

COPY

Reading, Pa.
133 South 3rd St.

Jan. 25, 1930.

John Harvey Kellogg, Supt.

My dear Doctor,

I enclose a clipping that may have escaped your observation.

Were all as frank as Mister Shaw our civilization might be a better one.

I have just entered the old class of civilized man, entering my sixtieth and am quite fit.

I write this without glasses need none for reading of which I do usually several hours a day, and need none for ordinary distant vision. Quite a comfort, believe me.

Just to keep my joints in good shape, I chin myself morning and evening five times, going through a few evolutions from Sanford Bennett and Blaikie and with the exercise from house-work, scrubbing and cooking my usual day's poise is most satisfactory.

At least three things make man's current life more or less of a torment, Religion, Eating and Business.

Concerning religion Dryden is right, "But whither went his Soul, let such relate who search the secrets of a future state. Divines can say but what themselves believe. Strong proofs they have, but not demonstrative, For, were all plain then all sides must agree, And Faith itself be lost in certainty. To live uprightly then is sure the best. To save ourselves, and not to damm the rest".
Dryden.

And proper eating and business requires no elucidation with current literature.

Henry Snyder Ritter.

vc

According to Norlin, it take 100 men to make a shoe and 50 men to make a cake of Ivory soap which is guaranteed to float; it likewise takes about 50 men to make a college graduate, but he can't be guaranteed to float, because his education is fragmentary, and great gaps are left; especially on the physical side, there are so many missing parts that the machine won't work.

As one university president said recently, our colleges teach a man a hundred ways of making a living, but do not teach him the things most essential to make living worth while.

May, 1930.

DIETITIANS

The dietary revolution.

Civilization has progressed by revolutions.

Two kinds

Militant

Pacific

Old way - Plain diet - now and then gluttonous feasts.

Wealth brough luxurious habits - feasts every day.

Distribution of wealth brought general spread of luxury.

Professor ----- University, from Poland,

never had chicken"unless I was sick and the chicken was sick."

Modern milling brought in fine flour.

Sugar from beets cheapened sugar.

Napoleon.

Tight houses - log

Stones - displaced fireplaces

City life - sewers, epidemics,

polluted water - typhoid

Corsets

High heeled shoes

Meat industry

Advertising

Coffee

May, 1930.

DIETITIANS

Training of patients.

Committee on points.

Cheering

Values

Balancing 100 a minute

Proteins

Minerals (Iron
(Lime
(Bases

Vitamins

Roughage

Table Dietetics

Chewing Com.

Time for different foods
(Crust - cracker
Bread (Crumb
(Zwieback
(Stale bread
(New bread

Pancake	Apple
Poached egg	Banana
Boiled egg	Protose
Baked potato	Carrots
	Beets
Least time	Lettuce
Longest time	Celery
Average time	Cabbage
	boiled
	slaw
	Spinach

List of Foods

Slice bread
W. cracker
G. "
1 Potato, small
1 " large
1 egg
Milk
Cream
Brown Gravy
Pecans
Malted Nuts

Dr. Kellogg

DR. CHAS. M. SCHERER
OPTOMETRIST AND OPTICIAN
2658 N. CLARK ST.
CHICAGO

June 7, 1930

Dr. John Harvey Kellogg
Good Health
Battle Creek, Mich

Dear Doctor Kellogg:

Your article on sunlight, in Good Health, June, 1930, recalls observations I often made in Gulf Coast states, where negroes frequently lay down in the sun on hot days, when shade was near.

I used to imagine that occurred because those practicing it were too stupid to lie in the shade. But on reading your article, I felt that perhaps blacks lie down in the sun even when the air is hot, because they like it; maybe for the same reason that a cat, a dog, or a chicken often takes a sunning even when the weather is hot. Possibly some blacks are primitive enough to have subconsciously a natural urge to benefit by sunshine.

Their deeper pigmentation would save them from some of the annoyance that whites would experience from bright light. The blacks' eyelids and all the pigmented parts of the eyes would render sunshine less annoying to the eyes; so, they might enjoy lying in the sun when the eyes of whites would be uncomfortable.

In time one's memory becomes rather unreliable, but to the best of my recollection the blacks I observed doing that were commonly, if not always, very black and lay in the sun with bare heads.

This report may give you suggestions for interesting observations some time when you are in the lower South, and maybe the facts have a different significance than I used to imagine.

Very truly yours,

cms/l

Chas. M. Scherer

HIGH BLOOD PRESSURE AND LONGEVITY

Does high blood pressure shorten life? If it does, to what extent?

This question is being asked more and more frequently now that diseases of the heart and blood-vessels have become the chief cause of death in this country, carrying off annually some hundreds of thousands of our best citizens, *one-sixth of all who die*

Here is a man of 40 whose systolic blood pressure is 160; how long will he live? And here is a woman ^{of 60} whose systolic pressure is 200; **How** long will she live?

First of all, it must be ^{noted} mentioned that there are two blood-pressures,--the systolic and the diastolic. The systolic pressure is the maximum pressure developed during the heart beat. The diastolic pressure is the pressure ^{constantly present} in the arteries, ^{even} between the heart beats. The diastolic pressure is thus a "head" against which the heart pump has to work. The diastolic pressure must be overcome before the heart can force any blood into the arteries. Hence, it is evident that of the two pressures, the diastolic is most important because it determines the work which the heart has to do. A high diastolic pressure means more work for the heart and more over-work, and hence an earlier failure from exhaustion.

This question ~~of the effect of high blood pressure upon longevity, or life expectancy,~~ is naturally of special interest in relation to life insurance. Consequently, several of the great life insurance companies have in recent years made careful statistical observations and studies for the purpose

ad

bb

necessarily

of determining the degree to which life is shortened by the ~~disease processes which give rise to high blood pressure, especially high, diastolic pressure, and the extra burden of work imposed upon the living pump,~~ ^{both systolic and ~~because of~~} ^{blood} the central engine of the body which the late Oliver Wendell Holmes thus vividly pictured in one of his noblest poems:

"No rest that throbbing slave may ask,
 Forever quivering o'er his talk,
 While far and wide a crimson jet
 Leaps forth to fill the woven net
 Which in ^{up}numbered crossing tides
 The flood of burning life divides,
 Then, kindling each decaying part,
 Creeps back to find the throbbing heart."

The following table shows the average blood pressure of men living in the United States and Canada as found by life insurance examiners (Hunter):-

Age	Systolic	Diastolic
20	120	80
25	122	81
30	123	82
35	124	83
40	126	84
45	128	85
50	130	86
55	132	87
60	135	89

history of applicants rejected by

The records of the Northwestern Mutual Life Insurance Company show that the mortality rate for persons with high blood pressure is increased in proportion to the increase of systolic blood pressure, as indicated in the following table:--

Number of Mm. Over Average Systolic Blood Pressure for Age	Extra Mortality
+10 to +24	69%
+25 to +34	100%
+35 to +49	145%

The diastolic pressure, as above explained, is the "head" against which the heart works and hence, though always lower than the systolic pressure, its significance is far greater. The normal diastolic pressure varies from 80 to 89 (see table above), and never exceeds 90. For each increase of one point in the diastolic blood pressure, the mortality rate increases 10% to 25%, as shown by the following table (Riesman):--

"To assert that essential hypertension is not primarily a renal disease does not bring one much nearer to an understanding of it. Its pathogenesis is still one of the unsolved problems of medicine. However, essential hypertension has all the earmarks of being dependent on a vasoconstriction, a functional change affecting especially the arterioles, the pre-capillary vessels, which for their size have the largest amount of muscular tissue in their walls. It may be that this vasoconstriction is more pronounced in the renal vessels than elsewhere. If what maintains the normal vascular tone were understood, the cause of the heightened tone called hypertension might be known better."

It is thus evident that high blood pressure, even when the departure from the normal is not excessively great, is not a matter which may be safely ignored. It is like a dry rot in the timbers of a bridge or a concealed fire in the walls of a house. It is an insidious, progressive disease which is constantly, day and night, extending its destruction activity and cutting down the life expectancy ~~at an alarming rate~~ [?]. High blood pressure is a menace to life and certain to shorten one's existence, to reduce one's life expectancy ~~from~~ ^{to one-half} ~~one-third to two-thirds~~ the normal ~~rate~~. That is, a man who at 50 years should have a systolic blood pressure of 130 and a life expectancy of 20 years, with a blood pressure of 175, has a life expectancy of only eight years, a loss of 12 years of life.

cases ^{June 2/30} ~~Prohibition~~ ^{make} ~~and~~ ^{Sc off. Law}

A ~~writer~~ in the Outlook
is very much distressed
because prohibition, like
claims, is ~~making~~ the
decriminalizing the negro
and delicting his res-
pect for law, and making
him a habitual criminal
and a sc off. law breaker
of the patient, law abiding,
long suffering, ~~etc.~~ useful
artisan, he once was. There is

no doubt that white
boalleger in the South
made large use of negroes
~~at~~ in transporting these ^{immigrant} ~~immigrant~~
glad negroes. These, admirable
people are easily ^{when}
made to believe that these
is nothing is no wrong in
supplying liquor in
me gets a credit at it; ^{indeed} ~~indeed~~ the
~~affairs~~ officials charged
with the enforcement of the
law seem to have much less
difficulty in discovering negro
violators of the law than white

violators. The negro is ~~not~~
being victimized by, white boot-
leggers who entice him into
outlawry. The arrest of imprisonment
of the "hippies up's"
would soon make an end of

the business. For
what is the negro the only
scoff-law? How about the
society ladies who ^{every year} smuggle
in millions ^{of dollars} worth of diamonds
and jewelry of various sorts.
And how many of the
millions of our good citizens
were used to keep every man

numbers as convicts return
to their homes with dutiable
and undeclared jewelry?
And how about the lady
school teachers and other gentle
~~passengers~~ who directly ask
~~with~~ them regarding these
pairs of stockings, are they
not just as truly
so of laws as the
southern negro who
cooperates with a boatman?
They are perhaps more
guilty than the negro

because they have not only
evaded the law, but they
have signed a statement
which they mean to be
false. Nevertheless, they
are on the whole, ^{good} law abiding
citizens. ~~and remain con-~~
~~stant~~ to. The fact is, smuggling
is not so universally regarded
as a crime as is theft or
murder. The ^{people} ^{of} ^{the} ^{coast} ⁱⁿ
have never ^{been} ^{bothered} ^{with} ^{disparaging} ^{smuggling}
of the ^{trade} ⁱⁿ
many place still protect
the smuggler and ~~even~~

in these backward com-
munities ~~and~~ officials
~~took~~ ^{often} took the other
way when a group of
heavily loaded rumrunners is
passing.

According to In recent
years ~~regard~~ ^{historians} historians
have discovered that the
Boston tea party was not
an outburst of popular resent-
ment against explicit oppression
but was engineered by John
Dunlap whose warehouses were
filled with ~~led~~ ^{smuggled} and who
as an effective means of suppressing
competition.

where a tariff was first imposed
^{imported} on books in civil war
times, thousands of good people
"dodged" the tariff by having
the books sent by mail
paying ^{the} letter postage rate.

~~The Government~~
The writer remembers recalls
the arrest and summons of a
prominent clergyman
for smuggling Bibles. Another
clergyman whose great
piety was unquestioned was
~~greatly~~ much "exercised" by

the fact that when his
nurse took fire the con-
flagration started in
the room in which were
concealed a lot of Society
watchers which he had
recently smuggled into
the country on returning
from a European trip.
If the negro is being
"demonialized" by prohibited

as the
The demonization of
the negro so pathetically
lamented by certain

the outlook contributed
it due to the ~~causes~~
which ~~helped~~ ~~the~~
is. the effect of ~~the~~ boot-
leg liquor rather than
of the lowering of his
standard of civic duty.

and how about ~~the~~
laws relating to respectability
must they be abrogated be-
cause not observed by
so large a proportion of
our citizens? In the lowering

of standards relating to sex
morality due to the
laws which make ferti-
cation a crime and would
the abrogation of these laws
promote purity in sex rela-
tions.

And how about laws
relating to taxation? ~~do~~
~~and~~ ~~must there be~~
~~abrogated because they~~
~~encom~~

Is not "tax-dodging" almost
universal even among good
citizens? Are there not
hundreds of tax experts who
advise rich clients how
to reduce their taxes to
a minimum without
getting into the clutches
of the law?

Prohibition was brought,
~~without beer~~ to this
country to this ~~beer~~
priceless beerings. The

difficulties incident to the
enforcement of the real-
estate law are the result
of due to the nature
of cases which attend
the enforcement of
~~such~~ tax laws and
~~laws~~ many other laws
which might be men-
tioned the lack of the uni-
versal support of an enlightened
civic conscience. It will
take time to reverse this

by education. ~~or~~ But
every race betterment
agency should labor to
this end.

THE DEADLY OFFICE CHAIR

HOW TO TAKE A SUNBATH (fan)

HIGH LIVING

HOW TO ENRICH THE BLOOD

GETTING READY FOR COLD WEATHER

HEALTH BY TRAINING

THE ANNUAL CHECK-UP

Battle Creek owes its fame as a health city to the fact that it is the home of the Battle Creek Sanitarium, an institution which had its beginning more than 60 years ago in a small water-cure. The water-cure failed after ten years and gave place to the Battle Creek Sanitarium, which under the leadership of Dr. John Harvey Kellogg has acquired international renown as the pioneer scientific medical institution devoted to rational or physiologic curative methods.

Starting with three or four small frame buildings and total assets less than \$20,000.00, the enterprise has grown in fifty-four years to its present development, which comprises besides a commodious main building more than 60 accessory buildings, furnishing accommodations for nearly 2,000 persons.

This great growth has been accomplished without gifts or endowments through careful financial management and the surrender by the physicians of all fees to the general fund of the institution. The Sanitarium is not a stock company, but a purely philanthropic enterprise chartered by the State and dedicated to the public welfare. It is controlled by a board of trustees which makes annual reports to the State auditor. There are no dividends and no profit sharing in any way. The physicians, surgeons, and medical specialists work for moderate salaries and receive no fees, although they give their whole time to the institution and are not permitted to do private practice. This fact accounts for the growth of the institution, since the fees received for examinations, operation, and the services of specialists during the last fifty years aggregate much more than its total present assets. Every dollar of earnings has been expended for

At this hour, during the next few weeks, further accounts will be given of the work of this unique institution by its physicians and others, together with lessons about Battle Creek Health Ideas which will be of interest to those who desire to live so as to enjoy the highest degree of health, comfort and efficiency, and maximum longevity. The subject next week will be Fatigue, or What Makes a Man Tired? Some new and surprising facts will be presented.

July 16, 1930.

Battle Creek owes its fame as a health city to the Battle Creek Sanitarium, the first institution of its kind. Established more than fifty years ago, it has become world famous, not only as a Mecca for sick people seeking relief from chronic ailments, but for its researches, discoveries and inventions in matters pertaining to health. Here originated the ready-to-eat breakfast foods which, first made for the Sanitarium patients, have carried its fame to the ends of the earth.

The electric light bath and other applications of the Edison electric light to curative purposes are among the many important medical and health-promoting appliances which have originated in the research laboratories of the Sanitarium.

Here also originated the race betterment movement and the Race Betterment Conferences which on three occasions have brought together the leading scientists of the United States for the discussion of problems of world-wide interest relating to health betterment and race improvement.

The dominant purpose of the Sanitarium, sometimes designated as the Battle Creek idea, is health promotion through biologic living; that is, the application of science to human living habits in the same thoroughgoing way in which science is applied to agriculture, manufacturing and other industries. The thousands of sick people who visit the institution every year while undergoing treatment are taught how to live in such a way that after recovering their health they may remain well. So the institution is not simply a hospital but an educational institution, really a university

of health. Its Health Extension Department publishes a monthly magazine entitled Good Health, which is the oldest health journal in the world.

The Sanitarium also sponsors and aids in maintaining Battle Creek College, a well equipped institution in which the study and promotion of health are made fundamental.

A summary of the health ideas which have been tested and proven to be valuable is published in a little booklet entitled Biologic Living, a copy of which may be obtained by addressing the Battle Creek Sanitarium, Health Extension Department, Battle Creek, Mich.

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The electric light bath and other applications of the Edison electric light to curative purposes, ^{are among} ~~is only one of~~ the many important medical and health-promoting appliances which have originated in the research laboratories of ^{the Sanitarium} ~~this~~ institution. ~~Hundreds of thousands of dollars have been expended in experiments and researches having for their purpose~~ the application of science to human life in the same way in which it is applied to agriculture and other industries, and the discovery of biologic or physiologic methods of living for the promotion of health, comfort, efficiency and longevity.

G.N. + H.10 + A.A.G.N.

July 31/30

Birthday studies

Study Habits - ask self questions

- about Exercise
- diet
- fresh air
- muscle
- etc.

Exam.

- weight
- Urine - Blood
- Teeth - ^{Supp. acids alb. casts. toxins} _{amorphous} corpuscle
- Stools
- skin
- hair
- eyes
- Lenses: heart, lenses, any known weatherers.

you'll finish about, also about
 Mr. rich man, who wants
 to fight tobacco. See him

July 31/30

See Margaret Hall
ask Dr. Nettie to call Stewart
about Hall's work.

Have more lectures on
diet

The Battle Creek System, or Battle Creek Idea, as the System was named by Dr. King, Professor of Home Economics of the University of Wisconsin, is an up-to-date, scientific, carefully graduated system of health culture for the sick and well. It is based upon this simple philosophy, "Nature is wise; the creative intelligence which we personify as Nature, is beneficent." In the words of Dietl, "Nature creates and maintains; she must therefore be able to cure."

Said the ancient seer, Moses, "The life is the blood; the blood is the life."

Said Bob Ingersoll scoffingly, "If I had been present at the beginning of things, I would have suggested that health should be made contagious instead of disease." Mr. Ingersoll was not aware of the fact that health as well as disease is contagious and of the two, health is by far the more contagious. Nature surrounds us with health-promoting agencies. Sunshine, pure air, pure water, pour floods of health upon us. Wholesome food transfigured into human flesh by the marvelous processes of digestion and assimilation, furnish an inexhaustible supply of health and living energy. We are catching health all the time when we make use of these great life-giving agencies through right living; that is, by natural, wholesome living, we will rid ourselves of the consequences of disease.

For more than half a century, the Battle Creek Sanitarium has been a great experiment station in human living. During this long period, there has been a continuous, concentrated effort to find the scientific way, the natural way, and hence the right way, in everything that pertains to

~~everything that pertains to~~ human physical welfare, and the results have been such that Battle Creek has become known as a health center throughout the whole civilized world.

The Battle Creek Sanitarium is a great University of Health which has become a Mecca for health seekers from every country. Hundreds of thousands have through personal visits, enjoyed the advantages of this School of Health, while many millions have profited indirectly through the health-promoting Battle Creek Ideas which have found their way into every American home, done up in neat packages which have changed the nation's breakfast bill of fare.

While the Battle Creek System comprises many new and novel features, its fundamental principles are old as the hills. Its chief claim as a progressive movement rests upon the attempt which has been made to bring together a coördinated system, such as health-promoting measures and ideas, prophylactic and curative, as have borne the tests of scientific research and clinical experience to which they have been subjected during half a century devoted to this special inquiry, by the aid of elaborately equipped research laboratories presided over by well trained experts, and checked by extraordinary clinical experience.

The purpose of this booklet is to present a brief outline of the main features of the health program developed here, together with the basic scientific facts.

October 10, 1930.

Dr. Kellogg:

Complying with your request, I am enclosing herewith list of different medical articles I have written in the past. I have in mind others to write up but they are not written up as yet.

whr-ebw

W. H. Riley, M.D.

P. S. Dr. Nielsen has written several papers while in the Neurological Department of the institution, and these papers should be added to the ones reported here as papers coming from the Neurological Department of the institution.

WHR

LIST OF MEDICAL ARTICLES WRITTEN
BY W. H. RILEY, M.D.

1. "Report of a Case of Muscular Atrophy with Pathological Findings in the Spinal cord."
By W. H. Riley, M.D.
Reported before the American Neurological Association, New York, June 22, 1892.
Published in Journal of Mental and Nervous Diseases, August 1892.
2. "The Study of Temperature Sense."
By W. H. Riley, M.D.
Published in Journal of Mental and Nervous Diseases, September 1894.
3. "The Voluntary Motor (Neuro-motor) Mechanism and Some of Its Diseases - Motor Paralysis with Illustrative Cases."
By W. H. Riley.
Published in Modern Medicine, January 1894.
4. "A Summary of the Clinical Symptoms Found in Forty-Six Cases of Tabes Dorsalis (Locomotor Ataxia.)"
By W. H. Riley, M.D.
Published in Modern Medicine, November 1894.
5. "A Report of Three Cases of Multiple Neuritis."
By W. H. Riley, M.D.
Published in Modern Medicine, June, 1893.
6. "New Ideas upon the Structure of the Spinal Cord in Man and Vertebrates."
Ramon Y. Cajal, Translated from the French by Adolph Romero and W. H. Riley.
Published in Modern Medicine, 1895.
7. "Contribution to the Study of Progressive Muscular Atrophy."
By W. H. Riley, M.D.
Published in Modern Medicine, September 1895.
8. "The Physiological Action and Some of the Therapeutical Effects of the Short Cold Bath."
By W. H. Riley, M.D.
Published in Modern Medicine, September 1895.
9. "A Report of Cases Illustrating the Successful Treatment of Some Severe Forms of Nervous Diseases."
By W. H. Riley. Modern Medicine December 1895.
10. "A Summary of the Symptoms Found in Fifty-Two Cases of Tabes Dorsalis (Locomotor Ataxia.)"
By W. H. Riley, M.D. Modern Medicine January 1896.
11. "A New Ataxiagraph."
By W. H. Riley, M.D.
Published in Modern Medicine, March 1896.
12. "The Non-Medicinal Treatment of Insomnia."
By W. H. Riley.
Published in Modern Medicine, December 1896.
13. "The Apoplectic Pulse and Its Treatment."
By W. H. Riley, M.D.
Published in Modern Medicine, February 1898.

14. "The Nerve Cell in Health and Disease."
By W. H. Riley, M.D.
Published in Modern Medicine, November 1899.
15. "Value of Rest and Hydrotherapy in Treatment of Cardiac Dropsy."
By W. H. Riley, M.D.
Published in Modern Medicine, May 1900.
16. "A Report of Two Severe Cases of Cardiac Dropsy Successfully Treated by Rest, Tonic Hydrotherapy, Massage, Electricity and Regulation of Diet."
By W. H. Riley, M.D.
Published in Modern Medicine, June 1900
17. "Report of One Hundred Twenty-Eight Cases of Tabes Dorsalis (Locomotor Ataxia.)"
By W. H. Riley, M.D.
International Medical Alliance, December 19, 1906. (Not Published.)
18. "Report of a Case of Myasthenia Gravis."
By W. H. Riley, M. D.
Reported before the Detroit Society of Psychiatry and Neurology, 1908.
19. "Report of a Case of Brown-Sequard's Paralysis."
By W. H. Riley, M.D.
Reported before the Detroit Society of Psychiatry and Neurology, 1908.
20. "Report of Seven Cases of Tabes Dorsalis with the Knee Jerks Retained or Exaggerated."
(Atypical Cases of Tabes Dorsalis.)
By W. H. Riley, M.D.
Reported before the Detroit Society of Psychiatry and Neurology,
Published in Journal of Physicians and Surgeons, Ann Arbor, Mich.
21. "Report of a Case of Raynaud's Disease."
By W. H. Riley, M. D.
Reported before the Detroit Society of Psychiatry and Neurology, 1910.
22. "Report of a Case of Friedreich's Ataxia."
By W. H. Riley, M. D.
Reported before the Detroit Society of Psychiatry and Neurology, 1910.
23. "Report of a Case of Metastatic Carcinoma of the Upper Dorsal Spinal Cord."
By W. H. Riley, M. D.
Reported before the Detroit Society of Psychiatry and Neurology, 1910.
24. "Examination and Diagnosis in Depressed States of Consciousness."
By W. H. Riley, M.D.
Detroit Society of Psychiatry and Neurology, November 6, 1913.
25. "Report of a Case of Tumor of the Spinal Cord."
By W. H. Riley, M.D.
Reported before the Detroit Society of Psychiatry and Neurology, 1910.
26. "Report of a case of Osteitis Deformans (Paget's Disease,) with Megalocrania and Nervous Involvement."
By W. H. Riley, M.D.
Reported before the Detroit Society of Psychiatry and Neurology, 1915.
27. "A Report of Cases Illustrating the Beginning of Degeneration of the Lateral and Posterior Funiculi of the Spinal Cord Attended with Symptoms of Toxemia and Anemia."
By W. H. Riley, M.D. Reported before the Detroit Society of Psychiatry and Neurology.
Published in J. Mich. State Med. Soc. 1914, Vol. 13, page 718.

28. "A Report of A Case of Tabes Dorsalis in the First Stage with Peculiar Cutaneous Abnormalities."
By W. H. Riley, M.D.
Reported before the Detroit Society of Psychiatry and Neurology, 1915.
29. "A Clinical Study of One Hundred Eighty-Six Cases of Anemia with Special Reference to the Involvement of the Central Nervous System."
By W. H. Riley.
(~~This paper is in process of preparation at the present time.~~)
Read before the Northern Tri-State Medical Society, Fort Wayne, Indiana, October 26, 1920.
30. "Clinical Study of Two Hundred Sixty-Four Cases of Pernicious Anemia with Special Reference to the Involvement of the Nervous System." Published in the Medical Bulletin of the Battle Creek Sanitarium, Hospital and Clinic.
31. "Headaches and How to Prevent Them." Published by the Good Health Publishing Company.
32. "The Reaction of the Body to the Short Cold Bath."
By W. H. Riley, M.D.
Published in American Journal of Surgery and Sanitarium Bulletin.
33. "The Syndrome of Occlusion of the Posterior Inferior Cerebellar Artery with Brief Clinical Reports of Eight Cases."
By W. H. Riley, M.D.
Published in Sanitarium Bulletin.

2-13-30
How Much does Hypertension
Influence Life Expectation or
Expectation.

Twenty-five years ago this question could not be answered. When life-insurance ~~was~~ ^{over} medical examiners began the use of the sphygmomanometer they soon discovered that persons with high blood pressure were in general poor risks and so they were ~~not~~ refused insurance. Several insurance organizations soon began a careful study of the mortality rate of these rejected cases.

To what extent do old hypertensive glaucoma keep?

This question is, what is the extent to which the blood pressure is above the normal.

And what is the normal blood pressure for persons of different ages?

The Life Insurance Experts have found the answers to both these questions, and they are shown on the accompanying tables which are condensed com-

Milaton of data carefully
collected and digested by
able life-insurance experts.
So far as the writer knows
this is the first attempt to
make this data available for
clinical use. The tables have
been carefully scrutinized by
several expert insurance statis-
ticians.

Systolic Hypertension

Table A shows in the first column
the age at 5-year intervals; second
column, the average systolic blood
pressure at the given ages. This
table is used by all life

The tables are self-explanatory and
need little comment.

insurance companies, and
is generally accepted as
standard. However, I can in-
form you that on Oscar Rogers,
Medical Director of
the New York Life Insur-
ance Company, and Dr.
Hummel, actuary of the
New York Life that the
normal systolic pressure
is 10 to 15 points lower
than the figures given in
the table, and that is
the fourth column.

~~Column~~

The fourth column of Table A shows the life expectancy at the various ages based upon the average blood pressures shown in ~~column two~~, under B.P.

In the third column is shown the calculated life expectancy based upon normal instead of average blood pressure; that is,

pressure ten points lower
than the standard figures
shown in the record column.

The higher figures shown
in this column are an elo-
quent invitation to add
many years to one's life
expectation by avoiding
all known causes of pre-
mature senility and
conforming one's habits
to biologic and physiologic
requirements. The average
gain in life expectancy at-

tainable by this means
shown by the table is seven
years. Here then is a great
reservoir of human life
and energy waiting
to be tapped and utilized
by those who ~~are~~ ~~we~~
think it worth while to
make use of scientific
knowledge in the ordering
of their daily lives as do the
~~up to date~~ farmer and the manu-
facturer. And this opti-

scientific outlook is not
~~illusory~~ or a mere math-
ematical fancy. It is
~~well known~~ a matter of
common knowledge &
that the health and physi-
cal efficiency of the
average man is
far inferior to the
~~maximum~~ below the
level which may be
attained by training.
Even those who

consider
~~most~~, themselves ~~to~~
~~will~~ be in excellent
health may be ~~con-~~
ditions ~~attracted~~ to
health promoting agencies
lift themselves to a con-
dition of ~~proper~~ health.
At ^{the} ~~the~~ ~~meeting~~ of the Ameri-
can ~~Medical~~ Society
Dr. H.C. Merriam presented
very convincing evidence
that by applying ^{the} modern
facts developed by nutrition

laboratory researches to
human feeding human
efficiency might be
commonly increased
by the super health
attained and seven years
added to the tradition.
three years and ten, ~~the~~
that sherridan's discovery is
in exact agreement with
our table in pointing the
way to a ten percent
increase in the average

length of human eye is
doubled due to the
fact that diet is a
dominant factor in
the modifications of
blood pressure in
health and disease.

Table B_r⁽⁺¹⁰⁾ shows the

effects upon life expecta-
tion of a rise of ~~the~~ 10 points
in systolic pressure

an degree of hyperthermia
commonly regarded
as insignificant and
requiring no attention.

The table shows at once
^{and grievous} an error
how great ^{is} this. This first rise
of ~~be~~ ^{is} ~~myotic~~ ^{much} pressure
causes a ^{greater} loss
in life ^{expectation} than
the same ^{subsequent} ad-
ditional rise. For exam-

ple, if the systolic blood-
pressure of a ~~man~~ ^{person} of 20
years rises from 120 to
130, his life expectation drops
from ⁴⁵ ~~45~~ ⁴⁴ years to 31, a loss of
14 years ^{for each point of rise,} or nearly all.
If the total life ex-
pectation of his ~~total~~ ^{total} life ex-
pectation. A further rise
in b.p. from ^{16 points} 146 (146) ^{to 146 (146)}
causes a loss of only 7
years, or less than half a
year (.44) for each millimeter
of mercury rise. This shows

very clearly that the
early small rise of
systemic pressure ~~is~~
of which the patient is
usually unconscious
which is usually unac-
companied by symptoms
which causes the patient
no inconvenience and
is commonly disregarded
by physicians is a
matter of performed in

length of human life is
doubled due to the
fact that diet is a
dominant factor in
the modifications of
blood pressure in
health and disease.

Table B_n⁽⁺¹⁰⁾ shows the

effects upon life expecta-
tion of a rise of ~~the~~ 10 points
in systolic pressure.

and careful study of the data presented in Table A revealed the interesting fact that the normal blood pressure is 100 plus one half the age. It must be remembered,

The idea once widely held that the normal blood pressure is 100 plus the age was long ago shown to be erroneous.

However, that this rule is based upon the real normal which may be found for any age by subtracting 10 from the figures given in the second column of ~~the~~ Table A.

as a degree of hyperbolicism
commonly regarded
as insignificant and
requiring no attention.
The table shows at once
how great ^{and grievous} an error
is this. This first rise
of ~~the~~ ^{much} ~~hypertonic~~ ^{or} ~~pressure~~ ^{greater} ~~loss~~
causes a ^{much} ~~greater~~ ^{or} ~~loss~~
in life ^{subsequent} ~~than~~
the same ^{ad-}
ditional rise. For exam-

ple of the systolic blood-
pressure of a ~~man~~ ^{person} of 20
years rises from 120 to
130, his life expectation drops
from ⁴⁵ ~~45~~ years to 31, a loss of
14 years for each point rise, or nearly one
third of his total life ex-
pectation. A further rise
in b.p. of an additional 16 points to 146 (146) causes
a loss of only 7
years, or less than half a
year (.44) for each millimeter
of mercury rise. This shows

very clearly that the
early small rise of
systemic pressure ~~is~~
of which the patient is
usually unconscious
which is usually unac-
companied by symptoms
which cause the patient
no inconvenience and
is commonly disregarded
by physicians is a
matter of profound im-

prolance and should
command immediate
attention. Hypertension is
a progressive disease.
It is like a fire in a house.
When we started it con-
tinues unless successfully
combated and arrested.
In the case of a man
whose blood pressure
was risen from 124 to 134,
instead of saying to him,
"as ^{many} diseases do, 'you

need not be at all
concerned about your
blood pressure. It is not
right, 100 plus your age.
Just forget it, he should
say. "Your systolic blood-
pressure is ten points
above normal and that
means a loss of ^{ten} years of your life ^{aspect-}
ation. If you take out life-
insurance it will cost

you 30 per cent more
than it would cost
you if your blood pressure
were normal. You
should take immediate
steps to get your blood-
pressure down to normal
and keep it down and
by so doing may add
10 years to your life
and save 30 per cent
on your ~~the~~ cost if

life insurance. ~~Life~~
~~insurance rates are~~

Life insurance rates
are ~~fixed~~ determined ^{by}
the number of years the
policy holder will be
able to pay his annual
premiums, every year
has a distinct ^{benefit}
value. The insured man
~~should~~ ^{ought} certainly to
have a ^{at all} greater interest
in his life expectancy

and should be made
acquainted with the
significance of blood-
pressure in
pressure increases
and with the means
by which the increasing blood-
pressure may be
stopped and the pressure
brought back
to normal or at
least to normal as
possible, thus winning

back some years of
long life expectation.

In a case recently
brought to the writer's notice
~~a gentleman was after~~
~~having been refused~~
refused whose application
for life insurance had been
rejected because of hyper-
tension. after a few months
of biologic living and health
training at the Battle Creek
Sanitarium to which he was
referred by a life insurance

official, was able to get
all the insurance we
needed.

Table 12 (+26) shows the
effects of a higher, ^{but still moderate,} degree
of hypertension in lessening
life expectancy. By reference
to the last column of the
Table it will be seen that
an increase of the blood
pressure to the extent of
only 26 points above the
normal reduces the life expecta-
tion to one-half the

In view of the fact that
in most of these cases the
blood pressure may be
by proper regulation and
treatment reduced to
approximately normal. It is
it is evident that ~~no time~~
should be lost thorough-
going measures should
be adopted with as
little delay as possible.
With a good prospect of
doubling his life expecta-
tion and reducing his

cost of insurance by
nearly fifty percent
the full cooperation of an
intelligent patient should
be readily secured.

Table II (+36) shows the
deadly effects of the higher
degrees of hypertension. ~~that~~
In view of the loss of 60
percent of the normal
life expectation at all ages
where the systolic pressure

is increased 30 points, it is
obvious that the case is
urgent. If there ^{exist means by which the} ~~is~~ ~~secret~~ ~~of~~ ~~the~~
undertaker may be postponed
even for a fraction of the
normal life expectancy, they
should be brought into use at
once. Fortunately there are such
measures, ~~the value of which~~
~~is attested by~~ and fortunately
also, they are simple as well as
efficient, and may be
effectively employed at home,
and ^{in most cases} by the patient himself
without expert assistance.

Diastolic Hypertension

The grave significance of a rise in diastolic pressure is not always fully appreciated. ~~Diastolic hypertension is~~

The diastolic pressure is the "head" against which the heart pump has to work.

Any increase in ~~an~~ ^{an} equal ~~serious~~ ^{important} than ~~an~~ ^{an} equal rise in ~~diastolic~~ ^{diastolic} pressure. This is clearly shown in the ~~fol~~

~~following~~ ^{Table} B, C, and D under head of ~~diastolic~~ ^{diastolic} pressures, ~~over~~

Table B (90-100). Shows a loss at all ages of ~~approximately~~ ^{approximately} 40 per cent of the normal life expectancy. definite

which are calculated from the
mortality rates observed by the
life insurance companies and
used by their experts in determin-
ing the rates to be paid by
policyholders.

improvement in hypertension cases is accompanied by a lowering of diastolic hypertension.

Table C (104-105) shows that a rise in diastolic pressure of the 20 to 25 points cuts down the life expectation more than 50 percent.

Table D (106+) shows the rapid rise in the mortality rate with further rise in the diastolic pressure above 106, cutting down the life expectation to less than one-third the normal (3.6 percent).

It is gratifying to know
with rare exceptions there must
that even in
desperate cases something may
be done, given help much in
fact, to add materially to the
greatly damaged life ex-
pectation.

Oct. 19, 1930.

Dr. Kellogg:

The following is a summary of the scientific contributions
I have made:

"Puerperal Septicemia", published in Jr. of Mich. State
Medical Society, July, 1913; "Tropical Sprue in Child Six Years of Age",
published in American Jr. of Medical Sciences, Sept. 1925; "Polycythemia
Vera", published in American Medical Ass'n Jr. in April, 1925; "Ulcerative
Colitis", published in Medical Journal & Record, January, 1926; and
"Metastatic Carcinoma of Pituitary Gland", published in Journal of Nervous
& Mental Diseases, September, 1929.

GJ-h

G. Johnson.

College de France

Paris, le 11 Octobre, 1930.

—X—
Laboratoire
de Biologie Generale

—x—

Mon cher collègue

Je tâcherai de vous envoyer un article pour le livre
jubilaire du Dr. J. H. Kellogg. Vous ne me dites pas dans
votre letter à quelle époque il faudrait envoyer cet article.

En France, vous pourriez vous adresser au Prof. Em. ^{Sergent}
du prof. Lio +
L Bernard, tous — professeurs à la Faculté de
Medicine de Paris; en Espagne, au Dr. Recasc--- Doyer de la
Faculté de Medicine de Madrid, à A. pi Suñer, professeur à
la Faculté de Medicine de Barcelone; en Italie, a Benedicenti,
professeur a la Faculté de Medicine de Genes et a N. Pende,
~~professeur a la Faculté de Medicine de Genes~~
Professeur à la même Faculté.

Votre tout diviní ?

--Gley.

did

22 October, 1930.

Sanitätsrat Dr. C. Gmelin
Wyk auf Föhr
Germany

Dr. W. N. Bodyreff, M.D., Director,
Battle Creek Sanitarium,
Battle Creek, Michigan,
U.S.A.

My dear Dr. Boldyreff:

I am very glad to answer your kind and honorable invitation to take part in a dedication for Dr. J. H. Kellogg's 80th birthday. I also hope that Dr. Schulmann, a very clever pupil of Kraepelin and Nonne, friend and collaborator of Prof. Dr. H. Zondek, will send you a contribution for your publication.

You will be interested in the matter that Dr. Schulmann has been the physician in ordinary of our past Minister of Foreign Affairs, Dr. Stresemann, during the last four years of his life.

I will also get in connection with the first director of the well known Lahmann's Sanitorium.

I am quite sure that you have written already to Dr. Bircher-Benner in Zurich, whose son has been in the Battle Creek Sanitorium once before.

With kindest regards,

I remain sincerely yours,

Gmelin.

30. Oktober, 1930.

Medizinische Klinik, Kaiserl.,
Universität, Tokyo.

Sehr geehrter Kolleg!

Ihr Brief mit Datum 24. September dieses Jahres habe ich mit grosser Freude gelesen und kennen gelernt, dass für Dr. J. H. Kellogg, einen sehr Hervorragenden Mediziner, sein 80. lebensjähriges Jubiläum gefeiert werden soll. Ich möchte sehr gern der Feier teilnehmen und in einigen Monaten meine Arbeit zu Ihnen hinschicken. Es ist meine Freude, wenn diese in dem Jubiläumsvolum aufgenommen wird.

Ob jemand unter Japanischen Medizinern der Celebration, welche in Verbindung mit der 4. Rassenverbesserungskongress zu erhalten ist, beiwohnen wird, kann ich vorläufig nicht angeben.

Mit dem besten Gruss auch an Ihrer Frau Gemahlin,

Ihr sehr ergebener.

I. Shimazono.

Dr. Pasteur Vallery-Radot
Professeur Agrege a la Faculte de Medicine
Medecin des Hopitaux

5 Avenue Constant Coquel
B^d des Invalides) Vll^e
Tel: Segur 84.67

—
Sur Rendez-Vous

30th October, 1930.

Dear Dr. Boldyreff:

Pray excuse the delay in answering your letter of the 19th ult: but I have been away a good deal lately and am rather behind with my correspondence.

I shall be very happy to participate in the publication of the volume which is to be dedicated to Dr. J. H. Kellogg and thank you for kindly thinking of me on this occasion. I should be much obliged to you if you would let me know by what date my article should reach you.

Replying to your letter, any one of my colleagues whose name is set out below would, I feel sure, be very pleased to contribute to your publication and you might write to them mentioning my name?

Professeur Agrege Jean Hutinel, 7 Rue Bayard, Paris, 8e.

" " Debre, 5 rue de l'Universite, Paris, 7e.

" " Chiray, 14 rue Petrarque, Paris, 16e.

" " de Gennes, 19 Avenue Emile Deschanel,
Paris, 7e.

Dr. Laubry, Medecin des Hopitaux, 39 Avenue Victor-Hugo,
Paris, 16e.

Professeur Agrege Sezary, 6 Rue de Luynes, Paris, 7e.

They all rank among our most capable workers.

With kindest regards and hoping you are keeping well,

Very sincerely yours,

Professor W. N. Boldyreff.

Pasteur Vallery-Radot.

Dr. John C. Hemmeter
739 University Parkway
Baltimore, Md.

Dec. 10, 1930.

Prof. W. N. Boldyreff,
Battle Creek, Michigan.

My dear Prof. Boldyreff:

Dr. Hemmeter is very ill, but accepts with pleasure the cooperation at a testimonial or Festschrift at Dr. J. H. Kellogg's eightieth birthday.

Very sincerely yours,

(Mrs.) Helene E. Hemmeter.

(A card mailed Mar. 17 from Mrs. Hemmeter)

In Memoriam

Dr. John C. Hemmeter

Born April the twenty-fifth, 1863

Died February the twenty-fifth, 1931

Baltimore, Maryland

(From Fortune, No. 1, Vol. 1, 1930, p. 57).

p. 57 - "Five sons of the late Gustavus Franklin Swift are now the reigning aristocrats of Packingtown, and a sixth functions in Boston.

"Very close are the Swifts to their business. Only one, Harold, has any major outside interest. He is president of the Board of Trustees of the University of Chicago. It was Harold who went to the Yale Law School to bring 31-year-old Dean Robert Hutchins to become Chicago U's prodigy president. It was of dark, grave Harold that British Sir Josiah Stamp once said: "How extraordinary! It is only in America that a butcher could become a university head." He was the only Swift to go to college. He is the only Swift bachelor.

p. 58 -

The Hog is Disassembled.

p. 59 - "Brew" made for animal stock.

Eliminate waste in time.

Nine months to produce hog weighing 180 lbs; 25 minutes will kill it; 24 hours will chill the meat; 15 minutes will see it cut into its hams, its shoulders, its bellies (bacons) and its loins.

TRICHINA: Some dry (or summer sausage) sausage must hang in the drying rooms for four months before government inspectors are satisfied that no suspicion of trichina remains.

p. 60 - "Nothing but an unimaginable outbreak of vegetarianism can interfere with Swift's basic structure and basic prosperity.

"Swift & Co., butcher for 20,000,000 meat-eaters.

"Man, no longer can hunt his quarry and bring home his kill, but he is still carnivorous. Swift & Co., with the knives to cut meat, the ice to preserve it, the cars to transport it, faces the future with small misgivings. For it is the modern minister to a timeless and primeval want."

THE REJUVENATION OFHENRY DOHERTY

One morning in April, 1928, Mr. Henry Doherty, the famous oil magnate, and creator and head of the Cities Service, an organization which lists among its share and bond holders a larger number of persons than any other in the world, was carried into the Battle Creek Sanitarium on a stretcher, on which he had been brought from the wards of one of the great eastern hospitals, to which he had been taken after a sudden collapse in Washington, D. C.

Mr. Doherty was not a stranger at Battle Creek. He had been a guest at the Sanitarium for a few weeks some months before and had left to meet a business exigency, before his cure was completed.

PROFESSEUR EMILE SERGENT

Professeur à la Faculté de Médecine

Médecin de l'Hopital de la Charité

Membre de l'Academie de Médecine

26 Avenue de Messine

10 Janvier 1931

26 Avenue de Messine

Très honorés confrères:

Je suis très honoré par la demande que vous voudrez bien m'adresser de collaborer au livre qui sera offert à l'émminent Dr. John Harvey Kellogg à l'occasion de son jubilé.

Je vous enverrai avant le 1^{er} juin un article original; il me sera plus agréable de l'écrire dans ma langue maternelle, car, si je lis facilement la langue anglaise, je l'écris très incorrectement.

Veillez agréer, je vous prie, très honorés confrères, l'assurance de mes sentiments les plus distingués.

Emil Sergent.

*Dr. M. F. Martin
and M. H. Belyoff*

10 Janvier 1931

26 Avenue de Messine

Tres honores confreres:

Je suis tres honore par la demande que vous voudrez bien m'adresser de collaborer au livre qui sera offert a l'eminent Dr. John Harvey Kellogg a l'occasion de son jubile.

Je vous enserai avant le 1^{er} juin un article original; il me sera plus agreable de l'ecrive dans ma langue maternell, car, si je lis facilement la langue anglaise, je l e'cris tres incorrectement.

Veillez agrier, je vous prie, tres honores confreres, l'assurance de mes sentiments les plus distingues.

Emil Sergent.

Prof. Dr. R. Bárány

Upsala, 12, Jan., 1931.

Dear Professor Boldyreff:

I remember with pleasure my visit to the Battle Creek Sanitarium and the kindness with which Dr. Kellogg received me, his interest in science and his - many children.

If you find it can do any good, I am also agreeing if you put my name among the headletters of the organization committee, but I do not know anybody whom I could suggest to take part in this celebration, as I do not remember who of my colleagues has been in Battle Creek.

As to the article, I think that I will be able to send you one for the volume dedicated to Dr. Kellogg.

Many thanks for your kind wishes, which I heartily return.

Very sincerely yours,

R. Bárány.

UNIVERSITE DE PARIS
FACULTE DE MEDICINE

Clinique Medicale
Propedeutique
(Fondation ville de Paris)
Hopital de la Charite

Professeur Emile Sergent

Paris le 17 avril, 1931

Tres honores confreres:

Vous m'avez fait l'honneur de me demander ma collaboration au lisen jubilaire du Dr. J. H. Kellogg ^{de son ouvrage} et je vous ai promis un article.

J'ai pense que le miens ^{ux} serait de vous adresse un des premiere chapitres de l'Atlas radiologique de l'appareil Respiration que je viens de composer et qui sera publie prochainement par le maison Masson et Cie de Paris. J'ai choisi un chapitre - encore

parce qu'il general de l'esprit - dans lequel les cliniciens doivent faire usage de l'Exploration radiologique et sont la les idées que je soutiens et dans lesquelles je cherche à élever les médecins qui mon enseignement. J'espère que vous accepterez l'article dont je vous envoie les épreuves d'impression.

5/28/31

more than from tuberculosis
in cancer

Pastor next year
to review for this
passed

Write about

See about addition

Go to see P. Dainanas
Tellepian M. Case
about fertilizer
Try Carterhead purchase

wrote to Strander

Said him box's Florida

fruit bananas +

~~My father also had bananas +~~

~~My about Persies party +~~

~~My wife about night +~~
~~working while 2. 5. 3. 9. 11.~~

~~In Carablar, speak +~~
~~quit.~~

~~Codiceil - see about~~
~~See about (weider see next~~

Article for G.I.I. about
Vitamins - see Record

Write Howston about
Paanut see Lester p 231

Get article
Paanut in diabetes

Chemistry of Paanut
by Smith & Wilder
J. Am. Dietet.

A. 2: 157, 1927

Get + use for Hood Co. Lett
see about gum patient
should eat more rice

Have Imposthine

Meeting every day

Have another Doctor

with me.

I have ~~got~~ ^{written} ~~up~~ ^{to} all about cases

amusing miracles
of healing

D. D. Derrick's book

microscope

Lectures about

specimens

acidosis

June 13/31

Sarvita powder mixed with agar
or bran or corn cob

Rich as possible in
Sarvita

105°F Paraffine 905.

Also try to dissolve Sarvita
in paraffin oil

Add 1% formalin to vitamin

Leban 300

10 30

Feed 20

100

120

Memo for Dr. Kellogg

June 8, 1931.

Savita powder made with agar or bran or corn cob.

Rich as possible in Savita.

100° F. Paraffin Q.S.

Also try to dissolve Savita in paraffin oil.

Add Food Ferrin to Vita-met.

TESTS FOR RESTFUL SLEEP

MENTAL AND NERVOUS TESTS

1. Flow of ideas on first awaking.
2. Impression left by dreams.
3. Well rested or tired.
4. Intelligence tests:

Hearing
Sight
Smell
Taste
Touch
Temperature
Muscle sense

5. Coordination - equilibrium.

SUBJECTIVE

1. Feeling of being well rested. Sense of fitness.
Desire for activity.
2. Depression.
3. Nervousness--irritability/
4. Lack of appetite.
5. Lack of confidence--inferiority complex.
6. Emotional excitability.
7. Shortage of breath (Inability to hold the breath more than 30 seconds).
8. Dreams - revery.

PHYSICAL TESTS

1. Grip or complete strength test.
2. Ergograph - work test.
- 3/ Endurance tests.
4. Circulation - pallor.
5. Cold hands or feet.
6. Moist palms or other localized sweating.
7. Coated tongue.
8. Foul breath.
9. Constipation.
10. Pain-heaviness-gas-ganeness-sinking-nausea, or
other distresses after eating.

(To be inserted)

- a. Inability to concentrate.
- b. Inability to make a decision.
- c. Liability to mistakes in writing.
- d. Awkwardness or clumsiness in movement.
- e. Hesitancy of speech--tendency to stammer--misuse of words.

SLEEP

Temperature

Bed

Supper

Bowels

Bath

Exercise

Violent
Moderate
In bed

Static
Breathing

Diet - Acid - bread, eggs, lentils

Basic - Potatoes, vegetables, fruits.

High protein.

High fat.

Carbohydrate.

Coffee.

Tea.

Chocolate.

Kaffee Hag.

Postum.

Minute Brew.

EVACUATIONS

One-a-day
One in 2 days
2 a day
3 a day
Bedtime
Bedtime enema

SUN BATHS

Natural
Artificial

Reading

Music

Monotonous, rhythmical sounds.

Deep breathing - Marking.

COLDS

Exercise
Sunshine
Natural
Artificial

Diet
Sleep
Posture
Elimination

Headaches
Other illnesses
Class work
Endurance

EXERCISE

Walking
Games
Swimming
Gymnastics
Metabolism

SLEEP

Temperature

Bed

Supper

Bowels

Bath

Exercise

Violent
Moderate
In bed

A

Static
BreathingDiet - Acid - bread, eggs, lentils

Basic - Potatoes, vegetables, fruits.

High protein.

High fat.

Carbohydrate.

Coffee.

Tea.

Chocolate.

Kaffee Hag.

Postum.

Minute Brew.

EXERCISE

Walking

Games

Swimming

Gymnastics

Metabolism

o✓
Cummings, R.: Chronic Constipation: Rational
Explanation of the Symptomatology
with Suggestions for Treatment, Am.
J. Surg., 12:534, June, 1931.

Dr. Kellogg:

Cummings states that dietetic treatment of chronic constipation is based upon colon distention and upon the principle of poulticing. Diets rich in vegetable roughage, bran, agar, and psyllium seed not only produce distention thus stimulating peristalsis, but by producing a bland soft succulent mass act as a poultice to an irritated surface thus relieving the inflammation and irritation. Instead of bran acting as an irritant and thus stimulating peristalsis, he believes it acts as a soothing mass retaining water and forming bulk. The same occurs with vegetable roughage, Agar, and psyllium seed are best water carriers. Colon irrigations and hot applications are to be used for sedation effects.

Langenhagen, M. de (1904). "The Treatment of Mucomembranous Colitis." Lancet, 1, 1186.

(1925) "Le Lavage du Colon dans la Colite Mucomembraneuse." Arch. Med. Hydrol., 3, 66.

"Colon Lavage," a New Apparatus." Amer. Journ. Phys. Ther., 6, 497.

Transfer the fluid as far as the caecum with the short nozzle; has been used for 15 years
Machell, H. T., (1911). "Colon Irrigation: The Short versus the Long Tube." Arch. of Pediatrics, 28, 837.

✓ M'Kenzie, D. (1932). "Alfred Higginson and His Syringe: with a Side-glance at the Clyster." Proc. Roy. Soc. Med., 25, 633.

Priessnitz, V. (1842). "Hydrotherapy, the Use of Cold Water." Halifax.

Reboul, A. E. E. (1925). "The Use and Abuse of Intestinal Lavage." Arch. Med. Hydrol., 3, 72.

✓ Rendal, V. M. H. (1929) "Remarks on Colonic Lavage." Lancet, 1, 19.

Russell, W. Kerr (1929). "A New Method of Colonic Lavage (the Borosini Method)." Brit. Jour. Actino. and Phys., 3, 219.

Schellberg, O. B. (1923). "Colonic Therapy in the Treatment of Disease." Oboschell Corporation, New York.

Yates, H. W. (1910). "Present Status of Colon Tube." Amer. Journ. Obst., 62, 761.

✓ Zobel, A (1921). "Recto-colonic Hydrotherapy." Amer. Journ. Surg., 35, 403.

615-853
K 201

93
Making Real Men July 8/31

Benjamin Franklin
tells in his biography of
an interesting and highly
original story from
interview with a
which shows which gives
I am sure every boy
scout can appreciate
a number of Indian chiefs
had gathered at Philadel-
phia, which was then the
headquarters of the

Colonies ~~and~~ for the pur-
pose of concluding a
treaty with reference to
certain lands. After
the business had been
satisfactorily completed
the government officials
~~Heath~~ wishing to show
the Indians a favor, sug-
gested that the chiefs
would select ten of their
young men and send
them to Philadelphia

They would be sent to
school and educated
at government expense.
The principal chief ~~as~~
~~proposed~~ ~~traveled~~
the commission for
their courses but de-
clined the offer saying
that several of their
~~young~~ Indian boys
had attended the schools

of the white man and ob-
tained the education which
he was able to give them
but when they returned
to their tribe they
were useless. They were
ignorant of almost every-
thing they needed to know.
They did not know the
names of the trees, and
flowers and food plants
growing in the woods.
They did know where to

time
~~which~~ to find the berries,
roots, nuts and seeds
useful for food. They
could not have the bear
and deer and Muscivora
of their habits, and so were
unable to hunt. Besides they
were weak and puny, far
inferior to their brothers
who had ~~learned~~ studied the
gotten their education
through study of the great
open book of Nature as they
roamed the woods and

swam the river and
watches their "little
brothers," the ^{bears and} beavers, and
the muskrat, ~~the~~ rabbits,
~~coats~~ raccoons and squirrel
at their work and made the
acquaintance of the birds
and fishes and other dwellers
of their forest neighbors.
In fact, he said, these
education could make
them useful, and
so respectfully declined

the offer made out
the surprise of the
communication he added.
"Send us list of your
~~your~~ sons and we
will make real
men of them."

That's what the
world needs: real men.

And the Boy Scout

Government conceived
and developed by ^{that}
marvellous man
General Baden Powell,
is growing to thousands
of boys in England and
America an opportunity
for the ^{training} ~~development~~
of their bodies, ~~and~~ the
development of good
habits and the forma-

1.
tion of nearly characters
such as will make
them noble citizens
and fit them for me-
cessful careers. In
I am deeply in-
terested in this move-
ment. It is greatly
needed at this time
There are in these
the world certain in-
veter influences which

and hurriedly
are constantly, at work
dragging us down,
undermining ~~our~~
health and vigour, that
acter. Alcohol ~~and~~ is one
of these enemies that
every day also wants
to win must fight and
not only avoid, but
fight for the protection
of the weak and ~~unimpaired~~
unwar. And to a co

in another enemy al-
most as bad, possibly
even worse. The cigarette
is a terrible, ^{enemy of manhood.} ~~evil, to~~
~~society~~ ~~It destroys~~
Its use will blast
all hope of a boy's becoming
a real man. For it
~~does him~~ damages his
body, his mind and his
character.

The best men, the
readers who stand out
in the forefront, of the
men who hold up
the noblest standards
and whose influence
is strongly on the side
of whatever is living and
noble character, are ~~opposed~~
do not use Dadaism and
^{strongly} oppose its use. ~~Such men~~
Among such men whose

names are familiar to
every wide awake boy
are "Feddie" Roosevelt,
President Wilson, President
Taft, Chief Justice Hughes,
Associate Justice Holmes,
John D. Rockefeller and
his noble son who is
devoting his life to
the distribution of a
billion dollars for

The ~~uplift~~ advancement
of human welfare. Gen.
Grant was a smoker.
He died of smother's cancer
of the throat. General
Miles, his ^{because} ~~aid-de-camp~~ was
a strict abstained after
Gen. Grant ^{because ill,}
He said to me "I determined
I would not have my head
cut off in that terrible way."

Must you. Grand's son
followed his father's example
in smoking and died in
the ^{same} terrible death.

It is a terrible mistake
to suppose that it is all
right for a boy to smoke
after he is twenty-one.
Tobacco hurts and
just as much as boys.
It prevents a way for

becoming as large and
strong as he might be.
It prevents a man
from being as efficient
as he ~~is~~ and as neces-
sary as he might be,
and shortens his life.
From a girl to make
it exceedingly harmful,
a boy who was a working
man is to be pitted.

Tobacco is certainly one
the enemies of human
welfare which ~~very~~ ^{very} ~~scouts~~
should fight.

The opportunity which
every boy has to ~~become~~ ^{become} ~~rich~~ ^{rich}
become a strong healthy
man is invaluable. Men
~~make~~ ^{make} ~~great~~ ^{great} ~~under~~ ^{under} ~~a~~ ^a ~~great~~ ^{great}
hardships in training for
a prize fight or a foot-
ball game or a boat race.

Training for one's life work
is far more worthwhile
and endurance are
Health, ~~is~~ just as essential
for complete and ~~continuous~~
permanent success in
a profession or in
business as for a ball
game or a race.

Every boy in America
should have the chance
to be a boy scout. The
boys who take the best training

and who profit by it
will be the great leaders
of the next generation.
There's a good position
and a splendidly ^{id} useful
career awaiting ~~you~~
every good and path-
ful servant.

STILL ON THE JOB

More than fifty years ago (1875) the writer received a letter from a man living in Oregon who wrote --

"I was a soldier in the Civil War. I got camp diarrhea, which left me with colitis, from which I have suffered ever since. I wrote to your father and he told me what to eat and how to live, and I soon got well, and have been . I am 86, still in excellent health, well ever since. Of course your father must be dead, but I thought his son would like to know how much good his father's advice had done. "

My reply,--

"My father was not a physician. I well remember writing you. I am very glad to know that biologic living has done so much for you. You see I have myself profited through biologic living and so am with you alive to rejoice in having demonstrated the power of rational living to combat disease and hold at bay that universal enemy Old Father Time. It is a matter of mutual congratulation that we are both "still on the job."

Dear Doctor:

Are you getting satisfactory results in your hypertension cases? The Bureau of Statistics reports that last year over 200,000 persons died in this country of diseases of the heart and blood vessels, and we are informed that for every one of those who died there are four or five sick all the time. And the mortality from this class of diseases is increasing annually at a really alarming rate.

When a man of fifty years applies for life insurance and the examination discloses the fact that his systolic blood pressure is 180 to 200, he discovers that he has to pay a much higher premium (or rate) than a man with a blood pressure of 130, the average for age 50. The difference is due to the fact that life insurance rates are based on life expectancy. The greater the number of years a man has to live, the lower the rates. A man of fifty years with the normal average systolic pressure of 130, has a life expectancy of 21 years. The same man with a systolic pressure of 170 would have a life expectancy of only 8 years, and so his rate would be more than doubled. A rise of so little as ten points cuts down the life expectancy to 14 years instead of 21, a loss of one-third. The data on which this information is based has been carefully worked out by the actuaries of the big life insurance companies. With considerable trouble I have gotten the data together and condensed it on a card so as to show at a glance the life expectancy for different ages, 20 to 80 years, and different systolic and diastolic blood pressures, and enclose a copy herewith. To insure accuracy I have submitted the card for criticism to the best life insurance experts.

The figures given are averages, of course, and may differ from the findings in an individual case. This does not, however, lessen their significance. For each rise of one point (1 mm. of the mercury sphygmomanometer) there is a loss of 8 months of life expectancy; and for each fall of one point in the blood pressure there is a gain of 8 months in life expectancy or longevity. At a pressure of 166 or more the gain or loss per point is half as much, or 4 months.

Since these figures are sufficiently exact to be used as the basis for rates in life insurance they may be safely regarded as dependable, and so by use of the table it may be possible to predict with a considerable degree of accuracy the probable duration of life in a given case, and what is more important, perhaps, and certainly more agreeable, to discover how many months or years have been added to the expected life duration by bringing down the blood pressure a few points or many.

That the blood pressure may be lowered, both the systolic and the diastolic pressures, is clearly shown by an extended clinical experience at the Battle Creek Sanitarium. Because little can be done for hypertension cases by ordinary measures and while the patient remains in his usual environment and with no change in his habits, it is not to be inferred that nothing can be done for him with a change of environment, change of habits and institutional treatment by a well planned program of judicious correlated physiotherapeutic procedures. The enclosed are advance sheets of a forthcoming report which will later appear in the Battle Creek Sanitarium Bulletin.

(For Talk Oct. 5, 1931)

BATTLE CREEK IDEALS

Biggest things in the world - ideals.

Biggest town, not largest area, population or wealth,
but worth while ideals.

Not so much originating -

A collecting, testing, making practical application.

Region foreordained to be a health center. Fennimore
Cooper.

What early French explorer said. *Lea Salle*

Olivet, Oberlin.

Shepherd
~~Shipford (?)~~ St. Mary's.

Oliver Wendell Holmes - Rip Van Winkle, M. D.

Jacob Bigelow - Paradise of Doctors.

He started reforms.

1863-1886.

1876/

Since 1876, effort to sift and test health philosophies
and to standardize by establishing principles of biology.

Talent educated at best schools of medicine, not from
the ranks of so-called reformers.

Independent - no church or other organization.

What has been given to the world:

Therapeutics (Light as a remedy - bath
 (Dynamometer
 (Swedish movements
 (Hydrotherapy
 (Correlated physiotherapy
 (Electricity
 (World record in abdominal surgery

Hygiene (Ready to eat
 (Coffee substitute
 (Flaked foods
 (Bran
 (Foods to meet all the special
 needs of invalids.
 (Idea given Chicago Fair -
 spread to Europe.

Food success - Inspired capitalists.

All good foods.

Even dogs and chickens benefit.

Amount of foods made.

Foods have gone to very ends of earth.

Arctic --

Antarctic - Byrd.

No visitors - temporary residence.

Doctors.

Lawyers.

Merchants, etc.

Literature - millions of pages.

Ideas reflected in advertising columns of every newspaper.

Such broad publicity never before accomplished.

Battle Creek College

First devoted to biologic ideals. No fad - simply
choose as code of habits highest ideals of biology.

Looking forward.

On this occasion when looking backward is the general
order of the day, etc.

Race betterment aims.

Eugenics.

New race, etc.

0-10
31
That most Use full
Remedy, the Eucema.
Its Use and Abuse, over
there is a wide spread
impression that the use
of the Eucema, other than
as an emergency method
is harmful, ~~even~~
and may do very serious
injury. It is of course
possible that any
remedial measure,
no matter how useful,

may ~~be abused~~ become
injurious, even dangerous
when abused. Unfortunately,
now one disputes the
value of the ~~esenna~~ as
a mechanical means of
emptying the colon when
it ^{suddenly} fails to function normally.
But we wish to speak of
the use of the ~~esenna~~ as
~~esenna~~ under other condi-
tions. There are chiefly

two: (1) a crippled condi-
tion of the eye, ⁱⁿ which it
acts daily or even several
times a day, but never
cures itself in a normal
manner, and always retains
after operation a consid-
erable volume of putrefy-
ing residues. There are
~~many~~
thousands of persons ~~who~~
in this condition who
suffer constantly from dis-
eases called trichiasis, coated tongue,

tongue bad breath, headache
and other miseries because
of incomplete and inadequate
functioning of the colon.
Probably the majority of
men and women
adults and many children
are constantly ill as a result
in their colon function to
the extent of one to three
days. Such persons expe-
rience a great health

uplift whenever the make
some change ^{of diet or other} of habits ~~or~~
which leads to an increase
of colon activity.

~~Anyone who desires to
do so may~~

To insure the condition
of one's colon and especially
to insure whether it is
warding up of perine
residues which are

① ~~maintaining~~^{at} the blood and
impairing the vital
machinery, is at least as im-
portant ~~than~~ as to know
the state of one's bank account.

This information may easily
be obtained by taking at breakfast
16 or 15 grains of carmine in
capsules, and watching
for the appearance of the
red color in the stools.

After noting the time of the
first appearance, watch for
the disappearance and record
the number of leaves which
elapse after latching the red
pigment before its appearance
and disappearance

Another and more
direct method is to take
an excreta at a bed time
If the excreta assumes a

considerable quantity of
residues, the color is not
doing its duty and needs
help. If the color does not
appear in the curmire
test, until the next day, and
~~does not~~ ^{finally} disappears a day or
two later, the color is
not doing its work properly
and needs the help of the
bedtime
enema. It is better to

take the cinema at the
end of the day, so as to give
the barrels a chance to
move ^{naturally} ~~in a normal manner~~
permitting the colon
to do what it can, ~~and~~
The cinema is thus used
~~rather~~ to supplement
the action of the colon,
not to take its place.

This point is important.

When using the bedtime
enema, abundance of
buckwheat, silybium, spinach,
fresh fruit, Poylla, mineral
oil and other colic stimulants
should be systematically
employed. Neglect to ^{do} observe
this is the most common
cause of results which
are supposed to indicate
an increase of the difficulty.

When the encumbrance
used in this manner,
merely as a supplementary
measure, it is highly
beneficial and never does
injury if the volume
is not greater than
2 quarts. ~~The~~ The encumbrance,
in fact becomes a most
useful means of draining the

the colon to normal
functioning. When properly
employed, the enema
encourages the occurrence
of natural bowel movements,
~~but~~ in several important
ways, especially the
following: (1) The residual
ruptures the column of residues
and gut, and gives it a
chance to recover its tone.

(2) It removes putrefying matters which poison and paralyze the bowel. (3) It supplies needed ^{moisture} water to the intestinal contents which is often retained until it becomes dried, hardened, and adherent to the bowel wall. The temperature of the water should be $\# 110^{\circ}$ to 115° F.; the quantity 3 or 4 times. It may be repeated.

A second wire for the
hot water injection ~~is~~ into

the colon is stimulation
in the diseased uncoiled membrane
in cases of colitis used

the blood circulation
relaxation of the spastic

colon. For this purpose
no other measure

there is, ~~nothing~~ so valuable
as ~~the~~ that is irrigation.

In colitis the colon is always spastic,
that is, in a constant state of spasm.

occurs most frequently in the left half of descending section
or caecum. ~~of the~~ ~~of the~~

and overdistension of the right half.
This in time causes ~~from~~ dilatation
and even paralytic of the caecum.

which results in destruction of the
ileocecal valve. This is a matter of
much importance for the reason
that the ileocecal valve is a barrier
set up by Nature ~~to~~ ^{for} protection
against the ~~feces~~ ~~and~~ ~~was~~
food ~~residue~~ remnants and
waste products which collect
in the colon, ~~and~~ ^{where they} ~~are~~ ^{then} remain
until highly ~~noxious~~ in charac-
ter. When the ileocecal valve is
destroyed, the poisons
Netteo from the colon back
up into the small intestine
the during course of the body
where they are absorbed

and produce the same toxic
effects as if they had been
swallowed.

In the treatment of colitis it
is of first importance to keep
the colon free as possible
from these poisonous wastes.
To accomplish this the colon
contracted ~~at~~ must be
relaxed, and hot water
($110^{\circ}-115^{\circ}F$) ^{so-called hot irrigation is} the most effective
means of doing this. ^{When the} intestine is in a
state of spasm, it is bladder, ^{is in a}
all the blood is squeezed out
of it. The blood vessels are

emptily. of the fresh blood
Under this condition little or
no healing can take place.

It is necessary that the
contracted muscles of the intestinal
wall should be relaxed and

~~fall~~ ^{the} vessels of the ~~dis~~
diseased tissues filled with
fresh blood in order that

healing may take place,
that ^{that} irrigation will ac-
complish this the writer

has demonstrated in many
hundreds of cases of colitis

that irrigation will
relax the contracted colon
when the cause is wrong

or mental strain as well as
when due to infection.

Used in the manner and
for the purposes above
outlined, ~~but~~ the ~~cost~~
men and hot irrigation
are resources of inestimable
value. There are no sub-
stitutes for them.

And ~~these~~ no harm
results from their use
even for long periods.
When the colon is perma-
nently crippled, so that

The daily use of the enema is
necessary, a very common
condition, regular, ^{regular} bowel-
movements ^{may} be main-
tained even more easily than
where the ~~enema~~ ^{enema} is not em-
ployed. It is only necessary
to make use of all the
means which encourage colon
activity just as thoroughly
as if the enema were being
used. This is imperative,
the bed time enema should
be used only ~~to~~ as a sup-
plementary means by which

~~to get results in favor~~
~~to secure as complete~~
clearance of the colon as
possible. ~~Here my~~
~~to be looking this~~ exactly
the same attention must
be given to aiding bowel
action by the regulation
of the diet and the use of
dietary accessories as though
these were the only measures
employed.

~~used.~~ These views are not theo-
retical. ~~or~~ They have been veri-
fied by actual experience.

in hundreds of cases. ~~That~~
The writer has observed
a considerable number of cases
in which normal bowel action
with no mechanical assistance
was reestablished after complete
dependance upon the enema
for weeks, years or more.
If properly used, the enema
is harmless and a most
useful remedial procedure.
It is as harmless to ^{receive} ~~use~~
water through the rectum or
colon as to take a drink in
any other way. The colon
is accustomed to contact with

water plus gross impurities.
How can clean water do
it any harm? Of course
it is necessary to avoid
overdistillation by the use
of excessive quantities.
~~of tap~~

10/15/31

BATTLE CREEK FOODS FOR INFANTS

Infant disorders are chiefly due to lack of vitamins and food minerals.

Vegetables are the chief source of food minerals and vitamins. Spinach, the carrot, and the tomato are richest in these precious food elements. Infants and young children need them, but to prepare them for their use requires technical skill and facilities beyond the reach of the average housewife and the ordinary kitchen.

For some years, various vegetables designed for use by infants have been offered the public, but none have seemed to be wholly satisfactory, either in physical form or in flavor. For infant feeding, ready solubility and an attractive or at least not unattractive, flavor are essential qualities.

Battle Creek Foods for Infants are prepared by a new process which preserves and improves the delicate natural flavors and presents the vitamins, food minerals and other nutrient elements in readily soluble form prepared for prompt absorption and assimilation.

This has been accomplished by associating with the vegetable concentrate a colloid solute, to serve as a vehicle. A comparison with other vegetable products of like character will show at once the great superiority of Battle Creek Food for Infants.

Not usable

Friedenwald, J. and Feldman, M.: The Prolonged
Use of Colon Enemas upon the Bowel in Animals

Tr. Am. Gastro-Enterol. Assn., 33: 12 (1931)

Experiments on dogs, with various types of solutions
used in high and low enemata.

Concludes: "Finally it appears obvious from these
experiments, that the prolonged use of rectal injections
and irrigations may result in the production of a variety
of colonic affections of a more or less severe grade." --
(Inflammatory changes; hemorrhage; ulcerations.)

In discussion, Dr. Jones said. "In using our barium
enemas we measure the exact amount of barium mixture it
takes to fill the colon, because there are so many things
that may occur in giving enemas that "crash the gates" of
the ileocecal valve, washing the colon contents up into
the small bowel."

La Rochelle, F.D.: (Springfield, Mass.)

Colonic Therapy

Am. J. Surg., 10: 496, (Dec.) 1930

If an apparatus is selected necessitating the use of a cecal tube, the process will be found tedious, difficult, unsatisfactory and sometimes dangerous.

Author uses his own special one-tube (22 inches) apparatus, and describes the technic "While this apparatus was primarily intended to give colonic irrigations, we found it so convenient that we used it for enemata, which differ only in the quantity of liquid used." He has given over 1,000 treatments without accident.

"Some have questioned that the whole colon could be washed with this type of apparatus and we find stated in the literature that it is only with a tube introduced into the cecum itself that this can be accomplished. When a mixture of soap and water is forced into the rectum and sigmoid under sufficient pressure the bowel is distended and made to contract, and, if expulsion is resisted at the sphincter ani, the wave will turn and move up the colon, and in this manner will pass over the splenic flexure and eventually reach the transverse colon and cecum. It certainly should be as easy to introduce soap and water into the cecum as it is to insert a tube and once the colon is distended with a stimulating liquid the wave of contraction initiated at the ileocecal valve will sweep down

La Roche
(2)

the colon and pour the emulsified contents into the descending colon and result in evacuation."

"In our sense colonic irrigation is not to be considered as a novel procedure but as an extended enema."

X

Rothman, H.W.: (New York City) Colonic Therapy

Clin. Med. & Surg., 37: 895, (Dec.) 1930

The process of digestion does not end at the ileocecal valve. Material that passes into the colon through the ileocecal valve is in a liquid state and consists of a certain amount of unabsorbed food material together with digestive enzymes. The splenic flexure acts as the point where the colon takes on its purely motor function.

Uses the Schellberg apparatus and has had extremely gratifying results with colon irrigation.

In a series of over 100 cases where the author estimated the hemoglobin of the blood before and after a series of irrigations he did not find any appreciable drop. In nearly 5,000 irrigations he has never seen gut perforation or shock. He is of the firm conviction, however, that in the hands of the unskilled, or with inadequate apparatus, it is possible to cause injury to the mucosa of the colon. The purpose of colonic irrigation is not to flood the colon, but to dilate a small portion of the colon locally, advance the tube gently and then release the fluid injected.

The advantages of this type of colonic irrigation over the ordinary enema are that with the enema, toxic material which is ready for evacuation is forced back into

Use enema in
2 efforts, one in 2
points

Rothman
(2)

the colon ; with the cecal tube we can apply medication to any part of the colon and can implant directly in the cecum the lactic acid forming bacteria; with the multi-way valve we have direct control over fluid in any part of the colon; with the enema we must wait for peristaltic action.

(This author has written another paper
"Application of Colonic Therapy to
Internal Medicine." Med. Rev. of Reviews,
Mar. 1927).

Dhalluin, M.

Considerations sur le lavement électrique.

J. de Med. de Paris. 30 March 1933, 53: 271.

Describes a method of electrical lavage or irrigation of the intestine. The intestine is filled with salt solution ($\frac{1}{2}$ to 1 liter). The indifferent electrode is large and placed over the abdomen or back; the active electrode is the column of salt solution in the length of the gut. The current is applied by a metallic wire to the ~~latter~~ latter.

Excellent results have been obtained in rebellious constipation.

The full technic is described. The results depend on the excito-motor action of the current, especially in spastic constipation.

Caffier, P.: Med. Welt. 4, 182, (Feb. 3) 1930.

cites good results from gastric lavage and high enemata in severe hyperemesis.

Pfleiderer: Das Darmwaschrohr " Koloplytor "

Muench. Med. Wchnschr. 77: 186, (Jan 31) 1930.

Describes and illustrates a type of colon irrigating tube which is named the " Koloplytor ". Usual indications, chronic obstipation, etc.

Hollander, E.: A New Appliance for Colon
Irrigation

M.J. & Record, 127: 252, (Mar. 7) 1928

In the appliance described and illustrated the flow of fluid to and from a colon tube is regulated without the use of shut off clips, by means of a shuttle valve that fits against the anus and can be comfortably turned by a patient unassisted. It holds the colon tube in one position thereby preventing irritation from movement of the bowel.

Kesselkaul, O.: Ein Beiträge zur Behandlung der chronischen
Obstipation. (Gymnakon-Darmbad).

Muench. Med. Wchnschr., 78: 1566 (Sept 11.) 1931.

Has treated 45 cases of chronic obstipation by the
Gymnakon-Darmbad method. This is a combination of colon
flushing and colon gymnastic massage of the intestinal
muscles and nerves which have become sluggish. Following a
few such treatments, permanent improvement was obtained. The
massage is made along the colon to the sigmoid flexure with
general kneading over the abdomen.

Gottheil. Med. Klinik. (Berlin) 25: 1592, 1929.

Also writes in favor of the Gymnacolon.

Ortloph, W: Darmspulröhr. Muench. Med. Wchnschr. 77: 404,
(Mar 7) 1930.

Describes a new type of intestinal irrigation tube to be
used in a bath tub.

*described
Colon Massage*

Ferru, Perochon and Lussanlt: Invagination intestinale aiguë compliquant une coqueluche dans un nourrisson. Réduction par le lavement baryté

Bull. Soc. de Pediat. Paris, 30: 197, (Mar.) 1930

A case of acute intestinal invagination in a nursling reduced by barium intestinal irrigation under radioscopic screen control. (There are other similar reports in the literature). This one follows whooping cough; others follow measles, etc. H. Fruchard (Bull. Soc. Nat. de Chir. Paris 57: 95, 1931), reports 6 such cases successfully treated in the same way.

Schamberg, J.F.: Pemphigus

Arch. Dermat. & Syphil., 25: 134, 1932

A case of pemphigus of long standing in a man aged 48 years, cured following long-continued colonic irrigations and arsenic by mouth. Saw another similar case and similar result after colonic irrigation plus acetarsone. He thinks the cure was due to the colonic irrigations rather than to arsenic.

Blackman, W.W.: Better Colon Lavage

J. M. A. Georgia, 14: 452, (Nov.) 1925

Insists that the colon becomes engorged by neglect and emphasizes the necessity of keeping it clean by irrigation.

Shaine, M.S.: High Enemata and Irrigations

M.J. & Record, 123: 735, (June 2) 1926

Concludes that many patients with chronic constipation are relieved by the use of colonic irrigations when medical treatment has failed.

Rendal, Violet, M.H.: Remarks
on Colonic Lavage

Lancet, 1: 19 (Jan. 5) 1929

She notes that colon irrigations cannot be expected to produce permanent results, unless focal infective areas in other parts of the body, when present, are found and removed. She states also that many mental conditions and some forms of asthma, neuritis, sciatica, gout and rheumatism are benefited. She recommends that the irrigation be administered with abdominal massage.

Zobel, A.J. (San Francisco): Recto-Colonic
Hydrotherapy

Am. J. Surg., 35: 403, (Dec.) 1921

X
Notes the efficacy of the high enema -- colonic irrigation -- in certain cases and advises caution in its use. The most scientific method of administering a colonic irrigation is to introduce the sigmoidoscope to a point beyond the recto-sigmoidal valve. Through this a small-sized, olive-tipped Wales bougie is put into the sigmoid.

Bassler, A. (New York): A New Recurrent
Rectal Tube

J.A.M.A., 92: 1264, (Apr. 13) 1929

Get it
This is mainly a rectal enema tube, although used for ulcerative colitis and occasionally in malignant disease of the upper rectum and colon.

The tube is described and illustrated. It is mainly for use by patient himself.

Send for

Julliard, C: Traitement par le lavement salé hypertonique de la phase critique post-opératoire due au rétablissement des fonctions intestinales.

Schweiz. Med. Wchnschr. 61: 665 (No. 28) 1931.

Treats of the value of intestinal lavage with salt solutions following operations in which gas colic ensues due to reflex atony. The salt solution used is hypertonic (10 to 20 %). The presence of this in the rectum provokes reflex contraction of the intestine.

In the German literature there are several articles on the Su-Da-Bad and its congeners. The principal article is by Olpp, G: Werden und Wert des Su-Da-Bad. Arch. f. Schiffs, etc., 33 (Beiheft 3) 145, 1929.

The Su-Da-Bad is one in which the patient is immersed in very warm water in a bathtub and at the same time the intestine (colon) is irrigated with hot solution which may be plain salted water solution or medicated. The name Su-Da-Bad is a contraction of Subaqual Darm (Intestinal) Bath.

There is also the Stu-Da-Bad contraction of Stuhl-Darm-Bad) or ordinary toilet seat (Stool) intestinal irrigation bath which appears to be similar to those used in America.

Also the Gymnacolon in which ~~colon massage is combined with~~ colon massage is combined with colon irrigation.

The Su-Da-Bad is a development of the " Enterocleaner" patented by Dr. Brosch of Vienna and used by him since 1922.

The duration of the Su-Da-Bad is about 3/4 hour, during which a large amount of the injected fluid is absorbed from the bowel. From 400 to 3,000 ^{cc.} ~~ccm.~~ of urine is passed in 24 hours. It gives a thorough lavage of the whole blood vessel system and the

kidneys..

Other articles on this subject are:-

Osborne, W. Die Dickdarm Spulung. Deutsch Med. Wchnschr.
59: 104, 1933;

Kortzeborn, A.: The Su-Da-Bad in the Modern Hospital (Das
Subaquale Darmbad: Ein Wichtiges Heilmittel im Modernen
Krankenhaus". Ztsch. f.d. ges. Krankenh. ausg. No.4. 92-5,
Feb. 18, 1930.

Goldmann, H.: Therapy of ureteral calculi by subaquale
intestinal bath (Su-Da-Bad). Ztschr. f. Urol. 25:929, 1931.

Urbach, E.: Value of Subaquale intestinal bath in skin
disease resulting from intestinal toxemia. Arch. f. Dermat.
u. syph. 139: 523, 1930.

Olpp in his articles gives all the indications and contraindications for the use of these baths.

The following articles were not available for consultation:-

Barghorn: Am. J. Physic/ Therap. 8: 304, Feb. 1932.

Russell: Brit. J. Physical Med. 6: 46, 1931.

Griffin: Physiotherapy. 11. 124, 1931.

Hales: Brit. J. Physical Med. 7: 175, 1932.

Rendall: Brit. J. Physical Med. 7: 5, Apr. 1932.

Lewis: California & Western Med., 34: 31 Jan. 1931.

Lewis, Silas A.: Enemata from the Anatomic and Physiologic Standpoints.

California & West. Med. Jan. 1931.

Illustrations are presented which show the barium enema backing up into the ileum showing that the overstretching and relaxation of the ascending colon has destroyed the function of the ileocecal valve, permitting the fluid to flood back into the ileum. To the frequent enema-taker this performance of frequently reinfesting the ileum must be a factor in ileocolitis. Dr. Cummings is referred to as stating that reverse peristaltic ripples may continue back through the entire alimentary tract. Lycopodium dusted over the anus has been found in the mouth the following morning.

Other illustrations show ballooning of the sacculated portions of the intestinal tract after the supposed evacuation of the enema, proving that the major portion of the enema is retained and gaseous dilatation prolongs the overstretching. The great volume of water continually distending destroys the muscle tone until the contractility is permanently destroyed.

The author concludes that:

1. Voluminous enemas destroy muscle tone.
2. Voluminous enemas destroy the function of the ileocecal valve.
3. Voluminous enemas are pocketed and retained behind the splenic and hepatic flexures.
4. The so-called "high enema" is a misnomer and is dangerous.
5. Enemizing is important treatment and should be prescribed and regulated by the doctor.

(A story Dr. Harold Emery Jones told about his professor (Prof. Bell, of Edinburgh)

"Bell was addressing his class. 'Gentlemen,' he said in his peculiar voice and dry manner, 'the ideal medical man is beyond all things observant. Some men are observant by nature; others never learn to be observant, and they never make successful physicians because they cannot diagnose a case accurately. Can you, for instance, remember what I am talking about and follow my actions?' Here Bell dipped his forefinger into a bottle of ink, and the students were amazed to see him raise the finger to his mouth. 'By tasting this fluid,' he went on, 'I can describe to you its constituents.' This he proceeded to do. Then he called up a young student and ordered him to repeat the whole performance. The student at once dipped his forefinger into the ink and put it in his mouth. A roar of laughter rose from the class as the ink appeared on the young man's lips and trickled down his chin. 'There!' exclaimed Bell when the laughter had subsided. 'You see how unobservant you were. Had you noticed what I did, you would have seen that while I placed my forefinger into the ink, it was my next finger that I placed in my mouth.'"

of Ed

leader?

Jan 12/32

Two Interesting

Books

Obtainers!

King George is supposed to
be not only not only the
ruler of Great Britain, but
the Emperor of India. As a
matter of fact, however,
necessity ~~whenever~~ ^{a man} ~~is shown~~
through the world, ~~one~~ ^{one} ~~could~~
a greater ruler than he.
What impressive has
been the spectacle.

upon which the whole
world has gazed during
weeks past as King
George and all his
ministers have with
greatest deference and
respect discussed the
political problems of India
with the negre, dark skinned
half-clad Santhal, the

real King of India's 300
millions. The moral and
intellectual superiority of this
little figure, a man, have
commanded the homage
of the whole world, while
his ~~last~~ end patience has
won universal admiration
and sympathy. Even his
enemies respect and
admire him.

greatness is due to the fact that

Gandhi is an idealist, for

the world is gradually learn-

ing that ideals are the only

really great and enduring

things. It was quite natural

that Gandhi should find

along with Mrs. Henry Salt

himself a guest of honor

at a meeting of the London

Vegetarian Society, an organiza-

tion which for many years

has held up in the world's

capitol humanitarian ideals.

in matters dietetic ^{Joseph} ~~wholly~~ akin
to those of Comenius and
200 millions of his country-
men.

Mr. Henry Dault has
for nearly half a century
been a leader in the vegete-
rian movement in ^{England}
and has promoted by
pamphlets and pen ~~the~~
public demonstrations of
the superiority of the

fleshless diet by means of
endurance
athletic contests in which
many notable victories
have been won.

HURRY-UP POTATOES

The humble "spud" is steadily rising in the score of values. It has long ceased to be the poor man's fare, which gave it the name of "Irish" potato when, in fact, it was an indigenous American. It seems destined to become the real "aristocrat of the breakfast table." Its chief defect has been the long time one has to wait from planting time when its "eyes" are put under ground until "digging" time. But that remarkable institution for plant research established at Yonkers, New York, by Col. William Boyce Thompson, the rich copper miner, has taken the potato in hand and has been teaching it some surprising new tricks. By exposing the tubers before planting to certain chemical vapors, the internal activities by which the process of sprouting is controlled are gotten on the jump at such a rapid rate that the plant reaches up two feet above the ground with tubers on ^{their} ~~its~~ toes before the shoots of untreated potatoes have appeared above the soil.

This marvelous rate of growth makes possible the rapid reproduction and doubling of a staple food, and so affords a new defense when starvation is threatened from crop failure. What a blessing this new sprinting potato would be to those millions of starving China folks whom Charles Lindbergh and his wife saw last summer!

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~~the~~ institution the "Col
for plant research estab-
lished at Forkers, N. Y.
that ~~take~~ the by Col. Wm
George Thompson, the rich copper
mine, was taken the
~~potato~~ in hand and has
been leaching it over

Our fire giving new tricks.
My experience the tubers be-
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~~to~~ ~~those~~ ~~millions~~
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his wife saw last summer!

VITAMIN A IN ANNATTO

A new source of a substance resembling carotin and behaving like vitamin A has been found in the red powder of annatto. Vitamin A is needed in abundance to enable the body to maintain high resistance to bacterial infection. While one of its chief sources is the butter fat of cow's milk, it is found in all greenstuffs and in carrots, rutabagas, and other yellow vegetables. Spinach contains more vitamin A than does the same weight of butter. The carrot is nearly 50 per cent richer in this vitamin than is butter. That remarkable fruit, the papaya, although 90 per cent water, is half as rich in vitamin A as is butter.

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FORTIFYING AGAINST DISEASE

Many years ago, a surgeon said to the writer, "Doctor, what do you do for post operative pneumonia?"

Our reply was, "We don't have it in our hospital."

"But why not," said the questioner.

"Because we begin treating the patient for pneumonia before we operate on him and continue treating him until he is out of danger," was the reply.

The time to treat disease most successfully is before you get it. When an epidemic of pneumonia or influenza breaks out in a community, not every member of the community contracts infection. By far the great majority escape and this is true when exposure to the infection is universal. The victims of infection are the persons whom the enemy found in a state of low resistance--off guard--to use a common phrase. In no way can disease be so successfully combated as by building up vital resistance.

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of guard to ~~cause~~ a common
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THE ECONOMICS OF DIET

With 6,000,000 bread winners out of employment, representing probably not less than 20,000,000 persons, men, women, and children, with appetites to appease and bodies to be nourished, it is certainly worth while to give thought to the economics of food. How may a man's food requirements be most economically met? That is, how may the cost of food be reduced to a minimum? What foods will afford sufficient and satisfying nourishment at least expense, and at what cost?

① Eating a small portion of food will often induce sleep by diverting blood from the brain to the stomach.

An apple or ^{fruit} other fresh fruit will ~~often~~ answer the purpose, or ~~a glass~~ a glassful of ^{orange juice} or hot lemon-ade, or even hot water. Fats and protein foods should be avoided, because they remain too long

in the stomach. ^{Hot} milk is often advised, but food which ^{tastes} the stomach less is preferable. When milk is taken, the tongue is likely to be coated in the morning and appetite for breakfast lacking.

A tablespoonful of (over)

milk sugar in a glassful of
but water is ideal, milk sugar
is an excellent food,
requires no work of the
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ment of a protective flora in
the duodenum where it is
of the greatest

(1) Eating a small portion of food will often induce sleep by diverting blood from the brain to the stomach. Hot milk is often advised, but food which taxes the stomach less is preferable. When milk is taken, the tongue is likely to be coated in the morning and appetite for breakfast lacking. An apple, or some other fresh fruit, will often answer the purpose, or a glassful of orange juice or hot lemonade, or even hot water. Fats and protein foods should be avoided, because they remain too long in the stomach. A tablespoonful of milk sugar in a glassful of hot water, is ideal. Milk sugar is an excellent food, requires no work of the stomach, and aids the development of a protective flora in the duodenum.

HOG CHOLERA WELCOME!

The United States Department of Agriculture reports a threatened outbreak of hog cholera. This is good news. If let alone, as should be done, the hog cholera would do what the United States Government should have done long ago, namely, exterminate the hog. The hog is a scavenger by nature. Because of this fact, it has by eating infected rats, become infected with the deadly and incurable trichinae to such an extent that the federal Department of Animal Industry has given up all attempt to discover and eliminate from the market the infected animals, as was formerly done. A feeble and utterly inadequate attempt is made now and then to protect the public by announcing in a very small and ineffective way the fact that hogs are not inspected for trichina and so are likely to communicate the infection unless cooked thoroughly enough to destroy the parasites. Not one person in a thousand sees these little notices. To make a warning against infected pork effective, it should be required of every dealer in pork to attach to every portion of pork large or small, a notice printed in the languages in current use in the region, a poster of sufficient size to attract attention, giving the facts about trichinae and the precautions necessary to prevent infection. The effect would doubtless be to diminish the demand for pork to such an extent as to make hog raising unprofitable.

According to the mortality reports, _____ persons die annually in this country from trichinae infection. The actual number is vastly larger than this because the disease is so easily mistaken for typhoid fever, rheumatism, spinal meningitis, and other well known diseases, only a small proportion of cases are recognized. And many thousands who do not die,--the disease is seldom fatal--are doomed to life-long suffering from pains which are attributed to muscular rheumatism, neuritis, and neuralgia.

The hog is a national menace, and has no proper place in a civilized community. An epidemic of cholera big enough to exterminate the whole sus scrofa race would be a blessing.

THE BAD BUSINESS OF BEER

A "good thing for poor people," is beer, said a learned professor, testifying before a senate subcommittee on the Bingham bill to legalize 4 per cent beer. If keeping beer poor is a good thing for the poor man, then beer might help him, for that it is well qualified to do. The only good thing done to the poor man by beer which the professor mentioned, was "to make bad food taste good;" that is, to deceive him. But is it good for the poor to be fooled in this way? Would it not be better for him to use the money spent for beer in buying better food?

And how about the poor man's wife and children who do not drink the beer and have to eat the bad food because the money earned is spent for beer instead of bread, fruits, and fresh vegetables? It's a pitiful sight when subsidized scientists called in for counsel by our national law makers, instead of telling the facts about alcohol which laboratory research has clearly established, pour out such balderdash instead.

Good old Carnegie and even miserly Sage, would turn over in their graves if they could be informed of the behavior of the men whose salaries are provided by their benefactions. A wet professor makes a sorry spectacle when he starts defending discredited alcohol.

Another professor "told of experiments which he said showed alcohol, taken moderately, had food qualities in calories easily assimilable."

Probably the reporter erred in using the word "assimilable" instead of "oxidizable." Not a particle of evidence exists to show that alcohol is ever assimilated. It is burned, but never becomes a part of the living structures of the body. Its very nature forbids this, since it is not a product of growth, but an excrementitious product of decay.

Midwest Herald-Boston - 1-14-32

BEER CALLED GOOD FOR POOR PEOPLE

Also Makes Bad Food Taste Better, Says Professor

WASHINGTON, Jan. 13. (AP)—Testimony that beer containing 4 per cent alcohol would help rather than harm the human system if taken moderately was given by scientists and physicians today before the senate manufactures subcommittee at hearings on the Bingham bill to legalize such a beverage.

Dr. Graham Lusk, professor of physiology at Cornell University, described such beer as a "good thing for poor people" and as making "bad food taste good."

He said only "individual hogs" indulged in excesses which caused pathological effects and agreed with the author of the measure, Senator Bingham, Republican, Connecticut, that a "fatty degeneration of the heart" could be caused by a person eating 20 sausages a day as easily as drinking to excess.

Prof. Francis G. Benedict, director of the Carnegie Institute's nutrition laboratory at Boston, told of experiments which he said showed alcohol, taken moderately, had food qualities in "calories easily assimilable."

To be used

Wiltsie, Jas. W. (Binghampton, N.Y.)

Colonic Therapy: Mechanics and Technic

M.J. & Record, 135: 296, (Mar. 16) 1932

Distinguishes between colonic irrigations and colonic therapy. The latter is the application of specific medicaments to the cecum and right colon. Uses the Schellberg apparatus. (There is much literature on the administration of medicaments per rectum).

In M.J. & Record, 131: 561, (June 4) 1930 the author shows the possibility of catheterizing the cecum. He has given several thousands of treatments in this way. "There is absolutely no danger to the patient nor any pain nor discomfort, except as the colon itself contracts in an effort to expel the solution." "Frequently after passing about 2 feet of the tube into an irritable colon, I have observed the external portion of the tube to rotate as much as 180° in my hand as the sigmoid coiled upon it."

Parasitoid clones on the tube.

Doychert, Ernestine: The Applications of Colonic Irrigation.

J. Am. Med. Hydrol. Aug. 1932.

The American doctor has sought for a means of eliminating the infections of the colon without eliminating the colon itself (Arbuthnot Lane's method.). Colon irrigation has proved that it is perfectly possible to render the colon harmless while still in its place. It has come to be regarded as a scientific intervention comparable almost to surgery itself.

Everything, from occipital headache to a painful great toe has been relieved by the proper use of this procedure. Its use is recommended even in insanity (Cotton and Draper). If used as a preventive measure in these cases the toxic psychoses would probably not have arisen.

Hypertension is said to have been relieved and even abolished by clearing out the gas-generating accumulations in the colon.

Obesity may have its origin in disordered elimination which prevents the proper absorption of ingested material, producing metabolic imbalance. The clearing out of the colon may do much to alleviate this condition.

It is useful also in arthritis, neurasthenia and general asthenia.

Its chief use, however, is as a factor in preventive medicine, since there is no disputing the fact that good drainage of the alimentary canal is an absolute prerequisite of "good health."

Mills, H.B. and Bird, G.C.: The Fallacies of the
Methods of Giving Colonic Irrigations to Children

Penn. M.J., 22: 346, (Mar.) 1919

+x
Call attention to the beneficial use of colonic irrigation in children with elevation of temperature, constipation, gas in the intestines and in those needing mental sedation. They use a soft rubber rectal tube or catheter and do not claim originality. They only use an insertion of 3 or 4 inches of tube into the canal as this suffices.

Bodkin, Martin L.: The Irrigation of the
Colon

Internat. J. Gastro-Enterol., 1: 87, (July) 1921 ✓

Recommends this procedure and gives a technic which does not vary very much from that used at the present time.

X
He says: "The high enema (~~Coloclyster~~ or ~~Anteroclyster~~) is intended to fill the entire colon without over-distention. By placing the patient in the knee-chest or right Sims' position, the amount of water may be gradually increased to 2 or 3 quarts without serious harm or inconvenience to the patient. The irrigation bag or reservoir should never be higher than 3 feet. A short anal tube or tip only should be used, as the fluid is necessarily carried into the upper bowel, partly by gravity and reverse peristalsis, when the patient assumes either of these positions.

Alvarez, W.C. and Freedlander, B.L. (San Francisco):

The Rate of Progress of Food Residues Through
the Bowel

J.A.M.A., 83: 576, (Aug. 23) 1924

Experimental work on healthy young men (university students).

X Proved that the commonly accepted view that food residues from any one meal are evacuated in the next 24 hours or 48 hours is shown to be largely erroneous. Some residues may remain in the bowel for 4 days or even a week in normal persons.

Not normal persons

Graves, T.C. (Birmingham, Eng. Mental Hospital):

A Method of Continuous Colon Irrigation

J. Ment. Sc., (London), 76: 306, (Apr.) 1930

Write to

Uses a table for irrigation which is a modified form of that used by Dr. H. A. Cotton at the New Jersey State Hospital, Trenton. The technic of the irrigations is given very fully. "It has been stated that colon irrigation produces or increases a mucous colitis. This cannot be said to be our experience and it is not improbable that in cases where such an observation is apparently true the explanation is that a septic state higher up the alimentary or respiratory tracts has not been adequately treated."

~~X~~
~~X~~

Jameson, F.S.: Colonic Therapy. Its Usefulness
for the Relief of Obstipation and Systemic Disease
and the Indications for its Employment

Am. Med., 36: 469, (Aug.) 1930

States that 36 toxic substances (indol, skatol, phenol, botulin, triptophan, for example) exist in the colon and that the reason why people can endure colon stasis is because of the detoxicating effect of the liver. He quotes Widal, Abrami and Iancovesco (L'Épreuve de hémoclasie digestive dans l'étude del' insuffisance hépatique. Presse méd., 28: 893, (Dec. 11) 1920) to prove that blood in the portal vein is not detoxicated and when the portal vein in animals is anastomosed into the inferior vena cava, so that this blood enters the general circulation, hemoclastic shock results every time following feeding. Jameson, therefore, believes that the liver is a buffer and that the detoxicating effect of this organ is sufficient to prevent the entrance of deleterious disintegrating products of colonic putrefaction into the general circulation. He concludes that colonic irrigation is of value in mental and nervous states, certain forms of chronic nephritis and deforming diseases of the joints.

dwelling on this

Marshall, H.K. and Thompson, C.E.: Colon Irrigation in the Treatment of Mental Disease

New Engl. J. of Med., 207: 454, (Sept. 8) 1932

States that colon irrigation does not appear to exert any specific action; it merely aids in combating a number of abnormal conditions. By cleaning out the colon the system is afforded relief from toxic products and an unnecessary burden is removed from metabolic processes.

From his experience, this treatment produces a quicker return to mental stability in favorable cases. In active cases sedation is unquestionably obtained, strikingly shown by a reduction in the number of wet sheet envelopments required, which, prior to that form of treatment, numbered from anywhere up to nearly 500 monthly. Now they are less than 60. *17 daily to 2 daily.*

The results for 2 years are as follow: 5,468 colonic irrigations given to 191 different patients (manic depressives principally). 23.5% have been sent home; 19.9% physically improved; 13.6% mentally improved; insufficiently treated 5.7%.

In discussion Dr. A. H. Ring described the type of colonic irrigation machine (German) used and it is here illustrated. (Vattenborg apparatus)

Most of the solutions used for colonic irrigations are medicated.

191)
$$\begin{array}{r} 5468 \\ 3825 \\ \hline 1648 \\ 1528 \\ \hline 120 \end{array}$$
 (29)

Kaiser, N.W.: (Toledo, O.) Colonic Treatment
in Mental Disease

Ohio St. M. J., 26: 510, (June) 1930

Discusses the connection of chronic intestinal stasis and mental disease. "As the disease progresses (intestinal toxemia) and as it gains a firmer hold on the victims it may give rise to a train of mental disturbances covering the whole range from lassitude and sexual inertia to delusional insanity."

Cites Kellogg at length on intestinal toxemia and its results.

The author made an investigation in the Toledo State Hospital to determine whether or not any correlation could be established between mental disease and colonic stasis. Some 70 patients have been examined, composed of dementia precox, manic depressive and psycho-neurotic types. In approximately 80 percent more than 48 hours were required before elimination (of a barium meal) was complete. Sometimes several days were required. In the dementia precox group 56 percent required more than 100 hours; in the manic-depressive group, 51 percent required more than 100 hours; in the psychoneurotics 33 percent required more than 100 hours.

The treatment of these patients has been limited very largely to colonic irrigations and sinusoidal galvanic current treatment. In the colonic irrigation work, the colon tube has not been used; "we have demonstrated that the entire colon may be washed out by using only a short

Get this

Kaiser
(2)

enema nozzle."

In the dementia precox group 17% recovered; 50% improved; 40% have been released from hospital on trial visit. In the manic-depressive group the corresponding figures are: 70%, 15%, 85%. In the psychoneurotics the figures are: 80% recovered; 80% released from hospital for trial.

Lichty, John A. (Clifton Springs, N.Y.)

The Present Consideration and Care of the Colon.

J.A.M.A. 96: 649, (Feb. 21.) 1931.

It is unfortunate for these (constipated) patients to get into the habit of flushing the colon, as is so often the case. This procedure has become a kind of fetish and it seems to have come to such a pass that in any representative community the citizenship may readily be divided into two distinct groups-- those who wash their colons regularly and those who do not. It might be well for the medical profession to determine what of good there is in this procedure and to protect the laity against certain fatiguing unnecessary and expensive manipulations.

Cites Dr. A.F.Hurst (Brit M.J. I: 941 (June 17) 1922) who states that Pliny (A.D. 77) tells how the Egyptians learnt to wash their bowels from observing the habits of the Ibis. Also cites other historical data of the later ages (Louis xiv). Shows that forcing the tube to the ileocecal valve or beyond is without advantage or necessity. It should be taught that this difference between an ordinary enema and the so-called high enema, is not determined by the length of the rubber tubing passed through the anus but by the amount of fluid used and the length of time allowed for it to flow in and out.

Rowe, A.H.

J.A.M.A. 97: 1440, (Nov. 14) 1931.

Shows that colonic irrigations hasten the recovery from symptoms due to food allergy.

See
other
abstracts

H/

X

Hirschman, L.J.: (Detroit)

Enemas

J.A.M.A., 89: 1039, (Sept. 24) 1927

X { In my practice several cases of ulceration have been observed which have required operative procedures for their relief. The misguided efforts of orderlies, attendants, nurses and even physicians to introduce a straight hard enema tip into a curved, sensitive and often diseased intestinal canal has been responsible for numerous cases of anorectal injury.

The author uses a soft rubber urinary catheter. "Practically all of the rectal and colon tubes have an aperture at the distal end. The rim of this aperture, even though made of rubber, is sufficient to ~~infringe~~^{impinge} on diseased and ulcerated tissue."

curls up { Sometimes the introduction of a rectal or colon tube is so painful that the patient will not allow the insertion. The ordinary urinary catheter, having a conical tip and its aperture or eye just behind this on the side of the catheter, adapts itself readily to the curvature of the anorectal canal.

Quantities of fluid are a poor substitute for solid material on which the bowel muscle should contract. Regular irrigations, by washing out the mucus, irritate the mucous membrane and rob the intestinal muscle of the normal stimulus for normal defecation. Constipation and obstipation can never be cured by bowel flushes.

Before the use of enemas, irrigations or colonic

Hirschman
(2)

flushings is resorted to in the treatment of what is apparently obstinate constipation, a fluoroscopic examination of the colon is advised. In pelvic or abdominal inflammatory conditions the use of any sort of colonic flush will be merely palliative. The present tendency to run riot on the subject of colonic flushes should be checked.

Fineman, S. and Snyder, R.G.: Clinical and
Roentgenological Study of High Colonic
Irrigation as Used in Therapy of
Subacute and Chronic Arthritis

Am. J. Roentgenol., 17: 27, (Jan.) 1927

Says: "In a few cases with the tube in the sigmoid and even in the transverse colon or cecum, a great amount of the barium remained in the colon after irrigation..... In some cases there was better emptying from a 4-inch tube than from one passed into the cecum.... As yet, final deductions concerning the necessity or advantage of introducing the tube far into the colon are not warranted."

These authors say that Dr. Geo. R. Lockwood, of New York City, was among the first, if not the first, in this country to employ a long rubber tube of large caliber for colonic irrigations. In 1899 he made his first attempt to irrigate the colon with the aid of a long stomach tube, introduced through the rectum. In 1903 he began using a tube of larger caliber which, he finally adopted in 1906 and this type of tube is now commonly known as the Lockwood colon tube. (They do not cite any literature regarding Dr. Lockwood but refer to a personal communication).

(Note by sender)
Although Dr. G. R. Lockwood was a frequent contributor to medical literature, I have not been able to verify the assertion of Fineman and Snyder, except it is the following, taken from an article entitled "The Non-Medicinal Treatment of Constipation", by Dr. Lockwood in Med. News, New York, Dec. 10, 1898. LXXIII, p. 744:

"Oil irrigations were first employed by Kussmaul and are generally known by his name in German literature. The results personally seen in Boas' clinic and in my own practice have been so brilliant that I am inclined to attach much importance to this form of treatment. A rectal tube of large caliber with a large lateral opening is introduced six to eight inches into the rectum and pour 6 to 8 ounces of a bland oil slowly allowed to enter The patient receives the injection while in the Sims' position By this method the oil reaches throughout the entire length of the colon. No immediate results occur, as a rule, and the patient may go about his daily work In the great majority of cases the patient will have one normal movement for three to five successive mornings without straining. The method may be used in atonic, spastic and inflammatory conditions alike." He cites an extremely persistent case of obstinate constipation cured by the oil injection method.

Jewell, J.S.: On Overfilling and Dilation of the Colon and Some of their Local and Remote Effects, With Particular Reference to Some of their Relations to Disorders of the Nervous System. Neurolog. Rev., (Chicago), 1, 218, 1886.

This article is not concluded. Author says that continuation will follow in the next number; he deals only with the causes of constipation and does not mention colon irrigation. The "Neurological Review" was however discontinued with this number and there is no record of Dr. Jewell having published the continuation of his article elsewhere.

other paper, I remember

Dr. Jewell appears to have died in 1887

(B)

two at

O'Beirne, Jas. (Surgeon Extraordinary to the King; Surgeon Richmond Surgical Hospital, Dublin, etc. etc.): *New Views on the Process of Defecation and Their Application to the Pathology and Treatment.* Washington, Stereotyped by Duff Green 1834. (A Reproduction of the original Essay published in London, 1833.)

Here (p. 34) he clearly described treatment of obstinate constipation by the colonic tube: "This plan consists in the introduction of a large sized gum elastic tube through the anus *into* ~~with~~ the sigmoid flexure of the colon and, after giving exit to such flatus and fluid feces as may happen to escape, adapting to it a proper syringe and throwing up such purgative fluids as circumstance may make it necessary to select." (The tube was 18 inches long, bulbous at the upper extremity; there was a smaller tube one-third shorter, like that attached to stomach pump.) He describes all the difficulties in introducing the tube and how they are to be overcome. He has employed this procedure in Dublin with success for more than nine years.

(Note by Abstractor: Although this article was much discussed by contemporary writers who questioned his anatomical views, it was little referred to in later times. This is probably because its main theme was Defecation and not the use of a colonic tube which was a minor part of the long article.)

O'Beirne, Jas.

In a letter to the editor of the Lancet (Lancet, Feb. 1, 1834, vol. 1, p. 712), regarding organic strictures of the rectum and new views of defecation, among other things says: (For dilating the bowel) "In a firm but flexible gum elastic tube, sixteen inches in length and open at both ends we have an instrument free from (all) objections; for although hollow and comparatively lighter than the bougie, it exerts as much pressure as is necessary and when introduced high enough to enter a short way into the sigmoid flexure of the colon, which should always be our object, it can be retained in that situation for hours and with very little inconvenience. This last advantage is one of the highest to the end which we have in view. I know the fact to be as I have stated it; and it may easily be explained thus: When the point of a bougie enters the sigmoid flexure, the instrument is grasped a little lower down by the upper annulus or entrance of the rectum and so as to prevent the escape of either flatus or fluid feces, with which, be it recollected, the whole of the colon is almost always distended in cases of stricture of the rectum. In other words, this state instead of being relieved is exasperated by the introduction of such a foreign body as a bougie, and the natural consequences are efforts at its expulsion; while, on the contrary, the introduction of a tube gives exit to the accumulated gaseous and liquid contents and not only places the patient but preserves him, in such a state of comparative ease, that he is scarcely sensible of inconvenience from the presence of the instrument."

O'Beirne, Jas.: On the Primary Causes of Strangulation and an Improved Mode of Performing the Taxis in Cases of Intestinal Hernia.
Dublin J. Med. Se., 1838: XIV, 88.

(Describes several cases of strangulation relieved by introduction of his high intestinal tube and turpentine injections.)

"In my work 'New Views of the Process of Defecation', 1833, I have described the different tubes and syringes which I had employed from time to time in diseases of the intestinal canal; but from some strange oversight have omitted to describe the most improved; and, as they are those which I continue to employ in all such cases, it is necessary to supply this serious defect. The gum elastic tube is sixteen inches long; considerably thicker throughout and more bulbous at its upper extremity than that of the stomach pump; at its lower extremity it has a brass ferule so made as to fit bayonet-wise into an aperture in a short pipe springing from a small brass syringe; and to give it the necessary firmness a delicate brass wire runs spirally through its interior. I employ this tube in new-born infants as well as in adults. The syringe is about 7 inches long and 1 inch in diameter... It is the small syringe belonging to the self-injecting apparatus of Mr. Weiss, of London, to whose ingenuity I am also indebted for the necessary improvements in the gum elastic tube.

(The author gives complete directions for passing the tube into the colon.)

Finally the author shows that he is the originator of introducing the colonic tube per rectum.

His view is that chronic constipation is due to rectal constriction.

*Did not originate by washed out up
 gave me the idea of syringe*

Lucas-Championnière has an article in Jour. de méd. et de chir. prat. 51: 103, 1880, entitled "Enteroclysm; injections intestinales abondantes traversing tout le tube digestif; obstruction intestinale; injections d'huile; inversion."

This is a review in which he refers to Cantani's method and previous articles by Battey, Mosler, Wilbrand, etc., about 1873 to 1879. He does not, however, mention O'Beirne.

F. Mosler's article "Ueber den Nutzen der Einführung grösseren Mengen von Flüssigkeit in Darmkanal bei Behandlung interner Krankheiten" appeared in the Berl. Klin Wchnschr. 10: 533, Nov. 10, 1872 (No. 45) and G. Simon's article "Ueber die Künstlich Erweiterung des Anus und Rectum", in Arch. f. Klin. Chir., xv., p. 99, 1872-3.

Alfred Hegar ("Über Einführung von Flüssigkeiten in Harnblase und Darm") Wagner, Freiburg, 1881, proposed the use of irrigators instead of syringes and clyster apparatus for both bladder and rectal use.

I have consulted these articles and none of the authors refer to the work of O'Beirne and other earlier investigators, which, of course, is typically German.

Mattson, M. (Fellow of the Massachusetts Med. Soc.):
 "Manual of Directions for the Employment of Injections in Various Diseases, with remarks upon the Nature and Treatment of Habitual Constipation."
 Monograph, Boston, 1852.

This little manual devotes considerable space (pp. 45-52; pp. 114-132) to Dr. O'Beirne and his intestinal tube. It leaves no doubt that Dr. O'Beirne was the originator of this method of treating intestinal diseases especially obstinate constipation.

Some authors have ascribed the origin of intestinal irrigation to Cantani, of Naples. I have looked up his original article. It appears in Il Morgagni, Napoli, XX: 273, (Apr.), 1878, and is entitled "Le indicazioni dell 'enteroclismo nelle malattie intestinali". It describes the method of enteroclism by intestinal irrigation and shows that fluids can be made to pass ^{Bauhin's} ~~Beaupin's~~ valve and reach the cecum even advancing into the small intestine. He used a rubber tube of 3 - 4 meters long. The clysters varied according to the nature of the condition. He does not refer to previous users of this method except to Eguisier's intestinal irrigator and the clyster pump of Mac.

Priessnitz, V.: Hydropathy; or the Cold Water Cure.
Translated by R.T. Claridge, Lond., 1842.

This is ordinary Hydrotherapy; there is no mention of
intestinal irrigation.

LaRochelle, F.D.: Colon Lavage: A New Apparatus.
Am. J. Physic. Ther., 6: 497, (Feb.), 1930.

This is the same as the author's article in Am. J. Surg.,
already abstracted.

Lamp, C.B. (Monongahela, Pa.): High Colonic Irrigations.
Am. J. Phys. Therap., 6: 171, (July), 1929.

Says that high colonic irrigations are now rational, effective
and safe from untoward results. It is the most common sense way
to combat intestinal auto-intoxication and other conditions which
have arisen because of colonic stasis and infection.

Discusses the many indications. Every hospital should have
proper equipment and trained personnel.

de Langenhagen, Dr. (Plombières, France): The Treatment of Muco-Membranous Colitis. Lancet, (Lond.), I: 1186, (Apr. 30), 1904.

Recommends diet, high irrigation of the intestine and hydro-mineral cure as the effective methods of treatment of muco-membranous colitis, as practiced at Plombières, France. The patient is instructed how to wash out his own intestine.

In his article on the same subject in Archives of Med. Hydrol., 3: 66, (Aug.), 1925, Dr. de Langenhagen states that from his experience of 27 years, in which he has treated 16,000 to 17,000 colitics, (1) this method of colonic irrigation is a sedative treatment for mucous colitis which turns towards recovery at least 70 percent of the patients; 25 percent, although they can stand the treatment, are not relieved by it; 5 percent are intolerant to the treatment. It has equally good results in constipation and in diarrhea.

There are also articles in this same issue of the Archives by Sir Wm. Willcox, J.B. Burt, Vincent Coates and A.E. Reboul. The latter says that it may be concluded that if intestinal lavage is a most valuable mode of treatment, it seems to be somewhat too indiscriminately used nowadays. Its indications are clear, its technique is well defined, but it must vary according to cases. If not carefully supervised.....such treatment may be fraught with risks and even dangers.

Soper, H.W. (St. Louis)

Colon Irrigations.

J.A.M.A., 98; 1677, (May 7) 1932.

Soper says that he has had personal experience with colon irrigation and has ceased to employ it for the following reasons:-

1. The more one irrigates the more mucus one gets. If continued long enough, the " Foul smelling material" can be secured in persons with normal colons. The material is, in fact the normal contents of the ileum when subjected to such treatment.
2. The therapeutic results are of doubtful value and no lasting benefit is secured. Moreover, direct inspection of the mucosa of the rectum and lower colon by sigmoidoscopy has convinced me that injury unquestionably results from its persistent use.
3. Reliance on irrigation deprives the patient of those measures which are so essential in the restoration of colonic function.

Soper discusses the literature in further support of his views especially in regard to the function of digestion and the nature and movement of feces.

Purgative drugs, enemas and irrigations all produce irritation of the gut and tendency to spasm.

(Dr. Kellogg: I think that you should read this short article in detail. B.)

*Reason
for the
depression*

*Possible
bad use*

*never
do this*

McKenzie, D.: Alfred Higginson and His Syringe:
With a Side Glance at the Clyster

Proc. Roy. Soc. Med., (London) Sect. on History
of Med., 25: 633, 1932.

The enema syringe, known as "The English Syringe", was devised by Alfred Higginson, of Liverpool, in the fifties of the last century. The anal route to the bowel had, however, been used for thousands of years.

The words "clyster" and "enema" seem to be used synonymously. Etymologically, there is a difference. Clyster comes from the Greek word (Klyster) meaning a "washing out", while enema comes from the Greek word (enema) meaning an injection. It was thus used at the time of Dioscorides in the first century.

In the Ebers papyrus there are perhaps half a dozen formulae which seem to have been used as enemata, as this was a favorite method of Egyptian medication.

The Mayas of ancient Central America are credited with a knowledge of enemata.

The clyster was a regular method of Greek medication, and they used a kind of syringe with barrel and plunger.

The collapsible bag, furnished with inlet and outlet valves, was used in the Renaissance period in Europe.

In France, at the beginning of the 18th Century, the recourse to enemata amounted to a medical or even a social craze.

A Dutchman, Regner de Graaf, in 1668, published in "De Clysteribus" a reasonable and temperate account of the

Look up in old med books

Any name clyster

260
290

472

use of clysters in therapeutics.

X The American Indians of South America knew how to prepare and use rubber enema syringes, i.e. a collapsible bag.

Higginson's syringe had the advantage that liquid could be forced in under pressure in any quantity.

write Hrdlicka

Darmstaedler, E. Anfänge rektaler Therapie
Muench. med. Wchnschr., 79: 1486, (Sept. 9) 1932

The author states that in ancient Babylon, Assyria and Egypt the use of clysters was known and practiced for cleansing and cooling purposes, and that attempts were made to reach the deep lying parts.

Plinius, Plutarch and others refer to the knowledge of clysters in Egypt of the Ptolemyian period. They also refer to the Greek "Iatroklystes" who well knew how to administer medicaments by rectum. Clysters are described in the works of Hippocrates, and Celsus later gives a good deal of attention to them. Galen describes clysters and rectal therapy in his Hippocratic Commentaries. Quite a large number of medicaments were administered rectally.

These methods prevailed down to the 17th Century.
Molière ridicules clyster medication in his "Malade imaginaire."

W. K. W.

12

Bastedo, W.A.: (New York) Colon Irrigations.
Their Administration, Therapeutic Indication and
Dangers

J.A.M.A., 98: 734, (Feb. 27) 1932

X
H
Regarding the single tube method he says that the passage of a long (over 60 inches) heavy stiff tube into the colon is a dangerous procedure. The high insertion is unnecessary, for the universal use of the opaque enema in roentgen work has demonstrated beyond question that with a tube inserted 3 or 4 inches into the rectum and a pressure level of 2 feet, the liquid will reach the cecum in from 2 to 5 minutes. There is no specific difference, therefore, between a "low irrigation" and a "high irrigation" and such misleading terms should be abolished.

X
H
Colonic irrigations are given in chronic states of the bowel such as are encountered in mucous colitis, intestinal putrefactive toxemia and in cases in which a focus of infection is believed to reside in the bowel, as in certain cases of rheumatism, neuritis, secondary anemia, etc. *Perminous alluvion*

XX
H
The irrigation is given to dilute and wash out the contents of the bowel above the normal defecation area, to soften and loosen abnormal mucus and to lavage the colon wall. It leaves the colon more or less empty and contracted and thus exerts a beneficial effect on its blood supply and its tone. It should be preceded by de-

*also to apply to the mucosa
(over)*

and mucus

Bastedo (2)

fecation and should be administered very slowly and without much pressure. The dangers of the very stiff tube are perforation, injury to a polypus, tearing of a rectal valve and abrasion of the bowel wall.

*reported
clear*

The charges that irrigations do harm by removing normal mucus, by lowering the tone of the bowel and by producing colitis are without foundation.

Handwritten mark resembling a stylized 'X' or 'A' with a horizontal line through it.

An irrigation is frequently a failure in the hospital ward and in the hands of unspecialized nurses. A "clear return", as so often reported, means that the water did not get up high enough. If the whole colon is irrigated water cannot return clear. Besides, the necessary previous conditions for a successful irrigation are not adhered to.

Irrigations are justified only by the value of their results and should be prescribed with all the necessary facts and requirements in mind.

Apr. 4/52

~~NURSING
HOME ECONOMICS
PHYSICAL EDUCATION
THE ARTS & SCIENCES~~



(3)

Home Economics
Physical Education
Nursing
The Arts & Sciences

Phone
Renall
Arrange treatment
at home.

44 p. 70

1/2

The prompt and favorable
recognition ~~afforded~~ accorded
the college by the
~~North Central~~
~~College~~ Association of

Colleges and Secondary
schools ^{notwithstanding its} ~~unique~~ ^{unique} character

was a U. M. C.
satisfaction
of much, ~~and~~ ~~the~~ ~~was~~ ~~gratified~~
to the promoters of this
pioneer educational project

and an arrangement to go
forward in their efforts to develop a
college in which physical
health should be given

first consideration and
health betterment and
training in the technique
of right living, ^{should} receive
the same attention and
~~the same~~ being accorded
the same credit as
mental training, and if
accorded ~~the same~~
due credit when
earned by actual
achievement.

The growth of the
college since its
organization, ~~and~~
the college has steadily
advanced in ^{the} development
of its ideals. Many problems
yet remain to be solved,
but many more they are
being met and mastered, ~~the~~
As the following pages
develop, a large and ~~cause~~

Special Advantages and Opportunities

1. Because of its close affiliation with Pratt Mercantile College, and the large number of nurses, dietitians and other assistants in ~~care of~~ required in the Sanitarium with its thousands of guests annually, students in the professional schools ~~enjoy~~ ^{very exceptional} ~~not~~ ^{actual} have ^{actual} ~~not~~ for practical training by experience in professional

work while serving as
cadets ~~or~~ in the ~~service~~
~~years~~ ~~over~~ as and ~~annual~~-

over a thorough physical Examination
~~at~~ which every student re-
ceives is a privilege for which
the patients of the Sanitarium pay
\$50 to \$100 or even more
This examination is not simply
the ordinary made
tests not ordinarily made
such as ~~posture~~ and
strength tests ~~and~~ graphs
shadowgraphs
X-ray Examinations of the

Each student is expected
to improve in health ~~the~~ during
~~his~~ as the result of his
Persons in perfect health are very rare.
connection with the college

~~He~~ ^{usually} apparently in good health,
~~the~~ ^{the student} may improve in vigor
and endurance. There are very
~~few persons in perfect health~~

To this end,

of the heart and lungs,
special chemical and bio-
chemical tests of the
blood and other body
fluids, intelligence test,
and examination of the
teeth by a skilled dental
surgeon.

3. Various physical de-
fects, ^{or disabilities} as are found,
such as overweight,
underweight, ~~round shoulders,~~
flat chest, sagging abdomen,

nasal catarrh, sinus trouble,
diseased tonsils, diseased teeth,
indigestion, insomnia, skin
troubles, headache, backache,
nervousness (vagatonia), bad
breath, intestinal toxemia,
eye troubles. The student is
expected to correct within
reasonable time, ~~medical~~
and is assisted in so doing
Not only by the best medi-
cal advice, is given

✓
treat by treatment and in
special facilities for treat-
ment. No charges are made
only in very exceptional
such as typical operations ^{and} dentistry
cases, and then the charge
made is nominal when

Copied

~~Wesley Postter~~
~~Jour. Cinema~~ Apr. 4/32
~~3rd Savn + Ten~~

PROGRAM

REORGANIZATION

Formation of new company, basis to be an option obtained from the bondholders and, if possible, all creditors, to purchase at a given price.

A limited amount to be paid in cash; the balance in preferred stock, paid on the installment plan.

The stock of the new company to be based on the option and underwriting by J.H.K., to have control in return for underwriting.

Preparation for the new situation to be made by transferring the stock in the Food Company to J.H.K., Inc.

Provision is being made for continuing the charitable character of the institution, perhaps having two organizations, -one, to hold real estate, and the other, to operate the Sanitarium, care being taken to provide for proper tax exemption, the city to agree to tax exemption for a period of five years.

J.H.K., Inc. to be considered in connection with the Food Company and College.

FOREWORD

Battle Creek College is not simply another small college; it is a new sort of an educational institution, wholly independent, with no sectarian, political, or other trammels of any kind. It is the embodiment and exponent of the Race Betterment Movement which during more than half a century, under the leadership of Dr. John Harvey Kellogg, has been developing at Battle Creek.

The black shadow of race degeneracy which has in recent centuries engulfed the world, has led many eminent scientists to agree with Dr. Charles B. Davenport, in saying, "We all know the human race will ultimately perish."

Battle Creek philosophy takes a more optimistic view of man's future career and sees instead of a perished race, a new and nobler type of man. Although the tide of degeneracy cannot be controlled and will no doubt destroy the major portion of the human race, the marvelous achievements of federal and state experiment stations in the creation of superior types of food plants and domestic animals through the application of well established principles of biology, afford solid ground for the belief that the same principles properly adapted to man may produce even greater results. Eugenics, race hygiene, and euthenics, individual hygiene, are potent agencies, the wise application of which will save a remnant of the race which will develop a new and superior type of man, thus creating an aristocracy of health.

Education is the chief means by which the great task of salvaging the human race may be accomplished. Battle Creek College is the pioneer educational enterprise having this as its chief objective.

A fully equipped institution of learning, with ample and up-to-date facilities for instruction in the Arts and Sciences and exceptional advantages for theoretical and technical training in three professions most intimately related to human physical welfare, this college is prepared to serve as the educational center for the Race Betterment Movement inaugurated at Battle Creek by the great National Conference held January, 1914, and advanced by the International Race Betterment Conference of 1929, which aroused great interest both in this country and abroad.

While recognizing and maintaining conventional standards and employing educational methods in vogue in superior Liberal Arts Colleges, Battle Creek College emphasizes Race Betterment ideas and undertakes to give the student such an environment and such instruction and training as will secure to him at the end of his course along with his diploma, a healthy and well trained body, a comprehensive knowledge of the causes of disease, of race degeneracy, and of the methods by which these malignant enemies may be combated, so that having tested and proved the soundness of biologic methods and race betterment principles, and having himself profited thereby, the graduates may go forth not only as good representatives of the practical value of the principles taught, but enthusiastic advocates of the physiologic life--of eugenic and biologic ideals.

The board of trustees of the college, with the efficient cooperation of the president, Dr. Voelker, have built up an able and enthusiastic faculty which are unanimous in supporting the progressive and race betterment ideals. The large and growing

Foreword - 3

student body and the world-wide influence of the ideas and ideals which have emanated from this center, justify not only the hope but the expectation of enlarging influence and increasing usefulness as its already large body of alumni (more than 3,000), is augmented by annual addition of graduates.

NORTHERN NUT GROWERS' ASSOCIATION

INCORPORATED

FOR THE PROMOTION OF INTEREST IN NUT BEARING PLANTS
THEIR PRODUCTS AND THEIR CULTURE

C. F. WALKER, PRESIDENT
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32 GRAND AVENUE
BALDWIN, NASSAU CO., N. Y.

FRANK H. FREY, VICE-PRESIDENT
ROOM 930 LASALLE ST. STATION
CHICAGO, ILL.

OUR TWENTY-THIRD ANNUAL CONVENTION
WILL BE HELD AT
WASHINGTON, D. C., SEPTEMBER 12-13-14, 1932

KARL W. GREENE, TREASURER
RIDGE ROAD, N. W.
WASHINGTON, D. C.

WASHINGTON CONVENTION, Sept, 12, 13, 14, 1932

Preliminary Program.

As the letterheads of the Association have announced for nearly a year, the twenty-third annual convention will be held at Washington, D. C. on the above dates.

Headquarters will be at the Washington Hotel, directly across from the United States Treasury. The Convention will open at 10 A. M.

The program is as yet not entirely arranged but we have enough to assure a worth while meeting, indeed, one very much worth while.

It is expected that Dr. A. T. Woods, Director of Research will address the Convention. Among the specific papers we might mention the following:

- Dr. M. B. Waite, Principal Pathologist, "Diseases Affecting Northern Nut Trees"
- Mr. Roland McKee, Senior Agronomist, "Legumes for Soil Improvement in the North"
- Mr. R. C. Wright, Physiologist, "Keeping Nuts in Cold Storage".
- Dr. B. A. Porter, Entomologist, "Northern Nut Tree Insects"
- Mr. R. B. Clapper & Mr. G. F. Gravatt, "Chestnut Breeding Work"
- Mr. G. H. Collingwood, "Boy Scout Black Walnut Planting Project"
- Mr. C. F. Walker, President's Address, "Observations on Color of Walnut Kernels"
- Mr. W. G. Bixby, Secretary's Report, "Nut Tree Plantings at Baldwin after 15 years"
- Mr. Karl W. Greene, Treasurer's Report, —
- Mr. T. P. Littlepage, "Pollinating Problems of the Black Walnut and Northern Pecans; Frost Damage of Pecans"
- Mr. C. A. Reed, "Developments in Northern Nut Culture During the Past Year"
- Prof. J. A. Nielson, report of "Our Nut Cultural Project in Michigan—Shipping Nut Trees to Distant Lands"
- Dr. A. S. Colby, University of Illinois, "Recent Developments in Nut Culture in Illinois"
- Dr. J. Russell Smith, "Double Working Hickory Trees"
- Mr. J. F. Wilkinson, "Pecans West of the Mississippi River—Nut Crops in Indiana"
- Mr. H. F. Stoke, "Cracking Black Walnuts, Promising New Black Walnuts"
- Mr. L. H. Mitchell, "Observations in the Culture of the American Black Walnut"
- Dr. F. L. Baum, "Black Walnuts in a Commercial Orchard"
- Dr. J. J. Skinner, "Soils For Nut Trees? Discussion by Dr. F. V. Coville."
- Mr. Joseph Gerardi, "The Gerardi Hican"
- Mr. J. W. Waite, Normandy, Tenn., "Northern Varieties 40 miles above the Alabama Line."

One day will be devoted to excursions visiting (1) Chestnut Plantings at Bell Station, (2) Littlepage Farm at Bowie, Pecans, Walnuts, (3) United States Experimental Orchard at Beltsville, (4) Col. L. H. Mitchell's planting of 25 acres.

There are many other nut trees around Washington well worth seeing if time permits, among which might be mentioned that of Dr. J. Russell Smith, at Round Hill, who is carrying on interesting work of growing nuts without cultivation.

We hope it will be possible for you to be present at the Washington Convention.

Baldwin, New York.
August 16, 1932

NORTHERN NUT GROWERS ASSOCIATION

Willard G. Bixby, Sec'y.

ULCER OF THE STOMACH

Is there any cure for ulcer of the stomach?

Answer: Yes. Most ulcers of the duodenum get well without any attention from the surgeon. Unfortunately, many people who are operated upon, get ulcer again. When a person returns to the old habits of living, the ulcer reappears. The important thing to do is to change the habits.

Dr. Moynihan found that when he operated, it was very necessary for the person to stop smoking or the ulcer would reappear. I have in mind a patient who would smoke when he cleaned his car. It was very difficult to resist the temptation to smoke a cigaret. Finally, he had an operation performed and got along very well until he smoked cigarets again.

There are other causes for a return of the ulcer. I think one of the most common causes is infection, -infection that begins down in the colon and works back in the ileocecal valve. Here is the scheme: This represents the colon and

the habit. Some forty or fifty miles away, I found a tribe who never drank coffee. They were too poor to buy it.

April 6/33

First National Bank
Chicago, Ill.

1.12

I am signing and mailing
all documents to the Old
Merchants ^{national} Bank of Battle
Creek, Michigan today.

John Harvey Kellogg

Postal -

^{1.12}
Commercial Credit
2-3637

Sent 5:45 - Apr. 6/33.

(Telephone conversation from Miami Springs, Fla., Apr. 6, 1933).

DR. KELLOGG: Mr. Amberg? Good morning. I have been waiting to hear from you.

MR. AMBERG:

DR. KELLOGG: Yes.

MR. AMBERG:

DR. K.: Will wait till when?

MR. A.:

DR. K.: They want the stock put up as security?

MR. AMBERG.:

DR. K.: Now, suppose the stock is put up, then what about the payments?

MR. A.:

DR. K.: Would they let us pay off at the rate of \$5,000 a month? Could they let the thing run along for a few months?

MR. A.:

DR. K.: When will they let it run along?

MR. A.:

DR. K.: To make some arrangement about putting up the stock, do you mean?

MR. A.:

DR. K.: Well, now, I wouldn't want to put up the stock unless some arrangement was made in advance. Would want to know what the arrangement was going to be before we put up the stock.

MR. A.:

DR. K.: Well, they won't gain any time by doing that. We are anxious to pay and have plenty of backing. We have plenty

of ability to pay. All we want is just a little time.

Mr. A.:

DR. K.: Well, we won't put up any stock until we know what the conditions are. Of course - Suppose we make a substantial payment - pay half of what is due and pay the other later - make a substantial payment and make other payments right along afterwards?

MR. A.:

DR. K.: Now, sir, how much do we owe the New York people?

MR. A.:

DR. K.: How much? About \$85,000? About the same amount?

MR. A.:

DR. K.: Suppose we pay up the New York bank - get rid of them - what would your bank do?

MR. A.:

DR. K.: Suppose we pay each of you half. Could we carry on the plans and pay it off in a reasonable time?

MR. A.:

DR. K.: Have they suggested it?

MR. A.:

DR. K.: Yes.

MR. A.:

DR. K.: Well, what are the conditions if we put up the stock? Will they continue the loan and carry the loan along as long as they have the stock there?

MR. A.:

DR. K.: Well, we won't want to put up the stock so we

can't do anything, you know. That stock is my personal property, you know. They ar

MR. A.:

DR. K.: Now, they are getting interest right along all the time. The situation is perfectly safe. The money is perfectly safe. They are simply annoyed about it, I suppose.

MR. A.:

DR. K.: What's that?

MR. A.:

DR. K.: He started to call me just before you called. I will have him on the line in a few minutes, I presume.

MR. A.:

DR. K.: A man down here - what?

MR. A.:

DR. K.: Sold everything off here?

MR. A.:

DR. K.: Oh, I see. That is absurd.

MR. A.:

DR. K.: I see. Well, now, suppose we settle up with the bank in Manhat tan, will we be able to carry out the ^{you?} other program?

MR. A.:

DR. K.: I see. Well, I thank you very much. Now, I can get in communication with you again, can I, if necessary?

ALTERNATIVES

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 First National of Chicago.

MR. KIRKLAND:

4

DR. K.: Hello, Bert. What did you say?

MR. KIRKLAND:

The

Vice-President of the Commercial Company is here also.

DR. KELLOGG: What did they say?

MR. K.: They have talked with the First National Bank of Chicago this morning and are going to sue if they don't get the money right away.

MR. K.: I have just been talking with Mr. Amberg, of the First National Bank of Chicago. The arrangement was satisfactory to his bank but the New York bank wouldn't do it.

Here are three propositions:

1. Pay the whole thing off at once, or that we should put up the stock of the Company and run along as we are, but with the stock of the Company put up.

Third proposal, that we pay off the Manhattan bank, and the First National Bank of Chicago will carry on. We can go on with the First National Bank of Chicago and pay up the Manhattan bank.

MR. Kirkland:

DR. K.: It's about \$85,000. I understood him to say about \$85,000.

MR. K.:

DR. K.: What is the Old National Bank--

MR. K.:

DR. KELLOGG: Yes.

MR. K.:

DR. K.: Will they accept the suggestions that you made for correction of the contract?

MR. K.:

DR. K.: They will accept all those suggestions, will they? There was one other suggestion - Section 6 of the agreement, on page 7, that stipulates that I shall authorize the Food Company to put on the package the words, "This product recommended by John Harvey Kellogg, Founder of the Battle Creek Sanitarium." I don't know that I want to put

MR. K.:

DR. K.: Unless what?

MR. K.: They say, "In consideration of purchase, etc." You see our present arrangement with the Old National Bank with regard to the payment of those notes gives us more time and is more favorable than the arrangement they now propose to make.

MR. K.:

DR. K.: Well, it's going to be a pretty heavy draft on us, isn't it?

How about other payments? You see if we borrow money, we will have to pay that back. If we pay the \$180,000 to the New York bank and the Chicago bank, that, in addition to what we owe in Battle Creek will make \$230,000 won't it?

MR. K.:

DR. K.: \$356?

MR. K.:

DR. K.: How much do we owe the Battle Creek bank?

MR. K.:

DR. K.: Is what the College owes them being included with this?

MR. K.:

DR. K.: The College is being tied up with this in such a

a way it makes us responsible for all the College debts, doesn't it?

MR. K.:

DR. K.: I haven't agreed to do that.

MR. K.:

DR. K.: The notes the bank holds?

MR. K.:

DR. K.: Now, are we going to be able to meet all those obligations?

MR. K.:

DR. K.: What I have been counting on is selling some bonds and, if necessary, selling some stock. This will not interfere with that?

MR. K.:

DR. K.: Well, they will agree to all the changes you suggested, will they?

MR. K.:

DR. K.: Well, will they drop out that paragraph 6?

MR. K.:

DR. K.: Well, I don't know that I want to put my name on the package.

MR. K.:

DR. K.: That trouble would be if they were taking it over.

MR. K.:

DR. K.: On what ground can the Sanitarium say that?

MR. K.:

DR. K.: They have not any right to say that. I don't know but the W.K.K. Food Company might complain about putting Kellogg on the package.

MR. K.:

DR. K.: Why is that paragraph put in then?

MR. K.:

DR. K.: But I could put it on any time if I wanted to. I don't know of any reason why we should put it in here.

MR. K.:

DR. K.: Yes, I think so, if they make the corrections offered here.

MR. K.:

DR. K.: You say that paragraph 6 is not included?

MR. K.:

DR. K.: Those suggestions have been put into the revised contract, you say?

MR. K.: Is that the only thing you object to now?

DR. K.: Is that the only thing you object to now?

DR. K.: Do you think we will be able to meet those obligations as they become due? Will we?

MR. K.:

DR. K.: Mr. Karcher?

MR. K.:

DR. K.: Well, that's what the Chicago bank reports to me. Bert, what would our total obligations be after we have signed up this paper --all our obligations? I want to know what they are, when and how fast we have to meet the obligations.

MR. K.:

DR. K.: It looks as though by signing the paper we wouldn't be able to get money enough out of it to carry on the College or

MR. K.:

MR. K.:

DR. K.: \$166,000 a month? Will that be enough to carry on the College?

MR. K.:

DR. K.: Without the royalty - suppose we had no royalty?

MR. K.:

DR. K.: Well, if we are tied up that way, of course it settles the matter of the College.

Figure up for me just what obligations we have and when they have to be met.

DR. KELLOGG: Well, Mr. Karcher, good morning.

MR. Karcher:

DR. K.: Well, it would, of course, have a decided influence upon my professional standing. Doctors are not allowed to do that sort of a thing.

MR. K.:

DR. K.: I know, but how can they cancel it?

MR. K.:

DR. K.: Now, then, if that should happen at any time, I can put those words on. If anything should arise - if it becomes ^{should} necessary, couldn't I?

MR. K.:

DR. K. But with this contract, I am compelling myself to put it on.

MR. K.:

DR. K.: Not unless the Food Company want it. If I should dispose of this right, afterwards dispose

of the Food Company, that would go along with it.

MR. K.:

DR. K.: Of course, that is true, but if I should sell the stock of the Battle Creek Food Company, why they would carry that right along with it.

MR. K.:

DR. K.: It isn't an ethical thing for a doctor to put his name on a package like that. Doctors are not allowed to do that.

MR. K.:

DR. K.: It might protect my own business, but the question is whether it would protect me or not. There is a special article in our code of ethics against doctors using their names in that way.

MR. K.:

DR. K.: No doctor in good standing would do such a thing.

MR. K.:

DR. K.: It might hurt the Battle Creek Sanitarium very much if I were turned out of the American Medical Association and out of the American College of Surgeons.

MR. K.:

DR. K.: But, Mr. Karcher,

MR. K.:

DR. K.: There is a special provision in the medical code of ethics that doctors should not commercialize their names in that way. I know of no doctor in good standing who is doing it and I have objected to it all my life. If I have come to the point where I

MR. K.:

I want to do this. I might permit myself to do it, but I don't want to find myself turned out of the Medical Association.

MR. K.:

DR. K.: We have used the word "Sanitarium". It is a trademark. They have no copyright on that.

MR. K.:

DR. K.: I can put my name on any time I want to. I may sell the Battle Creek Food Company. When I sell, I want the right to do that.

MR. K.:

DR. K.: Well, my dear man, I don't want to destroy my standing as a doctor. I don't want to be turned out of the Medical Association. I have made many sacrifices. W.K.'s activities have made me a great deal of trouble. His advertising has hurt me a great deal. I have had many criticisms on account of it. If I should put my name on the package, I should be immediately turned out.

MR. K.:

DR. K.: But, you see, Mr. Karcher, suppose I should sell out the Battle Creek Food Company, that would go right along with it. If I should take this action now
Now, I
don't want

MR. K.:

DR. K.: Why should I put it in then? I don't think I can consent to put it in for I am compelled to do something I don't want to do. There is enough security without.

MR. K.:

DR. K.: But I am afraid it would hurt me, Mr. Karcher. There is a specific law in the code of ethics against doing anything

of that kind.

MR. K.:

DR. K.: But if I had made that contract here that becomes the right of the Battle Creek Food Company. It says, "In consideration of, etc."

The consideration isn't adequate to pay for that thing. It is worth a million dollars. I can sell that right for a million dollars.

MR. K.:

DR. K.: I have given to the Food Company all I think I should. I propose to keep it - to put it into my pocket.

MR. K.:

DR. K.: That isn't necessary for security. The security is very ample without it.

MR. K.:

DR. K.: I can put that name on any time I want to.

MR. K.:

DR. K.: I couldn't put that in.

MR. K.:

DR. K.: I can't sign that because it immediately takes me out of the medical profession. The security is very ample. This is something new dragged in. The inventory shows a very handsome property there. We were in fine condition. You know how we got into this position. I supposed I had half a million government bonds all the time or I would never have advanced money to the Sanitarium if I hadn't supposed I had the cash any time demanded. I wouldn't have gotten myself into such a fix but have been dragged into it by serious misadventure. Mr. Kirkland had no authority to invest those bonds without consulting me, and I

had instructed him not to do so. Now, if you folks will be a little patient. The business is doing very well. You have the business right under your eye. The receipts are \$10,000 a month. We are making money.

DR. K.: Hello, Bert.

MR. K.:

DR. K.: I can't put my name on that paper. I may sell the business.

MR. K.:

DR. K.: If I sell it, that would go right along with it and that would be a hazardous thing to do. That thing is worth a million dollars. I could dispose of it for a million dollars. If I should sell the Food Company, I don't want to sell it with it. Go ahead and take that paragraph out and then I will sign the papers.

MR. K.:

DR. K.: In any condition, Bert, I am not going to sign that paper. I can't do it. It isn't ^a necessary thing to do, any how. If an emergency arise, I can do it at any time. There is no reason why I should bind myself in advance to do something I don't want to do.

MR. K.:

DR. K.: Well, then, that isn't put in there for the protection of the Company. Bert, the security is very ample without that.

MR. K.:

DR. K.: Now, then, I am willing to put that in if they will agree that when the \$150,000 are paid, we will take it out.

MR. K.:

DR. K.: There is no reason why they should demand additional security after what we have already given to satisfy them.

MR. K.:

DR. K.: We would be much better off to pay this \$50,000 off and carry on with the Chicago banks.

MR. K.:

DR. K. It is the New York people who are going to sue?

MR. K.:

DR. K.: How about the bills receivable? Who is going to get the money on the bills receivable?

MR. K.:

DR. K.: I thought you already had \$65,000 arranged for.

MR. K.:

DR. K.: The Chicago bank states

It is the New York bank then that

MR. K.:

DR. K.: \$100,000, you say?

MR. K.:

DR. K.: Why won't the First National Bank there loan us \$50,000 and let us give them security for it until it is paid up - \$5,000 a month, and let all the other business go?

MR. K.:

DR. K.: Why?

MR. K.:

DR. K.: The reason why is that they want to get their hand on more of our assets.

MR. K.:

DR. K.: Well, we have three years in which to pay the other.

MR. K.:

DR. K.: Yes - two and a half years.

MR. K.:

DR. K.: 28 months more? Well, under the old contract

MR. K.:

DR. K.: And if we should take this new contract, we should have to pay it in 28?

MR. K.:

DR. K.: Three months more?

MR. K.:

DR. K.: After 90 days, pay \$5,000 a month, but nothing at all for three months?

MR. K.:

DR. K.: In that paper, I understand, I reserves the right to make a sale?

MR. K.: All right, go ahead with it.

DR. K.: Now, then, I have got to be made very certain that in signing that document,

I have read over that question and that looks to me like an actual transaction between me and the Battle Creek Food Company. That is not put in as a condition at all but as an actual transaction.

MR. K.:

DR. K.: That's perfectly true.

MR. K.:

DR. K.: But creditors afterwards could come forward in the meantime, I may have an opportunity to sell out the business and may sell it out. That clause there is an asset to the Company.

MR. K.:

DR. K.: I know, but

MR. K.:

DR. K.: After it was paid up, I could revoke it, but in the meantime, I may have made a sale of it.

MR. K.:

DR. K.: I wouldn't turn that aside. If I sold, I would sell that with the rest.

MR. K.:

DR. K.: I wouldn't want to raise w that question because it would interfere with the sale.

MR. K.:

DR. K.: I know, but it would appear on the books of the Company. I am willing to sign that provided it is contingent with the \$50,000 that they are loaning.

MR. K.:

DR. K.: If it is contingent on the payment, then it would be all right, but this is on the transfer.

MR. K.:

DR. K.: Well, if they would fix that so the transfer is contingent on the failure to make the payments

MR. K.:

DR. K.: But that could be revoked later. In the meantime, if I want to make a sale, that would be included in the sale.

MR. K.:

DR. K.: I can't do that, for that would destroy the in the contract.

MR. K.: If that's the case, leave that out.

DR. K.: But I am not going to sign it. I might as well go bust now as any time. I can't strictly commercialize myself. That would be the very last gasp. I'm not going to bind myself and

put my name on the package. That would immediately commercialize myself.

MR. K.:

DR. K.: Well, they should not have put it there. It's a very serious thing and would embarrass me right away in the medical profession. I don't want to bind myself to do that.

MR. K.:

DR. K.: But the record will show it. If that's a condition of non-payment, I will do that.

MR. K.:

DR. K.: But this is put down here as an actual transfer - an actual transaction.

MR. K.:

DR. K.: Yes.

MR. K.: Leave out that one paragraph?

DR. K.: Yes, if they will make it a noncontingent on the contract.

MR. K.:

DR. K.: I can do what?

MR. K.:

DR. K.: All right, then. I will go ahead on that basis. Wait. There's one question more. You were going to give me a report of just what our obligations are and when we have got to meet them.

MR. K.:

DR. K.: What's that? I don't quite make out out.

MR. K.:

DR. K.: How much of that is the Old National Bank on \$5,000 a month payment? \$128,000 of it?

MR. K.:

DR. K.: Well, that is the present note, isn't it?

MR. K.:

DR. K.: Well, now, the \$50,000 that they propose to advance

MR. K.:

DR. K.: How much do we owe them now?

MR. K.:

DR. K.: How about the Central Bank?

MR. K.:

DR. K.: 18? To them?

MR. K.:

DR. K.: When do we have to make another payment?

MR. K.:

DR. K.: About the same to them?

MR. K.:

DR. K.: In three years, we will be about paid up?

MR. K.:

DR. K.: What other bills have we got to pay?

MR. K.:

DR. K.: Do we have an agreement to that effect?

MR. K.:

DR. K.: Have we that in writing? so that they cannot come down upon us suddenly?

MR. K.:

DR. K.: How much have our bills receivable got to be?

MR. K.:

DR. K.: 75 per cent?

MR. K.:

DR. K.: They will let matters stand at that rate, will they,

as long as we want?

MR. K.:

DR. K.: Is that all the bills we have to pay?

MR. K.:

DR. K.: \$8,000? The Cole note and the gas man's note, only \$8,000, the whole thing? That's \$36,000.

MR. K.:

DR. K.: Is that all the College owes that we are responsible for? Are there no other College debts that we have to pay? How about the debt to the Sanitarium?

MR. K.:

DR. K.: I see, yes. Well, the old debt is segregated by itself now, is it?

MR. K.:

DR. K.: Can't you match off some of the old debts against their debts?

MR. K.:

DR. K.: \$14,000? That's the total, is it, and it all sums up \$331,000?

MR. K.:

DR. K.: It is that including the College?

MR. K.:

DR. K.: All included in the \$331,000, is it?

MR. K.:

DR. K.: How fast has that got to be paid?

MR. K.:

DR. K.: There's no agreement? Then they are likely to come down on us any time.

DR. K.: There's no one to trouble the College except the Old National Bank?

MR. K.:

DR. K.: The first payment is \$5,000, is it, and goes along at that rate until it is all paid for?

MR. K.:

DR. K.: What about the \$25,000 I find here in this agreement?

MR. K.:

DR. K.: I see. That is simply the face of the note. That has not got to be paid?

MR. K.:

DR. K.: All right, I will fix that.

MR. K.:

DR. K.: Ask me to do what?

MR. K.:

DR. K.: Very well, where is he?

MR. K.:

DR. K.: All right. Send him along. I am at my house. Have him come to the Sanitarium, I guess.

DR. K.: Yes, Mr. Karcher.

MR. K.:

DR. K.: Well, their man is right here in town.

MR. K.:

DR. K.: Now, then, tell me just what I will wire to them. This is the New York bank of Chicago? I understand that it is the New York people? The First National Bank, of Chicago, Illinois?

MR. KARCHER: I am signing and mailing all documents to

the Old Merchants National Bank of Battle Creek, Michigan today.

DR. K.: Now, Mr. Karcher, I am signing these papers with the utmost confidence that you and your bank will act in a friendly manner in my efforts to extricate myself from a difficult situation for which I am not responsible, and in my efforts to help the College, I have got myself involved in difficulty which I could not foresee.

MR. K.:

DR. K.: If the facts were as I supposed them to be, I would have had no embarrassment, but when I had \$500,000 suddenly taken out of my pocket, I naturally find myself embarrassed in a manner which I could not have foreseen or anticipated.

(Second call, a few minutes later)

DR. K.: Hello, Bert? How about those smaller notes - those personal notes of mine? They are all included, are they?

MR. K.:

DR. K.: What about those other notes? What are they?

MR. K.:

DR. K.: That is all there are?

MR. K.:

DR. K.: I will have to find some way of taking care of them.

MR. K.:

DR. K.: Suppose they do? It seems that I am limited. I shall have to find some way of taking care of these.

MR. K.:

DR. K.: That is the best we can do, then?

MR. K.:

DR. K.: Now I will fix this thing up. I will have to attach a referendum and I will write it on the margin. Are they communicating with the Commercial Company here. Well, they needn't. I will take this to a notary public and fix it up all right.

MR. K.:

DR. K.: Shall I send this by Air Mail?

MR. K.: Air Mail, special delivery, registered, return receipt requested.

DR. K.: I will have it registered, yes.

MR. K.:

DR. K.: Stocks in it? Yes.

MR. K.:

DR. K.: L. J. Karcher.

MR. K.:

DR. K.: But I am writing it in already. This is what I am writing in: Par. 6. That in case of failure of the Battle Creek Food Company to comply with this agreement, and in consideration, etc. I will make this a part of the consideration, and will put at the close a statement, in case this is not carried out, this paragraph is null and void.

(Second call for Mr. Karcher a few minutes later)

DR. K.: Mr. Karcher?

MR. K.:

DR. K.: This is the modification I propose to make of that paragraph number 6. Have you the paragraph there?

MR. K.:

DR. K.: I will read it: "That in consideration of the

purchase of said Battle Creek Food Company, etc.

I will precede that paragraph with these words: "In case of failure of the failure of the Battle Creek Food Company to comply with this agreement and in consideration, etc.," making the compliance - the carrying out of this contract a part of the consideration.

MR. K.:

DR. K.:

MR. K.:

DR. K.: What's that?

MR. K.:

DR. K.: Oh, I have not received that.

DR. K.: That covers the ground in the same way, does it not?

MR. K.:

DR. K.: Do you think that completely covers the point?

MR. K.:

DR. K.: If it doesn't, I will fix it so it will.

THE SUCCESSFUL TREATMENT OF COLITIS

By John Harvey Kellogg, M. D.

When Combe, of Lausanne, wrote about colitis, more than thirty years ago, he observed that this affection was ~~chiefly~~ ^{largely} confined to cities, where it was very prevalent, but was ~~almost~~ ^{comparatively} ~~unknown~~ ^{rare} in rural districts. Since that time, this malady has spread until it has become one of the most common of human ailments.

Combe was one of the first to recognize colitis as an infection, and ~~sought to effect cures by changing the intestinal flora. Unfortunately, the means which he employed for changing~~

He noted a familial tendency in the disease and so thought it to be communicable.

Tissier, of the Pasteur Institute, believed the disease to be due to the same organism which causes white diarrhea in fowls and regarded eggs as a common source of infection. He showed me in his laboratory (1928) ⁶ cultures and many other evidences which seemed to support this view.

Combe sought to cure colitis by changing the intestinal flora by regulation of the patient's diet and the use of cultures, B. bulgaricus, which shortly before had been announced by Metchnikoff as the natural antagonist of ^{pathogenic intestinal bacteria} ~~the colitis-producing germs~~. His success was very limited because of Metchnikoff's unfortunate blunder in mistaking the bulgaricus bacillus for the normal protective organism, B. acidophilus, which Moro had not yet discovered. ⁹ When observing ^{Combe's} his work (1899), I learned from one of his assistants, a chemist and bacteriologist,

that the most successful case treated at the clinic had been that of a young girl who was rapidly cured of an acute colitis by the liberal use of lactose.

Prof. Arthur Kendall, now of the Northwestern University, when in charge of a hospital ship at Boston, saved the lives of scores of young children suffering from acute intestinal affections, by feeding lactose.

Dr. Kendall showed that the addition of lactose to cultures of pathogenic organisms destroyed their virulence and stopped the production of toxins.

Coleman ^{later} + showed ^{that feeding} lactose changed the character of the stools in typhoid fever and hastened recovery. Torrey, of Cornell and later Rettger, of Yale University, showed that when properly administered, lactose will change the intestinal flora, suppressing the development of Cl. Welchii, B. putrificus, B. sporogenes, and other putrefactive ^{and pathogenic} organisms.

These facts led me ⁽¹⁹¹⁴⁾ ~~about~~ ^{to make} ~~to begin the~~ systematic use of lactose in the treatment of intestinal affections and also as a means of combating sepsis in surgical cases, ~~both as a biologic antiseptic and for suppressing offensive discharges.~~

Since I and my colleagues of the Battle Creek Sanitarium surgical staff have used lactose in the dressing of surgical wounds in thousands of cases with most satisfactory results.

THE SUCCESSFUL TREATMENT OF COLITIS

Colitis is an infection of the colon which often involves the entire alimentary canal.



September 28, 1933

MEMO.

A man of 60 years with a normal blood pressure of 135 pays for insurance \$77 per thousand.

A man 60 with with a blood pressure of 160 must pay \$53 a thousand more, or \$130.

At 65 the regular rate is \$101 a thousand. With a blood pressure of 180, \$75 a thousand is added.

Do not insure persons with high blood pressure over 65 years of age. With persons having normal blood pressure the age limit is 70 years.

b

Mr. Howe:

I am sending with this
a Bulletin of the Johns Hopkins
Hospital, Vol. LIII, No. 3, Sept. 3rd

1933.

W. H. C. + Mrs. Lib. Rec Lib.

MEMO

Egyptians.

Three days in a month for purgation, as told by Herodotus.

Later, used enema. Perhaps they learned by experience that
purgatives cause colitis and thus increase constipation.

Enema recommended by ancient Greek physicians--Hippocrates
and others.

One of the oldest remedies known.

Common sense led the primitive man to make use of it.

Its use among savage tribes, who make use of long buffalo horn
or a hollow reed or bamboo.

Became very popular, almost a fad, in the seventeenth century,
at the time of Louis XIV.

Complicated mechanisms were devised for use.

Voltaire made an invention in which he is said to have taken
much pride.

According to _____ before the discovery of America
constructed a bulb syringe from the dried juice of the
rubber tree.

Modern complicated mechanisms.

Bag for sitting on.

Less efficient than simple fountain syringe.

The best of all devices because the pressure can be perfectly
regulated. Uniform pressure is maintained.

COUNTER-INDICATIONS

Acute inflammation.

Obstruction.

Caution when incompetent ileocecal valve.

Danger of use by tyros without medical education.

Should be controlled by examination by competent physician.

The condition of the colon should be known as the result of
x-ray examination.

Points at which colitis exists with spastic contraction of the colon should be located. Also any mechanical obstruction from adhesions, kinks, etc.

HOW IRRIGATION DIFFERS FROM THE ANCIENTLY USED ENEMA

Irrigation is a very modern development. The writer began the use of it more than 40 years ago. One of the earliest users was Dr. Jewell, neurologist, of Chicago. The writer made use of it for many years under the name of coliclyster.

HOW IRRIGATION DIFFERS FROM ENEMA

Cleansing not the sole or even principal purpose.

The stimulating effect of heat upon the mucous surface and the relaxing effects of heat by alleviating the local irritation which causes reflex or contraction of the bowel.

The effect of spasm is to cause contraction of the blood vessels, excluding the blood from the affected part.

The pale color of contracted bowel is seen in operations.

Bloodless state lowers resistance.

Cells become asphyxiated - lack of oxygen. Loses power of resistance.

Germs penetrate the deeper tissues.

No healing without blood.

Muscles may be relaxed by atropia, but atropia is a narcotic and lowers the vital activity.

MEMO. FOR PROGRAM FOR REDUCING BLOOD PRESSURE

Rest - repose - sleep - relaxation - mental rest - no worry.

worry releases adrenalin (Cannon). Cite examples.

Symptoms - How to treat

Insomnia

Constipation

Vertigo

Dry skin, etc. (thyroid).

Lanolin cream

Coated tongue - giddiness goes with it

Digitalis

Open air

Sunshine

Skyshine

Massage

Diet - low protein

Change of flora

Basic ash Table

Reducing weight

Avoid tea, coffee, cocoa, maté, cola drinks.

Condiments, pepper, etc.

Salt

Alcohol

Tobacco

Fruit regimen for 3 to 5 days until N. P. N. comes down.

Exercise - Psychic, breathing, resistive, automatic.

Massage, vibratory chair, kneading, riding horse, automobile,

walking, horseback, golf, hill climbing.

Increase exercise gradually as can without raising pressure.

Posture

Lying, sitting, standing

Working (sitting
(standing)

Panel - chairs - office - autocars

Physiotherapy

Precordial Compress, dry rubbing.

Wet rubs - hand

Neutral shower, neutral bath for insomnia (avoid hypnotics,
all are depressing to heart. They all tax liver and
kidneys.

Water drinking - restrict

Short light cabinet baths

Fomentation to abdomen or photophore, infra-red.

Abdominal binder - m. a. b. for abdominal vessels and for
liver (dry or wet)

Hot and cold over liver

Enema - irrigation - lactose

April 20, 1934

Mrs. Butler:

Please call my attention to this.

J. H. K.

b

April 24, 1934.

Dear Miss Goodwin:

I would like to have the volume and number put on the outside of the cover of Good Health, as indicated on the cover enclosed.

The name of the month is transferred to the center and the volume number placed at the left hand side, at the top.

I enclose a copy of my reply to Mr. Robert.

Sincerely,

J. H. K.

B

2 col

That man is not by

nature carnivorous is proved, in the first place, by the external frame of his body. He has no curved beak, no sharp talons and claws, no pointed teeth, no intense power of stomach or heat of blood which might help him to masticate and digest the gross and tough flesh substance; on the contrary, by the smoothness of his teeth, the small capacity of his mouth, the softness of his tongue, and the sluggishness of his digestive apparatus, nature sternly forbids him to feed on flesh.--Plutarch.

Extracts from
~~Notes~~ concerning lecture of Dr. J. H. Kellogg
before Dr. Melekian's class in Sociology
9:00 A.M., Oct. 12, 1934

"Am I my brother's keeper", is the great question before the world at the present time. The story of that question is one of the very first episodes that we know about in the history of the human race. Cain said, when asked, "Where is Able?", "Am I my brother's keeper?"

That is what the world has been saying for a long time, and there has not been a very satisfactory answer as yet, but the world is finding out that we ~~have to have~~ "brother's keepers" or the world will go to smash. We are responsible for this "brother", and if we don't look out the world will get into a state of chaos because this brother has been neglected.

Nothing is so great a temptation to human beings, or leads to so much trouble as the craving for power-- power to control other men, to ride above them. And, unfortunately, our popular educational methods tend to increase that disposition. Now the world is growing away from it; is trying to escape the evil influence of this dominant desire to control other men. This has led to various forms of government and experiments, sometimes making some improvement. But, unfortunately, the problem has not been solved yet and there is a question as to whether it ever can be solved.

The only solution offered is the one offered by Jesus Christ: "Love your neighbor as yourself"; ~~treat those kindly who despitefully use you.~~ This law of kindness is the only principle that will ever secure good, sound and permanent government. *peace.* *government*

The world is at war at the present time because of ~~a wrong principles which is recognized.~~ When one man kills another, it is crime--it is murder. When ten men kill a man, that is mob violence; but when ten thousand men kill another man or a lot of men, that is not murder, that is war. But it is the same thing. We cannot make such a discrimination.

old *many* *reasonably* *obstruction*
stable One of the ~~solutions of economical government,~~ one of the solutions of the problems of government, is to be found in a study of the Chinese government, one of the most successful in the world. I once asked Dr. Wu Ting Fang what was the *reason* responsible for the success of the Chinese Government. I told him that I had never been able to understand it-- how so small and feeble a central government could govern 400,000,000 of people with such diverse characters, with a great number of languages and nationalities. You know, the Chinese government is the oldest government in the world. "How," I said, "can such a weak government control such a vast number of people?" Mr. Wu said, "It isn't the government at all. The thing that controls the Chinese people is Confucianism."

Matthew 6:44 - "But I say unto you, Love your enemies, bless them that curse you, do good to them that hate you, and pray for them which despitefully use you, and persecute you."

Luke 6:27: But I say unto you which hear, "Love your enemies, do good to them which hate you."

It is ~~a~~^{the} religion that controls the people, but it is not based on the principle laid down by Christ, to do good to those that hate you. Confucianism is based on being just -- absolutely just. If a man does you wrong, be very careful not to do him more injury than he did you-- do to others exactly what they did to you. A man has to be very careful not to go beyond what the other does to him, and so usually falls a little short of going as far as the other did.

Mr. Wu recognized that the Christian principle is better. He said that he had found out that one cannot afford to be angry, because one thereby injures himself. He called attention to a physical fact: if a mother happens to be a nursing mother and becomes very angry, the baby will have a fit. That is because the mother's blood is filled with poison, which filters into the baby's food.

If the principle of loving one's neighbor as himself should prevail in the world, we would have universal peace. We may sometime have a world government-- and we won't have peace until we do-- but it probably will not be based on that principle. However, we hope that ~~it~~ will arrive some how.

I think the study of sociological problems is one of the fundamental things that should be receiving our attention at this time. Nationalism is destructive; individualism is more destructive. It is only when we become world-minded, when we think of the other man as we think of ourselves-- what is best for the community, what is best for the nations-- that we shall be making real progress. That is the principle which is worthy of following and adopting. Unfortunately, that is not the principle of business. The principle of business is to get the head start of the other if you can.

I sometimes have chatted with Professor Price, a professor of ancient languages who studied the Sumerian language for twenty-five or thirty years. The Sumerians, who lived long before Abraham, represented a great culture that exceeded the culture of the present day. Their little clay tablets are as perfect today as they were when they were made six or seven thousand years ago. When all our present books have decayed, these little books of the Sumerians will be as perfect as when they were made.

Professor Price said, "I have found ~~these~~^{that} these old Sumerian books and archives contain every one of the ten commandments except one, the tenth."

Sociologists ought to be preaching sermons on the 10th commandment. The preachers never say anything about it, and business men never say anything about it. The otherday I was

talking with a clergyman friend about honesty and integrity. I said, "Suppose you had a corner lot in town that you considered worth \$10,000, or \$20,000; and suppose you learned, incidentally, that there is going to be a saloon established across the road, which would reduce the value materially. What would you do?" He replied, "I would sell it as soon as possible." But, I said, "Would you advertise the fact that a saloon was to be established across the way, which no doubt would depreciate the value of the lot a number of thousands of dollars?" "No," he said, "I don't think I would do that. I would let the purchaser find it out for himself. Someone would have to lose."

There is an ambition in all of our educational plan to get ahead of someone else. Colonel Parker, who started a school in Chicago which became the University of Chicago, used to come to Battle Creek, and many of his teachers used to come, also. The Colonel once said, "Doctor, if I had my institution right across from your institution, we would have the whole thing, a combination that would lift the world a thousand years ahead."

Colonel Parker told this story a number of times: There was a little boy about ten or twelve years of age going to school in the days when they had spelling classes with prizes offered for the best spellers. A neighbor lady had a little girl, who usually stood at the head of the class. One day the little boy came home elated, wonderfully excited, and said, "Mother, Mary is sick. Just think what that will mean to me." And his mother took him in her arms and rejoiced with him. That is the spirit of the world.

An old Quaker said to his boy, "John, thee must make money. Make it honestly if thee can, but get money, get money!" It is the spirit of the world to get ahead, head and shoulders ahead of other people.

There is a story told of a city that was being besieged in the olden days. It was a city with very high walls; and so high that no one could get over them. ~~By and by~~ Bye and bye there came out of the ranks a large, strong man, and he stood up against the wall and said, "Come and climb up on me." They did, and he helped the other men over the wall. That is the way with a man who is trying to help his fellowmen. We should be great helpers, great boosters-- not trying to get other people down so we can climb over them, but helping others by letting them climb over us.

The study of sociology, to my mind, is only good when it does something. Theoretical sociology is not enough; it must be practical sociology. I would like to see this college a real ~~living~~ live, social minded college. I know the spirit of it is here. I know every one of you has kindness in his heart. What you lack is leadership; what you want is leadership. With the right leader to lead you out I am sure that you will succeed.

We now have an opportunity for Christian helpfulness greater than any this world has ever seen. I have learned that twelve thousand people in this one little county are receiving relief-- nearly one-fifty of all the people in this county. At the present time the whole world is in a state of worry and anxiety and trouble.

The world at the present time is trying to adjust itself. It is going through the throes of social change, and revolution, and I hope that something good is going to come out of it. I believe it will. We see some very striking experiments going on. Russia, for instance, is going through an experiment. I hope something good will come out of that. That is the first broad attempt ever made to apply socialistic principles.

The two great things which are doing the most harm in the world are, money and caste. Eliminate those two elements and the world will very soon become a peaceful place to live in. But it isn't an easy thing to do.

Many years ago, when thinking of the sins of the world, it occurred to me one day that there are three awful things in the world; three very terrible things: (1) The slavery of animals to man; (2) The slavery of men to men; (3) The slavery of class to class.

Think how animals are tortured and abused in their slavery to man. What a joy is taken out of their lives. The horse of the prairie gives up his life of freedom, and as a cartman's horse, or a farmer's horse, is abused. For many, many years it was found impossible to tame the zebra. They have now found ways to take them when they are very young and train them.

While thinking of the slavery of men to men-- an awful thing-- think also of the slavery of women to men.

The slavery of class to class: Democracy has broken down, because it is only a theory. Abraham Lincoln used to say that we have "government of the people, by the people, for the people." We never have had such government, and probably never will. We have had a government by the party, by the people who happen to be in the majority,-- a tyranny of a majority over a minority. In my opinion it would be better to have a tyranny of one man, because it then would be possible to get rid of him, while we cannot get rid of a majority.

Generally the majority is wrong. Old Seneca said, "History is not so well conducted that the better way is pleasing to the mass." (Had class repeat this.) Quoting further, "The very fact of the approbation of the multitude is proof of the badness of the opinion or practice." Seneca had had plenty of opportunity to know the truth, and spoke from a broad experience.

As I said a little while ago, there are two things which are doing great harm in the world: money and caste. If money could be abolished, think of the many evil things we could get rid of. How many men have the opinion that they must acquire a great pile of gold! One of the great troubles of this country is that they have so much gold piled up in the great cities. Mr. Roosevelt is doing his best to help the citizens by depreciating the value of money, and also by insisting that these men let it go, under certain conditions.

Caste is the disposition to lift one's self up above his fellows, a desire to be considered a little finer and a little better than the others. We sometimes are led into this by our parents. They treat us as though we were dolls, precious things; and they ~~kindle~~ can't do enough for us. They keep on, and as we get older they pet us and spoil us, and we become the center of attention. This develops individualism, which is a preparation for cruelty of all sorts. ~~We forget others and their interests.~~ We forget others and their interests.

Even religion frequently helps it along, by setting up as a goal the achievement of a starry crown and to be in a place where we can live at ease and at peace in the enjoyment of things. It tends to make people content to achieve all this while others are going to destruction. I think one of the reasons why Christianity is losing its hold on the world is because so many Christians are satisfied with getting themselves saved. We should try to get other men saved. I don't think people will ever increase their ^{own} prospects at all by trying to get themselves saved; it is by helping others that they will save themselves, but they should not be thinking about themselves at all.

The first time I read Pilgrim's Progress I was very much disgusted with the book. I didn't like it at all. The thing which destroyed its value to me was that Pilgrim got out of the City of Destruction and fled, leaving his wife and children at his old home in the City of Destruction. I was very much tickled, though, when I found that when Pilgrim got to Heaven he found his wife and children already there. They got there before he did. I was very much pleased with that. That attitude of Christian has been most harmful. Our first thoughts should be how to get the other man saved; and that is the way to get yourself saved. But you mustn't think that you are helping yourself; forget yourself!

What does it matter if one small person is saved or not, if only he can save hundreds and thousands of others?

It isn't the things we do from a sense of duty that count; it is the things we love to do, that we would do if there were no restraint upon us. That is what shows what we really are.

People are becoming more and more internationally minded. We are thinking in world terms instead of in terms of our own self-interests. This will lead us into pleasant paths of light and give us a wonderful experience.

Now I would like to mention a number of things I would like to see done righthere in this community. I would like to see Battle Creek College become a real social institution, a teaching college that will reach out for ways to help.

I had the other evening at my house, through the kindness of Professor Melekian, Mr. Blaine, who has charge of our county relief society, with several of his workers, some of whom are members of this class. They really have the interests of the people at heart. I was glad to find them liberal minded, and community minded people. They are ready to open up great and wonderful opportunities in this city and in this county, where twelve thousand people are in need. The great difficulty is how to approach people without building up a wall of prejudice right at the start. It isn't an easy thing to do.

When I was trying to find a location in Chicago for doing work of this sort after the World's Fair of 1893, I went to the Chief of Police and asked him to point out the dirtiest and wickedest place in Chicago. I had already asked the superintendent of a city mission if they would not like for me to install some baths and help them start out in a wholesome way, but he told me, "No; we don't want to do anything like that. When the love of Jesus Christ gets into a man it will clean him up. If you are going to start anything of that kind, go way off to the other side of the city. We have too many missions here now." They wouldn't listen to me. That man was working for a salary. It was a business with him. He would preach and pray at the men and then report ~~xxx~~ a certain number saved, and maybe he would receive a raise in wages from those supporting his work.

I hunted day after day and week after week and I couldn't find a place that I thought was satisfactory. There were twenty thousand idle men, hungry men, surging up and down the streets, some of them threatening to take possession of the city. They were getting desperate. I wanted to open up a place to help them. It kept me awake nights. Hundreds of them were lying out

on the lake front at nights, and many would wake in the morning with their ears frozen. Some were sleeping in coal holes. I remember of finding eight men sleeping in one bed; of course it was a wide bed. Yes, I found three hundred sleeping in one bed-- the floor of the police station. The floor was cold and hard, but they had mattresses. These mattresses consisted of one thickness of newspaper, which they spread down trying to keep from feeling the cold so much.

The place we selected was awfully dirty. I had it scrubbed so it would be perfectly clean, and insisted that it should be kept clean so that people would suddenly discover a clean place on that dirty street. That was our sign.

I was very much surprised one day as I came in to see that the pavement had not been scrubbed. I spoke to the workman about it. There happened to be a man passing who thought I was talking about him, and he was very much offended. He said, "When I get to heaven I will be sitting in a higher seat than you." He expressed his opinion of us very freely, then hurried on. I couldn't bear the idea of that man going off thinking that, so I ran after him, and he hurried along faster. I finally seized him and told him I wasn't talking about him at all, but about the pavement. He was nearly starved, and had reached the place where he was at war with society. I was glad to give him a little money to help him out, but he still was very doubtful. That is the trouble with the world. They have lost faith in philanthropy. They think it is prompted by selfish reasons.

If you want to have an interesting time go to work and try to help ~~XXXXXX~~ lift people. Just forget about yourself and plunge right into trying to lift humanity. That is all that makes life worth living. The miseries of the world are so great!

Now, the question is, what can you do right here in this community? Mr. Blaine is going to open the way so you can get into homes. You can first make a survey of homes and of groups. A little group of you can join hands, and such a group we might call a phalanx. We used to have the phalanx system. A nurse, a dietitian and a physical culture student would work together, and this would form a phalanx. The three would visit homes, sometimes together, and sometimes separately. They would make an inventory of every person in the home; of their personalities, of their faults and their excellencies, putting the names down. Then they would make an inventory of the home and its sanitary condition inside and outside, the diet of the family, their economics, their dress and personal habits. Then they would go to work to correct the conditions that needed to be changed, sometimes working in a group, ~~XXXXXXXXXXXXXXXXXXXX~~ but more often alone.

One of the difficulties we encountered when we tried to start the work in Battle Creek years ago was to find the people who were in need of help. People who have some self respect will put on a good front as long as they can. They hide their misery until they can't hide it any longer. I used to ride up and down the streets and look at the houses, wondering where to begin. We couldn't step into a house and ask if they were poor, if they needed some help, if they wanted to learn how to cook. Finally the idea occurred to me that the superintendent of the poor could give some suggestions. Finally I called him up on the telephone and asked if he could furnish us some names. He said, "There are scores of people I can introduce you to; but there are half a dozen within a stone's throw of where you are talking." We got the names and those students had a most interesting experience. You have no idea what joy it is to find some people way down in a pit and lift them up. It is like saving someone who is drowning. You might save more than one life. You might save a person to a life of activity. You might save one who is drowning in despair, or in his evil ways. It is a beautiful thing to do. I am hoping this college is going to become a real power to help lift our unfortunate friends to a higher level.

There are many things you can do with the aid of the welfare society. You will have an opportunity to do what is recognized as standard social work in the standard way. And you will have an opportunity to do ~~what~~ something more that isn't usually done. You are learning here great advanced truths about the effects of habits, the tobacco habit, the tea and coffee habit, the meat-eating habit, the liquor habit. You can work to rescue people from all these bad habits.

I am going to ask our faculty to recognize this work in such a way that you will get the same relative amount of credit on your total number of credits that are required for graduation as you would on other studies. It will ~~expand~~ your own lives. You will feel that your lives are really worth while.

These are things I want you to be thinking about: How can I become socially minded? How can I become helpful to the people of this community? How can I put into my life the principle of loving others as I love myself? How can I become more helpful to my fellowmen? By thinking intently upon these things, by concentrating on them, you will set your sub-conscious mind to work, and soon, perhaps today or tomorrow, there will come bounding into your mind the ideas that will help you accomplish those very things.

Holy of holies.

Anthropomorphism

not harmful, only a symbol; helps faith of the un-
cultured mind.

Idol only a symbol.

The essence is the appeal.

Prayer is physiologic.

Wish father to thought.

"As a man thinketh, etc.

Every day experience is proof of subconscious leading.

Examples.

We pray and forget to watch for an answer.

This thought makes life amazingly interesting.

Unconscious guidance.

Prove by pendulum and by mind-reading.

This article is to be followed by:

The Origin of Ideas

Guidance

Is It Worth While to Pray?

Keep a Diary of Morning Thought

The Psychology of the Subconscious

Anatomy and Physiology of the Subconscious

William James on the Subconscious. Some interesting religious experiences of William James.

Origin of the idea by a doctor of philosophy in Cleveland.

Two Thinkers in the Body

STATEMENT

MIAMI SPRINGS, (MIAMI) FLA.,

Dec. 16, 1934

M Mr. A. S. Ostriker,

IN ACCOUNT WITH
BATTLE CREEK, INC.

3 examinations @50.00	\$150	00
Board and treatment for 11 days for 3 @15.00	495.	00
G. I. series - X-ray @50.00	150	00
3 Electrocardiographs @15.00	45	00
	<hr/>	
	840	00
Automatic exercise	50	00
Massage	90	00
Repeat tests:		
blood	9	00
urine	12	00
metabolism	15	00
stool	12	00
	<hr/>	
	1028	00

2193423

MEMO

Doctor has telegraphed Dr. S and Dr. Mitchell for slides showing vitamins. Promised to have them returned in 2 weeks. See that they are.

GOOD HEALTH

Have Dr.K. look at proofs of editorial on trichinosis and the other article on " Perhaps reprints made?

THE FUNDAMENTALS OF RELIGION

If by religion we mean the spiritual life, then its fundamentals may be briefly stated as follows:--

1. The recognition of a supreme, a **cosmic** personality, an infinite creative intelligence, the maker and governor of all things which exist in the universe, the source of all life, all light, all power, all intelligence, all beauty, that intimately and in a masterful way controls the operations of the natural world.

2. The creative personality not only creates but maintains . Life without God is impossible for one moment! Why? Because the moment man began to live, he also began to die. The house we live in is in large part torn down and rebuilt many times in the course of a year. Man wastes and destroys his body. God restores it through the transfiguration of food. What we eat to-day is walking around and talking to-morrow, is a veritable truth.

(See about 3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000)

Creeds have little to do with real religion. A man may profess and hold most tenaciously, and advocate vociferously theological tenets which imply high ethical ideals without being religious. Religious fanatics usually ignore ethics and know nothing of real religion. Their pseudo-religious impulses are prompted by some fancy, whim, delusion, or obsession.

Creeds may lead to modifications of ethical standards and may create ethical codes, but they do not dominate the fundamentals of real or physiologic religion, which functions in the individual man in spite of his creed, if not in harmony with it, and in men who have not creed. This ^{is} one of its most fortunate and beneficent characteristics. It works with all men, in all conditions of men, irrespective of creed or belief, or no belief. "Let God be true, though every man is a liar."

A sound religious philosophy helps greatly in the promotion of true religious principles, but is not essential to its functioning. Philosophy supplies strong and stable foundation for faith, and so strengthens it.

Illustrate - not big enough for the job.

2. As regards the form of God, we can know nothing, for like space and time and all cosmic elements, he is infinite, while we are finite. Personality does not necessarily imply form. Of course, we ordinarily associate personality with a human form; but this is only a casual circumstance. The essence of personality is not form or figure but, instead, the expression of will, purpose, design. A decapitated frog demonstrates (Verworn) by its extraordinarily intelligent behavior, the presence of personality in the spinal cord.

3.

The Fundamentals
of ~~Real~~ Religion

By religion we understand
mean the spiritual
life as ~~contrasted~~ ^{stand} with

then its fundamentals
will be briefly stated
as follows:

1. The recognition of a supreme a
cosmic personality, a
infinite creative intelli-
gence, the maker and
governor of all things which

exist in the universe,
the source of ~~all~~ ^{the} energy,
all life, ^{all light,} all power, all
intelligence, all beauty,
that intimately and in a
masterful way, controls
~~all the operations of~~
the natural world,

³ whose habits of activity
in the natural world mirror
all natural laws. — elect-
ricity, magnetism, gravitation
etc. ~~the~~ ^{the} heritable soul and

Surely grace and
goodness all my days
shall follow me
and in God's House in
Heaven I shall dwell eternally

essence of all existences.
Said Paul, "In whom we
live and move and have
our being, the Yavah of the
old Hebrew philosophers, the
God of Christian teachers.

2. The creative person-
ality, not only creates but main-
tains. Life without God is possible for one
moment! Why? Because the moment
man began to live, he also began
to die. The house we live in is
^{my large part} ~~both~~ ^{down} and rebuilt many
times in the course of a year.
Man wastes and destroys his

body, God restores it
through the transfiguration of
of food. What we eat to-day
is walking around and
talking to-morrow, is a veritable
truth.

FUNDAMENTALS

(1) First cause a personality.

Not a mechanism

Not a principle, as a law-like gravitation, a real, thinking personality, that loves beauty.

Not a shadow of wavering.

Deals only with perfections.

Bible philosophers had the idea, Job, Paul, Isaiah.

(2) Interested in individuals.

Necessarily present to keep alive--made man - stay by to keep.

(3) In touch with the Infinite.

Subconscious - Holy of holies - meeting-place of divine and human.

The conscience - the moral sense.

Animals have sense of guilt - shame - affection, hate, jealousy - reason - ingenuity.

Future - Salvation.

Immortality.

Selfish Christian aims.

THE FUNDAMENTALS OF RELIGION

If by religion we mean the spiritual life, then its fundamentals may be briefly stated as follows:-

1. The recognition of a supreme, cosmic personality, an infinite creative intelligence, the maker and governor of all things which exist in the universe, the source of all life, all light, all power, all intelligence, all beauty, that intimately and in a masterful way, controls the operations of the natural world.

Monthly Health Bulletin
DEPARTMENT OF PUBLIC HEALTH
 Miami, Florida

MAY
 Vol. VIII, No. 5

1935
 Estimated Pop. 110,637

<u>VITAL STATISTICS FOR MAY 1935</u> <u>AND FOR SAME MONTH OF PREV. YEAR:</u>	<u>MAY 1935</u>			<u>MAY 1934</u>		
	<u>RES.</u>	<u>NON.</u>	<u>TOT.</u>	<u>RES.</u>	<u>NON.</u>	<u>TOT.</u>
Livebirths.....	102	11	113	109	11	120
Stillbirths.....	5	0	5	5	0	5
Total births.....	107	11	118	114	11	125
Birth rate per 1000 population.....			12.02			12.77
Deaths from natural causes.....	84	15	99	81	16	97
Deaths from external causes.....	6	0	6	11	4	15
Tot. deaths exclusive of stillbirths	90	15	105	92	20	112
Death rate per 1000 population.....	9.57	1.60	11.17	9.79	2.12	11.91
Deaths, infants under 1 year.....	5	2	7	7	0	7

	<u>MAY 1935</u>			<u>MAY 1934</u>		
	<u>WH.</u>	<u>COL.</u>	<u>TOT.</u>	<u>WH.</u>	<u>COL.</u>	<u>TOT.</u>
Livebirths.....	83	30	113	89	31	120
Stillbirths.....	1	4	5	3	2	5
Total births.....	84	34	118	92	33	125
Birth rate per 1000 population.....			12.02			12.77
Deaths from natural causes.....	62	37	99	62	35	97
Deaths from external causes.....	5	1	6	9	6	15
Tot. deaths exclusive stillbirths	67	38	105	71	41	112
Deaths, infants under 1 year.....	3	4	7	4	3	7

<u>Reportable Diseases:</u>	<u>RES.</u>		<u>NONRES.</u>		<u>TOTAL</u>		<u>WHITE</u>		<u>COLORED</u>	
	<u>*C.</u>	<u>D.*</u>	<u>C.</u>	<u>D.</u>	<u>C.</u>	<u>D.</u>	<u>C.</u>	<u>D.</u>	<u>C.</u>	<u>D.</u>
Cancer.....	18	11	2	2	20	13	17	11	3	2
Chanoroid.....	3	0	0	0	3	0	0	0	3	0
Chickenpox.....	6	0	0	0	6	0	6	0	0	0
Cerebrospinal fever...	1	0	0	0	1	0	1	0	0	0
Dengue fever.....	3	0	0	0	3	0	3	0	0	0
Diphtheria.....	2	1	0	0	2	1	2	1	0	0
Erysipelas.....	2	0	0	0	2	0	2	0	0	0
Hookworm.....	1	0	0	0	1	0	1	0	0	0
Influenza.....	4	2	0	0	4	2	4	2	0	0
Malaria.....	3	0	0	0	3	0	2	0	1	0
Measles.....	7	0	0	0	7	0	7	0	0	0
Mumps.....	16	0	0	0	16	0	13	0	3	0
Pellagra.....	5	2	1	1	6	3	2	2	4	1
Pneumonia, broncho....	9	2	2	1	11	3	9	2	2	1
Pneumonia, lobar.....	4	3	0	0	4	3	1	1	3	2
Scarlet fever.....	2	0	1	0	3	0	3	0	0	0
Undulant fever.....	2	0	0	0	2	0	2	0	0	0
Whooping cough.....	10	1	0	0	10	1	9	1	1	0
Vincent's angina.....	1	0	0	0	1	0	1	0	0	0

*NOTE: ("C" is for "Cases"; "D" is for "Deaths")

METEOROLOGICAL SUMMARY, U. S. WEATHER BUREAU

Mean maximum temperature 84.9; Mean minimum 75.5
 Mean monthly 80.2; Highest 91; Lowest 69
 Percentage of possible sunshine 78%
 Precipitation: Total 1.06"
 Mean humidity: 8:00 A. M. 69%; Noon 63%; 8:00 P. M. 69%
 Winds prevailing direction southeast; average hourly velocity 10.0

VENEREAL DISEASE CONTROL

<u>Syphilis:</u>	<u>WH.</u>	<u>COL.</u>	<u>TOT.</u>	<u>MALE</u>	<u>FEM.</u>
Cases reported by physicians	9	15	24	6	18
Cases reported by city clinic	11	90	101	54	47
Cases reported by Jackson Mem. Hosp.	2	2	4	2	2
Cases reported by death certificates	1	2	3	2	1
	<u>23</u>	<u>109</u>	<u>132</u>	<u>64</u>	<u>68</u>
<u>Gonorrhoea:</u>	<u>WH.</u>	<u>COL.</u>	<u>TOT.</u>	<u>MALE</u>	<u>FEM.</u>
Cases reported by physicians	10	0	10	6	4
Cases reported by city clinic	7	19	26	24	2
Cases reported by Jackson Mem. Hosp.	8	0	8	6	2
	<u>25</u>	<u>19</u>	<u>44</u>	<u>36</u>	<u>8</u>
V. D. treatments by city clinic	830	739	1569		
Foodhandlers, barbers, etc. held up for V. D.			1		
Laboratory examinations for V. D.					2072 (Pos. 192)

TUBERCULOSIS CONTROL

	<u>WH.</u>	<u>COL.</u>	<u>TOT.</u>	<u>MALE</u>	<u>FEM.</u>
Cases reported by City Clinic	12	6	18	12	6
Cases reported by Jax. Mem. Hosp.	20	7	27	20	7
Cases reported by death certificate	0	3	3	2	1
	<u>32</u>	<u>16</u>	<u>48</u>	<u>34</u>	<u>14</u>
Followup visits by Nursing Service	135	100	235		
Sputum examinations for T. B. by Lab.					73 (Pos. 12)

DATA TAKEN FROM MONTHLY REPORTS:

Samples of milk and other dairy products examined chemically	300
Total examinations of Chemical Laboratory.....	598
Tests of water made bacteriologically.....	218
Total examinations of Bacteriological Laboratory.....	3,968
Foodhandlers and dairymen examined at City Clinic.....	520
Barbers and beauty culturists examined at City Clinic.....	69
Total units of service at city clinic.....	5,702
Visits to homes by Public Health Nurses.....	1,079
Maternity cases visited.....	106
Corrections of defects secured by Public Health Nurses.....	85
Treatments for immunizing against diphtheria.....	39
Total units of service of Medical Officer.....	270
Cases of communicable diseases isolated by Medical Officer..	18
Complaints investigated by food inspectors.....	68
Foodhandlers ordered to get health cards.....	534
Total inspections by Bureau Food Inspection.....	2,063
Barbers and Beauty Culturists ordered to obtain health cards	96
Gallons of milk sold as fluid milk.....	243,324
Per cent. pasteurized 69%; per cent certified 1.0%	
Total inspections of dairies, etc. by Bureau Milk Insp.....	144
Total post mortems by Veterinarian.....	334
Pounds of meat condemned by Veterinarian.....	2,260
Notices served to make correction of insanitary condition...	1,600
Catch basins, etc. sprayed with oil by Mosquito Control Unit	14,526
Total inspections by Bureau of Sanitation.....	14,976

George N. MacDonell, M. D.
Director of Public Health

June 5, 1935

SCIENTIFIC BASIS OF FAITH

Personality - Origin of ideas.

Though basic, not discussed in works on philosophy or psychology.

Frog experiment.

Verworn.

Proof, evidence of thinking, intelligent planning, executive will, purpose.

In flowers.

Infinites of

Shape.

See book (leaves).

Size of space.

Power.

Snowball.

Beauty-form-symmetry-leaves-flowers, clouds, sunset.

Healing of wounds of tree.

Lobster's leg, worms, head and tail, polyp.

Individual interest.

Our own bodies evidence of an infinite personality.

Two wills manifest in human body. One controls voluntary acts; the other, involuntary acts.

Two personalities in man. One, the conscious human being; the other, the subconscious, the creative personality.

Two kinds of muscular acts - voluntary and involuntary.

Two kinds of thinking - voluntary, involuntary, or creative.

The subconscious works while we sleep, like the heart, liver and other involuntary organs.

Concentration.

Is it any use to pray?

We instinctively call for help when in trouble.

The voice of appeal is characteristic. All creatures understand it. Infants cry. Tree frog and snake.

All animals understand the cry for help, of distress, and many respond.

Prayer, the means of access to help that is waiting.

Faith removes mountains.

Dr. Ivan Pavlov, professor of physiology at the University of Leningrad, is host to the 850 foreign physiologists and biologists, representing thirty-seven countries, who are expected to attend from August 8 to 17 in Moscow and Leningrad the International Congress of Physiology, of which he is president. Dr. Pavlov attended the International Neurological Congress, which opened in London on July 29. Last year, on the occasion of his eighty-fifth birthday, the Soviet Government awarded to him an annual pension of 20,000 rubles. A fund of 1,000,000 rubles was also made available for extensions to his laboratories in Leningrad.

--Science, August 9, 1935.

April 23, 1934.

Dr. Brooks telephoned tonight that there would be a combined meeting of the Horticultural Society, May 2, and Dr. K. could read his papers on that date, at two o'clock.

June 28, 1936.

beings. Physiologic guidance not for a few - for all created

divine guidance. Animals have instinct which is nothing else than
Man has the same.

Two wills - p. 2

1 at our command, another which commands the heart.

San V. Arroyo July 1936

Power & will in the face maker - 4

Electrocardiograph - 4, 5, 6

Voluntary muscles & control of the will - 5-6

Human will retires & sleep - 5-6

Heart keeps a 'y' - 2-9 & 2 personalities, 5-6

the creative will controls heart - 5-6

D. W. Holmes - 8 -

25 million million red blood cells - 8

Infinite personality - 9-10

2 personalities - 10

Frog story (A. Y.) p. 11

Verworm 11-12

Prayer - 13, 14 - No answer -

Another frog story (Ha., 15,

Dog - 2 kinds of bark - one when making trouble

another when I +

Hager - 17

No grass grows where I no water - 18

Ideas - cannot make - 19

11 original in the Subconscious, 20

2 kinds of thinking in brain 20

Look for Definition of prayer -

22

a poet said it - was the heart's sincere
desire - 22

Concentration - 23

Why doesn't stomach digest itself - 25

No hunger if no food - 26

Every creature calls out in voice of
the ^{fact that} distress when in trouble - proof

that I, helper & helper } p 40 C 1

Joseph Cook - 28

27

bed time notes - 29

Pray without ceasing - 30 -

When scientific methods are applied to the social world, we will have a better world which is now largely controlled by superstition, fears and hunches. Dr. Robert A. Millikan

NATIONAL WOMAN'S CHRISTIAN TEMPERANCE UNION
DEPARTMENT OF MEDICAL TEMPERANCE

Mrs. Pearl Kendall-Hess, Director, Orange, California.
Aug. 1st, 1936.

Dear Co-Worker:-

Those who registered at the Medical Temperance booth at the Tulsa convention are receiving this letter. It is sent with the hope that your visit there and the data herein will stimulate your interest in the work of this department.

TO STATE DIRECTORS OF MEDICAL TEMPERANCE AND STATE PRESIDENTS HAVING NO DIRECTOR: Enclosed find the Plan of Work for 1937. Also the new leaflet "Helpful Hints On Harmful Habits." The Plan of Work is free for postage and is to be ordered from National W.C.T.U., Evanston, Ills. Please order enough copies to supply each union in your state. If there is no Director, send to the President.

Has your state, or any of the groups indicated on the 1936 Plan of Work entered the POSTER CONTEST this year? If so send me the winning poster in each group. Only subject matter pertaining to the three objectives of this department is eligible.

Outstanding items of interest are desirable for use, at various intervals, in a Medical Temperance column in the Union Signal. Please send them to me while they are "news."

DEPARTMENTAL REPORTS, each year, comprise a part of the history of the organization. It is desirable that each state be included. It is possible for every state to put the Plan of Work in the hands of every UNION, thus making a nucleus for a report. If only this has been done please report it.

REPORT BLANKS have been sent to the proper person in each state. It is distressing to pronounce the doom "too late" upon fine reports which have been delayed because local reports have not reached the state on time. "WATCHFUL WAITING" but mildly describes the state of being of the National Director on the report question as the October 15th deadline approaches!

It is advisable to file the quarterly letter for future reference. It is voluminous because of the gigantic proportions of subtle propaganda. The purpose is to keep our field informed on current problems, that the fiery darts of the enemy may be repelled. Frequently questions are asked that have been considered in previous letters which, if kept, would have afforded immediate reply to the opposition and would have been "news."

ooo000ooo

(Below is given, verbatim, the ten minute presentation of departmental objectives at the National convention. Many times during the year requests come for "short talk" material. This will fill that need and also furnish excerpts for state papers.)

As an important contribution to the improvement of public health, the department of MEDICAL TEMPERANCE is devoted to a three fold field of service, comprising: 1. Promotion of the principle of non-alcoholic medication. 2. Opposition to the self-prescription habit and the use of nostrums. 3. Warfare against narcotic drugs.

Out of the ceaseless struggle of humanity for protection against poisons the skull and cross bones was evolved, a symbol universally recognized by modern pharmacy, which will protect against harm IF the individual will heed its warning.

Only 600 years ago ONE FOURTH of the earth's population was destroyed by plagues. Seemingly miraculous progress has been made since then. That much remains to be done is indicated by this challenge given at the 25th clinical congress of the American College of Surgeons: "One out of 17 persons in the United States and Canada was hospitalized last year and twice that number were treated outside institutions. Public indifference to means whereby life can be made happier and longer, in so far as physical ills are concerned is one of the chief obstacles science must overcome."

When introducing digitalis to English medicine in 1785 William Withering said: "It is much easier to write upon a disease than a remedy. The former is in the hands of nature. The latter will ever be subject to the whims, the inaccuracies and the blindness of mankind. Medical history proves that this trinity of error has perpetuated the custom of treating disease with alcoholic liquor, the reputation of which as a cure all was at high tide in the 16th century, when doctors said: "It sloweth age and strengtheneth youth." But the tide slowly turned until about a half century ago, when a London paper predicted that "the belief in the strengthening and supporting qualities of alcohol will eventually become as obsolete as a belief in witchcraft."

The fulfillment of this prophecy has come to pass in this generation. Medical science now says "the sole value of alcohol in therapeutics is its narcotic action" but concedes it to be the "MOST DANGEROUS AND LESS EFFECTIVE NARCOTIC."

Because the physical destiny of humanity is largely entrusted to the physician, the liquor trade, with the fervor of a suitor, courts the medical profession asking for endorsement of the therapeutic use of alcohol, knowing full well that it affords the most respectable bulwark for its wares, and is a potential recruiting station for the beverage demand.

The edict of modern medicine is "prevention." The use of alcohol in the treatment of disease is not in accord with this policy, which in no sense regards it as a contributor to physical and mental well being. This drug has been tried before the bar of scientific investigation and convicted, but the "jingle of the guinea" conveniently juggles scientific findings to the detriment of public health.

From the beginning the Woman's Christian Temperance Union has followed the leadership of physicians of national and world renown who have proclaimed the findings of chemistry, physiology, pathology and experience on the subject of non-alcoholic medication.

NOSTRUMS. If facts and official records are worth considering, the judgments secured by the Federal Food and Drug Administration against manufacturers of nostrums, should induce the American public to stop and reason when advertisements say certain preparations are good for almost any ailment under the sun. Two typical cases indicate what you pay for FINANCIALLY: A widely advertised tonic was found on analysis to contain epsom salts, quinini sulphate, a small amount of arsenic, alcohol and water colored with pink dye and flavored with oil of cinnamon. An analysis of another remedy, in the American Medical Association Chemical laboratory revealed that the ingredients cost, at wholesale, not over SEVEN CENTS. The concoction sold at \$1. per bottle. Another preparation contained less than one-half cent's worth of cream of tartar in a short pint of water. For this the gullible public paid \$15. Further evidence is unnecessary to convince intelligent people that nostrums are sold under false pretenses and are dangerous for self-prescription. When names and pictures of "doctors" and "scientists" appear in advertisements it is always wise to inquire as to their validity. Surprises will be in store when the truth is known.

Self-prescription is a popular "indoor sport" in this nation. Analysis of the psychology which permits it is difficult. Something must be wrong with the I. Q. of those indulging in a definite health hazard by taking mysteriously compounded remedies without consulting a physician. But mystery produces easy money for the nostrum trade!

NARCOTICS. According to a standard medical dictionary a narcotic is "Any drug that produces sleep or torpor and at the same time relieves pain." The various coal tar products and other remedies used to relieve minor aches belong in this class and are dangerous for self-prescription. All too often they cease to relieve and thus pave the way for addiction to opium, cocaine or the more deadly derivatives.

Bad habits are among humanity's most insidious enemies. If not corrected in the beginning, both physical and mental relief are sought in the use of narcotic drugs. Then follows bondage and rehabilitation is difficult.

The activity of the world wide traffic in narcotic drugs is a constant menace to civilization. The thought of the nation is concentrated on an intensive study of this problem during the observance of Narcotic Education Week, the last of February. But this is not enough. Safety is assured only through unceasing efforts to create a public sentiment which will provide an inclusive program of education for the individual of all ages and demand observance and enforcement of existing WORLD, NATIONAL AND STATE LAWS.

(The following data are from press reports of meetings of the groups listed and were furnished by State presidents or State directors.)

Excerpts From 1936 Medical Association Sessions

NATIONAL: Dr. J. Tate Mason was proclaimed president of the American Medical Association on May 12th at the National convention at Kansas City under circumstances unlike anything in the history of the Association, for he was fatally ill. (His death occurred on June 20th in Seattle, Wash.) A friend delivered his last message, a brief excerpt of which follows: "To the public: The medical profession stands ready to serve you, rich or poor, as it always has done in the past. To the profession: I HAVE AN ABIDING AND UNLIMITED FAITH IN YOUR INTEGRITY AND THAT YOU WILL NEVER LET SELFISH INTERESTS SWERVE YOU." (Capitals are mine, P.K.H.)

STATE: Dr. James E. Paullin, president of Medical Association of Georgia: "More progress in the rendition of adequate medical care could be made in the state if it were possible to immediately banish ignorance, fear, superstition, doubt and general contrariness among the citizenry of the state, which is manifest in all strata of society."

Dr. Ralph A. Kinsella, St. Louis, Mo., speaking before the Illinois State Medical Society, urged laymen as well as members to interest themselves in heart troubles, concluding with: "Against the changes of age the heart has no defense. The only adequate treatment for heart troubles is complete rest." (Note the absence of alcoholic liquor in this prescription. P.K.H.)

Dr. M. B. Culpepper, President of New Mexico Medical Society, saluted "our forefathers of centuries ago-- who prophesied that by medicine the ills of humanity would be alleviated. -- Who among us has forgotten the works attributed to Hippocrates, the father of medicine? And you well remember his famous oath. -- In the present day practice, mingled as it is with unprecedented and commercial activity, we may, through devotion to duty or other cause, forget the admonition of responsibilities as uttered nearly twenty five centuries in the past. LET EACH REDEDICATE HIMSELF TO THE AGE-OLD PRINCIPLES OF ETHICS FROM WHICH, PERHAPS, WE HAVE TOO DISTANTLY WANDERED." (Capitals are mine, P.K.H.)

In attendance at West Virginia State Medical Association, Dr. A. E. McClure, head of the West Virginia public health department asserted: "It has come to be recognized that prevention of diseases must be advocated and since medicine has come to include all the sciences it has advanced to a high and complicated degree. With the idea of prevention in view the federal government has undertaken to establish a department of public health and placed it in the hands of efficient heads of public health."

In the annual address of Dr. Thomas P. Murdock, president of Connecticut State Medical Society, under the sub-head "Doctors in Court," Dr. Murdock offered a plan to provide a qualified physician appointed by the court to decide whether or not a person is intoxicated, commenting as follows: "Lately doctors have been severely rebuked for appearing in the minor courts in cases of people charged with operating motor vehicles while under the influence of liquor. Officials have publicly criticized doctors for their appearance. If the doctor makes his diagnosis only after making the accused walk and talk and considering only his general appearance and actions, then I say that his opinion is not worth any more than that of a well seasoned police officer. If, on the other hand, the doctor is anxious to clear up such a situation and he believes the accused is not drunk, let him hospitalize this person and determine the amount of alcohol in his spinal fluid and blood, and if these determinations are within normal range, let him go before any court anywhere and so testify. It is his duty to do so. If positive, so report it to the court. Don't let it be said again of doctors that they are prostituting themselves in these unworthy cases."

ooo000ooo

THE BEER ADVERTISEMENT: Florence E. Marshall, in her own inimitable way deals with this question thus: "The brewers and distillers, you know them all too well- they make a poison, alcohol, they advertise and sell, and if you try to tell them they're fooling folks with lies, they answer smugly 'not at all- we merely advertise.'"

Recent advertising claims for beer include the following: "For nerves. Leading physicians say pure beer aids body tone, sound sleep, digestion and the complexion." "Eminent medical authority states that beer is no more fattening than any other nourishing food." From a recent press release comes the statement that beer contains vitamin D. It will not be

surprising if, shortly, it is announced that beer contains the entire alphabet of vitamins!

During the preparation for prohibition the brewers wanted permission to manufacture "medicinal beer." The following, signed by 103 eminent physicians was presented to the Congress:

"The undersigned physicians of the United States desire to place on record their conviction that the manufacture and sale of beer and other malt liquors for medicinal purposes should not be permitted. Malt liquors never have been listed in the United States Pharmacopoeia as official medicinal remedies. They serve no medical purpose which cannot be satisfactorily met in other ways, and that without the danger of cultivating the beverage use of an alcoholic liquor." BEER IS NOT NOW LISTED IN THE U. S. PHARMACOPOEIA.

The November first letter told of the speech of Dr. George A. Parrish, Los Angeles City Health Officer. His endorsement of beer continues as noted in the following Editorial from the Pacific Rural Press and California Farmer, June 20th, 1936:

"Dr. George Parrish, Health Officer of Los Angeles, seems to have a heart as big as a beer barrel. The morning mail brings evidence of this big-heartedness. A press release sent out from Washington for free use by the newspapers of the country starts off with this paragraph: "Be you banker, or broker, salesman or stenographer, mechanic or plain manual laborer, drink a glass of beer with your evening meal or just before retiring, says Dr. George Parrish, Los Angeles Health Officer, and you will vastly improve your mental and physical health."

There is more of it- two pages in all- boosting beer. This seems to call for a bit of thinking!

Isn't it milk which doctors recommend as an ideal health drink?

And how about the delicious, zestful, vitamin-filled orange juice which the Los Angeles region has sold to the nation to put health in its system, sunshine in its soul, and spring in its step?

Doctor Parrish might well inquire to what extent the citrus and cows of southern California pay his salary, and thus refrain from biting the hand that holds his glass, so to say.

By the expenditure of a lot of time, a great deal of thought, and a number of millions of dollars the citrus growers have taught the nation to keep healthy with the citrus drinks which Los Angeles has made famous, and Dr. Parrish has small chance of teaching the nation to burp with Los Angeles beer, it would seem to an onlooker.

How he will square with local patriots this recommendation of a substitute drink, we dunno!

It is possible that dairymen may have soured on the stomach of Doctor Parrish, so to speak. Some time ago he tried to pass a local milk ordinance which dairymen called unfair, discriminatory and monopolistic, and they took him to court and licked him.

But what, if anything, could Doctor Parrish have against citrus? It was those green and gold oranges against the snow capped peaks which made southern California what it is today, and not the billboards exhorting you to drink beer, and certainly not Doctor Parrish's pronouncements on beer."

An English advertisement for stout confidently states that one half bottle is good at 11 A. M. and another at supper for overworked housewives, and concludes "the first gives vigor and the bedtime one brings sweet sleep." Stimulant effects at 11 A. M. and narcotic action at bedtime sound paradoxical!

ALCOHOL LOWERS VITALITY: "It was formerly thought that alcohol was in some way antagonistic disease, but the reverse is the case, and chronic drinkers are more liable to both acute and pulmonary tuberculosis. It is probably a question of altered tissue soil, the alcohol lowering the vitality and enabling the bacilli to develop and grow more readily." (From "The Principles and Practice of Medicine" by the late Sir William Osler, revised in 1935 by Dr. Thomas McCrae.)

"When the rum traffic will let our homes alone, then, and not until then will we let it alone."

Pearl Kendall-Hess, Director.

National Woman's Christian Temperance Union

Department of Medical Temperance

Mrs. Pearl Kendall-Hess, Director,
631 E. Jefferson Avenue, Orange, California

PLAN OF WORK, 1937

*Lift up your eyes, and look on the fields; for they are white already to harvest.
John 4:35.*

THE FIELDS OF SERVICE

Non-Alcoholic Medication; Narcotic Drug Warfare; Nostrum and Self-Prescription Hazards.

Non-Alcoholic Medication: "Apply thine heart unto instruction and thine ears to the words of knowledge." *Proverbs 23:12*. The edict of modern medicine is "prevention". The use of alcohol in the treatment of disease is not in accord with this policy, which does not in any sense regard it as a contributor to physical and mental well being. The drug has been tried before the bar of scientific investigation and convicted, but the "jingle of the guinea" conveniently juggles scientific findings to the detriment of public health.

From the beginning, the Woman's Christian Temperance Union has followed the leadership of physicians of national and world renown who have proclaimed the findings of chemistry, physiology, pathology and experience on the subject of non-alcoholic medication.

Hospital Survey: There is a reduction in the use of alcoholic liquor in hospitals all over the world. Appoint some one to secure the following information from the hospitals in your vicinity: 1. How many cases of alcoholism in 1935? In 1936? 2. How many doctors prescribe alcoholic liquor? How many do not? 3. For what diseases, if any, is alcoholic liquor prescribed? 4. What was the average amount given, per patient, in 1935? In 1936? 5. Have surgical cases increased the past year, due to drinking drivers?

Narcotic Drug Warfare: For the weapons of our warfare are not carnal, but mighty through God to the pulling down of strongholds. *2 Cor. 10:4*. **OBSERVE NARCOTIC EDUCATION WEEK INTENSIVELY** (the last of February). **NARCOTIC RESOLUTION** of National Woman's Christian Temperance Union convention, Tulsa, Oklahoma: "We believe that the Federal Government and the States should cooperate in uniform legislation for the prohibition of narcotic drugs, including opium, heroin, morphine, cocaine and marihuana. We urge greater concern on the part of parents, teachers and civic organizations to protect youth from exploitation by distributors of these drugs."

The thought of the nation is concentrated upon an intensive study of this problem during Narcotic Education Week, but this is not enough. Security is assured only through unceasing efforts to create a public sentiment which will promote a continuous program of education and information for all ages and which will work for observance and enforcement of existing **WORLD, NATIONAL, STATE and LOCAL LAWS**.

Nostrums and Self-Prescription: For they intended evil against thee: they imagined a mischievous device which they are not able to perform. *Psalms 21:11*. Witchcraft is supposed to have expired with the passing of the 17th century, but it is reincarnated today by means of "suggestion", the black art of the 20th century, which permeates many phases of the high-pressure program of modern advertising, often deceiving even the elect. Proof of the dividend-producing qualities of this modern witch is found in the \$525,000,000 spent annually for "patent medicines".

PROGRAM FOR LOCAL MEETING

SCRIPTURE: Psalm 11:2. Prayer theme: Ephesians 6:13.

STATEMENT OF DEPARTMENTAL OBJECTIVES BY CHAIRMAN.
(3 minutes).

ADDRESS: "Modern Medicine Bans Medicinal Use of Alcohol."¹ (Physician).

DISCUSSION: "Nostrums and Quack Remedies."² "Self Prescription Hazards."²

ADDRESS: "Facing the Facts in a Worldwide Conflict."³ (Educator).

"The Alarming Increase of Marihuana Addicts."³ (Official).

SURVEY: Narcotic Drug Legislation: International, National, State, Local.³
(Attorney)

CONFERENCE: (a) If your state is one of the 15 which has not adopted the Uniform State Narcotic Drug Act, and/or one of the 5 with no law against marihuana, plan to secure such legislation at an early date.

(b) If your state has legal protection on both of the above subjects, formulate a program of education which will assure perpetuity of such laws.

PLAYLETS AVAILABLE: "Weighed in the Balance" (Non-Alcoholic Medication), 25 cents per dozen; "A Sorry Solution" (Narcotic), 3 for 10 cents; "The Two Babies" (Nostrums), 25 cents per dozen.

REFERENCES: ¹"Medicinal Alcohol Discredited," 20 cents per 100; Progressive Physicians Ban Medicinal Alcohol," 35 cents per 100; "Alcohol in Medical Practice," 35 cents per 100.

²"Nostrum Perils", 35 cents per 100; "The Gospel of Pain," 35 cents per 100; "Helpful Hints on Harmful Habits," 20 cents per 100. "Price List of Educational Posters on Patent Medicines," illustrated, FREE, from American Medical Association, 535 North Dearborn St., Chicago, Ill.

³"Revised Syllabus in Narcotic Education"; "Narcotic Drug Addiction and How to Fight It"; "The Narcotic Problem from National and International Standpoints"; "Marihuana and Indian Hemp and Its Preparations." These FOUR publications FREE to Teachers and Leaders, from International Narcotic Education Association, 995 S. Western Ave., Los Angeles, Calif

"'Snow'? Needle? 'Jigger'?" 35 cents per 100; "The Menace of Marihuana," 35 cents per 100.

(All references except those listed "free" may be ordered from National W.C.T.U. Publishing House, Evanston, Illinois.)

POSTER AWARDS: ADULT: Subject: "Alcohol as a medicine"! "Alcohol as a beverage"! Can there be life in one and death in the other when both are filled from the same bottle? . . . **Y. T. C.** Subject: "Be modern." The progressive physicians of today know that alcohol is not a cure for anything under the sun. . . . **L. T. L.** Subject: "Drugs are Dangerous." Nature keeps us well. . . . A gold class pin engraved with name, will be given the winner in each division. . . . **Dimensions:** Not less than 12 x 18 nor more than 20 x 26 inches. Send posters to National Director by October 1, 1937.

EXHIBITS: Send to American Medical Association, 535 N. Dearborn St., Chicago, Ill., for "Price List of Educational Posters on Patent Medicines and Quacks," and order those pertaining to the work of this department. Price, 12 cents per poster, plus 25c for mailing costs, in LOTS OF NOT LESS THAN TEN.

THE HARVEST: 1. Meetings held. Meetings with other groups. 2. Lectures, talks, sermons, press articles, department plays, poster contests, letters written, hospital surveys, speakers for radio, speakers for other organizations. 3. Pages of literature given out and to which professions. 4. Special or outstanding work done, notably during Narcotic Education Week. 5. Interviews with officials about narcotic drug addiction in your vicinity. 6. Number American Medical Association posters used.

Department of Medical Temperance
Free for postage

NATIONAL W.C.T.U. PUBLISHING HOUSE
Evanston, Illinois

APPLES

An apple exposed to warmth of 85 degrees Fahrenheit for a single day will lose as much of its keeping quality as it will in three weeks of storage at 32 degrees.

Science News Letter, Dec. 5, 1936

(For index rerum)

March 14, 1937

CHINESE PROVERB

"The strongest memory is weaker than the palest ink."

1. Preventive Acidophilus.
2. Colon mucosa filter. prevents absorption.
3. Ileocecal valve.
4. Liver, thyroid, adrenals, other glands destroy poisons.
5. Kidneys eliminate.

In youth, defense good. All working efficiently.

When defenses break down, troubles appear.

1. Protective flora lost.
2. Filter damage - colitis.
3. Ileocecal valve incomplete - reverse peristalsis.
4. Liver overworked.
5. Kidneys wear out.

Poisons accumulate in the blood.

In skin, complexion.

Blood pressure.

Heart.

Skin.

1. Preventive - Acidophilus
2. Colon mucosa filler prevents absorption
3. Meocecal valve
4. Liver, thyroid, adrenals, other glands destroy poisons
5. Kidneys eliminate

When in youth defense good
 all working efficiently
 when defense falls break down
 troubles appear

- 1 protective flora lost
- 2 filler damage - aches
- 3 Meocecal valve, incomplect - re-
- 4 reverse peristalsis

A. Liver overworked
5. Kidneys weak not
Prothrombinase acid
in blood
S in skin, complexion
Blood pressure
Heart
Skin

Issued by the Swedish Riksbank, June 1937

In 1931, after abandoning the gold standard, it was stated that the monetary policy of Sweden should aim at the maintenance of the purchasing power of the Krona in the hands of the consumers. In 1932 and again in 1933 the principles of policy were partly reconsidered. As a further object it was added that the economic policy should aim at bringing about an increase of domestic wholesale prices without allowing this increase appreciably to affect the cost of living.

In view of the economic development since the middle of 1936 with its strong upward tendency of prices the need of a modification of the monetary program of 1933 was generally recognized in the spring of 1937. In a document addressed to the Government the Riksbank suggested that the policy of the Riksbank as well as the general economic policy should aim at counteracting the tendency towards rising prices and in any case prevent an inflationary price development. As had been stated by Parliament in 1933 the principles to be followed ought to be fixed by the Government and Parliament, whereas the choice of the means for fulfilling the policy must be in the hands of the Riksbank, which in this respect has to bear the full responsibility.

In the recent Government Bill on the monetary policy the principles laid down by the Riksbank were on the whole confirmed. The Minister of Finance stressed the advantage of stable foreign exchanges. He found, however, that the deflation of wholesale prices had gone further than was aimed at in 1933. In view of the importance of checking a too strong price rise and in accordance with his opinion about the most desirable aim of the monetary policy for the near future, the Minister considered it necessary to regard the stabilizing of the external value of the Krona as a secondary consideration. A policy under all circumstances aiming at holding the present rate for sterling might not be consistent with a policy trying to prevent inflationary price rises. According to the Minister, formulations referring to certain index numbers should be avoided, because they might limit the choice of measures to be taken by the Riksbank.

The Minister of Finance considered it likely that prices would still to a certain extent move upwards. If prices in England and America should pass the usual limits for good times and taken an inflationary character, an increase of the value of the Krona in relation to Sterling would have to be considered. An appreciation of the Krona and a strong tightening of the money market were both of such a character that they ought to be used only if there were very good reasons for applying them.

Finally, the Government, too, stressed the necessity of synchronizing economic and monetary measures and agreed that the Riksbank had to choose the monetary means to fulfill the policy, adding, however, that the choice had to be made in cooperation

with the Government, as measures wholly outside the sphere of the Riksbank were to be considered as alternatives to the monetary means proper.

The following measures for checking a possible inflationary development in Sweden are discussed in the Government Bill.

The raising of the discount rate cannot be effective in the present situation as the commercial banks are independent of borrowing from the Riksbank. In order to make it possible to tighten the money market and to strengthen the influence of the Riksbank on the money market open market operations and emergency reserve requirements for the commercial banks are considered.

The Riksbank does not possess Government Securities to such an amount that an effective influence on the money market is secured. Therefore it has been arranged that the Riksbank may dispose of Treasury Bonds or Treasury Bills issued by the National Debt Office. Interest on these securities, created solely for the purpose of open market operations, would be paid by the Riksbank.

Furthermore, the Government has acquired full powers in case of need to sterilize part of the liquid resources of the commercial banks. Such a decision may be taken only upon the request of the Riksbank and after hearing of the Banking Inspection. The commercial banks, at present obliged to hold 25 per cent of their demand deposits in cash or in very liquid assets, may be required to hold a certain percentage of these assets -- the percentage to be determined by the Government -- on an account with the Riksbank.

The Riksbank has the power to pay interest on deposits. It has been suggested that by doing so the Riksbank should be able to absorb some of the liquid funds now deposited with the commercial banks. This measure may be used as an alternative to or together with the selling of Government Securities.

Owing to the special cause of the easy conditions on the money market in Sweden, namely the favorable current balance of international payments, an increase of imports seems to offer an adequate and favorable way of gradually tightening the money market. From this point of view the possibility and effects of lowering import duties are studied. It should be noted that, within certain limits, the Government has the power to reduce tariffs without consulting Parliament.

The Government has been authorized to purchase abroad certain commodities to be stored by the State for emergencies. Foreign currency for this purpose should be obtained from the Riksbank against Treasury Bills. The Bank should be allowed to use these bills for open market operations.

Some preparations for moderating a possible heavy speculation on the stock exchange have been made, in so far as, on the suggestion of the Riksbank, the commercial banks have agreed to apply increased margin requirements when granting loans against securities. Furthermore the Government has until May 31st, 1938, got the

authorization to raise, in case of need, the stamp duty on contract notes concerning sales or purchases of shares to an amount four times as high as the one now prevailing.

From the conclusion that an underbalanced budget is conducive to economic expansion should follow that an overbalanced budget tends to check an upward movement of the activity curve. The Minister of Finance has stated that in this respect the budget proposal for 1937-38 is aiming at a policy of smoothing out the cyclical fluctuations, just as the budgets of 1935-36 and 1936-37.

These proposals were approved of by Parliament on May 26th. Parliament added that, in view of the favorable influence on the internal economy effected by low money rates during the depression, the rate of interest should be kept at so low a level as was possible. The necessity of increasing the rates of interest under certain circumstances was, however, obvious.

Owing to some incorrect reports in the foreign press the Minister of Finance on May 14th stated that he had nothing to add to the declaration he made in February, 1937. He said that no alteration in the value of the Krona seemed to be required within the surveyable future any more than in February. On the contrary, the recent fall in international prices had reduced the reasons for considering such a measure.

For those unfamiliar with the position of the Riksbank the following information may be of interest.

The Sveriges Riksbank is the central bank of Sweden and is owned and guaranteed by the States. Consequently it has not been considered necessary to create an Exchange Equalization Account in Sweden as has been the case in some other countries where the central banks are owned privately. The Bank is governed by a Board of seven directors, one of whom, the Chairman, is appointed by the King, while the remainder are elected by Parliament. The Board elect from among the six members appointed by Parliament a Governor and two Managers. In addition, a Deputy Governor is appointed by the Board. The Board of Directors is allowed to take instructions only from Parliament or, in certain cases, from the Banking Committee of Parliament.

STOCKHOLM, June, 1937.

Finances

9-15-37

Things we want to accomplish for every patient

1. Arrest of intestinal putrefaction

Coated tongue
Bad breath
Dingy skin

2. Combat intestinal stasis

3. Improve kidney elimination

4. Improve the skin

Elasticity
Blood supply
Resistance

5. Regulate and improve metabolism

6. Raise nerve and muscle tone

7. Increase vital resistance

8. Improve circulation

Effects of tobacco
Vagatonia

9. Strength

Increased strength and endurance

10. Posture

LOCAL FIRMS GRANTED USE OF 3 TRADEMARKS

Claims of Battle Creek Food and Dietetic Supply Companies Allowed.

The word Soykee has been approved as a trademark by the United States patent office for use on a new coffee substitute processed from soy beans by the Battle Creek Food Co. The company claims use of this trademark since December 1, 1936.

The two recently acquired trademarks of the Battle Creek Dietetic Supply Co., Health House and Health House Products of Battle Creek, have been published with the company's claim of use of these trademarks since March 5, 1937, on Brewer's yeast tablets, psyllium and agar, mineral oil and mineral oil emulsion, karaya, citrates and carbonates, dicalcium phosphate wafers, antacid tablets, wheat germ tablets, cough expectorant, malt extract, iron and copper tonic, cod liver oil, viosterol in oil, tooth paste, face cream, and hand lotions.

All three of the trademarks have been published under the provisions of the Trade Mark Act of 1905 for 30 days. The registrations were reported by Roy A Plant, patent attorney.

(Enquirer, Oct. 12, 1937.)

WHAT BATTLE CREEK OFFERS FOR CHRONIC INVALIDS

In ancient Egypt when a man was ill he put himself on exhibition in the public market place and held out the hand, foot or other affected part so that a ~~passerby~~ ^{person passing} might notice his affliction and if any one of them had suffered in the same way he was expected to tell by what means he found relief. Later the practice of medicine became associated with priestcraft, an entanglement which afforded opportunity for the grossest forms of imposition upon the sick and suffering. The Greek Hippocrates became a specialist in the study of disease and founded the practice of medicine as a profession. He based his practice upon the study of Nature's methods of healing. His teaching and methods were largely forgotten during the Dark Ages, but in modern times have been revived by eminent medical practitioners and teachers who by extensive research and clinical observations have developed a distinct medical philosophy now known as physiotherapy, which recognizes Nature, or rather the creative intelligence which, as an eminent German teacher once said, "Creates and maintains and hence must be able to heal."

This is a natural method, known as
 Physiotherapy, avoids empiricism and treats the sick man himself rather than his disease, directing ^{curative} its efforts to the ^{relief} suppression of the patient's ^{of his suffering} symptoms by removing their cause rather than by hiding them ^{his symptoms} by the use of narcotics, so-called tonics, stimulants, etc. This does not mean the total discarding of drugs or other artificial means of treatment, but simply the use of all remedies of whatever sort in such a way as to aid Nature in establishing normal conditions by removing the causes of disturbance and aiding Nature in her work of repair and restoration when damage has been done.

As curative measures, this system makes use of the great forces of Nature, those powerful agencies heat, light, fresh air and a great variety of appliances by which these great sources of energy may be harnessed and

utilized in helping the body to fight disease by increasing its powers of resistance, developing immunity, regulating and accelerating the great vital processes of circulation, digestion and metabolism and promoting the recuperative and rejuvenating influence of sleep, rest and nutrition.

The Battle Creek Sanitarium has for more than half a century *been recognized as* enjoyed a ~~great~~ reputation, *which* It has ~~attained world wide scope as the~~ pioneer center in which these various natural ~~methods~~ *or physiologic curative* were brought together, ~~and~~ scientifically studied, ~~and~~ validated and correlated into a complete therapeutic system which *has become* is widely known as the Battle Creek Idea or the Battle Creek System, and as such today finds representation, more or less complete, in every part of the civilized world.

The purpose of this article is to present a brief summary of what may be done for chronic invalids, especially those suffering from ailments which do not yield to ordinary treatment and because of this are sometimes considered incurable. In general it may be said that thoroughgoing physiotherapy, efficiently and perseveringly employed, offers *some* help in practically every case that is not ~~practically~~ *actually* moribund. The amount of benefit that can be secured in individual cases depends of course upon the power of the individual to react to the measures applied. ~~But~~ *the* body must help itself. The most expert medical care can only assist by removing causes so far as possible and making conditions favorable for aiding the natural healing powers of the body to do their work. Fortunately so much can be done by well directed efforts of this sort that even in cases so far advanced that complete recovery is impossible, the morbid process may be arrested and comfort and useful activity enjoyed for many years and life expectation greatly prolonged. It is possible by walking carefully to go a long distance on thin ice. Badly

crippled lungs, heart, liver, kidneys, stomach and other essential organs by intelligent care and the use of perfected modern methods, the correction of faulty habits and perfected methods of increasing functional efficiency, with the removal of handicaps, may be enabled to carry on for years notwithstanding the fact that the vital reserve is so greatly reduced that definite limitations must be recognized.

Without attempting to enumerate all the many great advantages offered chronic invalids by a well equipped institution, the following are of such great importance as to be especially worthy of mention:

The correction of wrong habits which in the great majority of cases are closely related to the patient's ailments. Most prominent among these are faulty postures, both when at work and when at rest, wrong eating habits, especially neglect to masticate the food, neglect to balance the diet so as to insure just the right proportion of all the various food elements, vitamins, food minerals and the necessary calory intake and neglect to aerate the blood by deep breathing and adequate exercise. Various bodily deformities may be corrected by proper posture training,-- flat chest, round back, drooping shoulders and prominent abdomen, all conditions which seriously interfere with the efficient functioning of the great vital organs on which life and health depend.

Rheumatism

This disease is probably responsible for more suffering and more crippling of human activities than any other and it involves so many inconveniences and hindrances to bodily activities that although it does not apparently actually very greatly shorten the duration of life, it certainly makes life seem longer. It is estimated that there are several million persons in the United States suffering more or less constantly from rheumatism, *in some one or more of it varied forms* practically all of whom might be benefited and a large percentage

cured by the rational methods of physiotherapy. Of the many hundreds of drugs which have from time to time been recommended for rheumatism, scarcely one is known to be really beneficial and ^{many} ~~nearly all~~ are not only useless but more or less harmful; ^{and}

Physiotherapy is now almost universally recognized by those who have made a special study of rheumatism, as the only really efficient remedy for ~~treatment of~~ the great number of painfully crippling ^{ailments} ~~maladies~~ which are now ^{known to be rheumatic in character} ~~classified under~~ the name of rheumatism. In this group of disorders are included not only joint diseases of various sorts, but painful diseases of the muscles or so-called muscular rheumatism, sciatica, lumbago, ~~etc.~~ ^{neuritis}

The intensive study which has been ^{has} given to this disease within the last few years ^{has} cleared up many of the mysteries with which it was formerly enshrouded and has revealed it to be a disorder of the connective tissue elements of the body in which are included not only joints-- cartilage, synovial membrane, ligaments, tendons and bones-- but muscles, connective tissue, fatty tissue and ^{even the deep skin} ~~subcutaneous~~ tissues. All of these are subject to inflammatory changes manifested by swelling, induration, pain, stiffness, ^{sores} etc., conditions ⁱⁿ for the relief of which physiotherapy is ^{wonderfully} ~~especially~~ adapted.

Heat, light, electricity, massage, baths, sun bathing, diet regulation, and carefully graduated exercises,-- these and many other measures when properly applied, together with protection of the patient from exposure to cold, and proper feeding, with change of the intestinal flora ^{or suppression of intestinal toxins} afford relief in practically all cases and in cases not too far advanced they effect a complete cure.

Change of the Intestinal Flora

①

The researches of Bouchard, a pupil of Claude Bernard, the great

experiences

French physiologist, the later researches of Christian Herter of New York and the more recent ~~researches~~ of numerous investigators have demonstrated the baneful influence upon the body of the poisons produced by putrefactive changes in the too long retained food residues in the colon.



~~The methods first suggested~~ by the savants of the Pasteur Institute and perfected in recent years make possible the suppression of these putrefactive processes, thus lifting from the liver, and kidneys and other organs the great burden of destroying and eliminating these highly destructive poisons which are sometimes present in the intestinal tract in quantities sufficient to destroy life, ^{thus} which is only prevented in such cases by the resistance afforded by the mucous lining of the intestines which, like the skin, is a filter which in its normal condition excludes poisons, ~~to which~~ when diseased ^{the membrane} it becomes permeable, ^{the poisons are absorbed and become} thus making them the cause of a multitude of diseased conditions such as degenerations of nerves and bloodvessels, malnutrition, premature senility through the wearing out of liver, kidneys and other poison-destroying and eliminating organs. By change of flora these diseased processes are arrested and in most cases a remarkable rejuvenation results as shown by restoration of the normal elasticity of the skin, the disappearance of wrinkles and return of youthful appearance.

The conditions present in most chronic diseases are due to a breakdown in the mechanism by which the blood stream is kept free from poisonous excreta and extraneous toxins which may have been introduced through poison habits such as smoking, the use of alcohol and other poisonous drugs. By removing these causes this great handicap is lifted, the efficiency of the liver and kidneys and other eliminative organs is increased, the blood stream is kept free from toxins and so able to revitalize and energize the tissues and thus set up a vigorous reparative and rejuvenating activity in every

bodily organ.

Among the common chronic ailments which are especially benefited by the thorough scientific application of physiotherapy, the following may be mentioned:

Diabetes

The discovery of insulin has proved a boon of priceless value to sufferers from diabetes and has saved thousands from death from diabetic coma, but nevertheless each United States census report shows a steady increase in this country in the number of persons who die from diabetes as well as the mortality rate, for insulin does not remove the cause of the disease, but only supplies a hormone which the damaged pancreas of the diabetic is unable to produce in sufficient quantity.

Physiotherapy seeks to combat the cause of this grave disease as well as to make good the deficiency. There are many reasons for believing that the damage to the liver as the result of long-continued intestinal toxemia as well as a deficiency of vitamins and other forms of imbalance in the regimen may be causative factors in diabetes. In very bad cases of diabetes, intense intestinal toxemia is usually present (Falta). By the use of measures now well understood, this source of systemic poisoning may be suppressed. By this means the liver is relieved of an unnecessary burden and is able to resume its functions in connection with the sugar metabolism to such a degree that in many cases the use of insulin may be gradually discontinued and finally dropped altogether, thus arresting the degenerative process which results in changes in the bloodvessels which causes the death of many diabetics in spite of the use of insulin. By a few weeks of treatment and training every diabetic can be educated in methods whereby under home conditions he may successfully combat his malady and lead a comfortable and useful life by carrying out a carefully arranged health program adapted to his particular case.

On 4. The carefully kept records
of 100,000 cases of rheumatism
collected at the Battle Creek
Sanitarium within the
last 50 years show
that 50 per cent left the
institution cured, 50 per
cent improved, 50 per
cent more than 50 per
cent were greatly
improved, and only
50 per cent unimproved
if it would read

① p 4

2

That rheumatism is a self limited disease.

That is, it comes to an end, but unfortunately often leaves the patient in a badly deformed and crippled condition. My scientific care, and the proper use of orthopedic treatment with the varied resources of physiotherapy, the tr-

often
time, the disease may
be greatly lessened,
and the terrible de-
formities seen in
neglected cases
may be prevented.
And the highest
degree of success
may be attained with-
out change of climate
by means of ap-
propriate and other

measures comprised in a broadly planned physiotherapeutic program this high mortality rate might be greatly lowered. In the treatment of many thousands of cases of chronic cardiac disease at Battle Creek, the superior efficiency of measures which suppress the causes of excessive cardiac work and exposure of the heart and bloodvessels to the damaging influences of toxic substances circulating in the blood has been clearly demonstrated. In many cases persons who have retired from business with no expectation of resuming business activities because of myocarditis have found themselves so greatly improved after a few months of treatment that they were able to resume business activities as actively as ever.

Said a 67 year old head of a great industrial organization on presenting himself for examination, "I am suffering from myocarditis. I have been examined by the leading heart specialists of the world. They all tell me there is no hope and that in two or three years I will be in the cemetery." Through a change of habits and the application of thoroughgoing physiotherapy, the patient was in three months so far recovered he resumed his onerous business duties and ten years later, still active as ever, looking ten years younger instead of older, he presented himself again, declaring, "You have added 20 years to my life," and his appearance amply justified the statement.

A diagnosis of heart disease does not necessarily imply an early demise. This dreaded malady is in a high degree amenable to control through rest, or slowing of its progress by the discovery and elimination of causes in individual cases, by increasing the efficiency of the skin heart, an important but much neglected auxiliary of the blood pumping mechanism, improvement of vital resistance and general nutrition by correct regimen and training of the heart to increased efficiency and carefully graduated exercises after a preliminary rest when indicated. Cases are exceedingly rare in which very notable improvement may not be secured, and in cases in

which morbid changes are not too far advanced, an improved condition closely approaching the normal may be attained. Even angina pectoris yields to the potent restorative influence of natural or physiologic therapeutics which cooperate with the vital energies which create and maintain the body in health and are able to restore it to more or less complete soundness when diseased.

High Blood Pressure

The heart is a highly developed and exceedingly efficient force pump which maintains pressure in the arteries for the purpose of pushing the blood through the millions of vessels smaller than the finest hairs which intervene between the arteries and the veins. When these minute arterioles and capillaries become narrowed through spasms or otherwise obstructed, more pressure is needed, and to lower the pressure without removing the obstruction is to do the patient harm, for a continuous adequate blood supply is absolutely essential for the maintenance of normal functioning and even life. When the cause is removed, the blood pressure will fall to normal because the higher pressure is no longer needed. When the blood pressure is raised, the cause must always be sought and removed if possible. Fortunately cases are very rare in which this can not be accomplished to an appreciable extent, generally to a notable degree and sometimes completely. Even cases of so-called essential hypertension generally yield to a searching inquiry for causes and application of efficient properly directed ^{regimen and} treatment.

Constipation

There is no panacea for constipation nor for the "stasis" or stagnation associated with it and which sometimes exists even when bowel movements are frequent and apparently not obstructed, as in the condition commonly known as constipation. Stasis or stagnation resulting in such long retention of food residues and body wastes that putrefaction takes place ^{for more than 24 hours or until} Changes of this sort being favored by the conditions of warmth and moisture

Insomnia

Nearly a century ago, Schüller demonstrated the high efficiency of purely physical or physiotherapeutic measures in combating insomnia by diverting blood from the head into other parts of the circulation. This method was used with great success by Fleury in an institution for the treatment of the insane in a suburb of Paris and was introduced into this country to the Battle Creek Sanitarium 60 years ago where it has been in continuous highly successful use ever since, and through physicians and nurses sent out from the institution has been introduced into institutions for the insane throughout the United States. In many ~~of our largest~~ state institutions these methods have largely taken the place of hypnotic drugs of all sorts because of their far greater efficiency and their curative effects, while drugs do not cure but tend to increase the difficulty because of their disturbing effects upon digestion and general nutrition and their depressing effect upon the heart and nervous system.

In many cases the effects of physiotherapy are almost magical. It may be said without exaggeration that practically all cases of insomnia may be successfully treated without the use of drugs. The extensive use of sleep-producing drugs no doubt is in many cases a potent cause of so-called nervous breakdowns and even mental disease which might have been prevented by the use of physiologic measures.

Heart Disease

The increasing mortality from diseases of the heart and bloodvessels, which has now reached the enormous total of more than a hundred thousand cases annually in this country alone, was formerly attributed to the too rapid pace of our modern life; but that this view is incorrect has been ~~clearly~~ shown by Dublin of the Metropolitan Life Insurance Company.

Whatever the cause may be, clinical experience in individual cases has clearly shown that by a thorough application of the potent curative

present, putrefaction gives rise to the production of highly potent poisons, one of which, histamine, is often present in quantities sufficient to destroy several lives if introduced hypodermatically, though the healthy lining of the colon hinders the absorption of these poisons. When this protective membrane becomes irritated and congested or eroded as in colitis, absorption occurs and systemic injury is done and is the chief source of the permanent injuries resulting from constipation and of the still greater injuries which result from the more advanced cases of stasis in which there are frequent foul smelling bowel movements, the result of the retention of large quantities of putrefying material in dilated or pouched portions of the colon which act as a reservoir for filth and are potent sources of disease.

~~By the long continuance of these conditions the colon becomes~~ crippled in a variety of ways for which there is no universal remedy, but all of which may be relieved by the application of the special means indicated in each particular case. The colon is inefficient not because it is "lazy" or paralyzed, but because it is crippled by obstacles which fortunately may be removed. The particular obstacles to normal bowel functioning present in any individual case, thanks to the ability which modern X-ray methods give us to "look inside" make possible the discovery of the causes which cripple the colon, the obstacles which stand in the way of normal bowel movement. The so-called barium meal, the barium enema and a careful study of the patient's symptoms and the history of his case will show the way to relief in every case. There need never be a failure in any case in which all the now known means of relief are available.

The most commonly used means for relief of constipation is a drug of some sort which forces the bowel to act in spite of the fact that its

failure to perform its function is due to its crippled or obstructed condition. In the physiologic method of treating constipation, the use of such means is the last thing to be considered and the rarest to be used. Relief must be obtained by helping the colon by removing obstructions and energizing its weakened muscles and facilitating its efforts to evacuate its contents.

The rational treatment of constipation is based upon the principles of normal colon activity. The normal functioning of the colon was first studied by O'Beirne and later by Cannon of Harvard, who was first to see the colon actually at work by the aid of the X-ray. By making use of this knowledge of the "mechanical factors" involved, it is now possible to reform the crippled and errant colon and to restore it to normal functioning by a careful process of training instead of sacrificing and removing the colon as was practiced for some years by Dr. Arbuthnot Lane and his followers.

The cure of constipation by training involves of course proper feeding, for, as Keith, the eminent English anatomist pointed out many years ago in disapproving the drastic surgical procedure of Lane, "The trouble is with the fuel rather than the engine." By proper diet regulation, the use of food laxatives and rational methods of treatment directed to the colon, every case of constipation may be relieved with the exception of cases in which mechanical obstruction exists as in cases of cancer and other morbid growths in which surgery is of course required.

Obesity

Every case of obesity or overweight requires attention. An excessive accumulation of fat is not merely an inconvenience. It is a menace to health and life. Even so small an increase of weight as 10 per cent in persons over 50 years of age materially shortens life, which is clearly shown by life insurance statistics. The majority of persons who are much overweight in time

become diabetic. Heart disease, high blood pressure and angina pectoris are other grave troubles which await the overweight person.

Physiotherapy is especially applicable to cases of obesity, the treatment of which by drugs has often led to most disastrous results. Careful regulation of the diet with exercise, baths and other natural methods with judicious management will effect a cure in every case.

Fasting is not a safe remedy for obesity. A fat person as well as a lean one needs daily an adequate supply of protein, food minerals, vitamins and bulkage. He also needs a certain amount of carbohydrates and fat. All of these elements are needed for current use, but the overweight person may dispense with fats because his own body will furnish all the fat he needs, and to reduce he must necessarily omit from his bill of fare the greater part of his carbohydrates, that is, the starch and sugar and foods rich in these elements such as bread, cereals, potatoes and candies; but his bill of fare must include every day a couple of ounces of carbohydrate for this is needed to enable him to "burn" or oxidize his surplus fat, the only way it can be gotten rid of. So the overweight person should not undertake a complete fast, but should only cut out fats, reduce carbohydrates to a minimum and should take a full ration of all the other elements of a balanced diet.

judicious But exercise is necessary as well as fasting. It is essential not only to assist in unloading the surplus fat by increasing the rate at which the fat is burned, but to energize the heart, strengthening its muscle fibers, as otherwise the heart will be weakened by the fasting together with other muscular structures of the body.

The physiologic way of reducing overweight involves no discomforts or

hardships whatever. The discomforts and even hardships suffered by persons who undergo an ordinary "fasting cure" are due to the instinctive demands of the body for something which is lacking in the daily food supply. This is quite unnecessary. When care is taken to make a scientific adjustment of the bill of fare to the individual condition, the dietary is entirely satisfactory and involves no inconvenience whatever. Such a plan of treatment of course requires that care should be taken to supply an abundance of bulk as well as other necessary food elements. Since the necessary bulk, food minerals, vitamins and protein are supplied, the same degree of satisfaction is experienced in eating an anti-obesity meal as in taking ordinary food.

In the treatment of obesity it must be remembered that the weight reducing regimen must be made effective not only in reducing the weight but in keeping it down, and for this purpose it must be followed in modified form as a regular life program and not be merely a means of temporarily unloading a mass of surplus fat.

Avitaminosis

Avitaminosis, a newly discovered disease which is almost universal in civilized countries, is easily arrested by scientific regulation of the diet by balancing it for vitamins. This requires expert knowledge of vitamins, their normal effects and the results of absence or deficiency and the vitamin content of foods. Cases of avitaminosis are not always altogether curable by an adequate or even a super adequate intake of vitamins since sometimes the injuries resulting from vitamin insufficiency are more or less permanent as in the case of rickets, the deformities produced by lack of vitamin D and the dwarfed growth resulting from a deficiency of vitamin B and most of the other vitamins.

Proper vitamin feeding requires special knowledge which at the present time only the most expert dietitians possess. Few dietitians as well as few physicians have as yet had an opportunity to acquire full up-to-date information concerning this newly discovered highly important class of foodstuffs.

Battle Creek Sanitarium patients find the vitamin content of foods indicated on their bills of fare with an indication of the necessary daily intake, ~~and foods~~ prepared in such a way that by proper combination, as indicated by a diet prescription, not only an adequate supply of vitamins may be obtained, but the surplus needed to make good existing deficiencies.

Digestive Disorders, Gastric Ulcer, Etc.

The researches of Pavlov opened the door to a rational plan of diet and treatment of digestive disorders which had not previously existed. By the aid of a well equipped nutrition laboratory and a research laboratory of the Pavlov type conducted by ^{an assistant} ~~a pupil~~ of the famous physiologist there have been evolved at Battle Creek rational physiologic methods of dealing with all classes of digestive disorders not involving malignant disease which bring to Battle Creek annually several thousand persons suffering from disorders of this class who rarely fail to find relief by the thoroughgoing measures employed.

Allergy

Asthma, skin diseases and various other troubles which involve sensitization to certain substances rarely fail to find relief even though previous attempts have failed. Success in these cases is not to be attributed to the superior skill of physicians or attendants, but to the fact that the simple physiologic methods employed, the care to eliminate so far as possible exciting and predisposing causes of the disorders found in each individual

case, the general health promoting effects of simple and natural living, especially the suppression of intestinal putrefactions and a super abundant supply of vitamins, sun bathing, contact with fresh air day and night and general health building activities of every sort in an optimistic environment

MEAT EATING

1. Meat is not the natural diet of man.

- (a) An animal is a consumer of food, an eater not an eatable.
- (b) In the early history of the world there were no carnivorous animals. This fact is shown by the fauna and flora of the early geological deposits, including those in which human life forms first made their appearance.

Heidelberg jaw.

Hebrews

Garden of Eden

Greeks. Golden age

Quote Genesis and Pythagorus.

Animals nearest to man still adhere to the original dietary. It is true that apes can be taught to eat meat. The same is true of nearly all other animals, cows, sheep and deer, as well as man.

- (c) The great majority of the earth's inhabitants are still meat abstainers. Those who adhere nearest to the original bill of fare are, according to good authorities, the finest specimens of human beings living.

Quote McCarrison.

Quote authorities on the people of South China, Central Africa and authorities from "The Natural Diet of Man."

- (d) Meat is in many respects an inferior food and in no respects superior to the best products of the vegetable kingdom. It lacks vitamins. It lacks lime. It contains an excess of phosphorus. One-fourth of its protein is not only inferior but is toxic in character, and, as shown by Newburgh, not adapted to the human system.

Carnivorous animals have by long use acquired ability to utilize meat which man does not possess. Large liver to deal with the toxins resulting from its use. Large liver to convert uric acid into urea.

Man is a low protein feeder. The free use of meat leads to an unbalanced diet.

An excess of protein for which the body makes no provision for storage.

Wears out kidneys and liver.

Possible relation of Bright's disease and renal failure resulting in arteriosclerosis, high blood pressure, and premature senility.

quote Hindhede and Dr. Newburgh.

Meat eating men and meat eating animals shorter lived.

Meat eating men and meat eating animals lack endurance.

Jinrikisha men.

Roosevelt.

Captain McNally.

Stefansson.

Economic argument.

Herbivorous animals do not have Bright's disease.

Newburgh's experiments on rabbits and rats.

Diseases due to meat eating.

"Call" for evacuation is induced by the entrance of residues into the rectum. When this does not normally occur, "voluntary contraction of the muscles surrounding the abdominal cavity may cause some feces to enter the rectum and thus effect the 'call'" (Cannon, "The Mechanical Factors of Digestion," p. 161).

That nature has provided for the evacuation of colon residues after each meal is clearly shown by the observations of Cannon, who ^{one of} was first to study the functions of the colon and the movements of food residues through it, ^{by means of the X-ray} a full account of ^{his remarkable} which is given in his work, "The Mechanical Factors of Digestion" (p. 162).

The colon, or large intestine, is about five feet in length. It is anatomically divided into three sections, the cecum and ~~the~~ ascending colon, the transverse colon and the descending or distal colon.

In ^{all} ordinary bowel movement only the third portion or descending colon is emptied. At the same time a forward movement begins in the ascending and transverse colons which continues until the third section of the colon is again filled which occurs ^{quickly} as the result of the advancement of the colon contents during the taking of the next meal. If the advancement is sufficiently active, shortly after the ^{end} ~~closure~~ of the meal the residues will enter the rectum and produce a "call" leading to evacuation of the third section of the colon. When this is repeated after each of the three daily meals, the colon will be entirely cleared of the residues of the food eaten during the preceding ²⁴ ~~25~~ or ~~26~~ hours; that is, if a test meal is given in the morning, the residues of the meal will be evacuated before or ^{noon} after the morning meal of the

next day.

As shown by the X-ray observations of Hertz of London, "He states that the time required for each part of the colon-- ascending, transverse, and descending-- is about two hours. That is, about the same period is occupied in passing through the 2 feet of colon between the caecum and the splenic flexure as through the $22\frac{1}{2}$ feet of small intestine.* The movements of the human colon, however, appear to be less active at night than during the day. In one individual, for ex-

ample, a bismuth content was present at the end of the descending colon eight hours after being ingested at breakfast; but when taken at 10:30 p. m. it had reached only the end of the ascending colon after twelve hours.

The taking of meals also is stimulating to the colon; by making tracings hourly after a bismuth breakfast, Hertz found that, apart from meals, progress through the colon was slow, but that after each meal there was perceptible advancement of the contents. More progress occurred, for example, during the dinner-hour than during the previous four hours.**

Commenting upon these observations Cannon remarks, "If approximately nine hours are required for material to reach the descending colon in man, the waste from food taken at eight o'clock in the morning might be discharged at five o'clock in the afternoon. If defecation should occur regularly at four o'clock, however, the waste from breakfast must be retained for another twenty-four hours. Thus, as Hertz has pointed out, the interval between a meal and the excretion of its residue will vary, when the bowels are opened regularly once a day, between

*Hertz, Constipation and Allied Intestinal Disorders, London, 1909, p. 9.

**Hertz, loc. cit., p. 18.

nine and thirty-two hours, the period depending on the time of eating and the time of defecation." *

Common In a ~~discovery~~ ^{discovered} made by Dr. Tissier of the Pasteur Institute in 1900, he showed that nature provides ^{for} to each new-born mammal an efficient means of protection against the invasion of the alimentary tract by putrefactive and other disease producing organisms. This protection consists in the inoculation of the infant by contact with the mother's breast in the act of nursing with a vigorous growing lactic acid-producing organism, the Lactobacillus bifidus-acidophilus which by producing an aciduric flora in the colon prevents the development of proteolytic or putrefactive flora which requires an alkaline medium. If this condition, which is always present in the intestinal tract of the healthy nursing infant, were maintained during adult life, the ~~question of the time of~~ ^{long} retention of food residues would be of little consequence other than mere mechanical inconvenience, and, in fact, would not be likely to occur for the reason that the acids produced by the protective acidophilus are a normal physiologic stimulus for the colon and ~~when present in normal amount~~ insure evacuation at sufficiently frequent intervals to prevent the possibility of putrefactive changes. So long as the infant is properly fed, the bacterial flora of its intestine will be strongly aciduric or ~~80~~ to 100 per cent Lactobacillus acidophilus.

Almost universally, however, civilized people's ^{the} dietary customs and bowel habits are such as to discourage the growth of the protective acidophilus and to such an extent that its protective influence is greatly diminished and often lost altogether, and with the result that the ^{prolonged} retention of food residues, which with an aciduric flora would rarely occur, has become so generally ~~prevalent~~ that residues and wastes instead of being evacuated within about 24 hours or less from the time the food

is eaten are retained for two to four days or even longer. In fact, Hertz and other roentgenologists report that the average motility period of the alimentary canal as observed in persons supposed to be enjoying good health is 50 to 54 hours and an evacuation once a day has come to be regarded as normal and physiologic.

Nearly 30 years ago, the writer became convinced, however, by clinical experience that this was an error. Several observations led to this conclusion. One was the fact that domestic animals usually evacuate soon after being fed. Dairy cattle evacuate many times a day, doubtless the result of rumination, which is quite in agreement with the observations of Hertz on the effect of eating ⁱⁿ accelerating activity of the colon.

Another suggestion came through the meeting of a number of examples of remarkably vigorous men over 80 years of age who ^{were} ~~are~~ still extraordinarily vigorous notwithstanding their utter disregard of hygiene during their entire lives and liberal indulgence in the use of alcohol and tobacco and other unwholesome practices. X

On inquiry of the very intelligent keeper in charge of the higher apes at the London zoo as regards the bowel habits of the large primates, I was informed that they move the bowels four times a day. The keeper was very certain of the correctness of his observations because it was his duty to keep the cages clean by prompt removal of ^{the stools} filth. At the National Zoölogical Garden I was told that the large apes evacuate their bowels from four to six times a day. The keeper of the large adult chimpanzee Koko told me that when the animal evacuated only once or twice a day, he appeared dumpish, clasped his head in his hands, lost appetite and refused to do his tricks. A feeding of raw onions effected a prompt cure.

(See COLON HYGIENE about questionnaire.)

I was told by the late Carl Akeley of the Natural History Museum, who made a thorough study of the gorilla and the chimpanzee in their native forests, that these animals have very frequent stools and that their stools have no offensive odor.

These observations seem to confirm the discovery of Tissier, and I thought it worth while to send out a questionnaire to several hundred physicians located among primitive and semi-civilized people. I received 140 replies which indicated clearly that people whose habits of life are uninfluenced by civilization invariably move their bowels more than once a day and usually three or four times.

(Add other statements.)

Bushman
Turks

That nature has provided for the evacuation of colon residues after each meal is clearly shown by the observations of Cannon, who was one of the first to study the functions of the colon and the movements of food residues through it by means of the X-ray. A full account of his remarkable observations is given in his work, "The Mechanical Factors of Digestion" (See p. 162).

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Dr. Tissier of the Pasteur Institute discovered (1900) that nature provides for each new-born mammal an efficient means of protection against the invasion of the alimentary tract by putrefactive and other disease producing organisms. This protection consists in the inoculation of the infant by contact with the mother's breast in the act of nursing with a vigorous growing lactic acid-producing organism, the Lactobacillus bifidus-acidophilus which by producing an aciduric flora in the colon prevents the development of proteolytic or putrefactive

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flora which requires an alkaline medium. If this condition, which is always present in the intestinal tract of the healthy nursing infant, were maintained during adult life, the long retention of food residues would be of little consequence other than mere mechanical inconvenience, and, in fact, would not be likely to occur for the reason that the acids produced by the protective acidophilus are a normal physiologic stimulus for the colon insure evacuation at sufficiently frequent intervals to prevent the possibility of putrefactive changes. So long as the infant is properly fed, the bacterial flora of its intestine will be strongly aciduric or 80 to 100 per cent *Lactobacillus acidophilus*.

Almost universally, however, the dietary customs and bowel habits of civilized people are such as to discourage the growth of the protective acidophilus and to such an extent that its protective influence is greatly diminished and often lost altogether, and with the result that the prolonged retention of food residues, which with an aciduric flora would rarely occur, has become so general that residues and wastes instead of being evacuated within about 24 hours or less from the time the food is eaten are retained for two to four days or even longer. In fact, Hertz and other roentgenologists report that the average motility period of the alimentary canal as observed in persons supposed to be enjoying good health is 50 to 54 hours and an evacuation once a day has come to be regarded as normal and physiologic.

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of the colon.

Another suggestion came through the meeting of a number of examples of remarkably vigorous men over 80 years of age who were still extraordinarily vigorous notwithstanding their utter disregard of hygiene during their entire lives and liberal indulgence in the use of alcohol and tobacco and other unwholesome practices. Several of these persons after boasting of their utter disregard of personal hygiene in diet and many other respects, remarked, "My bowels are remarkably regular. I have never used cathartics of any sort and my bowels move regularly three times a day." Meeting several cases of this sort led me to make inquiry of every aged person I met who had given no special attention to health rules and was notwithstanding unusually robust and active at an advanced age, and with scarcely an exception I found in every case the same unusual bowel activity, always two and usually three evacuations a day.

I think it fair to draw from these cases the inference that regular and frequent bowel evacuation is a health factor of primary importance. I may also note that I have met hundreds of persons who reported habitual evacuations two or three times daily and who experienced inconvenience and lowered efficiency when having but one daily evacuation. I have especially observed that in robust, active boys three evacuations daily, usually one after each meal, is very common, if not usual. In infants also an evacuation after feeding is quite general.

A questionnaire sent to a large number of missionary physicians located among wild and primitive people brought 140 replies. A survey of these replies showed that the bowel habits of people living under primitive conditions in widely separated portions of the globe, habits in which they had been trained by nature, were practically identical.

The evidence obtained from these original sources clearly indicates that many native tribes which have been uninfluenced by the customs of civilization and who still adhere to primitive habits in diet, living a free and active life, two or three evacuations of the bowels daily is the almost universal practice. A single daily movement is regarded by such people as constipation, and gives rise to alarm. The one-movement-a-day habit appears only among those classes or castes who live a sedentary life and have adopted unnatural habits in diet, such as the use of hot condiments, concentrated food, etc. The aristocratic classes of India and China afford striking examples of this, suffering much from constipation in consequence of their idle and luxurious habits, and from the use of curries and other unwholesome condiments, while the working classes, whose diet and habits are more nearly normal, are generally exempt.

Reports from the following countries showed the universal custom to be a bowel movement after each meal, twice a day when two meals were taken and three times a day when the number of meals was three: Rhodesia, Uganda Protectorate, Nyassland, Nigeria, India-- Harra, Delhi, Punjab, Kashmir, Nagpur, Bawda; Persia, West Coast of Africa, Portuguese Congo, Egypt, and Japan. Dr. Shepard, a well known American physician who had a very extensive practice in Turkey for more than 30 years, reported that the practice of moving the bowels three times a day is so universal in Turkey that a person considers himself sufficiently ill to require the services of a physician if his bowels move less than three times a day. Said Dr. Shepard in a personal letter, "The universal habit in Turkey is to move the bowels three times a day."

A correspondent writing from South Africa stated that natives in that region move their bowels regularly three times a day and added,

"A patient called upon me yesterday for relief of constipation which he said was very bad. I asked him when his bowels moved last. He replied, "This morning, Doctor."

"But you just told me that you were suffering from constipation."

"I am, Doctor, I am horribly constipated. My bowels move only once a day."

One good result which may be fairly traced to the practice of freedom of bowel movement is the infrequency of appendicitis where this practice prevails.

A report from the Mayo Clinic showed 19 per cent of all persons examined suffering from appendicitis and 21 per cent of all cases operated on.

M E M O.

January 8, 1938

Eliminate the College burden and devote the College buildings to a great clinic.

Dispose of the old College building to the Kellogg Foundation at any price they will pay provided they will take over the liberal arts department of Battle Creek College.

Devote Kellogg Hall and the other buildings to Battle Creek Health College or School of Health for both undergraduate and post-graduate work, chiefly post-graduate, perhaps. Receive no one except persons who are anxious to qualify themselves for advanced health work as lecturers and teachers.

If possible, plan to retain the charter so as to grant diplomas.

Train cooks and dietitians, with special emphasis on vitamin therapy, food mineral therapy and changing the flora.

Change the flora, super health culture, race betterment, aristocracy of health.

Make rates run from nothing to five dollars a day.

Feed patients on the cafeteria plan. Good food a dollar a day or even less.

Bottom rates for board and lodging ten dollars a week.

Treatment from nothing to three dollars a day.

Surgery at same prices charged at University of Michigan.

Give patients physiotherapy instead of drug therapy.

1-19-38

Dear Sir or Madam:

If you and your friends are coming South this winter for rest and recuperation, you will make no mistake if you will make Miami your rendezvous. Here in midwinter you will find all the opportunities for recreation, recuperation and entertainment you will find at Atlantic City and other northern health resorts in the summer season, and it may interest you to know that in addition you will find here the Miami-Battle Creek which adds to the extraordinary climatic advantages of Miami, the one tropical spot in the United States, the regimen, diagnostic skill, treatment facilities and health education training found at the Battle Creek Sanitarium.

If you are interested, we will be pleased to send you literature together with a copy of Dr. Kellogg's booklet Rules for Right Living, the code which he has followed for more than 50 years and to which he attributes the fact that he is still as hard at work as ever in his profession, consulting, operating, lecturing and writing with no sign of hardening arteries and blood pressure the same as at twenty years.

Even a short stay at the Miami-Battle Creek will be sufficient to initiate you into the fine art of biologic living and show you how to enjoy super health and add five or ten years to your life expectation as the insurance people call it.

If you are interested just tear off the attached card, drop it into the mail and the return post will bring you literature descriptive of one of the most attractive places in Florida where dust, smoke, frost, snow, noise and other disturbing factors are conspicuously absent.

Selection for
type of Lolla

* the bowels need only bulkage,
not roughage.

DIRECTIONS FOR USING LD-LAX

LD-LAX aids bowel action by means of soft lubricating bulkage and expedites change of the intestinal flora by supplying the special nutrients needed to produce luxuriant growth of the Lactobacillus acidophilus and carry them to the colon where they are especially needed.

LD-LAX is food, not medicine and ~~causes~~ harm. It is remarkably efficient.

may be used indefinitely like ~~any~~ other foods without

How to Take

Stir the LD-LAX into a tumblerful of cold water, fruit juice or other cool liquid. Swallow at once before it thickens. A drinking tube is convenient. Then swallow another tumblerful of water, either warm or cold. Drink 5 or 6 glasses more at intervals during the day.

is necessary.

Much liquid

before or

Time of Taking

LD-LAX may be taken at meal times, but an hour or two after meals is preferable, ~~avoiding~~ ^{as this} burdening the stomach with too much bulkage. The third dose may be taken on retiring.

In some cases, two daily doses suffice to insure normal bowel action, ~~that is~~, or evacuation after each meal.

Size of Dose

rounded

Two to four ~~heaping~~ ^{rounded} teaspoonfuls ~~three times a day.~~ This should secure two or three full bowel movements daily. ~~If necessary, increase the dose.~~ Normally the bowels should move after each meal.

For best results take at first one or two large dessert-spoonfuls

of Lacto-Dextrin with each dose of LD-LAX. Later, when the stools are no longer offensive, ~~the amount of~~ ^{take less} Lacto-Dextrin taken may be lessened.

Dose for infants one-third ^{to one-half} level teaspoonful. It may be added

to the feeding mixture. For older children, one or two level teaspoonfuls ^{over} or more if needed with a well rounded dessert-spoonful of Lacto-Dextrin.

Larger doses are needed at first than later.

or more if necessary to

Handwritten musical notation on a staff, including a treble clef and a key signature of one flat.

Handwritten musical notation on a staff, featuring a treble clef, a key signature of one flat, and a rectangular box containing a musical staff with notes.

Handwritten musical notation on a staff, including a treble clef and a key signature of one flat, with numerical markings 10, 30, 40.

Handwritten musical notation on a staff, including a treble clef and a key signature of one flat, with a circled 'u' above the staff.

Handwritten musical notation on a staff, including a treble clef and a key signature of one flat, with a circled 'u' above the staff.

OBESITY

Dialogue

Fat Man

Fat woman

Nutrition expert

FAT MAN: Can obesity be permanently cured and how?

NUTRITION EXPERT: Yes, by removing the cause.

FAT MAN: And what is the cause?

NUTRITION EXPERT: Eating too much.

FAT MAN: But I am sure I don't eat more than most people do.

NUTRITION EXPERT: That may be, but you evidently eat more than you make use of. Food is fuel, and if you take in more than you burn, it accumulates under the skin and around the heart and other organs, and that is obesity.

FAT MAN: But it seems to make little difference whether I eat much or little.

NUTRITION EXPERT: It is the kind of food rather than the quantity that matters and besides it is not the bulk of the food you eat but the calories.

FAT MAN: Starvation then is the only cure.

NUTRITION EXPERT: Oh, no. Starvation is quite unnecessary. Generally harmful and even dangerous.

FAT MAN: Do you mean to say that I can be reduced in weight without fasting and suffering hunger pangs and other inconveniences.

NUTRITION EXPERT: Certainly. That's the difference between the scientific method of reducing and the old empirical method. One is safe and sane and involves no real discomforts -- is, in fact, enjoyable.

FAT MAN: How does one begin?

NUTRITION EXPERT: By finding out how much food he needs--
how many calories, and then balancing his diet to suit his fuel needs,
his protein needs, and his vitamin needs.

FAT MAN: How will he know this?

NUTRITION EXPERT: By sending us the

March 7, 1938

M E M O.

I want to make a series of appliances for exercise for rheumatics. One is a walking electric light bath. Another is a deep walking water bath.

I also want to get after the city engineer and look up the city artesian well and test the water.

A PHYSIOLOGIC RHYME FROM THE SCHOOL OF SALERNO

"At least six times in every passing day
Some tribute to the renal functions pay;
And twice or thrice all alvine calls obey
Nor pause e'en the king pass by that way."

~~That rheumatism is curable~~ is no news. In Europe there are scores of springs that have been famous for centuries because of their cures of cripples brought to them on litters and sent home on their feet.

There are in this country similar "resorts" which were curing crippled Indians long before its discovery by Europeans.

The cures were first attributed to amiable "demons," then to minerals in the water, then to radium emanations. At last scientific research has made clear the simple fact that there is no specific potency in the waters of these "healing springs," but that the real curative agent is heat, either natural or artificial, aided by such other physical and physiologic agents as light, exercise, "rubbings" or massage, diet, and other means that raise vital resistance and aid the natural healing powers of the body.

Focal infections and other bacterial agencies, traumatisms, and other well known etiologic factors must be considered, but in the background is the rheumatic diathesis which yields only to the high potencies of physiotherapy.

The International Committee against Rheumatism after years of research declare,

For more than 50 years this rational method of treating rheumatism has been systematically employed at the Battle Creek Sanitarium, the pioneer of rational correlated physical therapy in this country, and with increasing success as scientific discovery and research have developed new and potent means of influencing therapeutically the circulatory and metabolic functions.

A notable improvement in therapeutic results was attained through the discovery (1890) of the therapeutic value of the incandescent electric light because of its penetrating heat rays. This discovery was the result of a research undertaken to determine the degree of penetrability of heat applied to the surface of the body, and led to the development of the electric light cabinet first used at Battle Creek, but now found in well equipped hospitals and sanitariums the world over, having almost completely replaced the Turkish, Russian and vapor baths.

Another Battle Creek development (1885) which renders invaluable service in the treatment of rheumatism is an electrical method of exercising the muscles by means of the painless sinusoidal current. By this means it is possible to maintain and increase the functional activity of muscles when voluntary movements of the limbs are rendered impossible by painful or stiffened joints. This automatic muscular activity improves the blood supply of the joint, which is the chief means by which the morbid processes present may be successfully combated. It prevents atrophy of the muscles from disuse and restores muscles which have been wasted by prolonged inactivity.

6-6-38

GARDENING FOR HEALTH

The first man was born in a garden. Gardening was his first job and he not only cultivated his garden but lived on its products, and he found his occupation so healthful and his diet so wholesome that he lived to the age of nearly one thousand years. I would not, of course, undertake to guarantee that a modern man by following after Adam's example might attain equal longevity, but it is a fact well supported by statistical evidence that people who cultivate the soil and make garden products their chief source of sustenance are the healthiest, the longest lived and the happiest people in the world.

More than 50 years ago, I was consulted by a lady who believed herself to be dying from lung tuberculosis. She had recently buried her husband, a victim of this dread disease. I recommended her to plant and cultivate a flower garden. In three months she was in perfect health.

I once cured a man of epilepsy by inducing him to spend a year living the simple out-of-door life, with hard work on a rocky farm in Florida.

Garden work exercises the whole body and promotes health of heart and lungs and normal elimination. It promotes sound sleep and insures a good appetite and good assimilation. It is one of the best means of promoting physical and mental health with which I am acquainted, and the free use of garden products in the diet is recognized as the best means of securing an ample supply of vitamins and the mineral salts necessary for building rich blood and maintaining high resistance.

CRITICISM OF PROF. FISHER'S "18 RULES OF INDIVIDUAL HYGIENE"

The rules are divided into three groups.

1. Those that relate to exterior.
2. Interior.
3. Behavior.

The following is a recast of the rules as given in Bulletin No. 2,
Vitality Records:

1. Exterior

- (1) The clothing should be light, loose, porous, protective untrammeling and adapted to weather as well as season. Keep legs and feet warm. Wear proper shoes.
- (2) Pure air. Ventilate living, work and sleeping rooms. Avoid drafts.
- (3) Out of doors. So far as possible live, work and sleep in the open air.
- (4) Bathe in cold air or cold water daily. A cleansing hot bath weekly. A sun bath or light bath to keep the skin brown.

10-10-38

The leading characteristics of the Battle Creek Sanitarium method of dealing with chronic invalids pioneered at Battle Creek and developed during the last 60 years are

1. It seeks to secure definite curative results rather than mere palliation of his disease, that is, to treat the patient as well as his disease.

2. This includes not only an effort to discover by the most searching medical tests all abnormal and diseased conditions present, but a searching inquiry into the causes of these conditions, hereditary, environmental, occupational. A special study is made of the patients habits as possible factors in producing the morbid conditions present.

3. This inquiry extends to all voluntary activities which may have a definite relation to health. On the results of this inquiry is based a thoroughgoing comprehensive course of physical education which includes not only mental training, but corrective exercises, eating and drinking habits, correct chewing, bowel habits and everything pertaining to health and physical efficiency. Special training in proper balancing of the diet to insure a sufficient intake of food minerals and vitamins as well as other food and facilities are provided for doing this. Through personal instruction by physicians, dietitians and technicians an earnest effort is made to give the patient such an education in health promoting information and training in health activities and habits as will enable him not only to maintain the improvement he makes under treatment but to continue improvement after returning home. Many patients who have not suffered from serious organic changes become so

enthusiastic and thoroughgoing in their efforts to conform their habits to biologic ideals that they attain to a high state of physical well being never previously experienced and which may well be termed super health.

4. For combating diseased conditions our chief dependence is placed upon those powerful natural agents upon which life itself depends,-- heat, light, fresh air, sunshine, electricity, radiation, etc. These powerful agents are employed in a hundred ways by trained experts to secure results not attainable by drugs or other artificial means. To these are added all other rational curative and palliative measures which scientific medicine makes available. A systematic combination or correlation of these thoroughgoing measures makes possible an intensive therapeutic program which attains success in cases in which less thoroughgoing measures have failed.

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October 14, 1938

1. Biologic Eating

Low protein non-flesh dietary balanced for food minerals and vitamins as well as tissue building foods (protein), fuel foods (carbohydrates and fats), and quantity.

2. Thorough mastication of the food must be insisted upon. Physicians and dietitians must maintain a constant effort to train each patient in correct eating.

3. Water drinking in sufficient quantity to produce twelve to fifteen hundred c.c. of urine as shown by the weekly test.

4. Weight Regulation

Weekly weighing.

5. General light baths, either natural or artificial. Fresh air breathing and sleeping in fresh air.

6. Muscle training for increase of strength and endurance for every patient daily. Automatic exercise for feeble patients, rheumatics, heart cases which can not take active exercise.

7. Corrective exercises for improving posture, bodily carriage, lung action, joint conditions, etc.

8. Change of the intestinal flora, good appetite, clean tongue, sweet breath.

9. Improved skin as shown by healthy appearance and improved circulation.

10. Normal weight.

11. Relief of nervousness, ability to relax and rest.

12. Ability to obtain a sufficient amount of rest and sleep.

12. Freedom from drug habits, especially sleep-producing and pain-relieving and other drugs.

13. Relieved of ailments which brought the patient here and satisfaction with the results obtained.

14. Able to take a cheerful view of life and convert to biologic ideals

and good health habits and a member of the Aristocracy of Health and a subscriber to a correspondence course of training in biologic living.

Prepare a blank on which a record of progress will be made in correcting personal faults and errors in health conduct.

10-16-38

A U T O M A T I C E X E R C I S E

Muscle Work Without Effort

Use of the muscles in exercise naturally presuppose voluntary effort. The idea of effortless muscle work accompanied by profuse perspiration and a loss of a pound or two of weight in half an hour, and not only with no inconvenience that the subject may take a nap in the meantime, seems in the highest degree preposterous.

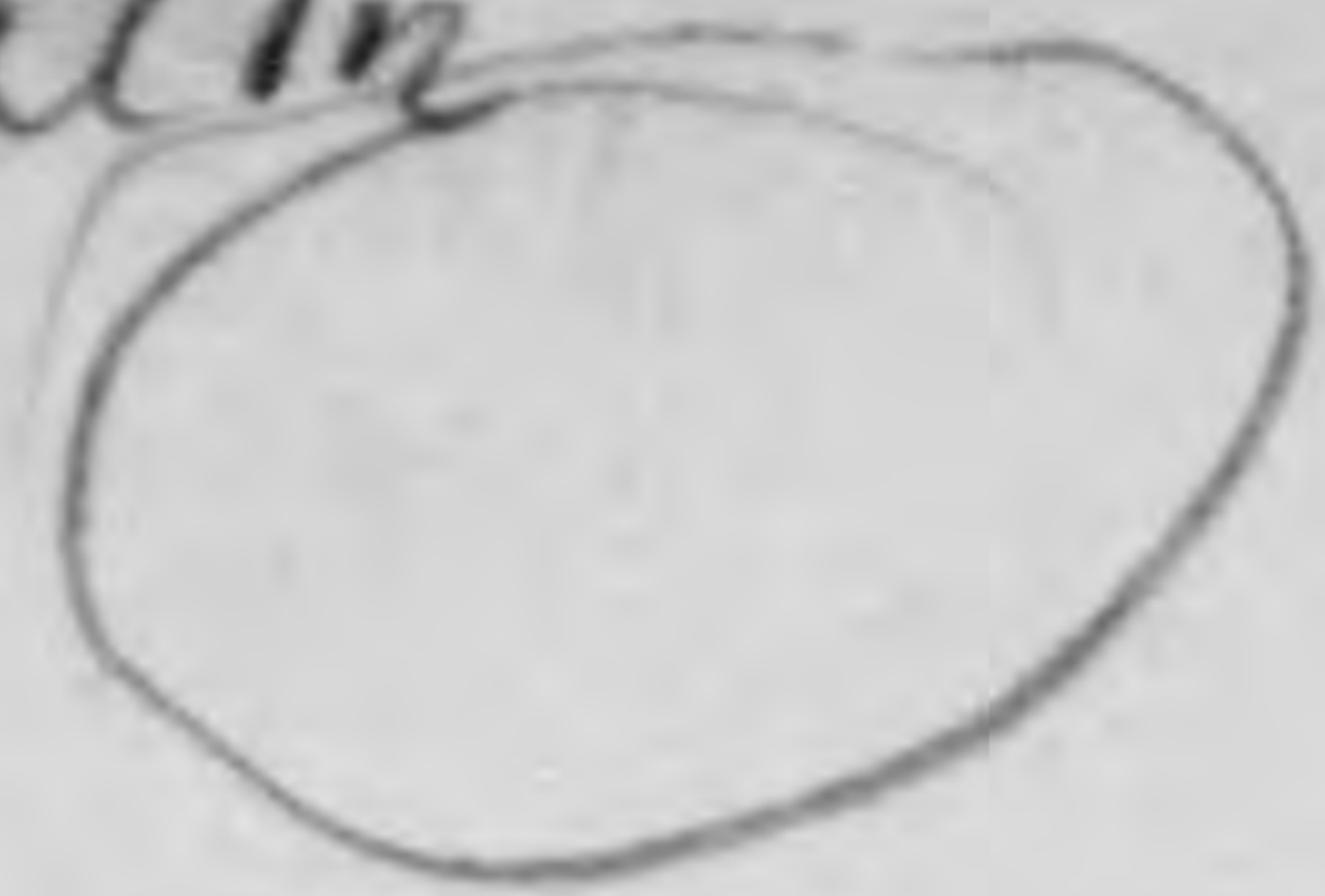
But this very impossible thing you may see at a sanitarium where the Battle Creek Automatic Exerciser is in use. A not unusual sight is a fat man sound asleep and snoring while all his muscles are contracting vigorously 30 or 40 times each minute.

Automatic exercise causes increased circulation by dilating the blood vessels and bringing the blood to the skin when toxemia is destroyed

Relieve insomnia by taking blood from brain.

Tests**General program****Winter study****Sparks****Milk Salts****Health Koko****Chocolate****Crackers****Cookies**

* ~~123 Code of Health~~



~~12. Avoid~~

Physio Therapy
School

Keep college alive

Code
Drugs

Small add
Pravara

Consultations

Letter
audits

Transfers

Dr. Shevniker

Sunshine bath
Add to any half hour
treatment

Wagner stories
Zahn
Browning
No. 4. Yeager

The aristocrat

See about new
bands

Shaw - G.H.

G.H. - liquidation
election

staff - list doctors

This P.M.

Coolver

Heald

Olsen

Martin

Code

Drugs
Pain
Sleep
nerves
purgs

New drugs

Tests
gen program
winter study

Automat

sleep

B.P.

where

then

Paralysis

Sparkles

Milk Sall

H Koco
chocolate

crackers

cookies

October 30, 1938

MEMO. FOR MRS. HARRINGTON

DUTIES OF OFFICE ASSISTANTS

In general to be as helpful as possible to both patients and doctors.

1. Patients.

Impress each patient that you are interested in him or her and anxious to do everything possible to make their stay in the institution as pleasant and profitable as possible. When an appointment is made with the patient look the notes over carefully before the patient comes in, so when the patient comes in he will see that both you and the doctor are acquainted with the case and remember not only his name, what his trouble is, what the last examination showed about the case, the improvement it showed and especially call attention to the improvement. Patients should always be better unless there is positive indication that they are not better, and in that case attention should be called to some particular ways in which they are better. Mention those things and talk about them rather than about the discouraging features.

If you have to look the case up after they come in the patient feels that he is forgotten. The patient likes to think that the nurses, doctors and all that have anything to do with his case are thinking about him all the time and giving attention to every little feature of the case that is of importance. These remarks apply especially to people of importance, senators, wealthy people, lawyers and other people of consequence that are accustomed to being looked up to.

See that every patient is kept in touch with the doctor.

Make sure that every patient is getting all the institution has to offer.

Every patient should have every examination he needs whether he can pay for it or not, and if the patient says that he can not pay for it and is really

not able to pay, take it up with the office and tell the office the need of it. If the patient is really not able to pay, help him to fix things up in the office. Do not leave him to fight it out but go down to see the office.

Every patient should have the following:

1. A complete examination.
2. Weekly repeated examinations of urine, blood, stool and such other tests as show departures from normal until the normal standard is reached and then at less frequent intervals. For instance, if a patient stays several months his examinations should be repeated, not weekly necessarily, but every two or three weeks.

The reasons for these examinations are (1) the urine to see that the patient is getting the amount of water he needs. When he drinks enough the urine will be 1,000 to 1,500 c.c. The average person needs to take at least twice as much water as he has been accustomed to take. Concentrated and highly colored urine damages the kidneys and it often is evidence of damaged kidneys. It formerly was considered an early symptom of Bright's disease. It often precedes Bright's disease because it is an indicator of overwork that is damaging the kidneys.

It is the most difficult thing to teach the patient to drink enough. This is one of the best means of impressing the importance of drinking upon the patient. Get him in the habit of drinking enough water so the urine is almost clear and has the appearance of water.

A second reason for the weekly examination of the urine is to note the amount of toxins present,-- indican, indol and other toxins. When albumin, casts or sugar are present not only weekly but even more frequent tests should be made to note the reaction and variations in the other pathological indications. Examination of the blood is necessary weekly even when there is no pathological indication so as to make sure that the patient is not becoming

anemic sometimes caused by a change in diet or treatment.

The stool examination should if necessary be made every week and even in some cases two or three times a week to make certain that the change of flora is progressing properly. Relapses occur very easily if the patient is not getting efficient treatment. Daily examinations of the stool are necessary when the patient's time is very brief, say only a week or ten days. In such cases he should have daily examinations and he should get prompt reports. The doctor should receive prompt reports so as much as possible should be accomplished in a limited time. To hasten the change of flora, acidophilus enemas should be employed.

When the patient stays longer, three or four weeks, and the examinations show that normal conditions are being maintained, the weekly tests may be discontinued and bi-weekly tests made instead.

Great care should be taken that a complete final examination is made before the patient leaves. On no account should there be neglect to repeat before the patient leaves any tests which show pathological conditions.

Another test which should be taken weekly is the weight. This should be done without fail. If necessary, the scales may be taken to the patient's room.

A strength test should be made every week. Patients who are not able to take the whole test should take such tests as they can take and a record should be made on the chart of the results. If necessary, the first test may be simply the grip or hand flexors test. This is almost invariably one-fortieth of the total strength and is a practical measure of the patients general muscular strength except in cases of paralysis.

The records made on the same blank will show in a very graphic way how the patient's strength has improved by a record of the strength of an increasing number of muscular groups.

The Patient's Daily Program

A definite daily program of treatment should be prepared for every patient after his examination has been completed and discussed with him and the rationale of the treatment should be explained to him if his condition is such as to enable him to understand and appreciate it. The patients confidence must be established and the regimen and treatment should be sold to the patient to establish his confidence.

J. H. K.

b

1911

Health Department Record

Corset

Our personal habits are the chief factors which influence our physical and mental well-being and determine our efficiency

Published by
THE ARISTOCRACY OF HEALTH
Battle Creek, Michigan
Copyrighted

The Code of Health

1. **Breathe Only Pure Air.** Live, work, play and sleep in the open air as much as possible and secure pure air indoors.
2. **Eat Only Wholesome Food.** Eat and drink biologically, — fruits, nuts, grains, vegetables, especially greens, milk and other dairy products. Avoid meats — flesh, fish, fowl, — also adulterated and other unwholesome foods.
3. **Evacuate after Each Meal.** Evacuate three times daily, or after each meal. If necessary take an enema at bedtime. Prevent putrefaction and offensive stools by changing the intestinal flora. Avoid drug laxatives. Use laxative foods and food accessories rich in bulkage and vitamins.
4. **Masticate Thoroughly.** Chew solid and semi-solid foods until smooth and nearly tasteless. Sip liquid foods slowly.
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 "The Health Ladder."
6. **Maintain Correct Posture.** Hold the chest up when sitting, standing, walking, and, so far as possible, when at work. Do not slump.

Stretch all the muscles each morning

Take

Sit with chest held well to fore,
Feet placed squarely on the floor.
Stand head erect and lowered chin,
Hips held back and stomach in.

7. **Rest, Relax and Recreate.** Take proper rest by change of occupation, recreation and relaxation.
8. **Sleep Eight Hours,** more if necessary.
9. **Bathe Daily.** Take a cold water or air bath every morning; sun or light bath once a week if possible; 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, 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, for five or ten minutes, concentrate the mind intensely upon physical, mental, and moral betterment. Note and follow the suggestions you receive.

13. Drink at least 6 glasses of water daily.

SOME BESETTING SINS

Under this head are included certain habits which after long indulgence are often difficult to overcome, and on this account lead to the constant recurrence of zeros in the day's record. Among the most common of these besetting sins, may be mentioned the following: **Use of Tobacco, Alcohol, Tea or Coffee; Bad Posture, Unbiologic Eating, Petulance, Anger, Worry.**

Health Accounting

Each blank page provides spaces for recording success, partial failure or complete failure. Perfect deportment is indicated by the numeral 1, failure 0, partial failure $\frac{1}{2}$. 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 avoid at least two besetting sins. When success is attained, 2 may be added to the 7 days' score, making 100 the perfect week's score.

A person who really desires to acquire right living habits will find the conscientious and persistent use of this Health Department Record a valuable means of self-discipline and a training necessary for the attainment of definite health betterment.

The accompanying **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 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 satisfactory, the plus sign should be the last item in the day's record, opposite the words **sense of fitness and well-being**; if less than satisfactory, record — ; if wholly unsatisfactory, 0.

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

Live the simple life.

Have a medical examination on your birthday, or at least once a year.

*Published by Modern Medicine Publishing Co., Battle Creek, Michigan.

HEALTH DEPARTMENT RECORD

HEALTH DUTIES	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Outing	1	½	1	1	½	1	1
Biologic Diet	1	0	0	1	1	1	1
Three Evacuatiors	1	1	1	1	1	1	1
Thoro Chewing	1	1	1	1	1	1	1
Daily Exercise	0	½	½	1	0	1	1
Correct Posture	1	1	1	1	1	1	1
Relaxation	0	0	½	1	0	1	0
Eight Hours Sleep	1	1	0	1	1	1	1
Baths	1	½	½	1	0	1	0
Avoid Poisons	1	1	1	1	1	1	0
Avoid Infections	1	1	1	1	1	1	1
Amiability	1	0	1	1	1	1	1
Mental Poise	1	1	0	1	1	1	1
Concentration	0	0	1	1	1	1	1
TOTALS	11	8½	9½	14	10½	14	11
Satisfactory Fitness	+	+	+	-	0	-	+

Week ending

Efficiency Per cent

HEALTH DEPARTMENT RECORD

HEALTH DUTIES	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Outing							
Biologic Diet							
Three Evacuations							
Thoro Chewing							
Daily Exercise							
Correct Posture							
Relaxation							
Eight Hours Sleep							
Baths							
Avoid Poisons							
Avoid Infections							
Amiability							
Mental Poise							
Concentration							
TOTALS							
Satisfactory Fitness							

Week ending

Efficiency Per cent

HEALTH DEPARTMENT RECORD

HEALTH DUTIES	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Outing							
Biologic Diet							
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Eight Hours Sleep							
Baths							
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Avoid Infections							
Amiability							
Mental Poise							
Concentration							
TOTALS							
Satisfactory Fitness							

Week ending

Efficiency Per cent

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Outing							
Biologic Diet							
Three Evacuations							
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Daily Exercise							
Correct Posture							
Relaxation							
Eight Hours Sleep							
Baths							
Avoid Poisons							
Avoid Infections							
Amiability							
Mental Poise							
Concentration							
TOTALS							
Satisfactory Fitness							

Week ending

Efficiency Per cent

HEALTH DEPARTMENT RECORD

HEALTH DUTIES	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Outing							
Biologic Diet							
Three Evacuations							
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Daily Exercise							
Correct Posture							
Relaxation							
Eight Hours Sleep							
Baths							
Avoid Poisons							
Avoid Infections							
Amiability							
Mental Poise							
Concentration							
TOTALS							
Satisfactory Fitness							

Week ending

Efficiency Per cent

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Efficiency Per cent

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Eight Hours Sleep							
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Concentration							
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Week ending

Efficiency Per cent

HEALTH DEPARTMENT RECORD

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Amiability							
Mental Poise							
Concentration							
TOTALS							
Satisfactory Fitness							

Week ending

Efficiency Per cent

HEALTH DEPARTMENT RECORD

HEALTH DUTIES	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Outing							
Biologic Diet							
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TOTALS							
Satisfactory Fitness							

Week ending

Efficiency Per cent

HEALTH DEPARTMENT RECORD

HEALTH DUTIES	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Outing							
Biologic Diet							
Three Evacuations							
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Daily Exercise							
Correct Posture							
Relaxation							
Eight Hours Sleep							
Baths							
Avoid Poisons							
Avoid Infections							
Amiability							
Mental Poise							
Concentration							
TOTALS							
Satisfactory Fitness							

Week ending

Efficiency Per cent

1-1-39

HABITS TO BE CORRECTED

Skin care-- light, cool air baths, rubbing.

Nutrition, balanced meals-- protein, minerals, vitamins, bulkage, carbohydrates, acidophilus.

Thorough mastication.

Posture-- sitting, standing, lying.

Water drinking.

Exercise.

Rest, relaxation, recreation, sleep.

Avoid poison habits-- tobacco, alcohol, tea and coffee, drugs.

Mental poise, amiability, optimism, self-control.

Concentration.

January 3, 1939

EXPERIMENT

I want to try the effect of combining infra-red light with a paraffin oil bath.

Compare the effects on water and on paraffin oil as regards the absorption of light.

Note the effect of loss of heat transmitted through a layer of these two mediums.

Try the effect of converging rays by double convex vessel containing oil or water.

JHKb

January 4, 1939

Beginning

Two lines, medical reform and diet reform

Water cure

Priessnitz

Curry

England

Diet reform and water cure combined

Graham of Northampton

Dr. Nichols

Boston

Trail of New York

Dansville

Health Reform Institute 1866

Battle Creek Sanitarium 1876

My connection with Battle Creek

War against doctors

Changed the policy

Systematizing physiotherapy began in Germany

Dr. George M. Beard electricity

Winternitz

Resolved to undertake a reform in the profession

Studied water, light, electricity

Determined profession to recognize reform

Weir Mitchel

Exercise

Dynamometer

A Sketch Outline on Improving Individuals

Mar. 1, 1939.

I. In what ways can a person increase physical vitality and longevity?

1. Colon hygiene - reasons and methods.

2. Diet.

Low protein - no meat.

High vitamin and mineral content.

3. No alcohol or tobacco.

4. Exercise, sunshine, massage, hot and cold baths, etc.

5. Soy acidophilus milk.

6. Avoiding disease and injury.

7. Live in natural surroundings.

8. *Avoid exhaustive strains mental or physical*
Avoid worry. Emotional expression

II. How increase nervous stability?

1. By increasing physical vitality, as above.

2. By avoiding causes of worry, fear, anger, hate.

3. By faith in a purpose in life.

4. By avoiding confusion.

5. By alternating enthusiasm and relaxation.

III. How increase intelligence?

1. By increasing physical vitality and nervous stability, as above.

2. *By observation, nature study, conversation*

3. *By meditation*

4. By avoiding superstitious beliefs.

5. By developing habit of logical thinking--asking why? *Good*

6. By summaries of knowledge to give perspective.

7. *Insisting on consistency*

I. In what ways can a person increase vitality and longevity?

1. Colon hygiene - reasons and methods

2. Diet

Low protein - no meat

High vitamin and mineral contents

3. No alcohol or tobacco

4. Exercise, sunshine, massage, hot and cold baths, etc.

5. Soy acidophilus milk

6. Avoiding disease and injury

7. Live in natural surroundings

8. Avoid exhaustive strains - mental or physical

9. Avoid worry, emotional excesses

II. How to increase nervous stability?

1. By increasing physical vitality, as above

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2. By observation, nature study, conversation and discussion.

3. By meditation

4. By avoiding superstitious beliefs

3-1-39

5. By developing habit of logical thinking - asking why? good.
6. By summaries of knowledge to give perspective.
7. By insisting on consistency.

3-10-39

Reprint 1913 paper read before the American Public Health Association.

Revise "Rules for Right Living."

See about mailing the Miami News (Dr. Carrel).

Prepare list.

April 17, 1939

M E M O.

Article on blood pressure.

Table showing drop in blood pressure associated with rise in acidophilus.

Monthly bulletin to be sent out giving the number of patients received and the number dismissed and the number in residence.

Brief accounts of cases, especially of gastric ulcer, high blood pressure, colitis, and constipation.

Brief notes from various publications which endorse our methods of treating rheumatism, heart cases, etc.

Send these bulletins to doctors.

JHkb

MEMO

April 20, 1939.

Have Dr. Roth work on a booklet about Biologic Living, contrasting the old way and the new.

April 20, 1939.

New way not new.

Old way.

Dialogue between Glaukon and Socrates.

The Golden Age.

Facts of Race Degeneracy.

Only hope return to the old way.

The body a machine - rather, an assemblage of machines, or mechanism, which transforms inanimate matter into living being.

Extracts energy from it, then passes it along to make way for an intake of new material.

The living machine starts with a tiny cell - a tiny particle about 1/10 as large as the head of a small pin.

Under the guidance of creative intelligence, the tiny speck develops into a living, acting, thinking mechanism.

A miracle-working mechanism - After all, a machine.

It is adapted to perform certain definite kinds of work, and under very precise, definite working conditions that undergo wear and tear, and it works.

Produces refuse.

Expend energy, of which it requires constant new supplies.

(Illustrate and amplify with data about heat production, work capacity).

A brief summary of information about the body's capacities, amount of work, life expectancy, constitution.

Brief description of the most vital organs and their working capacity.

How organs are damaged.

Pictures of minute structures, normal and damaged.

Proper care of the different organs.

Rules for living the new way.

Revise booklet, "Rules for Right Living. Call it

The New Way.

4/21/39

RACE BETTERMENT MEMO

Have persons write articles about all the different phases of biologic living under the head of The New Way.

New way in diet and other things.

Will get the best writers - the economists and people----

For the Conference, will make the New Way the main feature.

Representatives from all over the country.

Will plan it at the Christmas holidays.

Must have this started from Battle Creek.

FINDING THE WAY BACK

A book should be written which would describe the life of primitive man as depicted by Elliot, Ami and other anthropologists which would describe

1. Modes of life of primitive man and his relatives the higher apes as shown by geological records (Ami, Elliot and other writers).

2. Early civilized man.

The Golden Age.

Ovid and others.

3. Early efforts to return to a normal mode of life.

Pythagoras.

Socrates

The Essenes

The Ascetics

The Nazarenes

Buddhists

Brahmins

Plutarch

4. Various return-to-nature movements during the Christian era.

Diet and other reforms connected with religion--

Catholics, English church

Start of vegetarian movement

Sylvester Graham

Shakers

Mormons

Latter Day Saints
Seventh-Day Advents
Raw food movement

ALUMINUM
HOMER

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Shakers

Mormons

Latter Day Saints

Seventh-Day Advents

Raw food movement

May 11, 1939

MEMORANDA

Governor of Michigan.

Commissioner of Education

Get letters recommending the plan

Make examinations gratis, but to avoid criticism include it with other expenses, fixing a total sum which includes the cost of examination.

Make an interesting program, listing examinations, treatments, training, lectures, classes, etc., especially new things in relation to nutrition, health betterment, methods of training, methods of health service, and posture training, making the students health conscious, etc.

b

New Way

To follow nature instead of Fashion
The Savage state nearer than the
civilized

Civilization started right got off
the track - Ruined every
nation that's tried it,
man born out of doors
in a garden where he
lived a simple life in
the sunshine mild flow-
ers - With gentle
animals, living on
fruits and grains,

Eating instinct
given man as well
as other animals
Special instruct
none needed because
of his intelligence
& curiosity

And animals lived
on grass and leaves
no killers or flesh
eaters nothing of
which to be afraid

5-30 A.M. - 5-26-'39

The Golden age

This is the Bible story
of man's early history.

Race memory confirmed
confirmed by Geologists
Cuvier, Ami and Elliot.

man's Occupation - Farming
still true of the race as
a whole -

uncivilized - still
natural -

Hungas - dumdum bullets

Ovid's poem.

Reformers -

Glaucon

Destructive Effects of Civilization

Disease

Vice

Crime

atrocities

idol worship

Moloch

Hannibal

City Life

Destructive Influence

Bad water

germs etc.

The New Way

Civilization without
perversion

Civilized man to be health-
ier than the Savage

5³⁰ A.M.

Reasons:
Sanitation
Housing

Describe life in middle ages
to time of Elizabeth

W.C.

Bath tub

House construction

Skilled garments etc

New way in diet

Instructions lost by abuse

Foods differ

Scurvy

Modern discoveries

Body needs & food values

Proteins fats etc

Vitamins

Minerals

6th A.M.

Balancing of Diet

Exercise

Symmetry of Post

Clothing

Sleep

Water drinking etc

New Way of Treatment

Old way

Levils

Something to combat

dis courage disease

instead of patient

Blood letting

Purgings etc

Big Pills & little Pills
war of the Pathias
Treating Symptoms

New way -

Study cause

Nature cures creates
and maintains

Help nature instead
of fighting

Natural healing processes

Methods of helping

water

Electricity etc

Examples of New Way in treat
disease disease

Pain

Insomnia

Hyperinsion
Gastric Ulcer
Biliousness
Brights disease
Diabetes
Skin troubles etc.
Report cases.

June 12, 1939

THE NEW WAY IN EDUCATION

All attention given to the mind.

Great progress made - Beginning:

Rousseau

Jean Paul

Montaigne

Look up the School of Salerno.

THE NEW WAY

Education

Education reformers.

Cosmopolitan discussion as to the purpose of the university.

The different aims of education.

Present aim to fit people for successful competition in an artificial struggle for existence.

Franklin's story - Real men.

A new way in education needed.

The body first --Spencer.

Montaigne, Jean Paul, Thoreau, Emerson - "Health and a day."

What the school does to harm.

Evils of our present education.

The Body.

Deformities. Lack of development - the heart and lungs.

What boys should be taught.

Special training for girls.

The world is dying.

How the Battle Creek Sanitarium began.

How we all happened to be here.

How Battle Creek became world famous.

Priessnitz, Priessnitz pictures.

Picture of deer.

Picture of James White.

6-12-39

BRIEF OUTLINE

Many different routes.

Cold water cure.

Diet cure.

Sylvester Graham

Movement Cure League.

Hartelius.

Mechanotherapy.

Light therapy.

June 12, 1939.

THE WORLD DYING

A New Way of life needed.

June 15, 1939

Bran and figs oldest laxatives.

Together make a wonderful team to combat constipation.

Best use as preventive.

Cure dietary constipation.

Chronic constipation due to colitis and sensitive colon.

Need bulkage, not LD-Lax and other_____

Fig Bran and Fig-Bran Flakes for mild cases due to diet and
sedentary habits.

June 15, 1939.

RATIONAL TREATMENT OF COLON TROUBLE

Wrong principle.

Symptomatic cure, not removal of causes.

Sick colon, like all sick organs, needs help help, not punishment.

Colon not a laggard; never lazy. 1. Crippled.

Professor William Lyon Phelps, while conferring the degree of Sc.D. by Yale University, upon Hans Zinsser, said: "He is one of the foremost laboratory scientists; and in the midst of his war against disease, he has made friends everywhere in the world; his chronic courage is salted with humor; for although he is a medical philosopher, we may say of him what Edwards said to Johnson, "cheerfulness is always breaking in."

--Science, June 30, 1939

BLOOD PRESSURE READINGS ACCORDING TO LENGTH OF STAY

(JULY 31, 1942 to JULY 31, 1939)

27 women stayed 7 days or less		(Average stay - 6 days)
Average blood pressure on entering	180/98	
on leaving	161/90	Improvement 19/8
64 women stayed 8-14 days		(Average stay - 12 days)
Average blood pressure on entering	180/97	
on leaving	152/86	Improvement 28/11
88 women stayed 15 days or more		(Average stay - 32 days)
Average blood pressure on entering	183/102	
on leaving	155/91	Improvement 28/11

21 men stayed 7 days or less		(Average stay - 6 days)
Average blood pressure on entering	175/103	
on leaving	148/89	Improvement 27/14
55 men stayed 8-14 days		(Average stay - 11 days)
Average blood pressure on entering	173/100	
on leaving	151/88	Improvement 22/12
45 men stayed 15 days or more		(Average stay - 28 days)
Average blood pressure on entering	181/103	
on leaving	152/90	Improvement 29/13

48 patients stayed 7 days or less		(Average stay - 6 days)
Average blood pressure on entering	178/100	
on leaving	155/89	Improvement 23/11
119 patients stayed 8-14 days		(Average stay - 11 days)
Average blood pressure on entering	176/99	
on leaving	152/87	Improvement 24/12
133 patients stayed 15 or more days		(Average stay - 31 days)
Average blood pressure on entering	182/102	leaving 154/91 Imp. 28/11

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Average blood pressure on entering	182/102	
leaving	154/91	Impr. 28/11

BLOOD PRESSURE READINGS ACCORDING TO LENGTH OF STAY

(JULY 31, 1942 to JULY 31, 1949)

27 women stayed 7 days or less		(Average stay - 6 days)
Average blood pressure on entering	180/98	
on leaving	161/90	Improvement 19/8
64 women stayed 8-14 days		(Average stay - 12 days)
Average blood pressure on entering	180/97	
on leaving	152/86	Improvement 28/11
88 women stayed 15 days or more		(Average stay - 32 days)
Average blood pressure on entering	183/102	
on leaving	155/91	Improvement 28/11

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REPORT ON 300 CONSECUTIVE CASES OF HYPERTENSION

ADMITTED TO THE BATTLE CREEK SANITARIUM

JULY 31, 1942 to JULY 31, 1939

(Cases of hypertension in which only one blood pressure reading was made were not included.)

HOSPITAL ADMISSIONS

AGE GROUPS	MEN	PER CENT	WOMEN	PER CENT	TOTAL	PER CENT
30-39	1	0.3%	3	1%	4	1.3%
40-49	20	6.6%	24	8%	44	14.6%
50-59	39	13 %	58	19.3%	97	32.3%
60-69	38	12.6%	63	21 %	101	33.6%
70-79	18	6 %	27	9 %	45	15 %
80-89	5	1.6%	4	1.3%	9	3 %
Total	121	40.1%	179	59.6%	300	100 %

AVERAGE BLOOD PRESSURE ON 300 CONSECUTIVE CASES

OF HYPERTENSION

ADMITTED TO THE BATTLE CREEK SANITARIUM

FROM JULY 31, 1942 to JULY 31, 1939

AGE GROUP	AVERAGE BLOOD PRESSURE ON ENTERING		AVERAGE BLOOD PRESSURE ON LEAVING		AVERAGE STAY IN DAYS	AVERAGE REDUCTION	
	SYSTOLIC	DIASTOLIC	SYSTOLIC	DIASTOLIC		SYSTOLIC	DIASTOLIC
30-39	159	101	139	93	11	20	7
40-49	176	108	150	95	19	26	12
50-59	182	104	156	92	17	26	12
60-69	178	98	153	87	20	25	11
70-79	181	94	155	85	17	25	8
80-89	177	90	146	81	40	31	8
Average for							
the 300 cases:	179	100	153	89	19	25	11

BLOOD PRESSURE CASES

JULY 31, 1942 - JULY 31, 1939

MEN

AGE GROUP	NUMBER of CASES	AVERAGE BLOOD PRESSURE ON ENTERING		AVERAGE BLOOD PRESSURE ON LEAVING		AVERAGE REDUCTION		AVERAGE STAY IN DAYS
		SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.	
30-39	1	164	104	130	90	34	14	28
40-49	20	172	109	150	97	22	12	17
50-59	39	181	106	155	93	26	13	14
60-69	38	171	97	145	84	26	13	17
70-79	18	180	98	153	86	26	12	16
80-89	5	180	92	154	83	26	8	27
TOTAL	121							
AVERAGE		176	102	150	89	25	12	17

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

WOMEN

AGE GROUP	NUMBER OF CASES	AVERAGE BLOOD PRESSURE ON ENTERING		AVERAGE BLOOD PRESSURE ON LEAVING		AVERAGE REDUCTION		AVERAGE STAY IN DAYS
		SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.	
30-39	3	158	100	142	95	16	5	5
40-49	24	179	107	150	93	29	13	21
50-59	58	182	102	156	91	26	10	20
60-69	63	183	99	159	89	24	9	21
70-79	27	182	91	156	85	25	6	18
80-89	4	173	87	136	78	36	8	57
TOTAL	179							
AVERAGE		181	100	155	90	26	10	21

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

BLOOD PRESSURE	MEN				
	40-49 YEARS	50-59 YEARS	60-69 YEARS	70-79 YEARS	80-89 YEARS
150/90 or over	5	5	6	5	-
150/95 or over	1	3	1	2	-
150/100 or over	14	30	23	9	2
Systolic 150 or over	20	39	38	18	5
Diastolic 90 or over	5	5	6	5	2
Diastolic 95 or over	15	33	24	11	2
Total Number of Cases	20	39	38	18	5
(Diastolic below 90 Systolic 150 or over)	-	1	8	2	1

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

WOMEN

BLOOD PRESSURE	40-49 YEARS	50-59 YEARS	60-69 YEARS	70-79 YEARS	80-89 YEARS
150/90 or over	3	7	18	6	1
150/95 or over	2	6	2	3	-
150/100 or over	18	37	34	6	1
Systolic 150 or over	24	58	63	27	4
Diastolic 90 or over	3	7	18	6	1
Diastolic 95 or over	20	43	36	9	1
Total Number of Cases	24	58	63	27	4
 (Diastolic below 90 Systolic 150 or over)	 1	 8	 9	 12	 2

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

MEN

AGE GROUP	HIGHEST SYSTOLIC BLOOD PRESSURE ON ENTERING		BLOOD PRESSURE ON LEAVING		REDUCTION		STAY IN DAYS
	SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.	
30-39	164	104	130	90	34	14	28
40-49	234	140	186	120	48	20	39
50-59	230	150	165	128	65	22	22
60-69	230	110	175	110	55	--	110
70-79	228	122	220	120	8	2	35
80-89	200	110	160	105	40	5	12

BLOOD PRESSURE CASES**JULY 31, 1942 to JULY 31, 1939****WOMEN**

AGE GROUP	NUMBER OF CASES	HIGHEST SYSTOLIC BLOOD PRESSURE ON ENTERING		BLOOD PRESSURE ON LEAVING		REDUCTION		STAY IN DAYS
		SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.	
30-39		175	100	150	100	25	-	10
40-49		230	160	180	130	50	30	35
50-59		260	140	225	115	35	25	108
60-69		240	130	180	115	60	15	50
70-79		260	130	190	90	70	40	7
80-89		180	90	105	90	75	--	150

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

WOMEN

(THE FOLLOWING CASES SHOWED AN INCREASE IN BLOOD PRESSURE)

GROUP	BLOOD PRESSURE ON ENTERING		BLOOD PRESSURE ON LEAVING		INCREASE		STAY IN DAYS	NUMBER OF CASES
	SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.		
40-49	190	90	172	95	Reduced	5	4	1
50-59	160	100	180	94	20	Reduced	6	
	180	100	195	100	15	-	35	
	190	104	170	110	Reduced	6	13	
	190	110	150	120	Reduced	10	58	
	190	85	145	90	Reduced	5	14	
60-69	200	120	218	120	18	-	21	6
	158	80	160	80	2	-	7	
	165	95	185	100	20	5	6	
	178	80	150	86	Reduced	6	14	
	180	115	210	110	30	Reduced	6	
	180	70	170	90	Reduced	20	7	
	190	80	160	85	Reduced	5	67	
70-79	200	90	180	95	Reduced	5	20	7
	160	75	140	80	Reduced	5	20	
	160	70	150	78	Reduced	8	17	
	168	84	130	86	Reduced	2	9	
	190	80	164	85	Reduced	5	23	
80-89	198	90	220	110	22	20	14	5
							Total	-
							Total	19 - 10%

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

MEN

(THE FOLLOWING CASES SHOWED AN INCREASE IN BLOOD PRESSURE)

GROUP	BLOOD PRESSURE ON ENTERING		BLOOD PRESSURE ON LEAVING		INCREASE		STAY IN DAYS	NUMBER OF CASES	
	SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.			
40-49	155	92	160	105	5	13	16	1	
50-59	165	98	210	105	45	7	14		
	170	95	170	100	-	5	13		
	175	90	150	95	Reduced	5	49		
	198	120	200	110	2	Reduced	9	4	
60-69	160	110	190	120	30	10	14	1	
70-79	170	84	130	86	Reduced	2	9	1	
80-89								-	
Total								6	5%

REPORT ON 300 CONSECUTIVE CASES OF HYPERTENSION

ADMITTED TO THE BATTLE CREEK SANITARIUM

JULY 31, 1942 to JULY 31, 1939

(Cases of hypertension in which only one blood pressure reading was made were not included.)

HOSPITAL ADMISSIONS

AGE GROUPS	MEN	PER CENT	WOMEN	PER CENT	TOTAL	PER CENT
30-39	1	0.3%	3	1%	4	1.3%
40-49	20	6.6%	24	8%	44	14.6%
50-59	39	13 %	58	19.3%	97	32.3%
60-69	38	12.6%	63	21 %	101	33.6%
70-79	18	6 %	27	9 %	45	15 %
80-89	5	1.6%	4	1.3%	9	3 %
Total	121	40.1%	179	59.6%	300	100 %

REPORT ON 300 CONSECUTIVE CASES OF HYPERTENSION

ADMITTED TO THE BATTLE CREEK SANITARIUM

JULY 31, 1942 to JULY 31, 1939

(Cases of hypertension in which only one blood pressure reading was made were not included.)

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HOSPITAL ADMISSIONS

AGE GROUPS	MEN	%	WOMEN	%	TOTAL	%
30-39	1	.0.3%	3	1%	4	1.3%
40-49	20	.6.6%	24	8%	44	14.6%
50-59	39	13%	58	19.3%	97	32.3%
60-69	38	12.6%	63	21%	101	33.6%
70-79	18	6%	27	9%	45	15%
80-89	5	1.6%	4	1.3%	9	3%
Total	121	40.1%	179	59.6%	300	100%

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**AVERAGE BLOOD PRESSURE ON 300 CONSECUTIVE CASES OF
HYPERTENSION**

ADMITTED TO THE BATTLE CREEK SANITARIUM FROM

JULY 31, 1942 to JULY 31, 1939

AGE GROUP	AVERAGE BLOOD PRESSURE ON ENTERING		AVERAGE BLOOD PRESSURE ON LEAVING		AVERAGE STAY IN DAYS	AVERAGE REDUCTION	
	SYSTOLIC	DIASTOLIC	SYSTOLIC	DIASTOLIC		SYSTOLIC	DIAS
30-39	157	101	137	93	15	20	7
40-49	176	108	150	95	18	26	12
50-59	162	104	155	92	16	26	11
60-69	178	97	153	87	20	25	10
70-79	181	92	155	85	17	25	7
80-89	177	90	146	81	40	31	8
Average for the 300 cases:	179	100	153	90	19	25	10

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

WOMEN

AGE GROUP	NUMBER OF CASES	HIGHEST SYSTOLIC BLOOD PRESSURE ON ENTERING		BLOOD PRESSURE ON LEAVING		REDUCTION		STAY IN DAYS
		SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.	
30-39		175	100	150	100	25	-	10
40-49		230	160	180	130	50	30	35
50-59		260	140	225	115	35	25	108
60-69		240	130	180	115	60	15	50
70-79		260	130	190	90	70	40	7
80-89		180	90	105	90	75	--	150

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BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

WOMEN

AGE GROUP	NUMBER OF CASES	AVERAGE BLOOD PRESSURE ON ENTERING		AVERAGE BLOOD PRESSURE ON LEAVING		AVERAGE REDUCTION		AVERAGE STAY IN DAYS
		SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.	
30-39	3	158	100	142	95	16	5	5
40-49	24	179	107	150	93	29	13	21
50-59	58	182	102	156	91	26	10	20
60-69	63	183	99	159	89	24	9	21
70-79	27	182	91	156	85	25	6	18
80-89	4	173	87	136	78	36	8	57
TOTAL	179							
AVERAGE		181	100	155	90	26	10	21

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

WOMEN

AGE GROUP	NUMBER of CASES	HIGHEST BLOOD PRESSURE ON ENTERING		BLOOD PRESSURE ON LEAVING		REDUCTION		STAY IN DAYS	AVERAGE BLOOD PRESSURE ON ENTERING		AVERAGE BLOOD PRESSURE ON LEAVING		AVERAGE REDUCTION		AV. STAY IN DAYS
		SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.		SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.	
30-39	3	175	100	150	100	25	-	10	158	100	142	95	16	5	5
40-49	24	230	160	180	130	50	30	35	179	107	150	93	29	13	21
50-59	58	260	140	225	115	35	25	108	182	102	156	91	26	10	20
60-69	63	240	130	180	115	60	15	50	183	99	159	89	24	9	21
70-79	27	260	130	190	90	70	40	7	182	91	156	85	25	6	18
80-89	4	180	90	105	90	75	--	150	173	87	136	78	36	8	57
AVERAGE									181	100	155	90	26	10	21

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

WOMEN

AGE GROUP	NUMBER of CASES	HIGHEST BLOOD PRESSURE ON ENTERING		BLOOD PRESSURE ON LEAVING		REDUCTION		STAY IN DAYS	AVERAGE BLOOD PRESSURE ON ENTERING		AVERAGE BLOOD PRESSURE ON LEAVING		AVERAGE REDUCTION		AV. STAY IN DAYS
		SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.		SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.	
30-39	3	175	100	150	100	25	-	10	158	100	142	95	16	5	5
40-49	24	230	160	180	130	50	30	35	179	107	150	93	29	13	21
50-59	58	260	140	225	115	35	25	108	182	102	156	91	26	10	20
60-69	63	240	130	180	115	60	15	50	183	99	159	89	24	9	21
70-79	27	260	130	190	90	70	40	7	182	91	156	85	25	6	18
80-89	4	180	90	105	90	75	--	150	173	87	136	78	36	8	57
AVERAGE									181	100	155	90	26	10	21

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

WOMEN

AGE GROUP	NUMBER of CASES	HIGHEST BLOOD PRESSURE ON ENTERING		BLOOD PRESSURE ON LEAVING		REDUCTION		STAY IN DAYS	AVERAGE BLOOD PRESSURE ON ENTERING		AVERAGE BLOOD PRESSURE ON LEAVING		AVERAGE REDUCTION		AV. STAY IN DAYS
		SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.		SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.	
30-39	3	175	100	150	100	25	-	10	158	100	142	95	16	5	5
40-49	24	230	160	180	130	50	30	35	179	107	150	93	29	13	21
50-59	58	260	140	225	115	35	25	108	182	102	156	91	26	10	20
60-69	63	240	130	180	115	60	15	50	183	99	159	89	24	9	21
70-79	27	260	130	190	90	70	40	7	182	91	156	85	25	6	18
80-89	4	180	90	105	90	75	--	150	173	87	136	78	36	8	57
AVERAGE									181	100	155	90	26	10	21

BLOOD PRESSURE CASES
JULY 31, 1942 to JULY 31, 1939

WOMEN

AGE GROUP	NUMBER of CASES	HIGHEST BLOOD PRESSURE ON ENTERING SYST.	BLOOD PRESSURE ON LEAVING		REDUCTION		STAY IN DAYS	AVERAGE BLOOD PRESSURE ON ENTERING		AVERAGE BLOOD PRESSURE ON LEAVING		AVERAGE REDUCTION		AV. STAY IN DAYS	
			DIAST.	SYST.	DIAST.	SYST.		SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.		
30-39	3	175	100	150	100	25	-	10	158	100	142	95	16	5	5
40-49	24	230	160	180	130	50	30	35	179	107	150	93	29	13	21
50-59	58	260	140	225	115	35	25	106	182	102	156	91	26	10	20
60-69	63	240	130	180	115	60	15	50	183	99	159	89	24	9	21
70-79	27	260	130	190	90	70	40	7	182	91	156	85	25	6	18
80-89	4	180	90	105	90	75	--	150	173	87	136	78	36	8	57
								AVERAGE	181	100	155	90	26	10	21

AVERAGE BLOOD PRESSURE ON 300 CONSECUTIVE CASES
OF HYPERTENSION
ADMITTED TO THE BATTLE CREEK SANITARIUM
FROM JULY 31, 1942 to JULY 31, 1939

AGE GROUP	AVERAGE BLOOD PRESSURE ON ENTERING		AVERAGE BLOOD PRESSURE ON LEAVING		AVERAGE STAY IN DAYS	AVERAGE REDUCTION	
	SYSTOLIC	DIASTOLIC	SYSTOLIC	DIASTOLIC		SYSTOLIC	DIASTOLIC
30-39	159	101	139	93	11	20	7
40-49	176	108	150	95	19	26	12
50-59	182	104	156	92	17	26	12
60-69	176	98	153	87	20	25	11
70-79	181	94	155	85	17	25	8
80-89	177	90	146	81	40	31	8
Average for the 300 cases:	179	100	153	89	19	25	11

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

WOMEN

(THE FOLLOWING CASES SHOWED AN INCREASE IN BLOOD PRESSURE)

GROUP	BLOOD PRESSURE ON ENTERING		BLOOD PRESSURE ON LEAVING		INCREASE		STAY IN DAYS	NUMBER OF CASES
	SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.		
40-49	190	90	172	95	Reduced	5	4	1
50-59	160	100	180	94	20	Reduced	6	
	180	100	195	100	15	-	35	
	190	104	170	110	Reduced	6	13	
	190	110	150	120	Reduced	10	58	
	190	85	145	90	Reduced	5	14	
60-69	200	120	218	120	18	-	21	6
	158	80	160	80	2	-	7	
	165	95	185	100	20	5	6	
	178	80	150	86	Reduced	6	14	
	180	115	210	110	30	Reduced	6	
	180	70	170	90	Reduced	20	7	
	190	80	160	85	Reduced	5	67	
70-79	200	90	180	95	Reduced	5	20	7
	160	75	140	80	Reduced	5	20	
	160	70	150	78	Reduced	8	17	
	168	84	130	86	Reduced	2	9	
	190	80	164	85	Reduced	5	23	
80-89	198	90	220	110	22	20	14	5
							Total	-
							Total	19 - 10%

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

WOMEN

(THE FOLLOWING CASES SHOWED AN INCREASE IN BLOOD PRESSURE)

GROUP	BLOOD PRESSURE ON ENTERING		BLOOD PRESSURE ON LEAVING		INCREASE		STAY IN DAYS	NUMBER OF CASES
	SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.		
40-49	190	90	172	95	Reduced	5	4	1
50-59	160	100	180	94	20	Reduced	6	
	180	100	195	100	15	-	35	
	190	104	170	110	Reduced	6	13	
	190	110	150	120	Reduced	10	58	
	190	85	145	90	Reduced	5	14	
	200	120	218	120	18	-	21	6
60-69	158	80	160	80	2	-	7	
	165	95	185	100	20	5	6	
	178	80	150	66	Reduced	6	14	
	180	115	210	110	30	Reduced	6	
	180	70	170	90	Reduced	20	7	
	190	80	160	85	Reduced	5	67	
	200	90	180	95	Reduced	5	20	7
70-79	160	75	140	80	Reduced	5	20	
	160	70	150	78	Reduced	8	17	
	168	84	130	86	Reduced	2	9	
	190	80	164	85	Reduced	5	23	
	198	90	220	110	22	20	14	5
80-89							Total	-
							Total	19 - 10%

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

MEN

(THE FOLLOWING CASES SHOWED AN INCREASE IN BLOOD PRESSURE)

GROUP	BLOOD PRESSURE ON ENTERING		BLOOD PRESSURE ON LEAVING		INCREASE		STAY IN DAYS	NUMBER OF CASES	
	SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.			
40-49	155	92	160	105	5	13	16	1	
50-59	165	98	210	105	45	7	14		
	170	95	170	100	-	5	13		
	175	90	150	95	Reduced	5	49		
	198	120	200	110	2	Reduced	9	4	
60-69	160	110	190	120	30	10	8 1/4	1	
70-79	170	84	130	88	Reduced	2	9	1	
80-89								-	
Total								7 6	56

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

MEN

(THE FOLLOWING CASES SHOWED AN INCREASE IN BLOOD PRESSURE)

GROUP	BLOOD PRESSURE ON ENTERING		BLOOD PRESSURE ON LEAVING		INCREASE		STAY IN DAYS	NUMBER OF CASES
	SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.		
40-49	155	92	160	105	5	13	16	1
50-59	165	98	210	105	45	7	14	
	170	95	170	100	-	5	13	
	175	90	150	95	Reduced	5	49	
	198	120	200	110	2	Reduced	9	4
60-69	160	110	190	120	30	10	14	1
70-79	170	88	150	88	Reduced	2	9	1
80-89								-
Total								11 - 53 6

REPORT ON 300 CONSECUTIVE CASES OF HYPERTENSION

ADMITTED TO THE BATTLE CREEK SANITARIUM

JULY 31, 1942 to JULY 31, 1939

(Cases of hypertension in which only one blood pressure reading was made were not included.)

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HOSPITAL ADMISSIONS

AGE GROUPS	MEN	%	WOMEN	%	TOTAL	%
30-39	1.	.0.3%	3.	1%	4.	1.3%
40-49	20.	.6.6%	24.	8% ¹	44.	14.6%
50-59	39.	13%	58.	19.3%	97.	32.3%
60-69	38.	12.6%	63.	21%	101.	33.6%
70-79	18.	6%	27.	9%	45.	15 %
80-89	5.	1.6%	4.	1.3%	9.	3 %
Total	121.	40.1%	179	.59.6%	300.	100%

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

MEN

BLOOD PRESSURE	40-49 YEARS	50-59 YEARS	60-69 YEARS	70-79 YEARS	80-89 YEARS
150/90 or over	5	5	6	5	-
150/95 or over	1	3	1	2	-
150/100 or over	14	30	23	9	2
Systolic 150 or over	20	39	38	18	5
Diastolic 90 or over	5	5	6	5	2
Diastolic 95 or over	15	33	24	11	2
Total Number of Cases	20	39	38	18	5
(Diastolic below 90 Systolic 150 or over)	-	1	8	2	1

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

BLOOD PRESSURE	MEN				
	40-49 YEARS	50-59 YEARS	60-69 YEARS	70-79 YEARS	80-89 YEARS
150/90 or over	5	5	6	5	-
150/95 or over	1	3	1	2	-
150/100 or over	14	30	23	9	2
Systolic 150 or over	20	39	38	18	5
Diastolic 90 or over	5	5	6	5	2
Diastolic 95 or over	15	33	24	11	2
Total Number of Cases	20	39	38	18	5
 (Diastolic below 90 Systolic 150 or over)	-	1	8	2	1

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1939

WOMEN

BLOOD PRESSURE	40-49 YEARS	50-59 YEARS	60-69 YEARS	70-79 YEARS	80-89 YEARS
150/90 or over	3	7	18	6	1
150/95 or over	2	6	2	3	-
150/100 or over	18	37	34	6	1
Systolic 150 or over	24	58	63	27	4
Diastolic 90 or over	3	7	18	6	1
Diastolic 95 or over	20	43	36	9	1
Total Number of Cases	24	58	63	27	4
(Diastolic below 90 Systolic 150 or over)	1	8	9	12	2

BLOOD PRESSURE CASES

JULY 31, 1942 to JULY 31, 1959

WOMEN

BLOOD PRESSURE	40-49 YEARS	50-59 YEARS	60-69 YEARS	70-79 YEARS	80-89 YEARS
150/90 or over	3	7	18	6	1
150/95 or over	2	6	2	3	-
150/100 or over	18	37	34	6	1
Systolic 150 or over	24	58	63	27	4
Diastolic 90 or over	3	7	18	6	1
Diastolic 95 or over	20	43	36	9	1
Total Number of Cases	24	58	63	27	4
(Diastolic below 90 Systolic 150 or over)	1	8	9	12	2

BLOOD PRESSURE CASES**JULY 31, 1942 to JULY 31, 1939****MEN**

AGE GROUP	HIGHEST SYSTOLIC BLOOD PRESSURE ON ENTERING		BLOOD PRESSURE ON LEAVING		REDUCTION		STAY IN DAYS
	SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.	
30-39	164	104	130	90	34	14	28
40-49	234	140	186	120	48	20	39
50-59	230	150	165	128	65	22	22
60-69	230	110	175	110	55	--	110
70-79	228	122	220	120	8	2	35
80-89	200	110	160	105	40	5	12

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BLOOD PRESSURE CASES

JULY 31, 1942 - JULY 31, 1939

MEN

AGE GROUP	NUMBER of CASES	AVERAGE BLOOD PRESSURE ON ENTERING		AVERAGE BLOOD PRESSURE ON LEAVING		AVERAGE REDUCTION		AVERAGE STAY IN DAYS
		SYST.	DIAST.	SYST.	DIAST.	SYST.	DIAST.	
30-39	1	164	104	130	90	34	14	28
40-49	20	172	109	150	97	22	12	17
50-59	39	181	106	155	93	26	13	14
60-69	38	171	97	145	84	26	13	17
70-79	18	180	98	153	86	26	12	16
80-89	5	180	92	154	83	26	8	27
TOTAL	121							
AVERAGE		176	102	150	89	25	12	17

HEALTH REGIMEN TRAINING

Aug. 57 1939

~~Dietary~~

Diet

~~Evacuations~~

Evacuations

Bladder

Posture

Strength

Weight

Skin

Breathing

Sleeping

Concentration

REGIMENTHERAPY

Dietotherapy

Food accessories, nutrition, chewing, bowel training, mechanics of digestion.

Balancing the diet for fats, carbohydrates, proteins, vitamins, minerals, water, bulkage.

Regimens, raw foods, cooked foods, food combinations, fruit juices, vegetable juices, personal properties of individual foods in relation to digestion.

Posture

Shadowgraph, carriage, attitude, physical bearing, bodily expression, esthetics, visceral relations, brain, lungs, liver, stomach, heart, colon, etc.

Kinesitherapy

Strengthgraphic, corrective exercises, Swedish system, Osteopathy.

Sun Bathing

Outdoor life, figatherapy

Worktherapy, occupationtherapy

Aug. 5, 1939

Dietotherapy -

Food accessories, nutrition, chewing, bowel training, mechanics of digestion.

Balancing the diet for fats, carbohydrates, proteins, vitamins, minerals, water, bulkage.

Regimens, raw food, cooked foods, food combinations, fruit juices, vegetable juices, personal properties of individual foods in relation to digestion.

Posture -

Shadowgraph, carriage, attitude, physical bearing, bodily expression, esthetics, visceral relations, brain, lungs, liver, stomach, heart, colon, etc.

Kinesitherapy -

Strengthgraphic, corrective exercises, Swedish system, osteopathy.

Sun bathing

Outdoor life, frigidtherapy

Worktherapy, Occulationtherapy

Aug. 5, 1939

Scientific basis for religious faith

Nature of false god

Infinite personality accounts for nature.

Personality in nature

Man in dual personality - finite and infinite

Creature and Creator

Two wills - human will and creative will

Two lives - the human life and the creative life

Two minds - the human and the creative

The creative commonly known as the automatic

The human element

Guidance

Concentration

Origin of ideas

How to get ideas by concentration

Idea factory works while we sleep

Unconscious guidance

We unconsciously seek help when perplexed

We pause to think what to do when in trouble

We believe in infinite time, infinite space, infinite
power, infinite distance.

The chimp baby

Everything with a voice calls for help when in trouble

Every groan is a prayer

It is a natural means of making contact with the help
that is available.

To pray is as natural as to breathe.

Prayer and answer to prayer are physiologic acts in which we participate both voluntarily and involuntarily or consciously and unconsciously.

Every incoming breath of air is an answer to the body's prayer or call for help to prevent suffocation.

The real prayer invites an answer and brings it when there is an answer available in our deeds.

"And God heard the voice of the lamb"

Prayer is the heart's sincere desire.

God has no respect to persons - likewise known as respective of creeds of philosophies.

Our needs prompt us to pray.

Prayer opens the way for help waiting to be given to us just as hunger prompts us to take the food waiting to satisfy our needs.

DR. CARREL ADVOCATES BIOLOGIC LIVING

In a recent most interesting and informing article in the Reader's Digest, the famous Dr. Alexis Carrel, the most eminent of living scientists, presents the most convincing plea for greater attention to health education and presents as the standard of conduct in relation to health absolute obedience to physiologic law. This is a matter worthy of special note as it is the first time such a standard has ever been advocated by a scientist of such world wide recognition as has Dr. Carrel. Dr. Carrel's contributions to science have placed him easily in the foremost rank of scientific leaders and has made him the recipient of the Nobel prize on two occasions. If Dr. Carrel's article Do You Know How to Live? could be placed in the hands of every young man and every young woman in America there would be a distinct drop in the profits of those public poisoners, the tobacco and whisky mongers. Dr. Carrel marshals with a facile pen facts which clearly indicate the race-destroying influence of the perverted habits of living into which so-called civilization have led us. He points out that in 1930

October 7, 1939.

Two Colon Books.

Medical Book - (Kellogg
(Case

Crippled colons.

Ileocecal repair.

Transomental op.

Popular Book.

Crippled colon

Physiology.

Change of Flora.

Bifidus - Acidophilus - Exilis.

October 16, 1938

BUILD UP MUSCLE STRENGTH

A gain means

Heart

Circulation

Elimination

Clearness of mind

b

DON'T WORRY

Worry consumes energy much faster than work. It is like a short circuit in an electrical system. It uses up energy at a prodigiously rapid rate which does damage which work would not do. The basic activities of the body-- digestion, heart action, breathing and muscle tension for heat production-- altogether expend 55 or 60 percent of the energy intake in food represented by calories, leaving 35 or 40 percent of the calories for voluntary work, physical and mental. Worry expends energy so rapidly that all of this reserve for productive activity may be used in an hour or even less time. Worry is like a consuming fire. It has no productive value; hence should be suppressed.

Doctors are sometimes charged with being prolific sources of worry because in their examination of patients they often discover conditions which are likely to interfere seriously with business and pleasure and may even be a serious menace to life. The questioning and inspection to which patients are subjected while undergoing a medical examination is well calculated to start a whole lot of worries going in the mind of a nervous patient unless the doctor happens to possess an extraordinary amount of tact and good sense.

Nov. 8, 1939.

Mortality rate

People of different habits and employment.

Alcohol

Tobacco

Distiller

Saloonist

Tobacconist

Pearl's statistics.

Various tracts involving special habits.

Look up authorities.

November 7, 1939.

RESEARCH

Rats

Human

E xperiments

Ideas and principles.

X-ray observations/

Personal examination.

Daily treatment.

Health accounting.

Entrance and final examination.

Nov. 7, 1939.

Send out bulletin of the Pavlov Laboratory.

Tell history about it.

Visit of Pavlov to our laboratory.

Picture of Pavlov in the laboratory?

Laboratory supported by Race Betterment Foundation.

CHEWING

1. Help the teeth?
2. Taste.
3. Regulate food intake.
4. Communion.
5. Insalivation.
6. Satisfaction of hunger.
7. Initiate digestive reflexes.
8. After reflexes act - secretions.
9. Prepare stomach and other organs for digestion.
10. Colon relaxation and propulsion.

Chewing therapy.

Indigestion.

Constipation.

Duodenitis.

Gastric ulcer.

Colitis.

Dental caries.

Sore gums.

Pyorrhoea.

Drinking

Body's demand for water.

Amount lost by the skin.

Transpiration.

Perspiration.

Expiration--Lungs.

Urine requirement.
Stools.
Digestion.

Saliva

Gastric juice

Pancreatic juice

Intestinal juice

Bile

Stool- mostly temporary - loss by digestion.

Stool only permanent.

Time for drinking.

Before meals.

After meals.

During meals.

Between meals.

On rising.

On going to bed.

Laboratory

November 8, 1939.

Regimen Therapy

Defattening.

Tissue--Changing.

Use of lactose.

See McCollum?

Soft.

Dry.

Blood building.

Potato.

Remineralizing, etc.

Nov. 29, 1939.

TRAINING PROGRAM--Subjects

1. Learning the biologic bill of fare.
2. Changing the intestinal flora.
3. Training the colon to normal rhythm.
4. Learning to masticate thoroughly --Fletcherizing.
5. Watering the body - drinking.
6. Training the heart and lungs.
7. Improving strength and symmetry.
8. Posture training--Corrective gymnastics.
9. Training the skin--Baths, water, air and sun.
10. Training brain and nerves.

(See Blue Book)

Dec. 1, 1939.

REGIMEN-THERAPY

1. Biologic Diet.
2. Training Colon (Normal Rhythm. Efficiency.)
3. Intestinal Flora.
4. Chewing.
5. Water-Drinking.
6. Heart and Circulation.
7. Muscle Training Vasomotor.
Strength Peripheral Heart.
Symmetry
8. Posture.
9. Rest, Sleep, Relaxation.
10. Poise.

Dec. 1, 1939

INTRODUCTION

Born wild and unafraid.

Are spoiled in the taming.

Educated for disease instead of health from the start.

Perverting influences.

House dwelling (Sunshine
Shadow

Clotes

Diet

Colon

Chairs

Lack of respect for body

Use for pleasure.

Consume reserve

Super health.

Dec. 6, 1939.

WORK PROGRAM

Three lectures on Tobacco.

First, for the general public.

Second, for women and girls.

Third, for men and boys.

Lecture on Alcohol.

A general lecture entitled. "Will Civilization Survive, and if so, How Long?"

A better heading would be, "How Long Will Civilization Survive?" Or, "Can Civilization Survive?"

Look up welfare agencies and get in touch with them. Get acquainted with their work and cooperate with them in every way.

Dec. 6, 1939.

THE ORIGIN AND PURPOSE OF BATTLE CREEK FOODS

Soon after Dr. John Harvey Kellogg organized the Battle Creek Sanitarium, in 1876, to succeed the Western Health Reform Institute, which had been established ten years before, he began food researches for the purpose of developing special foods, to aid in the treatment of patients who visited the Sanitarium, most of whom were suffering from digestive disorders. Some of the products developed in the laboratory were wheat flakes, corn flakes, and other flake and granular products, also wheat bran. A large popular demand developed, and imitators sprang up in various parts of the country, some of whom settled in Battle Creek.

Because of their origin, the original Battle Creek products are known as Battle Creek Sanitarium foods. The genuine may be recognized by the fact that they bear a picture of the famous Sanitarium, to the success of which they have been a large contributor.

Every Battle Creek food has its special purpose, and has proved its value by successful use in hundreds of cases at the Battle Creek Sanitarium before being offered to the public.

December 21, 1939

Memo.

Get material about acidophilus and changing the intestinal flora.

Get together everything Tissier has written, especially the pamphlet on putrefaction.

Get articles on enema.

Get material relating to habits and regimens.

b

REGIMEN TO IMPROVE NUTRITION

DIET

Foods

New principles

Digestion

Metabolism

Elimination

REGIMEN TO IMPROVE VITAL RESISTANCE

REGIMEN TO COMBAT OLD AGE

REGIMEN TO PROMOTE YOUTH AND BEAUTY

1. Eating habits.

(a) Selection of food.

(b) Balancing the diet.

(c) Planning meals.

(d) Chewing.

2. Water drinking.

3. Muscle training, posture

Sleep, rest, recreation, relaxation.

12-22-39

Memo. for J. H. K.

Prepare a little book about Lacto-Dextrin and another one about SavorYeast.

For SavorYeast look up everything I have on the subject of yeast.

LACTO-DEXTRIN

Here are the different uses:

1. Changing the flora.
2. Duodenitis.
3. Duodenal ulcer.
4. Gastric ulcer.
5. Chronic gastritis.
6. Gastric acidity.
7. Leucorrhoea.
8. Proctitis.
9. Erosions of the cervix.
10. In gynecological treatment after ionization and after surgical operations.
11. Dressing surgical wounds.
12. Dressing injuries.
13. Protecting raw surfaces.
14. After childbirth.
15. Skin troubles.

Memo. for J. H. K.

CONSTIPATION DUE TO OBSTRUCTION

X-ray men find spastic contractions in the colon in practically all cases of functional constipation. They ascribe this spastic condition to a hypersensitive condition of the colon. It is logical to inquire what is the cause of this hypersensitive state? It does not seem to be necessary to look farther than the stasis, which is always an accompaniment of constipation.

Cannon showed many years ago that stasis is always accompanied by the development of proteolytic bacteria because the carbohydrates present which are necessary for the development of *B. acidophilus* and other acid-forming organisms are in conditions of stasis completely absorbed, leaving nitrogenous food remnants and mucus which then become a ready prey to proteolytic organisms. In cases of habitual constipation, the mucous membrane is thus constantly exposed to contact with a variety of noxious putrefactive and other pathogenic products which irritate the colonic lining and readily account for the obstructive spastic contractions. A study of the roentgenograms made in such cases shows masses of barium obstructed by spastic contractions.

b

IS B. COLI A PARASITE?

When and Escherich discovered B. coli they regarded it as parasitic. It was only after it was found to be almost universally present in the intestinal tract of both man and inferior animals that it came to be regarded as a normal resident of the intestine.

(Park's Microorganisms, 1939, page Quote statement.)

Its casual mode of origin and the readiness with which it develops highly active pathogenic properties under conditions which are constantly liable to arise are circumstances which seem to be just ground for regarding B. coli as an invader and a suspicious character rather than a normal resident.

Has B. coli any useful rôle? Is any provision made for installing or maintaining it in the body?

Instead, provision made for defense against it.

A remarkably efficient protection against B. coli provided for all mammals.

Tissier of Pasteur Institute discovered in 1900 an organism which drives B. coli out during nursing period, B. bifidus.

Moro discovered about the same time a bacillus which protects both children and adults against B. coli, L. acidophilus.

If B. coli is a normal and useful organism ~~which~~ why should universal provision be made for defense against it?

Intestine needs protection.

Lactic acid-forming organisms natural antagonists of putrefactive and pathogenic organisms.

Examples:

Meat in buttermilk.

Feces in milk (Cruickshank).

December 26, 1939

Dr. Hussey.

Dr. Durant.

Dr. and Mrs. Jeffrey.

Mr. Baker.

Dr. Norman.

December 26, 1939

Go or send after specimens.

Get list of foods eaten.

Gibbon.

Mary immune.

November 8, 1939

Relaxing (Progressive Relaxation, Jacobson.)

Chicago and others.

See his book.

November 8, 1939

Mortality rate

People of different habits and employment.

Alcohol.

Tobacco.

Distiller.

Saloonist.

Tobacconist.

Pearl's statistics.

Various tracts involving special habits.

Look up authorities.

November 7, 1939

R E S E A R C H

Rats.

Human.

Experiments.

Ideas and principles.

X-ray observations.

Personal examination.

Daily treatment.

Health accounting.

Entrance and final examination.

November 7, 1939

Send out bulletin of the Pavlov Laboratory.
Tell history about it.
Visit of Pavlov to our laboratory.
Picture of Pavlov in the laboratory.
Laboratory supported by Race Betterment Foundation.

June 15, 1939

S I C K C O L O N

Hindered

- a. Diet - bulkage. White bread, rickets, etc.
- b. Chewing too little.
- c. Lack of flavor.
- d. Lack of deep breathing and exercise.
- e. Bad posture, relaxed abdomen.
(Abdominal bandage)
- f. Lack of water.
- g. No regular hour for meals.
- h. Every colon has its own rhythm. Must know this and follow it. May change for better. Use of carmine test. X-ray study much better. Can see mass and cause of delay.
- i. Neglects. (Look up last book by Yale man.)

MECHANICAL CAUSES

Ulcerative colitis.

Dilated cecum.

Simple colitis. Adhesions.

Signs of colon kinks.

Spastic constipation.

Prolapsed pelvic colon.

Psychic.

Adhesions.

Diverticulitis.

See case - cancer polypi

hemorrhoids - fissures.

dilated rectum.

Diet - change of flora - bulkage - roughage - water.

Accessories.

Correction of habits.

Exercise.

Day's program.

Kneading - Vibration (See label for Colon Helps).

Automatic exercise.

Abdominal supporter.

Abdominal bandage.

Heat - pain, colitis

(Cleansing enema.

(Irrigation - Colitis, pain, sensitive colon

(Compaction - Spastic colon.

Enema (Repeated enema.

(Supplemental.

(Training enema.

(Soothing Nuf flora - paste.

(To change flora - Soy acidophilus.

(To train rectum.

Study effects of enema with X-ray.

June 15, 1939

RATIONAL TREATMENT OF COLON TROUBLE

Wrong principle.

Symptomatic cure, not removal of causes.

Sick colon, like all sick organs, needs help, not punishment.

Colon not a laggard; never lazy. Crippled.

11-8-39

F E A T U R E S O F H E A L T H

Body training

Muscles

Vasomotor

Nerves

Lungs

Stomach

Colon

Heart

Skin

Sight

Hearing

Touch

Balance (Muscles
(Nerves, etc.
(Posture

See Health Accounting

Balanced feeding

Calories

Bulkage

Minerals

Vitamins

11-7-39

(Miscellaneous)

1. History of chewing.

(a) Fletcher.

(b) Beaumont.

(c) Other physiologists.

(d) My own experiences (1866.)

11-8-39

H E A L T H P R O G R A M

Sponsors.

Advisors.

Professors.

Assistants.

Tutors.

Physiotherapy.

Professional.

Special, educational, domestic.

Hydrotherapy.

Home outfit.

Regimen training.

Vital reserve.

Urine requirement.

Stools.

Digestion.

Saliva

Gastric juice

Pancreatic juice

Intestinal juice

Bile

Stool -- mostly temporary -- loss by digestion.

Stool only permanent.

Time for drinking

Before meals.

After meals.

During meals.

Between meals.

On rising.

On going to bed.

Laboratory

CHEWING

1. Help the teeth?
2. Taste.
3. Regulate food intake.
4. Comminution.
5. Insalivation.
6. Satisfaction of hunger.
7. Initiate digestive reflexes.
8. After reflexes act -- secretions.
9. Prepare stomach and other organs for digestion.
10. Colon relaxation and propulsion.

Chewing therapy.

Indigestion.

Constipation.

Duodenitis.

Gastric ulcer.

Colitis.

Dental caries.

Sore gums.

Pyorrhea.

Drinking

Body's demand for water.

Amount lost by the skin.

Transpiration.

Perspiration.

Expiration -- Lungs.

12-6-39

W O R K P R O G R A M

Three lectures on tobacco

First, for the general public

Second, for women and girls.

Third, for men and boys.

Lecture on Alcohol.

A general lecture entitled, "Will Civilization Survive, and if so, How Long?"

A better heading would be "How Long Will Civilization Survive?" or "Can Civilization Survive?"

Look up welfare agencies and get in touch with them. Get acquainted with their work and cooperate with them in every way.

E U G E N I C S

Illustrations

Flowers	(Shasta Daisy ((Other flower marvels
Fruits	(Crab apple (Dozen finest apples (Many examples
Grains	Corn Teosynte Wheat
Vegetables	(Potato - Peruvian (Modern specimens (Cabbage family (others
Horses	(Race (Draft (Wild horses
Cattle	
Cows	
Sheep	
Men	(Giants ((Strong men

Escherich, even before the discoveries of Metchnikoff, recognized the necessity for changing the flora of the intestine, suggesting, "It is necessary to employ the 'acid fermentations' (putrefactions), either by adding to the diet carbohydrates, such as lactose, or by giving cultures of acid-producing bacteria." This, so far as the writer knows, was the first suggestion of the desirability or possibility of changing the intestinal flora. Escherich was one of the ablest bacteriologists of his time. He made important pioneer studies of the stools of infants, and started fruitful lines of inquiry that his premature death left others to carry on.--"The Crippled Colon," p. 207

P. 514, "The New Dietetics." Escherich, Kaiser, Petroschy and others have called special attention to the dangerous character of the streptococcus found in milk, and attributed to this organism a large part of the infant mortality which occurs in the summer time.

P. 547 - Escherich made an interesting study of the bacteria of the intestine in infants. His observation showed the intestinal contents of an unborn child to be absolutely sterile.

P. 548 - Charrin of Paris, Combe of Lausanne, Tissier, Escherich and numerous other European bacteriologists, as well as Herter in this country, have made exhaustive studies of the different species of bacteria which are produced in the intestine and of the toxins which they generate and the effects they produce upon animal organisms.

REGIMEN TO IMPROVE NUTRITION

DIET

Foods

New principles

Digestion

Metabolism

Elimination

REGIMEN TO IMPROVE VITAL RESISTANCE

REGIMEN TO COMBAT OLD AGE

REGIMEN TO PROMOTE YOUTH AND BEAUTY

1. Eating habits

- (a) Selection of food.
- (b) Balancing the diet.
- (c) Planning meals.
- (d) Chewing.

2. Water drinking.

3. Muscle training, posture.

Sleep, rest, recreation, relaxation.

November 8, 1939

Regimen Therapy

Defattening.

Tissue changing.

Use of lactose.

See McCollum.

Soft.

Dry.

Blood building.

Potato.

Remineralizing, etc.

December 26, 1939

BILL OF FARE

No fried food.

No pastry.

Little cane sugar.

No hot seasoning.

No infected product.

REGIMENS

To improve nutrition.

Appetite.

Digestion.

Circulation.

Autonomic.

December, 1939

H A B I T S

Diet	(1)	(Food
Chewing	Regimens	(Exercise
		(Outdoors
Flora	(2)	
Motility	Habits	
Water-drinking		
Muscle-strength, endurance, symmetry		
Posture		
Cleanliness		

REGIMEN

Nutritional regimen

Exercise

Skin training. Hardening to increase
vital resistance.

Reducing.

Restorative.

Rejuvenating - Beauty.

Corrective.

Habits

Eating - chewing.

Exercise.

Posture.

Sleep.

Rest, recreation, sleep.

Meditation. "Finally, brethren, whatsoever things
are true, whatsoever things are honest, whatsoever things
are just, whatsoever things are pure, whatsoever things
are lovely, whatsoever things are of good report; if there
be any virtue, and if there be any praise, think on these
things."--Philippians, 4:8.

DIVINE HEALING

God, Not Nature, the Source of Healing Power
Good Health, July, 1938, p.205

INFLUENCE OF THE MIND ON THE BODY
Good Health, Jan. 1938, p. 12-13-29

THE SCULPTOR
Good Health, May, 1939, p. 145

THE SCULPTOR EXPLAINED
Good Health, May, 1939, p. 146

"SEEING THE INVISIBLE"
Good Health, July, 1939, p. 206

PROBING THE MYSTERY OF LIFE, Dec. 1937, p.363 - 364

*on Dr. Kellogg's
desk*