

## IRIDIAGNOSIS\*

BY

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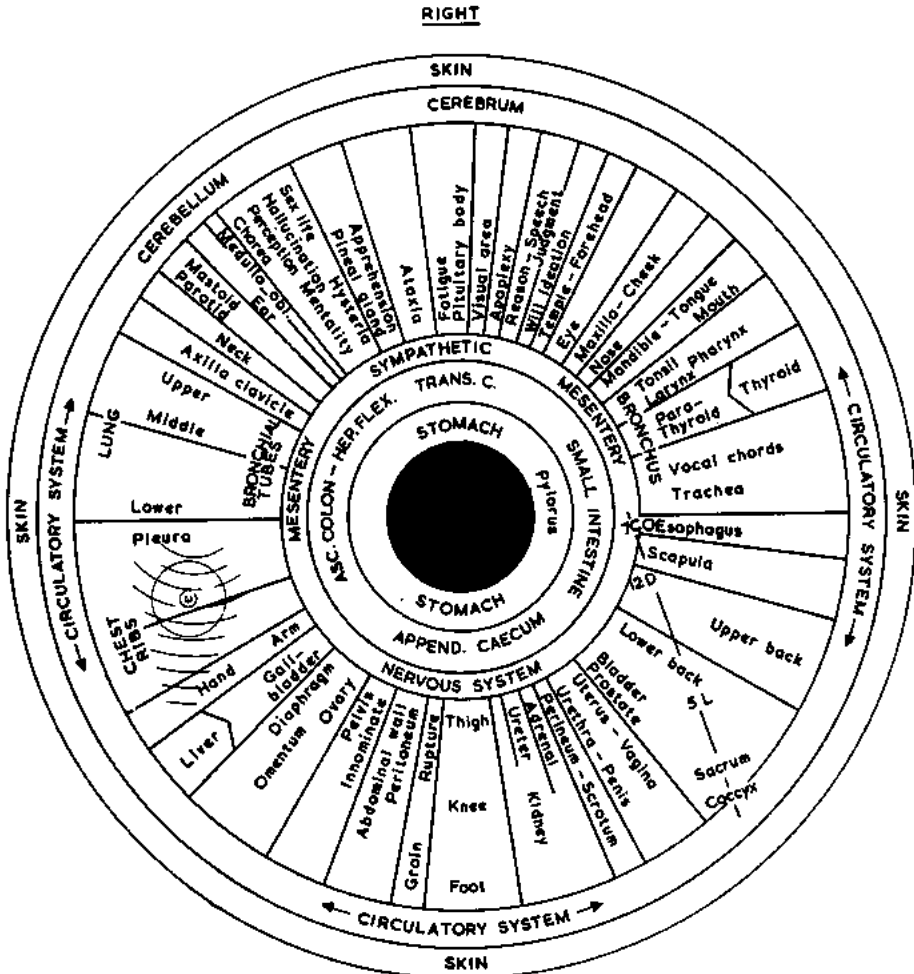
*London*

IT all started with a Hungarian medical student, von Peckzely, who built up his "theory" to while away his time in prison after the 1848 rebellion. When 10 years old he had caught an owl in his garden, and accidentally broke its leg during the struggle, at which moment a black spot appeared in the owl's eyes, only to disappear as the fracture healed. And on this basis he gradually elaborated a chart (Figure) to correlate each bit of the iris with another part of the body, the former portraying by changes in its colour and texture any change that took place in its corresponding organ—whether inherited, or acquired by accident, by disease, or by the perverse interference of meddling doctors.

As it happened, the 1850s were the high season for medical fantasies. For the rough empiricists of the late 18th century, like John Brown of Berwick (whose Brunonian doctrine of heroic stimulants was computed to have killed more people than the French Revolution and the Napoleonic wars put together), had finally yielded to the relatively harmless de-diseasers, like Franz Mesmer (who applied his magnets to simulate the "Royal Touch") and Elisha Perkins of Connecticut (whose metallic tractors "sucked" the diseases out). Then in 1810 Hahnemann had launched his homeopathy, and Francis Gall his phrenology; and if the bumps on one's head or the furrows on one's palm were so significant—why not the iris spots! Dalrymple (1834) had already quoted the case of a French child who had been exhibited in England, since her irides seemingly bore the words "Napoleon Buonaparte"; and there was no dearth of woolly-minded German professors to follow up von Peckzely's irresponsible speculations on iridiagnosis. Most of these nosological fantasies slowly died the death they deserved; but those that survived the first world war provided a new distraction for the unhappy Central European. A new literature on *Augendiagnostik*, *Irisdiagnostik*, and *Augendiagnose* emerged, culminating in the text-book by Maubach (1952). Only with the second world war did the tide reach England, and it is from a slim guide by Davidson (1941)†, that most of the following quotations are drawn.

\* Received for publication June 12, 1961.

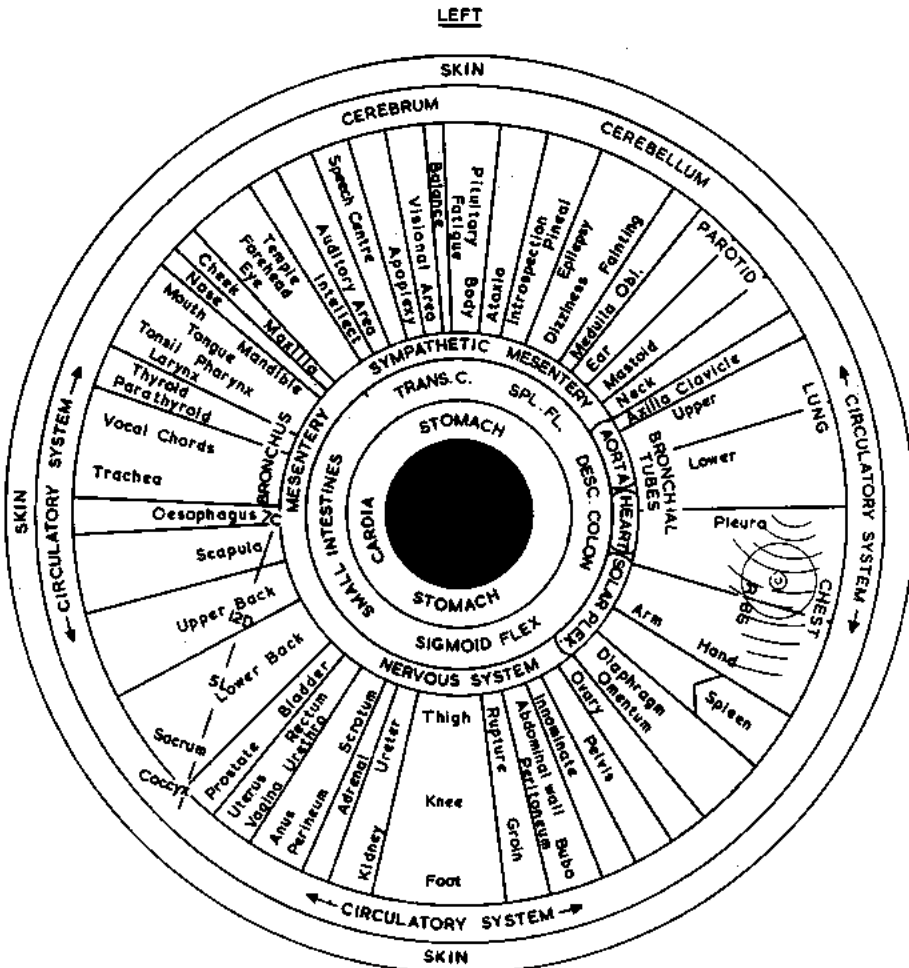
† *The Science of Iridiagnosis*, by Victor S. Davidson, N.D., D.O., D.C., D.A. (1941, reprinted 1946). Needless to say, there is no record of any such person among those holding a Diploma of Ophthalmology or of Anaesthetics; (perhaps, like Mrs. de la Warr, formerly Ware, of Black-box fame, who also sported a D.O., he had bought it in London from an unknown vendor for £5!). There is no reference in the Oxford Dictionary to the degree or diploma of N.D. and D.C.



The explanation\* of this extraordinary relationship between iris-spots and the diverse bodily organs would, one might have thought, have defeated even Teutonic conjecture, especially since no less than nineteen different iris-keys are available. But the problem is bravely tackled thus:

“Any irritation to any part of the body is transmitted through different nerves to the autonomic brain centres which send, in response to stimulation, a rush of blood to the affected part through efferent nerves, causing swelling and congestion. This in turn is transmitted through reflex nerve stimulation to the corresponding area in the iris. This causes vascular projecting ridges which run radially from the ciliary to the pupillary borders, which in turn raises the normal white fibres of the top layer of the iris, making them plainly visible to the unaided eye. . . . The different colours corresponding to certain drugs, such as red for iodine, greenish yellow for quinine, etc., found in the iris are created by colour pigments carried into and deposited in the surface layers of the iris through the capillary circulation.”

\* Until recently most charlatannies, like the Bates's method of treating squint or the Shropshire treatment of cataract, have tried to provide a scientific justification; only the Black Box practitioners have wisely relegated their explanations to metaphysics.



From the accompanying comprehensive charts (which Davidson had further elaborated) we see that dark spots in the pupillary zone always indicate a gastric disturbance; if this zone is steely-gray, it means that the patient is seeking relief by taking bismuth (unwisely, because, of course, "all medicines which reveal themselves in the iris are poisons"); and so on through each sector of the iris this whimsical story is repeated. Even the pituitary and parathyroid have recently been added to the list, as the scope of iridagnosis belatedly keeps up with the widening field of allopathic medicine (about which it is so scathing).

Great stress is laid on the "sympathetic wreath" which lies just outside the "intestinal area" (and would seem to correspond to the collarette). This acts as a simple pointer to the affected part (which at least is helpful for those who cannot remember the whole elaborate chart). Thus, "when the sympathetic wreath is pointing towards the generative organs, it indicates a

lack of fundamental activity in these organs, such as impotency", or by pointing to the nose it indicates "an exaggerated sense of olfaction".

The outermost zone of the iris, known as the "scurf rim", responds to skin disorders, and when this is "especially heavy in the brain region it denotes a brain encumbrance" and the patient may then have "pediculosis capitus" (*sic*). These lice should not, of course, have any medicinal treatment, but "they disappear when the body becomes internally purified". Indeed, the backsliders who use some conventional treatment for a sore skin are not allowed to get away with it, for the all-knowing iris will then develop sharply-defined muddy-brown spots, which "iridologists designate as itch or psora spots, because they appear after the suppression of itchy eruptions and of psoric parasites". These give-away spots appear in about 65 per cent of eyes in civilized countries—"where the suppression of scabies and other itchy skin eruptions is extensively practised". And even if you should clear your lice by some sensible shampoo, these spots are apparently a further warning that epilepsy is your likely fate!

And so, on and on it goes, with particular elaboration of the terrible troubles that stem from the various chemicals used in conventional therapy, all of which the iris faithfully exposes. One would think it hard to fill a book with variations on such a limited theme, especially as the theory is only concerned with diagnosis, and eschews specific treatment.\* But all will be well if one seeks "gradual purification of the system from morbid matter and the readjustment to normal conditions, under the regenerating influences of natural living and treatment". Just at the end of the book the author does permit the iridologist to glance elsewhere for signs of the varied diseases that he has been diagnosing—scrofula, psoriasis, and tabes, but of course evidence of these conditions must not be sought in the skin or legs, for one must not look further away from the iris than the lens or conjunctiva.

It is tempting to dismiss these irresponsible 19th-century charlatanries as the crows that follow in the wake of an advancing science; exploiting what they cannot comprehend, and finally flickering on as a drawing-room diversion for the under-educated and under-occupied. But in the rootless 1960s people are still wanting a new faith rather than an old reason; hence the resurgence of astrology and acupuncture, and hence also the triumphs of the Black Box. So we must not altogether disregard these other curious little inhabitants of our ophthalmological nest.

#### REFERENCES

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 DALRYMPLE, J. (1834). "Anatomy of the Human Eye". Longman, Rees, Orme, Brown, and Green, London.  
 MAUBACH, A. (1952). "Augendiagnostik als Konstitutionsdiagnostik, Früdiagnostik und Differentialdiagnostik". Haug, Saulgau.

\* Only once is specific treatment mentioned, when the author is expounding on the sympathetic wreath: "a small narrowed sympathetic wreath signifies a correspondingly spastic or rigid condition of the intestines. This is causative of spastic constipation. . . . The indicated spinal treatment in this condition would be to give stimulative treatment on the eleventh dorsal vertebra, and thus dilate the intestinal musculature. Progressive dilatation of the rectum will also do much to relieve this condition."