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Dr. Tilden's
Health Review and
Critique



Volume III

1928

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*"Do we then make void the law through faith?
God forbid."—Rom. 3:31.*

VOLUME III

JANUARY, 1928

NUMBER 1

A Happy New Year!

A YEAR has passed since our last conventional salutation and greeting to our clientele; but, my dear friends, my life is consecrated to service to you, and reflexly to humanity.

It has been said that whoever makes two blades of grass grow where only one grew before deserves better of mankind than the whole race of politicians. What estimate should, then, be placed on one who supplants a false idea concerning health by a truth that will make disease unnecessary?

Service to humanity in general, and to my clientele in particular, is a labor of love. No other motive could be seductive enough to compensate for the growing arduousness of the work.

To teach health and its attributes—namely, a

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larger life, with freedom from the withering influences of inherited and acquired fallacies concerning disease and cure—lays the foundation upon which to build a true ethics, estheticism, just laws, and rational economics.

To attain this ideal state is possible, for the substance out of which it can be built is potential in man.

The first move in the right direction is to get rid of disease—the stupid belief in disease, and the more stupid belief in so-called cures and preventives.

The phenomenon called disease is physical and mental drunkenness. Every sickness is a state brought on from drunkenness. To secure health, the habits that cause the drunkenness must be cured. To induce so-called sick people to give up the habits that cause their drunkenness is almost impossible, and then to keep them from returning to those habits is a job for the gods.

Most of my followers have returned to their cups, metaphorically speaking; but many have learned how to stay well. These can lighten my burden by helping others to stop getting on food-drunks, or by helping them to give up other forms of enervating habits that lead to Toxemia, which is the universal drunkenness on which all so-called disease rests.

To establish the truth that Toxemia is the basic cause of all so-called diseases, and leave the proof

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that disease is unnecessary, is the service in which I am engaged.

Friends, I greet you all, and wish for you all a broader and a more helpful view of what a successful New Year means!

Popular Medical Fallacies

ANSWER TO CRITICISMS ON COMBINING MEAT AND STARCH

IT is a fallacy to believe that laboratory-synthesized foods can ever supplant the foods supplied by nature. It is a fallacy to believe that meat and bread, or milk and bread, represent or duplicate the starch and protein found in grain and beans. Those who declare a sameness are sophists. A sophist is one who acquires great skill in disputation under logical forms, but who uses his skill to mislead by subterfuge and forensic quibbling.

I, being the father of the dietetic advice that starch and protein—meat and bread, milk and bread—should not be eaten in the same meal, am compelled to defend my position against the quibblers. Quibblers are perfectly satisfied in their own minds, without going to the trouble to investigate, that I am absolutely ignorant of medical science in general and of chemistry in particular. They do not know that I know that it would be

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absolutely impossible to eat a meal without eating starch, even if the meal should be exclusively meat; for there is starch in meat. My proscription of starch and meat applies to matured starch, as found in matured grains and beans, etc.

I insist that it is a dietetic error to eat meat and matured beans, grains, or bread in the same meal. People do eat that way, and have eaten that way from time immemorial; and a few have lived to a great age committing the error daily. A large percentage of mankind, however, die before puberty, and many more before eighty, because of the infraction of this dietetic law.

There have been soldiers of fortune, there are veterans and ex-soldiers, and perhaps there are militarists who will quibble and offer sophisticated arguments showing that war is not "hell," and that General Sherman was a military quack for making such a statement.

There have been people cured (?) by regular treatment of yellow fever, and epidemics have been controlled by quarantine and fumigation before regular medicine changed its mind concerning contagion, quarantine, and fumigation. Those who did not believe in the contagiousness and infectiousness of yellow fever—of whom I was one—were branded as quacks by such sophists as Dr. T. Swann Harding. Now, according to medical teaching, only the mosquito can impart the infection.

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EVEN MEDICAL "AUTHORITY" CHANGES
ITS MIND

It would take a large book to record all the exploded sure-things that have been discovered, celebrated, and died in the past fifty years. Unbelievers have always been branded the same way—quacks and ignoramuses. This immaterial deviation is to inform my readers that "regular" medicine, in its theories and practice, has always been skating on thin ice, and most of the time pulling itself out of air-holes. Instead of learning modesty from its failures, however, it has taken on arrogance. One of its specialties is to keep an army of sophists camouflaging the teachings of those who dare think without the indorsement of conventional medicine. My second object is to remind "regulars" that they were denouncing me twenty to thirty years ago for dieting sick people; and now they themselves are talking diet, although the majority know little about it. To know the chemistry of food does not make a dietitian, any more than knowing the histology of cancer leads to its successful treatment.

The first one to be mentioned who quibbles about my starch-and-protein ideas is Dr. W. A. Evans—the medical educator of readers of the *Chicago Tribune*. He has the following to say concerning another "food faddist," under date of September 25, 1927. It was not necessary for him to

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mention any names, because he and every other sophist know that I am the author of it. I quote only that part of the "Question and Answer" which concerns me:

QUESTION: Is there any reason for not using citrous fruits with starch, or eating starch and protein at the same meal?

Reply: The party you call an "authority" is a rank food faddist. Food faddists are very uncomfortable individuals to tie to. Scarcely any two of them agree. They have bushels of theories and few facts. Their ability to weigh evidence is less than 50 on a scale of 100. They have assurance. They affirm with great positivism. All in all, they are dangerous advisers. Most of them suffer from indigestion and assorted disorders. And now, to the subjects referred to in your letter. The advice given is wrong in every instance.

The doctor should define "authority." Dr. Evans is one, and there are a lot more writing health articles for the daily papers. Their "fad" is to decry "food faddists."

Concerning that part of the "Question and Answer" which applies to me: "Is there any reason for not using citrous fruits with starch?" Where there is irritation of the stomach, where the stomach is in an exceedingly sensitive state, it is not advisable to use citrous fruits with starch—not that there is anything incompatible about the combination; it is simply because the stomach will not tolerate the combination. People in ordinary health will have no trouble whatever in eating

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bread or other starch and citrous fruits, such as oranges.

The meat-and-starch combination is the Tilden advice that stirs up all the "regular" food educators of the country. It is my proscription not to combine starch and protein in the same meal. Dr. Evans does not give any reason for declaring that this is an error, or that it is "wrong" food advice; but there are many of his contemporaries who have done so, such as Dr. T. Swann Harding, associate editor of *American Medicine*, who declares as follows in the *Scientific Monthly* for November:

One of the most insane food fallacies is that which appears over and over again in the admonitions of quacks, and is even subscribed to by some regular physicians: "Do not eat proteins with starches."

If Dr. Harding continues to practice medicine, or to specialize on writing what he knows of medical authors, he may continue to write sanely and amateurishly about what authorities say on medical subjects, as he has done in his article on "Common Food Fallacies" in the *Scientific Monthly*; but if he ever undertakes to educate sick people how to cure themselves, his brain will sweat blood before he succeeds; after which he must expect amateurs of his own creed to refer to him as one of "some regular physicians" who believe in the "insane fallacies" of diet advocated by quacks. When that time comes, he will see a vast difference between what he says I mean when I proscribe

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starch and protein, and what I really advocate.

Nowhere in nature can any chemist find meat and bread combined; and it is buncombe to insinuate that starch and protein found in grain and beans are what I refer to in my proscriptions. There is a difference in health and disease. Until disease is developed, gluttonous eating of all kinds of foods can be digested; but a time comes when care must be given to feeding within digestive limitations, and of proper combinations. When power to digest is low, starches must be separated from meat and milk—proteins—or health will not be restored. As surely as there is a difference between H^2O (water), H^2O^2 (bleach), and monoxide, there will be a difference in the various forms of protein and starch as found in nature; but nowhere, except with quibblers, shall we find meat and bread mixed together.

An experienced manipulator in feeding sick people will know enough not to feed according to rule-of-thumb, nor according to laboratory rules, but according to the demands of food-drunkenness. Food never behaves the same in the laboratory as in the stomach.

An experienced teacher of the sick knows that he cannot cure any so-called disease with food; and, if he is experienced, he must know that so-called disease is never anything more than elimination—nature's efforts at throwing out accumulated toxins—and that feeding while nature is

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laboring to clean house is one of the "most insane food fallacies" that appear in the admonitions of "regular" doctors to "feed good, nourishing food to keep up the strength." Like the administration of drugs, feeding checks elimination and greatly prolongs disease, if it does not cause a fatal termination.

After house-cleaning is over, light eating for the first week of convalescence is necessary; then, when a full diet is taken up, care as to food combinations, and respect for the body's limitations in the quantity of food and all other pleasures give health and long life.

Meat, dry beans (cooked), bread, etc., will lead to trouble; but meat, a combination vegetable salad, and two cooked succulent vegetables will not build trouble, when eating is within reasonable amounts.

People with 100 per cent health may eat protein and starch with impunity if they eat well within their limitations; but that is not convention's custom—gluttonous eating is the prevailing custom. Few know their limitations.

At present the food question is one of the popular insanities. There are dietitians galore, and the people, and most doctors, look upon food as a therapeutic measure. For example, the dietetic urge is: "What food can I eat that will cure me of rheumatism," or of this, that, or the other? The fixed, non-eradicable delusion that disease can be

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cured will be the dietitians' Waterloo, the same as has been the fate of every other cure. The diet insanity, based on the idea that food causes disease, is gathering speed year by year, and will disintegrate from its own velocity.

Proper combinations, when to eat and when not to eat, and the importance of respecting individual limitations will become common knowledge for reasoning people; and the food for supplying this demand will be found everywhere. Spectacular dietetics and commercialism will serve the great public that must be led by fanatics.

Sensible people want to be taught how to eat the common foods of the country, and why analyzed and synthesized foods are not to be compared with natural foods—foods synthesized in nature's laboratory.

Nothing could be more absurd [Who is this "authority" who writes so knowingly? Does he write from experience? Doubtful]; for no harm whatever inheres in this procedure, so long as whole-wheat bread or beans digest well. Nature continually supplies this very combination in legumes and cereals, and we are not accustomed to pry protein from starch before eating. Milk itself contains a complex carbohydrate and protein. Furthermore, when proteins are eaten they unite with the stomach acid, and thus tend so to lower stomach acidity that there is more likelihood [and there is a likelihood that it will not] of alkaline salivary digestion proceeding unimpeded than if protein were not present to absorb some acid. [This "authority" should know that,

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when starch alone is eaten, acid is not secreted.] Pragmatically, the habit of eating starches with proteins is above reproach; for healthy people do this habitually and without detriment. (See Stiles, *op. cit.*, for proteins uniting with stomach acids.)

Indeed, no conclusive evidence exists in the literature [what literature?] to show that a subnormal rate of any of the alimentary processes is caused by the addition of carbohydrates to a diet. On the contrary, the report of Cannon (*American Journal of Physiology*, 1904, XII, 387) that a mixture of carbohydrate and protein foods leaves the stomach more rapidly than protein alone makes it very probable that the addition of carbohydrates to the diet accelerates digestion and the discharge of the gastric contents. (Mendel, Lewis, *Journal of Biological Chemistry*, 1916, XVI, 37.) The idea embodied in the warning against eating proteins and starches together is a food fad of the most vulgar sort; yet perhaps millions of neuropaths and near-psychopaths follow the admonitions of ignorant physicians and palpable quacks in this matter.

He declares concerning not eating starches with proteins: "Nothing could be more absurd; for no harm whatever inheres in this procedure, so long as whole-wheat bread or beans digest well." I have never at any time proscribed whole-wheat bread or beans because of the starch and protein contained therein. Nature has made this compound, and has wisely provided digestive elements. But I do protest the use of whole-wheat or white-flour bread with any kind of meat, or bread of any kind with milk, because there are few, if any, breads

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on the market that represent the whole grain, and, being an imperfect chemical compound, such breads do not digest well when taken with animal protein. Those who wish to use whole-wheat bread, if they can get it, with fruit, will have an excellent meal for children or grown people.

Protein is digested in the stomach. Starch is digested by the alkaline secretions in the mouth and in the intestines. When starch is taken with protein, fermentation follows, because of the acid secreted into the stomach, due to stimulation from the presence of protein. If protein is not used, the digestive secretions of the stomach, which are acid, are not thrown out, and the starch continues to be digested from the influence of the salivary secretion. The thorough mastication of starch in the mouth does not stimulate the secretion of the stomachic digestive glands. When meat is taken into the stomach, the peptic and other glands throw out the secretion that is necessary for digesting the protein. When starch is taken at the same time, meeting with the acid secretion in the stomach, it creates fermentation of the starches. This fermentation is then conveyed to the protein, and the poison is generated which is known as septic fermentation. When decomposition of protein takes place, a septic change occurs, and this furnishes the infection necessary to the evolution of infective fevers.

When protein and starch are taken together,

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they develop in the stomach and bowels an infection that is manifest in children in sore throats and diseases of the air-passages—pneumonia, gastritis, gastro-intestinal catarrh, and diphtheria. All the infections, such as the so-called infectious and contagious diseases, are built within the digestive canal, brought on from eating starch and protein together. Tonsilitis causes enlarged tonsils, giving excuse for the unnecessary operation of removing the tonsils. Throat diseases are all built from this style of eating, and when parents are educated in this matter, and will bring up their children, observing closely that they do not combine starch and protein in the same meal, we shall hear no more of tonsilitis, quinzy, diphtheria, bronchitis, pneumonia, etc., etc. Septic or infectious so-called diseases will never be got rid of so long as bread and meat are eaten in the same meal.

UNJUST CRITICISM

I am criticized by people who know absolutely nothing of what I really stand for. You are told that "nothing could be more absurd" than to advise people not to eat protein with starches. I think it is perfectly absurd for anyone to accuse me of recommending the abstraction of starch from whole wheat, beans, etc. These foods are to be eaten, but they should not be eaten with other starches that have been ruined by cooking. If man could eat corn, oats, barley and wheat as the ani-

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mals do, he certainly would not get into any digestive trouble from the starch and protein that are contained in these foods; but the foods that people eat are more or less changed in the cooking.

From years of observation I have found that man suffers a very great deal from wrong food combinations. The almost universal state of the intestinal tract of man is septic. There is a continual state of decomposition, due to wrong food combinations. If people would adopt the plan of eating starch meals and protein meals, and not combine the two, 95 per cent of the so-called cases of appendicitis would vanish. It would be hard on the surgeons, but a splendid thing for the people who are suffering from unnecessary operations, with adhesions following.

The quibbler's statement that "when proteins are eaten they unite with the stomach acid, and thus tend so to lower stomach acidity that there is more likelihood of alkaline salivary digestion proceeding unimpeded than if protein were not present to absorb some acid," is more absurd than my contention for not mixing starch and protein together. The so-called stomach specialists all over the country are continually giving hydrochloric acid to overcome the acid fermentation of starch. They declare that there is not enough hydrochloric acid secreted. I have been practicing for more than fifty years, and I have never found a case of stomach trouble requiring hydrochloric

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acid; for as soon as wrong food combinations have been proscribed, and the patient fed properly, there has invariably been all the hydrochloric acid necessary to take care of protein when starch is kept out of the meal.

The stale platitude is that "the habit of eating starches with proteins is above reproach; for healthy people do this habitually and without detriment." I wonder how many 100-per-cent people Dr. Harding has discovered during his career as a physician? Perfectly healthy people are as scarce as hens' teeth. Why are they not 100 per cent? Because of their absurd food mixtures. The doctor refers to several authorities, but they are on his order. He gets his information from them, and it is a notorious fact that physicians generally know less about digestion than anything else. May God spare the mark!

Dr. J. H. Tilden
announces with deepest sorrow the death of
Mrs. Tilden
on Saturday, December seventeenth
nineteen hundred twenty-seven
at Redlands, California
Interment at Denver, Colorado
on December twenty-first

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“Visiting the Sick”

BY GEORGE S. WEGER, M.D.

Redlands, California

AMONG other philanthropic activities, man's duties to his fellows, according to the principal works of mercy, are to feed the hungry, clothe the naked, visit the sick, and bury the dead. He who lives and applies these precepts out of the fulness of his heart receives as many blessings as he bestows. A great many persons live very selfishly within the old adage that charity begins at home, and they see to it that it stays at home.

In this country even the poorest people are pretty generously fed and clothed, while the dead, even those who are “unhonored and unsung,” are properly buried with more or less decorum. We seem to know how to feed, clothe and bury, but the art of visiting the sick and doing good thereby, as practiced in many instances, is a funereal performance. The motive that impels is all too frequently plain curiosity or inquisitiveness. Relatives and friends who are truly and sympathetically interested, those who really come to cheer and encourage, very frequently perform a valuable service, leaving nothing but inspiration and an atmosphere of hope and peace that tides a patient

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over a crisis, instils a fighting spirit, enlivens a faltering optimism, and bolsters up a wavering morale. Such are real ministering angels. Of such there are unfortunately not enough. Of the other type, the gossipy type, there are, alas! far too many.

When the illness is severe and the patient desperately in need of every atom of vitality in order to come safely through nature's reactionary processes, an attitude of hovering expectancy and anxious interest is about the most depressing atmosphere that could possibly be created. Unless the patient is in coma or entirely oblivious to surroundings, he will sense the thought that is in the minds of physicians, attendants and visitors. The wise physician and the efficient nurse will always try to cultivate an atmosphere of good cheer and of smiling confidence.

We can imagine no greater incongruity than the feeling of the long-faced, sour-visaged physician or nurse that a sacred privilege is being neglected if the patient is not impressed with the seriousness of his condition or the importance of his attendants. To deliberately consign a sufferer to the grave while there is a spark of life or the semblance of a hopeful sign is the worst kind of practice. When dissolution is imminent, the patient may be more keenly aware of his condition than those who hover about and appraise his chances. Situations differ in all cases, whether

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mild or severe, and each must be met intelligently, according to the need of the individual. It should always be borne in mind, however, that cheerfulness is the best watchword in any sick room.

What we wish to emphasize here is the reprehensibility of the practice of rushing to the home, or hospital, with no other credentials than that of friendly acquaintance, business expediency, the fact of living in the same neighborhood, or belonging to the same lodge, club, or church. Connections are so easily established.

There is Mrs. So-and-So, who, on some inconsequential pretext, gains admittance to the sick room where a sister club member is vacillating between nature's effort to cure and her own petty sick habit indulgences, which so frequently coalesce with the pathology to build a symptom-complex.

The patient and the visitor may perhaps hate each other as social rivals. Either may have been the victim of the other's thinly-veiled insinuations, accusations, or slanderous gossip. Each being aware of the other's private dislike and public expression to the contrary, they may always be at sword's points in contact. To hear the passage at arms when these two meet is a lesson in diplomatic deceit. Thrust and parry, and counter-thrust, adroit and skilful, but deceiving no one, not even themselves.

The usual platitudes, of course:

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"So sorry you are ill. Do hope you will soon be out again. What does the doctor say? What is his diagnosis? I don't believe he knows what is the matter with you. My doctor would have you out in no time. Who is your nurse? Oh, well, she may be all right, but I would not have her waiting on me.

"Last night was club night. My husband was there, but says he failed to see your husband. We wondered where he could have been. One can never tell about these men.

"We have bought a new lot and expect to build a fine home on Avenue A. I heard that you prefer to remain in your old-fashioned home in that disagreeable quarter. I am glad that I am in such good health and able to supervise the construction and fitting of my new home.

"Is it really true that your illness is chronic? You do look rather pale. Hasn't the doctor made a blood examination? My, how careless! Don't you remember Mrs. So-and-So, poor soul, who lingered so long? I've heard that your ailment is exactly like hers. I hope it isn't true, poor dear. Well, I must be going. Will drop in again next week when I am out shopping. Good-bye. I will keep an eye on that husband of yours and caution your daughter to keep earlier hours than she has been doing since you have been ill."

What is the effect of such a visit on the patient? More damage has been done in a half hour than can ever be undone. Every raw spot has been chafed anew; every old sore reopened. For a long time after such a visit, the patient will be harassed in mind by her own reactions to the maliciousness of the visitor. The patient's mouth tastes acrid and bitter. Her secretions, so unhappily in-

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fluenced, will lose their potency for healing and the charred embers of soul anguish and heart misery will long remain to choke the vital fires.

The picture is not overdrawn. One such visitor is quite sufficient to retard recovery, perhaps even prove to be the last straw in preventing recovery. It takes a great deal of helpful encouragement to offset this one deterrent influence, to neutralize it and restore that peace of mind and tranquility that is so necessary an adjunct to healing.

In going through hospitals—yes, modern and apparently well-conducted institutions for the sick—we have been genuinely depressed with situations and conditions that seem to us singularly out of harmony. We have seen a man at noontime, sitting up in bed, with the remains of a harvest hand's meal on a food tray before him, nibbling the last crumb of mince pie and washing it down with the last dregs in a cup of well-sugared coffee; then accept from a friendly visitor, a big, black cigar, and deliberately light and smoke it. On the chart in plain English, we read: "Cardiorenal complication"; in other words, Bright's disease. The patient's appearance alone would confirm the diagnosis.

And such a patient is permitted an unlimited number of visitors, bringing all sorts of food and delicacies, while someone evidently expects him to get well. Nature is not alone deprived of the influence of a strict neutrality. She is forced to work

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against added, avoidable handicaps that are positively inimical to recovery. If the situation were reversed, no visitors allowed and the diet properly regulated, there might be a favorable prognosis in many cases that doctors, nurses and relatives are all too ready to consign to that bourne from which there is no returning.

Here is a woman who has had an uncomfortable Sunday night. Headache, sleeplessness, and corresponding mental depression. The atmosphere is charged on Monday morning with complaints and discouragement. Inquiry elicits the story of an enjoyable Sunday dinner, relished and satisfying. About four o'clock in the afternoon a suspicion of a headache. Not much. Thought it would pass off. Took supper. At eight o'clock, headache very severe. Gas and misery in the stomach. Nurse uses the stomach tube and washes out all of the supper and most of the remains of an undigested noon meal. All sour and fermenting garbage.

Were there any visitors in the afternoon? Yes, several. One there was who has always been heartily disliked. "She irritates me by her very presence, and I could hardly wait until she left. I was so nervous I could hardly contain myself, and I thought she would never leave."

What happened? The patient's mental reactions caused a disagreement that centered in the digestive organs, and she was set back a week in her previously uninterrupted and progressive re-

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covery. It was not the food that suddenly decided to disagree with the patient. The enervation resulting from repressed and overworked emotions, the diversion of nervous energy into emotional channels and away from the digestive organs in those who are unpoised and have but a very limited reserve to draw upon in times of stress, is positive in its harmful results.

Such or similar circumstances are far more common than is realized. Not enough attention is given to this aspect of the situation. Whether in the home or in an institution, it is possible to exercise reasonable control. A little foresight to safeguard the patient's interests from every angle will prevent many complications.

Patients must actually be saved from themselves. They usually insist in having visitors and being entertained. Obviously, they do not know what is best for them. Otherwise, they would probably not be ill. An unostentatious call with a bouquet of flowers and a card, a kindly inquiry as to the patient's welfare, and a silent retreat. That is the most effective way to visit the sick. It leaves an aftermath of good cheer that remains as a benign influence, as sweet and soothing as the flowers which in themselves are symbolic of peace and harmony. There is a symphony of color sounds in flowers that transcends the discord of illness and senseless visiting.

When one stops to consider the innumerable

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influences, great and small, that custom has brought into the sick room, ostensibly for good, but actually fraught with evil, one marvels at human endurance and the protective forces that nature brings up to re-enforce an abused body. Visiting the sick is in line with much that passes for treatment, but is really like the compounding of a felony. A let-alone policy is immeasurably better than the practice of confronting the mind with harmful suggestions, and flaunting continually before the eyes the red lantern of danger.

Institutions for the sick, where indiscriminate visiting is permitted, would render better service to patients by restriction and discrimination. The same may be said of the private home, where all too frequently the expression of sympathy is overdone, the patient encouraged to self-pity, which engenders the habit of complaining and usually results in a destructive whine. When people learn the true significance of illness, why it manifests and what it means, they will change their point of view and behave accordingly. A health officer in one of our largest cities has recently been quoted as saying that within fifty years it will be a disgrace, if not an actual crime, to be sick. We believe that sickness is even now a mark of ignorance—that it always has been and always will be. Ignorance of the law excuses no one.

Don't forget, we shall be glad to send sample copies to any of your friends who may be interested.

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Painless Childbirth

A NEW painless childbirth method has been discovered.

NEW YORK, November 26.—A new method of painless childbirth, said to be free of the dangers of administration of ether or twilight sleep, which caused a sensation several years ago, has been developed at the Lying-In Hospital here. Without publicity or formal announcement, the method has been practiced at the hospital for months, it was said tonight, and more than 15,000 New York babies have already been born by it.

Known as the "analgesia method," it was developed by Dr. Asa A. Davis, in charge of the medical work of the Lying-In Hospital, and Dr. William Gwatney, a member of his staff.

"Analgesia," physicians explained, means the elimination of pain without the elimination of consciousness. The treatment was described as consisting of an injection of ether, olive oil, and quinine, the mixture being absorbed slowly through the membranes of the intestines. Dr. Gwatney said it had been successful in 90 per cent of cases.

The discovery became known when Dr. Joseph Safchick, of Brooklyn, enthusiastically announced he was the father of a son born to his wife Friday by the new method. Dr. Safchick had made a study of the method and persuaded Mrs. Safchick to try it. The child was born in the Shore Road Hospital in Brooklyn, and the mother was reported to have said she felt no pain whatsoever.—*Rocky Mountain News*.

No doubt my readers will remember "twilight

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sleep" and what I had to say about that. I think that this new method will have its vogue for a while, and then join its predecessors in the bonnyard of oblivion, where all such things belong.

In the first place, a normal woman will not suffer more from childbirth than she would from any other normal physiological expulsive function of the body. Childbirth is physiological. Many people suffer from indigestion, and eating causes them great distress. Some of them die from stomach derangements brought on from wrong living. A great many people suffer with constipation, hemorrhoids, prolapsus of the rectum, ulceration, and cancer. Are these conditions normal? No, they are positively abnormal and not necessary for anyone to develop.

Many women suffer a very great deal with their menstruation periods. They develop a catarrhal condition of the womb, which evolves into induration, ulceration, and eventually cancer. So I might review all the chronic diseases of the different organs of the body. It has been said that an Indian woman, on a march with the tribe, when taken with labor pains will fall back, enter a cluster of bushes, give birth to her child, wrap it up, catch up with the tribe, and take her place in the marching ranks. That is normal labor.

Advertising painless childbirth encourages expectant mothers to live carelessly and in a manner to bring on an abnormal state of nutrition, so that,

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when confinement comes, they must suffer a very great deal, all of which is abnormal and unnecessary. Why do they suffer? Because the tissues of the reproductive organs are irritable, catarrhal, thickened, and indurated—hardened. They have lost resilience—the power to relax. All the laceration accidents to mothers in childbirth are due to catarrhal hardening. The tissues refuse to dilate as they should. Instead of relaxing and dilating, the neck of the womb is rigid and lacerated, as are other should-be soft tissues involved in the operation. Such patients sooner or later end in the hospital for several operations, and often they are operated upon by surgeons who do not realize that it is necessary first to correct the catarrhal inflammation and overcome the indurated tissue. Instead of the patients being benefited by such operations, they often suffer a very great deal afterwards, because frequently the neck of the womb is closed too tightly for the catarrhal discharge to pass freely, and the retained secretion causes more or less insensible contractions of the womb to free itself of the pent-up catarrhal material. This state of the womb is quite common, and often is the cause of symptoms of indigestion, as well as of enlarged, lumpy breasts, which too often are treated for cancer.

The only painless labor that a physician should offer to prospective mothers is to teach them that they have nine months in which to live correctly

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to get rid of the gastro-intestinal catarrh and other derangements which go to make up difficult labor. Offering the average woman painless childbirth is a bid for careless, senseless modes of living.

Fumigation Is Old-Fashioned

IT is not often that we find medical journals making faces at some of their old ideas or some of their own ideas. The quotation which follows is to the point:

Fumigation is old-fashioned—at least, this is the opinion of so good an authority as the *Modern Hospital* (Chicago). In answer to a query from a hospital superintendent, the editor of this magazine's "Everyday Problems" department writes as follows:

"As our knowledge grows in regard to the methods of transmission of contagions, our faith in the flooding of rooms with gases diminishes. The use of sulphur and formaldehyde for this purpose seems to be on the wane. Physicians are coming to be more than ever convinced of the infrequency of air-borne transmission of these conditions. The use of gaseous substances in preparing for further use rooms or wards previously occupied by contagious cases has the advantage of being convincing to persons who are around that something strenuous is being done. It is doubtful whether there is any necessity for this procedure. Health departments of cities of the first class in the United States have practically abandoned the use of sulphur and formaldehyde for this purpose.

"One superintendent of a general hospital has repeatedly removed cases of scarlet fever from adult wards, and, after disinfecting bed-clothing and mattresses by the use of steam, and cleansing the bed with soap and

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water, has proceeded with the work of the ward as if nothing unusual had occurred, and no secondary case has been seen. To be sure, in rural communities it is rather expected that fumigation will follow the removal of a contagious case. Whether the lay belief in the efficiency of this act justifies its use is doubtful. Soap, water, and sunshine, with the admixture of considerable muscular effort, appear entirely adequate to render safe an infected ward or room, once the source of this infection has been removed."—*Literary Digest*.

Not very many years ago it was almost equal to a fire to have a house fumigated and put in a non-contagious state after having had a contagious disease treated in it. Not believing in contagion, as understood and taught by regular medicine, I have helped a few poor families, who have been unfortunate in developing a case of smallpox, to get by without making a bonfire of their household goods. In thirty-five years I probably have had six or seven such experiences, and not once has the disease spread—not even one case has developed from these points of contagion. I have always taught cleanliness, and in most such families there has never been a spread of the disease beyond the initiatory case. The last case of the kind I had was about ten years ago, when there were twenty to twenty-five exposures—most of them repeated exposures—with no developments whatever. Vaccination was not practiced. The patient was isolated, and, after a six-weeks' run, mingled with the public, the same as if he had been confined with an ordinary disease.

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Now, after taking chances on having my license revoked for doing so criminal an act, we have the *Modern Hospital* of Chicago declaring that they have lost their faith in flooding rooms with gases, and that they even have gone back on everything except soap and water—or, in other words, cleanliness.

WOUND-DRESSINGS

From twenty-five to fifty years ago many wounds were dressed with iodoform—a very ill-smelling drug that I never permitted in my office. I had many opportunities, in the heyday of the reputation of this remedy, to prove that there was nothing to the idea of its being antiseptic or possessing any controlling power over germs, so far as wounds were concerned. Like all drugs, it has been extremely successful in all cases of perfect drainage; but the danger of worshiping such a fetish is that the average physician will believe that the drug brings about the successful termination of a wound, and will become careless or thoughtless of securing first-class drainage.

Several years ago a young man came to me who had received a severe injury in the palm of his hand. Within seventy-two hours he was brought into my office by a friend, suffering with infection. There was a decided inflammatory area on the back of the hand, and the septic infec-

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tion had extended to the shoulder. He was obnoxious from the odor of iodoform in which his hand was buried. I stripped off all dressings, clipped the stitches that were holding the wound together, washed the hand thoroughly in hot water and soap, and managed as much as possible to get the patient rid of the disgusting odor. I sent him home, to go without food until he returned to me the next day. I then again dressed the hand, and by this time the red line that extended from the hand to the shoulder was disappearing. The sensitiveness of the whole hand had diminished very materially. I gave the hand the same kind of treatment that I gave it the day before, and still insisted on no food. Within a week the hand was perfectly safe. The inflammatory condition had disappeared, and healthy granulations were filling up the raw surface. Twenty-four hours more of the antiseptic treatment would have been about enough to put this young man beyond the possibility of a recovery.

The above is one case; and, inasmuch as it takes more than a bluebird to make a spring, I will say that I have met with thousands of similar cases in the last fifty-five years. I have been going on the principle all these years that nature heals, that drugs do not heal, and that all nature needs is to be assisted by cleanliness; and often this can be used to such an extent that it will prevent healing. Cleanliness, and being left distressingly

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alone, are the two greatest therapeutic measures that can be used in injuries.

CONTAGIOUS AND INFECTIOUS DISEASES

Now, this same theory and practice can be applied to so-called contagious and infectious diseases. Get rid of the cause. And what is the cause? Improper drainage. We have more improper drainage from the gastro-intestinal canal than from any other point in the body, and it is not strange that we have sickness galore superinduced by decomposition somewhere in this canal. On the order of putting iodoform on a wound is insisting on such patients eating to keep up their strength, when every bite taken is only adding to the decomposition that is existing and has brought on the disease. It may be a catarrhal fever and influenza, or it may be a so-called contagious disease—any of them, ranging from chicken-pox to small-pox. Not one of these cases can be produced that is not laboring from enough decomposition in the alimentary canal to infect or poison a dozen other people, if it could be transmitted to them.

Along with this idea of doing away with formaldehyde, sulphur, and gases to control contagion and infection must go all the notions that still exist about preventing infectious and contagious diseases by vaccination or some form of conventional immunization. They are medical delusions, unworthy of our age and state of progress.

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I am delighted to know that "health departments of cities of the first class in the United States" have abandoned the use of sulphur, formaldehyde, etc. There is danger—great danger of regular medicine becoming enlightened if it continues the pace it is now making. And the pace would be increased exceedingly rapidly if many of the good members of the profession would stop making fun of Tilden and calling him a quack, and, instead use their time and energy in endeavoring to understand what he has been trying to teach. It is safe to say that I have not a severe critic in the United States today who knows anything at all about what I really stand for.

We shall have a wonderful world when we all come to the point of realizing that nature does not need any help at all in the line of curing disease. All she needs is a free hand, without any handicap, to make the sick well. Oliver Wendell Holmes once said that, if all the drugs were cast into the sea, it would be better for man, but hard on the fishes. I will parody what that wonderful doctor said by declaring that, if all the doctors who believe in cures could be thrown into the sea, it would be better for humanity, as well as for the fishes, because the latter would have an unlimited supply of food.

Have you noticed the additional eight pages of reading matter this month?

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Saving America's Nut Heritage

BY JOHN W. HERSHEY

IT is of prime importance that the American land-owner and farmer learn the value of forestry to retain the surface soil on the hills and prevent the filling-up of the rivers; also the value of tree crops as a food, compared with animal proteids.

And God said, Behold, I have given you every herb bearing seed, which is upon the face of all the earth, and every tree, in which is the fruit of a tree yielding seed; to you it shall be for meat. (Gen. i, 29.)

This was forgotten when the pioneers cut down the vast forests of pecans in the Middle West, hickories and walnuts in Missouri and its neighboring states, and walnuts in nearly all the Middle West and Eastern states. God said: "If ye will obey my voice and my commandment, your days will be long upon the land which the Lord thy God has given thee."

America's pioneer Christians were so busy perfecting dogma and meeting out justice to the breakers of denominational laws that the laws of God were forgotten. Lives were lived on the meat of cattle, filling the temples of God with putrid elements and befogging the mind with biased ideas. Are we living long upon the land? While

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we finish slaughtering the trees bearing seed for food, our nation *en masse* is heading for the operating-room slaughter, because excessive meat-eating has caused clogs in the machinery, and subtle wolves in sheep's clothing have beguiled the church in the name of Christ to let them cut out the clog and blame the trouble on our Maker, instead of righting the primary trouble in getting back to eating the plant foods of nature—herbs and tree seeds (nuts).

It has been my experience that in the heart of nearly every country person is a latent love for nut trees. But the slow-growing seedling came into bearing late in life, and bore a poor quality of nuts. Fine trees of the different species of nuts were standing all over the country, the same as seedling trees of apples, such as the Jonathan, Winesap, Delicious, and many others. But we knew not how to propagate the nut trees as we did the fruit; so the trees died and were forgotten. But today a wise and brilliant lover of nature has perfected the art of hardy nut-tree propagation, making it possible to retain the present fine seedling trees we now have standing in different parts of the United States as varieties of nuts—black and English walnuts, pecans, hickories, and hazels.

Where the diet of meat was once paramount, nuts are becoming supreme. Where the mighty groves of pecans in Ohio, Indiana, and Illinois were once cut to make clearings to grow corn, we

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now have the worshipers of Baal returning to the instructions of the living God, and are planting pecan and walnut groves, thereby preparing to feed the nations on the seed of trees for meat. This policy is likewise being followed in many parts of the north temperate regions. From New England and New Jersey to the great western deserts newly planted groves of the improved, easy-cracking black walnuts, English walnuts, pecans, hickories, and filberts are preparing to prove what a few scattered plantings are now doing—namely, that they bear early, grow rapidly, have thin shells, and a superior meat. These nuts are now selling for a fine price, and, when the large groves come into bearing, there can be no doubt about the belief that a stampede will be made for the available grafted trees.

The art of propagation is quite a science, and properly grafted trees are hard to get. But they can be had, if proper inquiry is made. Whatever one does, do not plant the common seedling, which is as foolish as planting apple seedlings expecting to get a fine variety, or cherry or peach seedlings with the hope of getting a superior fruit.

America is heeding the commands of the Great Controller of the universe to eat the fruits and seeds of trees for meat. Therefore it would be well for land-owners to prepare for the future demand by starting to plant nut trees now.

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Toxemic Philosophy Applied to Care of Poultry

WE are in receipt of the following letter from a good friend down in Sorrento, California, inclosing a copy of the *San Diego Poultry Journal*, dated November 10, 1927. We can give only a portion of the article referred to on "Broncho-Pneumonia," but those who wish to have the entire article, which is well worth while, may write direct to the above journal at San Diego, and I am sure they will be able to obtain a full copy. The following speaks for itself:

SORRENTO, CAL., November 25, 1927.

DEAR DR. TILDEN:

I am sending herewith a copy of the *Poultry Journal*, containing an article regarding treating chickens in large flocks a la Tilden, and thereby easily and positively curing one of the poultry-farmer's most serious enemies—broncho-pneumonia. Of course, being a Tildenite, I never have sick hens, but I have been preaching a fast for all sick flocks. No one, however, would try it—they would rather "doctor" the sick flock, watch them die, and lay it to an act of God. Now Mr. Molby has tried it—and it worked!

Kindest regards,

G. P.

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BRONCHO-PNEUMONIA

By F. M. MOLBY

In the Co-Operative Poultryman

"I have been asked to relate the circumstances of my experience with broncho-pneumonia—or bronchial pneumonia, as it is sometimes called. Not that I am an authority on diseases, but because I was fortunate in being able very successfully to handle this trouble when a portion of my flock became afflicted with it last winter. Frankly, I do not know much about the history of this disease, nor what microbe to name in my complaint; and my technical-term vocabulary is short. I will endeavor to make my story as interesting as possible, however, from the standpoint of personal experience and practical application.

HIGH DEATH-RATE

"The very high death-rate which accompanies broncho-pneumonia is truly appalling. It is not unusual for this disease to deplete a flock by 25 per cent, while 50 and even 75 per cent losses have been reported. A 10 per cent flock depletion is considered, I believe, not unreasonable to expect, even by those optimistically inclined. My loss with this disease was only twenty-one birds out of a total flock of 5,600 hens, and I am confident that most of these cases might have been saved had I known how to proceed at the beginning of the epidemic. There were twenty deaths in the first unit to become affected, with only one death in the second unit, and none at all in the third and fourth units. These four units represented about 2,000 birds, all pullets, and the disease did not spread further, either among the younger pullets or the older hens.

"The four houses of pullets contracting the disease were somewhat more crowded than were the others. This is the only point of difference that I was able to discover, with the exception of age, between them and the remainder of the flock. The fact that the disease did not develop in severe form in the last three units is due to the method of treatment finally adopted. The adequacy of this treat-

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ment was proved beyond doubt in the hospital coops, where all extreme cases were removed as fast as they developed. The earlier cases of this kind died. Later ones, having the advantage of the treatment, lived, although they were to all appearance in just as desperate condition as were those that died earlier in the epidemic.

THE FASTING METHOD

“Broncho-pneumonia is not, apparently, a complicated disease. Death results through the simple, mechanical process of suffocation, the bronchial tubes filling with mucus which the bird is unable to expel. If the over-activity of the mucous glands could somehow be checked, thus preventing the overflow of excessive secretions into the respiratory passages, it seemed reasonable to conclude that the ravages of the disease might be stopped. This should not be difficult. I never allow myself to suffer with colds any more, because at the first indication of such a tendency I either go on a fruit diet, or refrain from eating at all for a day, or longer if necessary. I have had a great deal of experience with dogs. Congestion and inflammation, including matter in the eyes among my dogs, are treated in similar manner. The regular meal is replaced by a dish of thick sour milk, or nothing at all to eat for thirty-six to forty-eight hours, if the symptoms seem to warrant; and this is all I have ever found necessary, except in the case of distemper and serious bowel trouble, to effect a quick, positive cure.

FEAR OVERCOME

“Hitherto I had hesitated to try this method on my hens, because I was fearful of what it might do to egg production. This having ceased to be the chief consideration in the present predicament, it seemed an opportune time to make the experiment. Consequently all food, including mash, grain, and greens, was withheld for a period of forty-eight hours. In the evening of the second day the birds received a half ration of grain before going to roost. This forced the sicker birds to still longer fast, because the stronger, well birds had gobbled the grain all down before the weaker birds were off the roosts.

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They were brought back to full feed gradually, allowing several days for the purpose. The results were at once most encouraging. New cases appeared to be arrested in their development, and light cases, showing merely a swelling about the head, disappeared. Complete recovery in this house was slow, however, for two reasons: delay in getting under way with control measures, and the mistake of fumigating the birds, which was kept up night after night for a week. Not until the fumigation was discontinued and the birds put on a second fast did we obtain entirely satisfactory results.

"The more advanced cases from this house had been removed to hospital coops. The first of these cases died. When the fast treatment was begun, these birds were fasted a longer time than were the others, and were also treated with a cresatin spray two or three times daily, in an endeavor to loosen the mucus in the passages and make it possible for the birds to rid themselves of it. Results here were immediate and very promising. Many cases, apparently in the last stages, with death imminent at any moment, hung on tenaciously, fighting for breath, finally appearing to breathe a little easier, and still easier after the next treatment, and in the end were restored to health.

"By this time three other houses of pullets were showing symptoms of the disease. The affected birds were not removed from the others, but all were put on a forty-eight-hour fast and sprayed every night until all symptoms disappeared. Egg production in these houses suffered very little, and the pullets were soon back to normal, with but one death occurring out of the entire number of 1,500 birds.

"The latter experience has since been duplicated by other poultrymen, who have followed my instructions to the letter as to sanitation and the fast, with supplementary treatment with the spray."

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Children's Health Department

INFANTILE PARALYSIS

INFANTILE paralysis is technically called Acute Infectious Poliomyelitis, from *polio* (gray matter) and *myelitis* (inflammation of the spinal cord). Children subject to this disease are born of neurotic (nervous) parents. No 100-per-cent child will develop it. It is declared to be contagious, but, as in the case of many other contagious diseases, the time will come when the profession will change its opinion, as it did on yellow fever. Twenty-five to thirty years ago quarantine for yellow fever was enforced by the shotgun. Today the best physicians do not believe in the contagiousness or infectiousness of yellow fever. There is only one way now to contract yellow fever, and that is by having it hypodermized into the individual by a mosquito. In the medical world there will have to be made a tremendous change concerning belief in contagion and infection in the next ten years. I came very nearly saying the next twenty-five years; but things medical are moving, and old ideas concerning germs, infection, contagion, etc., are slowly but surely passing into oblivion.

In infantile paralysis there is no immunization except health; but neurotic families, as well as all

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other families, should feel the great importance of giving their children the best possible advantage by way of dietetic and hygienic education. Within another ten years the demand throughout the world will be so great for education on diet and hygiene that these subjects will have to be taught in the schools, instead of, as now, teaching bacteriology and immunization by way of vaccination, serums, tests, etc., and removing the throat sentries—the tonsils; all of which practice breaks down natural defenses.*

In fact, there is but one immunization, and that is health. This being true, it will not take many years for intelligent people to repudiate so-called immunization, and demand education in the line of child-training. The standard will be health, not weight, measurements, or vaccines.

Prevention by way of building health for the disease known as infantile paralysis is the only immunity. Prevention of the disease is the only cure, for when a child develops infantile paralysis it is too late to reach it with vaccines, drugs, diet, or anything that might be supposed to be beneficial to a sick child. Often parents do not know when a child is sick with this disease until it is paralyzed. Many doctors are called into such cases, and find the paralysis already developed. The pre-

*Rochester, N. Y., a year or two ago butchered in high carnival thousands of tonsils. Now the city and county are fighting a scourge of diphtheria. Any connection?

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monitory symptoms—or, rather, the early symptoms—are liable to pass unnoticed. A state of malaise, a slight fever, perhaps a fretfulness—just the impression that the child is not feeling well—will often be the only warning for laymen; and perhaps these symptoms may not be sufficiently pronounced even to make any kind of a diagnosis possible. When a child's limbs are paralyzed, that means that the deadly work of the disease has been accomplished. There is no treatment that will benefit the child, except the kind of treatment that it should have had during its lifetime—namely, a correct dietary and hygiene.

The foregoing may be very discouraging to mothers, keep them apprehensive, and perhaps lead them to feel that every time the child is complaining it may develop infantile paralysis, especially if the disease is being advertised all over the country, as it has been during the past year. If every disease would treat the human family as infantile paralysis treats it, the people would be forced to "lock the door before the horse is stolen," or give children decent care and attention before they come down with sickness. The average carelessness in regard to the health of children is criminal. Parents have been educated to believe that all they need to do is to have their children vaccinated and immunized in various ways, and have the tonsils and adenoids removed, etc.; but, as hinted above, the time will come when the people

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will demand of their doctors to be taught how to feed children. The doctors who are making fun of Tilden and his proscription of bread and milk will not be able to teach parents how properly to care for their children, and such families will pass into the hands of physicians who will.

For the benefit of my readers, I will say that about all the treatment which is given to cases of infantile paralysis is superfluous and of no worth to the child, and the patients are extremely lucky if they are not damaged by much of the treatment.

There are very few parents who will be willing to fold their arms and do nothing for a paralyzed child. I would not advise them to do nothing, but I would advise them to learn how to feed and care for their children so as to build up as much resistance as possible in such cases. But most of the treatment that parents demand is in the line of attempting to restore strength and vigor to the paralyzed limb. To all such people I will say: Every dollar you spend in trying to restore a paralyzed limb is thrown away. Instead of paying out a great deal of money for years on these paralyzed cases, that amount of money should be put on interest, so that, if a time comes when the child must be thrown on its own resources, it will have a little income. I have known families who kept themselves poor going from doctor to doctor, regular and irregular, often getting encouragement by being made to believe that a certain line of treat-

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ment would or might result in a cure, and, if not, then a great betterment. But disappointments follow disappointments; for there is absolutely no hope of restoring a dead nerve.

When the contractural stage arrives, which it does in all cases, the patients may require a little mechanical help. Orthopedic surgeons can often prevent pronounced deformities, or give a little relief in cases where the deformities have already developed; but this is not a curative treatment in any sense of the word. It is purely mechanical, and given for the purpose of keeping the body from being painfully distorted. Sometimes the paralysis will affect only the foot, or possibly from the knee down or from the elbow down. When the contractural stage sets in, the foot will be drawn out of shape and drawn to such an awkward position that it interferes with the child's locomotion. Under such circumstances, the tendons which are drawing so intensely require a little surgery to help straighten them, and have an apparatus—splint or support—fitted on to keep the foot as straight as possible.

Parents who read this may well say: "Of what use is this article? You don't give any encouragement. You write in a pessimistic way. You do not believe in prevention or cure." I have written the above concerning prevention, but the majority of people do not care to go through a prevention that means self-denial for themselves and their

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children—a correct body-building by living a correct life.

Children who belong to neurotic parents should be taught to sleep after the noon meal. They should be in bed early and get up late. When they show nervousness by inability to keep quiet, or show nervousness from their shouting, hysterical actions, and being overexcited in play, they should be sent to bed and rested for two or three days.

The school requirements of today tend to develop nervousness and build the neurotic temperament. Children are urged and pushed and crammed, and as a consequence they are worn out. Children belonging to the neurotic temperament should be watched. When the teacher finds children getting too nervous to do good work in school, or when they are showing the strain of school work, she should have a perfect right to write a note to the parents and tell them that the child should be kept at home and in bed for two or three days.

All children should be taught the correct food combinations. Those who want to know the best way to feed children should read the children's articles in our periodical and learn proper food combinations by studying the "Cook Book."

As a last suggestion, when there is an epidemic reported in different parts of the country, parents with children who cannot be said to be 80 to 90 per cent well should keep them at home from

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school and make them spend at least half of every day in bed; and the other half should not be spent on the streets at picture shows, or in exciting entertainments. Children will become excited in play; but after they have had a reasonable amount of childish pleasure it should be broken up. Do not wait until the child is worn out to take it away from play or school.

Children of neurotic parents should not be allowed to take any extra work when going to school. If they keep up with the school work, they are doing all they should.

See that these children are not eating anything and everything between meals—not even the school lunch; and, until the schools quit issuing starch and milk to children, see that your children do not eat anywhere except at home. Someone will ask if I do not believe in milk. I do, but not with bread. Fruit and bread in the morning, or milk and fruit; bread and a combination salad at noon; and all the milk they want in the evening, with cooked or raw vegetables. This is a good general plan for feeding children. They get all the variety of food they need, and, if fed in that way, those with a white line around the nose and mouth will lose it. This line indicates irritation of the stomach, improper eating, improper food combinations, and eating between meals. It indicates gastric catarrh. Children with this sign should stay in bed until well.

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No doubt there are people who believe that there is a certain percentage of cases of infantile paralysis that are cured. I am with this disease as I am with bronchial diphtheria: I have never seen a case of bronchial diphtheria get well, and I never expect to. I expect cases of catarrhal croup to get well, and they will perhaps make a greater symptom show than diphtheritic croup. When anyone shows me a case of infantile paralysis that has recovered, I am going to show them a case that was mistaken for infantile paralysis.

A Wonderful Thanksgiving Message
from Our Friends

For the Health that is ours;
For the dear Friend who taught "Health Must Be
Earned";
For Philosophy of Life Tilden's Wisdom has given;
For the Measure of Success that has come our way;
For the Love of the Beautiful our Mothers instilled;
For Strength and for Courage;
For Loyalty of Friends;
For Depth of Devotion 'twixt Big Pal and Small—
Our Hearts with Thanksgiving are filled to o'erflowing!

THANKSGIVING!

DRS. M. E. AND GRACE ELDRIDGE,
1029 South Hope Street, Los Angeles, Cal.

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Tilden Cookery

BY FRIEDA B. GANTZ

This is the season of the year when cranberries are at their height in nearly all localities. They are a splendid fruit to serve with a meat meal, and the only objections which have been raised to their use in the past have been the necessity for using so much sugar to sweeten them, and the fact that they have had to be used as a cooked fruit.

Now we have had presented to us, by one of our readers, a recipe for the use of cranberries raw and with very little sugar, comparatively speaking, to make a wonderfully appetizing dish. We have tried it out several times on our friends and it has met with an enthusiastic reception.

The amount of sugar may be varied to suit individual tastes, some liking it sweeter than others. The original recipe did not call for the pineapple, but we believe the addition of the pineapple adds a splendid flavor.

In selecting cranberries, secure the dark red variety and as ripe a berry as possible.

CRANBERRY RELISH

3 cups ground-up cran-
berries
1 cup sugar

1 cup orange pulp,
orange peel and
crushed pineapple
combined

Use quite a fine knife for grinding the cranberries, add the sugar, mix thoroughly and allow to stand while preparing the other ingredients.

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Peel one medium-sized orange and remove most of the white pulp from the inside of the peel. Run through the vegetable mill, using fine knife.

Run orange pulp through mill, using a coarse knife.

Put ground orange peel and pulp into a cup and fill up the cup heaping full with crushed canned pineapple, using thick part, not juice.

Add these ingredients to the cranberries, mix them thoroughly, cover and allow to stand over night. It will be ready for use by noon the next day. We know you will enjoy it.

COOKED APPLE AND CELERY SALAD

Select rather large, firm apples which hold shape when cooked. Peel and core. A narrow band of peel may be left around the middle to help hold shape of apple. Simmer in covered pan until just tender with a few raisins in the centers and in juice around apples.

Cook rather finely cut-up celery until tender, but not until it goes to pieces.

Allow apples and celery to cool. Then place an apple on crisp lettuce leaves. Fill apple centers with the cooked celery, raisins and a few cut-up pecan nut meats. Some celery, nuts and raisins may also be arranged surrounding the apple if desired. Dress with mayonnaise.

This makes a splendid lunch following some toasted whole-wheat bread and butter and followed with tea-kettle tea.

A few red cinnamon candies may be dropped into the pan with the apples while cooking to give them an attractive red color.

CARROT SALAD

A salad which can be prepared ahead of time is always popular with the cook.

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1 small can crushed
pineapple (omit the
juice)

Equal amount of raw
carrot (ground)
1 package lemon jello
 $\frac{3}{4}$ pt. boiling water

Pour the boiling water over the jello. Stir until dissolved. Allow to cool. Add the pineapple and carrots to the jello mixture and set away to cool. May be shaped in individual molds. Serve on crisp lettuce with mayonnaise.

A little ground celery may be added if desired. The mayonnaise dressing may be thinned with the pineapple juice.

We have discovered a sponge cake that is very simple and easy to make if the directions are followed closely. Having no shortening, it is very easy to digest.

SPONGE CAKE

4 egg yolks
1 cup sugar
3 tsp. cold water
1 tsp. vanilla

1 cup flour
1 tsp. cream of tartar
4 egg whites

Beat egg yolks and add half of sugar. Continue to beat until light and thick. Add water, flavoring and flour, the latter sifted five times with cream of tartar. Beat egg whites to a stiff froth and add balance of sugar. Continue to beat until sugar is dissolved and mixture is very stiff and rocky in appearance. Fold whites into batter very carefully so that rocky appearance is not disturbed. Turn into an ungreased "Turk's head" pan. Sprinkle top with granulated sugar. Bake in a very moderate oven (325° F.) 50 minutes. Cake should then be golden brown with a beautiful, crusty top. Remove from oven, turn pan upside down and allow to remain until cold.

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The ungreased pan, with a tube in the middle, is necessary to the success of the sponge cake, which is so light it needs the sides to cling to while baking. After it is cold, there is no danger of its falling. A sponge cake should never be iced, the sugar which forms the crust being the correct "icing" for such a delicate cake.

MENUS

Breakfast

Toasted Whole-Wheat
Bread—Butter
Teakettle Tea

Lunch

Vegetable Soup
Buttermilk

Dinner

Roast Pork
Cranberry Relish
Spinach—Baked Apple
Fruit Salad

Breakfast

Baking-Powder Biscuits
Butter—Honey

Lunch

Cream Cheese—Raisins
Baked Apple

Dinner

Baked Sweet Potatoes
Carrots—Asparagus
Combination Salad

Breakfast

Shredded Wheat—Butter
Grapefruit

Lunch

Apple and Celery Salad
Milk

Dinner

Lamb Chops
Peas—Turnips
Combination Salad

Breakfast

Muffins—Butter
Baked Apple

Lunch

Cottage Cheese—Figs
Apples

Dinner

Hominy
Beets—Rutabagas
Cabbage Slaw

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Breakfast

Wheat Cakes—Bacon
Apples

Lunch

Vegetable Soup
Buttermilk

Dinner

Baked Fish
Grapefruit with
Combination Salad
Stewed Tomatoes
Cauliflower

Breakfast

Bacon—Eggs
Baked Apples

Lunch

Fruit Salad
Muffins—Butter

Dinner

Rice with Cream
String Beans
Canned Corn
Combination Salad

SUNDAY

Breakfast

Baked Apples
Oranges

Dinner

Cream-of-Spinach Soup
Roast Chicken Cranberry Relish—Celery
Parsnips—Carrots
Combination Salad Sherbet

Lunch

Teakettle Tea or Fresh Fruit

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Question Department

Question: Would not the fruits and cereals, as given in your breakfast menus in the magazine, ferment?

ANSWER: If people eat too much of the best combination on earth, they will be troubled with fermentation. Cereals, properly masticated and insalivated, and followed with fresh fruit, will not disagree; but cooked cereals, with sugar and cream, eaten with fruit or without fruit, will often produce fermentation. In fact, I believe I am safe in saying that there is always a certain amount of fermentation following a large meal of cooked cereals, dressed with sugar and cream.

Question: My mother is suffering from sore feet. Sores or ulcers come in little blisters on the toes, and are very painful. The toes and ankle are swelled and red. This has lasted about three weeks. She has treated her feet with B-F powder. She has had this trouble before. She eats heavily on sweets, and drinks coffee.

ANSWER: Your mother can get well of her sore feet, ulcers, blisters, etc., by fasting for a few days; then eating rationally afterwards.

Question: Are store canned peas, and also corn, classed as starch or protein? Are they good food,

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and with what can they be eaten? Is milk permissible to be taken with them?

Is it not just possible that certain roots, barks, seeds, herbs, and berries can and could have curative medicinal properties?

ANSWER: Canned vegetables are very good substitutes for fresh vegetables when these run out in the market. Green peas and corn are not a matured starch; cracked corn and hominy are a matured starch. Whole wheat, oats, etc., are recognized as decidedly starchy foods. You can eat the canned peas and corn in the same combinations in which you use them when fresh in the summer time. You ask if they are good foods. When you have no other, they are the best that you have, and do not hesitate to take them. There has been a wonderful improvement in canning. You want to know with what they can be eaten. Eat them just the same as you would eat your summer vegetables—meat, two cooked, non-starchy vegetables, and a combination salad. When you do not have meat, you can take milk or starch with those vegetables.

You want to know if roots, barks, seeds, and berries can be used as curatives, or if they have curative medicinal properties. It would be worth a very great deal for people to get away from the idea of curing anything. Food cannot cure, any more than drugs. If you are sick, stop eating. If

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you are a reader of my periodical and books, you ought to know that people get sick from overeating, and that there is more food-drunkenness than alcohol-drunkenness. One should not expect to cure a disease caused by food by eating more food, any more than one should expect to cure alcohol-drunkenness by giving more alcohol. Get away from the idea of cure. Nature cures, if you give her a chance. If you are eating too much, eat less, and try to learn the best food combinations. This makes it easier for digestion.

Question: What is the cure for nerve-exhaustion? What should a nervous person eat?

ANSWER: A cure for nervousness is to go to bed, and stay there until the nerve-energy is restored, eating very lightly. A nervous person should eat within his digestive limitations of any foods properly combined. People who are nervous must be careful about eating when tired or feeling very nervous, and at all times should avoid excessive starch-eating—in fact, excess of all kinds.

Question: Does not palpitation of the heart come from eating a large amount of mixed food, with very little mastication? I should modify that by saying "in many cases." Also, isn't it foolish to give doses of twenty to thirty drops, or any amount of digitalis to a person seventy-two years of age for palpitation of the heart?

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ANSWER: I do not believe in drugs for anything. People who use digitalis will come to grief sooner or later. The heart goes wrong a very great deal of the time because of indigestion, improper combinations, and improper chewing. Indeed, people are very foolish to take twenty or thirty drops of digitalis for a heart that has nothing the matter with it, except, that the patient has indigestion.

Question: Will you kindly write an article on the glands of internal secretion, showing why glandular preparations fail in most cases? Is there any special treatment by exercise, baths, or special food that will rebuild and keep the glands in a healthy state of activity?

ANSWER: People who live right have no trouble with their glands. The glands of internal secretion are under the same laws as glands with ducts. No part of the organism will ever go wrong until forced to do so by improper living. Glandular preparations fail because they do not remove cause. That is the reason why all so-called cures fail—because they do not remove the cause of physical derangement. There is no special food that builds and keeps the glands in a healthy state. Proper exercise, the proper amount of food, and going without food when uncomfortable, will correct most of the derangements from which man suffers.