

Outdoor life

Clothing

Influence of physical habits on efficiency, longevity, morality.

Eugenics

Lecturers

Health the basis

Students required to conform to ideals especially scholarships (?)

Diet

Exercise

Dress

Fresh air

Research Dep't as funds permit.

Scholarships 20

Haskell Home

See Mrs. Foy's University Curriculums.

Have Cooper---------
Trustees of College

5 Trustees.

Qualifications

Believe in biologic life and race betterment.

Active promoters of these ideals.

How Trustees may be removed when not in harmony.

Schedule III

I. The habitual, or daily use of any of the articles mentioned calls for II counts; the occasional use, 5. Only total abstinence merits zero.

2. Habitual use, 12; used on very rare occasions, 5; total abstinence zero.

3. Habitual use in any form, II; a social glass on rare occasions, 4; total abstinence, zero.

4. Regular and daily use of meat in any form, fish, flesh or fowl, II; occasional use, 5; if never used, 0.

5. The free, practically every-day use of candy, II; occasional, 5; rarely and small quantities at meal time, 0.

6. Habitual use, II; occasional, 5; if never used, 0.

7. Habitual eating to such excess as to cause a marked fulness or discomfort, or eating less than needed, II; occasional indulgence to excess, 5.

8. The habitual use of any drug, II; frequent use, 5 or more, according to the degree or frequency.

9. Worry, morbid fear, frequent fits of anger require II; if occasional occurrences, lessen the counts according to frequency.
Schedule III

1. The habitual, or daily use of any of the articles mentioned calls for II counts; the occasional use, 5. Only total abstinence merits zero.

2. Habitual use, 12; used on very rare occasions, 5; total abstinence zero.

3. Habitual use in any form, II; a social glass on rare occasions, 4; total abstinence, zero.

4. Regular and daily use of meat in any form, fish, flesh or fowl, II; occasional use, 5; if never used, 0.

5. The free, practically every-day use of candy, II; occasional, 5; rarely and small quantities at meal time, 0.

6. Habitual use, II; occasional, 5; if never used, 0.

7. Habitual eating to such excess as to cause a marked fullness or discomfort, or eating less than needed, II; occasional indulgence to excess, 5.

8. The habitual use of any drug, II; frequent use, 5 or more, according to the degree or frequency.

9. Worry, morbid fear, frequent fits of anger require II; if occasional occurrences, lessen the counts according to frequency.
Schedule III

I. The habitual, or daily use of any of the articles mentioned calls for II counts; the occasional use, 5. Only total abstinence merits zero.

2. Habitual use, 12; used on very rare occasions, 5; total abstinence zero.

3. Habitual use in any form, II; a social glass on rare occasions, 4; total abstinence, zero.

4. Regular and daily use of meat in any form, fish, flesh or fowl, II; occasional use, 5; if never used, 0.

5. The free, practically every-day use of candy, II; occasional, 5; rarely and small quantities at meal time, 0.

6. Habitual use, II; occasional, 5; if never used, 0.

7. Habitual eating to such excess as to cause a marked fullness or discomfort, or eating less than needed, II; occasional indulgence to excess, 5.

8. The habitual use of any drug, II; frequent use, 5 or more, according to the degree or frequency.

9. Worry, morbid fear, frequent fits of anger require II; if occasional occurrences, lessen the counts according to frequency.
Schedule III

I. The habitual, or daily use of any of the articles mentioned calls for II counts; the occasional use, 5. Only total abstinence merits zero.

2. Habitual use, 12; used on very rare occasions, 5; total abstinence zero.

3. Habitual use in any form, II; a social glass on rare occasions, 4; total abstinence, zero.

4. Regular and daily use of meat in any form, fish, flesh or fowl, II; occasional use, 5; if never used, 0.

5. The free, practically every-day use of candy, II; occasional, 5; rarely and small quantities at meal time, 0.

6. Habitual use, II; occasional, 5; if never used, 0.

7. Habitual eating to such excess as to cause a marked fullness or discomfort, or eating less than needed, II; occasional indulgence to excess, 5.

8. The habitual use of any drug, II; frequent use, 5 or more, according to the degree or frequency.

9. Worry, morbid fear, frequent fits of anger require II; if occasional occurrences, lessen the counts according to frequency.
Schedule III

I. The habitual, or daily use of any of the articles mentioned calls for II counts; the occasional use, 5. Only total abstinence merits zero.

2. Habitual use, 12; used on very rare occasions, 5; total abstinence zero.

3. Habitual use in any form, II; a social glass on rare occasions, 4; total abstinence, zero.

4. Regular and daily use of meat in any form, fish, flesh or fowl, II; occasional use, 5; if never used, 0.

5. The free, practically every-day use of candy, II; occasional, 5; rarely and small quantities at meal time, 0.

6. Habitual use, II; occasional, 5; if never used, 0.

7. Habitual eating to such excess as to cause a marked fullness or discomfort, or eating less than needed, II; occasional indulgence to excess, 5.

8. The habitual use of any drug, II; frequent use, 5 or more, according to the degree or frequency.

9. Worry, morbid fear, frequent fits of anger require II; if occasional occurrences, lessen the counts according to frequency.
THE FLORIDA KEY LIME INDUSTRY.
By E. D. Vosbury, Revised by T. Ralph Robinson, Physiologist.

Introduction.

The term Key is used in referring to the small, thin-skinned fruits of the Mexican or West Indian variety of limes. The trees might more properly be called bushes as they have a scraggly bushlike habit of growth, with very thorny branches. In reality the term Key is not a varietal name but simply a name applied to all limes having these characteristics regardless of where grown, although the bulk of these limes raised in Florida are produced on the Florida Keys.

Culture.

The culture of Key limes is very primitive. Two styles of planting, jungle and orchard, are used. The jungle plantings consist of a thicket or jungle of seedling trees set in no uniform manner but simply placed wherever there is sufficient earth to cover their roots. In many places on the Keys there is practically little or no top soil, so the jungle planting is the only feasible method.

In a few plantings an attempt has been made to set the trees in orchard form, and with this style of planting cultivation is practiced. Cultivation consists of the occasional removal of weeds, and bushes by hand implements. In an orchard planting this work can be done with a tractor.

The general practice has been for the prospective grower to secure seedling trees from near some large wild lime tree, a number of which are found scattered over the Keys. The fruits from these wild trees drop on the ground and eventually seedlings spring up from some of the seeds contained in the fruits. These little seedling trees are transplanted to the new planting. Occasionally seeds are gathered from the fruits of the wild trees and sown in seed beds, and the seedlings transplanted to the new planting. Still another method is to gather the seeds from the wild fruits and sow the seeds wherever it is desired to have a tree. As far as can be learned no attempt has been made to propagate the lime vegetatively on the Keys.

Limes have much the same general characteristics as lemons in that they flower and set some fruit practically every month in the year. This necessitates the frequent picking of each tree. It is desirable however to have the heaviest crop come about June. Unfortunately the spring drought is not broken until about June and the main crop comes in September and October when the demand is rapidly falling off. Very little care is used in picking limes. All "ripes" or yellow limes and all light green fruits of approximate: 1½ inches in diameter are picked by being pulled off. The pickers wear gloves not because they have been trained to handle limes carefully but in order to protect their hands from the sharp thorns. The fruits are thrown into pails, then emptied into hampers and carried to nearby barrels. The barrels when filled are taken from the orchards in wheelbarrows over a board walk as the ground is too rough and rocky to permit wheeling on the surface. The fruit is then graded and sized and packed in standard orange boxes for shipment.
Formerly most of the lime growers on the Keys were members of the Key Lime Growers' Association which has a packing house at Miami. Here the fruits are sorted by means of a mechanical sizer into three grades. The first grade is supposed to contain unblemished fruits above 1 1/2 inches in diameter, a second grade containing fruits of a smaller diameter, and third grade or culls containing blemished and very small fruits. With the decline in demand for limes this association has fallen off in membership and most of the fruit is now shipped direct from the grove.

Trade demands in Key limes.

The trade demands a lime which is about 1 1/2 inches in diameter. In addition it wants a smooth, thin-skinned fruit. As previously explained limes have been chiefly used in the making of limeade. A thin-skinned lime 1 1/2 inches in diameter contains sufficient juice to make one glass of limeade. While a glass of limeade would no doubt taste just as good if two small fruits instead of one of correct size were used in its preparation, still such a strong prejudice exists regarding the use of more than one fruit in the making of a single glass of limeade that lime growers will have to accept this requirement and produce a lime of the correct size to meet the requirements of the trade.

Unfortunately the majority of Key limes which reach the various markets fall far short of the ideal lime that the market wants, the standard of which is set by the Dominican lime. Furthermore with the advent of prohibition, the demand for limes has been chiefly limited to the hot summer months. Limes are not capable of long time storage to meet sudden market demands. Increased competition with cheap soft drinks largely synthetic in character has likewise injured the demand for limeade.

Variation in Key Limes.

Even to a person familiar with variations in other forms of citrus the amount of variation found in the Key limes is astounding. The variation in the size of the Key limes noticed on different trees and on different limbs of the same tree is especially marked, some trees bearing a much larger lime than others. Marked variations are found in the texture of the fruit, some fruits being smooth, others coarse, corrugated or warty.

Methods suggested for increasing the size of the Key limes and for stabilizing the industry.

A very hurried survey of Key lime plantings will at once suggest a number of practices which might be used with beneficial results in an attempt to increase the size of limes and also to stabilize the industry.

These are:

1. Re budding trees of low production or inferior quality fruit with budwood from high producing trees of good quality.
2. Pruning, to develop better fruit bearing surface.
3. Mulching, in order to conserve soil moisture and induce a more vigorous tree growth with earlier and larger fruit. Where irrigation is impracticable, mulching has much the same effect as irrigation.
4. Greater care in picking and packing the fruit.
5. Utilizing inferior grade limes in by-products, or discarding them.

Bureau of Plant Industry
U. S. Department of Agriculture, April, 1925.
Children Much the Same the World Over

Individual differences in great numbers but very little difference in the curve of intelligence scores as between races and nationalities were revealed in a series of psychological tests of children of immigrant families detained at Ellis Island. Twenty-five nationalities were represented. The tests, according to Bertha M. Beatty, executive secretary of the Y.W.C.A. of New York, showed little variation from results of similar studies of unselected groups of American children.

Children's Homes in Pennsylvania

Important changes are reported by the Pennsylvania Children's Bureau to have been made by child-caring institutions of the State following the rating of these homes last year according to minimum standards endorsed by institution workers. When they were rated last year it was found that toothbrushes were in use in only 156 of the 240 homes visited and individual combs in 141; adequate bathing facilities were available in 147; individual records were kept in 92; a complete physical examination on entrance was made in 51; and regular health supervision was provided in 76. A larger proportion of the homes came up to the standard in regard to diet.

Mothers' Pensions in Buffalo

Fifty families, with the aid of mothers' pensions, lived on an average of $924.68 a year during the five-year period 1920-1924, in Buffalo, New York, according to records of the Erie County Board of Child Welfare. The per capita expenditure was $196.26. These 50 families comprised 238 individuals, including 188 children of whom only 13 were over 16 years of age.

New York State Birth Registration

New York State has rolled up a birth-registration record 98.8 per cent perfect for the State and 100 per cent complete in 10 counties, according to the Census Bureau check upon birth registration in the State based on births during August, September, and October, 1925, in 29 counties.

Decreased Infant Mortality Rate, Hawaii

Hawaii has reduced its infant mortality rate to 103.59 per 1000 births, for the year ended June 30, 1925, the lowest rate yet recorded for Hawaii. The 1924 rate was 116.26, according to official reports. The improvement is credited by the Board of Health to the work of its public health nurses in their several districts, to the infant and maternal welfare work of the Palama Settlement in Honolulu, and to the inauguration of clinics for mothers and children by physicians and nurses of many plantations.

Child Welfare Specials in Arkansas, Pennsylvania and Wisconsin

More than 4,300 children were examined in four Pennsylvania counties, and plans provided for a second examination six months later, during a tour of the health car sent out last summer by the Pennsylvania State Department of Health. Reports of tours of child welfare "specials" in Arkansas and Wisconsin last winter indicate improvement in rural child health and a growing interest in health problems in both States.

Baby Week, India

Baby Week was celebrated in Delhi and Bombay this year, with exhibits, including models and motion pictures showing model homes, kitchens and nurseries, and an infant welfare center, all exhibitions being attended by large and interested crowds. Many visitors were attracted by the Delhi exhibit, which was opened by the Viceroy and Lady Reading.

New World Record for Lowest Infant Mortality Rate, New Zealand

New Zealand has still further lowered her world-record infant mortality rate, according to vital statistics of the Dominion for 1925 which report a figure of 30.96 per 1000 live births as compared with 40 in 1924. In some of the large cities the rate was even lower, that for Dunedin being 33 and for Wellington 35. The provisional United States rate for 1925 was 72.
PROGRAM.

Anthem.

Scripture Reading: Elder U. Smith.


Addresses.

J. H. Kellogg.


Dr. Geo. W. Green: "Relation of the Sanitarium to the Medical Profession."


Dr. McCusker.

Non. Clement Smith.

Elder A. T. Jones.


Hon. G. W. Ross, Toronto, Member of Parliament, Commissioner of Education.

Ferd. Schumacher, The Pioneer of Food Reform.

Mrs. S.M.I. Henry, National Evangelist W.C.T.U.


Hon. Chas. Austin.

Hon. E. C. Nichols.

Hon. W. C. Sage.

Dr. David Paulson.

Dr. A. M. Winchell: "Training School Work."

H. G. Butler: "Health Food Work."

W. O. Palmer: "School of Health Work."

Invited Guests only at dinner.
Dr. Lindsay.

1. Feeding and Food of Infants.
2. Proper Clothing for Babies.
3. How to regulate the Physical habits.
4. Recreation and Exercise for the Little Ones.
5. Baths and Bathing.
7. Disinfection.
8. Convalescent Children.
9. Sore eyes, earache and other local ailments.
10. Accidents of children.
11. How to administer simple Treatments.
12. Rest and sleep for Children.
13. Impure personal habits.
14. What shall we do with the little girl.
15. Care of girls nearing the age of puberty.

J. H. K.

1. How to develop a good physique.
2. To extinguish inherited tendencies to disease.
3. Health Culture for young children.
4. Of the eyes and ears.
5. Prevent and cure colds.
6. To what is it?
7. Health order in mental development.
New discoveries

A new local anaesthetic claimed to be much superior to cocaine has been recently discovered. Its effect is more intense, lasts longer, and is followed by less unpleasant results.

That food is fuel is a recent confirmability recent discovery. There are still many people who do not know that food is burned in the body, releasing both heat and energy, as really as coal is burned at a locomotive. With their
Knowledge, one is not surprised at the recent discovery of a method by which cottonseed oil may be converted into gasoline, so that oil from the cotton seed becomes food for both man and machine.

A possible cure for cancer has been found in a compound of selenium. It is used in combination with radium and x-rays or radium.
Beware of Radium Water Drinks

It is known that radium is a powerful poison, even in very small doses. So small an amount as one-seventh of a grain is held to be a fatal dose. Although the amount of radium contained in radium drinks, called "radium waters" or "so-called radium waters", is not overly large, it may be accumulated in the body through the long continued use of radium waters containing . . .
Very small eruptions of redness for the remarkable scabbed is retained in the body. One of its most characteristic effects is destruction of the bones. Glycerol for Benadryl.

Holsworthy and the persistent efforts of Board of Health. Thousands of cases of scarlet fever occur annually in this country with many hundreds of deaths and more recent injury to the kidney most of those cases suffered from the disease. After
long experimentation, expert bacteriologists have discovered a method by which a prophylactic preparation known as toxoid may be prepared from the vaccine prepared from the scarlet fever germs. Through treatment with formalin, scarlet fever is one of the most dangerous diseases of childhood. Yet damage incurred by it is believed to be one of the chief causes of Bright's disease appearing in adults many years later.
VITALITY RECORD OFFICE
26 West 44th Street
New York, New York

QUESTIONNAIRE

All Replies Confidential. Answer Questions Fully, Carefully. Please Print.

You may answer most of the questions merely by checking, thus: Male [☑]

Your Name __________________________________________

Address ___________________________ City _____ State ________

Where to write in case of your death (name of relative, friend, or Life Insurance Company)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
1. HEREDITY

<table>
<thead>
<tr>
<th></th>
<th>If still Living, Give Present Age</th>
<th>If Dead, Give Age at Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check whether you think you have inherited more than usual health,

vitality, long life.  [___]

or about usual health, vitality, long life.  [___]

or less than "  "  "  "  [___]

2. PAST CIRCUMSTANCES LIKELY TO AFFECT PRESENT HEALTH

Past Home and Working Conditions

Where have you mostly lived? City [___] Suburb or Country town [___]

Country [___]

In your opinion has your work ever been a great strain on your health?

No [___] Yes [___]

Have there ever been any personal circumstances (financial, domestic, or otherwise) which were a great strain on your health?

No [___] Yes [___]

Past Habits

What has been your practice, over many years of your life, as to drinking alcoholic beverages?

Used daily and freely [___] Used daily but "in moderation" [___]

Used less often [___] Not used [___]

What has been your past practice, over many years of your life, as to the use of tobacco?

Used daily and freely [___] Used daily but "in moderation" [___]

Used less often [___] Not used [___]

Have you been accustomed to inhale?  No [___] Yes [___]

Have you, over many years of your life, used tea or coffee habitually?

No [___] Yes [___]

Have you, over many years of your life, used patent medicines or other drugs habitually or as often as once a week?

No [___] Yes [___]

Have you, over many years of your life, been constipated or had other trouble with your bowels?

No [___] Yes [___]

Have you, over many years of your life, had very foul smelling stools?

No [___] Yes [___]
3. HEALTH HISTORY

How many days' work have you lost through illness in the last twelve months?
Less than one week [__]  Less than one month [__]  Less than three months [__]  Three months and more [__]

Compare your health the last twelve months with your usual health during the last two years:
Improvement [__]  About the same [__]  Worse [__]

Have you ever had a serious illness? No [__]  Yes [__]

If so, give briefly any important particulars, including name of ailment and dates.

Do you think that such illness has tended appreciably to affect your vitality, your present strength, endurance, working power, etc.?
No [__]  Yes [__]

4. SPECIAL INTEREST IN HEALTH

Has any experience in your life (such as a serious illness for instance) led you to take a special interest in trying to keep well and to improve your health?
No [__]  Yes [__]

If so, give briefly any important particulars.

5. YOUR PRESENT CONDITION

Height and Weight

Height: _______ feet _______ inches  Weight _____ lbs.
(without clothes)

Height: _____ lbs.
(with clothes)

How much is your present weight above or below your normal weight when full grown (about age 25)?

Above by _______ lbs.
Below by _______ lbs.

Other Indicators

Are you susceptible to colds?  No [__]  Yes [__]

Have you any dead (devitalized) teeth?  No [__]  Yes [__]

Do you look old for your age?  No [__]  Yes [__]

Do you usually have a coated tongue?  No [__]  Yes [__]

Do you usually have a bad breath?  No [__]  Yes [__]

Do you often have headaches?  No [__]  Yes [__]

Do you often have morning fatigue?  No [__]  Yes [__]

Do you eat with relish?  No [__]  Yes [__]

Do you often notice shortness of breath on exerting?  No [__]  Yes [__]
Are your stools usually very foul smelling? No [ ] Yes [ ]

Have you now any known specific ailment of a serious nature? No [ ]
Yes [ ] If so, specify ________________________________

Have you now any known specific ailment of a minor nature? No [ ] Yes [ ]
If so, specify ________________________________

Impairments

How many teeth (out of the original 32) have you lost? ________________________________

Have too lost tooth been restored by "false" teeth? No [ ] Yes [ ]

Has your hair: Turned all white [ ] Partly turned [ ] Unturned [ ]

Is your eyesight: Mostly gone [ ] Slightly impaired [ ] Unimpaired [ ]

Has your memory become appreciably impaired? No [ ] Yes [ ]

Is your physical endurance, or power to work and exercise physically, now:
Greatly below previous best? [ ] Slightly below previous best? [ ]
Unimpaired [ ]

Is your mental endurance, or power to work mentally, now:
Greatly below your previous best? [ ] Slightly below previous best? [ ] Unimpaired [ ]

Is your general sense of enjoying life:
Greatly reduced? [ ]
Slightly " [ ]
Unimpaired? [ ]

6. PRESENT HEALTH HABITS

Work and Rest

In working days, how are the twenty-four hours sub-divided?
I.e., how many hours do you ordinarily devote to:
Sleep ________ hrs.
Meal times "
Work, physical "
Work, mental "
(Active recreation (bathing, exercise, play, sports) "
Otherwise "
Making the total of 24"

Do you endeavor to be "moderate in all things" i.e., to avoid excesses likely to injure health? No [ ] Yes [ ]

What are the conditions of your present work? Healthful [ ] Unhealthful [ ] Neutral [ ]

Are there now any personal conditions (financial, domestic, or otherwise) which are a great strain on your health? No [ ] Yes [ ]

During the last twelve months have you, in general, had at least one day's rest from work each week? No [ ] Yes [ ]

Have you, in addition, had a vacation? No [ ] Yes [ ]
If so, how long ________ weeks.

Are you inclined to worry? No [ ] Yes [ ]

Are you inclined to any other unhealthful mental states such as fear, anger, despondency? No [ ] Yes [ ]

Are you habitually tense or relaxed? Tense [ ] Relaxed [ ]

Food and Drink

Do you eat slowly and masticate thoroughly? No [ ] Yes [ ]
Check what foods you eat, and how frequently:

<table>
<thead>
<tr>
<th></th>
<th>Flesh Foods</th>
<th>Other Foods</th>
<th>Patty Foods</th>
<th>Milk Foods</th>
<th>Breads &amp; Cereals</th>
<th>Puddings &amp; Ice Cream</th>
<th>Candy</th>
<th>Sugar Foods</th>
<th>Fruits</th>
<th>Vegetables</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trice or more daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once daily or less</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Flesh foods comprise: meats (beef, mutton, lamb, pork) fowl, fish, shell fish.

**Namely: Eggs, nuts, peanuts, cheese, legumes (peas, beans - not "string beans")

***Including butter, cream, oil.

**Including unfermented fruit juices.

**Greens comprise: lettuce, romaine, escarole, watercress, chickory, beet tops, spinach, asparagus, kale, Brussel sprouts, string beans, cabbage, and other leafy vegetables.

Do you eat often candy or sweets between meals? No [ ] Yes [ ]

How much do you use pepper, mustard, and other "hot" condiments?
None at all [ ] Sparingly [ ] Freely [ ]

Is your present practice substantially the same as that already described for the post as to alcoholics, tobacco, coffee, tea, patent medicines, and drugs?
Substantially the same [ ] Changed [ ] Namely ______
Digestion

Do you suffer from gastric acidity (sour stomach)? No □ Yes □
Do you commonly have pain in the stomach after eating? No □ Yes □
Do you generally suffer from mental dullness after meals? No □ Yes □
Do you often sleep after dinner? No □ Yes □

Bowels

Do you often use drug laxatives? No □ Yes □
Do you have stools frequently? No □ Yes □

Average number of bowel movements per day
Less than once daily □ Once □ Twice □ More often □

Have you much gas distension? No □ Yes □
Does the distension disappear after bowel movement? No □ Yes □
Has the gas expelled an offensive odor? No □ Yes □

Skin Exposure:

How often do you bathe?
Once or more daily □ 1-6 Times weekly □ Less than once a week □

At what temperature do you usually bathe? Hot □ Medium □ Cold □

Do you expose your nude body to the air? Never □ Occasionally □ Daily □

Do you expose your nude body to the sun? Never □ Occasionally □ Daily □

Do you sleep with windows Open □ or Closed? □

Do you sleep outdoors? No □ Yes □

Do you spend most of your day in well ventilated rooms and outdoors? No □ Yes □

Do you wear as little and as little clothing as possible? No □ Yes □

Are all your clothes porous? No □ Yes □
Exercise and Posture.

Do you take systematic physical exercise in addition to your work? No [_] Yes [_]  
If so, how often? Daily [_] 1-5 times a week [_] 1-4 times a month [_] Less often [_]  

Do you take deep breathing exercises daily? No [_] Yes [_]  

Do you perspire appreciably daily? No [_] Yes [_]  

Do you stand, walk and sit in good posture, i.e. erect? No [_] Yes [_]  

Medical Advice

How often, if at all, have you, within a year, taken a medical examination (other than in relation to a foreseen illness, or for life insurance) for ascertaining your condition as to health and for advice as to keeping well? None [_] Once [_] Twice [_] More often [_]  

Are you accustomed to confide in, and rely upon, your physician? No [_] Yes [_]  

How often do you consult your dentist? Only when in special need? [_]  
Once a year [_] Twice a year [_] More often [_]  

General

Do you classify yourself as in any religious group, or health cult, with health rules? No [_] Yes [_]  

If so, indicate which  
Christian Scientist [_] Fruitarian [_] Nudist [_]  
Mormon [_] All raw foods [_] Other [_]  
Vegetarian [_] Naturopathist [_] Musically [_]  

In your opinion, what factors, habits, practices, hobbies, or conditions have contributed most to your health? [_________________________]

In your opinion, what neglects or other factors, have most injured your health? [_________________________]

Review your answers to this questionnaire and, if you find any answer misleading, or in special need of explanation or amplification, remark upon it, referring to page after inserting a star thereon.

Page [__]

If you have experienced any marked changes in health, due, you believe, to changes in habits, please give an account of them, in a separate letter. In this account tell in detail the facts showing improvement (or the opposite) in your health, strength, or endurance, and improvement (or the opposite) in your exercise, diet, use of alcohol, tobacco, mental attitude, working conditions, etc.

Letter attached [_]  No letter attached [_]
FIELD REPORTER.
Issued at
Battle Creek, Mich., Wednesday, January 3, 1900.

--ooXoo--

THE DAVENPORT CONVENTION.

It was my privilege to be present at the Davenport Convention for two days, where about thirty-five of our field workers were assembled. Through the kindness of the Industrial Home board, the use of the Home was offered, which afforded every convenience and comfort.

The occasion was an unusual one. Not only did the spirit of love and tenderness of Christ abound, but a self-sacrificing influence prevailed which caused every heart to bow in perfect submission to his will and the leading of the Holy Spirit.

Prof. P. T. Magan conducted the service on Tuesday and Wednesday afternoon and evening. Under the inspiration of the hour and the Spirit of God, our individual duty and the limitless opportunities for doing good in this hour of prosperity, were presented in a manner which made a deep impression upon all. Our danger in looking to our institutions for help beyond the advantages of a training for usefulness, was strikingly compared with the experiences of the children of Israel in Jeremiah's time as depicted in the 7th Chapter. When one loses the spirit of missionary labor, the worship of our great institutions follows, and these are given the place which God should occupy in the heart. Our institutions afford a home of comfort and ease, and the life of the Christian worker, rather than experiencing a daily joy from patient, self-sacrificing toil in giving forth the Word of Life, becomes one of spiritual inactivity, and the form without the power is the result.

The gift of giving was impressively portrayed in the gift of God's Son to us. He so loved that he gave. God gave Christ to us. He was given for all time, and therefore God can never possess his only Son as he was before he was given. To love is to give, and to give is to love.

God gave of himself. As Christ was begotten, so are we to give forth light as it is imparted to us from the Son. So in our labor from door to door, the principles of life and health are offered to every home. Thus every tongue may learn of him, and the warning be given and his coming be hastened.

The instruction was food in season, to the sheep of his fold, the influence of which can only be measured by the Infinite. It was an hour of spiritual refreshing to me, the effect of which I trust may stimulate a deeper growth in grace and a corresponding increase of love for my fellowmen.

Further mention of the work of the Convention will be given in a subsequent issue.

W. O. Palmer.

SALES REPORT.
Week Ending December 16-99

<table>
<thead>
<tr>
<th>Worker</th>
<th>Hours</th>
<th>Orders</th>
<th>Amount</th>
<th>Delv'g.</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. W. Robertson</td>
<td>18</td>
<td>6</td>
<td>$25.25</td>
<td></td>
</tr>
<tr>
<td>A. C. Ames</td>
<td>45</td>
<td>11</td>
<td>35.75</td>
<td></td>
</tr>
<tr>
<td>C. Castberg</td>
<td>4</td>
<td>1</td>
<td>13.50</td>
<td></td>
</tr>
<tr>
<td>Mrs. Alfred Robie</td>
<td>9</td>
<td>4</td>
<td>13.50</td>
<td></td>
</tr>
<tr>
<td>A. A. Robie</td>
<td>3</td>
<td>3</td>
<td>10.00</td>
<td></td>
</tr>
<tr>
<td>Margaret Walde</td>
<td>17</td>
<td>5</td>
<td>15.50</td>
<td></td>
</tr>
<tr>
<td>Geo. M. Harris</td>
<td>21</td>
<td>7</td>
<td>26.75</td>
<td></td>
</tr>
<tr>
<td>Mrs. Geo. M. Harris</td>
<td>25</td>
<td>5</td>
<td>18.50</td>
<td></td>
</tr>
<tr>
<td>L. W. Swan</td>
<td>29</td>
<td>5</td>
<td>17.50</td>
<td></td>
</tr>
<tr>
<td>F. F. Kurtz</td>
<td>29</td>
<td>8</td>
<td>32.00</td>
<td></td>
</tr>
</tbody>
</table>
### Sales Reports Continued:

<table>
<thead>
<tr>
<th>Worker</th>
<th>Hours</th>
<th>Orders</th>
<th>Amount</th>
<th>Delv's</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. C. Hansen</td>
<td>13</td>
<td>3</td>
<td>$9.75</td>
<td></td>
</tr>
<tr>
<td>C. C. Hulby</td>
<td>17</td>
<td></td>
<td>16.00</td>
<td></td>
</tr>
<tr>
<td>T. R. Amann</td>
<td>42</td>
<td>7</td>
<td>22.50</td>
<td></td>
</tr>
<tr>
<td>Carl Rasmussen</td>
<td>22</td>
<td>3</td>
<td>9.00</td>
<td></td>
</tr>
<tr>
<td>Clara L. Richards</td>
<td>22</td>
<td>4</td>
<td>13.75</td>
<td></td>
</tr>
</tbody>
</table>

---

**REPORTS from WORKERS**

"Since coming here a week ago, I have had some good experiences, and find the people very kind and nice. The first house I visited, I found the lady so much interested in health principles that I did not get away for an hour and a half, and she ordered the book. At the next place I found a very nice lady, but she was unable to take the book herself; however, she referred me to her sister-in-law, a Mrs. Young, and also to a Mrs. Merry who lived across the street. I at once called at Mrs. Merry's, but learned that the family were out of the city on a visit. The hired girl was there, and I secured her order. The next day I called on Mrs. Young, and got her order also. She is an invalid, using health foods, and is very much interested in our work in Chicago. She said that is the only true kind of religion. I have no trouble in getting into houses, but sometimes have a hard time to get out as the people are so eager to learn of our work. One lady who was deeply interested, said, 'When you first came in I thought you looked like an Adventist, and that is why I treated you rather coldly. But, when you began to talk about health reform, then I could listen all day.' I told her that I am an Adventist, and then she said, 'But, you don't talk like one,—your religion seems to be based on common-sense.' I have enjoyed the work very much, and can thank the Lord for the strength he has given me, and that he has prepared the hearts of the people for this truth."

---

"In delivering, I did not lose one order. I took $24.00 worth of orders for our books yesterday afternoon, and will have quite a large Jan'y delivery. The people are very much interested, and yesterday I took an order for every exhibition given. O, I love this work. It is a privilege to feed these hungry sheep. In delivering to-day I had many precious experiences. One family who were despondent and just at the point of despair, I had the privilege of reading to them Ps. 121, and pointing them to the One who supplies all our needs. At another home I gave suggestions to the lady in regard to treating herself for a stubborn ill that makes her life miserable. She seemed very grateful for the help. At another home I stopped and showed them how to put fomentations on the throat of a child whose neck was badly swollen; at another, I helped the lady to understand how to cut a 'freedom waist.' At every step, I found work. If we were sixteen people we could be busy. Yet, some might come here and find nothing to do. No one whose heart is not on fire with a sincere desire to help these people, can succeed. One must have an energy born of love,—the genuine quality of love,—that will surmount difficulties and create success where none seems to exist. I have rather a comical story to relate of to-day's experiences. One lady told me that her husband was out collecting, and that if I would come back in the afternoon, she could take the book as she had ordered. Of course, I went. They evidently did not want to pay for the book, so he had sent her to a neighbor's near by. When I knocked, the children—three of them—came tumbling over each other, each bent on outrunning the other, and as the door opened, in a chorus they said, 'He isn't at home, but (with a withering look) Pa is.' Soon 'Pa' appeared on the scene. He said considerable about his wife being easily led, and he couldn't afford to take the book. I quieted the man down at last and got him to looking at it. Soon he exclaimed, 'say, I want that book,' and he became so interested that he sent the boys to call his wife,
that I might explain some treatments that would improve her health. Before I left he asked me to bring a Home Hand Book for him to examine. It was amusing. But, my letter is becoming too long. There is rich pasture for any one who really loves humanity enough to get out and work for them."

- Mrs. Alfred Robie, Galesburg, Ill.

The following extract is from a letter under date of Dec. 31st, addressed to the Good Health Publishing Co. We give it here as we believe it will prove a source of encouragement to our workers in presenting to the people a knowledge of Nature's laws and the principles of healthful living:

"As my subscription must be about expired, I enclose $1.00 for its renewal. When I subscribed for the magazine, one year ago, I was in a hospital being treated for something secondary to catarrh of the stomach. The doctor of the hospital would not listen to the idea of the trouble originating in the stomach, so I had to get out before I could demonstrate that fact. I secured a stomach tube, and practiced with it several weeks, until I could use it easily, then went to that same doctor, had him pump up some of the contents of my stomach and analyze it. He then found that I was suffering from hypopepsia. In the meantime I had purchased 'The Stomach,' and as I had found out so much of my own case, I concluded that I would keep right on and let the doctor and his medicine alone. The result has indeed been very gratifying. At first it was a case of the 'blind leading the blind,' but I gradually kept getting nearer the right path. For the past six months I have not eaten any meat, eggs nor milk. Granose biscuit, protose, zwieback, bromose and nut butter, with plenty of fruit has been my diet. I also use a pocket vaporizer. I have taken no medicine. My health is fully 100 per cent. better than it was when I commenced. The catarrh of the bowels and stomach, although not cured by any means, is greatly lessened, and constipation of fifteen years standing almost entirely cured. I have stopped the use of the tube, and have no doubt of the ultimate result. I believe that this change is due to the ideas gathered from 'Good Health' and 'The Stomach.' Considering the fact that I am about forty years of age, I think the result is somewhat of a surprise, and I take this opportunity to thank you for my gain in health."

- Addison Hickox, 90 N. Clark St., Chicago.

NEWS ITEMS.

W. H. Hall, steward of the Sanitarium, is making his usual annual visit in Florida. He will return home in about a month.

L. A. Buss, who has been away from the Sanitarium since early in the summer, has now returned and will doubtless take up some line of work. Albertine Boo, Maria Fuldman and Angie Thompson have gone to Chicago to connect with the Nurses' Exchange. There seems to be a marked increase of late in the number of calls for nurses from this department.

William Peterson, who has been visiting his mother in Iowa, has returned to the Sanitarium to finish his course, preparatory to leaving for Egypt in the Spring.

Word has been received here of the death of Elder Robinson and Dr. Brown, of India.

Miss Mary Marsh left last week for Guadalajara, Mexico. She goes there to nurse in the Sanitarium.

Dr. Frank Otis, who has been taking a post graduate course at Philadelphia, has turned and is taking up work at the Sanitarium.

M. C. Jensen, a Sanitarium nurse, has gone to Pueblo, Colo. He expects to open treatments rooms in that city in the near future.

Laura McCoy, who has been spending several weeks in Pennsylvania, has returned to the Sanitarium to continue her work in the Nurses' Course.
Clark Riggs is spending a few weeks at his home in Kansas. Upon his return, he will leave for India to connect with the work already started at Calcutta.

Mr. & Mrs. Herbert Gillis have joined the Nurses' Training Class.

Cora Antoinette Alley of Georgetown, W. Indies, is a new arrival at the Sanitarium. She will take a short course in the College and afterward join the Nurses' Class.

In a recent letter from Dr. Julius Paulson, of Guadalajara, Mex., he says that he was never in better health than he is enjoying at the present time. He reports the Sanitarium rapidly filling with patients, and that the new bakery is nearly completed.

Ray Jewett, who has been spending a few days at the Sanitarium, returned Tuesday to Indianapolis, Ind. He reports excellent success in the health food work in that locality.

A card from Brother Munson, at Genoa, Italy, dated December 6, says all were well, and had a pleasant voyage from Amsterdam, and expected to reach Padang, Sumatra, About January 1. --Review & Herald, - Dec. 25-99.

M. W. Paulson closed his office in the Sanitarium Annex New Years Day, and will either connect with the work at College View, Nebr., or in Chicago in the near future. He will soon leave for the latter place for a short stay.

The mailing of this week's issue of the REPORTER will doubtless be delayed somewhat, owing to the fact that many of our workers have changed their location, and we have not yet received their latest address.
Dr. Kellogg, Ladies and Gentlemen: It is a very great honor and a privilege for me to have been asked by Dr. Kellogg to speak for a few minutes this afternoon. I am particularly happy to do it because I have for many years been a great admirer of the work and of the conceptions of Dr. Kellogg. It was my good fortune to be present at the third Race Betterment Conference which was held in Battle Creek in 1928. I was extremely impressed by that great idea that Dr. Kellogg had had for many years to improve human beings. When Dr. Kellogg created in 1906 the Foundation for Race Betterment, many people were skeptical because it was not yet understood by many that the white races were degenerating. Dr. Kellogg and his associates of that time were really prophets and, as we all know, prophets are never welcome in their own country. But I will never forget what I learned in that Conference. There were experts in every line, sociology, medicine, economics, and we heard the most interesting ideas about the condition of the great white races of today and what could be done to prevent their degeneration. Many scientists today recognize the fact that civilization has reached a crisis.

What we call a crisis of civilization is a crisis of Man. Man is a unit. We cannot make any separation between the mind and the body. The problem of the whole is a problem of nutrition on which much has been done in Battle Creek by Dr. Kellogg and his colleagues. We do not yet know all about nutrition; we are still in the period of learning and will be for a long time to come.

One method of study is the observation of animals. We may also study the nutrition of the organs and the tissues themselves. It is a small part of that very vast problem which involves the whole of human beings and possibly the whole of the race.

In the study of the body we separate it into parts, tissues, organs and skeleton. Dissection of the body isolates dead parts and so far we have been able to study only dead parts. If we want to gain a complete knowledge of the body we must study organs and tissues while they are still alive.

I am interested not only to study the anatomical structures but also their functions, by making them work outside of the body as they work inside. It may interest you if I describe in a very simple way the technique and the meaning of our experiments.

One thing I wanted to know was whether the tissues could live indefinitely; and if it is possible to prevent old age. We have made a little progress in the understanding of the effect of time on tissues when they are placed in normal conditions.

There are two ways of keeping part of the body alive; one is to take the cells of the skin, the heart, the kidneys or the thyroid gland or other tissues and put them in a fluid to keep them alive like bacteria. It is also possible to measure their activity and what is the effect of the blood of people on those tissues.
If fed properly they remain alive, they do not die.

On January 18, 1912, we removed a small fragment from a chicken embryo heart (unhatched incubated egg) and we put the fragment in serum. The fragment of heart continued to pulsate for 104 days but had become so small it was going to disappear. At that time we began feeding and gave the bit of heart tissue a food that we extracted from the body of a chicken embryo. It has been growing now for 27 years. These tissues have the power to live indefinitely. Their present rate of growth is as fast as it was 25 years ago.

But we are not composed of free tissues but of organized tissues. We found that if we could get rid of the waste products, tissues will not die, if at the same time they are given the proper food.

Our method of keeping tissues alive, of growing them in flasks, gave us a lot of information about old age. We could follow the changes which happen in the blood during life. We can measure age now. We can be very young in years and very old at the same time. The condition of the blood serum which becomes modified during the course of life is the toxic effect of serum upon the duration of life and therefore the cause of old age.

We were not completely satisfied with our experiments because the quantity of tissues which can be obtained and preserved in that way is small. For many years, physicians and physiologists have been interested in the problem of keeping entire organs alive outside of the body. This idea of men of science was not the desire to accomplish a feat. It was to determine what is the influence of the changes in the composition of the blood. It was interesting for us because it has been discovered that various diseases can be studied only by observation on living tissues. Infantile paralysis virus cannot be cultivated like ordinary bacteria but must be studied on living tissues. Therefore a method of keeping tissues alive outside of the body is of great practical interest. We thought if we could take the thyroid gland and keep it alive it would open a new field of medical studies. Many attempts to do this have been made during the last century, in Germany, England, France, and in this country. I have tried, and have also failed. The organs, i.e., kidneys or thyroid gland, would become infected and would die. Some years ago a man, a great expert in a different field, (I am referring to Colonel Lindbergh,) developed an apparatus which is quite a marvelous mechanism. It is not only the spirit of perseverance that succeeds in this field, I tried for four years and each time failed. Colonel Lindbergh, in 1935, succeeded in manufacturing a pump, in which for the first time, an organ could be maintained alive just as if it was in the body. It is not easy to describe that chamber. It is composed of glass. The artery of the organ is inserted in the glass chamber. The retort is composed of several reservoirs and completely isolated from the outside world by cotton. The great enemy is bacteria. The apparatus performs the functions of both the heart and the lungs. Through a cotton filter a pulsating gas pressure gives the impulse necessary to establish the same type of circulation that it has in the body. We found that an organ kept in that manner would remain alive. They could be modified in form and function according to the fluid inserted. We could maintain the thyroid gland for one or two months. We observed the way
to cure organs. In this manner it has become possible to make experiments on the human body which had never been possible before. We can take the organs removed during the course of operation and revive them and they will live again.

To go back, those methods are simply tools by which phenomena can be studied in a very precise way. If an animal has been placed on a special diet we can see the changes in an organ and also in its function. If it is possible to change the kind of food, it is possible to see different results on the organ. Techniques of that kind and idea have been used a great many times and could be used today in every medical laboratory in the world, are still in their beginnings. We will soon build an apparatus of larger size. We will remove a weak organ, place it in the apparatus and give it an energetic treatment and replace it in the body. Long ago we found it possible to remove a limb, leave it for one or two hours on the table and replace it and see it live. The kidney, for instance, may be removed and replaced and live again indefinitely. With the necessary progress of that technique it will be possible to take a diseased organ, remove it, and after treatment replace it in the body.

Why do some people live to be 3 or 100 years of age? What is the difference between the tissues of those people and those people who die young? What are the relations between conditions of the tissues, the blood and the mind? What are those qualities of tissues which bring about certain qualities of the mind? We do not know. There is no use to increase longevity unless we can improve the mind as well.

We have made a great many observations on this subject. In order to get knowledge which can be utilized we have to experiment, not on rats or mice, but on animals of a higher intelligence like dogs and monkeys. In that way we may probably find the way to preserve the longevity of both the body and the mind.

There is no doubt that we can bring about improvement in the quality of human beings. We observe more and more a lack of mental stability, a lack of equilibrium and many other defects, and we do not know as yet what is the cause of these abnormalities. If we progress not only in the small field in which I myself am interested, but in the psychobiological field, we may make great contributions to race betterment.

We have, in our experiments, to think about the dual aspect of our nature. It is for this reason that experiments which have been made so far are not of prime importance because they have been made on animals of low intelligence, such as rats and mice, but not on animals which have a high type of intelligence.

What I have told you is only a very small part of a very big field, one in which Dr. Kellogg has been a pioneer. For more than 50 years he has been attacking the problem of the degeneration of the white races. This is becoming more important every year because we are beginning to realize what are the consequences of race degeneration. By continuing our researches by the aid of the Lindbergh pump, we hope to develop a method by which organs may be increased in size.
When I was in Battle Creek 12 years ago I gave an address on this subject and I am pleased that I have had this opportunity to speak of some of the progress which has been made and of the great problems which remain to be solved and of the greater advance to be made in the future.
MASS MEETING, March 17, 1902.
Hamblin's Opera House.

Chairman, Mr. W. R. Wooden. Secretary, Mr. Frank Dunning.

Mr. Wooden. Ladies and Gentlemen, fellowcitizens:-- As citizens of Battle Creek, we stand in the presence of a great calamity. One of our most prominent institutions that we have seen grow up from small and insignificant beginnings to an institution of such magnitude and importance that it has made the City of Battle Creek famous, lies in ashes.

A number of years ago a few, a very few, of the citizens of our city became imbued with ideas of hygiene and right living, and so enthused with these ideas that they started in incipiency a sanitarium for the purpose of promulgating those ideas and of doing as much good in the world through their furtherance. We can remember the little insignificant building that they occupied in the beginning. We have watched their growth in our midst until they became the great and grand institution so recently destroyed by fire. We have all take pride in the institution and its magnitude. We have taken pride in its management and in their reputations. We have felt, as individuals, a proprietary interest in the institution. We have always referred to it as one of the great bright marks in our community. At times, when any of us have happened to be abroad in the world, and the place of our residence became known, the subject of the Battle Creek Sanitarium was invariably brought up. Notwithstanding our pride in the institution, and our admiration for it, we have at times been indifferent towards it, too much so. We have given too little heed and thought to its purposes, we have not always given it credit for its great aims. Its loss by fire struck us all forcibly. We found after the
fire that the institution was left with practically nothing. We
found that the institution had upon its hands a large volume of
indebtedness and that beyond all question it would take practically
all of its property and effects left to cancel that indebtedness.
We naturally expected it would be rebuilt, but yet not fully knowing
its situation, we gave the subject of its rebuilding or any
effort on our part towards its rebuilding very little or no attention.
Upon consideration, we appreciate the fact that if it is rebuilt
and maintained as an institution of this or any other community,
the money must be raised by donation necessary to rebuild it.
It is not sufficient for us to go out into the world and raise the
money as an ordinary business enterprise would under similar
circumstances, but owing to the intents and purposes of the institu-
tion its trustees would not think it fit and proper that it would
be compelled to do so.

We have a Business Men's Association here in Battle Creek
that became somewhat interested in the matter after discovering
that other communities were making an effort to induce the managers
of the Sanitarium to remove the institution to some other community.
They visited the officers of the institution, and although
the managers of the Sanitarium asked nothing, they all asked of
the Sanitarium what was necessary on the part of Battle Creek
in the way of donations to keep the institution here. They hesitated,
not wishing to levy any claim upon the generosity of Battle Creek
people. The committee insisted. Finally, as I understand, the
committee after hearing the propositions that were made by other
communities, asked them if fifty thousand dollars donation on the
part of the citizens of Battle Creek would retain the institution
here, and they were assured that it would. And as I further understand
the situation, they assured the committee that they would allow
look to the results of their suit in the Supreme Court at the present time, for $15,000.00 of the $50,000.00, leaving a matter of $35,000.00 for the people of Battle Creek to raise for them. An effort was immediately set in motion. The committees appointed by the Business Men's Association have succeeded up to the present time in raising something over $20,000. Only $15,000.00 is yet to be raised. In considering the matter, it was thought best and most advisable to call this meeting for the purpose of enabling all the people of Battle Creek to contribute to this good cause. We felt that the citizens of Battle Creek wanted an opportunity to show their loyalty to Battle Creek, to show their loyalty to Battle Creek institutions and Battle Creek people. It is not a meeting for long-winded speeches; for contention or argument. It is a meeting for the purpose of assisting the Committee in raising this money.

There is one thing in connection that should be considered. I stated once before that at times we had treated the Sanitarium and its principles with too much indifference. I regret to say that that fact is true. I regret to say that criticisms were so pronounced that Dr. Kellogg, a man who has lived in the community, who has always been respected, known to be honest, honorable and upright, deemed it necessary to invite a committee of the business men of Battle Creek to inspect the books of his Association, in order to verify the claims the institution had made of being one for pure benevolence. (Applause). The citizens of Battle Creek should be more loyal to its Battle Creek men.

When a man has devoted his life in an effort; a man with the earning capacity more than any other two citizens of Battle
Creek, who has devoted his life in a cause that has brought him no monetary returns whatever, you might say, - that man's word should be respected. (Applause) When he gave his word as to the purposes and intents of the institution up on the hill, that word should have gone for facts. It is to be regretted that doubt existed to the extent it did, and that it became necessary even in his mind to invite a committee of the citizens of Battle Creek to make an investigation in order to prove the truth of his word. It is to be regretted if not shameful. The Committee did make the investigation - they found that every claim that had been made in regard to the institution was true; they found that we had a great and good Samaritan in our midst, and that we had been lacking in giving it honor.

Another thing that should be considered is the fact that this is one of our institutions. This was here when most of us came, and it should be when we go. (Applause). We should be loyal to the institution because it has been our institution. Battle Creek has never been known to be lacking in enterprise, but let it be known to the world that Battle Creek can heal her own wounds, and asks no other community; no other city to assist in so doing. (Applause). It is a matter that affects us all, no matter what our occupation or following may be. It has done more to advertise Battle Creek than all the other institutions we have. With its lines running from San Francisco to Cape Town it has carried messages of the thrift and enterprise of Battle Creek. We are all indebted to it because of its so doing. It has brought many of our great institutions here - it has brought the attention of energetic and prosperous men to Battle Creek. It has brought
the attention of men to the benefits of such a community, causing these men to come and join with us, and institution after institution has been built up, to which we can give nothing credit but the Battle Creek Sanitarium. (applause). Can we afford to lose an institution that has brought us this good? Can we afford to sacrifice our pride by saying that we can form corporations here with unlimited capital for all kinds of purposes, but must lose a great benevolent institution for the palty sum of $35,000.00? No. (Applause). We owe it to our loyalty; we owe it to our pride; we owe it to the monetary benefits that it means to us as individuals; and we owe it preeminently to the good cause it represents to keep it right here; and we are going to do it. (Applause).

As I said before, this meeting is not for long-winded speeches; this is a meeting for action. It is necessary for us to do what we do quickly. The Battle Creek Sanitarium management have promised the City of Niles, who have offered a site of forty-five acres of land beautifully situated on the banks of the St. Joe River, and $200,000.00 in cash to remove to Niles. We do not intend that they should have it. It is our purpose to put ourselves in shape where we can assure the management of the Sanitarium that we want them here, and we want them bad enough to give them the money to hold them here. (Applause).

Several of the gentlemen who have taken an active part in this matter — towards retaining the Sanitarium in Battle Creek — are here present to-night. Some of them constitute the Committee who made the examination at the Sanitarium. But first I would like to call on Mr. Robinson, the President of the Business Men's Association, who has probably taken a greater interest than anyone
else. Mr. Robinson, we would like to hear from you. (Applause).

Mr. L. W. ROBINSON.---I will say I consider it an honor to stand and speak to you, as a representative business man of Battle Creek. The 18th day of February, 1902, will always remain in our minds as a great date. On the morning of that day the buildings of the great Sanitarium burned to ashes. On the evening of the day following we had a meeting of the citizens of Battle Creek at the Tabernacle to express our sympathy to the management of the Battle Creek Sanitarium. On the 17th day of March in the evening, we have assembled together to express our appreciation of the Battle Creek Sanitarium. Sympathy is good. Appreciation backed by money is better in time of need. Since the burning of the Sanitarium buildings, we have come to consider and realize what the Battle Creek Sanitarium has been and is to Battle Creek. It has been of great importance to us in different ways, in ways of building up our City and in the way of making it known, and in a way to make us of greater importance than we would otherwise have been.

Now, as it has been stated by our chairman that there has been a misapprehension of the Sanitarium, the Business Men's Association considered it a good thing, and perhaps a wise thing, that we inform ourselves of the true standing and condition of things as they did exist at the Sanitarium. I am sorry that it became necessary to take some steps to look into the matter, to know something of the truth of the reports that were being circulated. It suggested in a little meeting one night in which the great subject of which most all men in Battle Creek were talking, the loss of the Sanitarium, that we had confidence in the Sanitarium, in its management, and it was suggested by one person that it would
be a good thing if Dr. Kellogg could have the privilege of coming before the business men of the city and telling us of the situation of things as they did exist so that we might be posted, that we might know something of how the true state of things stood. Well, I do not know just how, but this talk occurred somewhere after nine o'clock in the evening, and somewheres in the neighborhood of ten o'clock I had a message over the phone that Dr. Kellogg would be pleased to give any information that the citizens, the business men of Battle Creek, might desire. Upon that, from the position that I held in the Business Men's Association, I announced that there would be a public meeting in the Council Chamber in this city and many of you were there. Dr. Kellogg came and talked to us. He talked freely. He told of things that we knew not of, and he was so willing and desirous that the citizens of Battle Creek should know the true state of things, at his suggestion there was a committee of five of our best representative citizens appointed as a committee to confer with the Battle Creek Sanitarium management to learn what there was of it, to be able to tell the citizens what they found out by thorough investigation, and that committee at the suggestion of Dr. Kellogg was appointed; and I want to say this: I do not believe that there was ever a committee of five appointed to look into the affairs of any matter that was any more thoroughly looked after, and that the work was more thoroughly done and done for a right purpose, -- not done to prove that the Sanitarium management was correct, as they claimed it to be, but to satisfy themselves and the people of Battle Creek that they were a committee of citizens looking out for the best interests of the people. Well, now, that committee did their work. They worked
nearly one week day and night, and they have made their report in the paper; but we thought best, under the circumstances, that they should have the privilege of talking to you face to face, and telling you of what they know. Now, I say what they know, and that is what I mean,—what they have learned. They have not taken the talk they found in the street, but they have taken it from the what record and from they have found to show that what they know is true. (Applause)

This gives you something of an idea of what has been going on, and I won't take up your time. I might tell you what more has been done, but we found ourselves that what the chairman has said is true. We wanted to know what we could do, or what would be satisfactory to them, and so we took it in hand to do it, and another committee was appointed by the chairman and they have been at work raising this money, and they have met with grand success. The time that has been allotted them for this work has been very limited, and they have had, as we all always do in such cases, had to go over the ground twice or three times, but we found the people ready and willing. I have noticed, and it has been a pleasure to me, when we have approached in many places, when they have seen the members of this committee come in, they have smiled. "Yes, we know what you are after." And some of them have even come to my office. One man this morning came to my office, and said "I see you have a subscription list advertised, and that we could come here and give what we want for this cause." He said: "Where is the subscription list?" I said: "Here it is." And he took it and in less time than it takes me to tell it to you, he put down one hundred dollars. Now, he is one of our good citizens. He has
no big pile to draw from, but he did it from his heart and that was the best part of it.

Now the citizens' committee of Business men who have done this work, made this investigation, are present with us; and I will not take any more of your time, and I will ask Mr. Bush to talk to you a few moments on that subject.

MR. BUSH.——Ladies and Gentlemen: As a member of that committee who made the report in the paper, I can simply say to you that we believe every word of that report is correct. Most of us went into that investigation thinking perhaps some of these statements that have been made would not bear investigation. The committee met the management of the Sanitarium one evening, and we stayed there until nearly twelve o'clock, and Mr. Kellogg wanted we should go outside and arrange for an accountant, a professional accountant, to go through their books from one end to the other, and thoroughly investigate and report upon the condition in which they found them, and then state whether the reports that had been made by the Sanitarium management were correct or not. Many of us, I think, feared that they would not bear investigation. We believed, in other words, that the Sanitarium was a money-making institution, and that there was a pocket somewhere into which the profits were being dropped, and we did not know where it was, but I will simply say to you that after going into this investigation—and we had everything placed at our disposal that we asked for, any books and all the books, vouchers and everything private accounts of individuals as well as the accounts of the Sanitarium,—we became thoroughly satisfied that the statements we had made to us were absolutely correct; and I, for one, feel ashamed of some of the statements that I have made concerning the Sanitarium and its management before
I went into this investigation, and so far as I am concerned, I feel this way, that whether they go or whether they remain in Battle Creek I want to do what I can to place that management right before the people of this city. (Applause) Why, we learned some things there that it is not proper for me to state to you in public. It is surprising to see the sacrifice some of these gentlemen are making. Why, they work there for prices that most of us would not consider unless there was something back of it besides money. The highest wages they pay to any physician there is eighteen dollars a week. Dr. Kellogg has not drawn a dollar salary for years. There are eightysix dollars a month set aside for his salary but he has made it obligatory upon the trustees that that fund shall be divided up among several charitable funds. When they reorganized they might have organized under different laws, but instead of doing that they have organized under a law that makes it a criminal offense for anyone to get a penny of the profits of this institution. They simply cannot do it unless they lay themselves liable.

Laying that question aside, the committee believe what we have reported. We met the council and they believe that this report is correct. Now, taking it for granted that the public, although you may have some different ideas from what the management of the Sanitarium do along certain lines, I believe most of the people of Battle Creek will give this committee credit for speaking the facts and the truth as they understand them. Now, that being the case, the question comes up tonight, Do we want the Sanitarium to remain in Battle Creek, or do we want them to go? What do you say? (Voices: "Stay.") I think so. We know what they have done for us in the past, in a small way. Thousands of
things they have been doing in the way of charity, I knew nothing about. One gentleman said to me, "You can't name a single case where they have done charity in Battle Creek." I think I will mention one case. I will not mention any names. Others could be spoken of. One gentleman told me "I know of the case of a man in our employ. He has been unfortunate. One night he got caught out in an intoxicated condition, and was picked up badly frozen. He was taken to his home. After a while Dr. Kellogg heard of it. He took a carriage and went to that man's home, found him in that condition, took him to the Hospital, cut off one foot. He saved the other. Had him there for weeks under treatment. When he was in a condition to leave, the doctor said to him, 'See here, Mr. ..., you have lived a bad life; you have not been a credit to yourself and friends. I want you to go out from here and be a man.' And he talked to him as a father would to a son or a brother to a brother. He said: 'So far as charges are concerned, there will not be any charges; let that rest between you and I. Say nothing about it." That man is living in our city to-day. That is only one case.

I got Bradstreet's report, and for one year they treated three thousand and some odd patients there, and one thousand and twenty-eight were charity patients. This last year's records show that seventy-two of the patients were charity patients from the city of Battle Creek.

Now then, to go on with this question, Can we keep them here? Last Friday, two other gentlemen and myself went to the Sanitarium and met with the management and they said to us that they had just received a telephone message that there was a committee on the way from Niles with the following proposition. They know what the proposition was going to be, and were disposed to accept of that proposition. We persuaded them to leave the
matter open until tomorrow morning, giving us two days, and I will say to you, ladies and gentlemen, if a few men ever worked on a proposition, we have worked. We have secured pledges for a little over twenty thousand dollars. We want fifteen thousand more to make up the thirty-five thousand. We want the Sanitarium to remain here in Battle Creek, and if they remain here and this matter is decided, they will go to work at once and put up a building that will be a pride to our city. And the Doctor says we will have a Sanitarium that will better than the old one was in every way, and I for one would like to see them remain. But in order to do this, the people have got to do their part. The people have subscribed liberally, as we have come to them, but we have not met with all the people of our city. So we thought it best to have this meeting tonight in order that they might all have a part in settleing this question if possible, so we can report to them tomorrow morning, and if possible have them remain here.

CHAIRMAN.— I would say that we have with us another gentle
member of that committee; a man who has taken an active interest
in the matter from the beginning, a gentleman who has made
a most liberal donation to this fund. We would like to hear a
few words from Mr. I. L. Stone.

MR. STONE.--- I do not come here tonight to make a speech.
I could not make one if I should try. I have been at work
very hard all day, and have for several days.

Ladies and gentlemen, it is a condition and not a theory
that confronts us tonight. I am glad to see so many here, more
than I expected; I am glad to see so many here because it testifies
to the fact, proves the fact, that we appreciate the condition. It
is a very serious condition. As has already been stated, a number
of us have been looking into this matter for many days; have
spent a good deal of time in doing it; and we know very conclusively,
whereof we affirm. Some of us—the most of us—went into this
investigation with wrong ideas. I did myself. I have been
acquainted for twenty-eight years quite intimately acquainted with
Dr. Kellogg. I have respected him during all this time very
highly as a man, and as a physician, and as a manager; but I did
suppose that Dr. Kellogg was making a good deal of money for
himself, if not directly from the Sanitarium, at least from his
publications; but I was surprised to find that he was not. As
Mr. Bush said tonight, or one of the gentlemen here, it is hardly
proper for us to speak in a public way here of many things told
us there privately, but I will say that I was amused at what Dr.
Kellogg told me and what he showed us with reference to his own
private affairs,—that he is not a millionaire, although he said
that with his own hands he had brought into that institution over
one million dollars since he had been managing it. But Dr. Kellogg
is not a wealthy man to-day and no one so far as we can discover,—
and we have had very ample means for discovery, -- no one connected
with the management of that institution has been accumulating any
wealth. You personally know the most of the trustees if not all
of the trustees of that institution, and those who are intimately
connected with the management; and it is a fact, as we are well
assured, that the most of them have less wealth to-day than they
had when they came here. Instead of getting money out of the
institution have been constantly putting money into it. Dr. Kellogg told us that he pays out of his own pocket year by year from ten to twelve thousand dollars for the privilege of managing that institution instead of getting any salary from it. And I noticed this morning in the paper in a statement that has given rise to some questions to-day.

This is the first time I ever was on such a committee in Battle Creek. Some years ago in behalf of the church I did solicit some subscriptions, but to-day I have been begging hard, and all sorts of questions have been asked of us and of me, and this came up. How, if Dr. Kellogg is not a wealthy man, could he subscribe twenty thousand dollars for the building of this Sanitarium? Very proper question, because it seems to be contradictory. But this is the explanation as it comes to me, and I am sure that it is the correct one: Dr. Kellogg has great earning power. He earns a lot of money. He turns it all into that institution. I could tell you a great deal more than I am at liberty to tell you tonight, which is the basis of my knowledge. At the City Hall the other night Dr. Kellogg brought in the manuscript of new book, He wrote the last sentence of it about thirty minutes before he reached Chicago on that train, stepping from which he learned the first news of the fire; and he remarked to his stenographer that now, having finished this book, he was going to take a little rest, something he had not taken for nearly thirty years. As he stepped from the train, the Inter-Ocean reporter met him and advised him of the fire, and you see the kind of rest he came into. This book will sell. Other books have sold. Hundreds of thousands of dollars have come into Dr. Kellogg's hands through such publi-
cations. From the sale of this book and in other such ways, he expects, as he told us the other day, to get the twenty thousand dollars, which he has not got to-day. As he put it, he mortgages his life for one, two, three, four, five years to come to make this contribution. How many of us are willing to do it. Three different men, one a member of the Common Council, another the mayor of this City, and another a man familiar to you all, have made this remark in my hearing: "The reason why the people of Battle Creek so generally misunderstand or have misunderstood the situation up there, is because we do not understand, we do not appreciate, we do not know the principles upon which they live. We are living a commercial life; they are not. We do not understand how a man can sacrifice all that he has for a principle. We have this unbelief, this suspicion, because we are not acquainted with their manner of life. All the members of this committee will agree with me in this. We have been surprised, most astonished, at what we have found up there, as to the manner of these people. There is distrust, there has been distrust with reference to the management of the institution. We may not believe in some of their theories; we may not believe in some of their doctrines; but we know as an audience here tonight,—we know that the people on the hill are conscientious, truthful, and law-abiding, that they are right in their convictions, and will do what they believe to be right. Aside from all these things, as I say, it is not a theory that converts us. Aside from all these little matters of individual belief—suspicions, these things that are now being eradicated from our minds,—here is
the great fact, that the most prominent institution in this city for the last quarter of a century is gone. That institution upon which our prosperity in the future is dependent, and dependent in a very large measure, is gone. For thirty five thousand dollars we can retain it. Teh retention of that institution is worth a half a million dollars, it is worth a million dollars to the future of Battle Creek. Shall we let it go? (Applause) For thirty five thousand dollars? (Audience: "No.")

They tell us it is a bluff. Those of us who have been looking into this thing and have been talking with the people for the last week know it is not a bluff. These offers that they have received are genuine. I saw this afternoon a letter that came to Dr. Kellogg today, from the late Treasurer of South Dakota, a very full letter, in which he advises to remove the institution from Battle Creek, says they can get all the money they want elsewhere. We know they can, and there are a great many reasons why Dr. Kellogg particularly wishes to go. There are a great many reasons on the other hand why he wishes to stay. But other people such as the people of Miles offer two hundred thousand dollars and a beautiful site. They have a fine offer in California. Atlantic City will give almost any amount to get them there. Ocean Grove would like them to come. Benton Harbor and St. Joe are very anxious that they should come there. Can you blame them for being undecided as to how or what they should do? I think; our committee think; and you think, that what they have consented to do for us is generous on their part.

Now in a day, because this work has practically all been done in a day, we have raised over twenty thousand dollars. We must
have fifteen thousand dollars more. If we could go over all this town, taking it street by street, visiting every house, we could get more, but it would take a week or two to do it. Their architects have had to go. Some of the contractors have got tired waiting. Their expense is as large as ever. They must decide quickly. I hope there will be such an expression tonight as will settle it. Tonight is the only time we have. The limit expires tonight.

CHAIRMAN.+++ As I stated early in the beginning, it is to be regretted that it became necessary on the part of the Business Men's Association to investigate the truth or falsity of Dr. Kellogg's words. But after a thorough investigation which they have made, we believe that those claims made by the Sanitarium management are true. The great consideration, the great question confronting us at this time, that which we should take into consideration more than all else, is how is it going to effect Battle Creek if the Sanitarium goes elsewhere. We have with us on the platform a gentleman who is connected closely with the present interests of Battle Creek, and also with its future interests,—a man who has much at stake—, Mr. A. C. Kingman. I would like to hear what he has to say in regard to the probable results should the Sanitarium move from Battle Creek.

MR. KINGMAN.—— Mr. Chairman, ladies and gentlemen: I do not know as I can anything to what has already been so well said and printed in the newspapers touching this question which is of such great moment to all of us. That you are all interested in
this subject is manifest by the large audience we have here to-night. That the City of Battle Creek is liable to lose something of value has been manifested from the fact that other communities as enterprising as ours have offered to give up their good money to get it.

I have been asked to speak on what would be the effect of the removal of the Sanitarium on the future of Battle Creek. Now, Mr. Chairman, I do not think that I am a profit, or the son of one; but we can judge something of the future by the past. We know what the effects on Battle Creek in the past has been from the work of the Sanitarium. When I came to this City twenty-five years ago the coming month, the Sanitarium was occupying a little frame building, worth perhaps a thousand or fifteen hundred dollars. Even previous to that time, and before coming to Battle Creek, I had heard of Dr. Kellogg, and the work which the health institute was doing. Even at that time people in quest of health from all sections of the country were making their pilgrimages to Battle Creek in order to be restored to health; to be enabled to follow their usual vocations in life. They came here and were healed, and they went away and spread abroad over this land the name and the fame of Battle Creek, and the name and fame of that institution. From that small beginning has grown up this large institution that is known all over the world; and that as we have seen it grow, and as people come here from all quarters of the globe and spend their money here lavishly, not only at the institution, but all over the Town, we have said these people are making money & getting rich, extending, growing like all our indus-
tries. And we all became imbued with the idea that not only the
institute was getting rich, but that every man connected with it
was getting more or less of this world's goods, and was putting
it away for a rainy day, just as we have been doing ourselves. We
could not conceive of the idea that men would devote themselves
fixedly at one purpose of helping humanity, regardless of money
considerations. I expect we judged them by ourselves, and when
they came forward with the proposition that they were wholly,
totally and unreservedly a charitable institution, and asked this
City to pay back to them the taxes that they had paid, all of us,
I among the rest, held up our hands holy horror and said that this
institution, and these people growing rich here, and building up
these large buildings, should pay their taxes as we paid our
taxes, the same as the laboring man paid his taxes,- that they
were able to do it and ought to do it; and I said, I suppose, as
many harsh things as any individual in Battle Creek, and we all
said them, because it was in the air. We did not understand these
people, and we did not understand the way in which they were organ-
ized, nor the work they were doing.

A great calamity has befallen them; they have lost the
largest of their buildings. As has been shown by the Committee
which the Business Men's Association organized to investigate
their affairs, they are practically bankrupt; that their present
assets, if closed out, with their insurance money, would just
about pay their debts, and leave them even with the world.
Immediately after the fire other towns knowing the value of that
institution to this town, and how it had made the name of Battle Creek famous throughout this land as a health resort, and had led to the establishment of more food factories in the City of Battle Creek than any other town in the country, and had made the name not only of Battle Creek as a food center famous throughout the whole United States, but Europe, were willing to pay their own good money to get this institution to come to their town to enable them to have the advantages that we ourselves now enjoy.

Now, this committee have investigated the affairs of this institution and gone to the bottom of the thing. They had Mr. Dunning, who is an expert in these matters, look over their books, and they gave them a thorough investigation, and they found that the assertions made by the management of the Sanitarium were absolutely correct, that they are a bona fide charitable institution, that not one of them own stock in that institution, that they cannot declare any dividends, that none of them is deriving any pecuniary benefit from the earnings of that institution, that the profits they are deriving from it are expended in the maintaining of the institution and in the doing of charitable work, that the physicians draw only very meager salaries, less salaries than are paid to many and many a clerk here in the City of Battle Creek; that Dr. Kellogg for years has not drawn a penny from it, and that every claim that they have made and have told this people what is the truth has been found to be true. And, fellow-citizens, we are bound to take the report of that Committee, knowing these men as we do, as absolutely correct, and I believe, and I am fully convinced that I have been mistaken, and that I have said hard things
against the management of that institution, and that I have not given them the credit for the work that they were doing, as I believe many of our citizens here have not, and that when they come to a full understanding of the situation as it is, and as it was then, that we will be willing to grant them what they have said, and what they have maintained is absolutely correct. Now, what would be the result if you should take out of Battle Creek the institution that has built this town, and given it the name and fame abroad which it bears? I think that it needs no prophetic eye to see what the result would be, and, fellow-citizens, I don't believe we are going to allow this institution, which is of such vital interest to Battle Creek, and to all of its citizens, to every property holder, to every workman, to every person who is a citizen of Battle Creek, to give go from among us for a few paltry dollars.

I wanted to say a word about the giving of bonuses. Now, I do not believe in giving bonuses for any enterprise to come to Battle Creek. We cannot give them. We can get them without. But this is not a bonus to get some one to give; these people have had a great calamity, and it is only to place that burden upon all of us; that is, for the citizens to come forward and say: "Gentlemen, you have had a calamity, and we are willing to take part of that burden ourselves and share it with you." (Applause).

I am afraid if I keep on talking, I will talk longer than I ought to, but, as I said in the beginning, this is the time for action and not for words. If I could say something that would make you freer hearted, open your pocket books and help us raise
This money, to keep this institution here, I would feel that I had done my part.

CHAIRMAN: We have a gentleman present here in the hall to-night who has contributed liberally to this fund, and who has taken an active interest in this matter. I know you would all like to hear from Mr. E. C. Nichols:
that possibly more recently I have enjoyed at times a little social game of cards; and that brought to mind to me a game that sometimes they say is bluff. And tonight several of the speakers have previously said that someone had claimed a bluff had been made. I want to say this to you in all sincerity and earnestness: I know better from the bottom of my heart. I know that these honest citizens of this committee have come before you with the truth. I know that Dr. Kellogg and his management are without means and they need assistance. I know that no bluff is being made, and I have realized it for several days past, gentlemen, that unless this community acted, and acted promptly, you would see the result of your determination and the task of your action, but just one word. If we do not act, you know the result. If it were a bluff and not a business proposition; if not a single solitary merchant or business man or any other in this community were to receive any benefits in dollars and cents, don't you know the injury that would befall this community if simply the telegraph and the newspapers of the other cities were to say that Battle Creek is upon the wane and has lost its great institution.

I have looked upon this in a broader sense than some have. I sit at a desk where I see the newspapers from all over this country, and I want to say to you that every day for the last three weeks the newspapers of this great State and nation have come teeming with all kinds of propositions to take the Sanitarium away from us. Many of them have joined us. Our nearest neighbors who are always jealous are saying that we can raise five million dollar companies in a single day but we cannot raise thirtyfive thousand dollars to save
old Sanitarium. When we read such propositions as that, it brings us to our senses.

I must not talk long, but I must say this: I with others felt that it would be a mistake for the City to remit the taxes of an institution that I believed was making lots of money. I believed that the Sanitarium was owned by men who were stockholders and that all their profits were divided and dividends were going out each year. I believed that Dr. Kellogg was a wealthy man until since this fire. A few days after the fire, a gentleman came to my house,—I was confined to bed from temporary illness following some excessive work at the time of the fire,—and he said to me "Joe, do you really know that there is a danger of the Sanitarium leaving Battle Creek, and do you realize that several cities and, one in particular, has a committee here to-day?" My dear fellow-citizens, I want to say to you that I found it necessary to leave that sick-bed, and I did. I wrote a most earnest and honest appeal to help them arrange the first mass meeting. I went to the citizens to awaken them. I wrote a two column editorial to try to awaken the public. Now, I want to say to you here that I was abused on the streets of this city for two days for writing those articles which were in the interests of saving this great and grand institution. (Applause) I had men whom I can name say to me, "You should not have advocated and stirred up this business; if they want to go, let them go." I said "No, sir; if you do not know your own interests and the interests of Battle Creek, I do, and am not afraid to print them." (Loud Applause) And another thing, you should never fear to do right and to say what you know is right, and to act on a plane of that character and kind; and if perchance you find some
one else doing a work, a public work, with which you are not agreed, then adopt the motto which I have found a good one, "If you can't boost, don't knock." (Applause)

One man said tonight in my presence, earlier in the evening, "I would have given a hundred dollars if Dr. Kellogg had not said so and so." I said "I think really you are a liar." (Applause) "And I do, too. He was looking for an excuse to keep from giving a hundred dollars and he knew it and I accused him. And thirty minutes afterwards, he said "Joe, I guess you are right." (Applause)

Now, I have been seen by the committee and I have been asked how much I will give. How much can I give out of an institution like that (holding up an empty pocket book)? (Laugh) I have not got much means to give, but I will tell you what I will donate and have already, that I cannot offer in money. The influence of my press, so far as it goes, they have had from the hour of the conflagration, and will have; so long as my press works I shall aid and defend them. (Applause)

I am told that that is what Dr. Kellogg wants tonight and to-day, more than money, --to be encouraged and his efforts fully appreciated, which they have not been. (Applause) I do regret that in the past I, like these other gentlemen, have not known the truth. It dawned on me the morning of that fire, one of the first to that great conflagration, one of the first to rescue at that hour, all of these things went through my mind; --Where has this institution gone? Where will it be rebuilt? Where will the money come from? Whether or not they will go away? That is just one month ago. The papers of the state have said they are going to
leave us, with great black headlines. The newspaper correspondents of Niles have said we have secured it, and have telegraphed to the press of the world, but they have not gone. And I know they will not go. (Applause) And I will tell you why they won't go, because you good citizens, bright-faced, honest people, have come to this great house and filled every inch of it at the call of the Business Men's Association, filled this Opera House tonight, while the other Opera House is filled with theatre goers, and while --all honor to St. Patrick-- this is the day we celebrate in the morning and the evening. (Applause) Think of the town tonight. Battle Creek, when I came here in '84, you could hardly fill one opera house on a call or a public announcement. Tonight the great Post Theatre is filled. Hamblin's Opera House is filled with this audience to overflowing, and the Auditorium is filled, and that we owe all this growth to the Battle Creek Sanitarium is known all over the world. (Applause)

Another thing, I know the Battle Creek Sanitarium will not go away, because this God-fearing people whom I adore and admire, who live in the west end of this city, met last night as a congregation, --pure, self-sacrificing, honest, good, moral citizens-- and they offered their little earnings and wealth, contributing thirtysix thousand dollars themselves.

Now then, the visiting committee of representative citizens awakened early this morning and got to work, every one of them with nerves strained. They said: "Joe, this is an awful task; our time is so limited, I am afraid we cannot get around." And I met them at the Athelstan Club. (You know a newspaper man has to go sneaking around) So I got up to the Athelstan club rooms and got behind some
of the curtains there and began to listen to what was going on. I have to know. I have to print it. And I found out that in eight hours those good men had raised in this city twenty thousand dollars in a single day with all the talk for or against. Gentlemen, it is a fine piece of work, and shows life and vitality in Battle Creek. (Applause) Battle Creek is not dead. Mr. Nichols said he would have felt sorry if this could not have been accomplished. Oh, Mr. Nichols, that great institution is perfectly safe in a community like this where men in a few hours can raise twenty thousand dollars; among a little people on the hill thirtysix thousand dollars; where they can build an opera house in a single night, where the Advance Shops pay their pay ten to twentyfive cents a day and the men did not know it until they opened the envelopes. (Applause)

I am proud of Battle Creek, and her people, and her institutions. I came here a stranger in '84. I have been here ever since, hoping that there would be a future, believing that there was a future, and to-day there is a future, I know, for Battle Creek, from the evidences that have been brought out by several of these severe tests. When I came here there were practically two institutions, yes, three. The Nichols & Shepard Company, the School Seat Company, and the Sanitarium. The School Seat company might have been rebuilt only for some of these fellows that want to give up now, and the thing died. Just you think of that proposition. I was Mayor of this city the night that the fire destroyed that institution, and I felt it was a calamity, and it was one. And, gentlemen, I do not like to say harsh things. I would rather feed a little taffy and pat some people on the back, but there are times and occasions when the truth ought to be told, and when you have to have men that are not afraid to tell it, and I take
advantage of this. (Applause) We have a calamity now, and there is no man in this town has a right to say we do not want the Sanitarium, because we do; and there is no man who if he does not want to give, who ought not to be willing and loyal enough to sit still and say nothing and let other people give, and cheer who want to. (Applause) But I do not believe there is one in the town but what wants to give. I think it is a mistaken idea, excepting a few people who always get on edge, I do not know why, and there always will be, and the larger the town the larger grows the edge.

Mr. Chairman, I was told to be brief. I did not know I could say a word, but I find my heart in the cause. But in conclusion, I will say I am willing to give a little. I am ashamed how much, and I am not going to tell you how much right out here, but I am going to do something; and I see other men. You are one (Pointing). I am smiling at five or six that are not on that list, and I know you are going to come right up. Let us do a good Methodist trick for an Advent crowd, (Loud Applause) Now, do not waste any time. Just commence giving. (Applause)

Mr. Chairman.-- I would say, good people, that we have these subscriptions lists here. We want everyone of you who can afford to give to come right forward. Now is the time to do it. Put your name down on this list for all you can afford to give. It is a good cause and it is needy.

(Subscriptions being received).
CHAIRMAN: I will state, that it may not possibly be understood by you that the terms of payment provided on the head of the list specify that the sums are to be paid in four equal monthly installments, commencing April 1st. This may very materially assist some in enabling them to meet their obligations.

MR. I. L. STONE: I want to say just a word. One circulating a subscription list hears a good deal; and quite a number have inquired whether, if this institution should go, we would not soon have a better one in its place. Now I just want to say this, I speak from the book, and my information comes from a pretty high source, that the most certain way of securing another sanitarium here is to keep this one. The third one will come a great deal quicker if we have the second.

MR BUSH: Now there have a few parties said to this Committee that they would give us so much, provided this question of taxes should go to the Supreme Court for a final decision. I understand to-night, I do not know just how much truth there is in it, but I hope it is true, that there is one party in our City who stands at the head of one of our great enterprises has made the statement if that be true, that is, if the tax question will go for a final decision to the Supreme Court, he will give $5,000.00. I will simply say to you that this matter was taken up with the management of the Sanitarium, and discussed in its various phases, both for and against, and it is the combined opinion of all of those parties who have had to do with the question that this is
the best thing to do - let this question go the Supreme Court for final decision, and let it clear the whole atmosphere. If it is light for them to pay their taxes, they will pay them, and if it is wrong, then we will not expect it. This tax question has gone for a final decision, that is understood.

CHAIRMAN: There is one gentleman we have in some way overlooked, who is interested in every good enterprise, always ready to express himself on the side of right; - Rev. Potter, we all would like to hear from him.

MR. POTTER: Mr Chairman, fellow-citizens, I appreciate the necessity of keeping up this good work of raising money, and I realize that the speakers who have already appeared before you have very well covered the ground. I followed them carefully in what they said, and was particularly anxious to see that no important points which might have occurred to me were omitted by them; and I certainly would not feel justified in taking your time just for the sake of making a speech. I believe that one of the principal sources of this misunderstanding which has occurred was with reference to the tax question; and I want you to notice particularly what Mr. Bush, the chairman of our Committee said, which I fully corroborate. In a meeting of this Committee, of which I have the honor to be a member, Dr. Kellogg was present by invitation, and we discussed the tax question right through, and Dr. Kellogg and several other members of the Board of management of the Sanitarium acquiesced in the judgment of the Committee that it
was best that this question should go for final adjudication to
the Supreme Court of Michigan. Dr. Kellogg was of the honest
opinion, he said, that the taxes were unjustly levied; that they
needed the money to rebuild at once; and that it would be fortunate
if all the money could be refunded at once. That is precisely
what we are now contemplating. Now why should not that remove the
prejudice from a large number of people.

I would like to say this as supplemental to the report.
I would call your attention to this, that in appearing before you
just now I am entitled to have you consider as a part of my re-
marks, whatever was reported in the committee's report as published
in the news-papers. There you will find a full and careful state-
ment of the views of this Committee, which I presume you have all
been fair enough to read. I feel to corroborate all that has been
said.

I wanted to say just one word more, that has not been said here to-night. My judgment has been con-
formed by some incidental facts. I know very well many of the
guests who come to the Sanitarium - I often go there to visit the
sick. I receive letters from all over the country suggesting the
desirability of my calling there on some sick people that belong
to my denomination, and I have a current acquaintance in the
Sanitarium continually, and I have been very much impressed with
the testimony of the patients of the Sanitarium as to the charac-
ter of the institution. Had you thought of that fellow-citizens?
It has not been spoken of here to-night. I know very well a man
who is at present a guest. I know the man well. He is a hard-
headed business man. This man came forward and offered the institution $10,000.00. Now, men that have $10,000.00 to give have respectable business judgment as a rule. Why did that man do that? He has been at the Sanitarium, back and forth, quite a number of years, a retired business man, who pays his way like every other business man. He has no friends there, is shown no favors there. Why does he do it? Because his excellent business judgment which has accumulated the property which enables him to give the munificent sum of $10,000.00 assures him of the reliability and honesty and capacity of the management of that institution. I submit that as one of the strongest arguments we can present.

---

CHAIRMAN: Mr. Chas. Gough, who is connected with the Sanitarium, has just authorized me to say that he will give $50.00, not as a matter of charity, but in gratitude for he restored health of his wife, who has been a patient at the Sanitarium.

---

MR. STONE:

One of the food companies has just sent in a subscription for $100.00, one of our very newest food companies.

CHAIRMAN: Yes, they appreciate the fact that the Sanitarium going away from Battle Creek would most materially affect the new food companies.
MEMBER OF COMMITTEE: I got a subscription from one of the food companies to-night for $500.00, because they felt that they owed the ir existence here to the Sanitarium.

CHAIRMAN: Before we close we ought to give expression of our confidence in the Sanitarium, its principles, lend it our encouragement; as an assurance to them that we have confidence in their institution and in their purposes and in their claims, will every person in the room rise to his feet. Thank you ladies and gentlemen.
At the Monday night question box lecture at the Sanitarium when one of the doctors opens a box into which patients have dropped a lot of questions about health and other things, mostly health, of course, a white-haired lady eighty-six years of age, but looking about sixty, put this question into the box: "How long might a human being live?"

"As the Reverend Henry Ward Beecher said, 'That depends upon the liver,'" replied the doctor.

The statisticians, Irving Fisher of Yale and others, have proved that there is no fixed physiologic limit to human life. That is, a man does not die because he has reached three score and ten or any other certain age, but under favorable conditions may live on much longer, to the century mark easily, and perhaps when we have learned to apply science to human life as thoroughly as we do to agriculture and other industries, men will live to 150 or even 200 years. Barring acute disease and accidents, a person may live so long as his vital reserve lasts. Vital reserve or constitution is something we inherit as we inherit cash in the bank, bonds, or real estate. And we inherit all we ever have. We can't increase it; we can only expend it. And the more carefully and economically we make use of it, the longer it will last and the longer we will keep out of the hands of the undertaker. An automobile made to run 100,000 miles will wear out in three months if run at the rate of 1000 miles a day, or will last three years if run a hundred miles a
day. It may collapse much sooner if neglected, overloaded or otherwise abused.

So the body collapses when its reserve is used up. The normal work of the body draws very lightly on the reserve. So lightly that the beneficent provision for meeting emergencies and prolonging life will last at least twice as long as it usually does. An attack of typhoid fever or some other infectious disease takes a great slice off one's vital reserve. The saturation of the body tissues with the poisons produced by germs does irreparable damage by injury to the liver, kidneys and blood vessels, thus shortening life.

Habits that make unnecessary demands upon the reserve by flooding the blood and tissues with poisons which the liver and kidneys must destroy and eliminate, of course lessen life expectancy. Smokers burn up longevity along with the tobacco they consume.

There are many things that shorten life by using up the vital reserve. If you want to know how to live a hundred years or more and to be still young in spirit like the lady who asked this question, you must live biologically, that is, scientifically, as she has done for a quarter of a century.

Ask the Battle Creek Sanitarium Health Extension Department to send you a little booklet entitled Biologic Living.
Mr. Chairman:

The greatest problem before the world is how to save the human race from extinction. Man is a very old-fashioned animal. Most of the races of animals that began life with him have degenerated and disappeared. According to Keith, the eminent paleontologist, the human race reached the summit of development in the Cro-Magnon race 20,000 years ago. For thousands of years the race has been degenerating and in recent years the rate of decline has been accelerating so greatly and the stigmata of race decay have become so patent and so numerous, that the leading eugeniasts have renounced all hope of an indefinite future for the race. Davenport says, "Of course, we all know that the human race will ultimately perish; but if we give attention to eugenics, the catastrophe may be postponed somewhat." And Professor Darwin, the son of Charles Darwin, said at the last Eugenics Congress, "If our present civilization survives, it will have to be the United States that saves it."

Such a calamity as the death of the human race is too terrible to contemplate with composure. I cannot believe it to be inevitable. We know the signs of race deterioration, and we are well acquainted with at least many of the causes, and we know how to combat these malignant agencies. We know even more; we are possessed of efficient methods for the promotion of race betterment, and are making daily use of them in improving our farm crops, our fruits and flowers, our cattle, horses, pigs, chickens and poodle dogs. Applied to the human race, these same methods, modified and adapted to human life conditions, might in a few generations produce a race of men as much finer than the present man as the finest thoroughbred is superior to the common scrub of the farm.
The race may be saved through race betterment activities and I fully believe it will be. Race hygiene, eugenics and personal hygiene, euthenics are the agencies by which the race will be saved from petering out. Public hygiene may help somewhat, but on the whole rather tends to aid race decay by preserving the unfit and preventing the operation of the law of the survival of the fittest.

Here, it seems to me, Mr. Chairman, is the field, the great opportunity for schools of physical education. The great Galton had a vision of the time when eugenics would be a religion. A scientific religion is the world's greatest need to-day. Biology, physiology, in its broadest implication, supplies the code. This new religion, a religion based on science, on physiology, is in process of creation already. That is why we are taking more interest in sports, in out-of-doors, in diet, sunshine and physical education. That is no doubt the real reason why we are here to-day.

It seems to me that the special function of schools of education is to elucidate the principles and to inculcate the practices of the religion of the body, of the race. Our youth must be taught to reverence the body, to develop and safeguard all its powers and functions, to obey the laws of physiology as an ethical obligation, to regard a heritage of vital stamina and vigor, as a precious heirloom to be preserved, not squandered, improved if possible, and passed on unimpaired to the next generation.
The Project Presented Before the Chamber of Commerce.

There was a meeting yesterday morning of the directors of the chamber of commerce, called for the purpose of hearing what Dr. J. H. Kellogg, of Battle Creek, Mich., had to say about his project of starting a sanitarium in San Diego or Coronado, as partially outlined on Saturday and yesterday morning. Dr. Kellogg and others present were were present, and the doctor explained in part his plans as far as they had been formulated, which he said was not far.

The Sanitariums of the Adventist people were, he said, to a very large extent, philanthropic institutions. They were carried on by the sect and the expenses were kept down. He told the physicians were paid at the Battle Creek Institute, and what the nurses received. He did not know that the same figures would rule here, but as the institutions were carried on almost as a part of the Adventist religion, he did not think that the expenses would be very high.

Dr. Kellogg said that the Adventist people would on the strength of the fact that they were philanthropic and not a money-making institution, expect local support, and the outlay of the hotel's cost would be a large measure determine the size of the enterprise. He would like support in the way of loan and thought that the people could easily afford to secure for him a suitable subsidy in land beside financial aid to the enterprise. He also stated that the promoters of the enterprise would want the privilege of disposing of some of the land subsidy for the benefit of the sanitarium if they deemed it advisable.

The board of directors decided to refer the matter to Mayor Frary, since he had already had several conversations with Dr. Kellogg, that it might be seen what the city and the people could and would do to aid the establishment of such an institution in the city.

After the meeting adjourned, Mayor Frary took the doctor for an extended trip over the city, visiting University Heights, that section of the country near the pavilion, Florence Heights, and Golden Hill. Dr. Kellogg stated several times that he had been impressed with the location of the city and with the very apparent healthfulness of the climate. He will remain here for several days in the city, lesioning guest at Coronado hotel during the time.
EXPENSES for 1929

Office Supplies 

Medical Journals and Scientific Publications

<table>
<thead>
<tr>
<th>Publication</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presse Medicale</td>
<td>5.77</td>
</tr>
<tr>
<td>Medical Hydrology</td>
<td>5.19</td>
</tr>
<tr>
<td>Social Hygiene</td>
<td>4.00</td>
</tr>
<tr>
<td>Jr. Internal Secretions</td>
<td>6.00</td>
</tr>
<tr>
<td>Am. Public Health</td>
<td>10.00</td>
</tr>
<tr>
<td>Jr. Inebriety</td>
<td>12.84</td>
</tr>
<tr>
<td>Hygiene</td>
<td>5.00</td>
</tr>
<tr>
<td>Government Reports</td>
<td>1.50</td>
</tr>
<tr>
<td>Science Press</td>
<td>3.00</td>
</tr>
<tr>
<td>Medical Hospital</td>
<td>3.00</td>
</tr>
<tr>
<td>Royal Society of Medicine</td>
<td>11.18</td>
</tr>
<tr>
<td>Eugenics Research</td>
<td>2.00</td>
</tr>
<tr>
<td>British Medical Journal</td>
<td>11.43</td>
</tr>
<tr>
<td>Experimental Station Record</td>
<td>1.50</td>
</tr>
<tr>
<td>American Geographic Society</td>
<td>15.50</td>
</tr>
<tr>
<td>Outdoor Life</td>
<td>2.50</td>
</tr>
<tr>
<td>Literary Digest</td>
<td>4.00</td>
</tr>
<tr>
<td>World Agriculture</td>
<td>5.00</td>
</tr>
<tr>
<td>American Genealogy</td>
<td>10.00</td>
</tr>
<tr>
<td>Tobacco Leaf</td>
<td>4.00</td>
</tr>
<tr>
<td>Science Service</td>
<td>5.00</td>
</tr>
<tr>
<td>Science News</td>
<td>1.80</td>
</tr>
<tr>
<td>American Country Life</td>
<td>5.00</td>
</tr>
<tr>
<td>Am. Assn. for Advancement of Science</td>
<td>5.00</td>
</tr>
<tr>
<td>National Geographic Mag.</td>
<td>6.00</td>
</tr>
<tr>
<td>Total</td>
<td>146.10</td>
</tr>
</tbody>
</table>

Memberships

<table>
<thead>
<tr>
<th>Membership</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nat'l Historical Soc.</td>
<td>10.00</td>
</tr>
<tr>
<td>American Eugenics Society</td>
<td>2.00</td>
</tr>
<tr>
<td>Am. Medical Editor's Assn.</td>
<td>3.00</td>
</tr>
<tr>
<td>Nat'l Child Labor</td>
<td>5.00</td>
</tr>
<tr>
<td>Nat'l Tuberculosis Soc.</td>
<td>5.00</td>
</tr>
<tr>
<td>American Hospital Assn.</td>
<td>5.00</td>
</tr>
<tr>
<td>Nat'l Com. on Prisons and Labor</td>
<td>5.00</td>
</tr>
<tr>
<td>Bellevue Hospital</td>
<td>4.00</td>
</tr>
<tr>
<td>Medical Soc.</td>
<td>17.00</td>
</tr>
<tr>
<td>Michigan University</td>
<td>4.00</td>
</tr>
<tr>
<td>N. Y. Alumni</td>
<td>6.00</td>
</tr>
<tr>
<td>Calhoun County Medical Soc.</td>
<td>10.00</td>
</tr>
<tr>
<td>Union League of Detroit</td>
<td>150.00</td>
</tr>
<tr>
<td>Northern Nut Growers</td>
<td>3.50</td>
</tr>
<tr>
<td>Michigan Authors</td>
<td>3.00</td>
</tr>
<tr>
<td>American Indian Assn.</td>
<td>4.00</td>
</tr>
<tr>
<td>Board of Medical Examiners</td>
<td>1.00</td>
</tr>
<tr>
<td>Total</td>
<td>239.50</td>
</tr>
</tbody>
</table>

Salaries

<table>
<thead>
<tr>
<th>Employee</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. Clara K. Butler</td>
<td>1750.00</td>
</tr>
<tr>
<td>Miss Emily Robbins</td>
<td>2400.00</td>
</tr>
<tr>
<td>Miss Gertrude Estill</td>
<td>2080.00</td>
</tr>
<tr>
<td>Mr. A. F. Bloese</td>
<td>724.00</td>
</tr>
<tr>
<td>Dr. B. Bickel - translator</td>
<td>143.40</td>
</tr>
<tr>
<td>Total</td>
<td>7097.40</td>
</tr>
<tr>
<td>John I. Gibson</td>
<td>1525.00</td>
</tr>
<tr>
<td>Total</td>
<td>8622.40</td>
</tr>
</tbody>
</table>

Total Expense: 8622.40
An Address to Heads of Departments of the Battle Creek Sanitarium

November 1, 1938

by

JOHN HARVEY KELLOGG, M.D.

Just as I was starting, well on time I thought, I had a very important telephone call from one of our lawyers that detained me for a few minutes, which was the reason I was a little late.

After a few months in which our bonds are being refunded, the institution will go back to the old organization, rather a new organization will be formed to take its place. The new organization will be a legal successor of the old one, and all the old members of the constituency will be members of the new one.

I have urged and done all I could to promote the idea that the new organization should consist of the few old members who are still alive and active and of the workers, those who actually engage in the work. Every person who is engaged in the work and who loves the ideals of the institution and is working to uphold them shall have an opportunity to be a member of the organization and become an elector to elect the Board and to have a participation in the government of the institution.

Persons who become members of the corporation will have to sign some articles, conditions of membership, and they must comply with them as did the original members. There can be no change in that. The conditions of membership shall be just as rigid as they were at the very start. We have no right to change the ideals of the institution. We have no right to change the general character of it or to change its standards. They must be upheld.

For many years back there has been a very determined attempt made to change the ideals of the institution and it has been a very grievous thing for me. I have had a pretty stiff battle to keep the principles where they should be.

A lady came to me yesterday, a lady who has known the institution only a few months—a very prominent and influential lady from Florida—and she said to me, "Doctor, why do you allow disloyal people in this organization? I was surprised that a member of your faculty should recommend meat. I was in the dining room—I move around to different tables, and in the short time I have been here I have met three ladies who said one of the doctors had recommended to her, in fact, told her she should adopt a meat diet, a light meat diet," and this lady said, "I was surprised at that. I thought they did not recommend meat here and yet these three different ladies spoke to me themselves and said that one of the doctors recommended a meat diet. He not
STATE OF MICHIGAN.

DEPARTMENT OF STATE.

I, Frederick C. Martindale, Secretary of State
of the State of Michigan and custodian of the Great Seal of
the State, hereby certify, that the attached sheets of paper
contain a correct transcript of a Notice of Dissolution of
the Association of the


the original of which was recorded in this office on the
23rd day of March, nineteen hundred ten.

IN WITNESS WHEREOF, I have hereto
affixed my signature and the great
Seal of the State, at Lansing,
this, fourteenth day of October
in the year of our Lord nineteen
hundred ten.

Frederick C. Martindale, Secretary of State.

By D. H. Mills, Deputy Secretary of State.
NOTICE OF DISSOLUTION.

MODERN MEDICINE PUBLISHING CO., LIMITED.

BATTLE CREEK, MICHIGAN.

December 31, 1909.

We, the undersigned, being a majority of the last Board of Managers of MODERN MEDICINE PUBLISHING CO., LIMITED, doing business under the provisions of Act No. 191 Public Acts of 1877 as amended, hereby give notice in accordance with the requirements of Section 13 of said Act, that said Association has been dissolved by a sale of its property and business, and by ceasing to carry on business.

John H. Kellogg) Majority
                of
James T. Case ) Managers.

Recorded March 23rd, 1910.

($5.00)
only recommended but urged the lady to take a meat diet when she went home. It was necessary for her to do it."

I said, "That was last year, wasn't it?"

"No," she said, "It was just the other day."

I said, "I am very much surprised."

She gave me the name of the lady. I do not know the name of the doctor, but I can easily ascertain the name of the doctor by looking up the lady's records.

In our new organization that state of things will not exist. A doctor who has not sufficient honor and sense of duty to stand by the principles of the institution has no business here. That is just as true of any other person who is in a place of responsibility. He has no business here at all unless he believes in the principles of the institution and lives up to the principles of the institution. I do not mean to say that if I found one of our doctors here or one of our leaders in the institution had fallen from grace on some Thanksgiving day and had eaten a bit of turkey when visiting friends so that he would not seem to be discourteous, or even if he should fall into temptation on some other occasion, provided he recognized it was a fault; but if he falls into temptation too frequently so that it was evidently a habit, or if he bragged about and if he advised other people to do the same thing and if he did not recognize the ideals and principles with regard to abstaining from meat that is quite another thing.

It is on the same principle as the Ten Commandments. A man would not be accepted in any church anywhere, in any so-called Christian church if he did not believe in the Ten Commandments and try to observe them, but if you should exclude everybody who on some occasion might be found guilty of violating some one of the Ten Commandments there would not be any church members at all. There could not be any.

We must be reasonable. What a man's general purpose is is what I am interested in. I never set a spy on helpers or anybody else. Never did in my life to see if they were living up to the Ten Commandments or not or to see that they were living up to our code. What a person does in a sly way in secret is a matter between him and God. I have nothing to do with it at all. It does not belong to me. We should not pursue a man and persecute him because he does not live up to the full law and because on some occasion he fell short of properly representing the ideals of this institution; but if a man habitually, openly and flagrantly violates the principles of the institution and brags about it and makes no secret of the fact, tells other people what he has done and continues in that state of disobedience, that is quite another thing. Such a man is not promoting the ideals of the institution. He is not helping the work. He is an enemy of the work.
Our helpers have not had a fair chance in this matter, and I felt it would be a wrong thing to undertake to draw the line and establish a sort of aristocracy here of just a few in organizing our new constituency, but we ought to get everybody who really in his heart loves the work and loves to promote it, we ought to give every such person a chance. This is a sort of probation period.

We propose to organize this winter from now on a real school in the institution to give everybody a chance who wants to qualify for the new electorate to do so. I am very sorry I am in such miserable condition to address you, but I want you to know what the plans are. The plan is to get everybody to qualify to become one of the trustees of the institution.

We have annual meetings. At these annual meetings everybody who is a member will have a part in selecting the board of trustees. I do not think we ought to have a board of trustees elected for several years. I think the limit should be two years at most and it might be better to have it one year. That is not fully determined yet. We want the loyal people who believe in the ideals of the institution and stand by the institution and are working with the management to do all they can to promote them. We want these people to feel that this is their institution, but only so long as they are in the institution and are working here and are active supporters of the work. When they drop out they have nothing to do with it. The membership ends.

In order to get as many as possible we are going to have a school here, and we are going to give an opportunity to make it easy for people to come into this school. I shall do what I can to get the Board to allow at least a part of the time to be on the institution's time; but there will have to be time spent out of the institution time, of course, in study.

We have invited Dr. Leffler, who, as you know, is an educator of high standing, President of Battle Creek College. Dr. Leffler has come in and accepts a modest salary while he has had opportunity to take charge of popular schools of extensive educational work. He is a member of high standing of educational societies and he could command double the salary he could get here, but he is going to come here and devote his whole time this winter to trying to bring as many as possible up to the high standards necessary to make them eligible to membership in our new constituency.

I want to tell you about this and see if you have any suggestions to make or remarks to make. How many feel that that would be a good thing for the institution to have everybody that is loyal to it to have a participation in the management? Hands up. I see all your hands are raised. That has been my feeling. I have for many years been wondering what should be done for the purpose of creating a constituency, how the institution shall be perpetuated, and I made up my mind that is the best way in which to do it. The live members, the people who are present and active, they should be the ones to control it. The idea of having outside people controlling it is to my mind very dangerous because they might use the institution for some other purposes.
There was an attempt made a good many years ago by the General Conference Committee—really it started with one man—to put the institution under the control of a church. This institution was founded upon funds furnished by broad minded people who were interested in doing good, not simply to members of a church or to people who helped to promote their ideas or anything that served a mere sectarian group, but to make the light shine as far as possible. As you know, the Good Book says that God makes the rain to fall on the just as well as the unjust. He is no respecter of persons. He treats them all alike. If they abuse the privileges they have that is their responsibility. The Lord does his part anyway.

I feel that we ought to be just as broad minded. The things that we have come freely to us. The light we have and which does us so much good everyone has as much right to it as we have. If we are sick it is because we are suffering from our own sins.

If the institution is under the control of people that are outside of it there is danger of attempts being made to use the institution for other purposes than those which it announces to the public. When this institution is announced as a medical institution and people come here they should find what they expect. They should not find any church or any sect using the institution for its own special purposes. I do not want to be considered as making derogatory remarks about any organization. I have no idea of doing that. It has never belonged to the Seventh-Day Adventist church. No funds were raised by the Seventh-Day Adventist church to build this institution. It built itself up.

When I began my work here the total net assets of this institution was $20,000. About $30,000 had been invested. The persons who invested the first money here were the owners of it and they had assigned all their dividends to be used for charitable purposes without any sectarian bias whatever. The work was carried on by the men who put their money in. They were the voters. No church ever had any control of it in the world. No church ever invested money in it in any way. So the institution has not made any change.

I am telling you this because there has been no change. There is not going to be any change. We are not aiming to deprive anybody of any rights, but expect to make another class, not simply the original bondholders and their successors, but all the workers that are engaged in the institution and properly represent it and are working for its promotion, and they will be given an opportunity to become members and not charged anything for the membership. All they are asked is to give their hearts and souls and their efforts to promote the institution.

There will perhaps be two or three classes of workers. I hope we can arrange that so that not only those who are fully eligible may have something to do with the institution, have control of it, but those who are being trained and being educated and are in the line of being educated may be represented in some way as associate members, perhaps.
In order to become eligible it is necessary to make an effort to reach all the aims of the institution. In this little book I have endeavored to set down the most essential things relating to biologic living and marked out principles that if a person lived up to they would have the highest degree of efficiency and they would have the greatest longevity that one is likely to attain.

It has been long known that people do not die because they reach the limit of their lives. They do not die of old age, in fact, but they die of wrong methods of living. An eminent French physician said many years ago, "Man does not die; he kills himself by neglects and abuses." That is really true. That is really a fact. People do not die because they have only a certain length of time to live and that time arrives and they have to pass out. Old age is a disease and it is due to wrong habits of living.

I am to blame for the misery I am suffering. I am entirely to blame for it myself. When I was here last year I took a severe cold because I remained until the middle of November and I had not resistance enough to overcome it. I had tuberculosis when I was a boy. It nearly destroyed my left lung so I had very little use of it. You see I do not use it at all. It is all tied up with adhesions and my heart is adherent, too, so I have been somewhat handicapped all my life.

During the War I had a relapse, a bad relapse. My whole chest filled up with water, tuberculosis of the pleura. I went down to Florida and laid down on my back for seven and a half months. I could not walk. I think the last few weeks I began to walk. I had it not only in my lungs, but I had it in my sciatic nerves and the muscles of my back, not tuberculosis but neuritis. It came from the same cause I suppose. I did not expect to come back when I went away. I had no evidence I had any likelihood of coming back.

I sent my associates off to the war. They had gone and I took their work on and I had to neglect myself. Sometimes I did not get a chance to eat all day long. I had very little sleep. I was just working desperately from morning until night and way into midnight. I rarely got away from my office before eleven or twelve o'clock at night and started out early in the morning and many times had but one meal a day and never more than two meals. I frequently had only four hours' sleep and never over five or six. I felt most of the time I would give fifty dollars for one hour's sleep. Glad to do it. As I walked through the halls here I closed my eyes for 15 or 20 seconds just to get a little rest. My eyes felt as though they were on fire and boring into my head. And I worked just that way day after day and month after month and finally my resistance got so low and my blood got so low, reduced to 60, and the old trouble came back because of my low resistance. I had so much trouble when I left-- the lung was so bad-- I did not see how I could come back. I did though and I was still suffering when I came back. As soon as I was able to walk a block I came back and went to work and did my best to make people believe I was in robust health.
We had a meeting of the Trudeau Society soon after I returned, and we had gathered here the great experts in lung troubles from all over the United States. I took advantage of the opportunity to get some of the greatest experts in the United States who made up this society to examine me. I asked them this question, "If I should devote one entire year to trying to recover my health, do you think I could live five years?"

They said, "No, Doctor, you could not expect that with your trouble. It is progressive."

"Could you give me three years? Could I have three years? I must finish my book." I was writing The New Dietetics. I began writing that down in Florida on my back. I wrote 3,000 pages of manuscript on a tablet held up in the air which made a pile of manuscript that high. I started writing that book and I felt I must finish it because there was no book in the world that had in it the new knowledge of foods it contained, and I felt I must finish it. We needed it in the College to train our dietitians.

So I said, "The doctors say I can not live even three years. I will go to work as hard as ever I can, and what little life I have left I will put in in finishing this job." So I went to work and paid no attention to myself. I just plunged into work and determined to forget I was sick as far as I could, and instead of getting worse I got better. You can not imagine how grateful I was that under such circumstances the good Lord should let me live so that I could work a little longer for my fellow men in spreading truth. My friends, it is the only thing that makes life worth living.

You have great opportunities here. People come here from all over the United States. We do not bring them here. They come here from all over the United States. The light we have here has spread all over the world. There are untold numbers of people today who got the light from this place and are now holding up the same light, and that makes this work worth while.

The world is in a worse state than ever. The time of trouble is here. It is right here. It has begun and the people do not know it, and the only hope for saving the people from the terrible plagues that are coming into the world all the time is the light that heaven has planted in this place.

We have an opportunity to pass it on. How grateful these people are for what we do for them! How sweet it is to receive their thanks and know that we have saved their lives. What a blessed thing it is to have such an opportunity and such a work and to have such knowledge and to have truth and light that does so much for people it actually saves their lives. You do not hear very much about that, but I have an opportunity to hear it every day. Every day somebody says, "Doctor, my visit to this institution has saved my life. I am going home a new person. There are such people all over the United States."
Five thousand people come here every year and most of them go home restored to their friends and families, and how grateful they are.

We have not been doing quite as good work as we ought to do. Our principles have not been held up as they should be. It is not our skill that does it, it is the truth we have here. It is the light we have here. The diet that we have here does more for the average person who comes here than all the rest put together. We have many good things beside diet.

The fact I am alive I owe entirely to the fact I keep these principles before my eyes and come as near as I can to living up to nearly every one of them. I cannot do what I like to do. I do not give myself very much care.

A year ago, as I began to tell you, I found myself with a bad cold and a throat so bad it was painful to even utter one syllable, but I felt it was necessary to keep this light burning, so before I went away I gathered the family together and tried to put this thing before them in such a way as to arouse their interest. You remember I told you what the insurance company had done, how that carrying out these principles in a measure, not to the fullest degree—no smoking, no whisky and no dissolve living, but reasonable compliance with the laws of health, at least a certain amount of compliance, had made our life expectation so much better than that of the average person that the insurance company gave us 20 per cent better rates than they gave anybody else. When they began the insurance here for several years they had found we earned a premium because of our health habits, 25 per cent better than anybody else in the country. I suggested we ought to try to do a little better to bring it up. I am sure there has been some effort in that direction, and as a result the insurance people now report that we have earned a still further premium. Now we have raised our standard from 40 years to 60 years; that is, a person in our group here that is 60 years of age has the same terms as a person that is 40 years of age. Between 40 and 60 there is no difference. That is because of right living. I think in money terms it must amount to at least 30 per cent. If we lived up to the whole code perfectly and the rules of this little book, I think we would soon be earning 50 per cent. The thing I am aiming at and calling attention to is, there is an opportunity to develop here a group of people that have a health record so much better than that of the average person as to become a conspicuous example.

I had a letter the other day from a Mormon lady. She said, "Doctor, a hundred years ago the good Lord sent us a message about health, and Joseph Smith who brought us this message told us a hundred years ago that if we followed these rules of health that we would become conspicuous as a remarkably healthy people."

It is an interesting thing that only a short time ago, the League of Nations, the greatest authority on earth on matters of this sort, on statistics, published to the world the fact that the Mormons of Utah and of Missouri, the Mormon group, are the healthiest people in the world. Their health record was 25 per cent ahead of any other group of people, and the light that they have
been following is the very same light we have here in this book. It is the very same light that these people received.

See that picture on the wall. That man is Sylvester Graham. See what a noble face he has. Has he not a beautiful face, a very intelligent face? He was a very intelligent man and a very learned man. Just a hundred years ago that man began preaching all over the United States. He was a brilliant lecturer, an orator, a college professor, and he was educated in law and theology. He was a humanitarian and a very earnest man. He was not strong himself. He had tuberculosis himself and he died when he was 55 because he did not know about vitamins. If that man had only known about vitamins he would have lived. He might have lived on until he was 75 or possibly 100 years of age because he had great vitality. He fought the disease and resisted it for 25 or 30 years, but finally collapsed because he did not know about vitamins.

We would never have had graham bread if it had not been for Sylvester Graham. That is why it is called Graham bread. He published a book, The Science of Human Life. I became acquainted with this man's book way back in 1865. In 1865 I was an apprentice in the Review & Herald office. Elder White and Mrs. White had gotten hold of that book. They had it in their library and used to publish articles about it. You will find in the earliest numbers of the Health Reformer extracts from this man's books and credit is given.

The Mormons got hold of the same light. Joseph Smith got it and said it came direct from heaven. He found it was necessary to make the people believe it. At any rate they did do it.

I had a letter from a Mormon lady. She is suffering from tuberculosis herself. She told what a wonderful blessing this light had been to them. She is doing all she can to help her people. A good many of them have backslidden. She is trying her best to stimulate them to reform. She is regarded as a hopeless case of tuberculosis, but she is using what little strength she has to spread light. She wrote me she was very grateful for the light she had received here. She seemed very grateful indeed for the light God had sent to them. I honestly believe that the Lord did send the light to them. I do not think he sent it to Joseph Smith, but he sent it to Sylvester Graham, and Sylvester Graham got it from another man that brought it over from England, this light, some 25 or 30 years before his time. That man was a clergyman. He was a clergyman of a church that had been started in England that did not allow any person to be a member unless they gave up the use of meat. That was one of the tenets of the church. They made a very religious thing of it.

I met in England when I was over there a number of men who were acquainted with that man and become members of his church, and I met the clergyman of that church. Fine people there. Splendid people. Learned and highly cultured people.

This work began over there more than 150 years ago and this man took it up in this country. He started really a great reform. This man who came over
with him did not understand the ways of the country and he did not succeed in doing very much. His church did not grow.

Possibly you may remember good old Mr. Clubb. I think perhaps you remember Mr. Clubb, a delightful white-haired old gentleman. He was the successor of the man who came from England. He used to come over to visit us here. I knew a number of members of that church. I have seen the little church in Philadelphia. Sixty or 70 years ago I was in Philadelphia when I was studying medicine and I used to see this old church quite frequently.

Now, a very interesting thing that I do not know I have ever told you about was this man Sylvester Graham made a convert of one of the men who started Oberlin College. This man became an earnest convert of Graham's doctrine and introduced the vegetarian idea in Oberlin and they had graham bread.

When I began the use of graham bread and I went to school I was laughed at.

I talked with Fred Gage this evening before coming down here. When I was talking with him I was thinking of what I knew about him when he was a small boy. He is quite a number of years younger than I am. I knew him very well when he was a little fellow. It was just when we were beginning the use of graham bread here. Graham bread was such a rare thing that in those days you could not buy graham flour in Michigan. All the graham flour we could get we had to get from Lockport, New York.

Possibly some of you have seen the little cast iron gem pans. Have any of you ever seen those gem pans? Those gem pans used to be shipped to this place by letter postage.

Elder White was anxious to promote this health idea. He worked very hard at it. He was a great enthusiast. He was really the man who introduced health reform to the Seventh-Day Adventist people. He used to suffer from dyspepsia and used to get the gem pans in quantities and send them out by mail all over the United States.

The only way we could get graham flour at that time was to go to a mill and ask the miller—a lady started it. Mrs. Hall, who used to be matron of this place, started it. She went to the mill and asked the miller, "How much bran do you get out of a bushel of wheat, how much fine middlings, how much coarse middlings, and how much fine white flour and what are the different proportions?" She bought those proportions of all the different mill products and mixed them together and she had graham flour. That was the only graham flour we had in those days.

A great many clergymen in those days were adherents to the graham doctrine. I remember a clergyman who came here and was staying at my father's house. He belonged to people who were called First Day Adventists because they observed Sunday. They were not all together in one party originally, but some of the Adventists became observers of the seventh day. A man, a member of the Seventh Day Baptist church, became acquainted with good old Elder who was the first
Seventh-Day Adventist. He became acquainted with him and converted him to Sabbath keeping and that was the beginning of seventh day observance. This minister, First Day Adventist, was preaching an Adventist doctrine and came here and stopped at my father's house. I was a small boy, but I remember very well an old salt sack -- we used to buy our salt in little thin cloth bags in those days instead of the nice little packages we have now -- full of graham flour he carried in his trunk, and not only his flour but a gem pan. He had an iron pan so he could have his gems cooked for him wherever he went.

There were some hardships in trying to be a health reformer in those days. Now all those things have actually become popular. The little gem pans instead of cast iron are now made of tin, but they originated with this Graham reform, with this vegetarian reform. That is where they all started. It was necessary to have them heavy in those days because in order to make these water gems -- they were made simply with water and graham flour with nothing added to it at all -- they had to be beaten hard for a long time and then they had to be poured into these pans and put on the stove which was made very hot. It had to be so hot when the batter was dropped, one large spoonful dropped in, it would at once pop up in order to make it light.

It was my job when I was a boy of 14 -- that is when this reform started here in Battle Creek -- to get up in the morning and make gems. I used to stir them over night and in the morning stir them again to make them extra light.

I just mention these few points so you can see how this work has grown. It did not flash up and create a little interest for a short time and all die down, but it has grown more and more and it has become here a great light. Think of how many thousands have been helped here. More than 300,000 have been here and their lives have been prolonged and they have been lifted up and made happy and useful. That makes this work worth while. It means it is a splendid enterprise that must be supported. It must not die, but I tell you earnestly and sincerely, my friends, it is in real peril.

We have arrived at a settlement with the bondholders, but the terms are so hard that unless God helps us we can never save the institution in the world. We never can. They demanded 80 per cent of the original debt. The usual basis of settlement of hotels and apartment houses and such things throughout the country, commercial enterprises, is 40 per cent. That is the average throughout the country, and here is a charitable institution and there is not a dollar here that was not a donation. We have been fighting these bondholders now for six years. I remember one of them sat on that sofa for three or four hours every day for three or four days. He had come here to break me down. "You have got to pay a hundred per cent, Doctor. Look at how much money you are making." I remember after talking with him several days, four days running in succession, I sat here in a chair and he sat there and wriggled about and after awhile began to sweat profusely and he finally got up on his feet and said, "Doctor, I am discouraged."

I said, "I am glad to hear it."

"Doctor, the trouble is you are too smart for me."
"No," I said, "you are mistaken about that." I prayed God every minute to help me. "I am smart because you cannot answer my arguments. I am right and you are wrong. You have reason to be discouraged." That is what I said to him. He went out of the door with his head hanging.

If the Lord had not helped us I do not know when we would ever be out of this thing. We are not out of it. See what has happened to us. We have been here now for six years. We never should have been held here in this condition that long. It is a ridiculous thing. During this six years we have been squeezed and squeezed and squeezed. Everybody has been squeezed. Our helpers have had to suffer because of their low salaries, ridiculously low part of the time. I went down to the Judge with tears in my eyes to add five cents to your salary, but it is the fashion—Judge Tuttle has been a very kind man and very courteous and taken a real interest—of courts in receiverships to get every dollar out of the property they can. That is the fashion. It is universal. It is not uncommon at all. They always do it.

We ought to have been out of the receivership in a few months. We might have been out of it if the bondholders had agreed to take 50 per cent and let us go. We could have gotten it. It has been six years. During this time we have not had any profits at all. One time one of the members of the Bondholders' Committee came here with a good deal of swagger. "Well, Doctor, how are you getting along?"

"Very badly."

"Badly? Haven't you got $250,000 in the bank. I understand you made over $100,000 this year. Why do you say, 'Very badly'?"

"We have not made a cent."

"Where did you get this money from?"

"It is not profits," I said.

"You mean to say it is not profits?"

"No. We have not made anything this year, not a cent. The fact is we have never made any money."

"Your books show you have made millions. Where did these millions come from?"

I said, "It was not from profits. It was donated by the workers."

We have not one dollar in this work, my friends, that was not contributed by the workers in the institution, and I showed it to him. I had in my pocket—I was expecting it—the figures. I said, "Here are the facts. For 30 years back this shows the profits and the fees. Medical men connected with hospitals
always get the fees. The hospital takes care of the patient, boards the
patient, but the doctors carry off the fees. When a doctor does a surgical
operation he puts the fee in his pocket. When a doctor examines a patient
he puts the fee in his pocket and so all the way through. Now, instead of
that this institution has always—the doctors here have given every fee of
every sort to the institution itself. I started that plan from the first
year I was here. The Board offered me my surgical fees—not examination
fees but surgical fees—for my salary. "No," I said, "I will never take any
fees. I would rather take no fee at all and rather take no salary at all than
to take fees from my patients." I have performed 22,000 surgical operations
and have never had one single fee. I have never done an operation in my life
that I did not ask God to help me and I did not think I wanted any fee.

I knew at that time as well as I know now that the only way an insti-
tution of this sort can get along or even pay its way is by giving all the
earnings of the institution—the doctors must work for a modest considera-
tion.

So I showed the bondholder two columns. One of these columns was the
fees and the second column was the net earnings and the net earnings were just
half the fees all the way through. Sometimes the fees were a little more and
sometimes the net earnings were a little more, but the net earnings were never
more than a very little more than half of the fees alone. So you see the institution
has really never earned anything. I said to the man, "A medical institution can
not earn anything. Where is there a hospital that is getting rich? No hospital can
get along without support from an endowment or from a banking committee or from
gifts of some sort and so you could not expect this institution to get rich." In
spite of all that because there was a large amount of money in the bank, the bond-
holders thought they must get hold of it. They are trying to take it away from
us. We have only $150,000 left.

When you examine the books of the institution you will see that there has
been during the last, almost six years now, there has been an actual loss of more
than half a million dollars. That is the real fact about it. The books have
what is called depreciation. They charge up the depreciation every year. They
take it out of their earnings before they can show any profits.

The important thing, my friends, is to save the institution. There have
been no profits at all in the last five years. The depreciation has not been
taken care of. The money saved and passed over to the bondholders, every dollar
of it, money that has been accumulated in the bank for the welfare of the insti-
tution should have been spent for the institution in promoting it and advertising
and keeping it in perfect condition and in making improvements we have always to
be making.

It is not Dr. Stewart's fault or Judge Tuttle's fault. It is the policy
of the receivership. No account is taken of depreciation. No money is laid aside
for depreciation. That is considered as one of the misfortunes in a receivership.
Can stand it six months or a year, the usual time of a receivership, but for six
years it is drying the institution up. It is like milking a cow to the last drop
and at the same time giving her just food enough to keep her alive. That is our
situation.
That is where we start. We have to start on that kind of basis, and in order to pay our debts and get them paid at the end of 15 years we have got to make up this deficiency and earn $200,000 a year besides. We have got to earn twice as much as we have earned during this depression. We have to earn twice as much and besides we have got to make up the loss from not keeping the institution in a healthy state. So you see in order to do that we have got to make a tremendous effort.

When this position was forced upon us I protested most earnestly. I did my very best to show up the situation. I protested at the meeting with the Judge. I talked as long and earnestly as he would allow me to talk and I pleaded with the Judge to try to save us from this fate. Well, the attorney said, "You can carry on." Of course we can carry on, but at the end of the time we will have the same debt we had when we started, at the end of 15 years the same debt as when we started. I said, "I won't be here to help." I know the Lord will be here to help you, but I pled for as easy terms as we could get. We got the best terms. Dr. Stewart has done the best he could.

Here we are with an awfully hard job on our hands, and I tell you the only thing that will save us is the truth itself, but we have got to make this truth shine. We have got to glorify it. We have got to live it and set an example for the people who come here. We have got to develop here the reputation of being the healthiest people on earth. In a few years we ought to have a health record here that will show that there is no group of the size of this anywhere with our health record. That will be the best kind of publicity, having a report go out every year that we have such and such a health record. What splendid publicity it will be. What a splendid thing it will be to have this place known as a national health center. There is no such thing in the whole United States as a great health center.

Our name will be Battle Creek Health College. We have not given up the College. It is not dead by any means. It is only waiting until we get this thing started well and then it will be coming up again. We are not going to let such a necessary thing die, but we will continue it. We will have the Aristocracy of Health headquarters here. That is one reason why Dr. Leffler is here. He is going to act as spokesman of the Aristocracy of Health. I did not dare start off the work myself as I am too poor a specimen, so I have been looking around for a good specimen and the Doctor has consented to come in.

We want to start this group of people that are going to live up to the whole truth and to the whole light to do all they can to cooperate with the good Lord himself in his efforts to keep us well.

How do we digest our food? We swallow it and forget all about it. How does it happen to be digested? How does it happen the food we eat is transfigured— I never think of it being chemically changed. It is not chemically changed. It is divinely transfigured, my friends. That inanimate food is converted into living, thinking, feeling human beings. What we eat today is walking around and talking tomorrow and thinking and doing things. It is a real transfiguration. It is God almighty that does it.
No man on earth can tell why the gastric juice in the stomach digests the food you put into it, even live animals you might put into it, but does not digest itself. Why? Why does not the stomach digest itself when it will digest a live oyster or a live frog or any other live animal? The gastric juice does not digest the stomach because the same beneficent power that made it takes care of it.

What keeps the heart beating while you are asleep? If you want your arm to move you have to tell it to move. Suppose you tell your heart to beat faster. Does it pay any attention? Suppose you tell it to beat slower. It does not pay any attention to your command. It sometimes beats faster and sometimes slower, but is always beating at just the rate to suit your condition. Even if you have high blood pressure it is only because you need it. A man who has high blood pressure never has any higher pressure than he needs to have. Sometimes it is not high enough.

A man came in the other day and his blood pressure was 180. We did not do a thing to lower that man’s blood pressure. Everything we did for that man’s blood pressure was to raise it. Why? When we examined his blood we found his non-protein nitrogen was 39. It should not be over 30. The non-protein nitrogen is the poisons in the blood the kidneys remove. The kidneys are a filter and when the kidney poisons get up to 39 that means a third more than it ought to be. That means that the kidneys are unable to remove the poison for some reason. The kidneys have become impaired, worn out, and they can not remove the poison. The only way to get that poison out is for the heart to beat hard enough to bring the pressure up higher.

If you have an atomizer here and you pump the bulb and nothing comes out, do not get a spray, you pump it a little harder, don’t you? By pumping harder you are able to get a spray. It is exactly the same with the kidneys. They are a filter and the rate at which they filter depends entirely upon the blood pressure. I merely mention this illustration.

You all remember Mr. Barron, don’t you? Mr. Barron was a wonderful man. He was too fat. He used to come here to reduce. He would reduce 20 or 30 pounds and go away and eat it on again and come back and reduce again. Every few weeks he was here again. I said to Mr. Barron one day, "You are sinning against light. If you keep on doing this thing the record will come in showing too much sugar in the blood and then sugar will appear in the urine and by and by albumin will appear and by and by your heart will begin to fail in doing so much work. It is only made for a body weighing 160 pounds, which is all you ought to weigh. Here you weigh 340 pounds, more than twice as much as you ought to weigh. Your heart has more than twice as much work as it ought to do and it will wear it out."

The last time he came he was bigger than he ever was before, about 350 pounds. He went to bed at night and in the morning the doctor found his face blue and he did not wake up. Took his blood pressure and it was 50. Now 50 does not make the pressure in the arteries high enough to get the poison out, so the poison rapidly accumulated. The kidneys had stopped work entirely and we could not get them started again. The heart was worn out and
so in spite of all the efforts we could make we could not get that man’s blood pressure up and the kidney poison sent him off in uremic coma.

They came along just as I said they would. First came sugar, then albumin and finally came heart failure and kidney failure and he died. I went up to see him. Just as I was bending over him he opened his eyes and recognized me. Evidently he recalled what I said to him. He looked at me piteously and his lips moved. It went very deep into my heart, my friends, the appeal that man made. We could not save him. Nothing more could be done.

Now, my friends, we are here in this predicament. We have got a job which from a worldly standpoint seems impossible. We have to work as hard as we can. We have been squeezed as hard as we could be and we have only made a hundred thousand, and now we have to make up the deficiency we have been neglecting and in addition we have got to earn two hundred thousand dollars a year, a little more than that. Can we do it? We can do it only in one way and that is to make the light shine so bright it will bring the people here. The way to make it shine is to make ourselves as healthy as we could be and as handsome as we could be and as fine figures as we could possibly be and hold our heads up and look smart and look healthy and make ourselves a credit to this light that we have. I see Miss Messner smiles because that is her specialty to make people look handsome, to make them walk uprightly. Most of you this very moment are sitting down slumped in your chairs. Why? Because when you are about your work you are bending over most of the time and in bending over you get this figure with a round back and when you sit down in a chair you sit in the same way. You relax. You feel tired and feel depressed perhaps, so you sit down and when you get up that is the shape you have, you see.

I find the best way to promote good posture is to tickle people’s vanity a little bit. People think how handsome they are and how fine they look when they sit up straight. It is absolutely true. I am glad to see you begin to straighten up. I will turn around a moment and give you all a chance to straighten up. I wish I had a photograph of you.

This health reform is a real thing. It is not a simple matter of diet. Diet is important. Posture is almost as important as diet. Let me show you how important that is. Sit down this way. Slump as bad as you can. When you sit in this position try to take a deep breath. Do not change your posture. Now take a deep breath. You can not do it, you see. Now sit up straight. Sit as tall as you can. Push your head up in the air as far as you can. Sit back in the chair as far as you can. Push yourself back into the hollow in back of the chair. That is what that hollow is for. Now you notice when you push yourself back, the bar across here supports your back. My, how much handsomer you look. I wish we had a looking glass here so you could all see yourselves. Notice how much better you feel. Now take a deep breath. Breathe in as far as you can and now breathe out. Just notice how your chest rises and how your eyes brighten up. See how they stand out a little. Always remember when you go to have your picture "took" as the boys say, to take a deep breath and see what it does for you.
See what a knowledge of the light and truth will do for you. This is a thing for you to think about. It is a discredit to have anybody walking around this house in that sort of fashion, a slumped sort of way. A person who goes about that way looks as though he were half alive. The fact is he is not fully alive unless he holds himself erect.

Did you ever notice a fine dog how he places his feet solidly on the ground and holds up his head? He hollows his back and is a graceful figure. There are some dogs that are not graceful, some bulldog pups, for example. I cannot recommend them as being very graceful and beautiful. A fine horse holds his head up and has a fine curve in his back and has his feet square upon the floor. The same thing is true of a wild man. Never saw an Indian or a wild man that did not stand in just the same way.

We must give attention to this matter of posture. It is worth while. It gives people more respect for you.

There is another thing that is very important and that is to get people to drink enough. I wonder how many of you find quite frequently that your mouth is dry. How many of you really find some inconvenience from dryness of the mouth? I want to tell you how you can cure it very easily. Do any of you have that trouble? The saliva seems viscid and the mouth seems dry. Do you notice it sometimes? Hands up. Has anybody had that experience? I think you have got so used to it you do not notice it. As a matter of fact every one of you suffer in that way every day. How many of you drink a glass of water at your meals? How many of you drink at meals? Why do you drink at meals? Why? Because when you sit down and begin to eat, the gastric juice pours into your stomach, and in the course of the meal a pint and a half of gastric juice will pour into the stomach. Where does it come from. It comes out of the blood.

People sometimes feel dull and sleepy after meals. The reason is when that amount of water is taken out of the blood the blood becomes thicker. There is not such a large amount of blood in the body, about five quarts; and a pint and a half, almost a quart of water is taken out of the blood. It makes the blood thick, and when it gets thick it cannot get through the little vessels. It has to go through very fine vessels to get into the tissues, the capillaries, as you all know. When the blood gets thick it gets slow, goes slowly and so the brain does not get blood enough and you fall asleep. It does not get into the muscles and they get tired and the whole body becomes more or less inert. You do not have the spirit that you ought to have. Everybody is more or less affected.

What is the cure for that? Simply to drink a glass or two of water before you eat.

If you are going to take a warm bath, the first thing to do, the most important thing to do is to take one or two glasses of water before you take your bath. Two glasses are better than one. A person in a warm bath often loses as much as a quart and not infrequently two quarts of water in that bath. Just think of that. That diminishes your blood and the blood can never be diminished too much, so it is taken out of the tissues and you have not got much saliva because there is not water enough in the blood to make it.
You sometimes wake up in the morning with your mouth feeling dry, viscid and sticky. I am sure you have all had that experience and other experiences you have not noticed because you are so used to it. You ought to take a glass of water before you go to bed at night. The first thing in the morning drink a glass of water to make up the water you have lost through the skin and kidneys over night. To get a good start take a couple of glasses of water in the morning to supply lacking liquid in the blood so the blood can slip through the little capillaries easily and flush the brain and other tissues and keep them all lively at work. These little things are very important. Our inefficiency, our weariness and sluggishness are largely due to neglect of our physical condition. It is because we neglect the common things.

Animals take care of themselves. If we have a pet dog or bird we take better care of those things than we do ourselves. A pet dog gets water. It is always ready for him. A dog get fed at the proper times, but we neglect and abuse ourselves shamefully.

I am telling about these things because there are so many interesting things to learn that people do not know. You think you know all about the care of your health simply because you live in the Sanitarium, and yet you have been going around here all these years and what I have been saying to you now, the simplest things possible, you do not know or at least were not paying any attention to them. So you see what a great volume of useful information there is for you to get hold of.

Dr. Leffler is here tonight and he is going to be right here in the family. He is going to be right after you and keep after you and see that you are as straight and handsome as he is. That is his job. I told him he has got to have you all walking with heads in the air as though you really felt proud of yourselves when I get back in the spring. People going with their heads down look as though they were ashamed of themselves. They look as though they had an inferiority complex. You ladies want to go about here feeling you are queens and you are.

Miss Messner, suppose you get one of these girls to come up and let us see what a handsome figure she has when she stands right.

(Miss Messner demonstrated how to assume a correct posture.)

I would like to see you walking around with heads in the air like princes and nobles and all of you members of the Aristocracy of Health. Dr. Leffler is going to help you. Will you cooperate with him? Hands up.

Will you all make a pledge right now that with the Lord's help you will join with me and Dr. Stewart and the rest of the organization in our efforts to save this institution? I want to tell you it is a big job. We have all got to work together and we have got to be a splendid team, and if we do our best and look to the good Lord for help and follow his guidance, which He is ready to give every one of us if we are willing to be led, we will be successful. The Lord is never forgetful. The same power that takes care of our stomachs and
keeps our heart beating while we are asleep, that same creative intelligence is ready to guide us. It will be a voice behind saying, "This is the way. Walk ye in it." You have heard that voice many times and did not recognize it. You were going somewhere and had gone a little ways and suddenly turned around and came back. If anybody had asked you why you did it you could not for the life of you tell. You changed your mind. What made you change your mind? Didn't anybody say a word to you. There was danger down the road. There was some reason why you ought not to go down that road. If you had gone that way instead of this way, the whole of the rest of your life would have been different. You met somebody it was very important for you to meet. We do not give the good Lord credit for what he is doing for us all the time, and if we follow those indications that come to us and always ask God for leading and guidance, I want to tell you our lives would be entirely different.

I want to tell you that I do not take a bit of credit for anything I have ever done for this institution. People often say, "You must be proud because of the great building you have built up." I say, "No. It is in spite of my mistakes. If there is anything here that is of use to the world, and I hope there is a good deal, it is nothing I have created or done."

I do not ask you to help me to glorify myself in any way. I only ask you to join with me in doing our level best, with God's help, to rescue this great light that God has planted and to save this great refuge for people that do not know where else to go.

Now I am going away feeling assured in my heart that you are going to be loyal and true to the institution. Let us all stand up now for a moment of silent prayer. Let us dedicate ourselves to God's work and human service and the effort to save this institution for humanity. May God help us, and he will.
Outline of History of the Battle Creek Sanitarium for use of
Mrs. Fannie Sprague Talbot, in preparing an article
for the Sunday Free Press, of Detroit.

---------------

The enterprise now known as the Battle Creek Sanitarium was started in
the fall of 1866. The institution was not incorporated, however, until the fol-
lowing year. The following are the names of the original incorporators:--

John P. Kellogg, Calvin Green, Jotham M. Aldrich, Albert Kellogg,
Horatio S. Lundy, John F. Byington, Uriah Smith, Orin B. Jones, Noah N.
Lunt, John N. Loughborough.

The John P. Kellogg mentioned in the above list of incorporators was the
father of the present superintendent of the institution, Dr. John H. Kellogg, and
was one of the principal financial backers of the enterprise. The institution was
at that time a water cure. It was incorporated as the Western Health Reform Insti-
tute. The incorporation was effected under a special statute permitting the organi-
ization of stock companies for the conduct of health institutions under the Miners'
and Manufacturers' act. The private company thus organized was a dividend paying,
stock company. The objects of the corporation as stated in the original articles
were as follows: "The purpose for which this corporation is formed is the treatment
of disease and imparting instruction in the principles of hygiene for compensation
and also for purposes of benevolence and charity."

The articles of incorporation recognized no church or religious sect or
organization of any sort. It was purely and simply a private, dividend corporation
for the purpose of conducting a medical and health institution. A dividend of
ten per cent was declared at the end of the first year. After the lapse of a
year or two more, during which the institution had made perceptible growth, the
stockholders after due consideration decided to make the institution a charitable
enterprise and on this basis were invited to surrender their stock and receive back
the money which they had paid in to the institution. This was done by a considerable part of the stockholders. All the stock issued after this date distinctly stated on its face that no dividends were to be paid, but that all the earnings were to be devoted to the carrying forward of the philanthropic and charitable purposes of the institution.

The small, two-story building shown in one of the accompanying cuts constituted the first main building. The larger building shown in the accompanying cut represents the original main building with additions, and shows the growth of the first ten years. There were several small two-story cottages in addition.

The present superintendent, Dr. J. H. Kellogg, who had been connected with the institution in various capacities during a considerable part of the time from its beginning, took charge of the building shown in this cut, October 1, 1876, thirty-two years ago last October. The Doctor found at that time twenty employees and twelve patients in the institution. The work was at a low ebb, the patronage which had been considerably larger having declined through bad management. The institution was also badly in debt, and Dr. Kellogg was at that time in the East writing books.

Dr. Kellogg graduated in medicine at Bellevue Hospital Medical College, New York after three years' medical study, and remained in the East writing books. The board of directors considered the outlook of the institution so bad that they were not justified in going on unless radical changes and improvements could be made. The chairman of the board, James White, visited Wilmington, Del., where Dr. Kellogg was stopping, and informed him that the board had taken action to close the institution unless the Doctor would consent to take the superintendency of the work. After considerable hesitancy the Doctor consented. He was very reluctant to take charge of the work for the reason that he had determined to go to Europe and to enter upon a course of laboratory research and to devote his life to research and literary work. The Doctor, who had been self-supporting since the
age of ten years, had paid his expenses through medical college by literary work, and had arrangements perfected so that he could easily support himself abroad during an indefinite period of study and laboratory research by labor with his pen. He had already been for three years the editor of the health journal now known as "Good Health", every number of which he has now edited continuously for thirty-six years. It is generally recognized as the leading, scientific popular health journal of the world.

After considerable hesitancy, Dr. Kellogg consented to take charge of the institution for two years with the understanding that he should be released at the end of that time, and that he should be permitted to make whatever changes were necessary to place the work upon a thoroughly scientific and rational basis. Up to that time, it had been conducted as an empirical institution, a sort of mixture of water cure, homeopathy, eclecticism, and really had no scientific direction. Dr. Kellogg, having graduated from a regularly scientific medical school, determined to have nothing to do with the institution unless he could place it upon such a basis as would deserve and receive recognition from scientific medical men. In this he received no enthusiastic support from the former management of the institution, but as this was his inflexible determination, he was permitted to make such changes as he desired. The work was, in fact, practically put entirely under his charge, as the board of directors consisted of preachers who were scattered over the country, and board meetings were rarely held.

Within six months the patronage had grown to such an extent that the Sanitarium family consisted of over 100 persons. All the buildings were filled, and every vacant room which could be secured in the neighborhood was also occupied with patients. It became evident that larger buildings were necessary. Plans were made for a main building which was within the next two years erected, entirely on borrowed capital. This building which was dedicated in the spring of 1878, less than two years after Dr. Kellogg took charge, cost $115,000. Of this, $13,000
consisted of earnings during the period of erection. The remainder was borrowed. Substantial assistance was received from the late Hon. V. P. Collier, at one time state treasurer and president until the time of his death of the First National Bank of the City of Battle Creek. Mr. Collier at various times advanced large sums and without other security than the personal note of Dr. Kellogg whose entire capital at that time consisted of a small library and good prospects, which, however, the majority of people considered altogether visionary. Some twenty years later, Dr. Kellogg said to Mr. Collier on one occasion, "I have always wondered, Mr. Collier, how you were willing to loan me, without any security whatever except my personal endorsement, twenty thousand dollars in a lump when I could not borrow money from anybody else." His reply was, "The officials of my bank were very much scared when I proposed to loan you such a sum. They were quite unwilling to do it. But I sort of felt in my heart that I wanted to help you, and I determined to do it, and give my personal guaranty. If necessary, I would have gone to Detroit and borrowed the money on my personal note to give you the help you needed." Mr. Collier remained a warm friend of the institution until the time of his death, and Dr. Kellogg has on many public occasions expressed his great appreciation of the friendship of this noble man whose career in Battle Creek will always stand as a splendid example of business character and integrity.

At the time of the dedication of the main building, which had about 150 rooms, every room was occupied. As the rooms had been finished off, from the top down, patients had been put into the rooms as fast as they were finished. Though many improvements and enlargements have been made since that time, there has been no time in the history of the institution when all its patients could be put into its main building. The first building was about 150 feet in length. Within a few years, a large addition was made upon the south end. Shortly afterwards, a new building was put up at an expense of about $40,000 for the accommodation of surgical cases.
cases. A few years later an addition was made upon the north end of the building and the east side, and a story was added at the top. In February 1902, both these large buildings were burned to the ground on a cold winter morning, making a loss to the institution of fully $500,000, a portion of which was covered by insurance.

During all the years of the past, the institution had been conducted purely as a private charitable corporation. Some five years before the fire the original charter had expired and a new incorporation had been effected. At this time, the institution was incorporated under Act No. 242 of the Public Acts of the State of Michigan which provides for the incorporation of hospital and other charitable institutions. The following statement of the objects of the corporation we copy from the articles of incorporation which is on file with the secretary of state:—

"The objects of said corporation and other matters germane and auxiliary thereto, are as follows:—

"To found a hospital or charitable asylum within the State of Michigan for the care and relief of indigent or other sick or infirm persons, at which institution may be received also patients and patrons who are able to and do pay for the benefits there received, and which institution shall devote the funds and property acquired and received by it from time to time from all sources, exclusively to maintaining itself, improving its condition and facilities, extending its benefits and usefulness, and facilitating and promoting its purposes, by such sanitary, dietetic, hygienic, and philanthropic reforms and efforts as are germane or auxiliary thereto; all of its said purposes being undenominational, unsectarian, philanthropic, humanitarian, charitable, and benevolent, and in no manner directly or indirectly for private profit or dividend paying to any one."

While the original articles made no reference to any denomination or religious sect or body, the management who in connection with Dr. Kellogg, the superintendent, had had charge of the affairs of the institution during his incumbency,
took care in the new incorporation to state clearly and distinctly, as will be seen by the closing words of the above paragraph, that the institution was strictly undenominational and unsectarian. Th

The constituency provided for in the new articles of incorporation, that is the membership of the association, was made to include all who were at the time of the expiration of the charter stockholders in the old corporation. (In Michigan a charter is limited to thirty years). Every stockholder was permitted not only to become a member himself of the new association, but to name a member for each share of stock which he held in the old corporation. Up to this time, the institution had been conducted as a strictly private corporation; and the new incorporation was placed upon the same basis. The institution had received no support from church or denominational funds. It had never been under the control of any church or religious body. Its management had never made any official report to any church body or organization. The board of management had conducted their own affairs in harmony with the expressed objects of the institution, and had made the improvements which had been made by the earnings which had accumulated, chiefly as the result of the practical contribution of the service of the leading ones connected with the work. Dr. Kellogg, for example, worked during his entire incumbency for only a very nominal salary or no salary at all. Although invited by the board to accept his surgical fees as compensation for his services, he declined to do so, and never received any surgical or any other fees, although the fees for his surgical operations alone frequently amounted to more than twenty thousand dollars a year. The same spirit was shown by other physicians and managers. So the institution had been built up, not by denominational influence or assistance, but by its own efforts and the efforts of those connected with it. The only contributors were the original stockholders, and these were not frozen out in the reincorporation, but were taken into the new corporation and given an opportunity, as before stated, for full and complete repre-
Dr. Kellogg:

A couple of weeks ago I sent a little card to every member of the Sanitarium family, everyone whose name was on the payroll, and I asked in this letter that each one who believed in the principles of this institution and wanted to be counted as a supporter, promoter, and booster of these principles should sign the card and send it back. I wanted with some little anxiety to see how many cards I would get back. I did not know how many there were in our family here who really heartily supported the principles of the institution. I was afraid that in the lapse of time, and perhaps in part due to our neglect to cultivate enthusiasm for the principles, there might have been a decadence in faith and confidence in the principles upon which this institution was founded and the principles which gave it birth but pretty soon the card began to come in and after a few days I had 200 and I said thank the Lord we have 200. What a splendid little army that is and after three or four days, to my surprise, another count showed 400 and I was much astonished a day or two later to learn that the number had reached 500 and here at the last moment there came in 360 and the total count is 860. This was not intended to be a revival meeting in the ordinary sense yet in the true sense it is a revival meeting. The purpose of this meeting is to revive enthusiasm in the splendid principles that have made all this growth and development that you see here on this hilltop. When this institution was started almost 50 years ago I sat as a small boy just fourteen years old under one of these trees then about as big as my arm. There was a gathering of 100 people here and we thought
what a splendid gathering this was, what a fine congregation gathered at the Health Reform Institute dedication of the Battle Creek Sanitarium for that was what the institute was called them. That tree now is so big I can just reach around it and the institution has grown right along with the tree so that at the present time we have a work which covers over a whole acre instead of just one little building. That little two-story farmhouse where this work started has grown now until all the property owned by the institution here counts more than one hundred buildings. We had a family here in the month of August numbering over 2500 persons. That includes patients, helpers and everybody so you see the work is growing but what you see here in Battle Creek is not a beginning. It is not a drop in a bucket even, hardly a drop in the ocean of the real development that has actually taken place in these almost fifty years. Throughout the world you will hear about the principles that are promoted here. You cannot go to any city of five thousand inhabitants in the United States that you do not find somebody who has been to Battle Creek and seen this place. A lady came in the other day from a small town in Oklahoma and I said, "How did you happen to come here?" "How did you happen to select our place?" She said, "I heard about the Sanitarium and I thought it would be a good place for me to go to get well. I said, "How did you hear about it?" "Oh," she said, "Everybody knows about the Battle Creek Sanitarium." It has really come to that point where almost everybody in the United States, every intelligent person, every person who reads the papers knows about Battle Creek and knows about this institution and knows something of these principles. I remember about thirty-eight years ago, 42 years, I have been editing our paper that we call "Good Health"/last spring. The name was then "The Health Reformer", and I thought we ought to change the name because people were prejudiced against being reformed, didn't like to be reformed, so in hunting about for a name I finally hit upon the idea of calling our reform journal, "Good Health". I did not say to anybody we are going to reform you but gave the
agination that we had something that would give them good health. The
journal has been going on now for thirty-nine years under that name. I
spent yesterday at the little town of Alma, about 100 miles north of here, and
I found the whole town stirred up holding what they called Good Health Week,
and I find it has become the most popular thing in Michigan at the present
time to hold a Good Health Week. At the time of our Race Betterment Con-
ference, a year ago last January, there was a clergymen here from Hillsdale,
Michigan, and he became so interested he thought he ought to have something
like it at home so he went back and they had what they called a Good Health
Week and that is where it began so it is a direct feature of our work. At
the present time the State Board of Health is holding a Good Health Week
every single week of the year. Every week right along there is a Good Health
Week and the State Board of Health has some of its agents there and they have
an exhibit and have the whole town stirred up. Last night I spoke to an
audience three times as large as this in the largest hall of the town of
Alma and they were so interested that they stayed from 7:30, when the lecture
began, a man spoke before I did and then I spoke, after him, and they remained
there until nearly 11:00 o'clock and scarcely a person left the room. They
were so earnest and interested to learn about the principles by which better
talked health may be obtained. I taught the gospel to them just as straight as
we talk about it here. I found the people thoroughly enthusiastic. I did not
say I did not think they ought to eat meat, I didn't say anything about it. told
I only showed them some pictures of meat on the screen and showed them what
was in it, and I heard some people saying afterwards, "I'm not going to eat
any more meat" and I heard one lady say, "I found out something about this about
month ago and I have not eaten any meat since and I am not going to." So I
find people are crying for knowledge and ready to take up these principles
as soon
and carry them out just maxima as they learn of them. There are thousands
and thousands of people all over the United States hungrying and
thirsting for the knowledge that we have here. We want to hold up our standards so high that the people who come here cannot help but feel impressed that here is a body of men and women who believe what they talk about, who practice what they preach, so I think it is a good thing for us to gather here tonight. We are going to have a gathering once in a while here to cultivate loyalty to these principles. We want every man and woman who believes these principles to have a part in this work. This movement has swelled to such a proportion that it is spreading throughout the world. Professor Fisher said to me recently, "I tell you, Dr. Kellogg, within five years this thing is going to go like wildfire because it is true."

You know the Bible says "His truth endureth forever," and Christ said, "I am the way the truth and the life". Now this is a part of God's truth that we are dealing with here, truth that will bear the test of actual practical experience, truth that is made up of great and eternal principles that have their foundation in the very constitution of things, in the very constitution of man so we do not need to feel a place. We can trust our feet upon this solid foundation and what a splendid thing it is is to be ever able to look back almost a half a century and see a steady growth, a steady climbing up, never any going back, always climbing up and going forward not by the force of wealth or of astute management but by the intrinsic power of truth that is in the thing itself. It is going forward and we are being carried along with it. A man came to my office about twenty years ago and Dr. Paulson said to me, "This man is very deaf. It is hard to make him understand but he says he wants to see the old man that built up this institution." I went into the office where he was, he looked at me and then he looked out of the window and then he looked back again and said, "Are you the Dr. Kellogg that built up this institution, are you the man that built this institution up from a little beginning of thirty years ago that I used to see when I traveled by on the railroad here and people used to
point out and laugh at and say there is a water cure where they starve people to death." He said, "I have been watching this institution all these years. I am the proprietor of several banks up here in Northern Michigan and I got sick and my doctor told me to come down here and he said, "I am amazed at what I find here and at how this institution has grown from the beginning and people don't laugh at it any more." "Are you the man that built it up?" "I said, "No, I didn't do it". He turned to Dr. Paulson and said, "That's just what I told you. I want to see the old man and it must be the father of this man." He said, "This is Dr. Kellogg." "Well," he said, "I want to see his father then, I want to see the man who has done this thing." My friends I could hardly keep back the tears from my eyes as I assured this man again and again that I had not done it but it was God that did this thing. It is not I. It is the power of the eternal truth that has built this institution up and I want everybody to know that and to feel it. I don't want you to feel that anybody here takes honor or glory and I don't want you to do honor to the Board of Management, to me or to anybody else. The only power on the face of the earth that deserves credit for this institution is God, Himself. It is the power of truth. The trials, tribulations, troubles and harassments and persecutions we have gone through have been enough to destroy dozens of institutions. This institution would have been wiped out long ago if there had not been a power in it and that power was the power of truth. God founded this institution and he wants it to rise and flourish and perform its mission of beneficence to humanity and it is because it has that mission and because there is a power here to heal that is being used and is being represented in a practical way, that is the reason why this institution is going on. What a splendid thing it is to have a part in it. What a privilege it is to have a part in it. When you are working on God's side you are bound to win. When you are helping God to do something you are bound to win. We are trying to do what we can to help
along the cause of truth in the world. You love this truth because nobody was allowed to come tonight unless he loved this thing. That is why we issued the cards. We did not want any doubting promises in here tonight at all or any traitors. We wanted nobody but those who are true blue so before we got through we are going to organize here a health legion, or home guard of the Battle Creek Sanitarium. Men and women who stand up under all circumstances, no matter where they are, and stand for the principles that have done so much for the institution and for us ourselves who are here. A doctor called on a lady in New York awhile ago and while she was getting ready to come down he played with a nice little dog and when she came down she said, "You have a very fine dog here. What is his name?" She said, "We call him Chauncey Depew because he has to speak for his dinner," so we are going to give you something to do to pay for your lunch so now we are going to call on Dr. Riley. Dr. Riley has been with us for more than thirty years. Thirty-three years ago last spring when I came home from Europe I found Dr. Riley. He came here himself and he has been here standing by this work now for more than thirty years and I feel very proud very to sit upon the platform with him. I am sure you want to hear from Dr. Riley.

(Applause)

Dr. Riley: I did not come here expecting to make any remarks. Dr. Kellogg has sort of got me into it tonight. As the Doctor has stated, I have been connected with the work for thirty-two years and during this time I have been teaching and practicing the principles of the institution and I think you all know about where I stand with reference to them. I did not come here to say anything and I think this is all I have to say. (Applause)

J.H.K.: When a man has been studying medicine as many years as he has and has had the privilege of talking with some tens of thousands of people as he has interviewed on the subject of health and he stands up here and says he has been teaching these principles all these years and believes in them,
and practices them, that is endorsement enough.

Here is Elder Tenney. He is one of our old timers. When I first came into this institution and took charge of it thirty-nine years ago, we didn't have any pastor here or any business man, any bookkeeper. In fact, there wasn't much of anything and it didn't require much help because there were twenty patients the day I arrived and the next day there were only twelve, and you can readily understand why. They didn't care to have a small boy for a doctor. In fact, I had to be the whole faculty and business department besides. It wasn't very long before I began to look around for somebody to help us. Patients began to multiply. Not many more people came but they stayed after they got here. It was understood in the institution for several years that nobody ever got away after they got here until after they had their trunk packed the fourth time. As soon as anybody got to packing their trunk, I heard about it and I sat right down with them and did not let up until their trunk was unpacked and we had another chance. One of the first helpers that came along was Elder Tenney. I think he was doing some bible instruction in the College across the road and he came over to help us as a pastor and I think as a bookkeeper and general manager and I think almost everything that we didn't have anybody else to do. He was always ready to help us and was really a friend indeed in need. He rendered us service that was exceedingly appreciated by everybody at that time and he is still with us, so we will ask him to say a word. (Applause)

Elder Tenney: I remember when a small boy, I used to declaim address to the Romans. It began: "I came not here to talk" and I sympathize with the noble Roman tonight for I hadn't any idea of coming here to talk, but my mind does reminisce somewhat. Dr. Kellogg I think came in here forty years ago this summer instead of thirty-nine. I came to the city in the fall of 1877 and when I came to the city on my second visit I entered the school. I came with a fully developed case of prejudice and suspicion against the new doctor. I didn't want to speak to him or get acquainted with him and
I have a confession to make now for the first time, that many times I dodged across the road to avoid meeting him. The denominational air was so full of stories of his infidelity and that he was a dangerous man altogether for a young aspiring preacher to get acquainted with, that I thought my safety lay in keeping a good distance apart from him. One day I was walking down the foot path in front of the Sanitarium where there was a thick hedge and just a little opening for the gate, and as I got to that gate, out popped Dr. Kellogg, face to face with me and it gave me a shock. He turned and very much to my surprise said, "You are Elder Tenney aren't you?" I said, "Yes" and turned around. He said, "Well, wait a minute. I find myself with more on hand than I can possibly do. I have the medical work, the business work, the religious work--I have to carry it all or most of it and I must have some help. Can't you come over and help me?" "No I can't come over to help you. I have made all my arrangements. My time is fully occupied with my studies." "Well, but it won't interfere with your studies at all to come here and conduct our family worship and help us in the institution and you can have your board in the institution." I said, "I have already paid my board in advance for the year. My arrangements are all made." "Well, all right, I'll fix that. I will send a team down for your things this afternoon. Good bye." I said to myself, "Well if he really wants some help in religious lines, I can do some missionary work and perhaps after all I had better go in and try and see." So I was brought into intimate relations with Dr. Kellogg and soon came to know him. I can hardly speak my feelings. My feelings become tender at once when I begin to speak of those days and of what I have experienced from Dr. Kellogg and the help he has been to me and the inspiration his life has been to me. If he were not here I would say more than modesty will allow me to say now. I not only loved the man and found in him the best friend I ever had outside of my own mother, but I found in this institution and in these principles that which I has redeemed my life physically and has been the joy of my heart.
I cannot speak. I am too full of my admiration for the work and the great appreciation that I have every morning on opening my eyes and my first thought as to the precious work that awaits me down here and of the strength that God still gives me to have some part in this work. It is the highest privilege that I cherish and I would not exchange the place that I have for any other place in this world. I have no higher ambition than to stand by Dr. Kellogg and these principles and I believe we are carrying forward a work which I regard to be the noblest work because it embraces all that is true, noble, grand and great. (Applause)

Dr. Kellogg: Our work kept growing after Elder Tenney came and it developed so fast that in two years' time we had to have a new building. Our first large building was put up at an expense of $115,000 and we had to go in debt for every dollar of it. The people of the town looked on. I was brought up in this town from the time I was four years old, and they pointed up at the building and said, "Look at Johnnie's folly." Well "Johnnie's folly" was occupied with patients from the top to the bottom the day it was dedicated, a little less than a year from the time we started to build it. On dedication day the building was full. We began finishing at the top and put somebody into every room as soon as it was finished. We had really, people climbing up ladders and getting through a window into the rooms to occupy their rooms before the stairways were built. All the houses about this part of town were full of patients. From the day the building was dedicated, there never was one day when we could get our entire family into it, so our work went on, developed and grew. After two or three years we became so busy that we did not know what to do. Elder Tenney had his hands more than full. About that time a man came here from Boston and I heard he had been a professional bookkeeper, so I laid wait for him as I did for Elder Tenney and captured him and got him in and he is still here. I feel very proud to introduce to you Brother Murphy. (Applause)
G. H. Murphy: Dear Friends, I am not a public speaker or talker. Perhaps I can tell a little story. In 1869, my attention was first called to this movement and I followed it strictly until 1880 when I was invited here by the Doctor. My first two years I was very radical in my diet, but after three years I let up a little bit and ate meat, mutton and beef but never pork. In 1869 I left off tea, coffee and pork and never touched them since. When I came here I found the Doctor and his followers trying to observe this diet and I felt somewhat ashamed of myself for I lived here more than eight years before I changed and some twenty-seven years ago I left off eating meat entirely and have not touched it since, neither fish, flesh nor fowl. My health is good as you will see and I am very glad that I have done so. I have been trying to uphold the principles of the institution and will continue to do so. I thank you. (Applause)

Dr. Kellogg: We have here Dr. Roth who is also one of the old timers. Dr. Roth came here when he was a boy and I think he has almost grown up in the institution. We were glad to have him come and we are glad to have him with us. His example has always been on the right side. We always knew exactly where to find him and we are delighted to have him here tonight to tell us what these good principles have done for him.

Dr. Roth: I didn't know that I would have to pay so much for my supper. Dr. Kellogg says I was an old timer which may be true. I came here about thirty years ago, a young boy, came from the mountains of Switzerland where I had already carried the standard of health reform in a very practical way, the most tangible way in which health reform had come to us over there then, because we had already heard about Dr. Kellogg and the Sanitarium, only some seven years after Dr. Kellogg had taken charge of it. Health reform came to us in the form of graham bread and I remember that a brother of mine ten years older than I am who was a baker, began to make the first graham bread that was made in Switzerland. We had the white bread and the swarts bread, our black bread which children are very fond of over there, but he began to make graham bread and that is the way that health reform
was carried around the country. Graham bread was made in the little village up in the mountains and in a short time had to be sent all over Switzerland. It was sent by parcel post. This is new here in America, but when we had it at that time in Switzerland and were shipping anything by parcel post, even barrels, I have taken barrels very often to the post office to be shipped to various parts of Switzerland. I have had very nice experiences in this direction. Many people had a chance to learn about health reform through the bread that was made then. Shortly after it was my good fortune to come over here and I came here purposely to be educated in these lines and I am sure that I owe the best of my life to the chance that I have had in coming to this institution. I cannot express my appreciation as well as Elder Tenney has expressed his, but what he has said, I could repeat for myself. I have had occasion to go back to Europe a number of times since and you would be surprised to find how many know about the Battle Creek Sanitarium and the work that has been done here under the leadership of Dr. Kellogg. I dare say that every man who reads more or less has heard about the Battle Creek Sanitarium. Many physicians have heard about it and you do not need to travel very far before you meet some one who has known about this institution, about the noble work which is being done here. In fact, the best authorities in Europe envy this place here. They are calling all the time for such an institution as we have here in a number of different places in Europe. There are a few small ones now, but the demand is big. I am certainly glad to be with you in this work.

Dr. Kellogg: It affords me very great pleasure indeed to hear these remarks from Dr. Roth. Dr. Roth is telling you that our institution has come to be somewhat known in Europe. Before we put up our first building, I was talking with a far seeing man about our prospects and about the propriety of this investment and he said, "The time will come when the name of the Battle Creek Sanitarium will be heard and known all about the world". I really think that time has come. I was traveling in Egypt some twelve or fifteen years
age and I was sitting in a railroad car and we had to have our baggage along with us and my bag was opposite me and my name was on it and pretty soon I noticed a lady and gentleman across the car from me who were whispering and pointing at my bag and then at me, and pretty soon I overheard them saying, "Why that is Dr. Kellogg of Battle Creek" and they seemed to know all about the Sanitarium. I do not think those people had ever been here, but they knew about the institution. I found in Jerusalem a man who knew about the Battle Creek Sanitarium. Not long ago we had here a cousin of Dr. Von Neorden, one of the best known physicians of New York who lives at the present time, an eminent German physician. His cousin is a wealthy cotton broker of New York City. I told him I was very much surprised that he would come here.

"Why," he said, "why shouldn't I come here. I have been all over Europe, through all the different places there, and there is no place that compares with this place. I heard about it over there. When I was in Dresden, there is an institution there that is the most noted one in Europe, and in their advertisements, they announce to the world and to Europe that they give treatment Battle Creek, so I thought I would come to head quarters."

He seemed to be very much pleased while he was here. When I visited Europe some twenty years ago I picked up a German paper and found an advertisement in it of Kelloggs "Stellogische marmittel" which means Kellogg's Foods. The people had begun to learn about our institution and our foods. The last time I was in Berlin I was introduced to an eminent physician, Dr. Pascari (?), and immediately after he was introduced to me he said, "Dr. Kellogg, I ought to know you pretty well. I lived on your foods for six weeks and didn't eat another thing." I found that Prof. Zunts had been experimenting with our foods and had made two of his pupils eat nothing else at all but Battle Creek Foods for six weeks in order to test their properties. So people all around the world are taking note of us. It doesn't give me any feeling of pride that the world is thinking and talking about us but it makes me feel a high responsibility. It makes me feel that
I am walking on very thin ice sometimes, that I am in a very critical position, because there is urgent upon me and upon everybody in this institution to hold up these principles so that when people who hear about the institution and come here, they will find the thing that they expect, and I want every man and woman who comes to this institution this year, next year and all the years to come to find a body of men and women who are standing up as representatives and examples of what these principles can do for men and women and I am sure you all agree with me in that. Here is Dr. Martin who has been with us a number of years. He came here as a student and he has been working all along through these years to become better acquainted with the institution and now he is himself coming to be known throughout the United States as an expert in his particular kind of work and I am very glad, indeed that he is here, not only because we are glad to have his help in carrying on his work, but because of his presence here for he has traveled about as Dr. Roth has done and visited various laboratories, and clinics in various parts of the world and he is prepared to judge whether this thing is worth while or not. I am sure you will be glad to hear from Dr. Martin. (Applause)

Dr. Martin: There are three stages in a man's life, one when he is young and wants to be old, another when he is afraid of old age, and another when he Perfers not to mention it, but I am glad to say that I am here because I like to be here and that is the only reason I can give. I like to be here. My mother in law said to me one time that she was proud of me, and do you know why? Because I was connected with the Battle Creek Sanitarium. When you can make your mother-in-law proud of you by being connected with an institution like this, that is something. (Applause) I am proud of her because she is proud of me because I am here. A man came here the other day from one of the largest industrial institutions of our country and made me a proposition to go and be a physician to that company, and do a certain line of work for them. I said, "I am sorry but I cannot be induced." "Why can't you be induced?" "I like it too well here. It would
take something to take me away from this institution. I have been here now for so many years and I hope to always be here. There is nothing in the world that makes a person so happy as to be in harmony with his surroundings. Anybody who is out of harmony with his surrounding is out of harmony with himself and the man who is out of tune with himself is a miserable creature, but the man who is in tune with himself and his surroundings is a happy creature, so that is why I am so happy. I am in tune with my surroundings. I often have patients say to me, "Why do you stay here? Why don't you come to my town? You can make $20,000 a year there in your line of business. I will start you in business if you will come to my town." Now, I say "That is not for me. I like it here too well here." "Why do you stay here," they say. I stay here because I am in sympathy with the work of this institution and that is the best testimony I can give. When I say that, that stops all argument. Now it is worth a whole lot to me to be in sympathy with my work and with the purposes of my work because it gives me enthusiasm to go on and do that which I have to do each day with an interest and with a will and with a spirit of joyfulness. I enjoy it because of that reason. There is nothing in the world worth while like helping humanity and there is no place on earth I know of where I can do such efficient work and good work along that line as right here. In Europe right now we see the wonderful results of loyalty to a union, one nation standing up against all the world surrounding them, simply because every man of that nation is loyal to his leader, and as a result of their loyalty, they are standing all kind of onslaughts from the enemy. My dear friends, we have a thousand people among the employees of this institution and if every one of that thousand was loyal to this work, what a lot of boosting we could do, if every man was loyal to his work, to the institution, to the principles, there is no end of good which could be accomplished here. There are many people in this institution who are not in sympathy with the movement and I have heard patients tell about such and such a fellow out here in the bath room that is running
down the principles of the institution, boasting how he enjoyed, this, that and the other thing, and you want to know what that man thought of the fellow that told him that? He thought that that fellow was a fool, or that he was an easy mark or had a vermicelli spine as he would say and was here simply to get his bread and butter and not because he was interested in the thing and didn't feel he could go out somewhere else and do what he thought he ought to do. Whenever anybody feels like running down a thing with which he is connected, you can just better believe that that man that is hearing you say that thing is forming an opinion of you that is not a good one. What would you think of a clerk working in a store trying to sell you goods and was running down the merchandise of the store. You wouldn't think much of the clerk would you? The very same thing is true here. People get the same opinion of us when we run down the thing that gives us our bread and butter. My dear friends, we are connected with one of the most wonderful movements of the world. The proposition which this institution is carrying forward along race betterment lines is the greatest movement that can possibly be imagined, and I consider myself a very fortunate boy to be associated with a man and an institution who can do such wonderful things in life. Over in Europe we see two monuments in Paris, one built for Pasteur, a small little monument and one of Napoleon which is a great big monstrous monument that everybody looks up to. There are two men, both great enough to have a monument built to their honor. They built a great monument to the man who destroyed his thousands, and a small monument to the man who has saved his millions. That won't be so in times to come. The world is going to appreciate the man who works and lives to save his fellow men and not to destroy his fellowmen. So we are connected with one of the greatest movements in the world and if every member of this family who joins this health league and be a pusher along that line, its progress will go on at such rapid rate that we will accomplish still greater things in life than have been accomplished. Dr. Kellogg has said his eyes have been opened and he had seen four or five
hundred people here on the hill. It reminded me of Elijah when he thought he was alone standing for God, but the Lord opened his eyes and he saw chariots and armies ready to fight for him, so I am glad we can see here so many loyal supporters ready to hold up Dr. Kellogg's hands and ready to do the work that is to be done. We may not all agree in the minutest details of the principles. It is not so much that we want to idolize or realize the ideal as it is to idealize the real. The real thing in life is to work for our fellowmen, to advocate the principles which stand for good health and good life, both morally and physically and that is the thing we want to idealize and that is the thing toward which I wish to devote my life.

v-p
Dr. Kellogg:

Mr. Piper reports to me that we have 860 people who have signed the cards and in our family we only have 144 left who have not signed the cards, who have not shown their loyalty by putting down their names as boosters of Battle Creek Sanitarium principles. In other words, we have a family of 1,004 and all but 144 are boosters. Now then we must do one of two things. We must get such a tremendous pressure to bear of influence of public spirit and public opinion here in this institution that those 144 people will either get converted and join hands with us or else they will eliminate themselves. They will feel that this is not the proper place for them and they that will naturally come to pass. Here is Dr. Born who has recently come among us. He comes here from a great center of science and of knowledge, the University of Yale at New Haven, where he has been a good many years as one of the professors in that great center, holding a very important place, a very important post. Dr. Born has come here and wants to tell you why he is here. He didn't have to come. He came voluntarily and I would like to have him tell you why. (Applause)

Dr. Born:

Dr. Kellogg said awhile ago that no patient was allowed to go out of this Sanitarium until he had packed his trunk for the fourth time. That is a little better than the institution out of which it is impossible for any patient to get until he has had his appendix removed. When I thought of coming out here into the West I had heard so many stories about the wisdom and the very distinguished look of the men and didn't hear very much about the women but I have since formed my opinion. I had heard so much about the very fine looking men that I rather feared to make the venture. Prof. Phelps, a friend of mine, said that one time he came out to Chicago and attended a class reunion. He saw a very distinguished looking man with a dress suit on and thinking that perhaps he was one of the principal speakers, he asked him what his toast was to be on. This man drew
himself up in all his pride and said, "Oh, what do you think I am? Why, I am a waiter." Another time I had occasion to go into a restaurant and he stepped up to one of the waiters and he said, "Do you serve lobsters here?" He said, "Certainly, Sir, just take a seat right here." I am very glad of having an opportunity of adding a little testimony to what has been said. I believe in the principles advocated by this institution not because they are the principles of the institution but because they are the principles of biologic living, of right living. When I came here I determined to give these principles a fair trial, a fair test, because I thought what was good for a sick man certainly ought to be good for a well man so I tried them out thoroughly and I am very glad to say that I found they agreed with me thoroughly. I have never worked harder nor felt better in all my life than I do today. I lead to this belief not only by my own experiences but also by the experiences of others. I brought with me a number of very important boys from my home town. One of these boys was troubled a great deal with stomach conditions and had been for the last three years. When he came to me I said, "Now throw your medicine away and live according to Sanitarium principles." He did so and today he is able to eat everything and anything and is in the very best possible health and is a thorough believer in this way of living. I know when I told him the other day that there would be no meat here he looked at me with a great deal of disgust and almost made up his mind not to come but now as I say, he is a firm believer in these principles. In our school there are a number of girls and boys who have been greatly benefited by this way of living. I can think now of one girl especially who has gained in twelve pounds in a few months and there was one young lady who came only for the summer and it did her so much good that her father said, "Your place is in the Normal School at Battle Creek" and here she is today. I wish to do what I can to promote these principles because I feel that this is indeed a great movement, a movement which is bound to spread and I want to feel that I have had a share in working for these principles.
A couple of years ago I had the privilege of visiting the institution of which Dr. Kellogg spoke, the Weisborsch, situated just outside of Dresden. I looked it over thoroughly and after seeing this institution I realized how much greater is the Battle Creek Sanitarium and how proud I am to feel that I am a part of this institution. I knew that when I expected to come here a great many of my friends said, "What, are you going to leave Yale and go out to a Normal School of Physical Education?" I said, "Remember, that it is a part of the Battle Creek Sanitarium" and enough had been said. You know that the very last blood of this institution are these principles of right living and you know too, everyone of you have learned that a house divided against itself cannot stand. Now it is up to us to be boosters and to do all that we can to make these principles felt wherever we go, whether it is here or in Chicago or in the East. (Applause)

Dr. Kellogg:

We are going to have just a few more speakers and then have you all talk. We have with us a gentleman who was here as a patient years ago, a man who has seen a good deal of the world, has lived in New York City connected with one of the largest papers in that city, a city editor and was broken down by the pressures of life in the great metropolis. Most everybody suffers sooner or later from New Yorkitis and I am going to ask him to tell us what Battle Creek Sanitarium principles have done for him.

(Mr. Stegman: (Applause)

H. M. Stegman: I am very glad to say a few words tonight because I can speak from personal experience. I feel that one of the most effective testimonies to the religion of Jesus was given by the blind man said, "Whereas I was blind now I can see." I can say it very devoutly.
Before coming to Battle Creek I traveled from Alaska to the West Indies, from the Pacific Ocean to Europe. I went to a number of the leading Sanitariums of the country, consulted a number of eminent physicians from abroad and it was only here that I was restored to health and I hope I may stay here until the last days of my life and help to carry on these principles which have done so much for me. I feel that the people around here would have a better perspective of the Sanitarium if they could get away and could meet people from other places who know about it and could find out just how well known this place is. Sometime ago I began to tell an English army officer about the institution and he said, "Oh, I know about it. My father who lives up in Glasgow, Scotland, has been reading "Good Health" for years and he believes in the institution and practices its methods." At my reunion at Harvard I found my classmates all knew about the institution and wanted to know more about it and the diet. I believe if we here just realized what a big institution this is and what it stands for we would be lots prouder to work for it and would be far more proud of it than we have in the past. In the olden times in New England there was a maiden lady of uncertain age who was very fond of preachers and whenever she could get one to come to her house, she was over-joyed to lavish all kinds of attention on him. They had a new preacher in the village who was unmarried and a young man and she invited him to tea one evening and served all the delicacies she could think of on the table and she poured out his tea and began to pour molasses in his cup for they didn't have any sugar in those days and she poured and poured and poured until he said beg her to stop, not to put so much in. She said, "Parson, if it was all molasses, it wouldn't be too sweet for you." That is the way I feel about the Sanitarium.

(Applause)

Dr. Kellogg:

The thing that made this institution known is education. It is the spreading abroad of our principles through literature. I was
surprised a few months ago when a very learned professor from one of the Eastern medical colleges, from Harvard University, was here, a medical civilized man, a man whose name is famous throughout the whole world, and I told him how much honored I felt to have him here and he said, "Oh, Dr. Kellogg, I have known all about this institution all my life. My father bought a copy of the Home Hand Book when I was a boy and he raised us children by the Home Hand book and he consults it yet" so I discover in many ways that our work here has come to be like a city set upon a hill. The world is looking this way and it certainly is time for us to set our house in order and keep it in order so that every man and woman who stands in this institution shall represent the principles. Whatever fame or reputation the institution has or I have or any of us have in the world may all be attributed to the truth that we stand for. I often remember the verse in the Bible where Moses was giving his instruction to the children of Israel and he said to them, "If you will keep these statutes and these judgments which I give you, then the heathen whom you shall come will say, when they become acquainted with you, 'Behold what a wise and understanding people.'" Now the reason why we have credit, we must not take it to ourselves, we do not deserve any personal credit at all. It is because of the power of truth of these wonderful principles that we are standing for. That is what attracts attention and commands respect so I am glad to hear these splendid testimonies tonight. I am sure Mr. Piper will be glad to tell you a word about his interest in our work. (Applause.)

E. K. Piper:

this evening

I am going to be unique and be brief. Yesterday I thought that I felt somewhat like an old employee of this institution being here 3 1/2 years but tonight after listening to these men I feel like a mere infant and so new that I hesitate to open my mouth. I feel like a newly white-washed fence. While I cannot think of the past because I am
so intensely interested in the future, what I have to say will probably be of interest to you. I am convinced that loyalty is the most valuable quality, that it will build for us a better organization and a greater institution. Now comes the question of reward. First I want to say loyalty is its own reward. Every good thing has its reward. Every kind word and noble deed is a sort of boomerang. When you build loyalty you build a foundation for fine, strong character and you will be destined to enjoy a sense of contentment and satisfaction that disloyal and vacillating people never know. The man who is loyal to others is loyal to himself and on this vital quality rests your success here, in Chicago, in San Francisco, in France, in Africa, or wherever you may go. The greatest reward of any good deed is to have done it. In this particular instance I think that what I foresee of my connection with the Sanitarium places me in a position to prophesy. This institution will never stop growing. Its greatest growth is yet to come. You have seen progress in the past and you will see greater progress in the next five years. Financial conditions are getting better. Business prospects are very good. Cotton is advancing in the South, steel mills are running night and day and manufacturing plants and other industries are operating full time. America, God's country, has been preserved as the market place of the world. What does it mean for us? It means more patronage and that is the thing that interests me. The fairs in California close in December. That is more patronage for the Sanitarium. Europe's big health resorts are practically out of commission—more patronage for the Battle Creek Sanitarium. Battle Creek ideas are more highly respected today than at any time in the history of this work—more patronage for the Battle Creek Sanitarium. The business is waiting for us. The Battle Creek Sanitarium is the health resort of the hour. It but remains for us to speak out and in the promotion department, with which I am connected, we are doing that very thing. We are beginning real, active work, a plan to
bring the people who are seeking help and us who are prepared to give help face to face. Dr. Kellogg is directing this great work so I speak with great interest and enthusiasm. As this institution grows, we, the employees, must grow. More executive and people of judgment will be needed as our work progresses. Loyal men and women will be picked for positions of responsibility and so we progress. This is what the Correspondence Department is trying to help to do for you and for the institution and for itself,—loyal to help so we co-operate in building our own success. We can do it first of all by being loyal. Second, by creating an enthusiastic atmosphere. Third, by working efficiently. Fourth, by giving each patient the best possible service so if, in connection with the special work we are doing, we make every patient a living, walking advertisement for the Battle Creek Sanitarium, our patronage will exceed all bounds and we will have a waiting list soon. Our organization will grow, we will have better facilities, greater advantages, and finally we will claim success in a large way. Press bravely on, reach the goal, gain the prize and wear the crown. Faint not for to the steadfast soul come wealth and honor and renown. To thine own self be true and keep thy mind from sloth, thy heart from soil. Press on and thou shalt surely reach the heavenly harvest time. Toil on. (Applause)

Dr. Kellogg:— Mr. Piper is one of our most efficient boosters. He is a man that is always on hand to do what somebody else is not able to do or not willing to do. We owe the arrangements of the program here tonight and our program to Mr. Piper's work, although he has already enough to do. It is a great pleasure to have a few people about who never have got so much to do that they cannot do a little more and it is the busy people I find that are always ready to do a little more. I was at a large gathering not long ago and one of the speakers, a well-known doctor said, in beginning his speech, a new word has appeared in the English language within the last few months. Probably you have all seen it, and I want to call attention to it because it has such great significance and that new word is "Race Betterment."
Now it is a proud thing for us to feel and know that this word began right here, began to go forth to the world right here in this institution. Our great mission to the world now is to proclaim the way of race betterment. We will have another one of these meetings soon and give you all a chance to talk.

END.
August 30th, 1938.

Memo for Dr Kellogg:
Memo for Dr Stewart:

You hear so much about patients who are not contented here, I thought you might be interested in a few who are here now, who have come back many times. The number of visits listed below are the times the patients have been actually assigned in the medical office. These same people have in many instances, returned as guests, but these visits I have not listed. Too, many months are represented as a sum total in each person's visit.

In some cases considerably over a year.

<table>
<thead>
<tr>
<th>Name</th>
<th>Visits</th>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss Lizzie Rector</td>
<td>63</td>
<td>Mr and Mrs McClintock</td>
<td>10th</td>
</tr>
<tr>
<td>Mrs Bein</td>
<td>24</td>
<td>Mrs McCullough</td>
<td>8th</td>
</tr>
<tr>
<td>Miss Bennett</td>
<td>12</td>
<td>Miss Parezo</td>
<td>7th</td>
</tr>
<tr>
<td>Mrs Campbell</td>
<td>9</td>
<td>Mrs Paul</td>
<td>16th</td>
</tr>
<tr>
<td>Mrs Crouch</td>
<td>12</td>
<td>Mrs Pritchett</td>
<td>18th</td>
</tr>
<tr>
<td>Mrs Ellison</td>
<td>14</td>
<td>Mrs Cotton</td>
<td></td>
</tr>
<tr>
<td>Miss Evans</td>
<td>9</td>
<td>Mrs Boyd</td>
<td>28th</td>
</tr>
<tr>
<td>Miss Flynn</td>
<td>6</td>
<td>Mr &amp; Mrs Cordill</td>
<td>11th</td>
</tr>
<tr>
<td>Mrs Galloway</td>
<td>9</td>
<td>Annah Wilson</td>
<td>19th</td>
</tr>
<tr>
<td>Mrs Goodrich</td>
<td>14</td>
<td>Mr Lovelace</td>
<td>24th</td>
</tr>
<tr>
<td>Mrs Heatley Green</td>
<td>14</td>
<td>Dr Rensud</td>
<td>20th</td>
</tr>
<tr>
<td>Miss Heim</td>
<td>10</td>
<td>Mrs Willingham</td>
<td>17th</td>
</tr>
<tr>
<td>Miss Jane Jones</td>
<td>8</td>
<td>Mrs Pettengill</td>
<td>26th</td>
</tr>
<tr>
<td>Miss Lydia Jones</td>
<td>10</td>
<td>Mrs Armstrong</td>
<td>16th</td>
</tr>
<tr>
<td>Mr Cory</td>
<td>13</td>
<td>Col Armstead</td>
<td>14th</td>
</tr>
<tr>
<td>S. Graham</td>
<td>27</td>
<td>Mrs Stebbins</td>
<td>11th</td>
</tr>
<tr>
<td>I. Rubin</td>
<td></td>
<td>Mrs Curtiss</td>
<td>8th</td>
</tr>
<tr>
<td>Mr Shannon</td>
<td>20</td>
<td>Mrs Walker</td>
<td>9th</td>
</tr>
<tr>
<td>Mrs Katchinsky</td>
<td>15th</td>
<td>Mr and Mrs Sisson</td>
<td>8th</td>
</tr>
<tr>
<td>Mrs Lofton</td>
<td></td>
<td>Mrs Erskine</td>
<td>28th</td>
</tr>
</tbody>
</table>
In some of the above cases, the patients have decided to practically live here as in the cases of Mrs Willingham, Mrs Erskine, Mrs Petengill etc.

Then we have some people who have been here continually for a great length of time,-----

Miss DuPont   since September 1924-----continuously for 14 years.
Mrs VanEvera   2 January 1934       " "  4 years
Mrs Kaufman    " October 1937
Mr Wirt

(All of these people have nurses and are not in the Hospital.)

Then there are any number making us their fifth visit, fourth, etc.

There are many regular summer visitors from the South who come every year, just as guests.

Many of the patients listed on the last page, have brought patients and members of their families with them on every visit.

And certainly the list is not complete. I have only listed those whom I have in mind.

Letta Browning.
Memo for Dr Kellogg

Regarding our dinner guests:

Mr & Mrs Walker—Prominent Banker from Oklahoma—Coming here for years.

Mrs Nunnemaker (the little lady in her 82nd year) is one of the most prominent Wisconsin families. This is her first visit here. She loves the Sanitarium and everything about it. She gave her large home in Milwaukee for a children's hospital.

Miss Susie Best------writer of several books--contributor to Harpers,Century

Mr and Mrs Paul--coming here for years.

Dr Fifield------lecturer and radio broad casting. Publicity expert.

Miss Clarke------writer for MacMillan's.