

Black

# Prostatic Diseases *and* Impotency.

*New and Original Methods of Treatment*  
Illustrated



*Knowledge, given wings, carries enlightenment  
to all mankind*

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## THIS BOOK

Is dedicated to those who are not satisfied with the old, antiquated methods of treating diseases—those who believe that freedom of thought and action, within rational bounds, should be demanded by all who embark in any healing ministry.



437166



## NOTE

The paper upon which this book is printed is of special finish and tint to meet the requirements of the eye, as proved by the most recent experiments.

The type used in this book was selected by the author because of its legible characteristic design.

The spelling in this book is made to partially conform with the 1918 Bulletin of the Simplified Spelling Board, 18 Old Slip, New York City. This can be found in Funk & Wagnalls Standard Dictionary.

The Simplified Spelling movement was begun about twelve years ago, and it has been adopted by the Modern Language Association of America, 22 State Teachers' Associations, and many other educational and learned societies throughout the country. 500 universities, colleges and normal schools

hav endorst the work. 547 newspapers and periodicals, circulating more than 18,000,000 copies ar using this reformd spelling. Besides all these, some of the most up-to-date books hav adopted this advanst method of spelling.

No one can stand stil. One must either recede or advance.

*Let advancement be our motto.*

"If I could liv my life over again, I would devote it to proving that germs **seek** their natural habitat—diseasd tissue—rather than being the **caus** of the diseasd tissue; e.g., mosquitos **seek** the stagnant water, but do not **caus** the pool to become stagnant."—Rudolf Virchow (father of the germ theory.)

If the germ theory wer founded on facts, there would be no living being to read what's rit.

## INTRODUCTION

"The secret powers of NATURE are generally discovered unsolicited."

"He that follows NATURE is never out of his way."

"Nature must obey necessity."

"Nature is stronger than education."

Nature never says one thing and science another. If it is not natural, it is not scientific.

It is thirty-seven years ago since a general practitioner employed me to diagnose diseases for him. At that time I knew very little about the anatomy of the human body altho I knew the anatomy of many animals.

Of physiology, I knew only what I had observed from nature. Nature's laws I had learned by observation as from my earliest recollection I was taught to let nature be my guide.

Altho the art of diagnosing was sec-

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ond nature to me, yet I was constantly confronted with the fact that the same caus would produce an unlimited variety of symptoms.

My erly observations taut me that the nearer one livd to nature, the nearer he was to helth.

One fact imprest me, and that was the other animals walkt on all fours so that gravitation did not impede the natural flow of the fluids of the body. On the contrary, the human animal walkt on his hind legs and therefore his circulatory system had to overcome gravitation.

I also observd that only the human animal had fainting attacks, and was again imprest with the fact that perhaps man had commenst walking on his hind legs too soon.

It was my duty to open my preceptor's offis erly in the morning, altho he did not come in until about ten o'clock. One morning about seven o'clock, a milk peddler came rushing into the offis, screaming with terribl pain. He was holding his abdomen.

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I immediately unfastend his clothes and laid him on a regular kitchen tabl. Stil his pain persisted. I saw a large bunch in the lower part of the abdomen but, never having seen anything of the kind, did not know what it ment. I did not know what to do but, thinking that if I wanted to drain water out of a can I always tipt it, I tipt the tabl up and put the back of a chair under it so the foot of the tabl would be from twelv to eighteen inches higher than the hed. Almost immediately the man said he felt easier, and within half an hour he was perfectly easy.

I then put a strong bandage around his abdomen and he left, saying he felt as wel as ever. I told him he had better come in later to see the doctor so nothing of the kind would happen again. He did so, and I then lernd for the first time what a strangulated hernia was.

At another time a man about seventy years of age came in when I was alone in the offis. He said that his

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“water” had shut off and he was in terrible pain and wanted to know if I could help him. I placed him on the same wooden table and elevated the foot of it with the chair I had used before. Within a few minutes he said the pressure had left him and he thought he could pass his urine. He got off the table and attempted to urinate but could not. I then had him get on the table in the same position and placed a can so he could urinate into it. While he lay on the uplifted table, he was able to empty his bladder without any trouble.

I talked with my preceptor about this and he said he could not explain it, but that he would watch and see what that tipping of a table would do in other cases.

It was not many weeks before he had dozens of couches and beds throughout the town lifted twelve or fifteen inches, and had people lying on them with their feet in the upward, elevated position. He said I had discovered something in physiology and thera-



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peutics that had never been put into books.

It would take many pages to relate all the different classes of pelvic conditions that I hav been instrumental in relieving or curing or that I hav seen relievd or cured by using gravitation in the manner above mentiond.

Country folk and Indians hav long made use of gravitation for relieving pelvic distress. I remember once seeing an Indian lying on the side of a hil with his hed down. As far as I could make out from his symptoms and from his broken English, he took that position to reliev a congested prostate. He said it gave him great relief.

We know that water wil not run up hil, and if we want to empty a basin we hav to tilt it. Gravitation puls liquids downward. Therefore there is more liability of congestion in the basin (pelvis) of an animal standing on its hind legs than there would be if it stood on all fours.

Even when a person is sitting, grav-

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itation is pulling the liquids down into the pelvis.

In man, the prostate being at the lowest part of the pelvis, gravitation tends to hold liquids in the prostate unless there be a good amount of elasticity to the vessels or musculature surrounding it.

We can at once see that if for any reason the prostate became weakend, liquids would gravitate to it and congest it.

In the female this is illustrated in the bearing down sensation in the perineum that many women complain of.

It is claimed by some that every man after he is forty years of age has more or less congestion in the prostate. It is also claimed by many observers that 90% of all men past forty years of age hav a pathological condition in the prostate.

A man of sedentary habits sits a great deal, and that givs pressure against the prostate, especially if the bottom of the chair is made in the

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abominabl fashion of being elevated in the center toward the front.

If a person is on his feet a great deal, gravitation is also pulling liquids down into the prostate.

If a man has been addicted to alcohol or tobacco, his blood vessels hav become relaxt and he is more suscep- tibl to the force of gravitation in the pelvis.

If a person has been addicted to sexual excess, his prostate is espec- ially weakend and he is far more liabl to congestion from gravitation than one who has been temperate.

If a person has been intemperate in his eating or drinking, he has also weakend the resisting powers against gravitation in his prostate as wel as other parts of the body.

From this general discussion, it can at once be seen why at least 90% of men past forty years of age hav a pathological prostate.

Taking into consideration my erly observations and my success in treat- ing these conditions, I decided to

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briefly chronicle my experiences and outline a method, which I think is original with me, for treating prostatic diseases and impotency.

Scores of physicians have paid me one hundred dollars each to teach them the technique that I am now for the first time putting into print, as I can not teach verbally all those who want to learn this work.

I am not going into the anatomy connected with the pelvis or prostate as anyone can find that by consulting any standard textbook on anatomy. Neither am I going into the physiology of the prostate as that can be found in any of the standard textbooks on physiology. What I have to say will be right to the point, and it will be original and practical.

By consulting this book, the busy practitioner will be able to clearly grasp the system which, from experience and observation, I consider to be the most productive of good in treating this, the most common of all complaints in adult males.

## *Prostatic Disease and Impotency*

The only time I have to write books is when patients are on the treatment table, or when others are in bed.

Some parts of this book I began to put together several years ago, but the newest part I began over a year ago.

Much of this book is notes of lectures that I give in my special courses to physicians.

*This work is a worker's work for workers who work to better their work.*

GEORGE STARR WHITE, M.D.

Los Angeles, California.

June, 1919.

## *Post Script*

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*I forgot to say that the general treatment and diet outlined for Prostatic Diseases and Impotency ar of great servis—often specific—for so-called “Female Complaints”—congestion in the female pelvic organs, which ar always accompanid by catarrhal congestion in the colon and rectum.*

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## CHAPTER I

### *Diagnosis*

#### DISCUSSION

The diagnosis of *impotency* is subjective and needs no discussion here.

The diagnosis of *pathological prostatic conditions* is very difficult to make in many cases. Some of the most obscure symptoms that a physician has related to him are caused by congestion in the prostate.

I could trace to the prostate nearly every symptom to which man is heir, but will mention only the most common symptoms that cause the patient to consult the physician. When diagnosing a man, no diagnostician does his duty unless he carefully examines the prostate.

One of the most prominent symptoms of prostatic congestion is *melancholia*. The patient may be brought to the

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physician to see if he has some deep-seated mental diseases. By making a careful examination of the prostate, it will often be found to be enlarged on one side or the other. The enlargement may be hard and fibrous, or it may be quite soft. At other times in the center of the prostate there will be a tender place, and pressure at that locality will cause the patient to cry out with pain.

Often the patient complains of no symptoms that would give anyone any idea that the prostate was affected. When, however, the patient complains of a *burning sensation in the perineum* and says it hurts him to sit down, it is very evident that the prostate is at fault.

Often the first symptom that patients complain of is the *frequent desire to urinate* during the night. They complain of not only having to get up every hour or two to urinate, but say they have to hurry so because they *cannot retain the urine*. Some contend that this symptom is caused by irrita-

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tion at the very outlet of the bladder. However, the method of treatment is the same.

If a female complains of a similar symptom, we know the trouble is at the outlet of the bladder, but with the male, it can be at the outlet of the bladder, a reflex at the prostate, or some abnormal condition of the prostate itself.

If the physician is trained in observation, he really does not have to ask a single question to know whether the patient has prostatic trouble.

The *gait* of the patient will almost always indicate whether he has an advanced prostatic condition. If you see a man walking as if a bar of steel passed up through his spinal column, you can conclude that he has had a pathological prostatic condition for years. The fact that he is conscious of his prostate makes him little by little assume the "ultra military gait." Such men are often said to be afraid to bend for fear they will break their backbone in two. This gait I have called the "*pros-*

*tatic gait*" as it is pathognomonic of an abnormal condition of the prostate.

Another symptom is that when the patient sits down, he acts as if he were going to sit on a boil, or he will sit first on one buttock and then on the other. This is caused by the tender condition of the perineum. Sometimes the patient has never complained of prostatic trouble, but unconsciously he has become cautious regarding every movement that will cause him to bring pressure upon the prostate.

Another method of diagnosing prostatic diseases is by what is known as *Iridology*. This diagnosis by the eye is a very elaborate system and there are several different books on the subject. Every student of diagnosis can derive much benefit from studying any of these works.

## SYMPTOMS

As stated before, there are often no symptoms whatsoever to lead the patient to think he has prostatic disease.



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The man may even consult the physician because of *frequent erections* during the nite, and at first the physician may think it is caused by an irritable bladder or that the man has eaten or drunk something that has irritated the prostate.

If the physician is not experienced in diagnosing these conditions, it is best to put the patient on a very abstemious diet for at least a week, and have him drink at least two quarts of distilled water or good spring water each day. He can then decide by the symptoms what the trouble may be.

The *desire to urinate often* and the inability to retain the urine are symptoms that often cause the patient to seek the services of a physician.

*Neck Symptoms* are often the cause of the patient's consulting a physician. These reflex neck conditions are very peculiar and pathognomonic of prostatic diseases. The patient complains of a dull, aching pain in the nape of the neck up close to the skull, sometimes more on one side than on the

other. If it is on the right side, the physician may know that the right lobe of the prostate is enlarged. If it is on the left side, he may know that the left side of the prostate is enlarged. If the pain is diffused across the base of the skull, the center of the prostate will be found to be sensitive, and often the whole prostate will be enlarged. Sometimes this sub-occipital pain is so severe that the patient will seek an opiate.

Another symptom that the man will often complain of is a sensation either at the urethral opening of the glans penis or at the corona, as if bees were stinging him or as if ants were crawling about. This sensation has driven some men to all sorts of desperate doings.

Sometimes when the irritation is complained of at the upper posterior part of the glans penis, the cause is a reflex from the meatus. The cause for the meatus symptoms is a pathological condition in the prostate or neck of the bladder.

## *Prostatic Diseases and Impotency*

Another symptom that the patient often complains of, and which will mislead one who is not posted in prostatic conditions, is a *burning sensation in the ball of the foot*.

The *sexual symptoms* that go with prostatic diseases are so numerous and varied that I will not attempt to enumerate or classify them. Suffice it to say, *if a man complains of any peculiar sexual conditions, the prostate should be carefully examined*. Nine out of ten of all the peculiar sexual symptoms that men complain of can be remedied by following out the treatment explained in this book.

*Melancolia* is one of the most frequent symptoms, but is more often complained of by someone else in the family. Generally it is the wife who consults the physician as to the cause of her husband's melancolia. Sometimes this mental state becomes a very alarming symptom, and has to be dealt with very sternly. Many of the suicides are caused by prostatic diseases, and I would advise every di-

agnostician to thoroly examin the prostate when looking for the caus of any abnormal mental condition that has come on after the man has past his twenty-fifth birthday.

*Masturbation* is often causd by prostatic diseases, and that habit may be a symptom worthy of the consultant's notis.

*Pain in the testicls* is often causd by prostatic diseases. We know this to be a fact becaus when the treatment outlined in this book is carried out, the pains in the testicls wil often subside.

*Perineal pains* of all descriptions may be the first symptoms that caus the patient to consult the physician.

*Bladder and stomach* symptoms often point to prostatic diseases. It must be rememberd that the prostate is at a very important reflex center and many obscure conditions can be cleard up by treating the prostate.

*Formication* or the itching sensation that some men complain of about the navel and other parts of the ab-

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domen is caused by prostatic conditions.

In summing up the symptomatology of prostatic diseases, I can do no better than to quote what appeared in an eastern medical journal about ten years ago by Dr. Bobertz.

*Vague urethral pains.*

*Nervous irritable depressed feelings.*

*Frequent urination.*

*Burning sensation of the feet.*

*Feeling of depression at the base of the brain.*

*Tired — symptoms denominated “gone feeling” in the crotch.*

*Feeling of pressure like that of a ball in the rectum.*

*Constipation.*

*More or less copious mucus discharge while at stool or during micturition; incontinence, especially during the night.*

*Pain in the lumbar region often extending to the shoulder blades.*

*Diffused pain in the groin or thighs.*

## *New and Original Methods of Treatment*

*Pain and drawing sensation in the testes or spermatic cord.*

*Hedake—often described as sensation of a diffused pressure.*

*Difficulty of mental concentration and disinclination to application.*

*Disturbed sleep and insomnia.*

*Psychic manifestations, mental depression, neurasthenic conditions, impotency, ejaculatio praecox, etc.*

## ETIOLOGY

*Gonorrhea* without doubt is the greatest etiological factor in all prostatic diseases. Owing to the prevalence of this terrible disease, most authorities say that 90% of the male population have had it or will have it. If this be true, there is little wonder that there are so few men not afflicted with prostatic diseases.

Do not accuse every man who has prostatic diseases of having had gonorrhea, but look well into the history of the case and to your method of diagnosis before concluding that gonorrhea

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is not the caus of the pathological prostatic condition. The man may say that he has never had gonorrhea, and the physician wil be puzzld as to how certain prostatic conditions could exist unless gonorrhea wer the etiologi-cal factor. However, every condition that is causd by gonorreall infection *can* be causd by some other factor.

From my experience in diagnosis by means of my Bio-Dynamo-Chromatic method, I can definitely say that *many a case of gonorrhea exists when the specific gonorrhea micro-organism cannot be found.*

*Syphilis* is often a caus of prostatic diseases. In fact, some go so far as to say that if a man has syphilis he has, or wil hav, prostatic diseases.

*Constipation* is a very important caus of prostatic diseases. From the very fact that constipation causes congestion in the pelvis, and congestion means stasis, it is easy to see how nearly every man with chronic constipation would hav prostatic diseases.

*Lowerd resistance*, regardless of its

caus, may be an etiological factor of prostatic diseases. As mentioned in the Introduction, gravitation plays such an important role in the caus of prostatic diseases that any conditions or habits, that tend to lower resistance, can be classed as etiological factors in pathological prostatic conditions.

*Riding on bicycles* or any seat that gives pressure against the perineum is a very prominent caus for prostatic diseases.

*Diseases of the colon* have a peculiar influence upon the prostate.

*Habits in eating and drinking* are often the leading caus for prostatic diseases.

As in other diseases, look for the etiological factors in prostatic diseases, and try to eradicate them. This is taken up in the chapter on Treatment and Technique.



## CHAPTER II

### *The Bio-Dynamo-Chromatic System of Diagnosis (B-D-C Diagnosis)*

*The Seventh Edition of my Lecture Course to Physicians and Aids to Humanity Helpers* gives an illustrated treatise on this unique system of diagnosis. From that edition a working knowledge of the system can be gained. However, in order that the readers of this work may have a little idea as to what the B-D-C method of diagnosis is, I will give a brief outline as to how I discovered it and the physics underlying it, and its great possibilities.

It is important to give this data here because of the fact that gonorrhea is a great leading factor in the cause of prostatic disease, and the B-D-C method of diagnosis is the only method known that will diagnose gonorrhea

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twenty-four hours after inoculation, or fifty years after, if the disease has not been entirely eradicated from the system.

Forty-two years ago an old trapper and hunter called my attention to the fact that pigeons had a "compass" in their heads, and that they could find their way home no matter how many miles away they were.

Six years later I found a homing-pigeon that had lost its way and could not orientate itself. Upon examination I found the bird was suffering with tuberculosis.

For years after that discovery I made it a practice to test out all kinds of animals to find out if they had a "psychic compass." I found that many people could detect the cardinal points of the compass when blindfolded and in a new locality.

Incidentally I discovered the fact that a healthy individual, facing north or south in a subdued light, had a higher tension over their body than when facing east or west. Later I

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found that all persons did not present this peculiar phenomenon.

It then became my great task to learn why *every* individual, when facing due north or south (that is, parallel with the magnetic meridian) and in a subdued light, did not have this increased vascular tension which I have named the *Magnetic Meridian Sympathetic Vagal Reflex (MM VR)*.

After a long series of experiments, which are outlined in my Seventh Edition, Lecture Course to Physicians, I found that if a *dark-room ruby light* were shed upon the bared face and chest of an individual, while he was facing in the magnetic meridian, it would elicit the MM VR, provided the individual had tuberculosis or cancer. Later I found that a certain shade of orange would differentiate tuberculosis from cancer.

Little by little I found that there were color vibrations that would elicit the MM VR in *every* individual, regardless of his toxemia.

The reason the tests have to be made

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in a subdued light is that light is energy and will dissipate the energy of the magnetic meridian on the body. It is on the same principle that a photographic plate cannot be developed in bright daylight because that light would change the composition of the film on the plate, while if it be developed in the dark room the chemicals only will change it.

The individual has to be grounded while making these tests. The reason for that is that nearly every individual has a static tension about him unless he be in contact with some grounded material. This is well illustrated in many localities by the fact that a person walking across a carpet, which is insulating him, will generate static electricity so great that when he touches a water faucet or gas pipe a spark will go off the end of his finger. When that spark has left the body, the body is temporarily in static equilibrium.

The effects of the magnetic meridian upon the body can be illustrated

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by the compass needle (Fig. 1). The compass needle turns north and south, and it is drawn into this position by some unseen force. If it were not a force that was constant, the needle would be just as liable to turn one way as another, but for ages the mariner



Fig. 1. An ordinary bar compass.

has been able to steer his vessel by means of this unseen force as registered by the magnetic needle.

By way of illustration, let us suppose that the magnetic meridian is wind blowing from the south geographical pole to the north geographical pole.

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If we hold a sheet of paper so its *sur-*  
*faces* ar directed north and south,

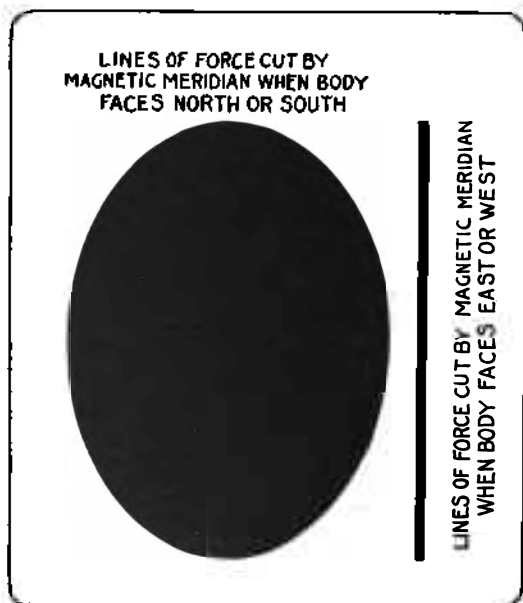


Fig. 2. The oval can also represent a sheet of paper with the flat surface directed N or S and the perpendicular line can represent the edge of said paper. If the wind wer blowing against the surface of the paper (from N or S), the stress on the paper, if held by the edges, would be infinitely greatly than if it blew against the edge—the surfaces being directed E or W.

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we would hav a current of air coming from the south that would push the

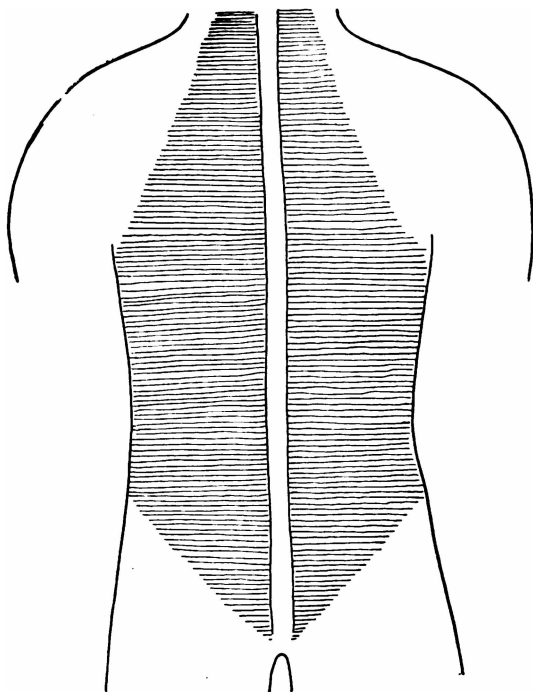


Fig. 3. Representing the nervs running laterally from the spinal colum. Compare these wavy lines with the oval in Fig. 2, and their ends with the perpendicular line in Fig. 2.

paper very notisably. If, however, the *edges* of the paper wer directed north or south, the wave of air would hav very littl or no effect upon it. (Fig. 2).

The nervs in the back of the torso extend laterally from the spinal colum, and we can imagin there ar millions of these live wires extending from the spinal colum like so many bones from the spinal colum of a fish. (Fig. 3).

An immutabl law in physics is that when any line of force (for exampl, electrical force) is cut by another force at right angls to it, its energy is alterd. The physical laws underlying the power of a dynamo ar based on this principl.

Inasmuch as the nervs from the spinal colum ar analagous to live (or electrically charged) wires, and inasmuch as the magnetic meridian is a magnetic wave of energy, then as this magnetic wave passes thru the body when it is facing north or south, it cuts those innumerabl lines of force



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(the nervs). Therefore it steps up energy which is translated in the vaso-motor system. That is the reason why the tension in the blood vessels is changed when an individual is grounded and in a subdued light and facing parallel with the magnetic meridian.

If the individual has any toxemia, such as tuberculosis, cancer, syphilis, gonorrhea, malaria, influenza, etc., the lines of force in the body are so altered that the magnetic-meridian energy has no effect upon him, or at least it does not have the effect that is the basis of the B-D-C system.

*Radiant color* is a rate and mode of motion and, as such, changes the rate and mode of motion from the body. If the abnormal rate and mode of motion from the body indicate tuberculosis, then the rate and mode of motion from the dark-room ruby lamp will so neutralize that abnormal energy as to allow the magnetic-meridian energy to act upon the body as if it were normal.

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My screens ar made of specially prepared and framed silks or linen and ar trademarkt "*Valens Chromatic Screens.*"

The screens which I hav found to be true for radiating light thru, I hav designated by letters and numbers, becaus the names of colors ar arbitrary. Thus *A-Chromatic Screen* diagnoses tuberculosis; *B*, cancer; *C*, syphilis and auto-intoxication; *D*, gonorrhea; *E*, jaundis; *F*, malaria; *G*, grip; *H*, neurotic conditions; *105*, epilepsy; *106*, tonsilitis, etc.

Thus, if a person hav an *A-MM VR*, it indicates that his sympathetic-vagal reflex is elicited by shedding light from the *A*-screen upon his bared chest and face. If he hav a *D-MM VR*, it indicates that light radiated from the *D*-screen wil elicit the *MM VR*, which indicates gonorrhea, and so on.

This brief explanation wil giv a *slight* idea as to the scope of my Bio-Dynamo-Chromatic system of diagnosis. It is based entirely on nature's

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immutable laws and must consequently be true and infallible so far as the *system* goes. The technician may err, but the *system* never. "Practis makes perfect."

"Every great movement must experience three stages: viz., ridicule, discussion, adoption."—  
John Stewart Mills.

**"The secret of reform lies not in revolution,  
but in evolution—in unfolding along the axis of  
growth."**

## CHAPTER III

### *Gonorrhea—Specific Urethritis* (D-MM VR)

#### DISCUSSION

Owing to the fact that Gonorrhea is such a leading etiological factor in prostatic diseases, it is apropos to discuss gonorrhea at some length in this book.

It is generally considered that the gonococcus of Neisser is the indisputable diagnostic sign for gonorrhea. So firmly convinced is the physician, as well as the laity, that gonorrhea cannot exist unless the gonococcus of Neisser is visible under the microscope that many will even dispute the diagnosis of gonorrhea unless the diplococcus gonorrhea can be found. If a physician should tell his colleagues that the disease could exist when the specific organism could not be seen, he is looked at with

a scrutinizing eye as much as to say, "Hav you gone crazy?"

The standard textbooks tel us that gonorrhea is causd by the specific micro-organism known as the gonococcus of Neisser and that the diseas is markt by pain, ardor urinæ, and muco-purulent discharge, and that this micro-organism gains entrance to the genital mucus membrane mainly by sexual congress. They also tel us that gonorrhea may pass away without any serious result or it may become chronic and involv the sub-mucus tissue, producing stricture, gleet, etc. They say that gonorrhea is frequently attended with complications such as prostatitis, epididemitis, orchitis, cystitis, urethritis, and endo-carditis.

Authorities also tel us that this diseas is so common that familiarity with its variabl symptomatology can be taken for granted. Also that typical gonorrhea is a self-limited diseas and has a tendency toward complete recovery. They say that if gonorrhea is let alone it wil get wel of its own ac-

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cord the same as a cold in the head. Some go so far as to say that the unfortunate sequellæ of gonorrhea would not take place if the patient were let alone, while others say that there would be no bad after effects if the case were "properly treated."

In fact, owing to the prevalence of this terrible disease, many authorities say that 90% of all males have had it, have it, or will have it. They also say that at least 80% of all diseases peculiar to women are caused by gonorrhea.

Now, with all this knowledge, or supposed knowledge, at hand nothing seems to be done to lessen the prevalence of the disease. The public press is constantly waging war against the "great *white* plague, tuberculosis." But hardly ever is a word said about the prevalence of the "great *black* plague" which no doubt has caused, is causing, and will cause more destruction to human life and its possibilities than any other disease ever known. Why is this state of affairs? Why are the young not educated along

such lines as to make them aware of the great human ulcer that is killing or crippling more people than all the wars combined?

Fellow physicians, is not the blame in a great measure to be laid at our doors? How many, when a case of gonorrhea presents itself, tell the young man the great danger that he has run, just what consequences this disease may bring forth, and that it is his duty to tell his comrades of the danger so they will not fall into the same error? On the other hand, how many are guilty of telling the young man that "gonorrhea is nothing," "every young man has it," "it is no worse than an ordinary cold," or something to that effect? How many are guilty of saying, "You are up against it, but it is nothing. Forget it." How many are guilty of telling young women that they must not expect to marry a man who has not had gonorrhea because they have all had it?

Are we doing right in dealing with this *great black plague*? Because some



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may have been at some time contaminated with this dread disease, why should they make light of it? Why should we not teach the young man, as far as it comes within our province, to steer clear of the prostitute? Why should we not be the ones to point out to young men the dangers of promiscuous sexual intercourse?

We should not say it is the parents' place to teach the child. We know it is, but many of the parents do not realize the danger of this terrible disease. Many a father, altho he has had it himself, makes light of it and takes it for granted that his sons will have it, but "get over it" the same as they would from an "ordinary cold." At the same time this father's wife, the mother of his children, may be dragging out a miserable existence because of the very disease that he, thru ignorance, has carried to her and about which he is making light.

We should not say it is the place of the clergy to teach these facts to the young man because, as a rule, the

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clergy ar not bold enuf to come out and talk as they should against this evil. They wil teach the young man that he is liabl to "go to hel" if he is "immoral," but they do not tel him that the greatest hel is liabl to be the "*great black plague.*"

The young peopl nowadays ar not very much imprest with the "old fashiond hel" but if they ar told that they must suffer bodily injury and that injury wil be handed to their wife and children, they wil take an entirely different view of the matter.

We all know that a vast number of innocent wives ar made invalids thru the effects of this terribl diseas which is given them by their husbands who hav been told they wer "cured" and no future danger existed. How can we fail to tel these facts to the young man who comes to us suffering from this diseas? Would it not be a thousand times better to tel the *wel* young man so that he may gard himself against this awful scourge?

From my experience in diagnosing

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by means of the Bio-Dynamo-Chromatic method, I am prepared to say definitely that *many a case of gonorrhea exists without any micro-organism, call'd the specific gonorrheal micro-organisms, being found.*

That the principal caus of gonorrhea is sexual intercourse with one who has the disease, there is no doubt, but I believe this disease is carried in other ways as much as syphilis is. I believe that a person contaminated with the excretions from a mucus membrane diseased by gonorrheal infection can directly or indirectly infect another person. My belief is based on the fact that some very young children, even girls, give the gonorrheal reflex when tested by this most delicate system, and it is morally certain that they have not been contaminated by sexual contact. Time proved that these young people who gave this reflex for gonorrhea, without any known cause for having it, did have gonorrheal infection.

It need not be a specific urethritis nor in fact any infection about the

generativ organs, but it may show itself in the joints, in the hart or in some other manner. When this disease affects the urinary tract, the specific organism known as the gonococcus of Neisser is usually found, but the question arises, "What caused this gonococcus?" *Is it the cause or the effect?"* Personally I do not know. My findings go to show that gonorrhea infection is the worst of all infections, yet it is hardly ever mentioned in the public press. From the fact that innocent people can be infected by it much more easily than they can be with tuberculosis, why should not every case of gonorrhea be segregated just as much as any other infectious disease? If every young man knew that if he had gonorrhea he would have to be segregated until all known possibility of infection had passed, he would not take a chance of becoming infected. No doubt some innocent people would be segregated also, but would it not be better in the long run that such be the case than to have "90% of

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all males'' (and may be as many females) infected by this disease?

At the present time there is no method whereby we can tell whether a person be cured of gonorrhea or not except by the Bio-Dynamo-Chromatic method. If you do not believe that the B-D-C method can tell this, so much the worse. You will then have to say that there is no known method of determining whether gonorrhea is cured or not. Having these facts in mind, how can doctors tell a young man that it is safe for him to get married after he has once had gonorrhea? They must admit that they are perpetrating a crime, and I might say a felony, to tell a young man it is safe for him to get married after he has had gonorrhea in the sexual organs.

Let me repeat this in other words. The majority of you will admit that you do not know whether a person is cured of gonorrhea or not. If you say you know, how do you know? *You have no reliable way of knowing by any of the laboratory methods.* Then,

what right hav you to tel a young man to get married? I say that you hav no right, according to your own admission, to tel a young man that he is "safe." After much experience, I am very sure that no person can hav any taint of gonorrhea without the Bio-Dynamo-Chromatic method showing it. This is the one hope that I can giv physicians who wish to advize their patients conscientiously on this vital subject.

All the users of the B-D-C method of diagnosis find many peopl suffering with gonorrhea in some form who ar being treated for all sorts of other complaints. It is for that reason that I am imprest with the fact that the *great black plague* is blacker than it has ever been pictured. It is becaus of the fact that *I know that I know* that the majority of men who hav been infected with gonorrhea hav not been cured and that they ar capabl of infecting their wives that I urge you to impress upon every young man who comes into your offis the harm

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that may come from this disease. Do not wait until he has become infected before telling him of the danger. Tell him that there is only one way of stamping out this disease and that is to shun the lewd woman as he would shun a gila monster, or any other deadly reptile.

Take the matter home to yourself. Suppose your adored daughter, pure and healthy, marries a young man who has all the appearances of a clean, upright, honest man. Suppose that after a few months of married life you see signs of failing health. Your trained eye tells you that the *great black plague* has taken hold of her. How would you feel? And it does not end there. Her child can also inherit a weakened constitution, if nothing more, because of this diseased condition which makes the horror of the *great black plague* all the more terrible.

We physicians are impressed with the fact that we must treat the eyes of all newborn babes so as to prevent any possible conjunctival infection from

gonorrhea, but is the conjunctiva the only mucus membrane or part of the body that can be infected by a vagina contaminated with gonorrhea? Whether it show in the babe as a gonorrheal infection or not, I believe that the child is liable to be injured in some way by being born from a woman with gonorrhea.

*The majority of all cases of sterility in the female as well as in the male, is caused by gonorrhea.*

I shall give enough cases diagnosed by the Bio-Dynamo-Chromatic method as being gonorrheal to emphasize the importance of correctly diagnosing this so-called "social disease"—the *great black plague*.

## DIAGNOSIS OF GONORRHEA

A person suffering from gonorrhea, whether it be from an old or recent infection, whether infected thru the urinary tract or elsewhere, will not give a normal MM VR. He will give a D-MM VR. No other disease will give this D-MM VR. Therefore when a



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patient gives a *D-MM VR*, I *know* that he is affected with gonorrhea in some form.

All users of the *B-D-C* method of diagnosis are accustomed, or must become accustomed, to disputes arising if they tell a patient that they have gonorrheal infection, especially if no so-called causative micro-organisms can be found. Very often by massaging the prostate, or by some other method, we can convince the most skeptical that the diagnosis of gonorrhea is correct, but whether we can convince them or not does not matter. *Denying a fact does not make it less true.*

### TREATMENT OF GONORRHEA

The treatment for gonorrhea is identical with that for prostatic diseases. Therefore when a man is being treated for one, he is also being treated for the other and even if in doubt as to the diagnosis, you would be on the safe side in your treatment.

That this method of treatment will cure acute gonorrhea in every instance,

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and wil *cure* the majority of cases of chronic gonorrhea, needs no discussion becaus I hav such an abundant amount of evidence that the system is true and wil do what I claim for it.

This method of treatment is illustrated in Figs. 20, 29, 30, 31, 32, etc.

The object of this treatment is to produce a profound hyperemia and thereby reduce inflammation within. This method is so much superior to any of the high-frequency current methods or static electricity methods that I do not consider them worthy of mentioning.

*The using of any glass vacuum electrode thru the penis I consider a criminal procedure.* My reason is that no glass vacuum electrode can be guaranteed not to explode. We hav reports from several physicians who hav had these vacuum electrodes explode in the penis, and it has resulted in great mutilation of the organ.

I know that many ardent advocates of high-frequency electricity wil say they never had a glass vacuum elec-

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trode explode and never herd of such an occurrence. I can only say that such persons ar not wel posted.

Others wil say that if an electrode exploded, it was becaus the user did not know how to use it. My anser to this is that the person who says that is ignorant of what he is saying. It requires no discussion. If glass when not in use wil explode from what is known as "self destruction," why is it not logical to think that it might explode when in use in the urethra or rectum or elsewhere?

When a person has become accus-tomd to the methods outlined in this book for treating gonorrhea, prostatic diseas, and rectal diseas, he wil see that there is no legitimate use for glass electrodes in any cavity becaus everything can be done better without them. I formerly used all kinds of electrodes and high-frequency outfits of all makes, including static electric-ity, but hav abandond them entirely becaus I now *know* that I hav a safer and better method.

Many physicians put in high-frequency or static outfits just because some agent induces them to, and they do not know very much about the modalities until the agent teaches them. I do not say that there is no efficacy in high-frequency or static electricity, but I do say that powerful light energy and the methods outlined in this book are far more potent for the conditions under discussion than any high-frequency or static electrical modalities known.

*Do not use any injections for treating acute or chronic gonorrhea.* The terrible state of affairs that we find among men who have had gonorrhea, seems to have been caused principally by urethral injections. If any injections at all are used because of inability to use radiant light energy, I would recommend only non-irritating, colloidal silver preparations. There are some other non-irritating, powerful, antiseptic preparations made, but owing to the uncertainty of obtaining the correct chemical or drug, I have

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come to the conclusion that the colloidal silver preparations are the safest.

Nearly every one of the other chemicals used for this purpose have an irritating effect upon the mucus membrane, and that is the beginning of strictures, and along with the strictures the crowding backward of the infection until it reaches the posterior urethra and the prostate.

When once the gonorrheal infection has reached the prostate, there is no telling when it will ever be eradicated. The method outlined in this book is the only one that I know of that has proved effectual. Scores of cases in which the primary infection occurred fifty years previous to examination have apparently been cured after a few months of persistent treatment along the lines set forth in this book.

By means of the Bio-Dynamo-Chromatic test, one can be *sure* whether the case be cured or not, because until the gonorrheal toxemia is entirely eradicated from the system, the *D-MM VR* will be elicited. When, however,

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the gonorrheal toxemia is entirely eradicated from the system, the *D-MM VR* cannot be obtained.

I have found that it is possible to *cure* any case of acute gonorrhea and also chronic gonorrhea without passing anything into the urethra. The urethral membrane is very delicate and easily injured and it should be our aim to treat it indirectly.

If there be any strictures, they can usually be sufficiently eradicated by means of the powerful light, as described in the following pages. In extreme cases they can be helped by using dilating olivs, using negativ electricity.\*

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\*Electro-Therapeutic Practice, by Chas S. Nelswanger, M. D. gives a thoro treatise on the use of galvanism. Every electro-therapeutist should own a copy of the 19th Edition. Published by McIntosh Battery & Optical Co., Chicago, Ill.

## CHAPTER IV

### *Syphilis* (C-MM VR)

Syphilis is another one of the diseases that is very often the cause of prostatic diseases as well as impotency. In this work I cannot go into any extended discussion as to the treatment of syphilis, but I want to say something regarding the Bio-Dynamo-Chromatic method of diagnosing it.

The popular idea that the Wassermann test is *the* test for syphilis has been brought about by so-called ethical advertising and shrewd publicity methods. It is a disgrace that the medical profession could have been so hoodwinked into believing that the Wassermann test was at all reliable. Those who have used the Wassermann test honestly and have had every facility for carrying on the work, tell me that

if 15% of their findings ar true, they think they ar fortunate.

I do not think there is any wel informd physician at the present time but knows that the Wassermann test is a gigantic humbug. Yet, becaus the public has been educated to the point of believing that the Wassermann test is the *only* test, many of the boards of helth and state helth commissions use this test and recommend it to the peopl. Trying to blind the eyes of the public so they wil not see the errors in the laboratory system of diagnosing diseas, cannot go on indefinitely. The peopl ar waking up and ar placing less and less dependence upon all manner of diagnoses, just becaus great humbugs like the Wassermann test ar held up by the "authorities" as being *the* ones to rely upon.

No other diseas that we know anything about is diagnosed in such a reckless manner as syphilis.

There ar various other blood tests allied to the Wassermann test, which ar said to be improvements, but they



are no more reliable than the Wassermann.

I believe all the laboratory blood tests for syphilis, including the dry blood samples on blotting paper, muslin or other material, are gigantic frauds. The fraud is all the more gigantic because so much depends upon the diagnosis of syphilis.

In this book I shall relate in some of the clinical cases instances to prove every word that I say.

Many a man, who knows he has had syphilis, has been to the best syphilologists to be found and obtained a clean bill of health for marriage. He finds later that he has been deceived and that if his wife had not contracted syphilis from him, his offspring had. The responsibility that rests upon a physician when consulted as to the health of a syphilitic party to marriage is greater than can be imagined. We all know that syphilis is one of those diseases that is handed down from generation to generation. A physician can be guilty of no greater crime than

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to pass on a man or woman as being free from syphilis when they know the person has had it.

It was because I knew that there was no reliable test for syphilis that I worked so hard to find a test that could be depended upon. My B-D-C system will diagnose syphilis in every instance, and the test is as true as gravitation.

The screen that diagnoses syphilis is also reacted upon by auto-intoxication, but as there is no case of syphilis without auto-intoxication it is impossible to have a screen for syphilis alone. My method of differentiating syphilis from auto-intoxication is to put the patient on a suitable diet or fast, clear the bowels, and put them in as first-class condition as possible. If, after two or three weeks, they still give a reflex for syphilis, I am sure they have it. That is, *any case of auto-intoxication that cannot be cleared up can be diagnosed as syphilis, when reacting to the syphilitic screen.*

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### TREATMENT

I can only touch lightly upon the treatment of syphilis, but inasmuch as it is such an important etiological factor in prostatic diseases, I will outline the system that I employ and which I have found to be as good as any and in many cases better.

The popular method of treating is by mercury in some form and potassium iodid. Some use the mixt treatment. Just how much lasting good the mercury treatment gives, I am not prepared to say. Personally I do not use mercury to any extent, but I think that iodine medication and sulfur medication are great adjuncts in treating this disease.\*

Probably *Echinacea Chromat*† is one of our best internal remedies for syphilis. One great advantage it has is that it does not produce any untoward results.

*Regulation of the diet for syphilis is probably of more importance than*

\*Iodine and Sulfur Medication, see Chapter V.

†Regent Drug Co., Detroit, Mich.

*any other one measure. That is discussed in chapter on Dietetics and Hygiene.*

Powerful radiant light therapy, using the radiations from the 3,000 c. p. lamp in combination with the quartz light, is of paramount importance in treating syphilis. Electric-light baths so given as to sweat the patient well at a temperature less than 100° F. is a great adjunct.\* To these I add oxygen-vapor therapy and the B-D-C treatment as outlined in the Seventh Edition of my Lecture Course to Physicians.

Salversan is used by many for treating syphilis, but I believe of all the imported devices, concoctions or chemicals for treating syphilis, salversan has been one of the greatest humbugs. I have had an opportunity to watch the use of this drug ever since it was so widely "ethically" advertised in America. Some of those who were formerly its greatest exponents now tell me that they would give anything if

\*Such Electric Bath Cabinets are made by Burdick Cabinet Co., Milton, Wis.

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they could rectify their error. Old users of this drug tel me that at first the patient *appears* to be greatly improved but that later, sometimes several years after the treatment, new symptoms of syphilis return and in a greatly aggravated form.

Salversan has been most adroitly advertized thruout the world, and the makers of it hav reapt a great fortune, but the victims of salversan ar innumerabl. Why so-cald ethical physicians and helth boards wil continue to use such a drug as salversan, remains to be explaind.

In this connection I might say that if an American physician gets out any secret formula and tries to advertize it among his own peopl, he is immediately branded by the "ethicals" as a quack. Yet some foreners, who perhaps ar really enemies to America, under the guise of "scientific information," wil flood this country with their advertizing in exploiting some of these concoctions, and these same

“ethicals” wil use their product and help to exploit it.

At the present time substitutes for salversan ar being manufactured, but from my findings and from those of many of my associates, the American made product is not a whit better than the foren product.

My experience, and that of others working along new and original lines, shows that every case of syphilis, the symptoms of which hav been maskt by the use of salversan, wil in due time exhibit symptoms far worse than those the patient had when first treated with salversan. *Taking down the red flag does not make the right of way safe.* Masking the symptoms without eradicating the diseas, is one of the greatest errors in therapeutics.

Another great error is the systematic drugging with drugs, the effect of which, is worse than the original diseas.

## CHAPTER V

### *Iodin Therapy and Sulfur Therapy*

Before taking up the new and original methods for treating prostatic diseases and impotency, I think it is best to go into the medication, especially the use of iodine. Furthermore, inasmuch as any concomitant, systemic diseases must be treated intelligently when treating prostatic diseases or impotency, I shall quote pp. 767-770 inclusively from the Seventh Edition of my Lecture Course to Physicians on Iodin Therapy and Sulfur Therapy.

In all cases of gonorrhea or syphilis or tuberculosis, I use iodine therapy, and in all cases of syphilis I also employ sulfur therapy as here outlined.

#### *Iodin Therapy*

##### EXTERNAL USE

While treating a young lady for incipient tuberculosis, I discovered what

was to me something new regarding the action of iodine. Since writing on this subject, I have been told by old practitioners that they have used similar methods for years with very good results, but said nothing about it.

Altho I had used radiations from the powerful incandescent lamp along with oxygen vapor and the B-D-C therapy for the patient above referred to, her appetite did not improve. I never force a patient to eat, but try to *increase the appetite* and in that way make them call for food. I believe this is the rational way of feeding.

This lady had to force herself to eat as much as she thought she should. Taking a cue from some of my other work, I began rubbing soluble, stainless iodine over her chest, breasts, and abdomen. (In this case I used Ung. Iodi, M & J, sold under the name of Iodex.) I then allowed the radiations from the powerful lamp to fall on the anointed surface for about 20 minutes. I gave her no suggestion as to why I did this. The third day after the first applica-



### *Prostatic Disease and Impotency*

tion, she remarkt that she was so hungry that it seemd as if she could not get enuf to eat, and she had not had such an appetite before in five years.

I continued using iodox in this manner for several weeks and her ravenous appetite continued. Her stomach was in fine condition and she was abl to digest almost any kind of food that I wisht to prescribe. Altho this treatment was given some years ago, this patient has not lost her appetite and is entirely wel from tuberculosis.

I hav used this same method on a great many patients since, and almost always notis this increas of appetite after using the iodox. It is wel to allow the radiations from the 3,000 candle-power lamp to fall upon the body for about five minutes before putting the iodox on. Then anoint the part and massage the iodox into the skin under the rays of the powerful light until the black color of the ointment has entirely disappeard. After that I allow the light to radiate over

### *New and Original Methods of Treatment*

the anointed part for from 10 to 30 minutes, depending upon the case.

I know that the ointment on the skin wil prevent some of the light from penetrating, yet from practical experience, it has no special bearing. This might seem to be a bad procedure, but it is not. *It is the practical clinical results that should be observed.*

#### INTERNAL USE

Having had such remarkably good results from using solubl iodin externally, it occurd to me that it might be beneficial to use it internally for tuberculosis, syphilis, gonorrhea, and other constitutional intoxications. I used to giv potassium iodid simply for the effects of the iodin, but owing to the irritating effect of the potassium, which I knew was detrimental, I abandond its use. Other iodin salts hav the same drawback. The following method of administering iodin internally I hav found to be very satisfactory.

I dissolv one ounce of pure crystals of iodin in 16 ozs. of alcohol. The

### *Prostatic Disease and Impotency*

patient begins with 3 drops of this mixture in a glass of milk three times daily, eating it with a spoon *between* meals or at least two hours before or after each meal. The reason for this is that the iodine must not be mixed with starches.

Increase the dose one drop daily until 10 to 20 drops are taken three times daily. For a young person, probably 10 drops is the maximum, but for an adult, where we wish to get a good iodine effect, 20 drops are better.

After the patient has reached the 10, 15, or 20-drop-maximum dose, I have them continue at that maximum dose for three weeks, after which they discontinue it entirely for three days. Then they begin again with 3 drops three times daily and repeat the procedure.

Another preparation of iodine which can be used in water as well as in milk is Soluble Iodine—Keysall, manufactured by the Keysall Chemical Co. of Kansas City, Mo. I prescribe quantities of this preparation, as I think in

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some respects it is superior to the iodine and alcohol mixture above described.

Burnham's Solubl Iodin, manufactured by the Burnham Solubl Iodin Co. of Auburndale, Mass., is also a dependable solubl iodine preparation suitable for internal use.

Another solubl iodine preparation put in capsules is sold under the name of Siomine. This is a red iodine powder which is a periodide of hexamethylenetetramine made by Howard-Holt Co., Cedar Rapids, Iowa.

After giving iodine either externally or internally, the pulse must be watched. If the pulse is accelerated, the iodine must be immediately discontinued, but if the pulse is not accelerated, the treatment can be given for several months, depending upon the condition for which it is used.

I employ iodine therapy for cancer, tuberculosis, syphilis, gonorrhea, hyposecretion of the thyroid, which is found in some conditions of goiter, and many other forms of malnutri-

## *Prostatic Disease and Impotency*

tion and faulty metabolism. For high blood pressure and aneurism it is also very beneficial.

Iodin therapy as above outlined seems to go hand in hand with oxygen-vapor therapy. The combination of the two seems to be ideal for rectifying faulty metabolism, and this is especially true in tuberculosis, cancer, syphilis and gonorrheal infections or their sequellæ.

The following is taken from some recent medical literature. Altho I have never given more than about fifty drops of the English tincture of iodine daily, I quote this to show what others are doing with this same treatment.

“Boudreau’s endorsement of iodine internally as a potent means of hastening restoration of living tissues has been mentioned in recent medical literature.

“Iodin internally has been found particularly useful in pulmonary tuberculosis to promote rapid repair, and he here announces with special stress that injury from asphyxiating

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gases calls for iodine internally. He gives the iodine in the form of the tincture. (The French tincture is the one meant. One part of iodine dissolved in 12 parts of 90% alcohol.) A drop or two of the tincture is added to each glass of water, milk, tea or other beverage taken during the day so that from five to seven doses are thus taken daily. The dose is increased by one drop each day until some of his patients reach 300, 400 or even 600 drops a day, and keep this up a long time. 'This disease does not sleep or rest, and the treatment should be correspondingly continuous.' The lungs suffer from intoxication with gases, industrial or military, and this intensive treatment is a potent aid in the recuperation of the lung tissue."

### **IODEX CUM METHYL SALICYLATE**

The manufacturers of iodox have put on the market a preparation of iodox along with methyl salicylate, which is a very valuable *alterativ analgesic*. I have found it especially beneficial,

## *Prostatic Diseases and Impotency*

whether used alone or in conjunction with powerful radiant light energy, in arthritis, lumbago, myalgia, neuralgia, reumatoid arthritis, sciatica, and tabetic lightning pains.

The inunction of methyl salicylate in this manner is not attended by any gastric derangements. Neither have I ever seen any cardiac depression following its use. This cannot be said of the use of sodium salicylate when taken by the mouth. The theory of this is that the methyl salicylate finds its way into the circulation by means of osmosis and forms sodium salicylate, which no doubt is one of our best internal remedies for all "rheumatic conditions."

## *Sulfur Therapy*

If I find sulfur indicated, which happens in very many instances, especially in syphilis, there is a method which I have found most effectual. I do not know what name to give this method except *absorption thru the skin*. I use precipitated sulfur, or

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sublimed sulfur, and put it into an ordinary pepper shaker. Hav the patient shake a littl of this into the shoes every morning before putting them on. Within thirty days you wil hav indications that the system is thoroly saturated with the element. If the patient wears rings or earrings, tel her that they wil become black. While giving this treatment, I always advize the use of a magnesium-sulfate purge once a week. Sometimes the itching, dryness and eruption of the skin wil show that the sulfur is taking hold within a week, but I hav never known it to take more than four weeks. It depends a good deal upon the skin of the patient.

This method may seem crude, but try it before passing an opinion on it. It is certainly better than giving sulfur thru the stomach, and as it is taken up so slowly, we get a profound sulfur effect in the system. As soon as the patient complains of much pruritus, stop the drug. Sometimes an erly morning diarrhea wil indicate that



### *Prostatic Diseases and Impotency*

the sulfur has impregnated the whole system.

I often use this sulfur treatment as an adjunct to the cure of any skin diseases, especially where there are burning and itching connected with it. Always bear it in mind when treating *any* skin diseases.

For treating syphilis, this sulfur medication is a very valuable adjunct.

Better be ahead of your time than behind—in  
deeds as well as for a train.

**There is more room in the world for originality  
than for anything else.**

## CHAPTER VI

### *The Physical Modalities Used in My New and Original Methods of Treating Prostatic Diseases and Impotency*

Some of the physical modalities that I have found by actual experience to be best adapted for treating Prostatic Diseases and Impotency are the pulsoidal current, powerful radiant light energy (incandescent and actinic combined), posture, rectal dilatation, and exercise.

#### THE PULSOIDAL CURRENT

For several years I have been experimenting with the *rapid sine wave* or the regular alternating current used in a manner which, as far as I know, is original with me. I used to put a hand interrupter (Fig. 4) in series with one of my conducting

cords and hold that in one hand and take hold of the patient's pulse with the other hand. I would make and break the current *synchronously with the hart beat*. This I hav described in some of my writings and lectures as "*stimulation synchronous with the hart beat*" or intermittent energy synchronous with the hart beat. When giving this form of treatment to a person



Fig. 4. Hand Interrupter that I used to use to make and break the rapid sine-wave current.

with tachycardia, my hand became so tired that I could not carry on the experiment in the manner I wisht.

I then took a Maelzel metronome and so arranged it as to make and break the current at any speed I desired. (Fig. 5). By watching the contraction of the muscls, I observd what I wrote about years ago—that the large muscls did not hav time to go

## Prostatic Diseases and Impotency

back to rest while being stimulated at a rapid rate.

I then began experimenting with the *respiration as a basis of speed* for

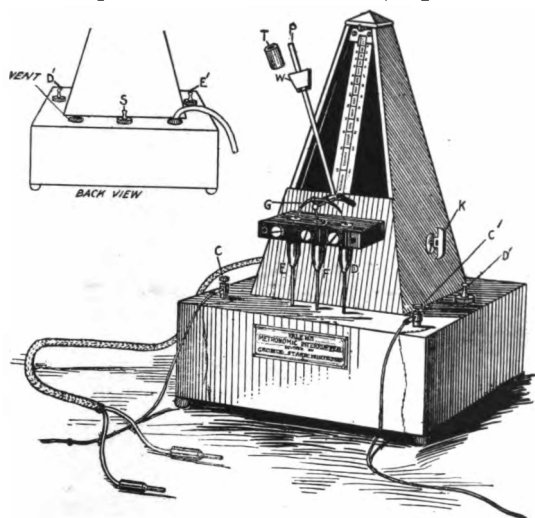


Fig. 5. Valens Metronomic Interrupter, Style D, for producing the Pulsoidal Current. It is fully described in the text.

the making and breaking of the stimulating current. Taking my cue from the normal rate of the hart beat in proportion to the respiration (the

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physiologic rythm), that is, four to one, I would ascertain the respiration

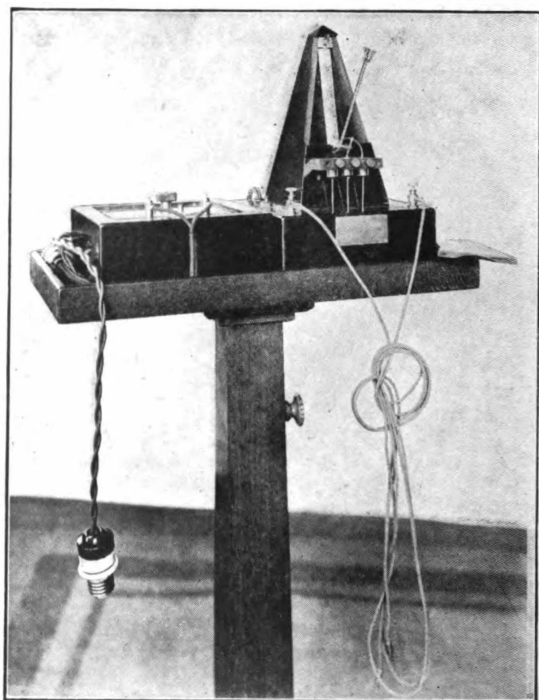


Fig. 6. Valens Metronomic Interrupter with "Sinustat" Current Controller, all mounted on an adjustabl pedestal.

## *Prostatic Diseases and Impotency*

of the patient and set the oscillating rod on the metronome to four times that of the respiration. I immediately found that I was obtaining re-

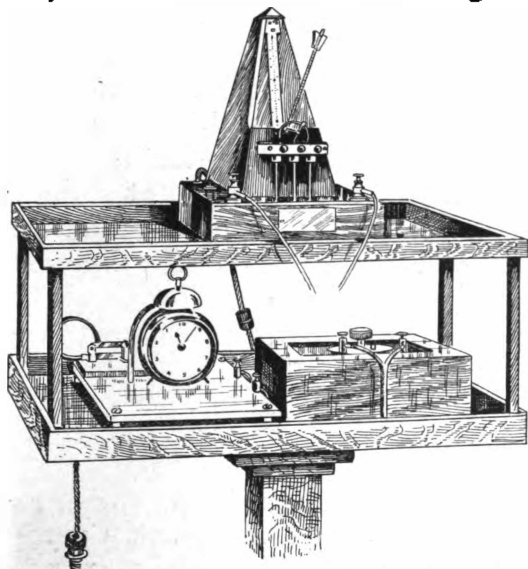


Fig. 7. Valens Metronomic Interrupter, "Sinu-stat" Current Controller and "Victor" Time Switch, all mounted on an adjustable pedestal.

sults that I had never been able to obtain with any other method of spinal stimulation.

## *New and Original Methods of Treatment*

I then began using the same current interrupter in like manner for vaginal and rectal treatments, and found that for treating these parts I obtained therapeutic results in a very short time and more effectually than by any other method I had ever used.

When I looked into this more thoroughly, I found that my interrupter was so arranged that one beat made a longer electrical contact than the other. I then tried making the intervals between the contacts equal, but did not obtain the same results as when the intervals of stimulation were uneven.

Inasmuch as I used the rapid sinusoidal current, or alternating current, and interrupted this current at the rate of the *normal* pulse, I named this current the *Pulsoidal Current*.

*The term, Pulsoidal Current, therefore implies a rapid-sine current, or an alternating current, irregularly broken in cycles of four attacks to each respiration.*



## *Prostatic Disease and Impotency*

Insted of using four attacks to each cycl, two attacks can be made under certain conditions. This cycl stimulation is grafically shown in Fig. 8.

(For an extended treatis on the use of the Pulsoidal Current in all conditions where stimulation is indicated, see Seventh Edition of my Lecture Course to Physicians.)

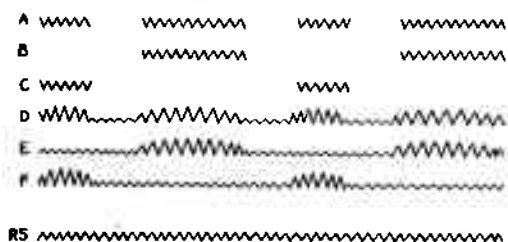


Fig. 8. Grafic representation of modes obtaind from Valens Metronomic Interrupter. They ar described in the text. RS represents the rapid-sine wave current not interrupted.

### *The Action of the Pulsoidal Current*

By referring to Fig. 8, it wil be seen that six different modalities can be obtaind from the Metronomic Interrupter that I have devized. This Fig. 8, grafically illustrates the modes

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obtained by passing the rapid sine, or alternating current, thru the instrument. That is the current that I use in treating prostatic diseases.

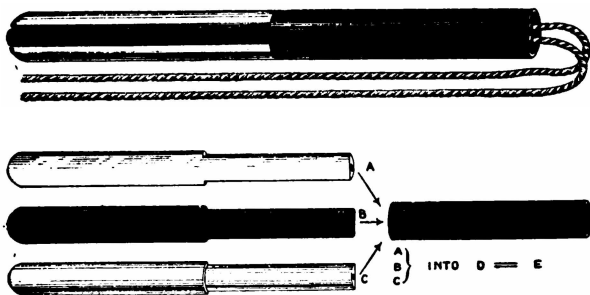


Fig. 9. Dr. George Starr White's Bi-Polar Rectal Electrode manufactured by McIntosh Battery & Optical Co., Chicago. This electrode I designed for the Pulsoidal Current, but it has been found to possess other usefulness.

This electrode connected with the sinusoidal current affords powerful stimulation of the sacral sympathetic ganglia. It is invaluable in many pelvic disorders which are due to loss of tone of the sympathetic nervous system, such as constipation and allied conditions, uterin displacement, prostatic trouble, enteroptosis, etc.

With this electrode the effects peculiar to "Orificial Surgery," such as flushing of the capillaries, are readily obtained by means of either the slow sinusoidal or the intermittent rapid sinusoidal current.

The electrode comes apart for sterilizing, the cut showing manner in which it is re-assembled.

## *Prostatic Diseases and Impotency*

In a 60-cycle alternating current, the alternations number 7,200 a minute. The muscles have not time to go back to rest between each one of these alternations. By referring to Mode A, Fig. 8, it will be seen that the alternating current is broken up irregularly, and the stimulation and alternating contraction and relaxation given to muscles are most marked.

Fig. 9, shows my specially devised rectal electrode. The metal parts are opposite each other. Therefore, by placing this electrode in the rectum so that one metal part is directed toward the coccyx, the other must be directed toward the prostate. When the alternating current is passed through this electrode when it is in the rectum as above described, and the current is broken up in the manner depicted, vigorous contractions take place in the prostate. These contractions can be made as strong as the patient can endure. With each contraction, the musculature of the prostate is brot

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into action, and littl by littl the congested organ is brot back to its normal condition.

This current not only massages the prostate, but brings about a normal tone to the muscls. While this therapeutic action is going on in the prostate the rectum is also getting an alternate contraction and relaxation and stimulation which has a beneficial effect thruout the entire alimentary tract.

Altho I hav used all kinds of rectal electrodes and hav had specially made all sizes and shapes for this treatment, I hav found nothing that can compare with this bi-polar rectal electrode.

Inasmuch as the Pulsoidal Current is such an important factor in the treatment of prostatic diseas and impotency, it is apropos that I should describe the Metronomic Interrupter that I hav devized and found to be so fenomenally successful in the treating of this condition.

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### *Valens Metronomic Interrupter*

The Metronomic Interrupter that I devised and perfected I have designated the *Valens Metronomic Interrupter*, and it is shown in Fig. 5. The apparatus is made of birch mahogany, piano finish. The mercury dip platform is made of polisht fiber.

*H* represents the cord and receiving or feeding conductor to the instrument. The current passes into the back of the base and is carried to the mercury dip-wels *E*, *F* and *D*.

*F* is continually in contact with the walking beam *G* while *E* and *D* are in contact only when the pendulum *P* oscillates.

*K* is the key which winds up the clock movement which causes the pendulum to oscillate. One winding will run the mechanism for about thirty minutes.

*C*, *C*, are the binding posts to which the patient terminals or cords are attached.

*T* is a little piece of rubber tubing or other material which, when placed

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over the pendulum, *P*, holds one side of the walking beam in contact with the mercury and thereby allows the uninterrupted current to pass thru it. This is used when one wants to dissipate a reflex or cause relaxation; e.g., when inserting the rectal electrode or ascertaining the amount of current the patient can comfortably take.

*W* is the weight that can be moved up and down on the pendulum, and regulates the intervals of the oscillation.

Back of this pendulum is a graduated scale marked off in numbers, representing the beats to each minute. The walking beam that enters the mercury dip-cup *E* is a little shorter than that which enters the mercury dip-cup *D*.

The plunger-switch *E'* cuts out or puts in the mercury dip-wel *E*.

The plunger-switch *D'* cuts out or puts in the mercury dip-wel *D*.

These mercury dip-wels are filled with mercury up to within about

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1/32" of the top. The top is so arranged that the mercury will not spill under ordinary conditions.

Connecting rods go from the mercury dip-wels, *E*, *F* and *D* to flexible connections within the base, so that these mercury dip-wels may be lowered or raised to make the length of the stimulation as much or as little as one may desire. For example, if the mercury dip-wel is elevated, the walking beam contact will be just so much longer in the mercury. If the dip-wel is lowered, the duration of the stimulation will be just so much less.

Plunger switch *S* controls the condenser in the base of this instrument so that the current may be past through this condenser and produce a very peculiar and stimulating modality, as depicted in *D*, *E* and *F* of Fig. 8.

If we wish to use only the mercury dip-wel *E* for any special condition, we would raise the plunger switch *D'*, which would cut out the mercury dip-wel *D*. On the other hand, should we wish to use only the mercury dip-wel

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*D*, we would raise the plunger-switch *E'* and thus cut out the mercury dip-wel *E*.

The mode that we use most is that represented in *A*, Fig. 8, and is produced by having both plunger switches *D'* and *E'* down, that is, "On."



Fig. 10. The No. 1 "Sinustat" Sinusoidal Current Controller, manufactured by Ultima Physical Appliance Co., Chicago.

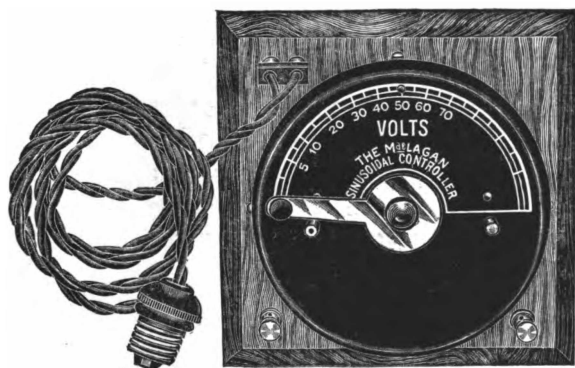
## *The Current Controller or Reostat*

The current must only be taken from the wall plate or other generator, or from the alternating current main line and past thru a current controller or reostat before it is past to the patient.



## *Prostatic Disease and Impotency*

For this purpose any reliable controller will answer. The simplest and most practical are probably the No. 1 Sinustat Sinusoidal Current Controller illustrated in Fig. 10, or the MacLagan Sinusoidal Current Controller illustrated in Fig. 11.



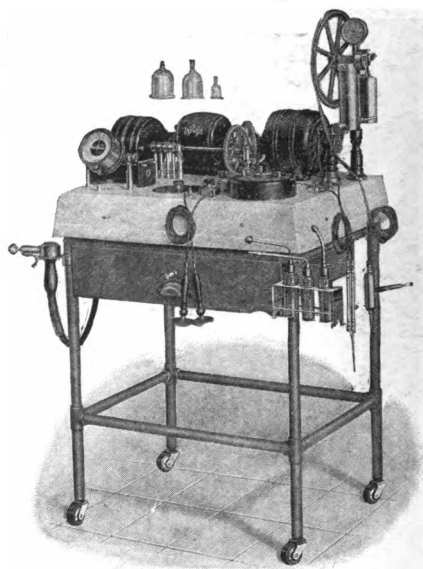
**Fig. 11. The MacLagan Sinusoidal Current Controller manufactured by McIntosh Battery & Optical Co., Chicago.**

If a physician has a wall plate with a reostat in it, that can be used. In fact, any device for controlling the rapid sine or alternating current

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from one volt up to 70 or 100 will answer the purpose.

Personally I use the controller on the Universalmode shown in Fig. 12, as well as the No. 1 Sinustat (Fig. 10) and the MacLagan Controller (Fig. 11).



**Fig. 12. McIntosh Universalmode manufactured by McIntosh Battery & Optical Co., Chicago.**

## *Prostatic Diseases and Impotency*

The current can also be taken from the rapid-sine switch of the Victor Multiplex, shown in Fig. 14.

Fig. 6 shows the No. 1 Sinustat Controller in a specially designed case

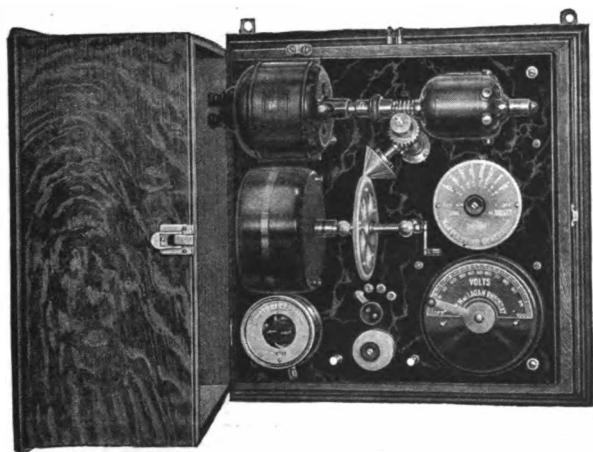


Fig. 13. McIntosh No. 4 Polysine manufactured by McIntosh Battery and Optical Co., Chicago.

to harmonize with the Metronomic Interrupter. Fig. 7 shows one of the combinations that I use in my office, and it is unique in the fact that the

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current is past thru a time knife-switch as it passes to the controller. As explained later, such a time-switch is of great importance, especially when treating several persons at one time.

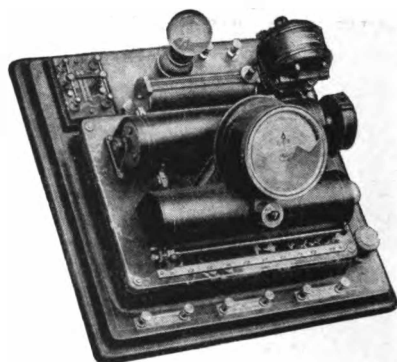


Fig. 14. Victor Multiplex Sinusoidal Apparatus. The current can be taken from the "Rapid Sinusoidal" posts of this outfit and carried to the Valens Metronomic Interrupter and control by the slide controller of the "Multiplex."

### *Methods of Using Valens Metronomic Interrupter*

The method of procedure is to ascertain the rate of respiration of the

## *Prostatic Disease and Impotency*

patient, multiply that by four and set the weight of the pendulum opposite that number. For example, if the respiration is 18, set the metronome to oscillate at the rate of 72 beats to the minute.

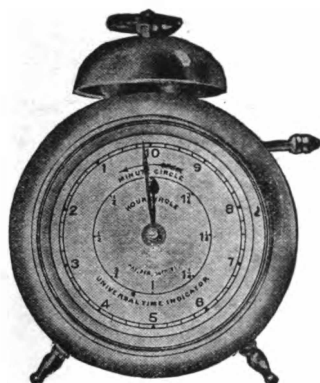


Fig. 15. Interval Time Clock manufactured by Victor Electric Corporation, Cambridge, Mass.

Employ the current as strong as the patient can bear it without any special discomfort. Each treatment should occupy no more than ten minutes, and sometimes not more than seven or eight. The treatments can be

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overdone and therefore I recommend that each user of this modality employ an Interval Time Clock similar to that illustrated in Fig. 15, or an Interval Time Switch such as shown in Fig. 16 is preferable.

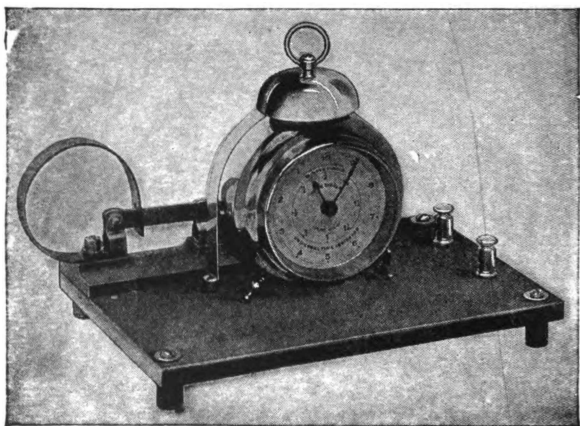


Fig. 16. Interval Time Switch manufactured by Victor Electric Corporation, Cambridge, Mass.

Remember that over-stimulation produces relaxation, and the good that might have accrued can be quickly lost by too long a treatment.

## *Prostatic Diseases and Impotency*

### *Valens Multipl Electrode Holder*

Fig. 17 shows a multipl electrode holder that I hav devized. This is made of wood, and any good wood-worker can duplicate it. This holder is to be used in the manner shown in Fig. 18.



Fig. 17. Valens Multipl Electrode Holder. It is made of mapl and oak and loaded with lead or iron in the base. It can be made by any good wood worker.

The tecnic for using the electrodes over the eyes and back of the neck will be given in chapter on Treatment and Tecnic.

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**RADIANT LIGHT**

Fig. 19 shows the general style of incandescent lamp reflectors that I use. In these reflectors I employ a 1500-watt gas fild lamp.

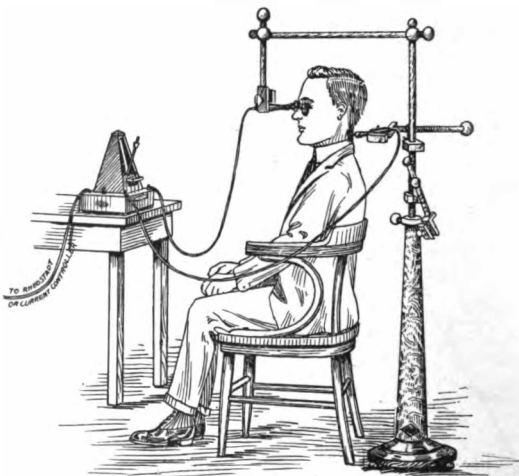


Fig. 18. Valens Multipl Electrode Holder being used to carry the Pulsoidal Current thru eyes and 3d. cervical vertebra.

In a work like this I cannot go into an extended discussion of the use of radiant light in therapeutics. That is fully taken up in the Seventh Edition



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of my Lecture Course to Physicians. I wish, however, to say here that the *gas-fild* lamp must be used in carrying out the tecnie that I hav found

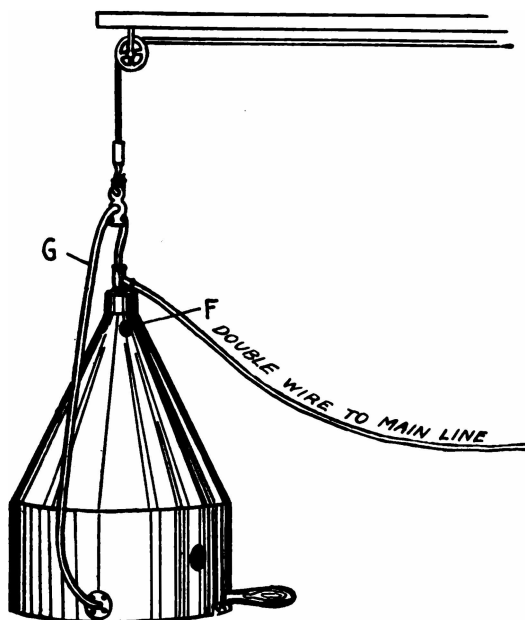
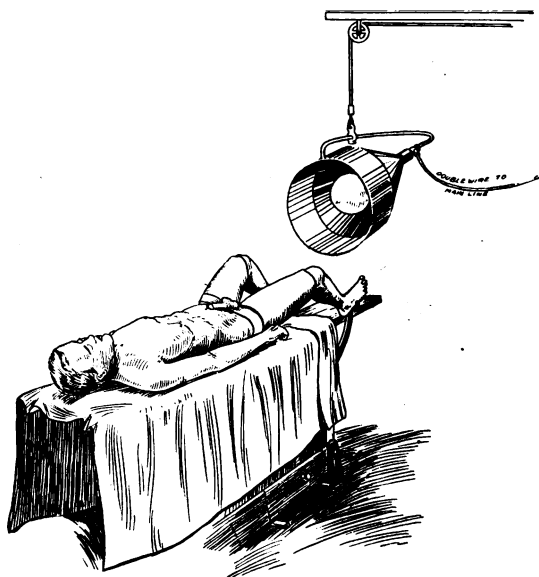


Fig. 19. General style of reflecting shade I use with a 1,500 watt (3,000 c.p.) *gas-fild* lamp. G represents the tilting arm and F one of the six ventilating holes.

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best for the treatment as outlined in this book. I hav had a very wide experience in the use of all kinds of lamps and hav had many specially made to work out various tecnic, but



**Fig. 20.** Showing how the radiations from the 3,000 c.p. gas-fild lamp ar directed on the perineum and generativ organs. Notis the asbestos covering on thighs and the band holding the testicles and scrotum up. (From Seventh Edition, Lecture Course to Physicians.)

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the 1500-watt, gas-fild lamp, especially that made by the General Electric Co., I hav found to be the best. The use of these lamps for the con-



Fig. 21. Showing how the 3,000 c.p. gas-fild lamp is fastend in position and the rays directed over the umbilicus while the reflections cover the whole anterior part of body. (From Seventh Edition, Lecture Course to Physicians.)

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ditions under consideration will be fully described in the chapter dealing with Treatment and Tecnic.

*The Actinic Rays from the Quartz  
Mercury Vapor Lamps*

Probably one of the greatest advancements in the modern use of ac-

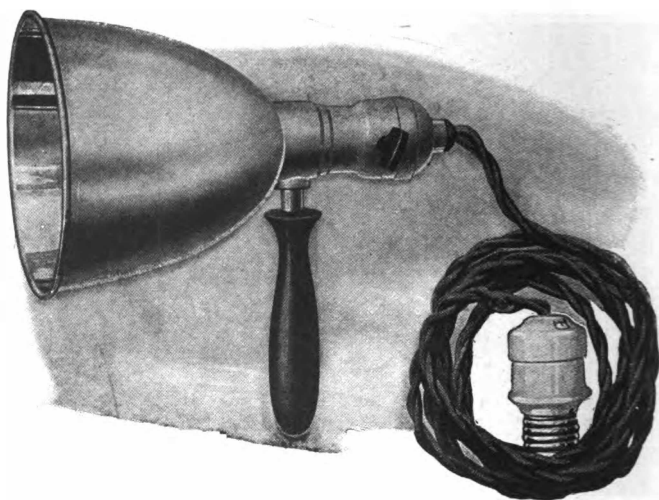
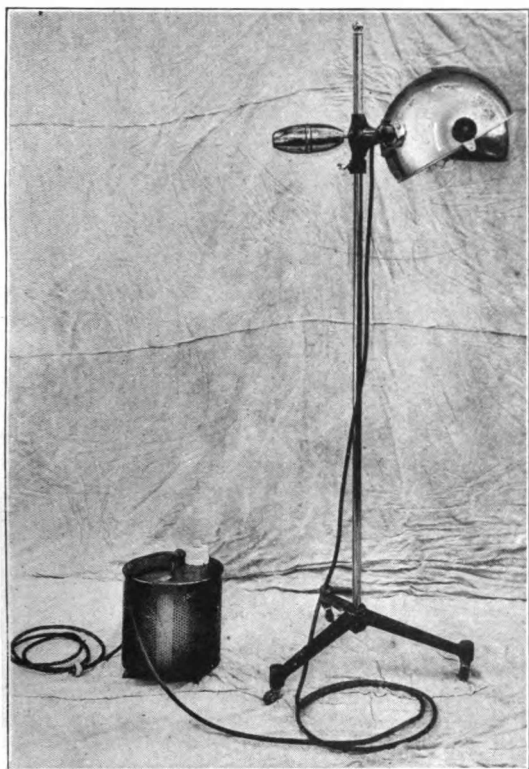


Fig. 22. The Victor Hand Lamp that is very useful for bedside treatments. The rays can be directed over the inflamed or painful parts. Manufactured by Victor Electric Corporation, Chicago.

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**Fig. 23. Alpine Sun Lamp for producing the Quartz Light by the alternating current.**

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tinic rays was made when the Quartz Mercury-Vapor Lamps were perfected. These lamps are illustrated in Figs. 23 and 26. The burner which carries the mercury in the Alpine Sun Lamp is shown in Fig. 24. Every condition that the Finsen light was

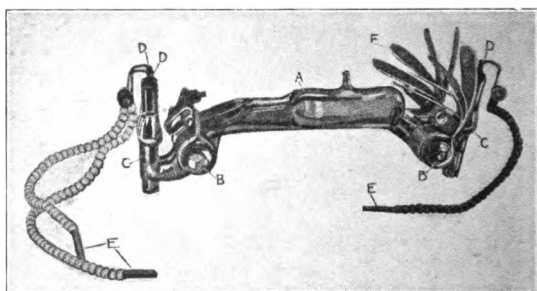


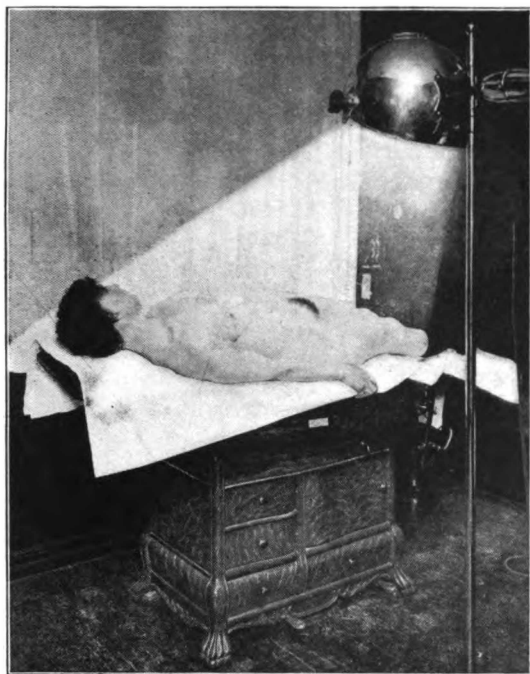
Fig. 24. Burner for the Alpine Sun Lamp. This burner is made of fused quartz. The wings at the right are for air-cooling the burner.

good for, the actinic rays from the quartz, mercury-vapor lamps are good for, but to a far greater extent.

Therapeutically these rays are at least five times as strong as those from the best Finsen light. (Seventy-

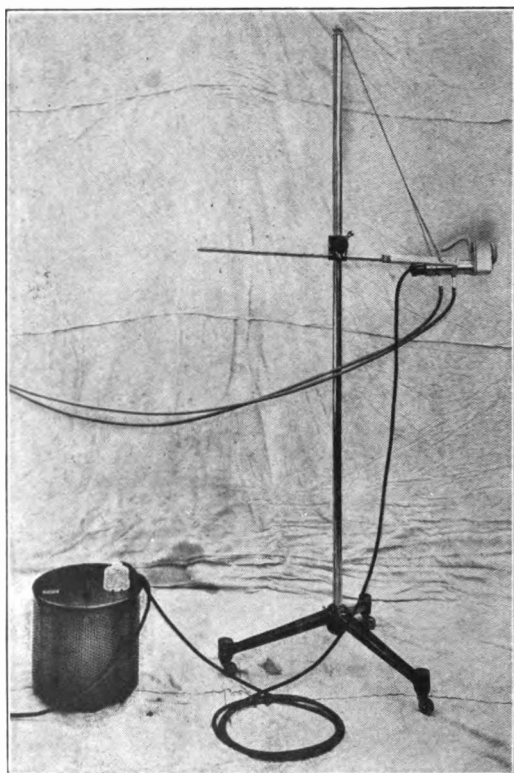
*Prostatic Diseases and Impotency*

five pages of the Seventh Edition of my Lecture Course to Physicians ar



**Fig. 25. Showing full body radiation tecnic. The burner of the Alpine Lamp is about 36 inches distant from the body. This illustration shows one style of tilting tabl I use. (From Seventh Edition, Lecture Coure to Physicians.)**

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**Fig. 26. The Kromayer Lamp—Water-cooled Mercury Vapor Lamp for local work on an alternating current.**



*Prostatic Diseases and Impotency*

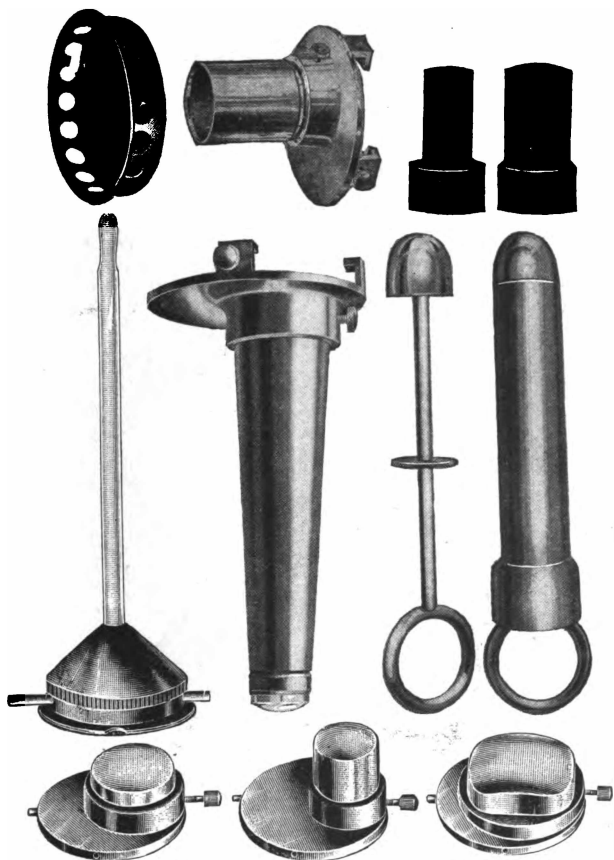
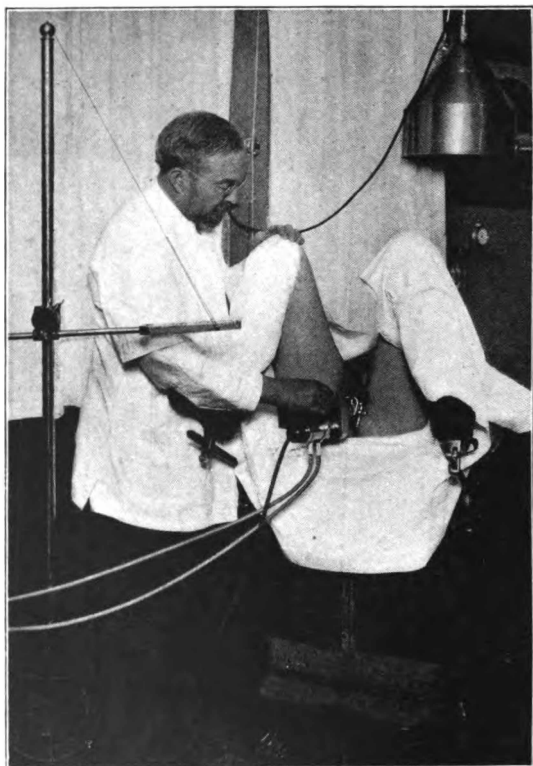


Fig. 27. Quartz Applicators and Holders for use in the Kromayer, Quartz, Mercury-Vapor Lamp. There are many others.



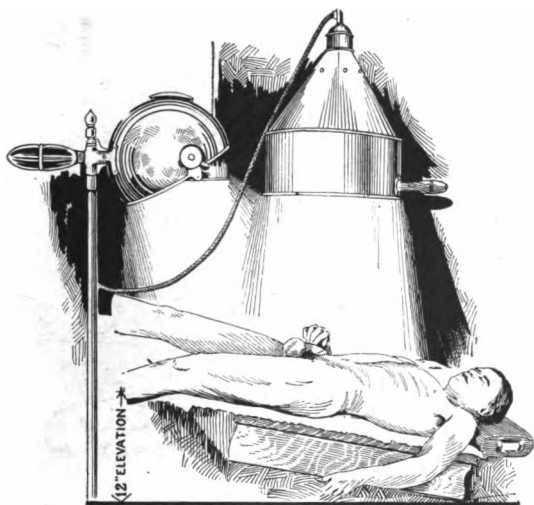
**Fig. 28. Kromayer Lamp being used thru a DeVilbiss Speculum and Dilator directly on the walls of the rectum.**

For prolonged rectal or anal treatment with the Kromayer Lamp, the lamp can be adjusted in the adjustable stands. (From the Seventh Edition, Lecture Course to Physicians.)

## *Prostatic Diseases and Impotency*

taken up in discussing the Quartz Light and its use in therapeutics.)

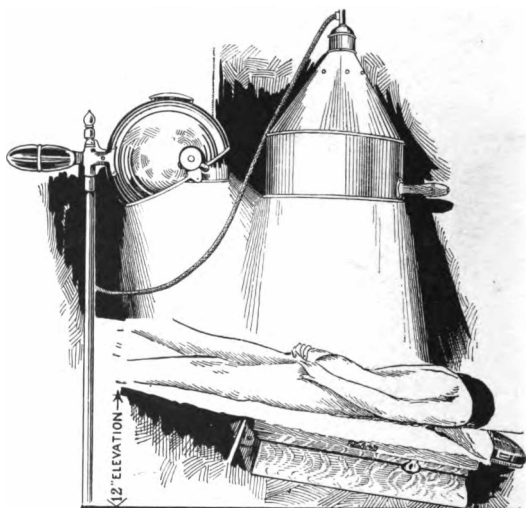
Altho the rays from the quartz light ar practically cold, yet they possess bacteriacidal action that is phenomenal. These rays produce ozone



**Fig. 29. Showing tecnic for the Combined Radiant Light Radiation on the front of body. Notis how the patient holds the scrotum up so the Quartz Light wil fall directly on the perineum, scrotum and penis. Notis the tilt of the tabl—foot 12 inches or more higher than the hed.**

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to a wonderful extent, as is evident by the odor in the room where one is burning. These rays generate  $H_2O_2$  and nascent oxygen in the tissues. Tissues exposed to it show definitely increased metabolism, both local and general. It promotes growth and re-



**Fig. 30. Showing Combined Radiant Light treatment on the back of body. Notis that the patient is holding his buttocks apart, so the light wil radiate directly on the perineum and anus. Notis tilt of tabl.**

## *Prostatic Diseases and Impotency*

pair of tissues, and produces immediate physiologic effects not easily explained, but suggesting pronounst reflex action by stimulation of periferal nerves.

Quartz light, intelligently used, does not destroy tissue, but is life-

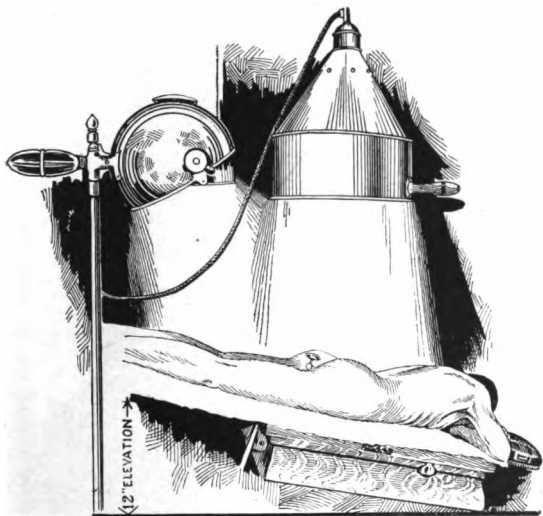
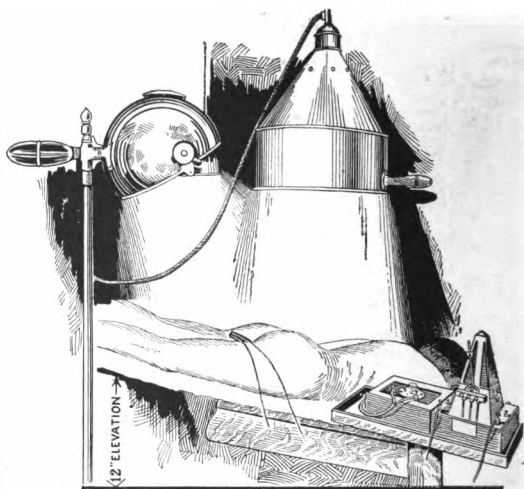


Fig. 31. Showing Combined Radiant Light treatment on back of body. Notis the metallic heat collector in the rectum. This heat collector becomes very hot yet not hot enuf to injure the tissues. Notis the elevation of foot of tabl.

## *New and Original Methods of Treatment*

giving, increasing both local and general resistance, and the more treatments a patient has taken, the more he can take to his betterment.

For treating prostatic diseases and impotency, I would not know how to proceed without the use of actinic rays as generated by the quartz, mercury-vapor lamps.

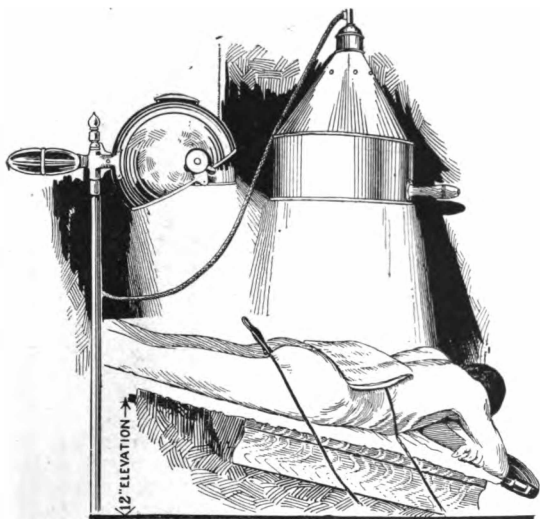


**Fig. 32. Showing Combined Radiant Light on back while the Pulsoidal Current is being taken into the rectum thru my Bi-Polar Rectal Electrode. Notis elevation of foot of tabl.**

## *Prostatic Diseases and Impotency*

### *Combined Radiant Light Treatment*

Figs. 28, 29, 30, 31, 32, 33, illustrate the manner in which I use both the powerful incandescent gas-fild lamp and the quartz light in combination



**Fig. 33.** Showing the Combined Radiant Light treatment on back while one electrode is in the rectum and the other a "Kantbern" electrode pad over the sacrum and lumbar region. A sand pad is on the electrode pad to make a close contact and enhance the effects of the modality. Notis the elevation of foot of tabl.

*New and Original Methods of Treatment*

*—Combined Radiant Light Treatment.*

By a long series of experiments covering all classes of diseases, I have found that the use of the powerful,

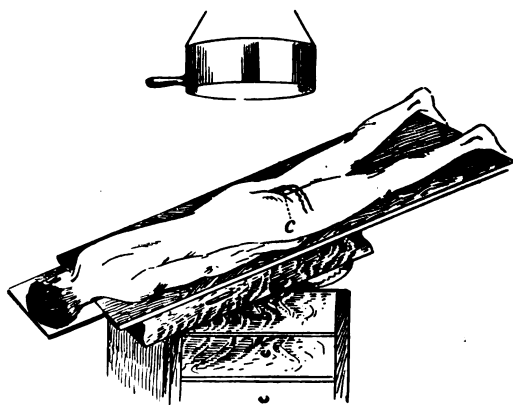


Fig. 34. Showing tabl tilted so the foot is 18 inches higher than the hed. C shows my Bi-Polar Rectal Electrode in rectum. Notis the incandescent lamp directly over the electrode.

incandescent (tungsten) light in combination with the quartz light produces results that cannot be achieved by either lamp alone, or one following



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the other. Several physicists have tried to explain why the effects of the actinic rays are so greatly augmented by combining them with the radiations from the powerful incandescent lamp. Altho the details of their explanations are not just alike, yet the general summing up of their findings is practically the same, namely, that the heat rays from the powerful incandescent lamp dilate the capillaries and bring the blood to the surface where the blood corpuscles can be simultaneously attacked by the actinic rays.

My experiments seem to go a little further than this, and I am of the opinion that the character of the rays from the powerful incandescent lamp are such that they carry the actinic rays with them deeply into the tissues.

One experiment proved this in a very remarkable manner. Among my patients was a man with a very long foreskin covering the whole glans of the penis. I asked him to not draw the

skin back for a period of three days. During that time I directed the rays of the combined lights over his penis for ten minutes each day. After the third radiation I askt him to draw the foreskin back. He did so and with it came the entire skin of the gland of the penis on the side toward which the rays wer directed. This same condition would hav obtaind if the uncovered glans had been exposed to the combined lights for a period of two or three minutes.

We as physicians ar not very much interested in physical theories. What we ar interested in ar *clinical findings*. I hav long since come to the conclusion that the less time a physician spends in reserch laboratories the better *physician* he is, becaus then he wil use for his guide *clinical findings* rather than hypotheses that only mean guess work.

A patient comes to us for relief. He does not care how he gets it as long as he gets it without any injury being inflicted.

## *Prostatic Disease and Impotency*

The sooner physicians take *clinical findings* on the *human* body rather than "clinical findings," or supposed findings from tortured animals, the better it will be for them and for their clientele. I mention this right here in particular because of the fact that so many scientists have quibbled over the pros and cons connected with my treatment by combined radiant lights.

There is no disputing the therapeutic effects, but there is a broad field for controversy as to the whys and wherefores of these beneficial results.

After I had spent many years in developing the technique for the use of the incandescent lamps, carbon and tungsten, I thought I had reached the top round of the ladder in radiant light therapeutics, but now I am convinced as never before that *no man knows when he has reached the highest point of perfection.*

When I began to use the actinic rays in combination with the radia-

## *New and Original Methods of Treatment*

tions from the powerful gas-fild lamp, I was abl to increas the blood count with a rapidity that I had never seen achievd before. I was abl to cure cases that I had previously thot incurabl. *I was abl to achiev general therapeutic results that hav never been achievd by any other method.*

Altho I hav tried carbon-filament lamps for this Combined Radiant Light treatment, they can not compare with the results achievd by the use of the *gas-fild* lamps.

### POSTURE

My observations regarding posture for the relief of pelvic conditions ar given in the Introduction of this book.

Fig. 25 shows one style of tabl I use. Several different firms manufacture a similar tabl.

The position that I hav the patient take while giving electrical or light treatment for prostatic diseas as well as impotency, is what is known as the *Trendelenburg position*. That is, the

## *Prostatic Diseases and Impotency*

tabl is tilted so the foot end of the tabl is higher than the hed end. The regular position that I use for these treatments is to hav the foot end of the tabl elevated twelv or more inches higher than the hed end.

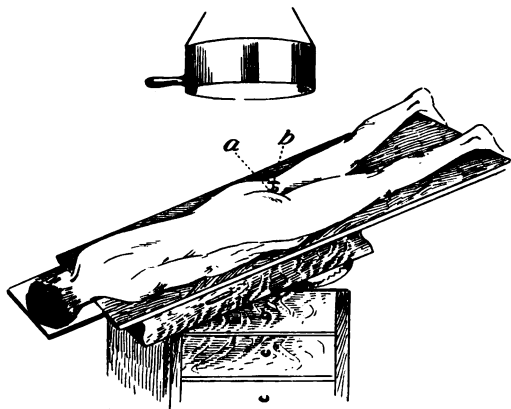


Fig. 35. Showing tabl tilted so the foot is 18 inches higher than the hed. A represents a dilat- ing electrode in rectum and B represents the Mushroom Heat Collector attacht to it. Notis how the big lamp is directly over the electrode.

Figs. 20, 29, 30, 31, 32, 33, 34, 35 illustrate the position used while giving both radiant light and electrical treatments.

## *New and Original Methods of Treatment*

Figs. 36 and 37 show how I have a couch tilted for patients to lie on two or three hours a day in their own home. This is more fully explained in the chapter regarding treatment and tecnic. That this position is of inestimabl value in treating any form of congestion of the pelvic organs in either male or female has been proved

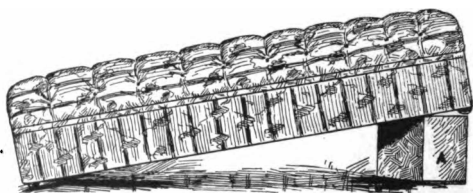


Fig. 36. Showing how a couch can be tilted by a box A, so the foot will be at least 12 inches higher than the hed. This is for home treatment and is to augment the offis treatments.

beyond all controversy. I think this position wil appeal to any practician, and it certainly appeals to the patient.

We all know that the simplest manner of emptying a pail of water is to tip it over, altho we could empty it

## *Prostatic Diseases and Impotency*

by capillary attraction, by a pump or by a sifon. For years I hav had practical demonstration as to what gravitation would do in rectifying human ils. I have seen many congested pelvic conditions cured by means of posture only.

If a person is suffering from a very high blood-pressure, I would not ad-

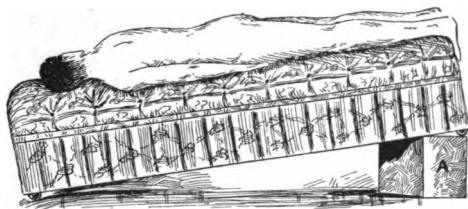


Fig. 37. Showing the tilted couch in Fig. 36 with a patient lying on it. The patient can be drest or not, depending upon climate, etc.

vize a twelve-inch elevation of the foot of the tabl. Patients suffering with arterio-sclerosis or high blood pressure hav to be treated on a level or with only three or four inches' elevation to the foot of the tabl, as we hav to avoid extra pressure of blood in

the brain. I hav never seen any untoward results from using the posture as illustrated and by following out the observations given.

This same position wil often work wonders with a patient who has enteroptosis or splancnic insufficiency, that is, relaxation in the abdominal vessels. In fact, a man complaining of pressure in the bladder or in the prostate wil experience almost immediate relief when put on a tabl with the foot elevated at least twelv inches.

## RECTAL DILATION

As set forth in the Seventh Edition of my Lecture Course to Physicians, I cannot condem emphatically enuf the ruthless dilation of the rectum. To say that all those pockets and valvs in the rectum ar not put there for some purpose and should be torn out, stretcht out, and made blank is too absurd to even giv credence to. Man has been evolvd in the presence of natural laws, and Nature is certainly



## *Prostatic Diseases and Impotency*

our teacher. We hav no right to say any organ or part of the body is of no account.

So-calld scientists in their ignorance may think that nature made some error, but it would be better for them to say they did not know what certain things wer for than to say that they wer useless. *If any procedure is natural, it is scientific whether the scientists say so or not.* Many scientists forget that they ar children of nature and their essays remind me of the essays of graduates of a High School. The young graduate appears to think he can solv all the mysteries of nature and is redy to re-organize everything. To acknowledge that we ar children of nature and that nature knows the whys and wherefores of physiology better than any laboratory, shows intelligence.

I hav repeatedly had patients come to me for treatment who had had their rectums dilated by someone who had been taut that extreme dilation was good for all ils. Many of these

patients hav had paralyzed bowels and sufferd from all sorts of reflex conditions just becaus of this ruthless mutilation.

The rectum naturally should dilate easily and painlessly. If, however, there is a constant spasm of contraction about the sfincters of the anus, it shows that there is some abnormal condition in the body. Sometimes the origin of this troubl is in the rectum itself, and at other times it is distant from it.

Nature's method of dilating the rectum is *from within outward*, and that is the only true way of dilating a rectum artificially. We all know that a very large, hard feces can pass thru the rectum and out of the anus of a child, while if we should try to enter the anus with an instrument of the same size as the feces we would hav to mutilate or rupture the sfincters.

In treating prostatic diseas and impotency, I always make it a rule to dilate the rectum during the treatments, but to dilate it gradually and

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easily and without rupturing or tearing any structure. By using the DeVilbiss Bi-Valv Rectal Speculum and Dilator illustrated in Figs. 38 and 39, the sphincters can be entered and then the instrument opened while in the rectum. Then it can be very gradually withdrawn while still open and the sphincters will dilate without being

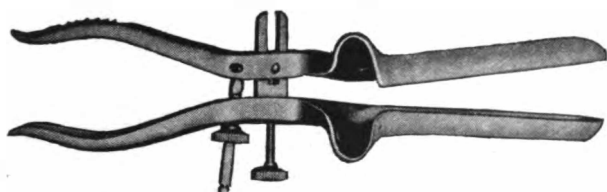


Fig. 38. DeVilbiss Bi-Valv Rectal Speculum and Dilator. Notice that it has two dilating screws—one for the rectal end and the other for the anal end. Manufactured by The DeVilbiss Mfg. Co., Toledo, Ohio.

injured. There are other dilators with three or more valves that are suitable for this purpose, but as I use powerful radiant light thru the speculum right into the rectum, the one illustrated is the only practical instrument to use in following out my method. If, how-

## *New and Original Methods of Treatment*

ever, one wants to use a speculum for dilation only and not for treatment, it may be the three or four valv instruments ar better.

The *rectal dilators* shown in Fig. 40 can be used after a few internal dilations as abov outlined. If great care and patience ar exercized, a medium

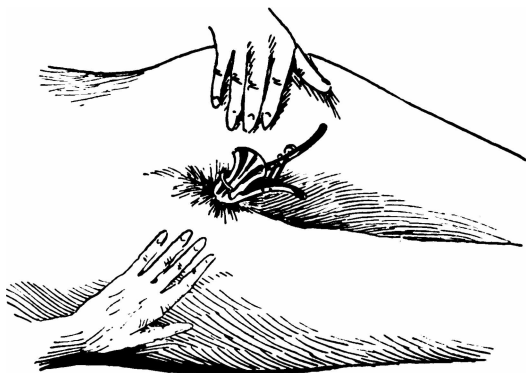


Fig. 39. The DeVilbiss Rectal Speculum and Dilator in situ. Notis how the patient is holding the buttocks apart. This illustration shows the speculum in position for radiating the quartz light, or the combined light, directly on the anterior walls of the rectum right over the prostate. With the powerful light and heat over the anal region, dilation is much more easily and efficaciously done.

## *Prostatic Disease and Impotency*

or large size dilator will enter a very much contracted sfincter. If, however, a dilator carries with it the rapid-sine current or regular, commercial, alternating current to the

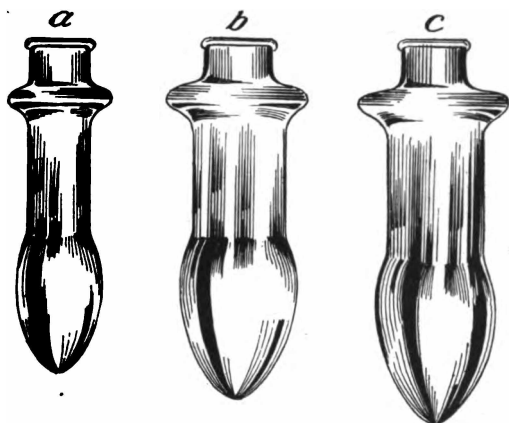


Fig. 40. Metal Rectal Dilators that I have found far better than the rubber variety. Some have a galvanic battery in them and those I like very much. Lubricate them with *Iodex* before inserting. Use A til it goes in easily and then B and later use C.

patient's toleration, the dilator can be more easily inserted thru a very contracted sfincter, because the rapid-

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sine wave or alternating current dissipates the reflex and allows the dilator to enter.

*Heat* is another great agency in producing relaxation. It is for that reason that I use the dilators or instruments I pass into the rectum as hot as a patient can bear them. I heat

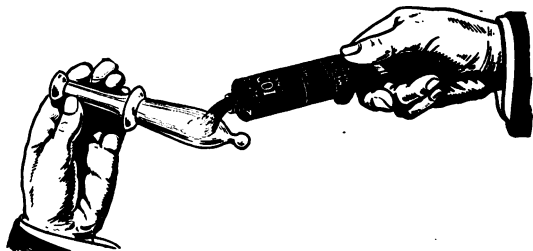


Fig. 41. Showing Valens Rectal Electrode and Dilator. There is a hole in the handle end for a cord tip and also a screw hole for a mushroom heat collector. Notice how the Iodex tube can be used to lubricate the electrode.

them by letting hot water run over them.

The general lubricant that I use for all rectal treatment is *Iodex*, and I use it in the manner shown in Fig. 41. By having the dilator well covered with

## *Prostatic Disease and Impotency*

iodex, it not only acts as a lubricant but the iodine effect is of paramount importance.

For home treatments, I recommend metal dilators of graduated sizes, as shown in Fig. 40. This will be more fully explained in the chapter on Treatment and Technique.

When there is extreme spasm in the anal sphincters, they are generally accompanied by fissures. To pass even a finger into such an anus causes excruciating pain, and often a mild gas anesthetic is necessary to overcome the spasm. For this purpose any of the modern gas and oxygen outfits are suitable. Of course ether can be used, but it has many objections for this work, while the gas-oxygen system is ideal if well handled.

If the heart of the patient is such that no anesthetic can be employed, very slow dilation can be accomplished by means of my rectal dilator and electrode illustrated in Fig. 41, if the rapid-sine or alternating current is

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past thru it to the toleration of the patient.

Fig. 42 shows the proper method of relieving spasm about the anus. It will be noticed that the instrument is pressed against the perineum posterior to the anus, and then is gradually brought forward until it enters the sphincter. Then

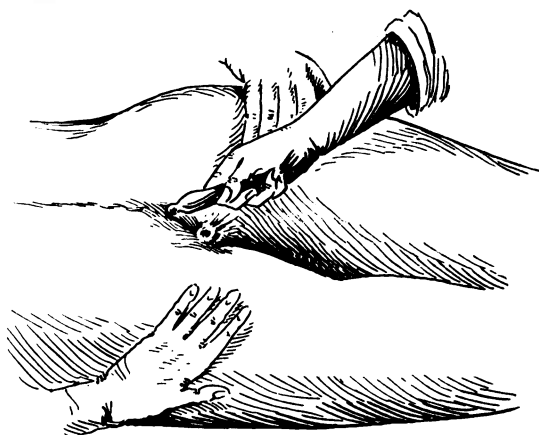


Fig. 42. Showing the correct technique for passing an electrode or dilator into the anus. First lubricate it with Iodex and then make pressure well up toward the coccyx and exert that pressure as the instrument is drawn down to the anus. As it reaches the anus, it will enter without any trouble. Then make slow and steady pressure inward and toward the sacrum.



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by gradually increasing the strength of the rapid-sine or alternating current to toleration, and giving steady pressure, with the instrument well lubricated, the instrument will enter the anus without producing very much, if any, pain. This will be explained more fully in the chapter on Treatment and Tecnic.

### *Convectiv Heat in the Rectum*

Fig. 43, *A*, represents my Rectal Dilator Electrode. At *F* there is a screw hole into which can be screwed any of the McIntosh standard electrodes such as *B*, *C*, *D*, *E*, etc.

The *tecnic* for using this dilator and electrode for convectiv heat is illustrated in Fig. 31. As the patient is lying tilted with the feet at least twelve inches higher than the head, this electrode is also on a slant, as shown in Fig. 43. This hole is so drilled that the heat collectors, *B*, *C*, *D*, *E*, etc. stand perpendicular, and the powerful radiant light shines upon them as shown in Fig. 31.

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The amount of convectiv heat taken to the walls of the rectum will be in proportion to the mass of the collector. For exampl, *E* wil make the dilator so hot that it wil burn the finger, but wil not injure the mucus membrane of the rectum.

*G* represents a McIntosh metal rectal or vaginal electrode. By utilizing

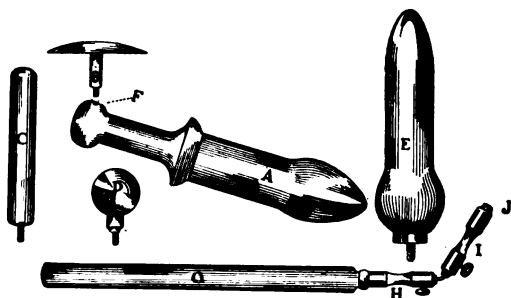


Fig. 43. *A*, represents Valens Rectal Dilator and Electrode. At *F*, there is a screw hole. *B*, is a mushroom heat collector, which can be screwd into the hole *F*. *C*, *D* and *E* can also be used as Heat Collectors and be screwd into the hole *F*. The amount of heat carried to the dilator and into the rectum wil be in proportion to the mass of the collector. *B*, *D* and *E* ar standard electrodes that *I* utilize as heat collectors. *B* is a standard rectal or vaginal electrode and the fittings *H* and *I* ar McIntosh make. *B* can be used in hole at *J*.

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the McIntosh screw connectors, *H* and *I*, in the manner depicted, and passing a wire from one to the other and then bending it, the heat collectors can be used with that for carrying heat far up into the rectum. This electrode, *G*, is of special benefit where there are strictures in the rectum.

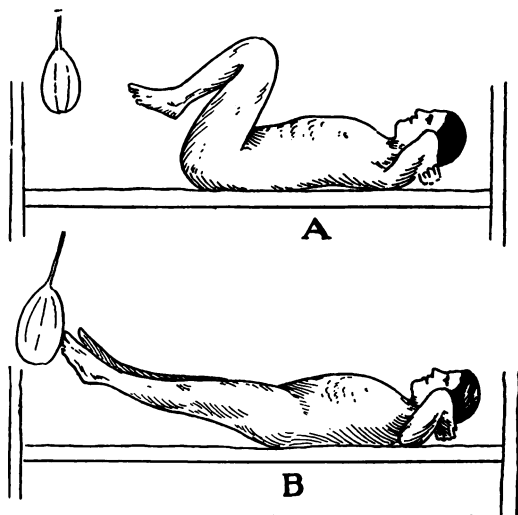
I often use convectiv heat in the rectum for treating certain forms of prostatic congestion. In fact, after having used the pulsoidal current in the rectum for about ten minutes, I often use convectiv heat for ten minutes more. Not only is the heat conveyed into the mucus membranes of the rectum and to the prostate and adjacent tissues, but it has a beneficial effect along the entire spine, especially over the lumbar and sacral regions.

At the same time the convectiv heat is having its beneficial effect upon the membranes, gravity is putting in its work at relieving congestion in the pelvic region. I am sure this simpl

tecnic wil appeal to any physician, as it surely wil to every patient.

### EXERCIZES

Properly directed exercizes play a very important role in the treatment of prostatic diseases and impotency.



**Fig. 44.** Exercises while lying on back. The punching bag need not be in evidence, but the patient can imagin one is present and kick out as if to hit it. The legs should not drop to the bed during the exercise.

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The fact that the colon is nearly always diseased in all prostatic conditions makes it all the more evident that exercises which will help to overcome stasis in the bowels will aid greatly in relieving congestion in the prostate.

Well directed exercises will do very much to overcome constipation, which nearly always precedes prostatic disease.

There are many books published dealing with exercises, and there is no end of charts depicting exercises, but the fault with nearly all of these is that they are too elaborate. The patient will start to do them and within a few weeks will tire and stop. It is for that reason that I have made drawings to show the exercises that I have found most beneficial for prostatic disease and impotency. They are only a few in number and will appeal to any patient if the physician explains them correctly.

*To have the patient know just what each exercise is for and what it is ex-*

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pected to do greatly enhances its therapeutic value.

*Exercizing before a mirror aids in focusing the mind on the work.*

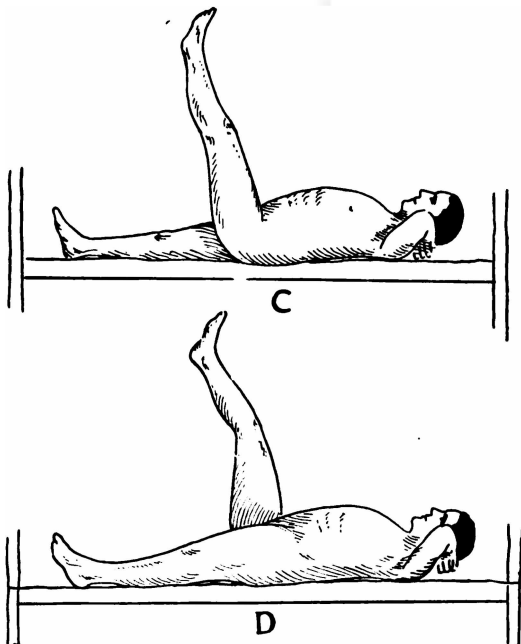


Fig. 45. This illustrates an exercise to take while in bed. First one limb is to be elevated and then the other—a “shear” exercise—one limb to begin to go up when the other begins to go down.

## *Prostatic Diseases and Impotency*

### *Exercises While Lying on the Back*

Fig. 44 *A* and *B*, show an exercise for flexing the thighs. A punching bag can be suspended from the ceiling for the patient to strike or he can imagine it is there. In doing this exercise, the legs should not drop until the exercise is finished. The technique for this exercise is to flex the thighs and strike out without letting the feet drop, and flex the thighs again, and repeat this, beginning with five times night and morning and increasing one time every day until the patient can do it 25 times. This is a very valuable exercise.

Fig. 45, *C* and *D* shows the "shear exercise" and is accomplished by first elevating one lower limb and then the other without flexing the leg upon the thigh. This exercise should be repeated five times to begin with and then increase one time every day until the patient does it 25 times in succession night and morning.

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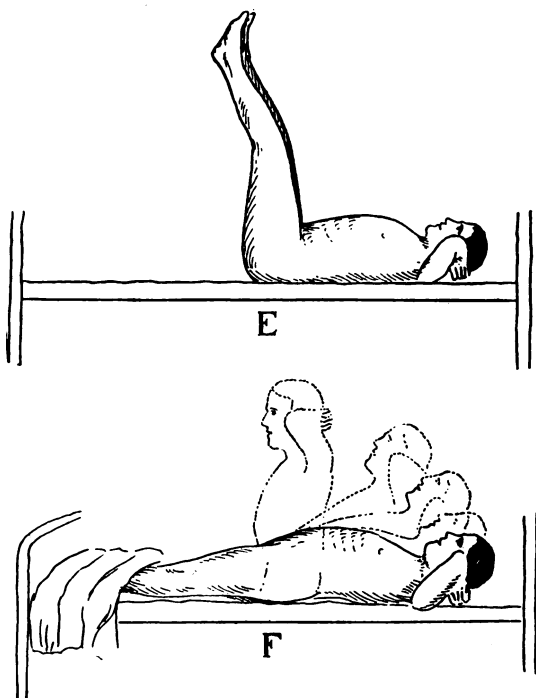


Fig. 46. E shows a bed exercise which calls for the elevating of both limbs together. They should be elevated so they are at right angles to the trunk.

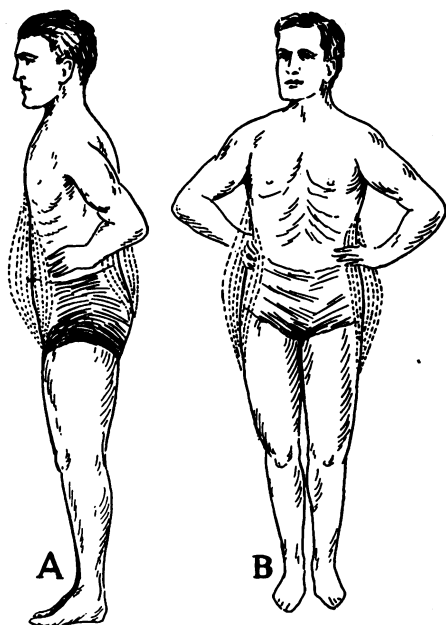
F illustrates a very valuable exercise—flexing of the trunk on the thighs. Bed clothes can be placed over the feet to hold them down to begin with. When the muscles are well cultivated no weight on feet will be necessary.



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Fig. 46, *E*, illustrates the exercise for flexing both thighs on the abdomen without flexing the legs, that is, both lower limbs are raised at as near right angles to the body as possible and then lowered. This should be done about five times to begin with and then increased one time every day until the patient can do it 25 times in succession.

Fig. 46, *F*, shows the method of flexing the trunk on the thighs. To begin with, the patient will need a weight over the feet and for that the bed covering can be used. If at first the patient cannot elevate the trunk with the hands behind the head as illustrated, he can put the hands forward and then little by little bring them back farther and farther until they are behind the head. This exercise is of great benefit, and every patient should be instructed to carry it out as illustrated. At first the patient may not be able to do this more than one or two times, but it can be increased little by little until he can raise himself at



**Fig 47.** A—by dotted lines—illustrates the “churning” exercise. The abdomen is drawn in and out and the pelvis moved forward and backward at same time. Head and heels are to be kept in same plane. B—by dotted lines—illustrates the lateral swing of the pelvis. Now by combining A and B we get the “egg-beater twist” or serpentine twist. This exercise is of great importance for strengthening the abdominal walls and establishing a healthy action in the bowels.

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least 25 times nite and morning. When sufficiently strong, a person can do this exercise while lying on the floor without any weight on the feet.

All these exercises should be done moderately and the patient should have a fixed idea of just what he is doing each exercise for. The exercises are best carried out in the morning before getting out of bed and at nite after getting into bed.

### *Exercises While Standing*

Fig. 47, A, illustrates abdominal "churning" exercises. The dotted lines show how this exercise is carried out. The heels should be together and the body should be kept perpendicular. The thumbs should reach around so that their tips meet over the spinal column. The patient bends the abdomen forward and at the same time lowers the diaphragm, then bends inward and at the same time raises the diaphragm. This gives a "churning motion" to the intestines. This exer-

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cize should be repeated at least 25 times nite and morning.

Fig. 47, *B*, shows the lateral curv exercize. The heels ar together, the hed directly over the heels, and the

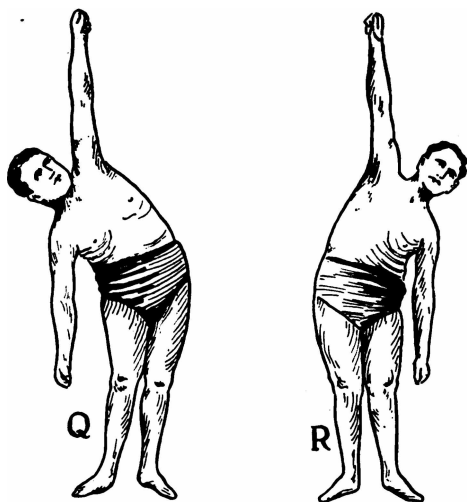


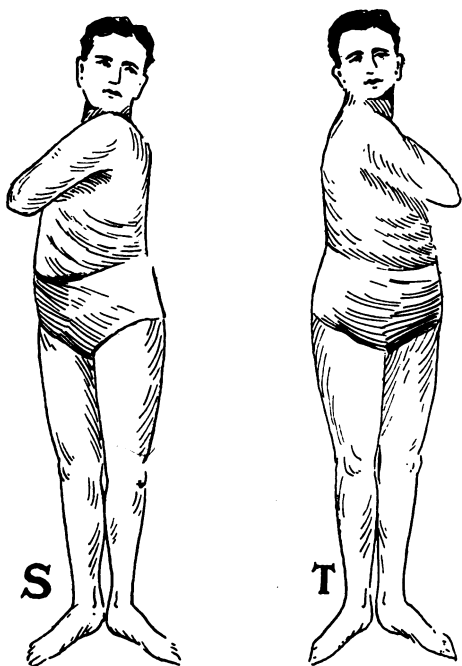
Fig. 48. *Q* and *R* represent lateral bending of the body. Bend first to one side and then to the other.

tips of the thumbs meet each other over the spine.

By combining exercizes *A* and *B* in

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**Figs. 47,** one has the serpentine or egg-beater twist. In giving these two exercizes, I call churning the intes-



**Fig. 49.** S and T represent the "liver squeezing" exercise of Prof. Warman. This is a most valuable exercise for torpid liver or hepatic congestion.

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tins Exercise 1, and the serpentine twist Exercise 2.

Fig. 48, *Q* and *R*, represent Exercise 3 and are so well illustrated as to need no explanation.

Fig. 49, *S* and *T*, represent Exercise 4. This is what Professor War-

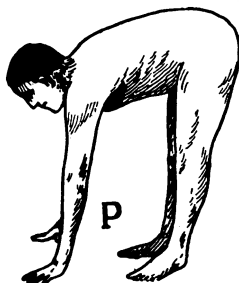


Fig. 50. **P** represents the trunk-on-thigh flexing exercise while patient stands erect and does not flex the knees.

man, the veteran athlete and physical trainer, calls "the liver squeezer." This is a very valuable exercise. The twist is done alternately, first to the right as shown in *S* and then to the left as shown in *T*.

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Exercise 5 is shown in Fig. 50, *P*, and is a bending exercise. The knees are held stiff and the body is bent so the hands touch the floor.

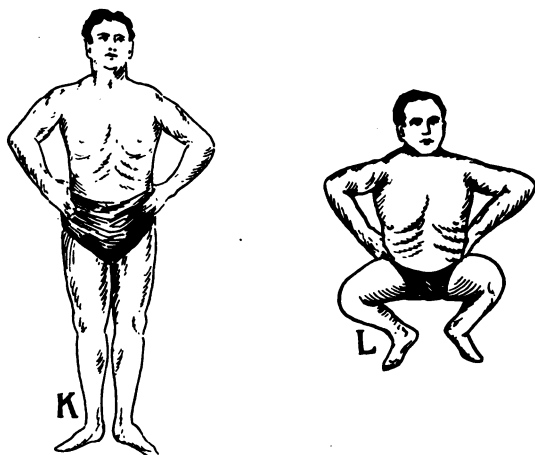


Fig. 51. *K*, standing erect with thumbs meeting at back. *L*, squatting—keeping chin out and head up.

Exercise 6 is shown in Fig. 51, *K* and *L*. It is a squatting exercise and has a powerful influence upon the muscles connected with the pelvis. It also has a very beneficial effect upon

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the feet and knees, as well as on the general poise of the body.

Exercise 7 is shown in Figs. 52 and 53, *J*, *J*<sup>1</sup>, *J*<sup>2</sup>. This exercise is a little difficult for one to do at first but after a little practice, it can be easily carried out, and is of inestimable value.

*J* shows the body raising on the toes and hands. Then the body should

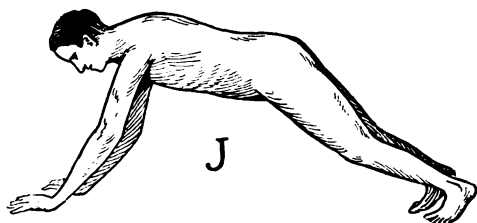


Fig. 52. *J* on all fours. The abdomen should be lowered till it hits the floor and then elevated and repeated several times.

be lowered so the abdomen will touch the floor, and then raised by the arms. To do this correctly, the body must not fall flat but must be continually supported by the arms and legs.

After exercise *J* is repeated five to ten times, the exercises shown in *J*<sup>1</sup>



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and  $J^2$  should be carried out. These exercises will do more to correct abdominal ptosis and enteroptosis than any other one exercise that I know anything about. The exercise is ac-

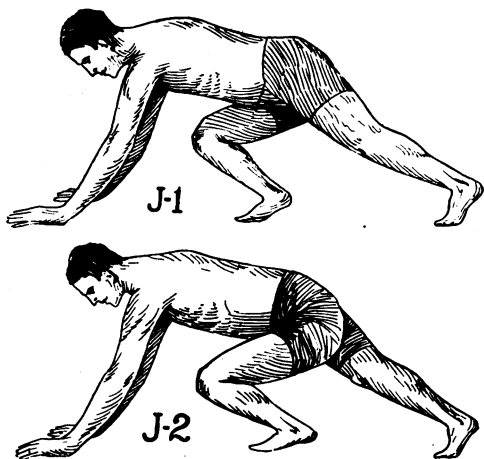


Fig. 53. Stationary walking on all fours. J-1 shows right leg advanced and J-2 shows left leg advanced. The hands remain in same place. This exercise will lift tonic or relax viscera as no other will.

complished by raising the body on the toes and hands as in  $J$  and then stepping one foot forward until it is just

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under the body and then putting that back and bringing the other foot forward. These exercizes should be repeated at least 25 times nite and morning and as often during the day as the patient feels inclined—the more the better.

These seven exercizes, along with those done while lying in bed, ar all the exercizes necessary for constipation and consequent catarral condition in the intestinal tract. They also tend to overcome indigestion and aid greatly in relieving pelvic stasis—congestion.

More is said regarding these exercizes in the chapter on Treatment and Tecnic.

## CHAPTER VII

### *Dietetics, Hygiene, and Other Important Factors*

#### DIETETICS

The subject of Dietetics is so complicated and so drawn out in the majority of textbooks on the subject that when a person has finished reading them he throws up his hands and says "it is all bosh." In my library I have all the standard books dealing with dietetics. Recently one of my patients wanted to make some compilations from some of these books and I loaned her three. After she had tabulated the essential points in each book, she brought the compilation to me and said, "If I carry out the directions put down in these three books, I will have nothing but air to live on." What one author said the patient should eat, the other said he should

not and that is the sum and substance of the subject of dietetics at the present time—what one advocates another condemns. Therefore we must get down to something concrete and commonsense. We must forget about what test tubes say, what laboratories show, what “test meals” of all kinds show, and what experiments on animals illustrate. We must forget that there is any such fool notation as a “calorie” for food, forget about vitamins, and everything else, and get right down to ordinary “horse sense.” The sooner we realize that we are dealing with an individual and that *the character of organism determines the character of function*, the sooner our patients will think physicians know about as much as the ordinary layman, and the sooner more confidence will be placed in the physician’s advice.

In a period of thirty-five years’ observation of the various “food cranks” and “dietetic experts,” I have noticed that the authors of many

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of our textbooks ar suffering from the worst form of indigestion and ar unbearabl grouches in their homes. Hardly one of them practises what he preaches, and the majority of them make themselvs obnoxious to everyone with whom they come in contact, becaus they ar forever harping on foods, food values, mastication, water drinking, etc., etc.

It has been said that to some persons all foods ar poison and to others all foods ar beneficial. The reason for this is that the *temperament* of the individual has 99% to do with the action of the stomach. Stuffing persons to make them fat is ignorance. It has wel been said that more peopl dig their graves with their teeth than die from famin.

I would not mention the calorie basis for a meal except for the fact that many educated peopl ar talking about it and writing about it. Some places even hav their menus carried out in calories. This is all wrong as what might be a thousand calories in

food value to one person would be of no value to another. I shall never forget spending one day at a large sanitarium where the menus were made out in calories. At the table there were at least twenty-five persons all studying over how many calories they should eat, and every one had a troubled expression. They said they had tried to eat according to the calorie value, but somehow the results were not satisfactory and they all had dyspepsia. I told them to eat what they wanted and stop wondering if it would hurt them, and they immediately looked more cheerful. I heard the next day that they had experienced more satisfaction from that meal than from any they had had since they had been there.

I do not mean to say that all kinds of mixtures are good, but I do say that a very "unscientific" mixture is far better than the troubled feeling or a feeling of fear when eating the most scientifically arranged menu. In general, my advice to every patient is to

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lean toward a vegetarian diet—vegetables, nuts and fruit. As a rule, an over-nourished person requires fruit while a nervous person requires vegetables. Do not wonder whether this or that will agree. If in doubt, do not eat what you wonder about.

As a rule nearly every one eats too much sugar and bread. Many cases of dyspepsia can be cured by prohibiting the use of both. Although bread is known as the staff of life, it is in reality often a club.

If you are grouchy and out of sorts, do not eat. Food to the angry man is a poison.

Never be afraid to make a clown of yourself at the table. Jest and mirth at meal time are better than the best physician's prescriptions. Eat when in a happy mood. If the happy mood cannot be found, do not eat.

I could go on indefinitely discussing foods, combinations, etc. Those who wish to go into the study of "electric and magnetic foods" and the value of foods as compared with color vibra-

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tions, I would refer to the Seventh Edition of my Lecture Course to Physicians.

I am of the opinion that no one would hav any prostatic diseas if he ate and livd correctly. I believ that nature made the food for man to eat before man was made. I believ that nature in her storehouse has everything that her children require for keeping them in helth, if they only knew how to interpret her. Therefore, whenever in dout as to the value of any food or in fact any procedure in therapeutics, go to nature and ask her.

Generally speaking, I do not believ any case of gonorrhea is ever cured in a person who uses alcoholic liquors or tobacco. The majority of patients who ar said to be cured ar not. I remember some years ago a man about fifty years of age came to me complaining of a pressure in his pelvis. When I examind him I found he had an enlarged prostate. I askt him how many years ago he had had gonorrhea.



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He said it was thirty years since he had his first and only "dose." He said he was treated by the very best physicians to be found and they pronounced him cured. I asked him if he were using tobacco at that time and he said he was and had used it ever since. I told him that I *knew* he was not cured of gonorrhea. Not only did I know this by the color test or auric emanations from his body, but I knew it from the fact that his body was impregnated with nicotine when he contracted gonorrhea and the nicotine had not been gotten out of his system during the treatment nor since.

He also told me that he drank beer when he felt like it, but never was drunk in his life and that he drank the same way when he contracted the gonorrhea.

He finally admitted that he had had the "morning drop" showing at the end of his penis ever since he was "cured," but that he had been told that was simply a catarrhal condition and had nothing to do with gonorrhea.

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It did not take me long to prove to this man that there wer pent up gonococci in his prostate and that they wer poisoning his system continually.

I agreed to treat him with the understanding that he was to giv up the use of tobacco in every form and not touch any alcoholic liquors, tea, coffee, chocolate or cocoa for a period of one year. Within three months I had this patient in what he said was a better condition than he had ever been, and his "morning drop" disappeared. From his statement five years later it had not reappeared.

*In treating prostatic diseas and impotency, it is of the utmost importance that the patient does not touch alcoholic liquors or tobacco in any form, and that he does not take coffee, tea, chocolate, or cocoa, and that he cuts out granulated sugar and everything made from it as wel as everything made from white, or "new process" flour. The sooner physicians lern these few salient points and put them into practis, the sooner*

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*they will begin to hav greater success in treating prostatic diseases and impotency.*

In the first place, the majority of patients suffering from prostatic diseases and impotency ar constipated. Therefore we must treat that condition. That is given in the chapter on Treatment and Tecnic. Nearly every case of constipation has more or less colitis. Constipation produces catar. Therefore a catarral condition of the bowels is almost always concomitant with prostatic diseases and impotency.

*The diet has more to do with catarral conditions than anything else.* The majority of cases of aggravated catar can be entirely cured by proper diet and hygiene. The troubl is the patient wil not persist, or he is not given the impetus and faith to make him persist.

If the physician does not understand the fundamentals of dietetics and does not hav faith in what he tels the patient, how can he expect the patient to hav faith in him?

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Generally speaking, no salt should be added to the food. No condiments such as pepper, pimentos, ginger, etc. should be added to the food. The food should be eaten plain and without any gravies or dressings. Condiments and fancy fixings produce a false appetite, but do not gratify hunger. Hunger and appetite are not at all related. Appetite makes a person eat what he should not eat. It intoxicates, but does not satisfy the system. Hunger makes everything taste good and makes one a proper judge of what his real wants are.

Cut out all fried foods. Frying enames the food in such a way that the digestive juices do not properly act upon it.

Avoid all pickles and everything that has been pickled. Avoid preserves, jellies, etc. They do not satisfy hunger, but stimulate a false appetite.

In treating catarrhal conditions, especially of the bowels and prostate, *raw foods* probably act best of all. One of the best general diets for colic-

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tis or prostatitis or any prostatic condition, is citrus fruit juices for breakfast—for example, a glass of orange juice or grape fruit or lemon juice, and nothing more unless it is a baked apple without any sugar or other dressing on it.

For the midday meal, watercress, lettuce, celery, raw tomatoes, endive, raw carrots, etc. are to be recommended.

The evening meal should not be eaten later than three hours before retiring, and it should consist of lettuce and no liquid or dressings with it. Lettuce has a very peculiar action upon the prostate and upon all conditions connected with it, and if eaten for the evening meal it has a very decided medicinal effect. No salt should be eaten with it.

This sample day's meals will give one all the nourishment they need for any kind of work, will create a natural hunger, and will reduce catarrhal conditions in a manner that will be a surprise to those who have never tried it.

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The diet as above outlined can be used indefinitely, but if a person wants a change after two or three weeks, they can add to the midday meal a baked potato, especially the peel, and string beans. No more than two vegetables should be eaten at this meal. Raw cabbage can be eaten without anything on it. Green peas can be eaten with the same meal as the baked potato. Do not eat beans and peas at the same meal. If possible avoid dried beans or peas. Baked beans, as a rule, should be avoided. Bananas should be avoided by anyone suffering from prostatic disease or impotency. Some may say that stimulating food is what one suffering from impotency needs. I must disagree because an impotent man does not need more stimulation, but he needs more rest in the prostate, and a correction of a diseased condition there. Then nature will do the rest. Many men have been made impotent by eating stimulating food. All fish, shellfish especially, should be prohibited from the diet of anyone

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suffering with prostatic diseases or impotency.

Generally speaking, if a person has albumin in the urin, protieds ar cut out from the diet. If they show sugar in the urin, sugar is cut out, as wel as starches. But if fosfates ar found in the urin, no matter how abundant, the average physician wil giv fosfates in some form to correct the condition. Could anything be more absurd?

Hyper-acidity is almost always encountered in every person having prostatic diseases and impotency. Remember that hyper-acidity is caused by faulty metabolism, and not becaus the patient eats "acid" fruit.

In summing up, I might say that Bulgarian Lactic Acid Milk is probably one of the best articles of food for treating diseases of the colon and prostate. My plan is to either make this for the patient or hav them make it, using the strongest lactic acid bacilli to be procured. Three or four quarts of such milk can be taken daily and nothing added to this diet except

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perhaps a littl very dry bred once or twice daily for a period of at least one month.

Some of the worst causes of colitis I hav ever treated hav been cured almost entirely by the use of the Bulgarian Lactic Acid Milk.

*Study your patient, becaus what wil agree with one wil not always agree with another.* One person can take soured milk and relish it, while others cannot take it at all. Some can eat citrus fruit, while others cannot tolerate it. However, nearly everyone can tolerate and lern to like watercress, lettis, celery, spinach, raw carrots, raw cabbage, etc.

Nuts ar a valuabl articl of diet if the patient wil eat sparingly of them, but at first I do not prescribe nuts in treating catarral conditions and prostatic diseas. I wait until the condition is wel under control and then allow a few nuts in their natural state.

The patient should masticate wel. Mastication of the food plays an important part in its value. Even soured



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milk or sweet milk should not be drunk, but should be eaten with a spoon. Sweet milk is just as much a solid food as beefsteak, but soured milk does not form such heavy curds in the stomach as sweet milk.

Natural vichy water is often very advantageously added to the soured milk when giving that diet.

If a person has high blood pressure or any disease of the blood vessels, such as aneurism, or has any catarrhal condition of the bladder, liquids should be cut down to the minimum. In treating the diseases under consideration, *no liquids should be taken within three hours of retiring.*

For bread, I recommend what is known as Ry-Crisp, manufactured by The Original Ry-Crisp Co., Minneapolis, Minn., or Swedish bread which is similar. For many reasons it is better than wheat when treating this disease. It has to be masticated well before it can be swallowed, and the more it is masticated, the better it

tastes. Shredded wheat is also a good form of bread.

Corn bread should be prohibited in treating this disease.

Altho hundreds of pages could be written on the subject of dietetics, yet the above will give a working idea of practical dietetics, especially as related to prostatic diseases and impotency.

## HYGIENE

Under the head of hygiene can be discussed all the patient's personal habits, from the washing of his teeth to the care of his feet.

Inasmuch as keeping the mouth clean is of great importance in keeping the alimentary canal healthy, I shall first discuss a method that I have found to be the best of all for mouth hygiene. This method will not only prevent *pyorrhea alveolaris*, but it will cure nine out of ten cases if the ulceration has not advanced too far. It is so simple that it is ridiculed by many,

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but it is never ridiculed by anyone who has tried it or has seen it tried.

I think this method is original with me, altho recently someone told me that they had used a similar method for twenty years with almost invariable success. It does not matter who originated the method as long as it is a good method.

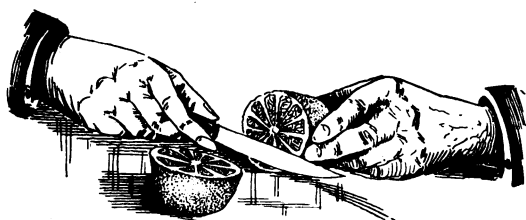


Fig. 54. First, cut the lemon like this.

I have grafically illustrated this method in Figs. 54, 55, 56, and 57.

*The tecnic is as follows:*

In the morning as soon as you arise, take a fresh lemon and cut it in two as shown in Fig. 54. Then squeeze the juice of one-half of the lemon into a glass of cool water. Mix it and

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drink it, at the same time gargling so as to get the solution on all parts of the mouth and throat.

Squeeze the other half into another glass of water and drink in like manner. This is illustrated in Fig. 55.



Fig. 55. Second, squeeze the juice from a half lemon into a glass of cool water and drink it. Then squeeze the juice out of the other half of the lemon into another glass of cool water and drink that.

Then take one of the half lemon peels, as shown in Fig. 56, and place in it a teaspoonful of cool water. Take the tooth brush and work it up wel

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in the pulp of the lemon peel. Use this to wash the teeth. Wash them wel, moving the brush upward and downward as wel as crosswise. Be thoro with this clensing and do not be afraid to get a little pure lemon juice on the teeth.



Fig. 56. Third, put a teaspoonful of cool water into one of the peels and rub your tooth brush in it like this.

After this has been thoroly done, take hold of the tung with the fingers of one hand or with a cloth in the fingers, and with the other hand rub the pulp side of the lemon peel on the upper side of the tung, reaching back just as far as possibl. Rub or scrub the tung vigorously, pulling it out as far as you can.

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Then "taste of your mouth" and see how fine it is. I think you will agree with me that your mouth never tasted so wel before.



Fig. 57. Fourth, take hold of the tung with the fingers of one hand, or with a cloth, pul it out and rub thoroly the top of it, way back, with the other half of the lemon peel. Use the pulp side for this. Now see how fine your mouth tastes.

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There is a reason for every detail given. In the first place the lemon juice in the water has a very beneficial effect upon the stomach and bowels if taken immediately upon arising. It is one of the greatest aids for overcoming constipation.

In the second place, *washing the teeth with water well acidulated with lemon juice is the remedy par excellence for the preventing and cure of pyorrhea alveolaris.* This is not theory. I have tried it so long and with so many people and cured so many of this stubborn disease that I am ready to give this method to the profession for the benefit of their patients. Loose teeth will begin to tighten, the slippery or "scummy" feeling on the teeth will soon disappear, and the teeth will become white.

In the third place the drawing the tongue out as far as possible is one of the best remedies for constipation that I know of. Drawing the tongue out as a cure for constipation was first called to my attention by Dr. Wil-

liam H. FitzGerald of Hartford, Conn. This same maneuver will often stop pains in the stomach and bowels. Thoroughly scrubbing the tongue with a freshly cut lemon removes the "fur" that often collects on the tongue of a catarrhal person, and enough of the elements from this pulp are carried back in the mouth to have a very pleasing effect upon it. If one happens to get up with a bad taste in the mouth, this procedure will rectify the condition.

After using a lemon as above described for two or three weeks, the patient will begin to see a decided change for the better in his mouth, stomach and bowels.

For washing the teeth after meals any good tooth powder, tooth paste or even plain water will do. The object in cleansing the teeth after the meals is to remove the particles of food. Many use the pulp of a lemon several times a day after they have once become accustomed to it, because of the pleasant feeling and taste it gives to the



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mouth. More is said regarding this in the chapter on Treatment and Tecnic.

### BATHING

The manner of bathing depends a great deal upon the individual. I never advise cold baths nor hot baths unless there be some specific reason for them. My routine advice for bathing is a tepid bath at nite followd by a vigorous rub down with a ruf towel.

For a person with sexual weakness, this tepid bath can advantageously be followd by a sudden splash of cold water over the genitals, the parts to be quickly dried.

I do not advise a cold morning bath altho some enjoy it and seem to react very wel to it, but I always tel them they ar "robbing Peter to pay Paul." The energy has to come from the body, and they ar deluding themselves by thinking they ar gaining strength thereby. Some nervous peopl ar benefited by a spray of cold water over the body after having a warm

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or tepid bath. This procedure, however, must be very cautiously prescribed, because if the patient does not react well, it must not be undertaken a second time.

Epsom salt baths are often very beneficial. For this purpose a half pound of commercial epsom salts dissolved in hot water and put into the bath tub of water is about the right proportion.

If the patient has a poor circulation and complains of cold feet at night, it is well to have him soak his feet in hot water for fifteen or twenty minutes and then dry them and immediately retire.

### CLOTHING

The clothing that comes next to the skin during the day should be porous. Wool should not be worn next the skin as it prevents the skin from excreting normally. If a person be living in a very cold climate, or have to take a very long cold journey and is very anemic, porous knit or open

mesh linen or cotton can be worn next to the skin and over that a woollen garment. However, if a person becomes accustomed to linen or cotton mesh, he will keep warm. Wearing clothes that make the body perspire is conducive to chills and repeated colds. Some of the worst cases of asthma can often be cured by regulating the wearing apparel. To dress moderately while indoors and then have a warm coat to wear in the cold is the sensible way to protect the body from chilling.

*Bed clothing* should not be too heavy. Many cases of impotency can be greatly relieved, if not cured, by regulating the bed clothing. Often nocturnal emissions are caused by too heavy and cumbersome bed clothing.

*To prevent a person from lying on the back* a piece of wood or some hard substance can be sewed in a belt and put around the body so the hard substance comes next to the backbone. This procedure should not be forgotten when treating any sexual disorder.

*Circumcision* comes under the hed of hygiene and should be performd on every boy baby before he is two weeks old. If not done at that time, it should be done whenever the patient comes under the care of the physician. Circumcision wil prevent many of the neurotic conditions having a sexual cause. I hav herd the different arguments in favor of a long foreskin, but none of them ar important. Some say that nature intended it for a purpose, but nature did not intend man to wear clothes. If she did, we would hav been born with them. If a person went naked, a long foreskin would be a protection, but when clothes ar rubbing against the penis, if there be a long foreskin there is a constant irritation. With a young, erotic person an erection wil take place at the slightest friction, and this may be followd by an emission or erotic thots that lead to masturbation, or a mental state that is often worse.

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Circumcision under local anesthesia is very easily performed, and the patient need not be laid up more than a day, if at all, *if the proper tecnic be carried out.*

*The wearing of suspensory bandages* and jockey straps come under the hed of hygiene. I never recommend bags for the scrotum unless there be a reason for it. It is only a fool who would advocate the wearing of a jockey strap or a suspensory bag for a "genteel appearance." If a person has become so self conscious as to think that everyone is looking at his "shape," it is time he was put in an institution.

If a person's occupation is horse back riding or riding on bicycls, climbing trees or poles, or sliding down ladders, or working on reapers, etc., a jockey strap or suspensory bandage is a safeguard. In all cases of varicocele a suspensory bandage should be prescribed. If the patient hav a very relaxt scrotum and the testicles hang down so far as to be in danger

of injury, I advise a suspensory bag until the relaxation is relieved. When a person does gymnastic work a jockey strap should always be worn and often it is beneficial for swimmers.

The *feet* should be looked after as much as any other part of the body in treating prostatic diseases or impotency. Often a weak arch or misfitting shoe will irritate a person to such an extent that their weakest part shows the stress, and that may be the prostate. Therefore the feet and in fact *every part of the body* should be put in order.

*The eyes should never be neglected in treating prostatic diseases and impotency.* I have seen many cases of impotency cured by having the eyes properly fitted with glasses. Some forms of astigmatism will so disrupt the nervous system that impotency ensues. Altho it may sound far fetched, yet I know of many cases of incontinence of urine being cured by put-

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ting on properly fitting glasses so as to overcome astigmatic errors.

Under the hed of Treatment and Tecnic I shal hav more to say regarding this treatment of eyes for prostatic diseases and impotency.

### *Other Considerations in the Treatment of Prostatic Diseases and Impotency.*

#### EXAMINATION OF THE PATIENT

In my introductory remarks I mention in particular the *gait* and other peculiarities that the physician should look for in diagnosing prostatic diseases. Experience is the physician's best teacher in this respect. He wil soon lern to pick out a man suffering with prostatic diseases just as easily as he would pick out one suffering with stomach diseases, hart diseases, or kidney diseases.

*Local examination* is of paramount importance. Examin the anus and perineum, and look for anything abnormal such as pimples, fissures, warts,

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etc. Then by means of a DeVilbiss speculum (Fig. 38), or what is better a Tuttle Proctoscope (Fig. 58), examin the rectum thoroly. If the rectum show a catarral condition you may be sure that the colon wil show the same, becaus proctitis hardly ever exists alone.

If you hav had the proper training, you can use a pneumatic sigmoi-

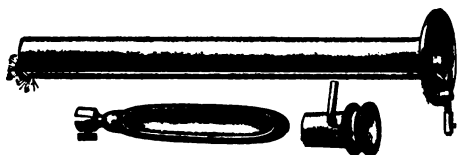


Fig. 58. The J. P. Tuttle Pneumatic Procto-Sigmoidoscope. The same instrument, only made shorter, I use for a Proctoscope. A hand bulb and window plug can be used for inflating the bowel, so the rectal ampullae ar smoothd out. This is the best instrument I know of for examining the rectum and colon. For a lubricant for this instrument, Albolene, solid, made by McKesson & Robbins, N. Y. City, I think is the best.

doscope such as shown in Fig. 58, and examin up as far as the sigmoid. The tecnic for this examination has to be lernd by personal instruction. It is



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not safe to do it from what can be learned from books. The proctoscope, however, can be used by anyone.

I have mentioned and illustrated in Figs. 40 and 41 the rectal dilators that I use. I wish to mention here the use of properly compounded suppositories in connection with dilators for *home treatment*, to say nothing about office treatment. In treating prostatic diseases and impotency, I give one treatment every day except Sunday in the office, and have the patient follow out different exercises and diet and treatment, as will be explicitly explained in the chapter on Treatment and Technique.

The kind of suppositories that I use and have found to be the best are illustrated in Fig. 59. The formula of these "Prostans" suppositories is given in the caption under the illustration.

I have proved beyond all speculation that remedies like these suppositories, put into the rectum where they will remain for several hours, are absorbed by the prostate. This is not a mat-

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ter of theory but a matter of clinical experience, and I cannot too highly recommend "Suppos. Prostans" (Bobertz), manufactured by the Regent Drug Co., Detroit, Mich., where



Fig. 59. The best suppository to use for treating prostatic diseases and impotency that I know of. They are made of *Sabal Serrulata*, *Thuja*, *Calendula*, *Phytolacca Decandra*, *Helonias*, *Hammamelis*, *Balsam de Peru*, and *Concentrated Extract Yohimbehe*.

Suppos. Prostans have been used very extensively by G. U. Specialists as well as physicians in general practice since they were first introduced to the profession in 1910. Dr. Bobertz himself has prescribed them in a practice covering twenty-two years, and they have produced satisfactory, often brilliant, results in the great majority of cases.

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there is any prostatic disease, or after the prostate is entirely well.

Rhatany Compound, Rectal Suppositories, (Keysall) can be used daily, or they can be used alternate nites and the Regent Drug Co. suppositories alternate nites.

We sometimes have to use some current other than the pulsoidal current in treating prostatic disease and impotency. Sometimes it is the slow-sine current and sometimes the galvanic current. All the currents except the galvanic current can be used thru my Bi-Polar Rectal Electrode, but if my Unipolar Rectal Dilator and Electrode be used, or if galvanism for hemorrhoidal treatment be used, there must be an "indifferent" electrode. I used to recommend this to be made of clay, but since the McIntosh Battery and Optical Co. of Chicago, have gotten out their "Kantbern" asbestos pad electrodes, I have abandoned the use of clay and am now using this style of electrode. Everything is in favor of their use. They

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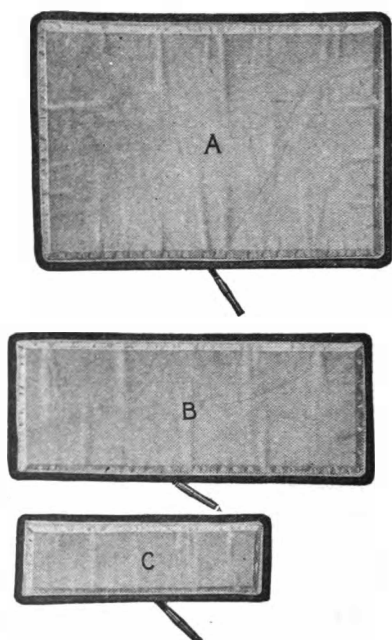


Fig. 60. "Kantbern" Asbestos Pad Electrodes manufactured by McIntosh Battery & Optical Co., Chicago. This electrode takes the place of the clay pad that I have used and recommended for years. Over this pad I always place a sand pad weighing about ten pounds, so as to make a better contact and greater muscular contraction. See Fig. 33.

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as the best electrode for the indifferent terminal that I have ever used. (Fig. 60).

Over these pad electrodes I always use a sand pad, which is a bag made of several thicknesses of cloth covered with stork sheeting and filled with at least ten pounds of fine sifted sand. This sand pad weighs down the pad electrode and causes it to make better contact with the skin. It also enhances the muscular contraction under the electrode. The method of using the sand pad over the electrode is illustrated in Fig. 33.

Fig. 61 illustrates a Unipolar Prostatic Electrode that I used to use and that some like very much, but since I devised my Bi-Polar Rectal Electrode I have had no use for this Unipolar Electrode.

If a person wish to concentrate the current over the prostate, it may be that the Bowen Prostatic Electrode is to be advised, but experience has taught me that my Bi-Polar Rectal

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Electrode, even if used for a unipolar electrode, is just as good as the one illustrated in Fig. 61. One terminal can be used in the Bi-Polar Electrode shown in Fig. 9 just as well as two. In that case one terminal would go to a "Kantbern" asbestos pad electrode the same as it would if the Bowen Prostatic Electrode illustrated in Fig. 61 were used.



Fig. 61. The Bowen Prostatic Electrode, manufactured by McIntosh Battery & Optical Co., Chicago. When this electrode is used, the other, or "indifferent pole," should be attached to the "Kantbern" Asbestos Pad Electrode. The slow-sine, or the rapid-sine, wave current can be used.

Fig. 62 represents a small rectal electrode that is sometimes beneficially used where there is much contraction about the anus and rectum, especially if cicatricial contraction has followed ulcers. This can be used for one pole while the other can be at-

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tacht to the "Kantbern" asbestos pad electrode. However, as soon as the rectum can be dilated to take in the Bi-Polar Rectal Electrode, that should be used becaus it is more beneficial than this small one.

Fig. 63 shows my specially designd hemorrhoidal copper electrode. This electrode I hav found very useful in treating hemorrhoids. The copper



Fig. 62. Small Rectal Electrode manufactured by McIntosh Battery & Optical Co., Chicago. This electrode can be used in a very small or contracted rectum til it is relax enuf to admit a larger one. This should be used with "Kantbern" asbestos pad electrode for other terminal.

must be coverd with gauze and gold beater's skin or with chamois. It is best to keep it in ichthyol when not in use as then it is always steril.

Some like the hemorrhoidal copper electrode illustrated in Fig. 64 better than the one shown in Fig. 63. One great objection to the one shown in Fig. 64 is that it has no handl and

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the cord tip is liable to come in contact with the patient's thighs. If it does, he will object and tell you so.

I cannot go into the technique for the treatment of hemorrhoids except to cite some clinical cases. Every physician who is doing this class of work should be posted regarding galvanism, and I cannot do any better than to refer them to the nineteenth edi-



Fig. 63. Hemorrhoidal Copper Electrode. This must be covered with chamois or gold-beaters' skin. Use "Kantbern" Asbestos Pad Electrode for the negative terminal. F. A. Hardy & Co., Chicago, can make them. Fig. 64 shows another style.

tion of Dr. Neiswanger's book on Electro-Therapeutic Practice published by the McIntosh Battery & Optical Co. of Chicago.

Fig. 65 illustrates the DeVilbiss Theromer. I believe the use of this device for treating rectal or prostatic diseases is original with me. At least I



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hav never herd of its being used in a manner that I shal outline.

I believ Arthur E. Baines of London, Eng., along with Dr. A. W. Robertson of the same city wer the first to giv a detaild description of the use of wax or paraffin, or a combination of same, as an insulator to open surfaces of the body, such as burns or wounds, to prevent the escape of en-



Fig. 64. Hemorroidal, Copper Electrode. This can be used same as the one shown in Fig. 63. Manufactured by McIntosh Battery & Op. Co.

ergy. Various combinations of wax and paraffin wer largely used in the army and credit was given to those to whom credit was not due for the use of such a preparation. The use of melted wax and paraffin for burns is now considerd to be the best form of practis, but none of the popular works call the reader's attention to



**Fig. 65. DeVilbiss Theromer No. 110. The Theromer is for heating and spraying wax-like preparations in the treatment of wounds, burns, etc.**

The distinctive feature of this Theromer is that the water-jacket and preparation container are in one piece. This prevents the possibility of water and steam getting into the preparation. The water-jacket is filled thru an opening at the top of the handle. With the slip arrangement, the dome-shaped top can be lifted out very quickly and easily for putting in the preparation.

It can be heated on a stove, on an electric heater, over a flame or by placing it in boiling water.

The name "Theromer" is registered by The DeVilbiss Mfg. Co., Toledo, Ohio.

This is one of the most useful little outfits I have. The way I use it is described in the text.

the fact that this insulating material prevents the escape of energy from the open surface and thereby brings about relaxation in a manner unknown with any other method.

Several preparations have been put on the market under fancy names, said to be electrified or de-electrified, or electrically treated for insulating open surfaces. Such preparations are usually made of paraffin of some kind or a mixture of paraffin and wax, or a substance similar in insulating properties. Exorbitant prices are charged for paraffin to be used for such purposes. Remember that any material like paraffin or wax, or any non-metallic substance will not hold to a changed electrical stability many hours, say nothing about days. Plain paraffin or paraffin and wax will do for surface insulation all that so-called "electrified" or "de-electrified," or "ionized," or "de-ionized," substances can or will do.

I have had a long experience in testing energies, and I discovered years

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ago that energy from the body could be prevented by using gutta percha, paraffin, wax, etc. I did not publish my findings, however, but bilt and used my instruments according to my findings. Baines of London, I believ, was the first to publish anything regarding the escape of energy from an open wound or from an inflamed surface and was the first to describe a method of insulating that surface. His findings coincide exactly with mine, tho his wer made with delicate instruments miles from all high-tension wires; while mine wer made on the human body and recorded thru the human body and checkt up by my Chromatic Screens.

Taking into consideration that an inflamed prostate is giving off energy and de-vitalizing the patient to a great extent, I thot it would be a good practis to use melted wax and paraffin over the perineum. I tried it on several cases, and now make it a practis to use it, as I hav found it to be very beneficial. If there ar any fis-

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tures or open wounds about the anus or rectum, melted paraffin and wax combination is very beneficial.

For treating fistulæ, melted wax and paraffin is of great value.

If you should happen to burn a patient when treating with the quartz light, or big lamp, nothing can serve better in treating the burn than the melted wax and paraffin combination blown on thru the DeVilbiss Theromer.

There are many wax-paraffin preparations on the market sold under the name of "surgical wax," "parasene," etc. Probably the preparation, "parasene," made by the Abbott Laboratories of Chicago is one of the best preparations. By cutting this wax preparation up and putting it into a DeVilbiss Theromer, illustrated in Fig. 65, it is easily melted and can be blown in a fine spray all over the surface to be treated. I cannot recommend the use of this instrument enough. Every user of it is sure to be pleased with the results, and I believe it is a

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new departure in the treatment of prostatic diseases.

*In the chapter on Treatment and Tecnic and Clinical Cases details of the use of the modalities already mentioned will be given. The reader is especially advised to read over the clinical cases carefully as the detailed treatment will be given in a manner that cannot be given in general discussion.*

**The way of the transgressor is hard, but the way  
of an innovator is infinitely harder.**

## CHAPTER VIII.

### *Treatment and Tecnic*

#### GENERAL DISCUSSION

In the preceding pages I hav briefly outlined the symptomatology connected with prostatic diseases. I hav also briefly outlined and illustrated the various physical modalities that from years of experience I hav found to be most beneficial for treating prostatic diseases. I hav also concisely toucht upon the dietetic and hygienic mesures that I hav found of great importance in treating prostatic diseases.

I shal now try to outline in a brief and practical manner just how I combine the various mentiond mesures for treating prostatic diseases and impotency. Impotency can really be clast as a symptom of prostatic dis-

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eas, becaus at least 99% of all cases of impotency ar causd directly or indirectly by prostatic diseases.

In the first place I wish my readers to thoroly appreciate the following facts:

*All diseases is from within, not from without.*

*Disease is an expression of nature trying to right some wrong.*

*These wrongs cannot be righted by suppressing nature's effort by drugs, serums, operations or poisonous food.*

I also want to impress upon my readers the fact that there can be no inflammation without congestion, There can be no congestion without stasis, and that stasis long endured produces a fibrous degeneration. Therefore the sought for goal in treating prostatic diseases must be the relief of congestion—the relief of stasis.

I do not claim that surgery is useless in the handling of prostatic diseases, but I do claim that the majority of all operative procedures upon the



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prostate result disastrously. When the prostate has become so diseased that a radical operation is *really necessary*, the prognosis is very bad.

Physicians are supposed to have the welfare of their patients in mind when outlining any method of treatment, and before recommending a patient to have an operation they should ask themselves whether they would advise the same performed on themselves or their dear ones.

Often an operation upon the prostate makes death a little easier, and in a few cases it adds a year or two to the patient's existence, but the majority of those whom I have met that have been operated upon, have said that they wished they had died before they had the operation undertaken. *Surgery of the prostate at the very best is a dangerous procedure and should be advised only as a last resort.*

The prostate being a musculo-glandular organ situated at the outlet of the bladder and surrounding the posterior or prostatic urethra and im-

pinging upon the rectum, makes it a very difficult organ to treat by methods that hav for years been in vogue. As is wel known, the prostate can be palpated by the finger thru the thin walls of the rectum. It is abundantly supplied with nervs from both the sympathetic and cerebro-spinal system. This fact alone greatly enhances the dangers resulting from an operation or from methods that hav heretofore been used for treating the prostate.

If, for exampl, a physician had an inflamed thum to treat, he would elevate the hand so as to hav gravity aid him. He would also take mesures to reduce the inflammation.

The very first modality that comes into a layman's mind for relieving inflammation is *heat*. We all know that heat, rightly applied, wil relieve congestion more quickly than any other modality. Those who hav studied the effects of light, know that light penetrates all substances. We know that light is an expression of

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life, and if along with light, heat can be carried to the inflamed member, we greatly enhance its recovery.

Therefore for an inflamed thum we would use powerful radiant light and heat. If possibl we would apply some kind of a poultis after the application of the light and heat and hav the patient wear it until we saw him again. For poultising a thum I personally would use "Libradol" (Lloyd), but to use such a poultis on the prostate would not be practical becaus of its location. We can, however, use radiant light and heat; we can use gravitation for reducing congestion; and by means of suitabl suppositories we can apply what wil take the place of the "Libradol" poultis for a thum.

We can go a step further. The up-to-date physician who understands dietetics and hygiene would hav the patient with an inflamed thum go on a diet to help reduce the inflammation. He would go still further and inquire into the caus of this inflammation, and if the caus wer ascer-

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tained advice would be given so the experience would not be repeated. However, whatever the cause, it is the inflamed member that we have to treat.

If physicians had taken the same easy and practical manner of treating an inflamed prostate that they would an inflamed thumb, the patients would have been much better off. I have seen some cases of prostatic diseases that had gone for weeks without intelligent treatment, just because the physician was trying to find out the cause of the inflammation by some laboratory method. In such cases, the first thing to do would be to try to find out the cause, but immediately begin procedure to reduce the inflammation. In other words, *treat the condition as you find it and do not wait to treat the name.*

### GENERAL TREATMENT

In every case of prostatic diseases, you may rest assured that the colon and rectum are inflamed. In other words, there is more or less colitis and

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proctitis with every case of prostatitis. Therefore all tobacco and alcoholic liquors must be prohibited and a specified diet must be rigidly enforced. *All condiments must be prohibited.* Asparagus, strawberries, fish, meat, eggs, etc., must be prohibited.

Even if the prostatic disease is caused by syphilis or gonorrhea, the diet must be regulated to reduce congestion. If the prostatic disease has been caused by local injury, the reflex condition throughout the system will have been so changed that a general alterative diet is required.

As discussed under the head of dietetics, no elaborate menus or system is required. Nine cases out of ten will be greatly benefited by following out the diet that I prescribe for colitis and proctitis, which is as follows:

Wash out the mouth well with lemon water, as illustrated in Figs. 54, 55, 56, 57. If the patient is constipated, as he generally is, have him do the bed exercises illustrated in Figs.

44, 45, 46. After each glass of lemon water or plain water that he drinks in the morning he should spend five minutes by the clock at exercising, doing in a systematic order the exercises shown in Figs. 47, 48, 49, 50, 51, 52, 53. These exercises will generally make the bowels move before four glasses of liquid are taken. *These exercises should follow the drinking of each glass of liquid on arising.*

After this is done, have the patient drink one glass of unstrained orange juice and he should eat nothing more until noon. Then he can eat a handful of watercress or a part of a head of lettuce, or some celery, or endive, or something on this order. He should eat or drink nothing then until five o'clock. Then he can eat a small head of lettuce without anything on it. Nothing should be drunk during the day. The drinking has been done in the morning. The diet as outlined gives the system all the mineral salts it requires and has a very selective action upon the alimentary tract.

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The diet as above outlined should be kept up for seven days, after which "Ry-Crisp" can be added to the diet for the midday and evening meal. One-quarter or one-half of one "Ry-Crisp" disc can be eaten at each of these meals. Each mouthful must be thoroly masticated before it is swallowd. In seven days more, raw carrots can be added to the midday or evening meal, also boild onions, or raw onions if they agree.

Within another week boild spinach can be added to the diet for the mid-day or evening meal, preferably for the midday meal.

If this diet cannot be carried out, the orange juice can be taken for breakfast and during the day three quarts of *Bulgarian Lactic Acid Milk* can be drunk. The amount can be divided up so the patient consumes three quarts between breakfast and three hours before retiring. Sometimes a whole quart can be taken at a meal by taking it slowly. If the patient is very thin a half-pint of light

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cream can be added to the three quarts of Bulgarian milk.

The Bulgarian milk can be made by following out the technic advised by the dealers. Knudsen's Laboratory, Los Angeles, California, sends Bulgarian Lactic Acid Cultures to all parts of the United States and they can furnish in detail the manner of making the milk.

This "Bulgarian - Lactic - Acid - Milk" diet has a remarkable effect upon the intestinal tract. It can be used for seven days without anything else but orange juice for breakfast. Then a quarter to a half a disc of "Ry-Crisp" can be added to the diet for a day's rations.

After fourteen days, lettuce, raw carrots, celery, or watercress can be added to this Bulgarian milk diet. Lettuce eaten at night has a very soothing effect upon the nerves, and is very beneficial in all neurotic conditions.

After about three weeks one quart of the Bulgarian milk can be taken from the diet and a baked apple, boiled



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onions, boiled spinach, and boiled raisins can be added.

If possible, for at least three months I like to have the patient take at least one quart of the Bulgarian Cultured Milk a day if it agrees with them. If it does not, do not attempt to give it, but stick to the watercress, lettuce and other diet as above outlined. *Insist that the diet be followed in every detail.* At first the patient may object, but within four or five days he will be so pleased with the results and with the loss of his false appetite that he will be very much satisfied.

Within about two or three months baked potatoes, especially the peel, can be added to the diet, also string beans or green peas or cauliflower without any dressing. After a few weeks with this diet, the chances are that the patient will be so well that he will not want to go back to his former habits of eating.

You will notice that I have cut out all white flour, sugar of all kinds, tea,

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coffee, chocolate, cocoa, and meat. This diet will sustain a man doing the hardest kind of work indefinitely. At first patients cannot realize this but as time goes by they will find it true.

The *posture* is of great importance in treating prostatic diseases. Have the patient lie on a tilted couch as shown in Figs. 36 and 37 from one to four hours each day. He should lie on the abdomen, as shown in Fig. 37. For the home treatment, have them use metal dilators, as shown in Fig. 40 along with the prostatic suppositories shown in Fig. 59 and Index.

Sexual intercourse should be abstained from till the patient is well.

The patient should always sleep alone.

If the bladder be dilated, or the patient feels irritable about the bladder after urinating, have him urinate while on all fours as shown in Fig. 52.

If the patient be very nervous, he should keep away from "movies," as they cause eye strain and nerve irritability.

## OFFICE TREATMENT

Physicians who have had any experience in using powerful radiant light for ulcer of the stomach know that modality will cure it, though the distance is considerable from skin and lining of stomach. There certainly can be no controversy on this point. There are enough physical therapists who can vouch for this statement as well as thousands of patients who have been cured of ulcer of the stomach.

When we consider that there is only a thin wall between the rectum and the prostate, we can see at once that if powerful radiant light can be directed into the rectum directly over the prostate, the effects of that light must be immediately felt in the prostate. That such is the case cannot be disputed.

Fig. 39 shows a DeVilbiss rectal speculum and dilator in situ. It will be noticed that the rectum is dilated and that the valves open laterally, leav-

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ing exposed the section of the rectum directly over the prostate. By having the tabl tilted, as shown in Figs. 29-35, and having the combined-radiant-light radiation on the back, the patient being on the front, as shown in some of the illustrations, the radiations from the quartz light ar directed on the anterior surface of the rectum opposit the prostate, and the radiations from the 3,000 c.p. gas-fild lamp radiate on the back, being focust over the sacrum and buttocks.

The effects of this combined treatment ar that in the first place gravity is helping reduce the congestion in the prostate and pelvic region including the bowels. In the next place the rectum is dilated thereby increasing the flow of blood thru these parts and reducing congestion and producing thruout the system a beneficent effect that no one can realize until they hav personal experience or hav treated a number of patients by this method. Then we hav the powerful light

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radiating on the lumbar region, relaxing the tension in the lumbar region and thereby carrying its reflex action thru the sacral nerves to the pelvic organs. Besides all this, we have the powerful actinic rays from the quartz light directed right into the rectum and over the prostate.

No one who is at all familiar with any of the physical methods of therapy can fail to grasp the wonderful therapeutic effects of all these measures combined.

Before the speculum is entered into the rectum, it should be warmed by allowing warm water to run over it, and it should be anointed with iodex. The effect of the iodex upon the mucus membrane of the rectum is remarkable, and the heat from the lamps helps to cause the iodine to be absorbed very quickly.

### **QUARTZ LIGHT TECHNIC**

In using the Alpine lamp, as illustrated, the following rules must be explicitly carried out:

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1. The quartz burner should be wiped off at least once a day with a piece of cotton wet with alcohol.

2. The burner of the A. C. lamp should be at least thirty-six inches distant from the patient during the first treatment, and the radiation should not begin until the lamp has been lighted for at least five minutes, because it takes about that time for it to come up to its full power.

3. The body should not be exposed to the rays of this quartz lamp more than one minute at the first seance, and that one minute should be after the incandescent lamp has been radiating on the body for at least four minutes. Then the quartz light should be immediately turned away from the body.

4. Each succeeding day the quartz light can be left radiating on the body one minute longer, for example, one minute the first day, two minutes the second day, three minutes the third day, and so on. In this manner after

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ten days both lights can be radiated on the body for a period of ten minutes at each seance.

This combined-radiant-light treatment per rectum is for any condition where the prostate is congested or where there is proctitis, colitis, or urethritis.

This same tecnic is to be carried out for gonorrheal infection as well as for any other infection in the prostate.

Altho the Seventh Edition of my Lecture Course to Physicians goes into the theory of this combined-radiant-light tecnic very thoroly, yet I wil say in short that experience has proved that having the two lights combined as above stated produces results that cannot be produced by any other tecnic known.

The powerful incandescent lamp dilates the capillaries and brings the blood to the surface, and at the same time the quartz light is shedding its powerful, actinic rays on the body, and there is some peculiar effect when

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the two lights ar combined which wil increas the blood count faster than any other tecnic or method that I hav ever herd of.

The dilating of the rectum produces a great flushing of the capillaries in the rectum, and the actinic rays from the quartz light ar absorb'd by this blood and carried right into the tissues.

In cases of *impotency* this method of treatment acts like magic. It wil reconstruct the prostate and its functions in a manner that I hav never seen equald, especially if the pulsoi-dal current be used on alternate days.

This radiant light treatment per rectum, as above described, I giv alternate days or after I hav used the pulsoidal current thru the rectum for at least a week.

## PULSOIDAL CURRENT TECNIC

To use the pulsoidal current thru the rectum, use the Bi-Polar Rectal Electrode shown in Fig. 9. Anoint it



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with iodex and pass it into the rectum, following out the tecnic shown in Fig. 42. Hav the electrode connected to the Valens Metronomic Interrupter as shown in Fig. 32, allowing the combined radiant light to shine on the back as there illustrated. With the weight of the pendulum of the Interrupter as shown in Fig. 5, turn on the current thru the controller as strong as the patient can comfortably endure it. Then set the weight on the Metronome to come opposit the figure reading four times the respiration of the patient. Set the pendulum to oscillating, and let this treatment continue for ten minutes.

I would by all means advize the use of the Victor Time Switch in connection with the Interrupter and the Controller, as shown in Fig. 7. These treatments should not continue for more than ten minutes. Many times six or seven minutes ar enuf.

Use the same tecnic for the quartz light as before given, that is, one min-

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ute the first day, two minutes the second day, and so on, but allow the radiations from the 3,000 c. p. gas-fild lamp to radiate over the sacrum and lumbar region during the entire treatment. It is a good plan to hav the patient hold their buttocks open while the light is radiating on them, as shown in Fig. 30. This aids greatly in letting the light radiate upon the sensitiv nervs about the perineum.

This Pulsoidal Current can be used every other day and the radiant light per rectum can be used every other day, or the Pulsoidal Current can be used for the first week or two of the treatment and then the combined light per rectum used for a week or two as the case may be.

Personally I think the alternate days for each modality is the best plan of all, altho there ar cases where the combined light per rectum should be pusht to the limit. Such cases ar those where there ar *fissures in the rectum*. Only a few treatments ar required to

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heal these fissures by means of the radiant light and iodex, provided the home treatment, as before outlined, is carried out.

### **BINOCULAR ELECTROTHERAPY TECHNIC**

Fig. 17. illustrates a multiple electrode holder that I have devised for holding a regular sponge electrode, which is shown in the lower arm.

Fig. 18 shows the pulsoidal current being given thru the binocular sponge electrode thru the eyes and thru the single sponge electrode over the 2d and 3d cervical vertebrae. This illustrates the method of giving what I have named the *Binocular Electro-Therapy* or the Pulsoidal Current thru the eyes and upper cervical vertebrae.

The current I use for this Binocular Electro-Therapy is the Pulsoidal Current, Mode A, Fig. 8. The sponges should be kept in a glass jar containing a wet towel with a very little formaldehyde on it. This keeps

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the sponges always wet, which is a decided advantage in using any sponge electrode. Before using the sponges they should be rinsed off in clean water and sometimes it is well to moisten them with a normal salt solution.

With the eyes closed, the binocular sponge electrode should be brought in close contact with the eyelids—directly over the ball of the eye. If anything, use a little upward pressure. *This pressure should be upward and backward.*

The single electrode should be placed over the 2d and 3d cervical vertebræ as shown in Fig. 18, especially when treating for *prostatic conditions* or for stabilizing blood pressure—either raising or lowering it.

If the Binocular Electro-Therapy is being used for a rapid heart or for goiter, or hyper-thyroidism, the single sponge electrode should be placed over the 6th and 7th cervical vertebræ.

The time of treatment as a rule should not be over ten minutes, but

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occasionally for high blood pressure the treatment can be given for fifteen minutes, *but never more than that.*

### THERAPEUTIC RESULTS.

Passing the pulsoidal current thru the eyes and over the 2d and 3d cervical vertebræ has a very peculiar action upon the system.

Remember that "Pulsoidal Current" means a current that is interrupted thru the Valens Metronomic Interrupter at the rate of four times the respiration. Therefore when the term, *Pulsoidal Current*, is used it is understood that this physiologic rythm is employd.

*This treatment stabilizes blood pressure, either raising or lowering it. It also rectifies faulty metabolism.*

The general relaxation produced by Binocular Electro-Therapy, as above outlined, placing the singl electrode over the 2d and 3d cervical vertebræ, is similar to most modern methods of auto-condensation. Altho

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I have searched books on spinal reflexes, and have never found any allusion to the employment of the 2d and 3d cervical vertebræ for changing blood pressure or altering the metabolism. That area seems to have been overlooked, altho I have found it very important.

After observing what seemed to be remarkable results obtained by some in manipulating the neck, I began a series of experiments to see just *why* certain results were obtained by placing the single electrode over the 2d and 3d cervical vertebræ, as illustrated. I found that I obtained some results that I could not obtain from any other region of the spine. I also found that by *intermitting* the rapid-sine-wave current, or alternating current, at a rate equal to four times the rate of the patient's respiration (Pulsoidal Current), I obtained results that I never obtained when using any other modality or when treating any other location along the spine.

I found that the blood pressure could be lowered or raised, that is sta-

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bilized or normalized, and that the patient had a feeling of well being similar to what I had secured when treating the same patient with auto-condensation.

I also found that if a patient came in complaining of feeling tired and "out of sorts," if I used the modality as illustrated for ten minutes they would feel greatly refreshed. This was especially noticeable if the treatment were given in the afternoon or evening—when the patient would say after the treatment that he felt "like starting another day's work."

I also observed that if these patients wore glasses, their glasses did not fit them for several minutes after the treatment. In many cases patients could get along without glasses after having a few of these treatments.

Patients that I was treating for some other condition, who had a sexual weakness, would mention the day following the binocular treatment

that their sexual feelings had been greatly enhanced or normalized.

#### EXPLANATION OF THE PHENOMENA

The explanation of the effect of this Pulsoidal modality upon the eyes is quite simple. It tones up the musculature of the eyes and remedies a certain strain that the eyes have been under. By relieving this strain, we are giving to the rest of the body much of the energy that has been exhausted by the eyes. Some writers claim that one-sixth of the energy of the brain is consumed through the optic nerve, and if this be the case we can readily see why remedying the tension and exhausting strain on the optic nerve from this stimulation is so productive of good.

The explanation for the lowering of an abnormally high blood pressure or the raising of an abnormally low blood pressure is not so easy, but from my observations I think it is through the *pituitary body*. Stimulating the 2d and 3d cervical vertebrae seems



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to have a selective action upon the internal secretions (hormones) and I can explain it in no other way unless it be thru this body at the base of the brain.

According to anatomies, there are branches of the sympathetic ganglia connected with the pituitary body. These branches are distributed in the region of the 2d and 3d cervical vertebræ. According to the hormone theory of Starling, if we influence the hormones in any one of the internal secreting organs, we influence the hormones in *all* of the secreting organs.

Sejous, in his work on the internal secretions, goes into the influence of one internal secretion on the other very extensively, but the "hormone theory" seems to elucidate a great deal of Sejous' original work.

## INDICATIONS

The indications for this Binocular Electro-Therapy are very wide. Good results can be obtained by using this

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method for any condition of high or low blood pressure—singl electrode over the 2d and 3d cervical vertebræ. The same tecnic is used for *albuminuria*, for *impotency*, and for *prostatic diseases*.

For *incipient cataract*, *high intra-ocular pressure*, *bleforospasm*, or *other eye conditions*, use this same tecnic.

For *glycosuria*, use the singl electrode over the 2d and 3d cervical vertebræ one day, and the next day over the 6th and 7th cervical vertebræ, and alternate in this manner regularly while carrying out the treatment.

When the physician once becomes accustomd to the action of this modality thru the eyes, he wil find many other conditions in which it is applicable.

The Seventh Edition of my Lecture Course to Physicians takes up Pulsoidal Therapy very exhaustivly and shows how to treat *paralysis*, *tubes dorsalis*, etc., by this method.

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### SUMMARY OF SEVERAL HUNDRED CLINICAL FINDINGS FOLLOWING PULSOIDAL THERAPY

I find that energy given rhythmically four times as fast as the respiration (physiologic rhythm) seems to set the pace for the heart rhythm and produces beneficial results that are startling. The heart responds to the rhythm of four times that of the respiration more readily than to that of any other meter. It seems that after the rate of the pulse has gotten to four times that of the respiration, it will stay there, and one cannot make it more nor less by changing the meter of the make and break.

If a person be tired and languid, I find their heart beat is not in the proportion of four-to-one with the respiration. By bringing the rate of the heart to that ratio, the patient feels rested and experiences a feeling of general well-being—euforia.

To set the pace for the heart, too great a jump cannot be made between times. It must be made by steps.

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I find that one can steady the heart more by putting the single electrode over the 2d and 3d cervical vertebrae and the other over the eyes than in any other manner.

I also have found that by putting the binocular sponge electrode over the eyes, it has a more sedative effect and controls the blood pressure better than any modality that I have ever used, and I have used every modality that I know anything about.

*I find that the results of this Pulsoidal Electro-Therapy are as permanent as by any other method.*

I find that sexual neurasthenics are greatly benefited by the Binocular Electro-Therapy.

The modality is very easy to handle and the paraphernalia is not very expensive. The apparatus can be taken to the house and treatment given wherever there is an alternating current. Or if one has a portable transformer, treatment can be given in any house where there is a direct current.

The treatment can be given while

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the patient is sitting in a chair or lying on a tabl.

This treatment does not conflict with any other treatment.

### CONVECTIV HEAT PER RECTUM

We all know that if sunlight shines on one end of a metal rod the other end wil also become warm in proportion to the receiving surface of the collecting end. It is also wel known that some buildings ar set on fire from a milk can leaning up against the boards, causd by the heat collecting from the sun upon this metal.

Observing these facts and knowing of what great value both radiant light and convectiv heat ar in treating prostatic and rectal diseases, I so arranged my rectal dilators as to attach a heat collector to them, as shown in Fig. 43.

Figs. 31 and 35 show the tecnic and posture for using convectiv heat per rectum. Fig. 43 shows the various heat collectors that I use.

The physician wil often find it ad-

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vantageous to divide the treatment up into sections, for example, eight minutes for the pulsoidal current or the radiant light per rectum and six or seven minutes for convective heat per rectum. Twenty minutes can advantageously be used on the back of the body in treatment.

While the patient is lying in the slanting position, head downward, the dilator is in the rectum right over the prostate, and the heat collector is directed immediately under the principal focus of the 3,000 c. p. incandescent lamp. Not only is great relaxation taking place along the spine, especially in the lumbar and sacral regions, but powerful heat is being conveyed thru this metal heat collector thru the dilator right into the rectum over the prostate. The effects of this treatment cannot be expressed in words. One must experience it to know what it is. Patients say that they never had anything feel so comfortable and so gratifying. The cum-

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lative action of these treatments is astounding, but the treatments should be given at least six times a week for at least a month to produce the results to be looked for.

Besides the convective heat, *the manner of giving it* is of great benefit, that is, by *radiant* heat—light and heat—radiating on the lumbar and sacral regions and on the thighs and perineum, at the same time.

### TECNIC FOR COMBINED LIGHT RADIATION ON FRONT OF BODY

Fig. 29 illustrates the tecnic for the combined light radiation on the front of the body. Notice that the patient holds the scrotum so as to expose the perineum. Also notice that the radiations from the powerful incandescent lamp are directed over the penis. Also notice that the radiations from the Alpine Quartz Lamp are *directed at right angles to the perineum* and that the body is on a slant with the head at least twelve inches lower than the feet.

The tecnic for the radiations from

the quartz lamp ar the same as before explaind. That is, one minute for the first day, two minutes the second day, and so on until both lamps can radiate together on the front surface of the body for ten minutes. Be sure that the quartz burner is at least thirty-six inches from the body when giving these treatments to begin with. After two or three weeks the quartz lamp can be a littl closer, but as a rule it is not necessary to hav it any closer than thirty-six inches.

When giving the radiations from the quartz lamp for less time than the incandescent lamp, use the incandescent lamp first. For exampl, if you ar going to radiate the body with the incandescent lamp ten minutes, you would direct the radiations from the quartz lamp the last minute.

*The region about the anus, the perineum, and the under part of the scrotum should be shaved before beginning these treatments. As a rule I advize all the hair about the pubes*



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and anus to be shaved off before beginning the treatments. The light will not penetrate thru the hair and therefore the effects of the treatment are greatly enhanced by carrying out this procedure. (If you are treating a woman with the combined lights about the genitals, she should be shaved before beginning the treatments.)

*The rule for all these treatments is to treat the posterior part of the body first and then the anterior, the reason being that relaxation is produced more quickly and more profoundly by radiating over the spinal column first.*

All this technique may appear complicated to the novice but when once the practitioner becomes accustomed to the routine and realizes the reason for every detail, it will become as natural to him as walking. I have tried to outline all this technique very explicitly, but if any part of it is not clear, if the

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reader will write me and enclose stampt envelop for reply, I will try to make it more clear.

#### **GALVANIC TREATMENT THRU THE RECTUM**

Where there ar hemorrhoids concomitant with prostatic diseas, the physician can aid the patient greatly by using positiv galvanism thru the rectum, as illustrated in Fig. 33, using either of the electrodes shown in Figs. 63 and 64.

*When giving any of these electrical treatments thru the rectum, never fail to hav the combined light treatment going on at the same time. In that way you ar giving your patient everything that can be done at one time, and not only gaining time for him but enhancing a cure.*

*Fissures in the rectum should be treated by the method illustrated in Fig. 39, and by using the dilators and suppositories for home treatment as described.*

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*Chancres* about the rectum or any part of the body can be cured more quickly by the combined radiant light treatment, allowing the quartz light to exert a very powerful action over them, than by any other method known. I have healed large chancres by means of this treatment in days when by any other method it would have taken weeks and perhaps months.

*Melted wax on the perineum*, as before mentioned, blowing the melted paraffin-wax combination over the perineum thru the DeVilbiss Thermo-mer illustrated in Fig. 65, is a great aid in reducing congestion in the prostate. Sometimes I blow this melted wax-paraffin combination into the rectum, especially where there are fissures. The wax going out heated and in a fine spray is cool enough to be comfortable when it strikes the skin and immediately cools on the skin, as the heating point is much above that of the body temperature.

**KROMAYER LAMP TREATMENT  
PER RECTUM**

Fig. 28 shows the tecnic for using the quartz light from the Kromayer lamp thru the DeVilbiss rectal speculum. Some of the applicators with this Kromayer lamp ar shown in Fig. 27. There is no need of explaining the use of each one as the physician must use his ingenuity for this. I might say that the long one, known as the "Plank Applicator," is the one to use for treating high up in the rectum. The shorter ones can be used for treatment about the anus or just inside the sfincter. I use this treatment for internal hemorrhoids and ulcerations in the rectum where I want to produce a profound effect and bring direct treatment from the quartz light upon the eroded surface.

Some cases of internal hemorrhoids can be cured in one treatment by allowing the quartz applicator to come in close contact with the mucus membrane of the hemorrhoid for from ten

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to twenty minutes. I have given radiations as long as half an hour on these internal hemorrhoids. This would cause them to sluff away.

The so-called "Laryngeal Applicator," which is a modification of the "Plank applicator," having a mirror ground in the lens, I use for prostatic treatment. *The mirror projects the rays at right angles to their source.*

It is always well to use iodox suppositories in the rectum after having given the prolonged direct radiation thru the Kromayer lamp in the rectum. After giving this prolonged quartz light treatment in the rectum by means of the Kromayer lamp and quartz applicators, I have the patient take a tablespoonful of paraffin oil (Liquid Albolene) three times a day after meals in order to protect the rectum.

*Pruritus ani* can be cured in one or two treatments by directing the quartz light from the Kromayer lamp and quartz applicator directly upon

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the surface about the anus. It is always best to hav the patient hold the buttocks wel apart during this treatment so as to bring the light into all the littl creases and folds about the anus. Sometimes I push the applicator up thru the anus for half an inch in treating for pruritus ani. Four or five minutes can be occupied for a treatment of this kind for pruritus ani. The dressing to be used, when the burn begins to show, is iodex. It is best used on cotton and worn up close to the anus. Sometimes it is wel to use iodex suppositories while treating pruritus ani in this manner.

I could go on indefinitely giving the tecnic for the treatment of all the known diseases of the anus, rectum, colon and genitals in general, but the reader can glean from the tecnic already outlined how to treat other conditions that might arise in the treatment of prostatic diseas and impotency.

## KROMAYER LAMP IN PROS- TATIC TREATMENT

*Radiant Light, regardless of its source, should be projected at right angles to the surface being treated.*

This law is unchangeabl.

This is why radiations from the Lamps should be directed as shown in the various illustrations in this book.

If one be treating the prostate, it is wrong to direct light into the rectum thru Kromayer lamp applicators, which project the rays *parallel* to the prostate. They must be projected *perpendicular* to the prostate.

For treating the prostate by means of the Kromayer lamp, I use an applicator similar to the Plank applicator, but which has a beveled-mirror surface so as to reflect the rays at *right angles* to the axis of the rectum.

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It is manufactured by the makers of the Kromayer lamp and is known as their "laryngeal applicator."

If, however, one does not have this special applicator, they can direct the rays at nearly right angles to the prostate by properly placing the patient and the applicator. This, however, is very difficult to do with a strait applicator.

Remember that rays of light do not go around a corner.

Therefore when treating any particular location, have it in mind that you should aim the rays as strait as you would a bullet if you wanted to pass it thru that locality.

The tilted position shown in the various illustrations in this book tend to place the parts being treated at right angles to the rays of light. In other words, it allows the parts to be treated to easily come perpendicular to the rays of light.



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Owing to the peculiar shape of the reflector of the Alpine lamp, many parts of the body can be put perpendicular to the rays projected from that reflector at one time.

If the operator be ever in doubt as to the direction in which the rays should go, let him imagin that one part of a square is lying on the part to be treated. Then the other side of the square should be parallel to the projected rays of light.

**"Front" is the thing some men put up when they can't put up anything better.**

## TREATMENT OF CONSTIPATION

Constipation is so often present with prostatic diseases that it is apropos to say a little regarding its treatment. The use of the lemon water and lemon mouth wash in the morning and the exercises previously outlined will, as a rule, correct the habit of constipation.

*A regular time to go to stool is of paramount importance in curing this condition.*

*The "Indian position" while at stool is always a great help in curing constipation.*

The diet has a great deal to do with it, and I recommend the diet as outlined before for constipation. If necessary, agar-agar in some form can be used until the bowels become regular.

I have found "Ry-Crisp" much better than bran in treating constipation

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because it is not only a food but has enough natural bran in it to make a well formed stool and thereby enhance peristalsis.

The powerful radiant light upon the abdomen and back will in many instances act as a cure for constipation more than any other physical modality.

*Never allow granulated sugar or glucose or white bread in the diet of anyone who is constipated. Tea, coffee, chocolate, cocoa are also contraindicated.*

Whiskey "jags" are bad, but sugar "jags" are, in many ways, worse.

Keep well preserved, but not well pickled.

### THE SMILE THAT COUNTS

'Tis easy to smile when the sun smiles too,  
And the sky is a field of blue;  
But giv me your smile when the sun is gone  
And the sky is of ledden hue.

'Tis easy to smile when the flowers smile too,  
And you walk in their odors sweet;  
But giv me your smile when the flowers lie ded  
And the thorns prick your weary feet.

'Tis easy to smile when the birds sing cheer  
And you hark to the rippling ril;  
But giv me your smile when the waters sigh  
And the songs of the birds ar stil.

'Tis easy to smile when the world smiles too,  
And you walk with a joyous hart;  
But giv me your smile when the whole world  
frowns;  
Can you smile when the teardrops start?

—ANON.

## OFFIS SYSTEM

Many physicians when they begin to specialize in offis work hav no idea as to *system*. In the first place in fitting up an offis the *psychological effect* of the fittings should be taken into consideration. I do not mean by this that the fittings should be gaudy, becaus that is poor psychology, but they should be plain and attractiv. Insted of having dark wood fittings, they should be on the order of natural oak or other natural light wood. It has a more plesant and soothing effect. Wood of a natural, light yellow hue has a sedativ effect upon a sick person as wel as upon one who is not sick. There may be some pieces of a dark color for contrast, but the general effect as one enters the room should be light color. White is objectionabl becaus it makes one think of a hospital and in many instances wil drive a patient away.

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The *arrangement of the treatment rooms* is of great importance. If, for exampl, you hav only one treatment room, that room should be so arranged that you can giv the combined light treatment along with the electrical treatment at the same time. There should be a sink with running hot and cold water near the treatment tabl. For this room there should be *two* dressing rooms, one in which the patient can be undressing while in the other another patient can be dressing. That saves time.

It is wel to always hav an extra 1500 watt, gas-fild globe on hand in case the one you ar using should burn out. If you liv a long ways from New York City, you should hav an extra Alpine lamp burner on hand. In fact, you should hav duplicates of nearly everything so that your work wil not be delayd in case of any accident.

Each patient should be given a clean sheet and it should be unfolded and placed on the tabl *in the patient's presence*. Many physicians ar "a

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penny wise and a pound foolish" and wil try to spred out a sheet so as to hav it do for two or three patients. This is very poor policy. I hav often herd patients say that when they went to a certain doctor's they found a sheet on the tabl and did not know whether someone else had used it or not. If the sheet is unfolded and spred on the tabl in the presence of the patient there can be no such mental attitude.

*Interval timers*, as illustrated in the text, should be used for every treatment. The *time switch* should in every instance be connected up with the pulsoidal current becaus this current should not be used any longer than specified. Besides making the tecnic exact, the time switch makes the patient feel confident that they wil not get more electricity than required. In other words, it givs the patient a *feeling of confidence* to know that the physician is using exact methods in the way of time clocks

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and time switches in handling their case.

If the physician has two treatment rooms, each should be equipt in ful, becaus the electrical treatment should go hand in hand with the combined light treatment. The results ar great-ly enhanst by giving all these modal-ities at one time. If, however, there be any reason why the physician wishes to giv the pulsoidal current one day and the combined lights an-other day, one room can be fitted with one modality and another room with the other modality. I never advize this, however.

In my offis I am running five incandescent lamps, five Alpine lamps, one Kromayer lamp, one professional style Burdick bath cabinet, six pulsoidal outfits, six oxygen-vapor and B-D-C outfits, one vibrato-masseur, one Bachelet-magnetic-wave generator, one McManis spinal treatment and extension tabl, as wel as several other treatment tabs, air compressor for giving nose and throat treatment,



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eye testing outfits, etc. I test eyes to see whether the patient's glasses fit and for astigmatism to ascertain if the eyes are at fault. Besides these outfits I have the universal mode and other general electrical or sinusoidal outfits.

I mention all these as so many write asking me to name the outfits I use. I cannot enumerate all the small appliances, lamps, instruments—diagnostic and treatment—that I have. I mean to have the best and the latest for all office treatments and for general and special diagnosing. If anything is made better than what I have, I am always ready to get it.

I have three more dressing rooms than treatment rooms. In that way no time is lost for patients to dress and undress.

To give an idea of what one man can do by using *system* in this work, I would say that without hurrying the patient at all I can treat five people on one table in two hours, or nine people on two tables in two hours or fourteen

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people on three tables in two hours, and carry out all the technique outlined in this book. When rushed I have handled forty-five patients on five tables between seven in the morning and noon, doing it entirely alone with an assistant looking after the telephone and seeing the patients in and out. With one assistant at the tables, a physician can, with five combined light outfits and pulsoidal outfits, easily treat over fifty patients in a forenoon. I mention this to show what can be done if a person has system. I make it a point to diagnose and consult in the afternoon and treat only in the forenoon.

I have interval timers for each table and combined bells for special treatments so that I will know by the sound just what room they refer to.

For the *quartz light treatment* one must be exact with the time and if giving treatment for one minute, set the alarm for forty-five seconds so they will have time to get to the table by the time sixty seconds are up. If a patient has had ten treatments with the

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augmenting scale, as mentioned in the text, a minute or two more will do no harm, but it is well to be as exact with the time as possible. Then the patient will not expect more than he should have. As an illustration of this, I might say that sometimes when a patient has been late I would allow another patient to stay under the lights a little longer than usual. Then when the next patient was on time, the first patient that they were being cut short in their treatment. It is best to give just so much and no more unless there be some special reason for it, and then it is well to inform the patient just why you are doing it.

I talk over the case with the patient and let him know what I am doing and what I am doing it for. I know this is contrary to the general college teachings, but I believe it is the correct way, especially when dealing with intelligent patients.

Patients like to know the whys and wherefores of what is being done for them and they have a right to know.

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It makes them interested in their progress and makes their mental attitude in harmony with the treatment, if they know just what you ar doing and why you ar doing it. Let the patient know just what you expect to accomplish and lead the mind along with the treatments so the mind will help the body and the body help the mind. *To cure a person of a bodily il and leav the mind uncured leavs the patient as sick as before.* Curing the mind and leaving the body il drags the mind down. Therefore both should go hand in hand. If anything, the mind should precede the body—it is the engin that draws the train of bodily functions.

*Hav confidence in what you ar doing.* In other words, believ the treatments you ar giving ar efficacious or don't use them. If you cannot hav confidence in the work you ar doing, how can you expect your patient to hav confidence in the treatments? *Do not go at anything half hartedly.* Go at it with a vim and do not be afraid

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to make a confidante of your patient as to what you expect to do for him.

In making a prognosis for a patient, always anticipate more time for the cure than you think it will take. For exampl, if you hav reason to believ a certain condition can be righted within three months, tel the patient it may take six months. It is better to err in assuming too much time than too littl time. It wil save you embarrassment and it wil increas the patient's estimate of you if you come wel within the time.

As much as possibl make your terms cash in advance for each week's treatment. Make your price by the week and get your pay in advance, or make your price by the month and get your pay in advance for the month. This is especially advizabl in treating venereal diseases. In treating other diseases, it is not so important as long as you get your pay every week, but "pay in advance" should be the slogan for every venereal case and as a rule with every case.

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*The psychology of having paid for something and then reaching out to get it is important. Besides to make and keep friends do not let them owe you anything.*

Impress *punctuality* upon your patients. Be punctual yourself and expect them to be so. If they are not, charge them for their tardiness. It is the only way office work can be done with profit. If a patient is late, let someone take his place and make him wait. If a patient skips a treatment entirely without notifying you in ample time, make him pay for it. The physician's time is valuable and the patient should realize it. Neither should the physician impose upon the patient.

Be very particular to wash in soap and hot water all instruments that are used about the rectum and genitals, then sterilize them either in alcohol or formaldehyde solution. Alcohol is best for some instruments while formaldehyde is alright for others. Of course formaldehyde will rust instru-

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ments if they are left too long, but if they are thoroughly washed in hot soapsuds and water and then placed in a 10% formaldehyde solution for fifteen or twenty minutes they are steril. If you have an electric sterilizer near, it is well to wash the instruments in soap and water and then place them in the electric sterilizer, unless they are rubber or will not stand heat. In treating gonorrheal cases the physician cannot be too careful in protecting himself as well as other patients.

*Quartz applicators* should be well washed in soap and water and then in alcohol. They then should be exposed to the quartz light radiation for two or three minutes. *Remember that the quartz light radiation sterilizes anything in sight and much that is a little beyond the sight.*

When doing minor operations, I make it a rule to have the quartz light radiating over the site of the operation or near by it, while the work is being done, and I have never seen an infection take place when this tec-

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nic is carried out. Instruments can be sterilized under the quartz light better than by any other measure. I often sterilize towels by spreading them out and letting the quartz light radiate on them.

*Have your treatment rooms well ventilated and cheerful. Be cheerful yourself whether you feel like it or not. A smile is infectious and helps your patient to smile. Remember the selection "A man worth while is a man with a smile when everything goes all wrong."*

**Lasting fame means doing things so well that the world doesn't get a chance to forget you.**



## CHAPTER IX

### *Clinical Cases*

The following clinical cases are picked out from thousands of cases and are cited to bring out certain prominent symptoms and special technique. Every reader of this book should peruse these clinical cases carefully as they contain the sum and substance of all that has been said before in this work.

Oxygen vapor as well as some other modalities may be mentioned in the clinical cases although they have not been discussed at any length in the text. My reason for not having discussed them in the text is that I have purposely omitted from the book that which is not really essential for the treatment of *prostatic diseases and impotency*.

As mentioned in the Seventh Edition of my Lecture Course to Physicians,

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the quartz light radiated upon the body along with radiations from the powerful gas-fild lamp has an effect upon the blood similar to oxygen-vapor inhalation—it enhances the oxygen carrying power of the blood and therefore rectifies metabolism.

The Seventh Edition of my Lecture Course to Physicians goes into every modality that I use for every condition that I hav ever seen. Therefore if the reader wishes to go more fully into general offis treatment, I would refer them to that book.

#### CASE I

Married man 35 yrs. of age. Complained of pain in the upper sacral and lumbar region reaching to the shoulder blades. Also pain in the groins running into the iliac fossæ. Pain at times reacht into the testes and sper-matic cords. At other times pain was in the thighs so he could hardly get around. At other times pain was in hed and a feeling as if the hed wer in a band of iron. The sensation that

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brot him to me was the pain over the hart which he thot was angina pectoris.

This man gave a *C*- and an *E*-MM VR. Therefore I diagnosed him as having colitis, proctitis, prostatitis. Upon rectal examination I found the rectum inflamed and upon examining the colon I found that also inflamed. Palpation thru the rectum showd the center of the prostate to be very sensitiv. This patient told me that he was "sexually weak" and that he oft-en had premature ejaculations, but really did not care anything about sexual intercourse. The size and general condition of the genitals wer normal. He gave no reflex for gonorrhea and said he had never had any venereal diseas.

I put him on a fast of three days, allowing nothing but water to drink. I gave him six one-sixth grain podofyllin pils (Abbott) to be taken a half hour apart the nite before I examind him, and told him to take a good dose

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of salithia (Abbott) the following morning.

The next nite I told him to take two tablspoonfuls of liquid albolene (McK & R). The next day I told him to take an enema of water as warm as he could bear it, containing a tea-spoonful of baking soda to each pint of water and to place the fountain syringe so the outlet would be about three feet above his buttocks. I instructed him to begin the enema lying on his left side, then to raise up in the knee-chest position and then to go over on the right side, and to be about ten minutes going thru these movements.

The examination of this patient's urin showd 80% acid by the decinormal NaOH phenolthalein test. (Abbott's acidomer). By the fermentation test the urin showd a small amount of sugar. By the horisma-scope (a cold nitric acid test in Nelson Baker & Co.'s instrument) no albumin was present.

I commenst treating him by means

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of the pulsoidal current in the rectum the day after examination. Along with the pulsoidal current I used the combined light therapy.

For his diet after the three-day fast I started him with the lemon-juice hygiene for the mouth and a glass of orange juice for breakfast—*nothing more*. At noon I had him eat a doubl handful of watercress—*nothing more*. For supper I allowd him a small hed of lettis—*nothing more*. His supper was eaten at six o'clock and he retired at ten. No liquid was taken during the day but two or three glasses of water wer drunk on arising. The bowels did not move the first day of his diet becaus they wer alredy empty.

The treatment and diet, as outlined, continued for ten days. Then I allowd in addition to the orange juice, watercress and lettis, one quart of Bulgarian lactic acid milk, part to be drunk before his midday meal and part just before supper.

After the first day of treatment in

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place of the pulsoidal current I used the DeVilbiss Bi-Valv Speculum to dilate the rectum, and allowd the light to radiate over the prostate, as illustrated in the text. This radiation continued for ten minutes, then for ten minutes I gave convectiv-heat treatment thru my rectal dilator and the mushroom heat collector.

The third ten days of treatment wer practically the same as the second ten days. Of course I radiated the anterior part of the body in the same manner that I did the posterior part, following out the tecnic as illustrated and described in the text. After the first twenty days of diet as outlined above, I let him add a grated raw carrot for supper and a quarter of a disc of Ry-Crisp with the midday meal, and the same with the evening meal.

For his home treatment I prescribed rectal dilators along with "Suppos. Prostans" to be used at nite. For the first ten days I had him use one of the suppositories after

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each movement of the bowels. The bowels moved regularly every morning after the fifth day. He carried out the exercises delineated in this book to the very letter.

In six weeks this case was what could be called practically well. He said he felt well in every way, his mentality was better, all moroseness and melancholia had past away. He had no burning or itching sensation here and there, no pain anywhere, and he said married life had taken on a new aspect. His wife said she had never seen him so well before, not only physically but mentally.

This man told me that he had no desire for any other kind of food and that his wife had become accustomed to eating the same as he, and at the end of three months they had saved enough in their household expenses to nearly balance my fees.

This case was "an easy cure" from beginning to end, but it would not have been had the diagnosis not been

correct and had the treatment not been along the lines as set forth.

## CASE II

Singl man 28 yrs. of age complained of melancholia, difficulty of thinking and mental concentration. In fact he did not want to use his mind at all. He said he could not sleep at nite and was worried all the time altho he was associated with a large and prosperous business. He complained of erotic dreams and said he was always thinking of sexual matters altho in reality they did not interest him at all.

This man gave a *D-MM VR*, that is, a gonorreal reflex. He told me he had never had gonorrhea nor any discharge from the penis. His general looks wer those of a neurotic—stoop-shoulderd when he walkt and when he sat down he “went all in a heap.” He did not want to look me squarely in the eye and preferd to hav his nurse talk to me about his symptoms rather than telling them himself. He said he had been constipated more or



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less all his life. When he was thirteen years old he stated he began to masturbate a little, but never more than two or three times a week. His mind was always more or less upon sexual matters. He said that at the age of eighteen he began to have sexual intercourse with promiscuous women, but had always taken "strict precautions" in regard to antisepsis and was sure he had never contracted gonorrhea.

This patient's *symptoms* did not show gonorrhea, but they did show neurasthenia. I would never have thought of his having gonorrhea in his system had it not been that he gave the D-MM VR. My diagnosis was gonorrheal intoxication along with sexual neurasthenia.

This man's urine showed acidity equal to 90 by the acidimeter (Abbott's).

Upon local examination I found his rectum inflamed and his colon very much inflamed. The right lobe of the prostate was much larger than the

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left but was soft. The isthmus between the two lobes was very tender and he said he felt a very peculiar sensation at the end of the penis when I prest on that location thru the rectum.

The diet mapt out for this man was identical with that of Case I. I prescribed Keysall iodine for him, beginning with three drops three times daily and continuing to increase it one drop three times a day until he was up to twenty drops three times daily, continued that three weeks, skipt three days and began again—following out the iodine tecnic mentioned in this book.

The first day of his treatment I put my rectal dilator into his rectum and attacht to it the mushroom heat collector. I continued this with the combined light treatment for ten minutes, using the quartz light only one minute. I followd this by radiation over the front of the body, especially directed over the perineum.

(In all the treatments mentioned in

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these clinical cases, the position of the patient on the treatment table was as illustrated in this book, that is, the foot at least twelve inches higher than the head.)

The second day I gave him the pulsoidal current thru the rectum along with the combined light treatment. The next morning when he came to me he had a lot of cotton over the penis and said he was having a terrible discharge. I took some of the pus, stained it with methylene blue, examined it under the microscope, and found it to be loaded with gonococci. It looked like a very severe attack of gonorrhea. I prescribed a gonorrhea bag for him to wear. This severe attack of gonorrhea lasted for about ten days, when the flow gradually subsided and he got entirely over it. No painful symptoms.

The treatment for the first week was alternated with the radiant light in the rectum, the pulsoidal current and the convective heat thru the rectum. I kept up this mixed treatment,

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carrying out the tecnic as mentiond in this book, for six weeks. At the end of the fourth week he said he felt perfectly wel. In fact he said he never rememberd feeling so wel. At the end of the sixth week he was having very strong erections and said he began to feel like "a real man." I told him to control his feelings as he needed all the secretion from his testes to go into his own system.

I might mention that I had a block of wood sewd in a bandage for him to wear at nite so he would not lie on his back. Within two weeks he was abl to sleep all nite and at the end of six weeks he was what would be calld practically wel. He walkt with a different step, he could look you squarely in the eye and he appeard wel, and to all intents and purposes he was wel.

I continued the treatment as outlined for another six weeks, allowing him little by little to enlarge on his diet until he had for breakfast a glass of orange juice following the lemon juice mouth hygiene. For his midday

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meal I allowd him cookt vegetabls except asparagus. For his evening meal he had a mixt raw vegetabl diet of watercress, lettis, raw carrots, Jerusalem artichokes, etc. *No salt or condiments wer allowd in his diet.*

It is now a year since this young man had his last treatment. He calld to see me within the last few days and told me I had performd a miracl on him and now life lookt rosy to him and he was contemplating marriage. He said he felt he was entirely wel and thankd me for his recovery.

I might add that I prescribed the Suppos. Prostans for the man to use indefinitely. He used one or two daily during his treatments with me and used metal rectal dilators every nite for at least three months. For the past nine months he has been using on an average of one prostatic suppository every nite.

It might be of interest to my readers to know that this man's constipation was entirely cured within ten days and his bowels hav averaged one

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or two movements a day for the past twelve months. He takes no cathartics, but drinks the liquid in the morning and takes the exercises as set forth in this book.

### CASE III

Married man 45 yrs. of age. Came to me to be treated for what he called "chilblains." I gave him a general examination and he gave a *C*-and an *E-MM VR*. Therefore I diagnosed his condition as auto-intoxication along with catarrh of the gall bladder, colitis, and proctitis. When I examined his foot I then added to my diagnosis prostatitis. There were no signs of chilblains on his feet, but the burning sensation was circular and as he explained it, like a ball of fire on the ball of the foot. When I examined this man locally I found he had proctitis, colitis, and a very sensitive prostate. Altho he had never complained of the prostate, yet he said he had to urinate about four times every night and during the day when he had to

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urinate he had to "run" because he could not hold the urin.

I put him on a three-day fast as outlined in Case I, and put him on practically the same diet. I treated him for the first week with the pulsoidal current thru the rectum and the combined light treatment, following out the tecnic as outlined in this book. I also radiated light on the front of the body, as illustrated and described in the text.

After the first week's treatment with the pulsoidal current I radiated light over the prostate thru the rectum. This I did for ten minutes each day, and followd it by ten minutes of convectiv heat thru the various heat collectors, using first the mushroom style and then the larger one, which carried greater heat to the prostate.

I also instructed this patient to urinate while standing on all fours, so as to better drain the bladder.

Within one month he did not hav to get up once during the nite to urinate, all irritability about the bladder

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had past away and, as he exprest it, his "chilblains" wer cured.

This man's general helth and mentality wer greatly improved. In fact he said that he never felt so wel before in his life. His wife told me that his disposition had improved 1,000%.

#### CASE IV

Married man 32 yrs. of age. Was sent to me for diagnosis and treatment for melancholia. He said life had become a burden and he wisht he could die.

Upon examination I found he gave a *C-* and an *E-MM* VR and also a very pronounst *H-MM* VR. Therefore I diagnosed him as having neurasthenia concomitant with auto-intoxication, catar of the gall bladder, colitis, proctitis, and becaus of his mental symptoms prostatitis.

His blood pressure was only 90. (In nearly all these cases the blood pressure is way below normal.)

Upon local examination I found this man had colitis of a very bad



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form, proctitis, hemorrhoids, fissures just within the sfincter, and a very tender prostate.

He said he had had no desire for sexual intercourse for over a year. In fact he said he thot he had lost all his "manhood." I told him he was just as strong as ever only he didn't know it and that within two months he would hav the proof that I was correct. This immediately made him cheer up.

I placed him upon a fast and diet as outlined in Case I, but after one week put him on a Bulgarian Lactic Acid Milk diet of three quarts a day, with orange juice for breakfast and lettis for supper.

I prescribed the lemon juice hygiene in the morning, as I do in *every* case.

The treatment I gave this man was pulsoidal current thru the rectum one day and radiant light directed over the prostate thru the rectum on alternate days, convectiv heat thru the rectum every day, and for his home treat-

ment I prescribed the prostatic suppositories and dilators. (In every instance where I prescribe rectal dilators I also prescribe iodex to be used for them.)

Within two weeks this patient's symptoms of melancholia had entirely past away and he said life had taken on a rosy hue. He said all his craving for sugars had past. His urine instead of being highly acid was now about 15 by the acidimeter.

Within two months I had him on a diet of orange juice for breakfast, cooked vegetables for dinner, and raw vegetables for supper. His bowels were moving regularly every morning, his sexual function had returned, and he was what I could pronounce a well man. Not only was he well, but he was on the road to permanent health because his desire for sweets and abnormal food had entirely left him, and his family as well as himself had gotten into the rational diet habit.

The following three cases were reported to me by one of my pupils,

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J. H. East, M. D., of Denver, Colo. As these were the first three cases that he treated after having learned my method, they are very interesting:

### CASE V

J. H. F. Suffering with mucus colitis and sigmoiditis attended with obstinate constipation. Large quantities of mucus passed after taking laxatives. "Sheep dung" character of stools. Patient waxen color and breath very offensive. Headache and lifeless. Discouraged, melancholic.

I used Dr. White's Bi-Polar Rectal Electrode anointed with iodex, set the metronomic interrupter at four times the patient's respiration which was 18. Used my time clock at exactly ten minutes so just enough treatment would be given and no more. Used as much current as the patient could stand, then set the interrupter going. I instructed the patient regarding diet, following out the technique as outlined by Dr. White.

After the sixth treatment the pa-

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tient is improved so he says he hardly recognizes himself and he says life now looks rosier than it has before for years. I figure that it will take about three months to make an absolute cure of this case, but he is so much better now that there is no doubt as to the ultimate results.

#### CASE VI

An old patient of mine had a severe attack of influenza while I was away, and the trouble settled in his kidneys, bladder and prostate. Urine very offensive and cloudy; acidity 80% by the decinormal NaOH indicator and 3% albumin.

Treated the case the same as No. V and added to it sodoxyllin every three hours in teaspoonful doses. Also gave hexamethyl, arbutin and ammonium benzoate tablets. Put him on fruit juices to the exclusion of all other diet for three days, then on a vegetable diet. For lunch I prescribed raw carrots.

In ten days his urine was passing in large quantities, clear, and the al-

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bumin reduced to  $\frac{1}{4}$  of 1%. Pains in the back all gone, sleeps wel, and is getting stronger in every way. He is now planning to go back to business within two or three weeks. He says he never wants to go to a physician again who does not know the latest and most up-to-date method for treating such diseases.

(As this mss. goes to press I have just received word from Dr. East that this case is practically well.—Ed.)

### CASE VII

Gentleman from the east gave a history of having had the flu last December. After apparently recovering had frequent desire to urinate. Urine had specific gravity of 1035, sugar abundant. Fosfates and indican present. Had been losing weight and strength ever since his supposed recovery from the flu. Was so weak he could hardly get about. Did not sleep and was agitated and felt under a heavy strain all the time. Blood pressure 160, pulse 96 and hard.

I prescribed a diet following Dr. White's system and gave him hexamethyl compound—Abbott.

I placed Dr. White's Binocular Electrode over the eyes, making gentle pressure upward. The other electrode I placed over the 2d and 3d cervical vertebrae, making pressure just enough to be comfortable, setting the interrupter at just 72 a minute as the patient's respiration was 18. After a ten-minute treatment by this Pulsoidal method, I placed the patient on the table and gave him Dr. White's combined light treatment—3,000 c.p. incandescent and quartz light from the Alpine lamp. I then gave him oxygen vapor inhalation. After the patient had rested he remarked that he felt as if a miracle had already been performed upon him.

Inasmuch as he had a good deal of bladder irritation I used Dr. White's Bi-Polar Rectal Electrode, following out the technique as with patient No. V. After the twelfth treatment the bladder irritation is all gone, specific

gravity of urin is 1020, only a trace of sugar left.

Now it is no mere chance that these conditions hav all improved so rapidly. My experience is that Dr. White's condensst out-of-doors treatment—combined radiant light and oxygen vapor—along with the pulsoidal therapy hav relievd him of his dangerous condition and hav put him on the highroad to helth.

I know the "orthodox" doctor wil criticize what I say, but what care I? Every such patient is a booster and brings others. The progressiv physician in this manner gets the cream of the trade while the "orthodox" doctor gets the skim milk.

(I hav just receivd word from Dr. East that this patient has alredy sent him three good paying patients and that he is practically wel. The specific gravity of his urin is down to 1019, the merest trace of sugar only is to be found, blood pressure 130, hed pains all gone and patient is gaining weight rapidly.—Ed.)

### CASE VIII

Married man 33 years of age. Gave a *D-MM VR* (gonorrheal reflex). Gave a history of having had gonorrhea fifteen years previous and having been "cured" by the injection process. Said he had smoked cigarets ever since he was fifteen and the doctor did not tel him to stop smoking when he was treating him for gonorrhea.

The symptoms that brot him to see me wer pain in the small of the back radiating down the right thigh and leg as far as the sole of the foot. These pains would come on most vigorously. At times the pains would center in the right knee and would be almost unendurabl. At other times they would shift and be in the left knee, but the pains in the left hip wer never so great as in the right hip and thigh. Said he was naturally constipated and always had to take something to keep his bowels open. About once in five or six weeks he would hav an attack of "bladder troubl" and would hav difficulty in urinating on rising



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in the morning, but after a while the urin would start and by flexing his trunk on his thighs he was abl to urinate without any special pain. The urin at these times was very cloudy and ful of shreds, mucus, and some pus, as wel as bladder and prostatic epithelia.

Upon local examination I found the right lobe of the prostate very much enlargd, the left one not as large, but great tenderness over the center of the prostate.

I told this patient he must abstain from use of tobacco and alcohol in all forms, cut out all tea, coffee, chocolate, cocoa, and all salt and condiments. In fact, I put him on a diet as in Case I.

I treated him for ten days with the combined light, radiating the quartz light right into the rectum thru the DeVilbiss bi-valv speculum. The next ten days I used the pulsoidal current along with convectiv heat thru the various heat collectors. I prescribed "suppos. prostans," one to be used

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every nite along with a dilator and iodox.

Within six weeks this man's condition was so improved that he thot he was wel and began to indulge in pastries and sweets. It was not many days before he had another attack of violent pain thru his knees, thighs and back. I then told him that he never could eat such food again and he might as wel understand it.

For the past three months he has not had another attack and is adhering faithfully to the rigid diet, the "suppos. prostans," iodox, and the dilators.

CASE IX

Married man 55 years of age. Gave a *B-MM VR* (cancer reflex) and a *D-MM VR* (gonorreal reflex). He said he had a very severe attack of gonorrhea when he was twenty years old, but supposed he was entirely cured of it. He was married when he was twenty-six. Never had any children altho they wanted some. When he

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was thirty-five he began to hav melancolia, went to different sanatoria for treatment, would apparently become better, but would hav relapses. He had been treated by sounds and injections and by local applications on the verumontanum. He said that he had been diagnosed as having "verumontanitis." None of these treatments gave any lasting benefit.

His helth for the five years before he came to me had been miserabl and he had to giv up activ business. Riding in an auto or being jarred in any manner would make him worse. His urin would shut off entirely and he would hav to draw it by means of a catheter.

I told him that he had an abscess in the prostate that was becoming malignant. He said he would never hav it operated upon, and personally I did not advize it. I put him on a very rigid diet of raw carrots, lettis and celery, and for a time he seemd to improve, but it was not lasting and the last I herd from him was that he

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was bedridden and not expected to survive much longer.

This was a case of cancer of the prostate, the cancer having found for its site a location that had long been irritated. No doubt had this man been treated when his trouble began by the methods set forth in this book he could have been cured. Only the B-D-C method could have diagnosed his case as cancer without cutting into the growth, which always enhances metastasis.

### CASE X

A physician 66 years of age. Gave no special symptoms only that he had to urinate several times during the night and quite often during the day. He gave a *D-MM VR* (gonorrheal reflex). This doctor told me that he had contracted gonorrhea forty-six years before and, although he had been treated by all the regular methods known, none of them had cured his prostatic trouble.

Upon local examination his pros-

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tate showed a fibrous hypertrophy. I prescribed posture treatment and the use of prostatic suppositories and dilators as he had no facilities for receiving the light and other modalities mentioned in this book. His condition greatly improved.

I mention this case to show how the MM VR test is reliable even in long standing cases of gonorrhea.

### CASE XI

Man 22 years of age. Presented himself for diagnosis because he was afraid he had the "flu." Upon examination I found he gave a *D*-MM VR (gonorrheal reflex). He said he had never had gonorrhea but that he had "been out some." I asked him how recently he had been with doubtful characters and he said the day previous he had been out with some "girls" for a good time and had indulged in sexual intercourse with one of them.

I told him that he had no "flu" according to his reflex, but that he had been contaminated with gonorrhea. He

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did not ask for any prophylactic treatment altho it was advized. Within ten days he was down with a most active case of gonorrhea.

I mention this case to show how the Bio-Dynamo-Chromatic method of diagnosis will not only diagnose an old case but will diagnose a case twenty-four hours after infection.

### CASE XII

Lady 38 years old. Wife of a physician. Was sent to me for diagnosis because she had "lumps" in the breast. This lady gave a pronounced *D-MM VR*. Upon inquiry I found she had complained for several years of a dragging, burning pain thru the abdomen. She said she had been married fifteen months when she began to have the pain in the pelvis. She said altho she wanted children she had never been blessed with any.

I did not tell her what the *D-MM VR* indicated, but began treating her with radiations from the powerful incandescent lamp, positive galvanism

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thru the vagina, and internal medication. I also advised the posture treatment, that is, with the foot of the couch 12 to 18 inches higher than the head, and told her to lie on her abdomen at least three or four hours a day on this tilted couch. I also gave her iodine medication.

Within a few months her pelvic condition was relieved and the lumps in her breast disappeared and she said she had not felt so well before, since she was married.

### CASE XIII

Physician. Husband of the lady mentioned in Case XII. Came to me for diagnosis. He gave a *D-MM VR*. He admitted that a few years previous to his marriage he had contracted gonorrhea. He supposed he was entirely cured before he was married.

Examination of his prostate revealed hypertrophy and many shreds were found in the urine after prostatic massage. He said he had been bothered for years with an irritability about

the neck of the bladder and had taken all sorts of "regular" treatment for it. He said he thot the troubl came from riding a bicycl and never dreamd of its being from his old gon-orreal infection.

I prescribed a diet similar to that mentiond in Case I, as wel as pulsoi-dal therapy thru the rectum and powerful radiant light treatment.

Within a short time his bladder irritation was greatly reliev'd. He later said, "I am much improved by this treatment, but think of what my poor wife has sufferd, and think of our childless home."

#### CASE XIV

Married lady 35 years of age. Had been treated for tuberculosis for about three years but did not improve. Her physician brot her to me for diagnosis. She gave a *D-MM VR*. Treatment was at once begun, following out the methods as before stated. The improvement was very markt within one month.



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Later she was operated on for "appendicitis" and adhesions, at which time the surgeon said the adhesions were doubtless caused by gonorrheal infection.

### CASE XV

One of my pupils later examined this lady's husband and he gave a D-MM VR. When told what this reflex meant, he said that he had gonorrhea about twelve years before, but supposed it was entirely cured as he had been to the very best specialists and had not only taken the injection method and irrigation method, but had also taken mud baths, and was told that he was entirely cured.

When he was told that he had infected his wife, he said that he recalled the fact that after first time he had intercourse with his wife after having been "cured" of the gonorrhea, he noticed a "morning drop" for several weeks, but that it was from a catarrhal condition of the prostate.

## CASE XVI

Clergyman 60 years of age complaining of lumbago. Upon examination he gave a *D-MM VR*. I told him what this reflex meant and he said, "Wel, I hav certainly had my hel for the first and only offense of that kind." He said that forty years previous he had contracted gonorrhea while in college and had been, as he supposed, cured. He had always been troubl'd more or less with frequent desire to urinate and with reumatic pains in first one joint and then in another. Later he was tormented with "dyspepsia."

He was married when thirty years old—ten years after he was infected. Upon examination of the prostate I found it enlarged and sensitiv. Many shreds wer found in the urin past soon after massaging the prostate.

Treatment as outlined in Case I carried on for several months so improved this man's helth that he said he felt like a new man.

## CASE XVII

Wife of the patient mentioned in Case XVI. Came to me for examination and treatment. She complained of having for years a dragging, burning sensation thru her pelvic organs.

Upon examination she gave a *D-MM VR*. I did not tell her the meaning of this, but treated her with radiations from the powerful incandescent lamp, positive galvanism thru the vagina, oxygen vapor and B-D-C therapy.

I also put her on a very rigid diet similar to that outlined in Case I, because she had a very decided colitis. Within two months she said she had not been so well before in twenty-five years.

## CASE XVIII

Young man about 32 years of age who was being treated for neurasthenia was brought to me for diagnosis. He gave a *D-MM VR* and gave a history of having contracted specific urethritis twelve years before. He had been

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married about three years and his wife for two years had been treated for "burning sensation" thru the pelvic region and hyper-sensitiveness over the ovaries.

Specific organisms wer found from milkings from the prostate of the man and from the vaginal discharge of his wife.

This patient was put on a very rigid diet as outlined in Case I, and treated by means of powerful radiant light, oxygen vapor, and B-D-C therapy.

These cases wer not treated with the quartz light, but wer given the other modalities, including stimulation over the 12th thoracic vertebra for the man and over the 12th thoracic and 2d lumbar for the woman.

Oxygen-vapor inhalation and B-D-C therapy wer used for about half an hour daily in each case.

### CASE XIX

A girl twelve years of age was brot to me for diagnosis. The symptoms

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given wer leukorrea with uncomfortable burning sensation thru the pelvic region. In every other way the girl was normal and wel developd. Menstrual periods had begun about six months previous to my examination.

This child did not giv a normal MM VR, but did giv a decided *D*-MM VR. I was obliged therefore to diagnose the case as gonorrreal infection. When I inquired into the case I found from the mother and her physician that she had been raped about five years before and had had more or less "leukorrea" ever since.

### CASE XX

A man was sent to me for diagnosis whose only symptoms wer melancholia and chills up and down the back. He gave a *D*-MM VR and no other screen would elicit the reflex. I diagnosed the case as gonorrreal infection. I had his prostate milkt and very many gonococci wer found in the excretion.

This man gave a history of having contracted gonorrhea eighteen years previous, and emphatically said he had not been exposed to the contagion since, and was positive that he had never had any but the "original attack."

### CASE XXI

Single man 41 years of age in apparently robust health was sent to me for diagnosis and treatment. The only symptom he complained of was *lack of sexual power*. He said he had been engaged to a lady for eight years but did not dare marry until he knew he was "alright in every respect." This man's only bad habit was smoking.

He gave a C-MM VR, which could mean syphilis or auto-intoxication. Local examination showed an enlarged, soft prostate, with sensitiveness between the two lateral lobes.

This patient said he had been constipated more or less ever since he could remember. I put him on a diet similar to that mentioned in Case I, and began to treat him with the pul-

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soidal current followed by convective heat thru my rectal dilator with increasing sizes of heat collectors attached to it. These treatments occupied twenty minutes with the combined lights shining on his back and over the perineum, and twenty minutes on the anterior part of the body with the lights directed over the penis, scrotum and perineum. He was instructed to hold the scrotum up, as illustrated in Fig. 29.

After ten days of this treatment and diet I examined him again when he gave a normal MM VR. In the meantime he had entirely given up smoking and said he began to feel fine. His melancholia (which all such patients have) had left him and everything began to look bright.

The next ten days I gave him powerful radiant light directed thru the DeVilbiss bi-valve speculum right over the prostate. The light was directed over the prostate for ten minutes during a seance and then over the anterior part of the body over the perin-

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eum, under part of penis, and scrotum.

At the end of the second ten days I added to the diet raw carrots and boild onions, same to be eaten in the middl of the day or, if in the evening, at least three hours before retiring. He was fitted with a block of wood fastend to a belt so he could not lie on his back. For home treatment he used "prostans" suppositories and metal dilators with iodox.

It wil be notist that I allowd no meat in the diet and nothing of a stimulating nature except the onions which hav a very mild stimulating effect upon the generativ organs.

The third ten-day period of treatment was divided up with the different modes of treatment thru the rectum.

The fourth ten-day period of treatment I used the pulsoidal current over the eyes and 2d and 3d cervical vertebræ.

The constipation at this time was



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entirely eradicated and the patient was in a very happy mood.

At the end of the fifth ten-day period he told me that he that he was in a condition to get married. He married and reported that he was "normal in every respect" and was certainly a most happy man.

### CASE XXII

Singl man 33 years old. Was sent to me for diagnosis. His leading symptom was melancholia. He gave an  $A^2$ -MM VR and also an  $H$ -MM VR, which indicated *incipient tuberculosis and neurasthenia*. He gave a history of at least two nocturnal emissions weekly for the past five years.

I mapt out a diet for him the same as in Case I, but after the first week added a half-pint of cream to be eaten with sweet milk or Bulgarian lactic-acid milk about two hours after he had taken his orange juice for breakfast.

At the midday meal I had him eat a good handful of watercress, and for supper, a small hed of lettis. About

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two hours after his midday meal I allowed him to eat part of his cream and milk. My object in giving cream and milk was because he was a good deal under weight and had incipient tuberculosis.

After a few days I added to his diet boiled onions or garlic for his midday and evening meals. If raw onions would agree, I prescribed them, but without any dressing except butter.

After two weeks he was allowed a half a disc of "Ry-Crisp" with plenty of butter on it, to be eaten during the day with his midday and evening meals.

My treatment for him was the powerful combined lights over his entire body, and because of his *sensitiv prostate and nocturnal emissions* I gave him alternately the pulsoidal current thru the rectum and the quartz light thru a DeVilbiss bi-valv speculum over the prostate.

After the first month's treatment I occasionally gave him the pulsoidal current thru his eyes and over the 2d

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and 3d cervical vertebræ. Within two weeks his nocturnal emissions had entirely ceased and his general condition began to show great improvement.

After three months' treatment I discharged him as cured of his prostatic trouble and practically well of his tuberculosis.

With all tuberculous subjects I instruct them to sleep out of doors and give them oxygen vapor and B-D-C therapy once a day in the office. I have them use an inhaling tube and take deep breathing exercises at home.

In all of these sensitive prostatic cases I direct for home treatment the "prostans" suppositories, metal dilators and the slanting couch.

For over a year this man has had no nocturnal emissions and as far as I can learn is in perfect health. The last I heard was that he was to be married.

### CASE XXIII

Married man 32 years of age. Sent to me for diagnosis, his leading symptom being *melancholia*. He gave an H-

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MM VR, which indicated *neurasthenia*. He had no bad habits—had never smoked or drunk intoxicating liquors—and had always been a hard worker.

His melancholia was greatly enhanced from the fact that he suffered from *premature ejaculations*, and because of this *sexual weakness* there had been a mutual agreement for separation.

I put him on the diet as outlined in Case I, arranged a block in a belt so he could not lie on his back, and gave him pulsoidal-current treatment thru the rectum for the first week, along with the combined radiant light treatment.

The second week I gave him convective heat thru the rectum, using the mushroom heat collector at first and then the larger ones to give all the heat to the prostate that he could endure.

The third week along with the combined radiant light treatment I gave him the quartz light directed over the prostate thru the DeVilbiss bi-valv speculum.

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After the second week's treatment he had not averaged more than one nocturnal emission a month altho he had been in the habit of having them nearly every nite for three or four years. His melancholia very rapidly left him.

For home treatment I prescribed "prostans" suppositories, rectal dilators and iodox. After the second month's treatment I allowd him a more liberal diet, giving him almost any kind of vegetabl for the mid-day meal, but lettis always for supper. He always had the lemon juice for mouth hygiene and orange juice in the morning, and nothing else.

This case made a most remarkable recovery and the matrimonial difficulties hav apparently been amicably adjusted.

Note—This case of *impotency* will giv the reader a general idea of how I handl such cases with almost universal success. I hav never had a case of *functional impotency* that I was not

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abl to cure or greatly benefit by these methods.

If the case is a man 60 or 70 years of age, who has "burnd the candl at both ends" there is not much to do for him. I never prescribe afrodisiac remedies. I believ they ar worse than useless. *If the sexual organs cannot be made normal by rest and natural treatments, they should not be forst into action by unnatural methods.*

### CASE XXIV

(I am giving a report of this case to show how I handl *rectal fistulae*. The case is typical and the method is what I use with great success. Altho my subject is *Prostatic Diseas and Impotency*, yet every offis specialist wil at times hav a case similar to the following, and this wil giv a general idea as to how I successfully treat them.)

Married man 42 years of age. Sent to me for diagnosis, the leading symptom being a "boil" between the anus

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and the coccyx a little to the right of the median line.

He gave a *C-MM* VR and an *E-MM* VR. Therefore I diagnosed the case as *colitis and proctitis*. Local examination and colon examination showed colitis and a very pronounced type of advanced proctitis.

The rectum had several papillæ or "tabs" which indicate internal hemorrhoids. Inasmuch as these papillæ were more or less fibrous, it showed that the internal hemorrhoids were of long duration.

There were several fissures about the anus and the itching about the anus was intense, as was evidenced by the excoriations brought about by the acrid excretion and scratching.

The "boil" I found and large quantities of pus came out. I then used a silver probe and found that the pus cavity was at least one inch in diameter and reached way thru into the rectum above the internal sphincter and right by the side of one of the papillæ.

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By means of local anesthesia I made an external opening to this fistula, which was large enuf to allow me to curette the fistulous cavity down as far as the curette would go. The opening had to be made large enuf for packing.

I then inserted a copper wire attacht to the positiv side of the galvanic current and attacht the negativ pole to a "Kantbern" pad electrode over the sacrum, putting over it a sand pad so as to make good contact. I placed one finger within the rectum so as to guide the copper-wire electrode, and pusht the copper electrode right down thru into the rectum.

I then opennd up the rectum with the bi-valv speculum so that I could see the end of the electrode projecting into the opennd rectum. This is very important so that the tip of the electrode wil not touch the other side of the rectum.

I then turnd on the current up to about 15 milliamperes and left it on for about five minutes, then turnd the



### *Prostatic Disease and Impotency*

current off and pulled the electrode straight out. This brought with it the membrane along the small canal that led from the curetted cavity into the rectum.

I then injected a small amount of 4% quinin-urea hydrochlorid into the papillæ right by the side of the fistulous opening. I packed the rectum well with cotton covered with iodox. I then swabbed out the curetted fistulous cavity with pure fenol, and after five minutes swabbed it out with pure alcohol. I then packed it tightly with gauze saturated with a colloidal silver preparation.

After that I directed the quartz light from the Kromayer lamp through a suitable quartz applicator directly over the anus to stop the itching. The applicator was about one inch away, and the exposure lasted for three minutes. I then covered the anus and the packing with iodox and put plenty of cotton between the buttocks.

I instructed the patient to eat nothing for forty-eight hours but to take

a tablespoonful of paraffin oil that night and three times the next day.

The bowels moved well the next morning, expelling the cotton packing. The quinin-urea hydrochlorid had caused the papillæ to so enlarge that the fistulous aperture into the rectum had entirely closed. The positive current on the copper electrode had curetted the opening down thru into the rectum, and at the end of forty-eight hours this opening was entirely closed over.

The swelling caused by the quinin-urea hydrochlorid lasted for three or four days. I renewed the packing along with colloidal silver twice a day in the fistulous cavity, and directed the quartz light into the rectum thru the DeVilbiss bi-valv speculum at each dressing.

After the second day all itching about the anus had subsided. The fissures began to heal, and within one week they were all healed over. I used iodex suppositories in the rectum after each dressing. Over the perineum

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and wound I sprayed paraffin-wax from a DeVilbiss theromer after each treatment and dressing.

Within one month the fistulous cavity had closed down to the size of a led pencil. I allowd it to close down in this manner by looser and looser packing of the cavity.

Within eight weeks the whole cavity had closed up and there was a complete recovery.

The regular surgical method of treating these fistulæ has been to cut thru the internal sfincter. This is disastrous and in nine cases out of ten leaves a leaking sfincter. If the treatment is carried out as above directed, the results ar very satisfactory. Sometimes it wil require three months to cure one of these cases, but even if it took a year, it is better than to cut thru the sfincter.

The pure fenol at the first dressing after the curettage wil usually find its way into all the little ramifications about the fistulous opening. If there be multipl openings into the rectum,

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they can usually be found by filling the cavity with methylene blue and then watching to see whether it goes thru into the rectum at more than one place. Another manner of finding multipl openings is to fil the fistulous cavity with hydrogen peroxid while the rectum is opend with the speculum, and watch to see if any bubbling takes place into the rectum while the exterior opening is closed as much as possibl.

Always hav plenty of packing put in the rectum so if any fenol goes thru into the rectum it wil not irritate the opposit side. The quinin-urea hydroclorid wil caus the papillæ and mucus membrane around these openings to close up for several days, and by that time they wil grow together if their lining has been removed.

While this treatment is going on giv paraffin oil so there wil be no engorgement in the rectum from feces. Keep the patient on a very limited diet during the treatment and keep the bowels loose.

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Melted paraffin-wax over any inflamed area helps to reduce the inflammation and is very soothing. I always use the DeVilbiss theromer for this.

The constitutional treatment for the colitis is combined radiant light and a diet as outlined in Case I.

*Never forget the posture treatment in all these cases—slanting position while treating and to have them rest as much as possible on a slanting couch at home.*

### CASE XXV

Married man 43 years of age came for examination, his leading symptom being itching of the anus. Upon examination I found a large fissure leading from the anus to the coccyx on the outside, and two or three large fissures within the rectum. I thoroughly cleaned these with hydrogen peroxid and then directed the quartz light thru the Kromayer lamp and appropriate applicators in as close proximity to the fissures as possible. I gav

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a five-minute exposure. The next day the membrane was blisterd and the skin on the outside was blisterd.

I prescribed paraffin oil the nite after the treatment and a tablespoonful three times a day while the treatment was going on. I also prescribed a very limited diet, approximately the same as in Case I. I sprayed the surfaces with paraffin-wax from the DeVilbiss theromer.

Every third day I gave these exposures and spraying over the fissures. After the second treatment the pruritus had ceast and within two weeks the fissures had entirely heald.

In this case I prescribed for home treatment a preparation known as "Regentol Cerate" manufactured by the Regent Drug Co. of Detroit, Mich. This cerate is made of genuin ichthyol blended with synergists in a very effectiv manner. It is one of the best remedies to use along with the physical mesures for hemorrhoids, fissures and pruritus that I know of. Iodex

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suppositories are also very useful in these conditions.

*The following six cases are given to show the unreliability of the Wassermann test and to prove the reliability of the B-D-C test.*

### CASE XXVI

A man having pains which had been diagnosed as "neurotic pains" went to New York City to be tested by one of the best known syphilologists there. The reaction was given as Wassermann positiv. He then went to Boston and there the test was found to be Wassermann negativ. Not being satisfied, he went to Philadelphia and there the Wassermann test was found to be negativ. Still unbelieving he went to St. Louis where the test was said to be positiv. He went to Chicago and had two Wassermann tests, one of which was negativ and one positiv. He then went to two other specialists in two other states and a modified Wassermann test was made,

and the results wer one positiv and one negativ.

He came to me at Los Angeles and I found that he gave a pronounst C-MM VR. Therefore, I diagnosed the case as syphilis. I ruled out auto-intoxication from the start becaus his bowels wer in fine condition, and outside his "neurotic pains" he gave no symptoms.

He said he thot he had had syphilis at one time but did not know. One year after the diagnosis, the man was suffering from tabes dorsalis and lightning pains so that no one could fail to make a diagnosis of syphilis.

## CASE XXVII

Another case that shows the unreliability of the Wassermann or other blood tests. This man gave symptoms of what had been calld lightning pains. He had been to several syfilologists and some diagnosed it by the Wassermann or other blood tests as positiv and others negativ. When the man came to me he said he was dis-



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gusted with the methods of diagnosing calld "authoritativ" and wanted to see what my Bio-Dynamo-Chromatic system would show.

He gave a normal MM VR and I therefore told him that I *knew* he had no syphilis. This was a case of *hysteria* brot on by syfilofobia. Time has proved this diagnosis was correct.

### CASE XXVIII

Another case was that of a married woman about 30 years old who was sent to me for diagnosis. She gave a C-MM VR. She complained of pains in the back with a num feeling in the thighs. She had been diagnosed as giving the negativ Wassermann. She said she had never been exposed to syphilis and my diagnosis was stoutly denied.

Within one year she had all the symptoms of tabes dorsalis and there was no douting the diagnosis. Time has proved it to be correct.

## CASE XXIX

About five years ago a physician presented himself for diagnosis. He complained of persistent headaches, no appetite, melancholia and a peculiar "woody sensation" about the lower half of his body.

He gave a C-MM VR and I diagnosed the case as *syphilis* after having satisfied myself that it was not auto-intoxication. This man gave no syphilitic history, but said he remembered many years previous of having received a wound in one of his hands while he was examining a woman whom he afterward found had syphilis.

This physician afterward had five Wassermann tests made, three being negative and two positive. Later the symptoms of tabes dorsalis developed and no one could doubt the B-D-C diagnosis.

## CASE XXX

About four years ago a man was sent to me for diagnosis. He had had

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several Wassermann tests and several modified or "improved Wassermann" tests. Some were negative and some positive.

This man said he did not know that he had ever been exposed to syphilis altho he "might have been" years before.

He gave a C-MM VR, but owing to the condition of his bowels and the fact that he also gave an E-MM VR, I commenced treating him with salines and other eliminants. Within three weeks I tested him again and he gave a normal MM VR. Therefore I diagnosed the case as *neurasthenia* without any signs of syphilis.

As this man has entirely recovered from this supposed syphilitic intoxication, I think there can be no doubt as to the correctness of the B-D-C findings.

### CASE XXXI

A man 33 years of age came to me for diagnosis. He gave a C-MM VR and an E-MM VR, and from local ex-

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aminations I diagnosed the case as *auto-intoxication along with colitis and proctitis*. This man said that sampls of his blood had been put on blotting paper and had been sent to some laboratory for some kind of an "electronic test." He said the report came back that the sampl of blood showd syphilis.

He said he then went to another doctor and gave him two sampls of blood and askt the doctor to send the sampls to the same laboratory and say that one was suspected to be from a tuberculous patient and the other from a cancerous patient. The findings wer reported according to the suggestions given.

This patient was an intelligent man and wanted to find out what there was to it and came to me to see what my test would show.

Suitabl treatment for a few weeks entirely cleard up his condition and also clarified his mind.

NOTE—As I had herd thru patients and physicians that there wer certain

### *Prostatic Disease and Impotency*

"laboratories" being conducted by reputable M. D.'s which purported to diagnose diseases by means of energies taken from the blood on blotting paper or other material, I decided to look into the matter.

I killed a hen and put samples of her blood on two pieces of blotting paper. On another piece of blotting paper I put a vegetable coloring matter that exactly matched the color of the hen's blood.

I suggested to a physician that he tell what he thought the "patient" was suffering from. For example, sample *G* as being from a person suspected of having tuberculosis and syphilis. Sample *H* as from a person supposed to have syphilis and gonorrhea. Sample *I* as from a person supposed to have cancer and tuberculosis.

The reports returned were as follows:

Sample *G* was "tuberculosis with a taint of syphilis."

Sample *H*, "gonorrhea and syphilis combined."

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Sampl I, "cancer and tuberculosis with a hereditary taint of syphilis."

The samples that I sent wer:

G, a preparation made to imitate blood when it was put on a piece of blotting paper or parchment paper.

H and I wer both samples of blood from the same hen.

To say nothing about the fake side of this blood test, it has a ludicrous side. A hen brot up to stay in nites and fed sanitary food to hav syphilis and gonorrhea and also cancer, tuberculosis and inherited syphilis is indeed sad.

According to such "tests," it is no wonder that our population is becoming "tainted."

*(The following three cases ar given to show how I treat hemorrhoids becaus everyone who makes a specialty of treating chronic diseases wil hav more or less cases of hemorrhoids.)*

### CASE XXXII

Married man 60 years old was sent to me for diagnosis. His leading

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symptoms wer vague pains thru the lumbar region. He had been treated on stretching tabs of various kinds and had had all sorts of manipulative treatment, but insted of being benefitted he was made worse.

He gave a *D-MM VR* and a *C-* and an *E-MM VR*. Therefore I diagnosed his condition as being gonorrreal in combination with colitis, proctitis, and becaus of his lumbar pains, prostatitis. (Lumbar pains in a person who givs the *D-MM VR* ar almost sure to indicate prostatitis.)

Local examination proved that he had proctitis and colitis—the colitis reaching way up beyond the sigmoid, as evidenst by the sigmoidoscope. His prostate was very sensitiv in the center, and both lateral lobes wer hypertrofied and hard.

On the posterior wall of the rectum just above the internal sfincter was a very large papilla or “tab” which was fibrous. On the anterior wall of the rectum nearly opposit this tab wer two smaller ones.

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I askt the man how long it was since he had *gonorrhea*. He lookt astonisht and said that his first and only "dose" was when he was twenty-five years old—thirty-five years previous to my examination. He said he had no children and his wife had been operated on about five years after they wer married for "appendicitis" and adhesions in the pelvis. He said he understood the adhesions came from the inflamed appendix. He said she had always sufferd more or less with peculiar stomach symptoms which would come on about every so often and would end with a severe vomiting spel. Upon thinking about it, he said these symptoms came on soon after the operation.

I askt him if he had ever had "the morning drop" and he replied that he had it for about two years after he was supposed to hav been cured of the *gonorrhea*. He said he had had a very severe attack of gleet during his treatment, which lasted for nearly a year. The treatments wer injections and ir-



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rigations thru the urethra. He said he had some strictures which wer dilated by means of sounds. He said he had not had a symptom of gonorrhea for thirty-three years.

I put him on a diet almost identical with that mentiond in Case I. I told him to lie on a slanting couch for two or three hours a day. I treated him with the pulsoidal current thru the rectum, using my bi-polar rectal electrode, for the first week. The next week I used my rectal dilator along with heat collectors (convectiv heat treatment). The next week I used the DeVilbiss bi-valv dilator and not only directed heat over the prostate but used Kromayer lamp radiations thru the long, cone-shaped quartz applicator—the radiations being directed against the papillae mentiond.

I gave these Kromayer lamp radiations for ten minutes at a seance, the treatments being given two days apart.

At this time the patient complaind of a discharge from the penis. This

became worse and worse until it was very profuse and he had to wear cotton and a regular sanitary penis bag. Microscopical examination of the discharge showed it to be loaded with gonococci. When I told him what it was, he was astonished as he said he had never had any outside intercourse since he had gotten his "dose" thirty-five years before. From my experience with these old cases of chronic prostatitis, I feel sure that the treatment had liberated pent-up gonococci in the prostate and brot on an acute attack of gonorrhea. This is not unusual, but the remarkable part was that so many years had elapsed since the original attack.

I immediately began giving this man iodine therapy as outlined in this book, and treated him with the pulsoidal current and combined light as outlined in Case I. Within two weeks the acute attack of gonorrhea had subsided and he began to feel a great deal better.

In the meantime the rectal papillae

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had swelled from the severe radiations given them, had blistered, sluffed, and contracted a great deal. The two anterior ones contracted enough so that I did not do any more to them, but the posterior and very fibrous one remained so that I thought best to tie it off with braided silk thru a tying device. Within two weeks this one had sluffed off, and hardly a sign of the hemorrhoid was left.

This man made an uneventful recovery and within three months all signs of lumbar pains had past away and he said he felt better than he had before in years. He has become a vegetarian and eats nothing but the plainest kind of food—orange juice for breakfast, and raw or cooked vegetables for dinner, and lettuce for supper. He uses no salt, condiments, sugar, nor white flour. Rye bread is the only bread he eats.

### CASE XXXIII

Wife of man in Case XXXII. Was sent to me by her husband for diag-

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nosis and treatment. She gave a *D-MM* VR as well as a *C-* and an *E-MM* VR. Therefore my diagnosis was colitis and proctitis with a gonorrheal intoxication.

She was sensitiv over the gall bladder, over the sigmoid flexure and over the cecum from which the appendix had been removed. What she told me about her operation coincided with what her husband had told me. She also said the same as he about her symptoms and stomach trouble.

I prescribed a diet the same as outlined for her husband and iodine therapy. I used the powerful radiant light treatment over her whole body, making the main focus from the incandescent lamp over the solar plexus. I also gave her radiations thru the bivalve speculum in the rectum. I did the same thru the vagina on alternate days. I also gave oxygen-vapor inhalation and B-D-C therapy after each treatment by the combined lights.

After the first three weeks' treat-

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ment her stomach symptoms stopt. Altho it is a year since she had these treatments, she has no more trouble from her stomach, and she probably never will have if she follows out a careful diet.

At the present time this lady and her husband both give a normal MM VR. Therefore I can say that their gonorrheal intoxication has been eradicated from their systems.

This patient's constipation ceased after the first month's treatment, and altho she is fifty-five years of age, she says she feels as if she were not over twenty-five.

### CASE XXXIV

Married man 38 years of age was sent to me for diagnosis because of melancholia and anemia. He gave a C- and an E-MM VR and another reflex that indicated anemia and neurasthenia. From the B-D-C diagnosis I estimated that his hemoglobin would be about 75%. Actual test by the Tallqvist method showed it to be 70%.

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Local examination showed this patient to have colitis, proctitis, and hemorrhoids both internal and external, and several "tags" about the anus which indicated old external hemorrhoids. Palpation showed a very sensitive prostate and he said that he had been afflicted with premature ejaculations for many years, so much so that he had lost nearly all sexual power.

I treated him by means of the pulsoidal current thru my bi-polar rectal electrode thru the rectum daily along with the combined radiant light treatment for two weeks, after which I gave him radiant-light treatment in the rectum and within a week alternated that with convective heat in the rectum.

In one month this patient's anemia was practically cured. In other words his hemoglobin was normal and, although I did not have his blood counted, to all appearances he was normal in that respect.

After the first month's treatment

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I gave him the pulsoidal current thru the eyes and over the 3d cervical vertebra every other day, and carried on the treatment thru the rectum sometimes thru the speculum and sometimes by means of the convectiv heat.

After I had gotten him in what was nearly a normal condition I set about to cure his hemorrhoids. His constipation had ceast and his general condition was almost perfect. I used my copper hemorrhoidal electrode as illustrated in Fig. 63, and gave him positiv galvanism, about 15 milliamperes, every other day for three treatments. The external tabs I tied off by means of braided silk.

Within two weeks the tabs had entirely sluft away, and the internal hemorrhoids wer cured. For two months his condition has remaind perfect. He said his sexual power is as good as it was when he was twenty years old and at that time it was very vigorous.

(Had the internal hemorrhoids been hard and fibrous, galvanism would

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not hav removed them. Sometimes I use injections of quinin and urea hydrochlorid about the soft hemorrhoids, but usually can cure them without it.)

**All of us can not know all the stream, but we all should know the channel thru which we hav to sail.**

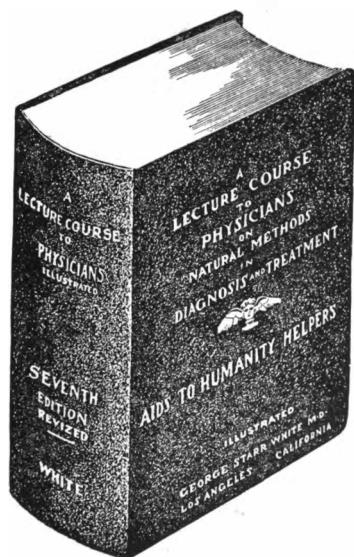
**Reputation is what your bank thinks about you.  
Character is what your best friends know about you.**



## CHAPTER X

# What Others Say

Regarding My Work and the  
Seventh Edition of My  
Lecture Course to  
Physicians



Some *reprints* from Journals regarding the Bio-Dynamo-Chromatic System of Diagnosis and some *reviews* of the Seventh Edition of my Lecture Course to Physicians.

"The man who really grows great is not the one who thinks he knows it all, but the one who never forgets that each day reveals a new force, a new method. It is the man who feels the need of learning more, and is open to new convictions."

## COLORED LIGHTS—A MEANS OF DIAGNOSIS AND CURE\*

BY EDWIN F. BOWERS, M. D.

If every fire could be discovered and properly treated just when it was developing the first faint flickerings of young life, nothing except a powder mil or a paint shop would ever burn down. And, likewise, if doctors only knew what was the matter before whatever is the matter gets too great a start to cure or cut out, few would ever die, except from "old age," accident, or from diseases for which we hav as yet found no remedy.

We hav not yet any generally known and reliabl method of diagnosing tuberculosis except by finding tubercle bacilli in the sputum. And when the diseas has progrest thus far,

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\*Reprint from Physical Culture Magazine of February, 1918.

The editors of this magazine wer over one year looking up the reports of over fifty of Dr. White's physician pupils thruout the United States before they consented to publish this article.

in a tragic number of instances our discovery has come too late. So, the grim fact remains that tuberculosis is still responsible for the death of one of every seven "civilized" human beings, while cancer, that equally implacable foe of mankind, is Minotaur to one of every eight women and one of every fifteen men living under conditions of "civilization."

When, therefore, even with the most perfect training and the most elaborate equipment, and with the assistance of some of the ablest specialists in laboratory and research work in America, so eminent a physician as Dr. Richard Cabot, of Boston, admits that he is right in his diagnosis only fifty per cent. of the time, intimating that patients of doctors of lesser capacity must be even worse off than are his patients, it is clear to even the most casual that any improvement over this hit or miss "we-don't-know-yet" method must be welcome.

If there were developed a means of diagnosis so definite as to be practic-

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ally infallible, as accurate as mathematics, as uniform as a chemical reaction, and so simple that any doctor of even ordinary good training could apply it, the significance of the discovery could hardly be computed in terms of lives and money.

The long-drawn suffering, the years of dependent incapacity, the loss of bred winners, could be almost wholly prevented—if only this knowledge were universalized. The conservation of life and health, the vast increase in happiness and well-being would place this discovery on a par with the discovery of anesthesia or of antiseptics in point of importance, and we could practically stamp out tuberculosis and cancer in two generations.

This has been a medical vision, a vague Utopian dream, ever since medicine divorced Empiricism and married Science. And now the vision has become a reality, the dream has become an actuality. For an American scientist, George Starr White, M.D.,

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F.S.Sc. Lond.,\* of Los Angeles, Calif., has discovered a natural principle so simple as almost to be absurd, and yet so fraught with meaning that it spells life itself for millions.

He merely found out why a sick carrier pigeon could not find its way home. Then he applied the principle there discovered to determine why humans and animals that suffered from diseases could not find their way back to health. The answer was the same in both cases. It was because of their inability to respond to the magnetism that flows along the earth's magnetic meridians. And this inability to respond to the magnetic attraction of the meridians is because some diseases in the system prevents the response to this magnetic flow.

Let us now digress for a moment, and build a platform broad enough to stand on while we look this big fact in the eye.

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\*The Incorporated Society of Science, Letters and Art of London, England, presented Dr. White with a diploma making him a life Fellow of their Society, after having investigated his work for over a year unbeknown to him. That gives him the title, "F.S.Sc. Lond."

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The greatest living scientists are now agreed that all that differentiates any one thing from any other thing in Nature is the difference in its rate of vibration. Color, light, sound, radio-active energy, or electricity are merely expressions of certain rates and modes of motion—a certain rate and mode of vibration. Theoretically, we could change cheese into chalk and mud into gold and diseases into health if only we could transmute the absolute rate and mode of vibration of one to the other.

It will be remembered that only a few years ago this was actually accomplished in the case of a certain germ—the anthrax bacillus. These germs, after exposure for a time to ultra-violet rays, were changed into an entirely different species of germ, as was proved by the fact that when injected into animals they no longer developed anthrax in that animal. They developed, on the contrary, an entirely different disease, which proved that their characteristics were replaced by

other characteristics, equally well defined.

Another fat plank for our platform revolves around the fact that if we briskly rub a cat's fur, commencing at the tail, and proceeding expeditiously toward its ears, we will, under favorable atmospheric conditions, develop a perceptible amount of electricity in our feline battery.

Again if we run into an open door or into a misplaced chair (and all chairs we run into are misplaced) instinctively we press and rub the hurt spot with a solicitous palm, thereby relieving the acute pain thru the soothing effects of animal magnetism.

Some phenomenally healthy individuals have such an amount of this magnetism that they make a living selling their excess to those who haven't so much. They call themselves "magnetic healers," and they probably do much more good than harm in the world. And they might do even more good if they would confine themselves to only those conditions



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which come correctly within the mild province of their curativ powers.

However, if any one—even the most viril and vigorous “magnetizer”—be attacht by a wire, chain, or other “conductor” to some gas or water pipe—in others words, if he be properly “grounded”—we can lead the electricity out of his body and remove his “static tension.” This is plank number three.

Plank number four brings us in view of the aforementioned sick carrier pigeon that couldn’t find her way home.

This faculty which she lost—this power of orientation—is a peculiar gift. It enables migratory birds to steer a north or south course almost as tho they had a compass in their brain (a psychic compass). To a lesser degree it affords a sense of direction to dogs, cats, many wild animals and savages, and some blind people.

How they do this has, for many centuries, been a disputed question.

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But science is now accepting the explanation advanced by Dr. White more than thirty-five years ago. He insisted that the magnetically charged bodies respond, like the needle of a compass, to the influence of the magnetic poles of the earth. The flood of magnetism running from south to north, over and thru the earth, affects their magnetically charged organisms, and tells them the direction as plainly as the current of a stream would tell us the direction of the river flow, and also our way home, if we knew the river, and the topography of the country.

So birds migrating, in many instances, thousands of miles every spring and fall, find their way, guided by the definite energy of the magnetic meridian streaming thru their bodies. They require not even the sense of sight. Indeed, many species fly exclusively by night, resting and feeding during the day time.

This brings us to a "close up" of the sick pigeon who had lost her

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power of orientation—in other words, that had, for some reason, lost her power to respond to the magnetic currents flowing from south to north over the earth and back thru the earth to the south again.

The owner willingly gave the sick flyer to the eager enthusiast, and within ten minutes Dr. White was exploring the body of the little bird for the mystery locked in its tissues. He found that it was affected with avian tuberculosis.

One swallow never made a summer, nor did one carrier pigeon ever make a theory. But during the next twenty years Dr. White studied every migratory bird he could get his hands on that couldn't find its way home, and, in every instance, he found that there was some pathological process somewhere in that bird's body.

Restless, and striving ever for increase in knowledge and improvement in technique, Dr. White next turned his attention to our crude methods of diagnosing. After years of experiment he

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developed an extremely delicate and highly original method of eliciting and differentiating percussion sounds.

You will remember that the last time the family physician examined you he "looked at your lungs" most thoroughly. He moved his left hand over your chest and tapped smartly with his right-hand finger tips on the firmly-pressed second finger of his left hand. For a diagnosis of the condition of the lungs this method—inasmuch as you were beautifully proportioned, and built somewhat on the general lines of Andromeda or Theseus—worked admirably. But had you been built on somewhat more generous lines—with the tissues covered deep with fat—it would have been much more difficult to state accurately just what and where the trouble was.

If it were a matter of minutely outlining the heart, or some one or more of the abdominal organs, the percussion diagnosis would be most likely helped by a liberal amount of guess-

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work. It simply can't be done—that's all.

And so Dr. White improved on this antique method. Instead of vibrating bone over tissue he vibrates a column of air over the surface. Thus: Instead of pressing the second finger of the left hand solidly over the region to be percussed, he touches gently the widespread first and third fingers to the body, raises the second finger free, and taps it smartly with the index finger of his right hand, of which he has made a little hammer. This hammer is composed of a celluloid thimble into which a mixture of beeswax and the finest bird-seed shot have been molded. This thimble fits on the index finger.

There is no tension—nothing to change the character of the sound in this "air-column" method of examination, and the variation in the quality of sounds is almost marvelous. To the trained ear of one accustomed to this work, abnormal conditions clear in the back part of the body can be detected by percussing the front.

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All this led to the crucial discovery—a discovery, which, if made by one of the professors in the European schools would hav, by this time, been adopted and taut in every medical school in the world, and one, I venture to say, that wil be used by thousands of physicians in every part of the world hundreds of years after Dr. White is only a memory.

It is merely that there is a definit variation in tone in the same individual, when percussing him—especially over the abdomen—by the air-colum method, when he has been facing east or west, and is then turnd to face north or south.

Understand, this change in pitch is not causd by any increas in the air space, which would follow moving the finger nearer or farther from the body. It is dependent solely upon the alterd relation of the patient as regards the points of the compass, and is due to the fact that the magnetic meridian has alterd the tension of the blood vessels, and consequently the

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tension of the entire body, especially that noticed in the internal organs.

That this important fact may be better understood, it should be remembered that the functions of the body are controlled by the nervous system. The sympathetic and vagus nerves are the conductors of the energy that governs the internal organs, and when the tension of the blood vessels supplying these organs is changed, percussion over these organs demonstrates a corresponding change in their "vagal tone"—tension.

In the majority of healthy individuals, there will also be a temporary increase of from four to eight beats a minute in the pulse rate when the static electricity has been removed by "grounding," and they are turned to the north or south after having been faced east or west.

Physician readers will better appreciate the scientific accuracy and "absoluteness" of these changes when it is emphasized that these reflexes can be registered by the plethysmograph, the

cardiokymograf, the psycofanometer, the sphygmomanometer, the psycofanograf, the organotonometer, and many other instruments which cannot possibly be hypnotized or otherwise persuaded to render a biased report.

However, only *healthy* individuals have this clearly defined change in vagal tone—this “sympathetic-vagal reflex,” as Dr. White calls it. But when those suffering from disease, no matter how faintly defined, are faced to the east and then are turned to face the north, the tension in their blood vessels remains unaltered. Some toxic process within their bodies interferes with or “inhibits” their response to the influence of the magnetic meridian.

To determine what causes this, Dr. White tried every conceivable method of bringing back this reflex—even temporarily. He finally found that if the bared chest and abdomen of those who did not show the normal magnetic reflex—in other words, who were



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il—wer exposed for a minute or two to colord lights, the reflex could be temporarily restored.

He first demonstrated that tuberculous patients of either sex, and in all stages of the diseases, if exposed to the "vibration" of the fotografic "dark-room ruby," would show the same variation in blood-vessel tensions as all helthy individuals showd without the ruby light.

Yet he was puzzld when patients who complaind only of nervousness, fatigue, or loss of appetite, and who did not respond normally, gave the reflex when subjected to the ruby light. But the problem was solvd when these same patients — six months or a year later—showd unmistakabl evidence of tuberculosis.

After thousands of experiments, Dr. White establisht conclusivly that tuberculous patients, even tho they did not exhibit the slightest trace of the diseases—so far as could be demonstrated by the most skild diagnosis—

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responded, like a needle to the pole, to the stimulus of these little ruby lights.

Scores of patients whom Dr. White pronounced tuberculous are dead or incurably diseased, because they and their family physicians ridiculed the verdict of the ruby light.

The light never lies. It is never in error. It is as inflexible as is gravitation. Time and again physicians have brought patients to Dr. White or to some of his hundreds of physician pupils in various parts of the country. These patients were heavily veiled—or even masked—and without a stethoscope, without a question concerning symptoms, or without ever hearing even the sound of the patient's voice, the little lamp and the telltale change of tension have unmistakably indicated the diagnosis.

There is only one other disease that responds to this ruby light, and that is cancer. Yet cancer also responds to a "burnt orange" or "amber" light, to which tuberculosis gives no reflex. No matter in what stage the disease

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may be, or how obscure or deep seated, cancer gives this response to "amber" light—the speed velocity of which is about 175,000 miles a second, as against the 180,000 of the dark-room ruby.

Thus began the marvelous system of diagnosis to which the soft little body of the carrier pigeon pointed the path thirty-five years ago.

Continuing his work with radiant colors, Dr. White found that patients suffering from constitutional blood diseases—no matter how mildly tainted, or of how long duration the condition, and irrespective of the Wassermann findings (which are almost as frequently wrong as right)—gave the reflex when exposed to the blue light—the speed of which is approximately 160,000 miles a second—and to no other color.

There is no chance for error. Guesswork is entirely eliminated. If they have syphilis they give this reflex to the blue light. If they do not respond—no matter how many eminent spe-

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cialists may say they ar affected—they ar free from this particular diseases.

The same is true of specific urethritis, the so-cald "black plague." If a patient givs a reaction to the rays of the purpl lamp, he is gonorreic—even tho it may hav been forty-two years since he was infected (as was the case with a Chicago physician in one of Dr. White's classes).

With similar exactness malaria discloses itself to a certain combination of blue-green light, influenza or "the grip" to a red-green combination, kidney intoxications to a certain violet, liver diseases and jaundis to pure green, tyfoid to blue-green and amber, and alcoholic conditions to deep prune. And gradually more and more of the toxemias ar coming into exact classification as regards their response to vari-colord lights. It is merely a problem in vibration—each diseases apparently producing a definit molecular rapport with rays of light traveling at a certain speed. And it

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would seem that every condition that so modifies the emanations from the body as to nullify the effect of the energy of the magnetic meridian upon it, has a definit color vibration for diagnosing it.

The colors must be absolutely "on the pitch," however—they must be accurately tuned to a certain vibration. Else they wil fail to elicit the reflex, particularly in incipient conditions, or in diseases which ar not clearly defined. But Dr. White's method of insuring this accuracy ar too tecnickal for our present consideration.\*

This "absoluteness" of vibration, however, explains why Dr. White and his pupils work in subdued light, and also why spectators ar obliged to stand back four or five feet from the subject. Energy is energy; whether it be strong sunlight, moonlight, electric light, or the psyco-magnetic radiations from the human body. And in-

\*(Dr. White has developd or evolvd a series of very ingenious vari-colored screens thru which light is radiated. These Chromatic Screens he designates by letters and numbers, each one standing for the disease it diagnoses.)

asmuch as the energy from the magnetic meridian is being used for the diagnosis, any other energy would have an effect upon the results secured.

In order better to comprehend the value of "Bio-Dynamo-Chromatic Diagnosis," as Dr. White has christened his brain pet (from bios, life; dynamis, force; and chroma, color); and the better to understand what it means to a patient to know whether or not she has a condition requiring a surgical operation, a recently reported experience is rather illuminating.

Three women, all of whom had breast conditions which had been pronounced cancerous, were brought to Dr. White for diagnosis. They had been informed that immediate removal of the breasts and of the glands as far as the armpit was the only measure that would keep them alive for more than two or three years.

When they were placed on the turntable and turned north after first having been tested facing the east, two of

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them gave an absolutely normal reflex. They showed the normal change in the tension of their blood vessels and internal organs, which, if cancer were even beginning to develop, they would not give. Were they cancerous it would have been necessary to expose their bared chest and abdomen to the "burnt orange" or "amber" light before the reflex could be elicited.

On the strength of this normal response Dr. White pronounced these two ladies free from cancer, claiming that the lumps in their breasts were merely enlarged glands, or else were due to muscular contractions. These patients are today, after a lapse of many years, two absolutely healthy and satisfactorily un mutilated ladies.

The third patient had no change in blood-vessel tension when she was faced north, after having been tested facing east. But when the "amber" light was focused on her for a minute or more the reflex came back with a rush; proving indubitably that she was cancerous.

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She was completely cured, however, after several months' treatment, by a unique and most effective method, which will be described presently.

The importance of this work cannot be overestimated. It absolutely eliminates "snap diagnosis." It does away with the necessity for an "exploratory operation" (for cancer, tuberculosis, syphilis and other toxemias, at any rate) and it establishes, by a method that, when correctly employed, is infallible, whether one has or has not any of these disorders, and if so, which one, and also how badly he has it. It can readily be understood how vital and life-saving this beautifully accurate means of diagnosing such an obscure condition, for instance, as cancer of the stomach, or some other internal organ, will become—when Bio-Dynamo-Chromatic Diagnosis is generally known and practiced.

This brings us to the most interesting part of our story. For the colored light that restores the abnormal reflex



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does much more than merely to point the character of the trouble. The same light that tells us the cause of the patient's sickness, if used intermittently for twenty minutes or more daily, in conjunction, of course, with hygienic and other indicated measures, will, if the disease is not too far advanced, almost invariably effect a cure.

Hundreds of cases of tuberculosis, pronounced incurable by any other means, have been arrested and brought safely back to the broad highway of health by these means. Such a cure was effected in one who might almost be called a member of my own family.

A little girl, now nineteen, who came to us as a baby with her mother, and made our home her home for more than twelve years, moved West a few years ago, and there developed pulmonary trouble. The disease made rapid inroads, in spite of the best available medical care. But, fortunately for her, I met Dr. White three years ago this spring, and immediate-

ly upon his return to Los Angeles, put littl Jean under his care.

Within two months she had gained thirty pounds and had increased almost forty per cent. in red blood cells. The sputum cleared up, as did also the cough. To-day she is absolutely well and healthy. She owes her recovery to intermittent ruby light, oxygen vapor and other natural methods which constitute Dr. White's "Condensed Out-of-Doors System."

While it is easy to diagnose incipient tuberculosis, it is equally easy to say that cases which have all the earmarks of tuberculosis are in reality something else.

Recently there was brought to Dr. White a boy who was "face marked" by T. B. He had been pronounced tuberculous by some of the most eminent medical men in the West. The little chap was so anemic and so weak that almost any physician would have been justified in pronouncing him a consumptive. His condition had come on suddenly following an acute attack

of grip. He was troubled with an aggravating cough, shortness of breath and lack of appetite.

But he gave a "grip"-sympathetic-vagal reflex. And within two months, under "big light," intermittent "grip" colored light and oxygen-vapor inhalations ("condensed out-of-doors treatment"), he was absolutely well. Had he been treated "expectantly" he might not have recovered, as these are the cases which so often become tuberculous.

For remember that the light that elicits the reflex—that tells what the disease is—if used faithfully and correctly for a period of time, tends to cure the disorder that caused the abnormal condition. This is the hope held out to those suffering from tuberculosis, cancer, or the chronic toxemias, which, under our present methods, are most generally incurable.

There is nothing transcendental or metaphysical about Dr. White's work. It requires no long esoteric novitiate. Any intelligent, well-trained physician,

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after a little experience and practis, can get identically the same results that Dr. White secures. This has been repeatedly demonstrated. For, time and again, his pupils, securing certain reflexes, and desirous of "checking up" their tecnic, would refer the patients to Dr. White—saying nothing concerning their diagnosis. Yet invariably the findings would coincide.

Dr. White has diagnosed thousands of the most obscure cases the doctors of America could "dig up" for him, and has never made a mistake in an uncomplicated condition. And what Dr. White can do, any physician who wil study and practis the method, can do equally wel.

That no other scientist has ever discovered the effect of the magnetic meridian on the animal body is probably explaind by the fact that, until Dr. White told us, no one knew that daylight, bright light, or other forms of energy, maskt the effects of this M. M. energy. But now this particular

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egg has been stood on end. And because of this I believe that the adoption and general use of this method of diagnosis and treatment will save in twenty years more lives than the Great War is now destroying. I also believe that, after the war, we shall have the doctors and the "doctors" and the "hoch professors" of Europe coming to America to learn how to diagnose and treat diseases. The seemingly absurd and preposterous colored lights will be the "*big medicine*" that will work these epoch-making wonders.

To avoid criticism: Say nothing; Be nothing;  
Do nothing.

*Reprint from the Medical Summary  
of Philadelphia, Pa., November,*

*1918*

## DIAGNOSING TOXEMIAS BY COLORD LIGHTS\*

By

EDWIN F. BOWERS, M. D.

There may be a few doctors and surgeons who know what's the matter with fifty per cent. of their patients, altho Dr. Richard Cabot of Boston, and a good many million laymen, seriously dout it.

This is sad. But it isn't nearly so sad as the fact that the average physician or surgeon will not admit the soft impeachment. Nor does he enthuse riotously over anything that promises

\*(Note: All the physics underlying this wonderful system of diagnosis hav been tested out by delicate instruments and proved to be true by Baines & Robertson, the London Electrophysiologists and pathologists. We hav red many reports from physicians who ar successfully doing this work.

Dr. Bowers wrote this artiel about two years after writing his famous artiel on the same subject and publisht in the February, 1918, issue of Physical Culture Magazine, New York.—Ed.)

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to make him more efficient in his work. Not unless the gentleman who originated the thing has been thoroly and definitely ded for a long period of time.

I am impeld to this disconsolate belief thru observing the apparent apathy of my medical friends concerning the method of diagnosing toxemias by a combination of colord lights and the magnetic meridian, discovered by George Starr White, M.D., F.S.Sc. Lond, Los Angeles, Calif., and successfully practist by scores of his physician students in all parts of the country.\*

Indeed, this apathy and antagonism to an innovation that is true and new at the same time suggests a soul-serching *questionnaire*, which might run something to this effect:

1. Can you scientifically detect incipient pulmonary tuberculosis?
2. Can you scientifically detect tuberculosis of bones, glands, kid-

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\*I quite fully described Dr. White's method in *The Physical Culture Magazine* of February, 1918, and have kept closely in touch with the work for over four years.

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neys, or any other part of the body in any and all stages?

3. If you can't, at what stage of the disease can you unerringly make the diagnosis?

4. Do you believe in the existence of carcinosis, or the precancerous stage?

5. Can you detect and demonstrate it? And how?

6. Can you unerringly diagnose carcinoma? And how?

7. At what stage can you *unerringly* diagnose carcinoma?

8. Do you consider that a patient suffering from a well-developed cancer of the breast or alimentary tract *can* be permanently cured by operation or by any other means?

9. Can you diagnose and differentiate cancer of the mediastinal glands, the kidneys, the gall-bladder and the pylorus?

10. Can you detect and demonstrate gonorrhea or syphilis in a patient twenty-four hours after exposure?

11. Is it possible accurately to de-



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fect either or both, say twenty-five years after infection?

12. Can you demonstrate the presence of tonsilitis preceding any local throat symptoms?

13. Can you diagnose the existence in a patient of the toxemia of malaria, influenza, epilepsy, liver and other auto-intoxications, nicotin, and various drugs many years after the onset of the diseases or conditions?

How many physicians out of each thousand would care to answer these questions and send a copy of the answers to each of their patients?

To the dyed-in-the-wool orthodox physicians all this may seem absurd and ridiculous. And yet any physician familiar with the use of **COL-ORD LIGHTS** in the diagnosis and treatment of diseases, otherwise known as the **Bio-Dynamo-Chromatic** system of diagnosis and treatment as evolved by Dr. George Starr White of Los Angeles, California, *knows* that everything suggested in the thirteen questions above can be accom-

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plisht and convincingly demonstrated to any physician, and that very easily and quickly.

### HOW IT IS DONE

Physicists all agree that every live thing givs off a rate and mode of vibration peculiar to itself. Tissues in diseases giv off a different rate and mode of vibration than they do when in helth—otherwise there would be no diseases. A patient suffering from tuberculosis givs off a rate and mode of vibration peculiar in every instance to that diseases, but differing from cancer, and different from the rate and mode he gave off in helth. And so with every diseases, condition or complication.

Physicists also agree that the only difference between one color in the spectrum and another is the difference in its rate and mode of vibration. All energies ar merely rates and modes of vibration,—as light, heat, electricity, etc. Every form of energy affects every other form of energy,

and one energy having exactly the same rate and mode of vibration as another, when brot into contact with the other, wil exactly neutralize this energy and stop all action. This is true, no matter whether it be color energy, or the energy of two locomotivs of the same weight and size, traveling at the same rate of speed, coming together.

#### HOW APPLIED TO THE PATIENT

It is known that if a patient be properly prepared and facing east or west, he is in a different state of tension than when he is facing in the magnetic meridian, that is, north or south. Also, if he be suffering from any toxemia he is in a different state of tension than when normal.

In other words, while facing east or west, percussion of the different zones of the abdomen wil elicit a tone of absolute dulness. Facing north or south, in a normal patient, this line of dulness wil be found from one to three fingers' bredth lower. But if he be suffering from any toxemia of

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whatsoever kind or degree, there will be no change in the line until the particular color, whose vibration corresponds exactly in its rate and mode with that of the vibration given off by the patient, is radiated upon the bared chest. Then the line will drop to its normal position or location.\* These colors radiated thru the Chromatic Screens have all been scientifically tested out on the different toxemias. As soon as the color vibration necessary to elicit this reflex is found, the diagnosis is at once known.

It is evident that when this principle is understood and appreciated there is almost no limit to its possibilities.

A normal patient when inoculated by the Von Pirquet test will, by the Bio - Dynamo - Chromatic (B-D-C) system, show the reaction in a few hours. Tubercular lesions can not only be diagnosed in the most incipient stage, but can be localized with

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\* (Many other methods, other than percussion, will demonstrate the action of the magnetic meridian vibration on the body.)

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the most minute accuracy in any part of the body. Every case of cancer can be thus diagnosed, making exploratory operations unnecessary.

One physician using the B-D-C system diagnosed cancer in a lady, localizing it in the gall-bladder. The abdomen was opened, and after much exploring, a small growth, no larger than the nail of the little finger, resembling cancer tissue was located on the side of the gall-bladder. Thru a nurse used for a "control," or galvanometer, energy was clearly conducted from a small piece of this little specimen and dissipated by the cancer color thru the B-Chromatic Screen. A positive diagnosis of cancer was therefore given and afterward verified by the microscope. This is merely an example of the incipency in which it is possible to diagnose disease by this system; also just one example of the many thousands of diagnoses made and checked up and found one hundred per cent. perfect. It is as accurate and scientific as mathematics

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or chemistry. It takes all the guess out of diagnosis, so far as toxemias go. Gonorrhea has been detected forty-four years after exposure; also syphilis, malaria, grip, and the various other toxemias. Syphilis can be detected invariably, regardless of the Wassermann test.

### PRACTICABILITY OF THE B-D-C SYSTEM

One of the very most interesting features or aspects of the B-D-C system is that anyone who can hear and appreciate tone, pitch and intensity, and can do delicate percussion, can in a few weeks' time, by diligent application and persistence, learn this system. Having learned the system, the physician can pack the necessary apparatus into a suitcase and do the work in almost any quiet room where there is electricity.

Not the least interesting feature of this method is that the color that diagnoses the disease has a most potent influence in helping to cure it.

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By these means, and other accessories used in connection with them, thousands of cases of cancer, tuberculosis, syphilis, gonorrhea and other diseases have been cured.

Scores of physicians scattered over the continent are now using this system, particularly for diagnosis.

Bio-Dynamo-Chromatic diagnosis *should* be taught in every medical college of the land, as a part of every physician's education.

Perseverance, self-reliance, energetic effort are doubly strengthened when you rise from a failure to battle again.—Anon.

## A FOREWORD — MOSTLY ABOUT MARTYRS\*

By EDWIN F. BOWERS, M. D.

Negating the fine and splendid traits that hav made humanity gods (tho in the germ) ar others not so commendabl—traits that ar typical, characteristic, and disgustingly universal.

One of these is cowardis; another is reactionism. These two attributes, I am convinst, hav retarded the progress of the world more decidedly and more effectivly than all other agencies combined.

For they ar the mental monsters that hav blockt the pathway of every innovation. They represent the psychological attitude back of the faggot and the rack, the persecution and the

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\*As Dr. Bowers is such a wel-known writer and medical critic, and as he has seen Dr. White diagnose so many cases, and has communicated with so many of his pupils, Dr. White askt him if he would write a foreword for the Seventh Edition of his *Lecture Course to Physicians*.



banishment. Ostracism and repudiation are of their sinister family.

They are the blinders on the brain, the hampering clog on the Wheel of Progress. Aristides marked one of them with his stylus on the oyster shell. Galileo murmured another on his recanting knees. Copernicus, Kepler, Darwin, Tyndall, Huxley, Pasteur, Semmelweis, Simpson — most of the pioneers in science, in medicine, in art, in music, in philosophy—in everything that spells advance—have drunk to the dregs the bitterness of its draft.

Where the action has slightly evolved from persecution, it takes the form of what we are pleased to term, “conservatism,” which means that the thing leans so far back in the direction of medievalism that it makes the Leaning Tower of Pisa look like an obelisk in comparison.

Men grow “mutton-chop whiskers” and preternaturally solemn countenances extolling the virtues of this same “conservatism”—blindly oblivious to the fact that they, and the “in-

tellectual half-wits" who share with them their opinions, ar merely barnacles on the keel of a great Moving Force, a force whose impulse is as irresistible as is the flow of a glacier.

All of which is suggested by many things and divers experiences, but chiefly by the recalcitrancy of the "medical profession," and by its hesitancy to enthusiastically endorse and universally practis the marvelous discovery of George Starr White, M.D., F.S.Sc. Lond., of Los Angeles, California.

This is more reprehensible to my mind, in that the failure to adopt Dr. White's methods exacts an annual toll of thousands—if not scores of thousands—of precious human lives. I am glad to lern, however, that many progressiv physicians hav adopted these methods and that the numbers ar continually increasing.

*I know absolutely what Bio-Dynamo-Chromatic Diagnosis does. I personally hav had indubitable evidence of the accuracy of the method—*

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*evidence which, to the "every day senses" seemd almost unbelievable.*

I hav seen again and again the most obscure cases of tuberculosis, cancer, syphilis, gonorrhea, and various other toxemias, diagnosed as redily as a skild percussor would outline a consolidated lung area.

I hav seen patients brot to Dr. White completely coverd except for the bared abdomen. I hav watcht the masterful way in which Dr. White would determin the nature of their ailment.

In the silences of that darkend offis I hav witnest miracls—all the more miraculous in that I, or any medical man with average intelligence and a pitch-true ear, could with a littl practis perform the same miracls.

'Tis simpl, as ar all the wonderful things of nature when rightly understood—merely the patient's response in blood tension to the current of magnetism running over the meridians of the erth; and to his changed

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sympathetic-vagal reflex resulting from this; and from the true-vibration of various radiant colors which temporarily restore to normal a tension made abnormal by some diseased process.

The method is beautiful, clear, and as accurate as gravitation, cohesion, chemical affinity, or any of the other phenomena that are accepted—mainly because those who first advocated them are dead.

Suggestion and telepathy, as explanations, are entirely eliminated from Dr. White's method. First, because a suggestion, in order to be effective, must be communicated to the recipient—in this case, the patient. Otherwise he could not act upon it. But neither Dr. White nor any of the medical men present knew in advance what was the matter with the patients. So the patients could not get the suggestion from us. (Most of the cases were considered suffering from some ailment other than Dr. White proved it to be.) The patients them-

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selvs certainly did not know. Otherwise they would not hav come to Dr. White and paid him for finding out what they alrely knew.

And if they *did* know, they couldn't change the tension of their vagus and make it respond only to the particular radiant color that normalized their abnormal rate and mode of vibration, and correctly attuned it to its psycho-fysiological norm.

Also, hundreds of Dr. White's physician pupils elicit these same differential reflexes, in all parts of the country and on all classes of patients. *I know this, for I hav red their letters and hav had personal reports from them.*

Which brings me to say again that "medical men" lack courage and moral stamina. Otherwise they would proclaim these truths broadcast. They would lend the weight of their names and their influence to the general acceptance of a method that discloses toxic processes discoverabl in

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no other way, and at their very inception.

But sometime, after Dr. White has been thoroly and completely ded for about fifty years, the methods for which he has fought so hard to obtain recognition wil be part of the equipment of every successful physician. In the meantime I'm for him and his B-D-C methods—"tooth, hair, and toenails."

Be content with nothing less than something better. To progress is to liv—To stagnate is to die.

## MEDICAL SUMMARY, AUGUST, 1918

Lecture Course to Physicians on Natural Methods in Diagnosis and Treatment—Aids to Humanity Helpers by George Starr White, M. D., F.S.Sc. Lond., Los Angeles, Calif.

This Lecture Course to Physicians is one of such a degree of originality that one's attention is held at once by the striking manner in which the statements are made. In fact this spirit of originality extends to all the methods advocated and used as well as to the orthography, the hundreds of diagrams, cuts and illustrations, and the exceedingly fine character of the type, paper and binding, and the general make-up of this elegant volume.

The methods of diagnosis and treatment are unique and the author's own, and they are convincingly supplemented by the proof of their

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efficiency, by the evidence of other physicians, and many patients relieved and cured.

Practically the whole category of diseases is included in these lectures, and the methods of treatment including natural means such as Light, Color, Odor, Magnetism, and Electricity blended into a system called by the author "Bio-Dynamo-Chromatic Method of Diagnosis" and "Condensed Out-of-Doors Treatment."

Owing to the novelties involved and the diversified and extended nature of the subjects comprized, we would advise our readers to put themselves in communication with the author of these lectures, when they will receive information that will give them the proper conception of their scope and purpose.

—*Clinical Medicine, August, 1918*

Dr. White is well known to many physicians for the ingenious Bio-Dynamo-Chromatic methods which he employs for the diagnosis and treat-



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ment of many diseases. He has recently elaborated his previous lecture course into one large volume embodying the information that he formerly communicated directly to his pupils.

This book contains an immense amount of information on methods that are not usually found in "orthodox" textbooks. That does not mean that they are "no good," but rather on the contrary, surprising results have been secured with them.

This work will be a welcome addition to the physician's library.

—*Truth Teller, July 1, 1918*

Dr. George Starr White's Lecture Course to Physicians and Aids to Humanity Helpers, Seventh Edition, is a volume of over 1400 pages and over 450 illustrations, devoted to natural methods of diagnosis and treatment.

The volume is dedicated to those who are fighting for medical democracy, medical freedom, and medical advancement. *It is a wonderful book.* It is impossible in a short article to do

justis to any part of it. We can only advise all physicians to read it and profit by the wonderful revelations which Dr. White makes in this book.

The practis recommended and taut in this volume would revolutionize the practis of medicin. In this volume Dr. White states that more peopl ar being treated by drugless methods in the United States today than by all the drug methods combined. We believ that this is true, and that the number is constantly increasing. This is due to the results following systems which ar ever shifting from bad to worse in the hands of pseudo-scientists and incompetents, and because of the foolish prejudices which hav descended thru centuries from the darkest ages.

Dr. White's treatment is not wholly drugless as he must obtain some chemical combinations and reactions. But the use he makes of such substances is not objectionabl and certainly is not harmful in any degree. Celery, lettis, onions, carrots, and all

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vegetables are drugs in the strict sense of the word.

"A *real physician* will not hesitate to use any method that will relieve the sick.

"A *real quack* is one who will hesitate to use any method to relieve the sick unless it be sanctioned by some 'governing board.'

"To be a physician one does not have to administer deadly poisons nor mutilate the body any more than a pedestrian has to carry dynamite in his pocket to 'give him a lift.' "

— *Pharmaceutical Advance* September-October, 1918

Dr. White's highly illustrated and unique work "is dedicated to those who are fighting for medical democracy, medical freedom and medical advancement."

The outgrowth of this voluminous volume comes from the original lecture course by the author to physicians—over 1400 pages being required to cover the subject.

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As is aptly stated in the Foreword, "One cannot stand stil. One must either recede or go forward."

Many ar the advanst ideas set forth in this book. In fact he has blazed an entirely new trail, basing his work as he says on the "laws of nature."

The clinical data, both his own and that of his students, exemplify these ideas and ar worth the thotful consideration of practitioners, but as the author distinctly states unless one beliefs in Natural Laws they should not read it.

--*Herald of Health and Naturopath*,  
October, 1918

Dr. White has done a big servis to doctors—drugless and otherwise—by combining into one volume his splendid series of sixty-eight lectures. Over 350 clinical cases ar described and illustrated, a feature which makes this book invaluable to the practitioner.

The *Course of Lectures* is divided for convenience into ten sections, each

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section covering a complete branch of rational therapeutics.

Dr. White devotes Part One of his book to his own remarkable discovery of the Bio-Dynamo-Chromatic method of diagnosis and therapy, which he calls for short the B-D-C method. So unusual and wonderful does his method appear at first that one is inclined to the belief that it belongs to the sphere of the supernatural. The doctor's practical handling of it, however, and the overwhelming proofs he cites to support his discovery, leave no room for skepticism. And perhaps the most remarkable thing about this new science is its simplicity—an immense advantage to all who desire to bring the method to their aid and practice.

Not only is every step clearly and thoroughly explained, but the wealth of illustration makes the grasp of the subjects doubly sure. After bringing his students through every phase of natural therapy, chromo or color therapy, foto or light therapy, quartz light,

oxygen vapor, electro-therapy, spinal therapy, exercise, diet, zone therapy, suggestion, psychotherapy, etc., etc., the author devotes Part Ten to an intensely interesting exposition of the principles of Psycho-Magnetic-Radiation, which he explains has been considered by some as occult work, but which is in reality purely physical. He develops his principles on the basis that "no matter what form life or vital force may take, no matter what vehicle life is carried in—be it animate or inanimate—its magnetic atmosphere must be characteristic of the vehicle."

He anticipates the skeptic by saying "phenomena which belong to this branch of the healing art, extraordinary tho they are, are part of our everyday experiences, yet not recognized as such."

He takes the influence of mind over matter out of the realm of speculation, incidentally giving the practitioner a new and powerful aid in the conquering of mental and physical abnormal-

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malities. This splendid and monumental work is published by the author.

—*Medical Sentinel, November, 1918*

When glancing thru Dr. White's Lecture Course to Physicians on natural methods of diagnosis and treatment—Seventh Edition—the reviewer took up the task of reviewing it with fear and trembling. At first it seemed impossible to give an unbiased review of such methods of diagnosis and treatment.

From seeing an illustration of a quartz lamp and reading the technique of its application, the reviewer received a jolt. *There is more about the use of the quartz lamp in this volume than in the manufacturer's literature.* Having worked with Nagelschmidt and Kromayer, it may be said with some authority that White has done better with the subject than they have.

—*The Medical Brief, January, 1919*

A Lecture Course to Physicians on Natural Methods of Diagnosis and

Treatment, Seventh Edition Revized.

There may be, says Dr. Bowers in a recent article in the Medical Summary, a few doctors who know what is the matter with 50% of their patients, altho Dr. Richard Cabot and a good many million laymen doubt it. This is sad, but not nearly so sad as the twin fact that the average physician or surgeon will admit the soft impeachment. Nor does the physician enthuse riotously over anything that promises to make him more thoro in his work unless the gentleman who originated the thing has been thoroughly and definitely dead for a long period of time. To which disconsolate belief Dr. Bowers is impelled owing to the apathy, not to say antagonism, of the profession at large toward the method of diagnosing toxemias by a combination of colored lights and the magnetic meridian as discovered and described in Dr. White's voluminous work.

To the dyed-in-the-wool "orthodox" physician, all this may sound



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ridiculous. Yet every physician who is familiar with the use of colored lights in the diagnosis and treatment of diseases, otherwise known as the Bio-Dynamo-Chromatic system of diagnosis and treatment, knows that everything that the author claims for it can be accomplished and convincingly demonstrated, and that very easily and quickly.

If you have any lingering question on the matter, Doctor, get Dr. White's book—let him speak for himself directly to you—and read it thoroughly and try it out yourself. There is nothing secret or mysterious about it. The whole thing is open to your personal investigation and proof. *And it is worth proving.*

—*Charlotte Medical Journal,*  
*January, 1919*

A Lecture Course to Physicians on Natural Methods in Diagnosis and Treatment, Seventh Edition. It is the belief of the writer that one of the most pressing needs of the present

time is education of the people as a whole in the subjects of vital importance with which this book deals, and an increased interest in this field of scientific work. Scientists are the leaders of the world, and should constantly endeavor to keep a little ahead of the lay population who follow them. It is, however, important that the leaders should not only blaze the trail, but should make it sufficiently easy to find so that the followers may not fall too far behind. In the intense fascination of exploring the trail, and the eager impulse to press on to newer and ever newer fields, the scientist is in danger of forgetting the handicaps of his followers, and of leaving them hopelessly in the rear.

*In regard to diet Dr. White is unusually sane.* The volume has as many valuable points brought out clearly and intelligently as any work that we have had the pleasure of reviewing for a long time. *It is a valuable book* and it would be well for every physician to have one in his office. Its 450 illustra-

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tions are certainly very important, accurate and intelligently selected. We would advise the readers of this Journal to write to Dr. White, the author, to send them the accumulated literature that he has descriptiv of this volume.

—*Reason, May, 1919*

A Lecture Course to Physicians on Natural Methods in Diagnosis and Treatment by Dr. George Starr White. This massiv work is an encyclopedia of the latest and best methods outside of the formal materia medica in helping sick humanity and teaching and practising the laws of helth. It is too great for description in these pages.

It is squarely against medical trusts and political medicin. Its watchwords are progress, discovery, and medical freedom.

Dr. White has discoverd and put into practical form a new system of diagnosis and treatment.

The spirit of the author and the

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tone of the book can most redily be perceivd by a few extracts from the Introduction:

“Stand for and encourage every movement for freedom in aiding and healing the sick and afflicted.

“Stand for what is right tho it may temporarily be to your disadvantage.

“Stand by the axiom that right makes might.

“Stand by those fighting to crush “Kultur” with its motto that might makes right.

“Stand by the vision of a Universal Democracy—a Democracy in Medicin as wel as in politics.”

A knowledge of how to make a living is better than four diplomas in ded languages.—Caxton.

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*The following are extracts from papers read and discussions given at the meeting of the CENTRAL SOCIETY OF PHYSICAL THERAPEUTISTS held at Atlantic Hotel, Chicago, Ill., September 30-October 2, as reported in their Proceedings.*

### *Extracts from Paper by J. Faltermayer, M.D., Chicago*

Shortly after becoming acquainted with Dr. White's method of diagnosis with radiant colors and energy, I began to realize the difficulty confronting me in convincing skeptical patients and others as to the reliability of this method and the correctness of my findings. Marked antagonism and suspicion loomed up on many occasions, especially when a differential diagnosis of syphilis and auto-intoxication decided that the patient was afflicted with some form of latent lues.

Those who had acquired this disease during their lifetime, presenting a history to this effect and having re-

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ceived anti-luetic treatment, were more readily convinced that the diagnosis was justified.

Any acute observer will most willingly agree with me on the following opinion, namely:

Nothing is more easily misinterpreted than the treacherous underflow of vague symptoms presented by that demon, *syphilis*, lurking in disguise and simulating well-known as well as rare diseases of the blood, nerves, skin, bones, glands, digestive organs, etc., and the organs of special senses.

*None of these indefinite cases can escape detection by the Bio-Dynamo-Chromatic method of diagnosis after a thorough and energetic course of treatment for auto-intoxication has left the "radiant-colors and energy-findings" unchanged.*

But even to hint to some of these patients the character of our findings, in order to justify the demand for a prolonged course of treatments for "blood diseases," will bring forth a storm of resentment and ridicule. For

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this class of patients "seeing is believing," and since but a small percentage of skeptics could be convinced of the merits and simplicity of this diagnostic method, I began to investigate other diagnostic tests for simultaneous control application.

The Wassermann test and its modifications could not come into consideration in these chronic forms of tertiary, hereditary, or latent lues.

Fortunately, I became acquainted with the Intradermic or skin test, also named the Luetin test.

As far back as 1911, and during these intervening years, various investigators have contributed articles to medical journals describing this test, but it never seems to have become popular, since not even mention is made of it in a gorgeous work like Sejous' *Analytic Cyclopaedia of Practical Medicine*.

Thanks to the courtesy of Parke, Davis & Co., I obtained from their biological laboratory some explanatory data on this test brought before the medi-

cal profession by Dr. H. Noguchi, and which I shal cite here in the original form.

(Anyone interested in this may write to W. W. Bailey, M.D., Davenport, Ia., Secretary of the Central Society of Physical Therapeutists for a copy of their Proceedings.)

For the past two years I hav let this Luetin test proceed side by side with the Bio-Dynamo-Chromatic test in sixty-six selected cases, including suspected tertiary, hereditary and latent syphilis, as wel as a certain number of cases of simpl auto-intoxication, hoping that at some time one test-method would expose the other as fallibl in showing either a fictitious positiv or negativ reaction. The results so far obtaind hav been exceedingly gratifying and productiv of justified conclusions.

Whenever, upon repeated examinations, and after energetic treatment for auto-intoxication, a patient persistently gave a C-MM VR, I would



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without a single exception, find a positive Luetin reaction of some kind.

On the other hand, if, after successful treatment for auto-intoxication, a patient presented a normal MM VR, he also showed, without a single exception, a negative Luetin reaction.

The larger percentage of the positive reactions, as shown in my case records, prove to be the late pustular or torpid forms, which finding differs somewhat with that of earlier investigators and might be explained by reasoning as follows:

1. On account of too short a period of observations some of these late positive reactions would escape notice, this claim being justified by the fact that in some cases a severe pustular reaction would occur as late as the third, fourth and fifth week.

2. And this is possibly the most plausible explanation.—Benign syphilis, modified and attenuated by the diluting effects of inheritance thru one or more generations, is very easily overlooked as such, unless one's attention

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be call'd to it by such an *extremely sensitiv and superior diagnostic test as we possess in the Bio-Dynamo-Chromatic method of diagnosis. . . . .*

(Then follow many cases to show that the B-D-C findings wer proved to be true, no matter how much disputed.)

As to the conclusions drawn from my observations, I would therefore submit the following summary:

1. The Luetin test, while not essential in the hands of the diagnostician acquainted with the principls and application of the Bio-Dynamo-Chromatic method, becomes a valuabl diagnostic wepon when we ar confronted by skeptics and doubtful victims of latent lues.

2. The Bio - Dynamo - Chromatic method of diagnosis in latent lues and auto-intoxication furnishes an *unfailing differentiation* in cases in which a Luetin reaction might be interpreted as either a mild positiv, or a severe normal, reaction. . . . .

*In discussing this paper, D. V. Ire-*

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*land, M.D., of Columbus, Ohio, said:* "Now, the Wassermann test, I know from my daily observations, doesn't amount to the time it takes to make it. There is absolutely nothing to it. I hav seen enuf of it so that I *know* it is time and energy thrown away to use it."

*L. E. Bunte, M.D., of St. Louis, Mo., in discussing the paper said:* "It is certainly a privilege to listen to a classical paper of this kind. It is excellent, and the results he has gotten with the methods employd, is to me one of the most positiv tests I want. I think we ar getting down to the bottom of some facts when we ar beginning to lern some of these new, better, and positiv methods of diagnosis. *I consider this B-D-C method of diagnosis as positiv.*"

*W. W. Bailey, M.D., of Davenport, Iowa, said:* "In all the blood tests and in all the Wassermann tests I hav had made, I hav never yet had what I thot a reliabl finding. Some peopl tel me they hav had reliabl Was-

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sermanns made upon them, but I have never found it so in my cases. I was at the pathological laboratory in our town and asked them when they would make the next test. The pathologist said, 'If the weather and the phase of the moon are proper, we will make our test on such a day. We have been unfortunate in our tests lately.' *I have no faith in the Wassermann test.*

*The Bio-Dynamo-Chromatic method I rely on altogether*, regardless of whether the Wassermann indicates positive or negative. In making my B-D-C tests, I use the C-screen only as a check. I have quite a number of Dr. White's Chromatic Screens. For syphilis I use No. 10 screen. For auto-intoxication I have a No. 72 screen. The C-screen diagnoses syphilis, auto-intoxication, and malaria. The E-screen differentiates malaria.

*In closing the discussion, Dr. Faltermayer said:*

"I mainly tried to convey the idea in my paper that we must be careful to differentiate between syphilis and

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auto-intoxication. *There is never a case of syphilis without auto-intoxication*, but there are many cases of auto-intoxication without syphilis.

Those cases that I have selected, sixty-six of them on which I made the Luetin test, were all very carefully prepared with anti-auto-intoxication treatment, so that a Luetin if it were positive had a perfect right to be positive. The B-D-C method was a valuable check up. *Personally I never mistrust the B-D-C method*, but I want to convince others that if the B-D-C method said it was syphilis the Luetin test would also say so.

If I had my choice to use either one or the other, I would prefer the B-D-C method, after giving the patient thorough treatment for auto-intoxication. Test again and again, and if the reflex remains the same, you can rest assured that it is specific."

*Extract from Paper by William H. FitzGerald, M.D., Hartford, Conn.*

If a man like Cabot admits that his diagnoses in the past twenty-five

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years have been only about 50% correct, what must have been the average of the physician who is not an authority in diagnosis? The "hitting average" of all medical diagnosticians will improve by leaps and bounds when they adopt the Bio-Dynamo-Chromatic method of Dr. George Starr White of Los Angeles, California.

A method that will positively diagnose cancer, tuberculosis, syphilis, and innumerable other diseases from the day of their inception, and do it in a minute or two as the White B-D-C method assuredly does, is worthy of, and should receive, the most ardent commendation of the medical profession.

*T. Howard Plank, M.D., of Chicago, in discussing the Bio-Dynamo-Chromatic system said: "I would say the Bio-Dynamo-Chromatic method of diagnosis is absolutely positive in every case, even though we may not be able to demonstrate it. That is a big statement to make, because there is a large human equation that comes in.*

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The more I use it the more I like it. When I get a new case, I test it out with the Chromatic Screens first. I used the method for a year on *known* cases only. Then I used it on the unknown cases. Even now I check up my B-D-C diagnosis with recognized laboratory methods when possible. I have patients who come to the office who will not permit me to cut out a piece, so I cannot use the laboratory methods. The Bio-Dynamo-Chromatic test, however, tells me the trouble. Therefore to me it is one of the positive methods.

*Dr. W. W. Bailey of Davenport, Iowa, in further discussion said: "I am very enthusiastic over the B-D-C method of diagnosis. Three years ago when I took the course from Dr. White I brought a young man to Chicago. Dr. White diagnosed the condition as syphilis. After I began using the work on him I tested him out with the chromatic screens and he always gave the C-MM VR.*

*After ten or twelve weeks of inten-*

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siv antisyphilitic treatment, this young man gave a normal MM VR, the test being taken every week for three weeks in succession.

(Dr. Bailey gave reports of several cases which by operation or autopsy had proved the B-D-C diagnosis to be correct.)

In conclusion he said, "I feel very enthusiastic about the Bio-Dynamo-Chromatic method of diagnosis. I am quite certain you can depend upon it every time.

*Dr. L. E. Bunte, St. Louis, Mo., in further discussion said:* "I took Dr. White's course last year and instald the B-D-C apparatus immediately and went to work.

When one can diagnose a case of tuberculosis (as I hav done by the B-D-C system), and by following the outlined treatment which Dr. White has given, can get a *normal*-MM VR in the same room after ten weeks' treatment, I certainly think there is something to it. Personally I am willing to laud this system. *Hail to the*



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*man who has given this system to the profession.*

We as physicians lack backbone to stand up and tel the man that he has something good until he is ded, or we criticize it and cut it to pieces becaus we do not know anything about it, or neglect and refuse to study it in detail and follow out the tecnic outlined.

If a man says he has faild, I want to tel him that hundreds and thousands of others hav made good. *We ar just as apt to be right if we say that one man made a mistake in his tecnic as to criticize the system.*

I hope before Dr. White dies that the Bio-Dynamo-Chromatic method of diagnosis wil spred and be known to every physician in America, England and France, and the other countries that may wish to take it up.

*—Character Builder, July, 1918*

In this era of science any man who declares that he has something new must demonstrate it in order to convince intelligent peopl. George Starr

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White, M.D., F.S.Sc. Lond. of Los Angeles, California, has discovered some new and important truths that pertain to human culture and to the healing art. He has demonstrated them to physicians in the leading cities of America, and is teaching them how to apply these discoveries in their professional work.

The reviewer of the Seventh Edition of his Lecture Course to Physicians has seen several demonstrations given by Dr. White and is convinced that they will in many ways revolutionize the methods of the medical profession in diagnosis and treatment.

These discoveries represent the strenuous efforts of a lifetime. From boyhood Dr. White has given his best efforts to the development of principles. In the realm of the finer forces he has made clear to the scientific and philosophic mind the discoveries of the eminent Baron Reichenbach and of the eminent philosopher, Dr. Edward D. Babbitt, whose work, "The Princi-

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ples of Light and Color" is one of the most valuable books published in the nineteenth century.

The "regular" physician of the past has dealt entirely too much in poisonous drugs, vaccines, and other animal extracts. The criticism offered by Dr. Oliver Wendell Holmes, who for forty years was Professor of Anatomy in the medical department of Harvard University, applies with much force to the practice of medicine even now. On p. 260 of his *Medical Essays*, Dr. Holmes says: "The disgrace of medicine has been that colossal system of self-deception, in obedience to which mines have been emptied of their cankered minerals, the vegetable kingdom robbed of all its noxious growths, the entrails of animals taxed for their impurities, the poison bags of reptiles drained of all their venom, and all the inconceivable abominations thus obtained thrust down the throats of human beings suffering from some fault of organ-

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ism, nourishment, or vital stimulation.”

Altho Dr. White is an “M.D.,” and is thoroly acquainted with the virtues and vices of current medical practis, he has shown remarkabl courage in condeming the vicious practises of his medical brethren who ar trying to keep the peopl in bondage to their crude methods.

Such work cannot be done without a sacrifice, but if justis is done, the honorabl physicians of all schools wil support any member of their profes-sion who has the courage to point out the road to better conditions.

The Seventh Edition of Dr. White’s Lecture Course to Physi-cians on Natural Methods in Diag-nosis and Treatment is an encyclo-pedia of twentieth century informa-tion for progressiv physicians. *It is the connecting link between the phy-sical and the psychic systems of heal-ing.*

The author doesn’t ask his readers to believ without demonstration, but

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gives such a clear explanation that the reader can test the principles for himself.

The book, altho written for physicians, is so plain that most of it can be understood by anybody. It is truly an Aid to Humanity Helpers. Every *progressiv* physician in the world will want to get the many helpful things the book contains.

—*The Open Door, August, 1918*

The Seventh Edition, Lecture Course to Physicians on Natural Methods in Diagnosis and Treatment by George Starr White, M.D., F.S. Sc. Lond. of Los Angeles, California, is a colossal work, and the product of an original investigator in the realm of medical art and science. Dr. White stands by democracy in medicin; his cult stands boldly for freedom in aiding and healing the sick; his motto is that *right alone makes might*.

Where the hart is alright, the ways of the hand cannot go astray, and this idea should lead us to make a serious

investigation of these new methods of grappling with diseases that throw aside the poisonous, dangerous methods of political medicin.

Dr. White's original work—Bio-Dynamo-Chromatic Diagnosis and Therapy—is fully explained and illustrated in this great work. *This form of diagnosis is mathematically correct. It does away with the necessity of "exploratory operations" and establishes by a method that is infallible, when correctly employed, whether one has or has not a specific disorder, and is a wonderful improvement on the hit or miss method of the "orthodox" physician.*

Besides this, it enables the physician to diagnose tuberculosis, cancer, syphilis, gonorrhea, etc. at their very inception and thus save thousands of lives that are lost by delay in receiving medical attention.

Space utterly forbids an adequate account of this epoch-making book which contains a world of valuable general information pertaining to

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health; the field of human ailments and their successful treatment is covered in a masterly and helpful manner. Dr. White has studied long and deeply and beyond question is imbued with a passionate desire to help humanity thru nature's forces—both the self-evident and the less familiar—to maintain or regain the all desirable object—Health.

As an indication of the standing of Dr. White and his work, it may be pertinent to say that the Incorporated Society of Science, Letters and Art, London, England, had his work under investigation for a year all unknown to him. He was then asked for a thesis upon his work, which was given, whereupon Dr. White was made a Life Fellow of this distinguished society.

All should have this valuable contribution to the world's needs. The work is a notable contribution to the philosophy and practice of drugless healing and is typical of the great change that is

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coming over the art of healing at the present time.

The radical system of spelling adopted by the author is in harmony with the radical principles enunciated.

*The character of organism determines the character of function.* This immutable law of nature forever makes animal experimentation of no benefit to humans.



## WHAT OTHERS SAY

For ethical reasons I hav omitted the names of the physicians who hav sent me the following testimonials. If anyone wishes to know who sent any of these, if they wil mention the letter and number beginning each testimonial and enclose a return stampt envelop for reply, I shal be glad to giv them the name.

These few testimonials ar taken from over three thousand reports and letters receivd from all parts of the world regarding my work :

*P-1, Denver, Colo., May 20, 1919.*

This is to certify that I hav spent some time with Dr. George Starr White of Los Angeles, California, during the past winter, not only to study his unique methods, but for personal treatment for rectal and prostatic condition causd by the colon

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bacilli. I had become a great sufferer and life did not look good to me, altho I had been to many other specialists for relief. After a few treatments, the mist cleared away and I was so enthusiastic over the result of the treatment that I at once commenced to study Dr. White's system of rectal and prostatic treatment.

I have one of his Metronomic Interrupters and have had an electrode holder made for treating over the cervical vertebrae and over the eyes. By following out his method, I find that this Pulsoidal Current used according to the technique illustrated in the Seventh Edition of his Lecture Course to Physicians, will bring the blood pressure down and will regulate the pulse. I find I shall have to have another instrument to take care of my increasing practice.

Since I returned home I have been treating many by this system for rectal, colon, prostatic and bladder troubles, and wish to say that I would not be without the knowledge of this sys-

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tem for any amount of money, as I regard it as the best part of my work, altho I hav everything up to the minute in electro-therapeutic apparatus.

As Dr. White has written a book giving in detail what he taut me verbally, I need not go into the tecnic in this statement, but I should like to say that Dr. White's Pulsoidal Therapeutic method, which takes the respiration as a guide for each patient, is the best electrical modality that I hav ever used or red of. I must confess that I am at a loss to know just how this modality can work such wonders. Altho I hav not been using this modality very long, yet the results I hav been getting ar worthy of notis and study.

Hjs Binocular Pulsoidal method for restoring blood pressure is a wonder. I had no idea one could change the circulation and blood pressure as I hav been abl to do since using his system.

I might add that along with the Pulsoidal Current, I use what I think

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are the three greatest life restorers and savers, namely, the 3,000 c.p. incandescent lamp, the quartz light (Alpine and Kromayer), and oxygen vapor. Inasmuch as so many use oxygen vapor, I wish to say that I never knew what results could be obtained from oxygen vapor until I had seen the results in patients using the oxygen-vapor generators at Dr. White's establishment. I procured a supply of the oils from him such as he compounds, and now I am getting more satisfactory results than I have ever gotten before. I believe every user of oxygen-vapor generators is missing more than 75% of the value of their apparatus when using oils such as put up by the manufacturers. Oils such as Dr. White uses and furnishes cost more than the ordinary kind, but their worth is beyond estimation.

In concluding this report, I wish to say that I do not think there is a greater system on earth than Dr. White's Condensed Out-Of-Doors Treatment, namely, 3,000 c.p. tung-

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ten light, the quartz light, oxygen vapor and B-D-C therapy. Whenever there is any colitis or rectal or prostatic irritation of any kind, I am sure that the unique methods that Dr. White has originated and is teaching, and about which he has written a book, are years ahead of anything known for these common and annoying conditions.

#### *P-2, Oskaloosa, Iowa*

For the past two months I have been doing surgical work exclusively in one of the Chicago hospitals. I have had a good opportunity to check up diagnoses by means of Dr. White's Bio-Dynamo-Chromatic system, and I can say that the B-D-C method is O. K. I am making diagnoses in twenty minutes that it takes the best of the "old timers" two or three weeks to make, and then they make it by operation.

Even the best diagnosticians make mistakes that could be avoided if they understood the B-D-C work.

### *New and Original Methods of Treatment*

If any physician is not familiar with Dr. White's methods of diagnosis, he has surely mist some real plesure in the practis of medicin.

*P-3, St. Louis, Mo.*

I am using your B-D-C system with perfect results, and the satisfaction I find in its use I cannot tel. We ar now abl to talk positivly to our patients after making the diagnosis. Personally I want to thank you as the donor of this great gift to humanity and the profession.

*(Ten months later.)*

The results and satisfaction I am having with your Bio-Dynamo-Chromatic work is an extreme delight to me, and I would not be without this system of diagnosis under any circumstances. Personally I am going more deeply into your work even if I hav to go to Los Angeles to get it.

*P-4, Anthony, Kansas*

I am having some remarkabl results following out the treatment out-

## *Prostatic Disease and Impotency*

lined by you. This work is very gratifying to a physician and puts him on a different basis for work, because he *knows* that he will get good results and does not have to hesitate to so state to his patients.

My brother-in-law, whom you diagnosed by your B-D-C method as having tuberculosis (which was confirmed by other methods) is now well and doing a man's work. He is singing your praises.

The man who had cough nearly continually for twelve years, and whom you diagnosed in Kansas City at the same time you did my brother-in-law is still well, talking fast and never losing a moment to cough. Do you wonder, Doctor, that we are *all* singing your praises out here?

*P-5, Denver, Colo.*

I surely am pleased with the way you have gotten information before the profession. I am more than pleased with the Seventh Edition of your Lecture Course to Physicians. I am

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getting great results from the use of the Quartz Light, which is so wonderfully illustrated and described in your big book. The more I read your book, the more I think it is a wonder. I read it and then go over the same parts again. I am learning a great deal from it.

#### *P-6, Waco, Texas*

You have no idea how much we appreciate the teachings set forth in your book as well as the teachings given us in person. We are using your method of diagnosis in all obscure cases and feel that we improve in the work every day.

A few months ago a patient was sent here who had been diagnosed as having cancer by the best specialist in this part of the country. An exploratory incision was to be made, but he concluded to try us first. According to your Bio-Dynamo-Chromatic method, we *knew* the case was not cancer and so stated to the patient. We began treating him with the hap-



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py results that he is now wel—looks wel, says he is wel, and we hav no reason to believ but that he is wel.

*P-7, New York City*

It is a calamity that the general public, to say nothing of the medical profession, ar not more familiar with your Bio-Dynamo-Chromatic method of diagnosis and your Condensst Out-Of-Doors Treatment. I am thoroly convinst that many thousands die annually whose span of life might be materially lengthend wer they to hav the advantages of your diagnosis and treatment.

*P-8, San Francisco, Calif.*

I hav your Seventh Edition Lecture Course to Physicians and Aids to Humanity Helpers. I think this work covers the field of experimental, scientific and servisabl data more than any work that has ever been publisht on the art of healing.

I think it is worth its weight in gold and feel sure that it wil be the

*New and Original Methods of Treatment*

means of saving many lives and relieving innumerable cases of suffering. This one book alone must surely bring unceasing joy to the minds and hearts of all those interested in helping others.

*P-9, Harrisburg, Pa.*

The Seventh Edition of your Lecture Course to Physicians is revolutionary. It is practical, unique, and most wonderful, and it is only a question of time in my opinion when your system will be heralded as the only *reliable* system of diagnosis and treatment.

*P-10, Chicago, Ill.*

The Seventh Edition of your Lecture Course to Physicians is a magnificent book. It is filled with knowledge such as all progressive physicians should learn. This knowledge will revolutionize the present methods of diagnosis and treatment.

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*P-11, Davenport, Iowa*

The Seventh Edition of your Lecture Course to Physicians is certainly worth while. It is an encyclopedia of new methods.

I hav had to take in another physician to assist me in my work as I now hav more than I can do, thanks to you and your Bio-Dynamo-Chromatic method.

*(Nine months later.)*

I am now on the train going to a littl town 250 miles from home to make a B-D-C diagnosis. Formerly a call outside of a limited area was considered by me an honor. Now that it is widely known that I am doing your Bio-Dynamo-Chromatic diagnosis, two nites and a day on a trip is merely a matter of fact.

If I did not need money to pay running expenses, I would be wel repaid in diagnosing and treating my patients just by the satisfaction that I get when I *know* I am abl to restore helth to those who ar suffering from

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the ravages of tuberculosis and syphilis.

*My practis has grown to such proportions that I hav now moved to enlarged offises and am specializing only in your work. I am getting results as never before.*

My great desire is to be a "humanity helper" in the meaning of the term as you use it in your monumental work. I thank you for putting me on the road to unlimited success.

*P-12, Los Angeles*

I hav red the Seventh Edition to Dr. White's Lecture Course to Physicians from cover to cover. As an "apostl of helth" of fifty years' experience and observation, I was the more interested becaus of the absence of any tirade on the intelligent physician, while at the same time he denounces the indiscriminate use of drugs and proceeds to show by his wonderful system that, with a few exceptions, all diseases can be treated by natural methods.

### *Prostatic Disease and Impotency*

*His work shows great originality and deep insight into human nature, which makes his every reserch all the more appealing to me.*

Some of the chapters in his wonderful book read like a novel—a novel thru which run threds of gold strung with nuggets of truth. To enumerate all the good things containd in this monumental volume would necessitate the printing of so large a book that it would infringe upon Dr. White's original copyright.

### *P-13, Adel, Iowa*

When I receivd the Seventh Edition of Dr. White's Lecture Course to Physicians, I opend it hastily and scarcely ate anything that day nor even red the daily paper, so eager was I to peruse this new, epoc-making volume. I must say that it contains such a welth of information and so much scientific food and useful every-day, workabl knowledge that it wil take me several months to fully digest it. I am interested in

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every page of it, not only because of the dependable facts given, but because it portrays a man—a man of democratic spirit, a man who has left the beaten path and holds fast to liberty wherever found in medicine as well as in religion, a many-sided man, a philosopher, a scientist, a discoverer, an inventor, an artist, a mechanic, a chemist—in fact a “rounded-out scientist.”

The author seems to have invaded every realm of knowledge and brought it to bear upon the great task of aiding humanity, of preventing and healing humanity's mental and bodily ills.

This Herculean task stamps the author as a super-man. He has written without pattern, and I doubt whether Dr. White himself will ever get out a greater or more perfect volume. This work appears to me to be the crowning effort of a life—a volume into which the author has put his very life blood.

I fully believe that Dr. White has included nothing in his masterpiece which is not based upon scientific

## *Prostatic Diseases and Impotency*

fact, and is not dependabl, and is not of the greatest assistance to every physician wherever he may be found.

Strange as it may seem, there ar not 50 pages in the entire 1422 pages that ar familiar knowledge to the rank and file of the profession. I feel sure, however, that they wil wake up, as all reforms begin with the rank and file.

Personally I shal not clog the wheels of progress. I shal "prove all things and hold fast to that which is good" regardless of where it is found. It is up to the rank and file of the medical profession to add to their knowledge all that is true and from all sources, and it is a duty they owe their patients to know what is contained in Dr. White's Lecture Course to Physicians.

Furthermore I find this wonderful volume perfection in its mechanical make-up. The tinted paper, the plain type, the simplified spelling all combine to make its reading a great pleasure. *All honor to the author!*

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*P-14, Paris, Ill.*

I receivd your grand work, A Lecture Course to Physicians, Seventh Edition, in due time. I have been reading it all my spare time since, and to say that it imprest me greatly lightly expresses it. It is due to such men as you that this old world of ours keeps moving, and it is my earnest desire that your life shal be prolongd so that you may not only enjoy the fruits of your labor from a monetary standpoint, but from the satisfaction in knowing that you hav been greatly successful in aiding suffering humanity and educating thousands of physicians in "seeing the light" in regard to physical methods.

*P-15, San Francisco, Calif.*

I hav receivd your book, the Seventh Edition of your Lecture Course to Physicians, and hav lookt it over. I find it is certainly a masterpiece and I am glad to hav it. I think your book is worth very much more than money can pay.



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*P-16, Glendive, Montana*

I have perused with great interest and profit the Seventh Edition of your Lecture Course to Physicians. The size of type and tint of paper were well chosen, both being restful to the eye.

When I first heard that you were preparing the book, knowing you and your work as I do, I very naturally expected a large and comprehensive work, but not one so voluminous. The number and variety of subjects treated is almost infinite, and the index and cross index have been so carefully prepared that any subject treated is easily and quickly found.

Notwithstanding the great importance of all this, infinitely above and beyond lies the subject matter of the book, which is at the same time both evolutionary and revolutionary in that it elucidates the great truth of the diagnosis of disease by natural laws which is characterized by mathematical accuracy, and which contrasts so strikingly with the appall-

ing inaccuracy of present-day laboratory methods.

Diseases, whether hereditary or acquired, can be diagnosed readily in its incipency by your method, thus infinitely enhancing the possibilities of a cure, and this fact alone places it in a class by itself when contrasted with any other known method of diagnosis.

The great truths which you have set forth are based upon natural laws—but another link in the chain of evolution—and can never be put aside or displaced by any other method.

I feel that I cannot commend your work too highly, for by following its teachings, I find that my professional work has become a vastly greater pleasure and success than formerly, and I feel a confidence in its execution that I had never known in my twenty-five years of professional life.

I wish you all possible good and sincerely hope that many, many years lie before you for the promulgation of such momentous principles.

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*P-17, New York*

Was it Solomon or Bucephalus that said "Of the making of books there is no end," implying thereby that book-writing was not enthusiastically endorsted by these worthies.

On general principles I'm strong for this sentiment. But every once in a while someone comes along and says something—something big and vital—something that adds to the world's store of knowledge, that increases human health and happiness, that brings a message of cheer and hope to thousands who need all these things.

Such a book is the Seventh Edition of "A Lecture Course to Physicians," written by Dr. George Starr White of Los Angeles, California, who just commences to begin where most doctors leave off learning.

Dr. White is a visionary who has made his vision a reality. He's an idealist who has made his ideal practical.

## *New and Original Methods of Treatment*

For Dr. White has made a score of wonderful ideas grow where before there was only a barren patch of ignorance. His work is an oasis in a desert of reactionism and bigotry.

Dr. White has discovered a method of measuring vibration so accurate that he adds the measured vibrations of colored lights to the number of vibrations of a sick body in order to tell exactly what it is that is causing the sickness in that body.

Tuberculosis, cancer, syphilis, gonorrhea, malaria and a score of other infections, can by this method be diagnosed in their earliest incipency—sometimes years before their presence is disclosed by any other known method.

Not only can they be determined but they can also be cured by a modification of the process that disclosed them, together with appropriate adjunct treatment, before other methods can discover their presence.

Any intelligent physician who will train himself in this new technique, can

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do almost as well as Dr. White, altho in my opinion the methods are not likely to become popular for some time. Dr. White isn't dead enough yet.

The "Lecture Course to Physicians" is a book that efficient doctors will read and work with—a book that will harden and help laymen. Especially if they have or expect to have anything the matter with them that hasn't or won't be cured by present antiquated methods.

*P-18, London, Eng.*

I have read the Seventh Edition of your Lecture Course to Physicians. It is truly a unique and most valuable contribution to medical literature and science. Permit me to congratulate you for having produced your epoch-making book.

*P-19, Los Angeles, Calif.*

I have had the privilege of going thru your splendid book, A Lecture Course to Physicians and Aids to Humanity Helpers, Seventh Edition. It

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is a great book and is destined by virtue of its sound methods and teachings to exert a wide influence on medical practice.

The up-to-date methods of diagnosis will appeal to all progressive physicians, and the sound methods will be utilized by them.

You have put into compact form what it would take volumes to fully present, and your methods are destined to revolutionize many of the old and effete methods of the past.

I have never gone through a book that was so easy on the eyes to read and with so many appealing surprises.

Every enterprising and progressive physician needs this book. Utilization of the newer methods presented augurs well for humanity in the days to come.

May great success crown your efforts.

*P-20, Tacoma, Washington*

As the months go by, the more I study your wonderful book, the Sev-

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enth Edition of your Lecture Course to Physicians, the more value I place upon it and the more I want it by me for quick and constant reference.

*P-21, Edmonds, Washington*

I hav just finisht reading the last page of your wonderful book, A Lecture Course to Physicians, Seventh Edition, and am writing to tel you how much plesure and instruction I hav receivd in studying this great work. To me it is indeed a wonderful book.

From your teachings the life of one very dear to me has been saved, so you see what has been gaind by reading what you hav so fearlessly and wonderfully written.

Wishing you more and more success in pointing out what we all consider the truth, or what some day at least *all* will be convinst is the truth, I remain,

Your student and friend.

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*P-22, Manistee, Mich.*

Altho I hav an elaborate library of medical books, I want to tel you that the Seventh Edition of your Lecture Course to Physicians I consider the most valuabl book I hav. If you never did another thing for humanity, your name wil be immortal.

*P-23, Bend, Oregon*

I hav red your book, the Seventh Edition of your Lecture Course to Physicians with great interest and satisfaction. I am in hartly accord with the principls underlying your great work.

*P-24, Portland, Oregon*

I hav red the Seventh Edition of your Lecture Course to Physicians. You lecture on Zonetherapy alone more than pays for the book. Your book is the most interesting that I hav ever red. I shal be with you shortly to take a private course of instruction. I want to thank you very



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much for the help I have already gained from your writings.

*P-25, Minneapolis, Minn.*

I cannot tell you how much I appreciate the work I learned under you about two years ago in Chicago. Your work has opened up new fields and new ideas which go to make up a very perfect whole in the practice of the healing art.

I not only find your Bio-Dynamo-Chromatic system of diagnosis infallible, but have also learned that it is a great index to the resistance of the patient. I am able by this method to very accurately gauge my prognosis and check up the progress of the case.

In nervous diseases I find your B-D-C system to be so much ahead of all others that it is in a class by itself. This method of diagnosis seems a wonder to me, for it diagnoses conditions that cannot be found by any other method.

Not only does this method give unique findings, but it corroborates

the findings of other systems so that it makes diagnosis positiv.

I am using your B-D-C system of diagnosis on every patient I take and it is surely the greatest method I hav ever herd of. Patients do not hav to tel the doctor anything, yet the doctor can know pretty nearly the entire history of the case.

I hav just had a very interesting case—a man from St. Paul. Without his telling me a thing, I told him from the B-D-C findings that he had had gonorrhea and also “fainting spels.” He owned up that twenty-five years ago he had gonorrhea, but thot he was cured. He tried to avoid the allusion to “fainting spels” and I said no more about it, but after he left I inquired into his family history and found that his brother had died of epilepsy and that this man had petit mal, but was afraid to say so as his brother was taken to an institution for it and died there.

Such findings as these, without ask-

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ing a question, ar what "make peopl sit up and take notis."

I thank you, Dr. White, for what you hav done for me. My patients also thank you thru me.

#### *P-26, Chicago, Ill.*

Before I forget it, I want to tel you about a recent diagnosis by your Bio-Dynamo-Chromatic method. The patient had enlarged glands in the brest and enlarged lymfatics in the axilla. *The B-D-C findings indicated that there was no malignancy.* This patient, however, insisted on an operation, so I removed the brest and gland complete and sent them to the Columbus laboratory, from whence the report has just been returnd stating that both the brest and axillary glands wer fibromas and *not* malignant. Hurrah for B-D-C diagnosis! It beats all other methods known!!

#### *P-27, Peru, Ill.*

I would not know how to diagnose nor treat any more without your

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methods. I do only office work and have only chronic cases. It is amusing to one versed in your Bio-Dynamo-Chromatic method to hear the diagnoses that are brought in from "specialists." After I have diagnosed the case and fixed the patient up, the excuse invariably given by my competitors is "he just happened to hit it right."

*P-28, Independence, Mo.*

I am much pleased with the Seventh Edition of your Lecture Course to Physicians. I refer to it more often than to any other book in my library. I have a large practice and am getting excellent results from carrying out your methods.

*P-29, Kansas City, Mo.*

I desire to express my increasing appreciation of your great work as evidenced in the Seventh Edition of your Lecture Course to Physicians. The more I read this book, the more I like it and the more it impresses me.

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For many years I have been more or less interested in research. I know the opposition of organized medicine to anything new, especially if the new have any therapeutic value.

I congratulate you upon your stand in the face of such opposition. Progressiv medicine is surely indebted to you. May your good work go on.

*P-30, Roanoke, Va.*

I have read the Seventh Edition of your Lecture Course to Physicians and I feel that I must congratulate you in getting out such a monumental work. This work represents a broad mind and should be in the library of every up-to-date physician. The world needs more doctors like you.

*P-31, Reedsburg, Wis.*

For the past two years I have been a user of the Bio-Dynamo-Chromatic system of diagnosis and therapy originated and taught by Dr. George Starr White of Los Angeles, Calif.

The daily personal experience I

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hav had with these methods during that time justifies my belief that they wil revolutionize the diagnosis and treatment of the toxemic diseases, and the more particularly of cancer, syphilis, gonorrhea, and tuberculosis. I believ that the general adoption of these methods by the medical profession wil mark a new era and wil save many lives which under the old methods ar lost for want of an erly diagnosis.

*P-32, Charleston, W. Va.*

Thru a dealer I bot a copy of the Seventh Edition of your Lecture Course to Physicians. I hav red the book thru and am now carefully studying same, and can honestly say that I find it by far the most intensely interesting, the most helpful, and the most practical work of the kind I hav ever red. It is to me both fascinating and inspiring. I only regret that it is not my privilege to obtain personal instruction from you, especially in your B-D-C method.

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*P-33, Washington, D. C.*

It is nearly a year now since I bot a copy of your Lecture Course to Physicians from an agent. I hav studied it from cover to cover and I wish now to congratulate you on the completion of such a masterpiece. I hav never red any other medical book with so much interest and enjoyment.

*P-34, New York City*

I am writing you this morning regarding a great triumph for your Bio-Dynamo-Chromatic method of diagnosis. It has made me feel that my practis is not complete until I am prepared to do this work. The case that I refer to is a married woman aged 38, who had an operation about a year ago. Since that time she has never been very wel. I was calld in and found she was suffering with considerabl urinary troubl, tenesmus, and mucus from the cervix. She had considerabl pain and was progressively becoming worse.

I gave her the best treatment I

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knew of for two or three weeks, after which she appeared to improve for a time, and then her condition became worse. She complained of a burning pain in the region of the bladder and uterus.

Some doctors with whom I talked regarding the advisability of having a B-D-C diagnosis made were very skeptical. However, your work was not new to me and they did not influence me against it. I heard your lecture in Chicago about two years ago and had one of your pupils in Chicago give a demonstration in my office, so I knew what good could be done by the B-D-C method.

I imagined this patient had a pocket of pus present somewhere and that her trouble was pus absorption. In fact I imagined all kinds of things, as there was nothing clear cut, and the diagnosis was most obscure.

Consequently I took her down to one of your pupils and had him make a B-D-C diagnosis. He made the diagnosis of *malaria*—an F-MM VR. This



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was the last thing on earth that I had thought of. The other doctors could not believe the diagnosis so we took a sample of her blood and had it sent to some well-known pathologists. The report came back "*malaria plasmodium, positiv.*"

I have been giving her anti-malarial treatment and it is already beginning to show its good work. I consider this a triumph of no mean importance for B-D-C work. It is fortunate that this work has been discovered by you, for of all persons I believe you have the perseverance, the ability, and the inclination to keep this in agitation before the minds of physicians.

I presume if your work had been discovered by the Rockefeller Institute it would have been a "medical fashion" long since in vogue and everybody would now "be doing it." However, I believe a great reconstruction in medicine is impending and that is a part of the unrest and reform that is spreading over the world.

I feel like giving you a helping

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hand by using a word of commendation on any and all occasions.

The more I read the Seventh Edition of your Lecture Course to Physicians, the more valuable I find it. I am intensely interested in all parts of it. It must have taken a long life to accumulate this data. I congratulate you upon it. Your work is bound to live, and the esteem of posterity will be your reward, whether or not you now receive the compensation that you merit.

*P-35, Milwaukee, Wis.*

For the past year and a half I have been working with one of your pupils with your Bio-Dynamo-Chromatic method of diagnosis. We have both become sufficiently proficient with this system so that we are now ready to stand on our findings as final, so far as the Chromatic Screens, which we have, cover the cases.

As my work is exclusively surgery, I have the opportunity to observe and verify the reactions as shown by the

B-D-C findings, because I find what the conditions are both from within and from without; and when possible I have a microscopical check made.

We have had a number of cases of early carcinoma detected by the B-D-C system before there was any sign or symptom of carcinoma, but discovered in our routine examination and localized by conducting energy according to your system. These localizations we have proved to be true by operation and finally verified by microscopical examination. *I now use the B-D-C test as routine on every case that comes into my office.*

I wish to relate a few of my recent observations, which are very interesting to me. I have been able to detect syphilis and gonorrhea in one individual and syphilis and tuberculosis in another. Both these cases were verified by clinical findings and were known to exist by the physicians who referred the cases to us, but *were not known to us and no history was given before the test was applied.*

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Since using your air-colum method of percussion, I find I can work more easily on fat patients or patients of rather low tone. Cancer patients and tuberculous patients, and now those suffering from influenza infection, make easy demonstrations.

I hav now workt long enuf with your Chromatic Screens, and hav checkt up the work of your pupils enuf with surgical and microscopical findings, to be firmly convinst that *the principl of your Bio-Dynamo-Chromatic method of diagnosis is right, and the test itself is one of the biggest things ever applied in the diagnosis of diseases.*

As soon as possibl I am going to spend some time with you in Los Angeles. Altho I hav never met you, I know that I can do things now with your method that I cannot do without it.

## CONCLUSION

Some may say that I have given too much space to the "words of appreciation" from editors, book reviewers and practising physicians, but as so many are constantly inquiring about my work, this may answer their inquiries.

My work is all radical—starts from the root—and the only way original work can be put before the profession is to *put it there*.

Some investigators have attributed the success of my method of diagnosing to "innate psychic faculties" or "intuition." One editor said "Dr. White is undoubtedly able to diagnose with accuracy toxemias of various origins. He is a marvelous psychic with powers of divination and intuition that are nothing short of miraculous." Too many call all work of this kind

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“personal” and thus excuse themselves for not investigating.

*All real success is ninety-nine parts work for every one part intuition.*

After reading the reports from physicians from all parts of the country, as recorded in this book, the reader will not question the *fundamentals* of the B-D-C method of diagnosis. What *I* have done by this system, *others* can do and have done. “*Nothing of value is gained without effort,*” and one must study and practice to achieve success in B-D-C work as in any other system.

Just as this book is being printed I am able to report a case that will interest workers using the B-D-C method.

### CASE XXXV.

About ten o'clock one night a married man in whose family I had done professional work, phoned me that he *must* see me that night professionally. I tried to put him off but he said he must see me then.

Soon he arrived with a “single lady” about thirty years old. He left her in

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the waiting room while he told me of his relations with the girl. He said he had never had gonorrhea and that his wife and children were all healthy. He said this "girl" had been his "affinity" for some time. He had just learned that she could not urinate for the past twenty-four hours and that she had had a burning sensation about the genitals for three days and had a vaginal discharge. He said it looked like "unfaithfulness" on her part, as she had agreed to be his only. He said if she had "it" he would have "it" and his wife might have "it" and it would make him lots of trouble.

I took the lady into the diagnosing room and she confessed to me that she had another man, but she knew he was "allright" or she would not have taken a chance. She said she knew she got "it" from the man who brought her to me, etc. She seemed as badly frightened as he.

I examined her by the B-D-C system and she gave a *normal-MM VR*. Therefore I told her I *knew* she did

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not hav "it." Her bladder was greatly distended and I was obliged to use the hart area to percuss over in order to get my findings.

I put her on the examination tabl under the 3,000 c.p. lamp. She appeared in great pain and the opening to the urethra was inflamd as wel as the opening to the vagina. There was much vaginal discharge. I made smears from the urethra and from the vagina and staind them for examination, and examind them while she was under the lamp. I also made duplicate slides to send to a public laboratory.

After the lady had been under the lamp for a ful hour I told her she had no gonorrhea and that I *knew* she could now urinate without pain. I instructed her to take the "Indian position" over a basin, and set water running from the sink faucet and left her. Within five minutes she past a large quantity of urin and was greatly relieved. She said she experienst no pain while urinating.



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I put an ichthyol-glycerin tampon in her vagina and let her go. I told the man that she had no gonorrhea, but was greatly irritated. He said he knew how the irritation was caused, but could hardly believe my findings. I told him to call me up the second day after when I would have a report from the laboratory. He did so, and I could report that the laboratory findings were "negative," but urine showed crystals and some deep bladder epithelia and pus.

He was still fearful that he would be affected in two weeks, but after the "critical period" he phoned me that he *knew* my tests were right as he was "alright" and the "girl" also.

In such a case as this, if the B-D-C system were founded on mind reading or mental suggestion, the findings would have been gonorrhea. The findings were that the patient was normal notwithstanding the symptoms and suggestions of gonorrhea, and these findings were proved correct.

Again I say: *The Bio-Dynamo-*

*New and Original Methods of Treatment*

*Chromatic method of diagnosis is founded on natural laws and is as reliable as gravitation or any other of nature's immutable laws.*

Of course the lions couldn't eat Daniel—he was all "back-bone."

**Konsider the postig stamp, my sun. Its usefulness konsists in its ability to stick to one thing til it gets there.—Josh Billings.**

(Example of my Diagnostic Card which is 4 x 6 inches  
on blue cardstock.)

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|  |                         |                                 |                       |                  |
|--|-------------------------|---------------------------------|-----------------------|------------------|
| Date _____   |                         | Referred by _____               |                       | Sex _____        |
| Name _____   |                         |                                 | Age _____             |                  |
| OCCUPATION _____                                   | S. M. W. NATIVITY _____ |                                 | HEIGHT _____          | WEIGHT _____     |
| TEMPERATURE _____                                  | o'clock P. A. _____     | Respiration _____               | Hemoglobin _____      |                  |
| PULSE E. or W. _____                               | PULSE N. or S. _____    | Screen _____                    | MM VR _____           |                  |
| B. P. E. or W. _____                               | B. P. N. or S. _____    | Screen _____                    |                       |                  |
| PULSE Character of Right _____                     |                         | Left _____                      |                       |                  |
| FINGERS _____                                      |                         | NAILS _____                     | TEETH _____           |                  |
| APPEARANCE _____                                   |                         | Color of EYES _____             | Color of HAIR _____   |                  |
| EYE BROWS _____                                    |                         | FACE _____                      | RECTUM _____          |                  |
| PUPILS Dilated _____ Contracted _____              |                         | Reflex of PUPILS _____          |                       |                  |
| Condition of VISCERA by Air-Colum Percussion _____ |                         |                                 |                       |                  |
| RESPIRATORY System _____                           |                         |                                 |                       |                  |
| HEART _____  |                         | ARTERIES _____                  | DIGESTIV System _____ |                  |
| NERVOUS SYSTEM _____                               |                         |                                 | UNINARY System _____  |                  |
| Urin _____   | Albumin _____           | Sugar _____                     | Reaction _____        | N-10 Na OH _____ |
| S. G. _____  | x 2.33 x quantity _____ | Mils (c. c.) in 24 hrs. = _____ |                       | gms solids _____ |
| Microscope _____                                   |                         |                                 |                       | (Over) _____     |

**NOSE, THROAT, EAR, EYE**

**GENERATIV ORGANS**

**PERSONAL HISTORY**

**FAMILY HISTORY**

**REMARKS**

**DIAGNOSIS**

**Paid**

433

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Dear Reader:

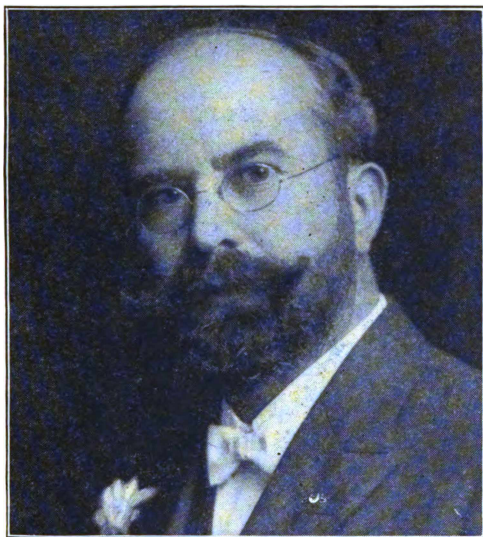
I hope the foregoing pages have impressed you with the fact that you can aid humanity better by using *Nature*, rather than tortured animals or test tubes, as your guide.

I want to hear from you and have your name on my mailing list, if you so desire.

Many write me asking if I give private instruction. Yes, I do if arrangements are made far enough in advance. I have taught and shall continue to teach those who desire to aid humanity. I make no restriction as to degree, class, sex, religion, race, color or creed, but I must feel sure that the pupil is honest and wants to be better prepared to be a *Humanity Helper*.

With all good wishes,

GEORGE STARR WHITE M. D., F. S. SC. LOND.  
327 So. Alvarado Street  
Los Angeles, California



I hope to see you face to face  
Yours for progress  
Geo Starr White, M.D.



**Boost and the world boots with you,  
Knock and you're on the shelf;  
For the world gets sick of the one who'll kick,  
And wishes he'd kick himself.**

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