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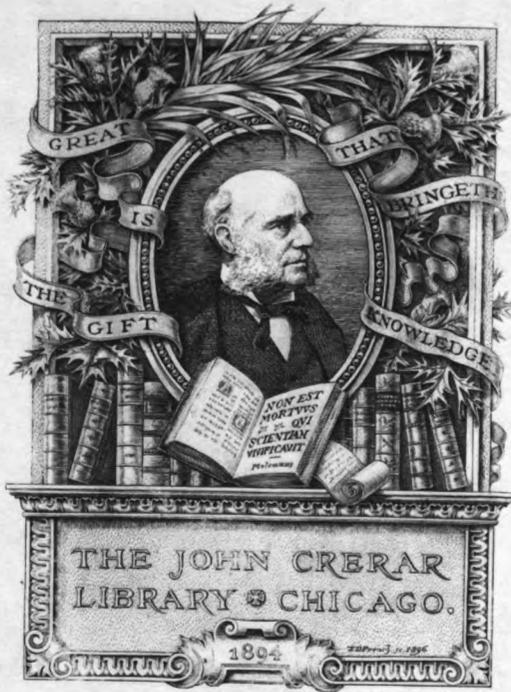
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Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

Vol 4

SEPTEMBER, 1919

No. 1

FOUNDED AND EDITED BY
ALBERT ABRAMS, A. M., M. D., LL. D., F.R.M.S.

C O N T E N T S

ELECTRORADIOMETRY	161
ELECTRORADIOMETRY AND RADIATIONS	163
OSCILLOCLAST	164
REPORTS	169
SYPHILIS	171
OSCILLOCLAST (Personal Experiences)	174
ATTUNEMENT	176
TEST OF AGE	178
PHYSICS OF LOVE	179
BIBLIOGRAPHY	181
MISCELLANY	184

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Works by Albert Abrams,

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One-time Professor of Pathology and Director of, the Medical
Clinic, Cooper Medical College (Medical Dept. Leland
Stanford Jr., University.)

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Physico - Clinical Medicine

Vol. 4

SEPTEMBER, 1919

No. 1

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "Spondylotherapy" and "New Concepts in Diagnosis and Treatment" constitute the archetype of this Journal and "S", in parenthesis, followed by a number, refers to the page in the former and "N.C." to the latter work where extended consideration of the subject cited will be found. "J", refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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ELECTRORADIOMETRY

Radioactivity is a universal property of matter and not limited to the few elements described by physicists. This apodictic statement is founded on the fact that, Abram's reflexes and electroradiometer surpass in sensitivity the conventional methods for detecting radioactivity. The units of all matter are electric charges made up of electrons which in their incessant activity, produce the phenomena of radiation. The electric composition of matter is due to minute bits of electricity known as electrons. Some phenomena are already explainable by the electron theory and ultimately all will find explanation. The segregation of the human from other natural entities has molested medical progress and until we study organismal action from the viewpoint of electric composition our theories will be merely opinions and not facts. This conception creates a discontinuity between the old and the new and, like all reform, is treason to tradition to those only who refuse to emerge from their fossilized condition.

Radioactive substances, uranium, thorium, polonium, actinium—appear to be disrupting and, in this disruption, electrons are shot out and new elements formed. The specific feature of man is likewise his chemic mutability for, "From hour to hour, we ripe

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and ripe, from hour to hour we rot and rot, and thereby hangs a tale"—The electric nature of man. Between hydrogen with only one electron, and unstable uranium with 92 electrons lie all the possible elements. The chemic apperception of man by Holmes, is as follows:

"Nothing but a cloud of elements organic, C. O. H. N., Fer-
rum, Chlor., Flu., Sil., Potassa.

Calc., Sod., Phos., Mag., Sulphur, Mang., (?) Alumin, (?)
Cuprum, (?) Such as man is made of."

Matter and energy are indestructible and in the terms of these entities all physical phenomena must be explained. Life's chemistry is a history of food changes plus the mechanisms by which its potential energy is converted into vital force.

Mathematics has been defined as "symbolized logic" and is destined to be an important method for investigating medical problems. The time rate of change, once called "fluxions" and now known as "differential calculus", will solve the duration of disease, recurrence of epidemics and a host of other things now beyond our ken. Wireless telegraphy is a mathematic evolution beginning with Maxwell's discovery that light was an electric phenomenon and traveled as an electromagnetic wave. In 1887, Hertz verified and in 1896, Marconi utilized the waves for "wireless".

Electroradiometry is a neologism of the writer to specify a new method of demonstrating radioactivity by aid of his electroradiometer. Radiations are conventionally recognized by effects on a photographic plate, exciting visible fluorescence and air ionization. In the latter method an electroscope is used. The latter detects electricity. The electroradiometer is essentially an electroscope used in a new way. When one refers to invisible radiations, one means shorter ether waves than those to which the eye can respond. The sun's spectrum is at least ten times as long (measured by wave lengths), as is the part which we see. The electroradiometer proves that radiant energy from all matter is electric and that the differentiation of one substance from another is possible by aid of specific vibratory rates and polarity. The instrument in question disproves conclusively the contention of the physicist that the normal condition of matter yields no evidence of electricity. It was announced in the last number of this journal that the present number would be devoted to the diagnostic use of the electroradiometer but after mature deliberation of the writer, it has been decided otherwise owing to the technical difficulties attending the use of the apparatus. A few hours study suffice to master the instrument but unfortunately, this mastery can only be achieved by personal demonstration.

In answer to many letters received, the writer begs to say, that physicians, and scientists must come to San Francisco for the present at least, before this instrument is released.

ELECTRORADIOMETRY AND HUMAN RADIATIONS

Aside from its diagnostic employment, the electroradiometer shows that there is a force emanating from the human organism. This subject is discussed in the writer's book, *New Concepts in Diagnosis and Treatment* (p. 9), *Electrical Experimenter* (Sept. 1918) and in the *Journal* (Vol. 3; No. 1). This always supposititious emanation has been called animal and vital magnetism, odyle psychode and more lately biactinism (ray life) by Emile Boirac.* The writer's instrument shows that in the normal male, the radiations from the right hand are positive and negative from the left hand. This is reversed in the normal female. Reversed in either instance, the subjects show a tendency toward homosexuality. Yellow thrown on the body of a subject with normal polarity will reverse it. The instrument also suggests a rapid and accurate method in psychoanalysis. The concrete psychology of love of the sexes rarely invades the realm of the diagnostician despite its pathologic importance. Love is a matter of vibration and is revealed by its effects on the heart. With an electrode over the heart region of the subject, names are spoken by the experimenter. If the subject is indifferent to the person whose name is mentioned the instrument expresses a polarity of neutrality (by a two and fro movement of the leaf). If the subject has a sexual regard for the person whose name is mentioned, there is a decided swing of the leaf to the left. The vibratory rate of the emotion is conveyed at its vibratory rate (8). Any individual may observe these phenomena which are objective, constant and invariable.

*In Oriental occultism (Yogi philosophy), the vital force is called *prana* and this, they aver, is projected into space as the light of the sun, heat of a stove, odor of a flower, etc.

OSCILLOCLAST*

Conductivity—This is enhanced by employing an acetic acid in lieu of a salt solution[†] in all applications (except in ear). Conductivity is 350 per cent greater with the former than with the latter solution. Owing to the sensitivity of some skins, the acetic acid solution (with water) should not exceed 3 per cent. In the mouth, no solution is necessary.

Insulation—Oscilloclast should be placed on an insulating mat of rubber, rubber cloth or other insulating material. This injunction is applicable with reference to the chair on which the patient is seated and his feet which must also rest on insulating material. The reverse side of all electrodes should be covered with insulating paint (current efficiency increased 100 per cent). When the pointed electrode is used, the same material must be employed excepting at its extreme end when the current is applied to specific areas (boils, abscesses, etc.) The smaller the electrode, the greater is the concentration of the current.

Care of Apparatus—To prevent cutting and imperfect contact, commutator should be slightly oiled at times. Grease finger with a small quantity of vaseline, remove surplus and rub greased finger over commutator. Latter should be cleaned periodically. A broken conducting cord or imperfect contact at E may prevent lamp from lighting. Maximum lighting effects on lamp are secured by screwing a 10 ampere fuse plug in socket and turning lever of rheostat to A. Lever at this point with same fuse plug is used for removal of scar tissue.

DISEASES

Otology—To inhibit **otorrheas**, the prevailing organism is the streptococcus and the current is used at 2. During the seance, a little time should be used for destroying the staphylococcus at 1. Tuberculosis often prolongs the chronicity of ear conditions (See journal, March 19, p. 75). as well as chronic sinus affections. In such instances use current at 5. In practically all instances of otitis media (catarrhalis or purulenta), one can elicit a strep reaction from the mastoid (even though there is no suggestion of mastoiditis). This

*The oscilloclast was described in the last number of this Journal (June, 1919. New data concerning the same will be published in this department.

†Physicians who have used the oscilloclast for analgesia prefer the salt solution. Electric conductivity of such solutions increases to the point of saturation hence a saturated solution of sodium chloride should be used. Use of ether to hair to remove fat will facilitate current penetration.

strep invasion of the mastoid often prolongs an otorrhea and current must be used over this process at 2.

Starting from the assumption that most cases of **defective hearing** were caused by middle ear thickenings, the current was used with the fuse plug (q. v.) and the results in most instances were astounding. True, hearing was only partially restored (hearing the ticking of a watch which had not been heard for years). In all instances, the middle ear should be sterilized with the current at 2 and 1 (strep and staph. infection) for one or two seances. **Infectious wounds** treated at the same indices may be equally sterilized and this suggestion is of great surgical importance. To facilitate cicatrization of wounds, try local applications of current at 3.

In otorrhea and defective hearing, current is conveyed as shown in fig. 15, p. 136 (Journal, June, 1919).

It must be recalled that many middle ear infections are of constitutional origin and from his reactions, the writer concludes that they are most frequently due to **congenital syphilis**. In such instances, the spirochetes should be primarily destroyed at 3.

In the treatment of **Sinusitis**, treat at the vibratory destructive rates of strep (2), staph (1) and tuberculosis (5) directly over lesions.

Joints—After subduing the local infection strep 2, staph 1, tb 5, gonococcic infection 4, one proceeds to destroy **ankyloses** as suggested at the rate for scar tissue but in bone ankyloses, try current at 4. The source of infection must also be destroyed. In **chronic urethritis**, the cord conducting current may be attached to the sound introduced into the urethra and, to concentrate action of current (at 4), encircle penis with sheet rubber or other insulating material which enhances energy value of current about 500 per cent. **Prostatic infection** is subdued by a metal electrode in rectum.

In **dermatitis venenata** (poison ivy), use current at 3. In **diphtheria**, use current at 2, directly under lower jaw on both sides. In **seborrhea**, use current at 5. **Local fat deposits** (double chin) are destroyed at 1. In suspected fat deposits over heart, use current at the same rate.

Analgesia*—In operations of magnitude, tactile sense is not abolished and, if apprehensive, patient interprets touch

*Even in general anesthesia, the subconscious mind is active, hence the anoci association method of combating the battering impulses from the nerves of the operative field. An important psychologic factor of the operative cycle is the fear of the patient that he will not awaken. This factor is eliminated by the oscilloclast.

as pain. In such instances, slight inhalation of chloroform dissipates apprehension. This is also true of the local application of cocain derivatives. For general analgesia, fix electrode† over medulla (just under occipital protuberance) using current at 7. Allow current to act for 3 minutes before operating, making painful examinations, laryngoscopic examinations, introduction of stomach tube, manipulations of tonsils, introduction of specula, sounds, etc. If wound manipulations cause pain try current at 2. In the production of obstetrical analgesia, the current is still under probation. For **dental operations** (trigeminal analgesia), the current effects are better when electrode is applied over the medulla than when introduced into the ear.

Several physicians using the oscilloclast apply the electrode adjacent to the site of the operation as in the method of regional anesthesia. This method was first suggested by Dr. J. Goodwin Thompson. When an operation does not include any of the cranial nerves, the electrode may be applied to the neck just below the hair line.

From reports thus far received, owing to preservation of tactile sense, the analgesic action of current varies from 50 to 100 per cent. (See attunement of sensory impressions in this number of the journal.)

Soporific Action.—In many instances, with electrode over medulla oblongata and current at 7, the subject becomes somnolent. Associated with the latter, there is a flushing of the arteries. The latter vasomotor action survives the application and may prove of value in cases where vasodilatation is indicated (See writer's *Diagnostic Therapeutics*, p. 370 et seq.)

Mydriasis.—It was shown in the June number of this journal (p. 131) that one could duplicate the action of atropin with the current at 3. Applied to the medulla, the pupillary dilatation thus secured may suffice for an ophthalmoscopic examination.

Staphylococcic Infection.—This is often as frequent as strep infection in certain endemics and may be controlled by the local action of the current at 1 or by gathering the organisms in the spleen (See *Therapia Magna Sterilisans*, Jour. June 1919, p. 133.)

The latter maneuver is suggested to abort typhoid fever

†A special electrode (to secure constant moisture) with head piece is imperative for general analgesia. Former is loosely packed with cotton and then saturated with solution. A slight turn of screw from time to time forces fluid to the blotter. Price of both \$5.00 prepaid.

(10) and pneumonia (7). It is equally available in tuberculosis (5). Destructive rate for **Tetanus** is 3. In chronic **nasal** catarrh, Thompson reports excellent results at 2 and 1. Current may be connected to fine copper wire rolled around a small pencil which is introduced far back into the nose, a method equally available in treating **sphenoidal sinusitis**. Many so called "**Stomach rashes**" yield the electronic reaction of colisepsis. It is known that tubercle bacilli contain fatty substances which make them "acid fast." Boericke suggests in **tuberculosis** to use current at 1, first to dissolve fat and then at tb rate (5).

Destructive Vibratory Rates—Physicians may determine the correct number on the rheostat for opposing pathological conditions by observing the following: Dull areas by percussion are constantly present in the abdomen and chest (See J. Vol. 1, No. 4 and Vol. 2, No. 4) in definite areas in definite diseases when the patient faces west*. When turned to the magnetic meridian (patient) these areas disappear to return

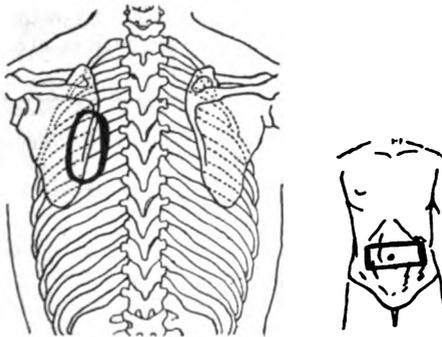


FIG. 17—Constant areas of dullness of the abdomen and chest in any subject with carcinoma and which may be reproduced after the manner cited in text.

when the patient again faces to the geographical west. These areas are accentuated if the patient stands on a grounded metal plate. Any physician may try the following experi-

*Any one unskilled in percussion may detect these areas by the auscultatory method of the writer; over lungs, by repeated percussion of the acromial end of the clavicle (J. Vol. 3, No. 2), approach the suspected area with a stethoscope (obscuration of transmitted clavicular percussion). Abdominal areas are demonstrable in a like manner by percussing either ant. sup. iliac spine. The latter method was suggested by Dr. H. Michener (Wichita, Kas.), a recent visitor to Dr. Abram's laboratory.

ment: Place the cork of a bottle containing a cancer on any part of the skin of a normal subject. Subject on a metal plate facing west will show within a minute definite areas of dullness on the chest and abdomen (Fig. 17). On another part of the body of the subject place an electrode and allow current to flow from the oscilloclast. Note that, when the index of the rheostat is at 6, the dull areas disappear. After this manner, the destructive vibratory rates for cancer and other conditions were ascertained.

Explanation of the foregoing phenomenon was cited in preceding numbers of this Journal (Vol. 1, No. 1 and Vol. 2, No. 4.)†

Oscilloclast in Diagnosis.—Definite dull areas on the chest and abdomen peculiar to different diseases* disappear when the lever of the rheostat is at a definite number. Assuming that one suspects cancer. The areas are discovered as shown in fig. 17. If the lever is turned to 6 (and at 6 only), with the electrode from the apparatus on some part of the patient's skin, the dull areas disappear. If they do not evanesce, one may question the diagnosis. Syphilis (congenital and acquired), tuberculosis, strep infection, etc. may be similarly interpreted.

*Note announcement of an atlas of the electronic reactions on a subsequent page.

†In a person immune to cancer, these areas of dullness will not ensue (Immunodiagnosis, J. Sept. 1917).

REPORTS

Clinical reports are notoriously untrustworthy provided there is no **objective evidence** that may be employed for control. When corroborative evidence is undeniable and checked by a scientific observer, there can be no personal equation and the formulated conclusions must be accepted without reserve. Cures are of no scientific significance and it is this attitude plus the deficiencies of medical art which make possible and even necessary the heterodox methods of cults despite the fact that they are often only vehicles for suggestion. To the rank and file of the profession, the writer's methods are new and, if incredibility is the heritage of innovation, the innovator must be meticulous and suspend his enthusiasm by an objective portrayal of his results. Cults are unscientific products of ignored fields and while in their initial existence they represent a preponderance of evil, they are always endowed with a modicum of truth. Germane to this subject is the following excerpt of a letter received from G. P. Pipkin, M. D.;

"I made a serious attempt to introduce your methods to the regular profession of Texas and could I have succeeded, every osteopath and chiropractor would have been but out of business. By your methods I have treated hundreds of patients who could have been cured in no other way."

Academic and pioneer knowledge are in antagonism. The routinism of the former refuses like an old man to be disturbed in its set habits and opinions. It is the laic attitude which mobilizes medical inertia. A layman hearing that a few treatments of percussion on the 7th cervical spine will restore his dilated heart is not content to remain in bed for weeks to accomplish the same result. By the same token he will not submit to the use of a stomach tube when his stomach can be made to expel its contents by a few taps on the 5th dorsal spine. He will not accept the death verdict of the physician who pronounces his aneurysm incurable when he knows that some friend has been cured by concussion of the 7th cervical spine. He loses faith in the surgeon when he learns what can be done in hyperthyroidism and a clogged appendix by spinal methods.

He refuses to be made the victim of a triumvirate-physician, dentist and radiologist who deprive him of his mastication.

tory apparatus. The ubiquitous prophet, whose prophecies only bear consolation in the fact that they will not be fulfilled in our time, anticipates an edentulous race but the dentist and his coadjutors are precipitating this event.

The amygdalomaniaes are now having their innings and tonsillar infection which can be destroyed by the oscilloclast is relegated to surgery. And yet we ask in amazement, why do cults thrive ?

OSCILLOCLAST IN SURGERY*

E. A. Majors, M. D., Oakland, California can be accredited with having executed the first painless operation (Varicotomy) on June 21st 1919. On the following day, he did uterine curettage.

H. MEREDITH, M. D.,—"Traumatic leg ulcer producing copious quantities of pus. Two applications of oscilloclast arrested discharge. Woman with a tuberculous knee, unable to use it for years. Four applications of current and, at the present time, joint practically well. Case of furunculosis. One application of current and condition aborted."

J. GOODWIN THOMPSON, M. D. "Painless resection of toe nail. One curettement of uterus with 50 per cent and another, with 90 per cent of pain relief. Frontal sinusitis, 6 years duration despite two operations. Several current applications and continuous discharge before, ceased." Painless incisions may be made over an inflammatory area by placing electrode over latter with current at 10.

These reports may be duplicated by many other citations (inoperable cancers, etc.) but the writer wishes briefly to refer to several cases of syphilis only, reserving reports in other diseases for a future number of this Journal.

SYPHILIS

The writer reported his method for the cure of syphilis (J. Vol. 3, No. 2.) By aid of the oscilloclast after garnering the spirochetes in the spleen and applying the electrode over the latter at 3, the electronic reaction of syphilis may be permanently dissipated in about 4 seances (each lasting approximately 20 minutes). To the cognoscenti only, is the electronic reaction of any significance and therefore an appeal must be made to a few clinical results which will be briefly detailed. The latter have been witnessed by many physicians who are constantly in attendance at the writer's laboratory. Let it be understood that no medication of any kind was employed.

1. Blood from a patient was forwarded to the laboratory by E. A. Majors, M. D. (Oakland, Cal.) Electronic reaction was acquired syphilis with ocular implication. On the following day, Dr. Majors informed the writer that the disease

*We have "drugless physicians." May one anticipate "bloodless surgeons considering that it is now possible in many instances to destroy tonsillar infection without tonsillectomy, sinus disease without operation, etc?

was suspected but the diagnosis owing to negative Wassermanns was abandoned. Patient's vision was becoming progressively impaired. Energetic medication restored vision but an Argyll-Robertson pupil persisted. With Dr. Major's permission, the writer's method for curing syphilis was employed and, after a few treatments, the pupillary symptom disappeared.

2. Patient with Dementia Paralytica (case reported to the S. F. Med. Society by Dr. V. Vecki). Wassermann negative; electronic, positive (enormous reaction measured in ohms). Mental condition restored after intensive and persistent intraspinal and intravenous medication. An examination after the lapse of about three years demonstrated absence of patellar tendon reflexes and a bilateral Argyll-Robertson pupil. Restoration of former and disappearance of the latter after five treatments (Garnering spirochetes in spleen and application of oscilloclast over latter at 5.)

3. Patient observed with Dr. F. Gomez. Complete loss of vision in one eye. Wassermann, negative, electronic, positive showing congenital syphilis. Restoration of vision.

4. Electrician. Patient observed with Dr. W. Caesar. Lost vision in one eye when a child. Vision in other eye almost gone. About 50 per cent restoration of vision.

5. Patient observed with Dr. H. Michener. Pronounced Romberg, slight ataxia, absence of patellar tendon reflexes, Argyll-Robertson, vision impaired. Electronic reaction, congenital syphilis. After three treatments with oscilloclast, no abatement of symptoms. After one week, patellar tendon reflex restored in one leg and a few days later in the other leg. Vision restored* Romberg and pupillary sign still present but slight.

6 "Patient with pronounced ataxia which rendered feeding and walking difficult: patellar reflexes lost, Argyll-Robertson pupil; Wassermann, negative;† Electronic reaction, positive. Patient cured.

7. Progressive mental deterioration. Patient about to be committed to the insane asylum. Wassermann negative (Sate and other laboratories); Electronic reaction, positive (enormous reaction of 43 ohms). Complete recovery.

8. Patient semicomatose and failed to respond to conven-

*There are many instances of defective vision uncorrected by the refractionist which yield (owing to retinal lesions) to antiluetic treatment.

†Unreliability of this reaction emphasizes the statistical evidence of the eminent neurologist Collins, viz., 15 per cent of paretics and 70 per cent of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid.

tional treatment; Wassermann, negative; Electronic (43 ohms)—Improvement began after first week. Complete recovery." Patients of Dr. J. Goodwin Thompson.

The **pathology** of syphilis is identified with the formation of gummata, arteritis and sclerotic processes. It is practically impossible to suppose that in the latter anatomic condition the enmeshed spirochetes can be aspirated into the spleen by concussion of the 11th dorsal spine, hence the necessity of local applications of the current to many lesions. Thus it is, that in skin, and visceral lesions, no reaction of syphilis can be elicited from the blood yet the lesions yield the reaction. One can thus comprehend the advantages of localized syphilotherapy (J. Vol. 1, No. 2) One cannot hope for restitution of tissues sequential to degenerative fibroid changes, yet in eye lesions tabes and paresis, local applications of the current (3) have achieved unexpected results.*

*When electronic reaction for syphilis in blood is absent, it may be provoked by concussion bet. 3d and 4th dorsal spines provided local lesions persist. This provocative reaction dilates all blood vessels and the "dead corners" are reached. This method may replace the usual provocative Wassermann. The method of treatment now proposed by the writer is as follows: 1 Dilate blood vessels by concussion bet. 3d and 4th dorsal spines; 2 Gather toxins in spleen by concussion of 11th dorsal spine; 3 destroy toxins in spleen by application to latter of current at 3.

THE OSCILLOCLAST

Personal Experiences

By A. T. NOE, M. D., Pacific Grove, Cal.

There is a great future for this instrument and a few practical results will be cited.

CASE I.—Patient 62 years of age. Has suffered for five years with excruciating vesical and rectal pains on voiding urine and feces. All treatment by competent specialists without effect. Electronic blood test demonstrated cancer (bladder strain, measuring 32 ohms). Subsidence of all symptoms after six treatments by intravesical applications of current. After the third treatment, the indurated mass began to soften and every symptom began to abate. This is what the oscilloclast did for me.

CASE II.—Woman, aged 61. Painful gastric cramps. Relief from anodynes only. Despite constant medication for 12 years, case pronounced carcinoma and hopeless. Blood reaction demonstrated congenital syphilis (digestive strain). Five treatments with oscilloclast. Absolute relief of pain and a gain of 11 pounds.

CASE III.—Man, aged 69. Constant pains following ingestion of food thus necessitating restriction to diet of milk. Several specialists had concurred in the diagnosis of gastric cancer whereas others advised an exploratory incision. Electronic reaction, gastric tuberculosis. The use of the oscilloclast removed all symptoms.

(Digestive disturbances of tuberculous origin are rarely recognized clinically despite the fact that at postmortems tuberculous intestinal lesions are found (60 to 90 per cent). whenever tuberculosis lung lesions have existed. Brown & Sampson (J. A. M. A. July 12, 19) recently direct attention to the frequency of tuberculous ulcerative colitis.—Editor)

CASE IV.—Patient with painful and swollen knees and elbows. She could barely move and crutches were used for several years. Case regarded as one of "rheumatism" and hopeless. Electronic reaction yielded a streptococcal reaction. Very great relief after two treatments with oscilloclast. Blood reaction negative and swelling and pains gone.

CASE V.—Enlarged tonsils. Able to take only liquid food owing to mechanic dysphagia. Six treatments during a period of two weeks reduced tonsils to almost normal, although she could swallow solid food after the second treatment.

CASE VI.—My first chance to employ the oscilloclast for purposes of **analgesia** occurred on July 9, 1919. In this case

I did the American operation painlessly resecting the last inch and a half of the rectum. I was in a quandary whether to give ether owing to the extreme age and enfeeblement of the patient, a woman, aged 67. The oscilloclast was applied to the occipital region but every preparation was made to use ether if the oscilloclast failed. Before the current was allowed to flow I grasped the rectal tissue with forceps and she screamed, "what are you doing that hurts." I then allowed the current to flow and after 5 minutes repeated manipulation of the tissue without pain and completed the operation. She said later, that she felt no pain nor smarting and only knew I was doing something from the touch sense. Twenty minutes after the operation there was a sensation of pain and smarting.

CASE VII.—On the day following (July 10) with a hypersensitive and nervous lady, I made a slit operation on the rectum with thorough dilatation, uterine curettement and amputation of the labia majora. This lady was apprehensive about an anesthetic. Having such success the day before with the oscilloclast, I thought I would try it again making preparation to use ether as on the day previous but did not use it. However, she was very apprehensive about being hurt and I think she suffered more or less from strain. In such cases one should use the oscilloclast with circumspection. In both cases, the patients were not told that the oscilloclast was to be used.

To appreciate the rationale of this instrument and the new work that Dr. Abrams is doing, one must be versed in physics and in proportion as the latter subject is grasped, the more likely will the physician be to estimate its importance as applied to the new concepts of diagnosis, pathology and treatment.

ATTUNEMENT OF SENSORY IMPRESSIONS

Elsewhere in this number reference was made to the variable analgesic effects on different patients by the oscilloclast current. It was obvious to the writer that, there is no uniformity in our sense impressions and this variability must account for inherent talents and for differentiation among the species. It has been shown (N. C. 51) that an individual may be identified by his vibration rate with the same accuracy as in the Bertillon system. Our cognizance of the universe is only a question of physics. Wave motion is nature's method of transferring energy and unless our receptors are capable of vibrating in resonance with it, certain waves to our unaided senses are non-existent. In "wireless", when an electromagnetic wave is set in motion, tuning is imperative so that wave vibrations may be adjusted to affect the receiver. A variable condenser is used for the latter object to adjust waves to proper lengths. Vibration is a species of stimulation. Just as color is determined by retinal stimulation by different vibratory rates, a like response is elicited from different structures, which are like the keyboard of a piano and respond like bodies set in motion by tone vibrations.

With the switch of the oscilloclast at 5 (J. Vol. 3, No. 4, p. 133), note that when a small electrode is fixed in 2d right intercostal space close to sternum, the pulse is partially inhibited at about the 10th beat and may so continue for several beats more. Note that, this response is not apparent with continuous current action. Now move knob of condenser and note at some given point on the scale of the latter, an inhibition again ensues and the pulse becomes small. This point varies with the individual and once determined it is constant.

Thus, in using current say for analgesia at 7, use condenser in addition at a point corresponding to the physiologic response of the pulse as indicated.

The varying physiologic response to analgesia may be due to a non-recognition of this fact. This method is equally applicable in treatment for tumors and other lesions (syntonized oscillatotherapy). True, one may use the instrument as before but better results may perhaps be achieved by the method cited. The results cited in this number have been achieved without the condenser.

(To those who make the electronic reactions, it is suggested to connect a variable condenser with the rheostat. It will

be noted, say in cancer with the latter at 50 (vibratory rate of cancer) and by moving knob of condenser, there will always be a point on scale of latter when the maximum degree of dulness can be elicited on the subject used for the reactions.)†

The oscilloclasts now furnished are equipped with a condenser and current may be used with or without latter.*

When switch (S) is on point C, condenser is in circuit and lamp should not light. When S, is on point off, apparatus functions as before. To test for continuity of circuit (lamp lighting), put S, on off, position.

If test lamp, lights when switch is on point C, it is evidence that leaves of condenser are touching and condenser is then inoperative. This would have no bearing on use of apparatus otherwise but tuning cannot be done.* To test lamp, press forcibly the electrode on upright contact point. At O on scale no current flows. To secure scar tissue action, put S at 11 and fuse plug in socket.

*Condensers will be furnished without charge to those already in possession of the apparatus. Observe following: Connect yellow wire to post E. Insert cord with electrode in binding post of condenser connection. When switch of latter is toward left, apparatus functions as before. With switch toward right, condenser is in circuit. Test lamp should not light when condenser is in circuit. To test continuity of circuit, put switch toward left. If test lamp does not light, it is evidence that leaves in condenser (owing to some accident) are touching. In latter event, open condenser and carefully separate leaves with a pen knife.

†Another tuning test is as follows: At 4 (oscilloclast current) electrode placed between 4th and 5th cervical spines will produce lung dulness (on percussion). This is lung reflex of contraction. A maximum dulness ensues at a given point of condenser. Note at this point lung crepitation (auscultation). Test skin with a pin and note that, by shifting condenser, there will be a point on scale of latter where pain sense is diminished. This is also the tuning rate of the tested individual.

A PHYSICO-CLINICAL TEST OF AGE

Ageing is essentially a progressive tissue degeneration with diminishing functional capacity. In investigating normal senile changes by estimating the functional capacity of the different tissues, the writer found that most reliance could be placed on cartilage as an evidence of ageing. The changes of this structure include atrophy, fibrosis, calcification and ossification. The splanchovascular reaction of the cartilage of the ear which has a vibratory rate of 4, is a transverse finger breadth dulness immediately below the navel. The energy yield of cartilage is when measured in ohms, in direct proportion to the quantity present. A one inch electrode is used for conveying the energy from the ear to the subject. It will be noted that, with increasing age, the energy yield diminishes. The following measurements are in fractions of an ohm and were taken in sequence on the same day.

Age	Ohmic Resistance	Age	Ohmic Resistance
6	25/25	40	10/25
17	22/25	45	7/25
23	22/25	47	7/25
24	19/25	55	6/25
26	17/25	57	7/25
32	13/25	63	5/25
34	9/25		

PHYSICS OF LOVE

Love, the most exalted of all emotions, is like every other natural phenomenon only a question of vibration rate. It is the universal theme of poet and novelist. The former apostrophizes the heart as the abode of the emotions and "In many ways doth the full heart reveal the presence of love it would conceal" Love always predicates sexual desire, without it, friendship is its substitute. The concrete psychology of love of the sexes is beyond the ken of the diagnostician. This is unfortunate for both patient and physician for while love in its sane moments is physiologic, it may graduate into the dignity of a disease when disturbances of digestion and circulation ensue.

In "Love as a Doctor" (L'Amour medecin), the play by Moliere, ridicule is cast upon the ignorant Tartuffes of medicine. It may be recalled in this play that, the daughter of Sganarelle falls ill of the malady called love. What's the use of calling the "killers of men," proclaims one of the characters, "he will only tell you in Latin that your daughter is sick." Four physicians are summoned however and every possible and impossible diagnosis is made excepting the real one,—love.

Telegraph systems are only crude imitations of our nervous systems. In both there are switches, batteries, transformers, relays, condensers, resistances, shunts and automatic circuits. Both work with the same force, the only one fit for such vast and varied service.

The enormous energy yield by the mind when aroused to produce an emotion makes it difficult to conceive it as a simple thinking organ. On the contrary, the mind is psychodynamic, a fact little realized by the physician but exploited to the full by "mental healers."

In the writer's measurements of energy discharge from the brain (N. C. 234), he examined Edwin Markham (author of "The Man with the Hoe"). His energy discharge in thinking only was 60 ohms. The energy discharge from a giant magnet with a lifting power of 400 pounds to the square inch is only 32 ohms.

The heart is most responsive to the stimulating effects of the emotion known as love.

Elsewhere in this number of the Journal, reference is made to the Electroradiometer. It shows that human radiations are electric. The pulse is a tentacle of the heart and faithfully portrays its response to emotions. In the Electrical Ex-

perimeter (Sept. 1918) and in this Journal (Sept. 1918), the writer referred to a simple technique for noting the movements of the wrist pulse.

Utilizing this technique, it may be shown that, when a powerful emotion is aroused, the movement of the straw is suddenly arrested. The test may be executed in two ways. Request a male or female (straw fixed to pulse) to concentrate on the person whom they love. Each time this is done, there is a momentary arrest of the movement of the straw. The Freudian method of psychoanalysis may also be used for arousing the emotion. The subject on whom the experiment is made is requested to furnish names of persons among which one or more to whom they are attached. A brief interval of time must elapse before each name is called by another. When the particular name is called, the transitory inhibition of the straw may be observed. No voluntary effort on the part of the subject can influence this invariable effect. For arousing emotions of a different character in criminology, this method is of great importance.

By palpation of the pulse, the momentary arrest of its beat reveals what is done by the straw. A graphic record of this action may be made with the sphygmograph (Fig. 18).



FIG. 18—Pulse record: N, normal curves; X, slight inhibition and XX, almost total inhibition when emotion commences at X.

Civilization predicates an abrogation of natural laws. Marriage based on man's laws will soon prove an anachronism. "What is life with several wives?—Polygamous—with two wives?—Bigamous —With one wife?—Monotonous." The laws of attraction and repulsion between the sexes must conform to the law in physics. The relation may be ambivalent, that is, made up in equal amounts of attraction and repulsion. Our emotional life restrained by restrictions imposed upon it by civilization finds devious avenues for its expression. Thus dancing has eventuated in postural sexuality attuned to music. It can be shown by the writer's methods that all phenomena have a sexual basis. Odd and even numbers are the mathematical sexes; the former are male and the latter female.

BIBLIOGRAPHY

PHYSICS OF THE CHEST—Sir James Barr, *British Medical Journal*, April 19, 1919—This master clinician expatiates on the non-recognition of lung collapse (atelectasis). He cites cases of massive collapse mistaken for lung sarcoma, unresolved pneumonia, etc. He continues as follows:

“In the early stages the diagnosis is at once cleared up by the excitation of the lung reflexes of Albert Abrams. If you rub the affected side briskly with the hand the collapsed lobe expands, the percussion note clears, you can hear the air entering the alveoli accompanied with some dry fine crepitations. If you keep up this friction for a length of time the collapsed lobe may almost attain its former dimensions, and the edges of the enlarging lung find their way between the arch of the diaphragm and the thoracic walls. If when the lobe is expanded the chest be struck firmly several times with ulnar side of the closed fist the lobe collapses again.

The lung reflexes are largely responsible for the contralateral collapse which frequently occurs in gunshot wounds or other injuries of the chest. By these lung reflexes also collapse can be distinguished from hypostatic congestion. In those cases respiratory gymnastics should be practised, and the patient told to change his position frequently and to lie on the sound side.

In advanced cases of mitral stenosis collapse of numerous lobules on the posterior surface of both lungs frequently occurs, the oxygenating surface being greater than that demanded by the small quantity of blood passing through the lungs. These cases usually pass on to more or less permanent collapse with brown induration of the lungs.

Apart from cases associated with mitral stenosis, atelectasis, partial or complete, when early recognized is very amenable to treatment; but when long neglected permanent damage to the lung results. In such a neglected case seen ten years ago I effected considerable improvement. He has since carried on hard laborious work without further medical advice until he consulted me a few days ago. There is still considerable deformity, but his vital capacity is sufficient.”

ELECTRONIC REACTIONS OF ABRAMS:—Dr. Francisco Paredes, *Revista Medica*, March and April, 15, 1919—

Author summarizes his personal experience with these reactions. He emphasizes their diagnostic import and portrays a future state of medicine when mathematic certainty with these reactions will supplant the present uncertain methods of diagnosis.

FUNCTIONAL TROUBLES:—Dr. Jules Regnault, *Le Moniteur Medical*, April 29, 1919—Functional disturbances are non-existent without organic lesions. One has been too much dominated by the pathological anatomist to find an explanation for disease. The inability of the latter to detect lesions has created a fictitious nosology abounding in such inanities as neuroses, hysteria, etc. This was at a time when the cellular theory was in the ascendancy. Now, that the electronic theory has been applied to the rational interpretation of disease by Albert Abrams, we now know that physiologic aberrations create their own pathologic anatomy at their debut. Thus, an early diagnosis can be made a functional one whereas later, it would be an anatomico—pathologic diagnosis. The latter is tantamount to a diagnosis at the necropsy, too late to be of any value to any one but the pathologist.

The electronic reactions enable one to make a precocious diagnosis and thus defeat pathological anatomy as a basis of medical science. The defects of a machine in action are more apparent than when it is quiescent. (The editor always mistrusts a functional diagnosis and has often said that neurasthenia is an excuse, not a diagnosis.)

ANESTHETICS:—Jules Regnault, *Archives de Medicine*, March and April 1919—In reflex inhibition of the heart incident to the use of general anesthesia, the chief maneuver for its restoration is percussion of the 7th cervical spine to elicit the cardiac reflex of Abrams. The post-anesthetic effects of chloroform or ether (vomiting, etc.) may be suppressed as Jarvis has shown by the addition to either of oil of orange (S 82).

CIRCULATORY DISORDERS:—Dr. Wm. Martin, *American Journal of Electrotherapeutics and Radiology*, Jan. 1919—Some phases of these conditions remain unrecognized. A form easily recognized by the initiated is splanchnic neurasthenia (S 346). In many cases, the fluoroscope shows aortic bulging and cardiac dilatation but these evanesce with lessening of the splanchnic engorgement. In the discussion of the paper, Dr. A. B. Hirsch observed that in these cases he stimulated specific spinous processes, "in accordance with Dr. Albert Abram's studies, and I have so far had no occasion to regret following his plan.

Dr. William B. Snow, commented on the frequency of splanchnic neurasthenia and unless relieved, the victims become chronic invalids. "Dr. Carrel", continued the speaker, "was anxious to find some means of raising blood pressure in men who had abdominal injuries and we experimented with him." By stimulation of definite spinous processes, one could either raise or lower blood pressure. In closing the discussion, Dr. Martin observed that from 30 to 50 per cent. of his hypotension cases were due to splanchnic conditions.

MISCELLANY

CONGENITAL SYPHILIS.—In previous numbers of this journal, reference was made to the fact that, we are all victims of congenital syphilis and that, from a pathologic viewpoint of mankind, the differentiation of syphilitics is only one of degree. Reference in preceding numbers was also made to many stigmata heretofore unrecognized. There are two other signs which the writer has frequently observed, viz., **exaggerated patellar tendon reflexes** and the **Romberg sign**. The Abrams method of reenforcement of the latter is imperative, viz., when standing with eyes closed and feet together, subject throws his head as far backward as possible.

ATLAS.—Many physicians have requested the writer to prepare an atlas showing the location of the areas of dulness in the chief diseases. Provided there are sufficient subscribers, this will be done. The cost of the atlas will be \$15.00.

SUBSCRIPTION.—This journal is published at a monetary loss and subscribers are earnestly requested to pay their subscriptions promptly. Subscriptions begin with this number and if their is a blue pencil mark under "subscription", it signifies your subscription is due.

DIRECT CURRENT AND OSCILLOCLAST.—In answer to several physicians, it may be stated that in the absence of an AC current, like results may be achieved with the DC lighting circuit although a DC motor must be used on the apparatus.

LYMPH GLANDS.—The writer has cited elsewhere that a **transitory lymphangitis** is frequently the frontier symptom of an incipient carcinoma. Thus, he has frequently observed in cancer of the breast an evanescent swelling of the lymph glands of the neck and axilla for many months preceding the evidence of a breast intumescence. It can be shown that the energy from the lymph glands will dissipate the electronic reaction of carcinoma just as the energy from the tonsils will dissipate the energy of tuberculosis (lymph glands have a similar action.) For this reason, the writer has protested against the indiscriminate removal of the tonsils. If those on whom tonsillectomies were done in youth could be carefully traced to adolescence, the frequency of tuberculous infection would be evident. The enlargement of the spleen as the writer has also shown is a process of compensation inasmuch as the products of that organ are antagonistic to many infections.

Reverting to the lymph glands, their enlargement which we ordinarily specify as a metastasis is in the incipiency of

the cancer, a process of compensation and not until they can no longer compensate the invasion, does the latter become a metastasis. Hellman (J. A. M. A., June 28, 1919) has confirmed this contention microscopically. He shows that the glands in question are protective in cancer and tuberculosis. That, when the cancer cells and tubercle bacilli invade the glands, a biologic reaction ensues which impedes their further penetration into the glands.

PITUITRIN:—Dr. S. V. Young (San Antonio, Texas) in a personal letter comments on this preparation as follows: "I find that 3 drop doses (never more) of oral pituitrin (P. D. and Co.) administered under the tongue over long periods, is a wonderful vasomotor tonic giving permanent results. However paradoxical, it lowers blood pressure when it is high and raises it when it is low. It is almost a specific in bed wetting used in the same way even in larger doses."

NEURITIS:—It is known that the nerve in this condition is usually swollen, infiltrated and red in color. In multiple neuritis often associated with syphilis, tuberculosis and diabetes, it is **suspected** that the condition is provoked by toxic materials absorbed into the blood. The electronic reactions show (blood examinations) that many streptococcal infections can be traced to their origin (tonsils, teeth, etc). In several rebellious cases of neuritis, one could trace the course of the implicated nerves by the electronic reaction. In two instances, it could be shown that the nature of the infection was streptococcal of tonsillar origin and when the oscilloclast (over nerves) was used (at 2), the symptoms of neuritis soon subsided.

Franco-American Physico-Clinical Laboratory.—Dr. J. Regnault, formerly professor anatomy, Naval Medical School has established a laboratory in Toulon, France, using Abrams' methods.

AUTO-HEMIC THERAPY.—"We should not ask", says Poincare, "whether a theory is right or wrong, one should only be concerned with its productivity."

Despite the fact that the luxury of the patient is in the importance of the physician and his remedies, the treatment of disease is rapidly being swept into the the discard by therapeutic nihilists. As a young physician asserted Radcliffe, he possessed twenty remedies for every disease, but at the close of his career he had found twenty diseases for which he had not one remedy.

Modern therapeutics recalls the Greek comedy by Lucian, "Gout-Tragedy." This, Dominus Morborum et Morbus Do-

minorum, is made the subject of ridicule by Podagra one of the characters, boasting her invincibility and ridiculing the pretensions of those who profess to have found a remedy for her torments. Two unhappy physicians who have boasted of their ability to cure the gout, eventually confess that all treatment is useless.

In this "slough of despond," one should be prepared to investigate new methods. The writer is impressed with the results achieved by auto-hemic therapy by many physicians and Dr. Burkard who is now visiting his laboratory is an ardent enthusiast of the method. He will aid the writer in investigating the subject to secure if possible, more expeditious results. The latter will be reported in a later issue of this journal.

SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY

CALIFORNIA :—Drs. Haley, Van Praag, S. Long, A. Stafford, Larabee, W. Wildanger, E. Payne, C. Cross, E. Parramore, W. Boericke, I. Bourke, E. Weirich, J. Adams, L. Weatherbee, F. J. Wildanger, H. Meredith, W. Watts, E. Majors, Huntington, J. Thompson, C. Powell, L. Sherman, A. McGinty, A. Burkard, G. Juilly, B. Wall.

IDAHO :—Dr. H. A. Castle.

OREGON :—Dr. C. Wheeler

MASSACHUSETTS :—Dr. B. C. Woodbury

KANSAS : Drs. H. Michener, H. L. Mills

NEW YORK :—Dr. S. C. Wolcott, E. L. Corbett, John Riegelman.

MICHIGAN :—Dr. Garth Boericke

ILLINOIS :—Dr. D. B. Holcomb

COLORADO :—Dr. M. L. Babcock

ENGLAND :—Dr. A. W. Wooley (British Navy).

Dr. Vasquez Gomez.—This distinguished physician, who studied the electronic reactions in San Francisco, has been according to recent associated press news, been mentioned as the choice for President of Mexico.

J. A. Savignac, M. D.—This physician contemplates an early visit from Canada.

H. Holbrook Curtis—This distinguished New York specialist recently visited this city.

LESSEES OF OSCILLOCLAST*

E. A. Majors, M. D., Oakland, Cal, (2 instruments).
A. Bursell, M. D., Medford, Oregon.
A. T. Noe, M. D., Pacific Grove, Cal.
J. P. Kanoky, M. D., Kansas City, Mo.
H. Meredith, M. D., Oakland, Cal.
J. Goodwin Thompson, M. D., Oakland, Cal.
V. Sillo, M. D., New York, N. Y.
C. Powell, M. D., Oakland, Cal.
W. F. Becker, M. D., Chicago, Ill.
L. B. Weatherbee, M. D., Antioch, Cal.
E. W. Dodge, Chicago, Ill.
J. W. King, M. D., Bradford, Penn.
C. Wheeler, M. D., Los Angeles, Cal.
L. L. Sherman, M. D., Oakland, Cal.
H. Michener, Wichita, Kas. Dr. A. F. Burkhard, Santa
Barbara, Calif.

*Terms on which oscilloclasts are leased are as follows: a primary payment of \$150.00 and \$5.00 monthly. Contracts may be executed for one or more years. The primary payment for the electroradiometer is \$200.00 and \$5.00 monthly. These primary payments are subject to change owing to varying cost of material and labor. Provision may be made later for an outright sale in which event lessees may avail themselves of this privilege.

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SAN FRANCISCO, CAL., U. S. A.

PHYSICO-CLINICAL LABORATORY

—OF—

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

VIRULENCY GAUGED.

IN SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (Glands, Lungs, Bone) the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to see whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations only, do not permit of the localization of lesions, and to achieve the latter an examination of the patient is imperative. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible. It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent. of errors and in some diseases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. VIII, 3rd edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916), estimates that 15 per cent of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives a negative result in from 31 to 50 per cent. of cases in which the characteristic anatomic

signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test. The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy!

NEARLY 100 PER CENT. POSITIVE.

Geo. O. Jarvis, A. B., M. D., (formerly of the University of Pennsylvania), found that the electronic tests of Abrams were POSITIVE in nearly 100 per cent of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphilologist in his **SEXUAL IMPOTENCE** (W. B. Saunders & Co., 1915) "in the diagnosis of syphilis by the **ELECTRONIC TESTS OF ABRAMS.**"

The tests embody the employment of the visceral reflexes of Abrams.

FROM ENGLAND.

Sir James Barr, in his Presidential address at the 18th annual meeting of the **BRITISH MEDICAL ASSOCIATION** (**BRITISH MEDICAL JOURNAL**, July 27, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the **BRITISH MEDICAL ASSOCIATION**, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new Continent and he has given us further insight into methods of prevention."

CANCER.

Prof. Perdue, Director of the largest laboratory for cancer research in America, observes:

"Nothing in recent medicine has been so revolutionary in diagnosis as the reactions of Abrams. For many years the profession has looked to the laboratory for exactness in diagnosis, and our literature has been full of the Wassermann reaction and the Abderhalden tests for pregnancy and cancer. In the midst of all this came the diagnostic methods of Abrams. Methods so simple, so scientific, so exact, so practical, at once made the **PROCESSES** of the **LABORATORY OBSOLETE** and historic in medicine. I have **NEVER SEEN** the reactions of Abrams fail or be misleading."

INCIPIENT TUBERCULOSIS.

Dr. W. J. CAESAR, Richmond, Cal., observes as follows:

"Like many physicians, I had heard of but had never investigated Abram's Electronic tests. At the solicitation of Dr. W. R. Scroggs, who had studied the reactions, I was induced to bring one of my patients (a chronic neurasthenic?) to San Francisco for diagnosis. To my utter amazement, the diagnosis made was that of **INCIPIENT TUBERCULOSIS**, which could never have been demonstrated by the conventional methods. The results of treatment (rapid recovery of the patient and weight increased from 140 to 171 lbs.) by Dr. Abram's method of polaritherapy, fully justified the diagnosis. Since then, I have witnessed the confirmation of many other diagnoses by the same tests. I have taken Dr. Abrams' course, and am constantly using his methods of diagnosis, and I am fully justified in saying that, were I compelled to hark back to the accepted methods of diagnosis, I would rather relinquish practice than to continue it."

DIAGNOSIS AT THE VERY BEGINNING

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams, of San Francisco. To be able to **DIAGNOSE AT THE VERY BEGINNING** tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (**AMERICAN JOURNAL OF CLINICAL MEDICINE**.)

In another communication to the same Journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abram is due the credit for this epoch-making discov-

ery. It is the eternal counterpart of the Abderhalden reactions."
 "I shall place all knowledge learned with you in the foreground."
 "The inspirations I gained while with you repaid me well for a year's wanderings." "The more I study the electronic reflex phenomena first discovered by Dr. Albert Abrams the more I am overwhelmed."
 From signed personal letters.

Physicians will please observe that in any conflict among the reactions that the accuracy of the Electronic test will be determined by the therapeutic results.

FEEES

- (Which include all diagnostic information necessary.)
- Blood examinations which include tests for all diseases\$10.00
- Subsequent blood examinations to gauge the course of the disease 5.00
- Examination of patients 25.00
- (With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)
- Course to physicians on Electronic Diagnosis\$100.00
- (Limited to reputable physicians in possession of of the M. D. degree.)

STATEMENT OF W. J. CAESAR, M. D.

"After taking Abrams' course on Electronic Diagnosis I am able to accurately detect and measure the virulency of tuberculosis, syphilis (and to differentiate the acquired from the congenital form of the latter), colisepsis, streptococcc infection, cancer, sarcoma, gonorrhoea, etc. The functional activity of the organs including the ductless glands may be mathematically gauged. The topography of the viscera may be accurately defined. The foregoing has been formulated after mature deliberation based on therapeutic results and corroboration at the operating table."

Electro-Concussor of Dr. Albert Abrams



SPONDYLOTHERAPY is a scientific method for eliciting Abrams' reflexes in the treatment of disease. Its rapid recognition by leaps and bounds emphasizes its great importance. To execute these reflexes, a suitable concussor is necessary and the Electroconcussor is the only one made under the supervision of Dr Abrams and meets with his absolute approval. It is portable. State current available. Purchasers may secure free, either a copy of Spondylotherapy (6th Edition) or a chart on Spondylotherapy.

Price \$100.00, f. o. b. Cash with order.

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SAN FRANCISCO CALIF.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

-2-

reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. *final judgment* The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond cavil the presence of cancer.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-3-

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as could be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

when I first began to investigate the subject of Electronic Diagnosis, I found the work most confusing but further investigations at the Physico-Clinical Laboratory of Dr. Abrams, convinced me from therapeutic results observed, of the correctness of his diagnoses. It is impossible to form a very intelligent opinion of these methods from reading about them. One must come to Dr. Abrams' laboratory and watch him at his work and hear his explanations and comments and if he approaches the investigation in an unprejudiced frame of mind the physician will soon discover that he has found something that will be of vast usefulness to him in his medical work. I consider the last five months that I have spent in this investigation as the best spent time of my medical life and would heartily advise any of my confreres to pursue a like course.

Very sincerely,

W. R. Scroggs M.D.

1st. Lieut. Medical Corps
U. S. Army.

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1521 SO. HOPE STREET
COR. SIXTEENTH AND HOPE ST
LOS ANGELES, CALIFORNIA

To Whom it may concern:
This is to certify that
Dr. Albert Abrams has examined ^{for me} by
his new method one hundred ^{signi-}ficant
cases, great as was the purpose
to me in many instances in practically
all cases his judgment was based
demonstrated to be correct and in no instance
was he found to be in error.

H. E. Macdonald M.D.

ALMON WATCHEE DOR, M. D.,
Pacific Grove, Cal.

July - 27 - 17

Dear Doctor Abrams

Your letter explaining blood test no. 3 received.
Your diagnosis is correct. I thought I might
stamp you on this one - but failed.

I am sending you blood specimen of case no. 1.
to day - I trust you will be able to find some
improvement in this test case - this time.

I can hardly wait the time I can leave for the
city and spend the time with you.

Thanking you for past favors I am sincerely yours.

A. W.

**REPORT OF 192 BLOOD-TESTS MADE AT THE STATE HOSPITAL
STOCKTON, CAL., MARCH 6, 1918, USING THE
ELECTRONIC REACTIONS OF ABRAMS**

By W. J. CAESAR, M. D.

The specimens submitted for examination consisted of several drops of blood absorbed by white blotting paper, and derived from patients with the following diseases:

1. Syphilis (congenital and acquired). In these cases the diagnosis had been positively established by serological tests and the clinical findings.

2. Tuberculosis. The diagnoses had been previously confirmed by tuberculin tests, the presence of tubercle bacilli in the sputa and by the physical examination.

3. Carcinoma. The correctness of the clinical diagnosis was confirmed by microscopic examination.

4. Syphilis and Tuberculosis. In these instances the specimens of blood on the same blotting paper were derived from different patients.

5. Syphilis, Tuberculosis and Carcinoma. Like in the latter instance, specimens on the same paper were derived from different patients.

This report is an unequivocal demonstration of the fact that the **ELECTRONIC REACTIONS OF ABRAMS** were absolutely correct in 186 instances among 192 specimens of blood submitted for examination (3 very small specimens were not examined, making 189 actually examined). The specimens were submitted by physicians of the hospital, including the pathologist under rigorous conditions, with the object of eliminating any previous knowledge on the part of the executive relative to the disease or the patient from whom the blood was derived.

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Poliomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis (Variety)
Colicsepsis	Leprosy	Sarcoma
Carcinoma	Malaria	Scarlatina
Cholelithiasis	Measles	Straphylococccic Infection
Chorea	Menstruation	Streptococccic Infec- tion
Diabetes	Meningococccic Infection	Syphilis (differentia- tion of congenital and acquired, and specific strain.)
Diphtheria	Neurasthenia	Teniasis
Epilepsy	Paralysis Agitans	Tetanus
Gonococccic Infection	Parathyroid Insufficiency	Typhoid
Gout	Paratyphus	Tuberculosis (Varieties)
Hookworm	Pneumococccic in- fection	
Hyperpituitarism	Psychasthenia	
Hyperthyroidism	Pregnancy (predic- tion of sex)	
Influenza		
Insanity		
Paranoia		
Dementia Precoc		

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary or, if given whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer and this is demonstrable by a blood examination.

ELECTRONIC REACTIONS OF ABRAMS (ERA)

(A few brief and curtailed references from Journals and signed letters)

NOE, A. T., M. D.—"I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known." N. A. J. H.

ANTHONY, J. C., M. D.—"Made wonderful diagnoses for me which would have been impossible by other means."

HESS, H. A., M. D.—"Dr. Abrams has made 50 examinations of the blood for me and all correct as far as I can judge."

MEACHAM, S. F., M. D.—"E R A are greatest contribution to medicine."

POPE, CURRAN, M. D., (Author of classic on Hydrotherapy).—"Not a day passes that I do not use your methods."

BOOLSEN, S. M. D.—"I regard the E R A as a great help and have frequently contributed the fee myself because results talk and success follows a correct diagnosis."

JAWORSKI, H., M. D., Paris, France. (Author and medical authority; translator of E R A into French).—"I have carefully studied your methods and regard the discovery and its immensity with admiration."

KING, J. W., M. D. (Penna.) "Physicians should at once form a caravan and go out and worship at 'Abrams' shrine.'" "Am getting wonderful results therapeutically from diagnoses made for me by you."

PAREDES, F. M. D. (Mexico).—"I shall popularize your marvelous methods of diagnosis in Mexico." (Dr. P. studied the E R A at Dr. A's laboratory.) Dr. F. Vasques Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine and Minister Public Instruction has also studied the E R A at Abram's laboratory.

POWELL, C. S., M. D.—"The E R A are very helpful in my work especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A."

MAJORS, ERGO A., M. D.—"E R A have conformed remarkably with my office findings and I am grateful to Dr. Abrams for his wonderful work. (Dr. M. has forwarded 173 blood specimens. At least 100 specimens were sent without comment of any kind.

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OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

Vol 4

DECEMBER, 1919

No. 2

FOUNDED AND EDITED BY
ALBERT ABRAMS, A. M., M. D., LL. D., F.R.M.S.

C O N T E N T S

PHYSICS OF HUMAN PHENOMENA.....	197
TRIUMPHANT SCIENCE	202
ANIMAL ORIENTATION	204
ELECTRONIC REACTIONS.....	206
PSYCHOMETRICAL DIAGNOSES.....	214
EARLY CANCER DIAGNOSIS.....	217
SEX DETERMINATION AND RACE.....	218
RADIOACTIVITY	220
PHOTOGRAPHY OF HUMAN	
RADIOACTIVITY	221
TREATMENT FOR SYPHILIS.....	222
OSCILLOCLAST	223
OSCILLOCLAST	224
ANALYSIS OF THE MOON.....	226
ANALYSIS OF THE MOON.....	227
SPONDYLOTHERAPY	228
SPONDYLOTHERAPY	229

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Works by Albert Abrams,

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One-time Professor of Pathology and Director of, the Medical Clinic, Cooper Medical College (Medical Dept. Leland Stanford Jr., University.)

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Physico - Clinical Medicine

Vol. 4

DECEMBER, 1919

No. 2

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "Spondylotherapy" and "New Concepts in Diagnosis and Treatment" constitute the archetype of this Journal and "S", in parenthesis, followed by a number, refers to the page in the former and "N.C." to the latter work where extended consideration of the subject cited will be found. "J", refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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THE PHYSICS OF HUMAN PHENOMENA.

Scientific theories are frequently swept into the discard. The physics of the electron has dethroned cherished hypotheses which, in deference to tradition have survived the lapse of time.

Electron Theory.—Electrons are charges of electricity which produce radiations by their incessant activity. The relatively crude methods of physicists show that, practically only thirty-six bodies (products of uranium, thorium or both) are radioactive.

Radium emanation is detectable by the electro-scope which is a million times more sensitive than a spectroscope although the latter detects the millionth of a milligram of matter.

Electroradiometer.—This apparatus devised by the writer is essentially an electro-scope sensitized by its construction on the electric balance principle (Fig. 1).

Observations with it are objective, constant and invariable and disprove the contention that the normal condition of matter yields no evidence of electricity. On the contrary, radiant energy from all matter is electric and that by certain devices in connection with the instrument, differentiation of one substance from another is possible and furthermore, the energy yield of matter and polarity are determinable.

The electroradiometer (Fig. 1) consists of an electric balance electroscope (A) with a single suspended gold leaf: B, a device for differentiating vibratory rates: C, a device for measuring the energy output of all radioactive matter: D, an electrode for receiving the energy: E, induction coil for stepping up energy: F, apparatus (with G, for connection to an electric circuit) for projecting movements of the leaf on a screen so that the same may be observed simultaneously by a number of persons: H, reading microscope with micrometer eye piece for individual observation of the movements of the leaf: I, plate for grounding the energy before it is received by D*.

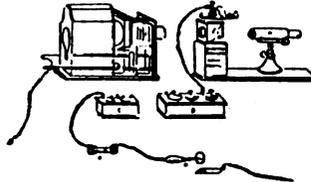


Fig. 1. Abram's Electroradiometer for Electroradiometry

Animal Machine.—Problems of nature are only computable in accordance with the laws of physical science. The forces resident in the living organism correspond with those governing the inanimate world. The ultimate unit of the human organism is the Electron and not the cell and the phenomena associated with the former may be interpreted with mathematic certainty by the Electroradiometer. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Science today though true is woefully deficient.

*Brief reference to new observations are here cited. Detailed reference to the subject may be found in the writer's book, "New Concepts in Diagnosis and Treatment."

A science may be gauged by the amount of mathematics (symbolized logic) it contains and when one can neither measure nor express knowledge in numbers, such knowledge cannot be dignified as scientific. The writer is a positivist in the sense that knowledge should be limited to phenomena and that all sciences are but branches of one science to be investigated on one and the same method. The ancient theory of vitalism predicated a capricious vital force unfettered by natural laws thus segregating the human organism from other entities which retarded the interpretation of human phenomena. The lungs of the human machine antedated the bellows; the heart, the pump, the hand, the lever, and the eye, the photographic camera.

Telephonic and telegraphic apparatus only duplicate what has always been done by the nervous system and always by aid of the same energy and the sense organs are equipped as receivers for all kinds of radiant energy.

Human Radiation.—Energy liberated by the human appears in mechanical, thermal and electrical form. Apparatus (magnetometer, sthenometer and a variety of dynamoscopes) for recognizing radiations have been devised but lacking constancy in action, they are impracticable.

The heretofore supposititious radiations have been called prana, animal and vital magnetism, odyle, psychode, biactinism, aura etc. Superstition is true psychology with the wrong dress and the Electroradiometer shows that some spiritistic phenomena are realities independent of disembodied spirits and referable to the manifestations of human radioactivity. It can be shown that, in the normal male, radiations from the right hand are positive and negative from the left hand and this polarity is reversed in the normal female. Yellow reflected on the body will reverse the normal polarity in both sexes. It can be shown with the Electroradiometer that the average man thinks with only one side of his brain, whereas the genius utilizes both sides.

The Soul.—Science never transcends human intelligence, nor does it invoke in the interest of its doctrines any suspension of the laws of nature, for, after all, "Facts are the words of God."

The word 'soul' was invented to imply a naturally imperishable entity. The doctrine of immortality is by no means alluring. The unhappy Ahasuerus vainly sought death after finding his eternal life intolerable. The religion of Buddha finds perfect rest only in the annihilation of self.

Isolation and weighing of an electron, the most unthinkable minute particle ever conceived by man eliminates imponderability as the dividing line of material and spiritual matter. The vital force as the electroradiometer shows is the inherent radioactivity common to all animals evolved from the incessant activity of the electrons and is essentially the soul. My measurements show that the yield of this radioactive energy is greatest at birth and diminishes with advancing age.

At birth, its potentiality is sufficient to overcome a resistance of more than three ohms whereas at the age of 70, the resistance it can overcome is not more than 3-25 of an ohm. If then animal radioactivity corresponds with the mythical soul, in old age we have no soul and it would seem to justify the Byronic allusion, "Whom the Gods love die young."

Radioactive energy must necessarily vary with the temperamental individual who has "pep" and the phlegmatic one who has little. There is no more radioactive equality in birth than there is in the elements. The diamond, amorphous carbon and graphite are identical in composition although showing different properties and this difference in the allotropes depends simply in the amount of bound up energy.

Love.—This, like every other natural phenomenon is dependent upon matter in vibration and is subject to the law of polarity. It is the most powerful emotion that sways the destiny of individuals. The response of the heart to this emotion is apostrophized by the poet, "In many ways doth the full heart reveal the presence of love it would conceal." Connecting D (Fig. 1) with the heart, one notes in general, the following polar responses after different names are called by the experimenter:

1. Indifference to the person whose name is mentioned evokes a two and fro movement of the leaf of the Electroradiometer (polarity of neutrality):

2. Affection is announced by a decided swing of the leaf to the left and the amplitude of the swing is in direct proportion to the depth of affection.

These responses are involuntary and thus the subjective mind reveals to the individual what reason cannot do. Civilization predicates an abrogation of natural laws and marriage based on man's laws, will soon prove an anachronism by aid of Electroradiometry.

Radioactive waves have no effect on objects incapable of vibrating in resonance with them. The Electroradiometer shows that attraction between the sexes is a matter of like rates of vibration and repugnance or indifference is only a question of dissimilar rates.

It can be shown that love is only a matter of induction just like the production of magnetization or electrification by the proximity of another body.

In such instances, when the female has been the causal factor in inductance, the swing of the leaf is toward the left and vice versa.

Paradoxical as it may appear, odd and even numbers are the mathematical sexes: the Electroradiometer shows that the former are male and the latter female.

With a few drops of blood personal identity may now be established with reference to approximate age, sex, race and parental origin. It is possible to say whether sex is normal, or whether the individual is asexual, bisexual or heterosexual. Racial reactions are constant and moot points in ethnology heretofore beyond our ken may now be solved. Racial rates of vibration are transmitted to the progeny and the proportion of such transmission may be measured. Thus a person whose father is a Jew of German parentage and whose mother's parents are French may be racially identified. My investigations show that a child through generations has the same vibratory rate as its parents.

TRIUMPHANT SCIENCE.

An analytic retrospect of the preceding contribution constrains one to exclaim, O! science, where is thy solace? O! science where is thy victory?

When, from an unbiased viewpoint one witnesses the epidemical diffusion of Christian Science and other popular delusions, one is impressed with the fact that "Its great to be crazy." Superstition is of jungle heritage. Scratch the skin of the average person and you'll find the Tartar whereas others are so nauseating that you'll find tartar emetic. In the tempora mutantur, the present day psychology of the proletariat refuses to respond to the ruthless iconoclasm of science. Lotze affirms that our apprehension of the world is one prolonged deception and Taine in his work on "Intelligence," avers that as a rule, all perception is hallucination.

Voltaire observed, "As nothing can be proved, let us believe in the impossible." This paragon of polished mockery likewise observed, "If there were no God, it would have been necessary to invent one."

Descartes observed "that whatever is clearly and distinctly thought, must be true.

It is neither inspiring nor consoling to be made to believe that dolorous science has cast its blight on man who was once cherished as the supreme work of God to find that he is only an accidental product of an arboreal ape.

There are the credulous who believe too much and the skeptics who believe too little.

We were not all created mentally equal. Intellectuality imposes obligations and the penalty of knowledge is the rejection of sentiment, when the latter nullifies reason.

Even mighty minds,—Sir Oliver Lodge and Sir Arthur Conan Doyle, find solace in their grief, by interpreting as realities the gibberish of "trance speaking" and other phenomena called "spiritistic."

The average mind is unprepared to become engulfed in the maelstrom of disbelief and divorced from beautiful illusions which contribute so much to his happiness.

I have just read "Memories," by Stephen Coleridge. Harken to his threnody; "The sinister advance of science which is desolating all things lofty in life,

is the great dominant event of the last fifty years; if it continues unchecked, it will lead down to a general disintegration and dissolution of society, which, after all, is entirely based on the unscientific qualities of subordination, duty, mercy, reverence love and willing toil for the benefit of others."

ANIMAL ORIENTATION AND MAGNETIC INFLUENCES

BY DR. JULES REGNAULT, EX-PROFESSOR OF ANATOMY, OF THE SCHOOL OF NAVAL MEDICINE, OF TOULON, FRANCE.

(Paper read before the Society of Comparative Pathology, July 8, 1919, and translated by Albert Abrams).

(Abrams has shown the influence of position on visceral tone (N. C. P. 101). Regnault, here recounts his investigation bearing on this subject. His work, "Medicine et Pharmacie chez des Chinois, etc., is a French classic.—Editor).

The orientation of animals is a physiologic problem which has not thus far received a satisfactory explanation. Since investigating the visceral reflexes of Dr. Albert Abrams, I now regard this subject from a new viewpoint. Different authors admit that the sense of orientation is provoked by the physiologic excitation of terrestrial magnetism which they have localized (object of excitation) in the semi-circular canals. Other theories embrace hereditary habits, congenital memory and a combination of memory with the employment of the senses. All these theories are insufficient to explain the migration of birds and fish and the Prince of Monaco has shown that a whale pursues his route for many miles in the open sea in the direction of a compass.

In China, great importance is attached to the position of monuments and tombs and the influence of terrestrial magnetism on the health of man and animals.

The European seems to attach importance to the position of monuments in relation to the sun.

In Greco—Latin antiquity, the temples were orientated from East to West so that the solar rays by penetrating the entrance could fall on the statue of divinity; the first Christian churches were oriented in an inverse sense so that the sanctuary facing the East enabled the devout to view the Orient.

Physicians have not attributed any importance to orientation. The only notable exception is that of Marcellus Empiricus who in his treatise *Des médicaments* (1536), directed patients taking a drug for gout and sciatica to face the Orient. In 1845, Reich-enbach, in his studies noted that certain patients get benefit when they face the East and many sleep better when their beds are directed North and South with the head toward the North.

In 1914, my studies on orientation were interrup-

ted by the war, but have been resumed and controlled by the observations of Abrams.

To obtain the best results, the subjects must stand on a grounded plate and colors and intense light must be eliminated. Under these condition, I have made many investigation with colleagues at Vichy, Granville and Toulon and our invariable results may be summarized as follows:

When the heart area was defined by percussion (patient facing west) and then percussed again with the patient facing east, north and south, the area of dullness was notably diminished in the latter positions.

The liver border in the right parasternal line diminished 2 to 3 cm., and the upper heart border was lowered from 8 to 10 mm. when the subject was turned from the position, "face to the west," to the position, face to the north." We proved Abrams studies which show that the visceral reflexes attain their maximum reaction from electronic energy when the subject faces west.

These facts show the variations produced in visceral tonicity by orientation; they show the influence of terrestrial magnetism on the human organism and the orientation of animals, facts which have heretofore escaped recognition.

The studies of Dubois on the influence of magnetism on microbial colonies are unfortunately incomplete owing to the non-recognition of polar influences.

This same experimenter observes, "The reaction to a movement can be internal, intracellular, intramolecular, atomic, ionic or electric but owing to the fact that it escapes direct observation, I have called it intrablocinese."

According to my experience, the Electronic reactions which escape observation may be placed in evidence thanks to the great sensitivity of the visceral reflexes.

ELECTRONIC REACTIONS OF ABRAMS OVERT PHENOMENA

Elsewhere, (1) reference has been made to these reactions in detail. In our repeated references to the latter, we have commented on the sensitivity of the human reflexes for demonstrating infinitesimal radioactivity which is an inherent property of all matter. It is difficult to conceive of any mechanism which is responsive to ethereal vibrations at a rate of 500 million million a second. Thus it is, that physicists only recognize a limited number of bodies possessed of radioactivity although they concede that all elements are radioactive.*

Recent reports from the Department of Agriculture show that old maxims bearing on farm practice are more reliable than deductions recruited from scientific data. These traditional maxims are based on the behavior of plants and animals which are more sensitive and consequently more responsive to external conditions than any instrument yet devised by man. In despair and in accordance with the foregoing a science of phenomena, "Phenology" is proposed. The physiologic responses to infinitesimal atomic energy have merely escaped observation thus making knowledge defective not so much for want of knowing as for want of looking. There is never a sensation from within which does not find its expression from without.

The writer has shown elsewhere how the heart may be utilized for demonstrating and differentiating various forms of energy. Brief reference at this time will be made to new vasomotorial and muscular phenomena. Practically all diseases yield a definite physiologic topography as shown in "Iconography of the Electronic Reactions of Abrams" but at this time, reference will only be made to tuberculosis. For the rationale of the phenomena, the reader is referred elsewhere.

To objectify the following overt physiologic reactions, the initial exaction is a modicum of patience.

*The writer has constructed an apparatus known as Electroradiometer, which is essentially an electric balanced Electroscopie enabling him to differentiate radiant energy. Although practical, it does not attain the sensitivity of the human reflexes. It was the Electroradiometer which enabled him to devise his oscilloclast, an apparatus by which major operations may be executed by aid of a definite vibratory rate secured from an electric circuit and from which absolutely no sensation is felt by the patient.

General Exactions.—Practically any non-tuberculous person of either sex (subject) may be used for the physiologic reactions. The subject must be seated facing the geographical West in proximity to a window with the feet on a metal plate grounded by means of a wire to a faucet or radiator. This grounding may be effected without a plate by fastening a wire to subject's leg and the other end to a faucet or radiator. Preliminary investigations may be made with a culture tube of tubercle bacilli. The latter must be so grasped that the finger tips of the experimenter must not be pointed in the direction of the culture tube (to avoid the radioactive polarity issuing from the fingers). When the phenomenon is evident to the experimenter, he may conduct the energy through a conducting cord (preferably with

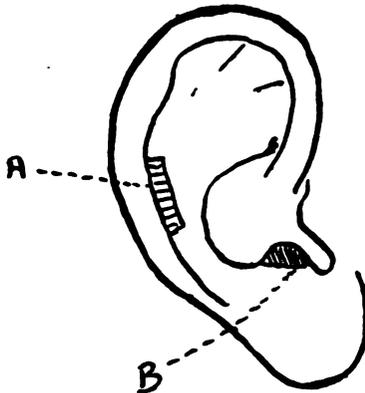


Fig 2. Area of localized hyperemia when tuberculosis energy is conveyed to the navel. A more intense hyperemia is noted when the energy is applied to the center of the forehead. Area of hyperemia is supplanted by pallor when end of culture tube is applied at a point about 3 inches to the left of the navel. B, vasomotor or reaction of strep infection.

aluminum electrodes, not in excess of 1 in. in diameter) from a suspected tuberculous lesion to the receptive area of the subject. Better results are achieved if the patient as well as the subject is grounded. Later, by employing a special ohmmeter, he may differentiate the energy thus conveyed through the latter by no-

ting that the physiologic response is only at either 15 and 57 of the scale. Furthermore he may be able by aid of the ohmmeter to measure the potentiality of the energy and thus note the progression or retrogression of the disease. The physiologic reactions in question furnish the earliest evidence of tuberculosis and far exceed in value the conventional methods employed in diagnosis. With a pointed aluminum electrode the area of the lesion may be defined. Thus, when the electrode attains one side of the area, there is a response and so with other sides of the area which may be marked with a pencil. The reactions may be noted in artificial light which must be at some distance from the subject.

The writer has shown how the patient may be utilized (without a subject) for diagnosis by aid of the electronic reactions and, in the same work how the ear of a white rabbit may be employed for a like purpose.

Otoangioscopy.—Select a subject with a moderately red ear (a congested ear is of no value). Note that when the end of the culture tube is applied in the region of the navel, there is an immediate response in the area shown in Fig. 2. The physiologic response is an area of circumscribed hyperemia and if any veins are present, their engorgement is apparent. Most subjects can localize the area by the

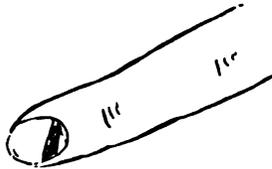


Fig. 3. Area of pallor in the finger nail (preferably ring finger) in tuberculosis.

burning sensation which persists for a variable period after the removal of the tube. The experiment with the same subject can only be repeated a few times owing to the persistence of the hyperemia. A better hyperemic response is achieved when the tube is placed in the center of the forehead.

Onychoscopy.—It is difficult to observe circumscribed areas of hyperemia in the nails so that observation must be limited to areas of pallor. If the

end of the tube is applied to the subject at a point on a line with the navel and about 3 in. to the left of the latter, pallor will be noted at the area shown in Fig. 3.

In the application of the energy to the receptive abdominal areas, it is unnecessary to remove the clothing, although better results are achieved when the tube approximates the skin.

Myoscopy.—Exactions (position, grounding, light, etc.) like the elicitation of the foregoing reactions. Thin individuals are alone adapted for the myoscopic reactions. The receptive zone for the tuberculous energy in these reactions is the area A, shown in Fig. 4, viz., at a point corresponding to the median line of the vertex, on a line drawn from the outer borders of the orbitae.



Fig. 4. A—Receptive area to elicit the myosopic reactions (center for muscular tonus): B, hypothetical centrum for atonicity.*

*Abrams' heart and lung reflexes are universally recognized by stimulation of definite spinous processes as shown in Spondylotherapy and elsewhere. (4). Stimulation of the area (Fig. 4) will elicit these reflexes of greater amplitude and duration. If this area is struck with a plexor by aid of a pleximeter and the small veins of the hand or arm are noted, the veins in question will be seen to contract. The writer assumes that this area (Fig. 4A) is the center for muscular tonicity. In an area corresponding to the center of the vertex (B, Fig. 4) is stimulated by concussion or sinusoidalization the veins become engorged. These centers may be utilized in treatment (Cephalotherapy).

Reaction of the Platysma Myoides.—When the end of the culture tube is placed at A, Fig. 4, a retraction of the skin ensues which is invariably in the same area (Fig. 5). This area may be identified after several observations.

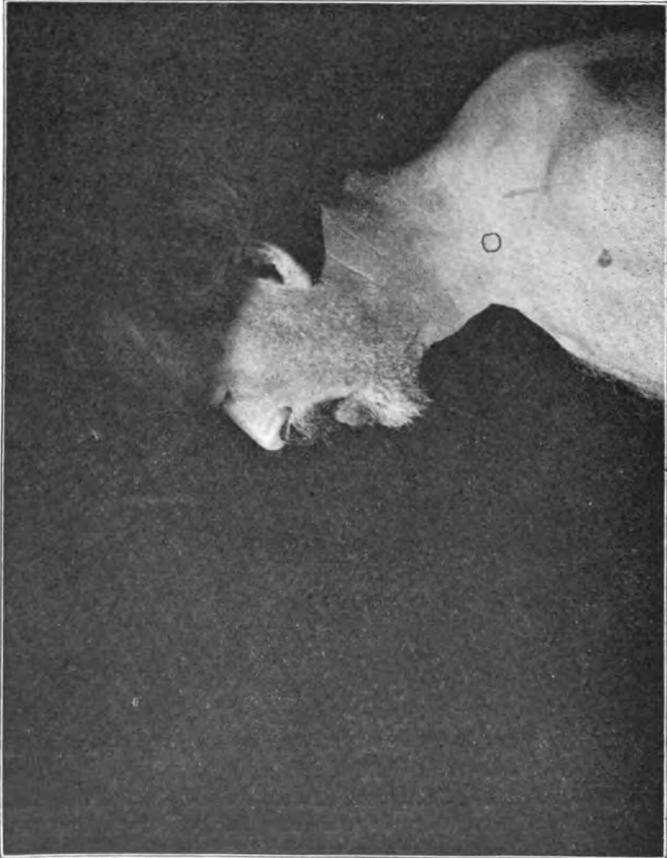


Fig. 5.—Circumscribed retraction of the skin from tuberculous energy conveyed to the area shown in Fig. 4 (A). Reproduction of skin retraction is noted by shadow within circle. (Instantaneous photograph).

The myosopic like the vasomotorial reactions are easily exhausted. Pulsations and movements due to respiratory excursions are easily excluded.

Suprascapular and Brachial Reactions (Figs 6 & 7). The energy is conveyed to the same area (A, Fig. 4) for all myosopic reactions. Note however that in these reactions, there is no retraction of the skin, but a muscular wave (not unlike the fibrillation observed in muscular atrophy) pursuing the direction as shown in Fig. 6 and 7.

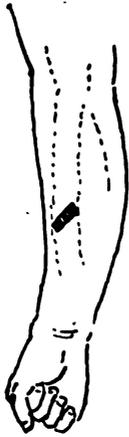


Fig. 7.—Brachial myosopic reaction.

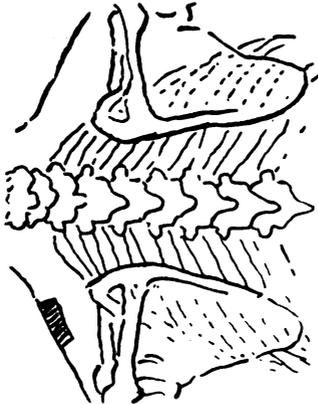


Fig. 6.—Suprascapular myosopic reaction.

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Addendum.—Various unsatisfactory theories have been suggested to explain the supposed miraculous power of dowzers: 1. That they guess at the position of what they are about to discover: 2. That a knowledge on the part of diviners of the locality and of its geology are sufficient: 3. That the power is an involuntary action resulting from a fixed idea.

Every man is an ideo-motor being and his idea is expressed in some kind of external motion. It is impossible to entertain an idea without participation of the whole body in harmony with it.

The dowser's method to find water is to grasp the limb of a twig (divining rod) firmly in each hand. He holds the rod in front of him and proceeds slowly. When he arrives at running water, the twig jerks up and down and not infrequently it twists around in the dowser's hand. Any one can demonstrate by the following myoscopic reactions that the correct explanation of the dowser's method is involuntary muscular action independent of a preconceived idea. It must be recalled that there are reflexophilic individuals with exaggerated reflexes. With the latter the myoscopic reaction are accentuated.

The grounded subject faces the west with bare arms held in a semiflexed position. Use a cord with electrodes. One electrode is fixed at A, (Fig. 4), whereas the other electrode is brought into proximity with a large quantity of water in a bath tub. Note that the moment the electrode is over the water (knowledge of the subject to be excluded), a slight twitching is observed in the areas shown in (fig. 8.) Note, that when the water is agitated there is a decided muscular twitching notably at the lower portion of the biceps.

The electric sensations of dowzers are muscular

contractions and the latter are in direct proportion to the quantity of water and its depth. The dowser's reactions are only evident over running water.

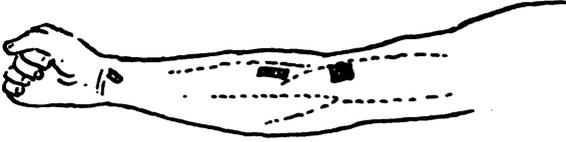


Fig. 8.—Areas of muscular reactions when the energy from water is conveyed to A, Fig. 4.

PSYCHOMETRICAL DIAGNOSES.

Psychometry is a supposed occult power of recognizing by physical contact the character of an object and to diagnose disease by touch. This phenomenon is not a myth as the writer has shown in *New Concepts in Diagnosis and Treatment* (P. 256). The only mythical thing about it is to give it an esoteric and occult parentage.

The writer was recently impressed by the following, narrated to him by Dr. W. H. Ketchum, a visitor from Honolulu.

Dr. Ketchum adopted the most meticulous precautions against chicanery.

There was an ignorant young man in his town who was able in an auto-hypnotic state to describe conditions at a distance. He did so correctly in many instances. One day a letter was received from a gentleman in Cincinnati requesting Dr. Ketchum to have his protege diagnose his wife's condition. Provided with a stenographer, the autohypnotist expressed himself as follows:

"There is a woman seated in a chair surrounded by two nurses in white. It is a wheel chair. She has a trembling sickness. Her condition is due to masturbation, begun at puberty and only ceasing at the time of her marriage, late in life."

Provided with this stenographic report, Dr. Ketchum hastened to Cincinnati and was ushered into a room. On a wheel chair sat an elderly lady and in the room were two nurses. After dismissing the nurses, she requested Dr. Ketchum to read his report. When he had finished she exclaimed. "I thought only God and myself knew that I had masturbated. I began the habit at the time of puberty and discontinued the habit at the time of my marriage, late in life."

Dr. Ketchum ascertained later that her physicians had diagnosed her condition as paralysis agitans. Similar correct clairvoyant diagnoses were related to me by Dr. Ketchum.

Sometime before, a physician of undoubted integrity and eminent in his profession related to the writer, that in his city was an ignorant individual who made diagnoses by gazing steadfastly at the covered abdomen of a patient.

As a matter of curiosity he went to the home of

the clairvoyant accompanied by two patients. The clairvoyant saw an ulcer below the knee in one patient and in the other patient, a skin eruption limited to the back.

In both instances, the conditions stated, were present. No part of the body of either patient was uncovered.

The foregoing, like similar stories emanating from other sources, awakened the writer's interest and he determined to investigate this supposed occult power of psychics.

There are two hypotheses available.

1. Perception originates in the subliminal consciousness of the medium.

2. Perception is of supernormal origin. The latter hypothesis may be rejected in accordance with the following observations:

La Place established the principle that, "The weight of the evidence ought to be proportioned to the strangeness of the facts."

Instinct is a mere expression of forces. The bee constructs a perfect cell without a mathematical education and birds migrate without chart or compass. All phenomena are rates of vibration and some people like all animals can translate vibrations from the subliminal to the conscious mind. Those of my readers who have executed the electronic reactions in the diagnosis of disease know that when the energy, say from a cancer is conducted to the area between the third and fourth dorsal spines, there is an immediate specific reaction just above the navel demonstrable by percussion. If this same energy is conducted to the center of the forehead in lieu of the spinal areas the dulness is accentuated many times. This is called the cephalodiagnostic reaction.

Now take a patient with cancer or tuberculosis and let him stand facing the west. Let him hold one electrode in proximity* to any part of his body while the subject fixes the other electrode to the center of his forehead. It will be noted that one by this maneuver alone may elicit the areas of dulness peculiar to the disease from which the patient suffers. This is es-

*No reactions ensue if the Electrode touches any part of the patient's body. It will be found that the Electronic reactions as executed ordinarily are very much accentuated if the Electrode on the subject does not touch his skin at the areas employed forreceiving the energy.

sentially actiō in distans and is a psychometric diagnosis.

Any physician unskilled in percussion may employ this psychometric diagnosis by aid of the overt phenomena described on a previous page.

Reference was made to the clairvoyant whose method of diagnosis was to gaze at the abdomen of the patient.

Psychometric reactions vary in intensity according to the region of the body in proximity to the electrode. In my investigations, it was found that definite areas on the abdomen yielded the greatest output of energy (by measurement with the ohmmeter) and consequently more intense reactions. These areas are shown in Fig. 9.



Fig. 9.—Areas on the abdomen yielding the most intense electronic reactions in psychometric diagnosis.

PRECOCIOUS DIAGNOSIS OF CANCER BY THE ELECTRONIC REACTIONS.

Summary of a contribution before the "Congress of surgery of Paris," France, October 7, 1919, by Dr. Jules Regnault (Toulon, France).

The most recent researches of physicists show the value of the electronic theory in physics and chemistry and the day is not distant when general biology and medicine in particular will be dominated by this theory. Many vibrations in nature escape our recognition because our organs are not syntonized with our consciousness and because we possess no detectors to place them in evidence. Other vibrations require a physical or chemical medium for their recognition like the Hertzian waves utilized in wireless and ultraviolet rays by their action on a photographic plate.

Thanks to the great sensitivity of the visceral reflexes of Abrams, various kinds of vibrations may be recognized.

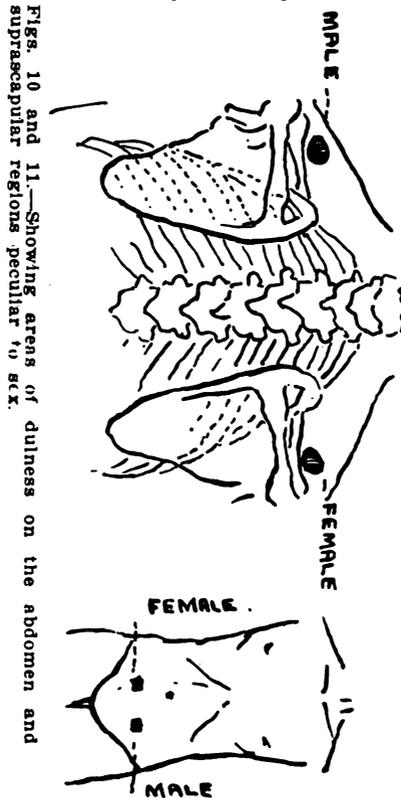
Cancer possess a specific vibratory electronic rate, recognizable by the employment of a subject. The sufferer from this disease may likewise be utilized owing to the presence of definite reactions.

One can thus recognize the malignancy of a neoplasm at its incipency, and define its limitations and by an operation utilize the benefits accruing from early surgery.

Studies bearing on the polarity of cancerous energy and chiefly its vibratory rate suggest the possibility that malignancy may be destroyed before the operation by aid in the former instance of polaritherapy and in the latter instance, by homoscillatotherapy.

SEX DETERMINATION AND RACE.

Reference to Figs. 10 and 11, will show two areas which are elicited by percussion (patient facing West and grounded). They disappear when the patient turns from the geographical west to re-appear when the latter position is resumed. One who is not an adept in percussion may readily localize these areas



Figs. 10 and 11.—Showing areas of dullness on the thorax and suprascapular regions peculiar to sex.

by approaching them with a stethoscope, while percussion of either anterior superior iliac spine is executed for the abdominal, and while continuous percussion of the acromical end of the clavicle is executed for the thoracic areas. Note that the abdominal area is on the left side in a normal male, and on the right side in the normal female. These areas are reversed in homosexuality.

If a subject is employed (sv reactions used) and

only a few drops of blood are at ones disposal, an area of dulness will only occur on the left side, if the blood is from a male and from the right side when it is from a female. If the blood is from a bisexualist (sexual tendencies of male and female), areas of dulness may be elicited on both sides. If the individual from whom the blood is obtained has been castrated, neither area can be evoked.

If one possesses an ohmmeter, one can only elicit a dull area at 0 or at 9 ohms of the scale. Human blood only elicits a dulness at 9. If the blood is from pregnant person note that at 57 ohms, sex prediction is possible; if the child is to be a male, dulness ensues on the left and if a female, on the right side. Using the ohmmeter and the abdominal areas, note that with blood or a few drops of saliva, an area of dulness will occur either at 0 or at 9, but that racial reactions only ensue at the rates cited below.*

*More intense reactions are elicited when the blood is placed in a black envelope (to exclude light) over which the receiving Electrode is placed.

RACIAL RATES.

Jew—7 ohms; Irish—15 ohms; German—13 ohms; Russian—16 ohms; Portugese—11 ohms; French—12 ohms; Dutch—20 ohms Chinese—19 ohms; Scotch or English—18 ohms; Spanish—16 ohms; Japanese—3 ohms; Swedish—21 ohms; Italian—4 ohms; Negro—10 ohms; Danish—22 ohms.

If the racial inheritance is from the father, the dull area (at the above rate) occurs on the male side (left) and from the mother on the right side. If a Jew has German ancestry on the mother's side, dulness on the right side ensues at 7 and 13. If both parents are of the same race, then reactions ensue on both sides at the specific rates. If there is a mixture of German and French on the mother's side, dulness ensues on the right side at 13 and 12.

PHOTOGRAPHY BY HUMAN RADIOACTIVITY.

Radioactivity is recognized in three ways; effects on a photographic plate, fluorescence and ionization of the air.

That distinguished authority, Dr. Hereward Carrington avers, that the majority of "spirit photographs" are easily "faked" and serious psychic students are now avoiding photographs from professional mediums.

He contends however that there are authentic instances of "thought photography;" a plate or film is placed on the forehead of the subject who endea-

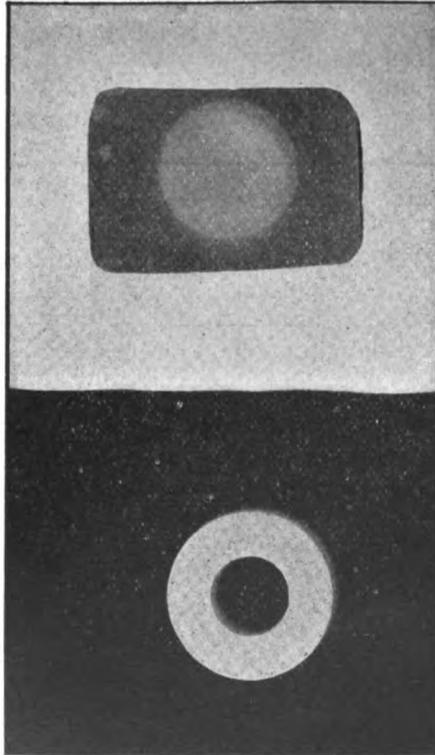


Fig. 12.—Photographic reproduction of a ring applied to the center of the forehead and film to the abdomen. Exposure 8 to 10 hours.

vors by intense effort to impress upon the sealed plate a mental picture or image held in the mind.

The writer has endeavored to secure photographic

impressions by an entirely new method with fairly constant results. The impressions are at present imperfect (Fig. 12), but continued experiments may yield better results.

Experiments were conducted with objects of steel. If, for instance a steel key or ring is placed in the center of the forehead, its form may be reproduced on the abdomen at a point above and to the left of the navel by percussion (dulness) or the Electroradiometer. The latter detects radioactive rays. If at the reproduced area a sealed film (dental) is fixed by plaster with the steel object applied to the center of the forehead by plaster and the subject retires for the night,* one may obtain photographs of the object like those shown in Fig. 12. It has been found that many of the experimental photographs reproduce the hairs of the abdomen and this suggested the thought that a card on which hairs were placed and fixed there by collodion would aid in reproduction (card between abdominal skin and film). This proved to be the case. The writer is now experimenting with different substances applied to the outside of the film to determine the active actinic rays and prevent their diffusion through the film.

*When the subject retires, the head must be to the north or west. With the head in this position one may reproduce the position of the key on the abdomen. It cannot be reproduced when the head is directed south or east.

THE ABRAMS TREATMENT FOR SYPHILIS.

Rationale of Method (J. Dec. 1918).—Based on the fact that the defensive mechanism of the organism consists essentially of the formation of a neutralizing antibody (antitoxin). Localization of the latter is in the spleen which together with its leucocytic enzymes constitute the chief factors in immunization.

In parasyphilitic diseases, the parasites are found in the "dead corners" of the organism and resist medication.

Treatment.—Concussion is to be executed as follows:

Concussion—30 seconds

Rest—30 seconds

Concussion—30 seconds

Rest—30 seconds

Concussion—30 seconds

1. Concuss according to foregoing period of time between third and fourth dorsal spines to dilate blood vessels and thus dislodge parasites and toxins from the "dead corners."

2. Gather toxins in spleen by concussion of eleventh dorsal spine according to foregoing period of time.

3. Eliminate toxins by concussion of second lumbar spine (contraction of spleen). Allow one hour to elapse between procedures two and three.

By this method the electronic reaction of syphilis will disappear permanently (treatments daily) in about two weeks. By the oscilloclastic method, the same result can be achieved in about five days (treatments daily).

Oscilloclastic Method.—1. Dilate blood vessels (concussion between third and fourth dorsal spines); 2. concuss eleventh dorsal spine; 3. destroy toxins in spleen by application to latter of current at three (duration of treatment, 15 to 30 minutes). To re-enforce treatment, use oscilloclast at three over suspected luetic lesions. This method is available in infections using however, the destructive rate applicable for the disease.

OSCILLOCLAST

ANALGESIA.

In operations as a rule, apprehension of pain by the patient is the dominant suggestive factor of exalting sensory impressions. Thought directed to a part will augment its sensibility:

Dr. J. Goodwin Thompson, who makes daily use of the oscilloclast for analgesic purposes relates the following:

While executing an operation on a woman and using the oscilloclast for analgesia, the patient interpreted tactile as pain impression. He directed his nurse to administer chloroform. A single drop of the latter was placed on a cloth and no further complaint was heard.

Dentistry.—The use of the oscilloclast in dentistry is destined to subserve many useful purposes. To densensitize dentine is at present one of its chief objects. It is true that one of the chief objections in what I may call conscious analgesia is the personal equation of the patient hence the variable results in attaining absolute analgesia.

Drs. Haley and Watts, have already noted the value of the instrument in painless dentistry.

An excellent opportunity for observing the action of the apparatus was shown recently by Dr. Bert-ram C. Best of this city. His patient could not even tolerate the application of cotton to the dental cavities yet they were excavated with absolutely no pain.

A dominant feature in the use of the oscilloclast is the rapidity in which work can be executed owing to the analgesia. Dr. J. Goodwin Thompson has extracted teeth without pain by the oscilloclast using the electrode over the Gasserian ganglia.

Reinfection of Root Canals.—This is one of the chief conditions which militates against the stability of dental work. An infected root-canal cannot be made permanently sterile by the methods now in vogue. Reinfection probably ensues from the or-

ganisms in the dental tubuli which have evaded the action of antiseptics.

The oscilloclastic current is destructive to streptococcic organisms in a few treatments and has been employed successfully in dental abscesses. A preliminary application of the current for about five minutes to a tooth about to be filled is suggested. Oral sepsis and focal infections are now being exploited to the full and the fetish of the tooth looms large to the astigmatic dental radiographer.

Focal Infection.—A misinterpreted dental radiograph is a source of reckless monetary and oral extraction and the edentulous victim furnishes the testimony.

Anyone can readily demonstrate the presence of streptococcic infection at the tooth-root by the ear reaction suggested on a previous page. Use a cord with electrodes, one of which made of aluminum is pointed. With one electrode on the forehead of a subject, pass the pointed electrode over the roots of the teeth (of patient) and when strep infection is encountered, there is an immediate redness at B. (fig. 2). This is a more positive test than radiography. The dental radiograph does not show infection, but only rarefaction of the alveolar structure and this may be normal with the individual or due to other causes (atrophy). It does not show peridental infections (septic gingivitis), the most frequent source of constitutional diseases dependent on oral sepsis.

Polarity Test.—Directions sent to lessees of the oscilloclast enjoins them from communicating any current to the patient by making this test. It is really unnecessary for physicians who only use the current on insulated patients. It is essentially a precaution to be taken by dentists. Some power circuits in small towns have no neutral grounded wire, and in such instances, the test cannot be made. In the latter instance, a current effect is produced irrespective of the position of the forks in the plug connected with the circuit.

Cataract.—The following observation is only tentative. In cataract, the destructive rate is eight. The current is applied directly to the eye over the closed eyelid. The writer is now investigating the currents action at eight in a lady, with cataract referred by Dr. J. W. King, of Bradford, Penn.

Letters were not identified with the cataractous eye when treatment was commenced. At the time of writing, six treatments were given and vision has improved fully 25 per cent.

Destructive Vibratory Rate.—The oscilloclast may be destructive to disease at one or two numbers. Thus in gonorrhoea, the rate suggested is four. Later investigations show that eight is more effective than four.

ELECTRONIC ANALYSIS OF THE MOON.

Up to the time of the discovery of the spectro-scope and beyond that, to the use of the spectograph, leading astronomers believed that there was a possibility of life existing on the moon.

Evidence against this contention consisted entirely in the absence of an atmosphere as shown by the absence of refraction at the edge of the moon's disk, during the occulting of a star. This however, was not conclusive because it was conceivable that a form of life could exist by obtaining oxygen from solid or liquid compounds.

Later, spectrograms yielded conclusive evidence that there was no appreciable watery vapor on the moon after exclusion of the lines dependent on watery vapor in the earth's atmosphere. Here the subject rested although a few selenographers still contend that a large area of the moon's surface is covered by hoar frost. The latter contention is doubtful inasmuch as the moon's surface in full sunlight probably attains a high temperature, and the alternate disappearance and reappearance of frost would be apparent.

The chief feature of the preceding conclusions refers only to the immediate moon's surface and its hypothetical atmosphere.

It need not be shown what a ridiculous conclusion would ensue by disregarding what lies under our own earth's surface and consider only what would be visible to a lunarian.

Unconvinced by the methods employed to determine the presence of water on the moon, the writer sought a solution of the problem by using the electronic reactions. His telescope consists of the highest type of optical equipment obtainable; the objective is a 5 1-2 in. Brashear lens with a 75 in. focus. The moon's image was projected on a white surface (caelostat). This was done to enable a group of observers to check results and to differentiate more easily by a pointed electrode different areas of the moon's image. It may be remarked that the electronic reactions surpass in sensitivity any apparatus yet devised.

Electronic Conclusions.—1. Vegetation was excluded by the absence of the reaction for chlorophyll.

2. The reaction of iron was elicited all over the moon's surface.

3. A decided reaction of ice and water was elicited over the following areas; Appenines, Tycho and Copernicus.

SPONDYLOTHERAPY.

Cephalotherapy.—The elicitation of spinal reflexes in the treatment of disease is exploited in spondylotherapy. The centers in the cord are subsidiary to dominant centers in the brain. What surgery and the physiological laboratory have failed to accomplish in cerebral localization appears destined to be attained by clinical physiology. In spondylotherapy, some of the effects of stimulation of the cerebral cortex have been cited. More recently, the writer has noted that when the area A (fig. 4.) is struck several blows by aid of a plexor and pleximeter, visceral reflexes of greater amplitude are elicited than when the spinous processes are similarly stimulated. Thus, the lung reflex of contraction ordinarily elicited by striking the area between the fourth and fifth cervical spines will cause a retraction of the lower lung border amounting to 2.6cm., whereas, concussion of area A in Fig. 4., will cause a retraction of 5 cm. A like increase in amplitude is noted with the heart reflex.

Fig. 4 shows two centers A and B. The former is referred to by the writer as the hypothetical center for muscular tone, whereas B, is the hypothetical center for muscular relaxation.

Strike area A, and observe the small veins of the hand or arm and note that they contract in some instances even to evanescence; strike B and the veins dilate. These effects are better noted by observing the smallest veins.

These observations suggest a new therapeutic procedure—Cephalotherapy or cerebral reflexotherapy.

It is evident that concussion is not applicable to the head hence, another method of stimulation may be used, viz., the slow sinusoidal current.

It is suggested by the writer to stimulate center A (Fig 4) in idiopathic asthma, to secure tone to the intestines in atonic constipation, to stimulate the heart and stomach and to secure contractions of dilated veins.

Stimulations of center B (Fig. 4) may be indicated in many conditions. Thus, in one patient with high

blood pressure, stimulation of this center at one seance reduced the systolic pressure from 220 to 190.

The writer is not yet able to say how permanent this result may be. If the oscilloclast is used at six and the electrode is placed at A (Fig. 4), it appears to the writer in several experiments that stimulation of the tone center may be attained. The writer awaits confirmation of his observations.

Acupuncture and Reflexotherapy.—Dr. Jules Regnault, *Le Moniteur Medical*, September 9, 1919. Acupuncture utilized to the full in the far East has fallen into disrepute in the Occident. The Chinese claim that the "harmony of the universe" and health are dependent on the equilibrium of two principles, Yang (positive fluid or male principle) and Yn (negative fluid or female principle). These principles circulate in the blood and influence each organ. When an organ is engorged with blood, its exsanguination is effected by acupuncture dependent on the principle which dominates in the organ, the needle is made to penetrate from left to right or in the reverse direction.

The action of acupuncture now finds explanation in the excitation of reflexes and can therefore be eliminated by the employment of more simple and effective methods, notably by elicitation of reflexes as shown by Abrams, in spondylotherapy. Other names have been identified with the development of this subject. Jaworsky has embraced these methods under the generic designation—Reflexotherapy. The Chinese have employed acupuncture empirically. Thus to stop vomiting, acupuncture is executed in the area which Abrams has shown dilates the pylorus and causes the gastric contents to be evacuated into the duodenum.

I have been able to verify this observation in many instances by concussion of the fifth dorsal spine.

MISCELLANY.

Accentuation of Electronic Reactions.—To intensify the reflexes in these reactions, the electrode applied to the subject should not be in immediate contact with the skin. Fix a rubber washer (only sufficiently thick to prevent skin contact), to the electrode by rubber cement.. This method prevents conduction of energy through body of subject to ground plate on which the latter stands.

When percussing, the physician should place one of his feet on the ground plate to carry off from his body the percussional electricity developed by his percussion. This maneuver accentuates the reactions.

Anaphylactic Reactions.—When a foreign proteid is introduced into the body and later it is introduced again, it will produce violent symptoms. This phenomenon of hypersusceptibility is known as anaphylaxis. In the use of the oscilloclast, this phenomenon is occasionally noted and treatments at first should be of short duration.

Cephalodiagnostic Reactions.—In the conventional method of executing the electronic reactions, the energy to the subject is conducted to the third and fourth dorsal spines for the splanchnovascular (SV), to the second lumbar spine for the enterodiagnostic reactions (ED) and between the fourth and fifth cervical spines for the pulmodiagnostic (PD) reactions. For confirmatory evidence of the reactions and to intensify them many times, cephalodiagnostic reactions may be used.

When the electrode is placed in the center of the forehead of the subject, the (SV) are elicited; at A (fig. 4), the (PD) and at B Fig. 4 the (ED) reactions. For the electronic reactions, always ground patient as well as subject.

Locomotor Ataxia.—Use the oscilloclast according to Abram's method for treating syphilis. Use the current locally over the spine at the site of the luetic lesion at three and then later use the current at the same site for the destruction of scar tissue.

Iconography of The Electronic Reactions of Abrams.—This atlas is now ready for distribution. Price, 15.00. It shows all the sites of the reactions, vibratory and destructive rates, etc.

Electromagnetic Waves.—Some physicians do not

quite grasp the rationale of the oscilloclast. It is based on the principle that the destructive rates employed are in harmony with the disease which they destroy. Bodies out of harmony with the tissues are either not absorbed or changed before absorption. Electromagnetic waves have no effect on objects which do not vibrate in resonance with them.

Light only passes through an object when its vibratory rate is lower than light. Thus glass is transparent because its vibration is less than light and metal is opaque because its vibratory rate is high. Roentgen rays penetrate because their vibratory rates exceed cell vibrations.

Cobalt Chlorid Test.—It has been shown (J., June, 1918) that the areas of dulness with the electronic reactions show a moderate increased perspiration strictly limited to the areas. These may be defined by aid of a pointed aluminum electrode through which passes a moderate electric current (other electrode in the patient's hand). The writer has constructed an apparatus for this purpose connected with a buzzer or galvanometer so that when the defined areas are attained, the diminished skin resistance is announced by the buzzer or seen with the galvanometer. If a saturated cobalt chlorid solution in alcohol is painted on the chest or abdomen (notably, the former), a red line owing to increased perspiration limited to definite areas will appear. Patient faces west for several minutes in a warm room. Painted areas to be covered by a rubber cloth to increase perspiration.

Gastroduodenal Ulcers.—Etiology is obscure despite many investigations. Ulcers have been produced experimentally by injection of diphtheria toxin and with pure cultures of bacterium coli commune. In the experience of the writer, the strep reaction has occasionally been obtained over the site of the ulcer and he believes that with the oscilloclast at two he has given benefit to the patients.

The writer must emphasize the importance of syphilis as an etiologic factor not only of ulcer, but of other chronic digestive disturbances. He recalls three physicians whose symptoms persisted despite gastroduodenostomy by the Mayos. These physicians gave the electronic reaction of acquired syphilis and

their symptoms disappeared after adequate treatment for their acquired affection.

My conception of the gastroenterologist is one who can make a symptomatic diagnosis of gastrointestinal diseases, but does not profess to cure them. Like the neurologist he employs ponderous names to conceal ponderous misinformation. The writer never fully realized the fatuity of the interrogation, "what's in a name?" until he went up for his examination in neurology. Many of us treat names and not diseases and we are, if one is permitted to neologize, mere nomenclaturetherapists."

The average textbook dismisses gastrointestinal syphilis with brief reference to esophageal or rectal gummata which may eventuate in ulcers and strictures. Syphilis covers a multitude of skins and if one bears in mind that an eruption of the skin (exanthema) is synchronous with a mucous membrane eruption (enanthema), visceral syphilis would be more often recognized.

In the etiology of chronic digestive disturbances, one may incriminate congenital more often than acquired syphilis. In the latter affection, the presence of palpable tumors frequently conduce in my experience to an erroneous diagnosis of carcinoma.

The pathology of digestive syphilis can only be solved clinically by the therapeutic test and as this can be done without medication by Abram's treatment, it should be executed in every chronic digestive disease which baffles conventional medication.

Racial Types.—In the contribution in this number of the journal bearing on racial differentiation, it appears that the endocrine glands may yield a clue to the origin of the European, Chinese and Negro. Keith, president of the anthropologic section of the British Association for the Advancement of Science contends that the internal secretions influence the growth of the body. Thus, the thyroid acts directly on the skin and hair the very structures employed in the classification of the human races. The pituitary which regulates growth is directly concerned in determining stature, cast of features, skin texture and character of hair, all of which are marks of race. The testicular interstitial gland dominates male characters and this sexual differentiation is

more decided in the Caucasian than in the Mongol or Negro types.

Anthropologically, the thyroid is the most important gland of internal secretion.

Parental Identification.—Children show the same vibratory index as the parents, even through several generations. Measurements are made with an ohmmeter in numbers beyond 100. The areas employed are those for sex and race (Figs. 10 and 11). The rate will be found for the father on the male and for the mother on the female side.

Propinquity in love by induction, establishes the same vibratory rate. This is also true of indices established with many "affinities." In the event there is antagonism between the parents, a like rate does not prevail and the child will only show the rate of the father. Latter observation, contravenes the tendency of biologists to assign to the male an insignificant role in procreation and to regard acts of legislation of the father's rights over the children as over compensation for his real insignificance.

SOME RECENT VISITORS TO DR. ABRAM'S LABORATORY.

California.—Drs. L. Sherman, Long, Van Praag, Wall, Thompson, Wm. Martin, O. Muller, W. Atwood, W. Rowan, W. Watts E. Majors C. Thudichum W. Caesar, M. W. Kapp, A. T. Noe, C Wheeler. H. Meredith.

Honolulu.—Dr. W. H. Ketchum.

Michigan.—Dr. G. Boericke.

Colorado.—Dr. F. M. Cooper.

England.—Dr. Wooley.

In reply to many communications, courses at the laboratory may be commenced at any time during the month, but physicians are advised to write in advance of their coming. Only reputable physicians with the M. D. degree are eligible for the work.

LESSEES OF OSCILLOCLAST.

E. A. Majors, M. D., Oakland, Cal. (2 instruments).

A. Bursell, M. D., Medford, Oregon.

A. T. Noe, M. D., Pacific Grove, Cal.

J. P. Kanoky, M. D., Kansas City, Mo.

H. Meredith.

J. Goodwin Thompson, M. D., Oakland, Cal.

V. Sillo, M. D., New York, N.Y.

C. Powell M. D., Oakland, Cal.

W. F. Becker, M. D., Chicago, Ill.

L. B. Weltherbee, M. D. Antioch, Cal.

E. W. Dodge, Chicago, Ill.

J. W. King, M. D., Bradford, Penn.

C. Wheeler, M. D., Los Angeles, Cal

H. Michener, M. D., Wichita, Kas.

A. F. Burkard, M. D., Santa Barbara, Cal.

G. Boericke, M. D., University Hospital, Ann Arbor

Mich

Curran Pope M. D., Louisville, Ky.

Grant Babcock, D. D. S., Denver, Colo.

M. W. Kapp, M. D., San Jose, Cal.

*Terms on which oscilloclasts are leased are as follows; a primary payment of \$150.00 and \$5. 0 monthly. Contracts may be executed for one or more years. The primary payment for the **electroradiometer** is \$200.00 and \$5.00 monthly. These primary payments are subject to change owing to varying cost of material and labor. Provision may be made later for an outright sale in which event lessees may avail themselves of this privilege.

FINAL NOTICE

SUBSCRIPTIONS are due for this volume which began with the last issue (Sept. 1919). One blue pencil mark signifies that you are in arrears for one year and two marks indicate that you are in arrears for two years. In the event subscriptions are not paid promptly, they will cease automatically.

PATHOGRAPHS

In the next number of the Journal, a simple method will be described by the editor showing how the energy of disease may be represented pictorially on a subject and how each disease may thus be visually interpreted. He will also describe a new departure in psychology for which he employs the term "Ideography." These ideographs observed by unaided vision objectify so-called mental photographs.

2155 SACRAMENTO ST.
SAN FRANCISCO, CAL., U. S. A.

PHYSICO-CLINICAL LABORATORY

—OF—

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

VIRULENCY GAUGED.

IN SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (Glands, Lungs, Bone) the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to see whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations only, do not permit of the localization of lesions, and to achieve the latter an examination of the patient is imperative. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible. It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent. of errors and in some diseases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. VIII, 3rd edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M., Sc. 1916), estimates that 15 per cent of paretics and 70 per cent of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives a negative result in from 31 to 50 per cent. of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the

living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test. The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy!

NEARLY 100 PER CENT. POSITIVE.

Geo. O. Jarvis, A. B., M. D., (formerly of the University of Pennsylvania), found that the electronic tests of Abrams were POSITIVE in nearly 100 per cent of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphilologist in his SEXUAL IMPOTENCE (W. B. Saunders & Co., 1915) "in the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

The tests embody the employment of the visceral reflexes of Abrams.

FROM ENGLAND.

Sir James Barr, in his Presidential address at the 18th annual meeting of the BRITISH MEDICAL ASSOCIATION (BRITISH MEDICAL JOURNAL, July 27, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the BRITISH MEDICAL ASSOCIATION, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new Continent and he has given us further insight into methods of prevention."

CANCER.

Prof. Perdue, Director of the largest laboratory for cancer research in America, observes:

"Nothing in recent medicine has been so revolutionary in diagnosis as the reactions of Abrams. For many years the profession has looked to the laboratory for exactness in diagnosis, and our literature has been full of the Wassermann reaction and the Abderhalden tests for pregnancy and cancer. In the midst of all this came the diagnostic methods of Abrams. Methods so simple, so scientific, so exact, so practical, at once made the PROCESSES OF THE LABORATORY OBSOLETE and historic in medicine. I have NEVER SEEN the reactions of Abrams fail or be misleading."

INCIPIENT TUBERCULOSIS.

Dr. W. J. CAESAR, Richmond, Cal., observes as follows:

"Like many physicians, I had heard of but had never investigated Abram's Electronic tests. At the solicitation of Dr. W. R. Scroggs, who had studied the reactions, I was induced to bring one of my patients (a chronic neurasthenic?) to San Francisco for diagnosis. To my utter amazement, the diagnosis made was that of INCIPIENT TUBERCULOSIS, which could never have been demonstrated by the conventional methods. The results of treatment (rapid recovery of the patient and weight increased from 140 to 171 lbs.) by Dr. Abram's method of polaritherapy, fully justified the diagnosis. Since then, I have witnessed the confirmation of many other diagnoses by the same tests. I have taken Dr. Abrams' course, and am constantly using his methods of diagnosis, and I am fully justified in saying that, were I compelled to hark back to the accepted methods of diagnosis, I would rather relinquish practice than to continue it."

DIAGNOSIS AT THE VERY BEGINNING

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams, of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (AMERICAN JOURNAL OF CLINICAL MEDICINE.)

In another communication to the same Journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abram is due the credit for this epoch-making discov-

ery. It is the (eternal counterpart of the Abderhalden reactions."
 "I shall place all knowledge learned with you in the foreground."
 "The inspirations I gained while with you repaid me well for a year's wanderings." "The more I study the electronic reflex phenomena first discovered by Dr. Albert Abrams the more I am overwhelmed."
 From signed personal letters.

Physicians will please observe that in any conflict among the reactions that the accuracy of the Electronic test will be determined by the therapeutic results.

FEEES

(Which include all diagnostic information necessary.)
 Blood examinations which include tests for all diseases\$10.00
 Subsequent blood examinations to gauge the course of the disease 5.00
 Examination of patients 25.00
 (With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)
 Course to physicians on Electronic Diagnosis\$100.00
 (Limited to reputable physicians in possession of of the M. D. degree.)

STATEMENT OF W. J. CAESAR, M. D.

"After taking Abrams' course on Electronic Diagnosis I am able to accurately detect and measure the virulency of tuberculosis, syphilis (and to differentiate the acquired from the congenital form of the latter), colisepsis, streptococcic infection, cancer, sarcoma, gonorrhoea, etc. The functional activity of the organs including the ductless glands may be mathematically gauged. The topography of the viscera may be accurately defined. The foregoing has been formulated after mature deliberation based on therapeutic results and corroboration at the operating table."



Electro-Concussor of Dr. Albert Abrams

SPONDYLOTHERAPY is a scientific method for eliciting Abrams' reflexes in the treatment of disease. Its rapid recognition by leaps and bounds emphasizes its great importance. To execute these reflexes, a suitable concussor is necessary and the Electroconcussor is the only one made under the supervision of Dr Abrams and meets with his absolute approval. It is portable. State current available. Purchasers may secure free, either a copy of Spondylotherapy (6th Edition) or a chart on Spondylotherapy.

Price \$100.00, f. o. b. Cash with order.

PHYSICO-CLINICAL CO.

2135 SACRAMENTO ST.

SAN FRANCISCO CALIF.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-2-

reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. *final judgment* The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond cavil the presence of cancer.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-3-

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined by considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

July - 27 - 17

Dear Doctor Abrams

Your letter explaining blood test no. 3 received.
Your diagnosis is correct. I thought I might
stump you on this one - but failed.

I am sending you blood specimen of case no. 1.
to day - I trust you will be able to find some
improvement in this test case - this time.

I can hardly wait the time I can leave for the
city and spend the time with you.

Thanking you for past favors I am sincerely yours.

D. M. O.

**REPORT OF 192 BLOOD-TESTS MADE AT THE STATE HOSPITAL
STOCKTON, CAL., MARCH 6, 1918, USING THE
ELECTRONIC REACTIONS OF ABRAMS**

By W. J. CAESAR, M. D.

The specimens submitted for examination consisted of several drops of blood absorbed by white blotting paper, and derived from patients with the following diseases:

1. Syphilis (congenital and acquired). In these cases the diagnosis had been positively established by serological tests and the clinical findings.
2. Tuberculosis. The diagnoses had been previously confirmed by tuberculin tests, the presence of tubercle bacilli in the sputa and by the physical examination.
3. Carcinoma. The correctness of the clinical diagnosis was confirmed by microscopic examination.
4. Syphilis and Tuberculosis. In these instances the specimens of blood on the same blotting paper were derived from different patients.
5. Syphilis, Tuberculosis and Carcinoma. Like in the latter instance, specimens on the same paper were derived from different patients.

This report is an unequivocal demonstration of the fact that the **ELECTRONIC REACTIONS OF ABRAMS** were absolutely correct in 186 instances among 192 specimens of blood submitted for examination (3 very small specimens were not examined, making 189 actually examined). The specimens were submitted by physicians of the hospital, including the pathologist under rigorous conditions, with the object of eliminating any previous knowledge on the part of the executive relative to the disease or the patient from whom the blood was derived.

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Poliomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis (Variety)
Collapsus	Leprosy	Sarcoma
Carcinoma	Malaria	Scarlatina
Cholelithiasis	Measles	Staphylococci Infection
Chorea	Menstruation	Streptococci Infection
Diabetes	Meningococci Infection	Syphilis (differentiation of congenital and acquired, and specific strain.)
Diphtheria	Neurasthenia	Teniasis
Epilepsy	Paralysis Agitans	Tetanus
Gonococci Infection	Parathyroid Insufficiency	Typhoid
Gout	Paratyphus	Tuberculosis (Varieties)
Hookworm	Pneumococci Infection	
Hyperpituitarism	Psychasthenia	
Hyperthyroidism	Pregnancy (prediction of sex)	
Influenza		
Insanity		
Paranoia		
Dementia Precox		

The virulence of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary or, if given whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer and this is demonstrable by a blood examination.

ELECTRONIC REACTIONS OF ABRAMS (ERA)

(A few brief and curtailed references from Journals and signed letters)

NOE, A. T., M. D.—“I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known.” N. A. J. H.

ANTHONY, J. C., M. D.—“Made wonderful diagnoses for me which would have been impossible by other means.”

HESS, H. A., M. D.—“Dr. Abrams has made 50 examinations of the blood for me and all correct as far as I can judge.”

MEACHAM, S. F., M. D.—“E R A are greatest contribution to medicine.”

POPE, CURRAN, M. D., (Author of classic on Hydrotherapy).—“Not a day passes that I do not use your methods.”

BOOLSEN, S., M. D.—“I regard the E R A as a great help and have frequently contributed the fee myself because results talk and success follows a correct diagnosis.”

JAWORSKI, H., M. D., Paris, France. (Author and medical authority; translator of E R A into French.)—“I have carefully studied your methods and regard the discovery and its immensity with admiration.”

KING, J. W., M. D. (Penna.) “Physicians should at once form a caravan and go out and worship at ‘Abrams’ shrine.” “Am getting wonderful results therapeutically from diagnoses made for me by you.”

PAREDES, F. M. D. (Mexico).—“I shall popularize your marvelous methods of diagnosis in Mexico.” (Dr. P. studied the E R A at Dr. A.’s laboratory.) Dr. F. Vasquez Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine and Minister Public Instruction has also studied the E R A at Abram’s laboratory.

POWELL, C. S., M. D.—The E R A are very helpful in my work especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A.

MAYORS, ERGO A., M. D.—“E R A have conformed remarkably with my office findings and I am grateful to Dr. Abrams for his wonderful work. (Dr. M. has forwarded 173 blood specimens. At least 100 specimens were sent without comment of any kind.

Practical Courses in Spondylotherapy

and

Electronic Diagnosis and Treatment

Dr. Albert Abrams, will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians can gain admission to the classes, which are limited. The course lasts two weeks, and the fee, in advance, is \$100.00 Applicants may address Dr. Abrams, 2135 Sacramento St., San Francisco.

Dr. Abrams' Electrodes

for

Electronic Diagnosis

These consist of four electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

Ohmmeter

(Biodynamometer)

Described on page 44, New Concepts in Diagnosis and Treatment (Abrams), and in Sept. issue of the Journal. Price \$25.00, express collect.

Dr. Abrams' Reflex Set

This consists of a plexor, pleximeter, single and two pronged instrument. Price \$6.00, express prepaid.

Dr. Abrams' Electro-Concussor

Described on page 652 in Spondylotherapy. In writing, state current available. Price \$100.00 f. o. b. No apparatus sold on credit. Terms cash. Price of other apparatus on application. Physico-Clinical Co., 2135 Sacramento Street, San Francisco, Cal.

Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

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No. 3

FOUNDED AND EDITED BY
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C O N T E N T S

ANTECEDENT ERA OF OSCILLO- CLAST	245
ANNOUNCEMENT	246
PERCUSSION	247
RADIOPATHOGRAPHY	251
IDEOGRAPHY	257
OSCILLOCLAST	261
DATA	266
SPONDYLOTHERAPY	268
MISCELLANY	270

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Works by Albert Abrams,

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NO. 3

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "Spondylotherapy" and "New Concepts in Diagnosis and Treatment" constitute the archetype of this Journal and "S", in parenthesis, followed by a number, refers to the page in the former and "N.C." to the latter work where extended consideration of the subject cited will be found. "J", refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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ANTECEDENT ERA OF THE OSCILLOCLAST

The treatment of disease by the oscilloclast is based on destructive vibrations and is essentially "similia similibus curantur"—like vibrations are destructive to like vibrations. The principles of homeopathy are being swept into the discard because the mere citation of cures is of no scientific import. The methods of electronic diagnosis and treatment are demonstrable, and signalize the redivivus of homeopathy. The writer is not a homeopath, but an advocate of truth irrespective of its source. Vibration is the product of energy in motion. It is most evident in sound and color. "Color is sound made visible, and sound is color made audible."

Hearing perceives over ten octaves of sound vibration, and sight, one octave of light and color vibration. The trumpets blown in unison by the followers of Joshua, overthrew the walls of a fortified city; the sounding trumpets at a definite pitch caused the electrons of the wall to respond, with consequent destruction of the wall. Music is the science of harmonic vibrations. "Music the fiercest grief can charm, and fate's severest rage disarm." Music is the essence of all arts. Without music and color, the universe would be deprived of its soul.

Musicotherapy awaits scientific recognition. Man is only a medley of vibrating electrons, and the differentiation of structures and functions is merely a differentiation of vibratory rates. Rendition of the overture of Tannhauser increases the pulse rate (10-25), whereas a restful number, "Mediation," diminishes the rate and blood pressure. Esculapius cured deafness by the sound of the trumpet. Plutarch cites deliverance of plague by the sweetness of the lyre.* The Phrygian pipe was used for the relief of sciatica. Numerous instances in literature are cited showing the power of music in the treatment of insanity.

Music is truly the mother of sympathy and the auxiliary of religion.

Said the Emperor Charles VI: "Music must not only charm the ear, but touch the heart; heal the mind of grief and sorrow and the body of disease and pain." Pythagoras believed that the universe was created by music. This is an exalted apostrophe to melody which, if employed in the interpretation of nature, must be developed mathematically.

I can visualize the musician of the future, who has so mastered the pitch and quality of sound, imparting to it a specific hue, tint and shade, that he will be capable of producing constructive or destructive rates of vibration and employ them in the treatment of disease. Thus, futurity will recognize the physician as a phonician.

ANNOUNCEMENT

"*Medicina est ars conjecturalis*," Faraday observed. "In knowledge, that he alone is to be contemned or despised who is not in a state of transition." Medical problems not in unison with the progress made in physical science are doomed to perdition. The oscilloclast exemplifies a physical principle in therapeutics. The electroradiometer (J. Dec. 1919) embodies a physical principle in diagnosis. The demand for the electroradiometer was relatively large, but the editor did not deem it expedient to release the apparatus unless physicians came to this city to be instructed in its complicated manipulation. Commercialism in medicine is deplorable. The writer anticipated that, sooner or later, he would discover an apparatus of greater simplicity, which could be constructed at less cost. This anticipation is realized, and in the next number of the Journal we trust it may be placed at the disposal of the profession. It practically suggests the principle of the energieometer (N. C., p. 308). Within a glass case are a number of cords, each attuned to radioactive energy of a definite vibratory rate, so that if the energy of cancer is conveyed to the case, only that cord synchronized to the rate of cancer will respond. A similar response is achieved in tuberculosis, syphilis and other diseases.

*Horace concludes his address to the lyre:

"O laborum, dulce lenitem, mihi cumque salve, Rite vocanti."
(O, of our troubles, the sweet, the healing sedative).

THE PHYSICS OF PERCUSSION

In a recent communication, 'L'Orientation des Animaux et les Influences Magnetiques,' by Regnault before the "Society of Comparative Pathology" (seance July 8, 1919), the following observation was made:

"My studies on orientation have been controlled by the observations of Abrams."

To obtain the best results, subjects must stand on a grounded plate, and colors and intense lights avoided. Under these conditions my investigations with colleagues at Vichy, Granville and Toulon show the following: When the heart area was defined by percussion (patient facing west), then percussed again with the patient facing east, north and south, the area of dullness was notably diminished in the latter positions. The liver border in the right parasternal line diminished 2 to 4 cm., and the upper heart border was lowered from 8 to 10 mm. when the subject was turned from the position "face to the west" to the position "face to the north." We proved Abrams' studies, which show that the visceral reflexes (1) attain their maximum reaction from electronic energy (2) when the subject faces west.

The writer in one of his books (3) expresses himself as follows:

"Tone is an essential attribute of all living organisms, and relaxation is its antithesis. The nerve centers are in a condition of tonic excitation, from which impulses pass to the viscera, maintaining them in a state of tonic stimulation. Every living being transforms energy from the universe. The ideal man is a perfect transformer, and "Life is a continuous adjustment to the environment" (Spencer). The attraction of man by the sun and the mechanical energy imparted to him by the sun, rotation of the earth, atmospheric pressure and the electric potential at billions of volts, all influence the microcosm by the macrocosm—the world machine."

The writer has shown that, the magnetic elements influence visceral tonicity and that the output of energy varies in relation to the posture of the individual, because the intake of energy is similarly influenced. The organs are in a varying state of tonicity and the tone may be normal (orthotonic), increased (hypertonic), diminished (hypotonic), or

absent (atonic). A relaxed organ will yield a smaller area of dullness than an organ which is in a state of tone.

To accurately reproduce the area occupied by an organ it must possess tone, otherwise topographic percussion is unreliable. It is easy for the physician to show that the borders of the heart will vary according to the posture of the patient on whom percussion is executed. It will be found that the area of the heart, or, for that matter, any viscus, will be greater when the patient faces the geographic west than when he faces the other points of the compass. Note that, when the patient stands in the magnetic meridian, supreme tonicity is conferred on the viscera. The latter maneuver is equivalent to organismal induction from cosmical energy. The writer wishes to emphasize an important fact in the technique of sphygmomanometry (like percussion), viz., the necessity of taking pressure in a definite position.

Any physician can easily prove that variations (however slight) do occur, and they are most manifest when the patient faces the geographic north during the time pressure is taken. Vital phenomena are dynamic, and organismal action is a process, not a structure. All problems dealing with the physiology of man not in accord with the progress made in physical science are doomed to perish.

In the writer's book (3), the electrophysiologic structure of man is shown with the hands and feet as polar termini. With an apparatus constructed by the writer (electroradiometer) (4), it can be definitely shown that polarity of the hands and feet of a normal male is positive on the right and negative on the left side and this polarity is reversed in the normal female.

Let the reader forget for a moment that the latter observation is correct, and try the following: Percuss the area of the heart with the patient facing the geographical west. Instruct the patient to bring both feet in apposition. (Note that the area of the heart is diminished.) Instruct the patient to approximate his finger tips in addition to his feet,

*Those executing the "Electronic reactions of Abrams" should bear the fact in mind that approximation of the feet and hands (of patient, subject or both) will prevent the Electronic reactions (overt and otherwise J. Dec. '19).

and note, that in many instances the area of cardiac dullness is practically annihilated.* Note furthermore, that the moment the feet of the patient are approximated, there is a momentary inhibition of the pulse. When the feet and hands are approximated, the maneuver may be likened (in the animal machine) to a short circuit in a dynamo, which discharges the current within the machine, thus causing its deterioration and minimizing its energy output.

Let percussion of the heart teach us another lesson in the physics of the human organism. The "reflexes of Abrams" demonstrate that the earth is the negative terminal of nature's energy. That, when the electrical tensions between the body and earth become equalized the maximum tonicity is conferred on the viscera.

Ground each leg of patient by means of a wire to a faucet or radiator, and note that the intensity of cardiac dullness is greater after than before grounding.† Note also the effect when patient approximates his feet and hands, and note, furthermore, that the maximum intensity of cardiac dullness is attained when the patient is grounded and stands in the magnetic meridian.

The writer has utilized therapeutically the latter data (3) for the purpose of minimizing the expenditure of nervous energy in neurasthenia.

A maximum amount of energy may be conferred on the viscera by aid of the writer's Oscilloclast. (4). It will be noted by the investigator that when the fingers and feet of the patient are approximated owing to the removal of vagus tone, the lower lung border will descend several centimeters. The "lung reflex of dilatation" thus induced will render areas of lung consolidation less evident.

To aid topographic percussion, the methods of transsonance (5) and suppression of the vibrations of the sternum (6) will prove of great value.

A recent method of "threshold percussion," first utilized by the writer, is of undoubted value in defining the areas of visceral dullness and the areas of diminished resonance elicited by the electronic

Late investigations show that overt phenomena reported in the Dec. Journal (1919) are accentuated if subject is insulated (patient must be grounded).

†In the writer's research laboratory, the patient stands on 2 plates of aluminum which are grounded.

reactions. In lieu of the conventional method of finger—finger percussion (percussion of a single finger), the index and middle fingers are crossed and percussion is executed on the terminal phalanx of either the super-imposed index or middle finger. The clinician can readily convince himself of the superiority of this latter modified method of percussion.

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3. Abrams: New Concepts in Diagnosis and Treatment, 1916.
4. Physico-Clinical Medicine, Dec. 1919.
5. Abrams: The Medical Record, Nov. 16, 1918.
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RADIOPATHOGRAPHY

This neonym by the editor suggests the graphic representation of disease by radioactive energy. These medical hieroglyphs will be called **pathographs**. Reflexes show that all matter is radioactive. A tumor is only electrons with bound ether, and such a combination is called mass. The arrangement of the electrons in the tumor confers on it its specific attributes and the same arrangement endows the tumor with energy, yielding a definite and constant rate of vibration.

With these primitive data at our command, we can execute an intelligent pursuit of our subject.

THE VASOMOTOR SYSTEM.—The muscular walls of the blood vessels (arteries, veins and capillaries) are under the control of two sets of nerves: nerves which constrict and nerves which dilate the vessels. The former are vasoconstrictor and the latter vasodilator nerves. The former will receive consideration. If the vasoconstrictors are stimulated the vessels contract, and if this contraction implicates the skin, one notes a pallor. In addition to the latter, the part becomes cold and sensory disturbances (tingling, anesthesia and analgesia) and goose skin (*cutis anserina*) ensue.

The physiologist informs us that the chief center for the vasoconstrictor nerves is in the medulla, but that there are subsidiary centers in the spinal cord.

The writer has coined the phrase "Clinical Physiology" (S. 388), with the object of emphasizing the importance of studying physiology of the human, in contradistinction to the study of physiology by the laboratory vivisectionist. In accordance with clinical physiology, the writer has demonstrated that the dominant center of the vasoconstrictor nerves is in the brain. This will be shown later.

The vasoconstrictor center may be stimulated reflexly, as is shown by the pallor of the skin in fear.

The course of a vasoconstrictor nerve is shown elsewhere (S. 273).

EXACTIONS IN ELICITING PATHOGRAPHS.—Pathographs can be demonstrated on a person suffering from a disease (autopathography) or on a subject (reagent) to whom the radiant energy of disease is conducted (Heteropathography). Heteropathographs are easier of demonstration than auto-

pathographs, because a reagent with sensitive vaso-constrictor reflexes can always be selected.

The field for demonstration is the anterior surface of the forearm. Pathographs appear simultaneously on both arms, but one is usually selected which is in proximity to one source of light from a window (to the side). The light must be modified by a shade* (white or black, or green, if the former are not obtainable). The forearm must be viewed from different angles.† Some prefer standing with the back to the light; others prefer looking down. Some patience is at first requisite until the pathographs are observed. When once observed, difficulty for all time is eliminated, and diagnosis is at the command of the tyro.‡ Experiment in a warm room. Patient (agent) or reagent must sit or stand facing the geographical west. This exaction is absolute, and is explained elsewhere. When the energy is conveyed from the subject to the reagent, both must face west. Hands and feet of both must not be in apposition.* If the reagent is used, he stands on a rubber mat or other insulating material, and, if seated, the feet rest on insulating material, which, if large enough, will accommodate the chair. If not, pieces of rubber should be under each foot of the chair. In conveying energy from the patient, the latter should be grounded (standing on a metal plate connected to a water pipe or radiator by wire, or attaching a wire from one leg to a radiator).

In autopathography, the patient is subjected to the same exactions as the reagent.

In heteropathography, the reagent is insulated as cited, but the patient must be grounded.

PATHOGRAPHS WITH REAGENT.—Practically anyone with light colored skin is available for this purpose. A female makes the best reagent, owing to the comparative absence of hair. An individual with conspicuous veins or marks on the arms should not be selected in the primary experiments, although this objection may be eliminated, as we shall

*In executing electronic reactions, all color must be removed from the patient or reagent.

†The arm must also be manipulated with reference to the light to obtain the most perfect picture.

‡Pathographs are more conspicuous to some when a lens is used.

*Elsewhere in this number of the Journal, this exaction finds explanation.

note presently. Pathographs are less evident in those showing an immunity to a definite disease. The ideal reagent is one with sensitive vasomotor reflexes (reflexophiles). Latter may be recognized as follows: If a blunt-pointed instrument is drawn over the skin, after a few seconds, a red line with white borders will appear. In the majority of individuals the redness is not marked nor elevated, and will disappear in a short time. In a few individuals with sensitive vasomotor nerves, the cutaneous phenomena are exaggerated, leading to a condition known as **dermographism**. Individuals with sensitive reflexes are preferable.

Pathographs are recognized as slightly elevated white patches of a definite form. After their recognition, and when exactitude is demanded later, we may differentiate pathographs in the following ways:

1. By a definite form (morphologic).
2. Appearance in a definite position (topographic).
3. When an ohmmeter is used, they always appear at zero otherwise at the vibratory rate of the disease (vibratory differentiation).

Insomuch as the pathographs are white, it has been found that they become more conspicuous by contrast, if the skin of the forearm is previously rouged, so that the skin assumes a light pink color.

We are now ready for our experiments.

We may select a culture tube containing tubercle bacilli, or one with typhoid bacilli, or cancer or sarcoma in a bottle. We must remember that the reaction (pathograph) is in direct proportion to the energy evolved by the culture medium, or tumor. Thus, a fresh culture yields a better pathograph than an old one. In any event, a reaction is elicited despite the age of the culture. The latter fact is important, as it emphasizes the sensitivity of the vasoconstrictor reflexes in the recognition of incipient cancer, tuberculosis and other diseases.

The culture tube or tumor is placed directly on the head of the reagent at the site designated at A Fig. 1. This receptive zone corresponds to the median line of the vertex, on a line drawn from the outer borders of the orbitae. This zone* is the center

*If this area is struck with a plexor by aid of a pleximeter and the very smallest veins of the hands or arm are noted, the veins in question will contract. This subject is discussed elsewhere. (J. Vol. 4, No. 2, page 209.)

for muscle tonus. Care must be taken when placing tube or tumor on the head to direct the finger tips away from the object.

Within one-half minute, as a rule, the pathograph appears, and it may persist for many minutes longer after removal of the source of energy. If the pathographs are not easily detected, a light-colored rouge is used on the arm, evenly distributed, before the specimen is applied to the head. If observed, one may remove the rouge and then strike the skin



FIG. 1.—Receptive Area (A) for eliciting pathographs.

briskly with a ruler; the hyperemia by contrast will bring the pathograph into evidence, and it may even be photographed.*

Application of specimen to head must not exceed one minute, otherwise the hieroglyphs become diffused. Hyperemia succeeds the anemia of the pathograph.

Energy from a tuberculous area, a carcinomatous breast, etc., may be conveyed by a cord with attached electrodes to A (Fig 1) of reagent.

AUTOPATHOGRAPHY.—Pathographs appear not only on the arms (used for convenience), but also on the face and back.* Patient must not be insulated nor face the west until ready for inspection. The

*Photographs do not lend themselves to reproduction hence the figures shown are schematic.

*Thus pathograph of tuberculosis appears in patient or reagent at the vertebral border of the inferior angle of scapula. On the face pathographs appear at the outer and lower border of the orbit.

vasoconstrictor reflexes are easily exhausted. Patient, like when reagent is used (or both are used), must stand with separated feet and arms away from body.

LIGHT AND COLOR.—Daylight is best for observing pathographs, but in emergency a nitrogen lamp (covered by white enamel) may be used. The Cooper-Hewitt mercury lamp (wanting in red rays) often makes the pathographs more conspicuous. Note that yellow† which dissipates the electronic reaction of tuberculosis when thrown on reagent will prevent appearance of tuberculograph.

INDUCED VIBRATIONS.—Let the reagent place in his or her pocket a culture tube of tubercle bacilli or a specimen of cancer in a bottle during the time the reagent is insulated and facing west, and note that in about one minute the characteristic pathograph of tuberculosis or carcinoma will appear.

PAIN—Real pain may be identified by a definite picture. It may be invoked by pinching the skin on any part of the body. Note that in the male it appears on the ulnar and in a female on the radial side of arm. Thus, sex may be differentiated and a homosexualist may be recognized.*

PATHOGRAPHS AND OSCILLOCLAST.—If an electrode, attached to a cord from oscilloclast, is placed at A (Fig. 1), at 5, the pathograph of tuberculosis is produced; at 3, syphilis; at 10, typhoid bacillus, etc. If specimens of these diseases are placed at A, with the current on any part of reagent's body, the pictures are either prevented from appearing or may be made to disappear at the rates cited.

HOMEOPATHY AND RADIOPATHOGRAPHY.—By the method just cited one may visualize the truth of *similia similibus curantur*. The doctrine of attenuation may be similarly demonstrated. Thus, take the mother tincture of *Rhus*, place it at A; a clover leaf like picture appears. Later, to avoid exhaustion of reflex, take a dilution of same preparation and

†Blue dissipates the reaction of syphilis. I have directed attention to the partial Argyll-Robertson pupil (J. March '18, page 113) in congenital syphilis. When blue is thrown on any part of body for about a minute the sluggish pupil becomes more active. This is true in acquired syphilis provided pupillary tract is not destroyed. The toxins of the disease inhibit pupillary activity.

*In many instances when husbands complain of the frigidity of their wives in matters sexual, I have found the wives to yield the reaction of homosexuality, a fact which the wives did not realize.

note the more rapid and intense appearing picture (pharmacograph). A like experiment may be executed by employing the pulse (page 269).

PATHOGRAPHS AND HYSTERIA.—A diagnosis of this disease is the refuge of the diagnostically destitute. More imagination has been displayed in its explanation than perhaps any other disease. Its symptoms show mobility, variability and incertitude. It will be noted when ideography is investigated that it is what I may call an "Ideopathy," in which ideas alone produce morbid functional changes.

Vasomotor disturbances in the areas of hysterical anesthesia are frequent, and are identified with civilization's history. The absence of bleeding when the stigma was punctured made the "Malleus maleficarum" a positive "witch sign, by which innumerable unfortunates were consigned to the stake.

We are now in a position to explain the "witch sign." The area of a pathograph or ideograph may be punctured without bleeding, and it is anesthetic.

RATIONALE OF PATHOGRAPHY AND IDEOGRAPHY.—When the vasoconstrictor brain center A is strongly stimulated, either voluntarily (ideography) or artificially, total energy, irrespective of wave lengths, is employed. This center has a variety of cells, each attuned to a definite wave length.* When we perceive a variety of colors, it is because definite vibratory rates are conducted by the specific fibers which are natural detectors of energy. Thus, the radioactive energy of thought or disease implicates specific cells and there is a specific cutaneous vasoconstrictor response. The latter is equally visceral, but it is not as obvious.

*Every phenomenon in nature is due to vibration of matter and these vibrations are differentiated by length, speed and polarity.

IDEOGRAPHY

PHYSICS OF THOUGHT.—A specific thought is energy of a definite wave length, and it is as material as any mass which is but an aggregation of electrons bound with ether. "Thoughts are things." The specific character of the vibration is determined by the arrangement of the electrons (allotropism). All the ninety-two elemental atoms are thus differentiated.

TELEPATHY.—Proof of this phenomenon has been given (J. Sept. '18). Thought forms or bodies, can now be demonstrated by any one. Thus the mist can be taken out of mystery, and we can normalize the supernormal by disocculting the occult.

"Thought Forms," by Besant and Leadbetter, is an audacious production in an orgy of colors, couched in the mystic and esoteric parlance of theosophy. Here forms are reproduced in colors, and run the gamut from jealousy to murderous rage. They admit their perceptibility to only the initiated "clairvoyant."

I am not a bourbonian, and cannot deny that some individuals are so visually endowed that they may perceive vibrations imperceptible to others. "Clairvoyants" are comparable to scientific instruments which translate the invisible into the visible.

The exactions of science are inexorable; phenomena must be objective and reproducable at all times and to all. These exactions are fulfilled by ideography.

Ideographs may be produced by the reagent (autogenetic) or transmitted (heterogenic). In the former instance, the reagent faces the geographic west and is insulated. In the latter instance, the reagent is disposed as cited and the agent is grounded facing the west. Energy is transmitted by cord and electrodes; one electrode on the crown of the head (vertex) of agent and the other at A (Fig. 1) of reagent.

Experiments

1. Reagent concentrates on one of several geometric figures or numbers; they should be reproduced on the arm within a minute. Numbers may be reversed when appearing on arm.
2. Let the agent concentrate as did the reagent,

and note reproduction of thought form on latter (energy conducted).

3. Condense with a telephone condenser thought of agent for one minute and then transfer energy from one wire of condenser to A of reagent.

4. Let agent project his thought form at a definite point in space. Allow one end of a large electrode to occupy this area and place other smaller electrode to A point on reagent. The figure may be obtained on the following day. This explains persistency of so-called apparitions.

5. Let agent think of a figure in an adjacent room (concentrating in the direction of room occupied by reagent). Electrode on cord is held to A of reagent and the other electrode in the air as an aerial. Note that figure appears on arm of reagent, not only as the figure, but as the figure was conceived by agent.

6. Try telephone transmission as follows:† Connect one electrode with telephone hook and other electrode with A of reagent. This is also done by agent at his phone with one electrode while the other electrode is held to his vertex. Connection is made by appointment at a definite time. Note figures which appear in succession.*

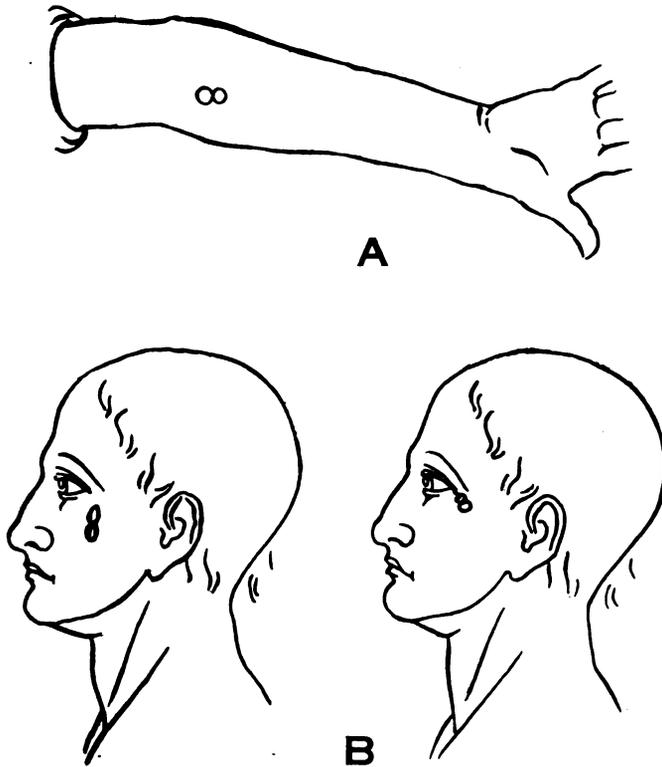
7. Let agent concentrate on love, theft or murder. Connect his heart with A of reagent, and note the definite figures appearing on arm of reagent.

8. Personal identification is revealed by definite figures on arm of reagent. Let agent face west and apply the grouped finger tips of right hand to A of reagent.

For the lack of space the pathographs and ideographs in this journal are shown as figures without relation to their topography on the arm.† The writer trusts that experimenters will acquaint him with their results.

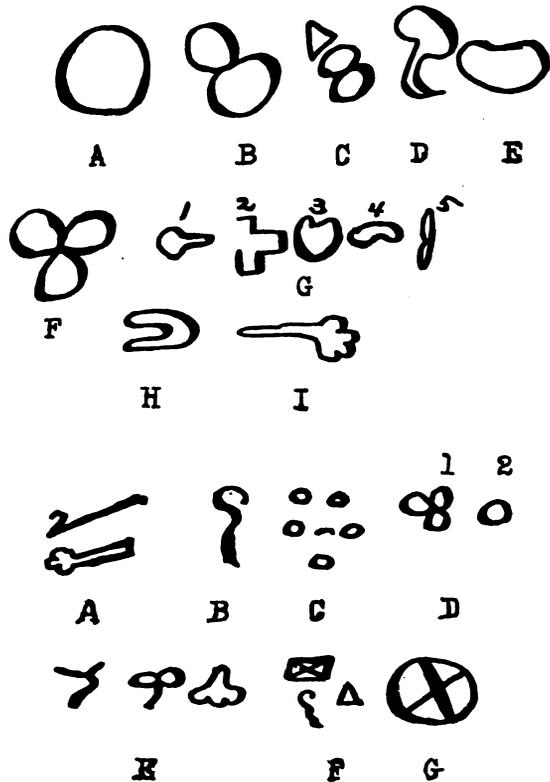
*Correct diagnoses (telediagnoses) were made between Los Angeles and San Francisco by this method between the writer and Dr. Mac Donald (J. March '17.) †The writer selected S. O. Hoffman for executing successful experiments in teleideography, a distance of 3 miles. Mr. Hoffman is one of the best known scientific men in this country and was in the employ of the Government during the war.

†Only the topography of a tuberculograph is shown. The figure of carcinoma varies with the structure with which it is connected (strain).



B. Facial topography of (fig right) tuberculograph and carcinoma-graph (fig. to left) of alimentary canal.

A. Topography of tuberculograph.

**PATHOGRAPHS**

A, Sarcoma; B, acquired and C, congenital Syphilis; D, Pregnancy; E, Streptococcus; F, Pharmacograph of Rhus; G, Cancer of uterus; 2, of bone; 3, of bladder; 4, of breast; 5, alimentary canal; H, Typhoid fever; I, Pain (ulnar side male & radial side female). Approximate location of pathographs (forearm); Carcinoma (alimentary canal), 3 in. above wrist bone, radial side of wrist; strep. 4 1-2 in. from elbow in middle of forearm; pregnancy, 3 1-2 in. from elbow (point of figure directed toward radial side); Sarcoma, 4 1-2 in. from elbow (ring 1-2 in. in diameter); Syphilis (acquired) 3 in. from elbow in middle of arm and congenital (syphilis) 4 1-2 in. from elbow; Rhus, 1 3-4 in. below elbow.

IDEOGRAPHS.

A, exact appearance of number telepathically communicated from an adjacent room and key thought of by reagent (autogenic); B, condensed energy of thought form conceived by Mr. Hoffman; C, Dots and dashes telepathically transmitted by Dr. J. Tow (Chicago); D, 1, concepts of murder and 2, love transmitted from heart of subject to reagent. E, ideographs of personal identity (Drs. Thompson, Bruguere, and Abrams); F, Telephonic conduction (13 miles) of figures conceived by Mr. Hoffman; G, Figure projected into space by Mr. Hoffman and reproduced on arm of reagent.

OSCILLOCLAST

J. W. King, M. D., Bradford, Pa.

(NOTE—Abbreviated reports from lessees of the oscilloclast follow. The editor regrets that owing to limited space, the reports cannot be published in full.)

SYPHILIS.—In uncomplicated cases, improvement soon after treatment. Lesions must be treated locally. An experience of more than 2 years proved the correctness of Abram's reactions and Abram's treatment gave specific results.

CORYZA.—Several patients were cured after one or two treatments which with other methods required a long time.

BONY ANKYLOSIS of the jaw cured with current at 4.

ALVEOLAR ABSCESS cured after a single application.

CHRONIC OTORRHEA cured after 5 treatments. Rates used 2 for strep and 5 for T. B. infection.

GOITRE (simple form). Gland reduced at scar tissue rate, 11 (new model).

CANCER—Electronic reaction dissipated after a few treatments.

PNEUMONIA—Jugulated at 7.

BRONCHIAL ASTHMA—Good results after methods suggested (J. June, 1919.)

After an operation for appendicitis, pus from the wound uncontrolled by the usual methods was controlled by two treatments at 2 (strep rate).

Several other cases of colon bacillus infection, appendicular pains and adhesions were cured after use of the oscilloclast after having resisted all other methods of treatment.

A. T. Noe, M. D., Pacific Grove, Cal.

CARCINOMA UTERI—Patient unsuccessfully treated by a number of gynecologists. Treatment with oscilloclast 10 minutes every other day. Practically no results until treatment was continued 20 minutes every day. Applications of current with electrode in uterine neck. Cure.

SCIATICA—Patient crippled for 6 months. Cure after 6 applications.

CANCER OF BLADDER—Rectum also involved.

Pain intolerable necessitating opiates. Cured with oscilloclast used at 6.

CARCINOMA PYLORI—Cured.

Reply of Dr. Noe to a physician respecting the oscilloclast:

"I have been using the oscilloclast of Abrams for about nine months, and I have been successful in treating many cases of cancer, tuberculosis and syphilis, and pain in general. I am doing rectal and gynecological work without any anaesthetic and pain by the oscilloclast. I am using it constantly, and I am now about to arrange for my second machine."

W. F. Becker, M. D., Chicago, Ill.

"Have cured 2 patients with carcinoma and one patient with tuberculosis of larynx and cervical glands. One patient with a terrible scar of hand causing great deformity was cured in about 7 treatments."

P. S. Repogle, M. D., Champaign, Ill.

M. A. Bratton, Mgr. Telephone Kedzie 724.
GARFIELD PARK HOSPITAL
3813-3821 Washington Boulevard
Chicago, Nov. 19th, 1919.

"Albert Abrams, M. D.:

"My Dear Doctor—I want to thank you for the interest you manifested in my case. When I received your telegram advising me to come to San Francisco I had been unable to retain any food for several weeks, and therefore was too weak to travel any distance, and therefore, as you suggested next, I came to Chicago to see Dr. Becker.

"Before leaving home I had an X-ray examination. The barium taken at 9 o'clock in the morning showed at 9 o'clock in the evening, and remained in the stomach until 2 A. M., when I vomited, rejecting all I had taken the morning before—showing every evidence that the pylorus was closed and permanently. When I left home I had no doubt but a surgical operation would be my only remedy, but felt I must first follow your advice and see Dr. Becker. It was a great task to submit to an examination, on account of weakness. His diagnosis was exactly the same as your own—Carcinoma.

"The doctor was uncertain in his prognosis—whether it was best to submit to the knife or try the oscilloclast. His experience was limited as to the beneficial effect of the instrument in such a severe case as mine. He had one similar case, whom he was treating with great improvement. The woman happened to come to his office while I was there. I talked to her and her daughter, and concluded would first try the oscilloclast; came to the hospital; the doctor brought the machine every morning and treated for a week; about the third morning I found myself improving and able to retain some food; after the first week I was able to go to Dr. Becker's office. Am now

gaining in weight and able to retain three meals daily, have no pain, sleep well and feel I am practically well. Thanks to you and Dr. Becker.

"Yours truly,

P. S. REPLOGLE.

"P. S.—Just a word more, in regard to Dr. Becker: The oscilloclast attracted quite an interest here at the hospital. The doctor is well posted in your methods. He kindly explained everything he could in an intelligent manner, and always gave Dr. Abrams credit.

"A number of the doctors are interested, and several are thinking of going to San Francisco to learn more of Dr. Abrams' discoveries.

"Dr. Becker told them you would not sell your instrument to any one who did not understand your methods, and the only way to learn was to go to headquarters.

"I write this so you may know that Dr. Becker is true blue. He is one of your best students and a faithful follower of the Abram's methods. He certainly is having wonderful success.

"Yours truly,

P. S. REPLOGLE.

"I have resumed my practice. My health continues to improve. Weight within five pounds of my usual weight." (Letter from Dr. Repogle, Feb. 2, 1920.)

TUBERCULOUS ULCER.—Scrapings from ulcer demonstrated tubercle bacilli. Treatment for 3 years ineffective. Cure after 5 treatments with current at 5.

H. MICHENER, M. D., Wichita, Kansas

"We had one case in which spirochetes were demonstrable in the blue field. After four treatments with oscilloclast, we got two negative Wassermanns and Abram's Eléctronic reaction. I am now treating a cancer of the throat that had been twice operated upon. The patient is better and the mass is getting smaller."

H. Meredith, M. D. (Oakland, Cal.)

Uniform good results in joint ankyloses. Disappearance of pains and improvement begins in about 5 treatments. Persistent lumbago due to vertebral tuberculosis cured after a few treatments. Marked results in Epilepsy (usually due to congenial syphilis) when syphilis was treated.

GONORRHEA—One physician after treating with oscilloclast 40 cases of Neisserian infection and corroborating his results by staining and cultures formulates the following conclusions:

1. A sterile sound carries the current into the urethra. In acute cases it is inserted 2½ in.; in chronic

cases, to the site of lesion. Penis wrapped in rubber to insulate current. Current in acute cases used twice daily (5 min. application) at 8 and 4.

2. By this method patients are cured in 3 days.

3. Chronic cases need in addition to rates 8 and 4, also 1 and 2 to destroy staph and streptococci, which invariably complicate chronic urethritis. Cure in from 8 to 12 days. Treatment twice daily. Irrigation with a weak permanganate solution was used after each treatment with oscilloclast. Dr. J. Goodwin Thompson uses rates 4, 2 and 1 for gonorrhoea. He uses no lubricant (which prevents penetration of current) on sound nor rubber around organ. His method otherwise corresponds to that already cited. His results show cures in 80 per cent. of acute cases in 5 days and 60 per cent. of cures in chronic cases in from 10 to 12 days.

KNIFELESS SURGERY.—The oscilloclast is destined to replace ruthless surgery as a bactericide in affections of the tonsils, adenoids, mastoid, sinuses, ear, teeth, in fact, wherever strep or staph infections are present. Its use for this purpose is increasing and fully justified by results. Radiography is so prostituted that radiograms are misinterpreted to the advantage of the dentist, thus justifying:

"How many an acorn falls to die
For one producing trees;
How many a tooth must get yanked out
For one that makes disease."

The rapidity of attaining results with the oscilloclast may find disfavor and recalls the following:

A civil engineer, who was building a railway in Mexico, was trying to show a native how much the new railway would benefit the country. "How long does it take you to carry your produce to market at present?" he asked. "With a mule it takes three days," was the reply. "There you are!" exclaimed the engineer. "When the new railway is in operation you will be able to take your produce to market and return home the same day!" "Very good, senor," was the placid reply, "but what shall I do with the other two days?"

CICATRICIAL TISSUES.—As a resolvent, the oscilloclastic current is most efficient and its use is suggested wherever interstitial changes prevail. Not much can be expected when the parenchyma is de-

stroyed. In many hopeless cases of chronic Bright's disease, an increased functional efficiency of the kidneys may be produced. Should organisms be present, they should first be destroyed. In syphilis, the renal changes due to this disease may be improved by using current at 3.

I have attempted to duplicate the action of chloroform with varying effects. In four subjects profound anesthesia even to abolition of conjunctival reflex was secured by placing small electrode at B (Fig. 1) with button at 5 and condenser at 10 or 22. In nearly all instances drowsiness was induced.

To secure effects of alcohol try electrode at C (Fig. 1), combining buttons 3 and 5 with with condenser at 18 or 20 (better).

OSCILLOCLAST ANALGESIA.—Drs. Noe, King and others report good results in pain with the current at 7 applied locally. Dr. Thompson applies the current to areas where incisions are made. It is practically impossible to produce complete analgesia in some exceptional instances, just as profound anesthesia in like instances will not annihilate the pain of an operation.

(The following are provisional data. I have referred to the activity of drugs (J. Sept. 17, p. 6) as dependent on their specific radioactivity. In a number of experiments recently made, it was found that if the corked end of a bottle containing a 10 or 20 per cent. cocain solution is placed at A (Fig. 1) for about 5 minutes, analgesia (partial or complete) is produced at any part of body (excepting anterior surface of chest). If the arm (anterior surface) is inspected, white areas (pharmacographs) first appear and first become analgesic. This action of cocain seems to be duplicated by analgesic current at A (Fig. 1) combining numbers 1 and 3.)

One may likewise try (and this appears better) over the same area button at 2 and condenser at 10.

COMBINING CURRENTS.—Just as the vibrations of one color in juxtaposition with another color will not modify its vibrations, so it is with the currents of the oscilloclast. Time is valuable and it has been found that by using two clamps united by insulated wire (Fig. 2) two currents of the oscilloclast can be used synchronously. Thus, when it is desirable to

destroy staph and streptococci, one clamp is fixed to the selector switch which is at 2 and the other clamp on button one. Three clamps may be used. My experiments show that by thus combining buttons 7 and 1, better analgesia can be secured than if switch



FIG 2.—Clamps united by insulated wire for combining currents.

is on 7 only. Try combining buttons 1, 7 and 9 for analgesia. Tactile and pain sense are diminished by combining 4 and 7.

MISCELLANEOUS DATA

Elicitation of Reflexes with oscilloclast (p.268). No danger ensues from a prolonged use of current. When used for diagnostic purposes (J Sept. '19, p. 168), apparatus may be made noiseless by connecting current by adjusting metal brushes of revolving commutator to metal portion of latter. It is unnecessary to use motor switch. Current flows uninterruptedly as will be noted by testing lamp.

Condenser on apparatus varies wave lengths and it has been found empirically that when condenser is in circuit (G to left), the potentiality of energy from oscilloclast is increased many times. Thus for carcinoma use selector switch on button 6 and condenser at 13; for analgesia use at button 7 and condenser at 14.

For streptococcus, use button 2 and condenser (index) at 15; for tuberculosis, button at 5 and condenser at 10; cataract (full current to eye) and index 3; scar tissue, full current and index 6.

Condenser on new oscilloclasts is exactly the same as before, but, in order to allow of more accurate setting a new scale with 100 divisions is used in place of the former scale with only 30 divisions.

The corresponding points on the new and old scales are as follows:

OLD	NEW	OLD	NEW
1	1	16	53
2	6 1-2	17	57
3	10	18	60
4	13	19	63
5	17	20	67
6	20	21	70
7	23	22	73
8	27	23	77
9	30	24	80
10	33	25	83
11	37	26	87
12	40	27	90
13	43	28	93
14	47	29	97
15	50	30	100

These values are given to the nearest whole number.

Due to the fact that there are three times as many divisions as before, it will be found that a setting of the scale can be made with three times the former accuracy.

The scale is also much more legible.

LAMP—The one used on oscilloclast is a 2 candle-power carbon filament lamp of 110 volts.

SPONDYLOTHERAPY

DYNAMOPHORE.—In the elicitation of visceral reflexes, stimulation is necessary. The stimuli usually employed (electricity, concussion, etc.) are too gross in comparison with physiologic stimuli (J, June, 1917) and yield shock in lieu of physiologic effects.

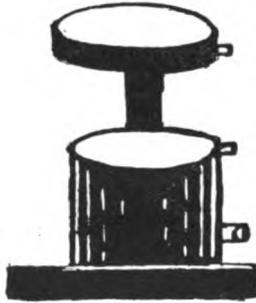


FIG. 3—Dynamophore

The writer has recently constructed a simple apparatus (Fig. 3) which is connected with any water outlet, causing a turbine to agitate a chemical solution which yields an enormous energy. The latter is conveyed to definite spinous processes for eliciting reflexes. If A (Fig. 1), is stimulated by the conveyed energy, in lieu of an individual visceral reflex of contraction (spinal reflexes), all the reflexes of this order are stimulated to a greater degree than when definite spinous processes are stimulated. Thus the veins, arteries and viscera, diminish in volume. The lungs sound on percussion as though they were consolidated. In accordance with the writers theory of asthma (S 303), this method should be executed. When C (Fig. 1) is stimulated the opposite effects (dilatation) are achieved* Physicians using concussion or the sinusoidal current may achieve the same object (to a less degree) over the specified cerebral centers but they are adjured to employ the **minimum** degree of stimulation.

Even better effects (reflexes) than with the dyna-

*Note abdominal dulness on percussion due to dilatation of the intrabdominal veins.

mophore are achieved by the **Oscilloclastic Current** (at A, old model or 11, new model of oscilloclast). When energy is conveyed by the oscilloclast or dynamophore patient must be insulated with feet and hands separated (J. March 1920, p. 248. To appreciate the action of conveyed energy on an insulated patient, take a bar magnet (patient facing west) and note the inhibitory effects on the pulse when the patient is or is not insulated (magnet to 7th cerv. spine)

LOW BLOOD PRESSURE—Crile and others direct attention to the dangers of low blood pressure in the treatment of shock. The editor of "The American Journal of Electrotherapeutics (Nov. 1919), comments on the Spondylotherapeutic procedure of concussion as follows: "Stimulation between the 7th cervical and 1st dorsal vertebrae stimulate the vagus and sympathetic branches of the heart and influence blood pressure when subnormal from cardiac insufficiency." The following is cited: Patient with a pressure of 70 mm. was stimulated at the area suggested for 3 minutes and pressure rose to 90 mm. On the following day a similar procedure caused it to rise to 110 mm. and a third application to 130 mm. Six weeks later without further treatment, it was 122 mm. The editor concludes, "If the method described is employed in shock, the surgeon will be surprised at the results."

GAS CASES—H. G. Nyblett, M. D. (Major C. A. M. C.) comments (personal letter) on concussion of 7th cervical spine as follows: Poisoning was from chlorine or phosgene gas. When inhaled, intense cyanosis and lung congestion ensued developing into chronic bronchitis. Concussion as cited decongests the lungs yielding a clearer note on percussion and more ease in breathing.

ASTHMA—Knapp regards asthma as a digestive symptom—complex due to pyloric insufficiency which allows the undigested food to attain the intestines. Gas formation thus induced prevents lung expansion. Based on observations of hundreds of cases, he achieves excellent results in about 4 months by aid of diet, stomach lavage and enemas. If Knapp's theory is correct, one may speed results by remembering that stimulation of the 3d dorsal spine will contract the pylorus and should cure dyspeptic asthma without recourse to other more objectionable methods.

MISCELLANY

PRECAUTIONS IN ELECTRONIC DIAGNOSIS.—

When blood is taken or sent for examination, the blood should be removed while the patient is facing the geographic west owing to the destructive action of the earth's magnetic currents on the radioactive energy. If, however, the blood is depolarized previous to examination by passing the neutral energy from a horseshoe magnet over it several times, the reaction is restored despite the posture of the patient when the blood was extracted.

ACCENTUATION OF REACTIONS—For reasons cited on page 247 of this number, feet should be separated and arms extended from the body. This precaution refers to patient and subject and will intensify the areas of dulness.

ABOLISHED REACTIONS—In the last number of this journal, we commented on the necessity of concussion between the 3d and 4th dorsal spines to dilate the blood vessels and thus bring into the circulation the toxins of disease lurking in the "dead corners" of the organism. We find that in syphilis (as well as other diseases) that if a reaction is not shown when the receiving electrode (RE) is in direct contact with the blood specimen or the patient, it may appear if the receiving electrode is resting on an aluminum ring about one half inch distant from the specimen (or separated same distance from the patient). This method may also be used for accentuating the intensity of the electronic reactions. One should never conclude that the luetic reaction is abolished until the foregoing procedure is used.

ATLAS OF ELECTRONIC REACTIONS—This atlas of 69 pages and over 250 cuts shows the topography of all areas elicited by the electronic reactions and is indispensable to all those executing the same. The price is \$15.00.

"The atlas is a wonderful production."—J. Philip Kanoky, M. D., (Kansas City).

ELECTRONIC REACTION—Dr. E. F. Larkin (Washington) writes as follows: "Your report of my daughter's blood—Streptococcemia of appendix origin made me rather skeptical because when the report was received, there were no indications of this

condition. Later, symptoms developed and the appendix was removed."

CATARACT—Silicates are present in senile cataractous lenses (NC 171). Any silicate yields that same electronic reaction as a cataract. In the last number of the Journal, the destructive rate was given at 8. A better effect is noted for dissipating cataract with the oscilloclast at A (old model) or 11 (new model). It has been shown (J. March, 1919) that tubercle bacilli often invade lesions and contribute to their chronicity. In such instances, the reaction of tuberculosis may be elicited in which event, the oscilloclast is used at the destructive rate of this disease.

Opacification of the lens like gray hair is associated with senile changes. One observer notes that it is present in over 90 per cent of all people beyond the age of 65 and among white races, it may occur as early as 40. One may always suspect cataract in falling sight of old people not correctible by glasses. Opacification unusually begins at the periphery of the lens and does not interfere with vision.

GAMBOGE & TUBERCULOSIS—The radioactive energy of gamboge (J. March, 1917) is practically a specific in incipient tuberculosis without strep infection. England's master clinician, Sir James Barr, late President of the British Medical Association, writes "My first case was a brilliant success. Perhaps the difficulty is in getting cases in the incipient stage." The coincident radioactive energy of beechwood creosote and gamboge dissipates the electronic reactions of streptococcic and tuberculous infection. The writer has had no personal experience with the following mixture but suggests its trial. Gamboge

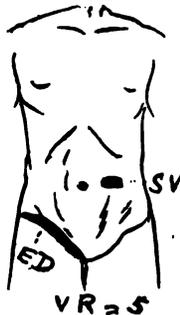


FIG. 4—Splanchnovascular (SV) and Enterodiagnostic (ED) reactions of hydrogen sulphide. The vibratory rate of the latter is 5.

should be mixed with alcohol. The latter containing 20 drops of creosote to each ounce.

DEATH—The writer has attempted its prediction by noting how soon the electronic reaction (Fig. 4) of hydrogen sulphid occurs in the blood. In the norm the reaction cannot be elicited. In patients approaching death it appears and when the amount in the blood is able to overcome a resistance of 5/25 of an ohm (potentiality), death may be predicted in a few days.

AMERICAN INSTITUTE OF HOMEOPATHY—Dr. Abrams has accepted an invitation to address the National Convention in Cleveland in June 1920.

INFLUENZA EPIDEMIC—Those in possession of my "Atlas" may note the areas of dulness peculiar to this disease and its complication (pneumonia). The areas are dissipated by the radioactivity of alcohol, thus demonstrating the specific value of this agent. A few drops of blood (on white paper) placed over the influenza blood will dissipate its reaction provided the subject from whom the blood was removed is immune to the disease or has recovered from it. If no immunity is shown, antibodies may be forced into the blood by contracting spleen (concussion 2d lumbar spine) and blood thus taken will dissipate reaction; a presumable prophylactic in this and other epidemics.

CONDENSING ELECTRODES—The efficiency of electrodes may be increased by converting them into condensers (Dr. Nyblett). As such, the electronic reactions are accentuated and current from oscilloclast shows increased potentiality. Cut a very thin piece of paper and aluminum corresponding to size of electrode. Immerse paper in melted paraffin and place it next to aluminum disk of electrode. Over the paper place the cut aluminum piece, which will adhere to the melted paraffin. Depolarize electrodes after each examination by presenting neutral energy of a horse shoe magnet.

FRONTAL LOBES—Try the method suggested (J. Sept. 1919, p. 167) of placing corked bottle containing a cancer to forehead for about one minute. Energy from this source will yield an electronic reaction of cancer for an hour; whereas, on other

parts of the skin for only a few minutes. It is evident that one of the functions of the frontal lobes is to condense energy (cerebral condenser).

LESSEES OF OSCILLOCLAST*

- Sir James Barr, England.
A. Bursell, M. D., Medford, Oregon.
E. A. Majors, M. D., Oakland, Cal. (2 machines)
A. T. Noe, M. D., Pacific Grove, Cal. (2 machines)
J. P. Kanoky, M. D., Kansas City, Mo.
H. Meredith, M. D., Oakland, Cal.
J. Goodwin Thompson, M. D., Oakland, Cal.
V. Sillo, M. D., New York City.
C. Powell, M. D., Oakland, Cal.
W. F. Becker, M. D., Chicago, Ill.
E. W. Dodge, Chicago, Ill.
J. W. King, M. D., Bradford, Pa.
C. Wheeler, M. D., Los Angeles, Cal.
H. Michener, M. D., Wichita, Kas.
G. Boericke, M. D., University Hospital, Ann Arbor, Mich.
Curran Pope, M. D., Louisville, Ky.
M. W. Kapp, M. D., San Jose, Cal.
L. J. Sherman, M. D., Oakland, Cal.
J. DuPlessis, M. D., Chicago, Ill.
P. S. Repogle, M. D., Champaign, Ill.
C. L. Thudichum, M. D., Sebastopol, Cal.
F. Schuldt, M. D., Mexico City, Mexico.
H. E. Palmer, M. D., Dayton, Ohio.
Capt. A. R. Gould, M. D., Washington
B. W. Swayze, M. D., Allentown, Pa.
Seneca B. Bain, M. D., Washington, D. C.
H. A. Hess, M. D., San Francisco, Cal.
H. G. Nyblett, M. D., Calgary, Canada.

*Terms on which oscilloclasts are leased are as follows. A primary payment of \$160.00 and \$5.00 monthly. Primary payment is subject to change owing to varying cost of material and labor.

SOME RECENT VISITORS TO DR. ABRAMS LABORATORY

CALIFORNIA (City).—Drs. M. Van Praag, L. Kutter, W. Scroggs, P. Brugiere, W. Caesar, Wheeler, Rowand, G. Allen, Franchiger, Torbriner, H. A. Hess.

Provincial—Drs. W. Finney, G. Watts, L. Sherman, Thompson, Thudichum, Noe, Majors, J. Adams.

WASHINGTON—Dr. R. A. Gould.

COLORADO—Dr. C. Cooper

MICHIGAN—Dr. W. A. Klopfenstein.

NEW YORK—Drs. J. Walter, J. Seaton.

ILLINOIS—Dr. J. Tow.

INDIANA—Dr. I. A. Berninger.

CANADA—Drs. A. W. Wooley, H. G. Nyblett.

MEXICO—Dr. F. Schuldt.

INDIA—Dr. S. Abhedananda.

In reply to many communications, courses may be commenced at any time but physicians should write in advance of their coming. Reputable physicians only with the M. D. degree are eligible.

REVIEW

THE CHALLENGE OF THE WAR, by Henry Frank. This is the last of a trilogy by this famous writer and lecturer. His data are correlated to the progress made in science and all metaphysical and philosophic interpretations are eliminated. He is possessed of the most prophetic vision the reviewer has yet encountered. Readers of this journal will appreciate the latter statement by a study of ideographs. Thus, Dr. Frank in this book (p. 223) expresses himself in part, "My hypothesis of thought is the energy of an idea taking specific shape among the myriad electrons that surround the brain cells—a thought would have shape, form, figure." In the introduction by Dr. Hereward Carrington, perhaps the greatest living authority on "Psychic Phenomena," comment is made on the lack of medical progress owing to the older conceptions of the theories of matter. He says that "Dr. Albert Abrams has shown the body should be regarded as an electric organism."

2135 SACRAMENTO ST.
SAN FRANCISCO, CAL., U. S. A.

PHYSICO-CLINICAL LABORATORY

—OF—

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

VIRULENCY GAUGED.

IN SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (Glands, Lungs, Bone) the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to see whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations only, do not permit of the localization of lesions, and to achieve the latter an examination of the patient is imperative. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible. It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent. of errors and in some diseases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. VIII, 3rd edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams), All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916), estimates that 15 per cent of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives a negative result in from 31 to 50 per cent. of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the

living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test. The same fate is destined for the reactions of Aberhalden, when one-third of all MEN yield the test of pregnancy!

NEARLY 100 PER CENT. POSITIVE.

Geo. O. Jarvis, A. B., M. D., (formerly of the University of Pennsylvania), found that the electronic tests of Abrams were POSITIVE in nearly 100 per cent of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphilologist in his SEXUAL IMPOTENCE (W. B. Saunders & Co., 1915) "in the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

The tests embody the employment of the visceral reflexes of Abrams.

FROM ENGLAND.

Sir James Barr, in his Presidential address at the 18th annual meeting of the BRITISH MEDICAL ASSOCIATION (BRITISH MEDICAL JOURNAL, July 27, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the BRITISH MEDICAL ASSOCIATION, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new Continent and he has given us further insight into methods of prevention."

CANCER.

Prof. Perdue, Director of the largest laboratory for cancer research in America, observes:

"Nothing in recent medicine has been so revolutionary in diagnosis as the reactions of Abrams. For many years the profession has looked to the laboratory for exactness in diagnosis, and our literature has been full of the Wassermann reaction and the Aberhalden tests for pregnancy and cancer. In the midst of all this came the diagnostic methods of Abrams. Methods so simple, so scientific, so exact, so practical, at once made the PROCESSES of the LABORATORY OBSOLETE and historic in medicine. I have NEVER SEEN the reactions of Abrams fail or be misleading."

INCIPIENT TUBERCULOSIS.

Dr. W. J. CAESAR, Richmond, Cal., observes as follows:

"Like many physicians, I had heard of but had never investigated Abram's Electronic tests. At the solicitation of Dr. W. R. Scroggs, who had studied the reactions, I was induced to bring one of my patients (a chronic neurasthenic?) to San Francisco for diagnosis. To my utter amazement, the diagnosis made was that of INCIPIENT TUBERCULOSIS, which could never have been demonstrated by the conventional methods. The results of treatment (rapid recovery of the patient and weight increased from 140 to 171 lbs.) by Dr. Abram's method of polartherapy, fully justified the diagnosis. Since then, I have witnessed the confirmation of many other diagnoses by the same tests. I have taken Dr. Abrams' course, and am constantly using his methods of diagnosis, and I am fully justified in saying that, were I compelled to hark back to the accepted methods of diagnosis, I would rather relinquish practice than to continue it."

DIAGNOSIS AT THE VERY BEGINNING

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams, of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (AMERICAN JOURNAL OF CLINICAL MEDICINE.)

In another communication to the same Journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abram is due the credit for this epoch-making discov-

ery. It is the internal counterpart of the Abderhalden reactions."

"I shall place all knowledge learned with you in the foreground."
"The inspirations I gained while with you repaid me well for a year's wanderings." "The more I study the electronic reflex phenomena first discovered by Dr. Albert Abrams the more I am overwhelmed."
From signed personal letters.

Physicians will please observe that in any conflict among the reactions that the accuracy of the Electronic test will be determined by the therapeutic results.

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(Which include all diagnostic information necessary.)

Blood examinations which include tests for all diseases\$10.00

Subsequent blood examinations to gauge the course of the disease 5.00

Examination of patients 25.00

(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)

Course to physicians on Electronic Diagnosis\$100.00

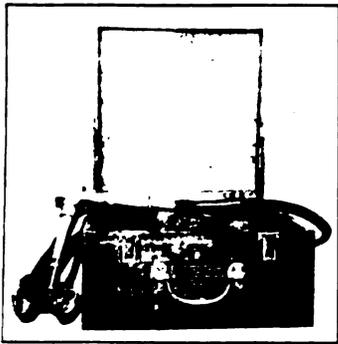
(Limited to reputable physicians in possession of of the M. D. degree.)

STATEMENT OF W. J. CAESAR, M. D.

"After taking Abrams' course on Electronic Diagnosis I am able to accurately detect and measure the virulency of tuberculosis, syphilis (and to differentiate the acquired from the congenital form of the latter), collsepsis, streptococcic infection, cancer, sarcoma, gonorrhea, etc. The functional activity of the organs including the ductless glands may be mathematically gauged. The topography of the viscera may be accurately defined. The foregoing has been formulated after mature deliberation based on therapeutic results and corroboration at the operating table."

Electro-Concussor of Dr. Albert Abrams

SPONDYLOTHERAPY is a scientific method for eliciting Abrams' reflexes in the treatment of disease. Its rapid recognition by leaps and bounds emphasizes its great importance. To execute these reflexes, a suitable concussor is necessary and the Electroconcussor is the only one made under the supervision of Dr Abrams and meets with his absolute approval. It is portable. State current available. Purchasers may secure free, either a copy of Spondylotherapy (6th Edition) or a chart on Spondylotherapy.



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DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-2-

reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. *final judgment* The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond cavil the presence of cancer.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-3-

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

When I first began to investigate the subject of Electronic Diagnosis, I found the work most confusing but further investigations at the Physico-Clinical Laboratory of Dr. Abrams, convinced me from therapeutic results observed, of the correctness of his diagnoses. It is impossible to form a very intelligent opinion of these methods from reading about them. One must come to Dr. Abrams' laboratory and watch him at his work and hear his explanations and comments and if he approaches the investigation in an unprejudiced frame of mind the physician will soon discover that he has found something that will be of vast usefulness to him in his medical work. I consider the last five months that I have spent in this investigation as the best spent time of my medical life and would heartily advise any of my confreres to pursue a like course.

Very sincerely,

W. R. Scroggs M.D.

1st. Lieut. Medical Corps
U. S. Army.

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1521 SO. HOPE STREET
COR. SIXTEENTH AND HOPE ST
LOS ANGELES, CALIFORNIA

To Whom it may concern:

This is to certify that
Dr. Albert Abrams has examined ^{for me} by
his new method one hundred ~~sig-~~
nificant cases, great as was the purpose
to me in many instances in practically
all cases his judgment was based
demonstrated to be correct and in no instance
was he found to be in error.

H. E. Macdonald M.D.

July - 27 - 17

Dear Doctor Abrams

Your letter explaining blood test no. 3 received.
Your diagnosis is correct. I thought I might
stump you on this one - but failed.

I am sending you blood specimen of case no. 1.
To day - I trust you will be able to find some
improvement in this test case - this time.

I can hardly wait the time I can leave for the
city and spend the time with you.

Thanking you for past favors I am sincerely yours

A. M. Roe

**REPORT OF 192 BLOOD-TESTS MADE AT THE STATE HOSPITAL
STOCKTON, CAL., MARCH 6, 1918, USING THE
ELECTRONIC REACTIONS OF ABRAMS
By W. J. CAESAR, M. D.**

The specimens submitted for examination consisted of several drops of blood absorbed by white blotting paper, and derived from patients with the following diseases:

1. Syphilis (congenital and acquired). In these cases the diagnosis had been positively established by serological tests and the clinical findings.
2. Tuberculosis. The diagnoses had been previously confirmed by tuberculin tests, the presence of tubercle bacilli in the sputa and by the physical examination.
3. Carcinoma. The correctness of the clinical diagnosis was confirmed by microscopic examination.
4. Syphilis and Tuberculosis. In these instances the specimens of blood on the same blotting paper were derived from different patients.
5. Syphilis, Tuberculosis and Carcinoma. Like in the latter instance, specimens on the same paper were derived from different patients.

This report is an unequivocal demonstration of the fact that the

ELECTRONIC REACTIONS OF ABRAMS were absolutely correct in 186 instances among 192 specimens of blood submitted for examination (3 very small specimens were not examined, making 189 actually examined). The specimens were submitted by physicians of the hospital, including the pathologist under rigorous conditions, with the object of eliminating any previous knowledge on the part of the executant relative to the disease or the patient from whom the blood was derived.

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Poliomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis
Colisepsis	Leprosy	(Variety)
Carcinoma	Malaria	Sarcoma
Cholelithiasis	Measles	Scarlatina
Chorea	Menstruation	Staphylococic
Diabetes	Meningococic	Infection
Diphtheria	Infection	Streptococic Infec-
Epilepsy	Neurasthenia	tion
Gonococic Infection	Paralysis Agitans	Syphills (differentia-
Gout	Parathyroid	tion of congenital
Hookworm	Insufficiency	and acquired, and
Hyperpituitarism	Paratyphus	specific strain.)
Hyperthyroidism	Pneumococic in-	Teniasis
Influenza	fection	Tetanus
Insanity	Psychasthenia	Typhoid
Paranoia	Pregnancy (predic-	Tuberculosis
Dementia Precox	tion of sex)	(Varieties)

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphills.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary or, if given whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer and this is demonstrable by a blood examination.

ELECTRONIC REACTIONS OF ABRAMS (ERA)

(A few brief and curtailed references from Journals and signed letters)

NOE, A. T., M. D.—“I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known.” N. A. J. H.

ANTHONY, J. C., M. D.—“Made wonderful diagnoses for me which would have been impossible by other means.”

HESS, H. A., M. D.—“Dr. Abrams has made 50 examinations of the blood for me and all correct as far as I can judge.”

MEACHAM, S. F., M. D.—“E R A are greatest contribution to medicine.”

POPE, CURRAN, M. D., (Author of classic on Hydrotherapy).—“Not a day passes that I do not use your methods.”

BQOLSEN, S., M. D.—“I regard the E R A as a great help and have frequently contributed the fee myself because results talk and success follows a correct diagnosis.”

JAWORSKI, H., M. D., Paris, France. (Author and medical authority; translator of E R A into French.)—“I have carefully studied your methods and regard the discovery and its immensity with admiration.”

KING, J. W., M. D. (Penna.) “Physicians should at once form a caravan and go out and worship at ‘Abrams’ shrine.” “Am getting wonderful results therapeutically from diagnoses made for me by you.”

PAREDES, F. M. D. (Mexico).—“I shall popularize your marvelous methods of diagnosis in Mexico.” (Dr. P. studied the E R A at Dr. A.’s laboratory.) Dr. F. Vasques Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine and Minister Public Instruction has also studied the E R A at Abram’s laboratory.

POWELL, C. S., M. D.—The E R A are very helpful in my work especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A.

MAJORS, ERGO A., M. D.—“E R A have conformed remarkably with my office findings and I am grateful to Dr. Abrams for his wonderful work. (Dr. M. has forwarded 173 blood specimens. At least 100 specimens were sent without comment of any kind.

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Electronic Diagnosis and Treatment**

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Electronic Diagnosis**

These consist of four electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

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(Biodynamometer)**

Described on page 44, New Concepts in Diagnosis and Treatment (Abrams), and in Sept. issue of the Journal. Price \$25.00, express collect.

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This consists of a plexor, pleximeter, single and two pronged instrument. Price \$6.00, express prepaid.

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Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

Vol. 4

JUNE, 1920

No. 4

FOUNDED AND EDITED BY
ALBERT ABRAMS, A. M., M. D., LL. D., F.R.M.S.

C O N T E N T S

Mechanics of Medicine	3
Wasserman Reaction	5
Oscillophore, and Oscillatotherapy	17
Duration of Life	18
Hypnotism	20
Electronic Reactions of Abrams	23
Oscilloclast	28
Dynamizer	32
Measurement of Emotion	33
Miscellany	35
Spondylotherapy	41

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San Francisco, Cal.

Works by Albert Abrams,

A.M., LL.D., M.D., (University of Heidelberg,) F.R.M.S.
**One-time Professor of Pathology and Director of, the Medical
Clinic, Cooper Medical College (Medical Dept. Leland
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**An exposition of the causes, symptoms and treatment of
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no more are to be published. The price of the latter has been
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Physico - Clinical Medicine

VOL. 4.

JUNE, 1920

NO. 4

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "Spondylotherapy" and "New Concepts in Diagnosis and Treatment" constitute the archetype of this Journal and "S", in parenthesis, followed by a number, refers to the page in the former and "N.C." to the latter work where extended consideration of the subject cited will be found. "J", refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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THE MECHANICS OF MEDICINE

A science may be gauged by the amount of mathematics it contains. Medicine has heretofore been conspicuous by the dearth of this symbolized logic.

Medical renaissance must be identified with the new viewpoint that, vital phenomena are dynamic and the actions of human organisms should be regarded as processes and not as structures.

This world and all it contains is a mechanism. This Democritean concept of an atomic universe acknowledges no distinction between the mechanism of man and the world machine.

It was the coalition of celestial and terrestrial physics that made physical astronomy an exact science.

By the same token, exactitude in medicine can only be attained when its problems are solved by the laws of physical science.

The atomic conception of the universe must now be replaced by an electronic concept thus making matter an aggregation of electric charges. By aid of the sensitive human reflexes, these charges may be identified by a constant polarity and rate of vibration.

Medical chaos will be destroyed by these new revelations.

This is not an anticipation but a verity. Two new devices, or rather the principles which they represent are destined to fulfill this object, viz., Oscilloclast (described in previous numbers of this journal) and Oscillophore.

The former, by rates of v.ibration only has achieved favorable results in the destruction of disease.

By vibration, the oscillophore is capable of achieving like diagnostic results.

Every natural phenomenon is only a question of a definite and invariable rate of vibration.

To the formalist and traditionalist, it may be iconoclastic to reduce or rather advance diagnosis and treatment to a "penny in the slot proposition," but this is the final destiny of the mechanics of medicine.

WASSERMAN REACTION

We have commented so frequently on the fallibility of this test which informs you that you have syphilis when you have not and that you haven't it when you have, that an observation from another source is welcome. R. de Montigny (*Le Moniteur Medical*, March '20) observes as follows: The reaction is without specific value, a fact which was recorded in our clinic for many years. The fetichism of the reaction is so firmly entrenched in the lay and medical mind that it has graduated into an obsession which refuses dethronement.

To thwart errors, serologists make two reactions by different methods. If the results are doubtful or contradictory, a third method is invoked and their conclusion is based on the predominance of the positive or negative reactions,—a species of cartomancy emulating the performances of a prestidigitator.

In France and America, an occasional voice of protest is heard respecting this infallible test. Thus, the conclusions of Professor Nicolas (*Carnet Medical Francais*, Jan. '20) will create terror among the fetishists of this "famous reaction":

1. The Wassermann is neither specific nor practical.
2. It is present even in the absence of syphilis.
3. It is often absent in the presence of evident lesions.
4. It is dangerous because we treat those who are not syphilitic and fail to treat those who are.
5. From a social viewpoint, it provokes disharmony based on unjustifiable suspicion.

Reference is made to an analysis of nearly 100,000 reactions (Symmers et al.) by the most competent serologists procurable which briefly is as follows: In 31 to 56 per cent. of cases, a negative reaction in undoubted syphilis and a positive reaction in at least 30 per cent. of cases when syphilis could be positively excluded. The Medical Research Committee under the British National Health Insurance Act is slightly more tolerant respecting the accuracy of the Wassermann, but their conclusion is equally ominous, viz., that a positive reaction can only be expected in syphilis when lesions are active.

This is truly confusion worse confounded and we are now confronted with the problem how to demonstrate the border line of activity and quiescence.

Shall we say that a cerebrospinal lesion like tabes is non-active because the accurate observations of Collins show

that 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid?

Wolbarst (N. Y. Med. Jour., Jan. 31, '20- concludes that the Wassermann should be made by at least three independent serologists and that one only is not to be depended on, however capable he may be.

The writer must again emphasize the dictum of Fournier—general pathology should be made a mere annex to syphilography.

Symptoms are merely reflex responses to some etiological factor.

Thus a "Causative Diagnosis" is the only kind of diagnosis worth considering.

Therapeutic results determine the nature of a disease. When absent reflexes presumably due to syphilis return after antisiphilitic treatment, certainly substitutes presumption.

Were the writer to tabulate his cases of partial visual restoration in patients with incurable (?) blindness who yielded a positive Electronic reaction of congenital syphilis, the skeptics would accuse him of mendacity.

In his experience, nerve deafness due to congenital syphilis is most frequent, for in many instances, the virus shows a predilection for the eighth nerve. Partial restoration only can be expected in these cases unless they are recognized in their incipiency.

We can only escape the Wassermannic menace by appealing to clinical experience as the final arbiter in etiological diagnosis. In one of his works, the writer has defined a neurologist as one who can diagnose but does not expect to cure nervous diseases. In the light of cumulative experience he is even unwilling to concede this diagnostic ability. Were it not for syphilis, there would be no neuropathology.

The neurologist forgets that the Wassermann test is only one link and the weakest link in the symptomatic chain of syphilis.

OSCILLOPHORE*

As its name suggests, this is an apparatus for carrying vibrations of a definite wave length and is employed for differentiating and demonstrating radioactive energy. Owing to the large number of new data to be presented some errors in observation may have arisen.

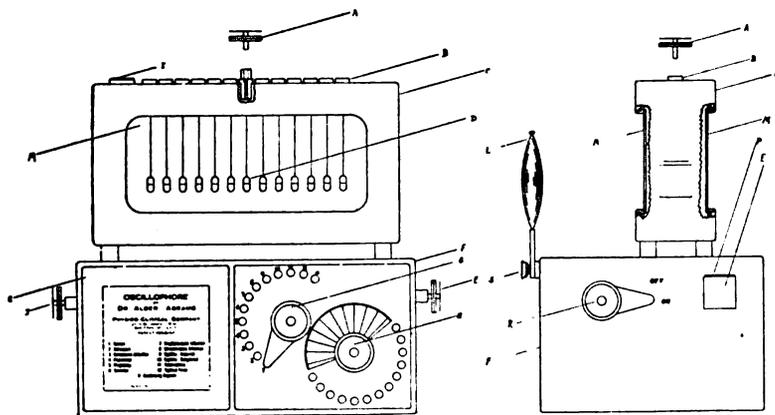


Fig. 1.—Abram's Oscillophore.

Description.—A—Condensing electrode.

B—Insulating bushing supporting capsule.

C—Instrument case.

D—Capsule (CC) marked zero for condensing any kind of energy.

E—Condensing electrode with holder for paper (P) containing drugs to test efficiency of latter. To this electrode (by detaching outer plate) may be fixed tip of cord from oscilloclast (to test rates of latter) or from electrode from patient for diagnosis.

F—Control box on which apparatus is permanently fixed.

G—Selector switch for throwing one capsule at a time in circuit.

H—Switch for throwing all capsules into circuit.

I—Level.

J—Condensing electrode.

K—Table with description of capsules.

*Terms on which oscillophores are leased: A primary payment of \$150.00 and \$5.00 monthly. For those in possession of the oscilloclast, monthly payment is \$3.00. Primary payment is subject to change.

L—Magnifying lens adjusted by screw S.

M—Glass window.

R—Switch for throwing special rheostat (not shown) off or on. Rheostat (Rh) is for measuring energy potentiality and corroborating different numbers on scale.

Rubber bulb (Rb) not shown is used for discharging D (CC).

Abbreviations.

Bm.—Bar magnet.

Bl.—Blood specimen.

CC.—Condensing capsule.

Cc.—Conducting cord.

Cr.—Capsular reaction.

Cs.—Capsules.

El.—Electrode.

Era.—Electronic reaction of Abrams.

E.D.—Enterodiagnostic reaction.

P.D.—Pulmodiagnostic reaction.

S.V.—Splanchnovascular reaction.

Gme.—General method of conducting energy from patient to oscillophore.

Hm.—Horseshoe magnet.

Iv.—Induced vibrations.

Nc.—New concepts in Diagnosis and Treatment (Abrams).

Os.—Oscillophore.

P.—Polarity.

PCM.—Journal of Physicoclinical medicine.

Polarity—Pp (positive, neu (neutral), neg (negative).

Pt.—Potentiality.

Pte.—Potentiality of energy.

Raa.—Radioactive abdominal areas.

Rae.—Radioactive energy.

Rb.—Rubber bulb.

Rh.—Rheostat.

Se.—Specimen energy.

Sp.—Spondylotherapy (Abrams).

Vr.—Vibratory rate.

Directions.—Place Os with its long axis facing East and West. Avoid all colors in its proximity and intense light. Commence observations when capsules are at absolute rest.

Place Os in a room free from vibrations. Without such a room, to the physician, dentist or physicist, apparatus is

useless. A Julius balance obviates extraneous vibrations, but it is expensive.

Persons in room must remain absolutely quiet and table on which Os rests must be firm on the floor. Judicious use of felt under apparatus and legs of table is indicated.

Os faces a window and the light so modified by a shade (black or white) to secure best observations. L may or may not be used.

Movements of Cs are very slight and several observations may be necessary to confirm Cr. When vision is not acute, a reading microscope may be used.

Eyes must be trained like with microscope for observations.

Cr must be tested with ampoules containing radioactive energy of different specimens (Se) which are furnished. If a capsule fails to respond it should be renewed.*

In emergencies, CC may be used exclusively, care being taken to discharge it by Rb before new energy is condensed.

Diagnosis is achieved with patients' blood or from Rae of patient.

If blood is used, extract it during time patient faces West or it may be taken in any position provided blood is received on a white blotter, inclosed in black paper and an Hm passed over it several times.

A like precaution should be taken with Se before testing. Latter may be influenced by Se of other specimens. Present Bl to E or J (with R on off) in such a way that finger tips are directed away from Bl and E or J to avoid polarity emanating from them.

If Tuberculosis is present, only Capsule 11 will move, if Carcinoma 1 and if both are present, 11 and 1 move, etc.

Polarity.—Rae has not only a definite Vr, but a distinctive polarity and latter is useful for corroboration.

Facing Os, P is expressed as follows:

Cr to Right, neg energy.

Cr to Left, Pp energy.

Cr to and from from median line, Neu energy.

Cr to and fro, but to left of median line, Pp and Neg energy.

In the Cr from Pp energy movement is to left of median

*Capsules are durable for six months, a year or longer. A nominal charge of 75 cents will be made for renewing capsule.

line, but capsule returns to median line. This is also true of Neg energy, but Cr is to the right.

Cr ensues 2 seconds after presenting Rae and continues until latter is removed.

Polarity of Energy.—Cancer—Positive.

Colisepsis—Neutral.

Gonococcic Infection—Positive and negative.

Pneumonia—Positive.

Pregnancy—Provisional observations show that if a Cr is to left a male, and if to the right, a female child may be predicted.

Sarcoma—Positive and negative.

Staphylococcic Infection—Positive and Negative.

Streptococcic Infection—Negative.

Syphilis (acquired and congenital)—Positive and negative.

Tuberculosis—Neutral.

Typhoid—Neutral.

H throws all capsules into circuit. To accentuate a single Cr, say Carcinoma, use G at 1 and present Bl or Se as before to either E or J.

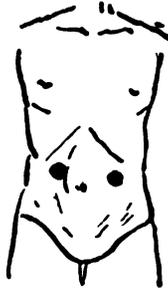


Fig. 2.—Rae from which a general diagnosis may be made*

The Rae from patient may be variously conveyed to Os:

1. By presenting grouped finger tips of right hand to E or J.

2. By a Cc with attached EL. Tip of cord is inserted into socket E or J, after removing outer plate. Use large EL for a lesion, but when latter is to be circumscribed, use a pointed EL.

Gme.—By either method, patient sits or stands with feet on two separated grounded plates of aluminum attached to a faucet or radiator with one or preferably both arms separated from the body and feet spread far apart.

Patient must always face the geographical West, i. e.,

* See P. C. M., December 19, page 214.

body must be parallel with the earth's axis. If patients swerves either to right or left (Magnetic Meridian), no Cr ensues.

Like Cr ensues with energy conveyed from patient as with blood.

Two other ways of conveying energy from patient to Os are:

1. From two areas on abdomen (Fig. 2).

These areas yield the maximum output of Rae. Use a large electrode placed as near skin or clothing as possible without touching either. Employ Gme.

In Syphilis (Congenital or Acquired), liver, spleen and spine yield the Era.

When El reaches Raa, a Cr ensues corresponding to disease from which patient suffers.

2. The Era executed by the reflexes shows definite abdominal and pulmonary areas which exhibit dullness on percussion.* These areas may also be defined by Os using pointed El.

When periphery of each area is attained, a particular capsule moves.

It is best to define these areas with Rh in circuit at the Vr of disease.

Vr. are empirical. It has been found with Rh in circuit that dullness or Cr is always present at zero of the scale of Rh and that they reappear at certain numbers† which are as follows:

Carcinoma.....	30 or 50
Col'sepsis	6
Gonococcus	5
Pneumococcus	4 or 9
Pregnancy	3, 57 or 35
Sarcoma	7 or 58
Staphylococcus	2
Streptococcus	15 or 60
Syphilis (Acquired)	20 or 55
Syphilis (Congenital)	20 or 57
Tuberculosis	15 or 57
Typhoid Bacillus	4 or 23

In Syphilis, 20 is common to congenital and acquired forms, but owing to areas common to both, differentiation is only possible at the Vr, former yielding a Cr at 57 and latter, at 55.

Potentiality of Energy (Pte).—This is necessary to deter-

*These areas are shown in Abrams' Atlas of the Electronic Reactions. Strain areas are likewise shown.

† Dullness or Cr. is greater at Vr. than at zero.

mine intensity of disease and its progression or retrogression in response to treatment.

Put Rh in circuit. Place Bl in black paper over insulating material and cover it with a large El. Tip of other cord is fixed in E or J. Place switch of Rh at 50 and gradually introduce less and less resistance until a Cr is elicited.

Thus, say syphilitic blood is used and Cr is noted at 10, then Pte of Bl is 10 ohms.

Always remember that at zero of the scales and at the Vr, a Cr ensues irrespective of the Pte.

Thus, a low or high grade of syphilis would yield a Cr at the Vr, although the Cr would be greater with syphilis of a high potentiality.

Pte from patient's lesions is similarly estimated. The following data have been determined:

1. In quiescent Syphilis,* Pte is not in excess of 2-25 of an ohm and a Pte in excess of 10 ohms in acquired syphilis is high.

2. In congenital syphilis, any reaction above 5 ohms is high.

3. In Tuberculosis from a lesion if Pte does not exceed 2-25 of an ohm, it is healed.

Any reaction from blood, however low, indicates an active lesion.

All Ptes above 3 ohms in this disease are high.

4. A Pte in Carcinoma below 1 ohm indicates an incipient reaction.

5. A localized strep reaction from a tonsil or tooth and not from Bl shows that lesions are encapsulated. Same holds good in appendicitis and other strep lesions.

Localization of Lesions.—If Bl or finger tips of patient yields say a Cr of Carcinoma, localize lesion as described in "Abram's Atlas." Thus, if the strain indicates breast, go over it with a small El until a Cr ensues.

Strains may also be determined with Rh by noting that a Cr is always elicited at 0, 30 or 50, but, if the lesion is in the Uterus there is a Cr at 20 and, if in the Breast at 13. Remember that if Pte attains these numbers in ohms, they are of no value for strain differentiation.

In this event, two Rh may be used, one admitting the

*This disease may be eradicated as a rule by "Abrams' Treatment" (P. C. M., December 19, page 222).

carcinomatous energy at 50 and using the other Rh for measuring.

This nicety of diagnosis should only be executed by experts.

Always remember that disease may be present in its incipency without clinical signs as suggested by the Era and Os.

Dextral and Sinistral Localization.—See "Abram's Atlas." Use a pointed El with Rh at Vr.

DATA

1. **Color.**—If light is filtered through a colored medium (glass, celluloid or gelatine) on to El conveying Rae, note the following:

Blue inhibits reaction of carcinoma and strep infection and yellow has a similar action in tuberculosis.

2. **Immunodiagnosis.**—Antibodies are normally present in the blood, thus conferring natural immunity to certain diseases.

To be able to inform a patient that a disease which they fear and may never acquire is of some value.

Procedure.—Condense energy of the typhoid bacillus into CC by holding Se over D for about one minute. Then place Bl of patient before E or J. If patient shows natural immunity to this disease there is a Cr or otherwise none. In an acquired immunity, there is a Cr.

This Cr demonstrates whether typhoid inoculations are necessary or, if given, whether they are effective, thus dissipating any false security against infection.

Some patients show a natural immunity to cancer and this may be similarly demonstrated. In latter instance Se of cancer is first condensed into CC.

Immunodiagnosis cannot be made with finger tips.

Observe that a cancer reaction is vitiated by the Rae of liver and Syphilis by the Rae of Spleen. Latter is basis of "Abram's Treatment."

Demonstrate as follows:

Convey Rae from liver of a subject to E. When this is done no Cr ensues when Se is placed before J. Rae from spleen will not prevent the Cr.

(E or J are interconvertible and one or the other may be used.)

Attempt a similar procedure with syphilis.

Note when antibodies of spleen and liver (concussion 2nd lumber spine) are expressed into the blood, Cr is less intense or absent.

Concussion of 11th dorsal spine which aspirates toxins of syphilis into spleen will effect a like result.

3. **Carcinomatous Contagion.**—Abrams has repeatedly shown (PCM, Sept. '16, p 10) that "carcinomatous contagion" is

a reality and has emphasized the danger of propinquity with afflicted subjects of this disease. He has explained this possibility by induced vibrations.

Select a healthy subject and note that when Se of carcinoma is placed in his pocket for a minute, A Cr of 1 may be produced. Like experiments may be made with Se of tuberculosis.

4. **Mind and Disease.**—The therapeutic mental factor is not limited to functional diseases. Let subject in former experiment when he presents his finger tips before E or J will that he has no cancer and note that no distinctive Cr of cancer is elicited. On the contrary, there is a to and fro movement (neu) of capsule showing that, during this process of thought, a neutral energy is evolved which inhibits the Pp of cancer. Such energy acting long enough and capable of neutralizing a small amount of Pp is not without therapeutic action.

No action would ensue with tuberculosis because that energy has a neu.

Magnetism.—Thales, one of the earliest Greek philosophers believed that magnets were endowed with a soul and that their power represented a species of life.

If Lucretius were inspired to sing the magnet's power, he could have apostrophized no greater marvel (Sp 6th ed. p. 131).

Condense energy from the positive pole of a Bm into CC by holding it over condensing plate of CC and note the following:

Finger tips of right hand of a normal male causes a Cr to left, and, of the other hand to the right. This polarity is reversed in the normal female. When finger tips of both hands are presented to E or J the Cr is neutral like the presentation of an Hm.

Foregoing explains the identity of the Rae of the human and magnetism, and a simple method of demonstrating homosexuality.

Bisexuality is common to the sexes. If a male before presenting his finger tips imagines himself a female (by various devices of the imagination), his polarity may be temporarily reversed and this is also true of the female.

Yellow light falling on a subject will reverse the polarity of the sexes.

I have noted that homosexualists instinctively affect this color as if to accentuate their sexual anomaly.

Red on subject intensifies the polar reactions.

Note that energy from finger tips is discharged intermittently corresponding to the pulse beats.

In neurasthenia, the energy discharge is increased as shown by greater amplitude of Cr.

Standing in magnetic meridian will accentuate the Cr.

While standing in latter posture, if head is struck a few light blows, Cr is exaggerated. Latter emphasizes simialarity of human responses and magnets.

Strong blows prevent a Cr. This absent energy discharge explains shock.

If a human condenses his own energy from finger tips, he alone can elicit a Cr; his child may do so but no one else.

If another who can get no Cr permits the subject (who has condensed his energy) to place his finger tips (both standing west) on any part of his skin, he may by induction (within a minute) elicit a Cr. This lasts only during time fingers are in contact with subject.

If a female conducts former experiments with a subject note that the interposition of sheet iron (which screens magnetic energy) will prevent a Cr. Bismuth internally will prevent this induced magnetism by the female. Bismuth is diamagnetic.

Love is an induced vibration and one of the future possibilities in an obnoxious love influence would be to oppose these Iv.

Application of the foregoing in criminology is suggestive.

Blood or hair in a murder case (condensed) could only be moved by the real criminal.

It appears (further investigations necessary) that the Cr of female blood is Neg and of a male Pp.

Present blood in the center. At their ends all objects show polarity like a magnet (NC.p.228).

The medical history of magnetism is a chaotic portrayal of misguided judgment, defective imagination and charlantry.

Magnetism and human phenomena are similar.

A—Magnets show a positive and negative pole.

B—Like poles repel and unlike attract.

C—Iron may be magnetized by induction and these Iv may be communicated (Psychology of Crowds).

D—Jarring a magnet (hammer strokes) demagnetizes it. Like effects ensue from heating whereas cooling increases magnetism.

E—Magnetism is conserved by placing a keeper across the poles of a Hm.

Soft iron is readily magnetized but loses its magnetism after the external magnetizing force is withdrawn.

Hard steel takes longer to magnetize but retains it (coercive force).

F—Resistance to be magnetized is known as “reluctance” and is greater in hard steel than soft iron.

G—A fully magnetized magnet is said to be saturated at which point it gradually grows weaker.

H—Force exerted between two magnetic poles is equal to the product of the strengths of the poles divided by their distance apart. In a word, magnetic power to attract rapidly decreases with distance.

I—A magnet will retain its magnetism better when placed in a due north and south direction.

Human Phenomena may be duplicated by the foregoing data. Love by induction (propinquity of sexes) is counterbalanced by distance and saturation. For the latter separation of married couples for a time is indicated.

Definition of Viscera.—Condense Energy from heart of patient in CC by Gme. Use a pointed Electrode and when heart borders are reached, Cr ensues. A similar procedure may be adopted with the aorta, liver, kidney, etc., condensing previously the energy of the particular structure to be defined.

Pain.—Pinch skin of hand (facing west) sufficient to cause slight pain over CC for about one-half minute. By using Gme, pain areas may be defined. Note that reflex pains yield no Cr, hence pain may be traced to its site of origin. Latter having been determined, make tests for various pathological reactions.

Confirm results by using Rh at 20 (Vr of pain).

Potentiality of pain may be determined.

If the stem of a broken flower is held before E or J, a Cr reaction of pain ensues but not if stem is cut.

Bend a piece of metal before E or J and observe Cr of pain.

If plant stem or metal is exposed to chloroform or ether, no Cr ensues.

POLARITHERAPY AND OSCILLATOTHERAPY

Symphonic therapeutics is a study of polarity and harmonics (PCM, June 19, p. 131 and UC, p. 193 et seq.).

Pharmacologic action with Os is determinable in two ways: Polar action and like vibratory rates.

If cancer Rae which is positive is presented at E, capsule 1 moves. If at same time, positive pole of a Bm is presented at J, Cr is still evident but not if negative pole is used, showing positive polarity of carcinomatous energy.

A Hm (neu) held at J, annihilates both a positive and negative energy of pathological material.

When Hm is presented, there is no Cr but when removed (Se still presented), there is an immediate Cr.

Drugs with dissimilar polarities to disease are effective therapeutically (Polaritherapy).

When a drug is presented to E or J, a Cr ensues when that drug is specific for a particular disease (Homo-oscillatotherapy, PCM, June, '19).

Capsules 9 and 10 move when mercury or arsenobenzol is presented (more effective Cr with former than latter).

Gamboge moves 11 and Creosote .8.

Show that attenuation of a drug will increase the Cr.

Try Ost by same method and note which Vr are efficient. Avoid vibrations of Ost by placing commutator on metal brushes (without setting Ost in action). When this cannot be done, with less recent types of Ost, conduct current by a long cord to Os in an adjacent room.

Aliments.—Preference for foods is a question of metabolic intelligence.

Some instinctively demand Salt, where others have an aversion for it.

Condense salt energy at CC, then present finger tips to E or J. Those craving salt will elicit a Cr; others will not.

Death—In the norm, no Cr of hydrogen sulphid can be elicited from a Bl.

In patients approaching dissolution, it appears and when amount can overcome a resistance of five-twenty-fifths of an ohm, death in a few days may be predicted.

Condense hydrogen sulphid in CC and then present Bl to note if a Cr ensues.

(Prepare gas by placing a few pieces of copper in a test tube with concentrated sulphuric acid. Heat and gas evolved may be conducted to CC for condensation).

DURATION OF LIFE

The writer is a predestinarian. His fatalistic philosophy presumes that all things are subject to fate or proceed by inevitable predetermination. In this sense he is opposed to necessitarianism, which suppose that every event is determined by the events which immediately precede it in a mechanical way.

Two factors determine growth: a food and a growth factor.

About the latter, we know nothing as it differs in different species and is uninfluenced by the adjustment of food factors.

The protein molecule is the fundamental basis of the cell and is an original constituent of the body. It is not modified by food and is original like the elements.

The growing tissues are dependent on this molecule and the original electrons of which it is composed cannot be changed.

Since attention was directed to the vitamins, we now know that growth is not only a question of energy supply but of building protein units.

Predicting the duration of life is now, we believe, a possibility by aid of the oscillophore.

Many estimations will be necessary before this question can finally be determined and should it be, it will be necessary to construct a new philosophy of complacency.

The latter need not resolve itself into indolence or apathy nor assume the aspects of stoicism.

It would not be difficult when we knew how to "Live for the present. The present is all that thou hast. For the future will soon be present and the present will soon be past."

When age, by the writer's reactions is determined by the energy potentiality of the blood, it is found that it is greatest at birth (3ohms) and decreases with advancing years, so that at 73 years, it measures three-twenty-fifths of an ohm (atlas of electronic reactions).

The potentiality of the stabilized protein molecule is uninfluenced by age or disease. It is definite and invariable.

To measure the same, condense Energy in CC. of Os. with pointed electrode from skin of the wing of the nostril for about one minute.

Only the radioactivity of the individual from whom energy is condensed will move the capsule.

Now conduct energy to Os (from nasal wing) through Rh and note when capsule moves. Lever of Rh is placed at twenty-five-twenty-fifths of an inch and gradually reduced until a Cr is elicited which is the potentiality of the protein molecule.

The following are potentialities at different ages in different individuals.

Age.	Potentiality (in ohms).
23	.....14/25
25	.....13/25
59	.....17/25
40	.....13/25
54	.....12/25
26	.....17/25
58	.....18/25
37	.....11/25
18	.....13/25
33	.....11/25
30	.....10/25
25	..... 9/25
53	.....13/25
56	.....18/25
68	.....20/25
44	.....15/25
25	.....15/25
75	.....23/25
71	.....23/25
61	.....21/25
74	.....24/25
47	.....20/25

At the age of 75, the Pte is 23/25 of an ohm. Thus, the individuals in the foregoing who do not attain this potentiality will not attain this age. In other words, the greater the Pte of the protein molecule, the greater the duration of life.

HYPNOTISM

In the early practice of this phenomenon, it was supposed that a new source of energy was transferred from the operator's strong personality.

This viewpoint was abandoned and the results were attributed to the suggestions made by the hypnotist plus a state of mental absorption in which distracting thoughts of the patient were removed.

The earlier theory presumed that the new source of energy was magnetic and that the hands represented the poles of the current.

Experiments with the Os appear to prove the correctness of the first theory.

The radiopolarity of the finger tips (not hands) in the human and the magnetic character of the emanations has been shown by the writer (Q.V.).

The vibratory rate of chloroform corresponds to that elicited in sleep and under hypnotism.

We have shown how induced vibrations may be produced in cancer.

Condense in Cc, the radioactive energy of chloroform. Then place in the pocket of a person a bottle of chloroform.

Within one minute (40 seconds definitely) induction ensues and the person (chloroform in pocket) either can elicit a Cr with the finger tips of either hand but not with both (one neutralizes the action of the other).

Now let the operator concentrate on sleep or will that a patient should sleep (energy conducted from operator to Os) and the moment this will is expressed, there is a Cr.

Fixation of the eyes of patient on an object will produce a slight Cr.

The writer has practiced hypnotism for years and since the foregoing investigations, he has found that more effective results are achieved by using only the finger tips of one hand applied to an area of patient on either side of head on a line drawn just in front of ear, 8 cm up from the antitragus. Latter area has been found to be the most receptive area for transferred energy. Note that the radioideograph (middle of arm on ulnar side) of sleep (will) corresponds to picture of chloroform.

Mathematical Sexes.—Condense energy from positive pole of a magnet in CC. With a conducting cord to Os note that when 1, 3 or 5 fingers are touched with electrode Cr is to left (male) and to the right (female) when 2 or 4 fingers are touched.

Sex of Eggs.—Try method suggested in NC (p.297) using condensed energy from magnet.

HUMAN MAGNETISM

That the energy emanating from the human is magnetic, I have endeavored to show in my books and numerous writings bearing on this subject. It is unnecessary to solicit prolix apparatus for the demonstration of this fact as the following experiment will show:

Approximate the negative pole of a bar magnet to a compass at a sufficient distance to just enable it to attract the positive pole of the needle.

Facing the geographical west (this is imperative) with separated feet and arm extended from body (to avoid short-circuiting of latter), group finger tips of right hand and present them in front and in close proximity to negative pole of magnet; the needle moves anticlock wise. Present finger tips of left hand and needle moves clockwise.

These reactions hold for the normal male and are reversed in the female.

Energy from a male is positive from right finger tips and negative from left finger tips. Right finger tips neutralize energy from negative pole of magnet whereas left finger tips reinforce the energy.

Yellow light falling on the face reverses polarity in male and female. Red light augments the output of energy

Execute reaction in a quiet room. Movements are infinitesimal and vary with the energy output of the individual. Try a like experiment with human blood, presenting the center of blood. Male blood caused needle to move anticlockwise; female blood, clockwise. Any reversal indicates homosexuality as a rule.

Reference has been made (NC237) to symptoms which may predominate on either one or the other side of the body (dextral and sinistral symptoms) and their occurrence was accounted for by a difference of polarity on the two sides. I have shown how this polarity difference may be determined by a simple method.

The following method observed by the writer may be tried: A subject faces the geographical West with separated hands and feet.

The radial pulse which must be equal in volume on both sides is palpated during the time one pole of a bar magnet is

applied to the center of the forehead. Note that in about 30 seconds there is a difference in both pulses.

In a normal male the following polar responses ensue:

Positive pole increases volume of right pulse and diminishes volume of left pulse; the opposite ensues with the negative pole of magnet.

These reactions are reversed in the normal female.

A horse shoe magnet (neutral energy) increases the volume of both pulses.

A normal male facing west and presenting the grouped fingers (to forehead of another person facing West) will get analogous results with his right (positive) and his left (negative) finger tips.

These reactions are accentuated if subject stands on insulated material.

The foregoing illustrates the principle of polarimetry and explains why by the electronic reactions of Abrams, one is able to say whether a lesion is on the right or left side of the body.

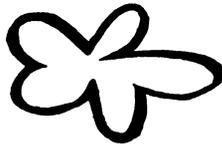


Fig. 3.—Ideograph of Love.

In this journal (March, 1920), reference was made to ideographs.

Show that nature's laws are universal and not abrogated in favor of the human.

Love is one of the most exalted emotions conferred on the human by the Great Organizer.

When an individual concentrates on love for one of the opposite sex, there appears on the forearm ($1\frac{1}{2}$ inches below elbow joint), a characteristic ideograph (Fig. 3).

A bar magnet attracting a nail or other magnetic material displays the same picture. Place before the magnet steel material just far enough to avoid its immediate approximation to the magnet. Over the area of attraction, place an electrode to which is attached a cord holding another electrode. Place latter on head of subject (at A, Fig. 1, J. March 1920).

At Luther Burbank's, like pictures were elicited by the writer with flowers.

ELECTRONIC REACTIONS OF ABRAMS.

(The following is an exact copy of a letter forwarded by H. G. Nyblett, M. D., of Canada. While in England, Major Nyblett had heard of the successful results of Abrams' treatment and he came to San Francisco to investigate its methods.—Editor.)

527 Twenty-fifth Avenue West.

CALGARY, ALTA., March 11, 1920.

Sir James Barr, M. D., 72 Rodney Street, Liverpool, England.

Dear Sir:—Having just returned from San Francisco, where I have spent the last month with Dr. Abrams, I thought it might interest you to hear of his work from one who has seen him at work.

I have been interested in Physical Therapeutics for many years, and during my four years' service overseas I was engaged in this work. On my demobilization in January, as I needed a post graduate, I decided to go to Dr. Abrams. He told me of your interest and read me some of your letters. In such a work as Dr. Abrams' it is not for a man who has spent most of his life in general practice, to criticise. His work is too big for that. Therefore I will tell you only what I saw, and leave you to draw your own conclusions.

On my arrival Dr. Abrams took me into his office and told me to watch his work until I got a grasp of it. At first it seemed hopeless, the subject was so big, and having been so long in the army, my ears were not attuned to sound. This, however, soon passed and in a few days I began to read the reflexes as Dr. Abrams elicited them. I then began to appreciate the wonderful accuracy of his work, and the fact that we now have a means of finding the cause instead of treating symptoms.

One thing that gave me faith in the Doctor was his broad-mindedness and the way that he impressed the idea that his work was in its infancy and therefore incomplete and his hope that he might live long enough to complete it and place it on a sound basis. He readily acknowledged his mistakes and his liability to err through not being able to get away from the personal element and influence, and yet in spite of this his work stands out pre-eminently, and to the man who is broad enough to forget his medical training and begin again there is no room for doubt. You have only to believe in your own senses—seeing and hearing give the proof.

A few instances of his diagnosis and treatment may interest you.

Dr. T. of a neighboring city brought in ten specimens of blood, and without any information he handed them to Dr. Abrams, who made his re-actions. I was looking at Dr. T.'s

clinical notes and each diagnosis corresponded with the clinical findings except one. Dr. Abrams, by his re-actions, stated that the blood was taken from a woman and diagnosed pregnancy. Dr. T. denied this absolutely and finally a bet was made as to its correctness. Dr. T. stated that the blood was from a girl of eighteen with suspected breast trouble. A few days later Dr. T. came in and offered to pay the bet.

A lady sent in with suspected sinus condition, this was confirmed, and in addition a diagnosis of carcinoma of the breast, which was confirmed on examination, although not suspected before.

Patient with tuberculosis sent for examination, re-action showed in addition to T. B. she has acquired syphilis. She acknowledged that she had rendered herself liable.

Patient (dentist) contracted syphilis by abrading his knuckle while extracting a tooth; was treated almost immediately; re-actions about a year after showed no syphilis. This was confirmed by a Wasserman, but re-actions showed carcinoma of the stomach. An X-ray being taken showed "Unquestionably a stricture of the lower end of the oesophagus".

Case of epithelioma of the lip stated to me as large as the end of little finger and lip indurated and painful. This case had previously been operated upon and at the time of treatment was a recurrence. At the time I saw him all induration had subsided and there were only two small marks on the lip, one with a slight crust and no pain.*

I have seen a number of cases of aneurysm of the aorta symptomatically cured. Carcinoma of the stomach to all appearances cured. The man looks healthy and no reaction.

My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has, and being an Englishman myself, my object in writing to you is in the hope that you may be the means of inducing more medical men to investigate Dr. Abrams' work and to co-operate with him in its development.

I wish some man who is proficient in his methods could go to the British Isles to demonstrate. I realize how difficult it is to appreciate it from reading, and yet when seen it becomes very simple with the exception of the training of the hand and ear, and, perhaps, I should add, the mental aspect as well. For one needs to approach a diagnosis with no favor for any special disease, otherwise the imagination may become too active. For

* Treatment by Oscilloclast. Results after five treatments.

this reason I would be in favor of obtaining the electronic re-actions and confirming them by clinical findings afterwards.

A man with no recognition of musical notes would find this work difficult, and to be certain of reactions requires considerable practice. I hope in time to be able to feel absolutely sure of my diagnosis, but even in the few days since my return I have received help from what I learned from Dr. Abrams. The only experience that I have had with the Oscilloclast was what I saw in his office, but that convinced me of its value, although I was more interested in learning his diagnostic methods. I brought the Oscilloclast home with me and one of my chief objects in so doing was to save my daughter's tonsils.

Believe me, yours sincerely.

H. G. NYBLETT, M. D.

SHORT-CIRCUITING OF HUMAN ORGANISM

The physics of percussion* was discussed in this journal (March, 1920).

It is strange that, although peercussion was first employed in diagnosis by Auenbrugger in 1761, no one has heretofore directed attention to the errors ensuing from short-circuiting.

It was not definitely known until its publication (NC) that the organism is essentially a battery and that the finger tips and toes were polar termini.

We have extended our observations bearing on the foregoing which any one can confirm.

Let the subject face the geographical West and note the following when the finger tips of both hands and feet are brought in opposition:

1. Heart dilates (deep percussion).
2. Descent of lower lung and liver borders, 3 cm.
3. Hearing improved.
4. Slight increase of visual acuity in myopics and others.
5. Slight pupillary dilation and tardy reaction to light.
6. Collapse of veins.
7. Enfeebled heart tones.
8. Slight inhibition of the pulse.
9. Dilatation of aneurisms.
10. Ear lobe reddens.

Any metal uniting cerebral hemispheres will produce like effects. The maximum effects of latter maneuver (cerebral short circuiting) are achieved when metal is suddenly placed at a point on vertex corresponding to a line drawn just in front of both ears.

Note the opposite effects (subject in same position) when arms are widely extended from body and feet separated.

1. Heart and liver borders recede (2 cm..) and the lower lung border about (3 cm)..
2. Heart tones stronger.
3. Venules enlarge.
5. Slight pupillary contraction and more rapid light response.
6. Ear lobe pales.

Non-recognition of the foregoing heretofore unrecognized, data will greatly influence the findings of the clinician and roentgenologist. Percussional dulness is more easily revealed

*This contribution was reproduced in "The Lancet" (London), March 6, 1920, and in the "Revue de Pathologie Comparee," Feb., 1920.

by the latter method (separation of hands and feet). Periodical attacks of dyspnea may be due to short circuiting.

Nature's laws are universal and not abrogated in the interests of organization whether represented in animate or inanimate nature.

This natural coordination in one harmonious architectonic scheme is the simple characteristic of organization. In this sense, the writer is a monist.

*Short-circuiting is effective for **neurasthenics**, as it inhibits the dissipation of energy. To confer maximum visceral tonicity, separation (in bed) of the hands and feet is indicated.

OSCILLOCLAST

No more emphatic truism was ever expressed than, *Qui bene dignoscit, bene curat* (who diagnosis well, cures well).

A correct diagnosis is most important in the use of the oscilloclast.

One lessee of the apparatus recently remarked to the writer "I am not getting the wonderful results that I did at first."

In all these patients with whom no results were achieved an incorrect diagnosis was made.

The oscillophore is destined to remove these difficulties.

Dr. E. Majors, informed me that a patient on whom an operation for Empyema had been made a year previously continued to have a discharge from his chest despite the use of the oscilloclast at 2 (strep rate).

On examination of the patient the strep reaction was absent but adjacent to the discharging wound, an area of lung consolidation yielded the reaction of bacillus coli. At the rate for the latter (4), the discharge ceased after several treatments.

Combining Currents.—In the March ('20) of this Journal, the synchronous use of currents was suggested to minimize duration of treatment. Thus, in every focus of suppuration, three organisms are frequently present, bacillus coli, strep and staphylococcus.

Buttons 4, 2 and 1 could be used simultaneously, but it has been found that the efficiency of the current from the apparatus is reduced 100 per cent, when the two buttons are used synchronously and at a corresponding greater reduction when more buttons are used. For the present, lessees are urged to use only one button at a time.

Report of Dr. H. Michener, Wichita, Kansas:

"Now, as I have used the Oscilloclast for some time, I want to give my opinion of it as I have found it to work in my practice. Two cases of chronic **appendicitis** cleared up in four to six treatments by using the oscilloclast to destroy streptococcic and colon bacillus infection. In **syphilis**, ten treatments over spleen and site of infection have produced not only negative electronic reaction, but also negative Wassermanns. I have not used it in acute gonorrhoea but in chronic gonorrhoea and gonorrhoeal prostatitis, it produces positive results. I have not been able to destroy streptococcic infection in deep-seated abscesses, neither have I been able to reduce tumor formations,

but in Epithelioma and carcinomatous ulcerations, the results are marvelous. One epithelioma on the face, nearly the size of a quarter and eaten down nearly to the bone, was healed with twelve treatments, with scarcely a scar remaining. One case of carcinoma of the right tonsil involving the upper and lower maxillae perfectly healed with surfaces smooth and of a natural color, but the submaxillary gland and the glands of the neck, I haven't been able to reduce, but they remain hard and fixed. Can't you multiply or increase the energy for destruction of hyperplastic connective and fibrous tissues?"

[Comments. The electronic reactions show that one may elicit a gonococic reaction from implicated structures despite the negative results obtained by staining of the secretions. Thus symptoms persist which invariably yield to oscilloclast. This difficulty consists in a failure to properly express the contents of the prostate and seminal vesicles. In consequence of the latter, an examination of the total ejaculated fluid (after coitus) for gonococci is suggested.

I have repeatedly referred to the fact that the only change in tumors after use of the oscilloclast is induration, movability and only a slight reduction in size. The presence of connective tissue is a compensatory phenomenon to replace the destruction of the parenchyma by the current, and it is injudicious to seek its removal by using the current at the scar tissue rate. For cosmetic reasons, after destruction of the growths by the current, they may be extirpated.

In contrast to the report of Dr. Michener, Dr. P. S. Replogle (Champaign, Ill.) mentions several patients with carcinomata who have received benefit from the oscilloclast, and the following is excerpted from his letter:

"Man, 50 years of age. Carcinoma right breast. Mass indurated and irregular shooting pains throughout chest. Ten treatments with oscilloclast reduced tumor at least two-thirds, and the man is well and has returned to work."

The rapid results achieved by the oscilloclast is indicated in an excerpted report of Dr. Thompson:

"Gonorrhoeal cystitis cured in three treatments: Frontal sinusitis (colon bacillus infection) cured in seven treatments (this patient as well as the following one had been treated for many months without results). Suppurating antrum cured in a few treatments. Carbuncle cured in two treatments," etc.—Metastatic infection of a sinus by the plasmodium was demonstrated in one of Dr. Thompson's patients by the electronic reactions.

Urethral Stricture.—Dr. H. G. Nyblett reports excellent results by intraurethral applications of the current at the scar tissue rate. His suggestion finds application for strictures elsewhere.

Neurasthenia.—The head sensations (casque neurasthenique) of this affection which the writer has shown are due to fatigue poisons are almost immediately relieved by applications to the occiput of the current at 10.

Skin Lesions.—There is no adequate term to designate the presence of colon bacilli in the blood and collibacellemia is suggested. The electronic reactions show that many chronic skin affections owe their genesis to the colon bacillus and the current at 4 or the use of gamboge externally is suggested. For many years the writer has shown that many dyes owe their efficiency to their inherent radioactivity which in potentiality is even greater than radium itself. It is only recently that the research laboratories are investigating the efficacy of dyes in the treatment of disease.

It is suggested that they be used (as indicated by the writer in N. C. and J.) to fortify the action of the oscilloclastic currents in the interim of treatment.

Syphilis and Carcinoma.—Physicians should be apprized of the fact that the electronic reactions show that carcinomata frequently develop on a healed syphilitic lesion.

Ocular Lesions.—Despite the fact that oculists may recognize the early manifestations in the eye of systemic disease, they do not do so often enough and, if they do, they are powerless to cope with them.

To many oculists every opacity is a cataract and strep infection is unrecognized.

Tuberculous lesions of the eye are frequent and many so-called cases of glaucoma are nought else but an ocular tuberculosis. The latter statement is based on the electronic reaction and the results of treatment with the oscilloclast.

Many lesions are due to congenital syphilis (notably progressive visual acuity) and are only improved by general treatment first and local treatment to the eyes by the oscilloclast. My results will not be recounted as the writer seeks to escape the accusation of mendacity, but only the following instance will be related:

Dr. F. D. Taft (Oakland, Cal.) mentioned incidentally that he was absolutely blind in one eye for 20 years. Many prominent oculists were consulted and the unanimous verdict was, opacity dependent on cataract. An electronic reaction of the

eye demonstrated the typhoid bacillus, and Dr. Taft observed that loss of vision ensued subsequent to an attack of typhoid fever. Current (at 10) from the oscilloclast was used and after only three treatments comparatively small print was read without difficulty.

Migraine and Epilepsy.—These, like many psychoses, owe their origin to congenital syphilis, but although treatment of the latter is persistent, the symptoms continue. One can account for the latter by referring to the "dead corners" which harbor the toxins and resist drug action. Thus, in two instances of **paranoia**, congenital syphilis (which failed to yield the electronic reaction after "Abrams' Treatment") demonstrated in the sub-occipital region a reaction of congenital syphilis, and when the current at 3 was used at this area, for about 12 treatments coincident with the evanescence of the reaction, the symptoms abated and finally disappeared.

A nosological relationship between migraine and epilepsy has always been surmised. In both affections, the electronic reactions invariably show congenital syphilis, but whereas, the reaction from the blood may be dissipated by the Abrams' treatment, a localized reaction of the disease may be elicited at an area corresponding to a point on the left side of the head in the parietal region, about 6 Cm. up from the top of the ear.

It is requested that lessees of the oscilloclast use the current at 3 in these affections at the area cited to determine results inasmuch as the writer has not had sufficient experience with the method. In a few cases of **asthma** thus far examined, a reaction similar to epilepsy and migraine was demonstrable.

DYNAMIZER.

One of the great future problems is to harness the great storehouse of intraatomic energy. The following suggestion may prove the basic principle of this endeavor. I have shown that all entities in nature show polarity and the neutralization of the positive by the negative polarity minimizes the energy output. This may be prevented by grounding the ends of a blood specimen by aid of the Dynamizer (Fig. 4).

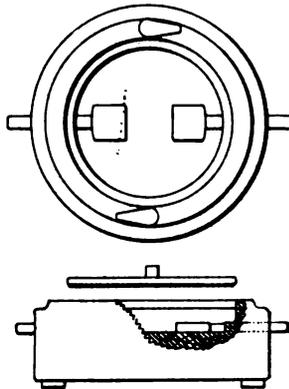


Fig. 4. Dynamizer.

By aid of the latter, the electronic reactions are increased 400 per cent. in intensity. Try the method suggested in previous article and note that, when bar magnet is short circuited by a wire uniting the two poles, the attraction of the compass needle is diminished and conversely increased by grounding the two poles.

An electrode on a like principle will be made and sent gratis to lessees of the oscilloclast to encourage use of latter for analgesia. The two compartments (insulated) of electrode are filled with cotton, wet with salt solution.

MEASUREMENT OF EMOTION.

The experiments of Professor A. D. Waller on the above subject (February 21st, page 259) are very interesting to me as corroborative to a very small extent of the epoch making work of my friend Dr. Albert Abrams of San Francisco.

It is quite eight or ten years since Abrams showed that the electric discharge from the human body chiefly occurs at the tips of the fingers and toes; the discharge is greater in the light than in the dark, and, contrary to generally accepted opinions, greater in dry than in damp weather. As an absolutely dry atmosphere is a more or less perfect insulator, he legitimately concludes that human electric potential is high. He has also shown that the polarity in the normal male—I say normal because there are a good many asexual individuals about—is positive in the right hand and foot and negative in the left; in the normal female during the child-bearing age the polarity is reversed; the polarity can also be reversed by throwing a yellow handkerchief over the head of the subject. In some highly strung individuals the discharge from the right hand in the male and the left in the female is sufficient to neutralize the south pole of a six-inch bar magnet.

Abrams ascribes these effects to electronic energy, not simply in the cell, but in the atoms of which the cell is composed, and he holds that radio-activity is a universal property of matter, and not simply confined to the dozen elements or so to which physicians limit it.

I think it is within the experience of very many individuals that any painful or disagreeable emotion causes tingling or the so-called "pins and needles" at the tips of the fingers. In your own case, when Dr. Waller aroused a disagreeable memory, there was a great deflection in the mirror galvanometer. There must be a great many disagreeable reminiscences stored up in the substrata of your encephalon; get someone to rake them up, and you may be able to corroborate my observation at your finger-ends without any Wheatstone bridge or galvanometer.

In executions it has been long known that emission of semen not infrequently take place. This has always been ascribed to the effects of strangulation congesting the penis and testicles, but it occurs as frequently in fracture of the neck as in the slow process of strangulation, and in my opinion takes place before the execution in the dread anticipation of what is going to happen.

In epileptics the high electric potential can be drawn off from any part of the cranium, and in order to lessen the elec-

trical resistance of the scalp in such cases I have been lately having it rubbed night and morning with a 5 per cent. solution of acetic acid. I could easily fill several journals with an account of Abrams' valuable work, but this will perhaps suffice to whet the appetite of the curious for something new.

Reprint, British Medical Journal, March 13, 1920. By Sir James Barr, late President British Medical Association.

MISCELLANY

Letter of J. W. King, M. D. (Bradford, Pa.)—The following is an excerpt in reply to a physician: "I know of nothing in my 31 years of practice of medicine that is comparable in any way to what one is taught here in Dr. Abrams' laboratory. You must come and see the work done."

Electronic Reactions of Abrams.—During a recent sojourn of three months in San Francisco, en route from Hawaii to New England, it was the writer's good fortune to spend the last ten days of this period in investigation at the Abrams laboratory. Through the courtesy of Dr. William Boericke, the Dean of Hahnemannians of the Pacific, the writer was presented to the polyglot scientist and man of letters, Dr. Albert Abrams.

The casual visitor to the modern scientific laboratory finds a certain unanimity in personnel, equipment and general conduct befitting the advanced age in which we live. This is true of the Abrams laboratory to a certain extent, yet this particular laboratory is unique in several respects that probably make it more typically individualistic than almost any other institution for medical research. In fact, one seems to be impressed with the idea that this is not alone a laboratory for physical and pathological diagnosis, but an institute for biodynamic and vital research as well.

In this laboratory many subjects, possibly considered by the ultra-conservative as very far afield from medical diagnosis, have from time to time come under consideration. For example, not only have the visceral reflexes been utilized for testing the electronic reactions and vibratory rates of various pathological lesions, and for ascertaining the radioactivity of metals, electromagnetic theory of light, gravitation and polarity in the field of electrophysics, but also subjects as psychoanalysis, bicerebration, hypnosia and various phenomena of the subliminal have likewise been under consideration. All these data have been carefully set forth in more or less detail in Dr. Abrams' "New Concepts in Diagnosis and Treatment."—Excerpt from a journalistic contribution by B. C. Woodbury, M. D. (Boston, Mass.).

Ideography.—In a recent number of this journal (March, 1920) this subject from a professional viewpoint was discussed. It may interest our readers to reprint the following viewpoint of a layman which was recently published (April 24, 1920). The caption of the article was "Visualization of Mental Vibrations":

BY ROBERT H. WILLSON.

"If you want to see something really worth while, let me show you a reproduction of your thought vibrations."

This was the rather startling suggestion made by Dr. Albert Abrams in his laboratory at 2135 Sacramento street two days after he had demonstrated what, he says, are the electronic vibrations of alcohol.

I will relate exactly what happened at that time without embellishment or speculative comment.

Dr. Abrams and three physicians, who were there because of interest in some of his other experiments, took their places in one room, surrounding a young woman employed in the laboratory.

Apparatus Used to Receive Vibration.

Dr. Abrams brought out a receiving instrument, apparently very much like a simple apparatus for conveying sound vibrations. At one end was an aluminum disc about the size of a tea saucer, and at the other end a similar disc about the size of a half dollar. The connection was an insulated cable. The large disc was set up in the center of the room and the small disc was placed on the forehead of the young woman.

For the first experiment Dr. Abrams said he would try something simple. He asked me to go into the next room and think intently of a numeral. The doctors were to watch closely the bare extended arms of the young woman and draw upon a piece of paper anything they saw appearing there.

Before I left the room I had selected the numeral "8" because it seemed easy to visualize more intently the two circles joined together than any other image of a number I might select. I did not write the number, nor see it anywhere in the room, nor intimate in any way that I had selected it."

Numerical "8" Seen on Girl's Arm.

I went into the next room, thought as intently of the figure "8" as I knew how—without really knowing how, for the process of mental concentration is but vaguely understood—and within a few seconds was called back. I heard them comparing notes as I came into the room. Dr. Abrams and two of the doctors had seen the figure "8", the other doctor had seen one of the circles, and the nurse upon whose arm they said the figure appeared was certain that it was "8".

One experiment proves nothing. If it is possible to send thought vibrations from one room to another and reproduce thought pictures, the scientist would demand fairly uniform results under similar conditions. I have spent many hours

since that first experiment in Dr. Abrams' laboratory and the results have been varying.

But a number of very interesting things happened. Dr. Abrams asked me at one time to think of a geometrical figure, mentioning squares, circles, triangles, crosses, etc.

Automobile Wheel Is Thought Of.

It occurred to me that any guessing could be eliminated by going outside the field he suggested and yet in a way conforming to the test. I had changed tires often enough to be sure that I had a very vivid picture of an automobile wheel in my mind.

As a result of this experiment Dr. Abrams and another observer both drew pictures of a circle with several bisecting lines. The pictures were essentially of automobile wheels with a number of spokes missing, and when I stop to consider the matter I don't know how many spokes there are in the wheel of my automobile, so that their pictures were about as accurate as the one I had in mind.

Dr. Abrams believes in apparitions—to this extent. He says they are projections of thought vibrating into space. To demonstrate this theory, he asked me to try to see an image in the room about half way between the floor and the ceiling at a certain point. He took the receiving end of his vibratory conductor to that point. The most natural thing I could think of to be hanging in space was a crescent moon. The nurse at the receiving end of the conductor almost immediately drew a crescent.

Thought of "V" Appears as Triangle.

The whole thing is weird and incredible. I tried another experiment with a numeral. It might be that someone would guess what was in my mind a number of times in succession. I took the number "5", but pictured it as the Roman numeral "V". The "V" appeared, but so intent were the observers on looking for something else that they told me all they could see was something that looked like a triangle.

With due apologies to Dr. Abrams I am by no means convinced that I have seen thought vibrations transferred from one place to another or that I have seen thought images reproduced. I am inclined to doubt that the human mind is capable of understanding its own mechanism.

Some of the experiments we tried were startlingly successful and others failed. I tried in one instance to transmit a picture of a tall shaft, having especially in mind the Washington monument. They gave me a picture of a telegraph pole lying in a horizontal position.

Dr. Abrams is working on the edges of an interesting field of scientific investigation. He is even trying to secure some delicate photographic apparatus to record the impressions of thought images.

The fact that he believes thought images are reproduced on the surface of the skin under strong mental concentration is perhaps not as incredible as it seems at first.

Proves Human Radiation by Magnet.

To demonstrate the radiation of energy from the human body he performs a simple experiment with a compass and a magnet. The magnet is placed just far enough from the compass to draw the needle in the opposite direction from the north pole, with only enough attraction to leave it at the point of swinging back again. Approaching the end of the magnet with the finger tips affects the needle of the compass. Using the right hand causes the point of the needle to swing to the left, the left hand causes the opposite motion. The polarity of the body and the emanation of energy are pretty well demonstrated by this simple experiment. Why not, then, asks Dr. Abrams, regard it as reasonable that intense thought vibrations should extend to the delicate surface of the skin?

Dr. Abrams has even gone so far as to construct a small "storage battery" in which he says that thought vibrations may be condensed and stored for a short space of time. He demonstrated this with a degree of success, but it seems more plausible to believe that some other agency than a storage battery of human thoughts was at work.

Several men of scientific turn of mind have been deeply impressed by Dr. Abrams' experiments, others are extremely skeptical. One thing may be guaranteed—he has a sufficient amount of data and equipment to cause anyone to do a lot of profound thinking."

Congenital Syphilis.—Among the stigmata of Abrams in the identification of this condition is incurvation of the little finger (J., March, '18). Abrams has more recently noted an incurvation of the radius which is fairly constant in both forearms.

Review of Reflexotherapy.—Dr. J. W. King has compiled a succinct summary of Abram's methods which is most practical and which, we hope, will be published in a future number of this journal.

Atlas of Electronic Reactions.—The price of this atlas has been advanced to \$20.00.

Identity of Syphilis.—Recently, in a matter of medicological inquiry, the writer was asked whether it was possible to determine whether syphilis contracted by the husband was transmitted to his wife or whether she had acquired it from some other source. An affirmative answer could be given.

Why is it that only about 2 per cent. of syphilitics develop paresis? Four men infected from the same prostitute all became tabetic or paralytic later (Erb) and, in an epidemic of syphilis among glass blowers (7 victims), 5 were seen 12 years later and 4 were tabetics or paralytics (Brosius). Family tabes or general paralysis also accounts for definite strains of spirochetæ whose toxins possess an affinity for definite tissues. Every syphilographer knows that the virulency of syphilis varies with the locality in which it is acquired. This geographic determinant as a factor in virulency is also noted in gonorrhœa.

It is now known that there are distinct strains of the spirocheta; with one strain, eye lesions in rabbits may be produced, whereas another strain never produces these lesions. Investigators have shown that syphilis may affect the heart alone (spirocheta present) without histological lesions or spirochetas elsewhere.

Bacterial localization referred to elsewhere (J. 35) emphasizes the fact that there must be a great variety of species or sub-species among the spirochetes and that the elective localization of lesions is dominated by this fact. We have referred to the electronic syphilitic reaction in the Journal (Sept. 1916).

In addition to this general reaction, there are specific areas of dulness which seem to indicate the tissue for which the spirochetes show a predilection. If these additional areas are present, either the structure is already invaded or its invasion may be predicted in the event the luetic process is uninfluenced by treatment.

The sites of these strains have been shown in this Journal (Dec. 1916) and in Abrams' Atlas. If the wife's syphilis is from the husband, the strains are identical.

Ideographs.—These may also be observed in the soft palate (Palatographs). Should any question arise as to their identity on the arm, note that they are anesthetic. I have shown that ideographs are bloodless. Anyone with sufficient will power by concentrating on a particular skin area can make the latter anesthetic.

Try the experiment but do not do so until the area is white. This maneuver may be useful for incisions, hypodermic injections, etc.

Location of Appendix.—In NC (p. 107) it is stated that the real object of the appendix is to store energy. Take a bar magnet and pass it slowly over the right ileocecal region. Then if positive pole of magnet was used, dulness will be dissipated by neg. pole presented to area and vice versa. Subject must stand facing West.

Note respiratory excursions of dulness in absence of adhesions. To elicit dulness in recumbent posture feet of patient must be directed to the West. The spleen is the only other organ thus influenced by transferred energy from a magnet or finger tips (physician facing West). Note increased splenic dulness when this is done.

SPONDYLOTHERAPY

(Dr. Chas. L. Ireland, of the Physiotherapy Department of the U. S. General Hospital, has been doing excellent work with the spinal reflexes. He was a student of Dr. Abrams. I am indebted to my distinguished friend, Dr. J. Madison Taylor, for the following excerpt of a letter written to the latter by Dr. Ireland.—Editor.)

"A man whose spinal cord was severed at the 10th dorsal spine was brought to my clinic by the chief of the G. U. Service who injected his bladder full of a weak permanganate solution to which at his side was connected a graduated tube.

When the slow sinusoidal current was applied to the 7th and 8th dorsal spines the bladder reflex of contraction (S. 358) which ensued forced the solution up in the graduated tube until it would overflow.

Sigmoiditis.—Dr. J. W. King observes that with the Sigmoidoscope one can demonstrate contraction of the sigmoid flexure by concussion of the 12th dorsal spine. He has found that the latter procedure is practically a specific in this condition owing to the improved circulation and muscular tone communicated to the structure.

THE ABRAMS TREATMENT OF ANEURYSMS.

At the 29th annual meeting of the American Electrotherapeutic Association (Sept. 15, 1919), Dr. J. Gardner Smith, reported two cases of aneurysm successfully treated by Abrams' Method.

In the discussion, Dr. Wm. Benham Snow observed that one of the patients had been under treatment for months without benefit, but by the treatment in question, he was enabled to return to his former position which he still retains (after two years).

Dr. Snow further observed that Dr. Albert Abrams was also the first to direct attention to **Splanchnic Neurasthenia** "I know nothing," observes Snow, "in past years that has given me the satisfaction that I have had, and that has received the recognition of many others who have been watching these cases and the results. It is not that the effect on the condition is a temporary one, for it is not temporary, but lasting."

Dr. Wm. L. Clark suggested that Abrams' Method was essentially empirical and that Dr. Pfahler and himself could not note any diminution in the size of an aneurysm by aid of radiographs. To his own satisfaction, Dr. Clark effected the following trilogy:

1. The aortic reflex of contraction is non-existent.

2. The eminence of his radiographer is sufficient to discredit the "wonderful" reports of Abrams:

3. That empirical practice must be discountenanced so that the Supremacy of Electrocardiography will be acknowledged.

Such fatuous arguments engender so-called scientific medicine which is making a diagnosis and awaiting its confirmation at the necropsy.

It is the scientific medicine of Skoda, who observed, "We can diagnose disease, describe it, and even get a grasp of it, but we dare not by any means expect to cure it."

No doubt, the overwhelming evidence adduced by Dr. Clark's isolated observation suffices to discredit the observations of Snow, Jarvis and numerous other observers who, by a series of radiographs demonstrated variations in volume of aneurysms superinduced by Abrams' aortic reflex of contraction.

Dr. Clark's single observation is akin to an Homeric poem where the hero with a single sweep of his arm hurls a world to destruction.

The "cancer specialist" often thrives on the mistakes of the microscopist but no one to the writer's knowledge has had the temerity or discretion to tabulate the misinterpretations of radiographers.

The academic polemic should be forgotten by substituting the bedside for the laboratory and the patient for the test tube.

In the presence of a sick man, the practical querist demands to know, what is the matter with him and what will do him good?

The pragmatist doctrinaire forgets that the crucial test for the action of remedial measures is in their clinical application; that many of our most potent remedies have been inherited from the therapeutic acumen of our medical ancestors; that the diseases of which we know the least pathology are the diseases which we treat most successfully. If Dr. Clark doubts that the Abrams' treatment is practically a specific in early aneurysms, the writer suggests with all due deference to his erudition, to review the pages of the *British Medical Journal* and *La Presse Medicale*.

The writer may even induce Dr. Clark to read the *Medical Record* (April 13, 1918), where Kodama, of Tokio, Japan, relates what could be achieved with 45 patients with aneurysms by Abrams' Method.

It may be easy to sit in the scorner's seat and hurl the cynics' ban, but it is easier to symptomatically cure an early aneurysm by concussion.

It has been the writers' privilege as a pioneer investigator to encounter individuals known as "doubters" in conventional parlance and as "negativists" in technical phraseology. The latter is essentially a morbid mental condition. Its pedigree may be traced to the Pyrrhonians who were so skeptical as not to place as much confidence in the senses as was necessary for the preservation of life.

SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY.

California (City).—Drs. W. Hess, E. Richardson, G. Snyder, G. Wheeler, A. Ward.

Provincial.—Drs. E. Majors, B. Krout, W. Watts, H. Werick, L. Dietz, J. Thompson, W. Finny, H. Meredith, B. Tisdale, F. Taft, C. Thudichum, L. Weatherbee, S. F. Meacham, C. Powell.

Michigan.—Dr. C. A. Reinbolt.

New York.—Dr. H. Chayes.

Illinois.—Dr. J. Tow.

Oregon.—Dr. C. W. Low.

North Dakota.—Dr. H. Irvine.

Pennsylvania.—Dr. J. W. King.

Nebraska.—Dr. R. Rice.

Colorado.—Dr. M. MacManus.

Kansas.—Drs. A. F. Hornbecker, C. S. Evans.

South Dakota.—Dr. W. J. McRoberts.

Canada.—Drs. H. G. Nyblett, S. J. Bloomfield, H. G.

Arnott.

Panama.—Dr. Jos. Eastland.

Central America.—Dr. C. Leva.

LESSEES OF OSCILLOCLAST*

- Sir James Barr, England.
A. Bursell, M. D., Medford, Oregon.
E. A. Majors, M. D., Oakland, Cal. (2 machines)
A. T. Noe, M. D., Pacific Grove, Cal. (2 machines)
J. P. Kanoky, M. D., Kansas City, Mo.
H. Meredith, M. D., Oakland, Cal.
J. Goodwin Thompson, M. D., Oakland, Cal. (2 machines.
V. Sillo, M. D., New York City.
C. Powell, M. D., Oakland, Cal.
W. F. Becker, M. D., Chicago, Ill.
E. W. Dodge, Chicago, Ill.
J. W. King, M. D., Bradford, Pa.
C. Wheeler, M. D., Los Angeles, Cal.
H. Michener, M. D., Wichita, Kas.
G. Boericke, M. D., University Hospital, Ann Arbor, Mich.
M. W. Kapp, M. D., San Jose, Cal.
L. J. Sherman, M. D., Oakland, Cal.
J. DuPlessis, M. D., Chicago, Ill.
P. S. Repogle, M. D., Champaign, Ill.
C. L. Thudichum, M. D., Sebastopol, Cal.
F. Schuldt, M. D., Mexico City, Mexico.
H. E. Palmer, M. D., Dayton, Ohio.
Capt. A. R. Gould, M. D., Washington (2 machines)
B. W. Swayze, M. D., Allentown, Pa.
Seneca B. Bain, M. D., Washington, D. C.
H. A. Hess, M. D., San Francisco, Cal.
H. G. Nyblett, M. D., Calgary, Canada.
J. C. Stevens, M. D., Harrisburg, Pa.
B. Tisdale, M. D., Oakland, Cal.
J. Tow, M. D., Chicago, Ill.
C. H. Kingsbury, M. D., Danielson, Conn.
L. H. Dietz, M. D., Oakland, Cal.
S. King, M. D., Warren, Pa.
L. B. Weatherbee, M. D., Antioch, Cal.
S. F. Meacham, M. D., Oakland, Cal.
B. Crombie, M. D., Port Chester, N. Y.
A. F. Hornberger, M. D., Wichita, Kan.
C. A. Reinbolt, M. D., Detroit, Mich.
W. J. McRoberts, M. D., Hot Springs, S. Dak.
R. Rice, M. D., Council Bluffs, Iowa.
C. S. Evans, M. D., Hutchinson, Kan.
H. T. Irvine, M. D., Fingal, N. Dak.

*Terms on which oscilloclasts are leased are as follows. A primary payment of \$160.00 and \$5.00 monthly. Primary payment is subject to change owing to varying cost of material and labor.

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SAN FRANCISCO, CAL., U. S. A.

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Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

VIRULENCY GAUGED.

IN SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (Glands, Lungs, Bone) the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to see whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations only, do not permit of the localization of lesions, and to achieve the latter an examination of the patient is imperative. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible. It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent. of errors and in some diseases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. VIII, 3rd edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M., Sc. 1916), estimates that 15 per cent of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives a negative result in from 31 to 50 per cent. of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy 2. The reaction in the

living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test. The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy!
NEARLY 100 PER CENT. POSITIVE.

Geo. O. Jarvis, A. B., M. D., (formerly of the University of Pennsylvania), found that the electronic tests of Abrams were POSITIVE in nearly 100 per cent of syphilitic affections (hereditary or acquired).
VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphilologist in his **SEXUAL IMPOTENCE** (W. B. Saunders & Co., 1915) "in the diagnosis of syphilis by the **ELECTRONIC TESTS OF ABRAMS.**"

The tests embody the employment of the visceral reflexes of Abrams.
FROM ENGLAND.

Sir James Barr, in his Presidential address at the 18th annual meeting of the **BRITISH MEDICAL ASSOCIATION** (**BRITISH MEDICAL JOURNAL**, July 27, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the **BRITISH MEDICAL ASSOCIATION**, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new Continent and he has given us further insight into methods of prevention."
CANCER.

Prof. Perdue, Director of the largest laboratory for cancer research in America, observes:

"Nothing in recent medicine has been so revolutionary in diagnosis as the reactions of Abrams. For many years the profession has looked to the laboratory for exactness in diagnosis, and our literature has been full of the Wassermann reaction and the Abderhalden tests for pregnancy and cancer. In the midst of all this came the diagnostic methods of Abrams. Methods so simple, so scientific, so exact, so practical, at once made the **PROCESSES OF THE LABORATORY OBSOLETE** and historic in medicine. I have NEVER SEEN the reactions of Abrams fail or be misleading."

DIAGNOSIS AT THE VERY BEGINNING

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams, of San Francisco. To be able to **DIAGNOSE AT THE VERY BEGINNING** tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (**AMERICAN JOURNAL OF CLINICAL MEDICINE**.)

In another communication to the same Journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abram is due the credit for this epoch-making discovery. It is the eternal counterpart of the Abderhalden reactions."

"I shall place all knowledge learned with you in the foreground." "The inspirations I gained while with you repaid me well for a year's wanderings." "The more I study the electronic reflex phenomena first discovered by Dr. Albert Abrams the more I am overwhelmed." From signed personal letters.

Physicians will please observe that in any conflict among the reactions that the accuracy of the Electronic test will be determined by the therapeutic results.

FEEES

(Which include all diagnostic information necessary.)
 Blood examinations which include tests for all diseases\$10.00
 Subsequent blood examinations to gauge the course of the disease 5.00
 Examination of patients 25.00
 (With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)
 Course to physicians on Electronic Diagnosis\$100.00
 (Limited to reputable physicians in possession of of the M. D. degree.)

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the *Spirochaetae pallidae*, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the *Spirochaetae* was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

-2-

reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. *final judgment* The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond cavil the presence of cancer.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-3-

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

When I first began to investigate the subject of Electronic Diagnosis, I found the work most confusing but further investigations at the Physico-Clinical Laboratory of Dr. Abrams, convinced me from therapeutic results observed, of the correctness of his diagnoses. It is impossible to form a very intelligent opinion of these methods from reading about them. One must come to Dr. Abrams' laboratory and watch him at his work and hear his explanations and comments and if he approaches the investigation in an unprejudiced frame of mind the physician will soon discover that he has found something that will be of vast usefulness to him in his medical work. I consider the last five months that I have spent in this investigation as the best spent time of my medical life and would heartily advise any of my confreres to pursue a like course.

Very sincerely,

W. R. Scroggs M.

1st. Lieut. Medical Corps
U. S. Army.

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1521 SO. HOPE STREET
COR. SIXTEENTH AND HOPE ST.
LOS ANGELES, CALIFORNIA

To Whom it may concern:
This is to certify that
Dr. Albert Abrams has examined ^{for me} by
his new method one hundred ^{of} sig-
nificant cases, great as was the surprise
to me in many instances in practically
all cases his judgment was later
demonstrated to be correct and in no instance
was he found to be in error.

H. E. Macdonald M.D.

Dear Doctor Abrams

July - 27 - 17

Your letter explaining blood test no. 3 received.
Your diagnosis is correct. I thought I might
stump you on this case - but failed.

I am sending you blood specimen of case no. 1.
to day - I trust you will be able to find some
improvement in this test case - this time.

I can hardly wait the time I can leave for the
city and spend the time with you.

Thanking you for past favors I am sincerely yours
A. Thatcher

**REPORT OF 192 BLOOD-TESTS MADE AT THE STATE HOSPITAL
STOCKTON, CAL., MARCH 6, 1918, USING THE
ELECTRONIC REACTIONS OF ABRAMS**

The specimens submitted for examination consisted of several drops of blood absorbed by white blotting paper, and derived from patients with the following diseases:

1. Syphilis (congenital and acquired). In these cases the diagnosis had been positively established by serological tests and the clinical findings.

2. Tuberculosis. The diagnoses had been previously confirmed by tuberculin tests, the presence of tubercle bacilli in the sputa and by the physical examination.

3. Carcinoma. The correctness of the clinical diagnosis was confirmed by microscopic examination.

4. Syphilis and Tuberculosis. In these instances the specimens of blood on the same blotting paper were derived from different patients.

5. Syphilis, Tuberculosis and Carcinoma. Like in the latter instance, specimens on the same paper were derived from different patients.

This report is an unequivocal demonstration of the fact that the

ELECTRONIC REACTIONS OF ABRAMS were absolutely correct in 186 instances among 192 specimens of blood submitted for examination (3 very small specimens were not examined, making 189 actually examined). The specimens were submitted by physicians of the hospital, including the pathologist under rigorous conditions, with the object of eliminating any previous knowledge on the part of the executive relative to the disease or the patient from whom the blood was derived.

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Poliomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis (Variety)
Colicsepsis	Leprosy	Sarcoma
Carcinoma	Malaria	Scarlatina
Cholelithiasis	Measles	Straphylococcic
Chorea	Menstruation	Infection
Diabetes	Meningococcic	Streptococcic Infec- tion
Diphtheria	Infection	Syphilis (differentia- tion of congenital and acquired, and specific strain.)
Epilepsy	Neurasthenia	Teniasis
Gonococcic Infection	Paralysis Agitans	Tetanus
Gout	Parathyroid	Typhoid
Hookworm	Insufficiency	Tuberculosis (Varieties)
Hyperpituitarism	Paratyphus	
Hyperthyroidism	Pneumococcic in- fection	
Influenza	Psychasthenia	
Insanity	Pregnancy (predic- tion of sex)	
Paranoia		
Dementia Precox		

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary or, if given whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer and this is demonstrable by a blood examination.

By "Abrams' Treatment" of SYPHILIS, electronic reaction of latter is permanently dissipated. Reprint forwarded on request.

ELECTRONIC REACTIONS OF ABRAMS (ERA)

(A few brief and curtailed references from Journals and signed letters)

NOE, A. T., M. D.—"I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known." N. A. J. H.

ANTHONY, J. C., M. D.—"Made wonderful diagnoses for me which would have been impossible by other means."

HESS, H. A., M. D.—"Dr. Abrams has made 50 examinations of the blood for me and all correct as far as I can judge."

MEACHAM, S. F., M. D.—"E R A are greatest contribution to medicine."

POPE, CURRAN, M. D., (Author of classic on Hydrotherapy).—"Not a day passes that I do not use your methods."

BOOLSEN, S., M. D.—"I regard the E R A as a great help and have frequently contributed the fee myself because results talk and success follows a correct diagnosis."

JAWORSKI, H., M. D., Paris, France. (Author and medical authority; translator of E R A into French.)—"I have carefully studied your methods and regard the discovery and its immensity with admiration."

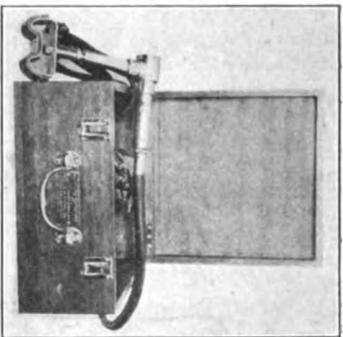
KING, J. W., M. D. (Penna.) "Physicians should at once form a caravan and go out and worship at 'Abrams' shrine.'" "Am getting wonderful results therapeutically from diagnoses made for me by you."

PAREDES, F. M. D. (Mexico).—"I shall popularize your marvelous methods of diagnosis in Mexico." (Dr. P. studied the E R A at Dr. A.'s laboratory.) Dr. F. Vasques Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine and Minister Public Instruction has also studied the E R A at Abram's laboratory.

POWELL, C. S., M. D.—"The E R A are very helpful in my work especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A."

MAJORS, ERGO A., M. D.—"E R A have conformed remarkably with my office findings and I am grateful to Dr. Abrams for his wonderful work. (Dr. M. has forwarded 173 blood specimens. At least 100 specimens were sent without comment of any kind.)"

NYBLETT, H. G., M. P.—"My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has."



Electro-Concussor of Dr. Albert Abrams

SPONDYLOTHERAPY is a scientific method for eliciting Abrams' reflexes in the treatment of disease. Its rapid recognition by leaps and bounds emphasizes its great importance. To execute these reflexes, a suitable concussor is necessary and the Electroconcussor is the only one made under the supervision of Dr Abrams and meets with his absolute approval. It is portable. State current available. Purchasers may secure free, either a copy of Spondylotherapy (6th Edition) or a chart on Spondylotherapy.

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for
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These consist of four electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

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(Biodynamometer)**

Described on page 44, New Concepts in Diagnosis and Treatment (Abrams), and in Sept. issue of the Journal. Price \$25.00, express collect.

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Dr. Abrams' Electro-Concussor

Described on page 652 in Spondylotherapy. In writing, state current available. Price \$100.00 f. o. b. No apparatus sold on credit. Terms cash. Price of other apparatus on application. Physico-Clinical Co., 2135 Sacramento Street, San Francisco, Cal.

Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

Vol. 5

DECEMBER, 1920

No. 2

FOUNDED AND EDITED BY

ALBERT ABRAMS, A. M., M. D., LL. D., F.R.M.S.

CONTENTS

	Page
ELECTRON THEORY IN PERCUSSION.....	39
THE CANCER PROBLEM.....	41
CURE OF SYPHILIS.....	44
AGE AND ARTERIES.....	47
HEAT RADIATION.....	47
CANCER TREATMENT.....	48
RECENT PROGRESS.....	50
MISCELLANY.....	55
SPONDYLO THERAPY.....	56

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WORKS by ALBERT ABRAMS

A.M., LL.D., M.D., (University of Heidelberg,) F.R.M.S.

One-time Professor of Pathology and Director of, the Medical
Clinic, Cooper Medical College (Medical Dept. Leland
Stanford Jr., University.)

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An exposition of the causes, symptoms and treatment of self-poisoning.—\$1.50, express prepaid.

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Illustrating the fads and foibles of modern physicians.—\$1.00, express prepaid.

A few CHARTS on Spondylotherapy are still in stock and no more are to be published. The price of the latter has been temporarily reduced from five to three dollars. Express prepaid.
Literature sent free on request.

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PHYSICO-CLINICAL MEDICINE

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No. 2

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S", in parentheses, followed by a number, refers to the page in the former and "N.C." to the latter work where extended consideration of the subject cited will be found. "J", refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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SAN FRANCISCO, CAL.

The Electron Theory In Percussion

SOME of the writer's recent methods of percussion have been published elsewhere, and Sir James Barr has devoted a special article on the writer's methods coupled with his own valuable observations.

The writer has shown that percussion is influenced by visceral tonicity, and that the latter varies with reference to the posture of the patient to the points of the compass. He has also shown that a disregard of the electronic mechanism of the organism may conduce to errors in percussion when the organism is short-circuited.

The expert clinician employs finger-finger percussion, for by so doing he conciliates the sense of resistance

(plessesthesia) as an invaluable aid in the interpretation of sound and its nuances.

The writer has found that if the pleximetric finger is encircled at the area struck by the plexor finger by means of a rubber band, a thin rubber finger cot or insulating tape, the definition of resonance and dulness is more easily recognized than when the finger is struck directly without the intervention of the rubber.

A rubber band for the purpose cited may be made from rubber tubing sufficiently large to encircle the finger.

The effects cited are not wholly due to the action of rubber as a damper of vibrations insomuch as other non-conducting materials have a somewhat similar action.

The writer prefers a strip of insulating tape placed across the dorsal surface of the pleximetric finger and another piece at the end of the plexor finger. The surface of the tape struck by the plexor finger may be covered with talcum to obviate its stickiness.

The electron theory accounts for many recently discovered phenomena. In a non-conductor the electrons are bound to atoms, but in conductors they are dissociated from atoms and are capable of moving about freely.

In electrification by friction any substance will be electrified if rubbed with any other material provided only that one of them is an insulator. Friction, however, is not necessary to produce electricity.

Percussion is likewise a factor.

A violent blow struck by one substance on another produces positive and negative charges. All aids in percussion for accentuating dulness are dependent on the fact that the elicited vibrations are not permitted to spread and thus induce vibrations of areas contiguous to the site of dulness.

The physician's body is practically a conductor and the vibrations (which are essentially electric phenomena) are permitted to flow freely. With insulating material on the fingers, however, the vibrations are bound and necessarily circumscribed and the dulness will be accentuated.

Physicians employing the "Electronic Reactions of Abrams" in diagnosis will find the method suggested of great aid in circumscribing the areas of dulness.

The Cancer Problem

UNTIL the "Electrical Nature of Man" is recognized, the cancer problem is remote from solution. Much imagination has been exploited in theories which have failed to survive the lapse of time.

In the prodigious literature anent cancer only two conspicuous facts can be extracted:

1. An exciting cause specified as irritation;
2. An unrestricted growth of cells.

The cell is not the ultimate constituent of the organism; it is the electron.

The electronic conception of cancer is the only rational one and this rationality is emphasized by the results of treatment based on this conception.

The units of cells are charges of electricity known as electrons. What we call a cancer is only matter of positive and negative electrons plus ether. The differentiation of matter is only a question of arrangement of the electrons. It is by aid of this allotropy that one substance is distinguished from another substance. The electrons of a normal cell are electrically balanced, that is, they are isoelectric spheres of positively and negatively electrified corpuscles.

It can be shown by the "Electronic Reactions of Abrams" and by aid of the writer's Oscillophore that tissues in the norm yield a neutral energy, but if these tissues are irritated,* they become positively charged owing to the escape of negative electrons.

The disturbed placidity of the electrified corpuscles has invited chaos and the riot ensuing among the positive electrons suggests the unrestricted growth of cells or

*Any local irritable focus may yield an electronic cancer reaction progressiveness. The vibratory rate is 30 only and not 30 and 50 (as in cancer). One must not fail to recognize the pathological substratum yielding the cancer reaction (see later).

cells gone mad. A cancer, then, is an insane revelry of electrons and the actuating factor of this biophysical orgy is irritation.

What is the source of this irritation?

Until the advent of the electronic reactions, medical practice was dominated by the cellular theory and a solution to the problems of pathology was sought by aid of the microscope. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures.

The misdirected researcher saw with his microscope only the carnage wrought by the internecine battle of the electrons. He saw nought of the causes leading to the battle, hence the cancer at its inception was beyond his ken.

It is for this reason that the study of processes and not structures must supersede the interpretation of pathological phenomena.

It is necessary to destroy the chaos on which present day pathology is founded to make it useful in the service of the physician.

Recent investigations with the electronic reactions show that the soil in the human on which every cancer develops is a persistent focal lesion of congenital syphilis. This is a source of irritation. Without this focus,* cancer would be relegated to desuetude. We are all congenitally syphilitic in various degrees of dilution.

It is unnecessary to anticipate this human blight by asseverating, the world is becoming rapidly civilized and syphilized. We are already syphilized. We are the tainted bugbears of our sainted (?) forebears. Syphilis covers a multitude of skins.

The Utopia of medical practice will be achieved when pathology will be recognized as a mere annex to syphilography.

*The theory of embryonal "Rests" and "Vestiges" to account for the origin of tumors must now be substituted by persistent syphilitic foci. Dependent on the character of the local irritation acting on the electrons of the foci; the metaplasia ensuing is differentiated by the electronic discharge; CARCINOMA, positive; TUBERCULOSIS, neutral, and SARCOMA, positive and negative.

One must not for a moment believe that human pathology is specific. The laws of nature are universal and are not abrogated in favor of one creation.

I have shown that there are cancers of plants. That certain kinds of moulds developing in fruits are veritable cancers. That iron rust, in a chemic sense, may be an iron oxide, but in a biophysical sense it is a cancer. That the mould on cheese is tuberculous.

Two problems now confront us, viz.:

1. Is cancer preventable?
2. Can it be cured?

My scientific anarchy may already have astounded the reader when the writer declared that without congenital syphilis there would be no cancer.

The question is, can we eradicate congenital syphilis?

My answer is we can eliminate it from the blood, but the foci from which cancers are derived cannot be thus eliminated by our accepted methods of treatment.

There the spirochetes are enmeshed in connective tissue and thus elude conventional medication. A local treatment is mandatory.

The topical use of radium has been exploited for this purpose, but it is a failure.

The "Crocker Cancer Research Laboratory of Columbia University" concluded that no cures were effected. In other words, while temporary results may be achieved, the tumors are invariably resistant to radiumization.

The rationale of this failure is attributable to the fact that the positive alpha rays are absorbed by a few inches of air or a single sheet of paper, and they constitute over 95 per cent. of the energy evolved from radioactive substances. Thus radium is inefficient in cancers below the surface and the preponderance of positive rays only serve to contribute to the growth of a cancer for the reason that cancer is already a positively electrified mass.

My investigations show that all chemicals are radioactive, and that the energy coefficient of radium is relatively small when compared to many inexpensive chemicals.

To express myself definitely:

Radium (10 milligrams) yields an energy potentiality of only 22 25ths of an ohm, whereas eosin shows an energy of $2\frac{1}{2}$ ohms. The writer uses the latter in cancer painted over the growth. It is as harmless as it is efficient. The theory of action is essentially one of "similia similibus curantur."

Having determined the vibratory rate of cancer, one imposes upon it a similar rate and thus destroys it. Eosin has a rate corresponding to the vibratory rate of cancer. This is practically therapeutics by destructive resonance, a familiar fact well known to physicists.

Every object has a certain natural period of vibration. If one approaches an object with a source of vibration of the same vibratory rate as itself, the object will be set in vibration. This forced vibration of the object may attain such magnitude as to fracture and utterly destroy it.

It is a trick of Caruso to take a wine glass and by tapping it determine its tone (vibratory rate) and then by singing that tone into the glass shatter it.

The writer has devised an apparatus known as "Oscilloclast" with which destructive vibratory rates are delivered to the patient.

In cancer the results are positive, and immediate and practically all early cancers are thus amenable to cure.

By this apparatus recurrence is prevented by delivering a rate corresponding to the syphilitic substratum from which the cancer has developed.

CURE OF SYPHILIS

We must advert to our original editorial (J. Dec. '18) on this subject. The basic principle of the treatment then suggested is the same, but the method has been simplified and improved.

After an experience of several years the writer is justified in saying that it exceeds in value the conventional methods of syphilitic medication as evidenced by disappearance of symptoms and return of reflexes which have resisted the latter methods.

The following data are submitted:

To enlarge the spleen for aspirating toxins into the organ, concussion of the seventh cervical spine is most effective.*

Vertical splenic diameter before concussion, 5 cm.

Vertical splenic diameter after concussion of 11th d. spine, 8 cm.

Vertical splenic diameter after concussion of 7th cerv. spine, 12 cm.

Note that, after concussion of 7th cervical spine, the splenic enlargement is also evident by percussion in the anterior axillary line.

The enlargement after concussion is of short duration (not exceeding a minute).

Quantitative estimation of the aspirated syphilotoxins into the spleen in a given case by aid of the electronic reactions is as follows:

Energy potentiality (over spleen) before concussion of syphilis, 24 ohms.

Energy potentiality after concussion of 11th d. spine, 28 ohms.

Energy potentiality after concussion of 7th cerv. spine, 43 ohms.

After concussion of 7th cerv. spine, local reactions disappear temporarily but soon reappear, hence the necessity of destroying toxins (syphilis, carcinoma, tuberculosis, streptococemia) by the oscilloclast at the spleen (splenic sterilization) by repeating concussion of 7th cerv. spine (20 light blows) every 10 minutes during treatment.

The following data in a case of aortitis is suggestive:

Energy potentiality of aortic lesion before concussion, 26 ohms.

Energy potentiality of aortic lesion after concussion (7th cerv.), no reaction.

Energy potentiality of aortic lesion after 10 minutes, 18 ohms.

*Examine a patient with an Argyll-Robertson pupil before and after concussion of the 7th cervical spine and note its temporary disappearance (recent cases) after latter maneuver.

Energy potentiality of aortic lesion after 2nd concussion (7th cerv.), 6 ohms.

Energy potentiality of aortic lesion after 3d concussion (7th cerv.), 1 ohm.

Note the progressive diminution of the energy potentiality of the toxins after repeated concussion owing to the action of the splenic antibodies.

Never pronounce a patient free from syphilis until a reaction is no longer elicited over the spleen after concussion of the 7th cerv. spine. Relative to a blood examination, the method suggested is to force the toxins from lesions into the spleen by concussion of 7th cerv. spine and then force them into the circulation after concussion of the 2nd lumbar spine to evoke splenic contraction. Blood withdrawn after these maneuvers yielding no reaction of syphilis suggests its absence in early cases.

In late cases the absence of a general reaction of syphilis in the blood is no criterion of the absence of persistent lesions owing to the presence of toxins which cannot be dislodged from dense connective tissue.

In the latter instances one must use the oscilloclast over the lesions and use it persistently, as one remaining spirochete may cause the lesion to recur..

Using the oscilloclast, the treatment of syphilis is as follows:

1. Concussion of 7th cerv. spine (90 blows with $\frac{1}{2}$ minute intervals of rest after each 30 blows).
2. Oscilloclast to spleen at rate 3 after completed concussion. If treatment by oscilloclast is 30 minutes in duration, concuss 7th cerv. spine (about 20 blows) every 10 minutes. This means that concussion must be repeated three times.

Those without an oscilloclast should execute the following method:

1. Concussion 7th cerv. spine, 90 blows.
2. After 10 minutes repeat this concussion. Latter may be repeated any number of times, but 20 minutes after last seance of concussion (7th cerv.), concuss 2nd lumbar spine (90 blows).

The rationale of the latter is to subject toxins to the action of the splenic antibodies and when this is completed to eliminate them (splenic contraction by 2nd lumbar concussion).

Persistent lesions in the aorta, spinal cord and elsewhere should be treated by the oscilloclast locally.

In the interim of treatment either with or without the oscilloclast, secure the radioactive action of safranin painted over the lesions.

Safranin has a destructive radioactivity corresponding to syphilis.

AGE AND ARTERIES

A man is truly as old as his arteries. Those in possession of "Abrams' Atlas," can define the location of the aorta on the abdomen by its specific radioactivity.

The following measurements show some energy potentialities (EP) at different ages from the aorta:

Age	EP.
26.....	14/25ths of an ohm
24.....	11/25ths of an ohm
46.....	5/25ths of an ohm
56.....	6/25ths of an ohm
52.....	9/25ths of an ohm
59.....	10/25ths of an ohm
59.....	5/25ths of an ohm
6.....	1 and 14/25ths of an ohm
12.....	1 and .8/25ths of an ohm

DETECTION OF INVISIBLE OBJECTS BY HEAT RADIATION

Perhaps one of the greatest achievements by scientists which aided us in winning the war, when humanity's progress was passing through terror to triumph, was an apparatus devised by Mr. Samuel O. Hoffman, formerly of the Science and Research Division of the United States Army, now Consulting Physicist of the Abrams Laboratory in San Francisco.

The apparatus enables one to detect by heat rays the presence of invisible bodies or objects. This apparatus was developed as an urgent necessity to combat the nightly Zeppelin raids and trench warfare by night.

It was essentially the development of a sixth sense.

Prior to 1915, Hoffman had devoted the greater part of his time to investigations involving infra-red radiation. This radiation is the ordinary dark heat felt on bringing the cold hand about an inch in front of the face. It is like light with different properties. Hardly any substances are transparent to it. Ordinary optical instruments are useless.

However, sharp images can be easily formed by using concave mirrors of ordinary dimensions, as the actual wave-length of this radiation is sufficiently small ($1/2500$ inch) to obviate trouble from diffraction.

The apparatus consists of a concave mirror mounted on a tripod. This mirror concentrates the object's infra-red radiation on the blackened surface of a thermopile, consisting of minute wires of bismuth and silver soldered together. This blackened junction becomes slightly heated as the radiation is concentrated on it. The resulting electrical current, flowing through a galvanometer mounted on another tripod, indicates the presence of "something warm."

ELECTRONOTHERAPEUTICS OF CANCER

It is now a number of years since the writer first investigated the action of drugs relative to their radioactivity (N. C., 153).*

The conclusion formulated was essentially as follows:

All recognized specific drugs owed their action to a specific rate of vibration corresponding to the diseases for which they were employed. This oscillatotherapy is dependent on like vibrations (homovibratotherapy)

*Quinin and Syphills—Employing the same methods of research, the Editor found that this drug is more radioactively destructive to syphiltoxins than the usual antiluetics.

and constitutes a scientific demonstration of "Similia similibus curantur."

Among the drugs, Eosin is most conspicuous. Its rate of vibration corresponds to cancer. After a lapse of years some patients with inoperable cancers are alive and well on whom this drug was used.

Its employment is easy. It is mixed with alcohol to make a dilute solution and then painted over the implicated parts daily or every other day.

When there are metastases, it may be given internally in very minute doses, gradually increased without untoward effects.

It may be used with or without the oscilloclast. When the latter is used, it may be applied over implicated areas without removing the drug from the skin.

ELECTRONIC REACTIONS OF ABRAMS

Dr. J. W. King, of Bradford, Pa., addressed the "American Association for Medico-Physical Research" (Chicago, Oct. 8, 1920) on this subject and demonstrated the methods.

It is impossible, we regret to say, to publish the address, but physicians are urgently requested to send for a copy of the address in question (enclose stamps for postage). The writer concedes that it is a better presentation of the subject than he himself could have given.

Much enthusiasm was aroused by Dr. King's able demonstrations and diagnosis was exploited after a manner never before witnessed, we venture to say, at a medical convention.

POWER OF INTUITION

[Sir James Barr is preeminent as an analyst of human thought which embraces not only medicine but the entire field of science. No medical man can approach him in the witchery of words for he is the master of word painters. Below are a few excerpts from his Presidential address (Oct. 18, 1920) before the "Liverpool Literary and Philosophical Society."—Editor.]

"Philosophy never gets any permanent hold on the people because philosophers segregate themselves from the common herd with whom they have no gregarious instinct."

"A truth or supposed truth which does not convey conviction is no truth for the independent thinker."

"If materialism fails to explain the mystery of life, so spiritualism is insufficient to prove a future existence of the soul."

"Though it might be difficult for human reason to prove the existence of a God and a future life, it is absolutely impossible for anyone to prove the contrary."

"To think that God is as we could think him to be is blasphemy." "God understood would be no God at all."

"A good many of the forms of misery in the world are due to the fact that man has partaken of the fruit of the tree of knowledge and has not at the same time cultivated morality in its highest and noblest sense."

"The only way to keep some people happy is to keep them ignorant."

A SUMMARY OF RECENT PROGRESS IN DR. ABRAMS' LABORATORY

Heredity and Disease—Heredity and environment are accountable for the character of the living organism. Of the total heritage of the child, each of two parents contributes one fourth, each of the four grandparents, one-sixteenth, and the remaining one-fourth is handed down by more remote ancestors.

The writer believes that the sex factor in the transmission of disease may now be recognized. Reverting to the Dec., 1919, number of this journal, p. 218, definite areas of dullness (Figs. 10 and 11) enable us to differentiate the sexes.

In disease (cong. syphilis, tuberculosis, etc.), if transmission is maternal, dullness appears on the female side at the vibratory rate of the disease and vice versa.

To detect these as well as other limited areas of dullness pursue the method suggested in this journal (Sept., 1920, p. 21) but percuss either ant. super. il. spine in lieu of the clavicle.

Electronic Reactions—To accentuate the areas of dullness, have all metallic substances removed from subject (reagent) and patient. By induction they take up some of the energy which is conveyed from the patient and consume some of the energy necessary to evoke reflexes in the reagent. To intensify dull areas (S V, E D and P D), have reagent with fist firmly compress middle of sternum during percussion (S 80). Enjoin reagent not to permit finger tips to touch skin. This will short circuit reagent and dullness will be dissipated.

To maintain firm and uniform compression of middle of sternum, use a truss with firm spring (covered with hard rubber) and a soft pad. Truss will thus compress sternum only and will not interfere with breathing. Cover any metal parts

of truss with insulating paint and if pad is neither white nor black, blacken it with insulating paint.

Reagent and patient should extend arms from body and separate feet to avoid short circuiting. Of course, one hand of reagent holding electrode cannot be extended.

Reverting to the principle of the dynamizer (Journal, June, 1920), it has been found that a bifurcated cord intensifies the reaction of conducted energy. (Remove a portion of insulation of main cord about 4 inches from its tip and wind around its conducting wire a piece of insulated cord, 3 inches long. Use insulating tape to cover attached area.)

When patients are painted with radioactive drugs (specific for the disease), no electromic reaction of their disease can be elicited until a horse shoe magnet is held directly over the top of head (center) of patient while reactions are executed.

Thought and Sensation—It is a fallacy in psychology that thought directed to a part will increase its vascularity and sensibility. Let any one prove the contrary by mental concentration on any particular skin area.

Note that within a minute or less (dependent on intensity of concentration), a raised white patch will appear which is not only analgesic but will not bleed when penetrated by a sharp point. Utilize this fact when using the hypodermic needle and making incisions. Execute no procedure until white patch appears. Intensity of latter is an index to concentration.

Radiopathography (J. March, 1920)—Definite skin pictures are demonstrable in disease. They are noted over lesions. Recently it has been found that any skin area when rubbed vigorously will develop these graphs. Latter fact is important inasmuch as any skin area may be employed free from cicatrices or other marks.

Observe a white cicatrix through gelatine screens of different shades of blue. The color which best brings into prominence the cicatrix may be utilized for revealing the graphs.

Congenital Syphilis—Congenital syphilis is a universal affliction and we all suffer from it in various degrees of dilution. My investigations show that when the energy potentiality of the blood syphilotoxins is in excess of 25 ohms., an individual is immune to acquired syphilis.

The Syphilitic Trilogy—Above the top of the left ear (5.6 cm.), one invariably finds a persistent lesion of congenital syphilis in epilepsy, migraine and asthma. When this area is lightly percussed in the latter disease, one may provoke an attack in an asthmatic, accentuate rales if present or produce them if absent.

It would be interesting to note the results in the two other diseases when the same maneuver is executed. Percuss by aid of a pleximeter.

Malaria and Frontal Headache—Localization of pain in the supraorbital region in malaria has never been given a satisfactory explanation. This is also true in autointoxication and ptomaine poisoning. My reactions show that the sinuses may be regarded as "dead corners" in which toxins accumulate and are difficult of dislodgement by medication. Over the frontal sinus in malaria, the reaction of the plasmodium may be elicited, in autointoxication, the reaction of the colon bacillus and ptomaines in poisoning by the latter.

Congenital Syphilis and Exophthalmic Goitre—Over the thyroid, in the latter affection, one may always elicit a reaction of the former disease. It is suggested to try the local action of the oscilloclast at the destructive rate of syphilis over the gland or use in the same area mercurial inunctions. Considering the action of quinin in syphilis (see previous reference), the writer can now understand why this drug has been found so efficient in the treatment of exophthalmic goitre. **Varicose veins** yield a reaction of congenital syphilis.

Pernicious Anemia—Many obscure blood conditions now disclose their obscurity by the electronic reactions. In the last number of this Journal we referred to the sarcomatous reaction of the spleen in Leukemia. Let us forget that this observation is correct. We cannot forget, however, the marvelous results achieved in Leukemia by the use of the oscilloclast over the spleen at the sarcomatous rate. Late investigations by the writer in Pernicious Anemia show that a carcinomatous reaction can be elicited from the spleen. No treatment was executed but reasoning by analogy, the oscilloclast may be equally effective in this disease at rate 6. In pernicious anemia the reaction from the blood is very low (less than 1 ohm.) or negative, but the cancer reaction at the vibratory rate (30 or 50) is invariably present over spleen.

Analgesia—At rate 7, the oscilloclast has been used by Dr. E. Majors in a varicotomy and for the removal of a rectum by Dr. A. T. Noe. The latter constantly employs the apparatus in his gynecological operations.

Perhaps the trigeminus is the most difficult nerve to make analgesic. For this purpose, Dr. B. Best, a prominent dentist of this city, excavated sensitive cavities by aid of the apparatus. The analgesia thus secured (about 75 per cent.) enabled him to execute the work in several patients in whom it would have been otherwise impossible.*

It is suggested by users of the new oscilloclast or new triple attachment to combine currents Nos. 7 and 1 by fitting the

*The use of local anesthetics to secure painless dentistry is by no means innocuous. It is said that in California at the present time there are damage suits in excess of \$300,000 from accidents ensuing from their use.

tips of the two cords into the holes of the little attachment sent with the apparatus. The terminal of the attachment is inserted into the opening of the electrode. This recommendation is to be tried when current 7 does not produce sufficient analgesia.

SOME COMMENTS BY LESSEES OF THE OSCILLOCLAST

Dr. Sam'l King, Warren, Pa.—“I am quite busy and doing more and better work from day to day through correct diagnosis and the use of the oscilloclast and I thank you very much for adding so much to my success.”

Dr. V. Sillo, New York—“I have had some splendid results with the oscilloclast and the daily use of it has fully convinced me of its wonderful efficacy. I am preparing and shall send you at a near date, history cases.”

Dr. Chas. H. Kingsbury, Danielson, Conn.—(Reply to an enquiry bearing on Abrams' methods)—“Replying to your query of October 5th, permit me to say that Dr. Abrams' methods of diagnosis and treatment are both ethical and scientific and in my opinion constitute the greatest advance in medicine that has thus far been made.

“After using these methods for six months, I should feel thoroughly discouraged were I to be deprived of them.

“During the next few years I believe that these methods will largely change the practice of medicine from an art to an exact science producing marvelous results where applicable. They already constitute the only known means of diagnosis in obscure and incipient cases of tuberculosis, syphilis, cancer and numerous other conditions. The methods of treatment are quite as wonderful when applied in any reasonable season.

“Any community that has access to these methods may well consider itself fortunate medically.”

Dr. Z. L. Baldwin, Kalamazoo, Mich.—“This week one of our physicians has been spending a little time with Dr. Replogle, of Champaign, Ill., noting the positive work he is doing with the oscilloclast, and it begins to look as though we could not do without it.”

Dr. J. W. King, Bradford, Pa.—(Reply to an enquiry)—“Now as to the oscilloclast. I have used it over a year and Abrams 'would have the time of his life' to get the machine back into his hands. I am modest and cannot tell you the financial results I am getting out of this. I am getting bigger fees because I get results by introducing this great work.”

Dr. J. Goodwin Thompson, Oakland, Cal.—“Could not do without it. It is practically a specific in carcinoma and tuber-

culosis. The effects with the oscilloclast in syphilis are remarkable considering the return of lost reflexes which have resisted conventional medication."

**TO DR. A. A.
His Oscilloclast
And the Life Beyond.**

No pills, no potions,
No cutting and such notions!
One Atom of the Infinite has caused
To come to being when Creator paused
Above his brain, Oscilloclast! How greatly caught
An inspiration, and with what patience taught
His mind to ponder out, to work upon
This instrument, perhaps into the wan
And sleepless dawn for night on night.
The Divine Afflatus, gift to him
He did not scorn, but made the dim,
At first, a clear, precise reality
That ailing mortals now restored may be.
Inventor and invented, the secret such a link
Beyond the mortal brink
To bind Creator and Created;
Even though his words were stated
That his usefulness once attained and tried
He would be by his Creator cast aside,
Except perhaps for grateful thanks of man.
But I say, O Physician, it is not within the plan
To cause a great man's utter death,
His last drink but the wine of Lethe.
Nay, precious being of humane design
Your "idée fixe" I warn you must resign
For in the after journeyings when we may meet
I pledge you I, exaltingly, will greet
You with some new or stranger words, to mean,
Upon some beautiful, or stranger, scene,
Again my gratitude for that most healing gift
You left on earth to lift
The burdens of the body, ill
And suffering, of man, made by the Godly Will
Subservient to the Master Mind
In recreating humankind.
I WARN you that a larger destiny in bond
Is YOURS, with your Creator, in a Greater Life Beyond!

—CELIA LOUISE CRITTENTON.

New York, August 25, 1920.

MISCELLANY

American Association for Medico-Physical Research—The annual convention recently met in Chicago (Oct. 7-9, 1920). The papers were varied, interesting and original and blazed many new trails in progressive scientific medicine.

Dr. T. D. Bristol (Cleveland), President of the Association, is deserving of great credit for assembling so many worthy representatives of the profession.

Os Reflexos Electronicos de Abrams—Prof. Dr. Egas Moniz de Arago, of the Medical Faculty of Bahia, in the "Brazil-Medico (June 12, 1920), contributes an extensive article bearing on this subject embodying many of his own valuable confirmatory observations.

Association of French Surgeons—At the 28th session, Prof. Jules Regnault (Toulon, France), read a paper on the early diagnosis of cancer by aid of the "Electronic Reactions of Abrams."

American Electrotherapeutic Association—At the 29th annual meeting, Dr. M. L. H. Arnold Snow (New York), demonstrated the value of the "Cardiac Reflex of Abrams," in the treatment of cardiac neuroses characterized by palpitation, precordial oppression, anxiety, deep sighing, respirations, rapid pulse and intermittent heart. Conventional treatment is usually unsatisfactory.

Concussion of the 7th cervical spine is remarkably efficient in these cases and eliminates intermittent beats by heart toning.

Citing Williamson, Dr. Snow observed that, "Under no conditions can digitalis increase the absolute power of the heart. It merely enables it to use to better advantage the power which it has left." A 3 minute concussion, however, of the 7th cervical spine actually contracts the heart as shown by the X-ray.

A case in point is cited of cardiac exhaustion with dyspnea. The heart was dilated and pulse irregularly intermittent. Concussion effected immediate results. Electrocardiograms illustrate the article.

[Bearing on the foregoing, the electronic reactions and oscillophore show that the action of drugs is no longer equivocal. Digitalis acts only on the left ventricle. This is also true of convallaria. Ailanthus, passiflora and crataegus act on the right ventricle. When a failing heart fails to respond to concussion of the 7th cervical spine, in the experience of the writer, it never responds to cardiotonics. If the latter must be used (as surrogates only), the combination of digitalis with ailanthus or crataegus is indicated.—Editor.]

L'Electron Cellulaire—Le Prince (La Presse Medicale, Oct. 2, 1920) presents an exhaustive article on this subject referring

to the electron theory and its practical application in medicine by Abrams' methods.

Oscillophore*—In answer to many enquiries, we regret to say that this apparatus will not be released unless physicians come to San Francisco for instruction in its technical employment. Not more than two days are necessary for this purpose.

The oscillophore owes its origin to the principle in physics known as destructive interference. It is accurate and resolves diagnosis to a matter of mechanics. As now constructed, the mechanism is projected on a screen and may be witnessed synchronously by a number of persons.

Electronoscope—Sight is the predominant sense and the objective realization of an investigation by visualization constitutes one of the simplest and most accurate methods of formulating a conclusion. Just as the X-rays are visualized by a fluoroscope, the experimental work of the writer demonstrates that the areas of dulness in electronic diagnosis can now be visualized by a chemical screen. It is furthermore possible, by aid of the electronoscope to differentiate local lesions. The use of the screen is exceedingly simple. We anticipate further improvements in the screen and for that reason a description of the same will be deferred until the publication of the next number of this journal.

SPONDYLOTHERAPY

Prolapsed Kidney—Some years ago, Dr. D. V. Ireland suggested a novel method (S. 40) for replacing a movable kidney by concussion of the 12th dorsal spine. The writer had no personal experience with the method and therefore recorded it as Dr. Ireland's observation. The remarkable achievements of Dr. Ireland on proctology entitle his observations to consideration. The writer has found that such concussion will actually lift a prolapsed kidney for several minutes and that by repetition of the procedure several times daily, partial or complete reposition of the organ may ensue. The method is at least worthy of a trial before the uncertain operation of nephrorrhaphy is executed.

Many writers have shown how concussion of definite vertebral spines will raise prolapsed ovaries and uteri. We forget that the elasticity of connective tissue and ligaments is intended to act as a substitute for muscular power. The kidneys are only partly covered in front by peritoneum yet the ligaments formed by folds of this structure are endowed with elasticity.

*The editor has in process of construction a simplified oscillophore on the principle of the reflexophone (N. C. 198) which can be constructed by any mechanic or purchased at a trivial expense and operated without personal instruction.

Perineal Concussion in Impotency—Aphrodisiacs have been discredited by time and experience. In many instances diminished virility is only a local expression of some constitutional affection and in such instances functional stimulation is irrational. There is a physiologic atrophy from inactivity and such a condition may respond to stimulation. The writer finds that perineal concussion is the only method by which a partial erection (very slight) may be evoked mechanically. The chief muscles for erection are the erector penis and accelerator urinae and innervation is furnished by the pudic nerves.

The perineal location of the muscles is easily seen in any anatomical picture. The pudic nerves are located in the outer wall of the ischio-rectal fossa. The dorsal nerve of the penis (pudic branch) runs forward along the inner margin of the ramus of the os pubis. The muscles and nerves may be concussed by a thin strip of wood about 1 inch in diameter held firmly and then struck a series of blows by aid of a tack hammer. One may also concuss directly with a mallet or use the palms of the hands as plexor and pleximeter. The method may be executed by the patient with the strict injunction not to exhaust the reflexes by overstimulation (prolonged concussion and severe blows).

A A M P R—The masterly address, "Spinal Therapy," before this Convention by Dr. J. H. East (Denver, Col.), was instructive and original.

John R. Keith, M.A., M.D., (England).—Reprinted extract from "The Practitioner," Oct., 1920—"The following cases treated by concussion of the vertebral spines as recommended by Abrams of San Francisco, are, I think, also worthy of record:

M. T., 10, schoolgirl, who had recently recovered from German measles, was suddenly seized with severe abdominal pain which was of a colicky nature and accompanied by great intestinal distension. The attack continued for half an hour. Other attacks similar in character followed—sometimes in the day, at other times at night. After various forms of treatment had been tried for several weeks with unsatisfactory result, percussion of the first three lumbar spines (by which, according to Abrams, the intestinal reflex of contraction is evoked) was begun. Improvement appeared almost immediately and was steadily maintained till complete health was established. The *séances*, five minutes each time, took place every second day.

W. H., 78, had been suffering from osteo-arthritis of the right shoulder joint. The pain was so acute that little sleep was obtainable. After three weeks' daily percussion of the sixth and seventh cervical and first dorsal spines decided relief was felt, and in five more weeks little discomfort remained.

M. B., 22, had suffered from trench feet in January, 1916, for which he had been in hospital for six months. He applied for treatment last summer on account of pain in his feet, describing his condition as if he were "walking on hot plates." The pain would generally last for half an hour to four hours,

though occasionally it might be present for a whole day. After a few *séances* of percussion of the seventh cervical spine, complete freedom from discomfort ensued.

This method of treatment for various pathological states is fully described by Abrams in his *Spondylotherapy*, a book replete with most interesting and valuable information, which, moreover, deserves a much wider circulation in this country (England) than it seems to have had."

SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY

California (City)—Drs. M. Judell, J. Tow, G. Silver, L. W. Spriggs, H. A. Hess, J. Anthony, I. Malpas.

Provincial—Drs. C. Johnston, C. Thudichum, J. Thompson, L. Dietz, H. Meredith, F. Galehouse, F. Lacy, L. Sherman, H. Frachman, J. R. Leadsworth, Penniman, A. Buell, A. T. Noe.

Illinois—Drs. C. Dunn, P. S. Replogle.

Michigan—Dr. G. Boericke.

New York—Drs. Malcolm Douglass, F. Homer Curtis, M. Sturm, E. Noble.

South Dakota—Drs. W. J. McRoberts, E. B. Taylor.

North Dakota—Dr. V. S. Irvine.

Oregon—Dr. W. Watts.

England—Dr. J. McKenzie.

Copenhagen—Dr. A. Nyrap.

Japan—Dr. E. Izona.

Mexico—Dr. A. Valenzuela.

LESSEES OF OSCILLOCLAST*

- Sir James Barr, England.
A. Bursell, M.D., Medford, Oregon.
E. A. Majors, M.D., Oakland, Cal. (2 machines).
A. T. Noe, M.D., Pacific Grove, Cal. (2 machines).
J. P. Kanoky, M.D., Kansas City, Mo.
H. Meredith, M.D., Oakland, Cal.
J. Goodwin Thompson, M.D., Oakland, Cal. (2 machines).
V. Sillo, M.D., New York City.
C. Powell, M.D., Oakland, Cal.
W. F. Becker, M.D., Chicago, Ill.
E. W. Dodge, Chicago, Ill.
J. W. King, M.D., Bradford, Pa.
C. Wheeler, M.D., San Francisco, Cal.
H. Michener, M.D., Wichita, Kas.
G. Boericke, M.D., University Hospital, Ann Arbor, Mich.
M. W. Knapp, M.D., San Jose.
L. J. Sherman, M.D., Oakland, Cal.
J. D'Plessis, M.D., Chicago, Ill.
P. S. Replogle, M.D., Champaign, Ill.
C. L. Thudichum, M.D., Sebastopol, Cal.
F. Schuldt, M.D., Mexico City, Mexico.
H. E. Palmer, M.D., Dayton, Ohio.
Capt. A. R. Gould, M.D., Washington (2 machines).
B. W. Swayze, M.D., Allentown, Pa.
Seneca B. Bain, M.D., Washington, D. C.
H. A. Hess, M.D., San Francisco, Cal.
H. G. Nyblett, M.D., Calgary, Canada.
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C. H. Kingsbury, M.D., Danielson, Conn., (2 machines).
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L. B. Weatherbee, M.D., Antioch, Cal.
S. F. Meacham, M.D., Oakland, Cal.
B. Crombie, M.D., Port Chester, N. Y.
A. F. Hornberger, M.D., Wichita, Kan.
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PHYSICO-CLINICAL LABORATORY

—OF—

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

VIRULENCY GAUGED.

IN SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (Glands, Lungs, Bone) the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to see whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations only, do not permit of the localization of lesions, and to achieve the latter an examination of the patient is imperative. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible. It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent. of errors and in some cases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. VIII, 3rd edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916), estimates that 15 per cent. of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives

a negative result in from 31 to 50 per cent. of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1930) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS test, because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy!

NEARLY 100 PER CENT. POSITIVE.

Geo. O. Jarvis, A. B., M. D., (formerly of the University of Pennsylvania), found that the electronic tests of Abrams were POSITIVE in nearly 100 per cent. of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphiliologist in his SEXUAL IMPOTENCE (W. B. Saunders & Co., 1915) "in the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

The tests embody the employment of the visceral reflexes of Abrams.
FROM ENGLAND.

Sir James Barr, in his Presidential address at the 18th annual meeting of the BRITISH MEDICAL ASSOCIATION (BRITISH MEDICAL JOURNAL, July 27th, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the BRITISH MEDICAL ASSOCIATION, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new Continent and he has given us further insight into methods of prevention."

"I could easily fill several journals with an account of Abrams' valuable work."—Sir James Barr, British Med. Journal, March, 1920.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E.—(Article, "Dr. Albert Abrams' Method of Percussion," Lancet (London), May 22, 1920) —"Dr. Abrams is, perhaps, doing more than any one else in the present day to resuscitate the lost art of physical diagnosis."

"In cancer Abrams' reactions can be easily verified."—Sir James Barr, Lancet (London), May 22, 1920.

DIAGNOSIS AT THE VERY BEGINNING.

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams, of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING, tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (AMERICAN JOURNAL OF CLINICAL MEDICINE.)

In another communication to the same Journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abrams is due the credit for this epoch-making discovery. It is the external counterpart of the Abderhalden reactions."

FEEES

(Which include all diagnostic information necessary.)

Blood examinations which include tests for all diseases.....\$10.00
Subsequent blood examinations to gauge the course of the disease.... 5.00
Examination of Patients.....\$25.00- 50.00

(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.

Course to physicians on Electronic Diagnosis.....\$200.00

(Limited to reputable physicians in possession of the M. D. degree.)

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1821 50 HOPE STREET
COR. SIXTEENTH AND HOPE ST.
LOS ANGELES, CALIFORNIA

To Whom it may concern:

This is to certify that
Dr. Albert Abrams has examined ^{some} ~~by~~
his new method one hundred ~~sig-~~
nificant cases, for as was the purpose
to me in many instances in practically
all cases his judgment was based
demonstrated to be correct and in no instance
was he found to be in error.

Harley E. Macdonald M.D.

When I first began to investigate the subject of Electronic
Diagnosis, I found the work most confusing but further investiga-
tions at the Physico-Clinical Laboratory of Dr. Abrams, convinced
me from therapeutic results observed, of the correctness of his
diagnoses. It is impossible to form a very intelligent opinion of
these methods from reading about them. One must come to Dr. Abrams'
laboratory and watch him at his work and hear his explanations and
comments and if he approaches the investigation in an unprejudiced
frame of mind the physician will soon discover that he has found
something that will be of vast usefulness to him in his medical work.
I consider the last five months that I have spent in this investiga-
tion as the best spent time of my medical life and would heartily
advise any of my confreres to pursue a like course.

Very sincerely,

W.R. Scroggs M.D.

1st. Lieut. Medical Corps
U. S. Army.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

-2-

reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. *final judgment* The clinical course of those in which the diagnosis of malignancy was made as shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two dependent pathologists in different cities had proven beyond all the presence of cancer.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-3-

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

July - 27 - 17

Dear Doctor Abram's

Your letter explaining blood test no. 3 received.
Your diagnosis is correct. I thought I might
stump you on this one - but failed.

I am sending you blood specimen of case no. 1.
To day - I trust you will be able to find some
improvement in this test case - this time.

I can hardly wait the time I can leave for the
city and spend the time with you.

Thanking you for past favors I am sincerely yours
D. V. Noi

Diseases Diagnosed by an Examination of Dried Blood

- | | | |
|---------------------|------------------------------------|----------------------------------------------------------------------------------------|
| Acidosis | Acute Mania | Paresis |
| Adrenal Sufficiency | Dipsomania | Pollomyelitis |
| Amebiasis | Chronic Dementia | Rheumatoid Arthritis
(Variety) |
| Collapsus | Leprosy | Sarcoma |
| Carcinoma | Malaria | Scarlatina |
| Cholelithiasis | Measles | Straphylococic Infec-
tion |
| Chorea | Menstruation | Streptococic Infec-
tion |
| Diabetes | Meningococic infec-
tion | Syphills (differentia-
tion of congenital
and acquired, and
specific strain.) |
| Diphtheria | Neurasthenia | Teniasis |
| Epilepsy | Paralysis Agitans | Tetanus |
| Gonococic Infection | Parathyroid
Insufficiency | Typhoid |
| Gout | Paratyphus | Tuberculosis
(Varieties) |
| Hookworm | Pneumococic infec-
tion | |
| Hyperpituitarism | Psychasthenia | |
| Hyperthyroidism | Pregnancy (predic-
tion of sex) | |
| Influenza | | |
| Insanity | | |
| Paranoia | | |
| Dementia Precox | | |

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphills.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary or, if given, whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer and this is demonstrable by a blood examination.

WARNING.

Many physicians have forwarded specimens of blood to the Physio-Clinical Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchnic reactions. Specimens have been received on colored and printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILLIS, TUBERCULOSIS, COLISEPSIS and STREPTOCOCCIC INFECTION.

When two blood specimens are sent, forward them in separate envelopes to avoid conferred radioactivity.

The quantity of blood forwarded should be sufficient to cover an area represented by a 50-cent piece.

No diagnostic method is infallible. It is requested that all physicians correlate the electronic diagnosis with their clinical findings.

ELECTRONIC REACTIONS OF ABRAMS (ERA)

(A few brief and curtailed references from Journals and signed letters)
NOE, A. T., M. D.—“I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known.” N. A. J. H.

ANTHONY, J. C., M. D.—“Made wonderful diagnosis for me which would have been impossible by other means.”

HESS, H. A., M. D.—“Dr. Abrams has made 50 examinations of the blood for me and all correct as far as I can judge.”

MEACHAM, S. F., M. D.—“E R A are greatest contribution to medicine.”

POPE, CURRAN, M. D., (Author of classic on Hydrotherapy).—“Not a day passes that I do not use your methods.”

BOOLSEN, S., M. D.—“I regard the E R A as a great help and have frequently contributed the fee myself because results talk and success follows a correct diagnosis.”

JAWORSKI, H., M. D., Paris, France. (Author and medical authority; translator of E R A into French).—“I have carefully studied your methods and regard the discovery and its immensity with admiration.”

KING, J. W., M. D. (Penna.)—“Physicians should at once form a caravan and go out and worship at ‘Abrams’ shrine.’ Am getting wonderful results therapeutically from diagnoses made for me by you.”

PARADES, F., M. D. (Mexico).—“I shall popularize your marvelous methods of diagnosis in Mexico.” (Dr. P. studied the E. R. A. at Dr. A.’s laboratory.) Dr. F. Vasques Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine and Minister Public Instruction has also studied the E. R. A. at Abrams’ laboratory.

POWELL, C. S., M. D.—The E R A are very helpful in my work especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A.

MAJORS, ERGO A., M. D.—“E R A have conformed remarkably with my office findings and I am grateful to Dr. Abrams for his wonderful work.” (Dr. M. has forwarded 173 blood specimens. At least 100 specimens were sent without comment of any kind.)

NYBLETT, H. G., M. D.—“My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has.

J. MADISON TAYLOR, M. D. (article, “An Appreciation of the Teachings of Dr. Abrams,” Monthly Cyclopedia and Medical Bulletin, July, 1913).—DR. ABRAMS has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams’ researches afford is the largest source of illumination—and I, for one, welcome it with thankfulness.”

Practical Courses in Spondylotherapy
and
Electronic Diagnosis and Treatment

Dr. Albert Abrams will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians can gain admission to the classes, which are limited. The course lasts four weeks, and the fee, in advance, is \$200.00. Applicants may address Dr. Abrams, 2135 Sacramento St., San Francisco.

Dr. Abrams' Electrodes
for
Electronic Diagnosis

These consist of three electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

Ohmmeter
(Biodynamometer)

Described on page 44, *New Concepts in Diagnosis and Treatment* (Abrams), and in Sept. issue of the *Journal*. Price \$25.00, express collect.

Dr. Abrams' Reflex Set

This consists of a plexor, pleximeter, single and two pronged instrument. Price \$6.00, express prepaid.

Dr. Abrams' Electro-Concussor

Described on page 652 in *Spondylotherapy*. In writing, state current available. Price \$100.00 f. o. b. **No apparatus sold on credit. Terms cash. Price of other apparatus on application.** Physico-Clinical Co., 2135 Sacramento Street, San Francisco, Cal.

Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

Vol. 5

MARCH, 1921

No. 3

FOUNDED AND EDITED BY

ALBERT ABRAMS, A. M., M. D., LL. D., F.R.M.S.

CONTENTS

	Page
ASYPHILIZATION	69
ELECTRONIC MEDICINE	72
CURE OF SYPHILIS.....	73
SUMMARY OF PROGRESS.....	74
METHODS OF DIAGNOSIS	79
ELECTRICAL MAN	84
—————	
THE DOCTOR'S UNION.....	99

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2135 Sacramento St.

San Francisco, Cal.

WORKS by ALBERT ABRAMS

A.M., LL.D., M.D., (University of Heidelberg,) F.R.M.S.

One-time Professor of Pathology and Director of, the Medical
Clinic, Cooper Medical College (Medical Dept. Leland
Stanford Jr., University.)

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on a study of Clinical Physiology—Fifth Edition, \$5.00, express
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The author gives evidence of high scholarly attainments, penetrating intelligence, admirable industry, along with that necessary quality in any pioneer work, intense enthusiasm. The result is a treatise of extraordinary interest and usefulness.—N. Y. MED. JOUR., May 8, 1912.

New Concepts in Diagnosis and Treatment Physico-Clinical Medicine

The practical application of the Electronic theory in the interpretation and treatment of disease, 1916—\$5.00, express prepaid.

The most important part of the work is a consideration of the diagnosis of disease * * * It is full of interest and abounds in valuable suggestions to physicians and scientists and its methods are well worthy of investigation—JOURNAL of Electrotherapeutics and Radiology, June, 1916.

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No variety of neurasthenia is more amenable to treatment than this form. Fourth Edition.—\$1.50, express prepaid.

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An exposition of the causes, symptoms and treatment of self-poisoning.—\$1.50, express prepaid.

Transactions of the Antiseptic Club

Illustrating the fads and foibles of modern physicians.—\$1.00, express prepaid.

A few CHARTS on Spondylotherapy are still in stock and no more are to be published. The price of the latter has been temporarily reduced from five to three dollars. Express prepaid.

Literature sent free on request.

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SAN FRANCISCO, CAL.

PHYSICO-CLINICAL MEDICINE

Vol. 5

March, 1921

No. 3

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S", in parentheses, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J", refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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PHYSICO-CLINICAL CO.,

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Asyphilizing the Human

REALIZED pathology is syphilized pathology. Civilization cannot question its syphilization. Our sainted (?) ancestors were tainted ancestors.

The sexual urge has no conscience. With moral progression there is always retrogression of the sexual instinct. Legislated morality is only possible with the deanimalization of man.

Let us ignore the moral question. At the present day extragenital infection of syphilis occurs in about 30 per cent. of the cases.

No imagination is necessary to estimate the frequency of syphilis among our ancestors among whom hygienic

laws were ignored. No child of syphilitic parents is free from syphilis as manifested by a blood reaction and no individual is exempt from syphilis if the energy of the blood is stepped up 1300 per cent. by aid of an induction coil.*

Although a blood reaction may be absent, the foci of infection persist in definite parts of the organism from which arise cancer, tuberculosis, sarcoma and other diseases. The writer has never examined the site of a cancer without eliciting a reaction of congenital syphilis.

Thus, if we could desyphilize the individual at birth or soon thereafter, the cancer and tuberculous problems ‡ would be solved. This is not a difficult task. † The difficulty arises when the method is delayed until the syphilitic foci become encapsuled in dense connective tissue and thus elude dislodgment.

The most difficult task is to conciliate the laic attitude toward that portentous word, SYPHILIS, and only a few will question the purity of their moral heritage despite the fact that the present degeneration is the product of the past generation with orders on their breasts and disorders in their blood. What physicians have surmised is now a reality because there is nothing equivocal about reactions which have attained the precision of mathematics.

Eugenics deals with prenatal influences to develop better men and women. This is impossible of achievement until syphilis is recognized as a factor. A "mens sana in corpore sano" is an anachronism. Disease simultaneously implicates brain and body. Annihilation of disease from the body does not predicate cerebral integrity. The writer has never examined a young patient with insanity without evidence of congenital syphilis.

Alienists specify the varied states of mental aberration by names.

This fatuous and eponymous classification is about as logical as attempted differentiation of a cancerous stomach guided by the symptomatic interpretation of the patient.

*See later, recognition of this fact without a coil.

†See editorial, "Cure of Syphilis."

‡The more the writer investigates "Physico-Clinical Medicine," the more convincing become the Titanic truths of Hahnemann and the PSORA of the latter (parent of all chronic diseases) is suggestive of SYPHILIS.

Insanity is cerebral syphilis and its manifestations are only questions of cerebral localization.*

Based on the foregoing facts, an organization has been effected with the object of desyphilizing the human to better the innate qualities of the race and to develop it to the highest possible degree ("International Association for Racial Purification of Children").

Destructive Interference

MY FRIEND, Dr. J. G. Thompson, wants with reason an adequate explanation for his patients the why and wherefore of the Oscilloclast.

Information without reason is belief only and not conviction. The patient feels nothing during the currents' flow and therefore cannot understand how any result can be achieved. The action is based on the law of "Destructive Interference."

Sound waves can be united so as to interfere or destroy each other. Any book on physics explains the phenomenon of "Light Interference."

Sensation is unnecessary for destructive action. Patients like physicians gauge action by the intensity of the inciting factor, "For a sonnet to Amanda and the like, stewed prunes only might be sufficient," but for a great design, nothing less than a more formal and more formidable dose.

REMEDIAL ACTION IS QUALITATIVE; NOT QUANTITATIVE.

A tuning fork unresponsive to the most violent explosion will vibrate to an imperceptible sound.

A ray of light falling on selenium modifies its electrical resistance. No force however tremendous can modify the molecular orientation of the electrons composing steel yet the mere action of a magnet will at once induce magnetic properties.

*The interpretation of disease must not be relegated to the clinician's undertaker—the pathologist and if neonyms are permissible, it is suggested that "biodiagnosis" supplant "necrodiagnosis." For, after all, isn't the average work on pathology, a posthumous dissertation on life?

Electronic Medicine

CHEMISTRY and astronomy are graduates of alchemy and astrology, and the psychiatrist is a graduate of Hippocratic medicine.

The former deals with the physics of life (processes) and the votary of the latter with cells (structures). Thus, the psychiatrist is a biodiagnostician and the votary of Hippocrates, a necrodiagnostician.

To know the Electron is to repudiate the "Cell Theory." The Electron is the "philosopher's stone," and if the latter is thrown with sufficient violence it will destroy the structure of traditional medicine.

Cells are made up of atoms and the latter of Electrons. Compare the gigantic cell with the diminutive Electron. If a pin head $1/10$ of an inch in diameter represents an Electron, then 450,000,000 miles (five times the earth's distance from the sun) would represent an atom.

Matter is condensed energy.

A kilogram of matter contains 26,000,000,000 kilowatt hours equivalent to the total output of all the electric light and power companies in the United States during 1918.

The Electrons are endowed with the properties of attraction and repulsion; each negative electron being magnetically attracted to the central positive nucleus and partly counteracted by an electrostatic repulsion. Electrons in motion make the electric current and those substances (copper, aluminum) with loosely bound electrons are good conductors and those whose electrons are tightly bound are insulators.

A current is only a stream of passing Electrons.

Electrons in vibration produce waves, and according to their frequency, we have actinic, X-rays, light, Hertzian, etc. The higher the vibration frequency, the shorter the wave length. Substances opaque to light are transparent to the relatively shorter X-ray waves.

The mass of matter is the resultant of the motion of its constituent Electrons. If a gyroscope could be rotated

at a speed sufficiently high (approaching that of light), its weight would be greater than when it is at rest.

My subsequent article, "Electrical Nature of Man," shows the demonstrability by the simplest conceivable means of my repeated asseverations.

Electrocardiography is the attainment of the same object graphically. Differences in the electrical potential is shown of the heart muscle; the actively contracting muscle is electrically negative to the other parts.

Cure of Syphilis

WHEN attention was first directed to the writer's method (J. Dec. '18), concussion of the 11th dorsal and 2d lumbar spines was advocated. Later (J. Dec. '20), concussion of 7th cerv. spine was suggested.

Respecting these methods, the writer is justified in repeating that, within 10 to 15 days, the reaction of syphilis from the blood can no longer be elicited and this result as a rule is permanent. The great difficulty was to eradicate persistent lesions in the organs.

Further studies demonstrated that, after concussion of the 7th cervical spine, the syphilotoxins were aspirated into the immensely enlarged spleen (provoked by concussion of this spine) but remained there not longer than 30 seconds and returned to the sites of the lesions from which areas the reaction of syphilis could again be elicited. This return of the toxins to the sites of the lesions corresponds with the process known as chemotaxis.

To prevent this rapid return of toxins, it was advocated to concuss the 7th cerv. sp. every 10 minutes during oscillographic treatment. Later it was found that, if one immediately concussed the 2d DORSAL SPINE after concussing the 7th cervical spine, the toxins would not return to the lesions for many hours.

On investigation of this phenomenon it was found that, enlargement of the spleen following 7th cerv. sp. concussion lasted only 30 or more seconds but that if concussion of the

2d dorsal spine immediately followed, the spleen would remain enlarged for hours.* Thus the splenic antibodies act for a prolonged duration of time.

The method in brief is as follows:

1. **USING OSCILLOCLAST:** Concussion 7th cervical spine (30 blows) followed immediately by the same number of blows to the 2d dorsal spine and then oscilloclast to spleen at rate 3 for as long a period of time as possible.

2. **WITHOUT OSCILLOCLAST:** Concussion 7th cerv. sp. (30 blows) followed immediately by concussion of 2nd dorsal sp. (same number of blows). After 10 minutes concuss 2d lumbar spine.

This process may be repeated several times at a sitting.

Drugs in syphilis act by virtue of their radioactivity. The average drug held in the splenic region contracts the spleen but mercury, arsenobenzol and quinine dilate the organ: the latter being the most efficient in this regard.

If drugs (and a recognized one) must be used in treating syphilis, gather the toxins into the spleen by concussing 7th cerv. spine (accentuate and prolong this action by immediate concussion of 2d dorsal spine), then use mercurial ointment over the spleen.

A SUMMARY OF RECENT PROGRESS IN DR. ABRAMS' LABORATORY

The Pupil in Congenital Syphilis—The writer has repeatedly referred to the diagnostic value of the sluggish pupillary reaction in this disease. Further investigations show that when the light is permitted to act on the pupil, it gradually dilates; the normal pupil alternately dilates and contracts.

Concussion of 2d Lumbar Spine—The splenic functions (J. Dec. '18) are equally valuable in prophylaxis and therapeutics.

Let us avail ourselves of the former as a routine daily method particularly during epidemics. Reference to "carcinomatous contagion" has been made (J. Sept. '16). Just as radium confers radioactivity on other substances or magnetism or electrification by induction so may we confer the specific vibrations of disease to an individual by placing in proximity to his body (pocket), culture tubes of tuberculosis, streptococcus, colon bacillus, typhoid, the blood of syphilis or a cancer specimen.

*See "Concussion of 2d Dorsal Spine," in the Summary.

Note that within a minute the specific areas peculiar to each disease can be elicited (reagent facing west). Employ for convenience of investigation the pulmonary areas of dulness.

Now concuss the 2d lumbar spine (20 blows) to release the antibodies from the spleen. This maneuver evokes the splenic reflex of contraction and causes the disappearance of all the areas of dulness excepting that of cancer which is only dissipated after concussion of the 3d lumbar spine. When the dull areas appear, they may be equally dissipated by concussion of the 7th cervical spine (see previous editorial).

Autohemic Therapy—Reference to this valuable and interesting method has been referred to in this Journal (June, 1918). Dr. Replogle has raised the question whether incubation of the blood was really necessary. The following careful investigations are important:

1. Blood specimen of acquired syphilis measures 4 ohms.
2. Diluted and incubated blood from the same patient destroys the electronic reaction of the blood at a distance of 1 inch.
3. Blood of the same dilution but not incubated destroys the reaction at $2\frac{1}{2}$ inches.
4. The same blood diluted and incubated and removed after concussion of the 2d lumbar spine dissipates the reaction at a distance of $8\frac{1}{2}$ inches.
5. Same blood diluted but not incubated dissipates the reaction at a distance of 11 inches.

Conclusions—Non-incubated is more efficient than incubated blood and that when the blood is extracted after concussion of the 2d lumbar spine, its efficiency is increased fully 1000 per cent.

The writer always contended that the results by this method are achieved by dilution of the antibodies and he has confirmed the doctrine of attenuation (J. June, '17).

Take an individual with syphilis. His blood shows a potentiality of 8 ohms and, after concussion of the second lumbar spine, 13 ohms.* After drinking one glass of water (to dilute the antibodies expressed from the spleen) in one minute the ohmage is reduced to 1 ohm and, after drinking another glass of water in one minute, the reaction is temporarily dissipated.

These investigations may be executed by percussing the dull area peculiar to syphilis.

Electronic Reaction in Cancer—Heretofore the border line between the reaction of inflammation and cancer was difficult. The energy from the former never elicits a reaction at the vibratory rate of 50 but will at 30. Cancer yields a dulness at 30 and 50.

*Heretofore it was necessary to step up the energy 1000 per cent. to show that every one is congenitally a syphilitic. This is no longer necessary. Concussion of the 2d lumbar spine will alone suffice to elicit the area of syphilis in the right interscapular region.

The topography of the areas in both are practically the same although the area of dulness in inflammation never extends to the left hypochondriac region.

Racial Status of the Negro—The ethnical criteria of the ethnologist are so inadequate that practically there are only three fundamental human types: Ethiopic, Mongolic and Caucasian. We have shown (J. Sept., '20) that the only animal blood showing the same vibratory rate as that of the human is the blood of the primates (monkey).

The method of determining sex and race was cited in this Journal (Dec., '19).

Still later investigations show that the blood of the negro is the only blood of the human races corresponding to the racial rate of the monkey.

Age of Syphilis—It appears that one can now approximately say when inoculation in syphilis occurred. This is determined by measuring the ohmic resistance of the dulness on the male (infection being primarily of male origin) sexual center (Fig. 1). The ohmage bears no relation to the energy potentially of the disease. The following is cited:

Previous Inoculation	Ohmic Resistance
1 month	4/25 of an ohm
6 months	7/25 " " "
1 year	10/25 " " "
5 years	13/25 " " "
5 "	14/25 " " "
6 "	14/25 " " "
8 "	19/25 " " "
15 "	1 ohm and 16/25
15 "	1 ohm and 16/25
17 "	1 ohm and 24/25
17 "	1 ohm and 8/25
17 "	1 ohm and 22/25
20 "	2 ohms and 9/25
25 "	2 ohms and 9/25
27 "	2 ohms and 13/25

In estimating the ohmage use two rheostats admitting the energy with one at 55 and measuring with the other to avoid measuring congenital syphilis or other transmitted diseases.

Gonorrhoea and Syphilis—Fully 50 per cent. of patients with undoubted signs of syphilis deny a previous history of inoculation (Fournier). This startling fact awakened the writer's interest and he examined many cases of Neisserian infection and found that the secretion in many instances yielded the reaction of syphilis. Endoscopic examination in several of these instances failed to show any evidence of an intraurethral chancre. In announcing my results to Dr. Geo. Jarvis, a recent visitor to my laboratory, he assured me that he had found spirochetes in the secretion of

several individuals who would otherwise have been regarded as gonorrhoeal.

The true criterion of the correctness of my observation was the results from treatment. The gonococcus and spirochete may be symbiotic.

Electronic Reactions—Warming blood specimens and electrodes will increase the intensity of the reactions. In testing for lesions to minimize the expenditure of time, use an aluminum pan for the head of the patient and a large aluminum sheet for the chest and abdomen. If a reaction is elicited, it may be localized by a smaller electrode.

Physics of Percussion—I directed attention (J. March, '20) to the necessity of extending arms from the body and separating the feet during percussion to avoid short-circuiting of the organism. With patient facing west and short-circuiting thus prevented, one may outline the entire lower stomach border and define the exact position of the appendix. All dull areas are accentuated and a lung dulness however slight can thus be elicited. The value of this observation is of great importance.

Posture and Visceral Dimensions—Concerning the former observation, it must be emphasized that the relation of the arms and feet must always be taken into consideration when the area of an organ is circumscribed. The area will be smaller when arms and feet are separated. Posture with reference to the points of the compass is also important.

Taking a concrete example of an individual with an aneurysm in the recumbent posture:

Head of patient to south—Diminishes dull area.

Head of patient to north—Increases dull area.

Head of patient to west—Same as head to north.

Head of patient to east—Yields greatest area of diminished dulness.

The heart attains its greatest tone (diminished area of dulness) with head to the north.

Lying in the magnetic meridian dilates the heart.

Thus posture must be considered to secure the greatest air comfort for cardio pulmonary patients. These effects are due to the earth's magnetism.

The earth is the great magnet by which induction effects are secured. Nature furnishes the lode stone, a "ready made" magnet.

Any body of magnetic material becomes temporarily magnetized when placed in the magnetic meridian parallel with the dipping needle and soft iron loses its magnetism when arranged at right angles to this position in the same plane.

Sheet iron screens the magnetic force. Standing on two sheets of same (I now use them in place of aluminum) the areas of dulness may be elicited in any position and they are intensified.

Concussion 2d Dorsal Spine—One of the most important recent achievements in spondylotherapy is the prolongation of the vertebral reflexes after their excitation in the usual way. In the norm the duration of a visceral reflex does not exceed one minute but if, immediately after the excitation of a reflex, the 2d dorsal spine is concussed (about 30 blows), that reflex may be prolonged for hours. In this way the lung reflex of contraction for the treatment of asthma, aortic,* heart, intestinal, splenic and other reflexes may be re-enforced. In making the electronic reactions with patient or through an intermediary (reagent), a few blows on the 2d dorsal spine will accentuate the areas of dulness.

The rationale of this manœuvre is probably through the sympathetic (great splanchnic) nerve supplying the suprarenal gland through the solar plexus.

Diagnosis and Prognosis—If the E R A in tuberculosis does not show an ohmage beyond 5 ohms manifest clinical signs of the disease are absent. Dulness can always be elicited, however, if the method of percussion to avoid short-circuiting is executed.

In every inoperable cancer and sarcoma, so pronounced by the surgeon after a laparotomy, the potentiality of the blood was at least 18 ohms. This fact is important in gauging the severity of the disease. An incipient reaction is from 2 to 4 ohms.

Culture Tubes—When these are used for control purposes, the organisms may be dead yet areas of dulness may be elicited from them over specific areas. If the latter do not occur at the vibratory rates and only at 0, we are dealing with the reactions of antibodies in the tubes.

Raynaud's Disease—The pathology of this disease is obscure. In two classical cases, the writer found an enormous reaction of congenital syphilis (above 40 ohms) and from the kidneys a reaction of high potentiality of the same nature could be elicited.

Splanchnic Congestion—The dull abdominal areas peculiar to this condition may be most effectually dissipated by concussion of the 3d dorsal spine. Prolong this reflex by immediate concussion of 2d dorsal spine.

Thermoscopy—The skin of the areas in the E R A show a slight elevation of temperature in contrast with the adjacent skin. An efficient thermoscopic paint formula is as follows:

Make a saturated solution with 2 oz. silver nitrate (crystals).

Add slowly, with constant stirring, a saturated solution of potassium iodide (about 12 oz. potassium iodide crystals required) until ppt. is entirely redissolved and the solution is clear.

*The writer has seen hundreds of aneurysms and has successfully treated them by Abrams' method. In no instance has he succeeded in causing an aneurism protruding from the chest wall to disappear until he employed concussion of the 2d dors. spine after concussion of 7th cerv. spine.

Then add saturated solution of mercuric chloride, which will give a fleeting red, instantly followed by a permanent yellow ppt. Stir constantly, and stop adding mercuric chloride when the fleeting red shows a tendency to remain. Quite a large quantity of mercuric chloride solution will be required.

When the permanent yellow ppt. is obtained, add about $2\frac{1}{2}$ grams gold chloride, allow solution to stand in dark over night, decant most of the clear liquid, and filter remainder. Wash with cold water and allow to dry.

In all above use C. P. chemicals and distilled water.

The yellow powder is mixed with distilled water and the solution is then painted on a white blotter and allowed to dry. This thermoscopic screen can then be held over the skin. A slight reddish color shows the temperature increase.

A simpler method is to saturate a white blotter with cobalt chlorid (saturated solution in alcohol). When dry, the blotter is blue but in the presence of moisture, it turns red. If blotter is red (from atmospheric moisture) dry it first over a flame. The cobalt blotter shows the presence of increased perspiration which is present over the dull areas. In making tests use all the precautions employed with the E R A.

Ocular Lesions—It is well known that the eye structures may duplicate any lesion of the body but such lesions elude the conventional methods of diagnosis. The E R A offer a ready solution to many obscure conditions in ocular pathology and the results of treatment by local applications of the oscilloclast to the eyes should not be ignored.

Dermograms—Close observation of the areas of dulness peculiar to disease notably over the lungs shows that the dull areas is surrounded by a white line (shape peculiar to each disease) which is analgesic. Friction of the skin may facilitate its appearance.

Moles and Warts—The former invariably yield a sarcomatous and the latter a mild carcinomatous reaction. All nevi give a localized reaction of congenital syphilis.

NOTE ON DR. ALBERT ABRAMS' METHODS OF DIAGNOSIS*

By SIR JAMES BARR, M. D., LL. D., F. R. C. P., F. R. S. E.
Late President of the "British Medical Association"

Dr. Abrams in his note on the Electron theory in percussion assumes that physicians in Great Britain are acquainted with his theories, but if he were only aware of the all pervading ignorance in the medical profession of this country of him and his works he

*Reprint, Medical Press and Circular, Jan. 26, 1921.

would not take too much for granted. Dr. Abrams is not only trying to resuscitate the lost art of physical diagnosis, but he has introduced novel methods which have been hitherto undreamt of. It is not necessary to accept his electronic theories in their entirety, or all his explanations of newly observed phenomena, but the extraordinary facts which he has adduced are "Chields that winna ding, an' doona be disputed."

In his electronic theories he goes to the fundamental basis of matter, though somewhat less tenuity might suffice to explain most medical phenomena. The effects of postural variations on percussion might be explained by the influence of terrestrial magnetism, but this does not carry us much further, as we know perhaps as much about magnetism as we do about gravity, and that is not saying much.

Dr. Abrams holds that radio-activity is a universal property of matter, and not confined to the dozen or so elements to which physicists limit it; moreover, that even thought itself is an expression of electronic energy. Who is there to prove that he is wrong? Sir William Hamilton said that seeking after truth was of even more importance than its attainment, so I may confer a lasting benefit on those whom I can induce to study Abrams' works.

In the *Lancet* of May 22nd of this year I described Dr. Abrams' methods of percussion. Since then, in recognition of the fact that many persons cannot differentiate minute differences in sounds, he has invented a percussophone which gives a musical tone to the percussion notes. To any physician, who is rather deaf in one ear and does not hear very well with the other, this instrument should prove invaluable, but, to those who only hear with their ears, and not with their understanding, it will not be of much use. In fact, as I have previously said, Dr. Abrams' methods require an acute sense of hearing and a delicate sense of touch.

From a fresh sample of blood, about an egg-spoonful or less, spread over four square inches of white blotting paper, and taken with certain precautions, Dr. Abrams can diagnose the sex, race, and disease of the patient. When the blood is withdrawn the patient should be facing the west, though this is not a *sine qua non*, as the blood can be depolarized before examination with a large horse-shoe magnet. The blood should be taken in a subdued light, and there should be no strong red or yellow coloring material in the room, as any undue exposure of the blood to those color vibrations is likely to reverse its polarity; this precaution is essential, as I shall subsequently illustrate by an error of my own. As soon as the blood on the blotting paper is dry it should be placed in a black photographic envelope to prevent any further exposure to light, and the examination should be made within twenty-four hours. For this purpose a healthy subject—male or female—with good reflexes should be selected.

The subject should face west, standing on two separately grounded aluminum plates, with feet and hands well apart so as to avoid all risk of short circuiting. The black envelope containing the blood, which has been depolarized, is placed on another grounded aluminum plate. A large aluminum electrode is placed on the envelope, and is connected by a long insulated copper wire with one end of Abrams' biodynamometer, which is a specially constructed resistance coil or Ohmmeter. From the other end of this coil another wire leads to a small electrode. This electrode should be placed on the subject over the depresser nerve, between the third and fourth dorsal vertebrae, or in the center of the forehead to elicit the splanchno-vascular reactions; between the fourth and fifth cervical spines, or on the central line of the head thirteen centimetres from the root of the nose to obtain the pulmono-diagnostic reactions; and on the second lumbar spine, or on the central line of the head at a point drawn up from the posterior margin or the ear, to elicit the entero-diagnostic reactions. It is better that this small electrode should not touch the skin, therefore a small india rubber ring about one-quarter of an inch thick should be glued on the center of the electrode.

Sex, race, and various diseases have different sites of impaired percussion, and different vibration rates as measured on the resistance coil. There are only two sexes so it might seem that there is not much scope for error, but sex differentiation can never be absolute as we have homosexuals, sexuals, and the majority of people are to some extent bisexual. Moreover Dr. Abrams has reversed the polarity by suggestion in the hypnotic state—suggesting to a man that he is a woman, and endowed with many of her attributes, he has been able to elicit the female reaction.

He has so far differentiated fifteen races which occur in the following order on the resistance coil: Japanese, Italian, Russian, Jew, Portugese, French, German, Irish, Spanish, English, Chinese, Dutch, Danish, Filipino.

He does not distinguish between English, Scotch, and Welsh, and this task might be undertaken on an extended scale in this country. The Irish-Celt has a lower vibratory rate, and no doubt he has had a fair experience of Sinn Feiners in San Francisco.

I shall now describe the diagnosis of one disease, cancer, and, I may here premise, that personally I prefer to make the diagnosis from the patient rather than from the blood, but as the method is much the same in both cases I need not duplicate my remarks. There is the great advantage in examining the patient that you can do so directly, or through a subject; moreover you open up other avenues of thought besides the senses of touch and hearing. In the splanchno-vascular reactions of all diseases deep breathing abolishes the dull abdominal areas; I therefore make the subject or patient (if the examinee) lean well forward which prevents deep-breaths, and saves one the trouble of watching the breathing.

In the splanchnic-vascular reactions of cancer there is a dull area measuring about two inches vertically by four transversely, in the left hypochondriac area just below the margin of the left lobe of the liver. In the pulmonary reaction there is a dull oval area about three inches by two in the lower half of the left interscapular area and involving the inner margin of the scapula.

In the entero-diagnostic reaction there is a dull area round the umbilicus about two by two inches. All these dull areas, as measured by the biodynamometer, occur at zero and up to the potentiality of the blood. As the resistance increases they disappear and again return at 30 and 50 ohms. Cancer has a positive polarity, as is shown by these dull areas disappearing when the south pole of a bar magnet is held about four inches distant, and when the subject (or patient if the examinee) faces south.

There is nothing more pleasing to a patient than to be confidently assured that his abdominal trouble is not malignant, that the exploratory operation which has been recommended is quite unnecessary, and that with a little intelligent treatment he will soon be all right. Of course this may deprive the surgeon of a substantial fee, but it will save him from the ignomy of an unnecessary operation, which he may find difficult to gloss over. As Abrams quaintly says, an operation is primitive surgery, the prevention of an operation is advanced surgery. An operation should only be undertaken with a definite object in view; those who cannot make a diagnosis had better invoke the assistance of some one who can.

The obverse of the picture is not so pleasant but no less satisfactory. I recently diagnosed two cases of abdominal cancer by Abrams' methods and recommended immediate operation—in both cases Mr. Newbolt was the operator. In the first case the growth was palpable and I thought that it was in the colon, but at the operation Mr. Newbolt found it at the pyloric end of the stomach. He said he thought it was removable, but as there was a big nodule in the liver and the glands around the big vessels were involved he closed the abdomen. "If he had come up a year ago one would have had a good chance of removing the growth." I have no doubt that the diagnosis could have been made then. In the second case the growth was in the lesser curvature encroaching on the pylorus, and a gastro-enterostomy was performed. In my record I state that he gives all the Albert Abrams' reactions for cancer at 30 and 50 ohms. His proteid potentiality is 6/25 of an ohm, and he gives the English reaction. He says he and all his family are Welsh.

Dr. Abrams is a thorough-paced Darwinian, and recently he wished me to undertake the examination of monkeys' blood, but I replied that I did not yet consider myself sufficiently skillful with human blood, and I had neither the will nor the way for the unprofitable tasks of dealing with monkeys. I thought that

was a job for an expert witness, and God knows there are plenty such in our profession.

Now for my mistakes, to which I previously referred. A short time ago Dr. Firmin Cuthbert of Gloucester brought me two specimens of blood. He had not himself taken the specimens, and one of them was from a patient of his friend who had taken the blood. I took the precaution of depolarizing both specimens with a horse-shoe magnet. The first specimen was from his own patient, and my diagnosis was, a female, probably menstruating, but not certain, English both on the father's and mother's side, suffering from tuberculosis, not of the lungs, and I could not say where, except at the expenditure of time and energy which I was not at the time prepared to undertake. He accepted my diagnosis in its entirety, but he had no information about the menstruation. He said she was a woman of Welsh descent who had recently undergone a laparotomy for tuberculous peritonitis.

I was not anxious to undertake the second case as there were several patients waiting to see me, and I did not wish to explain that they must wait while I amused myself finding out whether a specimen of blood was from a Jew or a Gentile. However at Dr. Cuthbert's request I undertook the task. My diagnosis was, a male, Irish on the father's side and English on the mother's, suffering from syphilis, whatever else he may have got. Dr. Cuthbert said I was wrong and asked me to try for cancer, I did so and got the cancer reaction, but the syphilitic reaction was also present. He said that he understood the blood was from a patient suffering from cancer of the uterus, which of course also settled the question of sex. Here were two very bad mistakes in one case which afterwards gave me food for thought. My secretary accounted for my errors by telling me that I was in much too great a hurry; to which I replied that that might account for the error in the disease, but it would not account for the error in sex unless the patient were strongly bisexual, which was very improbable in a case of cancer of the uterus. I then wrote to Dr. Cuthbert that the only explanation I could offer was that when the blood was drawn there must have been some strong red or yellow colored material on the patient or in the room. He replied: "They were both women, and both had been operated on and had had their skins painted with picric acid; one a laparotomy for tuberculous peritonitis, and the other a colostomy for carcinoma recti. In both cases the beds were surrounded by a screen of red color. Both women were of Welsh descent." Probably in the first case the exposure was of short duration, hence no error arose.

The general principles here enunciated apply to the diagnosis of other diseases, but of course there are differences in details. His methods are effective at the very inception of diseases and thus at a time when they are amenable to treatment.

He is especially happy in the differentiation of micro-or-

ganisms. Streptococci and staphylococci have different electronic areas, different vibratory rates, and require different treatment. In my opinion his greatest achievement, because most widely applicable, has been in the early diagnosis and treatment of tuberculosis. He forestalled Finsen, and since then he has moved so far that often he has a case of tuberculosis of the lung diagnosed and cured while the modern specialist is waiting for the appearance of the tubercle bacillus. In my opinion he has done more to advance the treatment of tuberculosis than all the other physicians in America and Europe combined. This is a very strong statement, but it is also a demonstrable fact. All his serious writings are lit up with sparkling American humor which has a very humanizing effect. Recently in describing his success in the treatment of cataract he said, not wishing to be accused of mendacity, he would only describe one case; this one showed a rather miraculous result and was evidently the show case of the series. Those who want to study his methods had better make themselves acquainted with his writings, and then take a post graduate course at San Francisco.

THE ELECTRICAL NATURE OF MAN

In one of my books, "New Concepts in Diagnosis and Treatment," and elsewhere, my technical apparatus, "Electroradiometer" and "Oscillophore," are employed for demonstrating human radiations. The sensitivity of the human reflexes for showing the latter was evidenced by the use of the heart.*

Human Phenomena—My constant endeavor has been to study man from the viewpoint of physics. Until this is done, medical art can never attain the dignity of a science. A science is gauged by the amount of mathematics (symbolized logic) it contains and when one can neither measure nor express knowledge in numbers, such knowledge is not scientific.

The writer is a positivist in the sense that knowledge should be limited to phenomena, and that all sciences are but branches of one science to be investigated by one and the same method. The antiquated theory of vitalism predicated a vital force unfettered by natural laws, thus segregating the human organism from other entities and thus retarded the correct interpretation of human phenomena.

Isolation and weighing of an electron eliminates imponderability as the dividing line of material and spiritual matter. The vital force is the inherent radioactivity common to all life evolved from the incessant activity of the electrons.

The yield of this radioactive energy as shown by my apparatus is greatest at birth and diminishes with advancing age.

*"Electrical Experimenter," Sept., 1918; "Physico-Clinical Medicine," Sept., 1918.

Human Radiation—Energy liberated by the human appears in mechanical, thermal and electrical form. Apparatus (magnetometer, stethometer and a variety of dynamoscopes) for recognizing radiations have been devised but lacking constancy in action, they are impracticable.

The heretofore supposititious radiations have been called prana, animal and vital magnetism, odyle, psychode, biactinism, aura, etc. Superstition is true psychology with the wrong dress and the Electroradiometer shows that some spiritistic phenomena are realities independent of disembodied spirits and referable to the manifestations of human radioactivity. It can be shown that, in the normal male, radiations from the right hand are positive and negative from the left hand and this polarity is reversed in the normal female. Yellow reflected on the body will reverse the normal polarity in both sexes. It can be shown with the Electroradiometer that the average man thinks with only one side of his brain, whereas the genius utilizes both sides.

Electricity—A few elementary facts in physics are relevant to my subject. Electricity has been arbitrarily divided into static and current; the former is electricity at rest and the latter, electricity in motion. Static electricity is produced by rubbing or the influence of one electrified body on another. Current electricity is produced by batteries and dynamos.

Static electricity is usually considered of minor theoretic importance and the experiments with it are relegated to the juvenile experimenter.

Positive and Negative Electricity—If a rod of sealing wax or other resinous substance is rubbed with a dry wool cloth, it gains the property of attracting to itself light bodies (pith or bits of paper). After the latter are attracted, they are repelled.

Rubbing produces what is known as a charge. A glass rod rubbed with silk will attract a pith ball which was repelled by the sealing wax.

Thus, one differentiates positive (vitreous) and negative (resinous) electricity.

Bodies charged with one kind of electricity repel those charged with the same kind, but attract those charged with the opposite kind.

Charged bodies are said to be excited or electrified.* They are discharged by contact with the finger.

Exactions—To investigate human phenomena, it is necessary for the investigated individual to face the geographical west, with the uninvestigated arm or leg separated (arm from the body and one leg from the other).

Grounding as a rule is unnecessary but the phenomena are

*Further elementary facts may be gleaned from any text book on physics.

accentuated if a wire is connected with one leg to a radiator or water pipe. All materials must be clean and dry. In moist weather, they must be warmer than the air in the room and parts intended to be electrified must not be handled. Pith may be obtained from any jeweler. Sunflower pith is excellent. Cut out balls with a sharp knife and smooth them by rolling between the hands.

Technique—Suspend a small pith ball by a silk thread from a rubber rod.* Latter may be held in a clamp or placed on a table. Charge ball by touching it with a rod of hard rubber rubbed with flannel. When charged the approach of the rubbed rod will repel it.

Observe that any substance with a positive charge will attract the ball and a negative charge will repel it.

Observe that if the ball is charged with a rod of glass, the opposite effects ensue.

Only a few experiments will be cited.

Experiment I. Showing that human radiations from the tips of the right hand and foot in a normal male are positive and negative on the left side. That the opposite polarity is present in a normal female. Sexual inclination is a matter of polarity.

Seated or standing toward the geographical west, approach the ball with the grouped finger tips. Note that, in repulsion, the primary action is a slight attraction immediately followed by repulsion. These effects may be noted directly or indirectly, by observing the shadow of the ball.

Note that when standing in the magnetic meridian, these effects are not observed until the body approaches the west. When the finger tips of both hands are held on either side in proximity to the ball the latter oscillates to and fro (the action of neutral electrification). Note that in temperamental individuals the polar effects are accentuated.

Experiment II. Showing that the normal polarity may be reversed by yellow light allowed to fall on the body, notably on the head, and that normal polarity effects are accentuated by red.

Whereas yellow reverses polarity in 30 seconds, blue does so immediately. Purple causes a negative polarity in the finger tips of both hands.

Experiment III. Showing that polarity may be reversed by a bar magnet.

Present negative pole of the magnet to the left side of the head (Fig. 1) in a male and note reversal of polarity when right finger tips or toes approach the ball. Like reversal ensues when the positive pole of magnet approaches the same side of head in a female. The finger tips of a woman's right hand act like the magnet.

*A special contrivance is made by the Physico-Clinical Co.

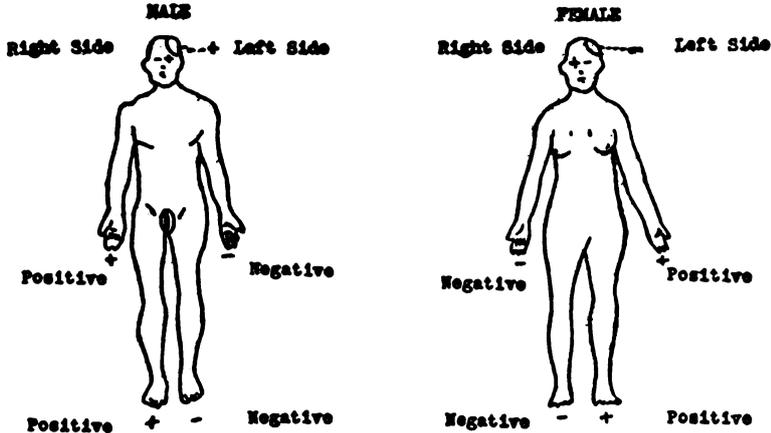
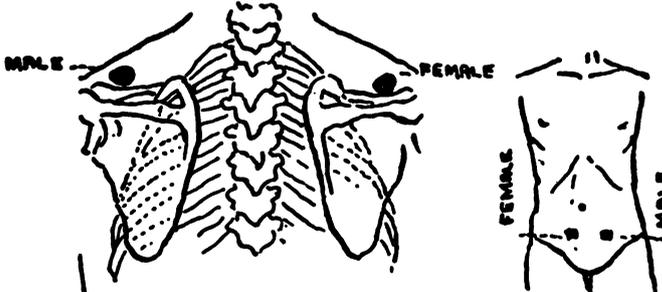


Fig. 1—Psychomotor regions in male and female. Fibers from these electromogenic centers cross to the opposite side of the body.

Experiment IV. Showing that zones of polarity are localizable on the body.

Normal male and female identification is possible by holding the rubber rod in the hand. When the ball approaches the zones (Figs. 2 and 3) peculiar to the male or female, repulsion of the



Figs. 2 and 3—Showing areas peculiar to sex. Those on the abdomen are on either side of median line midway between the pubic symphysis and the navel.

ball ensues, whereas at the other side, there is some attraction. Repulsion is the true test of electrification.

Do not confound the motion of the ball with the unconscious muscular movements of the magic pendulum (*pendule explorateur*) used for determining the sex of eggs, location of underground ores or springs.

If the body approaches the suspended ball from a stationary stand the results are the same.

Experiment V. Disproving that friction is necessary to evoke a static charge.

All rods show positive and negative ends. The reason why

this fact has been unrecognized is because some heat is necessary to accentuate electrification. Take an inanimate object like a rod of wood. Heat both ends slightly in a flame and note that one end approaching the ball will attract and the other end will repel it. Induced magnetism may be communicated to warm wood using the positive pole to produce a negative charge.*

Experiments with magnets (slightly warmed) show when held toward the ball and the same is thoroughly charged negatively the following:

Positive pole of a bar magnet attracts, and negative pole, repels.

A horseshoe magnet causes the oscillations of what is designated by the writer as neutral energy. Note that one of the poles of the horseshoe magnet will attract and the other will repel the ball.

This simple differentiation of the poles may be corroborated by the compass needle.

II

ELECTRONIC REACTIONS OF ABRAMS

These refer to definite and constant areas of dulness elicited by percussion on the chest and abdomen.¹ In the "Medical Record" (Feb. 16, 1918) and elsewhere,² "Symptomatic Atelectasis" was discussed. The reader is referred to the latter contribution to avoid repetition.

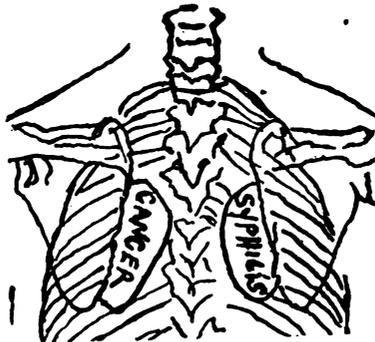


Fig. 4—Areas on the back indicating the zones peculiar to carcinoma (left) and syphilis (right). The zone of the latter is alike in the congenital and acquired forms, and differentiation is possible by aid of the Ohmmeter.

Referring to Fig. 4, the zones peculiar to cancer and syphilis are demarcated. These zones of dulness are evident in every individual with syphilis and carcinoma provided the patient faces the geographical west and is grounded. Separation of the feet

*This simple demonstration will do more to emphasize my theory of "morbid transference" by transferred vibrations than all my repeated asseverations.

and hands extended from the body² will accentuate these areas of dulness.

If a bar magnet is presented to the cancer area during percussion, the dulness persists with the positive pole and is dissipated by the negative pole, showing the positive character of the cancerous energy.

The luetic area is positive and negative inasmuch as the dulness persists with both poles. When a pith ball is suspended from a proper support and the ball is about one inch from the areas in question a movement of the ball is noted and this movement varies with the nature of the energy:

1. Positive (cancer)—More attraction than repulsion.
2. Negative—More repulsion than attraction.
3. Neutral (tuberculosis)—A lateral to and fro movement.
4. Positive and Negative—Attraction and repulsion in a vertical direction. By careful use of the ball the zones may be definitely circumscribed.

Note that these oscillations of the ball are not present when the patient faces the magnetic west, but reappear at once when the posture is directly toward the geographical west.

To achieve accuracy in noting the movements of the ball avoid suspending the ball by the fingers to avoid unconscious muscular movements.

By aid of the Electronic Reactions employed in various ways, say in syphilis, one may determine the following:

1. Differentiation of congenital and acquired syphilis;
2. Potentiality of the disease;
3. Parental origin;
4. When acquired (approximately);
5. When quiescent;
6. When cured;
7. Site of infection;
8. Strain.

Addendum—Physicians using the Electronic Reactions for diagnosis will note that the oscillations of the pith ball will only recur at the vibratory rates of the disease. That the oscillations do not ensue beyond the potentiality of the energy.

That the same method of diagnosis is demonstrable over other areas in different diseases in accordance with their topography as shown in the "Iconography of Electronic Reactions," by Abrams. The borders of the heart and aorta may be accurately defined. For latter, suspend a charged silk thread. Covering ball and thread with aluminum will increase their sensitivity.

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1. Abrams: "New Concepts in Diagnosis and Treatment"; International Clinics, Vol. I, 27th Series, 1917. Physico-Clinical Medicine, Sept., 1916.
2. Barr, Sir James: Lancet, May 20, 1920.
3. Abrams: "The Lancet," March 6, 1920, and "Revue de Pathologie Comparee," Feb., 1920.

REVIEWS

Electrophysiotherapy Chart—Capt. Chas. L. Ireland (Columbus, Ohio) has done notable work for the Government in rehabilitating wounded soldiers and he is fully competent to prepare a comprehensive chart showing the vertebral reflexes which may be elicited by stimulation based on the methods described by Abrams in his Spondylotherapy. Price \$5.00.

New Orientations in Medicine—Dr. F. Paredes (Celayo, Mexico) refers to the discovery of the general radioactivity of matter by the eminent French physicist Gustave Le Bon supplemented by the discoveries of Abrams. The intraatomic energy in matter is so great says Paredes that, a copper coin weighing one gram can draw a train of merchandise of 500 tons on level ground and run $4\frac{1}{4}$ times round the earth's circumference.

The Spine as an Entity—Dr. F. E. Peckham (Providence, R. I.) makes the following pertinent observation: "Every medical man will admit that reflex impulses are sent over the nerve trunks but will deny that such impulses may be sent voluntarily by physical means resting in the hands of the operator."

"These methods for attacking disease have long been advocated by Abrams and sadly neglected by the great mass of physicians" (Kovan).

Bearing on this subject, Dr. Elnora C. Folkmar (Washington, D. C.), an eminent physician, observes as follows: "If I had to choose from my equipment (and I have several thousand dollars worth in my offices) just one piece and give up all the rest, I would take the Reflex Set."

Reparative Measures—My distinguished friend, Prof. J. Madison Taylor (Philadelphia) in his usual trenchant though dignified manner which sustains his position as a stylist emphasizes the importance of physical measures which have not yet come to be accredited the importance they deserve.

SPONDYLOTHERAPY*

(Abrams)

Vertebrae and Nerves—

- | | | |
|----------|--------|----------------------------------------------------------------------------------------------------|
| Cranial | 5. | Freezing over gasserian ganglion in front of ear relieves trigeminal neuralgia. |
| Cervical | 1 & 2. | Freezing inhibits functional sensibility of trigeminus and its spinal branch. |
| | 2-3. | A. Pressure or freezing inhibits irritability of phrenic nerve.
B. Elicits reflex of diaphragm. |

*This comprehensive table, prepared by Sir James Barr, is presented by this eminent physician to the readers of this Journal.

-
- 2 & 3. Percussion stimulates the phrenic nerve and the diaphragm, and the adrenals.
 - 1 to 7. Freezing inhibits irritability of cervico-occipital nerves.
 - 4-5. Lung reflex of contraction. Useful in asthma.
 - 5 & 6. Right paravertebral tenderness in syphilis.
 - 6. Stimulates parathyroids. Enlarges spleen.
 - 7. Contracts thyroid and thymus. Stimulates pituitary and vagus. Contracts heart and blood vessels. Vaso-constrictor, arrests haemoptysis, migraine, etc.
- Dorsal**
- 1. Vaso-constrictor nerve antagonises depressor nerve, increases visceral tone of sigmoid flexure.
 - 7 & 2. Mydriasis. Grounding 1st and 2nd makes sluggish Argyll-Robertson pupil more responsive to light.
 - 2-3, 3-4, 4-5. Contracts splanchnic vessels in neurasthenia.
 - 3. Closes pylorus and opens cardiac orifice of stomach.
 - 3 to 6. Left side painful in heart affections.
 - 3 to 8. Lung reflex of dilatation.
 - 3-4. Activates thyroid thymus and mammary glands, depresses pituitary. Through depressor nerve gives splanchno-vascular reactions.
 - 4, 5 & 6. Contracts gall-bladder.
 - 4 to 7. Painful on pressure when a lesion is located on the lesser curvature of the stomach between the cardia and pylorus. At spine or side of 10th dorsal in lesion of the fundus. 10th to 12th dorsal when lesion is in greater curvature near pylorus.
 - 5. Splanchnic nerve. Antagonises depressor nerve, grounding either accentuates the action of the other. Opens the pylorus.
 - 5, 6 & 7. Contraction of the splanchnic vessels.
 - 6, 7 & 8. Acts on kidneys, increases diuresis.
 - 7. Diminishes activity of ovaries.

- 8 or 9 or 2nd lumbar. Right side tender in appendicitis.
9. Distends gall-bladder, increases ovarian function.
 10. Vaso-dilatation. Lung reflex of dilatation. Stimulates pancreas and testicles. Empties appendix.
 - 10 & 11. Right side and tip of 11th right rib tender on pressure in cholecystitis.
 - 10 to 12. Renal affections tender on side of disease.
 - 10, 11 & 12. For prolapsed ovaries, stimulates uterus and raises ovaries.
 11. Enlarges spleen, liver, stomach and intestines, dilates sigmoid and relieves spastic constipation.
 12. Depresses function of testicles, contracts caecum and raises movable kidneys. Sinusoidilization reduces prostate.
- Lumbar
1. Dilates appendix.
 - 1, 2 & 3. Stomach reflex of contraction. Concussion contracts liver and spleen, and may induce a paroxym of epilepsy. Decreases menorrhagia in uterine fibroids.
 2. Entro-diagnostic reaction, contracts spleen and liver.
 3. Tenderness on side of ovarian disease. In tubal disease tenderness at 3rd or lower.
 4. Tenderness in uterine disease.
 5. Contracts bladder.
- Sacral
- 1 to 5. Tenderness in cases of diseases of bladder, rectum and anus.

Concussion 2d Dorsal Spine—Attention is directed in the Summary to this mechano-physiologic mordant of Spondylotherapy. Its employment will aid the results in vertebral reflexotherapy.

We may ridicule the "thrust" of the osteopath and chiropractor but by its aid, they are thrusting the ignorant (?) masses into the domain of unofficial medicine. All such manipulations are modified methods for exciting reflexes.

Dr. Horace Coblentz (Washington, D. C.) reports as follows: "A patient 10 minutes after eating has an enormous swelling of abdomen. No HCL in stomach, some blood and no bacteria. After a barium meal and examined fluoroscopically, the hypermotility causes the barium in 7 minutes to appear in the cecum. In 18 minutes stomach completely empty. I then gave another

barium meal and closed pylorus by concussing 3d dorsal spine. In 15 minutes severe pains ensued which were at once relieved by opening pylorus (concussion 5th dorsal spine)."

MISCELLANY

Subscription—If you have failed to pay your subscription to this Journal for one year, there will be one blue pencil mark on this page and if you are in arrears for two years, two marks. If your subscription is not paid promptly, it will be cancelled and copies will no longer be sent to you.

Dr. M. S. Hsu—This physician has recently taken post-graduate work at Dr. Abrams' laboratory. He was a delegate to the "American Medical Association," and is chief fleet surgeon of the Chinese Navy.

Dr. Abrams' Laboratory—A new building (adjoining the present building) is in process of erection to meet the requirements for better experimental work and to accommodate physicians coming from different parts of the world for instruction.

Dr. P. S. Replogle—Readers of this Journal will recall that this eminent physician reported his autobiography of carcinoma pylori and complete recovery by aid of the oscilloclast. Despite his age (72 years young), he is equipped with the enthusiasm of youth and after spending three months at Dr. Abrams' laboratory, he returns to his home (Champaign, Ill.) ready, willing and competent to execute the electronic reactions.

Oscillophore—Owing to the time consumed in investigation of the pith ball as an aid in diagnosis, announcement of this apparatus must be postponed.

Dynamizer—The price of this apparatus has been increased to \$25.00.

Dr. Abrams' Course—The honorarium for this course is \$200.00.

SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY

California (Provincial)—Drs. H. L. McCabben, H. Meredith, W. Watts, A. T. Noe, C. Powell, W. F. Kelly, L. Haas, J. Leads-worth, J. Thompson, C. L. Thudichum, R. Schwartz, W. W. Fraser.

Illinois—Drs. G. Frank Lydston, P. S. Replogle, F. J. Dudley.

Wisconsin—Dr. J. D. Sullivan.

Michigan—Dr. W. A. Dewey.

Oregon—Drs. W. Morrow, Geo. O. Jarvis, G. E. Watts.

New York—Dr. C. S. Hilfer.

Missouri—Dr. S. Bauch.

Minnesota—Dr. W. E. Leonard.

South Dakota—Drs. E. B. Taylor, S. Rosenthal, W. J. McRoberts.

North Dakota—Drs. V. S. Irvine, H. R. Gunderman, E. B. Crosby.

Washington—Dr. A. E. Goldsmith.

Australia—Dr. B. Bond.

New Zealand—Drs. H. W. Danneville, W. D. MacKenzie.

Canada—Dr. H. Williston.

China—Drs. M. S. Hsu, D. C. Tong, H. S. Huang.

Japan—Dr. F. Izuna.

BRIEF COMMENTS BY LESSEES OF THE OSCILLOCLAST

"I do not believe that Abrams has by any means solved the cancer problem, but I am inclined to think that he is on the right lines, and may evolve something very useful. At any rate I ordered another instrument about a week ago, and I did not do that for the fun of the thing."—Sir James Barr (England).

"We had the pleasure and satisfaction in seeing many patients get back health and strength, without medication too. I must say that I was not content to take anybody's word that the Oscilloclast would do what was claimed for it so I cut out the medical treatment on numerous cases and let the machine do all the treatment. To my great surprise in some cases the desired results followed. For instance, in Carcinoma of Iliac bones and intestines, I found Haemoglobin of the blood rise from 35% to 90% without medication.

"At Fingal, I treated in all over 50 different cases and my success is almost wholly due to your methods of diagnosis and treatment.

"Having gained the confidence in the ERA, I have walked out into a larger field in Texas. Can you realize that this diagnosis and treatment work has crowded in until that is practically all I am doing?

"Would it be possible, Doctor, for you to deliver me the second machine to Austin very soon? Am about at the limit here."—H. T. Irvine, M. D. (Texas).

"We are swamped with work and our three cord oscilloclast is working to full capacity. We are still astonishing the incredulous and keeping busy. We must have another oscilloclast at once for there are so many here who demand treatment."—W. P. Myers, M. D. (California).

"How soon do you think I can get another oscilloclast? I treated 32 patients on the oscilloclast today. The best results so far I am getting in otorrhea. I have 17 cases and every one has received benefit in a few days. My breast cases of carcinoma (11

with open wounds) were all relieved of pain after three treatment."—H. B. Coblentz, M. D. (D. C.).

"I am doing good work with the oscilloclast in T. B. and when I get more room I shall want another machine."—H. Michener (Kas.).

"I am continuing to get fine results from your method of diagnosis and treatments with the Oscilloclast. I cannot refrain from again complimenting you on your investigations and the privilege I have of using your outfits for the helping of the sick. Many of my patrons actually owe their life to having been under treatment by the Abrams method.

"I desire, also, to extend my lease on the Oscilloclast for an additional ten years or even fifteen years. Will it be necessary to execute another lease or will you send me a letter confirming the extension which I can fasten to the copy of the lease I have? You can make it for any term of years longer than the ten years—but ten years at least, please, as I do not want to be without the outfit nor have to again return to the former methods of practice after once experiencing the wonderful results from the Abrams method."—B. W. Swayze, M. D. (Pa.).

"The oscilloclast is a 'wonder box.'"—C. E. Johnston, M. D. (California).

"The Oscilloclast has doubled my business."—S. King, M. D. (Pa.).

KNIFELESS SURGERY

"Since using the oscilloclast in my practice, the necessity for operations has been reduced fully 90 per cent. with results equally good as before."—P. S. Replogle, M. D. (Ill.).

"With the oscilloclast, I perform 75 per cent. less operations and my results are as good without as with operations."—J. G. Thompson, M. D. (Cal.).

The President of the "American Association of Engineers" claimed in a letter to the Editor that, by reason of his position he was entitled to an oscilloclast for use in his family. It was difficult to refuse this eminent gentleman. It is an inflexible rule to lease the apparatus only to regular members of the medical profession.

LESSEES OF OSCILLOCLAST*

- Sir James Barr, England.
 A. Bursell, M. D., Medford, Oregon.
 E. A. Majors, M. D., Oakland, Cal. (2 machines).
 A. T. Noe, M. D., Pacific Grove, Cal. (2 machines).
 J. P. Kanoky, M. D., Kansas City, Mo.
 H. Meredith, M. D., Oakland, Cal.
 J. Goodwin Thompson, M. D., Oakland, Cal. (2 machines).
 V. Sillo, M. D., New York City.
 C. Powell, M. D., Oakland, Cal.
 W. F. Becker, M. D., Chicago, Ill. (2 machines).
 E. W. Dodge, Chicago, Ill.
 J. W. King, M. D., Bradford, Pa.
 C. Wheeler, M. D., San Francisco, Cal.
 H. Michener, M. D., Wichita, Kas.
 G. Boericke, M. D., University Hospital, Ann Arbor, Mich.
 M. W. Knapp, M. D., San Jose, Cal.
 L. J. Sherman, M. D., Oakland, Cal.
 J. DuPlessis, M. D., Chicago, Ill.
 P. S. Replogle, M. D., Champaign, Ill.
 C. L. Thudichum, M. D., Sebastopol, Cal.
 F. Schuldt, M. D., Mexico City, Mexico.
 H. E. Palmer, M. D., Dayton, Ohio.
 Capt. A. R. Gould, M. D., Washington (2 machines).
 B. W. Swayze, M. D., Allentown, Pa.
 Seneca B. Bain, M. D., Washington, D. C.

*Terms on which oscilloclasts are leased are as follows: A primary payment of \$200.00, and \$5.00 monthly. Primary payment is subject to change, owing to varying cost of material and labor. Other physicians who have ordered the oscilloclast for DC and AC (below 50 or 60 cycles) must exercise patience before receiving their machines inasmuch as the latter must be specially constructed. Primary payment on DC oscilloclasts is \$250.00.

The difficulties connected with the development of a direct current Oscilloclast without motor have now been entirely overcome and we take pleasure in stating that Direct Current, Triple Oscilloclasts for any voltage can now be supplied as promptly as the alternating current form. The conditions are now reversed, and the Direct Current instruments may be considered the superior of the Alternating Current ones, inasmuch as the current consumption, and therefore the cost of operation, is just about one-half that of the Alternating Current form. In addition they run with much less heating.

In order to more easily furnish Oscilloclasts for the various odd voltages and currents, and also to do away with any possibility of overheating, the instruments hereafter will be built with the resistance units separately mounted, and connected with the Oscilloclast proper by a cord ending in porcelain tipped connectors. There will therefore be no ventilating opening O, and the injunction relative to placing the instrument two inches from the wall may be ignored. The mounted resistance unit is shipped separately in a small fiber box, and is connected by simply pushing the two porcelain terminals onto the two brass plugs on the side. The resistance unit is best placed on a shelf or bracket in back of the Oscilloclast. It will warm up in normal operation.

Oscilloclasts thus equipped may be changed from one voltage to another by simply returning this small resistance unit. A direct current instrument may be thus changed to an alternating current one, but the alternating current oscilloclast must be returned to the factory if it is desired to change it to direct current. CAUTION—Never use alcohol for cleaning commutator or other parts of Oscilloclast. It softens insulation and corrodes steel parts.

- H. A. Hess, M. D., San Francisco, Cal.
H. G. Nyblett, M. D., Calgary, Canada.
J. C. Stevens, M. D., Harrisburg, Pa.
B. Tisdale, M. D., Oakland, Cal.
J. Tow, M. D., Chicago, Ill.
C. H. Kingsburg, M. D., Danielson, Conn. (2 machines).
L. H. Dietz, M. D., Oakland, Cal.
S. King, M. D., Warren, Pa.
L. B. Weatherbee, M. D., Antioch, Cal.
S. F. Meacham, M. D., Oakland, Cal.
B. Crombie, M. D., Portchester, N. Y.
A. F. Hornberger, M. D., Wichita, Kans.
C. A. Reinboldt, M. D., Detroit, Mich.
W. J. McRoberts, M. D., Hot Springs, S. Dakota (2 machines).
R. Rice, M. D., Council Bluffs, Iowa.
C. S. Evans, M. D., Hutchinson, Kans.
H. T. Irvine, M. D., Austin, Texas (2 machines).
A. B. Collins, M. D., Linesville, Pa.
Chas. Zeebuyth, M. D., Portland, Oregon.
E. S. Smith, M. D., Bridgeport, Conn.
W. P. Myers, M. D., Anaheim, Cal. (2 machines).
C. E. Johnston, M. D., Orland, Cal.
V. S. Irvine, M. D., Lankin, N. Dakota.
I. Howard Planck, M. D., Chicago, Ill. (2 machines).
M. A. Hansen, M. D., Osage, Iowa.
J. A. Savignac, M. D., Ottawa, Can.
M. W. Livingston, M. D., Pittsburgh, Pa.
E. B. Crosby, M. D., Oriska, N. Dakota.
H. D. Schell, M. D., Hamilton, Ohio.
A. E. Persons, M. D., Buffalo, N. Y.
J. R. Leadsworth, M. D., Los Angeles, Cal.
A. W. Buell, M. D., Long Beach, Cal.
H. B. Coblentz, M. D., Washington, D. C. (2 machines).
H. C. Kehoe, M. D., Flemingsburg, Ky.
F. M. Cooper, M. D., Colorado Springs, Colo.
M. A. Sturm, M. D., New York, N. Y.
W. G. Doern, M. D., Milwaukee, Wis.
H. W. Fleck, M. D., Bridgeport, Conn.
B. L. Sanborn, M. D., San Francisco, Cal.
C. C. Waltenbough, M. D., Canton, Ohio.
J. F. Roemer, M. D., Waukegan, Ill.
E. B. Taylor, M. D., Huron, S. Dakota.
T. Kendrew, M. D., Indianapolis, Ind.
W. Watts, M. D., Portland, Ore.
E. C. Folkmar, M. D., Washington, D. C.
A. W. Boslough, M. D., Wausau, Wis.
H. D. MacKenzie, M. D., Auckland, New Zealand.
Sigmar Hilfer, M. D., West New York, N. J.

J. D. Sullivan, M. D., Kenosha, Wis.
H. L. McCubbin, M. D., Sacramento, Cal.
M. S. Hsu, M. D., Woosung, China.
Henry P. Fahrney, M. D., Frederick, Md.
H. M. de Danneville, M. D., New Zealand.
S. Rosenthal, M. D., Aberdeen, S. Dakota.
H. Gunderman, M. D., Monango, N. D.
Chinese Government.

The Doctor's Union

An Anticipated Verity in One Tablet

By the

Author of "Transactions of the Antiseptic Club," "Scattered Leaves from a Physician's Diary," Etc.

ABBREVIATIONS

Dr. C.—Doctor Cuttem.

N.—Nurse.

O'P.—Dennis O'Paque.

P.—Patient.

SCENE

(Office of Dr. Harry Cuttem)

Appurtenances suggestive of a modern union physician.

Placards on the wall bearing inscriptions like the following:

"We Do Not Treat Scabs."

"All Strikers Receive Free Treatment Especially Striking Blondes."

"Down With Capital But Not With Capital Operations."

"No Work and Bigger Fees."

"Why Should You Work as Long as You Have Your Health?"

"Strike Whether the Iron's Hot or Cold: T'ell with the Temperature."

"It Pays to Live: You'll Have a Rotten Time After You're Dead."

CHARACTERS

Dr. Harry Cuttem, prominent member of the Doctor's Union.

Carry Blood, his nurselet.

Dennis O'Paque, a transparent labor agitator.

An accidental Patient.

TIME

Present.

LOCALITY

Any old place in the Union where Unions thrive.

Curtain rises. Dr. Cuttem is seated at his desk spraying his mail with an antiseptic solution.

Dr. Cuttem—"There is nothing like keeping in practice even though there are only germs to kill. Now that I have sprayed these letters, I defy infection."

(Opens a letter.) "Great Caesar! Currency from Poppa, Percival Poppa, who made all his illicit money selling postage stamps to the unfortunate poor. What would the labor council say if I accepted this tainted money? I'll just dip it into this solution of carbolic acid to abstract its taint and then it taint his and I'll pocket the insult. Antiseptics are certainly good to ease conscience."

(Opens another letter and reads.) "Dear Doc: The chronic cough lasting over two days for which you prescribed is well and so am I excepting a slight indisposition from Consumption. I am so grateful that I am sending you with concurrent mail a couple of my tubercle bacilli beautifully mounted in the form of a scarf pin. They are so true to life you can almost hear them cough. They are a product of our own soil for I am a strong advocate of home consumption."

(Opens another letter and reads.) "You remember my grandfather. On account of the gas on his stomach, you called it gastritis. He died last night at the ripe age of 96. You were mistaken in your diagnosis, for another physician called it cholera infantum. Don't trouble to send your bill because I will not trouble to pay it. There are no such things as bills since I've taken up Christian Science.

"Most gratefully,

"JENNIE CLARK."

Dr. C.—"What I won't do to Jennie is a caution." (Rises and shakes a skeleton to the fingers and toes of which bells are attached, and the band or Victrola plays "With Bells on His Fingers," and etc.

(Enter Nurse)

Dr. C.—"Where's that walking delegate, Svenson?"

N.—"He's in room 10 with typhoid fever pacing up and down the floor. Your assistant called it walking typhoid. He said his pedometer registered New York-San Francisco, via Chicago."

Dr. C.—"What did he mean by that?"

N.—"He said it was the scientific way of saying 3000 miles."

Dr. C.—"Then Svenson's out of commission. Attach mops to his feet and have him walk the corridors; they need scrubbing. What's the use of wasting symptoms? Where's that Polish walking delegate Cantgetenoughsky?"

N.—"He's out in his limousine boycotting a skin specialist for treating scabs."

Dr. C.—"When he returns, send him to Jennie Clark's home and let him shout, 'Unfair Lady! Unfair Lady! Doesn't pay her doctor's bills. Shecott Jennie Clark!'"

N.—"He's just become an American citizen and can't speak English."

Dr. C.—"Then give him a mouth wash and let him gargle every five minutes in front of her house. It will sound like his

lingo and people will be compelled to feel sorry that the Union's after her. By the way, Nurse, do you know that Jennie Clark has become a Christian Scientist?"

N.—"Yes, sir. I met her yesterday coming from a Christian Science Practitioner, and she said that the Practitioner told her that what you called 'noises in her ear' were symphony concerts and the wart on her finger a diamond ring."

Dr. C.—"Perhaps you don't know it, but last night the Doctors' Union, No. 606, passed a resolution forbidding the Lord to effect any more miraculous cures. That's one on Christian Science. Our treasury funds are depleted and we need more jobs and operations. Our union finds that the wealth of the country is distributed among the rich and we're going to levy a tax on their tonsils, appendix and teeth."

N.—"How is that going to be on benefit to the Union?"

Dr. C.—"Mouth inspectors will be necessary for the teeth and tonsils, and the Department of the Interior will appoint appendix inspectors. To avoid taxation, unnecessary operations will be necessary, and there you are. There'll be no more of that stuff about thinking you have appendicitis, the physician will be forced to think you have nothing else. I don't think I'll need you any more." (Nurse hesitates before leaving.)

Dr. C.—"What are you waiting for?"

N.—"I wanted to say that I can't remove the plaster from patient in 23 without taking his skin with it."

Dr. C.—"That's all right. I won't need the plaster again."

(Exit Nurse and just as the Doctor is seated telephone rings. Doctor removes telephone and immerses it in a vessel conspicuously labelled "Antiseptic" before putting it to his ear.)

Dr. C.—"Oh! You are the nurse at the hospital. You say nine of my patients died last night. There must be some mistake, nurse, so count them again. I only prescribed for eight."

(Doctor resumes his seat when Nurse announces Dennis O'Paque.)

(O'Paque, a typically dressed agitator, with a huge cigar in his mouth and a tumor on his cheek. He enters in an unceremonious way.)

O'P.—"Morning, Doc."

Dr. C.—"Good morning, Mr. O'Paque. Not at work?"

O'P.—"I told you I don't have to work. I'm a wurkin man and (with a sly wink), I'm working the mimbers of the Union to death."

Dr. C.—"Aren't you a little hoarse?"

O'P.—"Pirhaps. I've been calling a good many strikes lately. Do yer mind telling me why you charged 'Soakem,' of the Union, 25 bucks for an examination?"

Dr. C.—"Not at all. I needed the money."

O'P.—"What was the matter wid him?"

Dr. C.—"Seeing things. He brought a couple of snakes and a few rats as samples of his symptoms. He also had hallucinations. He said that doctors are now saying that operations are unnecessary, that the unions refuse to ask for more wages, and a lot of other gibberish."

O'P.—"Some of the boys have been kicking about the new fee bill. Do yer mind showing it to me?"

Dr. C.—"Sure. Here it is. I'll read it. It's not complete. We'll have to invent a few new diseases to fit the fees."

Fee Bill of the Doctors' Union

Visits on foot: \$0.50.

Visits in automobiles: \$5.00.

Visits in odorless automobiles: \$20.00.

Counting pulse: \$1.00 a beat.

Taking temperature: 20 cts. a degree, without extra charge for washing the thermometer.

N. B. Reduction of 10 per cent. on pulse beats above 500 and temperatures exceeding 200° F.

Consultations at the homes of Prohibitionists: \$100.00.

Necessary operations: \$50.00 and up; usually up.

Unnecessary operations: \$1000.00 and more; usually more.

Introducing stomach tube: \$1.00 an inch. Taking it out, gratis.

Listening to the heart beats of women: \$10.00 a beat.

Listening to the heart beats of some women: Gratis, without time limit.

Listening to a neurasthenic: \$100.00 a minute.

Curing him: Impossible.

Malaria treatment: 25 cts. a shake, or 5 shakes for a dollar.

Removing fluid from chest and abdomen: \$20.00 a quart.

Notice

No consultations with non-union doctors.

Rapid cures 10% higher than slow cures.

Union Doctors are limited in their work to 3 hours a day.

Patient's sickness must conform to the hours designated by the Union.

O'P.—"What about Confinement Cases? There's nothing about them in the stuff you've bin rading."

Dr. C.—"The Union is still undecided on this question. With an overcrowded medical profession when everybody is permitted to practice without a license excepting the graduated physician, we are forced to regulate the traffic of maternity."

O'P.—"It'll be rough on the women' won't it?"

Dr. C.—"Not on the modern woman. Maternity is an exalted function and the woman must be mentally and physically fit. The average society woman hasn't enough energy left to digest her food and not sufficient mental equipment to know that she takes a load off her mind when she removes her hat."

O'P.—"How about the suffragist?"

Dr. C.—"She's a joke. She strives to acquire the best qualities of a man and loses the good qualities of a woman, so that's hard

to say whether she's a womanly man or a manly woman. She does more to abet divorce than to propagate the race."

O'P.—"Isn't the Union going too far?"

Dr. C.—"Not at all. Unionism recognizes no policy but dictation; no rule, but despotism and opposition, as treachery. Blind submission is its only reason. The principle of labor is to regulate supply and demand. We're beginning at the root of the evil. Is the wail of the mother more or less portentous than the demands of labor?"

(Telephone rings and the Doctor immerses the receiver in an "Antiseptic" solution before answering.)

Dr. C.—"Hello! Well! Go on. Sure. Boycott him." (Turns to O'Paque.) "It's Gumpelheimer. He says that Snarling, the heart specialist, has violated the fee bill. The Union's charge for counting the pulse is \$1.00 a beat. A woman comes to him with a pulse of 200, his charge should have been \$200.00. What do you think the scab did? He gives the woman digitalis, brings her pulse down to 100, and charges a fee of only \$100.00."

O'P.—"That's going some. These soft hearted dubs must be learned a lesson. You can't mix sentiment and business. What's Snarling's new instrument?"

Dr. C.—"An electrocardiograph; it tells the physician scientifically he can do nothing for his patient and confirms it by autopsy. By the way, Mr. O'Paque, how's your pulse today?"

(O'Paque removes his pocketbook and counts his bills.)

O'P.—"I haven't enough wid me to let you tell me. What will you charge me for trating this bum eye of mine?" (Points to his left eye.)

Dr. C.—"Sorry, Mr. O'Paque, but the Union rules won't permit me to treat the left eye. You'll have to see Harrigan. He's the only Union specialist in town who has a permit for treating diseases of that eye. I have today's license from the Union for the exclusive removal of tumors." (Approaches O'Paque and touches tumor on his cheek with the right hand while the other hand feels O'Paque's pockets.)

O'P.—"Nothing doin', Doc. I need all the cheek I've got in my business. What did the tumor feel like, Doc?"

Dr. C.—"It felt like ready money. I won't separate you from any of your cheek; only the tumor. It'll be the latest thing out."

O'P.—"As I'm the interested party in this tumor-fest, do yer mind telling me something about the operashion?"

Dr. C.—"Not at all, Mr. O'Paque. It's this way. If I operate antiseptically, you die from antiseptis, and if I operate without antiseptis, you die without it. At any rate, you'll have the satisfaction of knowing—of course, if you survive—that it will be the first successful operation I ever performed. Your picture will be in every newspaper."

(O'Paque touches his big alcoholic nose.)

Dr. C.—“I’ll fix the nose all right before the photo is taken. Then! think of me as a benefactor of a long suffering public.”

O’P.—“That is, if I survive?”

Dr. C.—“No! that is if you die.”

O’P.—“Well! where do I get off?”

Dr. C.—“At the Cemetery. A huge monument of marble awaits you. It is studded with shamrocks from dear old Ireland. The epitaph will be a marvel of creative fiction. It will tell of your rise from the obscurity of a Congressman to an officer of the Labor Union.”

O’P.—“What if I choose cremation, me bhoy?”

Dr. C.—“Then you’ll be toasted at every banquet.”

O’P.—“I’m feeling quare in me cocanut.” (O’P. faints.)

Dr. C.—“Gracious! He’s fainted. (Aside) I don’t know what to do. I’ll call one of the pupils of the ‘First Aid to the Injured.’ (Dr. C. scratches his head in perplexity.) I can recall five rules for resuscitation but I’ve forgotten the first one.”

(O’P. opens his eyes in a bewildered sort of way.)

O’P.—“Is there anything in the rules about giving pfwiskey?”

Dr. C.—“Sure! that’s the first rule.”

O’P.—“Apply that rule. Niver mind about the others.”

(Dr. C. takes up a telescope and looks around the room.)

O’P.—“What are yer doing?”

Dr. C.—“Looking for the near whiskey. The distance to the near stuff is so great I have to use a telescope.”

(Dr. C. finds the bottle and gives some of its contents to O’P.)

O’P.—“That’s great stuff. Let me faint again. How did you get rid of the near ingredient?”

Dr. C.—“Very easy, Mr. O’Paque. I left it out when I mixed it.”

O’P.—“I’m tirribly throubled about that operashion. Can’t you trate the tumor widout cutting it?”

Dr. C.—“And have me punished like Dr. Slasher.”

O’P.—“What about Slasher?”

Dr. C.—“He tried to treat a tumor without any operation and was fired from the Union. Now’ he’s a medical Bolshevist. He has no practice and is willing to divide it with you. (Nurse enters and hands Dr. Cuttem a letter) Say! Mr. O’Paque, this will interest you. One of the latest rules of the Union. (Reads) Operations must be performed as often as the time of the surgeon and the circumstances of the patient will permit. Operations will always be indicated among the rich and any other treatment unless the fee received will be equal to the fee of an operation is interdicted by the Union in council assembled. The charge for the removal of tumors will be advanced 50 per cent. after 6 P. M. this day.”

O’P. looks at his watch and prepares to go.)

O’P.—“I’ve still 25 minutes to git in on the bargain rate.”

Dr. C.—“Hurry back and don't forget the money. You can't forget the tumor; it's too fondly attached to you.”

(Exit O'Paque.) (Enter nurse in indignation.)

N.—“Mr. O'Paque insulted me. He tried to kiss me and when I refused, he asked for my hand in marriage.”

Dr. C.—(Caressingly). “Come here, Carry. I want to say something to you. O'Paque is a fool. He only asked for your hand, did he? If he knew anatomy like I do, he would have asked for the whole woman and not her fraction. Carry, I love you. I want your both hands, your feet, your head, your liver and your ductless glands. I want your whole physiology in and out of function. Even though your heart beats a Marconigram in speed or rivals a railroad time table in irregularity, I want you for better or for worse. (Dr. C. places his hand over her heart.) Oh! you do not love me. (Dr. C. hesitates.) Yes, you do. I now can feel your heart flutter.”

N.—“No, Dr. Cuttem, what you feel is not my heart. It's the time card of the 'Nurses' Union.’” (N. removes the card and shows it to Dr. Cuttem.)

Dr. C.—“It's a big card, isn't it?”

N.—“With the new union rules in force, the new card won't be larger than a postage stamp.”

Dr. C.—“How's that?”

N.—“On account of the reduction in the working hours. There will be practically no hours to put on the card.”

(Enter O'P. who observes Dr. C. and N. in fond embrace.)

O'P.—“Cut out that rough stuff. It's agin the rules of the Union for the girl to marry you and the rules hold. See!”

Dr. C.—“What rules?”

O'P.—“Read her card.”

(N. removes a card and gives it to Dr. C. who reads.)

Dr. C.—“The rules of the Union are inviolable. Nurses must not marry: the profession is overcrowded. Until further orders and disorders race suicide is advocated.”

Dr. C.—“If we marry, it'll be a Union but Union or no Union we marry.”

O'P.—“Yer fergit, Doc, that marriage is now a civil and not a religious ceremony and the union holds all the offices. A word from me means nuthin doin.”

(Telephone rings. Nurse goes to receiver.)

N.—“Yes. What is it? (Listens.) Well! one moment please and I'll ask the doctor. A message from Alameda asking if you'll go over at once and see a patient with pneumonia?”

Dr. C.—“Say, I can't come this week. This is not my week for treating trans-bay patients. It's against the rules of the Union. If they'll ring up in a week, I'll tell them when I can come.” (Nurse repeats the doctor's message.)

N.—“They say the patient's dying.”

Dr. C.—“Tell them he musn't die or the 'Undertakers' Union' will not bury him.” (Nurse repeats Dr. C.'s message.)

O'P.—“Things have come to a pretty pass when dying people try to oppose the rules of the Union. Dying is pretty expensive these days even in Alameda. Say, Doc, can yer die two times?”

Dr. C.—“No, that's an impossibility.”

O'P.—“It isn't. You can move from Brooklyn to Philadelphia.”

Dr. C.—“New York is a metropolis and Philadelphia is a necropolis and for that reason I say nothing unkind of Philadelphia. I have too much respect for the dead. Aren't the present charges for burial according to weight?”

O'P.—“Sure. The only way to bate the game is to die from starvation and that's not hard these H. C. L. days.” (A knock on the door.)

Dr. C.—“Come in.”

(Enter patient with bandaged face and bleeding nose.)

Dr. C.—“What's the matter?”

P.—“Beaten and cut by the strikers.”

Dr. C.—“Glad to hear it. Get out of here.”

P.—“I had to go on the job to save my family from starvation.”

Dr. C.—“I've already told you I can do nothing for you. Who made your nose bleed?”

P.—“Officer O'Brien. When I was surrounded by the strikers the officer said beat it.”

Dr. C.—“Did you?”

P.—“No, but Officer O'Brien did and that's why my nose is bleeding.”

O'P.—(Directing his remarks to patient.) “Officer O'Brien never confuses his convictions with his duties and that's why he refused to arrest your hemorrhage.”

Dr. C.—(To Nurse.) “Take off the bandages in the Union way and tell me about the wounds.”

(Nurse after removing bandages with a jerk.)

N.—“All his wounds are non-union ones.”

Dr. C.—“How do you know?”

N.—“Because they are ununited.”

Dr. C.—“Please throw that scab out, Mr. O'Paque; he's breaking my heart.” (Patient departs.)

O'P.—“Doc, you're a wonder. You sure know how to treat scabs.”

Dr. C.—“How's the president of the Council today?”

O'P.—“Two Union surgeons wanted to operate on him.”

Dr. C.—“I don't suppose you catch me, Mr. O'Paque, when I say they wanted to co-operate. By the way, Mr. O'Paque, how about that marriage between Carry and myself?”

O'P.—“If yer marry it will be like a Japanese suicide, my dear Harry.”

Dr. C.—“How?”

O'P.—"It'll be Harry Carry won't it? I'll settle the matter by marrying her myself. I've dealt in lotteries before which manes I've taken chances."

Dr. C.—"Well! where do I get off?"

O'P.—"At the cimitery, Doc. A huge monumint of marble awaits you studded wid stetosopes and nicely bandaged. Below is the epitaffy:

THE BURIED HOPES

of

Dr. Harry Cuttem

"It'll till how Dr. Cuttem eshopped Harry Carry by one O'Paque, the noblest gift of a grateful frind. And I'm going to hand you something you didn't hand me."

Dr. C.—"What's that?"

O'P.—"A limin tray over the monumint."

Dr. C.—"What authority have you to prevent our marriage?"

O'P.—"Me badge of authority. Here rade it." (Passes a card to Dr. Cuttem.)

Dr. C.—(Reads. "In all matters concerning the members of the Union, the right is herein vested in our worthy President, Dennis O'Paque, to exercise absolute and unquestioned authority. Any disobedience is treachery and will be so regarded.")

Dr. C.—"Then it's a question of might not right?"

O'P.—"Sure! The mighty are always right."

N.—(To O'P.) "But how can I marry you when I do not love you. If you only knew what love meant, Mr. O'Paque, you wouldn't ask me to marry you. I can prove you know nothing about love."

O'P.—"You don't have to. I admit it. I've been married five times. And as for my frind's concption of love (turns to Dr. C.), it's physiology, including the lights and all the other bloody stuff in a dissicting room. It's insanity when a man agrees to support a woman for the rist of her life and it's only the woman who's the sane one when she agrees to be supported and wins."

N.—"Well! I won't marry you, and I just won't."

O'P.—"We'll see about that." (Goes to telephone.) "Give me Skidoo 23. Is this the marriage bureau? I want to spake to Cupid. Hello! Cupid. I see you're naked as usual. You till your mother Venus to get you some clothes I want to see you. Ha! Ha! Ha! Cheer up, Cupid, you don't look rude even if you are nude."

Dr. C.—(Walks up to O'P. and speaks in an undertone, the Nurse having fallen asleep.) "Look here, Mr. O'Paque, she may love you after all. If she does I don't want to marry her."

O'P.—"How can we find out?"

Dr. C.—"By hypnotizing her."

O'P.—"Pfwat's that?"

Dr. C.—"We put her to sleep, and make her senseless."

(O'P. reaches for a club and passes it to the Doctor.)

O'P.—"You'll have to do it, Doc, I'm that tinder."

Dr. C.—"You don't understand, Mr. O'Paque. Just watch me."
(Awakens the Nurse.) "Now, Carrie, sit down. I'm going to put you asleep." (Makes passes.) "You're asleep."

N.—"I'm not asleep. What are you trying to do?"

Dr. C.—"We want to ask you while asleep whether you'll marry Mr. O'Paque or myself?"

N.—"I can answer that question without going to sleep. I can't marry either one of you gentlemen because I'm already married and have four children."

O'P.—"Pfhwat's your name?"

N.—"Mrs. Comeandgetsy and my husband is secretary of your Union."

O'P.—"What! That barbarian of a Russian. What do you work here for?"

N.—"To pay my husband's dues in the Union."

Dr. C.—"Come, Mr. O'Paque, I'm beginning to doubt my own senses and if I delay your operation any longer I may find out after all that your tumor is not a tumor but only a bag of wind. Let's commence. Fifty per cent' advance in price in 15 minutes you know!"

O'P.—"All right. I'm ready." (Approaches operating table. Before mounting it, looks at it suspiciously.) "Is this table union make?"

Dr. C.—"Sure. Don't you see the union labels."

O'P.—"I'm ready. Now whatcher going to do?"

Dr. C.—"Put you to sleep and you won't know a thing."

(O'P. removes his purse and counts his money. In pulling out purse some spoons fall on the floor.)

Dr. C.—"What are you doing?"

O'P.—"I wanted to see how much money I had. You said I wouldn't know what you were doing."

Dr. C.—"What are you doing with my souvenir spoons?"

O'P.—"I took them, on your advice."

Dr. C.—(In surprise.) "My advice?"

O'P.—"Sure. You told me to take a dessertspoon three times a day, and as I could only see suvnir spoons around your office I took them."

Dr. C.—"You'd better pay me before I begin."

O'P.—"Must I pay in advance?"

Dr. C.—"Of course. I'm not going to the trouble of collecting the fee from your estate."

(O'P. hesitates about paying.)

Dr. C.—(Disgustedly.) "Nurse give him a tablespoonful of that medicine."

O'P.—"What's that?"

Dr. C.—“It’s an expectorant to make you cough up some money.”

O’P.—“Niver mind about the medicine. Here’s your money.”

Dr. C.—“Now that we have consummated the essential part of the operation separating you from your money, we can begin separating you from your tumor. (To Nurse.) What is the first duty of a nurse at an operation?”

N.—“Wear a union suit and see that your union dues are paid so that the Union will declare your operation a valid one.”

Dr. C.—“And the next?”

N.—“Wear my Union card.”

Dr. C.—“And the last?”

N.—“Affix a union label to the closed wound. Shall I give him chloroform or laughing gas?”

Dr. C.—“Ether will do.”

O’P.—“How about a bit of pfwiskey?”

Dr. C.—“This isn’t a saloon. It’s a surgery. Now! Mr. O’Paque, take a deep breath.”

(O’P. is soon heard to breathe stertorously.)

N.—“Do you think he’s under?”

Dr. C.—(Shouts in O’P.’s ear.) “Have a drink, O’Paque. Say, O’Paque, the Union wants you to call a strike. (To Nurse.) He don’t answer. He’s under all right. Where’s my scalpel?”

N.—“Your son took it to sharpen his pencils.”

Dr. C.—“Where’s the other one?”

N.—“Your wife took it to cut bread.”

Dr. C.—(Hands encased in rubber gloves.) “Look in my trousers for my pocket knife. This is an antiseptic operation and I don’t want to soil my hands.” (Dr. Cuttem cuts tumor and blood flows freely.)

Dr. C.—“Quick, a sponge or he’ll bleed to death.”

N.—“Your knife went through his cheek into his mouth.”

Dr. C.—“I’ll stop the bleeding on the outside of the cheek. I can do nothing for the bleeding in his mouth.”

N.—“Why, Dr. Cuttem?”

Dr. C.—“Because it’s against the rules of the Union. I am an exterior surgeon and O’Paque will have to go to a Union surgeon for internal repairs.”

(A loud whistle is heard. Dr. C. rushes to put on his hat and coat.)

N.—“You’re not going?”

Dr. C.—“Of course I am. Didn’t you hear the Union whistle?”

N.—“If you go he may die.”

Dr. C.—“If I finish the operation he surely will. (Dr. C. departs and the orchestra plays “The Union Forever.”)

Curtain

2125 SACRAMENTO ST.
SAN FRANCISCO, CAL., U. S. A.

PHYSICO-CLINICAL LABORATORY

— OF —

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

VIRULENCY GAUGED.

IN SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (Glands, Lungs, Bone) the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to see whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnosis all that is NECESSARY is to send several DROPS OF BLOOD from the patient ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations only, do not permit of the localization of lesions, and to achieve the latter an examination of the patient is imperative. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible. It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent. of errors and in some cases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. VIII, 3rd edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916), estimates that 15 per cent. of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives a negative result in from 31 to 50 per cent. of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of

syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS test, because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy

NEARLY 100 PER CENT. POSITIVE.

Geo. O. Jarvis, A. B., M. D., (formerly of the University of Pennsylvania), found that the electronic tests of Abrams were POSITIVE in nearly 100 per cent. of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphologist in his SEXUAL IMPOTENCE (W. B. Saunders & Co., 1915) "in the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

The tests embody the employment of the visceral reflexes of Abrams.

FROM ENGLAND.

Sir James Barr, in his Presidential address at the 18th annual meeting of the BRITISH MEDICAL ASSOCIATION (BRITISH MEDICAL JOURNAL, July 27th, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the BRITISH MEDICAL ASSOCIATION, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new Continent and he has given us further insight into methods of prevention."

"I could easily fill several journals with an account of Abrams' valuable work."—Sir James Barr, British Med. Journal, March, 1920.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E.—(Article, "Dr. Albert Abrams' Method of Percussion," Lancet (London), May 22, 1920) —"Dr. Abrams is, perhaps, doing more than any one else in the present day to resuscitate the lost art of physical diagnosis."

"In cancer Abrams' reactions can be easily verified."—Sir James Barr, Lancet (London), May 22, 1920.

"In my opinion he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."—Sir James Barr, "Medical Press and Circular" (London, England), Jan. 12, 1921.

DIAGNOSIS AT THE VERY BEGINNING.

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams, of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING, tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (AMERICAN JOURNAL OF CLINICAL MEDICINE).

In another communication to the same Journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abrams is due the credit for this epoch-making discovery. It is the external counterpart of the Abderhalden reactions."

FEEES:

(Which include all diagnostic information necessary.)
Blood examinations which include tests for all diseases.....\$10.00
Subsequent blood examinations to gauge the course of the disease... 5.00
Examination of Patients.....\$25.00- 50.00

(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.

Course to physicians on Electronic Diagnosis.....\$200.00
(Limited to reputable physicians in possession of the M. D. degree.)

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1521 SO. HOPE STREET
COR. SIXTEENTH AND HOPE ST
LOS ANGELES, CALIFORNIA

To Whom it may concern:
This is to certify that
Dr. Albert Abrams has examined ^{some} by
his new method one hundred Signi-
fican cases, great as was the surprise
to me in many instances in practically
all cases his judgment was based
demonstrated to be correct and in no instance
was he found to be in error.

H. E. Macdonald M.D.

When I first began to investigate the subject of Electronic Diagnosis, I found the work most confusing but further investigations at the Physico-Clinical Laboratory of Dr. Abrams, convinced me from therapeutic results observed, of the correctness of his diagnoses. It is impossible to form a very intelligent opinion of these methods from reading about them. One must come to Dr. Abrams' laboratory and watch him at his work and hear his explanations and comments and if he approaches the investigation in an unprejudiced frame of mind the physician will soon discover that he has found something that will be of vast usefulness to him in his medical work. I consider the last five months that I have spent in this investigation as the best spent time of my medical life and would heartily advise any of my confreres to pursue a like course.

Very sincerely,

W. R. Scroggs M.D.

1st. Lieut. Medical Corps
U. S. Army.

DR. GEORGE O. JARVIS

THE SANITARIUM

ASHLAND, OREGON June 15, 1917.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the elect

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-2-

reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. *final judgment* The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond the presence of cancer.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-3-

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

July - 27-17

Dear Doctor Abram's

Your letter explaining blood test no. 3 received.
Your diagnosis is correct. I thought I might
stump you on this case - but failed.

I am sending you blood specimen of case no. 1.
To day - I trust you will be able to find some
improvement in this test case - this time.

I can hardly wait the time I can leave for the
city and spend the time with you.

Thanking you for past favors I am sincerely yours
D. Mori

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Pollomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis (Variety)
Coli sepsis	Leprosy	Sarcoma
Carcinoma	Malaria	Scarlatina
Cholelithiasis	Measles	Staphylococcal Infec- tion
Chorea	Menstruation	Streptococcal Infec- tion
Diabetes	Meningococcal infec- tion	Syphilis (differentia- tion of congenital and acquired, and specific strain).
Diphtheria	Neurasthenia	Teniasis
Epilepsy	Paralysis Agitans	Tetanus
Gonococcal Infection	Parathyroid	Typhoid
Gout	Insufficiency	Tuberculosis (Varieties)
Hookworm	Paratyphus	
Hyperpituitarism	Pneumococcal infec- tion	
Hyperthyroidism	Psychasthenia	
Influenza	Pregnancy (predic- tion of sex)	
Insanity		
Paranoia		
Dementia Praecox		

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary or, if given, whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer and this is demonstrable by a blood examination.

WARNING.

Many physicians have forwarded specimens of blood to the Physiological Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchnic reactions. Specimens have been received on colored and printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, COLISEPSIS and STREPTOCOCCAL INFECTION.

When two blood specimens are sent, forward them in separate envelopes to avoid conferred radioactivity.

The quantity of blood forwarded should be sufficient to cover an area represented by a 50-cent piece.

No diagnostic method is infallible. It is requested that all physicians correlate the electronic diagnosis with their clinical findings.

ELECTONIC REACTIONS OF ABRAMS (ERA)

(A few brief and curtailed references from Journals and signed letters)

NOE, A. T., M. D.—“I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known.” N. A. J. H.

ANTHONY, J. C., M. D.—“Made wonderful diagnosis for me which would have been impossible by other means.”

HESS, H. A., M. D.—“Dr. Abrams has made 50 examinations of the blood for me and all correct as far as I can judge.”

MEACHAM, S. F., M. D.—“E R A are greatest contribution to medicine.”

POPE, CURAN, M. D. (Author of classic on Hydrotherapy).—“Not a day passes that I do not use your methods.”

BOOLSEN, S., M. D.—“I regard the E R A as a great help and have frequently contributed the fee myself because results talk and success follows a correct diagnosis.”

JAWORSKI, H., M. D., Paris, France. (Author and medical authority; translator of E R A into French).—“I have carefully studied your methods and regard the discovery and its immensity with admiration.”

KING, J. W., M. D. (Penna.)—“Physicians should at once form a caravan and go out and worship at ‘Abrams’ shrine.’ Am getting wonderful results therapeutically from diagnosis made for me by you.”

PARIDES, F., M. D. (Mexico).—“I shall popularize your marvelous methods of diagnosis in Mexico.” (Dr. P. studied the E. R. A. at Dr. A.’s laboratory.) Dr. F. Vasques Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine and Minister Public Instruction has also studied the E. R. A. at Abrams’ laboratory.

POWELL, C. S., M. D.—“The E R A are very helpful in my work, especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A.”

MAJORS, ERGO A., M. D.—“E R A have conformed remarkably with my office findings and I am gratified to Dr. Abrams for his wonderful work.” (Dr. M. has forwarded 173 blood specimens. At least 100 specimens were sent without comment of any kind.)

NYBLETT, H. G., M. D.—“My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has.”

J. MADISON TAYLOR, M. D. (article, “An Appreciation of the Teachings of Dr. Abrams,” Monthly Cyclopedic and Medical Bulletin, July, 1913).—“DR. ABRAMS has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams’ researches afford is the largest source of illumination—and I, for one, welcome it with thankfulness.”

**Practical Courses in Spondylotherapy
and
Electronic Diagnosis and Treatment**

Dr. Albert Abrams will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians can gain admission to the classes, which are limited. The course lasts four weeks, and the fee, in advance, is \$200.00. Applicants may address Dr. Abrams, 2135 Sacramento St., San Francisco.

**Dr. Abrams' Electrodes
for
Electronic Diagnosis**

These consist of three electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

**Ohmmeter
(Biodynamometer)**

Described on page 44, New Concepts in Diagnosis and Treatment (Abrams), and in Sept. issue of the Journal. Price \$25.00, express collect.

Dr. Abrams' Reflex Set

This consists of a plexor, pleximeter, single and two pronged instrument. Price \$6.00, express prepaid.

Dr. Abrams' Electro-Concussor

Described on page 652 in Spondylotherapy. In writing, state current available. Price \$120.00 f. o. b. **No apparatus sold on credit. Terms cash.** Price of other apparatus on application. Physico-Clinical Co., 2135 Sacramento Street, San Francisco, Cal.

Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

Vol. 5

JUNE, 1921

No. 4

FOUNDED AND EDITED BY
ALBERT ABRAMS, A. M., M. D., LL. D., F.R.M.S.

CONTENTS

	Page
VACCINATION	120
PATHO-DERMOGRAMS	123
ELECTROBIOGRAPHY	124
CHROMOPHOTOTHERAPY	125
DR. ABRAMS' CLINICS	129
ELECTROBIOSCOPE	137
REVIEWS	145

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WORKS by ALBERT ABRAMS

A.M., LL.D., M.D., (University of Heidelberg,) F.R.M.S.

One-time Professor of Pathology and Director of, the Medical
Clinic, Cooper Medical College (Medical Dept. Leland
Stanford Jr., University.)

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Physio and Pharmaco-therapy, and Diagnostic Methods based
on a study of Clinical Physiology—Fifth Edition, \$5.00, express
prepaid.

The author gives evidence of high scholarly attainments, penetrating intelligence, admirable industry, along with that necessary quality in any pioneer work, intense enthusiasm. The result is a treatise of extraordinary interest and usefulness."—N. Y. MED. JOUR., May 8, 1912.

New Concepts in Diagnosis and Treatment

Physico-Clinical Medicine

The practical application of the Electronic theory in the interpretation and treatment of disease, 1916—\$5.00, express prepaid.

The most important part of the work is a consideration of the diagnosis of disease * * * It is full of interest and abounds in valuable suggestions to physicians and scientists and its methods are well worthy of investigation—JOURNAL of Electrotherapeutics and Radiology, June, 1916.

Diagnostic Therapeutics

A guide for practitioners in diagnosis by aid of drugs and methods other than drug-giving. A pioneer work and the only one of its kind published.—\$6.00, express postpaid.

Splanchnic Neurasthenia

The Blues

No variety of neurasthenia is more amenable to treatment than this form. Fourth Edition.—\$1.50, express prepaid.

Autointoxication

An exposition of the causes, symptoms and treatment of self-poisoning.—\$1.50, express prepaid.

Transactions of the Antiseptic Club

Illustrating the fads and foibles of modern physicians.—\$1.00, express prepaid.

A few CHARTS on Spondylotherapy are still in stock and no more are to be published. The price of the latter has been temporarily reduced from five to three dollars. Express prepaid.

Literature sent free on request.

PHYSICO-CLINICAL CO

2135 SACRAMENTO ST.

SAN FRANCISCO, CAL.

Edinburgh (May 2, 1921) Dr. Dawson Turner and Mr. D. M. R. Crombie presented observations on "Behavior of an Electrified Pith Ball in an Ionized Atmosphere."

Vaccination

THE TRAGEDY OF INOCULATION

IT IS with diffidence that the writer approaches this subject for its doctrines have been hallowed by time and conserved by formal and traditional medicine.

"Truth itself has not the privilege to be spoken at all times and in all sorts."

The writer believes, and has always believed, in the protective efficacy of vaccination; one of the greatest blessings conferred on humanity. Lurking in this protection, however, there is an element of danger which was surmised but could never be demonstrated by scientific proof.

By aid of the "Electronic Reactions," this proof is now at the disposal of any physician.

The question as to the identity of cowpox and smallpox has been the subject of controversy but the prevailing opinion is that, cowpox inoculated into a human is an attenuated variety of variola and that it was originally transmitted to cattle by humans affected with smallpox. In the early days of vaccination, human beings were inoculated with matter obtained from the pustules of previously vaccinated persons. This method was abandoned owing to the accidental transmission of syphilis.

Now, the virus is obtained from animals.

The writer in submitting the following data contends that all vaccine virus yields the reaction (electronic tests) of CONGENITAL SYPHILIS, but with equal cogency admits that the virus also contains the protective factor against smallpox.

Virus obtained from the most reliable firms demonstrated the following:

1. Reaction of CONGENITAL SYPHILIS varying from 18 to 27 ohms in potentiality;
2. Reaction of streptococci and staphylococci in all the preparations excepting two;
3. Reaction of tuberculosis in all the specimens excepting one.
4. Reaction of the protective variolar factor in all the specimens.

The syphilitic and tuberculous reactions were bovine (the former responding at 57 only and not 57 and 20 as in human syphilis and the latter at 57 only and not at the vibratory rate, 15).

In a boy whose blood showed no reaction of congenital syphilis prior to vaccination, one could elicit from the blood nine weeks after vaccination congenital syphilis (18 ohms).

From the cicatrices of all vaccinated persons, one can always elicit a reaction of congenital syphilis and in early scars a tuberculous reaction. This was demonstrable (syphilis) in scars 40 years old.*

This fact signified that the protective mechanism may subdue tuberculous but not syphilitic infection.†

The fact that we have qualified the syphilitic and tuberculous reactions as bovine does not mitigate their virulence. Guinea-pigs inoculated with the bovine type of the bacillus die more quickly and show more extensive lesions than those infected with human bacilli. The diseases contracted by the human from animals are equally as virulent in the former as in the latter.

Experimental inoculation of animals with syphilitic virus is now successful.

The writer knows of no investigations by the accepted methods to prove or disprove the syphilitic contamination of vaccine virus. Such methods in comparison with the electronic reactions are so crude that, even if negative, they

*Thorough massage of the scar for one minute will increase the ohmage of the reactions in the blood.

†This defensive mechanism is stimulated by Abrams' treatment of syphilis.

would prove nothing. Syphilitic and tuberculous lesions may exist without the coincident presence of their respective organisms.

Bacteria owe their virulency to the poisons (toxins) which they produce and the latter may be demonstrated by the electronic reactions.

Is it possible to destroy the contaminating factors of vaccine virus without jeopardizing the protective ingredient?

This may be answered in the affirmative.

It is known that tubercle bacilli may be destroyed in a few minutes by exposure to sunlight.

The influence of color in addition to light is an important factor. The writer has shown that Pasteurized milk yields the reaction of tuberculosis but that five minutes' exposure of the milk to YELLOW light will eliminate the reaction.

In his experiments with vaccine virus, the following data were elicited:

1. Exposure for 10 minutes of the virus to BLUE light (from an electric bulb) destroys the syphilitic, streptococcic and staphylococcic reactions.
2. Exposure for the same period of time to the action of YELLOW light destroys the tuberculous reaction.

Exposure thus made will not compromise the protective factor of the virus.

Vaccine scars similarly treated by colored lights will achieve a like destructive action. A single application of the Os. (for 30 min.) at rates 3 and 5 will as a rule permanently destroy the reactions of syphilis and tuberculosis.

It is evident from the foregoing that one may secure protection by inoculation without its coincident danger by exposing vaccine virus to the action of blue and yellow light. The use of calomel (now used as a prophylactic in syphilis) will destroy the luetic constituent without affecting the protective factor.

Will this simple though effective expedient be adopted by the physician and manufacturer?

Guided by precedent, the writer answers, NO.

Every child-bearing woman should pay tribute to one of medicine's martyrs, Ignaz Philipp Semmelweis. He had the audacity to tell his confreres that puerperal fever was only blood-poisoning and that, if they would wash their hands to rid them of infection prior to making an examination, the prodigious mortality from puerperal fever would be reduced. For this insolence, the orthodox obstetricians of his day so persecuted him that an ignominious early death from insanity terminated the glory of his career.

The statue now erected to his memory is a silent rebuke to the traducers of pioneer investigators.

Semmelweis was immolated on the altar of speculative medicine. Skoda, at that time of the New Vienna School, solemnly declared that, while we can diagnose and describe disease, we dare not by any means expect to cure it and Dietl, of the same school, maintained that a physician must be judged, not by the success of his treatment but by the extent of his knowledge. In other words, as long as there are successful physicians, there will be no scientific physicians.

In view of such fallacious reasoning, the prophylactic measure suggested by Semmelweis was worse than an impossible treatment, hence his life had to be sacrificed.

There is no ochlocracy in science. It progresses by creative individual power and never by the power of a combination of men.

Interpidity is more necessary in the announcement of a truth than is genius.

This individual initiative must be protected and unless it is, it predicates the dawn of scientific anarchy.

Patho-Dermograms

IN THIS Journal (March, 1920), attention was directed to the subject of "Radiopathography." In addition to the spontaneous graphs which appear on a patient or by transferred energy from the latter to a reagent, the graphs may be provoked by vigorous rubbing of the skin

over the areas of dullness peculiar to each disease. The areas specific for the pulmodiagnostic reactions should be selected for convenience of observation. Rub skin until it is uniformly red and in the midst of the redness, dermograms (often raised) whitish in appearance will appear which differ in form in each disease. The dermograms shown in fig. 1, may vary slightly according to the angle from which they are observed.

Configurations peculiar to sex may be observed (see text descriptive of Fig. 1).

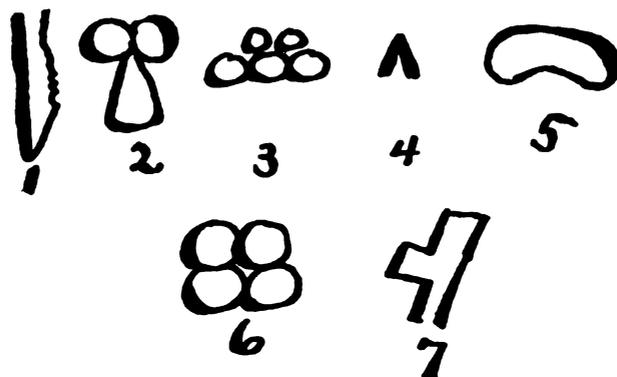


Fig. 1—Patho-Dermograms peculiar to: 1. Acquired Syphilis; 2. Congenital Syphilis; 3. Tuberculosis; 4. Cancer; 5. Streptococcemia; 6. Configuration (in male) appearing on the area of the back peculiar to sex (J. March, 21, Figs. 2 and 3), and 7, in the female (normal). In bisexuals, they appear on both sides and in homosexuals, they are reversed.

Electrobiography

(ANNOUNCEMENT)

IN AN editorial (J. 1917), the writer referred to the bodily electric currents. Every response to a stimulus in animals and plants causes an electrical change demonstrable by a galvanometer. "The British Medical Journal" (Sept. 30, '16), announced a startling discovery by James Sheaver, relative to the delineation of organs by

the electricity generated in the body by aid of elaborate apparatus. Later, the same journal repudiated the discovery and since then, nothing further has been announced.

By the simplest conceivable method which can be executed by a novice, the writer has succeeded in delineating the heart and large blood vessels emanating from the latter organ, upper and lower liver borders, lower stomach border including the pylorus, appendix, spleen and kidneys. The delineation of the colon is not yet of sufficient accuracy to be dependable.

The method in question rivals the results achieved with the X-rays because in some respects it can do more than the latter rays.

The results attained have been witnessed by some of my recent students, among whom may be mentioned Drs. Becker (Toronto), Doern (Milwaukee), C. F. Ellis (Arkansas), Huang (China), M. Hansen (Iowa), and others.

The method will be announced in the next number of the Journal provided sufficiently good photographs of the electrobiograms can be obtained. The present ones do not permit of accurate reproduction.

In the March, '20, number of this Journal the new subject of "Radiopathography" was discussed. Since the discovery of the foregoing method by the writer, the pathograms characteristic of specific diseases may be photographed.

Chromophotherapy

BEARING on a former editorial, it may be apposite to refer to some recent experiments on the influence of light modified by color on bacterial growth.

Bacteriologists concede that direct sunlight is a powerful germicide for bacteria and that diffuse light has less bactericidal action. This action is attributed to the ultra-violet spectral rays, whereas the yellow and red are practically innocuous.

The latter observation is in conflict with the ERA for

the reason that there is a marked disparity between a culture tube and an animal.

Pathogenicity and infection imply more than the presence of germs. Bacteria are ever present in and on various parts of the body. They demand their own cultural requirements and before gaining a foothold they must overcome the defensive forces of the subject attacked.

Bacteriology has contributed much to the recognition of disease but this is an indirect recognition. We do not recognize the soil on which bacteria thrive but only the microcosmic invaders. Just as there is a difference between a culture tube and a patient, so there is a difference between the bedside and a laboratory.

The following observations are cited for two reasons:

1. To supplement the action of the oscilloclast; 2. To provide those who have no Os. with a method of treatment relatively efficient. Bacteria owe their virulence to toxins.

1. Toxins may be gathered into the spleen from remote parts of the organism by concussion of the 7th cerv. spine. This action is of short duration and may be prolonged by concussion (light blows) of the 2d dorsal spine immediately following concussion of the 7th cerv. spine.

2. Treatment directed to the splenic region has been called "splenic sterilization" by the writer.

3. Local treatment by the method cited is available for local lesions.

4. In a tuberculous subject, for instance, a tuberculous reaction, 2 ohms in potentiality, may be elicited from the spleen.

5. After concussion, first of the 7th cerv. and then of the 2d dorsal, the potentiality (over spleen) has increased to 5 ohms.

To exclude any possible action of the splenic antibodies on the aspirated toxins, a reasonable time (10 minutes) is permitted to elapse before the splenic region is acted upon by yellow light from an electric light bulb for 3 minutes. After 5 minutes the potentiality of the tuberculous energy is reduced to 9/25 of an ohm.

6. A similar procedure with congenital syphilis (using blue light) reduced the ohmage from 48 to 11 ohms.

A method like the foregoing is available for home use and may be executed several times a day.

Electronic Reactions of Abrams (ERA)

TO DELINEATE the zones of dullness peculiar to different diseases by percussion when eliciting these reactions is a somewhat difficult task to many physicians.

It is in the recognition of nuances of sound that physicians find the greatest difficulty.

The latter may be overcome in various ways:

1. By using the percussophone (J. Sept., '20).
2. Percussing during the time the stethoscope is suspended from the ears: by this method, the stethoscope acts as a microphone and accentuates variations in sound.
3. For eliciting the abdominal areas of dullness, fix end of stethoscope over either ant. sup. il. spine and percuss toward dull area. This procedure may be reversed by percussing ant. sup. il. spine directly (or indirectly with a pleximeter in a fat subject) and approach the dull area with a stethoscope.

For eliciting the lung areas of dullness use either of the two latter methods substituting the acromial end of the clavicle.

4. Strike the finger with a pencil as it approaches the zone of dullness. Finger must not touch skin but must be held as close to it as possible. When the border of dullness is attained, the sound of the pencil striking the finger should become practically inaudible.

5. Hyperalgesia of the skin strictly confined to the zones of dullness (J. June, '18) is invariably present. This hyperalgesia is detected in the usual way by traversing the skin with cotton.

A FEW MONTHS' EXPERIENCE WITH THE OSCILLOCLAST

M. A. Hansen, M. D., Osage, Iowa

1. **Woman, Age 52—**
Diagnosis of acquired syphilis made by one of our most eminent clinicians. (?) Abrams test showed tuberculosis of the apex of the right lung. No syphilis. Fourteen treatments with the Oscilloclast at 5.
Patient gained fourteen pounds in three weeks. Now in perfect health.
2. **Mechanic, Age 22—**
Acute acquired syphilis. General eruption, throat, mouth symptoms and chancre. Thirteen treatments with the Oscilloclast at 3, and splenic sterilization only. Complete abatement of all symptoms.
3. **Woman, Age 58—**
Diagnosis congenital syphilis. Entire absence of the patellar reflex. Twelve treatments at 3, splenic sterilization only. Normal patellar reflex and complete abatement of all symptoms.
4. **Woman, Age 42—**
Strep infection of the second upper cuspid tooth of three years standing. Well developed sinus. Regular discharge of pus. Eight treatments with the Oscilloclast at 2. Clinically cured.
5. **Woman, Age 49—**
Diagnosis, congenital syphilis with a distinct tumor over the pylorus the size of a baseball. Twelve treatments with the Oscilloclast at 3; splenic sterilization and treatment locally over the tumor. Clinically cured. Now in perfect health. Tumor has entirely disappeared.
6. **Boy, Age 17—**
After amputation of the first finger following an electric burn there was a continuous discharge of pus for six months. Two distinct sinuses formed on the top of the hand. Drainage carried on at three different times. Five applications of the Oscilloclast at numbers 5-2-1. Caused an immediate cessation of discharge.
7.
Severe hand infection with implication of axillary lymph glands. Temperature, 105.6° F. Condition grave. After one application of Oscilloclast at 2 and general splenic sterilization, the temperature dropped to 101.6 and the patient made an extraordinary rapid recovery.

A FEW OBSERVATIONS AT DR. ABRAMS' CLINIC

I. Referred by Dr. H. A. Hess. Sarcomata of the cervical lymph glands. Repeated operations, use of X-rays and radium without results. Use of Oscillocast* caused disappearance of tumors. [Tumors treated by Os. are usually only reduced in size but are always deprived of their malignancy. Nature replaces the destroyed parenchyma by connective tissue which in itself causes some enlargement. If, for cosmetic reasons the latter should be removed, use Os. at the destructive rate for scar tissue but be cautious to terminate each treatment at the sarcomatous rate, 3. All sarcomata, carcinomata and tuberculosis only develop from an isolated focus of congenital syphilis, hence the latter must be treated at the syphilitic rate to prevent recurrence. The rates for syphilis and sarcoma are identical so that while treating the former with Os., the etiologic substratum (syphilis) is destroyed. To fortify the action of the Os. in the interim of treatment with the latter, paint implicated parts with a dilute solution of safranin in alcohol. The radioactivity of this drug owes its efficacy in sarcoma to its rate which is identical with the latter hence it is curative because it is a destructive rate. There are many drugs more radioactive than radium itself and without the danger of attending the use of radium. The latter is used indiscriminately whereas when safranin is used, its curative action is mathematically gauged by the Electronic tests. Congo red used in the same way for cancer is more efficient than eosin.]

Dr. Hess is one of the most prominent surgeons in San Francisco, and he stated to Dr. Abrams' class that when a diagnosis in unsuspected cases was made from a blood examination of appendicitis with suppuration, the diagnosis was invariably corroborated at the operation. In fact, he felt justified in executing the latter on the blood examination alone. Dr. J. Thompson affirmed at the same time that he invariably found tumors at his operations at the exact site determined by Dr. Abrams from a mere examination of the blood.]

II. Referred by Dr. C. Schwarz. Absence of patellar tendon reflexes. Locomotor ataxia. Recurrence of reflexes after treatment with Os.

[This case is cited for two reasons: 1. To show the incompetency of the Wassermann† test and the inefficient results attained by conventional syphilotherapy. This individual knew he had contracted syphilis but the Ws. was always negative. The most intensive antisiphilitic treatment was without influence on his reflexes, yet within several weeks after Abrams' treatment, the lost reflexes returned.]

*Abbreviated Os.
†Abbreviated Ws.

Dr. E. Majors referred a patient who had absolute Argyll-Robertson pupils. The Ws. was negative. Intense antisyphilitic treatment did not influence the pupils. After the Abrams treatment, the pupils were restored to normal.

Dr. V. Vecki reported to the "S. F. County Medical Society" a patient cured of Dementia Paralytica. The ERA demonstrated syphilis despite the negative Ws.

A patient blind in one eye with negative Ws. and positive ERA had her vision restored by the Abrams treatment. The same result was duplicated in a dentist who was blind in one eye for 20 years. Very many similar cases could be cited to emphasize our contention that the Ws. is not only useless but dangerous and that syphilis (congenital and acquired) is the essential etiologic factor in practically all diseases. With the Abrams treatment, medication is unnecessary and its very simplicity and certainty suggests its employment in all doubtful cases, if for no other purpose than to eliminate syphilis as a disturbing factor in curing our patients. We are all congenitally syphilitic in various degrees of dilution. It must be again emphasized that tuberculosis, carcinoma, sarcoma and many other conditions which we dignify by mere names are only different allotropic forms of the electrons and without a syphilitic substratum, this allotropism could not ensue.

After treating a patient, do not predicate a cure until he is desyphilized to prevent recrudescence.

Accept my affirmation as a fact, though years may elapse before its acceptance, that asyphilization of the child will be the only solution of the tuberculous and carcinomatous problems.

When the concussion treatment (with or without an Os.) was first suggested, the reaction of syphilis from the blood disappeared in from 10 to 14 treatments.

It soon developed that this result was illusory for no account was taken of the spirochetes lurking in the "dark corners." To dislodge the spirochetes, concuss th cerv. spine (30 blows) and after one minute, the 2d lumbar spine (30 blows). The first concussion causes aspiration of the spirochetes into the spleen and the second maneuver, their extrusion into the circulation. If, after this maneuver, no reaction of syphilis can be elicited, the patient may be regarded as cured although many weeks may ensue before this result is attained. Re-examine patients every six months.

Among patients examined innocent syphilis (*S. insontium*) is relatively most frequent among physicians who are ignorant of their condition. The writer has found this condition to exist in at least 30 physicians during the past year and by the ERA method of localization the primary inoculation was found in many

instances on the hands. Most of the physicians had high blood pressure and it must be accepted as an axiom as a result of my experience that hypertension in the young is invariably due to congen. or acquired syphilis.

The results of treatment for syphilis prove this dictum.]

III. Dr. MacManus (Denver) consulted the writer about one year ago for pains suggestive of sciatica. These pains were intense and were of several years duration. Reaction demonstrated a sarcoma of the bone. Treatment with the Os. caused the atrocious pains to disappear in a few days. The Roentgenologist to whom the patient was sent detected an enormous destruction of bone and in the exact area outlined by the ERA.

The Roentgenologist Dr. MacManus asserted felt aggrieved when she returned to him cured because his prognostication was not verified.

[Neuralgia is never a disease sui generis. It is like other symptoms only an expression of some fundamental condition, hence the necessity of an etiological diagnosis. The latter is possible by the ERA. There is no other means so uniform as the latter. There may be strep. invasion of the nerves, tuberculosis, syphilis and neoplasms.]

IV. **Chronic Neurasthenic**—Had consulted by actual count 87 physicians in different parts of the world without relief and the writer was one of the number. Later, the writer employed the ERA and found cong. syphilis of high ohmage, cerebro spinal strain. Treatment executed in accordance with this diagnosis resulted in a cure.

[Several months may elapse before all symptoms are eliminated after removal of the cause. After the removal of a splinter from a wound, the effects of the splinter remain for a period of time. The diagnosis neurasthenia is only a confession of diagnostic ignorance and only an expression of an underlying condition.]

V. **Aneurysm**—Protrusion through chest wall. Absolute recession after concussion of 7th cerv. spine followed by concussion of 2d dorsal spine.

[Since the writer first suggested the Abrams treatment for aneurysms, patients came to him from different parts of the world. In no instance when the aneurysm protruded through the chest wall was he able to cause its complete disappearance. The additional maneuver, concussion of 2d dorsal spine, is a valuable addition to Spondylotherapy and accentuates and prolongs all reflexes elicited from the spine. This additional expedient is suggested in bronchial asthma.]

VI. **Streptococcic Infection**—For 6 months patient could get no relief from atrocious head pains. The ERA demonstrated

frontal sinus infection with implication of the superior longitudinal sinus as far back as the torcular Herophili. Within one week after treatment with the Os. (at rate 2) over the areas of infection, the patient was discharged as cured.

[The tonsilomaniac and dentalomaniac craze rages with unbounded fury and the detonsillated and edentated are increasing in bounds and leaps. The aftermath of this "furor operandi" is only partially recounted. Lung abscesses and tuberculosis are some of the sequelae. It can be shown by the ERA that the tonsils contain antibodies destructive to strep. and tuberculous infection.

With a few treatments tonsillar strep. infection may be destroyed by the Os. The tonsils may not recede at once but may do so later. Infected but not enlarged tonsils are a menace. Tonsillar crypts must be destroyed by cauterization to inhibit re-infection.

Innumerable skin and joint lesions are of tonsillar origin. The tonsillar strain can be shown by the ERA at the sites of lesions. When the latter are diffused, local applications of the Os. are time consuming and demand the method of splenic sterilization. Always remember that a lesion invites many organisms and the ERA will detect them. Then use the Os. at specific rates.

The preponderating organisms are staphylococci, colon and tubercle bacilli.]

VII. Dementia Praecox—Cured by general (splenic sterilization) and local syphilotherapy to the implicated brain center.

[In the last number of this Journal, the writer referred to the fact that every case of insanity is only cerebral syphilis and its manifestations are only questions of cerebral localization.

Unfortunately like results cannot be attained in all cases of insanity owing to the late employment of treatment after the damage is done. Asyphilization of the child predicts the annihilation of insanity.

When we speak of the soil on which syphilitic toxins thrive, we must emphasize the electrical composition of matter and refer to the electron as the fundamental entity with which modern pathology should commence. The characteristics of any element are dependent on how the electrons of an atom group themselves under the action of their mutually repellant forces and the attraction of the nucleus. This is a difficult problem of mathematical physics. Mentality (normal) is only a question of allotropism and represents the energy released by the electrons. The physicist has taught us the reality of transmutation—transformation of uranium into helium and presumably lead.

Nothing that is known, and therefore cannot be produced artificially, will affect the transmutation of one element into others.

After the toxins of syphilis have rearranged the electronic groupings of the brain cells, we can do no more than the physicist in attempting to influence radioactive processes. The direct transformation of one tissue into another (metaplasia) in pathology is, to my method of thinking, only a transmutation.]

VIII. Abnormal sensitiveness to light (Photophobia). Rebellious to treatment despite the efforts of many competent specialists. ERA demonstrated tuberculosis (ocular) and six treatments with the Os. effected a cure.

[Despite the revelations of the Ophthalmoscope, only gross lesions are discovered. The patient is then beyond the domain of clinical pathology and belongs to the pathological anatomist.

Ocular lesions owe their origin in the majority of instances to congenital syphilis.

Disturbances of muscular equilibrium of the ocular musculature (Imbalance), myopia, hypermetropia and astigmatism yield a decided reaction of congenital syphilis. What ocular sterilization of the toxins will do for these cases by the Os. and other means when commenced early enough is a problem which can only be solved by those who will accept my observations as verities.]

IX. Patient with persistent headaches. ERA show at different head regions, the reaction for uric acid. Colchicum is effective. Patient later confessed that he had a typical gout attack.

[Uric acid deposits in unsuspected regions thus account for the many bizarre and protean symptoms of larvated gout. Similarly, in malaria, the plasmodia lodged in the frontal sinus are accountable for the supraorbital neuralgia. In an individual with icterus of several years duration, the ERA demonstrated plasmodia in the liver. Recovery from the icterus was only partial after treatment with the Os.]

X. **Endocrinopathies**—The study of diseases of the ductless glands has furnished a furtive spurt to decadent Etiology and in the administration of glandular extracts, a new therapy has been evolved. Our expectations respecting the latter have not materialized. Why? Because the glandular anomalies are not autochthonous but represent effects. Thus, in thyroid anomalies ranging from athyrea to hyperthyroidism, the ERA invariably show a localized reaction of congenital syphilis. The reaction may not be present in the blood. These foci of syphilis represent the same matrix from which sarcoma, carcinoma and tuberculosis originate.

Glandular extracts yield fugacious results; permanency of action can only be secured by treating the cause.

XI. **Dyspepsia**—Gastro enterostomy without relief. ERA demonstrated congen. syphilis of stomach with an enormous ohmage. Cure when the basic condition was treated.

[The symptomatic diagnosis of the gastro enterologist are farcical. Hyperacidity conveys as much intelligence as the child's conception of buttermilk as milk derived from a cow with a sour stomach.]

XII. **Mitral Lesion** with cardiac dilatation. The ERA demonstrated a strep. reaction (tonsillar origin) over the anatomic site of the mitral valve. Disappearance of murmur after using Os. at strep. rate over the mitral orifice. Reduction in cardiac volume by concussion of 7th cerv. spine followed by concussion of 2d dorsal spine.

XIII. Dr. C. S. Evans (Hutchinson, Kan.) forwarded a blood specimen from a patient. The diagnosis, tuberculosis, digestive strain was returned. This patient was subsequently laparotomized and the surgeon declared he found an inoperable carcinoma. Patient was sent to San Francisco and the diagnosis originally made was confirmed. Complete cure by the Os. over the abdomen at the tuberculous rate.

The writer will continue these clinical observations in future issues.

OBSERVATIONS OF SAMUEL KING, A. B., M. D. Warren, Pennsylvania*

Dear Doctor:

The weakest point in the medical profession is the art of diagnosis or the doctor's inability to recognize and name the disease that is destroying the health and vitality of his patient. A correct diagnosis goes a long way in the treatment and cure. Given a correct diagnosis, in most cases, the rest is easy.

The most learned men in the medical profession whom we have been taught to consider as our authority and guide in the diagnosis and treatment of disease are woefully inefficient in the art of diagnosis. Statistics show that the very best of them are wrong in over 50 per cent of their diagnoses in some diseases, and from 35 to 40 per cent in others. These figures have been proven time and again at the post mortem examination.

If the above is true of our greatest medical men, the mistaken diagnoses of the ordinary physician must be far greater, and hence his pretensions to heal the sick under such circumstances must be considered a farce by any one of common sense. To treat any patient without a correct diagnosis is only adding injury to insult, and yet three-fourths of the sick are treated in this way.

Is it any wonder that the people are losing faith in our ability to relieve the afflicted, and are turning in ever increasing numbers

*This is a fac-simile of a letter written by Dr. King in answer to a communication respecting the ERA.

to the drugless healers, until today over twenty millions of the population of the United States are dependent on some form of drugless healing when sick. And unless the rank and file of our profession wake up and adopt a better and more efficient means of diagnosis and treat our patients more scientifically we will soon be out of a job.

It is an unfortunate condition that a very large majority of the medical profession members are still groping in darkness, so to speak. They are simply making use of the only medical lore which they have been taught or are allowed to use by their accredited leaders.

Dr. Albert Abrams of San Francisco, gifted with a love for science and research, has perfected a method for testing the blood which has proven to be the most scientific and accurate means of diagnosis that we have ever known. These diagnoses are often a surprise to both physician and patient. It gives the former a proper basis for his treatment and enlarges his patronage and income, while good results are speedy, sure and almost marvelous.

The citation of a few cases may help to support my contentions:

Case 1—A gentleman entered a famous hospital of Baltimore with affected neck, throat, and mouth. This hospital is famous for its great diagnosticians and surgeons who soon told the gentleman that he had cancer of the neck and throat. He underwent two operations, was X-rayed and treated with radium at an expense of over \$2000. But he did not get well, and was finally told that nothing more could be done for him. He drifted to Washington, D. C., and into the hands of another physician. This physician sent me a specimen of his blood for a diagnosis. It showed no cancer but acquired lues of the lymph glands and the digestive tract. Under antisyphilitic treatment his neck and mouth and throat healed and all symptoms of his trouble disappeared. At the time of taking the blood his mouth and throat had to be sprayed with cocaine before he could eat or swallow. A correct diagnosis would have saved a large amount of money, time, and worry.

Case 2—A young lady school teacher had been ailing and failing for four or five years. During this time she had been treated for anemia and T. B. first by one doctor and then by another. She finally became so weak and nervous that she had to give up teaching and return home. Her home physician gave her intravenous injections to increase her blood and strength, but she did not improve and finally came to me. Examination of the blood showed cong. lues, 37 ohms, and no T. B. or anemia, so-called. Treatment for her inherited affection soon gave her life, better blood and nerves, and she returned to her school.

Case 3—A lady, 52 years of age, complained of constant and severe headaches, a great deal of pain in the right side and in the region of the liver. Her home physician called it one day gallstones, another appendicitis, and another ulcer of the stomach or neuritis. For over one year he had urged her to undergo an operation for gallstones and appendicitis. Examination of the blood showed cong. lues. Treatment for her affliction or lues relieved her of the headaches and all other pains and neuralgias, and a high blood pressure of 225 mm. was reduced in a few days to 140 mm.

Case 4—A man, aged 58, with pernicious anemia, feet and legs badly swollen, so weak he could hardly climb one flight of stairs to my office, mouth intensely sore, nothing tasted right, constant and severe aching in the legs, and a morning diarrhea of three years standing. Examination of the blood showed acquired syphilis and carcinoma of the spleen. Under treatment for these two afflictions he gained rapidly. He is now driving his car, works some, diarrhea gone, feeling fine, and his face, hands and ears that were as white as chalk are now almost normal in color. This is the first case of pernicious anemia that I have ever known to be helped by any other treatment. (Dr. Albert Abrams called attention to carcinoma of the spleen in pernicious anemia.)

Case 5—A man 45 years of age, sick for two years, going from bad to worse, in spite of all kinds of treatment from good physicians. For two months before coming to me was receiving intravenous injections to keep up his strength and give him blood. His blood showed inherited lues, 40 ohms. Rapid improvement made under treatment for his inherited trouble. Today he has gained fifteen pounds, is of good color, all aches and pains in head and limb gone, and a stomach trouble which had persisted for years completely relieved. He is now working hard and is a very grateful patient.

Case 6—A doctor's wife had severe pains in pelvis, backache, cramps, etc. Unable to diagnose her case, he called in two other physicians. These two physicians agreed that it was appendicitis with perhaps a little kidney colic added, and urged an immediate operation. Her husband sent her blood to me. Examination showed pus in the right ovary and tube with inflammation. Proper treatment and rest for a few days so relieved her that she was up and around in a week.

And so I might go one with case after case which rapidly improved after an examination of the blood by Dr. Abrams' method and the proper treatment was instituted, but I think the above will suffice. I will only add that many, many patients today for whom the physician could do nothing a few years ago are getting help through a proper diagnosis. Every case of epilepsy,

asthma, high blood pressure, exophthalmic goiter, varicose veins and ulcers, diabetes, and many skin troubles, etc., invariably give a syphilitic reaction, and have not been cured in the past because the physician did not know them to be the result of lues either inherited or acquired. But today these diseases are being cured by the up-to-date physician who recognizes the cause. Every case of cancer, every case of T. B. is grafted upon a syphilitic soil. You cannot have one without the other, and we hope now to be able to cure both, especially in the early stages.

ELECTROBIOSCOPE*

The reader is referred to the last number of this Journal (March, '21), in which preliminary data are cited concerning the use of this contrivance. Further uses follow:

Circumscribing Viscera—The borders of the heart, aorta, spleen, kidneys, lower stomach border, liver and appendix may be accurately defined.

The principle of action is due essentially to the fact that an active organ is electrically negative to the surrounding parts.

The El. being negatively charged is either attracted when the visceral border is reached or repelled. Naturally, if the suspended El. is held too close to the skin it is attracted everywhere. It must be held just far enough from the skin to resist attraction. Even though the visceral border is negatively charged the primary action is attraction. If held a little further than the distance necessary for attraction, it will be repelled when the visceral borders or appendix is reached.

Physicians employing this method will be astounded at the accuracy achieved in outlining the viscera. Passing the suspended ball at different parts of the appendix region, note that, when the appendix is reached, the El. is immediately attracted. After a deep breath, it will be attracted at a lower point and at a higher point during expiration, if there are no adhesions of the appendix.

The two heart ventricles show a polarity difference; left ventricle emits a negative and the other ventricle, a positive energy. Careful manipulation of the El. at a given distance will attract the El. over the right ventricle and repel it as soon as the left ventricle is reached.†

Repeat these investigations at a distance although the movements of the ball will be less evident. Suspend charged El. opposite to an electrode fixed in a stand (insulated). Place electrode as near the El. as possible without discharging the latter. This electrode with cord is attached to a rheostat at zero. The other

*Pith ball. Abbreviated El.

Investigators may use an Electrometer to secure more delicate results.

†Whenever the El. touches the skin it must be recharged.

cord attached to rheostat with a pointed electrode is used for defining the area of the organ which, when reached, one will note a slight repulsion of the El. Patient must be grounded.

Oscilloclast and Polarity—By means of its destructive rates on the "Similia" principle may be ascribed the action of the Os. in disease. If to this, we could add polar action, the efficacy of the Os. would be enhanced.

Cancer yields a positive and streptococci, a negative energy. If the current (alternating or direct current which is better) from the Os. by aid of the cord and electrode is fixed opposite negatively charged El., it will be noted that it will be either attracted (+ energy) or repelled (neg. energy). Attempt experiment with a non-interrupted current. By reversing the fork in the socket, this different polar action may be secured. In cancer, one would use the established destructive rate (6) delivering a negative polarity and, in strep. infection, a positive polarity.

Localization of Lesions—The general method of procedure is as follows: Patient's feet are grounded. One electrode from rheostat is placed on ground plate and the other held about half inch from the surface of the body at a point on either side (nipple line) midway between the navel and the curvature of the ribs. Supposing it is necessary to determine if the frontal sinus is infected (strep.). The charged El. is held in front of the sinus (near enough to be attracted or just far enough to be repelled). With the rheostat at zero, no effect is noted. At 60 (vibratory rate of strep.), the El. is either attracted or repelled, according to the distance it is held from the lesion.

The site of a cancer and its area may be similarly defined with rheostat at the vibratory rate of cancer (50).

To determine the nature of other lesions by the El., it is only necessary to know the vibratory rate of each disease. Employ this method to determine the lesions cited over a vaccinated area.

Electronic Reactions—The specific areas noted in the ERA may be defined with the El. in two ways: 1. By passing the charged El. over the abdomen (SV and ED reactions) or back of chest (PD) and note the attraction of the El. when the border of the specific area is attained; 2. By holding the suspended El. over a specific area, say cancer, and note the attraction at 0 and the vibratory rates 30 and 50.

In the execution of either method, energy is conducted in the usual way to the reagent.

If the patient is the reagent and the specific areas are to be defined as with the reagent, use the method described under Localization of Lesions. Twenty or more seconds may elapse before the action of the El. is noted.

The writer must emphasize the importance of these methods. They constitute corroborative evidence so simple and precise, that they are available for those who doubt their skill in percussion and to convince the most skeptical physician.

Sexuality of Numbers* and Sounds—Odd and even numbers are the mathematics of the sexes, and vowels and consonants are the sexes of sound.

Suspend a negatively charged El. on an insulated stand. On a narrow board, mark the numbers 1 to 9 and on another board, vowels and consonants at a sufficient distance from each other and observe the following:

1. Even numbers repel the El. owing to their neg. energy.
2. Odd numbers attract (+ energy).
3. Vowels repel and consonants attract.

A female hair repels and a male hair attracts (present center of hair to El.).

Thus even numbers and vowels are female and odd numbers and consonants are male.

Music no doubt owes its enticing action to its sexual appeal. The following action on the El. is noted from the following sounds on a violin:

- D—Attraction.
- A—Repulsion.
- G—Attraction.
- E—Repulsion.

Potentiality of Lesions—This may be determined by the method of localizing lesions. Use two rheostats, admitting the energy through one at its vibratory rate and measure with the other. Thus if a tuberculous lesion measures 5 ohms, place the button of the second rheostat at 10 and gradually interpose less resistance. There will be no movement of the El. until the number 5 is reached.

Gravitation—In *New Concepts*, p. 225, the writer first announced his hypothesis of this phenomenon. Demonstrate his hypothesis anew by conducting the energy to the El. as already described.

When a heavy body is raised, with one electrode at the center

*The curiosity of figures is only apparent. Take 9.

Multiply it by 2 and you get 18; and 8 and 1 make 9. Five 9s are 45, and 5 and 4 make 9 again. Three 9s are 27, and 7 and 2 make 9. Four 9s are 36, and 6 and 3 make 9.

Note how strangely the figures 142857 act when employed in varied order but always in the same sequence, and multiplied by 7 and divided by 9. Thus:

$$\begin{array}{l}
 142857 \times 7 = 999999 \div 9 = 111111 \\
 285714 \times 7 = 1999998 \div 9 = 222222 \\
 428571 \times 7 = 2999997 \div 9 = 333333 \\
 571428 \times 7 = 3999996 \div 9 = 444444 \\
 714285 \times 7 = 4999995 \div 9 = 555555 \\
 857142 \times 7 = 5999994 \div 9 = 666666
 \end{array}$$

of the mass, the El. is attracted and repelled when the electrode is placed at a distance from the center of the raised body.

Polarity of the Senses—Suspend charged El. in front of the right eye, ear and nostril (patient must avoid breathing in latter experiment). Note that El. is repelled, and attracted on the opposite side in a normal male. This polarity is reversed in the normal female and the opposite effects are noted. Yellow light thrown on the skin will reverse the polarity in both sexes. Blue light will accentuate these results more quickly.

The mere concept of a woman that she is a man or a man that he is a woman will conduce to the same results as color.*

THE BRAIN

Functions—As early as 580 B. C., Alkmaon placed the seat of consciousness in the brain. Two hundred years later, Aristotle regarded the brain as an organ for cooling the hot vapors rising from the heart. At this time it was supposed that mentality, specially of an emotional kind, was located in the heart, a view still perpetuated by the poet. The Bible locates the seat of mental processes in the bowels.

Cabanis maintained the doctrine that the brain secretes thought in the same way as the liver secretes bile.

Phrenology—The real significance of the brain as the substratum of the psychical life of man was first expounded by Gall and his pupil Spurzheim.

Their supposedly fantastic theory presenting many new and important facts in cerebral anatomy was exploited by charlatans and ridiculed into desuetude by scientific men.

According to Gall, the brain was a bundle of 27 (later 37) separate "organs," presiding over the different moral, sexual and intellectual traits of the individual. The size of these organs was proportional to the preponderance of these traits and manifested on the surface of the skull as protuberances.

To determine the mental endowment of the individual it was only necessary to feel the bumps on his head (cranioscopy) and the bigger the bump, the brain geographer would conclude that the greater would be a specific intellectual trait.

Gall commenced his observations as a student. He thought that those who had a good memory for words had prominent eyes, hence the organ for this faculty must be situated above and behind the eye sockets.

Furthermore, the organs of different faculties were located only on the brain surface hence, whenever a certain organ was especially well developed the skull at that point was bulged out.

*See sex determination with the El. in the March, '21, Journal.

Modern Doctrine—Different sections of the brain participate in the different mental processes.

The brain is the seat of mental processes specified as volition and feeling; the former being the starting point in motor activity and the latter, the ultimate phase of sensory impressions.

When the latter functions of the brain were understood, some thought that the brain acted as a whole, others that different parts had different functions.

Now, localization of cerebral function is an accepted fact and that the surface of the brain (cortex) contains the highest cerebral centers. Two experimental methods are used for determining the function of any part of the brain: 1. Stimulation; 2. Extirpation.

In stimulation, an electric current is applied to a specific brain area and the resulting muscular movements of the body are observed. In extirpation, a piece of the brain is removed and the resulting paralysis, if any, is observed.

In Ehrlich's method of investigation a pigment, methylene blue, is injected into the blood of an anesthetized animal. The brain of the latter being inactive, it is blue in color. If, however, an area is stimulated, that part of the brain is put into action and it consumes the oxygen by its activity, thus reducing the pigment and causing the area in question to lose its blue tint. By the foregoing means the brain's surface has been mapped out into what are termed motor and sensory areas.

There has been no advancement made on the science of the mind and what little that has been accomplished on the latter subject is due to the investigations of the psychologist.

The methods of the latter are faulty; they are essentially introspective and are of little scientific value.

In Spencer's system of psychology, mental phenomena are defined in terms of matter and motion. That mind and brain are in a state of evolution and devolution, and do not possess the quality of permanence.

The contention of the phrenologist of the specific and unalterable nature of the various faculties possessed by the human is sustained by the writer.

In his book, "New Concepts," the writer has attempted to show objectively a new method for investigating cerebration, and his conclusions are essentially as follows:

1. The individual is originally endowed with specific and unalterable faculties and they are located at definite areas on the surface of the brain.
2. A man is originally what he is destined to be. The arrangement of the electrons making up his brain tissue is unalter-

able. This arrangement of electrons in chemistry is known as Allotropism. The diamond, amorphous carbon and graphite are identical in composition although showing different properties. Although red and white phosphorus are like elements, one is a poison and the other is innocuous.

3. The original composition of man corresponds to all things in nature; units of electric charges known as electrons. Like the elements, the arrangement of these electrons are definite and absolute, otherwise there would be no differentiation of matter and transmutation would have to be accepted as a reality.

My conception of original and special intellectual faculties correspond somewhat to the observations of Gall, differing from the latter, however, in the belief that they have a different localization and cannot be located by protuberances on the surface of the skull.

Electrobioscopy of the Faculties—My method heretofore pursued in locating the cerebral centers was by aid of human reflexes. The present method is new and has never before been published. Its very simplicity may militate against its acceptance.

The technique is essentially that described in the last number of this Journal.

The subject (grounded) faces the geographical west, with feet and hands separated from the body. A bald headed individual is better than one with much hair as an object for experimentation.

The hair must lie flat on the head and should the El. touch the hair, it must be recharged.

The location of the musical center suffices as an illustration for the location of the other centers. Suspend the El. so that the charged ball approximates the center in question. Not near enough to be attracted (as it would be to any neutral body) yet not far enough to resist attraction when the energy is released from the center.

The person is requested to think of some musical composition. As the intensity of this concept increases, a gradual attraction of the ball will be noted until it is attracted to an exact spot which indicates the location of the center.

With people who have no sense tone, the movements of the ball are unappreciable.

The musical genius will attract the ball at the very inception of the tone concept.

The following centers (Fig. 2)* have thus far been located and are usually bilateral:

*The numbers on the figures correspond with the numbers of the centers cited in the text.

1. **Musical Center**—About 6 cm. above top of ear on both sides.



(Fig. 2)

Electrobioscopy of the brain centers. The numbers on the figures correspond with the numbers of the centers cited in the text.

2. **Mathematical Center**—Draw a line 7 cm. up from the outer third of upper border of orbit of eye.
3. **Inventive Genius**—Center is on a line 4 cm. up from the anterior border of the ear.
4. **Mechanical Genius**—Center is on a line 4 cm. up from the top of the center of the ear.
5. **Visualization**—Center is on a line 7 cm. up from the tip of the mastoid process.
6. **Smell Sense**—Center is 2 cm. up from top of the center of the ear.
7. **Will Center***—Center is 12 cm. up from tip of mastoid process.
8. **Hate**—This center is 11 cm. up from top of ear.
9. **Sexual Center**—At the junction of 2 lines: one drawn from the posterior border of the mastoid process and the other from the top of the ear. The inhibitory center of passion is located a few centimeters back from the sexual center.
10. **Lying**—This center is located 6 cm. up on forehead from the bridge of nose. If a question is propounded to an individual and he answers truthfully, the ball will not be attracted.
11. **Concept of Murder**—This center is located on a line drawn backward from external canthus of eye and 7 cm. up.
12. **Concept of Theft**—This center is located on a straight line 7 cm. above external occipital protuberance.
13. **Concept of Forgery**—On a line 5 cm. up midway between the posterior border of the mastoid process and external occipital protuberance.
14. **Alcoholism**—At the external occipital protuberance.

*Telepathy may be demonstrated on the EI. suspended from a stand and the movements are in proportion to the intensity of the will. Focusing the brain energy on the ball, it is repelled. In adverse willing (willing that the ball will not move), its movements are from one side to another.

THE GENIUS OF INTELLECTUALITY AND CRIMINALITY

Irrespective of the trend of mentality, genius is always an innate bent of mind for some special pursuit. If the anomaly of the average genius were relegated to his physical being, he would be exhibited as a freak in a museum.

A genius may be moral or immoral. In the former instance, we assign him to the intellectual and, in the latter instance, to the criminal class. Mental normality predicates cerebral health.

After investigating many geniuses of the intellectual and criminal classes, one may invariably find the reaction of syphilis (usually congenital) over specific brain areas. This observation is most important in its bearing on criminology.

The acts of the criminal vary according to the lodgment of the syphilitic virus, and the same may be said of the intellectual genius.

The activity of a center is commensurate with its irritability, which only means its aptitude to respond to a definite stimulus.

Irritability is provoked by a stimulus—an irritant.

What degree of irritation is necessary to engender a genius or a dement is a problem belonging to futurity.

Before tissue changes in the brain centers ensue, it is my firm conviction that the immoral genius may be rescued from his criminal tendencies. The intellectual genius, however, cannot be persuaded to be restored to normality if he regards his syphilis as a stimulus to achievement.

Special achievement in some particular line of thought is a mental aberration and constitutes a minor insanity.

Insanity however is only a symptom and predicates a basic condition. The latter being ignored by the alienist, makes the treatment of such cases conspicuous by the uniform results attained, viz., **Failure**. In the midst of this therapeutic chaos came Freud with his dualistic conception of human personality. Two natures within us were in mental conflict; the submerged ego, the theatre of the emotions and the conventional and law-abiding nature specified as conscience, which is essentially the mental censor. Superimposed on this theory was evolved his method of psychoanalysis which ignores a fundamental condition as a cause of the psycho-pathological mechanisms of a syphilitic brain.

REVIEWS

The Wassermann Reaction—Paul Ravaut, M. D. (Physician to the Broca Hospital, Paris).

This distinguished authority comments on the uncertainty of this reaction and refers to the familial dramas which have ensued in the name of a positive Wassermann. The belief in the reaction has become a veritable article of faith and it is dangerous to permit this blind confidence to sway the profession.

The following are his conclusions, which he feels justified in saying are in accord with numerous writers:

1. That a **Wassermann Reaction** is worth just as much as the signature which accompanies it.
2. That in a **known** case of syphilis a positive **Wassermann** is a confirmation of the presence of that disease. On the contrary, the reaction may be negative at the same time that the patient presents active cutaneous or visceral lesions; a negative reaction does not rule out syphilis.

It would be dangerous to permit it to play too great a role in the direction of treatment. The physician should endeavor to render the reaction negative and to keep it so; in cases of old syphilis it is sometimes impossible to change the **Wassermann**. A negative reaction by itself is not sufficient evidence for considering a patient as cured and suspending treatment.

3. In a suspected case of syphilis the **Wassermann Reaction** should be regarded as an important symptom, which when in accord with the other manifestations may contribute toward establishing a diagnosis of syphilis.

4. In one who presents neither antecedents nor signs of lues a positive reaction indicates a careful search for that disorder. This reaction may be positive outside of syphilis, and not having an absolute value does not alone authorize a diagnosis of syphilis.

Blood and Parentage—Dr. Jules Regnault (*Le Moniteur Médical*, March 22, 1921) refers to the sensation aroused in the scientific world by the announcement of Abrams, that, by the aid of his Oscillophore and other methods, he could by a few drops of blood determine parentage, nationality, sex and approximate age of the individual.

Those who look upon this as an American canard forget that medical are identical with the phenomena of physics. The discovery would have appeared less strange were it presented in a way to which we are accustomed; for instance, the blood of the child has the same serologic reaction or agglutinates like that of the father.

“The phenomena of Abrams are not only a question of homooscillations but of resonance. At the ‘Congress of Surgery,’

(Paris, France) in 1919, I read a paper on the precocious diagnosis of cancer by the electronic reactions of Abrams."

Methods of Diagnosis—(Editorial, "The Medical Press and Circular," Jan. 26, 1921)—"Sir James Barr's experience tends to corroborate Dr. Abrams' findings. As regards the clinical value of blood examinations, I may remark that several years ago I expressed the opinion that all constitutional diseases are mirrored in the blood, and that, given the necessary knowledge, every such disease could be diagnosed by a blood examination. The future of pathology lies in the blood."

[In an esoteric study of the "Occult Significance of Blood," Steiner of Vienna refers to the covenant of Faust and Mephistopheles. The latter demands that the deed must be signed with the former's blood and observes, "Blood is a very special fluid." Goethe's version of the Faust legend and this passage in particular has many commentators. Professor Minor remarks that, "The devil is a foe to the blood" because it sustains and preserves life and the devil who is the enemy of the human race, must also be the enemy of the blood. The editor believes that the blood is co-incidentally the stream of life and death and in it are mirrored all diseases. Knowing this, we may employ it either for weal or woe.

When disease invades the body, the struggle for supremacy is exercised by the defensive armament in the blood and to utilize this protective mechanism is the Utopian effort of beneficent medicine.—Editor.]

Similia—Leopoldo Hernandez Chavez, in a Thesis (Feb., 1921), refers to the work of Abrams who has demonstrated many truths of homeopathy and has thus given a renewed impetus to the doctrines of Hahnemann. Chavez expatiates on colors (Cromoterapia) and their vibratory action in disease.

The Doctor—A. T. Noe (Pacific Coast Jour. of Homeopathy, March, 1921)—"Today science has discovered many things that are necessary to the doctor in his daily work. One of the latest aids in the medical art that has been brought to our attention is the electronic method of diagnosing, and application of a vibratory rate to the similar rate of the disturbed vital force, which builds up in the tissues a diseased organism. In this new discovery in medical science a distinct forward movement has been made, as great in this day as homeopathy was in Hahnemann's day. For it is a new field in applying energy dynamically without using drugs. And it also enables us to find the vibratory rate of the disturbed vital force which produces the physical disease.

"We are also enabled by this method to select the similar energy electronically, and apply it, to correct the disturbance. This is all based upon physics or law of similars."

The American Association for Medico-Physical Research (Symposium on Cancer, Oct. 7, 8, 9, 1920)—In the discussion, Dr. P. S. Replogle (Champaign, Ill.) presented the following cases treated by the Oscilloclast:

1. Cancer of the pylorus and pylorotomy executed at the Mayo clinic. Later, vomiting, severe pains, loss in weight, etc. After the third treatment pains ceased and, after 14 treatments, she was well and continued so when I last saw her.

2. Cancer of the breast. After 3 weeks, there was no trace of a tumor.

3. Cancer of left breast with implication of the axillary glands. After the 4th treatment the tumor was reduced at least two-thirds. When I last saw her she was practically well.*

4. Cancer of uterus. Inoperable. Severe uterine hemorrhages. Electrode of Oscilloclast to cervix and hemorrhage ceased after second treatment. After 14 treatments the patient declared she was well. Another case of the same character was followed by equally good results.

5. Physician. Carcinoma of pylorus. Incessant vomiting and decided loss in weight. Absolute recovery.

At the same meeting Dr. J. W. King (Bradford, Pa.) demonstrated the "Electronic Reactions of Abrams." The following are a few extracts from this, as well as a subsequent paper contributed by Dr. King to a medical journal:

1. Our therapeutic structure is no greater than our diagnostic foundation. One of the greatest hospitals in this country with the cream of the profession on its staff, makes 57 mistakes out of 100 cases as shown by autopsies.

2. Syphilis has been properly called, "King of Destroyers." Chancre or syphilis is the god-father of chancroid. Syphilis is the warp and woof of chronic diseases. It is the father of all diseases.†

*Doctor J. R. Leadsworth of Los Angeles, California, reports the case of a patient with carcinoma of the right breast.

A radical operation had been performed followed by a second operation. Following the latter multitudinous growths reappeared in the cervical glands of the neck, and one in particular above the clavicle measured $1\frac{1}{2}$ inches long. Intensive X-ray treatment for a number of months resulted in no appreciable influence in the progress of the growths.

Treatment was commenced with the Oscilloclast every day for two weeks, and after this time three times a week. After the fourth treatment tumors began to decrease in size, until after five weeks treatment the growths were scarcely palpable.

Improvement was so marked that the radiologist who saw her could not account for the rapid reduction in the size of the tumors.

The patient is now apparently well.

Dr. C. L. Thudichum (Sebastopol) cites, woman 74 with an inoperable cancer stomach. Lost 25 lbs. Cured after 4 mos. Os. treatment. Later developed rectal stricture which was cured by using Os. with sound in rectum at cicatricial rate.

†[Recognition of syphilis as the substratum of many diseases is receiving rapid recognition. Thus A. W. Boslough, M. D. (Wisconsin) writes as follows: "Getting splendid results from your diagnoses. Never knew syphilis could appear in so many disguised forms." Take the following observation (Ghelfi Riforma Medica, Feb. 12, 1921): Three cases of Raynaud's disease with nothing to suggest syphilis and resisting ordinary methods. Prompt and complete recovery under specific treatment.—Editor.]

3. Syphilitic treatment is a failure. The British Med. Journal advised against the use of "Salvarsan" owing to its non-therapeutic value and dangers from its employment.

The Abrams treatment is efficient, sane and safe.

4. Through the correlation of the electrons and the "Reflexes of Abrams," a diagnostic method has been constructed second to none in the recognition of disease.

5. The old pathology is like classical medicine, making a diagnosis and awaiting the autopsy for its confirmation. It is tantamount to Oliver Wendell Holmes' "Stethoscope Songs":

"He shook his head; there's a grave disease,—
I greatly fear you all must die;
A slight post-mortem, if you please,
Surviving friends would gratify."

"I know of only two remedies, nux vomica and hope, and I am not sure of the former" (Osler).

Fallacy of Chiropractic—W. B. Secrest, M. D., "The Medical Summary," March, 1921—"The drugless cults are overrunning the country." The burden of their plaint is a subluxated vertebra and an "impinged nerve." Despite the falsity of their theory, they do some good and the author then proceeds with the following words why:

"It is possible, and not only possible, but it can be done and is being done, to contract, or dilate any organ in the body, to increase or decrease the blood supply to any organ in the body. These are known as the 'Reflexes of Abrams,' and, by the way, this physician is doing more for scientific medicine in his research work than any man in the profession, and is better known on the continent than he is in his own country. Then, this being so, and it is so, what the chiropractor does with his thrust is simply to produce a reflex. If he follows out his teachings, as taught by their schools, as to what a thrust on a certain vertebra does, and he does follow them out, it is evident to a thinking man, assuming the 'reflexes of Abrams' are true, and believe me, they are true as any one can demonstrate to his own satisfaction, they, the chiros, will produce promiscuous reflexes, and are just as likely to do harm as good.

"I will illustrate what I mean by citing one case. This happened Saturday night or rather Sunday morning. I was called about 2 A. M. to see a lady who was fighting an attack of bronchial asthma. I found her sitting up in a chair fighting for breath. In bronchial asthma, you know, the bronchial tubes are dilated, inspiration is easy, but expiration is prolonged and difficult, because the dilator fibers of the tubes are in control. Laying my finger on a certain vertebra, the lady says that is sore. I inquired what made it sore? She stated they had a chiropractor the night before, and

he had worked on that vertebra, and since then she had been much worse. Then I got it. This fellow had presumed, he did not know she had asthma of cardiac origin, and had worked on this vertebra, not knowing that while he was contracting the heart he was also dilating the lungs. I explained what the trouble was and who was responsible for her suffering. One chiro will get no more work there. To relieve her, I concussed over the fourth and fifth cervical, and she was easy in five minutes, and remained so for some hours. That day I was obliged to see her several times, using concussion and adrenalin hypodermically, and it took me thirty-six hours to thoroughly overcome the damage a chiro had done in five minutes. It is a good thing that you know something about chiropractic in order that you may inform your clientele just what harm these fellows do. Education is the only way and you must educate yourself in order that you may be able to educate the public. Herein lies safety, not only for yourself, but the public also." [It is a serious rebuke to medicine when an untutored soul can do what the scientific physician cannot do. There is something in addition to drugs in medical practice and the impulse to prescribe internally, externally and eternally must be inhibited.—Editor.]

SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY

California (Provincial)—Drs. D. McSwegan, W. W. Gamble, Klopfenstein, H. Meredith, W. F. Finney, A. T. Noe, C. D. Kingsley, G. A. Knox, M. Eastman, L. H. Butka, S. R. Langdon, J. Thompson, Schwartz, F. Bulpitt, A. E. Burchard, M. Wolf, P. L. Bares, J. R. Leadsworth, H. Scholtz, Thudichum, L. Sherman, W. Watts, L. L. Kerr, W. M. Kendall, C. C. Corbiere, H. Luschner.

Arkansas—Dr. C. F. Ellis.

Oregon—Drs. M. K. Van Alstyne, M. Akin.

Colorado—Drs. L. E. Siebbold, M. MacManus, G. R. Robinson.

Iowa—Drs. C. Conn, M. Hansen, McManis, M. Geiser.

Kansas—Dr. F. Plank.

Ohio—Dr. N. Rosewater.

Illinois—Drs. P. S. Replogle, S. Vella.

New York—Dr. F. Curtis.

Wisconsin—Drs. W. G. Doern, J. D. Sullivan.

Wyoming—Dr. L. Steel Brooke.

Canada—Dr. H. Becker.

France—Dr. F. S. Le Clercq.

Mexico—Dr. M. J. Woolf.

China—Dr. H. S. Huang.

Japan—Dr. A. Ezoni.

VISITORS

(Personal)

Dr. J. W. King, Bradford, Pa., is expected to visit the laboratory about June 1, 1921. Dr. King is one of the best representatives of the ERA and his excellent work is the most exalted testimony of this fact.

Dr. F. Vasquez Gomez, for many years private physician to Diaz, former President of Mexico, will visit the laboratory prior to his return to Mexico.

Dr. F. S. Le Clercq, France (Chevalier de la Legion d'Honneur), former physician to Clemenceau, anticipates a long sojourn in California. He has done epoch-making work on metabolism in diabetes.

Dr. H. Becker, Toronto, Canada, is a prominent member of the Medical Council of Ontario.

Drs. H. Michener and C. S. Evans, Kansas, and Dr. M. Hansen, Iowa, will soon visit the laboratory.

Dr. Malcolm Douglas, New York, will accompany Frederick S. O'Brien, distinguished author of "White Shadows in the South Seas," where they go to study the ethnography of the South Seas. Dr. Douglas won special distinction during the late war.

Dr. C. Conn, distinguished surgeon of Sioux City, will practice a part of the year in Los Angeles.

Dr. H. Irvine, Austin, Texas, will visit the laboratory in August.

LESSEES OF OSCILLOCLAST*

Sir James Barr, England.

A. Bursell, M. D., Medford, Oregon.

E. A. Majors, M. D., Oakland, Cal. (2 machines).

A. T. Noe, M. D., Pacific Grove, Cal. (2 machines).

J. P. Kanoky, M. D., Kansas City, Mo.

H. Meredith, M. D., Oakland, Cal.

J. Goodwin Thompson, M. D., Oakland, Cal. (2 machines).

V. Sillo, M. D., New York City.

W. F. Becker, M. D., Chicago, Ill. (2 machines).

E. W. Dodge, Chicago, Ill.

J. W. King, M. D., Bradford, Pa.

C. Wheeler, M. D., San Francisco, Cal.

*Terms on which oscilloclasts are leased are as follows: A primary payment of \$200.00, and \$5.00 monthly. Primary payment is subject to change, owing to varying cost of material and labor. Other physicians who have ordered the oscilloclast for DC and AC (below 50 or 60 cycles) must exercise patience before receiving their machines inasmuch as the latter must be specially constructed. Primary payment on DC oscilloclasts is \$250.00.

- H. Michener, M. D., Wichita, Kas.
G. Boericke, M. D., University Hospital, Ann Arbor, Mich.
M. W. Knapp, M. D., San Jose, Cal.
L. J. Sherman, M. D., Oakland, Cal.
J. DuPlessis, M. D., Chicago, Ill.
P. S. Replogle, M. D., Champaign, Ill.
C. L. Thudichum, M. D., Sebastopol, Cal.
F. Schuldt, M. D., Mexico City, Mexico.
H. E. Palmer, M. D., Dayton, Ohio.
Capt. A. R. Gould, M. D., Washington (2 machines).
B. W. Swayze, M. D., Allentown, Pa.
Seneca B. Bain, M. D., Washington, D. C.
H. A. Hess, M. D., San Francisco, Cal.
H. G. Nyblett, M. D., Calgary, Canada.
J. C. Stevens, M. D., Harrisburg, Pa.
B. Tisdale, M. D., Oakland, Cal.
J. Tow, M. D., Chicago, Ill.
C. H. Kingsburg, M. D., Danielson, Conn. (2 machines).
L. H. Dietz, M. D., Oakland, Cal.
S. King, M. D., Warren, Pa.
S. F. Meacham, M. D., Oakland, Cal.
B. Crombie, M. D., Portchester, N. Y.
A. F. Hornberger, M. D., Wichita, Kans.
C. A. Reinboldt, M. D., Detroit, Mich.
W. J. McRoberts, M. D., Hot Springs, S. Dakota (2 machines).
R. Rice, M. D., Council Bluffs, Iowa.
C. S. Evans, M. D., Hutchinson, Kans.
H. T. Irvine, M. D., Austin, Texas (2 machines).
A. B. Collins, M. D., Linesville, Pa.
Chas. Zeebuyth, M. D., Portland, Oregon.
E. S. Smith, M. D., Bridgeport, Conn.
W. P. Myers, M. D., Anaheim, Cal. (2 machines).
C. E. Johnston, M. D., Orland, Cal.
V. S. Irvine, M. D., Lankin, N. Dakota.
I. Howard Planck, M. D., Chicago, Ill. (2 machines).
M. A. Hansen, M. D., Osage, Iowa (2 machines).
J. A. Savignac, M. D., Ottawa, Can.
M. W. Livingston, M. D., Pittsburgh, Pa.
E. B. Crosby, M. D., Oriska, N. Dakota.
H. D. Schell, M. D., Hamilton, Ohio.
A. E. Persons, M. D., Buffalo, N. Y.
J. R. Leadsworth, M. D., Los Angeles, Cal. (2 machines).
A. W. Buell, M. D., Long Beach, Cal.
H. B. Coblantz, M. D., Washington, D. C. (2 machines).
H. C. Kehoe, M. D., Flemingsburg, Ky.
F. M. Cooper, M. D., Colorado Springs, Colo.
M. A. Sturm, M. D., New York, N. Y.
W. G. Doern, M. D., Milwaukee, Wis. (2 machines).

- H. W. Fleck, M. D., Bridgeport, Conn. (2 machines).
B. L. Sanborn, M. D., San Francisco, Cal.
C. C. Waltenbough, M. D., Canton, Ohio.
J. F. Roemer, M. D., Waukegan, Ill.
E. B. Taylor, M. D., Huron, S. Dakota.
T. Kendrew, M. D., Indianapolis, Ind.
W. Watts, M. D., Portland, Ore.
E. C. Folkmar, M. D., Washington, D. C.
A. W. Boslough, M. D., Wausau, Wis.
H. D. MacKenzie, M. D., Auckland, New Zealand.
Sigmar Hilfer, M. D., West New York, N. J. (2 machines).
J. D. Sullivan, M. D., Kenosha, Wis. (2 machines).
H. L. McCubbin, M. D., Sacramento, Cal.
M. S. Hsu, M. D., Woosung, China.
Henry P. Fahrney, M. D., Frederick, Md.
H. M. de Danneville, M. D., New Zealand.
S. Rosenthal, M. D., Aberdeen, S. Dakota.
H. Gunderman, M. D., Monango, N. D.
Chinese Government.
F. M. Planck, M. D., Kansas City, Mo.
T. D. Bristol, M. D., Cleveland, Ohio.
C. Conn, M. D., Sioux City, Iowa (2 machines).
C. F. Ellis, M. D., Eureka Springs, Arkansas.
D. D. Hamilton, M. D., Raton, New Mexico.
D. E. Murray, M. D., Roanoke, Ind.
F. V. Gomez, M. D., Mexico City.
C. E. Cole, M. D., Prairie Du Chien, Wis.
M. McManus, M. D., Denver, Colo.
D. McSwiegan, M. D., San Diego, Cal.
H. S. Huang, M. D., Amoy, China.
L. H. Butka, M. D., St. Helena, Cal.
J. C. Anthony, M. D., San Francisco, Cal.
O. M. Hayward, M. D., Chattanooga, Tenn.
P. G. Smoot, M. D., Maysville, Ky.
W. A. Hanor, M. D., Corning, N. Y.
H. R. Goshen, M. D., Bronson, Kas.
J. E. Johnston, M. D., Pittsburgh, Pa.
J. R. Mitchell, M. D., Washburn, Wis.
H. Becker, M. D., Toronto, Canada.
O. O. Sink, M. D., Smithfield, Ohio.
M. J. Wolf, M. D., San Francisco.
Cora Smith King, M. D., Washington, D. C.
C. M. Moffatt, M. D., Shenandoah, Iowa.
P. Livingstone Barnes, M. D., Los Angeles, Cal.
C. M. Cooper, M. D., Bellevue, Ohio.
W. H. Dower, M. D., Halcyon, Cal.
L. S. Brooke, M. D., San Francisco, Cal.

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IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

VIRULENCY GAUGED.

IN SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (Glands, Lungs, Bone) the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to see whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnosis all that is NECESSARY is to send several DROPS OF BLOOD from the patient ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations only, do not permit of the localization of lesions, and to achieve the latter an examination of the patient is imperative. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible. It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent. of errors and in some cases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. VIII, 3rd edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916), estimates that 15 per cent. of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives a negative result in from 31 to 50 per cent. of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of

syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS test, because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy

NEARLY 100 PER CENT. POSITIVE.

Geo. O. Jarvis, A. B., M. D., (formerly of the University of Pennsylvania), found that the electronic tests of Abrams were POSITIVE in nearly 100 per cent. of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphologist in his SEXUAL IMPOTENCE (W. B. Saunders & Co., 1915) "in the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

The tests embody the employment of the visceral reflexes of Abrams.

FROM ENGLAND.

Sir James Barr, in his Presidential address at the 18th annual meeting of the BRITISH MEDICAL ASSOCIATION (BRITISH MEDICAL JOURNAL, July 27th, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the BRITISH MEDICAL ASSOCIATION, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new Continent and he has given us further insight into methods of prevention."

"I could easily fill several journals with an account of Abrams' valuable work."—Sir James Barr, British Med. Journal, March, 1920.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E.—(Article, "Dr. Albert Abrams' Method of Percussion," Lancet (London), May 22, 1920) —"Dr. Abrams is, perhaps, doing more than any one else in the present day to resuscitate the lost art of physical diagnosis."

"In cancer Abrams' reactions can be easily verified."—Sir James Barr, Lancet (London), May 22, 1920.

"In my opinion he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."—Sir James Barr, "Medical Press and Circular" (London, England), Jan. 12, 1921.

DIAGNOSIS AT THE VERY BEGINNING.

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams, of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING, tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (AMERICAN JOURNAL OF CLINICAL MEDICINE).

In another communication to the same Journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abrams is due the credit for this epoch-making discovery. It is the external counterpart of the Abderhalden reactions."

FEEES:

(Which include all diagnostic information necessary.)

Blood examinations which include tests for all diseases.....	\$10.00
Subsequent blood examinations to gauge the course of the disease....	5.00
Examination of Patients	\$25.00-\$100.00

(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.

Course to physicians on Electronic Diagnosis.....	\$200.00
---------------------------------------------------	----------

(Limited to reputable physicians in possession of the M. D. degree.)

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the *Spirochaetae pallidae*, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the *Spirochaetae* was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-2-

reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

final judgment

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of these pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond cavil the presence of cancer.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-3-

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

July - 27 - 17

Dear Doctor Abrams

Your letter explaining blood test no. 3 received.
Your diagnosis is correct. I thought I might
stump you on this one - but failed.

I am sending you blood specimen of case no. 1.
to day - I trust you will be able to find some
improvement in this test case - this time.

I can hardly wait the time I can leave for the
city and spend the time with you.

Thanking you for past favors I am sincerely yours

A. M. Roe

Diseases Diagnosed by an Examination of Dried Blood

Acidosis
Adrenal Sufficiency
Amebiasis
Collapsus
Carcinoma
Cholelithiasis
Chorea
Diabetes
Diphtheria
Epilepsy
Gonococccic Infection
Gout
Hookworm
Hyperpituitarism
Hyperthyroidism
Influenza
Insanity
Paranoia
Dementia Precox

Acute Mania
Dipsomania
Chronic Dementia
Leprosy
Malaria
Measles
Menstruation
Meningococccic Infec-
tion
Neurasthenia
Paralysis Agitans
Parathyroid
Insufficiency
Paratyphus
Pneumococccic infec-
tion
Psychasthenia
Pregnancy (predic-
tion of sex)

Paresis
Pollomyelitis
Rheumatoid Arthritis
(Variety)
Sarcoma
Scarlatina
Straphylococccic Infec-
tion
Streptococccic Infec-
tion
Syphilis (differentia-
tion of congenital
and acquired, and
specific strain).
Tentiasis
Tetanus
Typhoid
Tuberculosis
(Varieties)

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary or, if given, whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer and this is demonstrable by a blood examination.

WARNING.

Many physicians have forwarded specimens of blood to the Physio-Clinical Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchnic reactions. Specimens have been received on colored and printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, COLISEPSIS and STREPTOCOCCIC INFECTION.

When two blood specimens are sent, forward them in separate envelopes to avoid conferred radioactivity.

The quantity of blood forwarded should be sufficient to cover an area represented by a 50-cent piece.

No diagnostic method is infallible. It is requested that all physicians correlate the electronic diagnosis with their clinical findings.

ELECTONIC REACTIONS OF ABRAMS (ERA)

(A few brief and curtailed references from Journals and signed letters)

NOE, A. T., M. D.—"I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known." N. A. J. H.

ANTHONY, J. C., M. D.—"Made wonderful diagnosis for me which would have been impossible by other means."

HESS, H. A., M. D.—"Dr. Abrams has made 50 examinations of the blood for me and all correct as far as I can judge."

MEACHAM, S. F., M. D.—"E R A are greatest contribution to medicine."

POPE, CURAN, M. D., (Author of classic on Hydrotherapy).—"Not a day passes that I do not use your methods."

BOOLSEN, S., M. D.—"I regard the E R A as a great help and have frequently contributed the fee myself because results talk and success follows a correct diagnosis."

JAWORSKI, H., M. D., Paris, France. (Author and medical authority; translator of E R A into French).—"I have carefully studied your methods and regard the discovery and its immensity with admiration."

KING, J. W., M. D. (Penna).—"Physicians should at once form a caravan and go out and worship at 'Abrams' shrine.' Am getting wonderful results therapeutically from diagnosis made for me by you."

PAREDES, F., M. D. (Mexico).—"I shall popularize your marvelous methods of diagnosis in Mexico." (Dr. P. studied the E. R. A. at Dr. A.'s laboratory.) Dr. F. Vasquez Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine and Minister Public Instruction has also studied the E. R. A. at Abrams' laboratory.

POWELL, C. S., M. D.—"The E R A are very helpful in my work, especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A."

MAJORS, ERGO A., M. D.—"E R A have conformed remarkably with my office findings and I am gratified to Dr. Abrams for his wonderful work." (Dr. M. has forwarded 173 blood specimens. At least 100 specimens were sent without comment of any kind.)

NYBLETT, H. G., M. D.—"My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has."

J. MADISON TAYLOR, M. D. (article, "An Appreciation of the Teachings of Dr. Abrams," Monthly Cyclopeda and Medical Bulletin, July, 1913).—"DR. ABRAMS has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams' researches afford is the largest source of illumination—and I, for one, welcome it with thankfulness."

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and
Electronic Diagnosis and Treatment

Dr. Albert Abrams will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians can gain admission to the classes, which are limited. The course lasts four weeks, and the fee, in advance, is \$200.00. Applicants may address Dr. Abrams, 2135 Sacramento St., San Francisco.

Dr. Abrams' Electrodes
for
Electronic Diagnosis

These consist of three electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

Ohmmeter
(Biodynamometer)

Described on page 44, *New Concepts in Diagnosis and Treatment* (Abrams), and in Sept. issue of the *Journal*. Price, \$36.00 with electrodes, express collect.

Dr. Abrams' Reflex Set

This consists of a plexor, pleximeter, single and two pronged instrument. Price \$6.00, express prepaid.

Dr. Abrams' Electro-Concussor

Described on page 652 in *Spondylotherapy*. In writing, state current available. Price \$120.00 f. o. b. **No apparatus sold on credit. Terms cash.** Price of other apparatus on application. Physico-Clinical Co., 2135 Sacramento Street, San Francisco, Cal.

Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

Vol. 6

SEPTEMBER, 1921

No. 1

FOUNDED AND EDITED BY

ALBERT ABRAMS, A. M., M. D., LL. D., F.R.M.S.

CONTENTS

	Page
A BLOODY POLEMIC.....	1
EDITORIALS	6
SEX CONTROL	10
ELECTROBIOGRAPHY	11
OBSERVATIONS	14
OSCILLOCLAST	16
DATA	19
REVIEWS	25

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San Francisco, Cal.

WORKS by ALBERT ABRAMS

A.M., LL.D., M.D., (University of Heidelberg,) F.R.M.S.

One-time Professor of Pathology and Director of, the Medical
Clinic, Cooper Medical College (Medical Dept. Leland
Stanford Jr., University.)

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on a study of Clinical Physiology—Fifth Edition, \$5.00, express
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The author gives evidence of high scholarly attainments, penetrating intelligence, admirable industry, along with that necessary quality in any pioneer work, intense enthusiasm. The result is a treatise of extraordinary interest and usefulness.—N. Y. MED. JOUR., May 8, 1912.

New Concepts in Diagnosis and Treatment

Physico-Clinical Medicine

The practical application of the Electronic theory in the interpretation and treatment of disease, 1916—\$5.00, express prepaid.

The most important part of the work is a consideration of the diagnosis of disease * * * It is full of interest and abounds in valuable suggestions to physicians and scientists and its methods are well worthy of investigation—JOURNAL of Electrotherapeutics and Radiology, June, 1916.

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No variety of neurasthenia is more amenable to treatment than this form. Fourth Edition.—\$1.50, express prepaid.

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An exposition of the causes, symptoms and treatment of self-poisoning.—\$1.50, express prepaid.

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Illustrating the fads and foibles of modern physicians.—\$1.00, express prepaid.

A few CHARTS on Spondylotherapy are still in stock and no more are to be published. The price of the latter has been temporarily reduced from five to three dollars. Express prepaid.
Literature sent free on request.

PHYSICO-CLINICAL CO

2135 SACRAMENTO ST.

SAN FRANCISCO, CAL.

PHYSICO-CLINICAL MEDICINE

Vol. 6

September, 1921

No. 1

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOThERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S", in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J", refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusionism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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PHYSICO-CLINICAL CO.,
2135 SACRAMENTO ST. SAN FRANCISCO, CAL.

A Bloody Polemic

IT CAN be demonstrated beyond cavil that it is possible by aid of a few drops of blood to determine race, sex, approximate age and parentage.

Recently, Superior Judge Thomas Graham decided parentage based on the foregoing test.

It is an antiquated apothegm that one has more to fear from his friends than his enemies, and the following narrative is apposite.

There is in San Francisco unknown to fame but with belligerent aspirations, and hostile attitude one, Dr. C. F. Buckley. The writer has tolerated his friendship for many

years and one day he received from the gentleman in question the following letter:

"My Dear Doctor Abrams, I send you three specimens (of blood) with histories:

"No 1 taken from a young girl 11 years old. Mother a fine healthy Scotch woman was married to a Greek very dark; had an affair with a Scotchman while married to the Greek. Child looks Greek. Scotchman will adopt child and make her his heir if the child is his.

"No. 2. Boy, 9 years old. Mother Irish. Father Italian. Child looks Irish. Mother lapses with a countryman. Father (Italian) hears something, disowns child and will disinherit him.

"No. 3. A fine healthy boy of 7. Father a Swede. Mother, Mexican. Boy looks like an Israelite. Father claims he is not his. If such is the fact, child stands a chance to loose \$250,000.

"None of the parties can be known at present.

"Very truly yours,

9, 6, 21.

"C. F. BUCKLEY."

Submitting at random one of the specimens to an Electronic reaction, it was found that it did not respond to the tests for human blood but that it was an animal's blood. No attempt was made to determine from what animal the blood was taken although this could be demonstrated. Having demonstrated animal blood to the satisfaction of many physicians from different parts of the world who were present at the time the examination was made, the writer informed Dr. Buckley in brief that insomuch as one of the specimens did not respond to the test for human blood, his time was too much occupied to concern himself with the examination of the other specimens.

A few days later there appeared in the public press flamboyant scare lines, "I'm Not Human! I Am a Fish!" and other equally delectable captions.

It appeared from Dr. Buckley's version to the newspapers which the writer was informed he voluntarily solicited that the specimens of blood were his own blood and not the blood of individuals suggested in his communication to the writer.

Eliminating the question of ethics in Dr. Buckley's

questionable method, the fair minded critic would extol him as a master of creative fiction and might agree with him that he was a fish. At any rate that his questionable conduct was not human.

When an individual of a certain calibre practices deception, he will go the limit and despite any asseveration to the contrary would be capable of sending animal blood.

The writer prefers the evidence of his test to the evidence emanating from the other sources.

In any event one should eschew documentary evidence of willful deception and thus defeated, the "Falsus in uno, falsus in omnibus." Truth can never be subdued by the methods employed by Dr. Buckley. He is nearly a nonagenarian but executed his nefarious scheme with the maldroit skill of a tyro.

To the average individual hampered by tradition it may appear incredible for science to have so far progressed to determine parentage by the examination of a few drops of blood.

Facts more incredible are of daily occurrence. As I am writing this editorial, a letter has just arrived. It comments on the results of an examination made of a few drops of blood sent for an Electronic test by Dr. J. D. Sullivan of Kenosha, Wisconsin. The test demonstrated that the patient had a tumor of the brain. The writer awaited the result of his diagnosis and the tumor location and the following was the answer from a distinguished neurologist:

"Albert Abrams, M. D.

"Dear Doctor—I have become interested in your method of diagnosis and treatment through Dr. J. D. Sullivan. One case especially impressed me as we located a brain tumor, by neurologic findings in the same position diagramed by you in your report to Dr. Sullivan."

Recently, Judge Mogan, of San Francisco, stated that the Abrams' blood test would not be accepted by his Court. Thus, with one fell swoop like the hero of an Homeric poem who destroys worlds, the learned jurist sought to demolish the laborious efforts of years.

Not so Judge Murasky, a Superior Judge of the same city. With the true Pasteurian spirit of, "I don't know, I shall investigate," Dr. Abrams and several other physicians were cited to appear in his Court to elucidate the Electronic reactions. A few excerpts from the testimony of the latter follows:

Dr. Mather Thomsen—"I came thousands of miles to investigate the methods of Abrams. I am consulting physician for diseases of the heart to the 'British Ministry of Pensions.' I sought every possible means to determine whether the methods of Abrams were consistent, insomuch as they were so astounding and meant a complete revolution of our methods of diagnosis and treatment. Sir James Barr, former President of the 'British Medical Association' and one of the most astute and level-headed physicians in Great Britain, advised me to go to San Francisco. I have no reason to regret my trip. All is true and the only crime Abrams has committed is to be 50 years ahead of his time."

Dr. J. Goodwin Thompson—"I am a graduate of the Academic and Medical departments of the 'University of California.' I have investigated Abrams' methods for about four years. I have tried in every possible way to disprove his methods but in vain. His tests of blood always corroborated my clinical findings and when they did not, it was eventually shown that his diagnoses were correct. Like others, who know his methods, I succumbed as a worshipper at the shrine of Abrams."

Dr. A. T. Noe—"I am a physician for 25 years. Naturally, I was sceptical concerning the Abrams' methods and who would not be considering that they meant a medical revolution. I have witnessed his tests for determining parentage and I am thoroughly convinced of their absolute efficacy. His blood tests for diagnosing disease are equally efficient and I have reason to believe so considering the beneficial results in practice."

Dr. Albert E. Persons—"I am a practicing physician of Buffalo, N. Y., and a graduate of the University of N. Y. I am now studying with Dr. Abrams. I have known

about his methods for years but could not be persuaded to believe that they could be correct. They were so marvellous. This view was soon dispelled. I took to Dr. J. W. King, of Bradford, Penn., one of Dr. Abrams' pupils, 14 different concealed and numbered culture tubes obtained from the 'State Laboratory.' Dr. King within a few minutes correctly diagnosed 12 of the tubes and occupied a longer time in diagnosing the other two tubes correctly owing to their contamination. Checking up the blood tests of Abrams with the Wassermann in syphilis, I found that they invariably tallied and when they did not, the 'Abrams reactions' was found eventually to be correct."

There is still another phase to this subject, which is suggested in the following communication by the writer to Mr. O. F. Snedigar, Probation Officer, Juvenile Court, Oakland, Cal.:

"My Dear Mr. Snedigar: When I received your request at the suggestion of Judge Robinson, of the 'Oakland Juvenile Court,' to ascertain the paternity of a child, I consented. Since then I have ascertained from an apparently authentic source, that the mother of the child in question admitted in Court immoral acts with another man. One must so safeguard the 'ABRAMS Blood Tests' that they may be used and not abused. The exalted attributes of motherhood are no less sublime than those of fatherhood. A paramour is not less of a cuckoid than a husband and to make one individual under such circumstances bear the stigma of paternity is from my viewpoint an injustice.

Very cordially,

"ALBERT ABRAMS."

To emphasize the forensic value of the "blood tests," it has been found more recently that identical blood pictures (hematograms) may be elicited from the child's and parents' blood.

Post-Operative Invalidism and Neoplastic Surgery

I HAVE just read a monograph, "End Results of Radical and Conservative Pelvic Surgery," dictated by the prevailing opinion that pelvic surgery is of questionable therapeutic value. The writer endeavors to show that this opinion is unjustifiable. The editor wishes to direct attention to one fact only concerning abdominal operations and that is the frequency of neoplasms consecutive to such procedures.

It is universally conceded despite our paucity of information concerning the etiology of tumors, that the inciting factor is IRRITATION.

If an individual with malice aforethought sought to devise a means most propitious for exciting new growths, he would have recourse to surgery. To achieve irritation, he would bruise, tear and otherwise mutilate the delicate structures and then consign his heroic (?) surgery to the pernicious influences of adhesions.

By aid of the ERA, it can be shown that a large percentage of individuals surviving an abdominal operations show a reaction of cancer, notably at the site of the operation. It is not the contention of the writer to assume that such cancers are progressive. On the contrary, many of them persist for years, but their very presence is like the traditional Damocletian sword.

The writer has shown that immunity to cancer in some individuals can be demonstrated whereas in others there is an intermittent formation of antibodies inhibiting temporarily the progressiveness of a neoplasm.

The writer frequently demonstrates to his classes the following experiment to show how irritation acts etiologically in cancer: One of the students is directed to irritate any circumscribed part of the skin of the arm and to return to the room. Standing behind a screen he passes the electrode over the arm during the time the reaction for cancer is executed. The site unknown to the person mak-

ing the reaction may be invariably located after this manner.

The reaction from such an irritated part is of low potentiality and of short duration. A streptococcic reaction may be similarly located by irritation or blowing on any part of the skin. It is the first rational explanation for so-called COLDS which are nought else but foci of strep infection; the ubiquitous streptococci present in every organism are chemotactically attracted to the point of least resistance. Syphilitic and other organisms are equally attracted to a source of irritation and thus one can explain the chronicity of many minor ailment and injuries.

The factors of pathogenicity are more than the presence of bacteria and consist essentially of the defensive mechanism of the subject.

Metaplasia

THIS signifies the transformation of one tissue into another, like cartilage into bone and transformation of areolar into adipose tissue.

In executing the electronic reactions, we have often elicited a reaction of sarcoma or tuberculosis after the eradication of a carcinomatous reaction. The ubiquity of microbes suggests the coincident presence of many species when provided with a propitious environment. In milk standing a few days only two or three varieties of bacteria will be found to have supplanted the original presence of 20 or 30.

This mutual inhibition is known as **ANTAGONISM**. The favorable development of different bacterial species within the same environment (less frequent than antagonism) is known as **SYMBIOSIS**. A lesion in homely phraseology is only a "garbage can" and the bacteria are only invited there like other scavengers of the earth hence the suggestion of the writer to refer to morbid sites as "vultural lesions."

Our nosology is only a classification of symptoms; it is

a variety of names concealing our ignorance of the veritable pathologic substratum, the morbid soil (*Solium morbi*).

From this chaotic conception our inefficient therapy has been evolved and involved. A study of soil science is necessary for our argument. Sterilized are infertile soils. Desirable soil germs are to the agriculturist of as much importance as is the sowing of seeds or the growing and feeding of plants.

Some memorialist can achieve fame by putting plain labels on our germ friends.

To obtain good beer, we must conciliate the yeast plant and relegate the fanatical prohibitionist to perdition who believes in making this life a preparation for death.

Heretofore, the agriculturist concerned himself with the chemical composition and physical conditions of soils and could not explain why two soils of the same chemical composition, one was fertile and the other sterile.

This was because he ignored the biological factor.

A mining man has been defined as a liar with a hole in the ground, and a pessimist as one who has had dealings with an optimist.

Health and disease may be defined as questions of germ efficiency or deficiency.

Man is a more or less syphilitic individual surrounded by clothes.

Deprive man of his syphilitic soil (inherited and acquired morally, immorally and serologically*) and many diseases (carcinoma, tuberculosis and sarcoma) would pass into the discard for want of parental (syphilis) sponsorship.†

Since we have demonstrated the syphilitic contamination of vaccine virus and found a means of differentiation

*In the last number of this Journal we referred to the reaction of congenital syphilis elicited from vaccine virus. Since then an examination of different sera used therapeutically demonstrated the same reaction and some showed tuberculous and streptococcal contamination.

†Life insurance companies show statistically the prevalence of the following in insured syphilitics as compared with non-syphilitics:

Malignant growths	60 %
Renal disease	64 %
Gastro-intestinal diseases	84 %
Cardiovascular	116 %
Apoplexy	128 %
Mental and nervous diseases.....	145 %
Suicide	122 %

of bovine and human syphilis, in fully 75 per cent of individuals from whom the reaction of congenital syphilis can be elicited, such syphilis is of bovine origin.

To treat syphilis in its inception is an easy task but to delay treatment until the spirochetes are firmly entrenched in dense connective tissue is an equally difficult task. Such entrenchment really signifies the so-called "dark corners" of the organism.

We have also found that in SINUS INFECTIONS, in addition to the strep infection, there is also a tuberculous infection and, as the latter can only survive on a syphilitic basis, one must employ three rates (2, 5 and 3) of the oscilloclast to subdue sinusitis.

Triumphant therapy connotes judicious antisymphilitic therapy.

We have frequently noted in our reactions that when a carcinoma is present in a syphilitic, the mere treatment of syphilis suffices to reduce the potential energy of cancer.

As long as we are dominated by WASSERMANIA in the recognition of syphilis, our therapeutic efforts will remain futile.

Surgery is the inevitable refuge of the diagnostically destitute. Not a day lapses unless some unfortunate syphilitic with gastric crises undergoes an operation for gall stones, appendicitis, gastric ulcer or some other fashionable diagnosis.

Says a recent writer,* "Over 50% of the people with tertiary syphilis have a negative blood Wassermann. A negative blood Wassermann in this phase of the disease is of no diagnostic aid—absolutely none." Bacterial antagonism is noted when cancer and syphilis coexist. The spirochetes of the latter are reduced in the blood and invade the spleen. Thus in one patient with cancer and syphilis, the ohmage of syphilis in the blood is only 1 ohm and at the spleen 42 ohms. Later, when the carcinomatous reaction is eliminated, the spirochetes again appear in the circulation. This behavior is not unlike animal migration, the chief necessity for which is the search for food.

*H. M. Greene, M. D., Lectures at "Institute on Venereal Disease Control and Social Hygiene," Washington, D. C., Nov. 22 to Dec. 4, 1920.

THE CONTROL OF SEX

By DR. J. W. KING, Bradford, Penn.

With the "Electronic Tests of Abrams" one may elicit the reaction for the prediction of parenthood. In this, as in all other things, the creative force brings forth positive and negative states; not every individual is destined to have children. This information is of paramount value in the selection of proper mates for this important purpose. These tests will also diagnose, with reasonable certainty, pregnancy and its gender. In one case, the writer predicted fecundity and the gender, ten minutes after the act of coitus.

The physiological law of heredity and environment is unalterable in the propagation of species. In the former, the fruits of coition, are transmitted by the parents to the offsprings, and end at conception. The future life begins with the individual's environments. The latter qualities differ in nowise from its nearest kin—vegetative life—viz., "As the twig bendeth, so is its growth."

The writer's early avocation was the raising of puppies. In his 32 years medical vocation, he has noted that the same factors governed sex in the higher mammalia. These observations closely correspond with those made by Dr. R. Lee Finn of North East, Pa., who told me the following:

"A female dog bred on the first day of her heat produced seven female puppies. The same dog bred at her subsequent heat (on the 14th day of her heat) eight puppies, seven of which were males. The same dog was bred for several subsequent litters (bred during the last days of her heat) and all produced puppies that were 80 to 100% males.

"By breeding sows at their earliest day of heat, I have secured litters of 100% females and by breeding in the last days of heat, I got from 80 to 100% males—in the same sow.

"A brood mare that had produced eight females in eight successive years by being bred early in her heat was then taken under observation and bred on the 6th day of her heat and produced a male colt, which was duplicated at the next breeding. (The 6th day impregnation is unusual for mares to breed as the heat's duration is only 4 or 5 days.)

"I have made over 100 observations in breeding cows and have never failed in securing a female calf by breeding in the very early part of the heat and bull calves by breeding on the last days of the heat.

"Two boys were born from a conception on the 7th day after the disappearance of the menstrual period. It had also been demonstrated that conception on the 8th day was impossible in that family.

"In addition to the above facts, I have had several stock breeders working on the same theory report to me that they have

also had similar results. It, therefore, seems to be practically 'a sure thing,' viz., the production of sex at will. These do not invalidate Dr. Abrams' claims, namely, that the Electronic Reactions will prognose within reasonable limits an individual's destiny as to his or her fruitfulness and its gender, in the production of children. It is well known that sex characteristics are alterable, viz., that a male's polarity can be changed to a female type, and vice versa. This factor undoubtedly rules sex and the kind it will produce."

ELECTROBIOGRAPHY

(From the "Blanche and Jeanne Abrams Memorial Research Laboratory," San Francisco)

This term of new coinage suggests the graphic reproduction of organs by aid of the electrical emanations from the latter.

The writer has repeatedly demonstrated "the electrical nature of man" by hypersensitive apparatus.

The electrical nature of a nerve impulse has been questioned owing to the fact that its velocity in human sensory nerves is only about 150 feet a second and in motor nerves, 190 feet, whereas electricity travels thousands of miles per second. It is conceded that cold lessens and heat increases the rapidity of a nerve impulse, but no one has seriously considered, and this is most important, the nature of the medium conducting an electric current. In gases, electricity is conducted with a velocity approximating 100,000 miles per second, whereas in liquids the conduction is only about an inch an hour.

The ability to conduct electricity varies with the conductor. The relative conducting power of silver is 1,000,000,000 compared with gutta-percha 0,000,000,000,004.

When the heart contracts there are electrical variations, and when a patient is connected with a sensitive thread galvanometer the movements of the latter may be recorded photographically. This apparatus is known as Electro-cardiogram and is the invention of Enthoven. When the writer visited the latter he found the Leyden (Holland) Physiological Laboratory connected with the hospital by means of telephone wires, so that diagnoses of heart diseases could be made at a distance of a mile without the necessity of seeing the patient.

In 1895 Roentgen, of Wurzburg, Germany, discovered, almost accidentally, the X-Rays which now bears his name.

These new rays possessed the extraordinary ability to penetrate many substances quite opaque to light and that the degree of penetration was dependent on density. Bone, for instance, is more absorbent than flesh, hence it stands out as dark against the flesh in a shadow cast on a fluorescent screen.

Up to the present time, the application of the X-Ray has been limited to medicine and surgery, but its use has been extended to commercial life for the detection of flaws in metals, betrayals of contraband articles, etc.

The X-Rays were of the greatest importance in practical medicine. Estimation superseded guesstimation and the organs of the body could be accurately defined.

This is not so, however, with relation to the position of the stomach.

The ingestion of a substance opaque to the rays alters the position of this organ and the deduction concerning position and form is necessarily faulty.

In the use of these rays we dare not ignore their danger, the expense of the apparatus and the difficulty of transportation, time consumed, etc.

The British Medical Journal (Sept. 30, 1916) announced a startling discovery by James Sheaver relative to the delineation of organs by the electricity generated in the body by aid of elaborate apparatus. Later the same journal repudiated the discovery, and since then nothing further has been announced.

The present new method suggested by the writer is of the simplest possible character and can be executed by a novice. At the present time of writing the method is necessarily crude but the use of more sensitive material other than that suggested and further experimentation will elicit better results.

The photographs presented in this article are tracings, although they could easily be reproduced directly by an expert photographer.

The tracings (from a 13 year old boy) were made in the presence of the following physicians, who are studying at my Laboratory: Mather Thomson, F. R. C. P., Dublin (Ireland) and London (England); Fletcher Sharp, M. D., Canada; W. B. Secrest, M. D., Utah; A. E. Person, M. D., Buffalo, New York; Z. L. Baldwin, M. D., Michigan; H. W. Danneville, M. D., New Zealand, and Mr. Shipley, a representative of the Scientific American.

The findings were corroborated by Dr. Mather Thomson, an expert physical diagnostician and consulting physician to the Ministry of Pensions, Great Britain.

Electrostatics—If a fossil resin (amber) is rubbed, it acquires the property of attracting small bits of paper or wood.

This resin was called by the Greeks, electron, and later it was called electric by Gilbert, who gave us the word electricity.

Practically the whole of electrical science is based on this amber phenomenon of Thales 600 (?) B. C.

It is now known that any two different substances rubbed together become electrified.

My investigations show that there is an electric field over every organ of the body and that this generation of electricity is

provoked by the incessant activity of the electrons constituting the organ.

That the radiant energy evolved is electric is simple of demonstration. In addition, the polarity of this energy may be demonstrated. With a charged pith ball the borders of the heart and aorta may be accurately defined either by the attraction or repulsion of the pith ball.

The left side of the heart is negatively and the right side of the organ is positively charged. When the suspended ball (negatively charged) is held at the proper distance from the heart, it is attracted over the right side and repelled over the left side of the heart. A needle suspended by a silk cord, the point of which is positively magnetized and the point of another needle negatively charged, will act similarly to the pith ball when either is used alone.*

Electrobiograms—By aid of a file, reduce pith to a moderately fine powder (not too fine) and place it in a non-conducting receptacle (glass) with a perforated cover (perforation must be small). Charge the powder by vigorously rubbing a rod (rubber) with flannel and stirring it in the powder.

Subject is placed in the recumbent posture, with feet to the geographical west (arms and feet separated from his body) on an insulated couch. Rubber under the legs of the couch suffice for the latter purpose. With the skin of the trunk exposed, the charged pith powder is distributed over the organ to be delineated. The skin must be free from fat, and dry to permit the pith powder to move. Distribute the powder evenly and not too thickly.

Within one minute the powder shows a clearing around the borders of an organ and when viewed in the proper light this clearing is easily detected.

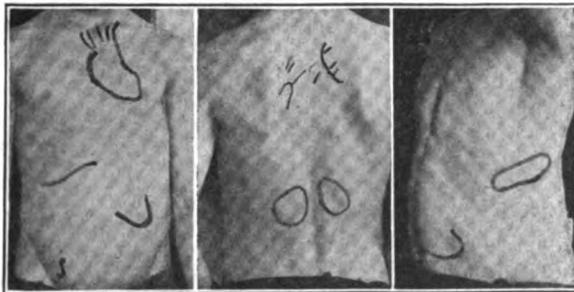


Figure 1

A fundamental law of electrostatics is that bodies with a like

*We have repeatedly referred to the areas of sexuality. The positively suspended needle is attracted over the male and the negatively magnetized needle is attracted to the female area.

charge repel each other, while bodies with opposite charges attract. It is also a fundamental law in physiology that an active organ is electrically negative to the surrounding parts.

When the negatively charged powder is repelled at the borders of the organs, it is because the latter act like the poles of a magnet and show the greatest activity.

Fig. 1 is a tracing of the heart and blood vessels, lower border of the liver, site of the stomach and appendix (S-shaped).

The second figure is a tracing of the lower lung borders and kidneys. The branched tracing in the upper part of the back is presumably the wind pipe and its bifurcation.

The third figure is a tracing of the spleen and below, the stomach.

OBSERVATIONS AT ABRAMS' CLINIC

By MATHER THOMSON, F. R. C. P.
(Dublin and London)

Consulting Physician for "Diseases of the Heart," "British Ministry of Pensions"

When first I heard of Abrams' claim, that he could diagnose disease by the examination of a few drops of the patient's dried blood, I thought it fantastic. I was then, however, ignorant of the works of Abrams and of his unique position as a scientific observer in the field of medicine.

It was an article by Sir James Barr that made me think seriously and stimulated my interest in Abrams' theories. Sir James affirmed that not only could Abrams diagnose disease from examination of the blood but could state the seat of the lesion, the sex and nationality of the patient. A statement of belief from such an eminent physician could only be treated with respect.

The editor of "The Medical Press" called attention to the article referred to and in an editorial remarked "that many years ago he had expressed the opinion that all constitutional diseases are mirrored in the blood and that given the necessary knowledge every such disease could be diagnosed by a blood examination."

Well, I thought Abrams claims to have the necessary knowledge.

I got his books. His electronic theory of disease captured my imagination; it appealed to my reason and I resolved to investigate.

"Medicine is not an exact science." Abrams proposes to make it so and he asserts that knowledge should be limited to phenomena. There is so much guess work in diagnosis by orthodox methods. That is generally admitted. It is a common experience for two or three men to have different opinions in a given case. One of the most eminent physicians in the United States had the

candor to publish his results. The surgeon or post-mortem examination proved his diagnosis to be correct only in 50% of his cases, and he has great experience and at his command all the diagnostic resources afforded by a modern hospital.

What then must be the experience of the average practitioner, and what can be said about the treatment of half his cases since it is based upon incorrect diagnosis?

This is a brief and preliminary note of my experiences at Abrams' clinic.

Every day for the past month I have seen specimens of blood sent in by doctors from all parts of the United States for diagnosis. More than 11,000 specimens have been submitted up to date, and the doctors who send them can't be foolish all the time!

In a few minutes Abrams, without doubt or hesitation but with conviction and certainty, makes a diagnosis of the root disease; states its location and measures its potentiality in ohms! Now I am not unduly credulous. I require proof. Indeed only today a member of the class complained of my hypercritical attitude, but the following points are, I think, conclusive:

1. The medical men who continue to submit specimens repeatedly state that clinical findings confirmed Abrams' previous diagnosis. Let one illustration suffice. Abrams made a diagnosis of sarcoma of the brain and stated site of lesion; a sufficiently obscure condition to diagnose from the blood without a history. I saw the letter written by the doctor in reply, in which he said the diagnosis had been confirmed and that he was so impressed that at the earliest moment he was coming to take Abrams' course of instruction.

2. I have seen remarkable results follow treatment based on Abrams' diagnoses.

3. I have personally elicited electronic reflexes and this, of course, to me is the most important point. I am impressed watching Abrams at work, but when I demonstrated to my entire satisfaction different definite areas of percussion dullness, when the radio-activity from culture tubes of tubercle bacilli, streptococci or a piece of cancerous tissue was directed towards the subject, then any doubt I had fled and I became convinced of the truth and value of Abrams' discovery.

It is often asked why so few have accepted the new doctrine and it is true that even in his own city there are but few disciples, but that is not surprising since the theories are revolutionary and do not proceed from an orthodox school.

I have heard doctors condemn who never investigated nor knew anything of Abrams' methods or underlying principles, and thus their opinion is worth less than nothing and their arguments left me cold.

As I have said, the attitude of the medical world is not sur-

prising. 'Twas ever thus. One remembers that Harvey was counted a fool when he declared that the blood circulated and there is no sadder reading in medical literature than the story of Lister's struggle. His colleagues and the medical world at large laughed at his efforts and derided his theories and practices.

So Abrams cannot escape. He shares the fate of all pioneers. His time is not yet, but he is cheered by this experience — men often come to scoff but remain to pray.

Can anyone adopt Abrams' methods and practise his technique? Yes; anyone with the knowledge of correct percussion and able to distinguish variations in percussion sounds, and many are doing so successfully.

But there is no royal road. It will not come in a day. It demands faith, patience, courage and untiring perseverance, but what greater incentive could there be than the knowledge that it is possible to diagnose disease at its incipiency and thus the more easily cure it.

OSCILLOCLAST OF ABRAMS IN CANCER

By H. T. IRVINE, M. D.

Austin, Texas

A systematic blood examination for cancer in every patient shows its presence in many instances when it is not suspected. I recall one individual who suffered from severe pains after ingestion of food. Abrams' reaction demonstrated cancer. The X-Rays were negative. Treatment with the Oscilloclast reduced reaction to zero and all clinical symptoms evanesced.

In another patient, there were no objective signs of cancer although the Abrams reaction was positive. Treatment with Oscilloclast. Patient now without symptoms and can eat practically anything although for seven years before he was on a rigid and limited diet, and was losing weight and health gradually and progressively.

Two acute cases of stomach involvement. One had a lung neoplasm. Both patients were using opiates for extreme pain. Both showed carcinoma (11 ohms). Absolute relief from pain in both instances by use of Oscilloclast. Comparative X-Ray plates in latter patient showed marked clearing of lungs (from neoplasm). This patient had a previous lip cancer removed surgically.

Respecting uterine cancers. One woman had been flowing every day since March, 1921. This has ceased gradually under treatment and normal menstruation has returned.

In a patient with epithelioma between nose and eye (3d recurrence). Diagnosis controlled at "State Laboratory." After treatment with Oscilloclast the growth was removed for cosmetic reasons. A notable feature observed by treatment with the Os-

cilloclast was the fact that the latter instrument causes a demarcation of the malignant growth from the surrounding tissues. Dr. Wm. G. Doern of Milwaukee also notes such results after Oscilloclast treatment of sarcomata and carcinomata, and observes further that the Oscilloclast causes a degeneration of the tumors.

From South Carolina a patient with a tongue epithelioma came for treatment. This man has a national reputation as a "checker expert." From 1918 he had been under treatment by the best surgeons, X-Ray and radium experts. The glands of the neck were involved. Despite surgery and the other methods cited, he was told that the struggle was useless. This man was treated with the Oscilloclast. He is now perfectly well and has returned to his former occupation.

OBSERVATIONS WITH THE OSCILLOCLAST

By WILLIAM G. DOERN, M. D., Milwaukee

(Personal Letter)

I am observing all kinds of conditions with much interest. We are now treating about seventy-five patients a day with two assistants and I am going to take another good man into my clinic on August 1st.

Just a few special observations which I have noted:

1. The strain of Strep associated with our last influenza epidemic comes through at 21 with S. V. dulness at the influenza area and also at the Strep area. I have observed that in many examinations and should like to learn the results of your observations.

2. Hereditary syphilis appears to come through at 31 also, which can be observed if the potentiality runs below thirty.

3. The P. D. Syphilitic area is clearly dumb bell in outline separated transversely by a narrow clear line, the upper area being slightly smaller than the lower area.

4. A small papillary melanotic Sarcoma near margin of lower lip, potentiality 4 ohms, treated at 3 died off and all disappeared after six treatments. Continued with six more treatments to area and 3 over spleen after energy reaction was negative. Dismissed patient but she returned in three weeks with beginning recurrence with -1 ohm potentiality. Still under treatment. What has been your experience with Melanotic Sarcoma? They respond all right but do not stay put? I have two under treatment now.

5. Large sarcoma of tibia size of two fists just below knee with pathologic fracture of tibia of eight weeks' apparent growth (very rapid). Thirty treatments—energy negative. No further growth after first treatment but practically no lessening in size of tumor. Operation for removal. Found round tumor mass de-

generating and partly organizing. The interesting feature of the gross pathology was the separation of the sarcoma mass from the surrounding healthy tissues and an effort on the part of the tissues to encapsulate a foreign mass. I was able to shell out the entire mass with my hand and by the hand full, partly degenerating and partly organizing into fibrous tissue. Microscopic report by Prof. Daniel Hopkinson was Fibrosed Sarcoma. Now ten weeks since operation and patient is in good health, energy negative and no signs of recurrence although tibia is not yet united.

6. Carcinoma of stomach about size of fist extending from pylorus about five inches to left onto lesser curvature and anterior wall. At times complete obstruction of pylorus. Fifteen treatments, negative to test and tumor diminished perhaps one-third in size. Pyloric obstruction more troublesome so operated yesterday doing gastro-enterostomy. Found tumor flattened, and dappled with gray degenerating areas showing extensive degeneration in the tumor mass. To the left the tumor gradually tapered off into healthy stomach which is a condition that I have never observed in an untreated cancer of the stomach. This patient is very feeble from starvation and the very advanced stage of the malignancy when treatment was started.

7. Case sent to me from Baltimore. Young man 22 had never been strong and was under care of physician for various conditions during childhood. Three years ago began to have severe abdominal pains which continued and increased until he was not free from pain for a day at any time. During the whole time he was under the care of various Johns-Hopkins professors and the subject of numerous consultations. So far as he knew they made no diagnosis, Wassermann was negative and they were able to give him no relief. He came to my office with very severe abdominal cramps which he said was the trouble for which he had been seeking relief for three years. Blood test showed hereditary syphilis. Treatment gave prompt relief. From the first treatment he did not have another cramp for two weeks when he came in again with a spasm of the descending colon. Pain was not so severe as previous attacks and it came on an hour or two after eating green cucumbers. That was the only sign of pain that he had after instituting treatment. I do not know how much of its cause we can attribute to the syphilis and how much to the cucumbers. His reaction now is negative and he feels fine. I am afraid to dismiss him and send him back because I have not yet learned just when to quit treating a patient who is to leave my observation entirely.

8. A case of very advanced tuberculosis. Both lungs extensively involved and bad tubercular dysentery. This is a case which under ordinary conditions we would say had but a few weeks to live when he came in and the potentiality ran up to 12 ohms. Under treatment he responded. In one week we had the poten-

tiality down to six and in fourteen days he was negative to the test. His dysentery had lessened from 16 to 20 movements a day to about two to four movements a day and he has gained four pounds in weight. He has been negative for three weeks to the test but his sputum is still loaded with tubercle bacilli. Those gentlemen look healthy and natural under the microscope so I wonder if their disposition has been changed or just why it is that the patient improves while the bacilli remain present in large numbers.

These are just a few of the most striking cases which I have had an opportunity to observe from these various angles. If you have any recent observations or conclusions on similar conditions I shall be pleased to receive your suggestions.

[EDITORIAL COMMENTS—There are several vibratory rates for each disease. Thus, tuberculous energy passes the rheostat at 15, 42 and 57. In bovine tuberculosis, i. e., if the source of infection in a human is of bovine genesis, a reaction is elicited at 57 only whereas in tuberculosis of human origin a reaction is obtainable at 15 and 57.

The "Dumbbell dull area in syphilis is partially correct. In the intermediate area, the dulness is not as intense but is nevertheless present.

Melanotic sarcomata are resistant to treatment with the oscilloclast unless the latter is used over a long period of time. In the interim of treatment secure a destructive radio-active rate of sarcoma by using Safranin, mixed with alcohol and painted over the tumor. Safranin may also be given internally in fractional grain doses gradually increased until several grains are taken daily. We have noted no ill effects from its use. The line of demarcation (and degeneration) produced by the oscilloclast in treating neoplasms is most interesting.]

ELECTRONOLOGICAL DATA

Electronic Medicine—It is a source of some satisfaction to learn that new recruits are rapidly appearing in support of the writer's observations for many years, that the human must be regarded like all other entities in nature as an aggregation of electrons. That medicine cannot progress until the "cellular theory" is demolished and substituted by the "electron theory." Dr. Geo. W. Crile, one of the most famous surgeons in America, recently declared that the human body is an electrical machine and each cell an electrical battery. That the currents generated in the brain control the muscles. That, in the future, the same exactness will be possible in dealing with the human surgically as is now done in physics.

The tremendous latent energy acknowledged to be present in matter is equally present in the human.

If the gram of radium presented to Madame Curie could be induced to discharge all its energy in a minute instead of all it will discharge in its normal lifetime (20,000 years), we could elicit sufficient heat to raise 32 tons of water from the freezing to the boiling point.

Sir Wm. Ramsay observed that if we could harness the energy of a ton of radium we could drive a ship of 15,000 tons with engines

of 15,000 horse power at a speed of 15 knots an hour continuously throughout 30 years. Just as the electronic theory has revolutionized science and it will medicine, when it is accepted by physicians, so will the "Theory of Relativity" and the "Equivalence Hypothesis" of Einstein.

How the Mind Cures—My learned friend, Dr. Geo. F. Butler, of Chicago, has recently joined the silent majority. He had just completed a book on this subject. Like De Quincey, he defines an organism as a congerie of parts which act upon the whole, the latter in turn reacting upon the parts and declares the necessity of admitting mentality to primary consideration as the dominant factor in these actions and reactions.

Faith is belief without reason.

We dignify "mind cures" by the technicality, "Psychotherapy," and believe by so doing we have contributed sufficiently to the subject or confess our ignorance by inditing a diatribe.

We ignore the fact that our apparatus and our drugs are often only vehicles of suggestion.

One very simple experiment suffices to prove that the mind can cure not only inorganic but organic diseases.

In the last numbers of the Journals I expatiated on the uses of the pith ball. Let us demonstrate its uses in a new direction.

One knows, if the previous articles were read, that zones of dullness in definite regions appear on the back in different diseases. Take the zone of dullness peculiar to cancer (left interscapular region).

Let a patient with a cancer say to himself with conviction, "I have no cancer," and the pith ball will not be attracted to the site of dullness but the moment the patient alters his trend of thought and says to himself, "I am a dead one" or a thought to that effect, the ball will be immediately attracted to the site of dullness.

Every phenomenon is only a matter of vibration and there are sympathetic and destructive vibrations.

According to the mental attitude, either can be produced.

Equipping the mind with faith or an equally forceful agent, destructive vibrations can be produced and thus disease may be annihilated.

Pathology of Animal Mechanics—Take the plebian flat foot (pes planus) and all we can say about it is that it is a loss of foot arch due to muscular paralysis or ligamentous weakness. When the damage has been done, a mechanical means is necessary for a like defect.

Recent investigations convince me that the primary condition is localized congenital syphilis. From practically every flat foot the latter reaction may be elicited. Here is an individual who has consulted many orthopedists with no relief.

His feet burn at night and he cannot sleep.

He walks a few blocks with difficulty and must rest.

A local reaction shows congenital syphilis. His feet are painted with safranin and he receives treatment with the oscilloclast at the destructive syphilitic rate.

After a few treatments the burning ceased and he can walk many blocks without pain.

Sarcoma—Dr. C. E. Johnston, Orland, Cal., relates that, in a case of breast sarcoma with ulceration and loss of nipple, the tumor was cured and the wound healed without scar tissue formation. The point emphasized by Dr. Johnston is this that, after treating the tumor at the specific rate, use the rate for scar tissue and the wound will heal without the formation of the latter.

Pernicious Anemia—Our knowledge concerning this affection is primitive but embraces the fact that it is associated with increased blood destruction. What this hemolysis is due to is unknown but it is assumed to be caused by a hematotoxin.

Our method of treatment is fully in accord with our inefficient results for we only aim to replace lost blood cells and ignore the etiological factor.

Blood dissolving agents producing hemolytic anemias are known but they may also be obtained from individuals exempt from anemia. Splenectomy as a therapeutic procedure in this disease has been advocated on the belief that the hemolytic factor is resident in the spleen but this has not been demonstrated.

In fact, even the functions of the normal spleen are unrecognized.

Our methods of experimentation must be faulty.

The Oedipus of the spleen is never destined to be a physiologist.

The electronic reactions show that in pernicious anemia one may invariably elicit a carcinomatous reaction from the spleen. The potentiality is low (less than 1 ohm).

In leukemia the spleen yields a reaction of sarcoma.

The pathologist conceives a tumor as a solid mass. He will not even accept a thickened membrane as a possible neoplasm, and to speak of neoplasms in solution exceeds all reason. Yet the writer has the temerity to clash with conventionalism and to assert that a tumor may be a tumor not evident to the senses but evident by aid of its definite radioactivity to sensitive reflexes.

We do not see electricity but its effects. This conception would be more evident if one could conceive matter as condensed energy.

Knowledge even though false is real if results are achieved.

"I know nothing about the subject," said the Professor of Medicine, "and have even written a book about it."

Let lessees of the oscilloclast attempt treatment of pernicious anemia by using it at rate 6 over the spleen.

Forget the theory and await results.

Do not, however, expect to resuscitate the moribund.

Analgesia—Physicians do not use the oscilloclast as often as they should for this purpose. Dr. A. T. Noe uses it in nearly all his gynecological and rectal operations. Dr. J. Tow also uses it for this purpose. I trust that the time may come when it will substitute conventional analgesia and perhaps this may be attained by using an ampliphone.

Ampliphone—This is a new apparatus which has just been constructed.

By its aid radioactive energy is so stepped up that the ERA are so increased in intensity that the dull areas frequently hurt the finger in percussio. It is an invaluable aid to all those using the electronic reactions.

We find that by passing the energy from the oscilloclast through the ampliphone it is very much increased in potentiality, a fact of great importance when it is necessary to secure rapid action from the oscilloclast.

Using it in the same manner with the pain rate (7), one may secure more rapid and effective analgesia.

The Oscilloclast—A physician wrote that his results with this apparatus were not what they should be. Since then he writes as follows: "I incidentally moved it from one room to another and have since then obtained most astonishing results which I will report to you later." It appears that the oscilloclast was placed in proximity to a wall in a large office building containing a steel frame. The latter by induction carried off a great deal of energy which the patients should have received.

Mental Activity and Physical Vigor—It is almost proverbial that when an individual retires from active life he soon passes away. No explanation of sufficient merit has been adduced to explain the foregoing. The following explanation is suggested. The source of bodily energy is the brain and the energy supply is in proportion to the activity of the latter.

If we measure the energy output of the left ventricle before attempting to solve an arithmetical problem, it will be found to measure $5/25$ of an ohm.

After solving a problem, it measures $16/25$ of an ohm.

Take the pulse and note its increased volume after or during the same mental activity in comparison without the activity.

Epidemic Encephalitis—Nothing is known of the nature of "sleeping sickness." Pathology is making a great concession in

this confession. Pathology is the physiology of the sick and should not be a posthumous dissertation on life. Eighty cases have been reported this year in California, 73 in 1920 and 78 in 1919.

The fact that this disease occurred simultaneously with the influenza pandemic suggests some relation between the disease and, as a matter of fact, the ERA yields the influenza reaction. To treat a disease of unknown pathology is adding insult to injury. In the influenza epidemic medication was absurdly inefficient and was a severe rebuke to our therapeutic methods.

It reminds me of the consultant who found a pericardial murmur unobserved by the attending physician. The latter expressing contrition for his oversight was told by the consultant, "it was just as well that he didn't find it," otherwise he would have treated it.

Electrobioscope in Sex Determination—The following suggestion is made by Dr. de Danneville: Suspend two electrified pith balls from a rubber rod in front of the abdominal sex areas. Note that, in a male, only one of the balls will be attracted to the male area whereas the opposite phenomenon ensues in a female. Thus, sex reversal can be easily demonstrated. Repeated observations show that homosexuality is essentially in many instances only a question of **Congenital Syphilis**, and that, when the reaction of the latter is eliminated, normal sex reactions are restored. Place in the pocket of a subject a specimen of congenital syphilis (blood on paper or cotton). Note that in about three minutes the sex areas of dulness are reversed. This can also be shown with a pithball. Acquired syphilis will not show a like reversal of the sex reactions.

Diabetes Mellitus—I have referred to a reaction of congenital syphilis in the suboccipital region (presumably from medulla in this disease). Later observations show that the **pancreas** yields a like reaction. Antisyphilitic medication is inefficient because it does not reach these "dark corners." In diabetes, phenomenal success in some instances has been achieved by splenic sterilization for syphilis and the local application of osilloclast at 3 over medulla and pancreas.

Dermographic Solution—An efficient formula, the suggestions of Drs. H. Becker, Toronto, and M. Wolf, San Francisco, is as follows:

Solution 1:

Argent. Nitrat.2 drachms
Liq. Ammon. fort.q. s.
Aq. distill.1 oz.

Dissolve the silver in distilled water and add the ammonia solution drop by drop until dissolved.

Solution 2:

Saturated solution of pyrogallic acid in alcohol.

Mark skin with solution 1, followed by Solution 2.

Pupillo-Diagnosis—Reference elsewhere has been made to the pupillary dilation consecutive to the transference of energy. This is a total pupillary response. Recently, and these observations are tentative only, if a cancer, sarcoma, culture tube of strep. or tubercle bacilli, etc., is placed in the median line of the top of skull corresponding to a line drawn from the outer borders of the orbits of the eyes, the pupil responds to dilation or contraction in specific areas. The grounded subject must face west with arms extended from the body and feet separated. The eye must be fixed at a distant object. The response in the pupil of the right eye will be in the areas suggested in fig. 2.

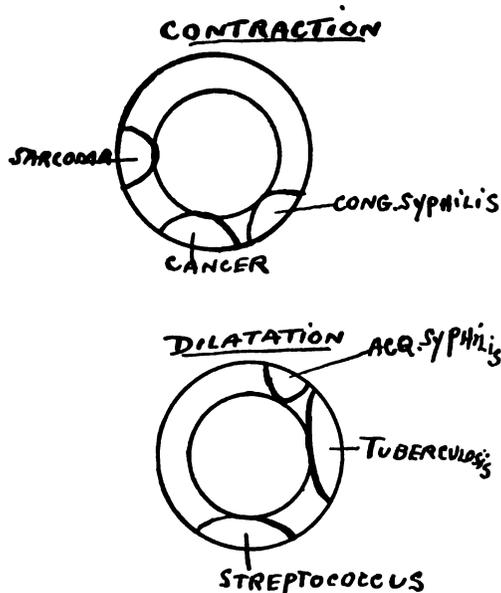


Figure 2

Radioactive Medication and Attenuation—We have shown how homeopathic dilution augments the potentiality of drugs. It has been found that drugs employed externally by painting are most efficient in treatment; gamboge for tuberculosis, safranin for syphilis and sarcoma, eosin for Neisserian infection and cancer, and also congo red for cancer. Diluting gamboge according to homeopathic principles, the following was elicited:

Gamboge (sat. solution) measured in potentiality, 1 and 2/25 of an ohm:

Diluted to 5x	4 5/25
Diluted to 10x	15 5/25

Hypnotism—It has been suggested by an English bacteriologist, Dr. Charles Russ, that from the human eye there issues a ray of force powerful enough to move a ponderable body first in one and then in another direction. This ray is urged as an explanation for the “evil eye,” fascination of a bird by a snake and the problems of hypnotism. A special apparatus is used by Russ for this purpose.

It has been shown in a previous number of this Journal that with a suspended pith ball (electrified), the energy emanating from the finger tips as well as the eyes may be demonstrated.

That this polarity differs on both sides (eyes and finger tips) and that the movements differ in the sexes.

Therefore, no greater hypnotic action can be exerted by the eye than from the finger tips or toes.

Suspend an electrified pith ball on a rubber rod fixed in a stand and you may secure an almost equally efficient hypnoscope? Look steadfastly at the ball as close as possible and note attraction from one and repulsion from the other eye. The movements are infinitesimal.

REVIEWS

Hyper and Hypothyroidism (Sir James Barr, *The Practitioner*, June, 1921)—Sir James analyzes this subject in his usual masterful manner. The thyroid is the storehouse for iodine and the activity and size of the gland increase when there is demand for that substance. As the iodine gets exhausted, function diminishes, fibroid hyperplasia continues, and the thyroid becomes a storehouse for calcium in lieu of iodine. A good diagnostic point is cited, viz., in true exophthalmic goitre, in the recumbent position, if the patient raises the head, it may be impossible to feel any trace of the enlarged thyroid gland, but such evanescence does not ensue in a large fibrocystic goitre.

Whether the treatment of exophthalmic goitre should be pre-empted by the physician or surgeon was determined by the opinion of a distinguished surgeon who considered those cases that paid as surgical and those which did not as medical. Surgeons thrive on the failures of physicians and when the derelict is transferred to the surgeon she should be warned that she had 19 chances to 1 of getting over the operation and that, if the surgeon took a few slices too many from the gland, he might produce cachexia thyreo-priva.

During rest 1.8 gallons of blood pass through the heart in one

minute. This means, according to Haldane, that with a pulse rate of 72, 4 oz. of blood leave the left ventricle at every contraction.

In hyperthyroidism it is most important to improve vascular tone and lessen ventricular capacity. A small ventricle gives a more efficient contraction than a dilated one.

"This end is readily attained by the Albert Abrams reflex of cardiac contraction."

"This reflex was first employed by Abrams in the treatment of aneurysm, and during the past 12 years I have successfully treated many such cases."

Concussion of 7th cerv. spine contracts the heart and arteries.

Not more than one medical man in ten is able to prove by percussion the heart reflex. Any one, however, can feel an apex beat thumping forcibly one or two inches outside the nipple line. If one then concusses (7th cerv.) one can then bring the beat into the nipple line. If the heart does not respond quickly the prognosis is bad and even digitalis will not bring results.

This reflex is of short duration, but Dr. Abrams has recently discovered that if you immediately concuss the 2d dorsal spine, the reflex may continue for an hour. This action of the 2d dorsal acts like a "fixation complement" and has a similar effect on Abrams' other reflexes.

Sir James discusses many other reflexes of Abrams. He speaks of concussion of the 6th and 7th cerv. spines for enlarging the spleen and says that, after this maneuver, the organ may be felt below the costal margin.

The results by Abrams' method of concussion in hyperthyroidism are rapid and if one recognizes early cases of exophthalmic goitre, this disease like myxedema will become rare.

Sir James has done epoch making work in calcium metabolism and he emphasizes the importance of lime salts.

He discards X-Rays in treatment.

Strong evidence has been adduced by McCarrison that endemic goitre is due to a contagium vivum.*

Auto-Hemic Therapy—Dr. Chas. B. Graf, of New York, has just completed a booklet on this subject.

No therapeutic procedure, however efficient, can attain acceptance without some scientific reason for its genesis. The latter is presented in this fascinating booklet. It would appear that the author has revolutionized the technique of this therapeutic method. "Auto-Hemic Therapy" is destined to occupy an important place in our therapeutic armamentarium and the medium by which this

*[This reference is indefinite and evasive. The ERA shows that the invariable source of infection is congenital syphilis and superimposed on this infection, one often elicits the reaction of tuberculosis. The gland enlargement is both reactionary and compensatory; in the former instance, it is the response to a stimulant; in latter, an effort to compensate for destroyed parenchyma.—Editor.]

will be accomplished is by Dr. Graf's book. Dr. Abrams has written the preface.

"Electronic Methods in Diagnosis of Dr. Albert Abrams in Relation to Homeopathy"—This paper was presented to the 71st annual meeting of the "Connecticut Homeopathic Medical Society," May 17, 1921, by Edward S. Smith, M. D. He comments in his exordium on the dissatisfaction of physicians of the dominant school with their therapeutic methods and who become converted to the "law of similars."

He concludes his contribution as follows:

"It was my privilege to spend a month in the Laboratory of Dr. Abrams during July, 1920, and in the course of conversation with him, on the subject of homeopathy, he said that 'if by psora Hahnemann meant heredity syphilis, then I accept the homeopathic theory' based on the postulates of drug dynamization, the law of similars and psora.

"On another occasion, he said: 'Homeopathy will have a revival! It must have a revival!' quoting, I think, in this connection, Bryant's lines:

"Truth crushed to earth
Will rise again."

"The result of these investigations of Dr. Abrams, to us as homeopaths, will be to confirm and strengthen us in our belief in the theory of homeopathy.

"What will be the result with those who are antagonistic or apathetic to the claims of homeopathy we may not yet be able to prognosticate. In any event, this work of Dr. Abrams must be acknowledged as a new and valuable contribution to the science of medicine as a whole, and to the therapeutic application of the homeopathic principle in particular."

New Concepts as Gained at Albert Abrams' Laboratory* (J. W. King, M. D., Bradford, Penn.)—"A thing which cannot be demonstrated scientifically is nothing. Hence, any information emanating from Abrams is reliable."

"It was the writer's pleasure to see worked-out another of Abrams' feats—the identity of handwriting, thus establishing the verity of a genuine from a forged signature."

"The diagnostic methods of Abrams leads the physician to the true cause of disease which has been nurtured in the cradle of perverted physiology. If the physician does not know the cause of disease he cannot hope to cure it. Sir James McKenzie, one of the greatest of the world's diagnosticians, asserted that in upwards of 90% of patients (excluding trivial ailments and injuries), they are unable to state with any degree of accuracy the nature of the patient's illness."

*It is with regret that we cannot publish this paper in its entirety as it is to be published elsewhere. A few citations are made.

"In the absence of syphilis, there would be few chronic diseases and so-called bacterial disease would have no soil on which to thrive, thus these by-products of disease would be recognized as effects and not causes."

"Think of the many diseases attributable to vaccination or serum treatment—bovine syphilis and tuberculosis. Serums as used today are contaminated by bacterial products fully as dangerous to the human as the diseases for which the patient is treated."

Dr. King concludes his contribution by referring to his examinations of vaccines and virus purchased at random on the market:

Virus 1 showed the bovine type of cong. lues and tuberculosis, and staph. and strep.

Virus 2 (vaccine virus) showed same excepting strep. and staph.

Virus 3 (strep. serum), cong. lues (bovine type) and strep.

Virus 4 (strep. serum) contained strep., cong. lues and tuberculosis (bovine).

Etiology and Elimination of Tuberculosis—By G. Lenox Curtis, M. D., New York. N. Y. Med. Journal, July 20, 1921. Dr. Curtis is an astute and eminent physician to whom conventionalism in medicine means nothing when it is counter to reason.

When Koch in 1890 announced his tuberculin treatment for tuberculosis, Curtis remained a year in the clinics of Berlin and Vienna, and was horrified to witness the terrible destruction of life following the injections.

Based on long years of clinical experience and microscopic and microphotographic verifications, he concludes that tuberculosis is caused by **syphilis** contracted through **vaccination** against small-pox.

His success in the treatment of tuberculosis is attributed to antisiphilitic treatment. He maintains that tuberculous patients properly treated usually get well in four months on intravenous injections of **salversan** followed by red iodide of mercury. He concludes his epoch making contribution as follows:

"This article was accepted in 1919 by the New York Medical Journal, but not published until now. In September, 1919, while in San Francisco I met Doctor Albert Abrams, and discussed with him the etiology of cancer. At that time he was unwilling to accept my findings as pointed out in an article published in the Medical Record of June, 1906, that syphilis is the cause of cancer.

"During July, 1920, while visiting the laboratory of Dr. Abrams, he told me that since we had last met he had verified my contention that the etiology of cancer was syphilis, as he had found syphilis in all cases of cancer coming under his observation during the year. On this occasion I told him that the indirect etiology

of tuberculosis was the same as that of cancer. This statement was also regarded dubiously. However, he was willing to be convinced, and immediately called to his laboratory several cases of tuberculosis then under treatment and applied his electronic reaction method for syphilis, finding it present in all of the cases. Therefore, he accepted my theory.

"In Physico-Clinical Medicine for June, 1921, appears an article by Dr. Abrams, on vaccination, in which he substantiates my claim that the vaccine ordinarily employed against smallpox contains syphilitic virus. All but three of many tests made of vaccine obtained from four laboratories contained congenital syphilis. He also reported the case of a boy whose blood showed no reaction of syphilis before vaccination but did show it nine weeks later.

"I cite these findings of this eminent pathologist as further verification of my assertion that vaccine, as employed against smallpox, contains syphilis and is the primary cause of the white plague and that syphilis is the primary lesion that allows the development of tuberculosis. It is interesting to note that in all but two of the tests made, there was a reaction of streptococci and staphylococci and that there was a positive variolar reaction in all specimens."

[Editorial Comment—All the vaccine virus preparations demonstrated syphilis (congenital) and all with the exception of one, tuberculosis. Pharmaco-Electronic reactions show that any iodid mercurial preparation is the most efficient in congenital syphilis. We have recently demonstrated that sera used in serotherapy, if of bovine origin, also contains the virus of cong. syphilis and tuberculosis. Just like, "The operation was a success but the patient died," our therapeutics should be classified as immediate and remote lest the triumphs of the former should be obscured by the direful results of the latter.. The difference between a farmer and an agriculturist is that, the former at least makes expenses. So with the scientific and non-scientific physician. The former descants on the pathology of disease while the latter treats it. At the recent session of the Cal. legislature the vaccination law of 1911 was repealed so that now no child can be excluded from the California public schools because of failure to show a certificate of vaccination.]

VISITORS

(Personal)

Mather Thomson, F. R. C. P., Consulting Physician, Ministry of Pensions in Cardio-Vascular Cases, of Dublin, Ireland, and also consulting physician in London, England, has devoted a month to the study of Abrams' methods in San Francisco.

Dr. J. W. King, Bradford, Pa., has returned to his home after further study in Abrams' laboratory. He has established a Physico-Clinical Laboratory in Bradford and is deluged with work.

Dr. F. Vasquez Gomez, formerly Vice-President of Mexico and one of the most prominent physicians in that country, will soon arrive in San Francisco, to devote further study to the ERA.

Drs. H. Irvine, Texas; J. D. Sullivan, Wisconsin; Dr. J. H. East, Colorado, and at least thirty other physicians are scheduled to visit the laboratory in the next few months.

Dr. Chas. L. Ireland, Columbus, Ohio, who has just visited the laboratory, was the chief of the "Physio-therapeutic Dept.," in the "Medical Corps," U. S. A., is completing a book bearing on his remarkable experiences.

Dr. H. W. de Danville, New Zealand, a devoted student of "Electronic Medicine," is the prime mover in the incorporation of the "International Association for Racial Purification." This is a corporation in which pecuniary profit is excluded.

The purpose is to advocate and secure the adoption by the various municipalities throughout the United States compulsory blood tests of children for the purpose of discovering and eradicating inherited diseases.

To erect in San Francisco a central institution of "Electronic Medicine," so that physicians may have every opportunity to study the electronic reactions and methods of treatment. The sum of \$50,000 has already been promised for this purpose.

Dr. de Danville's effort is a sincere acknowledgment of the fact based on the ERA that syphilis, inherited and acquired, is the essential factor in pathology and that, if this disease were eradicated, diseases would be correctly regarded as symptoms and not as entities.

Every carcinoma, sarcoma and all tuberculoses are grafted on a syphilitic soil and, if the latter were dispelled, such conditions would be non-existent.

To attain this ideal, it is necessary to begin with the child for to be young when we are old we must be old when we are young. Paraphrased, this means that adult intelligence must be compulsorily imposed on the untutored child.

Dr. Fletcher Sharp, Magrath, Canada, Captain M. R. C., Canadian Army, has been in attendance at Abrams' clinic for one month.

Dr. S. F. Hsu, Surgeon Admiral, Chinese Navy, has ordered an oscilloclast.

Dr. H. B. Coblentz, Washington, D. C., writes as follows: "Of all my apparatus (and I have over \$6000.00 worth), the oscilloclast does the bulk of work and cures more than all the rest put together."

SOME RECENT VISITORS AT DR. ABRAMS' LABORATORY

California (Provincial)—Drs. W. H. Huntington, Sam'l Gant, F. D. Taft, J. Thompson, W. Gamble, J. Scudder, H. Meredith, A. Noe, W. Buell, C Johnston, J. Leadsworth, D. Mac Swegan, H. Lischner, W. B. Ryder, John Adams, H. Scholtz, C. A. Wherry, L. Dietz, C. Rosedale.

Iowa—Dr. McManus.

Pennsylvania—Dr. J. W. King.

New York—Drs. A. E. Parsons, C. H. Carleton.
Texas—Drs. H. W. Gates, R. B. Gates, F. Gomez, H. Irvine.
Illinois—Drs. C. W. Lenhart, J. Malloy, D. B. Holcomb.
Indiana—Dr. E. F. Pielmeier.
Maryland—Dr. Weinberg.
Kansas—Drs. G. D. Pendell, B. F. Dawson.
Nebraska—Dr. S. Lutgen.
S. Dakota—Dr. A. A. Sorensen.
Ohio—Dr. Chas. V. Ireland.
Utah—Dr. W. B. Secrest.
Michigan—Dr. Z. L. Baldwin.
Nevada—Drs. S. Talbot, L. Bates.
Canada—Dr. Fletcher Sharp.
Ireland and England—Dr. Mather Thomson.
Sweden—Dr. Liderkranz.
New Zealand—Dr. A. W. McKay Jordan.

LESSEES OF OSCILLOCLAST*

Sir James Barr, England.
 A. Bursell, M. D., Medford, Oregon.
 E. A. Majors, M. D., Oakland, Cal. (2 machines).
 A. T. Noe, M. D., Pacific Grove, Cal. (2 machines).
 J. P. Kanoky, M. D., Kansas City, Mo.
 H. Meredith, M. D., Oakland, Cal.
 J. Goodwin Thompson, M. D., Oakland, Cal. (2 machines).
 V. Sillo, M. D., New York City.
 W. F. Becker, M. D., Chicago, Ill. (2 machines).
 E. W. Dodge, Chicago, Ill.
 J. W. King, M. D., Brandford, Pa. (4 machines).
 C. Wheeler, M. D., San Francisco, Cal.
 H. Michener, M. D., Wichita, Kas.
 G. Boericke, M. D., University Hospital, Ann Arbor, Mich.
 M. W. Knapp, M. D., San Jose, Cal.
 L. J. Sherman, M. D., Oakland, Cal.
 J. DuPlessis, M. D., Chicago, Ill.
 P. S. Replogle, M. D., Champaign, Ill.
 C. L. Thudichum, M. D., Sebastopol, Cal.
 F. Schuldt, M. D., Mexico City, Mexico.
 H. E. Palmer, M. D., Dayton, Ohio.
 Capt. A. R. Gould, M. D., Washington (2 machines).
 B. W. Swayze, M. D., Allentown, Pa.
 Seneca B. Bain, M. D., Washington, D. C.

*Terms on which oscilloclasts are leased are as follows: A primary payment of \$200.00, and \$5.00 monthly. Primary payment is subject to change, owing to varying cost of material and labor. Other physicians who have ordered the oscilloclast for DC and AC (below 50 or 60 cycles) must exercise patience before receiving their machines inasmuch as the latter must be specially constructed. Primary payment on DC oscilloclasts is \$250.00.

- H. A. Hess, M. D., San Francisco, Cal.
H. G. Nyblett, M. D., Calgary, Canada.
J. C. Stevens, M. D., Harrisburg, Pa.
B. Tisdale, M. D., Oakland, Cal.
J. Tow, M. D., Chicago, Ill.
C. H. Kingsburg, M. D., Danielson, Conn. (2 machines).
L. H. Dietz, M. D., Oakland, Cal.
S. King, M. D., Warren, Pa.
S. F. Meacham, M. D., Oakland, Cal.
B. Crombie, M. D., Portchester, N. Y.
A. F. Hornberger, M. D., Wichita, Kans.
C. A. Reinboldt, M. D., Detroit, Mich.
W. J. McRoberts, M. D., Hot Springs, S. Dakota (2 machines).
R. Rice, M. D., Council Bluffs, Iowa.
C. S. Evans, M. D., Hutchinson, Kans.
H. T. Irvine, M. D., Austin, Texas (2 machines).
A. B. Collins, M. D., Linesville, Pa.
Chas. Zeebuyth, M. D., Portland, Oregon.
E. S. Smith, M. D., Bridgeport, Conn.
W. P. Myers, M. D., Anaheim, Cal. (2 machines).
C. E. Johnston, M. D., Orland, Cal.
V. S. Irvine, M. D., Lankin, N. Dakota.
I. Howard Planck, M. D., Chicago, Ill. (2 machines).
M. A. Hansen, M. D., Osage, Iowa (2 machines).
J. A. Savignac, M. D., Ottawa, Can.
M. W. Livingston, M. D., Pittsburgh, Pa.
E. B. Crosby, M. D., Oriska, N. Dakota.
H. D. Schell, M. D., Hamilton, Ohio.
A. E. Persons, M. D., Buffalo, N. Y.
J. R. Leadsworth, M. D., Los Angeles, Cal. (2 machines).
A. W. Buell, M. D., Long Beach, Cal.
H. B. Coblenz, M. D., Washington, D. C. (2 machines).
H. C. Kehoe, M. D., Flemingsburg, Ky.
F. M. Cooper, M. D., Colorado Springs, Colo.
M. A. Sturm, M. D., New York, N. Y.
W. G. Doern, M. D., Milwaukee, Wis. (8 machines).
H. W. Fleck, M. D., Bridgeport, Conn. (2 machines).
B. L. Sanborn, M. D., San Francisco, Cal.
C. C. Waltenbough, M. D., Canton, Ohio.
J. F. Roemer, M. D., Waukegan, Ill.
E. B. Taylor, M. D., Huron, S. Dakota.
T. Kendrew, M. D., Indianapolis, Ind.
W. Watts, M. D., Portland, Ore.
E. C. Folkmar, M. D., Washington, D. C.
A. W. Boslough, M. D., Wausau, Wis.
H. D. MacKenzie, M. D., Auckland, New Zealand.
Sigmar Hilfer, M. D., West New York, N. J. (3 machines).
J. D. Sullivan, M. D., Kenosha, Wis. (2 machines).

H. L. McCubbin, M. D., Sacramento, Cal.
M. S. Hsu, M. D., Woosung, China.
Henry P. Fahrney, M. D., Frederick, Md.
H. M. de Danneville, M. D., New Zealand.
S. Rosenthal, M. D., Aberdeen, S. Dakota (2 machines).
H. Gunderman, M. D., Monango, N. D.
Chinese Government.
F. M. Planck, M. D., Kansas City, Mo.
T. D. Bristol, M. D., Cleveland, Ohio.
C. Conn, M. D., Sioux City, Iowa (2 machines).
C. F. Ellis, M. D., Eureka Springs, Arkansas.
D. D. Hamilton, M. D., Raton, New Mexico.
D. E. Murray, M. D., Roanoke, Ind.
F. V. Gomez, M. D., Mexico City.
C. E. Cole, M. D., Prairie Du Chien, Wis.
M. McManus, M. D., Denver, Colo. (2 machines).
D. McSwiegan, M. D., San Diego, Cal.
H. S. Huang, M. D., Amoy, China; Houston, Texas. (2 machines).
L. H. Butka, M. D., St. Helena, Cal.
J. C. Anthony, M. D., San Francisco, Cal.
O. M. Hayward, M. D., Chattanooga, Tenn.
P. G. Smoot, M. D., Maysville, Ky.
W. A. Hanor, M. D., Corning, N. Y.
H. R. Goshen, M. D., Bronson, Kas.
J. E. Johnston, M. D., Pittsburgh, Pa.
J. R. Mitchell, M. D., Washburn, Wis.
H. Becker, M. D., Toronto, Canada.
O. O. Sink, M. D., Smithfield, Ohio.
M. J. Wolf, M. D., San Francisco.
Cora Smith King, M. D., Washington, D. C.
C. M. Moffatt, M. D., Shenandoah, Iowa.
P. Livingstone Barnes, M. D., Los Angeles, Cal.
C. M. Cooper, M. D., Bellevue, Ohio.
W. H. Dower, M. D., Halcyon, Cal.
L. S. Brooke, M. D., San Francisco, Cal.
J. H. East, M. D., Denver, Colo.
C. J. Pflueger, M. D., Kalamazoo, Mich.
E. F. Pielmeier, M. D., Vincennes, Ind.
A. W. Hoyt, M. D., New Rochelle, N. Y.
S. A. Lutgen, M. D., Wayne, Nebraska.
R. L. Crowthers, D. D. S., Caldwell, Ohio.
J. L. Conrad, M. D.,
Z. L. Baldwin, M. D., Kalamazoo, Mich.
F. Sharp, M. D., Cardston, Alberta, Canada.
W. B. Ryder, M. D., Long Beach, Cal.
W. B. Secrest, M. D., Logan, Utah.
S. Talbott, M. D., Nevada City, Cal.
H. Lischner, M. D., San Diego, Cal.

- G. D. Pendell, M. D., Wellington, Kas.
W. Wolfram, M. D., Cincinnati, Ohio.
C. A. Stout, M. D., Cincinnati, Ohio.
F. Paredes, M. D., Celaya, Mexico.
W. A. Klopfenstein, M. D., Detroit, Mich.
H. W. Gates, M. D., Waco, Texas.
W. Kendall, M. D., Ocean Park, Cal.
O. Jones, M. D., Indianapolis, Ind.
M. Thomsen, F. R. C. P., Dublin, Ireland.
F. Vasquez Gomez, M. D., Mexico City, Mexico.
Chas. Rosedale, M. D., Boston, Mass.
D. B. Holcomb, M. D., Pasadena, Cal.
S. F. Hsu, M. D., Woosung, China.

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PHYSICO-CLINICAL LABORATORY

— OF —

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

VIRULENCY GAUGED.

IN SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (Glands, Lungs, Bone) the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to see whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnosis all that is NECESSARY is to send several DROPS OF BLOOD from the patient ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations only, do not permit of the localization of lesions, and to achieve the latter an examination of the patient is imperative. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible. It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent. of errors and in some cases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. VIII, 3rd edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916), estimates that 15 per cent. of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives a negative result in from 31 to 50 per cent. of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS test,

because we treat those who are not syphilitic and fail to treat those who are.

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy

NEARLY 100 PER CENT. POSITIVE.

Geo. O. Jarvis, A. B., M. D., (formerly of the University of Pennsylvania), found that the electronic tests of Abrams were POSITIVE in nearly 100 per cent. of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphiliologist in his SEXUAL IMPOTENCE (W. B. Saunders & Co., 1915) "in the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

The tests embody the employment of the visceral reflexes of Abrams.

FROM ENGLAND.

Sir James Barr, in his Presidential address at the 18th annual meeting of the BRITISH MEDICAL ASSOCIATION (BRITISH MEDICAL JOURNAL, July 27th, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the BRITISH MEDICAL ASSOCIATION, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new Continent and he has given us further insight into methods of prevention."

"I could easily fill several journals with an account of Abrams' valuable work."—Sir James Barr, British Med. Journal, March, 1920.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E.—(Article, "Dr. Albert Abrams' Method of Percussion," Lancet (London), May 22, 1920) —"Dr. Abrams is, perhaps, doing more than any one else in the present day to resuscitate the lost art of physical diagnosis."

"In cancer Abrams' reactions can be easily verified."—Sir James Barr, Lancet (London), May 22, 1920.

"In my opinion he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."—Sir James Barr, "Medical Press and Circular" (London, England), Jan. 12, 1921.

DIAGNOSIS AT THE VERY BEGINNING.

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams, of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING, tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (AMERICAN JOURNAL OF CLINICAL MEDICINE).

In another communication to the same Journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abrams is due the credit for this epoch-making discovery. It is the external counterpart of the Abderhalden reactions."

"We think Dr. Albert Abrams was the first to utilize colored screens in diagnosing disease."—Geo. Starr White, A. J. Clin. Med., Feb., 1915.

(NOTE—The only object in publishing White's Excerpts is to discredit the latter who, in later publications under new captions, claims priority for Abrams' discoveries and instances his observations on the flight of "homing-pigeons," and other fantastic vagaries in justification of his claims.)

FEEES:

(Which include all diagnostic information necessary.)
 Blood examinations which include tests for all diseases.....\$10.00
 Subsequent blood examinations to gauge the course of the disease... 5.00
 Examination of Patients\$25.00-\$100.00

(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.
 Course to physicians on Electronic Diagnosis.....\$200.00
 (Limited to reputable physicians in possession of the M. D. degree.)

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1821 50 HOPE STREET
COR. SIXTYFIFTH AND HOPE ST
LOS ANGELES, CALIFORNIA

To Whom it may concern:

This is to certify that
Dr. Albert Abrams has examined ^{some} by
his new method one hundred sig-
nifican cases, from as was the purpose
to me in many instances in practically
all cases his judgment was based
demonstrated to be correct and in no instance
was he found to be in error.

H. E. Macdonald M.D.

When I first began to investigate the subject of Electronic
Diagnosis, I found the work most confusing but further investiga-
tions at the Physico-Clinical Laboratory of Dr. Abrams, convinced
me from therapeutic results observed, of the correctness of his
diagnoses. It is impossible to form a very intelligent opinion of
these methods from reading about them. One must come to Dr. Abrams'
laboratory and watch him at his work and hear his explanations and
comments and if he approaches the investigation in an unprejudiced
frame of mind the physician will soon discover that he has found
something that will be of vast usefulness to him in his medical work.
I consider the last five months that I have spent in this investiga-
tion as the best spent time of my medical life and would heartily
advise any of my confreres to pursue a like course.

Very sincerely,

N. R. Scroggs M.D.

1st. Lieut. Medical Corps
U. S. Army.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-2-

reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. *final judgment* The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond cavil the presence of cancer.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-3-

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

ARTHUR TEACHER, M.D.,
Pueblo, Colo., Cal.

See Doctor Abram's
 your letter explaining blood test no. 3 received.
 your diagnosis is correct. I thought I might
 stump you on this one - but failed.
 I am sending you blood specimen of case no. 1.
 To day - I trust you will be able to find some
 improvement in this test case - this time.
 I can hardly wait the time I can leave for the
 city and spend the time with you.
 Thanking you for past favors I am sincerely yours
 A. Teacher

Diseases Diagnosed by an Examination of Dried Blood

- | | | |
|----------------------|-------------------------------|-----------------------------------------------------------------------------|
| Acidosis | Acute Mania | Paresis |
| Adrenal Sufficiency | Dipsomania | Pollomyelitis |
| Amebiasis | Chronic Dementia | Rheumatoid Arthritis (Variety) |
| Colicsepsis | Leprosy | Sarcoma |
| Carcinoma | Malaria | Scarlatina |
| Cholelithiasis | Measles | Staphylococcic Infection |
| Chorea | Menstruation | Streptococcic Infection |
| Diabetes | Meningococcic infection | Syphilis (differentiation of congenital and acquired, and specific strain). |
| Diphtheria | Neurasthenia | Teniasis |
| Epilepsy | Paralysis Agitans | Tetanus |
| Gonococcic Infection | Parathyroid Insufficiency | Typhoid |
| Gout | Paratyphus | Tuberculosis (Varieties) |
| Hookworm | Pneumococcic infection | |
| Hyperpituitarism | Psychasthenia | |
| Hyperthyroidism | Pregnancy (prediction of sex) | |
| Influenza | | |
| Insanity | | |
| Paranoia | | |
| Dementia Precox | | |

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary or, if given, whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer and this is demonstrable by a blood examination.

WARNING.

Many physicians have forwarded specimens of blood to the Physio-Clinical Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchic reactions. Specimens have been received on colored and printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, COLISEPSIS and STREPTOCOCCIC INFECTION.

When two blood specimens are sent, forward them in separate envelopes to avoid conferred radioactivity.

The quantity of blood forwarded should be sufficient to cover an area represented by a 50-cent piece.

No diagnostic method is infallible. It is requested that all physicians correlate the electronic diagnosis with their clinical findings.

ELECTONIC REACTIONS OF ABRAMS (ERA)

(A few brief and curtailed references from Journals and signed letters)

NOE, A. T., M. D.—"I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known." N. A. J. H.

ANTHONY, J. C., M. D.—"Made wonderful diagnosis for me which would have been impossible by other means."

HESS, H. A., M. D.—"Dr. Abrams has made 50 examinations of the blood for me and all correct as far as I can judge."

MEACHAM, S. F., M. D.—"E R A are greatest contribution to medicine."

POPE, CURAN, M. D., (Author of classic on Hydrotherapy).—"Not a day passes that I do not use your methods."

BOOLSEN, S., M. D.—"I regard the E R A as a great help and have frequently contributed the fee myself because results talk and success follows a correct diagnosis."

JAWORSKI, H., M. D., Paris, France. (Author and medical authority; translator of E R A into French).—"I have carefully studied your methods and regard the discovery and its immensity with admiration."

KING, J. W., M. D. (Penna.)—"Physicians should at once form a caravan and go out and worship at 'Abrams' shrine.' Am getting wonderful results therapeutically from diagnosis made for me by you."

PAREDES, F., M. D. (Mexico).—"I shall popularize your marvelous methods of diagnosis in Mexico." (Dr. P. studied the E. R. A. at Dr. A.'s laboratory.) Dr. F. Vasquez Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine and Minister Public Instruction has also studied the E. R. A. at Abrams' laboratory.

POWELL, C. S., M. D.—"The E R A are very helpful in my work, especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A."

MAJORS, ERGO A., M. D.—"E R A have conformed remarkably with my office findings and I am gratified to Dr. Abrams for his wonderful work." (Dr. M. has forwarded 173 blood specimens. At least 100 specimens were sent without comment of any kind.)

NYBLETT, H. G., M. D.—"My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has."

J. MADISON TAYLOR, M. D. (article, "An Appreciation of the Teachings of Dr. Abrams," Monthly Cyclopedic and Medical Bulletin, July, 1913).—"DR. ABRAMS has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams' researches afford is the largest source of illumination—and I, for one, welcome it with thankfulness."

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and
Electronic Diagnosis and Treatment**

Dr. Albert Abrams will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians can gain admission to the classes, which are limited. The course lasts four weeks, and the fee, in advance, is \$200.00. Applicants may address Dr. Abrams, 2135 Sacramento St., San Francisco.

**Dr. Abrams' Electrodes
for
Electronic Diagnosis**

These consist of three electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

**Ohmmeter
(Biodynamometer)**

Described on page 44, *New Concepts in Diagnosis and Treatment* (Abrams), and in Sept. issue of the *Journal*. Price, \$36.00 with electrodes, express collect.

Dr. Abrams' Reflex Set

This consists of a plexor, pleximeter, single and two pronged instrument. Price \$6.00, express prepaid.

Dr. Abrams' Electro-Concussor

Described on page 652 in *Spondylotherapy*. In writing, state current available. Price \$120.00 f. o. b. No apparatus sold on credit. Terms cash. Price of other apparatus on application. Physico-Clinical Co., 2135 Sacramento Street, San Francisco, Cal.



Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

Vol. 6

DECEMBER, 1921

No. 2

FOUNDED AND EDITED BY
ALBERT ABRAMS, A. M., M. D., LL. D., F. R. M. S.

CONTENTS

	Page
ORIGIN OF SYPHILIS.....	1
ARGYLL-ROBERTSON PUPIL.....	2
PSYCHOLOGY OF RELIGION.....	4
HISTOTROPISM.....	7
SYPHILOGENESIS.....	9
BOOK OF LIFE.....	11
MISCELLANY.....	15
REVIEWS.....	21
OSCILLOCLAST COMMENTS.....	22
SPONDYLOTHERAPY.....	30
DEFINITIONS, ETC.....	33

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WORKS by ALBERT ABRAMS

A. M., LL. D., M. D., (University of Heidelberg), F. R. M. S.

One-time Professor of Pathology and Director of the Medical Clinic, Cooper Medical College (Medical Dept. Leland Stanford Jr., University).

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New Concepts in Diagnosis and Treatment

Physico-Clinical Medicine

The practical application of the Electronic theory in the interpretation and treatment of disease, 1916—\$5.00, express prepaid.

The most important part of the work is a consideration of the diagnosis of disease . . . It is full of interest and abounds in valuable suggestions to physicians and scientists and its methods are well worthy of investigation.—Journal of Electrotherapeutics and Radiology, June, 1916.

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No variety of neurasthenia is more amenable to treatment than this form—Fourth Edition, \$1.50, express prepaid.

Autointoxication

An exposition of the causes, symptoms and treatment of self-poisoning—\$1.50, express prepaid.

Transactions of the Antiseptic Club

Illustrating the fads and foibles of modern physicians—\$1.00, express prepaid.

A few CHARTS on Spondylotherapy are still in stock and no more are to be published. The price of the latter has been temporarily reduced from \$5.00 to \$3.00; express prepaid.

Literature sent free on request.

PHYSICO-CLINICAL CO.

2151 SACRAMENTO ST.

SAN FRANCISCO, CAL.

Physico-Clinical Medicine

Vol 6

DECEMBER, 1921

No. 2

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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PHYSICO-CLINICAL CO.,
2151 SACRAMENTO ST. SAN FRANCISCO, CAL.

The Origin of Syphilis

THIS momentous problem remains unsolved. The prevailing theory contends that it is of American origin, and that it was brought to Spain by the sailors of Columbus and spread rapidly among the inhabitants. Supporting this theory is the assumption that no European literature on syphilis can be found previous to 1495, and no bones have been found in Europe suggestive of syphilis.

Against the Columbian theory, is the indisputable

fact that the disease existed in China and Japan in ancient times, and that by migration it spread to America.

The discovery of the organism of the disease, *spirocheta pallida*, and the serological tests have aided us in the recognition of syphilis, but they leave much to be desired.

It occurred to the writer that if one could gain access to bones of ancient origin, and if syphilis were present, its specific radio-activity would be revealed by the Electronic Reactions. Through the courtesy of Dr. Charles Penez, Curator of the M. H. De Young Memorial Museum in Golden Gate Park, San Francisco, the writer, on September 13, 1921, together with a large number of physicians, made the reactions under the most exacting conditions.

The bones were authentic and of Egyptian origin (300 to 1000 B. C.). The results were absolute and demonstrated congenital syphilis in several bones, and acquired syphilis in others.

Argyll-Robertson Pupil (ARP) in Syphilis

THE non-response of the pupil to light, with preservation of the accommodation reflex, is one of the most constant signs not only of cerebrospinal syphilis but of syphilis in general.

The elicitation of the ARP demands circumspection.

If physicians were to employ this reaction more frequently, the Wassermann would long since have been discarded.

Remember the following:

1. Do not throw a strong light into the eyes; the psychic pupillary dilatation (due to fright) may yield an incomplete reaction.
2. Patient must look into the distance to avoid synergic convergence and accommodation reactions.
3. Untested eye must be covered.

4. The initial contraction of the pupil after several oscillations assumes a medium width.

5. Reaction may be elicited in the dark by a small pocket electric light lamp, by which the light is directed obliquely at a little distance intermittently.

6. The use of drugs (mydriatics and miotics) may lead to erroneous conclusions, and in old age the iris rigidity causes a slow reaction.

Now, the chief error in recognizing syphilis by the ARP is to accept only as evidence of its presence the COMPLETE absence of the light reaction (rigid pupil).

The writer has repeatedly referred to a slow or sluggish reaction, which may precede for years the complete ARP.

It is the most constant sign for both hereditary and acquired syphilis.

It may be unilateral or bilateral, and may be associated with irregularity in the size of the pupils and in the pupillary margins.

If the writer has contributed nothing else to diagnosis, he would feel amply rewarded were he to bring into recognition this important sign as evidence of syphilis.

A normal pupil will respond any number of times to the intermittent application of light. A partial ARP signifies a rapid exhaustion of the reflex. It may respond once or twice, but is soon either nullified or responds feebly.

Test normal pupils to observe the reaction. Unfortunately, normal pupils are rare owing to either the ubiquity of heredo syphilis or acquired syphilis from vaccination.

Note this fact concerning the ARP, viz., that after a feeble response to light, the pupil will, if the light continues to fall on the eye, assume a position of MAXIMUM DILATATION. Now, there is another fact. In the June, 1921, number of this Journal, reference was made to the destruction of the syphilitic component of vaccine virus by blue light. If a partial ARP is present and the pupillary reflex arc is not destroyed, it will

be noted that if the light is permitted to filter through a blue medium (glass or gelatine) on the unclosed eye for about thirty seconds, the light reflex is restored for about a minute.

This influence of blue on the syphilitic reactions is also expressed with the electronic reactions—the areas of dullness peculiar to syphilis disappear as long as blue light strikes the skin of the subject or patient.

It is suggested that this method be tried with tardy patellar tendon reflexes, by throwing the light on the spinal region (skin exposed) in early tabes.

It is not chimerical to assume that the destructive action of color on the toxins of disease (blue in syphilis and yellow in tuberculosis, for instance) may, in the future, be expressed by colored raiments and blue glasses for syphilitic eye affections. Drugs, by their external application, owe much of their efficiency to the destructive vibratory rate of color.

USING A REAGENT—If a specimen of syphilitic blood is conducted through a rheostat to a subject with normal pupils, and the electrode is placed on the subject on either side of the abdomen in the mammary line midway between the navel and curvature of the ribs, a partial ARP will be noted within two minutes. If the blood reaction is due to congenital syphilis, the ARP will only occur at rate 57 and, if of the acquired form, at 55.

Psychology of Religion

A TTEMPTS to classify religions have been many. A classification, like languages and races, is the nearest approach to rationalism despite the fact that there are universal religions which are neither limited by race nor language.

The ultimate analysis of religious belief resolves itself into the conception, that it is morality in an atmosphere of emotion.

The emotional factor may be aroused by phantasy as in Brahmanism, light; ancient Persian; sorrow, Syrian, or mystery, Egyptian. In the religions of spirituality, the Hebrew conception was sublimity, the Greek, beauty, and the Roman, understanding.

Emotionally, we are thousands of years old, but rationally, we are mere embryos.

Scratch the epidermis of the average individual, and in the derm you find the superstitious accumulation of eons.

Voltaire observed that, if there were no God, it would be necessary to invent one.

Religion is a science of the mind and, like every natural phenomenon, should be subject to scientific analysis.

With this object in view, the writer made a series of investigations, which are here recorded. The investigated individuals included the religious zealot, the believer, agnostic and atheist.

The concept of a Creator varied from a mysterious ball of fire, of light, omnipotence and omniscience.

Despite the varied concepts, they resolved themselves into an anthropomorphic conception. This is fully in accordance with what is ideologically conceded, or the following incident would have been deprived of its facetiousness.

Two suffragists were in jail and one was disconsolate. Said the other to the latter, "Put your faith in God, perhaps She will hear your prayers."

A further analysis of the concept, whether of the believer or non-believer, suggested the recognition of a power greater than the ego.

The microcosmic insignificance of man is suggested by the following: The visitor in Heaven, having been shown all the notable persons, requested to see God. The attendant replied, "that God was confined in a padded cell." He was dominated by the delusion that he was the Kaiser.

Another concept which aroused the emotion was Fear, the disposal of the soul after death. One individual, who

denied animism and cherished the Buddhistic hope of self-annihilation, said in all seriousness that his present life was such a busy one that, if he were in Heaven, he was sure to be paged by some frivolous woman who wanted him on the ouija board.

The present-day rapid methods of communication—Telegraph, Telephone and Tell a woman will eventuate in Telepathy.

In Spencer's system of Psychology, mental phenomena are defined in terms of matter and motion.

Now, the Electronic Reactions enable us to recognize a definite emotion in three ways: 1. By visceral reflexes †; 2. Cerebral localization; 3. Ideograms*. In deference to these reactions, one could conclude that a supernal belief was an inherent and integral mental constituent with a definite cerebral localization.

The character of the religious belief did not modify the reactions. They were always identical.

To stimulate the emotional reflex of religiosity, religions have been invented.

Among modern beliefs, Christian Science has achieved the greatest popularity.

Analyzed, it suggests an appeal to the ego, for if God is good and Good is Mind, then God is an invariable mental constituent.

This satisfies the egotist, who proclaims he is a self-made man, and he invariably adores his maker.

The doctrine of pantheism either identifies the universe with God or God with the universe.

In the spiritual form, God is omnipresent.

If gravitational energy is accepted as a paradigm of the pantheist's conception of God, and this energy symbolizes universal power, then an ideograph of this force would yield a picture of the God of Pantheism.

† The vibratory rate of the religious emotion is six, and the area of dullness (SV) corresponds to that of tuberculosis.

* Cited in this Journal, March and September, 1920.

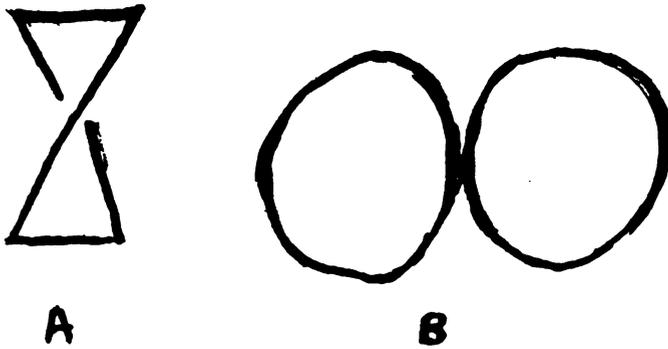


Fig. 3A—Ideograph of a religious emotion irrespective of whether the individual is a believer or non-believer and, if the former, independent of the nature of his religion.

B—Ideograph of gravitational energy.

Histotropism

WHY does orchitis complicate mumps and infrequently do the ovaries and thyroid become implicated? No adequate answer has yet been given to this metastasis. Why does the thyroid gland enlarge at puberty and menstruation? This question has also been unanswered. Why does the sexual sense survive ovariectomy? My constant endeavor has been to correlate facts in physics with the phenomena of the human, inasmuch as the latter is only an electrical mechanism.

Disintegration of tissues (histolysis) is the analogue of electrolytic dissociation.

The conduction of electricity through solutions signifies only a mechanical process of transferring electrons. Normal molecules will not serve the latter purpose; an abnormal electronic condition must be present (electrolytes).

Similarly, in the tissues, we have histolytes (new coinage) and non-histolytes.

Without a knowledge of the elemental laws of dissociation, physiology and pathology are non-understandable.

Physiologic tissue activity is associated with electric currents and the H-ion concentration of the body fluids.

Any modern work on "Biochemistry" enters more fully into a discussion of this subject.

Investigation of glands as structures and not as processes is detrimental to progressive pathology.

My investigations with the electronic reactions show that the parotid and thyroid in men and women yield respectively, in part, the reaction of the testicle and ovary.

Now, let us discuss electrons in terms of vibration frequencies.

It is a fundamental law in physics that substances absorb the same frequencies as they naturally emit. Thus, glass which transmits red light absorbs blue.

In other words, electro magnetic waves have no effect on objects which are incapable of vibrating in resonance with them.

Chemotaxis and chemotropism suggest the neonym, HISTOTROPISM. The first term signifies the reaction of protoplasm to a stimulus whereby cells are attracted or repelled.

The second term signifies the direction assumed by cells under the influence of definite stimuli.

Physiologic and pathologic activity predicate electrolytic dissociation (histolysis). The electrolytes (histolytes) have an affinity for tissues with like processes, hence, invasion of the testes and ovaries in epidemic parotitis and thyroid swelling in the physiologic crises by the histolytes.

SYPHILOGENESIS

A New Concept on the Causation of Disease

Exordium—Whereas the history of medicine embraces a recital of human discovery, it is by no means exempt from human misinterpretation. Theory has succeeded theory in explanation of the causation of disease and, in the delirium of our efforts, we are no nearer in approaching a solution to this momentous problem.

One physician of prominence proved his diagnoses wrong in 50 per cent of his cases, and this, despite his great experience and all the diagnostic resources afforded by a modern hospital.

Sir James McKenzie recently asserted that, in upwards of 90 per cent of patients (excluding trivial ailments and injuries), one is unable to state with any degree of accuracy the nature of the patient's illness.

The writer of this contribution emphasizes the fact, which he hopes to demonstrate later, that 100 per cent of our diagnoses are wrong.

Dr. J. W. King is sponsor for the following significant observation, "Our therapeutic structure is no greater than our diagnostic foundation," and he quotes Osler as follows: "I know of only two remedies, nux vomica and hope, and I am not sure of the former."

Medical practice has fallen in public esteem, and the creation of cults is an answer to its inefficiency.

Reversionary Medicine—Our works on pathology are post-humous dissertations on life.

Our nosology is only a classification of symptoms; it embraces a variety of names concealing our ignorance of the veritable pathologic substratum, the morbid soil.

From this chaotic conception our inefficient therapy has been evolved and involved. We erroneously conceive disease not as an effect but as a cause, and it is this very reversion which nullifies our therapeutic efforts.

Our vaunted germ theory is a myth. A lesion in homely phraseology is only a "garbage can," and the bacteria are only invited there like other scavengers of the earth; hence, my suggestion to refer to morbid sites as "vultural lesions."

Our conception of disease is reeky with the atmosphere of the post-mortem room.

Pathology is essentially the physiology of the sick.

Neither the necropsy nor laboratory experiment can solve vital phenomena, which are dynamic, and should be regarded as processes and not as structures. Biodiagnosis must supplant necrodiagnosis.

Animal Phenomena—The human must not be segregated as something apart from the other entities of the physical universe. There is only one physics, one chemistry and one mechanics governing animate and inanimate phenomena. All vital phenomena are subject to the same laws governing the cosmos, and all medical problems not in accord with the progress made in physical science are doomed to perish.

The doctrine of cells and protoplasm is antiquated. One must look deeper than simple cell-structure as revealed by the microscope. The cells constitute a superstructure guided in their activity by physico-chemical forces. The cells, in other words, are only micromorphologic units.

In accordance with the "Electron Theory," the units of our organisms are charges of electricity known as electrons. Their incessant activity causes the phenomenon known as radiation. By aid of the "Reflexes of Abrams," this radiation, which shows specific reactions, enables one to recognize the primordial cause of disease.

Syphilis—Man is a syphilitic creature surrounded by clothes. He is differentiated from others of his species to the extent of his syphilitic dilution and by the areas invaded in his organism. If the syphilo virus invades his brain, he may become a moral or criminal genius, a moron or dement. Invading his physical being, he becomes a lucrative commodity for the physician and surgeon.

Many years ago, Fournier, one of the most eminent syphilographers, insisted that general pathology should be made a mere annex to syphilography. The "Electronic Reactions of Abrams," justify this paradoxical arbitrary viewpoint.

We are all omnibuses in which our ancestors ride.

Extragenital infection occurs in at least 30 per cent of all cases of syphilis.

The world may not be civilized, but it is certainly syphilized.

Our so-called sainted were tainted ancestors, and what heredity has failed to accomplish in its entirety has been fulfilled by medical art.

Serogenic Syphilis—Practically every vaccine virus examined by the writer demonstrates the electronic reaction of congenital syphilis, and this is equally true of many sera used in vaccine therapy. These findings have been corroborated by King of Bradford and Mackenzie of New Zealand. Vaccinosyphilis is the necessary corollary of such medication.

The writer is nevertheless a vaccinationist, provided the vaccinator employs the methods suggested by him in his journal, viz., to eliminate from the virus the syphilitic and tuberculous contaminations.

Morbid Soil—Deprive man of his syphilitic soil, inherited and acquired morally, immorally and serologically, and practically all diseases, notably carcinoma, tuberculosis and sarcoma would pass into the discard for want of parental (syphilis) sponsorship—in other words, **No Syphilis No Disease**. By the electronic reactions, it is now possible to determine whether an individual is immune to certain diseases.

It has been found that when the blood of an individual has been deprived of congenital syphilis, that blood is immune to carcinoma, tuberculosis, sarcoma, strep, staph and other infections.

The same blood before the elimination of syphilis did not demonstrate this immunity. Without a syphilitic soil, there would be no sustenance for disease.

My primary effort in the treatment of disease is to eliminate syphilis, and so-called diseases culminate, as a rule, of their own accord.

In some instances, it is necessary to treat antisypilitically the site of the lesion inasmuch as the writer's method of splenic sterilization will not reach the so-called "dark corners," which are practically spirochetes enmeshed in connective tissue.

When the writer referred to our diagnostic errors attaining the percentage of 100, he intimated thereby our total disregard of the pathogenic factor—**Syphilis**.

In deference to the foregoing views, an "International Association for Racial Purification" has been incorporated. To attain the ideal of this "Association," it is necessary to begin with the child, for to be young when we are old, we must be old when we are young. This means that adult intelligence must be compulsorily imposed on the untutored child.

THE BOOK OF LIFE *

[A recent publication of Upton Sinclair, famous author of "The Jungle," "The Brass Check," etc., one of the most widely read American authors in the world.]

"When the manuscript of this book was sent to the printer, there appeared in this place a paragraph telling of the work of Dr. Albert Abrams, of San Francisco, in the diagnosis and cure of disease by means of radio-active vibrations. Just as the book is going to press, the writer finds himself in San Francisco, attending Dr. Abrams' clinics and watching his work; and so he finds it possible to give a more extended account of some fascinating discoveries, which seem destined to revolutionize medical science. If I were to tell all that I have seen

* Excerpt. A layman's conception after investigating the E. R. A.

with my own eyes in the last twelve days, I fear the reader would find his powers of credulity overstretched, so I will content myself with trying to tell, in very sober and cautious language, the theory upon which Abrams is working, and the technic which he has evolved.

Modern science has demonstrated that all matter is simply the activity of electrons, minute particles of electric force. This is a statement which no present-day physicist would dispute. The best evidence appears to indicate that a molecule of matter is a minute reproduction of the universe, a system of electrons whirling about a central nucleus. No eye has ever beheld an electron, for it is billions of times smaller than anything the microscope makes visible; but we can see the effects of electronic activity, and all modern books of physics give photographs of such. It is possible to determine the vibration rates of electrons, and to Dr. Abrams occurred the idea of determining the vibration rates of diseased tissue and of disease germs. He discovered that it was invariably the same; not merely does all cancerous material, for example, yield the same rate, but the blood of a person suffering from cancer yields that rate, at all times and under all circumstances. The vibration of cancer, of tuberculosis, of syphilis—each is different, and uniform, and invariable. Likewise, in the blood are other vibrations, uniform and dependable, which reveal the sex and age of the patient, the virulence of the disease and the period of its duration—yes, and even the location in the body, if there be some definite infected area. And so here is a modern miracle, an infallible technic for the diagnosis of disease. Dr. Abrams does not have to see the patient; all he has to have is a drop of blood on a piece of white blotting paper, and he sits in his laboratory and tells all about the trouble, and somewhere several thousand miles away—in Toronto or Boston or New Orleans—a surgeon operates and finds what he has been told is there.

And that is only the beginning of the wonder; because, says Abrams, if you know the vibration rate of the electrons of germs, you can destroy those germs. It used to be a favorite trick of Caruso to tap a glass and determine its musical note, and then sing that note at the glass and shatter it to bits. It is well known that horses, trotting swiftly on a bridge, have sometimes so coincided in their step with the vibration of the bridge as to break it down. And on that same principal this new wizard of the electron introduces into your body radio-activity of a certain vibration rate—and shall I say that he cures cancer and syphilis and tuberculosis of many years standing in a few treatments; I will not say that, because you would not and could not believe me. I will content myself with telling

you what my wife and I have been watching, twice a day for the past twelve days.

The scene is a laboratory, with rows of raised seats at one side for the physicians who attend the clinic. There is a table, with the instruments of measurements, and Dr. Abrams sits beside it, and before him stands a young man stripped to the waist. The doctor is tapping upon the abdomen of this man, and listening to the sounds. You will find this the weirdest part of the whole procedure, for you will naturally assume that this young man is being examined, and you will be dazed when someone explains to you that the patient is in Toronto or Boston or New Orleans, and that this young man's body is simply the instrument which the doctor uses in the determining of the vibration rates of the patient's blood. Dr. Abrams tried numerous instruments, but he has been able to find nothing so sensitive to the electronic activity as a human body. He explains to his classes that the spinal cord is composed of millions of nerve fibres of a variety of vibration rates; hence, a certain rate of vibration, communicated to a human body, is automatically and instantly sorted out, and appears on a certain precise spot of the body in the form of increased activity, increased blood pressure in the cells, and hence what physicians know as a "Dull area," which can be discovered by what is known as "percussion," a tapping with the finger. To map out these areas is a mere matter of long and patient experiment; and Abrams has been studying this subject for some twenty years—he is the author of a text-book on what is known as the "Reactions of Abrams." So he provides the world with a series of maps of the human body; and he sits now in front of his "subject," and his assistant places a specimen of blood in a little electrically connected box, and sets the rheostat at some vibration number—say fifty, and Dr. Abrams taps on some certain square inch of the abdomen of his "subject," and announces the dread word cancer. Then he places the electrode on another part of the "subject's" body, and taps some more, and announces that it is cancer of the small intestine, left side; some more tapping, and he announces that its intensity is twelve ohms, which is severe; and pretty soon there is speeding a telegram to the physician who has sent the blood specimen, telling him these facts, and prescribing a certain vibration rate upon the "oscilloclast," the instrument of radio-activity, which Dr. Abrams has devised.

Now, you watch this thing for an hour or two, and you say to yourself: "Here is either the greatest magician in the history of mankind, or else the greatest maniac." You may have come thinking of some kind of fraud, but you soon dismiss that, for you realize that this man is desperately in earnest about what he

is doing, and so are all the physicians who watch him. So you seek refuge in the thought that he must be deluding himself, and them, perhaps unconsciously. But you talk with these men, and you find that they have come from all over the country, and always for one reason—that they had sent blood specimens to Abrams, and they had found that he never made a mistake; he told them more from a few drops of the patient's blood than they themselves had been able to find out from the whole patient. And then come Dr. Abrams' own patients—I must have heard sixty or eighty of them tell their story in the clinic, and they have been all but lifted from the grave. People ten years blind from syphilis who can see; people operated on several times for cancer and given up for dying; people with tumors on the brain, or with one lung gone from tuberculosis. It is literally a fact that when you have sat in Abrams' clinic for a week, all disease becomes a matter for jest.

This, you see, is really the mastery of life. If we can measure and control the minute universe of the electron and the atom, we have touched the ultimate source of our bodily life. I might take chapters of this book to tell you of the strange experiments I have seen in this clinic—showing you, for instance, how these vibrations respond to thought, how, by denying to himself the disease, the patient can for a few moments cancel in his body the activity of the harmful electrons; showing how the reactions differ in the different sexes and at different ages, and how they respond to different colors and to different drugs. This method has revealed the secret of such efficacy as drugs possess—their work is done by their radio-activity, and not by their chemical properties. Also the problem of vaccination has been solved—for Dr. Abrams has discovered a dread new disease, which is bovine syphilis, which has been caused in cattle by human inoculation, and now is reintroduced in the human being by vaccination, and becomes the agent which prepares the soil of the body for such disorders as tuberculosis and cancer. It appears that we can all be rendered immune to these diseases by a few electronic vibrations, introduced into our bodies in childhood, and so is opened up to our eyes a wonderful vision of a new race, purified and made fit for life. So, here at last, is science justified of her optimism, and our faith in human destiny forever vindicated. Take my advice, whoever you may be that are suffering, and find out about this work of Abrams, and help to make it known to the world without delay."

MISCELLANY

Dr. Mather Thomson—This distinguished London physician, who has recently studied the E R A, in San Francisco, is now engaged in Boston teaching the methods prior to his return to England. His long experience as a teacher eminently fits him for this purpose.

The writer can conscientiously recommend him to all European physicians who are interested in this new departure.

Dr. J. W. King—In Bradford, Pa., this genial physician is equally capable of teaching the E R A.

Magnesium Sulphate—W. H. Seymour, M. D. (Berlin University), who has been recently taking Dr. Abrams' course, relates the following:

A woman developed a very large tumor on the leg, which was demonstrated to be a sarcoma. The patient was referred to the "Mayo Clinic," where the diagnosis was confirmed, and the patient was regarded as inoperable and an unfavorable prognosis given.

Moist compresses of magnesium sulphate (tablespoonful to a pint of water, were used on the tumor continuously, with immediate relief of pain and entire disappearance of the tumor in nine weeks with no recurrence at the time of writing (three years).

[Editorial Comment—Drugs owe their efficiency to their inherent radioactivity and many of them are more efficient than radium itself. The indiscriminate use of radium is akin to the use of the Wassermann reaction, one of the most deplorable arraignments of modern medicine. By the simplest means, it is now possible to determine the value of a drug. Thus, sarcoma yields a definite reaction. Any drug of like vibratory rate will destroy this reaction, and, in this sense, it can be likened to what is known to the physicist as destructive interference or resonance. On investigating the action of magnesium sulphate, it was found that, like safranin, it dissipated the reaction of sarcoma, but was without effect in carcinoma. Its analgesic action is due to the fact that it is destructive to the vibratory rate of pain. The external application of drugs has been discredited, because we recognize only absorption as a factor in therapeutics. We forget a drug's polarity and its specific radioactivity.]

We have shown that any source of irritation is a focus of least resistance and attracts all the ubiquitous organisms in the body. Similarly, if the skin is rubbed at a definite point after the administration of a drug, the reaction of the latter may be elicited at that point. This latter fact may be utilized in therapeutics. Eclectics use acetic acid empirically in gastric cancer. The E R A show that this acid has a destructive vibratory rate to cancer.]

Sexuality—This is only a question of polarity, and is easily determined by elicitation of the dullness over the sexual zones. Many of us are bisexuals, and in some sex is temporarily reversed. This may be effected by yellow light thrown on the skin. If three pills of *Berberis Vulgaris* are ingested, sex is temporarily reversed.

If the reversal is temporary and not permanent (homosexuality), the dullness peculiar to the normal sex is restored

at the vibratory rate 13. If it is not, the individual is a homosexual.

The chief cause of sexual reversal is **congenital syphilis**, and when this is eliminated, normal sexuality may be restored. In sexual frigidity among married women, this factor should not be ignored.

Visceral Borders—In this Journal, reference was made by the writer to the definition of the viscera by tapping the acromial end of the clavicle.

The same result can be achieved by tapping the seventh cerv. spine, although the latter maneuver may alter the size of the organs. Note, that during tapping, the border of the organ strikes the palpating finger like the heart-beat. In thin subjects, the heart, aorta, lower liver, and splenic borders may be seen.

Concurrent Diseases—Infrequently, with the coexistence of two diseases, one may inhibit the reaction of the other by the E.R.A. This may happen with tuberculosis, if syphilis or malaria is present. By permitting blue light to fall on the specimen or the reagent, the syphilitic reaction is eliminated, and the TB reaction becomes evident.

Red similarly employed dissipates the malarial reaction.

Electrostatic Definition—In previous numbers of this Journal, reference was made to the method of defining organs and the areas peculiar to the E.R.A. by aid of a charged pith ball. Since then, we have devised other methods. 1. Rub a rubber rod briskly with black, gray or white flannel (colored flannel may interfere with the reactions). Note that, when the rod thus electrified is passed over an organ, it appears to catch at the border. This is equally true over the areas of the E.R.A. Note that, when the subject or patient is not facing west or in the magnetic meridian, this hesitation on the part of the rod will not occur. It is equally absent, if the radioactivity of the blood is not transmitted at the correct vibratory rate. Dry skin thoroughly before making the tests.* The simplicity of the foregoing maneuver will appeal to those who are not experts in percussion. Under favorable conditions, the dry and rubbed finger may act somewhat like the rod. 2. Take a rubber rod and encircle one end with a piece of rubber tubing about one inch wide. The tubing should be so placed that at least an inch of the rod is uncovered at the end. Now rub the uncovered

* The rod may stick for some time after morbid energy conveyed to the subject is removed in making the E.R.A. This factor may be eliminated at once by placing two fingers of one hand on both sides of the median abdominal line to short-circuit the subject. Even though subject is exhausted or abdomen dull, this rod method may be used. Ground both feet when rod is manipulated. This is also effective when percussing E.R.A. Hair on reagent prevents rod from sticking.

end of the rod with flannel and suspend from it a small piece of silk thread. Note the attraction of the thread at the visceral borders and over the zones of dullness.

An effective experiment is to suspend the thread over an area peculiar—let one say—to cancer, put rheostat at 40, and when the button of the latter is turned to 50, the vibratory rate of cancer, the thread is immediately attracted. The thread must be held far enough from the skin to avoid the natural attraction of the latter.

Metastases—The E R A of cancer is at the vibratory rates 30 and 50. There is no reaction at 56 unless metastases are present (lymph glands or remote organs) or unless the tumor is destined to become metastatic. A metastatic cancer will give the E R A at 56.

Primary and Secondary Lesions—Any lesion will attract streptococci and the toxins of other diseases. It is practically a "garbage can."

By striking the seventh cerv. spine, it is usual for all invading organisms and toxins to be aspirated into the spleen, but the primary lesion persists and a reaction then taken reveals the true nature of the lesion.

Autohemetic Therapy—The following appeared in a recent circular letter: "Some of my students have been led astray in the matter of 'Incubation,' by some 'alleged' scientific experiments," etc. The latter were made by the editor of this Journal. Dr. Chas. B. Graf, who has done such excellent work on this subject, forwarded me the letter in question.

The writer believes, and has always believed, that it is better that he should suffer for speaking the truth than that the truth should suffer for the want of his speaking.

When physicians coming to me from different parts of the world descanted on their results with autohemotherapy, I was absolutely indifferent and felt as did Krukenberg, in listening to the praises of panaceas, "We seem to be actually standing before the booth of a mountebank."*

Later, I would not ignore the results reported to me, despite the fact that there was neither rhyme nor reason for the use of the method.

My investigations reported in this journal demonstrated that the method possessed some merit. Later, I demonstrated that incubation of the blood was unnecessary. Up to this time, the author of the circular letter accepted my observations uncondi-

* Butler, in his "Hudebras," writes:

"They believe mechanick virtuous!
Can raise them mountains in Potosi,
Seek out plants with signatures
To quack of universal cures."

tionally, but rebuked my contention concerning incubation.* Respecting the reasons for this rebuke it is unnecessary to dwell.

Still later observations show that when the diluted blood is injected into the patient, there is an enormous contraction of the spleen, which appears to justify my former conclusion that any effects with the method are due to the extrusion of antibodies from the spleen into the circulation. This same effect, as we shall see later, can be equally effected by concussion of the second lumbar spine. The reflex, being of short duration, can be maintained by immediate concussion of the second lumbar spine.

It is now known that there is no absolute specificity of vaccines. That specific are no better than non-specific vaccines, and that the same results can be secured from indifferent substances like proteins, peptone, etc.

The following simple autohemic technique is employed by a physician, who has had considerable experience with the original method, and with equal results.

Sterilize skin.

Draw 1 cc. of blood in sterilized syringe. Put in one ounce glass-stoppered sterilized bottle containing 19 cc. of double-distilled water.

Shake three minutes.

Incubate six hours at 40 degrees C., or let stand one hour without incubation.

Shake three minutes.

Put 2 cc. of this mixture in 18 cc. of distilled water.

Shake three minutes.

Put 2 cc. of this mixture in 18 cc. of distilled water.

Shake three minutes.

Put 2 cc. of this mixture in 18 cc. of distilled water.

Shake three minutes.

If solution has no foam, use now. If it is foamy, dilute again as above.

Now inject 5 cc. in vein. Repeat in one to two weeks. If decided improvement, wait longer.

The physician who uses the foregoing method does not incubate the blood. Before removing the blood, he adopts the writer's suggestion of concussing the second lumbar spine to get the antibodies from the spleen.

The solution may be injected under the skin instead of into the vein, in which instance 7 cc. in lieu of 5 cc. are used.

To prevent any possible irritation of the subcutaneous tissues, use in the last bottle a physiologic salt solution.

Food Idiosyncrasies—This protein sensitization has recently awakened much interest. I have recently investigated this sub-

* When the results of the laboratory are in conflict with clinical findings, and when Dr. L. D. Rogers achieves better results with, than without incubation, it is reasonable to give preference to the incubatory method.

ject with the ERA with results briefly, as follows: 1. All food products yield a definite reaction. 2. This reaction is dissipated by the blood (a few drops on a blotter placed in juxtaposition to the food product after its specific reaction is elicited). 3. The reaction is not dissipated by the blood of a person who shows an idiosyncrasy to the food in question. 4. If the blood of the latter is extracted after concussion of the second lumbar spine, it will dissipate the food reaction. 5. This is evidently due to the extrusion into the circulation of antibodies from the spleen. 6. It is suggested that such concussion be employed as a routine measure at least thrice daily to establish food toleration, especially in asthmatics, and that the reflex may be made more durable by concussion of the second dorsal spine, which prolongs all vertebral reflexes in Spondylotherapy.

Splenic Sterilization—We have repeatedly emphasized the ubiquity of congenital syphilis. Now, comes Dr. H. Hess, one of the most prominent and progressive surgeons in San Francisco, who maintains that if this method is executed prior to operations, the results of surgery are better and the wounds heal more quickly. Now, we have further suggested that, cancer, tuberculosis and other diseases can only thrive on a syphilitic soil and that by the mere treatment of syphilis, the diseases in question can be subdued. Here is a patient who comes from Dr. Louis Dietz. There is a congenital syphilitic reaction of 42 ohms and a cancer reaction of 5 ohms. After subduing the syphilis by splenic sterilization, the cancer is reduced to the negligible reaction of 4/25 of an ohm.

International Association For the Advancement of Electronic Medicine—Applicants for membership in this recent organization should address the Honorary Secretary, Dr. H. W. de Dannvill, 2235 Washington street, San Francisco.

The American Association For Medico-Physical Research—The tenth annual convention, September 26-28, 1921, was a remarkable success, thanks to the unceasing efforts of the President, Dr. T. D. Bristol, Mrs. Bristol and the officers and committees. The writer expresses extreme regret that he was not present. Dr. P. S. Replogle, that eminent veteran physician and kindly gentleman, was elected President for the ensuing year—a just tribute to a just man.

Cure of Syphilis—Even though no ERA can be elicited from the blood, syphilis may nevertheless be present in some "dark corner" of the organism. Before dismissing a patient as cured it was suggested to first concuss the seventh cervical spine to aspirate syphilo toxins into the spleen from the "dark corners," and after several minutes to concuss the second lumbar spine to cause their extrusion into the circulation. If then, after

removal of the blood, no reaction is elicited, one may, as a rule, safely conclude the non-existence of the disease, although the patient's blood should be re-examined at stated intervals. It has since been determined that, if there is no reaction at 55 and a reaction can be elicited at 45, syphilis is still present in some "dark corner" of the organism. By noting the strain reactions, the localization of the "dark corner" may be determined.

Hodgkin's Disease—The pathology of this disease is unknown. Examination of tissues from this affection by the E R A shows the reaction of sarcoma of high potentiality developing on a soil of congenital syphilis—usually bovine.

John Milton Scott—This eminent author addressed the "Metaphysicians' Fall Festival" in Los Angeles (October 17-21, 1921), on "Electronic Medicine."

Charles Rosedale, M. D.—The "Theosophical Society," Hollywood, Cal., on October 28, 1921, was addressed by Dr. Rosedale, on "Dr. Abram's Theory of Electronic Reactions."

Atlas of Electronic Reactions*—Many new pages have been added since the publication of the first edition and will soon be ready for delivery.

Oscillophone—So many inquiries have been received concerning this diagnostic apparatus to supplant the human reflexes, that the editor is constrained to say that, at the last moment it was not released owing to the fact that it did not fulfill all the requirements of a perfect mechanical apparatus. Within one month a new apparatus is to be tested which, although promising much, may meet the same fate as the first machine.

Congo Red—The radioactivity of this and eosin in effecting cancer cures has been commented upon by the writer. Dr. J. G. Thompson recently directed my attention to the effects secured by him with Congo red in a mammary cancer. Painting the latter with the drug, all the nodules rapidly disappeared. On investigation, Congo red was twenty-two times more active than eosin and, in addition, it was destructive to the cong. syphilitic soil on which the cancer developed. This effect on the soil with eosin could not be achieved.

Chirography—Divination by inspecting the hand (chiromancy) and the chirographist who tells fortunes by inspection of the hand are methods repugnant to the scientist. Yet, recent investigations by the editor relative to hand writing show, that there is a modicum of truth even in these supposed vagaries of fancy.

In the next number of this journal, data will be presented which appear absolutely incredible.

* Price, \$6.00.

REVIEWS

Reflex Intestinal Contractions—Thesis (1921) for the Doctorate, presented to the "Paris Medical Faculty" by Pierre Simon. Abrams has differentiated in his "Spondylotherapy," a spastic and atonic form of constipation. The former is relieved by stimulation of the eleventh dorsal spine; the latter by excitation of the first three lumbar spines. When both forms coexist, alternate stimulation is effective. These results are due to the excitation of the intestinal reflexes of Abrams and have been controlled at the Radiological Laboratory of Dr. Aubourg, at the l'Hopital Boucicaut, Paris, and reported to the Society of Radiology.

The President and Doyen of the Paris University conclude: (1) that concussion of the eleventh dorsal and first three lumbar spines and seventh cervical spine always provokes contraction of the entire colon and in accordance with these facts, we believe the method of Abrams is applicable in some forms of constipation; (2) concussion of the eleventh dorsal spine is indicated in spasmodic constipation, and this method, as yet but little known, is indicated with chances of success in certain chronic forms of constipation. Several observations are cited by the medical candidate to show the success achieved by vertebral stimulation.

A number of X-Ray pictures are shown demonstrating the effects of vertebral stimulation.

The essayist expresses his thanks to Dr. H. Jaworski,* former Chief of Neurology of the French Army and a student of Dr. Abrams, who encouraged him to undertake a study of this subject.

New Concepts as Gained at the Albert Abrams Laboratory—This contribution was presented at the tenth annual convention of "The American Association for Medico-Physical Research," by Dr. J. W. King, Bradford, Pa. This masterly address supplemented by demonstrations of the E. R. A., was a source of great interest to the members of the convention. It is regretted that this report cannot be published in detail in this Journal inasmuch as Dr. King has the faculty of presenting this prolix subject in his usual epigrammatic maner. Those interested in the subject should write to Dr. King for a reprint of the address.

The Electronic Reactions of Abrams and Their Application in Diagnosis—Samuel King, A. B. (Yale), M. D., presented this paper before the "Central Society of Physical Therapeutists," Chicago, October, 1921. In his exordium, he vaticinates as fol-

* This eminent physician is the author of "L'Interlorisation," a monumental work in seven volumes which is about to be translated into English.

lows: "The old school of medicine, will soon have to bow to the inevitable and their whole medical literature will have to be rewritten; for its foundation is fast crumbling before the light and inroads of the Electronic Reactions of Abrams, and soon there will not be left one stone of their whole structure on which to stand."

Spondylotherapy—Dr. W. B. Secrest (Medical World, October, 1921), refers to twenty-three different methods of healing. A new cult is known as "sanipractors," which may mean that they are sane and all others are crazy. The Bohemians were the first to make a board-walk of the spine.

Not until the advent of "spondylotherapy," was electricity in medicine put on a scientific basis. Several observations are cited by this trenchant writer to show what can be done by aid of the vertebral reflexes.

Congenital Syphilis—W. J. McRoberts, M. D., (Hot Springs, S. D.). Address before the A. A. M. P. R., September 26, 1921. Attention is directed to many diseases which owe their origin to congenital lues. Astigmatism is mentioned, and the remarkable improvement in vision from the oscilloclast applied directly to the eyes at 3 is evidence of such association. "I have taken patients regarded as incurable and restored them to lives of usefulness; and this, because I have sat at the feet of that 'Gamaliel' of modern medicine, Dr. Abrams, and learned of him as many of you also have done."

COMMENTS ON THE OSCILLOCLAST

A. B. Collins, M. D., Linesville, Pa.—"The fact that I am ordering a second oscilloclast, is the greatest testimonial I can possibly give it respecting its great value in the treatment of disease, after a year's trial with the first machine."

O. M. Haywood, M. D., Chattanooga, Tenn.—"Having honestly devoted my life and earnings in efforts to heal, educate and lead to a richer life, I am prepared to appreciate what your illuminating discoveries mean to mankind."

M. W. MacManus, M. D., Denver, Colo.—"People are coming to me from various parts of the country. My success is most astounding. I am enclosing my check for a third oscilloclast."

H. D. Schell, M. D., Hamilton, Ohio.—"Hurry my oscilloclast. Last June you diagnosed a case of carcinoma of the cervix uteri, from a few drops of blood, which was forwarded to you. The patient laughed at your diagnosis and said, "She merely wanted to show you up," and refused to be examined."

Three weeks ago, she experienced pains in the pelvis, and slipped off to Cincinnati and was examined by a prominent surgeon. His diagnosis was carcinoma of the cervix uteri, and advised an immediate operation. I sent her to Dr. Palmer, of Dayton, for oscilloclast treatment, and I understand she is better."

Samuel King, A. B., M. D., Warren, Pa.—Answer to a letter from Dr. J. H. Hunt:

"My interest in one of Dr. Abrams' oscilloclast is the best investment I ever made, and has doubled my former income. I also have the satisfaction of treating and curing cases, for whom I could do nothing two or three years ago, and for whom the large majority of physicians, and especially those who know nothing of Dr. Abrams and his work, can do nothing today. I think so well of it, and have been so busy that I have ordered a second machine, and am awaiting anxiously from day to day to learn that it has been shipped.

"It is a specific treatment for specific conditions, and for this reason, the physician, in order to get results, must have a correct diagnosis, and then the rest is easy. Therefore, if you are doing an office work or have much work to do in the way of chronic ailments, or even acute infectious diseases, the rental of an oscilloclast will double your practice, provided you take up the work in the right way, and will prove by far the best deal you ever made.

"The oscilloclast is not a cure-all, but has no peer in the treatment of chronic cases, and you will have no rival in your community among the medical profession, as long as you are the only one fortunate enough to have an oscilloclast in that town."

Mather Thomson, M. D., London, England—(Extract of a letter to Sir James Barr.) "You may remember that I wrote to you re Abrams, before leaving London. It was your influence and advice that determined my visit to San Francisco, and I shall always remain your debtor."

H. Becker, M. D., Toronto, Canada—"I require a second oscilloclast very urgently. One case of mammary cancer removed August, 1920, and recurred. The oscilloclast did wonderful work for her, and, the right arm very much swollen, subsided in a few days."

H. Dundas Mackenzie, Auckland, New Zealand—"I have examined fifteen specimens of the Government calf lymph, and in all the specimens got the ERA for TB, congenital lues, and strep. in addition to the variolar contents.

"Since coming back I have examined about 249 cases, and have yet to find one free from congenital lues. I have had

many brilliant results with the oscilloclast, and so far only one failure in carcinoma, although I have refused to treat some cases, as the ohmage was too high. In the failure, I was prevailed on to treat the case against my better judgment, but that was only after they had called it an inoperable case at the public hospital. The ohmage measured $9 \frac{14}{25}$, and although all pain was removed, the case ultimately passed out. Still the work goes on well, and I am very much talked about at present by my grateful patients. I have treated fourteen cases of carcinoma to date, and have four under treatment doing well. Twelve of the cases have left well, one did not continue treatment, and the other as above.

"In ulceration of the upper intestinal tract, I have found congenital lues, TB and strep. These cases got well, and are a walking advertisement."

C. S. Evans, M. D., Hutchinson, Kan.—"Will have soon the need of four oscilloclasts."

A. Persons, M. D., Buffalo, N. Y.—"Every day spent at your clinic was full of surprises. The facility and accuracy of diagnoses beyond anything I had ever seen during forty years of observation and study here and abroad."

H. W. Fleck, M. D., Bridgeport, Conn.—"I learned from a laboratory man, who is connected with one of the largest pharmaceutical manufacturers in the country, that they are about to announce a cure for cancer. I told him that I could guess the nature of the cure, and I told him it must surely be a dye, which he acknowledged to be the fact, and wished to know how I thought of such a thing, and I informed him that he was stealing Dr. Abrams' powder.

"I had a case of infection of the antrum with staphylococci, which caused a closing of the eye and which, after operation and drainage and the loss of all the upper teeth on that side, still persisted for three months. Twelve treatments with the oscilloclast caused all the symptoms to disappear, and he was able to read with the eye and return to his work.

"A case of infected tonsils in a bleeder. All the throat specialists refused to operate. He recovered in twenty treatments.

"A case of chronic catarrhal appendicitis was cured in fifteen treatments, and the digestive symptoms disappeared.

"A swollen cervical gland, to be operated on the next day, owing to the inability to eat was so relieved in one treatment as to postpone the operation and permit deglutition with comfort.

"I have many more cases to report, but will keep them for another time."

A. T. Noe, M. D., Pacific Grove, Cal.—"In a patient with multiple sarcomata of the abdominal viscera, and which could be easily seen, they rapidly disappeared after treatment with the oscilloclast."

J. R. Leadsworth, M. D., Los Angeles, Cal.—"About a year ago I visited Dr. Abrams' laboratory to be initiated into the mysteries of electronic reactions. It had been my privilege in earlier years to sit at his feet, when he occupied the chair of pathology in Cooper College. I knew him to be a man of originality of thought as well as one who followed his convictions without fear or favor. In later years, like many others, I had profited by his spondylotherapy and reflex methods. But I was not prepared for anything so revolutionary in medicine as his blood electronic reactions. Anyone who has given the subject no thought would consider it the height of absurdity to say that disease can be diagnosed from a dry blood specimen. To say, in addition, that the disease can be located and its strength in ohms measured by the same test, seems to border on the ridiculous.

"The visitor to the Abrams' laboratory is treated with unfailing courtesy. He is given a favored seat, and not only listens, but is encouraged to make observations of his own. For Dr. Abrams realizes that each may have something to contribute. Few men of science go away from a discussion with Dr. Abrams without having contributed some unconscious bit of knowledge to this great system of definite medical science. Thus the Abrams clinic never lacks for material. The newcomer hears his predecessors of only a few days call off the reactions even before the executant has time to announce them. Often he is urged to verify a certain dull area for himself, and within a few days he is invited to join an evening class of his confreres to discuss percussion technique.

"One is at once convinced that Dr. Abrams is a scientist. He is also an indefatigable worker. Days and weeks are often spent to perfect some color reaction or an apparatus to accentuate percussion notes, only to send it to the scrap-heap, if it is found to be impracticable. But perhaps before a new day is ushered in, this tireless mind will give birth to a new concept, and again a series of experiments is undertaken to demonstrate its utility.

"Day after day one sees scores of blood specimens examined and the findings jotted down and sent out to doctors in various parts of the world. And the question naturally arises, how will these blood tests stand up with the clinical findings? As I continued to follow the work, I must confess this question gave me some concern. So it was with no little anxiety that I returned to my office in Los Angeles, and subjected the

ERA to the acid test. In all, I have submitted over a hundred specimens to Dr. Abrams. At first I purposely avoided taking any history of the patient until after the diagnosis had been made by the electronic tests. With few exceptions the results were really uncanny, in pointing out the disease and its definite location.

"Some may have gone to the Abrams laboratory to scoff, but all have come away to praise. The following is a case in point:

"A couple of months ago a doctor came in to see me and told me the following story: A week previous he had been attending a medical convention in San Francisco. Having a day that was not fully occupied, he decided to visit the Abrams clinic, more out of curiosity than with any thought of profit. He was given a cordial greeting by the doctor, and was invited to watch the morning's work in blood examinations. Finally, it was suggested that Dr. K. have his blood tested. He consented, and watching the reactions with great interest, he was told that there was a strep. infection somewhere. He volunteered the information that he had been told this before, but that no one had ever been able to locate the focal infection. The test proceeded. He was told that it was not located in the appendix, nor in the teeth, nor in the antrums, but it was finally discovered in the left tonsil. Dr. K. was sure that the diagnosis was wrong, as he had never had any tonsil trouble. However, to make sure, he went downtown and asked one of the best men he knew to give him a thorough once-over. After two hours of thumping and punching, when every organ had been examined as far as physical methods could go, he was told that there was a crypt in the left tonsil. He came to me for the oscilloclast treatment, and that is how I heard his story. As an evidence of his faith in the electronic reactions, he has since taken the course.

"Dr. R., who was at the time working with Dr. K. and heard this story, became interested, and so decided to send the blood of his daughter to Abrams laboratory. The diagnosis came back, infection of the left antrum. There was no physical symptom of this, so Dr. R. decided to take her to a specialist and verify the diagnosis. The specialist could find nothing to confirm the diagnosis, but said he would aspirate the antrum with a hypodermic needle, and imagine the astonishment when the barrel of syringe was filled with pus.

"After sitting in the Abrams clinic for several weeks—and never have I spent such enjoyable and satisfying weeks—I returned to Los Angeles determined to test the reactions.

"J. B.—Oil broker, came to me for extreme nervousness, emaciation and sleeplessness, and I told him of the gratifica-

tion afforded by clinching the physical examination with the blood findings. He was inclined to question the possibility of detecting disease by submitting a dried specimen of blood. I told him that it would not cost him a great deal to test the process, so he consented, and the specimen was sent to Dr. Abrams. The report showed lues, cerebrospinal strain, forty-two ohms, streptococemia of the teeth and gonococemia of the prostate. Upon being shown the blood findings, he said that he had been taking shots for lues; he was wearing a partial plate, but the mouth contained half a dozen old snag teeth; and he said he had gonorrhoea half a dozen times, and was taking prostate massage then. To say that he became an enthusiastic booster is putting it mildly.

"J. D.—Came for a growth about the size of a walnut on the outer side of the dorsal surface of the left foot. A year and a half previous he had come to me for the same condition, a painful, inflamed tumor growing rapidly and resisting all soothing applications. I referred him to a good surgeon, and an operation was performed, making a clean dissection of affected parts. Microscope demonstrated sarcoma. Several months ago the growth began to return, and the secondary growth seemed worse than the primary. Specimen of blood submitted came back with a diagnosis of strep. infection. In the face of what was known the diagnosis seemed a mistake, but the treatment with the oscilloclast was begun according to the findings, and strange as it may seem, a half-dozen treatments caused entire disappearance of the growth. The wound has been seen every week for four months since, and there is no evidence of recurrence.

"Miss B.—Came to me two and a half years ago for metrorrhagia and menorrhagia. I treated her for several months with various electric modalities, glandular extracts, and everything else that gave any promise of relief, but nothing permanent was effected. Finally, she was referred to a surgeon who performed an operation, removing both tubes and all but a part of one ovary, asserting that there was a tubercular condition. Recovery was prompt, but with no relief of the aggravating condition. Treatment was again begun and carried out perseveringly for months. About this time a new star arose on my horizon and it led to the Wise Man of the West who, like the Israelites of old, had become tired of wilderness wanderings in medical traditions. The electronic reactions showed that this young lady was afflicted with congenital lues, and the therapeutic test has since shown the accuracy of the diagnosis in effecting a prompt recovery.

"Scores of such cases could be detailed, if time would permit.

"Did you ever hear of the little boy who longed for a drum

for a Christmas present, and was told by his good mother that he should tell the Lord about his wants? That night he was heard to pray as follows:

I pray the Lord my soul to take, I want a drum.'
 I pray the Lord my soul to keep, I want a drum.
 If I should die before I wake, I want a drum.
 I pray the Lord my soul to take, I want a drum.'

"If you could hear the nightly supplications of myself and office force, you would hear something like the above, only it would be for an oscilloclast."

A. N. Campbell, Honolulu, Hawaii—"What the oscilloclast has done for a frontal sinus trouble is phenomenal. After the third treatment, all pains ceased, and the discharge, which was present for years, is practically gone."

J. H. East, M. D., Denver, Colo.—"I desire to place my order for a second oscilloclast. I am very much enthused over the results I am getting in one case and I desire to see if you have any suggestions to offer. When she came she could distinguish light only and the shadow of the hand when passed between the right eye and light, but totally blind in the left eye. Yesterday she gave us the following report: She can see people getting in and out of the automobile, see the chairs on the floor, see the food on the table, and says she can recognize her own children."

W. B. Ryder, M. D., Long Beach, Cal.—"Could handle twice as many patients. Last week had about 30-35 daily. When can I have another oscilloclast?"

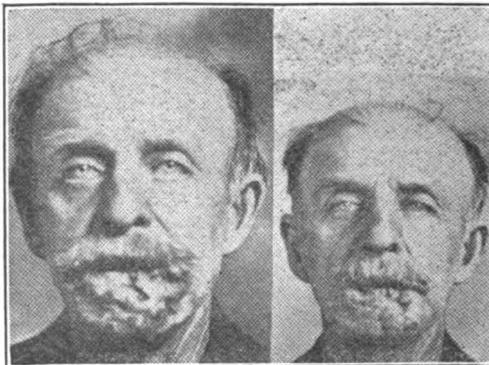


Figure 4

Dr. McCubbin's patient with lip epithelioma before and after oscilloclast treatment.

H. L. McCubbin, M. D., Sacramento, Cal.—"Photographs (Fig. 4) refer to an epithelioma before and after treatment with the oscilloclast. Lip is entirely healed and deformation is due to scar tissue only. This is a case of eight years' duration and cured in ninety days. Most wonderful I think. Will send you other data."

M. W. Livingstone, M. D., Pittsburgh, Pa.—"Diagnoses made with the ERA are often wonderful and the results with the oscilloclast are equally so."

Spondylotherapy

MY distinguished friend, Dr. J. Madison Taylor, contributed to the Medical Record (July 30, 1921), a significant article on "Vertebral Deformities." This contribution is of special importance because it brings into prominence some recent work done by Dr. Henry Winsor, of the University of Pennsylvania. Careful dissections were made of over fifty bodies to determine what anatomic evidences exist of alterations in structures of the spinal column in disease. He is evidently amazed at his findings, for he discovers undoubted evidence of rheumatoid arthritis with vertebral distortions on a line of the same sympathetic segment as the viscera which are diseased.

He does not know whether the distortions are primary or secondary to visceral pathology. The essential factor is, that vertebral distortions are more frequent than we are wont to believe, and thus the Raison d'être for the back-bone cults is suggested.

[The chief duty of a consultant is to examine the rectum, for the reason that it rarely is examined. Dr. Taylor deplors the non-recognition of the vertebrae as a factor in disease by the average clinician and the burden of his plaint is, **EXAMINE THE BACK.**

It is useless to discuss the problem of subluxated vertebrae, for it only eventuates in logomachy. Such discussions are akin to the vagaries of the sophists who, teaching that all was mind, denied the phenomena of nature. There is no such thing as motion, they argued, because no object could move where it was not; therefore, there could be no motion.

It is useless for Dr. Winsor to say, although in a theoretic sense he may be right, that reduction of a subluxated vertebra is impossible because the vertebrae are so immobilized by disease that only by boiling, and even then with difficulty, can they be separated.

The essential question is, Does spinal manipulation

by the osteopath and chiropractor benefit the patient? This may be answered with an emphatic YES, and results are often achieved which baffle the understanding of the educated physician. The writer has endeavored to explain the results in his "Spondylotherapy" by the elicitation of reflexes.

The patient doesn't give a tinker's imprecation about what is the matter with him. His chief concern is to get well.

The writer proposes a new department in medicine which should be called, **PRAGMATICAL MEDICINE**. The pragmatist method accepts an idea whether true or untrue by its practical results. Rationalism only concerns itself with logic. In other words, the medical pragmatist asks only for results, and ignores that stupendous superstructure of theories which poses as classical medicine.—Editor.]

REPORTS

By M. P. STEPHENS, M. D.

[Bearing on the foregoing editorial, the patients who received results from Dr. Stephens were only concerned with **Results**.]

Menorrhagia—Girl. Continuous heavy flow for five months. Very anemic and weak. Many physicians consulted and one, a surgeon, suggested an operation as the only solution to the problem. This operation was to have been performed the following week. Placing the girl on the table, pressure at intervals was made on the sides of the first three lumbar spines to elicit the uterine reflex of contraction. After a single manipulation the flow had almost ceased, and after the third manipulation the flow did not recur until her next menstruation. This maneuver was repeated one year later, when the period lasted twelve days. One treatment sufficed and she has menstruated normally for five years.

Dysmenorrhœa—Treated by Dr. Albert Abrams' method of freezing has given permanent relief from pain in more than twenty-five cases. Freezing was executed over the first to fourth lumbar spines for about three minutes. Within fifteen minutes the patients marveled at the disappearance of pain. Two cases had only one treatment. Each claimed that the following menstruation appeared without pain. In a few cases two treatments were given during one menstrual period. Five or six patients took from three to four treatments between the menstrual periods,

and always one a few hours before the flow was due. All these patients had permanent results. One patient had treatment over a period of five months, averaging one freezing a week. The treatment given before the menstrual flow makes the patient fairly comfortable.

L. S. Brooke, M. D., San Francisco, refers to a patient with menorrhagia lasting nine weeks, which was arrested by several stimulations of the lumbar spines.

Seventh Cervical Spine—Despite its prominence, a prominent sixth cerv. spine may confuse its location. Dr. Hamilton (Raton, New Mexico) suggests the following: Turn the patient's head backward. The first spine that fails to fully recede is the seventh cervical vertebra. This is, in my opinion, not conclusive. Mark third dorsal spine opposite spine of scapula. Latter is practically a constant landmark for this vertebra and count up or down.

SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY

California (Provincial)—Drs. Thudichum, Thompson, Bransford, Dietz, Wherry, Gray, D. Hand, H. McCubbin, D. Northrup, E. Herbst, R. Sturgis, E. Percival, A. Heaney, S. Terry, R. Duncan, W. Dower, D. B. Fields, H. J. Aalders, B. M. Krout, J. R. Leadsworth, C. Aldrich.

Indiana—Drs. Edgar C. Droom, M. P. Stephens.

Illinois—Dr. K. Herz.

Oregon—Dr. Chas. Zeebuyth.

New York—Dr. M. A. B. Girard.

Iowa—Drs. W. H. Seymour, M. W. Moulton.

Nebraska—Drs. N. T. Johnston, A. S. Main.

Colorado—Dr. P. A. Wade.

Ohio—Drs. Wiley Sprague, W. Wolfram.

New Mexico—Dr. D. D. Hamilton.

Kansas—Dr. L. S. Downs.

Pennsylvania—Dr. Samuel King.

Canada—Drs. McKay Jordan, B. Becker, F. Sharp.

Hawaii—Drs. G. St. David Walters, Geo. Herbert.

Mexico—Drs. F. Gomez, E. Aldana.

Central America—Dr. C. Leiva.

France—Dr. C. Molule.

India—Dr. J. Eastland.

PHYSICO-CLINICAL DEFINITIONS

Spondylotherapy—Elicitation of reflexes by vertebral concussion. The executor of this method is one who "knocks you" when your back is turned.

Neurologist—One who claims to diagnose nervous diseases but resents the imputation of curing them.

Classical Medicine—The art of diagnosis and awaiting the autopsy for its confirmation.

Therapeutics—A lost art revived by Christian Science.

Tonsil—The latest thing out.

Appendix—A surgical asset.

Ductless Gland—A lucrative structure for the pharmaceutical chemist.

Autointoxication—A misdirected motor car by a drunken driver.

Pessimist—A patient on whom an unsuccessful operation has been performed by an optimistic surgeon.

Rheumatism—A name for the diagnostically destitute.

Church—A place of worship; also an operating-room, including the surgeon.

Egotist—One who presumes to understand the theory of relativity.

Dyspeptic—One who gives an organ recital.

Abortion—"Love's Labor Lost."

Blue Law—A chromatic thanatopsis; the legalization of life as a preparation for death.

Psychoanalyst—One who locates the sexual apparatus in the brain.

Propaganda—The virtuous male of the goose species.

IF?

(According to Edison)

1. If there is nothing in an appendix but \$250, who receives the benefit?
2. If 90 per cent of our diagnoses are wrong and if the sick derive more benefit from the cults, what will be the destiny of scientific medicine? Must we thank God that our discoveries are of no practical use to mankind?
3. If a lithotomist claims never to have lost a stone in his operations, how many patients did he lose?
4. If a surgeon operates a quarry, is he violating the Hippocratic oath which enjoins him not to cut for stone?
5. If a gallstone is passed by the "National Board of Censors," does it enhance the morality of the stone?

PHYSICO-CLINICAL TRITURATES

Our patients complain that our high cost of killing is a factor equally important as the high cost of living.

Some men are born fools, others avoid a specialty and practice general medicine.

Reformers are attempting to prove that everything is injurious and they will eventually succeed in proving that even food is poisonous.

A surgical congress is practically a "Peace Conference." Their members can be credited with all kinds of pieces of an anatomical nature.

The edict has gone forth that more dentists are needed. What we actually need is more teeth.

The chiropractors and osteopaths must have lost faith in Luther Burbank since he invented the "spineless cactus."

A news item reads: "Peggy O'Neill travels 3000 miles to visit her dentist." That dentist must have some "pull" who can extract a lady at that distance to "fill" a void. We have "long distance telephones," and now, "long distance dentists."

A surgeon reports 2000 consecutive operations. That's not surgery. It's a habit.

Anatomic dismemberment has been dubbed "Surgery" and it persists despite the biblical injunction, "What therefore God hath joined together, let not man put asunder."

Cures may be effected with or without surgery. In the latter instance, the cures are agreeably efficient; in the former, disagreeably so.

All "paths" lead to cure, therefore we have allopaths, homeopaths, osteopaths and other kinds of paths.

Dr. Smith informs us that he never lost a case. We wonder how he does it. We lost two cases of wine since prohibition has gone into effect. Pro patria: Pro hibition.

A recent health item advises people to lie on the right side. Most of them lie right, left and in any other direction.

When a patient has pain in the lower abdomen the physician thinks it may be appendicitis, but the surgeon thinks it can be nothing else.

A good many things are easier done than undone—including surgical operations.

When surgery will be able to solve problems instead of creating them, there will be no surgery.

Psychologized medicine has become a necessity to explain why one man's calomel is a little better than the other fellow's, and why what is obvious can never compete with what is mysterious in the treatment of disease.

A St. Louis man swallowed \$4.85 in nickels on a bet. Surgery

was not invoked. Evidently his astute physician observed that, if the nickels were genuine, they would pass.

Man has conquered the air, but the haughty Dr. Grimes abuses it, judging from the "air" he assumes when he performs an operation.

"Take it from me; I'm a sick man," said the patient. The surgeon did not hesitate and removed his appendix.

SOME SURGEONS I HAVE KNOWN

John Smith, whose prognoses were always wrong. He was a poor prophet, although he practiced for profit.

William Jones, a really heartfelt surgeon. He couldn't help it. He had angina pectoris.

George Johnson, the universal surgeon. He operated internally, externally and eternally, and most often, infernally.

Howard Gump, the disconcerted surgeon. Nothing could "move him" but his infallible compound cathartic pills.

Walter Riley, the contented surgeon. He had diplopia. When he received his fee he always saw double the amount.

Every surgeon who lives in Sacramento, the capital of California, should speak of their operations as capital ones. Colonel Jones was quite aggrieved when the surgeons referred to his operation as a "major one."

Dr. B.'s taste for surgery is so great that he has become a tongue specialist and he hopes that his operations will speak for themselves.

Walter Kemp, the self-confident surgeon with faith in operations when executed only by himself, intends to "cut out" his own "booze" when prohibition goes into effect.

William Haller, the "courteous surgeon," who, when he grasps the prostate in his hand, always says, "Gland to meet you."

Clarence Atkins, the "open-minded" surgeon, because he couldn't help it. He was trephined when a child.

LESSEES OF OSCILLOCLAST *

Sir James Barr, England.

A. Bursell, M. D., Medford, Oregon.

E. A. Majors, M. D., Oakland, Cal. (2 machines).

A. T. Noe, M. D., Pacific Grove, Cal. (2 machines).

J. P. Kanoky, M. D., Kansas City, Mo.

* Terms on which oscilloclasts are leased are as follows: A primary payment of \$200.00, and \$5.00 monthly. Primary payment is subject to change, owing to varying cost of material and labor. Other physicians who have ordered the oscilloclast for DC and AC (below 50 or 60 cycles) must exercise patience before receiving their machines, inasmuch as the latter must be specially constructed. Primary payment on DC oscilloclasts is \$250.00.

- H. Meredith, M. D., Oakland, Cal.
J. Goodwin Thompson, M. D., Oakland, Cal. (2 machines).
V. Sillo, M. D., New York City.
W. F. Becker, M. D., Chicago, Ill. (2 machines).
E. W. Dodge, Chicago, Ill.
J. W. King, M. D., Brandford, Pa. (4 machines).
C. Wheeler, M. D., San Francisco, Cal.
H. Michener, M. D., Wichita, Kan.
G. Boericke, M. D., University Hospital, Ann Arbor, Mich.
M. W. Knapp, M. D., San Jose, Cal.
J. Du Plessis, M. D., Chicago, Ill.
P. S. Replogle, M. D., Champaign, Ill.
C. L. Thudichum, M. D., Sebastopol, Cal. (2 machines).
F. Schuldt, M. D., Mexico City, Mexico.
H. E. Palmer, M. D., Dayton, Ohio.
Capt. A. R. Gould, M. D., Washington (2 machines).
B. W. Swayze, M. D., Allentown, Pa.
H. A. Hess, M. D., San Francisco, Cal.
H. G. Nyblett, M. D., Calgary, Canada.
B. Tisdale, M. D., Oakland, Cal.
J. Tow, M. D., San Francisco, Cal.
C. H. Kingsbury, M. D., Danielson, Conn. (2 machines).
L. H. Dietz, M. D., Oakland, Cal.
S. King, M. D., Warren, Pa. (2 machines).
S. F. Meacham, M. D., Oakland, Cal.
B. Crombie, M. D., Portchester, N. Y.
W. J. McRoberts, M. D., Hot Springs, S. Dakota (2 machines).
R. Rice, M. D., Council Bluffs, Iowa.
C. S. Evans, M. D., Hutchinson, Kan. (2 machines).
H. T. Irvine, M. D., Austin, Texas (9 machines).
A. B. Collins, M. D., Linesville, Pa. (2 machines).
W. P. Myers, M. D., Anaheim, Cal. (2 machines).
C. E. Johnston, M. D., Los Angeles, Cal. (3 machines).
V. S. Irvine, M. D., Lankin, N. Dakota.
I. Howard Planck, M. D., Chicago, Ill. (3 machines).
M. A. Hansen, M. D., Osage, Iowa (2 machines).
J. A. Savignac, M. D., Ottawa, Canada.
M. W. Livingston, M. D., Pittsburg, Pa.
E. B. Crosby, M. D., Oriska, N. Dakota.
H. D. Schell, M. D., Hamilton, Ohio.
A. E. Persons, M. D., Buffalo, N. Y.
J. R. Leadsworth, M. D., Los Angeles, Cal. (2 machines).
A. W. Buell, M. D., Long Beach, Cal.
H. B. Coblentz, M. D., Washington, D. C. (2 machines).
H. C. Kehoe, M. D., Flemingsburg, Ky.
F. M. Cooper, M. D., Colorado Springs, Colo.
W. G. Doern, M. D., Milwaukee, Wis. (8 machines).

- H. W. Fleck, M. D., Bridgeport, Conn. (2 machines).
B. L. Sanborn, M. D., San Francisco, Cal.
C. C. Waltenbough, M. D., Canton, Ohio.
J. F. Roemer, M. D., Waukegan, Ill.
E. B. Taylor, M. D., Huron, S. Dakota.
T. Kendrew, M. D., Indianapolis, Ind.
G. E. Watts, M. D., Portland, Ore.
E. C. Folkmar, M. D., Washington, D. C.
A. W. Boslough, M. D., Wausau, Wis.
H. D. MacKenzie, M. D., Auckland, New Zealand.
Sigmar Hilfer, M. D., West New York, N. J. (3 machines).
J. D. Sullivan, M. D., Kenosha, Wis. (2 machines).
H. L. McCubbin, M. D., Sacramento, Cal. (2 machines).
M. S. Hsu, M. D., Woosung, China.
Henry P. Fahrney, M. D., Frederick, Md.
H. M. de Danneville, M. D., New Zealand.
S. Rosenthal, M. D., Aberdeen, S. Dakota (2 machines).
H. Gunderman, M. D., Monango, N. D.
Chinese Government.
F. M. Planck, M. D., Kansas City, Mo.
T. D. Bristol, M. D., Cleveland, Ohio.
C. Conn, M. D., Sioux City, Iowa (2 machines).
C. F. Ellis, M. D., Eureka Springs, Arkansas.
D. D. Hamilton, M. D., Raton, New Mexico.
D. E. Murray, M. D., Roanoke, Ind.
C. E. Cole, M. D., Prairie Du Chien, Wis.
M. McManus, M. D., Denver, Colo. (3 machines).
D. McSwegan, M. D., San Diego, Cal.
H. S. Huang, M. D., Amoy, China; Houston, Texas (2 machines).
L. H. Butka, M. D., St. Helena, Cal.
J. C. Anthony, M. D., San Francisco, Cal.
O. M. Hayward, M. D., Chattanooga, Tenn.
P. G. Smoot, M. D., Maysville, Ky.
W. A. Hanor, M. D., Corning, N. Y.
H. R. Goshen, M. D., Bronson, Kan.
J. E. Johnston, M. D., Pittsburg, Pa.
J. R. Mitchell, M. D., Washburn, Wis.
H. Becker, M. D., Toronto, Canada (2 machines).
O. O. Sink, M. D., Smithfield, Ohio.
M. J. Wolf, M. D., Petaluma, Cal.
Cora Smith King, M. D., Washington, D. C.
C. M. Moffatt, M. D., Shenandoah, Iowa.
P. Livingstone Barnes, M. D., Los Angeles, Cal. (2 machines).
C. M. Cooper, M. D., Bellevue, Ohio.
W. H. Dower, M. D., Halcyon, Cal.
L. S. Brooke, M. D., San Francisco, Cal.
J. H. East, M. D., Denver, Colo. (2 machines).

- C. J. Pflueger, M. D., Kalamazoo, Mich.
E. F. Pielmeier, M. D., Vincennes, Ind.
A. W. Hoyt, M. D., New Rochelle, N. Y.
S. A. Lutgen, M. D., Wayne, Nebraska.
R. L. Crowthers, D. D. S., Caldwell, Ohio.
J. L. Conrad, M. D., McKeesport, Pa.
Z. L. Baldwin, M. D., Kalamazoo, Mich.
F. Sharp, M. D., Cardston, Alberta, Canada.
W. B. Ryder, M. D., Long Beach, Cal. (2 machines).
W. B. Secrest, M. D., Logan, Utah.
S. Talbott, M. D., Nevada City, Cal.
H. Lischner, M. D., San Diego, Cal.
G. D. Pendell, M. D., Wellington, Kan.
W. Wolfram, M. D., Cincinnati, Ohio (2 machines).
C. A. Stout, M. D., Cincinnati, Ohio.
F. Paredes, M. D., Celaya, Mexico.
W. A. Klopfenstein, M. D., Detroit, Mich.
H. W. Gates, M. D., Waco, Texas.
W. Kendall, M. D., Ocean Park, Cal.
O. Jones, M. D., Indianapolis, Ind.
M. Thomson, F. R. C. P., Dublin, Ireland (3 machines).
F. Vasquez Gomez, M. D., San Antonio, Texas.
D. B. Holcomb, M. D., Pasadena, Cal.
D. S. Kanstoroom, M. D., Washington, D. C.
J. V. Malloy, M. D., Denver, Colo.
A. A. Sorensen, M. D., Aberdeen, S. Dakota.
H. S. Bramble, M. D., Elmer, New Jersey.
S. F. Hsu, M. D., Woosung, China.
Luther V. Bates, M. D., Reno, Nevada.
D. I. Cochran, M. D., Hamilton, Ohio.
M. P. Stephens, M. D., Terre Haute, Ind.
Wiley T. Sprague, M. D., Athens, Ohio.
A. S. Main, M. D., Loup City, Nebraska.
W. H. Seymour, M. D., Charles City, Iowa.
J. W. Neptune, M. D., Salina, Kansas.
H. A. Dittmer, M. D., Manchester, Iowa.
P. A. Wade, M. D., Canyon City, Colo.
N. T. Johnston, M. D., Upland, Nebraska.
F. H. Osmun, M. D., San Francisco, Cal.
O. B. Hicks, M. D., Shreveport, La.
C. H. Lenhart, M. D., Danville, Ill.
Chas. Rosedale, M. D., Hollywood, Cal.
M. W. Moulton, M. D., Bellevue, Iowa.
W. N. Fowler, M. D., Kalamazoo, Mich.
M. L. Geiser, M. D., Keokuk, Iowa.
Ralph A. Manning, M. D., Winchester, Mass.
S. M. Brown, M. D., Boston, Mass.

Francis A. Cave, M. D., Boston, Mass.
Francis T. Davies, M. D., Boston, Mass.
C. Harrison Downing, M. D., Mattapan, Mass.
Edwin Alden Leavitt, M. D., Worcester, Mass.
H. Scholtz, M. D., Oakland, Cal.

2151 SACRAMENTO ST.,
SAN FRANCISCO, CAL., U. S. A.

PHYSICO-CLINICAL LABORATORY

— OF —

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

VIRULENCY GAUGED.

In SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (glands, lungs, bone), the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures, or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to determine whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient, ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations now permit of the localization of lesions. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible.* It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent of errors and in some cases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th Series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. 8, 3rd Edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully 50 per cent, and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916) estimates that 15 per cent of paretics and 70 per cent of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital gives a negative result in from 31 to 50 per cent of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS

* Owing to the many examinations now being made, a brief history of symptoms is necessary.

test, because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy.

NEARLY 100 PER CENT POSITIVE.

Geo. O. Jarvis, A. B., M. D. (formerly of the University of Pennsylvania), found that the Electronic tests of Abrams were POSITIVE in nearly 100 per cent of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphilologist in his *SEXUAL IMPOTENCE* (W. B. Saunders & Co., 1915). "In the diagnosis of syphilis by the **ELECTRONIC TESTS OF ABRAMS.**"

The tests embody the employment of the visceral reflexes of Abrams.

FROM ENGLAND.

Sir James Barr, in his presidential address at the eighteenth annual meeting of the British Medical Association (British Medical Journal, July 27, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the British Medical Association, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new continent and he has given us further insight into methods of prevention."

"I could easily fill several journals with an account of Abrams' valuable work."—Sir James Barr, British Med. Journal, March, 1920.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E.—(Article, "Dr. Albert Abrams' Method of Percussion," *Lancet* (London), May 22, 1920): "Dr. Abrams is, perhaps, doing more than anyone else in the present day to resuscitate the lost art of physical diagnosis."

"In cancer Abrams' reactions can be easily verified."—Sir James Barr, *Lancet* (London), May 22, 1920.

"In my opinion he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."—Sir James Barr, *Medical Press and Circular* (London, England), Jan. 12, 1921.

DIAGNOSIS AT THE VERY BEGINNING.

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams of San Francisco. To be able to **DIAGNOSE AT THE VERY BEGINNING**, tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (*American Journal of Clinical Medicine*).

In another communication to the same journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abrams is due the credit for this epoch-making, discovery. It is the external counterpart of the Abderhalden reactions."

"We think Dr. Albert Abrams was the first to utilize colored screens in diagnosing disease."—Geo. Starr White, *A. J. Clin. Med.*, Feb., 1915.

(NOTE—The only object in publishing White's excerpts is to discredit the latter, who, in later publications under new captions, claims priority for Abrams' discoveries and instances his observations on the flight of "homing-pigeons," and other fantastic vagaries in justification of his claims.)

FEEES:

(Which include all diagnostic information necessary.)
 Blood examinations, which include tests for all diseases.....\$10.00*
 Subsequent blood examinations to gauge the course of the disease 5.00
 Examination of patients\$25.00-\$100.00

(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.
 Course to physicians on Electronic Diagnosis.....\$200.00
 (Limited to reputable physicians in possession of the M. D. degree.)

* When disease is localized, an additional charge of \$5.00 is made.

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1821 50 HOPE STREET
COR. SIXTEENTH AND HOPE ST
LOS ANGELES, CALIFORNIA

To Whom it may concern:
This is to certify that
Dr. Albert Abrams has examined ^{forms} by
his new method one hundred ^{forms} sig-
nificant cases, great as was the purpose
to me in many instances in practically
all cases his judgment was ^{cases} ^{cases}
demonstrated to be correct and in no instance
was he found to be in error.

Attest
Harley E. Macdonald M.D.

When I first began to investigate the subject of Electronic Diagnosis, I found the work most confusing but further investigations at the Physico-Clinical Laboratory of Dr. Abrams, convinced me from therapeutic results observed, of the correctness of his diagnoses. It is impossible to form a very intelligent opinion of these methods from reading about them. One must come to Dr. Abrams' laboratory and watch him at his work and hear his explanations and comments and if he approaches the investigation in an unprejudiced frame of mind the physician will soon discover that he has found something that will be of vast usefulness to him in his medical work. I consider the last five months that I have spent in this investigation as the best spent time of my medical life and would heartily advise any of my confreres to pursue a like course.

Very sincerely,

W. R. Scroggs M.D.

1st. Lieut. Medical Corps
U. S. Army.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON June 15, 1917.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-2-

reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. *final judgment* The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond cavil the presence of cancer.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-3-

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

AMOR THATCHER, M.D.,
Pueblo, Colo., Cal.

July - 27-17

Dear Doctor Abrams

Your letter explaining blood test no. 3 received. Your diagnosis is correct. I thought I might stump you on this one - but failed.

I am sending you blood specimens of case no. 1. To day - I trust you will be able to find some improvement in this test case - this time.

I can hardly wait the time I can leave for the city and spend the time with you.

Thanking you for past favors I am sincerely yours

A. M. O.

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Pollomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis
Collapsus	Leprosy	(Variety)
Carcinoma	Malaria	Scarcoma
Cholelithiasis	Measles	Scarlatina
Chorea	Menstruation	Staphylococccic Infection
Diabetes	Meningococccic Infection	Streptococccic Infection
Diphtheria	Neurasthenia	Syphilis (differentiation of congenital and acquired, and specific strain)
Epilepsy	Paralysis Agitans	Teniasis
Genococccic Infection	Parathyroid Insufficiency	Tetanus
Gout	Paratyphus	Typhoid
Hookworm	Pneumococccic Infection	Tuberculosis (Varieties)
Hyperpituitarism	Psychasthenia	
Hyperthyroidism	Pregnancy (prediction of sex)	
Influenza		
Insanity		
Paranoia		
Dementia Precox		

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary, or, if given, whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer, and this is demonstrable by a blood examination.

WARNING

Many physicians have forwarded specimens of blood to the Physico-Clinical Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchnic reactions. Specimens have been received on colored and printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis, the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, COLISEPSIS and STREPTOCOCCIC INFECTION.

When two blood specimens are sent, forward them in separate envelopes to avoid conferred radioactivity.

The quantity of blood forwarded should be sufficient to cover an area represented by a 50-cent piece.

No diagnostic method is infallible. It is requested that all physicians correlate the electronic diagnosis with their clinical findings.

ELECTRONIC REACTIONS OF ABRAMS (E R A)

(A few brief and curtailed references from journals and signed letters)

NOE, A. T., M. D.—“I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known.” N. A. J. H.

ANTHONY, J. C., M. D.—“Made wonderful diagnosis for me which would have been impossible by other means.”

HESS, H. A., M. D.—“Dr. Abrams has made fifty examinations of the blood for me and all correct as far as I can judge.”

MEACHAM, S. F., M. D.—“E R A are greatest contribution to medicine.”

POPE, CURAN, M. D. (author of classic on Hydrotherapy).—“Not a day passes that I do not use your methods.”

BOOLSEN, S., M. D.—“I regard the E R A as a great help and have frequently contributed the fee myself, because results talk and success follows a correct diagnosis.”

JAWORSKI, H., M. D., Paris, France (author and medical authority; translator of E R A into French).—“I have carefully studied your methods and regard the discovery and its immensity with admiration.”

KING, J. W., M. D., Pa.—“Physicians should at once form a caravan and go out and worship at ‘Abrams’ shrine.’ Am getting wonderful results therapeutically from diagnosis made for me by you.”

PAREDES, F., M. D., Mexico.—“I shall popularize your marvelous methods of diagnosis in Mexico.” (Dr. P. studied the E R A at Dr. A.’s laboratory.) Dr. F. Vasques Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine, and Minister Public Instruction, has also studied the E R A at Abrams’ laboratory.

POWELL, C. S., M. D.—“The E R A are very helpful in my work, especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A.”

MAJORS, ERGO A., M. D.—“E R A have conformed remarkably with my office findings and I am grateful to Dr. Abrams for his wonderful work.” (Dr. M. has forwarded 173 blood specimens. At least 100 specimens were sent without comment of any kind.)

NYBLETT, H. G., M. D.—“My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has.”

J. MADISON TAYLOR, M. D. (Article, “An Appreciation of the Teachings of Dr. Abrams,” Monthly Cyclopedic and Medical Bulletin, July, 1913).—“Dr. Abrams has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams’ researches afford is the largest source of illumination, and I, for one, welcome it with thankfulness.”

**Practical Courses in Spondylotherapy
and
Electronic Diagnosis and Treatment**

Dr. Albert Abrams will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians can gain admission to the classes, which are limited. The course lasts four weeks, and the fee, in advance, is \$200.00. Applicants may address Dr. Abrams, 2151 Sacramento St., San Francisco.

**Dr. Abrams' Electrodes
for
Electronic Diagnosis**

These consist of three electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

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Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

Vol. 6

MARCH, 1922

No. 3

FOUNDED AND EDITED BY
ALBERT ABRAMS, A. M., M. D., LL. D., F. R. M. S.

CONTENTS

	Page
CHIROMETASEOSIS	1
ANTAGONISM OF NATURE	5
HEMATOGRAMS	6
VACCINATION	7
SINCLAIRIAN ALTRUISM	9
BLINDNESS AND SYPHILIS	17
REPORTS	20
GLASS RODS IN DIAGNOSIS	23
REVIEWS	25
INTERROGATORY	31
ELECTRONIC MEDICINE	34
MISCELLANY	36

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WORKS by ALBERT ABRAMS

A. M., LL. D., M. D., (University of Heidelberg), F. R. M. S.

One-time Professor of Pathology and Director of the Medical
Clinic, Cooper Medical College (Medical Dept. Leland
Stanford Jr., University).

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2151 SACRAMENTO ST.

SAN FRANCISCO, CAL.

Physico-Clinical Medicine

Vol. 6

MARCH, 1922

No. 3

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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PHYSICO-CLINICAL CO.,
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Chirometaseosis

THIS term of new coinage (G. cheir, hand, meta, over and seio, shake or vibration) suggests the transference of vibrations by the hand.

Radium confers radioactivity on other substances, and a familiar example of transference is noted in magnetic induction by which magnetism is transferred to magnetizable substances.

Psychometry is a so-called occult power possessed by certain individuals of divining, by physical contact with objects of diagnosing disease, or determining the charac-

ter of an individual by handling an object which has been in the possession of the latter.

There is also an occult power of inspecting the hand (Chiromancy), and then there is the chirographist who tells fortunes by examination of the hand.

Such methods are repugnant to science.

More dignity is attached to Graphology—the study of character by the handwriting. It is contended that this tracing of his nature which an individual makes when writing, has the advantage of permanency and unlike facial or other bodily gestures, although, equally expressive, are transitory.

The astute physician does not ignore writing disturbances in diagnosis. The parietic writes as he speaks—leaving out words and syllables.

The haste of the maniac is noted in his writing like in his speech. In paralysis agitans and multiple sclerosis, there are analogous characteristics in writing and in speech.

The study of finger prints (Dactyloscopy) shows that no two are exactly alike and they remain unchanged during life. Each whirl, arch and loop has a special significance. They differ in the sexes and the races, and in addition to their present use for personal identification, they await a master mind for their value in the interpretation of disease.

We approach the subject, however, in a strictly scientific manner that admits of absolutely no doubt in the correctness of the findings however incredible it may appear to the non-initiated. It will be apposite to state the premises upon which my conclusions are formulated.

Proposition I. That in writing, the energy passes from the finger tips to the paper and it is there fixed like a mordant with the graphite of the pencil or the ink from the pen. Any mark is equally significant. Typewriting shows no energy transference. It is a matter of no moment whether the mark or writing is made with the left hand.

Proposition II—From this transferred energy, it is possible to elicit reactions showing sex, approximate age and racial characteristics. That the energy of disease is equally transferred, and it can be identified with the same certainty as an examination of the blood.

Proposition III—That the energy reaction does not deteriorate with age. On the contrary, the older the writing, the greater is the potentiality of the reaction. Thus the age of a signature or writing may be approximately determined—a fact, like the foregoing, of great importance in forensic medicine.

Many of the observations were made with my new apparatus, "oscillophone," which reduces the personal equation to a minimum.

Technique—Those who are not in possession of my diagnostic apparatus may employ the electronic reactions in the usual way. The only exaction is to depolarize the writing before examination by passing over it the emanations of a horseshoe magnet.

The fact that age does not vitiate the reactions appears contrary to reason, but theory has no sway when confronted by a fact.

Hypotheses are so common in science that one can employ them either to prove or disprove the same contention.

Let us select the most available hypothesis. The dissolution of ancient systems and the evolution of new ones out of their ruins is in accord with the modern conception of physics.

Radium is an evolutionary product of uranium over a long period of time; yet the radioactivity of uranium is millions of times feebler than that of radium.

There are many intermediate changes between the initial energy transferred to the paper by the handwriting. The change of uranium into radium is not direct, but through an intermediate substance, ionium, which steadily produces radium after a lapse of time.

That the potentiality of energy (approximate) increases with age is instanced in the following table:

Date of Writing*	Date of Examination (October 31, 1921)	Ohmage
May 18, 1921.....		7/25
June 6, 1921.....		13/25
June 9, 1921.....		15/25
May 7, 1917.....		3 9/25
September 5, 1916.....		4 9/25
June 30, 1915.....		4 14/25
June 4, 1914.....		4 20/25
August 24, 1914.....		4 21/25
June 6, 1911.....		5 7/25
August 6, 1911.....		5 8/25

AUTOGRAPHIC EXAMINATIONS †

Autograph	Date of Writing	Ohmage	Remarks
Dr. Samuel Johnson	Feb. 7, 1775	48	Reaction acquired syphillis (cerebro-spinal strain) and tuberculosis
Edgar A. Poe	Dec. 30, 1846	31	Cong. syphillis (cerebro-spinal) and reaction of dipsomania
H. W. Longfellow	May 14, 1855	10	Cong. syphillis
Oscar Wilde	No date		Male reaction 18/25 Female reaction 1 16/25 Acquired Syphillis (cerebro-spinal)
Samuel Pepys	July 5, 1693	60 10/25	Congenital syphillis (cerebro-spinal)
Bret Harte	No date		Jewish on father's side Cong. syphillis (cerebro-spinal)

The frequency of congenital syphilis among literarians is fully in accord with my previous observations, which show that original capacity is identified with the development of a definite brain center, which, in a state of irritation, either attracts the syphilotoxins, or the latter are primarily present and maintain in erethismic condition.

Scientific Psychometry—The word "occult" is only

* Use two rheostats, admitting energy of one at 49 (rate of human energy) and measuring with the other rheostat. Ascertain reaction over sex area (on abdomen or in suprascapular regions).

† The editor expresses his gratitude to Dr. John Robertson, formerly Professor of Mental Diseases, University of California, who placed the autographic copies at his disposal. These examinations were made at the time Dr. Robertson was present. The oscillophone was used.

acceptable in the sense that we are ignorant of a phenomenon. Take any object in the possession of an individual and note that, by aid of the same reactions, one can do all that is done with handwriting. Place the hand in contact with any object and condense the energy in a condenser, and note that, from the emanations of such energy, you may make reactions like the foregoing. The artist transfers his personality (energy) to his paintings, and his identity may be equally established after a lapse of years.

Antagonism of Nature

WE ARE all familiar with the lifting game in which four persons, after breathing deeply in unison, can easily lift a fifth person with their finger tips. The lifters agree that the lifted person appears to have lost weight. Dr. Hereward Carrington tried the experiment on the platform of a sensitive scale. At the outset, the combined weight of the experimenters was 712 pounds. After the breathing, and during the time the person was lifted, the weight decreased 52 pounds on the first trial, and on subsequent lifts, 60 pounds.

The natural query is, Can breathing exercises overcome gravity.

Nature is in constant opposition. The earth, a huge magnet, has positive and negative poles, one force antagonizing the other. A battery likewise has two poles with antagonistic energies. The human machine is equally endowed with opposing forces. There is one force which contracts and another which dilates bloodvessels, and so with other structures of the organism. When these forces are equal, the caliber of the structures is maintained, but if one force is in the ascendancy either contraction or dilatation ensues. In our ignorance, we refer such anomalies to nerves, always forgetting that they are only the media by which a particular energy is conducted.

After witnessing the "lifting experiment," the writer

sought to determine the effects on the stomach. He has shown that if the energy emanating from the finger tips approximates the seventh cervical spinous process, the stomach contracts; but, after breathing like in the "lifting game," the same finger tips will dilate the stomach.

From this experiment, a new apparatus has been devised, "rheostatic dynamizer,"* which enables one to accentuate the electronic reactions. Connected with the dynamizer, with lever at O, reactions of the usual intensity are elicited. Placing the lever at button, marked S V, we oppose the force which keeps the bloodvessels in the S V reactions from dilating to their maximum. At button for the E D and P D reactions, we oppose the energy to contraction on which the E D and P D are dependent. The reactions are thus very much intensified.

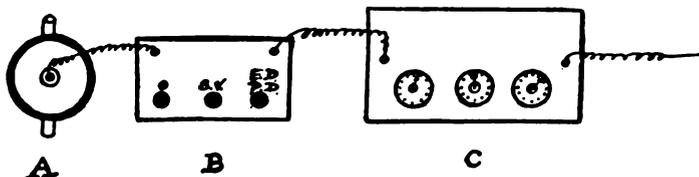


Fig. 5. Connections when using the rheostatic dynamizer. A. Dynamizer; B. Rheostatic Dynamizer; C. Rheostat.

Hematograms

BEARING on a foregoing editorial, there is another interesting fact concerning radioactive emanations. Our current conception of matter is something that is appreciable to sense perception, whereas, as a matter of fact, the imponderable is equally concrete as is the former, for both are naught else but electrons with bound ether. There are many chemicals, although alike in chemical composition, which show, nevertheless, variations in physical properties. This is known to the chemist as allotropism. In a word, identity in chemistry is identified with the arrangement of the electrons in a molecule. That this identity is not abrogated in radioactive

* Obtainable from the Physico-Clinical Co. Price, \$17.50.

emanations is instanced by the ideographs shown in a previous number of this Journal (March, 1920). Nothing can be less material than a specific thought; yet the latter is reproducible graphically and may be demonstrated by anyone.

We repeat that the character of any vibration is determined by the arrangement of the electrons (allotropism), and all the ninety-two elemental atoms are thus differentiated.

Graphs can be elicited from practically all matter, insomuch as all matter is radioactive.

My investigations on this subject are far from complete, and this is only a preliminary publication.

Specific graphs serve to identify matter in a manner not unlike that by which we distinguish one form from another, or gold in its appearance from that of silver. Such differentiation is naturally crude, for "All that glitters is not gold." Many months have been devoted to this study, and we shall describe the technique in the next number of this Journal.

Vaccination

IN THIS Journal (June, 1921), my investigations on vaccine virus demonstrated, among other components, the reaction of bovine Syphilis. My friend, Dr. H. Becker, Toronto, Canada, incited me to investigate the subject. Since then he has forwarded me "History and Pathology of Vaccination," by E. M. Crookshank, Professor of Comparative Pathology, King's College, London, published in 1889.

He refers to Turenne, who was the first to point out that cowpox is analogous to syphilis, and the earliest opponents of vaccination regarded the disease as lues bovilla. He observes that, "It is the course which the malady runs which brings it so closely into relation with syphilis; and I find that in horsepox, the parallel is still

closer, inasmuch as horsepox is transmitted by coition." Creighton (Cowpox and Vaccinal Syphilis) has shown how closely inoculated syphilis runs parallel with the natural cowpox; so much so that he has a tendency to regard all cases of vaccinal syphilis as truly vaccinal, being reversions to the original type of the disease in cows. If one studies the effects of artificially inoculated syphilis on the human subject, the appearances are strikingly similar to inoculated horsepox.

He maintains that the profession has been misled by Jenner and others. Vaccine lymph is supposed to be the virus of cowpox, and vaccination as inoculation with the virus of a benign disease of the cow.

On the contrary, the viruses in use have been derived from several distinct and severe diseases in different animals.

The pictorial representation of cow and horsepox in Crookshank's book recall the frightful phagadenic syphilitic ulcers which the writer saw, as a medical student, in Germany and France.

Nothing more gruesome was ever shown in a "Museum of Horrors" than the illustrations of Crookshank.

Yet, the writer believes in the efficacy of vaccination, provided the precautions suggested by him are observed.

The anti-vaccinationists would find in the illustrations of Crookshank the most forceful weapons at their disposal to offset the claims for vaccination.

It is, indeed, strange that the critical inquiry of Crookshank should have been ignored by the profession.

Tenison Deane, M. D., of San Francisco, published in 1913, "The Crime of Vaccination." For 125 years the human race (quoting Deane) has inoculated itself and babes in arms with syphilis. No attempt has been made to eradicate it from the system. He asks the investigator to heed the following:

1. Why will a person who has syphilis (uncured) not contract smallpox?

2. Why will a person who had syphilis not "take" when vaccinated?
 3. Why will a person, recently vaccinated, not contract the initial lesion of syphilis?
 4. Why, if one-half of the children of a family be vaccinated, will only the vaccinated ones contract diphtheria?
 5. Why will the Wassermann prove positive in recently vaccinated persons without a syphilitic history?
- See interrogatory.

SINCLAIRIAN ALTRUISM

There was published in this Journal (December, 1921) an excerpt from "The Book of Life," by Upton Sinclair, the famous novelist and publicist, bearing on "Electronic Medicine." The visit of Mr. Sinclair to the "Abrams Laboratory" was unsolicited and he was enjoined by the writer that, if any reference was made to his work, no mention should be made of treatment of disease and to say furthermore, that Dr. Abrams was no longer concerned with medical practice and that his entire time was devoted to medical research. Mr. Sinclair was evidently convinced "that medical science though true was dreadfully deficient." Various cults had arisen and thrived on the inefficiency of medical practice. It was only a natural reaction. There are no cults in mathematics, physics or chemistry. Mr. Sinclair's object, as is always his object, was to benefit humanity and, in this respect, he has the active collaboration of Mrs. Sinclair. Mr. Sinclair viewed with alarm not only the inefficiency of medical practice, but also saw the dangers lurking in its misapplication. His universal knowledge and his unbiased attitude fitted him to act as an arbiter. He saw with dismay the therapeutic delirium of the present day. How tonsils, appendixes, teeth and other structures were abstracted with neither rhyme nor reason. He had read what A. R. Fraser, medical inspector for the Union Government of South Africa, had said: "The syphilologist is being strangled by the tyranny of the Wassermann reaction." He realized the dangers ensuing from injudicious medication in syphilis and that the remedies were worse than the disease. He knew that Hektoen, eminent pathologist, at a meeting of the "Chicago Medical Society" emphasized the dangers from the use of radium and X-rays in the treatment of disease. Despite the antagonism which he knew he would encounter from the medical profession, he is relentlessly at his own expense without possible

hope of reward as we understand reward, endeavoring to substitute organization for chaos. Motion is the law of progress, and "If the stars did not move they would rot in the sky." Esteem from your medical confreres is engendered by not saying what you think and not doing what you want to. Like the true investigator he eschewed his personal observations by soliciting the aid of others whom he regarded as more competent than himself. The following questionnaire was forwarded by him relative to the electronic tests and treatment:

1. How long have you used the Abrams' blood tests?
2. Have you found them generally practical?
3. How many diagnoses have been verified by operation, or other generally recognized tests?
4. What percentage of correct diagnoses do they give?
5. How long have you used the oscilloclast?
6. How many cases of cancer have you treated?
7. How many which have been diagnosed by other physicians, or by laboratory tests?
8. How many have been completely cured?
9. How many have been greatly improved?
10. What percentage promise to be permanent?
11. How many cases of tuberculosis?
12. How many which have been diagnosed by other physicians, or by bacteriological examination?
13. How many have been completely cured?
14. How many have been greatly improved?
15. What percentage promise to be permanent?
16. How many cases of syphilis?
17. How many which have been diagnosed by other physicians, or by the Wassermann test?
18. How many have been completely cured?
19. How many have been greatly improved?
20. What percentage promise to be permanent?
21. What is the total number of serious cases of all diseases which you have treated?
22. What percentage do you consider cured?
23. Have you kept a case record?
24. Will you submit it to a competent committee of investigation?

Remarks:

The writer does not know how many replies were received nor to what use Mr. Sinclair proposes to make of them. The Editor has come into receipt of a few replies which are herewith reported:

Bradford, Penn.,
Nov. 9, 1921.

Upton Sinclair,
Pasadena, Calif.

My Dear Sir:

1. Since June, 1917.
2. Positively so.
3. In a great number the Abrams' tests were confirmed.
4. Practically 100 per cent.
5. Over two years.
6. I keep no close records but I have treated a good number.
7. Very few because of the unreliability of other tests.
8. Many of my first and second years' experience. The patients remain under observation at least six months after removal of the reactions of the disease.
9. Is answered under Question 8.
10. Too soon to calculate the percentage.
11. No record but have treated quite a few successfully.
12. A great many.
13. All answered in Question 11.
14. Two.
15. Too soon to know that.
16. No record.
17. The Wassermann often. Clinical evidence often.
18. A great number.
19. None remain uncured.
20. Too soon to know that.
21. I have made over three thousand personal tests and many were also made for me by Dr. Abrams.
22. Previously answered.
23. No, except that I have the report sheets with memorandum in thousands of cases which would make tabulation out of the question, as I am too busy with the work and the teaching of physicians the Abrams' methods and the making of blood tests for many physicians.
24. If these were sincere and honest physicians they could look at the report sheets.

Very truly yours,

J. W. KING, M. D.

Miss Helen Nelson, Sec'y.

Answers to Questionnaire Sent Out by Upton Sinclair Relative to the Electronic Tests and Treatments of Abrams

1. One year.
2. Yes.
3. One case went to operation. Diagnosis confirmed. During the year, Nov. 1, 1920, to Nov. 1, 1921, I sent blood from

93 cases for the diagnosis by Abrams' electronic test. In the case of 71 specimens no history was sent. No information was given other than the name of the patient and the doctor. The clinical diagnosis in 90 per cent of the cases tallied with the diagnosis by the E.R.A. The clinical diagnosis in every case depended on history (family and personal), a careful physical examination, in some cases laboratory tests, or radiography, and on the results of treatment.

4. Over 90 per cent as judged by the above methods of making a clinical diagnosis. (See 3.)
5. Eight months.
6. Eight cases by the methods of Abrams—use of the oscilloclast, spinal concussion, and the use of eosin or congo red as a dye. Three cases are now under treatment.
7. Only two of the above were diagnosed by me as probably cancerous. Seventeen cases in all were diagnosed by the E.R.A. as cancer. Two of these were diagnosed by other physicians as cancer, but neither were treated by me with oscilloclast. One was operated upon. The other died.
8. All of the eight cases which have completed treatment seem to be cured. Six now give a negative E.R.A. The other two gave a much reduced ohmage when blood was last tested and I believe both of them would now give a negative E.R.A. for cancer. All the patients have gained in weight, a tumor has disappeared in the breast of one, an ugly-looking cervix in the case of two has cleared up, burning pain complained of by some of the patients is gone, and the haemoglobin and red cell count has increased.
9. Too soon after beginning treatment to say anything about the other three.
10. Too soon to say. Treatment for three was completed over five months ago. All these are in splendid health. All three have gained from fifteen to thirty-seven pounds.
11. Twelve cases were diagnosed as T. B. by the E.R.A. Only two were diagnosed positively clinically, and four others were suspected as T. B.
12. One was diagnosed by radiograph and one by bacteriological examination.
13. One, a case of intestinal T. B., was treated until she gave a negative E.R.A. for T. B. That was some six months ago.
14. One pulmonary case, confirmed by bacteriological examination, is still under treatment. She is much improved. The others were not treated.
15. Cases too few and time too short to form any conclusion.
16. Fifty-eight cases were diagnosed as syphilis by the E.R.A., 24 as acquired syphilis and 34 as congenital syphilis. This large percentage of the total number of cases submitted for

examination is due to the fact that I have learned to recognize neurological and other physical symptoms, which lead me to think of syphilis as the underlying condition which favors the engrafting of other diseases. And I have learned to suspect this condition from the family history in many cases. Many of the specimens of blood were sent in to see if my clinical deductions would be confirmed by the E.R.A. Over 75 per cent of the 58 cases of this group were thus clinically diagnosed.

Of the 24 cases diagnosed by the E.R.A. as acquired syphilis 4 were males and 20 were females. (My practice is limited almost exclusively to females.) In 8 cases the history suggested a possible syphilitic infection, 8 cases had abnormal reflexes, 2 were paretics, three showed varying degrees of locomotor ataxia. Only 2 showed secondary lesions. None showed a primary lesion.

Of the 34 cases diagnosed by the E.R.A. as congenital syphilis, a clinical diagnosis of this underlying diathesis was made in 26 cases. The clinical diagnosis was based on abnormal reflexes, the Argyll Robertson pupil, paresis, locomotor ataxia, epilepsy, ocular lesions.

17. None by the Wassermann test; 11 were diagnosed by other physicians.
18. Eleven of those diagnosed as acquired were treated; 5 of these seem to be cured, 5 are greatly improved; 1 did not take enough treatments to show any effect.

Eighteen of the congenital cases were treated—6 with the oscilloclast and spinal concussion, 10 with the oscilloclast combined with other treatment, and two cases were treated by spondylotherapy only. The last two were cured as shown by negative E.R.A.; 4 others were cured as shown by the same test; 11 were improved very much. No blood specimen was sent in for these to determine if there was a negative E.R.A. when treatment was discontinued. One patient, an advanced parietic with pronounced locomotor ataxia, was not helped.

19. See answer to 18.
20. Too soon to say.
21. Don't know. About 30 with the oscilloclast.
22. Too soon to say.
23. Yes, of interesting cases.
24. I think the above gives a summary of the essential data of the cases above referred to. My cases will be reported at a medical meeting next year. A summary of the cases above reported was made at a medical meeting this year and will appear in the transactions.

ELNORA C. FOLKMAR, M. D.,
Washington, D. C.

The Nation
20 Vesey Street, New York

December 30, 1921.

Dr. C. H. Kingsbury,
Danielson, Connecticut.

Dear Sir:

We are very much interested in learning from an authoritative source (Upton Sinclair) about the work of Dr. Albert Abrams of San Francisco. The information which we have about him from a writer whom we know to be trustworthy is so sensational and revolutionary that it can only be considered after the most careful checking up. If what is written about Dr. Abrams is true he is undoubtedly the outstanding figure in the medical world of today, and mankind is entitled to the benefit of his discoveries.

Will you therefore be kind enough to let us have, for our own information, and not subject to quotation without your written permission attained at some future time, any information that you care to give, based on your own personal experiences with Dr. Abrams's methods?

How and when did you become interested in his work? To what extent have you followed his methods? What success have you had with them? Please tell us, specifically, about the oscilloclast, and anything else that you think would be illuminating and enlightening.

Sincerely yours,

ERNEST H. GRUENING,
Managing Editor.

(Reply)

CHAS. H. KINGSBURY, M. D.,
Danielson, Conn.

December 30, 1921.

I learned of Dr. Abrams's work through a regular medical journal and immediately wrote to him directly, subscribed to his Journal, "Physico-Clinical Medicine," bought his books, "Spondylotherapy" and "New Concepts in Diagnosis and Treatment," and became at once a deeply interested student. This was two years ago.

Early in April, 1920, a woolen weaver in the very last stages of pulmonary and laryngeal tuberculosis, called upon me after having been told that there was no hope for him by three specialists. I told him that I knew of only one method that held out any hope for him, and that was by the use of the oscilloclast, which I immediately telegraphed for and received promptly, and the patient was treated daily with very satisfactory results, having

improved to such an extent as to be able to follow his occupation with no lost time for the past eleven months.

Among others at the present time, I have under treatment by the oscilloclast two cases of pulmonary tuberculosis and two cases of carcinoma of the colon, all of whom are making pleasing progress towards recovery, which I fully expect will result since the nature of these cases was discovered during the curable stage by the Abrams's Methods of Diagnosis.

During November, 1921, I took the course of personal instruction under Dr. J. W. King in the Abrams' Methods of Diagnosis, and I cannot find words with which to adequately express my appreciation of Dr. Abrams' work; I can simply say that I consider that he has made the greatest contribution to science in general and to medical science in particular in all history, and I hope he will live long enough to enjoy the honors that are bound to be accorded to him in time.

In a letter to the Editor of "The Nation," Mr. Sinclair emphasizes his persistency as follows:

"I had a couple of hours' spare time yesterday and I made a pilgrimage to three different physicians who are using Dr. Abrams' methods. I found all three of them simply swamped with work. I talked with a patient who had been treated for cancer of the tongue at Dr. Rex Duncan's Radium Institute, which is the very latest thing we have in that line. (My friend, King C. Gillette, put up \$300,000 to endow it.) This man had been given up as hopeless and he was put in the death ward at the County Hospital, but he is now practically well and was able to tell me all about it. Another case was a large cancer of the abdomen, which had been opened and sewed up as inoperable, and is now practically cured. I was told of about twenty cases—and mind you, these are physicians whom I have got to know very well and who have treated at least a dozen cases of friends of mine. There is simply no end to the thing, and there is no possibility of any mistake about it. I mean the miracles go right on happening, and the deeper you go into the matter the more of them you come on. So I have just got to get somebody to take this matter up thoroughly."

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A. G. ADAMS, D. D. S.
Conductive Anesthesia and
Gold Work

WAYNE HOSPITAL
Wayne, Nebraska

Nov. 26, 1921.

Kindly permit me to thank you for your letter of several days ago and the valuable information that it contained. I assure you we are indeed glad to get any information in regard to Dr. Abrams' work.

Up to the present time we have treated some forty patients with the oscilloclast, and in each and every one we have had a decided improvement. Perhaps this does not seem remarkable, but to us it seems short of marvelous. I wish to say further that the majority of these cases treated I have considered incurable till we used Dr. Abrams' treatment.

We found by surgical interference that we have made some correct diagnoses, that without the electronic reactions it would have been impossible to obtain.

Yesterday morning we operated on a woman that had been gradually losing weight for some time. She had been to a number of other physicians, who had diagnosed the case as being gall stones. It was my opinion, from clinical and laboratory examinations, that she was suffering from chronic appendicitis. We decided to examine the blood by Dr. Abrams' method, after which we found a strong reaction for Neisserian infection. Upon opening the abdomen we found a large appendix, normal gall-bladder, but both tubes enlarged. We removed both tubes and our pathologist reported Neisserian infection.

To me the whole thing, from beginning to end, seems absolutely impossible, but as you know the old saying is, "Seeing is believing."

Very truly yours,
S. A. LUTGEN, M. D.

DR. WADE'S REPORT

Canon City, Colorado,
February 1, 1922.

Dr. Albert Abrams,
San Francisco, Calif.

My Dear Dr. Abrams:

My patient, whose blood you examined under Laboratory No. 13833, died before the report reached me.

I did an autopsy and I wish that the entire medical world could have been there to have seen what I found.

First. We found the pylorus almost closed with a carcinoma that extended well down into the duodenum. I also found a carcinoma at the junction of the descending colon and sigmoid flexure.

Second. The right lung was so bound into its cavity that it was with difficulty that we were able to remove it. The apex was filled with tubercular nodules. The entire lung cells were filled with a sero-purulent, foamy substance—no consolidation.

This you see confirms your diagnosis in every detail, even to the exact locations you so kindly made on the drawings you attached to your report.

To my mind this is the most wonderful thing that there is in the world today. To have an opportunity to open up a subject and see with your own eyes the exact conditions in the exact location you have pictured them, is to me a very wonderful and awe-inspiring thing.

This system of diagnosis is surely destined to come into universal use in the very near future, and at that time our present methods of diagnosis will seem as obsolete as the sickle is today. We that have had an opportunity to receive personal instruction from the man that developed and discovered this system will then begin to appreciate the rare honor was ours to enjoy.

I wish that you would read this letter to the men that were there the day you examined that specimen of blood for me.

Jenner has nothing on you, Dr. Abrams.

Very sincerely,

PITT A. WADE, B. S., M. E., M. D.

**BLINDNESS DUE TO DIABETES AND SYPHILIS:
REMARKABLE RESULTS FOLLOWING THE
ABRAMS ELECTRONIC METHOD**

By BURTON W. SWAYZE, M. D., Allentown, Pa.

There is an old saying, "That the proof of the pudding is in the eating thereof," and the incidents that follow are simple proofs that the Abrams method of diagnosis and treatment is

far superior to the customary and universal methods of diagnosis and suggested treatment as used by the profession. Let him who reads, judge.

Mrs. Bessie L. wrote to the writer in the spring of 1921, asking him if he knew or had a method of treating cataracts of the eyes, he having been referred to her by another physician. In reply we asked for more information than her first letter gave and suggested that the best method was for her to appear for personal examination before an opinion could be given.

Nothing more was heard from her until the early fall when, on our return to the city after a short absence, we found a letter stating that she had been to our offices and, not finding us in, would again return the following week.

Upon her appearance we made a careful body test by the Abrams method of examination, requesting her to not tell us in advance anything about her case, since we preferred to make the test and endeavor to tell her how she complained.

Be it known right here that the Abrams method of electronic diagnosis is a mathematically scientific method which detects not only disease, but the very beginnings of disease, even before the patient is aware of symptoms indicating he or she has disease. Not only that, but that we are able to localize the organs or parts involved or that will become involved, and further, that we can measure the degree or potentiality of disease present.

With this brief explanation, duly made to the patient, we proceeded to examine her by the Abrams method, and we found that she gave the reaction of acquired syphilis affecting the nervous system, digestive system and eyes; that she also had diabetes, showing pronounced eye involvement; that she had also tubercular involvement of the bones.

Her syphilis measured 32 ohms, her diabetes 29 ohms, and her tuberculosis 5 ohms. Completing our examination, we told her her own story and she verified the syphilitic invasion by stating her husband had been responsible for that; that she was aware of her diabetic condition because she had proven this by repeated urine tests, and she suspected she "might have tuberculosis" because of distress in her bones, especially the left femur.

Her chief complaint, however, was that she was losing her sight and that five physicians, among them four who specialized in the eye, had pronounced she had cataracts and suggested operative procedure for her relief. The remarkable thing about their diagnoses was that her cataracts were in the back of the eyes and that she would have to have her eyeballs cut open to remove the cataracts.

Examination of her eyes showed no involvement anteriorly, and we sent her to a specialist in eye work for further examination, he reporting "no cataracts anywhere, but a very marked diabetic picture of the retinas." This, in his opinion, caused the

dimness of vision and growing complete blindness. His report also stated there was atrophy of the optic nerve, the inner fibers, and muscular astigmatism.

The patient recited a history of three severe falls, one of which laid her up for three days, she having struck on the back of her head and her left hip. The oculist feared this fall or blow to her head might have caused partial detachment of the retina, but he failed to find any evidence of the same.

Believing in having the intelligent co-operation of our patients, we fully explained the situation to her, and without making any promise whatever regarding restoration of her sight, we told her that we had a method of treatment that would clear her body of the syphilis, diabetes and tuberculosis, and that when that had been accomplished we honestly believed her sight might also improve.

The outcome of the consultation was that she placed herself under our care and on our terms that she should spend at least one month with us, when she could have daily treatments by the Abrams method. She returned home and completed arrangements to be away that long, and on October 2 had her first electronic application.

Following the universal routine of percussing the seventh cervical and second dorsal vertebrae, for their action upon the spleen, we applied the electrode to the spleen and gave her a half-hour's application of the current at the syphilis rate, for we believed in getting after the worst enemy first. As the days passed we shifted to the rates for diabetes and tuberculosis.

Not until the beginning of the third week of her month did we apply the electrode at the sub-occipital region at the diabetic rate, but had alternated between splenic applications and site applications over the eyes.

At the end of two weeks we made a second body test of the patient after a lapse of forty-eight hours since her last treatment, and at this test we found that **all reactions were negative**. We had expected to have found at least a reduced ohmage, but to find that she gave no reaction whatever about took our own breath away; accustomed, as we are daily, to witness the wonderful results of the electronic methods, this was a decided shock and surprise.

We sent her again to the eye man for examination, and his report stated that the granular diabetic condition of the retinas had entirely disappeared and that now there remained but a light pinkish and smooth apparence similar to a mild inflammation or congestion of the parts. The oculist was instantly converted from skepticism of the value of the electronic method, to an enthusiast, and has declared he will submit his own patrons to us for electronic diagnosis hereafter, and treatment when required.

In his surprised state he placed upon the patient test lenses to determine her vision, and she told him she could see across the street and could recognize people and colors, something she had been unable to do for more than a year.

The balance of her time with us was devoted to the sub-occipital applications, with but three splenic sterilizations, and when it came time for her return home we had her eyes fitted with lenses, and with their help her vision has improved over 50 per cent, with every possibility, as the congested condition of the retinas is removed by nature, that on her return to us during the Christmas holidays, when she will be again electronically tested and be refitted with lenses, she will have recovered fully 75 or more per cent of vision.

In her case the four other eye men would have operated upon her eyes for a condition that did not exist, and total blindness would have resulted. As it is, she is a happy woman, with health fully restored and vision nearly complete, and better able to attend to her work by which she earns her living. Absolutely no drugs or medicines were used.

We consider this but one of the many triumphs of the Abrams electronic system and we ask the question, Is there any known method, old or new, that would have accomplished this result in so short a time, except the one we used?

ABRIDGED REPORTS

Rheumatoid Arthritis (H. G. Nyblett, M. D., Calgary, Canada)—Mrs. M., aet. 40, consulted me for this condition in 1919. Joints swollen and inability to bear weight on them. Condition necessitated crutches. Trouble commenced in 1912, since which time crutches were constantly used. Had continuous treatment in Europe and Canada, with no results and an operation finally advised. Cause of infection unknown. Salicylic ionization, diathermy, etc., were used by myself for two and one-half months without any benefit. In February, 1920, I spent a month with Dr. Abrams, and on my return I sought Mrs. M. and made an electronic reaction which demonstrated acquired syphilis, 29 ohms, bone or joint strain. Treatment for syphilis was commenced with the oscilloclast (local and general) and K1 given internally. After treatment for six weeks, I did not see her again for approximately a year, when she entered my office walking with a stick only, which she cast aside and walked around the office. She reported again about November, 1921, with hardly a limp, and asserted she was now able to dance, and this after nine years of invalidism. Not only was it necessary to treat the infection, but also to have recourse to physical exercises to restore the weakened muscles.

The Electronic Reactions of Abrams (Samuel King, A. B., M. D., Warren, Pa.)—Dr. Abrams' work is not a work of theories. He regards the best of theories as but working hypotheses. It has been held by some that his books and writings are dogmatic rather than argumentative. To the physician who lacks a higher education, his diction may at times be a little beyond their grasp. On the other hand, he is so occupied with his research work that he has little time to devote to details.

The routine procedure of observing the tongue, feeling the pulse, a few indirect questions and a shotgun prescription will soon be ancient medicine and an historical curiosity.

The facts stated in this article are true; they have been gleaned from observation and experience, and may be proven by you in your actual practice, if you will but investigate and make use of this work. And this after all, as stated in the beginning, is better than argumentative proofs that fail to prove.

Dr. Abrams has developed and placed in your hands and at your disposal the operation of a marvelous and mighty force of nature—you must do the rest. He has pointed out the way—you must take the step yourself. He has opened the door to the treasure house, but you must walk through it yourself if you would enjoy the benefits thereof.

From a Country Practice to a Disciple of Abrams (Dr. Samuel King)—I located in a little town south of Erie, Pa. Although I was a Yale graduate and a graduate from a reputable allopathic medical college, I felt I knew little about helping the sick. I did extensive post-graduate work, qualifying myself as a specialist in eye, nose and throat, and studying different methods applicable for the treatment of chronic diseases.

About three years ago I learned of Dr. Abrams and his revolutionary and wonderful research work. I was intensely interested and immediately ordered his book on "Spondylotherapy" and his Journal, and began to study them. I began to send him blood specimens for his diagnosis and was so impressed by these tests and the correctness of these diagnoses and the results following the suggested line of treatment, that I took a course in the Electronic Reactions of Abrams about two years ago, and since that time have been making these tests for myself and other physicians.

My reading, study and experience along this line of work has convinced me that no man has done so much for scientific diagnoses, and thereby the practice of medicine, as Dr. Abrams. His work is becoming world-wide and is attracting the attention of the professional and enlightened people of every land. It can no more be limited by cults, creeds, pathies or isms than the waters of the ocean or the air we breathe. One by one the members of

the medical profession are taking up the work, and the more they become acquainted with it the more enthusiastic they become.

The ERA (Electronic Reactions of Abrams) reveal the fact that syphilis, either congenital or acquired, is the basic soil or underlying cause of all chronic diseases. Today we are relieving the neurasthenic, the patient with chronic stomach trouble, with chronic diarrhea, chronic skin trouble, high blood pressure, diabetes, etc., etc., and this with a few treatments with concussion with or without the oscilloclast, aided by other means and simple remedies which we have at hand. The ERA will give us the very beginning of disease and long before clinical finding gives the physician or patient the least warning or suspicion of the trouble. One doctor of Washington, D. C., writes me:

"In the case of Mrs. A——, I located carcinoma in the exact place you mentioned. She always had terrible pains in that region—as a matter of fact, in the exact spot you indicated on your chart.

"In the case of Freda W——, I obtained a complete history of malaria on the strength of your findings.

"In the case of Fred K——, He had the very pronounced skin and gland lesions of which you got a strain. I have to say, if I did not know the way you find it, I would call it uncanny.

"I have just returned from a five-weeks' study at the clinics of Abrams, and while there saw cases of insanity, idiocy, arthritis deformans, blindness, etc., all caused by the luetic condition of the patient; and I saw marvelous changes produced in these patients in a few treatments. And the half has not been told of what is in store for the physician who will investigate. The wonderful research work is still going on. The gulf between the visible world and the invisible world has been almost bridged, if not quite, and we are still groping in the mists of the dawn. But Dr. Abrams is going to lead us on to greater and more marvelous developments.

"In the next issue of this Journal I will try to explain the why and wherefore of the ERA and will also describe one or two methods of examining a specimen of blood.

"I have a few reprints of my paper, 'The Electronic Reactions of Abrams and Their Application to Diagnosis,' as read before the convention of the Central Society of Physical Theraputists, Chicago, October, 1921, and would be pleased to mail a copy to any physician interested in the above subject."

Diagnosis of Diseases From the Blood (Burton W. Swayze, M. D., Allentown, Pa., J. A. M. A. S., January, 1922)—"The result of Abrams' investigations have been startling. They have been as the brilliant sun bursting through the darkness of medical customs dating back to the Dark Ages. They have made clear the real reason why physicians, for centuries, have been attaining

but a small percentage of bona fide cures, have consequently left humanity handicapped with ill-health, have crowded our homes and institutions with chronic invalids, rendered a world skeptical of all healing arts, which has put the profession on the defensive.

"Dr. William W. Graves has, possibly, expressed this thought in language understandable when he says: 'Our complacency in medical matters is antagonistic to progress and merits the ridicule not only of the laity but of the physicians themselves. Unless we awaken from our formal acceptance of the dictum of books and dogmas long past their age of usefulness, and step out daily upon a new road of investigation and of new remedial agencies, we shall deserve being left behind with the dregs of our past failures.'

"Many patients have suffered long and physicians have been anathematized because we empirically pronounce the trouble as such and such disease and treated it as empirically, when had we tested the blood content, we would have learned the real, underlying, basic cause that produced the symptoms or disease the patient showed.'

"These are words that every one of us should take to heart. How true they are we each know by recalling the uncured, and therefore unsatisfied patients, we had or have, for, in many instances, these patients have left us and sought help elsewhere and even, largely, among advertised medicines.

"In proof of the statement made by this writer we have just quoted, let us take a patient complaining of digestive disturbances, who has been dosed with the routine of pills and solutions recommended for the symptoms in evidence, when in reality those symptoms were caused by congenital or acquired syphilis. Yet we passed it over as 'indigestion' and treated it accordingly with the usual results. A proper test of the blood by the Abrams method would instantly have told us of the syphilitic invasion and then we would have treated it accordingly and the stomach, released from the tyranny of this enemy, would have recovered its normal function. The writer has seen this test conducted and its findings proved so many times that he knows whereof he speaks."

A STUDY OF GLASS RODS AND TUBES FOR USE IN ABRAMS ELECTRONIC DIAGNOSIS

By FREDERICK FINCH STRONG, M. D., Hollywood, Cal.

For detecting areas of dulness by digital percussion, it is necessary to possess a nicety of technique plus a musical ear. Many cannot acquire the former. For them Dr. Albert Abrams has devised a way of outlining areas by using an electrified glass or

rubber rod passed over the skin. When the margin of the dull area is reached, the rod sticks or drags and when removed leaves a definite white line on the skin. With practice anyone may learn to diagnose in this way. The rod sticks, whether charged positively or negatively, but it must be charged. This is paradoxical from an orthodox electrical viewpoint, but the writer believes that Dr. Abrams is dealing with a force not yet recognized in the physical laboratory.

General Conclusions—1. The charge acquired by glass varies in strength and polarity according to: a, Composition of the glass; b, shape (i. e., rod or tube or thick or thin walls); c, character of material used to rub the glass.

2. For diagnostic purposes, the best results are obtainable with calcium glass (flint glass: Bohemian glass or chemical glass used for laboratory purposes)—a thin-walled tube, $\frac{3}{8}$ " diam. and 14" long rubbed with silk or flannel.

[The excellent contribution of Dr. Strong was abridged. The theoretic investigations are not in accord with practical experience. The following data must be emphasized: 1. A solid warm glass rod rubbed with warm white or black silk (colors may vitiate reactions in proximity to subject). (Dr. Strong's suggestion to test electrified rod before application to skin by noting its attractive ability for minute bits of paper is suggestive.) 2. Execute tests in a warm room (68°-70° F.). 3. Warm abdominal skin with cotton which also removes perspiration. 4. Control findings by noting that rod will not stick if subject is in magnetic meridian or if energy is not conducted to him at the proper VR of disease. Do not hesitate in moving rod; let the movement be continuous, however slow. 5. Holdover reactions are frequent and necessitate shortcircuiting subject's head at a point on vertex opposite the ears. For this purpose use a metal strip in such a way that both sides of the median line of the head are touched simultaneously.*—Editor.]

Dementia Precox (H. W. de Danvill, M. D.)—Male, aet. 21. Pronounced incurable and confined to an insane asylum. Electronic reaction demonstrated acquired syphilis, 38 ohms. No history of infection. Primary site of infection traced to left knee, which shows a scar. Mother refers scar to a wound contracted as a child which refused to heal for months. Dr. Abrams' treatment for syphilis with oscilloclast was begun November 2, 1921. Treatment was irregular and it was not until January 5, 1922, that the blood test for syphilis was negative. The original condition of the young man suggested a high grade of dementia, but at the time of writing, February 2, 1922, he attends to all his ordinary duties and will soon resume his former occupation.

* A cat's skin gives results in electrifying the rod. The same method for defining the ERA may also be used advantageously for outlining the viscera.

REVIEWS

Pylorospasm—Sir James Barr (The Medical Press, December 21, 1921)—This distinguished physician refers to his Glasgow address on "Preventive Medicine" in 1910, and the "Medicine of the Future" in Montreal in 1911, when he demonstrated that congenital pyloric stenosis was due to an excess of calcium in the stomach walls. Cow's milk contains five or six times as much lime as human. The mother's food should be decalcified and the child's milk diluted and citrated. A teaspoonful of olive oil to the infant will have a more soothing effect on its stomach than a surgical operation. Operations for this affection go merrily on with a mortality of at least 50 per cent. Mothers often relieve spasms and retching in children by turning them prone and slapping them between the shoulders. A much more effective method is to evoke the Albert Abrams' pyloric reflex by tapping the fifth dorsal spine with the middle finger.

The Albert Abrams' pyloric reflex is even of much wider value in adults than in children. I referred to its great value in cases of angina pectoris associated with distension of the stomach in my paper on "Thyroidism," *The Practitioner*, June, 1921. This reflex is widely known in America, to a less extent in France and Italy, but so far as I know I am the only one in this country who systematically carries it out.

Dr. Harley E. MacDonald, of Los Angeles, says "that Abrams' pyloric reflex will revolutionize the practice of gastro-enterology. I have already cured stomach troubles of many years' duration by instructing patients to drink two glasses of warm water three or four hours after eating, then to lie on the right side while a member of the family percusses the fifth dorsal spine."

I have in any number of cases of pyloric spasm with distension of the stomach and retching afforded immediate relief by this manoeuvre. In fact, it never fails except where there is organic stricture.

In some neurasthenic individuals you may relax the pylorus, but the flaccid stomach walls do not contract. In such cases you should afterwards concuss the first three lumbar spines.

A little personal experience often makes a greater impression than any number of observations on others. Some time ago I had a kipper for breakfast which for some reason or other I did not digest, and its presence all day was evident from frequent eructations; the following day it had not all disappeared, but diarrhoea supervened. At the end of thirty-six hours I was determined to get rid of the remains by vomiting. I drank four glasses of hot water and put my finger in my throat, but without effect. I felt very uncomfortable with an overloaded stomach. I then got my wife to concuss my fifth dorsal spine, followed by concussion of the second dorsal; within five minutes the pyloric spasm had

relaxed, the stomach had emptied itself, and I was quite comfortable. Moreover, the diarrhoea ceased, and I was perfectly well the following morning.

I have seen the stomach discharge a barium meal in ten minutes. I have tried to induce some radiologists to adopt this method of hastening the progress of the experiment, but so far as I know they have not done so. It is apparently too simple for a roentgenologist.

Abrams has many other reflexes for the digestive tract, but these would carry us outside our province. He has two for the appendix, which, if frequently carried out, might prove a serious matter for the surgeons. Abrams says an operation is primitive surgery, rendering an operation unnecessary is advanced surgery."

Orientation in Homeopathy (Chairman's Address, I. H. A., June, 1921, Benj. C. Woodbury, M. D.)—This world, writes Dr. Albert Abrams, a master magician of medico-scientific phenomena, and all it contains is a mechanism and that the Democritean concept of an atomic universe acknowledges no distinction of man and the world machine.

The electronic reactions of Abrams resemble Hahnemann's method of proving. In fact, Dr. J. W. King, of Bradford, Pa., a student of Dr. Abrams, states that: "From a homeopathic standpoint the reactions will give you a drug-proving. For instance, *Bacillinum 30th* produces a 'reflex' in the specific area where tuberculosis is located in one-third less time than a culture tube reacts." Rhus Tox. "reaction is much slower than the 30th attenuation, and so on; all homeopathic remedies can receive an electronic proving, and what is still more interesting is this: That Hahnemann's attenuation of drugs was not a theory, but a verity, proven by the "reactions." (Hom. Recorder, for May, 1921.)

Normal Diminution of Transparency in the Pulmonary Apices and the Reflex of Abrams.—H. Lebon. *Bulletins et Memories de la Societe de Radiologie Medicale de France.* Paris, March, 1921. 9:57.

A unilateral apical opacity in the lung picture is of far greater importance from a pathological point of view than slight bilateral obscurity. When a single darkened apex is found, or two apices far from transparent, one naturally hesitates between a physiological shadow and a light pathological clouding. Percussion of the cervical vertebrae may then resolve the doubt.

Abrams says that percussion of the third, fourth, fifth, sixth, seventh and eighth dorsal vertebrae causes the lungs to dilate, that of the fourth and fifth cervical to contract. A faint diminution of transparency in the apical region disappears when these vertebrae are percussed, while hardly any change takes place in the vesicular murmur. The physiological cloudiness is dispersed

by vibratory massage, but pathological obscurity remains unchanged. The transparency lasts about two minutes. Little by little through the radioscope the apex may be seen to regain its somber appearance.

Reflex Contraction of the Stomach (Reflex of Abrams) Produced by Percussion of the Spinous Process of the Seventh Vertebra—H. Lebon. *Bulletins et Mémoires de la Société de Radiologie Médicale de France*. Paris, April, 1921. 9:68.

The stomach may be made to contract vigorously by percussing the spinous process of the seventh cervical vertebra. The waves of contraction begin at the upper part of the vertical portion, very near the cardiac orifice; apparently they are deep and not superficial. When these contractions are spontaneous and vigorous, it is possible to watch the stomach through the fluoroscope taking the form described under the name "iris flower stomach." The contractions are short lived, disappearing with more or less rapidity. The rapidity of their disappearance indicates the degree of gastric hypomotricity.

Normally the contractile waves follow one another at intervals of from eighteen to twenty-two seconds and take from fifteen to twenty seconds to pass from the lower part of the great curvature to the pylorus. The great curvature may exhibit at the same time three or four waves in series.

Passage of food through the pylorus is due in large part to functioning of the duodenum and to gastric chemism. Emptying of the pylorus, except in cases of incontinence, is never very rapid. Vertebral percussion causes the chyme to flow abundantly in a few minutes' time into the duodenum. When the pylorus is diseased, in spite of contractions seen through the fluoroscope, no evacuation of the stomach is produced. The viscus collapses and the pylorus becomes more plainly visible. Instead of contractile, its walls become tense. This condition may be due in part to spasm, provided by the accumulation of gastric content in a diseased region. This particular appearance and the absence of duodenal contents are of much greater importance in making a diagnosis than delay in evacuation. Percussion dissipates temporarily more or less completely the delay of gastric hypomotility and that which arises from a duodenal lesion or a modification of chemical action. Pyloric lesion always resists emptying of the stomach and sometimes very energetically.

Percussion of the seventh cervical vertebra must be brisk but brief. Prolonged percussion is followed by arrest of contractions and of passage into the small intestine. The gastric musculature ceases to react to excitation.

Sympathetic Segmental Disturbances—II (Henry Winsor, M. D., *The Medical Times*, November, 1921)—In the December, 1921,

number of this journal we referred to the excellent investigations of this writer in the Pennsylvania University and which we believe are the most notable that have yet been made in the neglected field of vertebral physiology. This article should be read in its entirety, and we regret that more space cannot be devoted to it. Here, however, are some significant observations:

"Twenty-two stray cats were anesthetized, some with gas, some by chloroform, some with ether; the abdomen was opened; the vertebral column hyperextended and direct pressure made from behind with the thumbs against the ninth dorsal vertebra. Result: the abdominal aorta ceased to pulsate. The abdominal aorta was now severed. Result: no blood extruded. The vertebral column was now flexed. Result: the aorta spurted blood in jets. Flexion and extension were tried repeatedly with the same results. The abdominal aorta was now clamped; the thorax opened; hyperextension of the vertebral column with direct pressure of the thumbs from behind the second, third and fourth thoracic vertebrae was made. Result: the total excursion (limits of expansion and contraction) of the auricles of the heart was diminished, the auricles weakened and slowed, the effect on the ventricles was less marked. Flexion and removal of pressure from behind permitted the heart to recover, both tried repeatedly with similar result."

Note—The cat has more ribs than man, therefore more thoracic vertebrae. Otherwise the thoracic sympathetic system does not differ greatly from that of man. The head segments are supposed to receive fewer filaments from the inferior cervical ganglia than in man. All cats died painlessly under the anesthetic.

The aorta was not compressed, neither was the heart. In some cats hyperextension of the cervical region, with direct pressure of the thumbs from behind the cervical vertebrae slowed and diminished the excursions of the heart. The vagal and sympathetic cardiac nerves were severed in others, which permitted the failing heart to increase the dimensions and rapidity of its excursions. In still other cats the phrenic nerves were compressed, through the skin, against the fourth cervical vertebra; this weakened and slowed the convulsive action of the diaphragm. Release of pressure allowed the diaphragm to recover the convulsive action it acquired after the thorax and pleurae had been opened, and before the phrenic had been compressed. The phrenic nerves were now laid bare, by dissection, and directly compressed against the fourth cervical vertebra, with a similar result. Pressure on the phrenic nerves relieves singultus (hiccough) clinically. The experiments on the aorta and heart action were believed to indicate that temporary experimental curves of the spine, when combined with pressure from behind the vertebrae at a suitable level, influenced the blood supply of the viscera by irritating the vaso-

motors, through the sympathetic chain, thus causing the blood vessels to contract. Treatment applied to the human spine clinically would probably have a similar result; so would physical exercises.

Children and dogs wishing to sleep, curl themselves up on their sides, thus bending the vertebral column, relaxing the sympathetic system, filling the great vessels, emptying the cerebral vessels; cerebral anemia is known to cause instant sleep. On awakening they reverse the process; to stretch the spine and with it the sympathetic system, induces contraction in the great vessels, fills the cerebral vessels; they then arise and move around again. "All cats" and many persons "like to have the back stroked," providing it is done the proper way.

[With the modesty of the original investigator, he disclaims credit for priority in this field of investigation. In a personal communication, he says, "I consider 'Spondylotherapy the greatest advance in science since the discovery of bacteriology and aseptic surgery.'"

Bearing on spinal curvature, in relation to the circulation, the writer made a few clinical observations which can be easily demonstrated. By palpation of the dorsalis pedis, or radial artery, it will be noted that, in the sitting posture and leaning far backward, the pulse volume increases and decreases when leaning far forward. The circulatory disturbance in the latter maneuver is due to splanchnic congestion (abdominal dullness).—Editor.]

New Concepts Gained at Dr. Albert Abrams' Laboratory at San Francisco, Cal. (Dr. J. W. King, Bradford, Pa.—"The Homeopathic Recorder," January, 1922)—Some reference was made to this article in the last number of the Journal. The article is so replete with original data, that physicians are urged to forward a request to Dr. King for a reprint (not forgetting postage). Dr. King expresses himself as follows:

"Several days ago, the writer examined three medical products which were highly advertised and lauded in the treatment of pneumonia and syphilis. These products were examined by Abrams' Electronic Methods and were found to be absolutely inert in the diseases referred to. The tests were made in the presence of Drs. W. A. Hanor of Corning, N. Y.; Elnora C. Folkmar, Washington, D. C.; M. L. Puffer, Downers Grove, Ill., and V. K. Jindra of Paris, France. The Electronic Reactions would serve to eliminate many worthless medical impositions if these tests were applied to them, and would aid in the selection of an efficient remedy. For instance, several days later other preparations were tested in the presence of the same physicians and a prominent drug man of Pittsburgh, Pa., and these

were found to be potent and curative in the diseases for which the physicians present could commend them."

[The latest fetish is organotherapy, and endocrinomania is rampant demonstrating the supremacy of faith in therapeutics. Practically all the organic extracts show little or no reaction of the original substance from where they were derived. The extracts were, no doubt, rendered innocuous in the process of manufacture.—Editor.]

The Osteopathic Concept and Notes on the Damaged Heart (J. A. M. A. A. and N. J. O. S., by Lamar K. Tuttle, M. D., N. Y.)*—Abrams, of San Francisco, has without doubt contributed much of great value in his studies of the spinal reflexes. His published work, called "Spondylotherapy," is familiar to many of you. His excitation of various visceral and vascular reflexes by spinal percussion are original, chiefly in his methods of exciting them. Still and his followers early discovered that manipulation of certain spinal areas resulted in visceral and vascular reaction, and the excitation of these reflexes to produce certain definite reactions has always been, and is, a part of common osteopathic practice. Abrams cannot bring himself to recognize or admit the occurrence of spinal articular sub-luxation. However, he accepts Goldthwaithe's "discoveries" regarding the sacro iliac articulation. While sacro iliac sub-luxation is no longer inconceivable to our orthopedists, they cannot as yet bring themselves to believe possible sub-luxations of the atlanto-occipital articulation or recognize demonstrable lesions in the spine.

The Heart—Percussion of the spine of the seventh cervical vertebra for a period of five minutes, as advocated by Abrams, does relieve palpitation, dyspnoea, pre-cardial pain and orthopnea. It affords relief often when nothing else will. I know from experience both as patient and physician.

While I have been unable, so far, to obtain by this method the degree of improvement in cardiac dilatation claimed by Abrams, I can, with enthusiasm and gratitude, subscribe to and endorse the procedure as one which works for the comfort of the patient, and, if persisted in, works marked beneficial change in cardiac dilatation.

My assistant, Dr. Frances Axman, working with Drs. R. W. Rogers, R. S. Ward, and J. B. Buehler, has, in a series of 118 cases of cardiac dilatation, demonstrated that percussion of the spine of the seventh cervical vertebra does cause at least a temporary decrease in the size of the enlarged heart. The reflex was observed in all cases under the X-ray. This reflex, if due to

* We regret that we cannot find space to reprint the contribution of Dr. J. V. McManis, in the "Osteopathic Physician" (January, 1922).

stimulation of the vagus, would seem to substantiate the claim that the vagus not only inhibits heart action but contains fibers of tonic contractility.

[The limited duration of this and other reflexes may be accentuated and prolonged by immediate concussion of **second dorsal spine** after the specific spines for definite reflexes are concussed.—Editor.]

INTERROGATORY

Q. Facing West—A physicist discredited the ERA because there was no reason why the reagent must face the geographical west to elicit the reactions.

A. Our earth is a gigantic magnet with magnetic poles. Out of the earth's north magnetic pole there emerges a stream of magnetic flux, which traverses the atmosphere until it attains the south magnetic pole. In 1831, Faraday produced electricity without a cell and without the use of heat. He found that when the lines of force passing through a circuit was changed, an electric current is produced in that circuit (induced current). Any book on physics illustrates the experiment. If a loop of wire is held vertically and north and south, no magnetic lines from the earth pass through it. If, however, the coil is so held as to be in an east and west plane, the earth's lines of force pass through it and we have an induced current.

Physicists do not know but which may be shown by the electronic reactions that the identity of matter is not only a question of vibratory rate but of polarity. That cancer which elicits a positive polarity and a definite reaction, that the latter will be destroyed by a negative or neutral polarity. It has been found, empirically, that the earth's magnetic flux is without influence on the energy polarity, if reactions are elicited when the reagent faces the west.

Q. Vaccination—What influence has vaccination in pathology?

A. Since the inauguration of the ERA, one may speak apodictically. All doubt is resolvable into fact. All tubes of vaccine virus purchased in the open market show not only the reaction of congenital syphilis, but one may also elicit the reactions of strep. and tuberculosis in the majority of tubes. These extraneous components as I have shown are easily destroyed before inoculation is attempted, for I believe that inoculation is a necessity. Practically every blood reaction shows congenital syphilis (about 25 per cent human inheritance and 75 per cent from vaccine inoculation).

There is no cancer, sarcoma or tuberculosis which does not show, in addition to the specific reaction, the evidence of con-

genital syphilis. Therefore, I assert with monotonous though vital repetition, **No Syphilis, No Disease**. Pathology begins and ends with syphilis. The bizarre and protean manifestations of disease which, in our nosology we classify as different diseases, are only soil reactions plus the site of its localization.

We know nothing of the pathology of Little's Disease (spastic spinal paralysis); yet, the ERA show that from the vertex of the skull in these cases, we elicit a reaction of sarcoma and, as the latter can only thrive on a syphilitic soil, the disease is essentially syphilitic. Similarly, in insanity the invariable lesion is syphilis; the character of the mental anomaly being due essentially to the center implicated.

The endocrinopathies are now occupying the lime light. Yet, in every anomaly manifested by the glands of internal secretion, those glands show the reaction of congenital syphilis.

It is a truism of my clinic that after every abdominal operation (a few years may elapse), a cancer or sarcoma invariably ensues (Post-operative Neoplasms).

Why the latter? Why a predilection for definite structures? We must solicit the aid of two recognized facts: (1) Chemotaxis; (2) Vibration.

Chemotaxis—If foreign material is introduced into the peritoneal cavity after a primary repellant action upon the phagocytes (cells having the property of ingesting bacteria), the latter are attracted in large numbers to the site of the foreign substance. Such repelling or attracting influence on the phagocytes is known as negative or positive chemotaxis.

If the skin of any individual is scratched or irritated, the bacteria in the organism are attracted to that part and that part only (this is demonstrable by the ERA) and they remain there until the irritation is subdued.

Substitute for the skin the more vulnerable peritoneum. After the surgeon has torn, bruised, and further damaged the tissues, he assigns the task of repair to outraged Nature, which, in resentment, forms adhesions—a permanent source of irritation. To the irritated area, the syphilotoxins are attracted there to establish a nucleus for tumor formation.

Physiologic hyperactivity is the equivalent of an irritable focus—hence the chemotactic invasion of the ductless glands.

Vibration—In the December number, 1921, of this Journal, I suggested the term **histotropism** indicating thereby the reaction of protoplasm to a stimulus whereby certain vibration frequencies of toxins are either attracted or repelled in accordance with a fundamental law in physics that electromagnetic waves have no effect on objects which are incapable of vibrating in reso-

nance with them, and that substances absorb the same frequencies as they naturally emit.

In this respect, I was astounded at the frequency of a **sarcomatous reaction** in chronic backaches, and the fact that I could do nothing for the latter until I cured the sarcoma. The lumbar region in the norm has a vibration frequency of sarcoma (i. e. at O of the rheostat but not at 58), hence the attraction to this site of the particular species of spirochetes, which eventuate in the development of a sarcoma.

What practical conclusion can be formulated respecting the foregoing: (1) Desyphilization of the individual constitutes the only real prophylactic in disease; (2) Desyphilization constitutes the primary step in the treatment of disease; (3) Desyphilization alone will, in many instances, cause the disappearance of disease without any special attention to the latter; (4) Desyphilization is absolutely essential to prevent recurrence.

Desyphilization—This is most effectually attained by the concussion treatment without medication of any kind. Although the reaction may disappear from the blood, syphilotoxins may lurk in some "dark corner" (Cryptogenic Syphilis). In such instances, no reaction is elicited at 55 (acquired) or 57 (congenital). If cryptogenic syphilis is present, a reaction is elicited at 45, and by seeking the strain at this number, the site of the "dark corner" is ascertained. In cryptogenic syphilis, we must either persist with the concussion treatment for months, or we must treat the site of the lesion with the oscilloclast.

Q. Duration of Treatment—Is there any danger of prolonging oscilloclastic treatment?

A. On the contrary, the efficacy of treatment is in direct ratio to its duration. One lessee of the oscilloclast dismisses his patients after a single treatment lasting twelve hours. The principle of the oscilloclast is based on the fact that like vibrations are imposed on vibrations of like character in disease, and thus shatters the electronic structure, which is identified with the disease. A small leak will sink a ship, and our bailing must be continuous. It is like the drop of water which pierces the rock; not by its force, but by its frequency.

The foregoing demands revision.

Doctor J. P. Kanoky and others have noted results in some cancers up to a certain point when, for some unaccountable reason, the growth extends.

Recent experiments show that, if an electrode from oscilloclast at rate six (cancer) is allowed to act on a normal skin area, a reaction from the latter, of cancer can be elicited for

hours, but the reaction may be dissipated at once by passing the emanations from a horseshoe magnet over the area.

If syphilotoxins (congenital and acquired) are first aspirated into the spleen (concussion seventh cervical and fixation of reflex by immediate concussion of second dorsal), no cancer reaction can be elicited by using oscilloclastic current after manner cited.

Conclusions

1. One may overtreat a disease, if treatment is continued after disease is arrested.
2. Cancer and sarcoma can only develop on a syphilitic soil. To prevent recurrence, treat with combined rates three and six and use splenic sterilization.
3. When cancer reaction disappears, stop treatment or employ the horseshoe magnet as a preventive measure, or be guided by clinical appearances. Painting with Congo Red solution (cancer) or Safranin solution (sarcoma) are further precautionary measures.

Oscilloclast is of little value in tumors treated by radium or X-rays.

ELECTRONIC MEDICINE

Sex Reactions—In making sex reactions, we find the following: reversal (homosexuality), both sex reactions (bisexuality) or no sex reaction (neutrals). In bisexuality, we can measure (rheostat) the sex predominance. In some instances, sex reversal may be transitory, in which instance the normal sex polarity is restored at 13, of the rheostat. The most frequent cause of sexual anomalies is congenital syphilis, and the normal sex urge is restored when this is eliminated. Blue thrown on the body destroys the syphilitic reaction, and in most instances it will restore the normal sex reaction.

Grounding—This is most essential for good reactions. This may be achieved by wetting the soles of the reagent or patient. My reagent wears slippers with nails passing through the soles.

Analgesia*—Using energy from the oscilloclast at button 7 and passing it through an ampliphone, most effective analgesia can be achieved in most instances. Use the same binding post as is used for receiving the energy in making the E.R.A. If prompt effects are desired with the oscilloclast, conduct energy from the latter at the rate desired through the ampliphone in

* Employing the same source of irritation at a definite skin area, the potentiality of reaction of pain varies in the non-sensitive (3/25 of an ohm) to 13/25 of an ohm in sensitive individuals.

the same way. The latter is important in inoperable cancer or sarcoma.

Pyorrhœa—Lessees of the oscilloclast are urged to treat severe cases for dentists, using at the gums the combined rates 2 and 3. In the interim of treatment, paint gums with congo-red dissolved in alcohol.

Atlas of Electronic Reactions—Additional pages to date are ready for distribution. The new pages contain the latest reactions (Solarplexus and Splenic). Price, \$6.00.

Vertebral Reflexes and Syphilis—Concussion of seventh cervical spinous process causes an aspiration of syphilitoxins into the spleen, whereas concussion of second lumbar causes their extrusion into the circulation. Both reflexes are prolonged by immediate concussion of second dorsal spine. Note that, after the first maneuver, a partial Argyll-Robertson disappears, or a patellar tendon reflex becomes less exaggerated. Note the opposite effects in the second maneuver.

Tumor Location—In cancer (digestive strain), a dullness is elicited in left inguinal region. The site of the tumor is indicated by recurrent dullness at different vibratory rates, as follows; stomach, 32; small intestines, 22; colon, 27. At any of these rates using the S V, site of tumor can be located by percussion. Introducing the energy at the specific rate and rubbing the skin of the abdomen vigorously, the site of the tumor is demonstrable by a decided pallor, which conforms with the position and shape of the tumor.

The location of tuberculosis (lung), using P D reaction, is similarly obtained by using the latter maneuver, permitting the energy to enter at the V R (42 or 57) of tuberculosis.

Menstruation and Disease—Several patients referred to the fact that their tumors only began to develop after menstruation had ceased. This referred to tumors which gave a reaction for sarcoma. Investigation revealed the fact that menstrual blood destroyed the reaction of sarcoma, but was without effect in carcinoma. It is unnecessary to add, that blood examinations should not be made from blood taken during menstruation.

Musicotherapy—Efforts have been made in various directions to employ music in the cure of disease. Disease, like every other phenomenon in nature, is only a question of vibrations. To be effective, sound must be endowed with a tonality equivalent to destructive resonance. Dr. W. H. Dower, Halcyon, Cal., initiated experiments at his sanitarium bearing on this subject, which were confirmed at my laboratory. In brief, C sharp (violin) destroys the electronic reaction of carcinoma, and so

does E (both are in the same harmonic series). A and B flat destroy the reaction of tuberculosis. These observations were confirmed on my oscillophone. Esculapius employed the trumpet to cure sciatica, claiming that its continuous sound palpated the nerve fibers and the pain vanished. Democritus contended that the sounds of a flute properly played could cure diseases.

Progeny—When making sex reactions we employ VR, 49, which only permits the passage of human energy. If the female has a child there is a reaction at 45 (VR) on the female side and, if a like reaction at the same VR is elicited on the male side, the male has a child. This observation is only tentative and awaits further confirmation.

Psychology of Vision—Perception and apperception are not only questions of wave-length and speed, but of polarity and actual pictorial reproduction. (Vide, editorial on Hematograms.) The editor recently demonstrated to his class by a simple experiment, polarity influence on visualization. Direct an individual facing west to fix the attention on very fine type. Now pass a horseshoe magnet over his head (left side) until a point is reached (visual center) at the junction of a line drawn from the posterior border of the mastoid process and a line drawn from the middle of the left supraorbital ridge. The type will become obscured. What the magnet does, so will the mind. The magnet yields a neutral energy; a negative mental attitude will yield the same energy. Therefore, such a mind is incapable of seeing, if it does not want to see. Hence the difficulty of demonstrating innovations.

MISCELLANY

Dr. Frederick Finch Strong—This distinguished authority on High Frequency Currents and the first to establish a clinic of Hematology in this country at the Medical University in Boston, with the faculty of which he was associated, has devoted a month's study at Dr. Abrams' laboratory. He has returned to Los Angeles, where he proposes to teach and practice "Electronic Medicine." Many students of the latter are devoting their practice exclusively to this subject.

Demonstration of the ERA—At the home of Dr. Elnora C. Folkmar, Washington, D. C., the "Reactions of Abrams" were demonstrated January 20, 1922, by Dr. J. W. King, of Bradford, Pa. The following were invited and the invitation accepted: Major Carr, U. S. Public Health Service; Dr. Johnson, chairman, Section of Public Health, District of Columbia; Brigadier-General Sawyer, Surgeon-General of Ireland; Dr. Patterson, Chief of the Medical Department, Veterans' Bureau, and other prominent physicians.

Notice to Subscribers of Physico-Clinical Medicine—We are reorganizing this department. Many subscribers have failed to receive the Journal for the reason that their subscription had expired. Kindly inform us up to what date your subscription has been paid, so that comparison can be made with our records. We can supply a few sets of the back numbers (five volumes to June, 1921; price, \$10.00).

Southern California Electronic Society—This organization was formed January 17, 1922, with the following temporary officers: President, Dr. Carl E. Conn; vice-president, Dr. J. R. Leads-worth; secretary, Dr. A. W. Buell. The object of the organiza-tion is to further the study of Electronic Medicine.

Dr. Howard Irvine—It is with sincere regret that we announce the death of this lovable physician. Prior to his study of Elec-tronic Medicine he was an obscure physician in a Dakotan town. Soon his reputation as a diagnostician and therapist extended beyond his village, and he was persuaded to practice in Austin, Texas, where his practice increased in leaps and bounds. In the apogee of his career, enervated by his strenuous work, he fell a victim to disease. He needs no eulogium. His deeds are entombed in the hearts of his grateful patients. Does the early demise of this good man teach us, *Festina lente*? Decidedly no. It is better to wear out than rust out, although it is equally true that success is not a reward but a job. Life in the concrete is monotonous. We use condiments on our food to make us forget what we are eating, and so with life, we work so that we may forget the irk-some penalty of living.

Dr. Fletcher Sharp—This former House Surgeon, Royal Hos-pital for Sick Children, Edinburgh, has completed his studies at Dr. Abrams' laboratory and has departed for London, England, where he is to settle in practice.

Charts Showing the Areas of the Electronic Reactions—These charts,* three in number, are mounted on rollers on a suitable rack. Any one of the charts can be pulled down and the exact site of the areas peculiar to disease can be seen at a distance. It is a valuable adjunct to the atlas.

Horace B. Coblentz, M. D., Washington, D. C.—He is now erecting in his city a large private sanitarium. He writes (Novem-ber 8, 1921) that he is treating forty-six cases of cancer and pulmonary tuberculosis. He claims that he can shrink tonsils after two treatments with the oscilloclast (application directly to

* Price, \$25.00.

the tonsils). In uterine cancer his excellent results are also achieved by direct application to the uterus.

Dr. J. W. King—Has returned from his vacation and resumed his practice at his Physico-Clinical Laboratory in Bradford, Penn.

OSCILLOPHONE

This mechano-diagnostic apparatus of Dr. Abrams, which substitutes the human as a reflex reagent, will not be limited in its distribution as was at first suggested. Such a policy would be an injustice to lessees of the oscilloclast, to whom a correct diagnosis is most essential. The apparatus minimizes the human equation in the elicitation of reflexes, but skill in its use is necessary. No apparatus will be released until the intending lessee receives personal instruction in its use or learns its manipulation from some lessee who has received personal instruction. The instrument will first be distributed among those in possession of the oscilloclast. The primary payment will approximate about \$400.00 (perhaps slightly less or more) and the royalty will be \$80.00 per year, payable semi-annually in advance. Applicants should address Physico-Clinical Co., 2151 Sacramento street, San Francisco, Cal. Dr. Abrams cannot give personal attention to such correspondence nor to any correspondence bearing on his apparatus. Dr. Abrams continues to use the human reflexes in preference to the oscillophone and only uses the latter to confirm his findings with the former when necessary.

"AN ELECTRONIC STORY"

(Versified in Spondylic Ohmmeter by F. F. Strong, M. D.)

I brought my husband to the West—
To the Pacific Slope.
The doctors who had thumped his chest
Gave very little hope.

We reached the city on the coast
And heard of something new:
"Electrons healed and diagnosed."
(How wondrous, if 'twere true!)

My husband, only just alive,
(Ten ohms at "Forty-two")
Was treated with Gamboge and "Five,"
Although I still felt blue.

Within a month his lungs were well,
(No fraction of an ohm).
Said he, "This little burg is swell!"
(I couldn't keep him home).

Then I grew ill and stayed in bed,
('Twas "Sixty"* brought me down).
My husband took my Congo Red
And painted up the town!

Alas! That I should pen these lays
And still remain alive!
My husband's blood in thirty days
Showed "Five" and "Fifty-five"!†

The genial doctor said to me,
"Give him a chance again;
We'll treat your man with 'Four' and 'Three' ‡
And you'll be happy then."

So now we're starting life anew—
A golden "E R A."
My husband's well, and thus far true.
We welcome each fresh day.

* Strep. (V R).

† Syphills (V R) and vibratory rate of neisserian infection.

‡ Numbers on oscilloclast for the treatment of neisserian and luetic infection.

Envoi

(To be sung to the tune of "Ach, du lieber Augustin!")

Healed Os-cillo-clastically:—

En-thu-si-as-tically

We will dance gym-nas-tically;

Thanks to "A. A."

To Dr. Albert Abrams.

San Francisco, Jan. 22, 1922.

Frederick Finch Strong.

LESSEES OF OSCILLOCLAST*

Sir James Barr, England.

E. A. Majors, M. D., Oakland, Cal. (2 machines).

A. T. Noe, M. D., Pacific Grove, Cal. (2 machines).

J. P. Kanoky, M. D., Kansas City, Mo.

H. Meredith, M. D., Oakland, Cal.

J. Goodwin Thompson, M. D., Oakland, Cal. (9 machines).

V. Sillo, M. D., New York City.

W. F. Becker, M. D., Chicago, Ill. (2 machines).

E. W. Dodge, Chicago, Ill.

J. W. King, M. D., Bradford, Pa. (4 machines).

C. Wheeler, M. D., San Francisco, Cal.

H. Michener, M. D., Wichita, Kan.

G. Boericke, M. D., University Hospital, Ann Arbor, Mich.

M. W. Knapp, M. D., San Jose, Cal.

J. Du Plessis, M. D., Chicago, Ill. (2 machines).

P. S. Replogle, M. D., Champaign, Ill.

C. L. Thudichum, M. D., Los Angeles, Cal. (2 machines).

F. Schuldt, M. D., Mexico City, Mexico.

H. E. Palmer, M. D., Dayton, Ohio (2 machines).

Capt. A. R. Gould, M. D., Washington (2 machines).

B. W. Swayze, M. D., Allentown, Pa.

H. A. Hess, M. D., San Francisco, Cal.

H. G. Nyblett, M. D., Calgary, Canada.

B. Tisdale, M. D., Oakland, Cal.

J. Tow, M. D., San Francisco, Cal.

C. H. Kingsbury, M. D., Danielson, Conn. (2 machines).

L. H. Dietz, M. D., Oakland, Cal.

S. King, M. D., Warren, Pa. (2 machines).

S. F. Meacham, M. D., Oakland, Cal.

* Terms on which oscilloclasts are leased are as follows: A primary payment of \$200.00, and \$5.00 monthly. Primary payment is subject to change, owing to varying cost of material and labor. Other physicians who have ordered the oscilloclast for DC and AC (below 50 or 60 cycles) must exercise patience before receiving their machines, inasmuch as the latter must be specially constructed. Primary payment on DC oscilloclasts is \$250.00.

- B. Crombie, M. D., Portchester, N. Y.
W. J. McRoberts, M. D., Hot Springs, S. Dakota (2 machines).
R. Rice, M. D., Council Bluffs, Iowa.
C. S. Evans, M. D., Hutchinson, Kan. (2 machines).
A. B. Collins, M. D., Linesville, Pa. (2 machines).
W. P. Myers, M. D., Anaheim, Cal. (2 machines).
C. E. Johnston, M. D., Los Angeles, Cal. (3 machines).
V. S. Irvine, M. D., Lankin, N. Dakota.
I. Howard Planck, M. D., Chicago, Ill. (3 machines).
M. A. Hansen, M. D., Osage, Iowa (3 machines).
J. A. Savignac, M. D., Ottawa, Canada.
M. W. Livingston, M. D., Pittsburg, Pa.
E. B. Crosby, M. D., Oriska, N. Dakota.
H. D. Schell, M. D., Hamilton, Ohio.
A. E. Persons, M. D., Buffalo, N. Y.
J. R. Leadworth, M. D., Los Angeles, Cal. (2 machines).
A. W. Buell, M. D., Long Beach, Cal.
H. B. Coblentz, M. D., Washington, D. C. (2 machines).
H. C. Kehoe, M. D., Flemingsburg, Ky.
F. M. Cooper, M. D., Colorado Springs, Colo.
W. G. Doern, M. D., Milwaukee, Wis. (8 machines).
H. W. Fleck, M. D., Bridgeport, Conn. (2 machines).
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E. B. Taylor, M. D., Huron, S. Dakota.
T. Kendrew, M. D., Indianapolis, Ind.
G. E. Watts, M. D., Portland, Ore.
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A. W. Boslough, M. D., Wausau, Wis.
H. D. MacKenzie, M. D., Auckland, New Zealand.
Sigmar Hilfer, M. D., West New York, N. J. (3 machines).
J. D. Sullivan, M. D., Kenosha, Wis. (2 machines).
H. L. McCubbin, M. D., Sacramento, Cal. (2 machines).
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Henry P. Fahrney, M. D., Frederick, Md.
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S. Rosenthal, M. D., Aberdeen, S. Dakota (2 machines).
H. Gunderman, M. D., Monango, N. D.
Chinese Government.
F. M. Planck, M. D., Kansas City, Mo.
T. D. Bristol, M. D., Cleveland, Ohio.
C. Conn, M. D., Los Angeles, Cal. (2 machines).
C. F. Ellis, M. D., Eureka Springs, Arkansas.
D. D. Hamilton, M. D., Raton, New Mexico (2 machines).
D. E. Murray, M. D., Roanoke, Ind.
C. E. Cole, M. D., Prairie Du Chien, Wis.

- M. McManus, M. D., Denver, Colo. (3 machines).
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W. A. Hanor, M. D., Corning, N. Y.
H. R. Goshen, M. D., Bronson, Kan.
J. E. Johnston, M. D., Pittsburgh, Pa. (3 machines).
J. R. Mitchell, M. D., Washburn, Wis.
H. Becker, M. D., Toronto, Canada (2 machines).
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R. L. Crowthers, D. D. S., Caldwell, Ohio.
J. L. Conrad, M. D., McKeesport, Pa.
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H. A. Dittmer, M. D., Manchester, Iowa.
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N. T. Johnston, M. D., Upland, Nebraska (2 machines).
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O. B. Hicks, M. D., Shreveport, La.
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Chas. Rosedale, M. D., Boston, Mass.
M. W. Moulton, M. D., Bellevue, Iowa.
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M. L. Geiser, M. D., Keokuk, Iowa.
Ralph A. Manning, M. D., Winchester, Mass. (2 machines).
S. M. Brown, M. D., Boston, Mass.
Francis A. Cave, M. D., Boston, Mass. (2 machines).
Francis T. Davies, M. D., Boston, Mass.
C. Harrison Downing, M. D., Mattapan, Mass.
Edwin Alden Leavitt, M. D., Worcester, Mass.
H. Scholtz, M. D., Oakland, Cal.
Ethel Lynn, M. D., San Francisco, Cal.
M. L. Puffer, M. D., Downers Grove, Illinois.
S. R. Love, M. D., Deland, Florida.
Dr. J. V. McManis, Kirksville, Mo. (5 machines).
Beatrice Becker, M. D., Toronto, Canada.
L. Rupert, M. D., Florence, Colorado.
Christian Peterson, M. D., Los Angeles, Cal.
T. E. Sample, M. D., Omaha, Nebraska (3 machines).
W. W. Fessenden, M. D., Beverly, Mass.
C. H. Kriz, M. D., Milwaukee, Wisconsin.
Levi D. Johnston, M. D., Whittier, Cal.
A. I. Arneson, M. D., Austin, Minnesota.
W. A. Guild, M. D., Des Moines, Iowa.
Herbert McConathy, M. D., Miami, Florida.
S. J. Wright, M. D., Akron, Ohio.
R. F. Wallace, M. D., Hollywood, Cal.
W. G. Williams, M. D., Exeter, Nebraska.
Frederick Finch Strong, M. D., Hollywood, Cal.
J. W. Overpeck, M. D., Hamilton, Ohio.
J. F. Heimbach, M. D., Kane, Pa.
E. Lee Burch, M. D., Watsonville, Cal.
Joseph Hastings, M. D., San Gabriel, Cal.
W. H. C. Hatteroth, M. D., Fruitvale, Cal.

G. W. Leech, M. D., Lethbridge, Canada.
 H. Lindlahr, M. D., Chicago, Ill. (2 machines).
 L. R. Chapman, M. D., Los Angeles, Cal.
 D. B. Northrup, M. D., San Diego, Cal.
 P. A. Shephard, M. D., Boston, Mass.
 L. J. Otis, M. D., Norwalk, Cal.
 J. Hastings, M. D., San Gabriel, Cal.

SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY

California (Provincial)—Drs. B. Tisdale, B. F. Sandow, L. Taylor, C. Thudichum, W. Kendrew, C. H. Enstam, M. Ryerson, C. Peterson, J. Enos, J. R. Leadsworth, W. Johnston, G. Butler, Dr. F. Strong, E. L. Burch, R. F. Wallace, L. Dietz, W. Bransford, Levi Johnston, F. C. Farmer, H. J. Hoare, A. T. Noe, W. Hatteroth, L. R. Chapman, H. J. Trachman, M. E. Cox, J. Hastings, G. W. Easterday, L. Daniels, E. Cleverdon.

Minnesota—Dr. J. Von Berg.

South Dakota—Dr. W. J. McRoberts.

Colorado—Drs. H. T. Dodge, R. W. Fraser.

Massachusetts—Drs. C. Rosedale, T. A. Cave.

Missouri—Drs. J. V. McManis, L. McManis

Ohio—Drs. C. Wattenbaugh, Roy Stout, L. H. Jardin.

Nebraska—Drs. W. G. Williams, T. E. Sample, J. R. Sample.

Texas—Dr. Dunning.

Nevada—Dr. S. Tallot.

Washington—Dr. M. N. Garhart.

Dr. P. R. Stalmaker, Commander Medical Corps, U. S. N.,
 W. B. Meister, U. S. N., K. M. Scott, U. S. N.

Canada—Drs. B. Becker, Geo. W. Leech.

Mexico—Dr. F. Paredes.

India—Prof. B. Lal.

2151 SACRAMENTO ST.,
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PHYSICO-CLINICAL LABORATORY

— OF —

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

VIRULENCY GAUGED.

In SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (glands, lungs, bone), the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures, or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to determine whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient, ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations now permit of the localization of lesions. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible.* It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent of errors and in some cases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th Series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. 8, 3rd Edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams), All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully 50 per cent, and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916) estimates that 15 per cent of paretics and 70 per cent of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arrangements suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital gives a negative result in from 31 to 50 per cent of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS

* Owing to the many examinations now being made, a brief history of symptoms is necessary.

test, because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy.

NEARLY 100 PER CENT POSITIVE.

Geo. O. Jarvis, A. B., M. D. (formerly of the University of Pennsylvania), found that the Electronic tests of Abrams were POSITIVE in nearly 100 per cent of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphilologist in his *SEXUAL IMPOTENCE* (W. B. Saunders & Co., 1915). "In the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

The tests embody the employment of the visceral reflexes of Abrams. FROM ENGLAND.

Sir James Barr, in his presidential address at the eighteenth annual meeting of the British Medical Association (British Medical Journal, July 27, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the British Medical Association, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new continent and he has given us further insight into methods of prevention."

"I could easily fill several journals with an account of Abrams' valuable work."—Sir James Barr, British Med. Journal, March, 1920.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E.—(Article, "Dr. Albert Abrams' Method of Percussion," Lancet (London), May 22, 1920): "Dr. Abrams is, perhaps, doing more than anyone else in the present day to reusitate the lost art of physical diagnosis."

"In cancer Abrams' reactions can be easily verified."—Sir James Barr, Lancet (London), May 22, 1920.

"In my opinion he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."—Sir James Barr, Medical Press and Circular (London, England), Jan. 12, 1921.

DIAGNOSIS AT THE VERY BEGINNING.

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING, tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (American Journal of Clinical Medicine).

In another communication to the same journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abrams is due the credit for this epoch-making discovery. It is the external counterpart of the Abderhalden reactions."

"We think Dr. Albert Abrams was the first to utilize colored screens in diagnosing disease."—Geo. Starr White, A. J. Clin. Med., Feb., 1915.

(NOTE—The only object in publishing White's excerpts is to discredit the latter, who, in later publications under new captions, claims priority for Abrams' discoveries and instances his observations on the flight of "homing-pigeons," and other fantastic vagaries in justification of his claims.)

FEES:

(Which include all diagnostic information necessary.)
 Blood examinations, which include tests for all diseases.....\$10.00*
 Subsequent blood examinations to gauge the course of the disease 5.00
 Examination of patients\$25.00-\$100.00

(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.
 Course to physicians on Electronic Diagnosis.....\$200.00
 (Limited to reputable physicians in possession of the M. D. degree.)

* When disease is localized, an additional charge of \$5.00 is made.

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1821 So. HOPE STREET
COR. SIXTEENTH AND HOPE ST
LOS ANGELES, CALIFORNIA

To whom it may concern:
This is to certify that
Dr. Albert Abrams has examined ^{for me} ~~by~~
his new method one hundred ~~of~~
Typhoid cases, great as was the surprise
to me in many instances in practically
all cases his judgment was based
demonstrated to be correct and in no instance
was he found to be in error.

H. E. Macdonald M.D.

When I first began to investigate the subject of Electronic Diagnosis, I found the work most confusing but further investigations at the Physico-Clinical Laboratory of Dr. Abrams, convinced me from therapeutic results observed, of the correctness of his diagnoses. It is impossible to form a very intelligent opinion of these methods from reading about them. One must come to Dr. Abrams' laboratory and watch him at his work and hear his explanations and comments and if he approaches the investigation in an unprejudiced frame of mind the physician will soon discover that he has found something that will be of vast usefulness to him in his medical work. I consider the last five months that I have spent in this investigation as the best spent time of my medical life and would heartily advise any of my confreres to pursue a like course.

Very sincerely,

N. R. Scroggs M.D.

1st. Lieut. Medical Cor
U. S. Army.

DR. GEORGE O. JARVIS

THE SANITARIUM

ASHLAND, OREGON June 15, 1917.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in which the electronic

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-2-

reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

final judgment

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond avail the presence of cancer.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-3-

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

ANON THATCHER P.O. No. 2,
P.O. Box, Cal.

July - 27 - 17

Dear Doctor Mann's
 your letter explaining blood test no. 3 received.
 your diagnosis is correct. I thought I might
 stump you on this one - but failed.
 I am sending you blood specimen of case no. 1.
 To day - I trust you will be able to find some
 improvement in this test case - this time.
 I can hardly wait the time I can leave for the
 city and spend the time with you.
 Thanking you for past favors I am sincerely yours
 A. Noe

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Poliomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis
Colicæpsis	Leprosy	(Variety)
Carcinoma	Malaria	Sarcoma
Cholelithiasis	Measles	Scarlatina
Chorea	Menstruation	Staphylococcic Infection
Diabetes	Meningococcic Infection	Streptococcic Infection
Diphtheria	Neurasthenia	Syphilis (differentiation of congenital and acquired, and specific strain)
Epilepsy	Paralysis Agitans	Teniasis
Genococcic Infection	Parathyroid Insufficiency	Tetanus
Gout	Paratyphus	Typhoid
Hookworm	Pneumococcic Infection	Tuberculosis (Varieties)
Hyperpituitarism	Psychasthenia	
Hyperthyroidism	Pregnancy (prediction of sex)	
Influenza		
Insanity		
Paranoia		
Dementia Precox		

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary, or, if given, whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer, and this is demonstrable by a blood examination.

WARNING

Many physicians have forwarded specimens of blood to the Physico-Clinical Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchnic reactions. Specimens have been received on colored and printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis, the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, COLISEPSIS and STREPTOCOCCIC INFECTION.

When two blood specimens are sent, forward them in separate envelopes to avoid conferred radioactivity.

The quantity of blood forwarded should be sufficient to cover an area represented by a 50-cent piece.

No diagnostic method is infallible. It is requested that all physicians correlate the electronic diagnosis with their clinical findings.

ELECTRONIC REACTIONS OF ABRAMS (E R A)

(A few brief and curtailed references from journals and signed letters)

NOE, A. T., M. D.—“I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known.” N. A. J. H.

ANTHONY, J. C., M. D.—“Made wonderful diagnosis for me which would have been impossible by other means.”

HESS, H. A., M. D.—“Dr. Abrams has made fifty examinations of the blood for me and all correct as far as I can judge.”

MEACHAM, S. F., M. D.—“E R A are greatest contribution to medicine.”

POPE, CURAN, M. D. (author of classic on Hydrotherapy).—“Not a day passes that I do not use your methods.”

BOOLSEN, S., M. D.—“I regard the E R A as a great help and have frequently contributed the fee myself, because results talk and success follows a correct diagnosis.”

JAWORSKI, H., M. D., Paris, France (author and medical authority; translator of E R A into French).—“I have carefully studied your methods and regard the discovery and its immensity with admiration.”

KING, J. W., M. D., Pa.—“Physicians should at once form a caravan and go out and worship at ‘Abrams’ shrine.’ Am getting wonderful results therapeutically from diagnosis made for me by you.”

PAREDES, F., M. D., Mexico.—“I shall popularize your marvelous methods of diagnosis in Mexico.” (Dr. P. studied the E R A at Dr. A.’s laboratory.) Dr. F. Vasquez Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine, and Minister Public Instruction, has also studied the E R A at Abrams’ laboratory.

POWELL, C. S., M. D.—“The E R A are very helpful in my work, especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A.”

MAJORS, ERGO A., M. D.—“E R A have conformed remarkably with my office findings and I am grateful to Dr. Abrams for his wonderful work.” (Dr. M. has forwarded 173 blood specimens. At least 100 specimens were sent without comment of any kind.)

NYBLETT, H. G., M. D.—“My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has.”

J. MADISON TAYLOR, M. D. (Article, “An Appreciation of the Teachings of Dr. Abrams,” Monthly Cyclopaedia and Medical Bulletin, July, 1913).—“Dr. Abrams has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams’ researches afford is the largest source of illumination, and I, for one, welcome it with thankfulness.”

**Practical Courses in Spondylotherapy
and
Electronic Diagnosis and Treatment**

Dr. Albert Abrams will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians can gain admission to the classes, which are limited. The course lasts four weeks, and the fee, in advance, is \$200.00. Applicants may address Dr. Abrams, 2151 Sacramento St., San Francisco.

**Dr. Abrams' Electrodes
for
Electronic Diagnosis**

These consist of three electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

**Ohmmeter
(Biodynamometer)**

Described on page 44, *New Concepts in Diagnosis and Treatment* (Abrams), and in September issue of the *Journal*. Price, \$36.00 with electrodes, express collect.

Dr. Abrams' Reflex Set

This consists of a plexor, pleximeter, single and two-pronged instrument. Price \$6.00, express prepaid.

Dr. Abrams' Electro-Concussor

Described on page 652 in *Spondylotherapy*. In writing, state current available. Price \$120.00 f. o. b. **No apparatus sold on credit. Terms cash.** Price of other apparatus on application. Physico-Clinical Co., 2151 Sacramento Street, San Francisco, Cal.

Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

Vol. 6

JUNE, 1922

No. 4

FOUNDED AND EDITED BY
ALBERT ABRAMS, A. M., M. D., LL. D., F. R. M. S.

CONTENTS

	Page
CHIROMETASEOSIS	1
MALARIA	4
USE AND ABUSE OF OSCILLOCLAST.....	6
PATHOSCOPY	9
ELECTRONIC MEDICINE.....	11
ELECTRONIC REACTIONS (Illustrated).....	16
REVIEWS	17
MISCELLANY	26

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WORKS by ALBERT ABRAMS

A. M., LL. D., M. D., (University of Heidelberg), F. R. M. S.

One-time Professor of Pathology and Director of the Medical Clinic, Cooper Medical College (Medical Dept. Leland Stanford Jr., University).

Spondylotherapy

Physio and Pharmaco-therapy, and Diagnostic Methods based on a study of Clinical Physiology—Fifth Edition, \$6.50, express prepaid.

"The author gives evidence of high scholarly attainments, penetrating intelligence, admirable industry, along with that necessary quality in any pioneer work, intense enthusiasm. The result is a treatise of extraordinary interest and usefulness."—N. Y. Med. Jour., May 8, 1912.

New Concepts in Diagnosis and Treatment

Physico-Clinical Medicine

The practical application of the Electronic theory in the interpretation and treatment of disease, 1916—\$5.00, express prepaid.

The most important part of the work is a consideration of the diagnosis of disease . . . It is full of interest and abounds in valuable suggestions to physicians and scientists and its methods are well worthy of investigation.—Journal of Electrotherapeutics and Radiology, June, 1916.

Diagnostic Therapeutics

A guide for practitioners in diagnosis by aid of drugs and methods other than drug-giving. A pioneer work and the only one of its kind published—\$6.00, express postpaid.

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The Blues

No variety of neurasthenia is more amenable to treatment than this form—Fourth Edition, \$1.50, express prepaid.

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An exposition of the causes, symptoms and treatment of self-poisoning—\$1.50, express prepaid.

Transactions of the Antiseptic Club

Illustrating the fads and foibles of modern physicians—\$1.00, express prepaid.

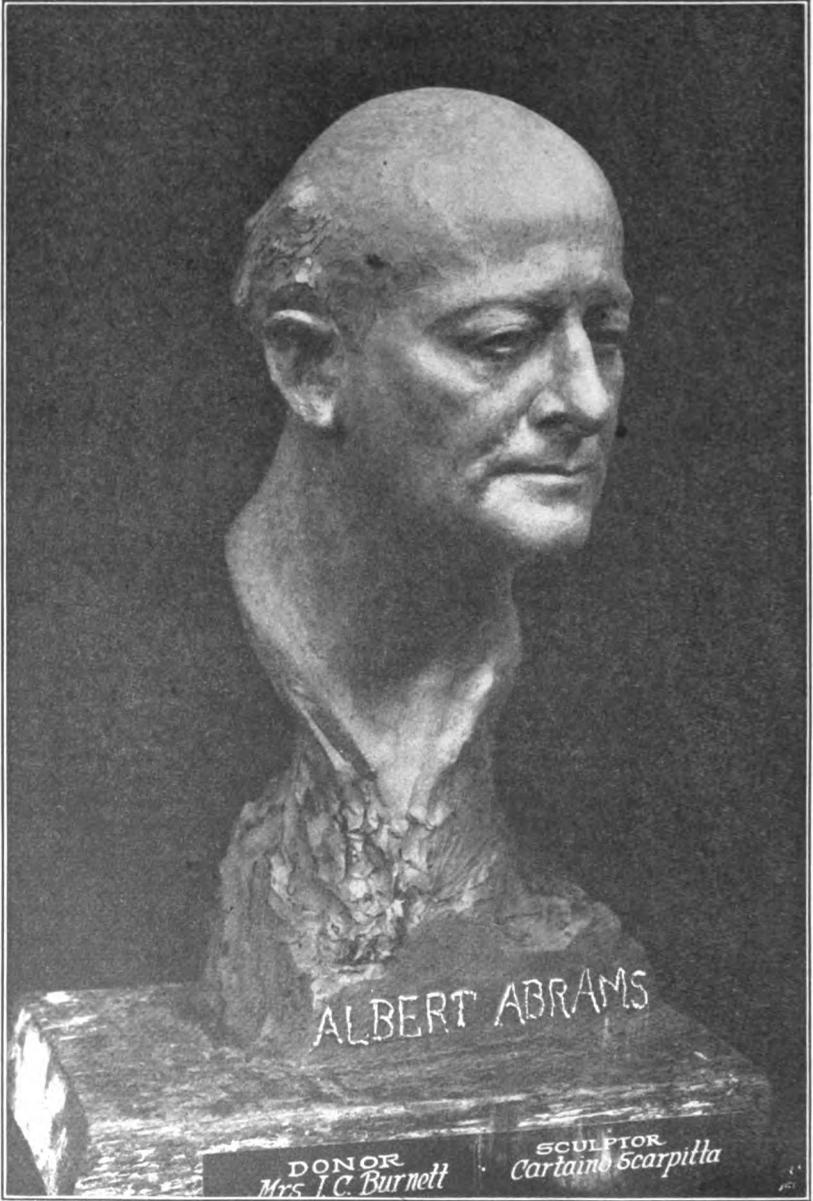
A few CHARTS on Spondylotherapy are still in stock and no more are to be published. The price of the latter has been temporarily reduced from \$5.00 to \$3.00; express prepaid.

Literature sent free on request.

PHYSICO-CLINICAL CO.

2151 SACRAMENTO ST.

SAN FRANCISCO, CAL.



Physico-Clinical Medicine

Vol. 6

JUNE, 1922

No. 4

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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PHYSICO-CLINICAL CO.,
2151 SACRAMENTO ST. SAN FRANCISCO, CAL.

Chirometaseosis

THIS novel subject was discussed for the first time in the March, 1922, number of this journal. However incredible as the facts may appear, they are constantly confirmed by those who employ the E R A.† I have no desire to make confusion worse confounded and possibly discredit previous observations, but these are not records for contemporaries but for posterity.

Dr. J. Burnett, New York, requested me to ascertain

† "It seems almost unthinkable that such a thing should be possible (referring to this subject). I have no difficulty about the sex, nationality, or any pronounced condition of disease."—Sir James Barr, Liverpool, England. Letter dated May 2, 1922.

from a letter the cause of death of a relative. The latter had died during her travels in China from an unknown disease. The letter was written just before the relative in question had passed into a state of collapse.

The reaction from the handwriting was that of "Bubonic Plague." It was then that he informed the writer that his relative had returned to China after a visit to Korea, where there was an epidemic of the disease.

Several months ago, a distressed mother in an eastern city wished me to ascertain if her son were still alive. She inclosed a postal card on which the son had written a few words, the last message she had received from him.

The task submitted to the writer appeared stupendous. After examining the handwriting of deceased persons, a definite reaction was invariably elicited; a reaction which did not appear in the writing of living persons. Photographs of deceased persons will give a like reaction, but this is not as definite as writing.

The energy of the writing is transmitted (S V reaction) through the rheostat at 49 (human material). The writing is first depolarized with a horseshoe magnet. Referring to Fig. 6, the area of dullness of a deceased male appears on the right, and of a female* on the left side of the abdomen.

To explain the foregoing phenomenon, one must necessarily migrate into the realms of speculation. This tendency I shall evade and seek an explanation from a viewpoint essentially rational to myself. The writer is primarily concerned with facts and not in their interpretation.

In writing, the energy passes from the finger tips to the paper and is there fixed like a mordant with the pencil's graphite or the pen's ink. In other words, the personality of the individual is transferred to the paper no less certainly than if he were to transfer himself from one place to another. Man is only a compound of his infinitesimal vibrations, and a single vibration is an exact replica of his vibrations taken as a whole.

* The handwriting of a deceased relative demonstrated a cancer reaction (1/25 of an ohm). Fourteen years later, this lady died from a breast cancer.

We refer to the energy emanating from man as "nervous force," but the writer has repeatedly demonstrated that it is radiant electricity, or electricity in vibration.* Its conduction within the organism is by aid of wires or nerves. Extending beyond the limits of the body, it is a wireless conduction.

The radiant energy of writing can only vibrate in resonance with its source—the individual from whom it emanated. This is a plexiform world with its intricate network of wireless vibrations. Were the latter less tenuous, there would be no space left for anything else.

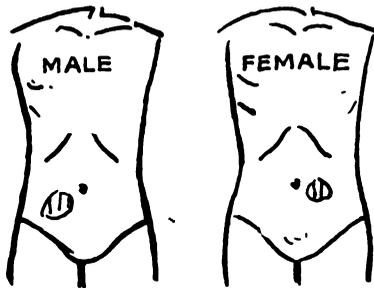


Fig. 6. Topographic E R A reaction of a deceased person (male on the right and female on the left side of the abdomen).

The writer has shown that human energy increases in potentiality with the square of the distance, and the radiations from the writing, as we shall note later, pass in the direction of the individual, if he is alive, irrespective of his location.

The reaction noted in the writing of a deceased person is transitional. Vibrating no longer in resonance with the individual, the writing gathers other products, just as

* It is inept to compare this with current electricity. Physics concerns itself with only two fundamental ideas—matter and energy. Electrons owe their energy to velocity and not mass. In gases, electrons have a velocity of 100,000 miles per second; in liquids about an inch an hour; in metallic conduction, owing to their fixation, the only power is that of vibration.

uranium after a lapse of years produces radium. Does this observation dispose of spiritism—communication of the living with the spirits of the departed?

Hundreds of tests were made with letters submitted to me. The location of the writers was only known to the individuals who submitted them.

A map of the United States was so fixed on a table that San Francisco and a single letter of the handwriting were transfixed. Then the location of the individual who did the writing was traced (Sex area, at 49, and S V reaction used). As a rule, the direction was correct.

Thus, if the individual were in Los Angeles the energy wave was traced in a southerly direction; if in New York, in an easterly direction, etc. It was found that the energy potentiality increased with distance from San Francisco as shown by the following measurements. There was an average increase of $1/25$ of an ohm to every 55 miles.

LOCATION	OHMAGE
Los Angeles	6/25
Waukegan, Ill.	2, 9/25
Washington, D. C.	2, 15/25
Boston, Mass.	2, 16/25
Linesville, Pa.	2, 13/25
Denver, Colo.	1, 9/25

Malaria

ACCORDING to the conventional conception, malaria is acquired as follows: An anopheles mosquito bites a malarial individual and thus imbibes infected blood cells. The parasites of these cells reach the salivary glands of the mosquito. By aid of the proboscis of the latter the skin of a person is punctured and the saliva is deposited. The result is malarial infection. The foregoing is the only accepted mode of infection.

The writer, in traveling through civilized and uncivilized countries, has always carried his own portable filter and up to several months ago always drank filtered water. Although not having been bitten by a mosquito in the past six months, he developed typical malarial symptoms.

This was confirmed by an electronic examination of his blood, and later by the demonstration of plasmodia.

If the mosquito theory is unconditionally accepted, much harm may ensue in the non-recognition of malaria. It is contrary to all reason to believe that the mosquito is alone implicated in the conveyance of the disease.

In typhoid fever, the common source of epidemics is from water infection. Now the anopholes lays its eggs in shallow puddles. Therefore, if the typhoid theory is accepted, why should a like theory for malaria be ignored.

Now toxins, bacterial products, represent the real virulent principle of bacteria. The toxins are usually unrecognized by the bacteriologist, but the electronic reactions subserve an absolute means for their demonstration.

It has been found by the writer that stagnant water will often elicit a malarial reaction.

Dr. Estock, a recent visitor at Dr. Abrams' laboratory, makes the following statement:

"After spending seven years in equatorial British East Africa, I am persuaded that man can and does contract malaria either by the sting of the mosquito or by using unboiled water and vegetables contaminated by the products of decayed vegetation.

"There are regions where both the Europeans and the natives live for prolonged periods without contracting malaria though they are frequently exposed to the stings of mosquitoes (anopheles), whereas in other areas both man and mosquitoes prove to be carriers of plasmodia.

"The above observation has led me to conclude that the primary cause of malaria is not the mosquito, for unless the anopheles first becomes infected by the products of decayed vegetation contaminating the water, neither the mosquito nor man manifests any sign of infection. Very frequently one can notice that after drinking from some of the foul streams the person suddenly comes down with chills and fever.

"By the above statement I do not mean to deny that plasmodia do play an important part in disease, but I do believe that they are guests invited by the previously existing lowered vitality, more or less pathologic. Otherwise, how can we account for the

fact that in the midst of malarial surroundings there are whites and blacks who persistently maintain good health without use of quinine."

The Use and Abuse of the Oscilloclast

IT IS more important to know what kind of a patient the disease has got than to know what kind of a disease the patient has got." "The patient wishes not only to be cured, but to be treated: his luxury is the importance of the physician and his remedies."

The psychology of the patient is paramount. To evade it is to invite defeat in the treatment of his affliction.

Psychodynamics is exploited to the full by the charlatan, and the patient is more important to him than his disease.

The influence of mind on disease is no longer a question of empiricism. By aid of ERA, it may be shown that the mind can either fortify or nullify a reaction. In other words, if a patient affirms mentally that he is well, he may nullify a reaction for at least a minute. Let him at any stage of this mental process suggest to himself that he is sick and the very moment of this state of mentation may be determined objectively by a recurrence of the reaction.

To enlist this destructive vibratory rate of the mind is not a question of pathological knowledge but a matter of knowing people.

To the average person, words like cancer and syphilis suggest hopelessness, and the mental constituent of treatment is annihilated. When results are achieved the patient may be informed of his ailment so that our skill may not be minimized.

In using any new apparatus which has not received official recognition, promise nothing, but say it before witnesses for "official medicine," not recognizing the curability of cancer even in its incipient stage without the use of the knife, will seek every means, however base, to involve you in legal entanglements. This is happening at

the time of writing in Boston, and the object of calumny is Dr. P. A. Sheppard.

Now, people are no longer content to be told in Latin that they are sick, nor will they be persuaded to await the autopsy on themselves for a confirmation of a diagnosis. Do not blame the people for their unreasonableness. Forgive them: they do not understand the exalted state of the medical classicist.

Here are the questions they will put to you and here are the answers in concise phraseology:

What is the Oscilloclast of Abrams?

An apparatus for treating disease by definite rates of vibration. Electric waves have no effect on objects which do not vibrate in resonance with them. This action corresponds to tone vibrations which set other bodies in motion. If we strike the A string of a violin, the A string of a piano standing near sounds in harmony with it.

How can vibrations destroy disease?

Every object has a natural period of vibration. If one approaches an object with a source of vibration of the same vibratory rate as itself, the object will be set in vibration. This forced vibration of the object may attain such magnitude as to fracture and utterly destroy it. Caruso could take a wine glass and determine its tone (vibratory rate) by tapping it. Then by singing that tone in the glass would shatter it. This is exactly what happens when you impose on a disease its own vibratory rate by the oscilloclast. The radiations from the latter, unlike radium and the X-rays, are absolutely harmless. Patients accustomed to sensation cannot understand why they do not feel the vibrations. It is because true remedial action is qualitative and not quantitative. You do not feel light, yet, by its mechanic action it may agitate bodies so forcibly that they fall to pieces.

How can the effects of the oscilloclast be determined?

By accurate measurements of the radiations of disease. As the disease recedes in virulence, what is known as ohmage (measure of resistance) becomes diminished and finally there are no morbid radiations to measure. Noth-

ing, however, gets quite well. While you may deprive a cancer of its malignancy, some damage has ensued during its growth and some minor suffering is better than death.

One man's calomel is a little better than the other man's calomel. It is always the man behind the gun.

If you lack faith (the most stupendous word in therapeutics) you communicate it by induction to your patients.

Every act of mentation, like any other phenomenon, is only a question of vibrations, and you do not less surely convey them to your patients than does a magnet its action on a magnetizable object.

Two communications are concrete examples of my contention. Dr. M. A. Hansen, Osage, Iowa, writes as follows:

"We are now treating about sixty cases per day, with about twenty on the waiting list, and it is impossible for us to do this work with two oscilloclasts. So, I am placing my order for one more oscilloclast, which will be five in all, and I am asking you to kindly make the delivery on the two I ordered months ago by the 15th of April, or at least one of them.

"The work that we are doing with these machines is more of a credit to you now than when we started. I almost think that these machines in the hands of a novice are sometimes a detriment to you. I know at first we got brilliant results in one case and then in others we would overlook little things which cast a reflection on the methods and the machines, which ought not to have been.

"We now have patients from all over the State of Iowa, and as each patient leaves they send five more to take their place. Owing to the fact that I am very careful in clearing up the dark corners (syphilis), our results are perfect in at least 95 per cent of our cases.

"I can't tell you how much credit you deserve, Dr. Abrams, for being able to discover these wonderful things for the benefit of humanity.

"I can never feel grateful enough to you for all that you have taught me."

A case was referred to a lessee of the oscilloclast in a distant city. The patient wrote as follows:

"The physician to whom you referred me intends

to (1) sterilize my chest, (2) use actinic rays, (3) inject sea water. I objected. I said I had come for treatment by your method and until it was found that your method would not help me, I declined to take any other."

Now, this patient was absolutely right. Either the oscilloclast would or would not effect results. Primarily, faith in the oscilloclast was shattered.

All remedial measures are resolvable into rates of vibrations. With the oscilloclast, one is at least applying rates with mathematic certainty. This is not so with "shot-gun" physiotherapy. One modality may undo what the other modality has done, thus confusion is worse confounded.

Without a proper diagnosis, the oscilloclast is useless.

Matters are not remedied by using a multiplicity of numbers: the strength of the current diminishes with the number of buttons used.

Insulate your patient during treatment. Insulate your apparatus from the wall of a steel structure. Large dynamos in factories in proximity to the apparatus may vitiate results.

Do not limit the time of application to less than an hour, but gauge the results by the diminishing potentiality of the energy of disease. When the latter is effected, remember that like produces like. In other words, if the disease is cured by a definite vibratory rate, the latter may reproduce it.

Pathoscopy

THIS term of new coinage suggests seeing disease and, as a matter of fact, you do see it by aid of the vasomotor system (vasoconstrictor component). It is perhaps the most constant and unique clinical sign the writer has ever witnessed. It is equally observed in the patient as well as the reagent.

The exactions are: (1) Facing the geographical west; (2) grounding; (3) arms separated from the body and

feet separated; (4) subdued light. Let us suppose the sample of blood gives a reaction of carcinoma at the VR of 50 (SV reaction). Within a minute, the exact site of the tumor will appear on the abdomen of the reagent as a whitish patch, which in some instances, is not unlike the wheal in urticaria. The phenomenon is accentuated by placing the lever of the rheostatic dynamizer at SV. To elicit dulness over the patch, the rheostat must be at 32 (for stomach site), 22, (small intestines), 27, colon and 38, for gallbladder region.

The wheal may be brought to view, if it does not appear spontaneously, by pressure or slapping the abdominal skin.

If the specimen of blood shows streptotoxemia of appendix origin, the wheal will appear in the appendix region and often conforms with the vermiform appearance of that structure. The pathological site is more easily recognized than at the autopsy. For, to circumscribe a lesion at an autopsy, palpation is requisite and even then it is faulty.

At 42, the site of tuberculosis, 58, sarcoma, etc., may be similarly determined.

Using the PD reaction, the site of the lesion may be similarly determined on the back of the chest.*

If the object of examination is the patient the latter must comply with the same exactions as the reagent.

The site of a pus appendix, a tumor, tuberculous area, etc., may be seen on the abdomen or chest. Often the wheals (pathograms) are diffusely whitish or appear as areolae and exactly circumscribe the site of the lesion.†

The rationale of the phenomenon is essentially the irritation of a lesion influencing the vasoconstrictor component of a particular cord segment which sends out its efferent impulses.

* To localize lesions, irrespective of P D, E D or S V (say on skin), with blood, use psychometric method of holding electrode on reagent at area indicated (Fig. 10, this Journal), viz., on either side, midway between rib curvature and navel in the mammary line.

† The site of the tumor is more intensely white than the infiltration.

PROGRESS IN ELECTRONIC MEDICINE

Quinin and Its Derivatives—A triumph has at last been achieved in cardiology. It has been found that quinidin sulphate is moderately efficient in auricular fibrillation. Recorded as an empirical observation, it has not been explained. Employing the E R A, it has been found that the drug in question will destroy the cardio-vascular strain of syphilis. Several years ago we noted that, in testing for the most efficient drug in syphilis, it was found that quinin demonstrated the greatest potentiality. Since then it has been observed that the same drug, taken internally, will destroy the reaction of carcinoma, strep. Neisserian and sarcoma. Thus, if two samples of blood are taken before and after ingestion of a small dose of quinin, one may elicit a reaction before but not after.

Similarly, if one concusses the seventh cerv. spine, thus aspirating the syphilotoxins into the spleen, a local reaction of tumors or tuberculosis cannot be elicited. The reaction recurs after concussion of the second lumbar spine, which again causes an extrusion of the toxins into the blood.

From the foregoing one is constrained to conclude that such tumors and tuberculosis represent a specific strain of syphilis (congenital or acquired).

I now keep such patients under the constant influence of quinin and, to be consistent with my former observations, viz., that the homeopathic attenuation of drugs increases their efficiency, quinin (30x) is given.

Mercurochrome—This new drug has been found to be more efficient than safranin in destroying the reaction of sarcoma. It is painted over the tumor in a 1 per cent solution. It stains the skin a bright red color and is readily removed by rubbing first with a 2 per cent potassium permanganate solution and then with a 2 per cent oxalic acid solution. Used in this way, it is innocuous.

Syphilis—Owing to the portentous significance to the average lay person of the word syphilis, all blood reports to physicians now embrace the following: Confidential—Acquired diminished resistance means acquired syphilis, and congenital diminished resistance, congenital syphilis.

Facing West—In making the E R A, it is necessary for patient as well as reagent to face the geographical west. In the last number of this Journal (March, 1922) one experiment was cited why this was a necessity. Here is another experiment: With a magnet one may magnetize magnetic material. This is known as **Induction**. The greatest magnet, the earth, can by induction convert iron or steel into a magnet. To illustrate terrestrial induction. Take an ordinary stove poker. Holding it east-west,

and usually both ends attract either end of a compass needle. This shows that the poker is not polarized. Holding the poker in a north-south direction, it will become magnetized with distinct north and south poles; it will repel the north pole of the compass at one end and attract at the other. If the poker is again turned in the east-west position, both ends will attract the same end of the compass needle, showing that it is again non-magnetic or depolarized. The effects of this induced action of the earth is increased by holding the poker north-south and striking it a few sharp blows with a hammer. This shakes its molecules and enables the induced force of the earth's magnetism to turn them more easily in north-south position. With the compass, the poker will be found to be permanently magnetized. To demagnetize it, hold it in an east-west position and hit it again a few sharp blows.

Accentuation of the ERA—According to Dr. H. S. Huang, if the physician percusses the reagent with one foot, touching the foot of the latter on the ground plate, dulness is accentuated. If both feet of the physician touch both feet of the reagent, dulness is diminished or abolished. These observations are correct. The writer has also observed that an assistant who presses upon the abdomen of the reagent to diminish the resonating surface and thus increase the dulness, must stand on an insulating surface (rubber). If the feet of the assistant rest on the ground plates, dulness is diminished or abolished. Dulness may be temporarily increased by shortcircuiting the brain for several seconds. The latter maneuver appears to increase the storage capacity of the cerebral dynamos; for, when the metal is removed, there is a sudden discharge of energy.

This action may be duplicated with a horseshoe magnet. Unite the two ends of magnet with a piece of metal; then bring the keeper of the magnet as near the poles as possible, and note that when the metal piece is removed, the keeper is attracted to the poles of the magnet. One must repeat the experiment several times in order to succeed.

Neisserian Infection in Women—One of the physicians in attendance at my clinic commented on the success he achieved with pus tubes by aid of magnesium sulphate. The action of the latter was attributed to its hygroscopic properties. Tested electronically, the drug in question showed a destructive rate for gonococci—i. e., the radiant electric reaction of the latter was destroyed by the radiant electric activity of the drug.

Tampons are prepared and used as follows: A thin piece of cotton about 4x6" is covered with a thin layer of magnesium sulphate crystals. This is rolled tightly and tied at the ends. A string is attached to the middle of the roll, which is dipped in glycerine.

Now expose cervix with a speculum and pack tampon firmly over and over each side of cervix as high as possible. Repeat daily or every other day. Patient must wear a sanitary napkin.

Diagnostic Tuberculin—Commercial preparations show the reactions of strep and congenital lues. This investigation was conducted at the request of a large dairy owner who objected to the tests made by the State veterinarian. He observed that many of the cows, subsequent to the use of tuberculin, were worse off than before. He wanted to know whether tuberculosis in cattle could be determined other than by the use of tuberculin. Yes, was the response. Milk from tuberculous cows will give a reaction of tuberculosis. What I said in an early issue of this Journal still holds, viz., that milk exposed for several minutes to yellow light from an electric bulb will destroy the reaction of tuberculosis. Why not **yellow glass milk bottles?**

Rheostatic Dynamizer (RD)—This was described in the last number of the Journal. The splenic and solar plexus ERA are intensified at SV of the RD. They are dependent on dilatation of blood vessels. They disappear on deep inspiration and are unaffected by skin irritation.

Elephantiasis—Several cases recently observed at my clinic gave an enormous blood reaction of congenital syphilis (as high as 56 ohms in one patient) and sarcoma. All the hypertrophic tissues give like reactions.

Overdosing—In the last number of this Journal the fact was cited that a rate of the oscilloclast which is destructive to a disease will, when the latter is subdued, reproduce it. This applies equally to the use of drugs.

Symbiotic Reactions—In the presence of cancer and sarcoma, the tuberculosis reaction frequently fails to be elicited. It has been noted, furthermore, that when the reactions of the tumors have been dissipated, tuberculous symptoms may develop. The foregoing is important in pathology as well as in diagnosis. In pathology, because the tumors show a destructive rate to tuberculosis. If two rheostats are used, as shown in fig. 7, and both are placed at the vibratory rate of tuberculosis (57 or preferably 42), one may elicit the reaction of the latter in the presence of the tumors. To measure the potentiality of tuberculosis, set one rheostat at 42 and direct blue light (cancer) on the aluminum tip of dynamizer, or red light, which is destructive to sarcoma, and measure with the other rheostat.*

Osteopathic Lesions—Dr. J. V. McManis observes that one very interesting thing he has noticed since using the oscilloclast was that many old and stubborn osteopathic spinal lesions which have been pronounced immovable, in most cases, are easily corrected by osteopathic adjustment after eight or ten treatments on

* Use a pocket flashlight.

the spleen at rate 3 (for congenital or acquired syphilis) with the oscilloclast. The foregoing refers to Abrams' concussion treatment for syphilis.

Dr. Horace B. Coblentz (Washington, D. C.) illustrates the following results in sarcoma by aid of the oscilloclast (fig. 7): The patient's age is 73 years. He was unsuccessfully treated at a radium institute in Baltimore; in fact, the treatment only hastened the growth.

Transmission of Tumors—Recent experiments at the Pasteur Institute show that tumors in animals may be transmitted to other animals by the inoculation of a few drops of blood. Heretofore the tumor itself was necessary to achieve this object. This merely illustrates my answer to the following question:

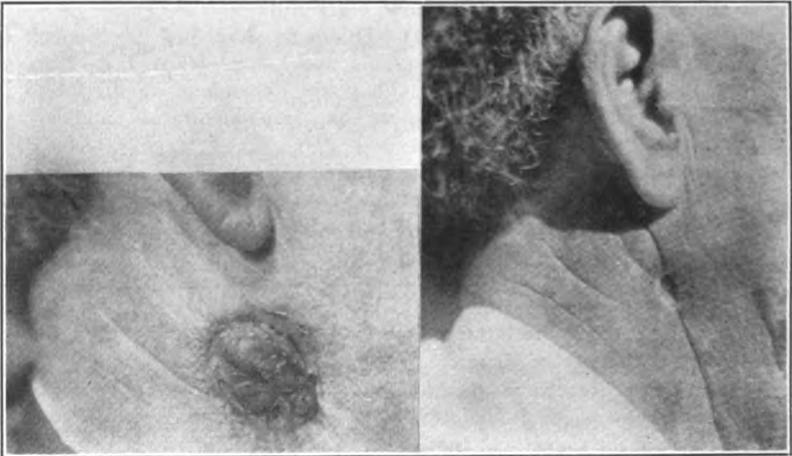


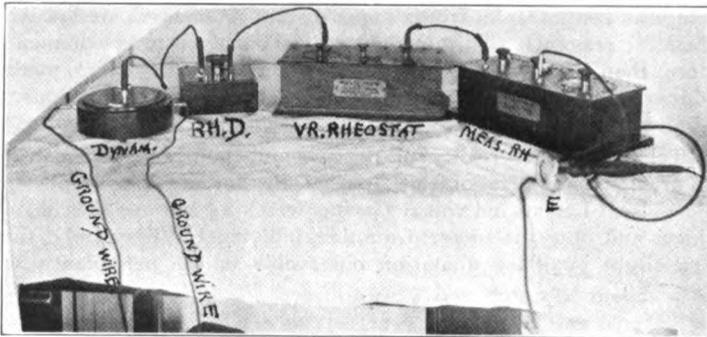
Fig. 7. Dr. Coblentz's case of sarcoma before and after treatment.

Why can a drop of blood reveal conditions often unperceived by an examination of the body? The blood drop with its countless billions of electrons is a condensation of the multitudinous vibrations in the body. The mineralogist finds it unnecessary to examine a mine to determine the nature of its products. It is unnecessary to perceive a magnet to detect its energy, nor a dynamo to measure an electric current. With a spectroscope one may detect the millionth of a milligram of matter, and even invisible objects may now be detected by heat radiations.

The fundamental problem of astronomy is to determine the nature and composition of celestial bodies. Now, these bodies cannot be brought to the laboratory for analysis, but the energy which they emit (light and heat rays) may be investigated by the spectroscope and the knowledge thus furnished is as accu-

rate as if a sample from some distant star were tested with chemical reagents. This method of radioanalysis was commenced more than 100 years ago and is practically the same method which is now pursued by the ERA (electronic reactions of Abrams).

Telepathy—The reality of this phenomenon was demonstrated in previous numbers of this Journal by aid of skin graphs and the pulse. Let an individual (facing west) fix his eye at a distant object and note the moment another individual **Wills** firmly, there is a slight pupillary dilatation observable in the percipient's eye.



ELECTRONIC REACTIONS

Fig. 8—Dynam. (Dynamizer)—Container for blood specimen. For connection to patient, insert tips of bifurcated cord, to openings on tops of plugs for ground wires and remove blood specimen from Dynam. **Ground Wires**—Better results when two separate grounds are used. **RH.D.**—Rheostatic Dynamizer for stepping up energy. Lever to SV. steps up **Splanchno-**

vascular, Solar Plexus and Splenic reactions; to ED, **Pul-**
moniagnostic and Enterodiagnostic reactions are stepped up. **VR. Rheostat**—For admitting energy at vibratory rate of disease. **Meas. RH.**—Measuring rheostat for determining energy, potentiality. **E.**—Electrode to reagent (subject). All apparatus to be placed on a glass plate or table, may be insulated at legs by glass or rubber.



Fig. 9—Autoelectronic Reaction (using patient). Arm of patient extended from body, or better, two arms (E, then held by assistant). Bifurcated cord from Dynam. to ground plate. Patient faces geographical west on two ground plates. Use rheostats like in blood examinations. E in picture is placed for SV. reaction. Place in correct locations for other reactions. Lever at 0 points on rheostats nullifies reactions, which reappear at vibratory rates of diseases.

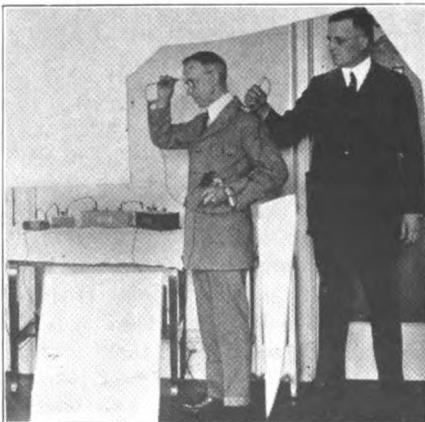


Fig. 10—Localizing site of disease with blood specimen (reagent used). E is held so that its tip (border of which is covered by white rubber or insulating tape) rests on skin while its surface faces the skin. Position for E is on either side of abdomen in mammary line, midway between navel and curvature of ribs. This E comes directly from Meas. RH. A single cord with two electrodes is used for localization of lesion. One is held by reagent (for SV reaction in picture) at proper positions for eliciting the different reactions. With the other electrode, localization is executed by an assistant.

REVIEWS

"The Relation of the Peripheral Circulation to Diseases of the Heart" (Sir James Barr, N. Y. Med. Jour., Feb. 15, 1922)—This eminent clinician devotes in his article the following observations concerning the "Albert Abrams Cardiac Reflexes":

"For many years I have made regular use of the Abrams's cardiac reflexes in the treatment of heart disease and consider them invaluable. They are not intended to resuscitate the dead, but for revivifying the living they are inestimable. These reflexes are readily elicited by the following method: Take a medium-sized cork, place an end on the seventh cervical spine, and on the other end of the cork give thirty short, sharp taps with a plexor or a small hammer. Repeat this on the second dorsal spine. Wait a minute, and then repeat this series on the seventh cervical and second dorsal. Again wait a minute and repeat the third series. This procedure, if properly carried out, will reduce the transverse diameter of a large dilated heart by at least two inches, and the heart will remain contracted for one or two hours. At the same time the aorta is materially contracted, and pulsation in the suprasternal notch disappears; hence this maneuver is of great value in the treatment of aneurysm. Personally I have had many successes. Those who have difficulty in mapping out the deep cardiac area can easily feel a large thumping apex heart in the axillary line, and after percussion feel it in the nipple line.

"In the case of a big heart which does not readily respond to this reflex the prognosis is bad. This reflex should be elicited several times daily, and it is much more effective than a similar number of doses of digitalis. As an aid in delineating the deep boundaries of the heart, if you tap the seventh cervical spine or the acromial end of the left clavicle with the middle finger of your right hand, and at the same time carry the fore or middle finger of the left hand along the third, fourth or fifth left intercostal space, as soon as that finger reaches the border of the heart you will feel an impact of the heart against the finger, and the percussion note will become dull.

"The Abrams' cardiac reflex of dilatation is elicited by percussion between the third and fourth dorsal spines, which stimulates the depressor nerve. This should be followed by percussion over the second dorsal, which I have termed a fixation complement, as it prolongs the reflex. This reflex is exceedingly useful in true angina where there is spasm of the heart, a slow, small, firm pulse, and cardiac distress. In many of these cases there is also pylorospasm with distention of the stomach; this is relieved by giving a glass of hot water, and then percussing the fifth dorsal spine.

"The best way to prevent heart disease is to preserve healthy blood vessels, and treatment should include the peripheral circu-

lation. Much of the modern treatment leads nowhere but to the grave."

In the "American Journal of Electrotherapeutics," April, 1922, is a notable report on the "Cardiac Reflexes," by Mary L. H. Arnold Snow. She shows by electrocardiograms, the effects on the heart of spinal stimulation. She has done more than any one else to corroborate such effects by modern scientific apparatus. The editor of the A. J. E. comments as follows:

"It is a noteworthy fact that Dr. Abrams has been more generously recognized by the profession abroad with reference to the importance of spinal stimulation in the treatment of various cardio-vascular conditions, than by the members of the profession in his own country.

"The work of Dr. Albert Abrams and Dr. Mary Arnold Snow in establishing the great value of the cardiac reflexes of the dorsal spine as induced by percussion or vibratory stimulation are certain to be ultimately accepted and adopted by the profession everywhere. The results obtained by this method as shown in this contribution by Sir James Barr indicates the recognition of these important measures by authorities of the English profession.—Editor."

Vibration in the Diagnosis and Treatment of Disease, a Tribute to Dr. Abrams (W. B. Secrest, M. D., Logan, Utah, Medical Summary, March, 1922)—

"A year ago I learned there was a new star rising in the west. Somewhere or some way I got hold of the word 'spondylotherapy,' so I got in touch with the author and purchased a copy. This was a revelation to me, as it will be to any other doctor, and gave me food for thought and action and an appetite for more from the same author. So my next purchase was 'New Concepts in Diagnosis and Treatment,' and then I fell in over my head, and as I was unable to swim in these new waters, had a hard time to get out.

"I admit I could not understand it and do not yet, but even though I did not understand, it pointed the way to light and I had been floundering in darkness for a good many years. These works spoke of the 'electron' and 'vibration,' words I had heard spoken of, but they meant nothing in my young life. Out of the 150,000 physicians in the United States, only one man with a vision grasped their meaning, and on those two words he has erected a superstructure in diagnosis and treatment that never will fall as long as this old world stands.

"So highly do I think of Dr. Abrams, his tactile sense is so highly trained, his hearing so acute, and his judgment so unerring, that I would bet my last sou you can strip him of all else, place him in a vacant room with a sick person, and he will emerge and not only diagnose the patient's disease, but he will

tell the basic condition, locate the organ affected, and make a mighty good stagger at measuring the strength of the disease. Get acquainted with this man and his methods, he will do you good and you will do your patients more good."

Electronic Methods (Henry Lindlahr, M. D., Lindlahr Magazine, April, 1922)—"The crowning achievement of natural therapeutics, the greatest discovery of all ages, is Dr. Abrams' **electronic diagnosis and treatment**. It reduces medical theory and practice to absolutely basic principles and exact science. It enables us to keep track of actual improvement by measuring with exactitude the decrease of disease vibrations in the system. Incidentally, it proves true all the fundamental principles of nature cure philosophy and practice, the reasonableness and efficiency of our methods of diagnosis and treatment."

Electronic Reactions of Abrams (Francis A. Cave, M. D., read before convention, E. O. A., April 28, 1922)—"These reactions unquestionably constitute the most amazing and revolutionary concept in the entire history of medicine. They are based upon entirely scientific fundamentals. Other leading thinkers besides Abrams realize that medical methods are antiquated and out of gear with our present standards of intelligence. He quotes Sir James Mackenzie, who, in his book on the 'Heart,' observes that he hopes that recent pharmacopoeias will be of no more value than a medieval work on alchemy. The same authority in 'The Future of Medicine' says that the study of medicine is pursued on wrong lines and it must be based on natural laws. Abrams has utilized in medicine the laws of physics." He concludes: "The day of 'Electronic Diagnosis and Treatment' is at hand and it cannot be dispelled by unbelief or criticism any more than the ocean can be swept away with a broom."

The Editor regrets that he cannot publish this address in detail. He regards it as one of the most comprehensive yet written on the subject. May he suggest to Dr. Cave that he publish it in book form?

Chronic Diseases: Their Diagnosis by the E R A and Their Treatment (Samuel King, M. D.)—"The patient with the chronic disease has always been a stumbling-block and an insurmountable obstacle to the student of medicine. Searching for a rational explanation for the cause and cure of disease, the medical student is as much an object of pity as the patient himself. Honestly desiring to obtain data whereby he may benefit his fellows by restoring the sick to their normal condition, he is met at every turn by vague conjectures, wordy explanations that do not explain, and a long list of reports and clinical cases that simply show the dense ignorance of the age in regard to the true pathology and cause of disease. It is no wonder that this is an age of medical nihilism and that the regular school is trying to

belittle the study of therapeutics, or else forsaking all the medical lore of the past, and radically going off at a tangent in the use of the highly advertised and heralded vaccines, serums, and intravenous medication without any real knowledge of their therapeutic value, why they administer them, or the after-effects of such oftentimes dangerous medication.

"There never was a period in the history of medicine when the study and employment of accurate and scientific diagnosis and the application of definite medication was so sorely needed as at the present time. The drug-weary and discouraged patients are deserting our patronage by the thousands for the drugless healers whose methods are more scientific and consistent than our own incorrect diagnosis and therefore incorrect drug treatment for their stimulation of the reflexes and certain groups of muscles in the majority of cases is good treatment. We have reached a crisis in our profession and, while we stand unprepared to meet the existing conditions and the urgent and necessary call for better therapeutics, the drugless healers are crowding hard upon our heels. They are like buccaneers in the offing, for while we sleep with a satisfied complacency, they make large inroads into our territory between the setting and the rising of the sun. Not that I have anything against the drugless healers that might not with equal force apply to members of my own school. Many of these drugless healers are honest, earnest men of a high order of intelligence and refinement. Some of these men are warm friends of mine, and they too are satisfied with themselves and their work, they know their failures and shortcomings, and are looking for something better. They are greatly interested in the *Electronic Reactions of Abrams*, and would eagerly study and learn the same, if the bars were down. To my mind it is self-evident that, as physicians, if we are to retain our position in the medical world, we must be able to do more for the sick during the next few years than ever before. This is a world of class conflicts and competition, and the better man, be he the regular, eclectic, homeopathic, drugless or whatnot, is going to win out, hold the fort and profit by our failures. And this is as it should be. The world loves a man of push and energy and aids him on the road and rejoices in his success."

Sex of Numbers and Sounds (Dr. W. H. Dower, *Halcyon*, Dec., 1921-Jan., 1922)—Odd and even numbers are the mathematics of the sexes, and vowels and consonants are the sexes of sound.

Suspend a negatively charged electrobioscope (pith ball suspended from a glass rod.) On a narrow board, mark the numbers 1 to 9 and on another board vowels and consonants at a sufficient distance from each other and observe the following:

1. Even numbers repel the El. owing to the negative energy.

2. Odd numbers attract (+ energy).
3. Vowels repel and consonants attract.

A female hair repels and a male hair attracts (present centre of hair to El.)

Thus, even numbers and vowels are female, and odd numbers and consonants are male.

Music, no doubt, owes its enticing action to sexual appeal. The following action on the El. is noted from the following sounds on a violin:

- D—Attraction.
- A—Repulsion.
- G—Attraction.
- E—Repulsion.

The above is quoted from "Physico-Clinical Medicine," published by Dr. Albert Abrams, San Francisco, Calif.

"During the past few months at the Halcyon Sanatorium Laboratory Dr. Dower has been giving many public demonstrations of electronic fundamentals, and among the experiments tried were those referring to the sex polarity of numbers and which were entirely corroborative of the above. One interesting fact was noted worth mentioning. Among those present at the demonstration was Mrs. Ernest Harrison who had not forgotten her stenographic lore. She requested permission to write down numbers, odd and even, using stenographic characters instead of the familiar numerals. This was done, and whether they were odd or even was known only to herself. Dr. Dower holding the pith ball apparatus near the character. The pith ball was attracted and repelled just the same as when ordinary numerals were used, the characters representing even numbers repelling, and odd attracting, and the same with characters representing vowels and consonants. This would seem to indicate that each number and letter, independent of any symbolic sign that represents it, must release or radiate an energy peculiar to itself and which determines its sex polarity."

Syphilis as the Unsuspected Cause of Disease (B. W. Swayze, Allentown, Pa., Medical Summary, Feb., 1922)—Swayze comments on the frequency of the disease as follows: "No other disease is so like a chameleon as syphilis. There is hardly a disease it may or does not assume the form. In the stomach it shows as dyspepsia; in the joints as rheumatism; in the lungs, tuberculosis; in the kidneys, nephritis; in the liver, sclerosis; in the womb, metritis; in the appendix, appendicitis; in the bladder, cystitis; in the nervous system, neurasthenia and paralysis, etc. So frequently is it the prime or contributing cause of so many other ailments that its detection is a matter of great moment to the afflicted."

Or Dr. William W. Graves ("American Journal Syphilis," July, 1920) who says, in part: "So manifold are the manifestations of syphilis and so widespread is its distribution among civilized

ances of men that the physician is compelled to consider the possibility of syphilis as a causative or complicating factor in almost every individual who presents himself for diagnosis and treatment."

Others make similar statements based upon investigation and experience so that the dictum of Sir William Osler is particularly pertinent when he says: "Know syphilis in all its manifestations and all other things clinical will be made known unto you." Or the simple declaration of another who says: "Syphilis is the father of disease."

Mendelism (The Medical Press, London, March 1, 1922. Sir James Barr)—Sir James is an authority on this subject. He refers to investigations on the behavior of serum and red cells and continues: "Disputed maternity does not often occur, but there have been cases of child-substitution, in which cases these methods would be more scientific, but perhaps not more successful than the crude threat of Solomon. My friend, Dr. Albert Abrams, of San Francisco, has carried blood-analysis on a physical basis much further, and he has given evidence in court in cases of disputed paternity. Of course, this work is, as Dr. Abrams says, open to abuse, and none but the highly trained expert should undertake it. He distinguishes not only between male and female blood, but he has differentiated the blood of sixteen races, and he can readily tell the disease from which the patient is suffering. It is simple enough to tell whether the blood is that of a male or a female. Personally, I have not found any difference between English, Scotch, Welsh or Ulster blood, but the blood of the Sinn Feiner more nearly approaches that of the German. I have no doubt we are on the eve of many further great discoveries, but whether these will increase human happiness or not I cannot say, probably not. If you want to raise an A1 nation, morally, intellectually and physically, you must do so by selective breeding; there is no other way. Those who depend solely on the environment are resting on a broken reed."

Electronic Theory in Medicine (Dr. J. Regnault, La Cote D'Azur Medicale, Jan., 1922)—A school of biodynamics must succeed one of Pathological Anatomy. Owing to the great sensitivity of Reflexes, radioanalysis has been placed on a scientific basis by Dr. Albert Abrams. The views of the latter are being rapidly spread throughout France by Dr. Le Prince. In the "Presse Medicale (Oct. 20, 1920) appeared his first communication. Later, in Marseille-Medical, he communicated his observations on the "Electronic Relations" and referred to observations of Regnault before the "Paris Congress of Surgery," on the value of these reactions in the early diagnosis of cancer.

The Passing of the Specialist (J. W. King, M. D., Bradford, Pa. Reprint J. A. M. A. A., February, 1922—"The old-fashioned diagnosis must go—as the passing of the specialist. He refers to

the improved Auto-Hemic serum treatment, the technique of which has been perfected in a book by Dr. Charles B. Graf, of New York City. Referring to the "Electronic Reactions," he says:

"Dr. Albert Abrams, of San Francisco, California, whom I consider to be the greatest medical scientist of his time or any time, has given the Electronic Theory many tests and his years of labor in this direction are now being rewarded by world-wide recognition. The months that I have devoted to study under his immediate instruction in the two visits that I have made to his laboratory, at San Francisco, during the past two years and my previous study and research work under his direction prompt me to say: that the 'Electronic Theory' is sound; and that the 'Electronic Reactions of Abrams' are sound; the diagnostic methods are accurate and that the oscilloclast destroys abnormal vibrating rates, and brings about cures."

Modern Miracles (P. A. E. Sheppard, D. Sc., M. D., 253 Newbury St., Boston, 1922)—Here the observations of Jarvis are cited bearing on the "Electronic Reactions." No one, considering the advancement made in radioactivity, can doubt its application to medicine. "The methods of diagnosis developed by Abrams are so different from those of the old school of physicians, that these gentlemen may well stand aghast before accepting them."

Marvels of Electronic Diagnosis and Treatment (Abstract of a communication to the New England Therapeutic Society. Chas. H. Kingsbury, M. D., Danielson, Conn.)—The author first describes the "Electronic Theory." By applying this theory to medicine, astonishing revelations have resulted. "This method of diagnosis, if applied in season, positively reveals the facts pertaining to serious disease during the curable stage, a happy state of affairs earnestly sought through all past ages, and which is destined to be humanity's greatest boon through all future time. The scientific importance of Abrams' discoveries transcends all other discoveries." Then follows a description of the methods of diagnosis. Tests show that the electricity always present in a normal person averages a force of about 20 volts and a current of about 100 MA."

"In making the tests (ERA), an electric circuit is established between 'grounds' through which flows a human electric current originating in the subject."

Then follows, the methods of demonstrating "Immunity," "Specific Drug Therapy" and the use of the "Oscilloclast" in the treatment of disease.*

Electronic Reactions of Abrams (B. W. Swayze, M. D., Allentown, Pa. Medical Herald, Feb., 1922)—The motif of this article

* He could without exaggeration refer to the spleen as the graveyard of infections.—Editor.

is stated as follows: "I am moved to write this article because of a marvelous year of experience, in fact, the most satisfactory year of my entire thirty years of professional life; a year that brings me the greatest satisfaction because I can count more actual cures. In fact, as I look back over the past 30 years and recall the thousands of patients to whom I have ministered, I begin to wonder in the light and experience of the past year, just how many of those thousands I have really permanently helped. Abrams' revelations sound like 'fairy tales' and no wonder they are so slow of acceptance."

Electronic Reactions of Abrams in Diagnosis (Sam'l King, A. B., M. D., Warren, Pa. Medical Summary)—The author cites the fact, repeatedly demonstrated, that mistakes in diagnosis among the best physicians may attain a percentage of 57 per cent. "Is it any wonder," he queries, "that people are losing faith in physicians and are turning to drugless healers, until today over 20 millions of our population depend on drugless healing?"

Many remarkable case records are cited, showing results of treatment when an accurate diagnosis is made.

Amelioration of the Human Race (R. de Montigny, La Cote D'Azur, April, 1922)—The author descants on the subject of eugenics. He refers to Upton Sinclair and his "The Book of the Hope for the Coming Race whereby the Electronic simple enough will reveal certain maladies and that the elimination of the female. Personal immunize the individual. In the same number of English, Scotch, Wei J. Regnault contributes an article on the Sinn Feiner more nearly so. He refers to the method of Gardner no doubt we are on the eve of the electronic method. He regards the but whether these will increase. Regnault refers to the fact that say, probably not. If you want the electronic method to the Paris Con-intellectually and physically, you must.

Those on (1921) American Association environment are resting on a broker the object of this association

Electronic Theory in Medicine (Lal methods. The present D'Azur Medicale, Jan., 1922)—A school has been achieved. Those exceed one of Pathological Anatomy. One would secure this volume and of Reflexes, radioanalysis has been placed by the members of this by Dr. Albert Abrams. The views of the spread throughout France by Dr. Le P. Ortner, Chief of the Medicale (Oct. 20, 1920) appeared his first in Co., New York, 1922. in Marseille-Medical, he communicated his Luger.

"Electronic Relations" and referred to and is devoted to an before the "Paris Congress of Surgery," the patient, viz., abdominal reactions in the early diagnosis of cancer, the starting point in differ-

The Passing of the Specialist (J. Pa. Reprint J. A. M. A. A., February letter dated March, 1922)—diagnosis must go—as the passing of the success I am

having with the ERA and your Oscilloclast. I have found all the diseases, cancer, lues, tuberculosis, streptococemia, etc., and have conquered them. It seems just as easy to treat and cure these dreadful, so-called incurable diseases, as it is to treat measles, mumps, etc. You have taken the "guess" out of diagnosis and made it "positive," and made the treatment of chronic and incurable diseases an absolute success, and made the physician's work a pleasure by eliminating the "doubtful guessing." I cannot think of any greater pleasure than to be able to assure the cancer patients that they will be cured, and to know, down deep in your own soul, that you are telling them an absolute truth. Your method makes it possible to diagnose and cure mental patients before they enter the State institutions where they are KEPT instead of BEING TREATED.* I believe you have made it possible to keep eighty per cent of mental cases out of insane asylums. I do not make the above statements as facts not proven, because they have been verified in my own office by methods of diagnosis and treatment given to me by your able assistant, Dr. J. W. King, Bradford, Pa., and you, Dr. Abrams. I know that every physician who avails himself of your methods and conscientiously follows them, will be just as enthusiastic as I, and will be rendering a service to his fellow men, not surpassed by any man or profession.

"My work has increased until it is impossible to treat all my patients. I make blood tests and have them on a waiting list to be called. I am more than three weeks behind, and the number of patients applying for diagnosis and treatment is increasing each week. Dr. Abrams, MY HANDS ARE UP! No one but you can help me keep up with the treatments.

"The suffering people coming to me are not from Cincinnati alone, but from a radius of five or six hundred miles. Satisfied patients will talk."

* [It is now a generation since Nietzsche questioned the schedules of intellectual values. With my simple method (J., June, 1921) of cerebral localization it can be determined that the criminal is no less insane than are those for whom the term is generally accepted. Insanity, like all the psychoneuroses, are not diseases, but symptoms and are effects of cerebral syphilis. The mental anomaly or the cerebral phenomenon, classified as a neurosis, is syphilogenic and the varying pictures only refer to the variation in implicated centers. Results based on the foregoing conclusions have been phenomenal in some instances. We treat the general condition and then apply the destructive vibratory rate to the center involved in the cerebrum.—Editor.]

Miscellany

A TYPIC COMMUNICATION

Dear Dr. Abrams:—

The articles recently appearing in the J. A. M. A. have aroused a deep interest in your work.

I am forty-two years old, with an excellent training in the best medical centers of this country and Europe, but have been greatly handicapped by chronic arthritis.

I have so far been unable to locate the focus and am now quite crippled by stiffness in hips and spine with muscle pains at times. I am wondering what your methods in both diagnosis and treatment could do for me.

While I am frank to say that your claims seem rather extravagant to me, I am of liberal mind and see no more reason for limitation of discoveries in medicine than in other branches of science. If a simple discovery will make such wonderful improvements in radio why should not some research worker greatly improve medicine? Simply because it does not happen to be made in the Rockefeller Institute is no reason for its falsity—most of our great discoveries in science have been made by isolated workers.

If your work is genuine it will win and independent thinkers of the profession will soon back you.

With a sincere desire to know more of what you have done and are doing, I remain *

Very truly yours,

LETTER OF MR. UPTON SINCLAIR

[A reply anent a criticism bearing on Mr. Sinclair's judgment.—Editor.]

May 10, 1922.

"Editor of 'The Journal of the American Medical Association':

Dear Sir:—

I have read your comments upon my letter, in your issue of April 29. I am glad to know you think me honest and sincere and I am sorry you think me voluminous. In this present letter I shall try to avoid the fault.

First, as to my fasting ideas. You imply that I have to retract these; but this is not so. I got well by fasting, and I keep well by fasting when there threatens to be anything the matter with me. Last week I played a tennis match with the champions of the University of Wisconsin, and beat them both in straight sets

* Hundreds of letters and telegrams have been received bearing the same spirit of inquiry and investigation. In consequence of the same, applicants for courses should write in advance of their coming, so that an appropriate time may be arranged for their accommodation.

in one afternoon. These young men will tell you that I really have some health; and I am older than the two of them put together.

Next, as to the matter of diet. In this I was frankly experimental, and my only excuse was that I was experimenting on myself. Everything I wrote on diet was in the nature of a report of experiments; and as a result of the experiments I have solved the problem I set out to solve—that is, I have found out what diet enables me personally to keep well and do my work. I do not think you can fairly quarrel with me for this. Bear in mind—you would never have been able to poke fun at my blunders if I had not been frank enough to report them; something I did for the help of others, and not for my own glory.

And now as to Albert Abrams. You feel that you have answered me when you put my statement into italics and capitals; and with all the honesty and sincerity for which you give me credit, I plead with you to realize that this is not answering my statements. What I have seen, I have seen; and the fact that it is incredible may lead me to pardon your ridicule, but it does not cause me to stop troubling you with my appeals. You are in exactly the same position as the King of Siam, who laughed at travelers who told him that in their country great bodies of water sometimes turned hard, so that men and horses could walk on them. And that is what one expects of a King of Siam, but it is not what one has a right to expect of a king of Science. And so I say to you, you are condemning that which you have not investigated, and in so doing you are hurting a great and noble cause, the healing art. Humbly and earnestly I beg you to stop it. Give Albert Abrams a fair chance to show you what he can do; and then give your verdict.

I will take up just one passage in your comment on my letter—that passage in which italics fail you, and you are driven to use capitals. I wrote as follows: 'Not once, but at least two score times, I have seen Albert Abrams take a blood specimen brought to him, without even the name of the patient, and heard him diagnose cancer or sarcoma, and from the blood specimen locate the growth precisely to an inch. Then I have seen the patient, an entire stranger to Abrams, brought into the clinic and examined, not merely by Abrams, but by a score of other physicians, and the growth found "precisely at the spot indicated".' Now then, you print the words 'precisely to an inch' in italics, and that is all the comment you offer. But, my dear Sir, I saw it; and if I am honest and sincere, surely you must make some other answer! Let me tell you more in detail: it is the commonplace of Abrams clinic for conditions to be described from the blood alone, and then verified upon the body of the patient. It is done not merely for malignancy, it is done for consolidation of

the lungs and for syphilitic scars. It is just as much as a matter of routine as in your office the sending of proofs to the printer. It is done in a dozen different ways, so as to check up the results, and enable the doctors to check up one another. It is done, not merely for the men who are studying in the clinic, but for strange physicians who come in presenting their cards; they are all asked to verify the findings, and I have personally asked many of them if they found what they had been told was there. I have seen a stranger, a visiting physician, told he had syphilis, acquired at the tip of the second finger of his right hand, and heard him admit that he had the disease, and seen his hand examined and the scar observed. I have seen another visiting doctor told that he had TB of the spine, and heard him challenge Abrams to indicate the exact spot on the spine where the extreme pain was felt, and Abrams did it, to the man's very evident consternation. Several times I have seen Abrams mark out a cancer area, using the glass rod on the body of his subject, and had him invite me to take the rod and see if I noticed the sticking of the rod to the subject's skin. I found the reaction so unmistakable that I remarked: 'You can almost pull the subject's skin off.' And then the patient was brought in, and put behind a screen, so that Abrams could not see him, and connected with the apparatus, and Abram's assistant would move the electrode about until Abrams would cry, 'Mark it'; and the electrode would be on the proper spot every time. I have seen that done a dozen times in succession, by way of checking up. I have seen it done with a cancer specimen, and seen it checked up by throwing blue light on the cancer, which destroys the reaction; also by short circuiting the subject, and by twenty other tests which Abrams shows you, over and over again, so as to make sure that you really get the reaction. So patient he is with beginners, and such a tireless demonstrator and experimenter! I have a letter from Sir James Barr of Liverpool, late president of the British Medical Association, telling me that 'Albert Abrams is a genius, born a hundred years ahead of his time.' If I send you the letter will you publish it? And will you write to Sir James and ask him if he finds Abrams' work to be real? He has the apparatus, and does the diagnosing and the treating; and you cannot think him an amiable but blundering intruder, as you think me!

Sincerely,

UPTON SINCLAIR."

TO THE CRITICS OF ABRAMS

The world has chronic critics who deem they are in demand;
They never waste a kindly word or raise a helping hand;
They criticize their fellow man at every turn and post,
Nor deem that in ambition's race they injure self the most.
As many faults with them, perhaps, a neighbor, too, might find,
Were he so base to stoop so low to search the inner mind;
So when one condemns a brother, defend him then and there,
For every life has burdens which kindness helps to bear.

'Tis said that in the gutter God has jewels sparkling bright
That would far outshine the "knocker" if human hearts were
right.

The kindly deeds of many a soul lie dormant in the breast,
Close shackled by environment, by social laws oppressed.
They are waiting, Dr. Abrams, for men like you, who dare
To offer them encouragement to show the stuff that's there.
So when one condemns a brother, defend him then and there;
For every life has burdens which kindness helps to bear.

And those who waste life's better hours, in picking out the flaws
Of those who do not live, perhaps, within their code of laws:
Whose self-love dims his vision of the man who has toiled for
days

To guide aright his brother at the parting of the ways,
Should not be judged too harshly, for they know not what they do;
It only leaves a greater work for greater souls like you.
So when one condemns a brother, defend him then and there;
For every life has burdens which kindness helps to bear.

Samuel King, M. D., B. A. (Yale),

Warren, Pa.

BLOOD WILL TELL

In Nineteen Hundred and Thirty-two
There'll be no notices, "postage due."
In letters, there'll be no, "My Dear Bud,"
Because all we'll send is a drop of blood.

The recipient will have his Oscilliphone
And will test the letter, ohm by ohm.
Your frame of mind, your message dear,
Will be to him both trite and clear.

Your very thoughts, no matter what,
Will register positive right on the dot.
The life you lead, the things you do
Will all be found in your blood so blue.

In spite of the fact that the system is great,
There are things in our blood we won't want to relate.
You write to your girl a la Oscilliphone plan,
And she'll find you have "5"* in your prostatic gland.

Just think of the grief such discoveries will cause,
When a mere drop of blood will disclose all your flaws.
You receive such a message from a dear friend at home,
And you discover "55"† of a very high ohm.

There'll be no secret on the Oscilliphone plan,
For we'll have the ohmage of every man,
And the things we do and the things we say,
Will all be known by the Abrams way.

Dr. D. E. PEARL.

*Neisserian.

†Acquired Syphilis.

"GANG" PRACTICE

Excerpts from an address by Dr. Martin H. Fisher, Physiologist, University of Cincinnati, before the "Ohio State Medical Association," May 3, 1922. Commercial Tribune, May 4, 1922.

Gang medicine is rampant in this country.

Physicians don't think for themselves.

This great republic is not free.

People do everything alike—in slavish imitation. It is a sign of stagnation.

There is too much organization which, as John Stuart Mill defined it: "All organization opposes change." Men no longer control the organization—the organization controls the men.

There is an axiom that the great problem is recognition of the problem.

And all this stuff the so-called brain specialists prattle so glibly about. It was discovered years ago by a certain "radical" who was kicked out of the University of Paris because he didn't belong to "the gang."

Yes, we laugh about it now, but——

Dr. Fisher said the profession had lost much because it had refused to take advantage of its opportunities.

Medical Ethics—Health Commissioner Royal S. Copeland, condemning the "code of ethics" of the medical profession, said that publicity, if properly given, "would wipe disease off the face of the earth." Speaking at the bi-weekly luncheon of the Advertising Club at 45 East Twenty-fifth Street, Dr. Copeland said that sometimes he "thanks God that he is not a member of the Academy of Medicine," inasmuch as he would then have to remain silent about disease and its cure.

Blood Examinations (Announcement by Dr. Abrams)—Owing to the enormous increase of blood specimens forwarded to my laboratory for examination, it is no longer possible for me to do this work without sacrificing my research time.

Naturally, I am reluctant to discontinue blood examinations, but I have come to the conclusion that I can do greater service to all by devoting myself to new discoveries and the perfection of my methods. I have, therefore, cast about for some way of reducing the number of blood specimens. There seems to be no practical way, except to increase the price of blood examinations to \$25.00, and of personal examinations to \$50.00-\$100.00. In order to relieve myself of the criticism of charging too much, I have decided to devote all receipts from such examinations toward a fund for the foundation of an institution to teach my methods. I believe that no one who is benefited by my methods will object to paying a larger sum, provided the same is used

in this way.* I am, therefore, proceeding to establish a trust for the handling of this fund. The increase in prices takes effect immediately, and please make out all checks, not to me, personally, but to the "College of Electronic Medicine."

We have been unable to keep up with the demand for oscilloclasts, but are making increased efforts to do so, and you will be interested to know that within the past two weeks we have ordered an increase in manufacturing capacity to four times the present existing capacity.

Dr. H. Dundas MacKenzie (Auckland, N. Z. Letter dated April 4, 1922)—Dr. M. writes as follows: "The oscilloclast is a great blessing to suffering humanity and my prayer is that your good work may long continue. I have been using the oscilloclast for twelve months now, and have examined over 900 people and treated over 500. These have mostly been chronics that had no hope of cure by ordinary methods. Of these, over 94 per cent have been restored to health, which speaks volumes for the value of the oscilloclast as a means of curing the sick. I have had 86 cases of carcinoma with three deaths, two discontinued treatment, and one returned after six months for further treatment. Thus I have had 81 cases that are to all intents and purposes well today, and that without operation. I have examined several cases of carcinoma that have been operated on, and in every case there has been a return of the disease. So much is this the case that I am inclined to the belief that operation seldom or never cures carcinoma, and that the so-called cures are cases of localized congenital syphilis. I have had many breast cases diagnosed by the surgeon as carcinoma that gave no reaction of carcinoma, but had a high reaction of congenital syphilis, and recovered under treatment at three on the oscilloclast.

"All cases of carcinoma under 7 ohms that have come under my care have so far improved. I give a full hour's treatment every day, and am of the opinion that the results are better than when a shorter treatment is given."

Dr. Mather Thomson, F. R. C. P., has permanently located at 8 Chester Place, Regents Park, London, England. Dr. Thomson is employing and is authorized to teach the Electronic Methods.

Dr. J. C. Burnett has returned to New York after a sojourn of nearly two months at Abrams' Laboratory. He intends to endow a large "Research Institute" for investigating the Electronic Reactions and to extend their scope.

Dr. H. Goehring has returned to Pittsburgh, Pa., after a brief stay in San Francisco. He has, perhaps, the wealthiest clientele in Pittsburgh.

* Physicians are advised not to forward blood specimens to Abrams' Laboratory from July 1 to 15, 1922, owing to Dr. Abrams' absence from the city during that time.

Dr. Elnora C. Folkmar (Washington, D. C.) has forwarded the following letter:

"The co-operation of every member using the oscilloclast is needed to make 'Abrams Day' at the annual meeting of the American Association for Medico-Physical Research a success. About twenty-five members are using the oscilloclast. If each one will write me a letter telling me just what it has meant to them (1) to be able to make the electronic diagnosis, (2) to have the oscilloclast for treatment work, I am sure I will get from these letters valuable information. This will help in making up the program for the day.

"As you will note, Dr. Abrams has been attacked in the Journal of the American Medical Association (March 25). If everyone making the electronic diagnosis or using the oscilloclast will send to me case histories as requested on the inclosed, we shall be able to make a convincing show at our annual meeting and to publish in the proceedings, material which will demand attention.

Please write me any suggestion that you may have for "Abrams' Day," and also suggest, if you can, who should be selected for papers for that day.

"If you are personally acquainted with any user of the oscilloclast who is not a member of our association, will you not personally try to get him to become a member, and will you not try to get him to furnish us with case histories such as I am asking our members to furnish?

"Every follower of Abrams must put his shoulder to the wheel and do his best to make this 'Abrams Day' a success. I count on you."

Oldest Father of 1922 Baby—A news item grants this privilege to James Curtis of Colorado. The age of Mr. Curtis is 69, and the age of his wife, 19 years. A son was born. In sending this news item to Dr. Abrams, Dr. Pitt A. Wade, Canon City, Colo., comments as follows: "Your report of the blood examination, Dec. 8, 1921, stated that the prospective baby would be a male."

Examination Questions—Dr. J. V. McManus, Kirksville, Mo., presented the following questions to his class who have been taking preliminary work in the Electronic Reactions of Abrams. The following were selected from a list of five hundred questions covering the complete works of Doctor Abrams—including physics, static electricity, Spondylotherapy, Electronic Reactions and the practical use of his instruments:

No. 1—Syphilis.

(a) What do you know about its origin?

(b) Its importance as it relates to general pathology?

- (c) Treatment for same without Oscilloclast. With Oscilloclast.
- (d) What is the one main thing to keep in mind in the treatment of this disease in order to make the cure permanent?
- (e) What is the meaning of "Cardio-vascular strain" and where would you expect to find the dark corners in such a condition?
How would you eradicate them?
- No. 2—Constipation.
- (a) Tell briefly what steps you would take in the treatment of constipation.
- (b) How would you treat spastic and atonic constipation by concussion?
- (c) What would you look for in mucous colitis? Pruritis ani?
- (d) How would you treat a case of Neuralgia that does not respond readily to the usual methods?
Give technique for same.
- No. 3—Spondylotherapy (Concussion).
- (a) Where would you concuss for congested liver? For pain in duodenal ulcer? Gall stone colic? How would you open the pylorus? Where would you concuss for aneurysm?
- No. 4—Give three ways of locating the 7th cervical. Give two ways of locating the spleen.
- No. 5—What is Spondylography? What is the effect of diminished movement of the spine on the circulation or nutrition of the cord?
- No. 6—What is meant by radiation, insulation, induction, conduction, polarity, isoelectric, voltage, ohm and allotropism?
Discuss briefly the electron or corpuscular theory.
- No. 7—How would you make a test for hearing? What is the registration in the norm?
- No. 8—Describe briefly the technique for making a blood test and set forth the important things that we must watch in making such a test.
Sketch the SV area for carcinoma. Where is the area for the digestive tract and how would you tell whether it is of the small intestine, colon or stomach? Sketch the reflex arc as it relates to the knee-jerk.
- No. 9—Suppose you did not know what the destructive rate

is on the Oscilloclast for a certain condition, how would you proceed to find what it is?

Mention a few important things in connection with the use of the Oscilloclast.

No. 10—What is meant by vibratory rate and how does it differ from ohmage insofar as the diagnosis of disease by the E. R. A. is concerned?

What is the V R and D R for Colisepsis, Neisserian infection, Carcinoma, Sarcoma, Typhoid fever, Strep and Staph? Sketch three areas. How would you proceed in making a diagnosis for pregnancy?

The following are answers to several questions by Dr. Arthur E. Breese, one of the students:

1—Syphilis.

(a) What do you know about its origin?

Syphilis is probably as old as life itself. According to Columbian Theory, it had its origin in America, and was transported to Spain by the sailors of Columbus, and spread rapidly throughout Europe. In support of this theory, no literature on Syphilis has been found which dates back further than 1495. However, Dr. Abrams has demonstrated, beyond the question of a doubt, that bones of Egyptian origin (300-1000 B. C.) will give reactions of both acquired and congenital syphilis by the E. R. A. These tests were made under the most exacting conditions, and the authenticity of the bones was vouched for by the curator of the H. M. De Young Museum, in Golden Gate Park, San Francisco.

(b) Its importance as it relates to general pathology?

Dr. Abrams has repeated time and again, "No Syphilis, no disease." Syphilis is the beginning and the end of pathology.

(c) Treatment of same without Oscilloclast.

In treating this condition without the Oscilloclast, one should concuss the 7th cervical vertebra, followed immediately by concussion of the 2nd dorsal vertebra.

Concussion of 7th cervical dilates the spleen.

Concussion of 2nd dorsal immediately following, maintains this dilatation for a considerable length of time. This procedure should be repeated three or four times per day. Before each seance, concuss the 2nd lumbar vertebra. Paint area over spleen daily with Congo Red. Radioactivity of latter is destructive to spirochetes.

Treatment with Oscilloclast.

When treating Syphilis with the aid of the Oscilloclast, the 7th cervical should be concussed 90 blows. As follows: concuss

30 blows; rest 30 seconds; concuss 30 blows; rest 30 seconds; concuss 30 blows. Immediately follow this by concussion of the 2nd dorsal, 90 blows in the above manner. Then apply the Electrode of the Oscilloclast over the area of the spleen. The Electrode to be covered with cotton, which has been saturated with a normal salt solution. Turn on current and treat at rate of 3 at least one hour each day, or a longer time if possible. This system of treatment should be kept up until the reaction has entirely disappeared from the blood stream.

(d) What is the one main thing to keep in mind in the treatment of this disease in order to make the cure permanent?

In order to make this cure permanent, it is necessary to eradicate the "Dark Corners" (Cryptogenic Syphilis). Proceed as follows:

(1) Concuss the third and fourth dorsal vertebrae to dilate the blood vessels, dislodge the parasites and throw them into the blood stream.

(2) Follow by concussion of 11th dorsal vertebra to gather the toxins into the spleen. Then treat the area of spleen at rate 3 on the Oscilloclast. Also treat local areas at rate 3. Treat daily until "Dark Corner" reaction has evanesced. This "Dark Corner" reaction appears at Vibratory rate 45.

When treating this condition without the Oscilloclast, concuss between the 3rd and 4th dorsal vertebrae. Follow by concussion of 11th dorsal. About an hour afterwards, concuss the 2nd lumbar vertebra. Treat at least six weeks or until reaction is entirely eliminated.

(e) What is the meaning of Cardio-Vascular strain, and where would you expect to find the "Dark Corners" in such a condition?

The Cardio-Vascular Strain of Syphilis is that strain which primarily affects the heart and the blood vessels. The "Dark Corners" in this condition would be found in the heart and the aorta. E R A may be elicited directly over lesions at 55.

How would you eradicate them?

Concuss between 3rd and 4th dorsal vertebrae. Follow by concussion of 11th dorsal. Then treat over area of spleen, heart and aorta with Oscilloclast at rate 3.

Electronic College of Medicine—The following letter is addressed to lessees of the Oscilloclast, to whom patients are referred:

"Plans have already been made for the establishment of an 'Electronic College of Medicine.' Our present problem is the matter of finance. There is only one way to raise the necessary funds and that is through the co-operation of the physicians who are using the Abrams' methods.

"Dozens of letters are received monthly, asking where diagnosis and treatment may be secured. We ourselves are unable to handle this work, and can only refer the inquirers to the physicians practising nearest them.

"We will arrange to refer these prospective patients to you as they write to us, you to agree to send to the Trust Fund of the Electronic College of Medicine 50 per cent of the fees charged for treatment in these cases. This fund will rapidly grow and permit us to open up branch colleges in strategic points at an early date.

"In making remittance of 50 per cent of fee, kindly make check out to 'Electronic College of Medicine,' and mail to this address: 2151 Sacramento Street, San Francisco, Calif.

"Trusting that you will see the common advantage of this arrangement, we are,

"Sincerely yours,

"TRUSTEES, 'ELECTRONIC COLLEGE OF MEDICINE.'
"San Francisco, March 1, 1922."

Dr. D. A. Stapler, Chief Surgeon to the B. P. S., Paulo, Brazil, was a recent visitor to Dr. Abrams' Laboratory.

Dr. H. E. Palmer, Dayton, Ohio, read a paper on "Abrams' Reactions" before the Dayton Medical Society at its annual meeting, April 17, 1921. On the obverse side of the program appears this significant phrase, "To neglect to employ the known means to restore the sick to health is but little short of crime."

Dr. F. Vasquez Gomez, formerly Vice-President of Mexico and physician for many years to President Diaz, recently contributed a work on the "Electronic Reactions of Abrams" to the National Medical Academy of Mexico.

Boston College and Hospital of Electronic Medicine—After a thorough investigation of the "Electronic Methods," a Boston philanthropist, Mr. Harold Marshall, is about to equip a six-story building and a home as a temporary hospital. Mr. Marshall writes as follows:

"The Physico-Clinical Institute of Boston, of which Dr. F. Cave is president, means to me a clinic and a hospital into which shall come an ever-increasing number of sufferers, and out of which shall go the lame and the halt and the blind, made whole. This is because I am convinced that your work in clinical and therapeutic terms is no less certainly scientific than that of Marconi and 'humanly' of vastly more immediate concern."

A philanthropist in England writes: "Your work places you in a high position as a benefactor of the human race. I have time, money and ability which I look forward to employing in a cause which will be of benefit to my fellows."

National Association of Osteopathic Physicians—Dr. Abrams has accepted an invitation to address this organization at its annual meeting in Los Angeles, July, 1922. Dr. Abrams deems it an honor to appear before this representative body of men.

Dr. Perdue, of Kansas City, has been specially honored to participate, this year, in Rome, Italy, at the Congress for the Study of Cancer.

F. B. Fishburne,* a reputable and well-known citizen of Columbia, S. C., relates his experiences relative to an inoperable cancer from which he suffered:

"I had two operations on glands and two on tongue to remove cancer, during a period of two years. During early stage had radium eight times. Was advised to return to Baltimore six weeks after last operation, which I did. Was told that they would have to use needles (sticking them through my tongue) or would have to put it in the tongue with glass capsules. Columbia doctors did not think case as badly as they did, and advised me to see specialist in Pittsburgh, which I did. He told me he agreed fully with the two Baltimore experts and would go further and say, it had already attacked my tonsils. He said the radium might make a miraculous cure or may cause a quicker demise. I could very well believe the latter, as my experience with radium was very bad, although I had been told when it was first used that when they used it in an early stage it was useful.

"Just prior to my two last operations I had heard of the Electronic method for cancer treatment, but did not have time to investigate; however, with no hope anywhere else, I went to Austin, Texas, then the nearest place Abrams' method was being used.

"As the opinion has been expressed that my present condition is due solely to the last operation, and that the Baltimore and Pittsburgh specialists had been mistaken when they said my case was practically hopeless, I had no claim that I was helped at all. Will only say I have gained thirty pounds, sleep well, haven't a pain, nor is there any evidence of a return of my trouble. However, as so many have asked me about the merit of this treatment, I will state that I saw people with cancer of considerable size that were given the treatment, until the test showed negative, then cancer was cut off and the place healed up beautifully. Again I saw a man about sixty with evidence of several cancers having been removed from different parts and who was there for treatment for internal cancer that the surgeons could not reach on account of being on vital points. This man could get no rest

* This is reproduced from the "Columbia Record," Jan. 25, 1922. Mr. Fishburne received treatment from the late lamented Dr. H. Irvine of Austin, Texas. It is not the custom to reproduce patients' statements in this Journal, but the experience of this patient is of unusual interest.

except when thoroughly doped up on account of terrible pain. He left for home while I was there and told me he had not taken any medicine in a month and had no pain.

"A man with a tubercular bone below the knee, on crutches, went home minus crutches and walked as good as any one.

"I do not blame anyone for being skeptical. Could you blame a man from a barren island if he refused to believe you when you showed him a luscious peach and told him it grew on a hard tree? But if you allowed him to pick one off the tree he would believe, wouldn't he?"

Pathological Specimens for Diagnosis—A Special Diagnostic Set of Ten Specimens, namely: Carcinoma, Sarcoma, Fibroma, Syphilis (Acq.), Syphilis (Cong.), Staphylococcus, Streptococcus, Tuberculosis, Gonorrhoea and Tapeworm. \$10 per set. C. F. Daniell, 2517 Nineteenth Street, San Francisco, Calif.

Announcement—Abrams has heretofore limited his courses and sale of apparatus to ethical physicians in possession of the M. D. degree. In a telegram to Dr. Francis A. Cave, Boston, the following is stated:

"My future course is guided by humanity and not 'ethics.' Therefore, osteopaths (furnishing credentials of having graduated from an osteopathic college) will be accorded all privileges heretofore granted to so-called 'regulars.'"

A Laic Observation—"The new test of vaccine quality invented by Dr. Albert Abrams of San Francisco, California, has produced astonishing disclosures of the falsity of claims that so-called 'standardized' smallpox vaccine can now be relied on as free from infectious diseases, other than smallpox itself, and harmless to use.

"All vaccine submitted to his electronic test shows the reaction of congenital syphilis, most of them clearly indicated tuberculosis infection and many of the samples tested out as infected with other diseases.

"Is it any wonder that so many of our former service men are suffering from tuberculosis and other communicable diseases, when the numerous vaccinations and serum injections which were forced upon all of them are taken into consideration?"

"No one need be surprised if Dr. Abrams, in spite of his established standing, is now repudiated by the medical profession as a faker and quack, where he has had the courage to announce to the world the truth regarding his findings."—The Masonic Observer, February 25, 1922.

Electronic College of Medicine—This college is about to be incorporated and the intention is to grant the degree, F. E. C. M. (Fellow of the Electronic College of Medicine) to all who have duly qualified and have passed a satisfactory examination.

Notice—In order to take care of the tremendous expansion of business, the manufacturing facilities of the Physico-Clinical Company will be at once doubled, giving four times the output obtaining in January, 1922. Further, in order to give better satisfaction to purchasers and to simplify manufacturing, only Universal machines will be furnished after the present stock of other types is exhausted. It is our experience that almost always after purchasing an A. C. or D. C. instrument it is desired later to change it to Universal type. By making only one type the manufacture of Oscilloclasts will be greatly speeded up. Primary payment of Universal Oscilloclast is \$250.

The master machine is now being redesigned and when this work is completed it will be equipped with a vibrator instead of a motor. This will obviate the present delay in furnishing master machines. These will also be of the Universal type. It is recommended, however, that in each case at least one Universal Oscilloclast be purchased before the master machine. Complete dependence should not be placed on one machine, due to inadvertence, lightning, accident, etc.

Caution—It is desired to emphasize the necessity of completely insulating the Oscilloclast and patient as set forth in the directions. Several cases have recently come to our attention in which a cord tip on the Oscilloclast was accidentally allowed to touch a radiator or other ground. This will involve damage to the instrument and may burn it out.

**SOME RECENT VISITORS TO DR. ABRAMS'
LABORATORY**

California (Provincial)—Drs. J. Walter Gray, L. A. Rinker, J. L. Avey, Frank Farnum, A. T. Noe, J. G. Thompson, L. Dietz, L. P. Shaffer, S. Talbot, E. F. Jones, W. S. Fowler, R. D. Pope, W. Hatteroth, H. Burch, H. L. McCubbin, L. J. Otis, J. R. Leads-worth, F. F. Strong, F. C. Jones, W. Kendrew, W. W. Kapp, J. Mills Boal, V. J. Stack, Folsom; E. Robb, D. Holcomb, H. Attwood, P. F. Haskell, Simons, Tyndall, Buckley, E. Ward.

Illinois—Drs. C. T. Stephan, M. L. Puffer, C. A. Gehrman, V. Lindlahr.

Missouri—Drs. G. W. Carson, E. and J. V. McManis.

Nebraska—Drs. T. E. Sample, J. R. Sample.

Ohio—Dr. H. E. Palmer, L. McGowan.

New York—Drs. O. Kehrlein, P. H. De Kreif (Rockefeller Institute), J. C. Burnett.

Michigan—Drs. E. D. Merritt, W. H. Farnham.

Colorado—Drs. J. H. East, M. H. Beeler.

Connecticut—Dr. A. A. Crane.

Pennsylvania—Dr. H. Goehring.

Virginia—Dr. H. B. Baker.

Texas—Drs. L. Hyde, B. B. Bray.

Nevada—Dr. E. C. Galasgie

Washington—Dr. P. E. Koopman.

Hawaii—Dr. I. Marelock.

Brazil—Dr. D. Stapler.

Africa—Dr. A. B. Estock.

Sweden—Dr. O. T. Axell.

China—Drs. K. and E. McBurney, H. S. Huang.

LESSEES OF OSCILLOCLAST *

- Sir James Barr, England.
 A. T. Noe, M. D., Pacific Grove, Cal. (2 machines).
 J. P. Kanoky, M. D., Kansas City, Mo.
 H. Meredith, M. D., Oakland, Cal.
 J. Goodwin Thompson, M. D., Oakland, Cal. (9 machines).
 V. Sillo, M. D., New York City.
 W. F. Becker, M. D., Chicago, Ill. (2 machines).
 E. W. Dodge, Chicago, Ill.
 J. W. King, M. D., Bradford, Pa. (4 machines).
 H. Michener, M. D., Wichita, Kan.
 G. Boericke, M. D., University Hospital, Ann Arbor, Mich.
 M. W. Kapp, M. D., San Jose, Cal.
 J. Du Plessis, M. D., Chicago, Ill. (2 machines).
 P. S. Replogle, M. D., Champaign, Ill.
 C. L. Thudichum, M. D., Los Angeles, Cal. (2 machines).
 F. Schuldt, M. D., Mexico City, Mexico.
 H. E. Palmer, M. D., Dayton, Ohio (2 machines).
 Capt. A. R. Gould, M. D., Washington (2 machines).
 B. W. Swayze, M. D., Allentown, Pa.
 H. A. Hess, M. D., San Francisco, Cal.
 H. G. Nyblett, M. D., Calgary, Canada.
 †B. Tisdale, M. D., Oakland, Cal.
 C. H. Kingsbury, M. D., Danielson, Conn. (2 machines).
 L. H. Dietz, M. D., Oakland, Cal.
 S. King, M. D., Warren, Pa. (2 machines).
 S. F. Meacham, M. D., Oakland, Cal.
 C. Zeebuyth, Portland, Oregon.
 B. Crombie, M. D., Portchester, N. Y.
 W. J. McRoberts, M. D., Hot Springs, S. Dakota (2 machines).
 R. Rice, M. D., Council Bluffs, Iowa.
 C. S. Evans, M. D., Hutchinson, Kan. (2 machines).
 A. B. Collins, M. D., Linesville, Pa. (2 machines).
 W. P. Myers, M. D., Anaheim, Cal. (2 machines).
 C. E. Johnston, M. D., Los Angeles, Cal. (3 machines).
 V. S. Irvine, M. D., Lankin, N. Dakota.
 I. Howard Planck, M. D., Chicago, Ill. (3 machines).
 M. A. Hansen, M. D., Osage, Iowa (3 machines).
 †J. A. Savignac, M. D., Ottawa, Canada.
 M. W. Livingston, M. D., Pittsburg, Pa.
 E. B. Crosby, M. D., Oriska, N. Dakota.

* Terms on which oscilloclasts are leased are as follows: A primary payment of \$200.00, and \$5.00 monthly. Primary payment is subject to change, owing to varying cost of material and labor. Other physicians who have ordered the oscilloclast for DC and AC (below 50 or 60 cycles) must exercise patience before receiving their machines, inasmuch as the latter must be specially constructed. Primary payment on DC oscilloclasts is \$250.00.

- H. D. Schell, M. D., Hamilton, Ohio.
A. E. Persons, M. D., Buffalo, N. Y.
J. R. Leadsworth, M. D., Los Angeles, Cal. (5 machines).
A. W. Buell, M. D., Long Beach, Cal.
H. B. Coblentz, M. D., Washington, D. C. (2 machines).
H. C. Kehoe, M. D., Flemingsburg, Ky.
F. M. Cooper, M. D., Colorado Springs, Colo.
W. G. Doern, M. D., Milwaukee, Wis. (8 machines).
H. W. Fleck, M. D., Bridgeport, Conn. (2 machines).
B. L. Sanborn, M. D., San Francisco, Cal.
C. C. Waltenbough, M. D., Canton, Ohio.
J. F. Roemer, M. D., Waukegan, Ill.
E. B. Taylor, M. D., Huron, S. Dakota.
T. Kendrew, M. D., Indianapolis, Ind.
†G. E. Watts, M. D., Portland, Ore.
E. C. Folkmar, M. D., Washington, D. C. (3 machines).
†A. W. Boslough, M. D., Wausau, Wis..
H. D. MacKenzie, M. D., Auckland, New Zealand.
Sigmar Hilfer, M. D., West New York, N. J. (3 machines).
J. D. Sullivan, M. D., Kenosha, Wis. (2 machines).
H. L. McCubbin, M. D., Sacramento, Cal. (2 machines).
M. S. Hsu, M. D., Woosung, China.
Henry P. Fahrney, M. D., Frederick, Md.
H. M. de Dannevill, M. D., New Zealand.
S. Rosenthal, M. D., Aberdeen, S. Dakota (2 machines).
H. Gunderman, M. D., Monango, N. D.
Chinese Government.
F. M. Planck, M. D., Kansas City, Mo.
T. D. Bristol, M. D., Cleveland, Ohio.
C. Conn, M. D., Los Angeles, Cal. (2 machines).
C. F. Ellis, M. D., Eureka Springs, Arkansas (2 machines).
D. D. Hamilton, M. D., Raton, New Mexico (2 machines).
D. E. Murray, M. D., Roanoke, Ind.
†C. E. Cole, M. D., Prairie Du Chien, Wis.
M. McManus, M. D., Denver, Colo. (3 machines).
H. S. Huang, M. D., Shanghai, China (2 machines).
L. H. Butka, M. D., St. Helena, Cal.
†J. C. Anthony, M. D., San Francisco, Cal.
O. M. Hayward, M. D., Chattanooga, Tenn. (2 machines).
†P. G. Smoot, M. D., Maysville, Ky.
W. A. Hanor, M. D., Corning, N. Y.
H. R. Goshen, M. D., Bronson, Kan.
J. E. Johnston, M. D., Pittsburgh, Pa. (3 machines).
†J. R. Mitchell, M. D., Washburn, Wis.
H. Becker, M. D., Toronto, Canada (2 machines).
O. O. Sink, M. D., Smithfield, Ohio.
M. J. Wolf, M. D., Petaluma, Cal.

- Cora Smith King, M. D., Washington, D. C.
 †C. M. Moffatt, M. D., Shenandoah, Iowa.
 C. M. Cooper, M. D., Bellevue, Ohio.
 W. H. Dower, M. D., Halcyon, Cal. (2 machines).
 L. S. Brooke, M. D., San Francisco, Cal.
 J. H. East, M. D., Denver, Colo (3 machines).
 C. J. Pflueger, M. D., Kalamazoo, Mich.
 E. F. Pielmeier, M. D., Vincennes, Ind. (2 machines).
 †A. W. Hoyt, M. D., New Rochelle, N. Y.
 S. A. Lutgen, M. D., Wayne, Nebraska.
 †R. L. Crowthers, D. D. S., Caldwell, Ohio.
 †J. L. Conrad, M. D., McKeesport, Pa.
 Z. L. Baldwin, M. D., Kalamazoo, Mich.
 F. Sharp, M. D., Toronto, Canada.
 W. B. Ryder, M. D., Long Beach, Cal. (2 machines).
 W. B. Secrest, M. D., Logan, Utah.
 S. Talbot, M. D., Nevada City, Cal.
 †H. Lischner, M. D., San Diego, Cal.
 W. Wolfram, M. D., Cincinnati, Ohio (5 machines).
 C. A. Stout, M. D., Cincinnati, Ohio (2 machines).
 F. Paredes, M. D., Celaya, Mexico (8 machines).
 W. A. Klopfenstein, M. D., Detroit, Mich.
 H. W. Gates, M. D., Waco, Texas.
 W. Kendall, M. D., Ocean Park, Cal.
 O. Jones, M. D., Indianapolis, Ind.
 M. Thomson, F. R. C. P., Dublin, Ireland, and London, England
 (5 machines).
 F. Vasquez Gomez, M. D., San Antonio, Texas.
 †D. B. Holcomb, M. D., Pasadena, Cal.
 D. S. Kanstoroom, M. D., Washington, D. C.
 J. V. Malloy, M. D., Denver, Colo.
 A. A. Sorensen, M. D., Aberdeen, S. Dakota.
 †H. S. Bramble, M. D., Elmer, New Jersey.
 S. F. Hsu, M. D., Woosung, China.
 †D. I. Cochran, M. D., Hamilton, Ohio.
 M. P. Stephens, M. D., Terre Haute, Ind. (2 machines).
 Wiley T. Sprague, M. D., Athens, Ohio (2 machines).
 †A. S. Main, M. D., Loup City, Nebraska.
 W. H. Seymour, M. D., Charles City, Iowa.
 J. W. Neptune, M. D., Salina, Kansas.
 H. A. Dittmer, M. D., Manchester, Iowa.
 P. A. Wade, M. D., Canyon City, Colo. (3 machines).
 N. T. Johnston, M. D., Upland, Nebraska (2 machines).
 †F. H. Osmun, M. D., San Francisco, Cal.
 †O. B. Hicks, M. D., Shreveport, La.
 C. H. Lenhart, M. D., Danville, Ill.
 Chas. Rosedale, M. D., Boston, Mass. (2 machines).

- M. W. Moulton, M. D., Bellevue, Iowa.
†W. N. Fowler, M. D., Kalamazoo, Mich.
M. L. Geiser, M. D., Keokuk, Iowa.
Ralph A. Manning, M. D., Winchester, Mass. (2 machines).
S. M. Brown, M. D., Boston, Mass. (2 machines).
Francis A. Cave, M. D., Boston, Mass. (15 machines).
Francis T. Davies, M. D., Boston, Mass. (3 machines).
C. Harrison Downing, M. D., Mattapan, Mass.
Edwin Alden Leavitt, M. D., Worcester, Mass.
†H. Scholtz, M. D., Oakland, Cal.
Ethel Lynn, M. D., San Francisco, Cal.
M. L. Puffer, M. D., Downers Grove, Illinois.
S. R. Love, M. D., Deland, Florida.
Dr. J. V. McManis, Kirksville, Mo. (15 machines).
Beatrice Becker, M. D., Toronto, Canada.
L. Rupert, M. D., Florence, Colorado.
Christian Peterson, M. D., Los Angeles, Cal.
T. E. Sample, M. D., Omaha, Nebraska (3 machines).
W. W. Fessenden, M. D., Beverly, Mass.
C. H. Kriz, M. D., Milwaukee, Wisconsin.
†A. I. Arneson, M. D., Austin, Minnesota.
†W. A. Guild, M. D., Des Moines, Iowa.
†Herbert McConathy, M. D., Miami, Florida.
†S. J. Wright, M. D., Akron, Ohio.
R. F. Wallace, M. D., Reedley, Cal.
W. G. Williams, M. D., Exeter, Nebraska.
Frederick Finch Strong, M. D., Hollywood, Cal. (7 machines).
†J. W. Overpeck, M. D., Hamilton, Ohio.
†J. F. Heimbach, M. D., Kane, Pa.
L. Lee Burch, M. D., Watsonville, Cal.
Joseph Hastings, M. D., Santa Barbara, Cal.
G. W. Leech, M. D., Lethbridge, Canada.
H. Lindlahr, M. D., Chicago, Ill. (2 machines).
L. R. Chapman, M. D., Los Angeles, Cal. (5 machines).
D. B. Northrup, M. D., San Diego, Cal.
P. A. Shepard, M. D., Boston, Mass. (13 machines).
L. J. Otis, M. D., Norwalk, Cal.
Dr. O. T. Axell, Stockholm, Sweden.
†Dr. J. B. Buehler, New York, N. Y.
Dr. J. C. Burnett, Alpine, N. J. (2 machines).
†Dr. M. F. Baldwin, Marion, Ind.
†Dr. Mary E. Coffin, Pittsburgh, Pa.
†Dr. W. H. Carr, Holly, Mich.
†Dr. W. C. Douglass, East Rochester, N. Y.
Dr. H. W. Farnham, Detroit, Mich.
Dr. M. Evans, San Francisco.
Dr. W. S. Fowler, Bakersfield, Cal.

- Dr. Frank C. Farmer, Pasadena, Cal. (6 machines).
 †Dr. C. F. Fletcher, Boston, Mass.
 Dr. Harry M. Goehring, Pittsburgh, Pa. (2 machines).
 †Dr. John F. Golden, Pittsburgh, Pa.
 †Dr. H. V. Hillman, New York, N. Y.
 †Dr. E. F. Jones, Oakland, Cal.
 †Dr. C. M. Lusk, Houston, Texas.
 †Dr. A. T. Molyneux, Jersey City, N. J.
 †Dr. J. M. Ogle, Moncton, N. B., Canada.
 Dr. R. D. Pope, Long Beach, Cal.
 †Dr. G. W. Reid, Worcester, Mass.
 †Dr. W. M. Rohrbacher, Iowa City, Iowa.
 †Dr. Paul Sinclair, Lincoln, Neb.
 Dr. C. P. Shaffer, La Verne, Cal.
 †Dr. R. L. Starkweather, Bradford, Pa.
 Dr. V. J. Stack, Los Angeles, Cal.
 †Dr. Alexander Smith, New York, N. Y.
 †Dr. Alfred J. Tarr, Dallas, Texas.
 †Dr. Tombleson, England.
 †Dr. J. C. Thomas, Kirksville, Mo.
 †Dr. L. K. Tuttle, Brooklyn, N. Y.
 †Dr. Wm. B. Vande Sand, Bradford, Pa.
 †Dr. H. L. Vradenburg, York, Neb.
 †Dr. Frederick W. Wilson, Pocomoke City, Md.
 †Dr. A. J. Aird, Carterville, Ill.
 †Dr. Allen J. Fehr, Malden, Mass.
 †Dr. R. W. Frazer, Denver, Colo.
 †Dr. W. K. Jacobs, Montgomery City, Mo.
 †Dr. Carl Kettler, Washington, D. C.
 Dr. B. B. Bray (Dentist), Waco, Texas.
 Dr. G. W. Carson, St. Louis, Mo.
 Dr. Z. W. McPherson, Dallas, Texas.
 Dr. M. H. Beeler, Denver, Colo.

† This mark appearing at the name of the lessee shows that the oscilloclast has not yet been delivered.

2151 SACRAMENTO ST.,
SAN FRANCISCO, CAL., U. S. A.

PHYSICO-CLINICAL LABORATORY

— OF —

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases. VIRULENCY GAUGED.

In SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (glands, lungs, bone), the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures, or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to determine whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient, ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations now permit of the localization of lesions. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible.* It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent of errors and in some cases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th Series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. 8, 3rd Edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully 50 per cent, and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916) estimates that 15 per cent of paretics and 70 per cent of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arrangements suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital gives a negative result in from 31 to 50 per cent of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS

*Owing to the many examinations now being made, a brief history of symptoms is necessary.

test, because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy.

NEARLY 100 PER CENT POSITIVE.

Geo. O. Jarvis, A. B., M. D. (formerly of the University of Pennsylvania), found that the Electronic tests of Abrams were POSITIVE in nearly 100 per cent of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphilologist in his *SEXUAL IMPOTENCE* (W. B. Saunders & Co., 1915), "in the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

The tests embody the employment of the visceral reflexes of Abrams.
FROM ENGLAND.

Sir James Barr, in his presidential address at the eighteenth annual meeting of the British Medical Association (British Medical Journal, July 27, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the British Medical Association, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new continent and he has given us further insight into methods of prevention."

"I could easily fill several journals with an account of Abrams' valuable work."—Sir James Barr, British Med. Journal, March, 1920.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E.—(Article, "Dr. Albert Abrams' Method of Percussion," Lancet (London), May 22, 1920): "Dr. Abrams is, perhaps, doing more than anyone else in the present day to reusitate the lost art of physical diagnosis."

"In cancer Abrams' reactions can be easily verified."—Sir James Barr, Lancet (London), May 22, 1920.

"In my opinion he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."—Sir James Barr, Medical Press and Circular (London, England), Jan. 12, 1921.

DIAGNOSIS AT THE VERY BEGINNING.

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING, tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (American Journal of Clinical Medicine).

In another communication to the same journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abrams is due the credit for this epoch-making discovery. It is the external counterpart of the Abderhalden reactions."

"We think Dr. Albert Abrams was the first to utilize colored screens in diagnosing disease."—Geo. Starr White, A. J. Clin. Med., Feb., 1915.

(NOTE—The only object in publishing White's excerpts is to discredit the latter, who, in later publications under new captions, claims priority for Abrams' discoveries and instances his observations on the flight of "homing-pigeons," and other fantastic vagaries in justification of his claims.)

FEES:

(Which include all diagnostic information necessary.)
Blood examinations, which include tests for all diseases.....\$25.00
Subsequent blood examinations to gauge the course of the disease. 10.00
Examination of patients.....\$50.00-\$100.00

(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.
Course to physicians on Electronic Diagnosis.....\$250.00
(Limited to reputable physicians in possession of the M. D. degree, or graduates of an osteopathic college. Courses are continuous, but applicants should write in advance of their coming.)

DR. HARLEY E. MACDONALD

PHYSICIAN AND SURGEON

OFFICE AND SANITARIUM
1821 SO. HOPE STREET
COR. SEVENTH AND HOPE ST
LOS ANGELES, CALIFORNIA

To whom it may concern:

This is to certify that
Dr. Albert Abrams has examined ^{for me} by
his new method one hundred ^{of the} sig-
nificant cases, for as was the purpose
to me in many instances in practically
all cases his judgment was later
demonstrated to be correct and in no instance
was he found to be in error.

Harley E. Macdonald M.D.

When I first began to investigate the subject of Electronic Diagnosis, I found the work most confusing but further investigations at the Physico-Clinical Laboratory of Dr. Abrams, convinced me from therapeutic results observed, of the correctness of his diagnoses. It is impossible to form a very intelligent opinion of these methods from reading about them. One must come to Dr. Abrams' laboratory and watch him at his work and hear his explanations and comments and if he approaches the investigation in an unprejudiced frame of mind the physician will soon discover that he has found something that will be of vast usefulness to him in his medical work. I consider the last five months that I have spent in this investigation as the best spent time of my medical life and would heartily advise any of my confreres to pursue a like course.

Very sincerely,

W. R. Scroggs M.D.

1st. Lieut. Medical Corps
U. S. Army.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-2-

reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer-rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. *final judgment* The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond cavil the presence of cancer.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-3-

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococccic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

AMON THATCHER, M.D.
Pasadena, Cal.

July - 27 - 17

Dear Doctor Alcanis
 your letter explaining blood test no. 3 received.
 your diagnosis is correct. I thought I might
 stump you on this one - but failed.
 I am sending you blood specimen of case no. 1.
 to day - I trust you will be able to find some
 improvement in this test case - this time.
 I can hardly wait the time I can leave for the
 city and spend the time with you.
 Thanking you for past favors I am sincerely yours
 A. Thatcher

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Pollomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis
Colicsepsis	Leprosy	(Variety)
Carcinoma	Malaria	Sarcoma
Cholelithiasis	Measles	Scarlatina
Chorea	Menstruation	Straphylococcic Infec-
Diabetes	Meningococcic Infec-	tion
Diphtheria	tion	Streptococcic Infec-
Epilepsy	Neurasthenia	tion
Genococcic Infection	Paralysis Agitans	Syphilis (differentia-
Gout	Parathyroid Insuffi-	tion of congenital
Hookworm	ciency	and acquired, and
Hyperpituitarism	Paratyphus	specific strain)
Hyperthyroidism	Pneumococcic Infec-	Teniasis
Influenza	tion	Tetanus
Insanity	Psychasthenia	Typhoid
Paranoia	Pregnancy (prediction	Tuberculosis
Dementia Precox	of sex)	(Varieties)

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary, or, if given, whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer, and this is demonstrable by a blood examination.

WARNING

Many physicians have forwarded specimens of blood to the Physico-Clinical Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchnic reactions. Specimens have been received on colored and printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis, the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, COLISEPSIS and STREPTOCOCCIC INFECTION.

When two blood specimens are sent, forward them in separate envelopes to avoid conferred radioactivity.

The quantity of blood forwarded should be sufficient to cover an area represented by a 50-cent piece.

Do not concuss spine before taking blood, nor when the patient has taken drugs.

No diagnostic method is infallible. It is requested that all physicians correlate the electronic diagnosis with their clinical findings.

ELECTRONIC REACTIONS OF ABRAMS (E R A)

(A few brief and curtailed references from journals and signed letters)

NOE, A. T., M. D.—"I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known." N. A. J. H.

ANTHONY, J. C., M. D.—"Made wonderful diagnosis for me which would have been impossible by other means."

HESS, H. A., M. D.—"Dr. Abrams has made fifty examinations of the blood for me and all correct as far as I can judge."

MEACHAM, S. F., M. D.—"E R A are greatest contribution to medicine."

POPE, CURAN, M. D. (author of classic on Hydrotherapy).—"Not a day passes that I do not use your methods."

BOOLSEN, S., M. D.—"I regard the E R A as a great help and have frequently contributed the fee myself, because results talk and success follows a correct diagnosis."

JAWORSKI, H., M. D., Paris, France (author and medical authority; translator of E R A into French).—"I have carefully studied your methods and regard the discovery and its immensity with admiration."

KING, J. W., M. D., Pa.—"Physicians should at once form a caravan and go out and worship at 'Abrams' shrine.' Am getting wonderful results therapeutically from diagnosis made for me by you."

PAREDES, F., M. D., Mexico.—"I shall popularize your marvelous methods of diagnosis in Mexico." (Dr. P. studied the E R A at Dr. A.'s laboratory.) Dr. F. Vasquez Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine, and Minister Public Instruction, has also studied the E R A at Abrams' laboratory.

POWELL, C. S., M. D.—"The E R A are very helpful in my work, especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A."

NYBLETT, H. G., M. D.—"My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has."

J. MADISON TAYLOR, M. D. (Article, "An Appreciation of the Teachings of Dr. Abrams," Monthly Cyclopaedia and Medical Bulletin, July, 1913).—"Dr. Abrams has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams' researches afford is the largest source of illumination, and I, for one, welcome it with thankfulness."

**Practical Courses in Spondylotherapy
and
Electronic Diagnosis and Treatment**

Dr. Albert Abrams will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians and osteopaths can gain admission to the classes, which are limited. The course lasts four weeks, and the fee, in advance, is \$250.00. Applicants may address Dr. Abrams, 2151 Sacramento St., San Francisco.

**Dr. Abrams' Electrodes
for
Electronic Diagnosis**

These consist of three electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

**Ohmmeter
(Biodynamometer)**

Described on page 44, New Concepts in Diagnosis and Treatment (Abrams), and in September issue of the Journal. Price, \$36.00 with electrodes, express collect.

Dr. Abrams' Reflex Set

This consists of a plexor, pleximeter, single and two-pronged instrument. Price \$6.00, express prepaid.

Dr. Abrams' Electro-Concussor

Described on page 652 in Spondylotherapy. In writing, state current available. Price \$120.00 f. o. b. No apparatus sold on credit. Terms cash. Price of other apparatus on application. Physico-Clinical Co., 2151 Sacramento Street, San Francisco, Cal.

Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

Vol. 7

SEPTEMBER, 1922

No. 1

FOUNDED AND EDITED BY
ALBERT ABRAMS, A. M., M. D., LL. D., F. R. M. S.

CONTENTS

	Page
LIFE	1
BOTANY AND MEDICINE.....	4
NATURAL PHENOMENA	5
RELIGION	7
ELECTROSTATICS AND THE E R A.....	8
A VISIT TO DR. THOMSON.....	10
PROGRESS IN ELECTRONIC MEDICINE.....	14
REVIEWS	16
MISCELLANY	22

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WORKS by ALBERT ABRAMS

A. M., LL. D., M. D., (University of Heidelberg), F. R. M. S.

One-time Professor of Pathology and Director of the Medical Clinic, Cooper Medical College (Medical Dept. Leland Stanford Jr., University).

Spondylotherapy

Physio and Pharmaco-therapy, and Diagnostic Methods based on a study of Clinical Physiology—Eighth Edition, \$6.50, express prepaid.

"The author gives evidence of high scholarly attainments, penetrating intelligence, admirable industry, along with that necessary quality in any pioneer work, intense enthusiasm. The result is a treatise of extraordinary interest and usefulness."—N. Y. Med. Jour., May 8, 1912.

New Concepts in Diagnosis and Treatment

Physico-Clinical Medicine

The practical application of the Electronic theory in the interpretation and treatment of disease, 1916—Second Edition, \$5.00, express prepaid.

The most important part of the work is a consideration of the diagnosis of disease . . . It is full of interest and abounds in valuable suggestions to physicians and scientists and its methods are well worthy of investigation.—Journal of Electrotherapeutics and Radiology, June, 1916.

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Splanchnic Neurasthenia

The Blues

No variety of neurasthenia is more amenable to treatment than this form—Fourth Edition, \$1.50, express prepaid.

Autointoxication

An exposition of the causes, symptoms and treatment of self-poisoning—\$1.50, express prepaid.

Transactions of the Antiseptic Club

Illustrating the fads and foibles of modern physicians—\$1.00, express prepaid.

A few CHARTS on Spondylotherapy are still in stock and no more are to be published. The price of the latter has been temporarily reduced from \$5.00 to \$3.00; express prepaid.

Literature sent free on request.

PHYSICO-CLINICAL CO.

2151 SACRAMENTO ST.

SAN FRANCISCO, CAL.

Physico-Clinical Medicine

Vol 7

SEPTEMBER, 1922

No. 1

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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PHYSICO-CLINICAL CO.,
2151 SACRAMENTO ST. SAN FRANCISCO, CAL.

Life

THIS mysterious unknown something has been the enigma of ages which science has neither defined nor explained. A disquisition on the subject, as pursued in the conventional way, would only mean citations from works on biology.

The investigations of the writer were made with his oscillophone, an apparatus which enables one to cite reactions which are definite and absolute. Reactions can

also be executed on a human reagent with the same precision.

In the June, 1922, number of this journal, the areas of the death reaction were shown. To these observations must be added the fact that the vibratory rate of death on the rheostat is fifty-four. The moment that life ends and death begins may be shown with a freshly plucked flower. A death reaction can be elicited the moment the flower is crushed or disorganized.

Now, we are confronted with a fundamental fact, which is the motive of our contention, viz., that a definite molecular arrangement specified as allotropism is capable of transforming energy, and predicates life.

This faculty of energy transformation is an attribute of living and what is called inanimate matter.

If one takes a piece of non-magnetized steel, a death reaction can be elicited, but if one magnetizes it, the death reaction is dissipated. If, after magnetization, the steel is struck a series of blows, a death reaction can again be elicited, but the reaction is destroyed by remagnetization.

A magnetized steel rod placed geographically east and west will, in several minutes, yield a death reaction, but the latter is soon lost when placed north and south.

In the latter instance, the rod has received by induction the earth's magnetic energy.

Just as sleep is complementary to death, so life and death alternate as long as organization is not effaced.

The writer has examined dried seeds, and, despite their antiquity, no death reaction could be elicited. Crush them and the death reaction is at once evident.

It is the usual belief that the sun is the source of all life. Without subjecting this contention to argument, my investigations are not in accord with this contention.

Exposing demagnetized steel to direct solar rays does not dissipate the death reaction.

The energizing solar radiations must act indirectly on the sources of the earth's magnetism. The primary evidence of organic evolution of life was shown in synthesized formaldehyde when carbonated distilled water with uranium colloid was exposed to ultra violet radiation.

The cause of the earth's magnetism has been ascribed to the presence of magnetic iron oxide or lodestone in the crust.

Just as the chlorophyll in plants maintains life processes by transforming ultra violet energy, so may this same function be subserved by the factors which are responsible for the earth's magnetism.

The practical value of the foregoing is suggestive in the treatment of indolent ulcers, notably X-ray and radium burns.

In "New Concepts," the writer demonstrated that when the skin was exposed to the X-rays, the condenser action of the skin maintains an X-ray reaction for hours until dissipated by the emanations of a horseshoe magnet.

Now death is a development of life. The term necrobiosis signifies the gradual transition between life and death.

My investigations show that X-ray burns yield a death reaction which is dissipated by the emanations of a horseshoe magnet.

In one instance, the poles of the latter were placed on the X-ray wound and, in a few days, healthy granulations developed.

Of course, the latter observation is essentially tentative, but it is sufficiently suggestive for further investigations. Perhaps the filings of a magnet thoroughly magnetized may be used as a powder on wounds.

The reaction of death may be shown in the blood or even the hair-roots, and perhaps some day it may be utilized as medico-legal evidence.

The Deadly Parallel

ANCIENT BOTANY

The chief objects were: to describe the most plants and gather the greatest herbarium. The simple descriptive method of Linnaeus graduated into the pedantry of a barbarous terminology at the expense of concrete facts. The plant was studied from a morphologic viewpoint; a fixed and empirical phenomenon. The basic problem in botany is the understanding of the plant's life, its functions and use. Thus the morphologic study of plants was substituted by physiologic investigations, and from the former abstract and static interpretation a concrete and dynamic method was evolved.

MODERN MEDICINE

Pathology is not the physiology of the sick; it is a posthumous dissertation on death. We must await the autopsy for a confirmation of our diagnosis. Thus, we have necro and not biodiagnosticians. We treat names, not phenomena. Vital phenomena are dynamic and not static, and we must study them as processes and not as structures.

THE writer first employed the phrase, "Clinical Physiology" to protest against the tendency to substitute the guinea pig for the human and the laboratory for the bedside. The tissue changes noted by the pathologist are sequences and not the diseases.

Once, Disraeli exclaimed, "If we do away with the established church, what is to become of the 14,000,000 prepared and pickled sermons?"

Established medicine will not consent without a protest to dispense with its chief assets—the pickled specimens in its museums.

We speak as glibly about medicine as we do about the weather; yet, in each instance, very little has ever been done.

Natural Phenomena and Vibrations

EVERY natural phenomenon is the resultant of a specific rate of vibrations, and if these specific rates are determinable, no natural phenomenon can elude scientific interpretation. In addition to the electronic reactions, another apparatus, the oscillophone, is now at our disposal, and they constitute the most impressionable apparatus in existence.

Here, for instance, is a news item to the effect that Dr. Milton Noble, an American savant, had predicted an earthquake, which would shortly "swallow up" Southern Europe and Northern Africa. In commenting on this prediction, La Croix, the eminent volcano expert, states, "I can swear that there is no scientific method of foretelling volcanic activity in an inactive district."

Earthquake—If the average surgeon were told that the taint of cancer could be determined in the blood fourteen years in advance of its occurrence, the narrator would be regarded as a lunatic, despite the fact that it is a demonstrable reality.

Tremors of the earth are of frequent occurrence, but there are tremors specific for volcanic activity. To ascertain the nature of the latter, all that is necessary would be to proceed to a district of volcanic activity and elicit a reaction. After this manner an earthquake could be predicted with absolute certainty.

Mars—Here is another news item concerning Marconi with an apparatus attuned to receive radio communications from Mars. With the velocity of wireless, the writer assumes that it would take about four minutes for radio waves to reach the earth, although the waves would be continuous. Now, every human is constantly emitting

radiations, which, when admitted through the rheostat at 49, are detectable at the sex area by the E R A. Distance, as we have shown, really increased the potentiality of the radiations. One may detect the presence of an individual by pointing an electrode in different directions, and the reaction is elicited wherever the individual is located. On earth the differentiation of one person from another would be impossible unless the vibratory rates peculiar to an individual were predetermined. Directed toward the heavens, no difficulty would be encountered by the electrode in the event there were Martians with radiations like the humans on earth.

Precious Stones—Tradition and sentiment have endowed stones with specific attributes. Legendary lore cannot wholly be ignored. Each stone shows a specific vibratory, and by the latter alone it may be identified. Several experiments recently executed will be cited. The radiations of a diamond yield a vibratory rate destructive to carcinoma, whereas an opal yields a rate destructive to tuberculosis.

Pearls give a death reaction (see editorial on Life). Brought in contact with the body for about one minute, the death reaction of pearls is dissipated. Either pole of a bar magnet directed toward pearls produces the same effect as contact with the skin.

Theoretically, the use of the pole of a bar magnet suggests itself when pearls must be kept in safe deposits.

Psychic Vibrations—The psycho-dynamic action of mind is no longer an hypothetical question. It can be shown by the E R A that the mind can produce constructive and destructive vibrations. Advantage is taken of these facts by the hypnotist. Suggestion can, however, be brought into the domain of science. There are individuals who cannot avail themselves of psycho-dynamics. The concept of an individual, "I am well," produces an area of impaired resonance in the epigastrium which can be reproduced by the oscilloclast at rate 5. This rate is suggested when necessary, and can be applied to the forehead.

Religion

IN THE December, 1921, number of this Journal, we descanted on the "Psychology of Religion" and conceived it as morality in an emotional atmosphere.

The psychologist can tell us nothing about emotions, and the same fate is accorded to ideas. It appears that from handwriting and the blood, religious belief may be determined despite the reception of this fact as stultiloquence.

The explanation of this phenomenon is relegated to others. My object is only one of recordation awaiting its proof or disproof by those who use my methods.

Conduct the energy at V R 6 and use the S V reactions. The following areas have thus far been elicited:

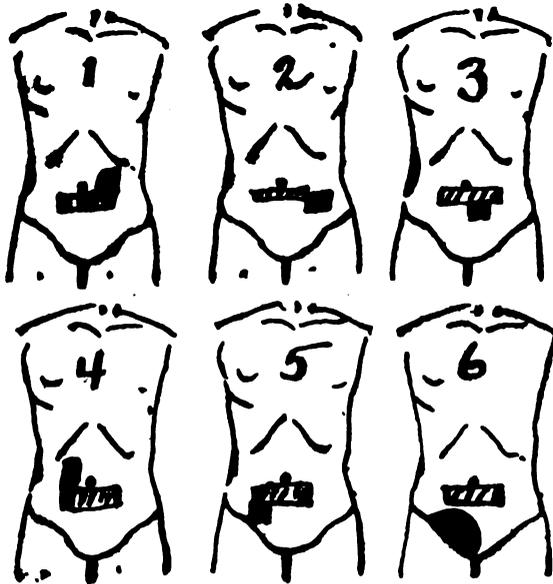


Fig. 1—Areas of dullness: 1, Catholic; 2, Methodist;

3, Seventh Day Adventists; 4, Theosophist; 5, Protestant; 6, Jew.

Note that the basic reaction of religious belief is common to all; the dark area constituting the specific reaction.

Electrostatic Elicitation of the Electronic Reactions

WITH a supersensitive electroscope, it can be shown that the dull areas of the reactions show static charges, and with a galvanometer potential differences from the adjacent skin areas.

With a hollow glass rod sealed at the ends, or often a very small solid glass rod, the areas can be defined as shown by a stickiness of the rod to the skin (followed by pallor) when the border of the dull area is reached. Friction of the glass or a rubber rod is no longer a preliminary necessity.

1. The skin of reagent must be dry.
2. The person manipulating the rod must be grounded.
3. The reagent must face the geographical west.
4. The movements of the rod must be continuous with firm and even pressure on the skin.

If the skin is moist, use a hard rubber rod which, although less sensitive, is more adapted for the purpose under such conditions.

To be sure that skin moisture does not cause stickiness, short circuit the skin by aid of two fingers placed on either side of the median line of trunk (when feet are on ground plates). When the latter maneuver is executed, the stickiness is dissipated. It is also dissipated when reagent turns to the magnetic meridian.

The rod is a simple substitute for those who are not adepts in percussion. It takes about fifteen seconds for a reaction.

With the rod one may also accurately define the borders of viscera.

Dr. F. F. Strong (Hollywood, Cal.), writes as follows:

“With my subject I find that the use of the glass rod enables me to do more work without impairing his reflexes than when I use percussion, although I have to use the latter under certain atmospheric conditions. By means of an electric fan in the diagnosing room, I am able to keep the temperature and humidity at the right point before working and during diagnoses, so am using the glass to a large extent.”

**MEMORANDUM OF VISIT TO DR. MATHER
THOMSON (LONDON, ENGLAND),
MAY 23, 1922**

Introduction

"Following up a Press notice of Dr Abrams' (San Francisco) so-called 'Electronic' methods of diagnosing disease, a visit has been paid to Dr. Thomson, a F. R. C. P. of Ireland, who had spent some time in the States at Dr. Abrams' clinic, and had returned to this country to practice his methods. This visit took place about May 1, and consisted of a simple demonstration of Dr. Abrams' methods, quite unconvincing from a scientific point of view, but sufficiently interesting,* despite the fantastic procedure to justify further investigation.

Dr. Thomson was, therefore, asked to allow a second visit to take place under rather more exacting conditions. This he kindly consented to allow, and on 23.5.22 Lieutenant-Colonel Tizzard of the Board of Scientific and Industrial Research, Major Lefroy, late of the wireless section of the Signals Experimental Establishment, Woolwich, and Dr. C. B. Heald, Medical Adviser, Civil Aviation Department, met at Dr. Thomson's house.

Conditions of the Experiment

Dr. Heald brought four samples of blood collected in the afternoon, on Talquist blotting paper (about 1" x ½") from the following cases, each specimen being in a separate glass tube numbered 1 to 4.

No. 1, from a case of syphilis with a plus plus plus Wassermann.

No. 2, from a case of cancer (inoperable).

No. 3, from a case of chronic diabetes.

No. 4, from a presumably normal case, namely, Dr. Heald's own blood.

The tubes were selected by Dr. Thomson for testing, without anyone present being aware of which he had taken until after the test, and he was not aware of the nature of diseases chosen, and certainly not that a normal control would be given to him. It is, however, true that cancer, syphilis and tuberculosis are the three diseases most likely to be given in a test.

Apparatus and Methods Used—For accurate description, electrical comment on and wiring diagram of apparatus, Major Lefroy is preparing a separate account.

The apparatus consists of a box in which the sample to be tested is placed. Another box with apparently arbitrary num-

* Blood specimens were examined and correctly diagnosed without any previous knowledge on the part of Dr. Thomson.

bering, which could not be made available for examination inside. It may have been and may be called the variable resistance.

These were on a table on glass supports. Two metal plates on the floor. An insulated handle carrying a lead from the test-box to a metal disc. A healthy subject stripped to the waist upon whom the test blood is supposed to produce the various reactions. The subject is made to stand on the metal plates, facing the west in dim light, holding the insulated handle free from his body. The test sample is placed in the test-box, and all apparatus is stroked with an ordinary horseshoe magnet. The tester (Dr. Thomson in this case) percusses the abdomen, and ascertains the degree of dullness existing as determined by ear. The variable resistance is then set to a number apparently with no reason, and the metal part of the insulated handle placed to the forehead by the subject.

After a short interval, the tester re-percusses the abdomen, and if a unilateral alteration (increase) in dullness or loss of resonance appears, the test is positive. If not, the test is repeated with another number on the variable resistance box, and so on.

The Test

Dr. Thomson took one of the samples of dried blood and tried to obtain a reaction with a number of settings of the variable resistance box. He stated he could not get a positive reaction at all, only a suspicion of query tuberculosis. The tube was then examined and found to be No. 4, or the presumably normal blood.

Dr. Thomson then took the next sample, and at the first setting of his variable resistance announced he had obtained a very strong positive reaction for syphilis, and that he was prepared to 'bank' on this. The tube was then examined and found to be No. 1, i. e., that having contained the blood from the strongly infected syphilitic patient.

Dr. Thomson then took one of the two remaining samples and announced, after one test had given a negative, that he obtained a strong positive for cancer. The tube from which this sample was taken was then examined, and found to be No. 2, or the inoperable cancer case. This left one tube, which Dr. Heald now knew must contain the blood from the case of diabetes of fifteen years standing.

Dr. Thomson tested this, and announced that he obtained a definite positive for tuberculosis. Dr. Heald pointed out that he was wrong, and that the case was one of diabetes. Dr. Thomson stated that diabetes merely indicated disease of the pancreas, and that this disease was frequently chronic tuberculosis. Dr. Heald admitted the justice of this contention and undertook to have the patient's reactions for tuberculosis tested and an X-ray.

Dr. Thomson tried to demonstrate during the tests the change

in auditory resonance of specific areas when the insulated handle was held to the head and taken away again. The three observers present thought that they could confirm his statements as to the change of note, but were not really satisfied that the method of percussion was not subconsciously varied.

Dr. Thomson also attempted to demonstrate that by charging a rod of glass with static electricity, this rod tended to adhere more closely to the skin when a reaction was present than when there was no reaction. The observers were not fully convinced by this demonstration, but were not prepared to deny that some such reaction did occur.

They also took note of the fact that the subject was able to state the presence or absence of a positive reaction on his own body before the observers, and that in the case of percussion he stated he heard this and did not feel it. He also stated the glass rod felt 'hot and burny' when a positive reaction was present."

Conclusions

"The following conclusions may be drawn as a result of the demonstration:

1. That the method insofar as it is clothed in mystery and refusal to allow the true nature of the apparatus used to be ascertained is to be viewed with grave suspicion of being merely quackery.

[Dr. Thomson himself recognizes this, but would not have been allowed to purchase the apparatus had he not signed a contract promising not to open closed apparatus.]

2. That despite this, it was an extraordinary demonstration, even allowing for every chance in favor of Dr. Thomson; namely, for him to have taken four pieces of blotting paper with dried blood on them and to have correctly named three, and possibly four, of the diseases or absence of disease from which the patient was suffering, without any possible knowledge on his part. The mathematical chances against such a correct 'placing' are very heavy.

- 3.* That in view of Dr. Thomson's admitted ignorance of the underlying principle, the results appear to call for a proper investigation to be carried out in the interests of science, and that the only way it appears possible to do this adequately is for a specially selected delegation of one or two to go to Abrams' clinic in San Francisco.

4. It has not been mentioned that, besides the diagnostic machinery, Dr. Abrams has invented a corresponding machine, which he calls the Oscilloclast, and which he states is capable of being used in treatment. This machine was seen but not examined, as the observers considered that if the new diagnostic method proved

* Reference to Instruments.—M. S.

accurate in practice, despite the fact that it did not accord with any known electro-physical methods or phenomena, it would be time enough to examine the claims put forward for cures by the oscilloclast."

[Editorial Note—1. The methods are not clothed in mystery; in fact, the mist has been taken out of mystery, insomuch as they have been repeatedly explained to the full in the literature. None of the methods executed have ever been published without an adequate explanation. No contract exists necessitating purchasers of apparatus not to open closed apparatus. The only contract refers to the oscilloclast, and this was a necessity, considering base attempts to duplicate the same and place on the market an apparatus in nowise related to the original instrument.

2. The apparatus used in diagnosis are only resistance boxes, and can be recognized as such even though an explanation of their nature were denied. A musician would naturally resent a dismemberment of his violin to convince investigators that it was a violin.

The fact is, the use of a resistance box at definite resistances, either to exclude or admit a specific energy, is a revelation unknown to physicists.

Physicians unfortunately classify symptoms as diseases. Diabetes is only a symptom, and the only cause is syphilis. If treated early enough it is amenable to symptomatic cure by eliminating the basic condition. To find tuberculosis in a diabetic is most natural. No soil is more favorable for the growth of tubercle bacilli than a diabetic soil. No reactions are made for diabetes unless requested.

3. Dr. Thomson is now one of the busiest men in London, and is thoroughly conversant with the apparatus he is using. Like all busy men he cannot waste his time on useless parley, and no doubt invited his investigators to read the literature on the subject. Therefore, "Dr. Thomson's admitted ignorance" of principles as an accusation, must be eliminated.†

4. The committee were unquestionably fair-minded,* and are entitled to the kindest consideration, which they will receive should a visit be made to Dr. Abrams' laboratory. Should the committee in question even desire to open the resistance boxes, a chisel and hammer will be placed at their disposal.

Dr. Abrams admits there is a personal equation in percussion, despite its recognition as an accepted method of diagnosis, and to obviate this equation he has constructed an apparatus "oscillophone," which he will be pleased to demonstrate to the committee should they honor him with a visit.

The use of glass and rubber rods to demonstrate static charges over diagnostic areas is practically absolute if the technique is controlled. The areas are likewise demonstrable by aid of a galvanometer and a sensitive electroscope.]

Note! To my students—You have been repeatedly advised that new observations are discredited because they are not explained. You know that my reactions conform to the basic principles of modernized physics, and that they have been fully expounded in

† A prominent London consultant writes as follows: "I must first dispose of any adverse criticism of Dr. Mather Thomson. He has been most kind, and examined two blood specimens, which I took from patients at the London Hospital, suffering from known diseases. His diagnosis was the same as that which had arrived at the hospital, but when I asked him the physical explanation of the tests, he replied that he was not a physicist."

* Recently two San Francisco physicians sent a communication to the J. A. M. A., stating that Dr. Abrams absolutely refused to submit to blood tests. The gentlemen, however, forgot to mention the real reason for this refusal. While negotiations were pending, there appeared in a medical journal, of which one of the men was the editor, a reference of a derogatory nature to Dr. Abrams. It is not expected that a gentleman would further negotiate with his enemies. It is like the man who timidly entered a prayer meeting and the speaker invited him on the rostrum, saying, that even Christ did not disdain to sit among his disciples, and the man answered, "and they didn't do a thing to him."

my writings. Grasp this knowledge before any demonstrations of the methods are attempted. Do not submit to blood tests. The E R A cannot fully accord with the conventional diagnoses. Disease is an effect, not a cause, and the E R A are specially designed to establish an etiologic diagnosis. According to Sir James McKenzie, about 90 per cent of all diagnoses are wrong. Therefore, if with the E R A, 89 per cent of diagnoses are correct, there still remains 1 per cent in favor of the E R A.

PROGRESS IN ELECTRONIC MEDICINE

Carcinomatous Contagion—This subject was discussed in Volume I, No. 1 of this Journal. Cancer may develop in people living together (cancer à deux) and "cancer houses" have been cited in the literature. Radium confers radioactivity on other substances, and so may a cancerous person by induction alter the tissues of another. The reality of "cancer houses" is illustrated by the writer to his classes by the following experiment:

One of the physicians is requested to place a cancer in a bottle (corked end) at some particular point on the wall of a room unknown to the investigator, who is not present at the time. The investigator is able to find the particular point by requesting an assistant to pass over the wall with a pointed electrode, setting the rheostat at 50 and using the E R A.

What is said concerning the cancer experiment is equally applicable with a culture-tube of tubercle bacilli and cultures of other diseases. The reaction on the wall may persist for hours or even days (depending on the duration of time the pathological energy is left in contact with the wall). The wall reaction is at once dissipated by a few passes of a horseshoe magnet.

May we not anticipate, among the future sanitary methods, the use of a powerful magnet after the manner cited? It has been found that cleansing a wall does not dissipate the reaction. On the contrary, it spreads the reaction area on the wall.

Cataract—The E R A show that from the eye in this condition one elicits the basic condition of congenital syphilis, and reactions corresponding to scar tissue and calcium phosphate. Dr. Jean Du Plessis, Chicago, contributes the following: He succeeded in curing symptomatically two cases of cataract, under the supervision of a prominent Chicago oculist, by using the oscilloclast at rates 3 (lues), 11 (scar tissue), and 8 (calcium). Duration of entire treatment was distributed over a period of, approximately, twenty hours at different seances.

Splanchnoscopy—This term of new coinage is equivalent to what I described under "Pathoscopy" in the last number of this Journal. If a patient is grounded facing the geographical west,

the areas of the viscera are defined by a **white border**. The rationale of the phenomenon corresponds to that of pathoscopy.

Osteopathic Lesions—Spinal tenderness is the resultant of a summation of stimuli to a particular segment of the cord corresponding anatomically and physiologically to the source of irritation, and manifested by hyperesthesia at the vertebral exists of the nerves. If, say the source of stimulation is a cancer of the stomach and the rheostat is placed at 50 (V R, cancer), and one passes along the spine with a small electrode, the site of tenderness yields a reaction of carcinoma. With our materialistic conception of pathology, it is difficult to conceive that the vibrations thus transmitted to the cord are essentially the radioactive energy of the cancer itself, and is as material as the cancer. The physicist's conception of matter is condensed energy, and as all matter is radioactive and functionates as a condenser, the question becomes less difficult of understanding.

Esophagus, Hernia, Hemorrhoids, and Varicose Veins—Examined fluoroscopically, the esophagus contracts when one concusses the first dorsal spine.

Concussion of the second sacral spine contracts the rectal veins and the inguinal canal. To appreciate the contraction of the latter, insert the finger in the canal during concussion. What value the latter maneuver may possess in the prevention and cures of hernia is a matter for the future to decide.

Varicose veins of the lower extremities are not infrequently caused by splanchnic congestion. The part played by the latter may be demonstrated by observing the effects on the veins by stimulation of the splanchnic vessels during concussion of the spines (fifth to the ninth dorsal).

Strep Foci—Every pus focus yields a reaction of congenital lues, and it is suggested that the staph rate with the oscilloclast should also be included among the destructive rates.

Pyorrhea Alveolaris—The true cause of this condition (Rigg's disease) is unknown, and the results of treatment are inefficient. The disease is present in about 80 per cent of adults. Bacteriologists and amebiologists have fully described the fauna and flora of the oral cavity, but without any value as far as practical results are concerned.

At one time, the *Entameba dentalis* was supposed to be the real cause of pyorrhea, but this observation has since passed into the discard.

Long since, our observations show that the gum-margins give a reaction of congenital lues in all cases of pyorrhea. It is suggested that the oscilloclast be used at rates 3 (lues), 2 (strep.) and the destructive rate for staph at the gum margins. Splenic sterilization is most essential in all instances.

Tuberculosis and Malignancy—Frequently, malignancy (carcinoma and sarcoma) nullifies the reaction of tuberculosis. If, however, two rheostats are used at rate 42, a tuberculous reaction, if present, may be elicited. In malignancy, when strep is sought for, use two rheostats at 60.

Iron Vanadate—Theoretically, this is ten times more destructive to tuberculosis than gamboge, which is used with such marked success. In addition, it is equally destructive to strep. infection, and its use is suggested in mixed infection. It is mixed with flexible collodion and painted on a chest-vest or other suitable material.

The writer awaits results from readers of this magazine. Any vanadium company can supply the material. Vanadium pentoxide, $V_2 O_5$, contains about 15 per cent of vanadium, and should be purchased for not more than \$1.50 per pound.

REVIEWS

Sir James Barr, *British Medical Journal*, May 22, 1922. (Letter to Editor.)—"I have been much amused at your futile criticism of my friend Dr. Albert Abrams in your issue of the 6th inst. You very seldom quote from the *Journal of the American Medical Association*, and one might have expected that when you did so you would have chosen a more serious subject than an ignorant tirade against an eminent medical man—against, in my opinion, the greatest genius in the medical profession. Why you should have thus acted I cannot surmise, unless it be to justify yourself in refusing an original and very valuable article by Dr. Abrams. The American critic confessedly knows nothing of Abrams' work, though he acknowledges that he has written voluminously. What has Abrams' birth in San Francisco and his degree from Heidelberg to do with his discoveries? Can no good thing come out of Nazareth?

"Dr. Abrams has frequently exposed the methods of the American osteopaths and chiropractors with whom this writer links him, but Abrams has been honest enough to acknowledge the good work which they have done, just as many eminent London surgeons have been honest enough to speak in high terms of Mr. Barker, notwithstanding the fact that a man was struck off the *Medical Register* for administering anaesthetics for him.

"Dr. Abrams' blood examinations have long been established facts, and if this writer had been imbued with the spirit of science of which he speaks so glibly, instead of ridiculing methods which he was incapable of understanding, he would have tested Abrams by sending a sample of blood from a patient whose dis-

ease he did understand. It would only have cost him \$10,* a very modest fee which he could have abstracted from the patient, and I have no doubt if Dr. Abrams were satisfied that he was an honest seeker after truth he would have let him off the fee. Dr. Abrams says: 'No diagnostic method is infallible,' yet Dr. H. A. Hess, a distinguished surgeon, says: 'Dr. Abrams has made fifty examinations of blood for me, and all correct, as far as I can judge.' How many of the surgeons in this country could make a similar assertion? Dr. J. Madison Taylor, a man well known in this country as well as in America, says: 'The light which Dr. Abrams' researches afford is the largest source of illumination, and I, for one, welcome it with thankfulness.'

"There is no secrecy about Dr. Abrams' methods. All his works are well known, and whether his theories be accepted or not, there is no honest individual who can refuse to accept his facts. There are hundreds of medical men from all parts of the world who visit his clinic, and they are not all fools or knaves as your colleague would seem to infer. I have never known a pupil of Abrams to speak of him except in the highest admiration. Your American friend tries to be very facetious over the sexuality of numbers, vowels, and consonants, and avers that 'if there be any scientific foundation for the marvels that Dr. Abrams so picturesquely features, the scientific world has not yet found it out.' When did the scientific world ever find out a new fact until it was discovered? Ignorant ridicule may delay the general acceptance, but it can never kill a new discovery. It always seems to me very deplorable that medical men, in place of leading the van in preventive medicine and in the treatment of disease, have frequently to be forced into new positions.

"A good many of Dr. Abrams' instruments can be seen in London and have been seen by many medical men; therefore, there is no excuse for bolstering up an ignorant American fusillade. Dr. Abrams wisely refuses to part with his instruments until he knows that they will be properly used, and that the user is competent to carry out his methods. Imagine a delicate instrument in the hands of your American colleague; Dr. Abrams and his methods would be discredited at once. When at the Hotel Cecil on Wednesday night I said, *Damnante quod non intelligunt*, I was thinking of you and your American friend.

"Dr. Abrams' most recent discovery is the analysis of handwriting, whereby he tells the sex, race, and disease of the writer. When I first heard of this work I did not think it possible or credible, and I told Abrams so. He replied, 'Your very kind letter received, and I note what you say about handwriting. I wish you would make the reactions, which are definite and absolute.' In the meantime I had made the reactions, and was soon

* The present price is \$25, for reasons cited in the June issue of this Journal.

able to corroborate his findings in every particular. At present I am merely amusing myself with these analyses, but I can readily perceive that they may have very wide applicability, and may eventually be of great importance in forensic medicine. It is not necessary to see the writing which you are analyzing, as an assistant can carry out the preliminary details. As far as I am concerned I prefer not to see the writing, as thus the personal equation is entirely eliminated. The other day a medical man, to whom I gave a demonstration, asked me when I was going to publish my results. I told him that at present it was quite sufficient for me to educate myself. When every important member of the community has a wireless telephone in his house and on his person, then medical editors and medical men will begin to perceive that there was more in Abrams' vibrations than was dreamt of in their philosophy. Abrams' discoveries have come to stay, whether you like them or not.

"I am, etc.,

JAMES BARR.

"Liverpool, May 11th."

Readjustment of Imbalance (Dr. J. Madison Taylor, Medical Record)—This author is the world's leading authority on orthokinetics (Motor Re-education in Human Readjustment). He refers to the importance of traction on the vertebral structures in order to free restricted joints, arthroses, and amphiarthroses, thus removing pressure from the lateral processes, nerve outlets, grey rami, removing any existing stiffness or compression. Post-mortem findings often show effusions of material in bony openings which are thus obstructed.

"One of the most suggestive and helpful of books was long ago contributed by Dr. Albert Abrams, entitled: 'Splanchnic Neurasthenia or the Blues.' In this the author presents a wealth of suggestions and recommendations in the recognition and relief of a large group of distressing maladies, somatogenic and psychogenic. Later researches by this author throw valuable light on making use of reflexes, the cardiac, abdominal, cerebral, and other, in his work, 'Spondylotherapy.' To this the reader is referred for specific information."

Electronic Reactions of Abrams in Diagnoses (Dr. Samuel King, Medical Summary)—"The weakest point in the medical profession is the doctor's inability to diagnose the disease which is destroying the health and sapping the vitality of his patient.

"The most learned men of the medical profession, men whom we have been taught to consider as our authority and guide in the diagnosis and treatment of disease, are woefully inefficient in the art of diagnosis. Statistics show that the very best physicians and diagnosticians are wrong in over 50 per cent (some quote as high as 57 per cent) of their diagnoses in some diseases, and from

35 to 40 per cent in others. These figures have been proven time and again at the autopsy.

"If the above is true of our greatest medical men, the mistaken diagnoses of the ordinary physician must be far greater, and hence his pretensions to heal the sick under such circumstances must be considered a farce by any one of common sense. To treat any patient without a correct and definite diagnosis is only adding injury to insult, and yet three-fourths of our afflicted people are treated in this way.

"Is it any wonder that the people are losing faith in our ability to treat and relieve the sick and are turning in everincreasing numbers to the drugless healers, until today over twenty millions of our population are dependent upon some form of drugless healing when sick? And this tide is constantly increasing, not because the drugless healer is a better diagnostician, but because they have tried the doctors of medicine who have always been their first choice, and found them unable to diagnose their case, and, therefore, unable to treat them scientifically with the proper medical remedies and measures. Also because they are tired of going the rounds, ingesting large quantities of liquids and tablets, and being treated with serums, vaccines, and intravenous medication, the giving of which are often accompanied with severe pain and severer reactions to no purpose, except the loss of time and money.

"To stem this tide of drugless healing we must leave the beaten path and seek the remedy in a correct diagnosis. For those physicians who have few idols to break, and who are willing to investigate, weigh, consider and try out the Electronic Reactions of Abrams, I believe the problem is easily solved. We have been bound too long by screeds, dogmas and purported truths. In this great work of ours we should repudiate all men, all panaceas, and all formulae which seek to keep us in ignorance of the newer and better things. The true physician should be above jealousy and prejudice and seek and accept the truth on any ground and wherever found."

Study of the Gall-Bladder by the Lyon-Meltzer Method (Dr. Curran Pope, Kentucky Medical Journal, January, 1922)—Reference is made to Lyon's non-surgical method of draining the gall-bladder and consists essentially of the introduction of duodenal tube and bucket into the duodenum. When this is done, the biliary tract is stimulated by magnesium sulphate, and the biliary secretion is aspirated by suction.

Meltzer observed that a 25 per cent solution of magnesium sulphate acting on the duodenal mucosa completely relaxes the intestinal wall and increases the biliary flow. Given by the mouth, a like effect is not observed.

This astute observer continues as follows:

"I have amply satisfied myself that quite a number of cases that do not drain can be made to do so by the use of certain measures that are rarely thought of and practically never employed. One of the most frequent obstacles met with is pylorospasm. We have used irrigation with very hot water, belladonna, atropin, hypodermically administered, and benzyl benzoate, and still failed, the observation being checked by the fluoroscopic screen. Frequently success will be obtained by a very simple procedure. The spinal center presiding over the dilation or relaxation of the pylorus is located at the fifth dorsal vertebra and here pressure on both sides of the spine will oftentimes result in dilation of the sphincter pylori and the rapid entrance of the bucket into the duodenum. This can be verified by an X-ray examination. Dilation of Addi's Muscle, the 'sphincter' of the gall duct, at the ampula of Vater, can be brought about by the method of Meltzer, but I am constrained to believe that in many gall-bladders the contrary innervation so far as it acts upon the gall-bladder is very weak, especially those that are dilated and in which there is stasis. Abrams has called attention to the great value of the visceral reflexes under such circumstances, and I am now able, from clinical study, to confirm what he has to say in reference to the action of paravertebral pressure and concussion of the spinal segments as related to the gall-bladder, liver, pylorus and duodenum. It might not be amiss to review these reflexes and call attention to the fact that concussion of the third dorsal causes contraction of the pylorus; that paravertebral pressure between the third and fourth dorsal vertebrae tilts the stomach into a vertebral position, and that concussion over the fifth dorsal spine or pressure over the exists of the spinal nerves at the same place with the double radicular pressor dilates the pylorus, usually in a minute. But the measure of election in draining is to first stimulate the biliary duct by using the Meltzer method, and then immediately resort to concussion of the first, second, and third lumbar spines, this area presiding over and being the center for the reflexes of contraction of intestines, gall-bladder, liver, and spleen. So far as I am aware, I have been the only one to study the relationship of these reflexes.

"So far as I am aware, I have been the only one to study the relationship of these reflexes and their mechanical effects upon the sphinctae and visci now under discussion. In another place, I have also called attention to the mechanical treatment of the gall-bladder and adnexa, by the employment of these reflexes. I again call attention to the great value of the jet douche in stimulating visceral reflexes by its thermic and mechanical stimuli."

[Editorial Note—Physicians never take their own medicine. They should. Then the duodenal bucket would be relegated to the curiosities of barbaric medicine. Just because the remedy is worse than the dis-

case is the reason why beneficent medicine (represented by cults) thrives. Many of our diagnostic methods are tantamount to physiologic animal investigations without the advantage of at least being chloroformed. Judgment is the least employed commodity in scientific (?) medical practice. The votary of the latter seeing a fly on a child's head asks for a hammer. A King sought the best educators for his son, and when his education had been completed, the tutors requested the King to test the profundity of his erudition. The son's eyes were bandaged, and in his hand the King placed a ring, requesting him to tell him the nature of the object. After a hasty review of his mathematical and geometrical knowledge, he quickly answered that the object was a millstone.]

Limitations of Wassermann Test—"The Wassermann is not a specific test, and it is not known what may be the substance in the serum which causes the production of a positive reaction. It is becoming more and more suggestive that a certain drug, that some of the acute infectious processes, and also that certain metabolic disturbances can at times produce a change in the serum which will cause a positive reaction. Thus the Wassermann test has very definite limitations, and in the diagnosis it should be considered a symptom and should be impartially weighed along with the other clinical evidence. In the opinion of Albert Strickler, M. D., published in the Journal of the American Medical Association, the following should constitute the status of the clinical value of the Wassermann reaction as a diagnostic measure:

"1. A negative Wassermann test in the presence of definite syphilitic lesions is a possibility in a certain stage of the disease.

"2. A positive Wassermann test in the presence of non-syphilitic disease should not always mean syphilis. It should, however, arouse suspicion to study the patient from every possible angle in an endeavor to explain this positive reaction.

"3. While a strong positive reaction in a subject who is not ill should cause investigation, nevertheless, too great stress is not to be put on it, unless this finding is confirmed by a number of reliable laboratories.

"In concluding, Dr. Strickler again exhorts the physician not to rely upon the positive Wassermann alone, but to consider all the symptoms."—California State Board of Health Bulletin, June 17, 1922.

Scientific Rational Medicine Against Pragmatic Empirical Methods Dubbed Classical Medicine—J. W. King, M. D., Physico-Clinical Laboratory, Bradford, Penn. (Address Allied Medical Associations, May 31, 1922.)—The trenchant diction of Dr. King is exemplified in this, one of the most classical contributions he has ever indited. Physicians should address Dr. King for a reprint, inclosing stamp.

Limitations of Histological Diagnosis—Occasionally a pathologist has the hardihood to express his doubts concerning his methods. Such a one is Dr. W. M. L. Coplin (J. A. M. A., May 20, 1922). He comments on the limitations of the histological diagnosis of malignancy. Cell reactions to irritation preceding

cancer must be potentially **malignant**, although incapable of demonstration. Murray and Woglom have shown that irritated tissues transplanted into an experimental animal (autoplasty) may give rise to metastases. In other words, they show that tissues already malignant give no histologic evidence of the latter. Histology never tells what a cell is going to do before it does it.

[Editorial Note—For a long time we have awaited this pronouncement. The pathologist's conception of a tumor is a mass. Even an infiltration as such is ignored. The E R A show the very inception of the cell anomaly toward malignancy. Some time ago, a specimen of blood was forwarded to this laboratory, and the diagnoses of cancer of the gall-bladder was made. At the operation, the surgeon commented on the negative findings of cancer. Sections of the bladder were made, and in one section only, among more than twenty examined, was malignancy demonstrable.]

Radiographic Errors (Journal des Practiciens, June 24, 1922, Jules Regnault, Toulon, France)—This noted physician suggests that it is the clinician and not the laboratorian on whom must rest the final word in diagnosis. He cites several observations among which is the following: A patient presented symptoms of pyloric stenosis. The radiographer concluded from his finding that there was a pyloric cancer, and insomuch as the food could not pass, an immediate operation was necessary. Dr. Regnault subsequently examined the patients and, after lavage of the stomach, found food had been retained which had been ingested two days before. He then provoked the pyloric reflex of dilatation (concussion fifth dorsal spine), the food passed, and the patient gained weight rapidly. In 1919 and 1922 the crises recurred with vomiting, which rapidly ceased by provoking the same reflex.

Miscellany

Courses—It is impossible to accommodate any more physicians to Dr. Abrams' classes until November 25, 1922. Even then, reservations must be made in advance. It is regrettable that so many physicians who have come to San Francisco were denied clinical instruction; the fault lies with them. They should have written in advance of their coming.

This refers with equal cogency to patients.

Blood Examinations—Owing to the enormous burden of work, until further notice no more blood examinations will be made for physicians other than those who have taken Dr. Abrams' course of instruction.

Oscilloclasts—To avoid further correspondence, oscilloclasts and apparatus will only be sold to physicians who have taken the course in electronic medicine with some physician who is accredited to teach the methods. Owing to the enormous influx of physicians attending the Abrams' clinic, delivery of apparatus will be delayed.

College of Electronic Medicine—A hospital with an adjacent lot has just been purchased for this purpose. Plans are now being made for a free clinic building to be erected on the lot.

Chinese Blood Tests of Paternity—These tests were made in China, three thousand years ago. At that time Chinese men had so many wives that maternal was more important than paternal determination.

Test I—A drop of blood from the parent and child will coalesce when dropped in a vessel containing water. It is claimed that when there is no relationship, no amount of shaking will yield a like result.

Test II—A drop of blood from a living person will be absorbed when placed on a bare bone from the deceased. If not absorbed, relationship is excluded.

Extraction of Blood—To eliminate the use of an instrument and to secure ideal asepsis, pass several cover glasses through a flame and place them in a sterilized glass dish with cover. Break the glasses, and use one of the particles with sterilized gripping instrument to puncture the skin.

Insurance and the Electronic Reactions—The receipt of the following letter from the president of one of the large insurance companies demonstrates the trend of the lay mind. Heretofore, it was customary for the public to follow the medical profession; now the latter must follow the public, and cannot ignore public opinion. An excerpt from the letter is as follows:

"I am writing this letter, which, perhaps, might be contrary to the opinion of the head of our medical department for whose ability and learning I have the greatest respect, but at the same time know positively from my own personal experience that the old methods are at least fifty years behind the times. It is my firm belief that with your system an avenue for tremendous decrease in the death rate experienced by life insurance companies can be brought about, and the thought has come to me that it would be a step in the right direction if we would send one representative of our medical staff to you for a month's course, or whatever time you deem necessary, for the purpose of installing your system in our medical department that it would be a money-saving proposition for this company.

"I would be pleased to have you inform me if it is permissible in accordance with your established rules, that we could, as a corporation, send a regular medical graduate out of our medical staff to you for instructions, and then install the oscilloclast in our medical department.

"The object would be to give those of our patients who are tributary to this office free treatment, and, of course, those who live at a distance we would advise after a blood test to go to the nearest doctor using your method for treatment.

"I will be pleased to hear from you."

**INTERNATIONAL ASSOCIATION FOR THE
ADVANCEMENT OF ELECTRONIC
MEDICINE**

827 Chronicle Building

San Francisco, Calif., July 26, 1922.

To the Former Students of Dr. Albert Abrams and to the Users of the Oscilloclast of Dr. Abrams and Practitioner of Electronic Medicine.

A meeting was held on the 20th day of June, 1922, for the purpose of incorporating and organizing the International Association for the Advancement of Electronic Medicine.

The purpose of the organization was to protect practitioners of electronic medicine and to encourage and advocate in every possible way and manner the advancement of electronic science in medicine.

There were present at that time a number of new scholars of Dr. Albert Abrams besides Dr. J. Goodwin Thompson, Dr. J. D. Sullivan and Dr. J. W. King representing the older practitioners. It was decided at that meeting to ask for contributions for organization work and for the purpose of preparing for a convention of all the men and women who are using the electronic method of Abrams, to be held at Chicago during the Convention of the American Association for Medico-Physico Research to be held September 29, 1922, or soon thereafter, where vital and important topics can be discussed and papers read by various users of the Abrams methods, and Practitioner of Electronic Medicine.

At the meeting in San Francisco the importance of organizing an electronic association was discussed and it was pointed out that, in view of the many enemies fighting this method a concerted and unified action was necessary to protect the method and users thereof and prove to the laity the worthiness of it. Voluntary contributions were called for at the meeting, and the older men like Dr. King and Dr. Thompson, Wadsworth, Burnett, C. Edgar Johnston, McManis, Thudichum and Strong contributed \$100 each. Dr. Sullivan contributed \$50; Dr. Simon \$25, and the new students also contributed.

We are enclosing a form letter to accompany your donation (make checks payable to the association) and to advise us whether you will be able to be present at the convention in Chicago on September 29, 1922. Dr. Martin E. Simon, Flood building, San Francisco, Calif., was appointed treasurer of the committee, and we will very much appreciate if you would make your donations promptly and also advise us at the same time whether you will

attend the convention so we can make proper arrangements, and whether it will be your desire to read a paper and on what subject.

Sincerely yours,

J. GOODWIN THOMPSON, M. D.
MARTIN E. SIMON, M. D.

[Editorial Note—New methods have always been bitterly assailed by those clothed in brief authority. It is easier to condemn than to investigate. Sinister methods are being employed against the followers of electronic medicine. The word syphilis should be expunged from your vocabulary. Some captious critic would have recourse to the "official," however fatuous Wassermann, and thus seek to discredit your diagnosis and impugn your motives. In the writer's clinic, placards like the following are displayed: "Patients coming to this clinic are advised that no results are guaranteed and no promise of a cure is ever made." A follower of the E. R. A. writes as follows:

"There is unmistakable evidence of a fight against the E. R. A. all over the United States, and this fight is being most actively carried on in Massachusetts. You are aware of the situation in regard to the case of Dr. Philip Sheppard of Boston, whose certificate of registration was cancelled by the Board of Registration in Medicine after a hearing, in which an attempt was made to discredit the E. R. A. We have reliable information that it is the intention of those who are prosecuting Dr. Sheppard to cancel the registration certificates of all those using the E. R. A. in Massachusetts.

"We are going to fight the Sheppard case to the limit, and hope for complete victory. In the meantime great care should be exercised in the conduct of your practices in order to make it impossible for our opponents to obtain evidence for further prosecution.

"I would suggest you give no written diagnoses, and that you refrain from telling patients their diagnosis when they start treatment. You may state that the blood test shows general lowered resistance (syphilis), and that you believe the treatment will build them up and overcome the conditions from which they are suffering."]

MEDICAL SYSTEMS

The following is of value to those who execute the E. R. A.:

The general trend of the decisions in all the States whenever any question in reference to schools of medicine have been before the court, is to avoid recognizing any particular system or school. The theory of the New York court upon this subject is expressed by an opinion in the case of Corsi v. Meretzek, 4 E. D. Smith, 1-5. Judge Daly wrote the opinion, and among other things he said:

"The system pursued by the practitioner is immaterial. The law has nothing to do with particular systems. Their relative merit may become the subject of inquiry, when the skill or ability of a practitioner in any given case is to be passed upon as a matter of fact. But the law does not, and cannot, supply any positive rules for the interpretation of medical science. It is not one of those certain or exact sciences in which truths become established and fixed, but is essentially progressive in its nature, enlarging with the growth of human experience, and subject to those changes and revolutions incident to any branch of human inquiry, the laws of which are not fully ascertained. The labors of the anatomist, the physiologist, and the chemist have contributed an immense storehouse of facts; but the manner in which

this knowledge is to be applied in the treatment and cure of diseases has been, and will probably continue to be, open to diversity of opinion. No one system of practice has been uniformly followed, but physicians from the days of Hippocrates have been divided into opposing sects and schools."

AUGUST CLASS, 1922

We, the undersigned, a class of forty-four, representing twenty states, receiving instructions from Dr. J. V. McManis of Kirksville, Missouri, in the Electronic Reactions of Albert Abrams, A. M., LL. D., M. D., are desirous of expressing our appreciation of this magnificent and marvelous science.

We deplore the prejudice of so great a number of physicians of all schools who condemn without full investigation this wonderful discovery, and thus deprive themselves, their friends and patients of the benefit to be derived from its use.

Collectively, as well as individually, we sincerely pledge ourselves to further the interests of this great and good work. We furthermore pledge ourselves to practice this science in an ethical manner and imitate him who gave so freely of his time and money to make the discovery of the Electronic Reactions possible as well as the practical application thereof. We humbly express our gratitude and everlasting appreciation of him who so kindly and graciously gave this science to the world.

Respectfully,

D. M. Ferguson, B. S., D. O., Terre Haute, Indiana.
 Albertina M. Gross, D. O., Joliet, Illinois.
 M. C. Smith, M. D., D. O., Mount Clemens, Michigan.
 R. W. Schultz, D. O., Mason City, Iowa
 P. D. Pauls, D. O., Marywood, Illinois.
 W. L. Shepperdson, D. O., Sisseton, South Dakota.
 T. H. Shelton, M. D., Okmulgee, Oklahoma.
 J. H. Stanton, D. O., Joliet, Illinois.
 C. C. Wageley, D. O., St. Louis, Missouri.
 Z. Z. Propst, D. O., St. Louis, Missouri.
 W. S. Smith, D. O., Marlin, Texas.
 Marcia H. Wirth, D. O., Ainsworth, Nebraska.
 J. P. Merritt, D. O., Tekamah, Nebraska.
 M. C. Hammer, D. O., Newcastle, Indiana.
 DeLano H. Bell, D. O., St. Louis, Missouri.
 Catherine Compton, D. O., Beeville, Texas.
 Leonard Mills, D. O., Shreveport, Alabama.
 D. H. Breedlove, A. M., D. O., Valdosta, Georgia.
 J. P. Barricklow, D. O., Daytona, Florida.

Ear. W. Smith, D. O., Kansas City, Missouri.
 M. J. Beets, B. O., Ellsworth, Kansas.
 L. D. Carpenter, D. O., Iowa Falls, Iowa.
 F. R. Thornton, B S., D. O., LaCrosse, Wisconsin
 O. L. Sands, D. O., M. D., Binghamton, New York.
 W. V. Cooter, D. O., Boulder, Colorado.
 I. E. Taylor, D. O., Beaver Dam, Wisconsin.
 C. R. Alexander, D. O., Greenville, South Carolina.
 A. C. Tedford, D. O., Huntington, West Virginia.
 J. J. Henderson, D. O., Charleston, West Virginia.
 John A. Neimann, Ph. D., D. O., Omaha, Nebraska.
 Ferne W. Eckert, D. O., Indianapolis, Indiana.
 Otto H. Gripe, D. O., Indianapolis, Indiana.
 W. H. Carr, D. O., Bluefield, West Virginia.
 C. H. Hancock, D. O., Mineral Wells, Texas.
 Josephine A. Trabue, D. O., Pittsburg, Kansas.
 J. D. Ricketts, D. O., St. Joseph, Missouri.
 Robert J. Kell, D. O., Kirksville, Missouri.
 J. L. Walker, D. O., M. D., Yakima, Washington.
 W. F. Pauly, Oph. D., D. O., Kahoka, Missouri
 S. G. Bandeen, M. S., M. D., D. P., Kirksville, Missouri.
 Reginald Platt, D. O., Kirksville, Missouri.
 J. W. Lloyd, D. O., Bowman, North Dakota.
 John F. Spaunhurst, D. O., Indianapolis, Indiana.
 W. D. Bowen, M. D., D. O. (President), Richmond, Virginia.
 (Copy of Original Signatures.)

**MEMBERS OF JULY, 1922, CLASS, ELECTRONIC
 REACTIONS OF ABRAMS, SAN FRANCISCO, CAL.**

Dr. S. L. Scothorn, President.
 Dr. Theodore G. Kershaw, First Vice-President.
 Dr. L. H. de Vasher, Second Vice-President.
 Dr. W. A. Guild, Secretary-Treasurer.

Committee on Rules and Resolutions

Doctors Keyes, Roemer and Elfrink.

Airey, Grace Stratton, Salt Lake City, Utah.
 Atkinson, F. H., Kewanee, Ill.
 Atwood, Howard C., Riverside, Cal.
 Benson, O. N., Memphis, Mo.
 Buffalow, O. T., Chattanooga, Tenn.
 Bubeck, F. G., Tulsa, Okla.
 Campbell, Dr. Arthur, Tulsa, Okla.
 Carr, V. T., Tiffin, Ohio.
 Clements, K. J., Plainview, Texas.
 Cook, Charles C., Saginaw, Mich.

Cook, F. J., 408 South Spring Street, Los Angeles, Cal.
Curtis, F. C., 868 Rose Bldg., Cleveland, Ohio.
de Veshler, L. H., Muskogee, Okla.
DuPlessis, Jean, 32 North State St., Chicago, Ill.
Davis, Geo., Des Moines, Ia.
Elfrink, Walter E., 27 E. Monroe St., Chicago, Ill.
Francis, T. Harris, Lancaster, Pa.
Folkmar, Elnora C., 1730 Eye St., Washington, D. C.
Glascok, Alfred D., St. Petersburg, Fla.
Guild, W. A., Des Moines, Ia.
Haslam, George, Fremont, Neb.
Holloway, J. L., 435 Wilson Bldg., Dallas, Texas.
Harris, E. L., Marietta, Ga.
Hicks, O. B., Shreveport, La.
Hyde, Leslye, 814 Mesa Ave., El Paso, Texas.
Henderson, J. T., Cleveland, Ohio.
Hall, E. A., Victoria, B. C.
Jacobs, W. K., Montgomery City, Mo.
Jacobson, M., 424 South Broadway, Los Angeles, Cal.
Kanzmeier, Sarah S., 3527 White House Place, Los Angeles, Cal.
Kershaw, Theo. G., Lamar Bldg., Augusta, Ga.
Keyes, Leslie S., Metropolitan Bank Bldg., Minneapolis, Minn.
King, Edward D., 66 Elliott St., Detroit, Mich.
Kriz, G. H., 540 12th St., Milwaukee, Wis.
Keller, Chas, Colma, Cal.
Ligon, Ellen L. B., 430 Spring Hill Ave., Mobile, Ala.
Laughlin, Genevieve, 2108 Live Oak St., Dallas, Tex.
Leitsch, O. S., Kingsville, Tex.
Lynd, W. Bruce, 322 Pacific Finance Bldg., Los Angeles, Cal.
Lyon, Richard C., Naylor, Mo.
Lodwick, William, Greeley, Colo.
Main, A. S., Loup City, Neb.
McBurney, Reed, Los Angeles, Cal.
Mitchell, R. M., Texarkana, Ark.
Molyneux, Albert, 2859 Boulevard, Jersey City, N. J.
Molyneux, Cora Bell, 2859 Boulevard, Jersey City, N. J.
O'Connor, Edw., 2540 Lehigh Ave., Philadelphia, Pa.
Openshaw, E. C., Mesa, Ariz.
Pollia, Joseph A., San Francisco, Cal.
Powis, H. S., Arbuckle, Cal.
Peterson, J. M., Fort Worth, Tex.
Purnell, Emma, 3824 Woolworth Bldg., Lancaster, Pa.
Pflueger, Chas. J., Kalamazoo, Mich.
Quinn, Ella X., 637 W. Flagler Way, Miami, Fla.
Roemer, J. F., 122 N. Genessee St., Waukegan, Ill.
Reznikov, J. N., Miami, Ariz.

Rupert, L. E., Florence, Colo.
 Russell, Phil R., 502 Burnett Bldg., Fort Worth, Tex.
 Robinett, J. R., Huntington, W. Va.
 Scothorn, S. L., 1912 Masten St., Dallas, Tex.
 Sheppard, Philip A. E., Boston, Mass.
 Shellenberger, N. W., 415 Stewart Bldg., Rockford, Ill.
 Slayden, R. H., 823 North Eye St., Tacoma, Wash.
 Taliaferro, Chas. C., First National Bank Bldg., Pittsburgh, Pa.
 Thorburn, Thomas R., 600 West End Ave., New York City, N. Y.
 Ticke, E. M., 415 Washington Ave., Brooklyn, N. Y.
 Van Dorn, Bernice M., 515 Old Nat'l Bank Bldg., Spokane, Wash.
 Wade, Pitt A., Canon City, Colo.
 Wrenn, W. R., 1212 S. Flower St., Los Angeles, Cal.
 Ward, E. A., Saginaw, Mich.
 Wheeler, T., Lincoln, Cal.

Credit is due the following members of the class for valuable services rendered: Dr. Theodore G. Kershaw, quiz master; Dr. Alfred D. Glascock, acting as subject; Dr. W. A. Guild, lectures on orificial reflexes; Dr. Jean DuPlessis, lectures on electronic fundamentals.

DR. S. L. SCOTHORN,
 President.

San Francisco, California.

As members of one of Dr. Abrams' largest classes, we marvel at this wonderful new science which he has given to the world, and in appreciation of this wonderful opportunity to acquaint ourselves with his work; be it

Resolved, That we extend to him our deepest gratitude and our sincere pledge to carry out to the best of our ability the application of the truths which he has taught us in the diagnosis and the treatment of disease; be it further

Resolved, That we express our appreciation for the assistance which Miss Nellie, Dr. Simon and Mr. Patterson have given to our work here, also for the faithful service rendered by Mrs. Brown in assisting those who took treatment. Miss Flynn and Miss Schultz extended many helpful courtesies and Mrs. Munger, as one always available to help direct the order of things, was most helpful in promoting harmony.

Recommended for adoption this 12th day of August, 1922.

COMMITTEE ON RESOLUTIONS,
 Leslie S. Keyes, Chairman.
 J. F. Roemer.
 Walter E. Elfrink.

Adopted Aug. 12, 1922.

CORRECTIONS AND ADDITIONS FOR ATLAS

- Amebiasis**—V. R., 23; D. R., 1.
Arteriosclerosis—V. R., 3; D. R. 4. Reaction from thoracic aorta.
Anemia, Pernicious—Reaction of carcinoma from spleen. D. R. spleen, 6.
Adrenal Gland—V. R., 10.
Appendix—V. R., 3.
Acute Coryza—D. R., 2 (strep.).
Blood (human)—V. R., both sexes, 49. Animal blood, V. R., 3. Reactions at sex areas.
Diabetes—D. R., 3 (lues) over spleen (SS) and same rate over pancreas and medulla.
Fibroma—V. R., 51; D. R., 2.
Hay Fever—Usually due to sinus infection.
Dementia Praecox—V. R. 3. Over forehead, reaction for cong. or acquired syphilis.
TB—V. R. given 15 and 57, 42 (best rate). Bovine TB does not give a reaction at 15 (human TB). Other rates common to both. D. R., 5.
Leprosy—D. R., 3.
Psoriasis—No D. R., that of syphilis (usually congenital).
Streptococcus—V. R.: gall-bladder, 35; appendix, 66; teeth, 25; genito-urinary, 23.

EXCERPTS

“Syphilis is the father of disease.”—Dr. J. W. King.

“My experience with the oscilloclast for three years tells me the things that seemed impossible are now possible.”—Dr. A. T. Noe.

“Diagnosis has been largely a study of structural changes. The history of European and other foreign countries has been one of essentially a post-mortem study, and American medicine has followed the example with due ardor.”—Dr. T. J. Ruddy.

“The reason given for the need of a body of specialists to examine one patient is that medicine is becoming such a complicated concern that one man is incapable of understanding all of its phases. This view should at once arouse a suspicion that the pursuit of medicine is not on the right lines, for the more a subject tends to become a science the more it becomes simple and easy to understand. That this should be so, a little consideration will render clear. A great number of phenomena may be perceived, and so long as they are isolated there may be a difficulty in studying them while their individual qualities form the only points for observation. But when they are viewed as the manifestations of a common cause, then they can be grouped or classi-

fied according to natural affinities, and their presence and peculiarities can be accounted for easily. This is seen in the evolution of such sciences as chemistry, botany, and astronomy.

"The absence of medicine, so far, has not permitted diseases to be classified on any sound principle. Medicine is still in that stage when it consists of more or less disconnected facts. Diseases themselves are not clearly recognized, and often the symptoms they produce are mistaken for the disease itself. Such classifications as exist, as that based on the affections of separate organs, imply a limited outlook, and a failure to recognize the fundamental principles involved in the production of the disease."—Sir James McKenzie.

"Upton Sinclair is doing great work. I defy anyone to read his books and not be convinced of his absolute sincerity and his desire to serve humanity."—Mather Thomson, F. R. C. P.

"The secret of our success lies in following the technique of the electronic methods to the letter and find, by so doing, most satisfactory results. The patients exclaim, 'Wonderful! is it not?'"—Dr. E. J. Collins, Linesville, Pa.

[The foregoing was in answer to a query why Drs. A. B. and E. J. Collins obtained results exceeding those of other disciples of the E. R. A. Therapeutics is only a question of destructive vibrations, and when a number of methods are synchronously employed, they nullify one another. It is like the Frenchman's conception of our cocktail, which he specified as a grand contradiction: "You take a leetle whisky to make it strong, a leetle water to make it weak, sugar to make it sweet, lemon to make it sour, and then you say, 'Here to you,' and you drink it yourself."]

SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY *

California (Provincial)—Drs. W. A. Metherell, G. L. Kay, E. Burgeson, A. D. Butterfield, A. Coyne, H. Butka, M. Butka, C. Alexander, G. A. Esterberg, L. Burch, A. Noe, J. Thompson, S. Talbot, J. H. Ellis, W. B. Lynd, W. B. Ryder, G. E. Anderson, C. Brigham, F. Farmer, S. J. Wheeler, G. P. Doyle, H. F. Dessau, H. S. Powis, F. McNally, Charles Keller, R. McBurney, O. M. Blood, H. Atwood, M. Jacobson, M. Butin, R. E. and L. B. Emery, W. H. Lopp, J. A. McNamara, W. D. Pierce, C. J. Gaddis, E. B. Ferguson, G. H. Peckham, J. R. Morris, K. L. Whitton, V. George, D. Kansfield, M. W. Butka, H. Kanzmeia, C. E. Johnston, F. McNally, A. S. Kemper, F. J. Cook, C. A. Love, S. E. Robb, J. R. Leadsworth, F. F. Strong, J. A. Wilson, G. C. Sharp.

Alabama—Drs. E. B. Logan, C. E. Pearce, F. J. Lynch, M. Koch, H. T. Newkirk, W. Foulter, H. F. Dessau, T. J. See, J. H. Wilson, W. G. Hatch.

* Names of many prominent scientists and physicians are intentionally omitted so that the displeasure of their colleagues may not be incurred. He must have been a great humorist to have specified "medicine" as a liberal profession.

Colorado—Drs. J. C. Irvine, W. Welber, H. M. Ireland, J. H. Bolles, J. K. Miller, P. A. Wade.

Missouri—Dr. H. V. Hallady, O. N. Benson, G. L. Noland, R. C. Lyon.

Maine—D. A. E. Person.

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 M. S. Hsu, M. D., Woonsung, China (2 machines).
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C. A. Stout, M. D., Cincinnati, Ohio (8 machines).
F. Paredes, M. D., Celaya, Mexico (8 machines).
W. A. Klopfenstein, M. D., Detroit, Mich.
H. W. Gates, M. D., Waco, Texas (2 machines).
W. Kendall, M. D., Ocean Park, Cal.
O. Jones, M. D., Indianapolis, Ind.
M. Thomson, F. R. C. P., Dublin, Ireland, and London, England
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†D. B. Holcomb, M. D., Pasadena, Cal.
D. S. Kanstoroom, M. D., Washington, D. C.

- J. V. Malloy, M. D., Denver, Colo.
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 †Herbert McConathy, M. D., Miami, Florida.
 †S. J. Wright, M. D., Akron, Ohio.
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 W. G. Williams, M. D., Exeter, Nebraska (2 machines).
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 †J. F. Heimbach, M. D., Kane, Pa.
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 Joseph Hastings, M. D., Santa Barbara, Cal.
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- L. R. Chapman, M. D., Los Angeles, Cal. (5 machines).
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P. A. Shepard, M. D., Boston, Mass. (13 machines).
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†Dr. M. F. Baldwin, Marion, Ind.
†Dr. Mary E. Coffin, Pittsburgh, Pa.
†Dr. W. H. Carr, Holly, Mich.
†Dr. W. C. Douglass, East Rochester, N. Y.
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Dr. M. Evans, San Francisco.
Dr. W. S. Fowler, Bakersfield, Cal. (2 machines).
Dr. Frank C. Farmer, Pasadena, Cal. (6 machines).
†Dr. C. F. Fletcher, Boston, Mass.
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 †Harold O. Royal, M. D., Boston, Mass.
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 †E. C. Openshaw, D. O., Mesa, Arizona.
 †R. C. Lyon, M. D., Naylor, Mo.
 †J. L. Holloway, D. O., Dallas, Texas.
 †P. R. Russell, D. O., Fort Worth, Texas.
 †E. H. Atkinson, D. O., Kewanee, Ill.

† This mark appearing at the name of the lessee shows that the ocelloclast has not yet been delivered.

2151 SACRAMENTO ST.,
SAN FRANCISCO, CAL., U. S. A.

PHYSICO-CLINICAL LABORATORY

— OF —

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

VIRULENCY GAUGED.

In SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (glands, lungs, bone), the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures, or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to determine whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient, ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations now permit of the localization of lesions. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible.* It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent of errors and in some cases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th Series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. 8, 3rd Edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully 50 per cent, and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916) estimates that 15 per cent of paretics and 70 per cent of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital gives a negative result in from 31 to 50 per cent of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS

* Owing to the many examinations now being made, a brief history of symptoms is necessary.

test, because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy.

NEARLY 100 PER CENT POSITIVE.

Geo. O. Jarvis, A. B., M. D. (formerly of the University of Pennsylvania), found that the Electronic tests of Abrams were POSITIVE in nearly 100 per cent of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Veckl, the noted syphilologist in his *SEXUAL IMPOTENCE* (W. B. Saunders & Co., 1915), "in the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

The tests embody the employment of the visceral reflexes of Abrams. FROM ENGLAND.

Sir James Barr, in his presidential address at the eighteenth annual meeting of the British Medical Association (British Medical Journal, July 27, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the British Medical Association, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new continent and he has given us further insight into methods of prevention."

"I could easily fill several journals with an account of Abrams' valuable work."—Sir James Barr, British Med. Journal, March, 1920.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E.—(Article, "Dr. Albert Abrams' Method of Percussion," Lancet (London), May 22, 1920): "Dr. Abrams is, perhaps, doing more than anyone else in the present day to resuscitate the lost art of physical diagnosis."

"In cancer Abrams' reactions can be easily verified."—Sir James Barr, Lancet (London), May 22, 1920.

"In my opinion he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."—Sir James Barr, Medical Press and Circular (London, England), Jan. 12, 1921.

DIAGNOSIS AT THE VERY BEGINNING.

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING, tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (American Journal of Clinical Medicine).

In another communication to the same journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abrams is due the credit for this epoch-making discovery. It is the external counterpart of the Abderhalden reactions."

"We think Dr. Albert Abrams was the first to utilize colored screens in diagnosing disease."—Geo. Starr White, A. J. Clin. Med., Feb., 1915.

(NOTE—The only object in publishing White's excerpts is to discredit the latter, who, in later publications under new captions, claims priority for Abrams' discoveries and instances his observations on the flight of "homing-pigeons," and other fantastic vagaries in justification of his claims.)

FEES:

(Which include all diagnostic information necessary.)

Blood examinations, which include tests for all diseases.....\$25.00
Subsequent blood examinations to gauge the course of the disease. 10.00
Examination of patients.....\$50.00-\$100.00

(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.
Course to physicians on Electronic Diagnosis.....\$250.00

(Limited to reputable physicians in possession of the M. D. degree, or graduates of an osteopathic college. Courses are continuous, but applicants should write in advance of their coming.)

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1521 50 HOPE STREET
COR. SIXTEENTH AND HOPE ST
LOS ANGELES, CALIFORNIA

To whom it may concern:
This is to certify that
Dr. Albert Abrams has examined ^{for me} by
his new method one hundred sig-
nifican cases, great as was the purpose,
to me in many instances in practically
all cases his judgment was based
demonstrated to be correct and in no instance
was he found to be in error.

Harley E. MacDonald M.D.

When I first began to investigate the subject of Electronic
Diagnosis, I found the work most confusing but further investiga-
tions at the Physico-Clinical Laboratory of Dr. Abrams, convinced
me from therapeutic results observed, of the correctness of his
diagnoses. It is impossible to form a very intelligent opinion of
these methods from reading about them. One must come to Dr. Abrams'
laboratory and watch him at his work and hear his explanations and
comments and if he approaches the investigation in an unprejudiced
frame of mind the physician will soon discover that he has found
something that will be of vast usefulness to him in his medical work.
I consider the last five months that I have spent in this investiga-
tion as the best spent time of my medical life and would heartily
advise any of my confreres to pursue a like course.

Very sincerely,

W. R. Scroggs M.D.

1st. Lieut. Medical Corps
U. S. Army.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-2-

reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. *final judgment* The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond cavil the presence of cancer.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-3-

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

AMON TRACYER POE, M. D.,
Pueblo, Colo., Cal.

July - 27 - 17

Dear Doctor Abram's

Your letter explaining blood test no. 3 received.
Your diagnosis is correct. I thought I might
stamp you on this one - but failed.

I am sending you blood specimen of case no. 1.
to day - I trust you will be able to find some
improvement in this test case - this time.

I can hardly wait the time I can leave for the
city and spend the time with you.

Thanking you for past favors I am sincerely yours

A. V. Noe

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Pollomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis
Colicsepsis	Leprosy	(Variety)
Carcinoma	Malaria	Sarcoma
Cholelithiasis	Measles	Scarlatina
Chorea	Menstruation	Straphylococcic Infec- tion
Diabetes	Meningococcic Infec- tion	Streptococcic Infec- tion
Diphtheria	Neurasthenia	Syphilis (differentia- tion of congenital and acquired, and specific strain)
Epilepsy	Paralysis Agitans	Teniasis
Genococcic Infection	Parathyroid Insuffi- ciency	Tetanus
Gout	Paratyphus	Typhoid
Hookworm	Pneumococcic Infec- tion	Tuberculosis
Hyperpituitarism	Psychasthenia	(Varieties)
Hyperthyroidism	Pregnancy (prediction of sex)	
Influenza		
Insanity		
Paranoia		
Dementia Precox		

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary, or, if given, whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer, and this is demonstrable by a blood examination.

WARNING

Many physicians have forwarded specimens of blood to the Physico-Clinical Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchic reactions. Specimens have been received on colored and printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis, the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, COLICSEPSIS and STREPTOCOCCIC INFECTION.

When two blood specimens are sent, forward them in separate envelopes to avoid conferred radioactivity.

The quantity of blood forwarded should be sufficient to cover an area represented by a 50-cent piece.

Do not concuss spine before taking blood, nor when the patient has taken drugs.

No diagnostic method is infallible. It is requested that all physicians correlate the electronic diagnosis with their clinical findings.

ELECTRONIC REACTIONS OF ABRAMS (E R A)

(A few brief and curtailed references from journals and signed letters)

NOE, A. T., M. D.—“I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known.” N. A. J. H.

ANTHONY, J. C., M. D.—“Made wonderful diagnosis for me which would have been impossible by other means.”

HESS, H. A., M. D.—“Dr. Abrams has made fifty examinations of the blood for me and all correct as far as I can judge.”

MEACHAM, S. F., M. D.—“E R A are greatest contribution to medicine.”

POPE, CURAN, M. D. (author of classic on Hydrotherapy).—“Not a day passes that I do not use your methods.”

BOOLSEN, S., M. D.—“I regard the E R A as a great help and have frequently contributed the fee myself, because results talk and success follows a correct diagnosis.”

JAWORSKI, H., M. D., Paris, France (author and medical authority; translator of E R A into French).—“I have carefully studied your methods and regard the discovery and its immensity with admiration.”

KING, J. W., M. D., Pa.—“Physicians should at once form a caravan and go out and worship at ‘Abrams’ shrine.’ Am getting wonderful results therapeutically from diagnosis made for me by you.”

PAREDES, F., M. D., Mexico.—“I shall popularize your marvelous methods of diagnosis in Mexico.” (Dr. P. studied the E R A at Dr. A.’s laboratory.) Dr. F. Vasques Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine, and Minister Public Instruction, has also studied the E R A at Abrams’ laboratory.

POWELL, C. S., M. D.—“The E R A are very helpful in my work, especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A.”

NYBLETT, H. G., M. D.—“My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has.”

J. MADISON TAYLOR, M. D. (Article, “An Appreciation of the Teachings of Dr. Abrams,” *Monthly Cyclopedic and Medical Bulletin*, July, 1913).—“Dr. Abrams has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams’ researches afford is the largest source of illumination, and I, for one, welcome it with thankfulness.”

**Practical Courses in Spondylotherapy
and
Electronic Diagnosis and Treatment**

Dr. Albert Abrams will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians and osteopaths can gain admission to the classes, which are limited. The course lasts four weeks, and the fee, in advance, is \$250.00. Applicants may address Dr. Abrams, 2151 Sacramento St., San Francisco.

**Dr. Abrams' Electrodes
for
Electronic Diagnosis**

These consist of three electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

**Ohmmeter
(Biodynamometer)**

Described on page 44, *New Concepts in Diagnosis and Treatment* (Abrams), and in September issue of the *Journal*. Price, \$36.00 with electrodes, express collect.

Dr. Abrams' Reflex Set

This consists of a plexor, pleximeter, single and two-pronged instrument. Price \$6.00, express prepaid.

Dr. Abrams' Electro-Concussor

Described on page 652 in *Spondylotherapy*. In writing, state current available. Price \$120.00 f. o. b. No apparatus sold on credit. Terms cash. Price of other apparatus on application. Physico-Clinical Co., 2151 Sacramento Street, San Francisco, Cal.

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E. R. A.

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C. F. DANIEL

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Specimens for Diagnosis**

Electronic Reactions of Abrams

These Are the Only Specimens Person-
ally Tested at the Abrams Laboratory

**2517 NINETEENTH STREET
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Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

Vol. 7

DECEMBER, 1922

No. 2

FOUNDED AND EDITED BY
ALBERT ABRAMS, A. M., M. D., LL. D., F. R. M. S.

CONTENTS

	Page
EDITORIALS	1
DEPOLARIZER	5
IMITATION OSCILLOCLASTS.....	8
PSYCHOLOGY OF EXPERIMENTATION.....	9
DIAGNOSTIC RADIOPHONY.....	11
CHIROMETASEOSIS (SIR JAMES BARR).....	13
CURE OF DISEASE BY VIBRATION.....	29
ELECTRONIC MEDICINE.....	40
REVIEWS	41
OSCILLOCLAST (DESTRUCTIVE RATES).....	49

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2151 Sacramento St.

San Francisco, Cal.

WORKS by ALBERT ABRAMS

A. M., LL. D., M. D., (University of Heidelberg), F. R. M. S.

One-time Professor of Pathology and Director of the Medical Clinic, Cooper Medical College (Medical Dept. Leland Stanford Jr., University).

Spondylotherapy

Physio and Pharmaco-therapy, and Diagnostic Methods based on a study of Clinical Physiology—Eighth Edition, \$6.50, express prepaid.

"The author gives evidence of high scholarly attainments, penetrating intelligence, admirable industry, along with that necessary quality in any pioneer work, intense enthusiasm. The result is a treatise of extraordinary interest and usefulness."—N. Y. Med. Jour., May 8, 1912.

New Concepts in Diagnosis and Treatment

Physico-Clinical Medicine

The practical application of the Electronic theory in the interpretation and treatment of disease, 1916—Second Edition, \$5.00, express prepaid.

The most important part of the work is a consideration of the diagnosis of disease . . . It is full of interest and abounds in valuable suggestions to physicians and scientists and its methods are well worthy of investigation.—Journal of Electrotherapeutics and Radiology, June, 1916.

Diagnostic Therapeutics

A guide for practitioners in diagnosis by aid of drugs and methods other than drug-giving. A pioneer work and the only one of its kind published—\$6.00, express postpaid.

Splanchnic Neurasthenia

The Blues

No variety of neurasthenia is more amenable to treatment than this form—Fourth Edition, \$1.50, express prepaid.

Autointoxication

An exposition of the causes, symptoms and treatment of self-poisoning—\$1.50, express prepaid.

Transactions of the Antiseptic Club

Illustrating the fads and foibles of modern physicians—\$1.00, express prepaid.

A few CHARTS on Spondylotherapy are still in stock and no more are to be published. The price of the latter has been temporarily reduced from \$5.00 to \$3.00; express prepaid.

Literature sent free on request.

PHYSICO-CLINICAL CO.

2151 SACRAMENTO ST.

SAN FRANCISCO, CAL.

Physico-Clinical Medicine

Vol. 7

DECEMBER, 1922

No. 2

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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PHYSICO-CLINICAL CO.,
2151 SACRAMENTO ST. SAN FRANCISCO, CAL.

O Hell! What's the Use!

PHYSICIANS attending my clinic from various parts of the world are quite familiar with this, my favorite expression. It is equally sententious and cogent in dismissing captious criticism when all discussion is futile. This question is rarely answered by those who ask it. Hence, my contemptuous silence toward critics, whose conception of my methods is akin to that of a Swiss cheese sandwich replying to questions concerning the nature and composition of celestial bodies.

It is easier to condemn than to investigate. Hence,

the prestige of condemnation. Mentation pursuing the natural laws, always seeks the path of least resistance. There are two traits characterizing the average human: 1. Considering anything impossible that we ourselves cannot execute; 2. Refusing to believe anything that our finite mind cannot grasp.

We have more to fear from our friends than our enemies.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E., former president of the British Medical Association and one of the greatest diagnosticians in the world declared* that, "In my opinion, he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."

My friend, Dr. William C. Voorsanger, of San Francisco, the proprietor of a "Tuberculosis Sanitorium," whose knowledge of my "methods" is akin to that of the aforesaid sandwich, does not agree with Sir James, and says so in a "private" letter to a patient in a "public" newspaper.

As your former Professor, my dear Willie (I was about to declare, *Et tu Brute!*), permit me to congratulate you on, to my knowledge, your first real contribution to medical literature. I am sorry to learn that you are still in that mental attitude which makes reason declare, "There ain't no such animal."

You are like the man who, seeing a locomotive for the first time, maintained it would not go and, when it did go, declared, "It could not stop."

There is only one thing worse than being "talked about" and that is, "not being talked about."

I want no bouquets. Flowers are only intended for chorus girls and funerals.

Just a final word, dear Willie. Continue your unevent-

* Medical Press and Circular (London, England), January 12, 1921.

ful life as before by being nothing, saying nothing, and doing nothing, so that enmity may not be engendered.

There are hundreds of physicians who are in possession of new ideas, but from fear of adverse criticism are reluctant to present them to their profession.

Now, a new idea in our gregarious profession is a consummation devoutly to be wished.

The deplorable state of present-day medicine is evidenced by the rapid growth of cults which is an unanswerable argument to the inefficiency of medical practice.

There are no cults in mathematics, physics or chemistry.

Abrams is about to erect in San Francisco a "College † of Electronic Medicine." What he believes to be an innovation will be the creation of a department dedicated to the investigation of "New Ideas" presented by members of his profession. Such ideas will not be received with contempt, but welcomed as exalted products of ratiocination. The following is a legitimate question and the answer to Dr. G. G. Smith of the Harvard Medical School:

1. "In your address † Sunday afternoon, you alluded to the conduction of radio-activity from the patient to the dynamizer by means of a wire several feet in length. You compared this phenomenon to the measurement of radio-activity by means of the electroscope, as ordinarily practiced; for example, in the measurement of degree of radio-activity of radium itself. This process depends upon the ability of the radium to ionize the air within the chamber of the apparatus, and is brought about by the passage of

† Clinics in this **College** will be maintained for the sick who are without funds.

Abrams cannot entirely support this **College** without some assistance, and he is here addressing himself to those philanthropists among his patients and those of his disciples who have received benefit from his methods and are desirous of according these benefits to the poor who cannot afford them. Endowments will be credited to the donors.

‡ Address of Dr. Abrams in Boston.

gamma rays from the radium tube through a lead plate into the chamber of the electroscope. These gamma rays cannot be conducted through a wire. In your method of electronic diagnosis, there is no apparatus corresponding to the electroscope which is brought into contact with the patient except, possibly, dynamizer and that by means of the wire. 2. Will you please elucidate this matter and give your theory as to how the radio-activity of an organ, such as the kidney, can be drawn off from the seventh cervical vertebra of the patient, conducted along a wire several feet long, and then be expected to produce definite electronic reactions?"

The question has been raised as to the manner in which the radio-activity of an organ can be conducted along a wire to the dynamizer, in view of the fact that neither the alpha, beta or gamma rays (the usual manifestation of radio-activity) can be conducted along a wire. When we alluded to the conduction of radio-activity from the patient to the dynamizer by means of a wire several feet in length, it should be clear that we do not actually obtain a conduction of the radio-activity itself, but rather an electric transmission of the effects of such radio-activity. This electrical transmission of such effects is, however, comparable in every way to the radio-activity itself. The following illustration will make this clear:

Consider the ordinary telephone. We speak of the telephone conveying speech and other sounds from a distance, in spite of the fact that speech and the other sounds referred to consist of air-waves. Of course, the wires do not actually carry air-waves spoken into the transmitter and along wires to the distant receiver. What actually happens is that the transmitter sends a series of electric waves over the wires to the receiver; these electric waves reproducing at the receiver the original sound, of which they are a faithful reproduction. In other words, while perhaps not a precise statement, it is customary and proper to refer to a telephone as conveying sound from a source along a wire to the distant receiver, although it is apparent that the sound itself, consisting of air-waves,

cannot travel along a wire. This analogy should make clear how radio-activity—that is to say, all of the manifestations by which we recognize an object as being radio-active, can be conveyed along a wire.

The radio-activity of an organ induces an electrical change in the conducting-wire which is in its proximity. This electrical effect is then conveyed along the wire to the dynamizer, which acts as a translating device, and the resulting effect is to all intents and purposes the same as if the radio-activity itself were actually conveyed along the wire.

The second question is an error of observation and demands no reply.

Oscilloclast Depolarizer

IN HIS BOOK, "New Concepts in Diagnosis and Treatment," Abrams refers to two methods of therapy based on the laws of physics. The first is that of destructive resonance, the principle of his instrument, the "Oscilloclast," and called "Homo-oscillatotherapy." The second method is that of "Polaritherapy." It is known that, in the differentiation of matter, polarity is an important factor. Electrons* are charges of positive and negative electricity, and the latter is the only known constituent of ponderable matter which makes up our universe.

The E R A show that matter (specifically in disease) may be neutral (isopolar) (tuberculosis) positive (cancer) negative (strep.) or positive and negative (syphilis and sarcoma). Electrons are mutually antagonistic and sep-

* Physicists now speak of an **Electron** (elementary corpuscle of negative electricity) and **Proton** (elementary corpuscle of positive electricity). One is complementary to the other. We shall refer to both as an entity and continue to assimilate them by the designation, electron.

arate from the presence of one another unless restrained. They maintain their identity by virtue of their polarity.

When the force as expressed by the relative charges of an electron is equal, it yields a neutral energy. If it contains an excess of positive charge (loss of negative corpuscles), it yields a positive energy and a negative energy when the balance wheel is upset by a loss of positive corpuscles.†

In our previous efforts to execute polaritherapy, we endeavored to impose another polarity upon the morbid tissues by external applications of dyes yielding a polarity antagonistic to that of the morbid tissue.

Thus, in cancer, which yields a positive energy, a solution of eosin (yielding a neutral energy) was painted on the site of the growth.

The results, though most encouraging, were not ideal, as far as rapidity of action was concerned.

The spontaneous disruption of an electron without the stimulus of external agents is constant, for example, in uranium and radium.

There is a larger group of electrons which do not show this tendency to break down constantly.

It occurred to the writer that disintegration of electrons may be achieved by depriving them of their polarity, and after some experimentation a depolarizer was constructed.‡

It is only used on the alternating current. It is provided with a fuse-plug, so it will not be injured if inadvertently connected with a direct current.

The method of use is as follows: After depolarization

† The viability of morbid tissue, like all other entities, is in direct ratio to its energy production. As an analogue, the magnet may be cited. Charged magnetically, the metallic molecules are polarized in a definite direction so that its energy capacity is expressed by attracting iron objects. Depolarize it or strike it with a few sharp blows of a hammer, and it becomes powerless to attract objects.

‡ Price, \$27.50, f. o. b.

of a morbid area for three minutes, immediately apply the electrode from the oscilloclast at the appropriate rate for the usual time. Use metal at end of apparatus directly to morbid area.

In syphilis, first concuss in the usual way followed by splenic depolarization, and then the oscilloclast.

Caution—Do not use depolarizer if patient is connected to the oscilloclast. Use polarizer first and then make oscilloclastic connections. In cases where it was impossible to eliminate the cryptogenic reaction of syphilis over a long period of time, this was effected with the depolarizer and oscilloclast in a few treatments.

Depolarization after three minutes destroys an electronic reaction for about one-half hour. Then the depolarized electrons attract other electric charges and the reaction returns. Running a horse-shoe magnet over the depolarized area restores the reaction at once. Here the magnet furnishes the source of electronic charges.

Some observations like the following may be cited: Laryngeal tuberculosis, 2 ohms. Depolarization and oscilloclast. No reaction after two hours. On following day, reaction 24/25 of an ohm.

Acquired syphilis, blood, 39 ohms. After concussion (spirochetes aspirated into the spleen), the reaction from spleen measures 56 ohms. After depolarization and oscilloclast, reduced to 1 ohm.

Breast carcinoma—After two treatments reduced from 9 ohms to 1 ohm. It is yet too early to say anything about the permanency of results, but the maneuver is most promising.

Imitation Oscilloclasts

OUR attention has been called to an instrument manufactured by certain parties * and alleged to be similar to the oscilloclast. It is, of course, inevitable that any machine accomplishing the wonderful results of the oscilloclast should have imitators and infringers. It need hardly be stated that the Physico-Clinical Company will, through its legal department, take the necessary steps to protect legitimate lessees from these dangerous and ineffective imitators.

That patent laws and the doctrine of unfair trade give adequate ground for the vigorous prosecution of the manufacturers and users of infringing machines. The legal problems involved are relatively simple, and most vigorous action will be immediately taken against all infringers that are brought to our notice. There is, however, a more serious aspect to the matter, and that is the fact that an inspection of the imitation referred to above discloses it to be not only ineffective, but positively dangerous to use; ineffective because the most elementary laws of electric circuits were ignored in its construction, and dangerous, for the reason that no means were provided to protect the patient from accidentally getting the full line voltage.

* Our attention has been directed to certain violators, whose names have been deleted from "Lessees of Oscilloclast."

Any unethical misuse by advertising or otherwise, cancels the oscilloclast contract.

Psychology of Scientific Experimentation

THERE are more false facts than theories in psychology. The writer has disproved the current belief that thought concentrated on the area will increase the vascularity and sensitivity. On the contrary, if an individual is directed to concentrate his attention on a given skin area and the concentration is sufficiently intense, that area will become blanched, enabling one to make a bloodless and painless incision or a painless hypodermic injection.

Our perception of things is subjective and objective, and it is our subjective mental eye that yields varying analyses of visualization.

We perceive with our objective and apperceive with our subjective eye.

There are none so blind as those who cannot see is literally true, and why?

Every phenomenon in nature is only a question of rate vibration and its specificity is only differentiated by wave-lengths. I have shown how "thought forms," which were specified as ideograms, may appear on the arm when definite simple objects were conceived in the process of mentation.

Thus, one can explain physiologically the "stigmata" supposedly of hystero-pathological origin.

Now, a phenomenon, in addition to wave-lengths, is equally a matter of polarity. Perception and apperception are like all physiologic processes electrical phenomena, readily demonstrable as I have shown by aid of an electro-scope, the most sensitive apparatus in science.

A person unwilling to see is literally unable to see.

With a negative mental attitude, wave-lengths of a neutral polarity are evolved which neutralize or depolarize the radiations on which current visualization is dependent. Let a person facing the geographic west fix his attention on printed small words held at a distance. Then pass a horseshoe magnet (which yields a neutral energy) over the head on the left side and, as a rule, when

the magnet reaches the visual center, there is a slight blurring of the letters.

Similarly, the person visualizing, who can vividly conceive momentarily the words as non-existing, may note the same effects as when a magnet is used.

Thus, demonstrations made before people with adverse wills are usually failures.

One must awaken a receptive mind so that witnessed phenomena will not be befuddled by an astigmatic subjective eye.

There is no royal road to learning.

To most persons, thinking is a painful process.

The credulous believe too much and the skeptics too little.

The mental condition of the one is no less offensive than that of the other.

Theoretically, it is difficult to conceive a scientific experiment beset with the same difficulties encountered in subjective visualization.

A few months ago, a Fellow of the Royal Society, England, read a paper on "The Behavior of the Pith Ball in Ionized Air."

The pith ball* is an electroscope and, in many experiments, a more impressionable apparatus than the gold-leaf electroscope.

In a previous publication, reference was made to "The Electrical Nature of Man." It was shown that a normal male (standing west) discharges positive energy from the finger-tips of the right hand and will, therefore, attract the ball.

Before the finger-tips approach the ball, let an individual adjacent to the experimenter will adversely, i. e., will that the ball will not be attracted, and then suddenly release the autosuggestion.

Note that at the moment this is done the ball is attracted.

* I have recently found that a pith ball may be readily charged negatively by first cleaning the rubber rod's surface with steel-wool before striking it on a cat's skin or rubbing it with a wool cloth.

Try the same experiment with an inanimate object adjacent to the ball and note the same effects.†

In "New Concepts" reference was made to a yellow light thrown on any skin area of a person willing adversely will inhibit his negativity. This may also be shown experimentally.

Thus, psychology is an important factor even in experimentation.

Psychology seems now to have resolved itself into tests of proficiency and organizing work in such a way that as much work as possible can be gotten out of an individual. If this continues, the behaviorist psychologist will soon outline methods of thinking so that we may live without it.

Diagnostic Radiophony

THE ERA are electrostatic phenomena and are demonstrable as such with the electroscope. We have at last succeeded in utilizing this phenomenon by aid of a radio apparatus without skin contact, thus eliminating in the reactions any possible personal equation.

The principle is based on resonant radio frequency vibration. An audible signal is produced by audio frequency transformation imposed upon a loud-speaking device, and a change of note indicates the reaction.

It is contemplated, if possible, by the same means or otherwise, to determine the wave length of each disease.

The apparatus in its incompleting condition has already been demonstrated to my present class (November, 1922).

After this manner, the ERA will receive the imprimatur of science, and the captious critics will be silenced.

One cannot disprove the great Pyramids by showing the impossibility of getting the stones into place.

† These experiments were successfully executed before my classes and among others to Dr. Frederick A. Kolster, one of the chief radiotricians of the Bureau of Standards, inventor of the wavemeter and decimeter known all over the world, and Charles Hill-Tout, Ph. D. (Oxford), F. R. S. C.

THE OSCILLOCLAST

[The following is a copy of the usual answer forwarded to inquiring physicians by Jean Du Plessis, M. D., Chicago.]

"In reply to your recent inquiry regarding Dr. Abrams methods of diagnosis and treatment, please note the following:

I have been using the oscilloclast for nearly three years. During the first year or so, my results were very unreliable, that is, they would be remarkable in some cases and negligible in other apparently similar ones. At that time I had not yet taken instruction in electronic diagnosis, and I was using the treatment on the basis of clinical findings.

Being unable to account for my irregular results, I began sending blood specimens to Dr. Abrams, and was pleased to find that treatment applied according to his electronic findings disposed of most of my previous 'unexplained' failures. Having since studied electronic diagnosis under Dr. Abrams, the reason for the above is now quite clear to me.

As you know, the number used on the oscilloclast has to duplicate exactly the vibratory rate of the patient's disease, and since it is admitted that in earlier cases clinical diagnosis is apt to be erroneous, the wrong number on the oscilloclast is thus used. On the other hand, by the time an unquestionable clinical diagnosis can be made, the disease is already far advanced.

It has been my observation that, **when correctly used**, the oscilloclast will do more for chronic cases than any other method of treatment. I can say this advisedly, because for years I have used practically every method of physical therapy that is valuable in the treatment of chronic cases. I have had very little experience with the oscilloclast in treating acute diseases, because I conduct an office practice exclusively.

As to electronic diagnosis: It speaks for itself, if you consider that not only can the nature of a disease be determined by examining either the patient or his blood, but its **focus can be located** and its virulence can be **measured in ohms**. While there are other means of benefiting the sick besides the oscilloclast, there are no diagnostic measures that will supply the above information other than the electronic reactions of Abrams. The most impressive fact about it all, however, is that any intelligent physician who applies himself diligently can master the technique."

Du/RG

CHIROMETASEOSIS *

By Sir James Barr, C. B. E., D. L., M. D., LL.D., F. R. S. E.

In the Medical Press and Circular of January 26, 1921, there appeared an article by Dr. Albert Abrams on the Electron Theory in Percussion, and one by myself on Dr. Albert Abrams' Methods of Diagnosis. In an annotation by the editor he accepted and advanced the belief "that all constitutional diseases are mirrored in the blood." The object of this paper is to show that they are also mirrored in the handwriting.

Chirometaseosis is a word coined by Dr. Abrams to designate his analysis of handwriting whereby he can tell the sex, race, disease (if any), roughly the age and expectancy of life of the writer. This at first sight may seem impossible and incredible, but it is no less true and perhaps no more wonderful than wireless telephony. I presume every discoverer has a right to give a name to his discovery, but personally I prefer to designate the discovery, Albert Abrams' Analysis of Handwriting.

So far, the only publications on the subject are two articles by Albert Abrams himself in the March and June numbers of Physico-Clinical Medicine, and which together only occupy six and a half octavo pages of large type, an appreciative article on Abrams' work by Upton Sinclair, which roused the impotent ire of the editor of the journal of the American Medical Association. There have also been in the American press a few copies from Abrams' writings, but no original work by others.

In inviting the editor to publish this paper I cannot say whether I am doing him and his paper a good turn or not; probably not, for if he have not yet learned, he probably soon will learn, in the language of Dean Inge, that medical opinion is "a vulgar, impertinent, anonymous tyrant who deliberately makes life unpleasant for anyone who is not content to be the average man." Whatever opprobrium he may get from his contemporary editors, I am not likely to be subjected to much intelligent criticism, as the only other one in this kingdom, including the Free State, who has any practical knowledge of the subject is my friend, Dr. Mather Thomson, who, on my recommendation, studied at Abrams' clinic.

It is difficult to explain an intricate problem like this within the compass of an article. "Seeing is believing," and it is difficult to convince the average man of the accuracy of what he does not see, and, perhaps, does not hear. He fails to recognize

* The Medical Press and Circular, London, October 11, 1922.

that the eye is often a very imperfect organ, and sight is one of the least reliable of our senses.

This analysis is really simple enough when you know how to do it. There is no trickery or sleight of hand in the matter, and I don't believe that Devant could do it without some training. It is, as I have said, no more wonderful than wireless telephony, except that Abrams has introduced a much more delicate receiver than any which was ever devised by the hands of man, viz., the human body. There is no photographic plate so sensitive as the human eye in the detection of color vibrations. Abrams has invented a delicate instrument called the oscillophone to replace the human receiver, and thus get rid of all possibility of the personal equation, but this sensitive instrument, unlike the human body, is ill-adapted to bear the jars and shocks of nature.

This analysis of handwriting is based on physics; there is no bio-chemistry about it, and Abrams says that any advance in medicine which is not in conformity with physical laws is doomed to perdition. He is evidently not very hopeful of this work rapidly catching on, as he says he is writing for posterity and not for contemporaries.

In order to interest your readers and show them that the matter is worthy of their consideration, I shall first give a few of the end-results which I have attained, and afterwards try to explain the physical laws with which we have been dealing. Abrams' first paper appeared in March, and some time early in April I began to amuse myself with the study of the subject. By May 2, I was able to say in a letter to Abrams that I have no difficulty about the sex, nationality or any pronounced condition of disease.

On April 20 I received a letter from an arts student in Paris saying that a friend had recommended her to get me to examine her blood, and she wished to know if I would do so. Her quaint description of the vicissitudes which she had suffered at the hands of medical men gave me a hearty laugh, and interested me in the patient. Her letter was partly typed and partly handwritten. The letter I analyzed. I wrote her that I would be pleased to examine her blood if she had it drawn by a medical man, according to the instructions which I enclosed. My analysis of her handwriting showed that, although an American by birth, she was Scottish on her father's side, and Scottish or English with a mixture of Spanish on her mother's side; that she had good potentiality and, therefore, her prospects of life were very good. It also showed that she was suffering from congenital syphilis, but this I did not then mention, as some people have a

great objection to anything which might be supposed to cast a slur on their parents.

On April 23 she acknowledged the receipt of my letter, saying that she perceived I was a magician, and as she would rather be on the side of the devil than against him she would not bother about her blood, but was coming straightaway to see me. I told my secretary to stop her for three weeks, as I was going to have a short holiday. At the end of that time she was here and brought a friend with her. Her examination corroborated in every respect, including the congenital syphilis, my analysis of her handwriting. She is quite satisfied with her progress under treatment.

Her friend suffers from well-marked mitral stenosis, but is doing very well under decalcifying treatment. She says that at one time she was painfully cognizant that she had a heart; now she is not aware of its presence. I told her that she was descended from the kings of England, and she was very pleased when I discovered a mixture of Irish on her father's side, and that she is more like her father than her mother. Her mother, although American-born, is pure English.

Both these patients are very much interested in handwriting, and as the friend is a good medium I have used her for many of my observations. They have camped out on the Southport line, and enjoyed the simple life. When I was away during the last fortnight in July they awaited my return, and said that they would have been quite happy if I had allowed them to take the instrument with them. They are very loth to part with me, and I with them, as such intelligent and interesting patients are not common.

On May 12, I received a letter from a medical man, of whom I had never previously heard, making inquiries about Dr. Abrams' apparatus and methods. My first impression was to give the Irishman's evasive answer. On second thought, it seemed to me that he was not an idle curiosity hunter, but an honest seeker after truth, which he wished to obtain at the least possible expenditure of time, energy, and money, so I passed on his letter to my secretary, asking her to place it in the next batch for examination. I would then tell him something about himself rather than about Abrams.

On May 18, I wrote, *inter alia*, I find you are a male which, no doubt, you will say is obvious, but it was not known to me before I examined your letter. Your potentiality is 20/25 of an ohm, so if you want to live to seventy you will require to take care of yourself. I don't know what your age is, but as you are suffering from arteriosclerosis I should say the late forties or

early fifties. You have not got syphilis—congenital or acquired—no cancer, no tuberculosis, no streptococcal infection. Regarding your racial characteristics you seem to be a queer mixture on which I would not like to take my affidavit. On your father's side you give the reactions for an English Jew with probably a trace of German; on your mother's side Irish and Spanish. This is as close as I can go without a sample of your blood. My secretary said to me, "You are surely not going to send that letter; you will offend the man for life." I replied that he would not be the first that I had offended, and anyone who did not like the truth had better not get into correspondence with me; so the letter went. On May 20 he replied, "Your diagnosis of a queer mixture is quite correct, for I have seven nationalities in my composition, and for this I thank Providence. My dear old master, the late Sir Lauder Brunton, used to say, in the multitude of counsellors there is wisdom; so in the multitude of nationalities there may be some good."

He afterwards sent me a sample of his blood, and on June 7 I wrote, "I have examined your specimen of blood this morning. I find that it gives the male reaction with a potentiality of 22/25 of an ohm; it gives the same racial characteristics as your handwriting with an additional doubtful Portuguese reaction on your mother's side. There is no syphilis—congenital or acquired—no streptococcal or staphylococcal infection, no malignant disease, no tuberculosis, but there is well-marked reaction for arteriosclerosis and also for colisepsis."

On June 8 he replied: "As regards your statement that I am suffering from colisepsis, I have to admit that this has been the case for many years, and has, in consequence, always been a great nuisance in that I am always conscious that the moment I leave myself untreated life becomes a bore."

At the end of May I had a letter from a distinguished man in the political and commercial world, who spends a good part of his time in London. I wrote him that his handwriting gave a reaction for glycosuria, but not for acidosis, and I advised him to see Dr. Cammidge. He was in no hurry to do so as he said he never felt better. However, eventually he did so, and on June 22 Dr. Cammidge wrote me a long letter, from which I cull the following paragraph: "An odd sample of urine which he passed here was found to contain 4.0 per cent of sugar, the whole of which appeared to be dextrose. No acetone or other evidence of acidosis could be found, but there was a very pronounced excess of urobilin, pointing to some disturbance of the functions of the liver. A sample of blood taken two hours after breakfast was found to contain 0.40 per cent of sugar, compared

with the normal of about 0.14 per cent at the same time. An analysis of the patient's alveolar air showed a normal carbon dioxide tension."

The patient consented to go into Dr. Cammidge's home for a fortnight on condition that he was allowed out during the day to transact his business as usual, which was granted. I have since had a very favorable report from Dr. Cammidge. I know that Dr. Cammidge has, financially, done very well out of my handiwork while the only thing which I have ever had has been a little scientific amusement.

At the beginning of June I had some correspondence with a Yorkshire doctor about a case of tuberculosis and on June 7, I thought I would tell him something about himself as well as about his patient. I told him that his handwriting gave a male reaction with a potentiality of 12/25 ohms. The following reactions were absent on both his father's and mother's side: Japanese, Italian, Russian, Jew, Negro, Portuguese, French and German. There was a doubtful trace of Irish on his father's side; English or Scotch on both sides. There was no reaction for staphylococcus, streptococcus or tuberculosis, no syphilis—congenital or acquired—no malignant disease, but there was a reaction for colisepsis and arteriosclerosis.

He took his time to reply, no doubt owing to his submission of my diagnosis to some acid tests. However, on July 25 he wrote, *inter alia*, "I was particularly interested in your diagnosis of my handwriting. There is the mixed English and Scotch which you mention—my mother being Kentish and my father east of Scotland. The reaction for the colon bacillus is also correct, for I had a faecal examination made by the Clinical Research Association, and it was rather marked." He gave other details about his condition, and was rather concerned about the arteriosclerosis, and wished me to prescribe for him.

On August 10, I wrote him: "I have examined your last letter, and I think it is better than the first. It is rather difficult to say whether you more closely resemble your father or your mother, as there is only a difference of 5/25 of an ohm in the two reactions, but your father has it. Your own potentiality has improved to 1.20/25 ohms, so I would recommend any insurance office to accept your life as a good one. The arteriosclerosis reaction is very slight, but the colisepsis is marked." Then follows my directions as to treatment. This is the first case where I have ventured to prescribe on the strength of the handwriting, but then I was dealing with a doctor who can control the treatment.

Abrams' examinations of the blood and handwriting are excel-

lent for diagnosis, and you could not make the 50 to 95 per cent of errors of which we hear so much nowadays. For treatment I prefer to see the patient, as Abrams facetiously says, it is often not so much the kind of disease the patient has got, as the kind of patient the disease has got. In the present day when there is so much trumpet-blowing, and so little action about professional secrecy I think very few will be able to spot the individuals to whom I have referred, and I am submitting my remarks to them for their approval.

I am now going to mention one name, the late Field Marshal Sir Henry Wilson, of whom I have nothing to say but the highest praise. A finer, nobler, or more disinterested patriot I have never known. He was absolutely incapable of any mean or selfish action. I read his handwriting and he said as far as he knew it was correct. When sitting in my garden discussing this and other subjects I told him that he was free from disease of any kind, and he had such good potentiality as would carry him far into the eighties if he were not laid low by an Irish bullet. In a month he was brutally murdered. In his last letter to me written on June 7, he added a foot note: "I am writing this in a breeze of wind off Portland, Bill, so don't take it as a specimen."

It seems to me inexplicable that such a heroic figure and valuable life should not have received necessary protection, owing to the ineptitude of the home office. When in Liverpool a friend said to me, "Why your precautions, there is no danger in Liverpool." I replied that I did not think there was except to the man who might be foolish enough to make an attempt on his life.

The foregoing illustrative cases must suffice for the present. I shall now give a few cases to show the pitfalls into which it is easy to stumble.

At the end of May I invited a distinguished die-hard to meet Sir Henry Wilson at dinner. I told him that his handwriting was not satisfactory and did not exhibit his strong characteristics in their proper light. I asked him to write me another letter. It turned out that the letter which I had examined was a dictated letter written and signed by his secretary. So strongly did he impress his personality in his dictation that the letter gave the male reaction (although the secretary was a female), and some of his national reactions. I told him that his secretary must be a mere automaton, and he agreed with me that that was her proper description. A letter for analysis should be both written and composed by its author. The mere mechanical work of copying out the page of a book won't do.

I accused a lady of trying to palm off her daughter's hand-

writing as her own, as it did not give the tubercular reaction from which she was suffering. She denied the soft impeachment and said that it was really the daughter's handwriting which she wished me to analyze, and that the letter was written and signed by her daughter. Of course, I at once accepted her explanation, but she acknowledged that the letter had been dictated by herself, which no doubt accounted for some of the discrepancies which I had discovered.

I have been told that it is very easy to tell the difference between male and female writing without any apparatus, but I think it is often extremely difficult if you wish to get beyond the region of guesswork. In addition to the ordinary distinctive males and females, we have asexuals, homosexuals, bisexuals, and old women of both sexes.

Regarding racial differences, the matter is comparatively easy so far as the sixteen races or nationalities which Abrams has worked out, the differences between English, Scottish, Welsh, and North of Ireland have got to be determined. The Irish Celt or Iberian is quite distinctive and may be found in all parts of Ireland. It is wonderful how the English and Scottish types in the North of Ireland have been preserved in many families for several centuries. In other cases you get a mixture of English, Scottish, Irish, the French Huguenot, and occasionally Welsh. Sir Henry Wilson told us a good story of an American who boasted that English, Scottish, Welsh, French, Italian, and Spanish blood ran in his veins; an Irishman, who heard him, said: Sir, your mother must have been a great traveler.

Recently I had an opportunity of examining a typical Manx woman who gave the English reactions on both sides, I told her that she was much more like her mother than her father. Her mother, who was present, said I was correct, but wished to know how I found it out. I asked her to listen while I percussed two areas, and tell me which gave the duller note or greater thud; she at once pointed out the female area.

In my experience for easy analysis the writing should be in black ink, written with a broad-pointed pen on white paper, and should not be defaced with blotting paper. It should truly represent the character and mental attitude of the writer, and not be a mere mechanical effort.

The analysis of handwriting follows on the same lines as Abrams' examination of the blood, or a patient—either directly or through a subject. The handwriting of a patient suffering from cancer gives, like the blood, the general cancer reactions, but when you come to details such as localization, the writing is

apt to fail. It has, however, the great advantage over the blood in the permanency of the records.

Abrams' explanation is: "In writing the energy passes from the finger tips to the paper and is there fixed like a mordant with the pencil's graphite, or the pen's ink. In other words, the personality of the individual is transferred to the paper no less certainly than if he were to transfer himself from one place to another. Man is only a compound of his infinitesimal vibrations, and a single vibration is an exact replica of his vibrations taken as a whole."

Abrams' electronic reactions are largely based on his discovery that radio-activity is a universal property of matter, and not confined to the dozen or so elements to which physicists limit it. Abrams uses a much more delicate detector—the human body—than the electroscope employed by physicists. It is only by a process of radio-activity that we can explain the emanations from the blood and handwriting. These electrons or combinations of electrons are of high potential and variable wave-lengths, as they can pass through clothing or even shoe-leather, leap over gaps and overcome variable ohmic resistance. There is also a difference in polarity, as can be easily demonstrated.

I have seen some experiments on the electricity of a candle carried out at the Pilkington Hospital by Dr. John G. Kerr, LL.D.

He established an electric field between two condensers placed about six or eight feet apart, one condenser charged with positive and the other with negative electricity. A lighted candle was placed in the center, and midway between the candle and each condenser a large wax disc. Of the electrons given off by the candle the positive traveled towards the negative plate, and the negative towards the positive plate, but in their passage they were caught on the respective wax discs. After a little, you could prove the presence and polarity of these electrons by carrying a wax disc to an electroscope.

In the same way, the furnace of the human body is constantly giving off electrons which can be easily demonstrated, and also the polarity by bringing the finger tips close to a charged pith-ball. Abrams has shown that the polarity varies with the sexes; the right side is positive and the left negative in the male, and the reverse in the female; the polarity is reversed in homosexuals.

When working out Abrams auto-electronic reactions, I accidentally discovered that the electrons were issuing from all parts of the body. I used to be very careful to place the receiving electrode over the seat of disease, and in cases of general infection over the spleen after that organ had been enlarged by conussing the spines of the seventh cervical and second dorsal verte-

brae. When an assistant was not at hand, I soon found that it was usually sufficient to place the receiving electrode on one of the grounded plates on which the patient stood; in the case of a male on the left foot plate and in that of a female on the right foot plate. On several occasions I was getting the reactions, but as they were coming through feebly I looked to see what was the matter and found the electrode still lying on the dynamizer facing the patient—in these cases the electrons had to cross a gap of eighteen inches.

Professor Whittaker* on the quantum mechanism in the atom has shown that when there is a collision between an atom and an electron the amount of kinetic energy of the electron which is absorbed by the atom is emitted as radiation, but when the kinetic energy of the electron is not sufficient to stimulate the atom to emit radiation it is merely repelled from the atom without any loss of energy. "There are two kinds of force which are capable of acting on an electron—electric force and magnetic force. . . . Motion through a field of electric force affects the kinetic energy of the electron, while motion through a field of magnetic force deflects its direction of motion without altering its energy."

He concluded a lengthy argument "that the electron as it approaches the atom, induces within the atom a magnetic current, i. e., the magnetic analogy of an electric current; or at any rate induces something which behaves like a magnetic current."

All Abrams' electronic observations are carried out in a magnetic field. The patient or the subject stand on two separately grounded metallic plates, and faces due west. The necessity for this position can be easily demonstrated by anyone when percussing out the area of the heart. In this position it is very easy to map out the deep area, as you get a greater area of dullness than when the patient faces any other point of the compass. When you have mapped out the deep area, turn the patient to the magnetic north and the dull area materially diminishes; then short-circuit the patient by bringing the patient's two feet close together, which further reduces the dull area, and when in addition he brings the finger tips of both hands together the dull area almost disappears.

It is not really the heart's area which disappears, but the percussion note which alters. For the determination of polarity I often use a large single metal plate of a superficies of four square feet, on which I can turn the patient to any point of the compass. You should use finger—finger percussion, and it is a

* Proceedings of the Royal Society of Edinburgh, Vol. XLII, Part II, pp. 129-256.

great advantage to have the end of the pleximetric finger encircled with a band of insulating tape, which prevents the diffusion of the percussion note, and renders resonance or dullness more definite.

For the practice of Abrams' methods in my opinion, an acute sense of hearing and a delicate sense of touch are essential. Moreover, the man who only sees with his eyes, hears with his ears, and feels with his fingers, and not with his understanding is a poor mortal who may go through life without enjoying the beauties and harmonies of Nature. Good sight is an advantage, but is not essential, which is important when at least a third of the population have defective vision in more senses than one.

For the examination of the blood or handwriting, you must have a subject or medium—male or female. Abrams won't use a red-haired subject on account of the polarity of such being easily reversed. A young, thin subject with good reflexes, including the vaso-motor system, is best. A myxoedematous individual is useless.

Too many and prolonged examinations exhaust the reflexes, and on such occasions the subject should be changed.

Abrams' Diagnostic Instruments

1. **The Dynamizer** is a small box with aluminum fittings, grounded at both ends by two wires connected with gas or water-pipes. In this box is placed the specimen of depolarized blood or handwriting to be examined. It is connected with the rheostat and is supposed to intensify the radiations in their passage. Just as the voice can be heard along a copper wire, but for long-distance speaking a battery must be placed in the circuit, so the magnetic influence of the earth seems to intensify these vibrations.

The blood and handwriting must be depolarized by a horse-shoe magnet before being placed in the dynamizer, and the dynamizer should be depolarized after every time it is used.

I frequently put the specimen of blood or handwriting in a black envelope which is laid on a separately grounded plate, covered with a large electrode, and this is connected with both poles of the dynamizer by a bifurcated insulated wire. This eliminates the personal equation, as you do not know what you are examining, but it is a more severe test, as the radiations have to pass through the envelope and overcome the additional resistance of seven feet of wire.

The Rheostat or Ohm-meter is a specially graduated resistance coil, the first ohm is divided into twenty-five divisions, then ten single ohms, and finally five graduations of ten ohms each,

so you can have a total resistance of sixty-one ohms. Abrams uses higher resistances in some paternity cases, and this can be easily attained by an additional ohm-meter.

Rheostatic Dynamizer is an apparatus for intensifying the splanchno-vascular pulmo-diagnostic, and entero-diagnostic reactions.

I don't use this instrument for the simple reason that it is a new invention and I have not yet got one. However, I have not yet felt the want of it.

He has also a **measuring rheostat** for determining potentiality; this is also a very recent invention, only appearing last June. I have no doubt it will be very valuable in localization of disease and in prognosis.

Electrodes—These are of various sizes. The receiving electrode for conveying the energy to the rheostat is usually large, but in localization it must be small; the distal electrode which conveys the energy to the subject at the splanchno-vascular, pulmo-diagnostic, and entero-diagnostic sites does not exceed one inch and a quarter in diameter. It should be held very close to but not touching the skin; hence, I have a small India-rubber ring of a quarter of an inch thick glued on the center of it.

Compass, Magnets, Pith-balls, Glass and Vulcanite Rods, Metallic Plates, etc.—One can determine the points of the compass by percussing out the deep area of the heart, but a good deal of time and trouble is saved by the possession of a reliable compass; as in Abrams' observations, the subject or patient, or both, should face true west. In this country, at present the magnetic meridian runs sixteen degrees west of north, and this is easily corrected with the compass.

I have spoken of the use of the horseshoe magnet, but for determining polarity you should also possess a six-inch bar magnet.

Every disease has not only its own vibrating rate, but also its polarity; e. g., in a case of cancer you get certain dull areas up to the potentiality of the disease, and at its particular vibratory rate when the patient is grounded and facing due west, but if you get an assistant to hold the south pole of a bar magnet about four inches from the dull area, or turn the patient south, the dullness disappears, thus proving that the polarity of cancer is positive.

The Pith-ball when charged with static electricity can be used for determining polarity, mapping out the areas of organs, the dull areas in diseases, and certain cerebral centers, but it must be recollected that even touching a hair is sufficient to discharge

it, and at the best the movements are slight, so it is not a good agent for demonstrative purposes.

Glass, Vulcanite, and Sealing-wax Rods when electrically charged and passed over the dull areas in diseases have a certain amount of stickiness which is easily detected both by the manipulator and the medium. Personally, I prefer to trust my hearing in mapping out these areas, but the charged rod is a valuable corroborative agent. If the medium or patient be a hairy subject, it is well to have the skin shaved first.

Plates—The grounded plates on which the patient stands facing west may be made of any metal. Abrams formerly used aluminum; he now prefers iron.

Conducting Material—Abrams makes his subject stand in slippers which have metal rivets through the soles, but this is really not necessary; he or she can stand in ordinary leather boots, provided that there be no insulating rubber on the soles. Electrons fly through most materials without any loss of energy. Abrams uses standard electric insulated wires of seven feet. These wires should be occasionally tested by placing them in an electric light circuit.

The Percussophone gives a musical tone to the percussion note, and this assists in the differentiation of little differences in sound. I have got it, but seldom or never find its use necessary.

Sex—In the analysis of blood or handwriting the first question to be settled is the sex, and often this is not quite so easy as it might seem. There are four sex areas—two in the supraspinous areas, and two in the abdomen, one on either side rather within the nipple lines and about the level of the anterior superior iliac spines. The left side represents the male and the right the female. The vibratory rates or resistance on the rheostat forces are 9 and 49 ohms. If there be any fear that the sex reaction may be reversed, try 13 ohms. In bisexuals you get dullness in both sides, but you can measure the sex predominance.

Race—The sex areas are used for determining race, but of course at different vibrating rates. Abrams has differentiated sixteen races. These or any combination thereof are easily enough determined, but there are many races yet to be defined, and many differences between closely allied nationalities to be determined.

There does not seem to be any such thing as an American race, but merely a conglomeration of all the nationalities of Europe with the jaw of the American Squaw. They have not assimilated, nor do they intend to, the yellow and black races.

Disease—The diagnosis of disease from a specimen of blood,

or handwriting is often a laborious process unless it be one of the common diseases, or you have got some clinical history to put you on the right scent. I cannot go over all the ills to which flesh is heir, so I shall just take cancer as an example. In the pulmo-diagnostic reaction you get a dull oval area in the left inter-scapular area and involving the inner margin of the scapular below the spine, about three inches long by two inches wide. In the splanchno-vascular reaction you get a dull area at the level of the umbilicus about five inches transversely and two deep. In the entero-diagnostic reaction you get a dull area of about four square inches, with the navel as the center. These dull areas are found from zero up to the potentiality of the diseases, and, at the specific vibratory rates of 30 and 50. When the potentiality exceeds 18 ohms it is inoperable. When you get a reaction at 56, metastases have taken, or are taking place. There are other different rates for localization into which we need not here enter.

If this paper excites more than the curiosity of your readers, I would strongly recommend those interested in the truth, and in the advancement of scientific medicine to spend a lengthy holiday with Albert Abrams in San Francisco. Dr. Mather Thomson is quite competent to teach Abrams' methods, but whether he could be induced to open a clinic in London or not I cannot say. Personally, I have ceased teaching medicine for some years, and I have not the most remote intention of resuming that wearisome task.

I have watched the gradual evolution of Abrams' work during the last twenty years. It was through me that he attended the meeting of the British Medical Association in Liverpool in 1912, and the following year he dedicated one of his books to me. Thus, much mutual respect and esteem have grown up between us, and to this extent I may be considered—in legal phraseology—a prejudiced witness, but I don't think that I am. There are many points on which we do not see eye to eye, and on which we have agreed to differ.

I have tried to induce him, but so far without avail, to pay another visit to this country this autumn. I promised him a good reception, notwithstanding the journals of the American and British Medical Associations, from those who are not bound in the shackles of tradition, and who still hold to the shibboleth, *magna est veritas, et prevalebit*.

Man may be, and no doubt is a mighty mass of electrons and of vibrations of varied potentialities and wave-lengths, but after all there is something behind and beyond all this, the vital spark, the spirit of the man, something which, as Bergson says, enters

and controls matter, but when the dissolution of the inert matter takes place what becomes of the controlling agency, whence do we come, and whither do we go? Man may leave his personality so indelibly stamped on paper and on canvas that centuries may not be able to wipe out those imprints, but it takes something more than a combination of electrons to diagnose what manner of man he was.

Liverpool, August, 1922.

[The following is an introduction written by Oliver Wendell Holmes to a proposed book by Edward Bok, descriptive of his autograph collection. The book was never written and introduction never used. Extracted from "The Americanization of Edward Bok, page 207.

"An autograph of a distinguished personage means more to an imaginative person than a prosaic looker-on dreams of. Along these lines ran the consciousness and the guiding will of Napoleon or Washington, of Milton or Goethe. His breath warmed the sheet of paper which you have before you. The microscope will show you the trail of flattened particles left by the tessellated epidermis of his hand as it swept along the manuscript. Nay, if we had but the right developing fluid to flow over it, the surface of the sheet would offer you his photograph as the light pictured it at the instant of writing."—Editor.]

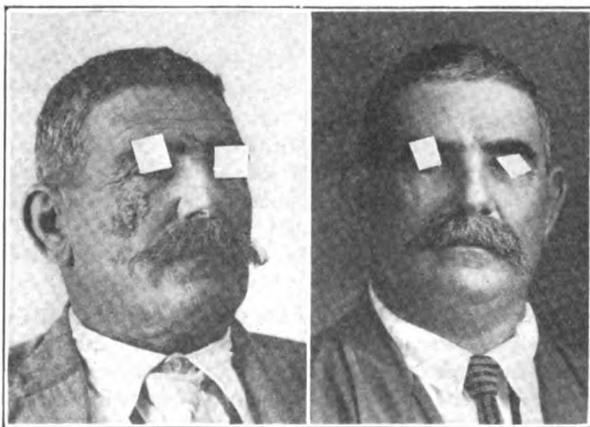


Fig. 2—Photographs of cancer on the cheek treated by the oscillo-clast. The patient had submitted to two operations, but the tumor recurred after each operation. No. 1 was taken before and No. 2 100 days after treatment was discontinued.

[These pictures were furnished by Dr. F. Vazquez Gomez, San Antonio, Texas. Dr. Gomez was formerly Professor of Surgical Pathology, University of Mexico; President National Academy of Medicine; Minister of Public Instruction, and for many years private physician to Diaz, former President of Mexico.]

CREATION

“Query”

Softly the moonlight shines, its silver light reflected
 From the Pacific's silent broad expanse.
 Softly the starlight falls onto the mother's bosom
 Nor causing a single ripple to rise on her silent breast.

I see the beauty of silver
 Reflected in green ocean water
 Bending the ray of light with every swell of the waves,
 A myriad of glistening facets
 Dance in enchanting confusion,
 Displaying a mirrored surface to my admiring eye.

God, art Thou maker of oceans?
 God, art Thou maker of moons?
 And is the silvered surface
 The mirror employed by the stars?
 And are the shimmering waters
 Here on the swell of the waves
 A creative response to your love, God,
 Creating a force that creates?

I see that the moon has a cross, God,
 Has he sorrows to bear like a man?
 And the myriad of glistening lights, God,
 Are they tears that are caused by his pain?
 Solve me the riddle of play, God,
 Twixt the moon and the stars and the sea.
 I would know how it all came about, God,
 For it truly bewilders me.

“Answer”

Softly the answer cometh
 Out of the silent night
 As I strive to attune my being
 To the silvery, shimmering light.
 There is not a drop of the water
 In the wide expanse of the sea,
 Nor a single ray of the moonlight
 But owes its being to me.
 For I am the law of Creation

And have been from beginning of time,
And the things that I made
Are the things that made me
The force you consider sublime.

The forgotten past of the story
May sound rather startling to man,
And may not meet your conception
As to just how the task was done,
So just be prepared to follow
The things that I now shall reveal.
For the things that you knew
Are lamentably few,
And the things I shall tell you are real.

Conceive me a nebulous nothing
At rest in subliminal peace
Until pressure without on the nothing within
Awakened a conscious ease.
Conceive me reacting to pressure
With force from within on without,
So that a rhythmic vibration
Is born in the nebulous cloud.

For eons of years it continues,
This pulsating conscious ease.
No self appears through eons of years,
Just wave-lengths of different degrees.

Thus came the nebulous nothing
To be changed to a tenuous I
To store up force in my innermost source
And acquire an ego, thereby,
And when after eons of motion
There followed the eons of rest
And I wakened again in my labor pain
I was nursing the I at my breast.

—Herman E. S. Chayes, 1922.

[Dr. Chayes is one of the world's foremost dentists. He is one of the active participants in the contemplated New York College of Electronic Medicine.]

CAN DISEASE BE CURED BY VIBRATIONS?

By Annie Riley Hale, in *Physical Culture*, November, 1922

(From *Who's Who in America*, 1922.)

"Albert Abrams, physician, B. at San Francisco, Dec. 8, 1863; s. Marcus and Rachel (Leavy) Abrams; M. D. Univ. Heidelberg, 1882; A. M. Portland Univ. LL.D. 1892; post-graduate courses in London, Berlin, Paris, and Vienna; m. Jeanne Roth of San Francisco, Nov. 25, 1897; 2nd Blanche Schwabacher, Sept. 28, 1915; Prof. Pathology Cooper Med. Coll. 1893-98; president of Emanuel Polyclinic since 1904; Fellow of the Royal Microscopic Soc.; president of San Francisco Medico-Chirurgical Soc. in 1893; vice-pres. Calif. State Med. Soc., in 1889. Author *Synopsis of Morbid Renal Secretions*, 1892; *Manual of Clinical Diagnosis*, 1894; *Consumption—its Causes and Prevention*, 1895; *Transactions of the Antiseptic Club*, 1896; *Scattered Leaves of a Physician's Diary*, 1900; *Diseases of the Heart*; *Nervous Break-Down*, 1901; *The Blues*, 1904; *Diseases of the Lungs*, 1905; *Self-Poisoning, Diagnostic Therapeutics*, 1909; *Spinal Therapeutics*, 1909; *New Concepts in Diagnosis and Treatment—Spondylotherapy*, 1910. Founder of Spondylotherapy, and Honorary Pres. of the Amer. Assn. for the Study of Spondylotherapy; President of the Amer. Assn. for the Study of Psycho-Physical Research; discoverer of Abrams' Reflexes, and the Electronic Reactions of Abrams—E R A. Clubs: Authors' (London), and Argonaut, San Francisco. Address: 2151 Sacramento Street, San Francisco."

To a casual reader of this biographic sketch, Dr. Albert Abrams of San Francisco would appear a medical personage of rather unusual attainments, with all the outward insignia of a practitioner of the straightest "regular" pattern. But the casual reader who chanced on a copy of the journal of the American Medical Association for March 25, 1922, and struggled through the two pages of cheap satire in which that journal purported to give its readers some account of Abrams and his new E R A (Electronic Reactions of Abrams), might well have been pardoned for adjudging him not only the "prince of quacks" and charlatans, but the arch-enemy of the medical profession. For, by way of lending a peculiar flavor of malevolence and studied insult to the A. M. A.'s review of Dr. Abrams and his work, it is carried in that portion of the Journal regularly devoted to the exposure of "quacks" and pretenders of all sorts, which is known as its "Propaganda for Reform."

Under this caption we find the following explanatory note: "In this department appear reports of the Journal's Bureau of Investigation, of the Council on Pharmacy and Chemistry, and of the Association Laboratory, together with other general material of an informative nature." A cursory explanation of a number of issues shows this "department" occupying from one to two pages of the Journal, and ordinarily covering several "exposures" of hapless offenders against medical ethical law. A

closer perusal of these cases shows their offenses falling under three principal heads: (1) Dispensing drugs under some other name than that bestowed upon them by the Association's "Council on Pharmacy and Chemistry"—mayhap infringing the copyright of the "Association's Laboratory"; (2) advertising these misnamed concoctions through other channels of publicity than the "regular" medical journals; (3, and most damnable of all), selling these "quack" remedies directly to the laity, instead of through the laity's middlemen—the doctors and pharmacists.

In order to properly appreciate the fine ethical distinction between drug-mongers of the regular and the irregular type, one needs only one glance through the classified ads of any "reputable" medical journal—the journal of the American Medical Association, for example. Here one finds alluringly displayed every deadly and worthless nostrum, from the destructive neosalvarsan, antitoxins, and radium salts, to the worse-than-useless scalp tonics, hay-fever specifics, and mechanical appliances of alleged therapeutic value. And this isn't a tithe of the story. The United States Department of Commerce reports \$400,000,000 worth of drug products manufactured in this country in 1921; and this in the face of the fact that the more enlightened and successful practitioners—even of the "regular" school—have repudiated the use of drugs entirely.

Dr. William Osler, accounted the greatest medical authority of his time in the English-speaking countries, on page 57 of his latest work on "Modern Medicine," says: "The new school does not feel under obligation to give any medicines whatever, while a generation ago not only could few physicians have held their practice unless they did, but few would have thought it safe or scientific.

"Of course, there are still many cases where the patient, or the patient's friends must be humored by administering medicine, or alleged medicine, where it is not needed, except where the buoyancy of mind, the real curative agent, can only be created by making him wait hopefully for the expected action of the medicine, and some physicians still cannot unlearn their old training.

"But the change is great. The modern treatment of disease relies very greatly on the old 'natural methods'—on diet, exercise, bathing and massage; in giving the natural forces the fullest scope by easy and thorough nutrition, increased flow of blood, and removal of obstructions to the excretory system or the circulation in the tissues. . . . There was but one conclusion to draw—that most drugs had no effect whatever on the diseases for which they were administered."

We are constrained to think, however, that the "new school"

of medical practitioners—of which Dr. Osler is a leading figure—constitutes only a saving remnant of the “regulars,” since few of those know or care anything about a chemically balanced diet; while the huge consumption of drugs still going on in the United States can hardly be charged for the most part to “quack” prescriptionists, especially as the worst “quacks” in the allopathic view are the drugless men—osteopaths, chiropractors, and naturopaths.

Additional light is shed on this subject by a writer in the current September number of Hearst's International Magazine, Dr. Paul H. De Kruif, who in the first of a series of articles on “Doctors and Drug-mongers,” tells us—among other things—that drug remedies have grown in the past thirty years from twenty-six hundred to forty-five hundred. “If only a small number of this great array of balsams really cured disease,” says Dr. De Kruif, the case wouldn't be so bad; but he affirms that “not more than fifty drugs can relieve pain and soften symptoms, while the definitely curative ones are not more than a dozen,” and leaves us wondering about the “definitely curative dozen” when he appends the sorrowful admission: “Despite the great advances that have been made in knowledge of the cause and prevention of various diseases, the actual cure of most of them remains a mystery.”

We do not know De Kruif's other claims to distinction and credibility, but by this token we are apprised that he is a loyal “regular,” acutely jealous of the dignity and honor of the profession; since there is no more infallible sign of regularity than to speak of “the great advances in knowledge of the cause and prevention of disease” which have been attained by modern “medical science.” It always sets us impertinent laymen to wondering what the medical profession do with their vast fund of “scientific” knowledge if they can't cure disease with it. So far as we can observe, they seem to use it chiefly in sorting out and naming the various ills that flesh is heir to, as the ponderous array of medical nomenclature certainly argues knowledge of some sort out of the ordinary great familiarity with dead languages, at least.

But if the value of this assorting and naming—commonly known as “diagnosis”—is to be gauged by its accuracy, then the healing art by “regular” methods still seems to fall outside the category of applied sciences, since upon the testimony of expert clinicians, not much over half of medical diagnoses are correct.

A statement of this sort was given out before the assembled A. M. A. (in St. Louis, as I recall) not so long ago, by Richard C. Cabot, Professor of Medicine in Harvard Medical School and

chief of staff at the Massachusetts General Hospital, who said it was based on findings in post-mortem examinations at that hospital. Still we may reflect, the 49 per cent of dead ones, whose ailments had not been correctly labeled—according to Dr. Cabot—were no worse off than the 51 per cent, whose autopsies confirmed the doctors' guesses; and the same is doubtless true of those patients who escaped the mortuary findings, who emerged by the front instead of the rear exit of the hospital. Nature restored as many of them as she could, in spite of the doctors, and regardless of their diagnoses.

But let us return for a brief space to Dr. Paul De Kruif and his "drug-mongers." He gives further proof of his "regularity" by laying the gravamen of responsibility for the abuse of which he complains to the competitive greed of drug manufacturers. These, he charges, have multiplied drug concoctions and extended pharmacopoeias ad infinitum by endowing one staple drug with "a glittering array of aliases, differing only in the fancy names, and in the price, which is almost always much higher than the staple drug." He illustrates with what he is pleased to call "the meritorious laxative" save those found in fruits, vegetables, and whole grains; but even the more enlightened and progressive allopaths hesitate these days to prescribe cathartic medicines, knowing their paralyzing and harmful effects. This seems to brand the author of "Doctors and Drug-mongers" as not only very "regular," but "100 per cent conservative." He describes "ichthyol," however, as a worthless, malodorous unguent, derived from the fossil remains of fish, and first used by Tyrolean peasants, who thought it must have curative power because of its foul smell. Finally, he says, "it made its way from a folk-lore status to the dignity of official use," and after "ichthyol works" sprang up in Germany and elsewhere, "the medical journals were filled with solemn treatises extolling its virtues, and recommending it for everything from mumps, measles and eczema, to tuberculosis and typhoid fever."

Dr. De Kruif deplors the fact that in this matter of drug imposition, "doctors in general are just as gullible as laymen"; and he excuses the druggist for enacting "the passive role of distributors, and giving doctors and the public what they want," by saying, "if they took up the banners of reform, they would go on the rocks financially." He doesn't tell us what would happen to the doctors if they gave up their "gullibility," but he issues a rallying call to them in conclusion in language charged with burning devotion to the cause: "The medical profession just now," says Dr. De Kruif, "is under fire from a pack of quacks and rogues. It knows that its use to the nation is great, and that

the Camorra of chiropractors, faith-healers, and quackish rascals, are parasites on our citizens. But its battle against cults and 'isms' and quackery could be waged more strongly were the profession to clean its own house."

It is comforting, of course, to be assured that the medical profession "knows its great use to the nation," but like so much of its profound knowledge, it hasn't much practical significance for us; we don't seem to be able somehow to translate any of it into actual benefits. If with all its accumulation of scientific knowledge—inherited and acquired—the medical profession is still unable to prevent, cure, or even correctly name disease, according to its own expert witnesses; and since—as now appears upon the same testimony—it cannot protect us from being poisoned and swindled by conscienceless drug-mongers, because of some inherent "gullibility," against which we had always supposed superior knowledge provided a special safeguard; then, argues this stupid lay intelligence, we can't figure out the particular helpful role which the medical profession plays in the community.

"Ah, but," say its defenders and champions, "it protects us against the quacks, and those mischievous, predatory cults, which lurk at every corner to pounce upon the unwary, unsuspecting layman." To be sure! The medical fraternity protects us from the quacks. How stupid of us to forget that great benefit! If you doubt this, you have only to scan the pages of its "official organ," the journal of the A. M. A., to see how mercilessly the medical sleuths hunt down and ferret out their feeble imitators and humble competitors, the patent-medicine men, and hold them up to scorn in the columns of the "Propaganda for Reform."

But all these petty offenders, together with the manipulative, physical, and psychic "cults," sink into insignificance when a capital offender like Dr. Abrams of San Francisco looms into view. Extra space and inquisitorial finesse are devoted to the exposition of his crimes; and in the March, April, and June issues of the "Journal," the Reform Propagandists—with the vindictiveness of the Thin Woman toward her husband in Stephens' "Crock of Gold"—have done their utmost to "hold him up to the blushes of eternity." The excuse put forward in the preamble for publishing all this "informative material" about Dr. Abrams and his new discovery, is that the Propaganda for Reform Department had received many letters of inquiry from physicians, begging for more light on the subject. Some of these letters are quoted, and for the benefit of the lay public who may not read the "Journal," yet who may be interested to note the attitude and tone of members of the A. M. A. toward a respected confrere—

who is threatening their "food preserves"—I will reproduce a few of them here:

An Ohio doctor writes, "Please give me some information concerning Dr. Abrams and his diagnostic and therapeutic devices known as reflexophone and oscilloclast. If this is published, please withhold my name." (This sounds like typical M. D. courage.)

From Massachusetts a "worried" M. D. asks: "Can you give me any information concerning Dr. (?) San Francisco, Cal., who reports himself able to diagnose syphilis from a drop of blood sent him on blotting paper? He has caused a patient of mine a great deal of needless worry." (And no doubt caused the doctor more worry than the patient.)

This from a R. I. physician, is what the editor of the Propaganda for Reform Department calls a "facetious" communication: "I am interested to know of the 'Reactions of Abrams.' Have you any information regarding this matter? They apparently do wonderful things in the West." This may be perfectly good facetiae from the medical viewpoint, but to us it carries a flavor of sectional Eastern jealousy.)

We sense a jealous note also in this from a New York M. D.: "Today I had occasion to see a patient who said he had had an Abrams test for gonorrhoeal infection, and expressed a wish for the Abrams treatment. Could you enlighten me as to what this is? I thought I'd kept myself up to date as to all new tests and treatments in my line, but evidently I have been delinquent." (Very likely.)

Replying to all these medical seekers after Abrams' truth, the Reform Propagandists of the A. M. A. list after Dr. Abrams' name his various degrees—A. M., M. D., LL.D., F. R. M. S.; and the high points in his work—"Spondylotherapy," "Electronic Reactions," the "Oscilloclast," and the "Electro-bioscope"; the last-named apparently for purposes of derision. They then note that "He is a member of his local medical society, and through that holds fellowship in the A. M. A."—politely ignoring all his other titles and honorary positions. (New York papers last spring carried a news dispatch to the effect that Abrams has resigned from the A. M. A., following its attack upon him.) The Reformers relate that "Dr. Abrams has written voluminously," and concede him the very doubtful honor, in their view, of being the originator of Spondylotherapy (Gr. Spondylos, vertebra, and therapeia, treatment), quoting in connection therewith the extract from their review of his book on the subject published in 1910: "One wonders whether this is an attempt to explain Osteopathy and Chiropractic to the understanding of the regular practitioner; or

to exploit the very ingenious devices of the author; or whether it is really true that medical men know practically nothing about the cure of disease through treatment of the spine. Let us hope that it is the latter, and that a careful study of his unique volume may open new avenues of therapy heretofore undreamed of."

It is quite evident that the concluding lines of this "review" were meant to be deeply sarcastic; and the Abrams publisher may be pardoned, we think, for turning it against the reviewers by isolating the latter part and running it as "a straight ad" for the book; although the A. M. A. critics complain bitterly of the bad faith in the "garbled quotation." And they "wondered if the book were an attempt to explain Osteopathy and Chiropractic to the regular practitioner." But for the fact that the medical profession spends most of its time "wondering" and deliberating—while their patients languish and die—we might wonder why the A. M. A. reviewers of Abrams' work on Spondylotherapy should seek to make a mystery of what the author himself makes a frank acknowledgment in the preface, namely, that the book was designed to furnish a scientific explanation of the good results obtained in Chiropractic and Osteopathic practice. And Abrams warns his medical colleagues: "Neither the fury of tongue nor the truculence of pen can gainsay the confidence which these systems of practice have inspired in the community. . . . Right or wrong in their theory, they are, in vulgar parlance, 'delivering the goods.' Spondylotherapy was a product of necessity—the translation of an ignored field of medicine from a chaotic, to a scientific basis."

This particular field of spinal therapeutics developed by Abrams which he called "spondylotherapy," is a system of visceral reflexes obtained by manipulation or percussion of the vertebrae, and rests on the principle that practically every organ of the body has governing centers in the spinal cord, and when these centers are stimulated by palpation, manipulation, or percussion, the organs can be made to contract or dilate. Abrams devoted many years of his life to painstaking experiments and study of these reflexes in clinical observation, using not only his hands, but certain mechanical devices in his experiments. He further describes "this phase of medicine, as clinical physiology," making the human, instead of the animal physiology the basis of his calculations; and he declares "the excitation of the functional centers of the spinal cord by different methods, may be executed and demonstrated with the same certainty in the living subject, as is done by the vivisectional experimentalist"—and this at least, we think, should claim the attention of the anti-vivisectionists.

Before the "Abrams' Reflexes," as they were called, became

associated in the medical mind with the despised systems of Osteopathy and Chiropractic, many "regular" practitioners made use of them in their work to good effect; and it was his own finely trained and acute perception of these visceral nerve reflexes, which enabled Abrams to develop his latest method of diagnosis and treatment known as "E R A"—the "Electronic Reactions of Abrams," after other physical scientists—Professor Thomson and Sir William Bragg (England), Professor Millikan (University of Chicago), and others, had demonstrated that the ultimate particle of matter is not the atom, but the electron, many million times smaller than the atom.

Since it is with great difficulty that the non-scientific mind is able to follow the activities of the atom, we shall not attempt to keep very close tab in its infinitesimal component parts—the electrons, as they whirl in perpetual motion inside the atoms, giving off radio-activity in their whirlings, according to the latest scientific advices. We are content to accept the scientific findings insofar as they may be vindicated by practical results of proven benefit to the human race.

This earnest and energetic investigator, Dr. Albert Abrams of San Francisco claims to have discovered a method for catching and measuring the radio-activity of electrons in a way to determine the different "vibration rates" of disease germs and tissues; and with the aid of certain electrical appliances, notably the rheostat, a contrivance of his own devising for registering the vibrations, an electrode, and a human "subject," to be able to diagnose the disease from a few drops of the patient's blood on a piece of blotting paper, which is enclosed in a small box electrically connected with the rheostat, which is in turn connected with the body of the "subject" by means of the electrode. By means of another electrical device, called the "oscilloclast," Abrams claims to generate the same vibration rate as that yielded by the disease to be treated, and by turning it against the disease rate to destroy it—much on the old homeopathic principle of administering drugs—"similia similibus curantur."

As to the accuracy of the diagnosis based on Electronic Reactions, of which there have been about fifteen thousand to date, there seems to be a number of credible witnesses—both lay and professional—all of whom testify to their being 100 per cent accurate. (This in itself is sufficient to arouse the professional wrath of the diagnosticians whose findings register only 50 per cent accurate, and the acrimony of the "Reform Propagandists" is readily understandable.) The effectiveness of the "oscilloclast" in matching and destroying the disease "vibrations," also appears to have scored some triumphs in a number of reported "cures" in

cases treated by it. But as this is true of every therapy ever yet heralded to the world, we refuse to be stampeded into premature enthusiasm as to its curative value.

From all that we can learn about him from disinterested sources, including a study of his own writings, we believe Dr. Abrams endowed with the true spirit of scientific inquiry, which has in it—in its beginnings at least—much of the wholesome curiosity of the child; and we note something of the naïveté of the child in Abrams' thinking his medical colleagues might like to have a scientific explanation of Chiropractic and Osteopathy. The scientific spirit, however, is not necessarily the humanitarian spirit, nor the compassionate spirit—as witness the torture of helpless animals, not to mention human beings, by the "medical scientists." One of Abrams' eulogists describes him as an incarnation of Nietzsche's phrase about "the human soul which hungers for knowledge as the lion for his food"; but who of us would expect compassion from a hungry lion!

Neither is the true scientist more likely to be unselfish and disinterested than ordinary folk, who are not unselfish nor disinterested at all. It need not surprise nor shock any one, therefore, to hear that Dr. Abrams charges good round sums for the clinical courses in his new therapy which he is giving to members of his profession, and for the electrical devices employed in the treatment; nor does that fact in anywise detract from the scientific value of his discoveries. The doctors who are paying for the courses and the instruments will, we may be sure, "get it all back" from their patients, who, if they are cured of their ailments, will not begrudge the outlay; and if it shall prove as futile for cure as other medical discoveries of the past, they will have the consolation of knowing they have been no worse cheated than usual.

Certain it is, that the number of doctors who will take the Abrams' courses and invest in "oscilloclasts," will be determined entirely by the popular response to the ERA theory; as any therapy which promises to provide a livelihood for any considerable number of doctors is sure to find a large and ready acceptance by "the profession." Witness the professional "gullibility" in regard to the efficacy of cheap and filthy vaccines, serums, and anti-toxins. Quite naturally, the A. M. A. critics of Abrams are highly scandalized by the report that he takes money for his instruction and instruments; and they announce with ghoulish glee that, "the Ohio concern advertising his course, and which seems to make a specialty of advertising campaigns for those members of the medical profession who have unusual or bizarre methods to exploit, called attention to the fact that no class (sic!)

were so busy as those employing mechanical treatment, such as osteopaths, chiropractors, and mechano-therapists."

Aha! Dr. Abrams caught red-handed affiliating with the manipulative cults, and to fasten the stigma more securely the Reform Propagandists quote the extract from his preface cited elsewhere in this article. But this, it appears, is the least of his sins. Note this, broadside, delivered with biting irony: "Dr. Abrams (while admitting the protective factor of vaccination against smallpox) has discovered that practically all the vaccines obtained from reliable firms yield the **reaction of congenital syphilis; and that many of them also yield the reaction of tuberculosis, of streptococci, etc. Further, that even from the scars of all vaccinated persons one can always elicit a reaction of congenital syphilis, and in early scars a tuberculous reaction.**"

(The words in black type are specially designed to catch the eye of parents of school children.)

Nor is this all of the Abrams' offenses. He has demonstrated that "drugs have a vibratory rate, which can be duplicated by the 'oscilloclast,' and this in turn substituted for the drug."

Another observer and writer of Dr. Abrams' work, says "his discoveries will render unnecessary nine-tenths of present surgical operations." And now the Abrams "cup of iniquity" seems to be full. A "regular" with such irregular tendencies, whose "unusual and bizarre methods" threaten to wipe out with one fell stroke, vaccination fees, surgical fees, and drug stores—which divide honors with delicatessen shops in keeping the doctors supplied with patients—cannot hope to escape the vengeful displeasure of the medical "dispossessed." Dr. Abrams is doomed, and not even the powerful endorsement and friendship of Sir James Barr (president of the British Medical Association) can save him from the combined A. M. A. wrath to come.

And now having shown our willingness to be fair to Dr. Abrams; and having also made it clear, I trust, that "we love him for the enemies he has made" in the A. M. A., we may be permitted to express a judicial opinion as to the value of his discoveries for the sick world which leans on doctors:

First, the diagnostic value of the E R A, which probably stands in the forefront of Abrams' achievements in the medical view, does not appeal so strongly to us nature-curists, who have never been so much concerned about naming, as about curing, disease; and who, believing that all disorders arising within the body have primarily the same cause, and should receive pretty much the same treatment, do not regard the diagnosis as of primary importance in the cure.

Second, the curative virtue of combating disease vibrations

with similar vibrations from the "oscilloclast," still hangs in the balance of unproven verities, for us. It may be true, but it sounds suspiciously like that old phagocyte battle of the germs; and the dread of some disturbing complication like the "opsonic index"—as for instance, if the vibrations shouldn't happen to match—gives us pause, and we "reserve judgment" on the oscilloclast. The most important Abrams finding, in our view, is the syphilitic and tuberculous nature of vaccine virus; and this despite the fact that one of his expositors and spokesmen warns the anti-vaccinationists not to rejoice too soon, as "Dr. Abrams still favors vaccination, only he would purify the virus by exposing it for ten minutes to a blue light to destroy the syphilitic and streptococci infection, and to a yellow light to destroy the tuberculous reaction."

Anti-vaccinationists, however, are very much more interested in the finding than in the finder in this case; since truth is sufficient "authority" for us, and it does not greatly surprise us that Dr. Abrams, being sixty years old and a medically trained man, cannot lightly shed some of his old traditions.

We are content, therefore, to know that the E R A has turned the white light of truth on the real character of this filthy vaccine virus, and we shall redouble our efforts to keep it out of the venous circulation of our fellow-creatures—especially young children.

And we wish that some hand might be found strong enough to turn the great white light of publicity on the sinister organization which has enacted compulsory vaccination laws, and is affixing to the outer walls of school buildings, at this season, that "no child will be admitted who cannot exhibit a certificate of vaccination."

[The foregoing unsolicited publication is a laic interpretation of the screed to which reference is made. Reference is also made to Dr. De Kruif. It has come to the writer's knowledge that he is to "explain" "Abrams' Methods" in an early issue of Hearst's International. How thorough his investigations were may be gleaned from the fact that he devoted just thirty minutes of his valuable time in conversation in the Abrams' Laboratory. He would not permit, despite urgent persuasion, any demonstrations by Abrams. In this sense he will be like the reviewer who never read a book before he reviewed it; otherwise, he might be prejudiced.]

It is beyond belief that the Rockefeller Foundation, with which this individual is associated, should permit such perverted and prejudiced "investigations." There is always consolation in "Magna est veritas, et prevalebit."]

ELECTRONIC MEDICINE

Potentiality of Energy—Measurements by several physicians of the same specimen of blood do not always coincide. One reason for this is apparent. Ohmage is dependent on temperature and **increases** with the temperature. The resistance of carbon, on the contrary, decreases with the temperature. Reactions should always be executed at a room temperature of 62-65 degrees Fahrenheit.

A rheostat is only a resistance box, and **resistance** is the friction a current must overcome in passing through a conductor.

Paralysis Agitans—When one reads concerning the pathology and pathogenesis of this disease, one encounters a medley of affirmations and negations. So that, despite the work done, it continues to occupy one of the obscure chapters in medicine.

In practically every case examined by the E R A, one finds a reaction of sarcoma in either one or both parietal regions of the brain. In this sense, it is, as Osler supposed, a disease of the brain cortex.

If patients are seen early enough, the disease may be ameliorated or at least arrested by the use of the oscilloclast at rate 3 over the implicated areas.

When the sarcomatous reaction can no longer be elicited, attempt fibrinolysis at the scar tissue rate over the same areas.

Duodenal Tube—In Spondylotherapy, it has been shown that a tube can be introduced directly into the duodenum by concussion or pressure at the fifth dorsal spine. Dr. Frank C. Farmer, Pasadena, Cal., has taken advantage of this fact in the Lyon-Meltzer method. Instead of waiting for hours, the tube can be made to enter the duodenum within fifteen minutes by concussion of the spine in question.

Blindness and Deafness—Recent investigation shows that these conditions in the absence of other causes are due to syphilis. Heretofore, we have limited the treatment to the periphery. In practically all cases the centers of vision and hearing are implicated, thus necessitating the use of the oscilloclast over these centers.

Electrocardiograph—Tests made with this apparatus to determine its value in electronic diagnosis show its inutility.

Paracelsus—Those of my readers who are conversant with my conception of disease, viz., that many of them are only strains of **Syphilis**, and it is this soil that must be eliminated before we may expect to cure disease.

No Syphilis, No Disease—Germane to this conception is that

of Paracelsus, viz., "The physician who tries to cure disease without removing the cause is like the man who would drive the winter away by sweeping the snow from the door."

Oscilloclast Lessees—These have increased to such an extent that the publication of all the names would occupy too many pages; hence, the temporary suspension of the list of lessees.

Blood Examinations—From this date, December, 1922, blood examinations will be made for physicians who have taken the E R A course, by Dr. Abrams' associates. These reports will be signed by the Physico-Clinical Laboratory stamp, at the rate of \$10 for examinations and \$5 for re-examinations.

Examinations will continue to be made by Dr. Abrams personally, and his signature affixed, at the established rate of \$25 for each examination, and \$10 for each re-examination.

REVIEWS

Our Medicine Men (The Century Magazine)—The writer comments on the rapid growth of the barrack spirit in America, which is antithetical to the spirit of all creative endeavor. While esprit de corps is laudable in an armed citizenry and in the production of bathtubs and motor tractors, it is damnable in scientific dogma. The great men in science were free lances, innovators and smashers of the contemporary idols of ignorance.

They would have laughed at the idea of submitting their work to a research council or a director before whom to do obeisance. A genuine piece of scientific investigation is always a highly individualized affair.

The fruitful study of disease began with Pasteur. He was laughed at and bitterly opposed, for few of them consistently used his objective methods or shared his conviction of the physico-chemical nature of the mechanism of all living processes.

"Instead, the majority employed the morphological methods of the German pathologist, Virchow. This savant had insisted upon the importance of microscopic observation and description of changes occurring in the cells of diseased organisms; he cared little for the elucidation of the mechanism that gave rise to these changes. Such study as that of Virchow is immeasurably simpler than the experimental method of attack, especially when the latter is based upon the methods of physics and chemistry. So it was natural that descriptive science would appeal to medical men wishing to enter the field of investigation, but who were innocent of the precision of method necessary to the chemist or

physicist. It consequently became the mode to describe the appearance of things rather than to investigate their mechanism. This spirit spread rapidly from Europe to America, and by the early nineties of the last century Americans were vying with Europeans in the discovery of new bacilli and in admirable and lengthy description of the appearance of diseased tissues. Scant attention seemed to be given to the fact that men like Pasteur cared little for descriptive science, but probed always into the mechanism of phenomena."

ERA Exactions and Iconography—Published by Jean du Plessis, M. D., President Chicago College of Electronic Medicine, Blanche and Jeanne R. Abrams Memorial Foundation. This is a most valuable addition to the Atlas of the ERA, and the illustrations are in colors, showing at a glance the topography of the strains in many diseases. Price, \$5.

Cure of Imperfect Sight by Treatment Without Glasses. W. H. Bates, M. D., N. Y.—Occasionally, a physician permits himself to think. In this instance the thoughtful one is Bates.

According to the accepted theories, accommodation depends upon the lens and its control by the ciliary muscle. Bates seems to show conclusively that accommodation is dependent wholly upon the external eye muscles. Contrary to belief, the only true way of paralyzing accommodation is to inject atropine deep into the orbit so that the oblique muscles, concerned in accommodation, are reached.

[We have referred to the frequency of congenital syphilis involving the ocular muscles and the importance of giving general treatment for lues and the local ocular treatment by the oscillo-clast. Several physicians have, by this treatment alone, succeeded in ridding patients of their glasses, whereas others by the same treatment enabled oculists to fit glasses which before they were unable to do.]

Has Diagnosis Been Outdistanced by Therapeutics. Burton W. Swayze, M. D., Allentown, Pa., *Western Medical Times*, August, 1922—"I have previously stated that in no one particular, except one, has there been a great advance made in our science of healing, and I made that single exception because it applies to a method of diagnosis that is coming rapidly to the attention of the profession—and that is the method of Electronic Diagnosis, fathered by Dr. Albert Abrams.

What the wireless, telephone, submarine, airplane, and other twentieth century accomplishments have been and mean to our economic life, so also is the method of Electronic Diagnosis

(Abrams) accomplishing in the medical and surgical professions and will mean benefits to the race at large.

Just as there were doubters who scoffed at Marconi, Bell, Lake, and the Wright brothers, so also are there men and women of our profession who scoff at Abrams. But who, today, now doubts the former, or who, ere long, will doubt the latter.

The test of all things is—Time. If any discovery survives the acid test of time and is able to come back with proofs of its value and merit as shown by results obtained, then that method or discovery has proved its worth and must be accepted. And this testing and proving is what the Abrams Electronic method is passing through, with honors and results being showered upon it daily. Literally, they who came to scoff and doubt, remain to praise.

Compared with the age-old methods of diagnosis the Abrams method is centuries ahead of its day, for by it we are able, scientifically and mathematically, to accomplish several things—things that are vital to every human who seeks relief at the hands of physicians, and to the physicians themselves who seek truth.

First, the Abrams Electronic method of diagnosis replaces guesswork by substituting absolute mathematical fact and accuracy. Second, we are able, by this method, to discover the very beginnings of disease, often before the patient is aware of any symptoms.

Third, we are able to measure the degree or prevalence or potentiality of the disease in the patient—a thing valuable to the physician who can, by later re-examination, gauge the progress of recovery. Fourth, we can localize, without a shadow of a doubt, and place our finger on the exact spot or organ involved in the disease process.

We mention but four of the points of precision in diagnosis, four which are so valuable that every alert and conscientious physician, for his own and his patient's safety, should at once acquaint himself with the Abrams method, for it will mean absolute and accurate diagnosis, which will again mean intelligent and accurate therapeutics, quicker restoration of health to patrons, lessened mortality and, to mention the least item, larger practice and financial gain to the practitioner.

With this single exception there has not been added to our diagnostic methods anything that can even approach it in accuracy and perfection to help us in our professional work and for the ultimate benefit to humanity, within a full century of time.

Without any doubt the Abrams Electronic system of diagnosis is destined to supersede all former and known methods, replacing

the present guesswork with fact and accuracy, and it behooves the progressive physician to learn the Abrams method, a method uncomplicated and simple, as it is scientific and accurate.

With the general use of the Electronic system of diagnosis—to say nothing of the Electronic method of treatment—there lies waiting the hand of the profession a method that is far superior to any other method, and as the years pass on and it becomes used more and more, diagnosis will resume its proper place ahead of therapeutics and lead the way, as it should, to better health of the human race and to professional success to the practitioner using it.”

Proceedings Tenth Annual Convention, American Association for Medico-Physical Research, 1921—These proceedings form interesting reading. Not the conventional stuff suggestive of plagiarism, but essayists bent on contributing something new to medical literature. If possible, send for a copy.

Observations at Abrams' Clinic. J. H. East, M. D., Denver, Colo.—This contribution is an extensive one. Success in treatment by the oscilloclast is instanced by the citation of many cases. A few are herewith presented: 1. Carcinoma, with three operations. Food rejected owing to pyloric stenosis. Cure recorded. 2. Eye (left) sarcoma. Improvement in vision enabling her to tell the time of day. 3. Carcinoma uteri. Patient had primarily to be carried into his office. In less than a week was able to walk. Is now well. 3. Deafness of syphilitic origin. Could not hear without shouting into the ear. Although, having spent much money, no relief. Hearing practically normal. 4. Offensive discharge from both ears, with deafness. No results from conventional treatment. Discharge arrested, and a watch tick can be heard at a considerable distance from the ear.

Electronic Theory in Diagnosis and Treatment. W. A. Hanor, M. D., Corning, N. Y., J. Allied M. A.'s, August, 1922—This is an excellent article dealing with the physics of the electron and contrasting the “cell” with the electron theory in disease. He cites many remarkable instances of cure.

The Main Cause of Disease as Established by the ERA and the Remedy. Samuel King, A. B., M. D., Warren, Pa.—In this paper states, “Every disturbance you created in the existing order of things means opposition and a fight.”

The Electronic Reactions of Abrams is stirring medicine to its foundation. Text-books will have to be rewritten, and their authors are tumbling from their lofty positions. The specialists in all lines from the eye specialist and nerve specialist all the way down to the general practitioner, who has been left only

a small space around the "belly button" as his particular field, is being undermined; for the man who masters the Electronic Reactions of Abrams becomes a specialist in every line of work, and a most successful specialist of the highest order, for he can diagnose the cause of all troubles. Therefore, the greatest opposition is being created among all classes of the medical profession. On the other hand, drug houses are opposed to this work because every physician who is using the oscilloclast has reduced his drug bills 9/10, and through the testing of drugs, as regards to their efficiency in disease, many drugs and combinations will become obsolete. And as a result, as I stated before, the fight is on, and we, as progressives, are in the first line and must bear the brunt of the attack. In some States the Old School is trying to debar physicians who are taking up the work. We will be forced to weather both sunshine and storm, both calm and squall, and as I said at the beginning this is necessary to bring out the best there is in human endeavor.

A Thousand Faces. By F. S. Thompson and George W. Galvin, M.D.—Dr. Galvin of Boston needs no introduction. He has written a remarkable book. He shows conclusively that in every State in the Union people are railroaded into madhouses for life. Just as Upton Sinclair, in "The Jungle," compelled Roosevelt to investigate the Beef Trust and Brand Whitlock, in "Turn of the Balance," directed attention to the deplorable conditions of our jails stocked with many innocent victims of police departments and private detective agencies, so will Galvin in this masterpiece correct evils associated with private and public asylums, where some people are railroaded into madhouses.

What to Do With Your Chronics. B. W. Swayze, M.D. (The Medical Herald, November, 1922).—"We are indebted to the exhaustive laboratory and clinical investigations of Dr. Albert Abrams for incontrovertible proof that syphilis is the etiological factor present in practically all human diseases. So constantly do the Electronic Reactions of Abrams show this that it resolves itself into, 'No syphilis, no disease.'

Such a far-reaching statement is revolutionary and did it come from any less reliable a source than Dr. Abrams, there would be room for doubt. But Dr. Abrams releases nothing to the profession until he has ample definite scientific facts to back it up, and the users of the Electronic Reactions of Abrams (E R A) in the profession daily prove in their own practice that Dr. Abrams' findings are correct and dependable.

This leads us, once more, to the chronic invalid. Their very presence proves that all previous or current methods of diagnosis have failed to produce the single, or combination, cause of the

disability, for had that been known there is a remedy ready to correct the trouble and, ergo, there would be no invalids.

Again, the very presence of an invalid proves that the accepted and general methods of treatment have failed to cure, granting that the underlying cause may have been discovered; and because of this failure at the hands of many physicians—well, we still have a chronic invalid in practically every hundredth home!

In the light of Dr. Abrams' investigations, later corroborated by other investigators, that syphilis is the basic cause of practically all diseases; that tuberculosis, carcinoma, sarcoma, colisepsis, insanity, diabetes mel., Bright's disease, etc., develop upon syphilitic soil; then it can well be assumed that the failures to restore chronic invalids is due to the non-recognition of syphilis as the etiological factor in each case.

That syphilis can be present without evidencing itself in the usually looked-for form so well recognized by the profession, is proven by others, as well as Dr. Abrams. Such authorities as Lister, Sir James Barr, Cappell, Graves, J. W. King, and others have frequently noted the chameleon-like form which syphilis assumes.

Many a chronic indigestion has been overcome by anti-syphilitic treatment. The same can be said of the varied neuroses, Bright's disease, diabetes, rheumatism, carcinoma, sarcoma, asthma, etc., and a long list of other diseases and diseased conditions."

MISCELLANY

International Association for the Advancement of Electronic Medicine—The first scientific convention of this association, the object of which is research work in Electronic Medicine and the membership of which is limited to E R A graduates, was held in Chicago, September 29-30, 1922. The attendance was very much larger than was anticipated. There were many excellent papers on subjects relating to the E R A, by Drs. J. W. King, J. D. Sullivan, F. Cave, C. A. Stout, H. B. Palmer, J. du Plessis, and J. V. McManis.

The address of the president, Dr. J. Goodwin Thompson, was a notable feature of the convention.

At the conclusion of the meeting there was a banquet, and Dr. W. Wolfram did honor to the Association and himself as toastmaster.

Among the speakers were Alexander Marky, Esq., the fearless exponent of justice and the editor of Pearson's Magazine.

Harry Gottesfeld, Esq., the attorney of the Association, was also one of the speakers.

Alexander Markey—Mr. Markey is now the official editor of Pearson's Magazine, which he aims to make "the champion of the rights and aspirations of the individual," whom he regards as the source of all progress. He is about to establish a New Health Magazine, contending that the public is no longer going to follow the dictates of the medical profession. On the contrary, the latter will have to follow the dictates of the public, and why not? Is the vox populi to be exempt from participation in the matter of Health?

Dr. T. D. Bristol—For several years this esteemed physician was the guiding genius and president of The American Association for Medico-Physical Research. His demise is sincerely deplored, but his achievements and the good he wrought are more than a compensation for death, that innocuous incident of life. Mrs. Bristol shared with Dr. Bristol a unique companionship, merging their mutual interests for the good of humanity. By perpetuating the good causes, she will immortalize the memory of Dr. Bristol.

Dr. Ernest A. Hall, Royal College of Physicians, Edinburgh—Of all the skeptics who ever attended the clinics of Abrams, Dr. Hall was the prince of doubters. In a recent publication, he expresses himself as follows:

"Dr. Abrams," has developed a system diagnosis and treatment so radical, so novel that its unique character seems to be the chief reason why the organized medical profession is slow to recognize it. In fact, even in my own case, though as receptive to the newer concepts as the ordinary individual, I doubted for a week before I could believe what was repeatedly demonstrated before the clinic.

"To ask the public to believe that from a drop of blood upon a piece of white blotting paper, sent from Peking or Cairo, Dr. Abrams can diagnose disease, determine its locality, measure its intensity, and give a diagnosis is to court ridicule. The public cannot believe, neither did I until I saw it done a hundred times, and was compelled to do it myself with the other members of the clinic.

"Dr. Abrams accepts the modern concept of the scientific world with reference to the electronic basis of phenomena. He considers disease like all other processes in nature, to be a matter of vibrations, each disease being its own specific vibratory rate. By means of a special apparatus invented by himself, but which contains no secret, and can be made by any competent electrician,

these disease vibratory rates are conducted to the body of a living subject, and there expressed in easily recognized changes in the circulation and muscular contractions. He professes to diagnose disease before it can be detected by any of the recognized methods of determination, before or after death.

"It appears to me that by this method even an abnormal electronic action may be revealed long before such abnormality could be expressed in any physical change that could be shown, even by the microscope. Just as the barometer may indicate an approaching storm, so may the system give the warning long before the disease is physically manifested.

"Dr. Abrams told me," Dr. Hall proceeded, "that he elicited the cancer reaction from his wife fourteen years before she died, but before he had devised his method of treatment. Dr. Abrams states that all substances are radio-active, and that his methods are but the application to medicine of what the modern scientific world has applied to both the spectroscope and radio-wireless.

"To the tubercular and cancer sufferers it apparently brings new hope. If one-tenth of what is reported is true, this method is the greatest contribution ever made to medical science, not excepting the introduction of antiseptic methods into surgery.

"The demalignanizing of malignancy appears to have been accomplished, where the disease has not spread to other parts of the human body. It is claimed that the method enables the cancer activity to be destroyed, and in tuberculosis at least 50 per cent of the cases may be prevented.

"One prominent surgeon of Oakland told me it reduces his surgery from 60 to 75 per cent, and renders the balance safer and more satisfactory. To the dental profession Dr. Abram's message is optimistic. He states that dental abscesses and even the ubiquitous pyrohea can be conquered, and that the wholesale extraction of teeth is no longer necessary, in the presence of the new vibratory treatment."

Electrocardiograph—The Editor, after using this apparatus and studying electrocardiograms, could not convince himself that they were of any value as an aid in electronic diagnosis.

Glass Rod—In a cold room, it is necessary to slightly heat the rod in a flame to make it efficient for diagnostic purposes.

Spleen—With the flexed left arm, the elbow joint in contact with the chest corresponds to the position of the spleen (Dr. M. Simon).

Ethyl Chloride—If the tube prior to use is immersed in hot

water, freezing is more rapid and less of the solution is used owing to its exit in gaseous form.

Ernest A. Hall, F. R. C. P.—This eminent physician comments as follows:

“Dr. Abrams has given us the desideratum of the discouraged physician—accuracy in diagnosis and a scientific basis for treatment. He proceeds without prejudice, and while admitting a modicum of truth in all cults, he accepts nothing as final except that which can be scientifically demonstrated. He is here not to destroy, but to fulfil, to give new light, and that more abundantly. We, who for years have wandered in the desert of indefiniteness, have found in Dr. Abrams’ system of diagnosis and treatment an oasis of satisfaction and rest.”

Oscillate—This word, meaning to swing or sway, recalls its origin in relation to an ancient Roman custom. Oscilla, literally little mouths or faces, were suspended from trees and in vineyards, and as these would sway in the breeze, they were supposed to increase the fertility in whatever quarter they might face. The oscillum was usually a small mask of Bacchus.

OSCILLOCLAST

Summary of Destructive Rates (Referred to as Numbers)
 Revised to December 1, 1922

Abbreviations

AS and CS—Acquired and congenital syphilis.
CB—Colon bacillus.
D—Depolarizer.
DR—Destructive rate.
E—Electrode.
RD—Radioactive drugs.
S—Strep.
SP—Spleen.
SS—Splenic sterilization.
ST—Staph.
STR—Scar tissue rate (0 or 11).
TB—Tuberculosis.

Diseases

Actinomycosis, 5.
Adenoids, 2—Place E close to hair line on neck. If infected use S and ST.
Adhesions, 0 or 11.

Alopecia, 4.

Amebiasis, 1.

Anemia (Pernicious)—Gives a cancer reaction over SP. Over latter use 6 and SS.

Anthrax, 4.

Ankylosis—Fibrous, 0 or 11; osseous, 4.

Appendicitis—If S shows an ohmage in excess of 1, it is surgical. Two and 1 over appendix and empty latter several times a day (concussion tenth dorsal). For adhesions, 0 or 11.

Arteriosclerosis—Usually of AS or CS origin. SS. In **Angina Pectoris**, SS and 3 over aorta and heart.

Arthritis—Treat focal infection and joints (1 and 2). SS and RD.

Asthma—SS and lesion 5.6 cm., above left ear (3). Latter lesion of AS or CS is also present in **Migraine** and **Epilepsy** and must be similarly treated.

Carcinoma—All malignant growths are strains of AS or CS. Local treatment (6) after using D and SS. In **Carcinosis**, 6 and 3 by SS method. Growths do not disappear (unless in young), but become smaller and indurated. All abdominal operations are followed by malignant growths (may be latent for years) unless operation is preceded by SS.

Cataract, 3, 11, 8—Three (CS), 11 (STR), 8 (calcium).

Colisepsis, 4—Over sites of infection and SS at 4.

Coryza (Hay Fever), 2—Usually applied over sinuses which are infected.

Dermatitis Venenata (Poison Ivy), 3—Used locally.

Diphtheria, 2—To skin over lesions and in carriers.

Diabetes, 3—AS or CS, always present. SS and over pancreas and medulla (suboccip. region).

Endocrinopathies (Diseases Ductless Glands)—Gland anomalies from AS or CS. SS and 3, to glands.

Ears and Eyes—Diseases due to AS or CS. Treat locally and over brain centers (hearing and visual) at 3 with SS. After removal of cause, use STR. In **Glaucoma**, 3 (TB). In syphilis, use blue, TB, yellow glasses.

Epilepsy—SS with 6 and 3 over SP. See **asthma**.

Fat, 1—In double chins and fatty heart.

Fibroma, 2—Over uterus or vagina with rate 3.

Gall Stones, 4—Make bladder tolerant to stones by destroying S (2), ST (1) and CB (4) over gall-bladder.

Gonorrhoea, 4 and 8—Over organ in acute and by urethra in

chronic cases. For prostate use sound in rectum or over gland. Rates to joints and paint latter with eosin. Destroy S and ST which complicate condition. Suspect syphilis (urethral infection).

Hemophilia, 3—Cardiovascular strain of AS or CS.

Infections—Local treatment and SS, using correct DR.

Inflammation, 3—Use also correct DR.

Influenza, 5—SS and 5 over SP. Sleeping sickness, according to ERA, is a brain lesion of this infection.

Insanity, 3—Varying forms due to AS and CS. Find site of brain lesion and use 3 locally and SS, 3.

Keloid, 4—Use also 3, locally and SS (3).

Leprosy, 3—To lesions and SS (3).

Leukemia, 3—Spleen gives reaction of sarcoma. Use rate 3 and SS.

Malaria, 1—SS with 1 over SP. Lesions may be due to metastasis of plasmodia (use 1 over lesions).

Meningococcus, 2—SS and 2 over SP.

Menopause, 2—SS and 2 over SP.

Migraine—See asthma.

Mucous Colitis—SS, 3 and treat CS lesion (sigmoid flexure).

Neurasthenia, 10—To occipital region.

Pain, 7—Use locally. In pain below head, E to neck at hair-line. If in head, use in suboccipital region.

Paralysis Agitans, 3—Sarcomatous reaction in both parietal regions. Use locally at 3 and SS, 3. Later, use STR.

Pellagra, 2.

Plague (Bubonic), 3—SS and 3.

Pneumonia, 7—SS and 7 and locally to lungs.

Poliomyelitis, 2—SS and 2 and locally to cord lesion. Later, use STR.

Pregnancy, 1—Avoid this rate over uterus and to os uteri.

Psoriasis, 3—SS, 3 and use in all intractable AS and CS, D.

Ptomaine Poisoning, 2—SS and 2 and 2, over abdomen.

Pyorrhoea, 3, 2 and 1—To gums for AS or CS, S and ST. SS, 3.

Rabies, 1—Locally and SS, 1.

Sarcoma, 3—Action on growths like carcinoma.

Scar Tissue, 0 or 11—Used locally.

Staphylotoxemia, 1—Locally and SS, 1, in general infections.

Streptotoxemia, 2—Locally and SS, 2 in general infections.

Suggestion, 5—The concept, "I am well," may be reproduced by ERA at 5 (mechanical suggestion). E, to forehead (J. Physico-Clinical Medicine, September, '22, p. 6).

Syphilis (AS and CS), 3—SS, 3 and over lesions. Use D. Do not dismiss patient until cryptogenic reaction is negative.

Tetanus, 3—To lesions and SS, 3.

Tonsils, 2 and 1—Tonsillar hypertrophy may recede after destruction of infection.

Trachoma, 3—To eyelids and SS, 3.

Tuberculosis, 5—Over lesions with 3 and SS, 3. In mixed infections use locally, 1, 2 and 3.

Typhoid, 10—Over lesions and SS, 10 and 3.

Uric Acid, 4—Over lesions, say renal calculus.

Urticaria, 2—Same rate as Potomac Poisoning (SS, 2).

Whooping Cough, 2—SS, 2 and over trachea, larynx and thymus.

X-ray Burn, 10—To lesions. Destroy S and ST.

Duration of treatment with the oscilloclast varies from thirty minutes to one hour. The results, as a rule, are in proportion to the duration of treatment. Occasionally anaphylactic reactions may ensue from applications, due to the increasing circulation of toxins from the destruction of morbid tissue. In such instances employ eliminants.

Electrodes must be kept constantly moist with salt solution. When several infections are synchronously present, the current at three different numbers may be used from three separate rheostats. Do not connect more than one cord from a single binding post. Use triple connector for more than one cord.

Syphilis and Splenic Sterilization (SS)—There are antibodies in spleen for all infections. Method: 1. Concuss between third and fourth dorsal spines to dislodge toxins from the dark corners (thirty blows).

2. Concuss the seventh dorsal spine, thirty blows, which produces an enormous splenic enlargement and causes toxins to be aspirated into the spleen.

3. Concuss the second dorsal spine (thirty blows) to fix splenic dilatation.

4. Depolarize spleen (see later).

5. Apply electrode to spleen after final concussion and depolarization at rate indicated for each disease.

Acquired and Congenital Syphilis (AS, CS)—Lesions like carcinoma, sarcoma, and tuberculosis invariably develop on a lesion of AS or CS. In fact, these diseases are only strains of syphilis.

To prevent recurrences, treat simultaneously with rate for disease and syphilis, or treat first at rate of disease, and finish with rate for syphilis (3). Sarcoma has the same rate as syphilis, so that this rate is applicable to both.

Radio-active Drugs—Abrams has definitely shown that all drugs are radio-active, and that some of them are endowed with specific DR attributes. **Eosin** and **Congo Red** (better) for Cancer; **Gamboge** (for Tuberculosis); **Safranin** and **Mercurochrome** (1 per cent) (better) for Sarcoma; **Congo Red** (for Strep and Neisserian Infection and Scar Tissue). Mix these with alcohol and paint over affected parts in interim of treatment. They aid action of oscilloclast, and do not interfere with action of current, which can be applied without removing the drug.

Depolarizer—This apparatus (reported in Physico-Clinical Medicine, December, 1922), is based on the principle that by removing the polarity of disease its potentiality is annihilated, just as the power of a magnet is lost by demagnetization.

Depolarizer must be used for three minutes on the A. C., over tumor or over the spleen after concussion. Immediately after its use the E, of the oscilloclast, is applied at the specific DR for the usual duration of time. By this method, the ERA show that diseases are arrested more quickly.

Consult **Directions For Using the Oscilloclast** furnished by the Physico-Clinical Co.

MASSIVE TREATMENT WITH THE OSCILLOCLAST

[Some misconception has arisen concerning duration of treatment. The results are always in direct ratio to the duration of treatment. Not more than one cord must be used from a single binding post. Witness the results achieved by Dr. Lamar K. Tuttle, New York, by massive treatment.]

Mrs. K. was operated upon at the French Hospital, this city, for intestinal neoplasm. Large nodular masses were found on intestines, splenic flexure, and descending colon. Conditions were such the surgeons feared to interfere, and case was sewed up without anything being done. Unfavorable prognosis. Tentative diagnosis: carcinoma of intestines. Ascites rapidly developed and case was tapped every nine days, and from six to eight quarts of fluid removed at each tapping.

The case came to us on October 6, 1922. At this time patient was passing three (3) ounces of urine in twenty-four hours. We started oscilloclast treatment on October 11. On this day total quantity of urine, twenty-four hours, was 3 ounces. Oscilloclast

treatment was given daily up to and including October 14, at which time the ascites had increased to such a degree as to warrant us in tapping patient. We drew over ten quarts of yellowish opalescent fluid, and patient was much more comfortable after tapping.

"Up to this time daily treatment of one hour had been given. We then decided on massive treatment, and all-night treatment on the oscilloclast was given, about eight hours. From then on, elimination has steadily increased. On October 13, she passed ten and one-half ounces, and she is now passing from seventy to eighty ounces in twenty-four hours, and the urine is of good quality. Since the tapping mentioned, there has been no return of ascites: abdomen tenderness has practically disappeared. Mass in left colon is smaller. There is no edema. Bowels are freely open; stools appear almost normal. Patient is much stronger. Patient is about and happy. In fact, takes a walk of several blocks each day without marked fatigue. Appearance is good. Appetite good. Digestion and assimilation good. Is gaining weight, happy, and cheerful. The general picture is one of well-being and rapid return to health. It all seems too good to be true. I shall report again on this case. Am keeping close record, electronically, medically, and surgically.

"Please bear in mind, Dr. Abrams, this case was considered inoperable, and an unfavorable prognosis given by reputable surgeons in this city.

"Please note this case did not show marked improvement until **massive** treatment was given of several hours' duration. If nothing more is accomplished in this case, ERA has to date accomplished the impossible."

PUNCTUATED MEDICINE

- ? Usual medical diagnosis and treatment.
- "" Plagiaristic symbol of the average medical contribution.
- : Commercial habitat of the Bulgarian bacillus.
- ; Patient with only half a colon.
- ! Emotional symbol when two physicians agree.
- . Usual end of a sentence (patient's demise) when a medical classicist uses his head to the exclusion of his heart.
- Response to a sick-call when the physician fears that the patient may get well before he gets there.
- () Genu varum (bowleg).
- ' A comatose surgeon who fails to see this morphologic symbol of an appendix requiring removal.
- || Ruthless surgery and an autopsy.

DIAGNOSTIC HEADGEAR *

The diagnostic headgear is an apparatus designed to enable the ERA diagnostician to make his reactions more accurately, more rapidly, without tiring the subject, and without the aid of an assistant in localizing sinus infection, and other pathological conditions of the body.

It is made of non-conducting material, and no colors are present which might interfere with the reactions. The circumference and the anterior and posterior diameter of this headgear are adjustable, so that it will fit any size or shaped head.

It has three binding posts, to which are attached three aluminum discs, covered by a specially moulded rubber. This prevents the disc from coming in contact with the skin, and also narrows the diameter, thereby increasing the force of energy coming from the blood.

The posts are equipped with an opening to hold the tip of the cord coming from the rheostat. This leaves the subject's hands free, which enables him to aid in localizing. Also, these posts are movable in a slot running anteriorly and posteriorly, so that once you fix the position of the electrode in the ED or PD positions, it will remain there permanently. This will prevent the necessity of the diagnostician from constantly measuring these areas, when they are called for. This was designed by Harry Wirklich, Ph.C., Ph.G., M.D., and Charles J. Pflueger, B.S., M.D., associates of Dr. Albert Abrams, 2151 Sacramento street.

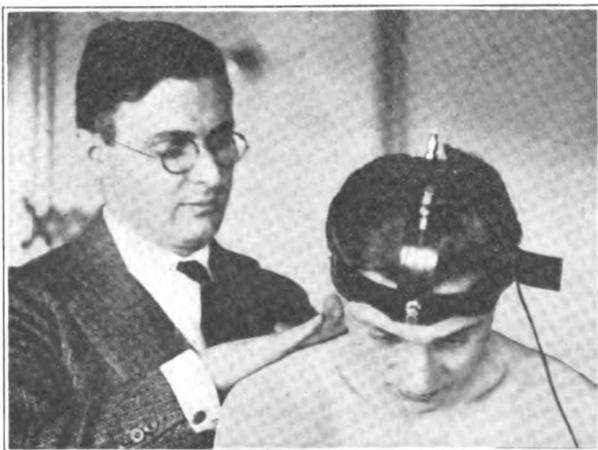


Fig. 3—Diagnostic Headgear

* Price, \$7.50.

OSCILLOCLAST

The wide vogue of the oscilloclast has resulted in numerous requests from scientists and others for a simple explanation of its mode of operation. Considerable thought has been given to the problem so that physicians may readily grasp it, and having seen the firm physical foundation on which its theory of operation is founded, will be able in turn to show patients, in a simple manner, the reason for its curative properties.

As its name implies, the oscilloclast **Destroys** by **Vibrations**. Having determined the **vibratory rate** of a disease, there is imposed upon it by the oscilloclast another vibration of such characteristics that the vibration corresponding to the disease is destroyed.

To a physicist the destruction of one vibration by superimposing another vibration upon it is easily understandable, and is, in fact, a commonplace phenomenon. To the lay mind, however, it is not so readily understandable how one vibration can destroy another exactly similar vibration.

Moved by these considerations and based upon a long experience in instruction in our clinics, we have designed a demonstration instrument which will show by an exact analogy the manner in which one vibration destroys another exactly similar vibration by mere superposition. In this instrument there will be seen upon turning the crank two independent vibrations; by an adjustable lever these two vibrations may be superimposed one upon the other in such a way that one totally destroys the other, and the resultant effect is an entire absence of any vibration at all.

The demonstration instrument will actually show this in a graphic manner, and the effect is exactly analogous to the destruction of disease vibration by imposing upon it an exactly similar vibration from the oscilloclast.

By a further movement of the adjustable lever mentioned above, the two vibrations may be brought together in such a way that the resultant effect is an enormous magnification of the original vibration rather than a destructive effect. In other words, if a vibration of the wrong characteristics is imposed upon a disease, the result may be an **aggravation**, rather than an amelioration. (It need hardly be pointed out how important it is to use only the proper type of instrument, such as the oscilloclast, in treatment.)

Summing up, this little instrument will show graphically how one vibration can totally destroy another vibration, how one vibration can greatly increase another vibration, and it will also show

all the intermediate stages. It should be understood that this instrument **actually** superimposes one vibration upon another and shows graphically the **actual** resulting effect. In other words, it is an **exact** analogy, and not merely a pretty demonstration device.

SOME RECENT VISITORS * TO DR. ABRAMS' LABORATORY

Alabama—Dr. C. N. Welles.

Arizona—Drs. A. S. Hawley, Phoenix; R. M. Tafel, Kingham; C. C. Bradbury.

California (Provincial)—Drs. R. L. Stine, Clara Stone, John Bernard, J. Lynn Goode, Herman J. H. Fish, Arthur H. White, Kirschner, George Tully, R. E. Waldo, John T. Miller, W. B. Ryder, L. H. Wolfsen, Elsie Harris, K. L. Whitten, William Marcus Kendall, Garthe Boenicke, Priestly, Osburn, J. J. Mayers, A. Noe, Frank T. Collins, E. M. Vanbibber, R. D. Pope, D. T. Goldag, K. J. Humphrey, F. A. Edwards, W. F. Lewis, U. S. Army; Alex Martin, C. M. Graham, Maud Potts, R. B. Stone, J. R. Leadsworth, J. Sanderson, Florence Hebb, G. K. Abbott, Walter Rittenhouse, Prescott Harry Emeis, Mary Butui, Gould, Lewiston N. Isaacs, L. L. Lindsay, C. E. Hopkins, Hyman Lischner, J. S. Penrose, E. H. Bryan, J. D. Jewett, Mary A. Brown Giran, Vernon Lee, H. J. Hoake, P. Samson, Arthur E. Pike, Maud McDonald Peterson, J. T. Penrose, N. R. Lynd, J. B. McMahon, C. L. A. Rinker, L. D. Reeks, Caroline L. Webber, Pliny Haskell, C. H. Gotch, David Cassidy, Ida Moore, Eleanore L. Moore, H. J. Sanford, James Sanderson, F. J. Lynch, H. B. Wagner, G. E. Anderson, A. C. Magee, B. White, A. Hall, E. Patten, W. Langhorst, F. Ruhman, I. Webster, J. Jones, C. Malony.

Colorado—Drs. James R. Ameill, Amy Brown Schoonmaker, F. A. Luedicke, Leroy Gullick, George Sibbald.

Florida—Dr. Herbert McConathy.

Idaho—Drs. J. E. Serris St. Jean, Charles W. Kingsbury, G. H. Handy, U. G. Marsh.

Illinois—Drs. H. R. Holmes, J. Howard, M. H. Kowen, Ina Light Taylor, J. B. Morris, J. H. Baughman, B. Elfrenk, E. B. Dick.

* We regret that many visiting physicians were denied admission to the clinic, owing to the limited space at our disposal. In the new college to be erected, there will be accommodations for about five hundred physicians.

Iowa—Drs. Elmer H. Beaven, Cedar Rapids; C. H. Lauder, J. W. Lauder, C. E. Phelps.

Kansas—Dr. E. D. Warren, Winfield.

Kentucky—Drs. S. B. Pullian, W. D. Pelle, H. E. Pelle, A. F. Pelle.

Louisiana—Dr. G. G. Smith.

New York—Drs. F. E. Neves, R. H. Beeman, D. C. Mathews, Max S. Robinowitz, Anna De La Motte, J. Broder.

Nebraska—Drs. F. E. Gordon, E. A. Carr, M. H. Deffenbaugh, C. A. Shoemaker.

Massachusetts—Dr. Henry Houghton.

Michigan—Drs. F. E. Dayton, J. G. Israel, J. Aaron.

Minnesota—Drs. E. S. Erwin, S. D. Foster.

Mississippi—Dr. W. W. Cox.

Missouri—Dr. J. F. Binnie.

Montana—Dr. Thomas Benj. Moore.

Oklahoma—Dr. G. O. Hall.

Ohio—Drs. Grossman, J. A. Lytle, S. D. Hockman, P. Barton.

Oregon—Drs. G. O. Jarvis, G. L. Gates.

Pennsylvania—Dr. Mary Clinton.

Texas—Drs. D. M. Hestand, J. V. Goff, J. Tess, M. Paul Peck, H. B. Smith, H. R. McLean.

Utah—Drs. A. L. Castleman, G. A. Gamble, R. E. Maupin.

Virginia—Dr. R. A. Gamble.

Washington—Drs. J. S. Davies, Ivar Janson, Clyde I. Gockley, C. P. Bryant, A. L. Goff, W. T. Thomas, W. Guthridge.

New Mexico—Dr. H. M. Bowers.

Canada—Drs. Charles Hill-Tout, T. P. Hall.

England—Drs. B. Shopleigh, W. H. Hawden, B. W. Lingburg.

Australia—Dr. B. W. Lindberg.

Mexico—Dr. F. Paredes.

Spain—Dr. A. Parra.

2151 SACRAMENTO ST.,
SAN FRANCISCO, CAL., U. S. A.

PHYSICO-CLINICAL LABORATORY

— OF —

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

VIRULENCY GAUGED.

In SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (glands, lungs, bone), the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures, or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to determine whether SYPHILIS is congenital or acquired. Reprint on cure of Syphills sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient, ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations now permit of the localization of lesions. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible.* It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent of errors and in some cases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th Series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. 8, 3rd Edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully 50 per cent, and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916) estimates that 15 per cent of paretics and 70 per cent of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital gives a negative result in from 31 to 50 per cent of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS

* Owing to the many examinations now being made, a brief history of symptoms is necessary.

test, because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy.

NEARLY 100 PER CENT POSITIVE.

Geo. O. Jarvis, A. B., M. D. (formerly of the University of Pennsylvania), found that the Electronic tests of Abrams were POSITIVE in nearly 100 per cent of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphilologist in his *SEXUAL IMPOTENCE* (W. B. Saunders & Co., 1915), "in the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

THE tests embody the employment of the visceral reflexes of Abrams. FROM ENGLAND.

Sir James Barr, in his presidential address at the eighteenth annual meeting of the British Medical Association (British Medical Journal, July 27, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the British Medical Association, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new continent and he has given us further insight into methods of prevention."

"I could easily fill several journals with an account of Abrams' valuable work."—Sir James Barr, British Med. Journal, March, 1920.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E.—(Article, "Dr. Albert Abrams' Method of Percussion," *Lancet* (London), May 22, 1920): "Dr. Abrams is, perhaps, doing more than anyone else in the present day to resuscitate the lost art of physical diagnosis."

"In cancer Abrams' reactions can be easily verified."—Sir James Barr, *Lancet* (London), May 22, 1920.

"In my opinion he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."—Sir James Barr, *Medical Press and Circular* (London, England), Jan. 12, 1921.

DIAGNOSIS AT THE VERY BEGINNING.

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING, tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (*American Journal of Clinical Medicine*).

In another communication to the same journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abrams is due the credit for this epoch-making discovery. It is the external counterpart of the Abderhalden reactions."

"We think Dr. Albert Abrams was the first to utilize colored screens in diagnosing disease."—Geo. Starr White, *A. J. Clin. Med.*, Feb., 1915.

(NOTE—The only object in publishing White's excerpts is to discredit the latter, who, in later publications under new captions, claims priority for Abrams' discoveries and instances his observations on the flight of "homing-pigeons," and other fantastic vagaries in justification of his claims.)

FEEES:

(Which include all diagnostic information necessary.)

Blood examinations, which include tests for all diseases.....\$25.00
Subsequent blood examinations to gauge the course of the disease, 10.00
Examination of patients.....\$50.00-\$100.00

(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.
Course to physicians on Electronic Diagnosis.....\$250.00

(Limited to reputable physicians in possession of the M. D. degree, or graduates of an osteopathic college. Courses are continuous, but applicants should write in advance of their coming.)

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1521 SO HOPE STREET
COR SIXTEENTH AND HOPE ST
LOS ANGELES CALIFORNIA

To Whom it may concern:

This is to certify that
Dr. Albert Abrams has examined ^{some} by
his new method one hundred diag-
nostic cases, great as was the purpose
to me in many instances in practically
all cases his judgment was later
demonstrated to be correct and in no instance
was he found to be in error.

H. E. Macdonald M.D.

When I first began to investigate the subject of Electronic Diagnosis, I found the work most confusing but further investigations at the Physico-Clinical Laboratory of Dr. Abrams, convinced me from therapeutic results observed, of the correctness of his diagnoses. It is impossible to form a very intelligent opinion of these methods from reading about them. One must come to Dr. Abrams' laboratory and watch him at his work and hear his explanations and comments and if he approaches the investigation in an unprejudiced frame of mind the physician will soon discover that he has found something that will be of vast usefulness to him in his medical work. I consider the last five months that I have spent in this investigation as the best spent time of my medical life and would heartily advise any of my confreres to pursue a like course.

Very sincerely,

W. R. Scroggs M.D.

1st. Lieut. Medical C
U. S. Army.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON June 15, 1917.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglionic cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and there been treated for various non-existent diseases; cause an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-2-

tion which yielded a doubtful result and this case had
examined by various physicians from New York to San
cisco and had been treated for possible luetic in-
fection, including a sojourn at the Kansas Hot Springs.
course of neosalvarsan with intensive mercurial treat-
ment failed in my hands to produce marked improvement
though there was an amelioration of certain symptoms. This
was a failure in diagnosis both on the part of the
writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important
that authorities agree that a cancer subjected to early and
local removal offers a fair prospect of freedom from recur-
rence. In external cancers it is naturally possible to make
diagnosis earlier than if the growth be located internally.
Gastric cancers the diagnosis must await the appearance
of "a cancer rest";—but this implies a fairly advanced
carcinoma.

By the electronic reactions of Abrams Dr. A. W.
Cough, of Ashland, Oregon, and the writer have been able
to diagnose eleven gastric and other internal cancers at
a time when there was only the smallest macroscopic sign of
cancer in the removed specimen. When the specimens were
submitted to one or more competent pathologists, who had no
pledge of the case beyond the region from which the
specimen was removed, they returned a diagnosis of malignancy
in one exception. In this case one pathologist pronounced
it malignant and another benign; but the recurrence of
symptoms after operation and the subsequent death of the
patient left no reasonable doubt but that the growth was
malignant.

Specimens in which a suspicion of malignancy might
arise, both from the history and from the macroscopic appear-
ance, but which the reaction of Abrams showed to be benign,
variably proved on pathologic examination to be non-
malignant. The subsequent history of those pronounced benign
is shown, so far as the lapse of time permits, that the
diagnosis of a benign process was justified. *final judgment* The clinical
course of those in which the diagnosis of malignancy was made
is shown, unless complete extirpation was possible, the best
evidence for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the
electronic method the macroscopic evidences of malignancy
were so slight that the writer was strongly inclined to doubt
the diagnosis until an examination of the specimen by two
independent pathologists in different cities had proven beyond
all doubt the presence of cancer.

DR. GEORGE O. JARVIS
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-3-

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

AMON TRATCHEER ROE, M. D.,
Pacific Grove, Cal.

July - 27 - 17

Dear Doctor Abram's
your letter explaining blood test no. 3 received.
your diagnosis is correct. I thought I might
stump you on this one - but failed.
I am sending you blood specimen of case no. 1.
to day - I trust you will be able to find some
improvement in this test case - this time.
I can hardly wait the time I can leave for the
city and spend the time with you.
Thanking you for past favors I am sincerely yours
A. Roe

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Poliomyelitis
Ameblasis	Chronic Dementia	Rheumatoid Arthritis
Collapsus	Leprosy	(Variety)
Carcinoma	Malaria	Sarcoma
Cholelithiasis	Measles	Scarlatina
Chorea	Menstruation	Staphylococccic Infec-
Diabetes	Meningococccic Infec-	tion
Diphtheria	tion	Streptococccic Infec-
Epilepsy	Neurasthenia	tion
Genococccic Infection	Paralysis Agitans	Syphillis (differentia-
Gout	Parathyroid Insuffi-	tion of congenital
Hookworm	ciency	and acquired, and
Hyperpituitarism	Paratyphus	specific strain)
Hyperthyroidism	Pneumococccic Infec-	Teniasis
Influenza	tion	Tetanus
Insanity	Psychasthenia	Typhoid
Paranoia	Pregnancy (prediction	Tuberculosis
Dementia Precox	of sex)	(Varieties)

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphillis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary, or, if given, whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer, and this is demonstrable by a blood examination.

WARNING

Many physicians have forwarded specimens of blood to the Physico-Clinical Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchnic reactions. Specimens have been received on colored and printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis, the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILLIS, TUBERCULOSIS, COLISEPSIS and STREPTOCOCCIC INFECTION.

When two blood specimens are sent, forward them in separate envelopes to avoid conferred radioactivity.

The quantity of blood forwarded should be sufficient to cover an area represented by a 50-cent piece.

Do not concuss spine before taking blood, nor when the patient has taken drugs.

No diagnostic method is infallible. It is requested that all physicians correlate the electronic diagnosis with their clinical findings.

ELECTRONIC REACTIONS OF ABRAMS (E R A)

(A few brief and curtailed references from journals and signed letters)

NOE, A. T., M. D.—“I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known.” N. A. J. H.

ANTHONY, J. C., M. D.—“Made wonderful diagnosis for me which would have been impossible by other means.”

HESS, H. A., M. D.—“Dr. Abrams has made fifty examinations of the blood for me and all correct as far as I can judge.”

MEACHAM, S. F., M. D.—“E R A are greatest contribution to medicine.”

BOOLSEN, S., M. D.—“I regard the E R A as a great help and have frequently contributed the fee myself, because results talk and success follows a correct diagnosis.”

JAWORSKI, H., M. D., Paris, France (author and medical authority; translator of E R A into French).—“I have carefully studied your methods and regard the discovery and its immensity with admiration.”

KING, J. W., M. D., Pa.—“Physicians should at once form a caravan and go out and worship at ‘Abrams’ shrine.’ Am getting wonderful results therapeutically from diagnosis made for me by you.”

PAREDES, F., M. D., Mexico.—“I shall popularize your marvelous methods of diagnosis in Mexico.” (Dr. P. studied the E R A at Dr. A.’s laboratory.) Dr. F. Vasques Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine, and Minister Public Instruction, has also studied the E R A at Abrams’ laboratory.

POWELL, C. S., M. D.—“The E R A are very helpful in my work, especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A.”

NYBLETT, H. G., M. D.—“My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has.”

J. MADISON TAYLOR, M. D. (Article, “An Appreciation of the Teachings of Dr. Abrams,” Monthly Cyclopedic and Medical Bulletin, July, 1913).—“Dr. Abrams has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams’ researches afford is the largest source of illumination, and I, for one, welcome it with thankfulness.”

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These consist of three electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

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(Biodynamometer)**

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Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

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MARCH, 1923

No. 3

Founded and Edited by
ALBERT ABRAMS, A. M., M. D., LL.D., F. R. M. S.

C O N T E N T S

	Page
Clinical Lectures.....	I and 8
Case Reports.....	15
Correspondence	19
Electronic Medicine.....	22
Remedy for Malignancy.....	24
Reviews	26
Miscellaneous	29
Dr. Sheppard.....	32
Protection to Oscilloclast.....	35
Dr. Strong's Observations.....	36

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WORKS BY ALBERT ABRAMS

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ness."—N. Y. Med. Jour., May 8, 1912.

New Concepts in Diagnosis and Treatment

Physico-Clinical Medicine

The practical application of the Electronic theory in the
interpretation and treatment of disease, 1923—Second Edition,
\$5.00, express prepaid.

The most important part of the work is a consideration of
the diagnosis of disease It is full of interest and
abounds in valuable suggestions to physicians and scientists
and its methods are well worthy of investigation.—Journal
of Electrotherapeutics and Radiology, June, 1916.

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A few CHARTS on Spondylotherapy are still in stock and
no more are to be published. The price of the latter has
been temporarily reduced from \$5.00 to \$3.00; express
prepaid.

Literature sent free on request.

PHYSICO-CLINICAL CO.

2151 SACRAMENTO ST.

SAN FRANCISCO, CAL.

Physico-Clinical Medicine

Vol. 7

MARCH, 1923

No. 3

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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CLINICAL LECTURES BY DR. ALBERT ABRAMS

January 15, 1923.
Stenographic Reports

Blood Specimens—Radium and X-Rays—Sex Reaction—
Percussion and Rod — Ohmage — Argyll - Robertson
Pupil — Diabetes — Alcohol and Blood Specimens—
Glasses—Laparotomy—Tonsillar Infection.

Blood Specimens Gentlemen, we have here a specimen of blood received from Mexico City purporting to be human blood. We note that this blood gives no reaction of human blood. In fact, you will note that the reaction is that of animal blood, specifically the blood of a dog. Do not

permit yourselves to be led into a trap by unscrupulous colleagues who instead of investigating pursue the method of indirection in their attempts to put obstacles in your path. Should you make any blood examinations, be sure to obtain from the physician, if he is sincere, a written and signed statement to the effect that the blood was taken by himself and that the blood was human blood. If then he has perpetrated a fraud, have recourse to the Latinism, "Falsus in uno, falsus in omnibus."

Learn the lesson that alcohol used on the ear prior to the extraction of blood will vitiate sex reactions and the reactions of human as well as animal blood.* It is the custom in our laboratory to rub the ear thoroughly with cotton and to use alcohol only after the blood has been obtained on the blotting paper for purposes of examination.

**Radium
and
X-Rays**

This is a case of carcinoma. The patient has had x-ray and radium treatments. He has had throat trouble for six months. He has had eleven deep x-ray treatments. My experience with the use of radium and x-ray is as follows. You may have immediate results, but the remote results are invariably bad. It has been shown that the tissues are devitalized by the use of the two remedies previously mentioned and that the phagocytic ability is destroyed. You are then practically dealing with dead tissue and its revitalization is perhaps one of the most difficult tasks which we must encounter. I am endeavoring to note whether we can restore this devitalized tissue by means of the oscilloclast.*

**Sex
Reaction**

This next case has been called carcinoma. The trouble started with deafness in the left ear. He has lost thirty pounds in weight. The first duty is to determine the **sex reaction** for three purposes. First, to note whether the reactions of the reagent are satisfactory; secondly, to determine whether or not the specimen is fictitious; and thirdly, to determine whether or not alcohol has contaminated the specimen. You no-

*The syphilitic reaction is also destroyed. When a blood specimen has been contaminated by alcohol, you may elicit the specific reaction of the latter (see atlas.)

*The death reaction is destroyed with the oscilloclast at zero.

tice that there is no sex reaction, but if you put your rheostat at 25, for the female and 15 for the male, you may obtain a sex reaction when it is absent at 49.

**Percussion
and
Rod**

You will notice that percussion is very unsatisfactory; therefore we use the rod. In using the rod it must be warmed. It must be passed over the skin continuously without hesitancy and in different directions. You must be grounded or otherwise you will get no reactions. You notice that with the rod you get a distinct sex reaction. Always check up by short circuiting, which means placing your fingers on either side of the median line of the body or bringing both feet in contact with your reagent.

Ohmage

We are searching now for carcinoma. You place both rheostats at 50 and you note no reaction of carcinoma. Sarcoma, 58. No reaction. Acquired syphilis, 55—you notice a reaction. Now, let's check up and get the E D. reaction. All reactions must correspond. Ohmage.* Prior to determining the ohmage, get rid of the holdover reaction by short circuiting and then proceed to measure. Remember that the reactions take about 6 to 8 seconds. It is simply a luetic condition of the throat. See tuberculosis, 42. No tuberculosis. Get the man in.

I want to see if this is a **diabetic strain**. We often have a diabetic strain in these cases. Leave it at 55. We want to see if it is a diabetic strain; if it is, we will have a reaction here. I don't get it. Strange. Let's see if we can do it by percussion. Yes, we have a diabetic strain. Short circuit and it disappears. Now we want to be convinced that it is not a cancer. (Patient comes into Clinic).

All right, which side of the throat is it? Nobody has ever said that this was a cancer? They merely suspected it. Have you any difficulty in swallowing? What does your difficulty consist of?

*Ohm is the unit of resistance which an electric current offers to the flow of an electric current. A circuit which allows one ampere (unit of flow of electric current) to flow through it at one volt (unit of electric pressure), is said to have 1 ohm of resistance. The term ohm used by Abrams is not used in its electrical sense. To conciliate physicists who object to its use, ohms may be referred to as "**Abrams' Units**".

Patient: I can't hear.

Doctor Abrams: All right put it at 50. No reaction. Now put it at 55. We should get a reaction. We get it. You see what he has is not a cancer. That should be amenable to treatment. We ought to see some results in about two weeks. We should not expect immediate results.

The man who was here from Canada had a **cancer** of the throat and had difficulty in swallowing. Now he can eat solid food.

Argyll-Robertson

Now take this patient's **pupillary reaction**. The first thing you have to do in these cases of suspected 55 where the Wassermann reaction has been taken and found negative is to make an examination of the pupils of the eye and note if an Argyll-Robertson is present. Note that an Argyll-Robertson pupil is usually only considered as such if it doesn't respond to light. We speak of a partial Argyll-Robertson. A normal pupil will contract any number of times; the partial Argyll will respond perhaps once or twice and then cease to respond. Hold the light some distance from the eye. Note that in these cases, if due to 55, the pupillary reaction is restored by two methods of procedure. First, the use of blue light thrown into the eye for about 30 seconds; second, by concussion of the seventh cervical spine which forces the toxins into the spleen.

Of course, in these cases you are dealing with the effects of the x-ray which is a very nasty proposition. You may stop all of this, but the effects can not be avoided.

Diabetes

In all cases of diabetes you must treat the general condition.* Treat the pancreas at rate 3 and also the medulla oblongata at rate 3. It may be that the liver in many of these instances must be subjected to treatment at rate 3. I have not investigated these cases sufficiently to determine whether this is the case. In some cases my results have been brilliant; others have been absolute failures, perhaps owing to the fact that I have not entirely encompassed the situation, that is with reference to the liver. It is impossible to do everything at once.

*SS,3.

**Alcohol
and
Blood
Specimens**

Now we are going to take the alcoholic specimen and note whether the reactions are vitiated. His reactions are not particularly good. All these things will be obviated by the use of radio. The personal equation will be absolutely eliminated. We will use the S. V. reaction. You will notice that there are no reactions—all vitiated. Put 49 on again. Even the reaction for human blood is vitiated. How can we tell whether the failure is due to the use of alcohol or not? We set it at the vibratory rate for alcohol which is 3 and the area is right here and the E. D. area is over here. You see you get the alcoholic reaction. Short circuit to be sure. It is absolutely smooth.* This is an electrostatic phenomenon. There is no reaction here. Now, switch to E. D. and notice what occurs. So you see you can tell whether alcohol has been used. The alcohol vitiates the reactions of animal blood as well as human blood. You can tell by the reaction from the blood if the person is suffering from alcoholism.

This is the case of a man from Denver, Colorado. He wants an examination before he goes home. He had increasing deafness, right ear worse than the left; severe neuritis of the right shoulder; bad teeth; tonsils out; constipated. Examination showed **carcinoma**, 8 ohms, non-metastatic, of the right shoulder; acquired syphilis, 39 ohms; streptoxemia of the antrum which is still present. Hearing very much improved; right arm is numb; slight pain in the right shoulder. We want to see if the lues is gone and also the carcinoma and strep. If it isn't, we will refer him to one of the men in Denver. Try 45. Remember that the **cryptogenic reaction** is the slowest of all the reactions, so you must give at least 30 seconds for the appearance of the reaction. Cryptogenic is negative. As long as cryptogenic is negative you can't have a cancer reaction. Try 60. Strep is still present. Check up on yourself. Take 10 seconds for a reaction. The strep is in the sinus. He will have to be treated for that.* Carcinoma negative; sarcoma negative. Get him in here. Let us go over his sinuses and check up on ourselves. (Patient comes into Clinic.) If you examine his face, you can see the disparity in the size of the two sides of the face. You will notice here on the left side that skin is in-

*Rod used.

*See lecture on Cryptogenic Neisserian infection.

filtrated. You probably have pus there in the antrum. You better stay here a little while yet.

Now then, gentlemen, put it at 60. Do these things objectively. Go over all the sinuses. Right frontal—no reaction. Left frontal—no reaction. Right ethmoid—no reaction. Left ethmoid—no reaction. Right antrum—yes. Left antrum—nothing. Go over the sinuses again and check up on me. Don't let me know where you are. I should get it over the right antrum when he gets there. There you are. Correct. That is the way you do the thing. Try the ear. Which is the bad ear? The right ear. No strep infection. He lost his hearing before he ever came here. As soon as he gets to the sinus you will note the reaction. Now he is there. Correct. He must have his antrum treated here. Stop all other treatments and concentrate on the right antrum at rate 2. Treatment must be continuous. It is like bailing out a boat.

This man is from Kansas City and he came here in a bad condition. He was paralyzed in the entire right side and is still. When a patient comes, never promise anything. We never even mention his disease. On last examination there was 5 ohms of carcinoma. He is a man of 72 years of age. We will have to use the rod in preference to percussion. First give me 49 to try out the reflexes. This is the female side—no reaction; male side—reaction.

(To a doctor.) Have you ever tried using a rod? Sit down and try it. Do it deliberately and continuously. Press in with the rod a little more. Short circuit. Good. Take your finger off and see if you get it. Take your feet off the ground plate and see if you get it. Don't hesitate. You seem to get a reaction? Then you don't use the rod correctly. Go ahead. You are letting the rod slide along the surface. Don't hesitate. Not so fast, but continuously. Now put your feet on the ground plate. You get the reaction now. There is a technique to it.

Glasses

Reaction of 55—negative; 45—negative; 60—still present, sinus. Get him in. In making reactions from the patient always see that the **glasses** are removed or otherwise **short circuiting** ensues and no reactions can be elicited. The arms of patient on whom the examination is made should be extended and the patient must face the **geographical west** with feet on **ground plates**.

Are you ready? Right frontal—no reaction. Left frontal—no reaction. Right ethmoid—no reaction. Left ethmoid—no reaction. Right antrum—no reaction. Left antrum—reaction. Be sure that you exclude the region of the teeth by noting whether the sinus reaction is present, which it is in this case. Patient to be referred to another doctor and advised to have ten more treatments.

This is a case of a lady from Washington. She is 50 years of age, married and has three children. She has **cardiac palpitation; vertigo; nausea; pain in the liver region; right ear deaf.** Laparotomy 25 years ago. Ten years ago had cholelithiasis. Everyone sees what they are looking for. The other day I was watching the crowds on Market street and what I pathologically visualized was a lot of perambulating syphilis. What a look everyone had! You know people will stand for nonsense a little while, but not all the time. They want results, they don't care whether it's a witch doctor or Voodooism or what it may be. People are getting tired of getting no relief. My definition of classical medicine is attempting to make a diagnosis and awaiting the autopsy for its confirmation.

Laparotomy This is the case of a woman who has pain in the liver. Gentlemen, you know that every **laparotomy** is followed by either **carcinoma or sarcoma**. Why? Because it is generally conceded that **chronic irritation** is the source of cancer. Take delicate tissues like the peritoneum; you tear them, pull them, mutilate them in your surgical operation and then leave them over to the tender mercies of adhesions. We find that every case of laparotomy is followed by sarcoma or carcinoma. This only means that sarcoma and carcinoma are not the awful things that we have always considered them to be. The surgeon's conception of a tumor is a mass. We are able to detect this condition in its incipency before a mass is apparent. We had a series of nine cases in a single day on each one of which we felt a mass or tumor upon palpation, after the diagnosis was made and location determined.* Could that bring conviction to the mind of man? Sometimes. But some of them thought I had something concealed up my sleeve.

*Palpation of an abdominal tumor is easy if you know where it is. If you do not, it is like looking for a needle in a hay stack.

Let us try the other subject. His reflexes are fine. This device on his head is one of the greatest conveniences I have ever seen. Doctor Wirklich conceived this thing for the head in addition to his singing. Rokitansky who was a very famous pathologist had two sons, one a physician and the other an opera singer. When asked how they were, he replied, "One heals and the other howls." Poor fellow, I fear he had very little sense of music.

Give me 49. No sex reaction. Turn it to 25—slight reaction. Put it at 49 again to get the human blood reaction. Short circuit—it disappears. 50—carcinoma. Where is it? Digestive—32. 22—small intestine. Where is it located? Down here. That is where we are going to feel the tumor. If you will watch this thing very carefully, you will see a distinct pallor peculiar to this condition. You will see the outline of the tumor. Now I can see it definitely. In the **hyperalgesia** that is associated with the site of the tumor have the subject close his eyes and note the increased sensitiveness when we arrive at the tumor area. Is it metastatic? Non-metastatic. Ohmage? By ohmage we mean the severity of the disease; we speak of it as potentiality. Higher. Nine ohms. Is there sarcoma? For they may coexist. No. Tuberculosis? No. Streptoxemia? Yes, left tonsillar region. Never speak of tonsil but of tonsillar region, because the tonsils may have been removed but the peritonsillar tissue remains and harbors strep infection. We find strep infection in fifty per cent of the cases where tonsils have been removed.

**Tonsillar
Infection**

—○—
January 18, 1923.

Hereditary Gonorrhoea— Thyroid— Pneumonia— Eye Lesions— Arthritis— Hypnotism— Thyroid— Otorrhea— Homosexuality—Cryptogenic Tuberculosis.

Gonorrhoea The hereditary nature of syphilis is recognized, but like credit has never to my knowledge been given to gonorrhoea. Dr. F. F. Strong, of Hollywood, directed my attention to the fact that many cases of **sinus infection** failed to respond to treatment with the oscilloclast at rate 2 but when he used rate 4, which is the best destructive rate for gonorrhoea, the sinus infection cleared up after a few treatments. He further observed that, from the sinuses involved one could elicit a reaction of

Neisserian infection. In the investigation of these observations it was found that many individuals who showed either streptococcic or staphylococcic infection would also give a reaction of cryptogenic Neisserian. We shall specify hereafter this condition as either **Acquired** or **Congenital N.** Practically every individual in whom the reaction of staphylococcic or streptococcic infection was elicited also gave the reaction for cryptogenic Neisserian. This is demonstrable as follows in the blood examination.

One rheostat is placed at 52 and the other at 24 which is the vibratory rate for cryptogenic Neisserian. The E. D. reaction is best. The S. V. area corresponds to the S. V. area of tuberculosis. Our observations show that, individuals whose blood will destroy the reaction of either staphylococcic or streptococcic infection give no reaction of cryptogenic Neisserian. The contrary condition is evident. Many lesions like the lesions of locomotor ataxia, tuberculosis, gum margins in **pyorrhea**

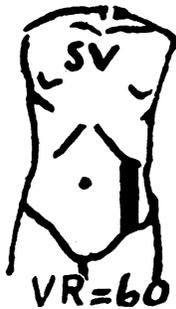


Fig. 4—Neisserian strain of streptotoxemia.

and sarcoma will give a reaction of Neisserian. In such instances over a lesion the rheostats are placed at 52, the vibratory rate of 24 being unnecessary.

Gonococci Bacteriologists do not concede that gonococci form toxins, but this observation is due manifestly to incomplete methods of technique. Thus it has been found that, individuals with old prostatic trouble in whom gonococci are not demonstrable, after prostatic massage

give a toxic reaction of Neisserian. It is furthermore conceded by bacteriologists that, after the lapse of two or three years gonococci disappear and that the persistence of a discharge is due to the presence of other micro-organisms. Hence in the treatment of gonorrhoea one should remember to employ not only rate 4 but also rates 2 and 1 if strep and staph infection are present.

This entire question of Neisserian heredity is one of great import, at least theoretically. As yet we have no evidence to show that the elimination of this Neisserian infection is in any way productive of good results; but reasoning by analogy and knowing what can be done with diseases after eliminating congenital syphilis, it is imperative that after the usual method of concussion and the employment of splenic sterilization at rate 3 for syphilis we should also employ concurrently rate 4 for cryptogenic gonorrhoea.

Thyroid

I have found that many cases of streptococcic infection are associated with hypothyroidism. Whether or not feeding with thyroid substance will be productive of good I do not know. In examining blood for strep at 60, the Neisserian S. V. strain is shown in Fig. 4. A blood specimen yielding no hereditary Neisserian, will destroy the pneumococcus reaction possibly by de-neisserianizing the human we may find the solution of curbing the morality rate of pneumonia.

Pneumonia

Epilepsy

5-6 cm. above left ear, we may elicit in addition to the reaction of cong. lues, also a Neisserian. This is equally true in **Psoriasis**. Perhaps this may account for my non-uniform results in the treatment of these affections.

Before concluding this lecture, permit me to dwell on the necessity of eliminating hereditary Neisserian, which is a more difficult task than the elimination of congenital lues and to emphasize the importance of heredity in pathology. "The Gods visit the sins of the fathers upon the children". "That we are omnibuses in which all our ancestors ride and that the life of each individual, is, in some real sense, a continuation of the lives of his ancestors. Most diseases can be cured if taken in time, but some of them should be taken 300 years before the patient is born."

Eye Lesions

This is an eye case. His eyesight was failing and he had ocular atrophy when he came. We have not been able to give him much improvement. We have attempt-

ed to dilate the retinal bloodvessels. In the treatment of ocular troubles diagnosis by the electronic reactions suggests that more can be done by these methods than can be accomplished in the conventional way. This is borne out by the fact that patients who have received no improvement from other sources have shown in some instances decided improvement and in other instances no improvement at all. The reason for the latter is because they come to this Clinic in a very advanced stage. In the majority of instances we find congenital syphilis or acquired syphilis present. Even though the cause of the ocular condition is removed, yet the vision may show no improvement. This is evidently due to the fact that there is an **optic atrophy** and we are dealing with effects and no longer with causes. In such cases it would seem advisable to use the oscilloclast over the eye at the scar tissue rate, zero or 11, after all pathological lesions have been eliminated, preceding the use of the oscilloclast with **depolarization**. Depolarization may be applied directly to the eye without injury. It is always wise in these cases to search for a possible lesion of lues in the **visual center**. An additional measure of relief is to dilate the **retinal blood vessels**. It can be shown with the ophthalmoscope that, if one stimulates the area between the 3rd and 4th dorsal spines either by concussion or intermittent pressure, the retinal blood vessels dilate. One should look for all forms of infection.

In this case we are just examining we found acquired syphilis. We didn't look for gonorrhoea. I am going to look for it now. Send him in. (Patient comes in.) Look for cryptogenic lues first. Try the right eye—none. The left eye—none. Now try 45 (cryptogenic lues) over the eye, which I have never done before. Not present. Try 52, E. D. over eyes. Left eye—none. We get the reaction. In this patient who has shown no marked improvement in visualization, we find over both eyes a reaction of Neisserian. We shall now use rate 4 over both eyes and determine what the results will be. Don't give up yet, my man. I have something else in store for you.

Arthritis Deformans **Doctor Abrams:** Dr. E. F. Jones of Oakland, wishes to make a report.

Doctor Jones: You may be interested in hearing about a case of **arthritis deformans** that came to me a short time ago. This was a lady 62 years of age who

had suffered from this condition for 11 years and had been in pain most of the time. She had tried everything but had gotten no relief and just tried the Abrams methods as a last resource. After 2 weeks' treatment she was free from all pain. This treatment consisted of the oscilloclast at rate 3 on the spleen and rate 3 on the joints. During the first three days I applied rate 3 on the spleen and rate 2 on the right tonsil and rate 3 on the right knee. There was a great deal of running off of the bowels for the first three days. No medicine whatever was taken. The pain left the right knee entirely and it went down to almost normal in size. The pain in the rest of her joints was improved 50 per cent. The second week she took two hours' treatment at one time. At the end of the second week she sent for me because she had a cold and because, as she said, she was numb all over. What she meant by the numbness was that she had not had any pain. Then she showed me how she could open and shut her hands. She said, "I have not been able to move my hands like this for two or three years." The examination of her blood at the Clinic showed strep of the right tonsil, congenital syphilis, and that was all. Doctor Abrams did not believe that the tonsils were implicated in the joint condition. She is very much better in every way.

This is a case of a lady in general rundown condition and growing deafness. We have found that cryptogenic Neisserian is almost as frequent in every strep case as congenital syphilis and we use rate 4 on the spleen for this, so that you may use a combination of rates 4 and 3. We will investigate this case and see if it is present. Sarcoma—present and non-metastatic. Ohmage—7 ohms. Locate it. The descending duodenum, to the left of the navel. That is the place where we usually get it. Streptotoxemia—present. Sinus, left antrum and left tonsillar region. In every case of strept infection we get the reaction of cryptogenic Neisserian. Try 52 and 24. Cryptogenic N. is present, that means cryptogenic Neisserian. We have never been able to sterilize the body against strep and staph infection and I never knew the reason why. It is possible that the solution will be found in deneisserianization.

Thyroid

Dr. G. Airey of Salt Lake City, in attendance at the Clinic, mentions a case of enlarged thyroid which did

not respond to treatment until the Neisserian rate 8* was used, when the gland rapidly receded in size.

Dr. E. F. Jones of Oakland also finds rate 8 more effective for gonorrhoea than rate 4.

Doctor Jones: I find that by the methods of Doctor Abrams I get much better results. It is very much easier and quicker than drugs. Pills are antiquated. The patients do not want them any more. But you have to use them just the same in conventional practice.

Patient

Doctor Abrams: It is more important to know what kind of a patient a disease has got than to know what kind of a disease a patient has got. We have shown repeatedly that the mind can cure not only functional but organic diseases. This is a demonstrable fact and not one that is the subject of argument. If you have faith in your own methods you get better results than if you are lackadaisical and have neither interest nor confidence in your work. The following are the observations of Doctor Jones.

Doctor Jones: I tell my patients that it would be better and they will get quicker results if they have faith in the treatments, but they will get well anyway without faith. Some of them come and say they have no faith in the treatments at all. I think practically all of them have either gotten well or have improved. They would have gotten well if they had continued, but some have not continued long enough.

Hypnotism

Doctor Abrams: It is a strange thing, the different view points, especially that of scientists. Many physicians attribute the results we get here to the action of **hypnotism**. When the phonograph was first demonstrated before a body of scientists in France, a learned scientist said that the results brought about by the phonograph were due to ventriloquism. The most obnoxious of all men in commenting on new things is the so-called pre-conceived scientist. I have quit replying to my critics. It is no crime to be called a quack; the calamity consists in being one. The greatest victor is he who overcomes his enemies without a blow.

Otorrhea

Here is a case of a man who is gradually going deaf. The ear discharges. This is an instance where you could use the gonorrhoeal rate locally, 4 as well as 2

*8 and 4 are destructive Neisserian rates. Both numbers may be used concurrently.

(strep), for the cryptogenic Neisserian. Treat it locally at rates 4 and 2. I think we are going to get better results. Evidently the soil of syphilis doesn't have anything to do with strep infection.

Homosexualist

This is a case of a woman married 12 years. No children. Has had nervous prostration. Wonders if there is an underlying cause for having no children. Try 49. We get a **male reaction**. She is evidently a homosexualist. No doubt this has something to do with her not having children. There is a psychic reason underlying it. She probably finds no pleasure in the conjugal relation and therefore does not conceive. You have to approach a patient very delicately in a matter like this. There is usually a high ohmage of **congenital syphilis**. When this is removed, it very often happens that the normal sex reaction will be restored.

I had a case of a lady, a married woman, who was a homosexualist. In talking with her, I said, "You are not happy with your husband, are you?" She said, "No, I am not." She said that he was a good husband and as kind to her as he could possibly be but that many times she had wanted to separate from him. I frankly told the husband that he was repulsive to her. She said she wanted to separate from him for a while until she got better and I told her I thought it would be wise. There are many cases like this. The woman prefers an effeminate man, one who resembles her own sex. One must handle such cases with great care.

Cryptogenic Tuberculosis

This is the case where tubercle bacilli were found in the sputum and I can get no reaction for **tuberculosis**. At the last examination congenital syphilis and strep were present. Try tuberculosis. I can't find any tuberculosis. Let us be sure. Take the rod. No, I can't get it. We have had that occur several times where they will find tubercle bacilli in the sputum but no reaction for tuberculosis can be elicited. There are called non-viable tubercle bacilli. The only way is to make cultures and inoculate some guinea pigs. The patient is not losing any weight. The cryptogenic T. B. reaction is present (on rheostat at 42, and the other set at 49). Never neglect this reaction before dismissing a patient. If both rheostats are set at 42 (T. B. vibratory rate), and a tuberculous reaction is taken with a known culture tube, the reaction is at once vitiated, if a staph culture is placed in proximity to the first tube. Strep does not act similarly. Using the rheostat rates (42 and 49), staph will not destroy the T. B. reaction.

A FEW CASE REPORTS

Amon Thatcher Noe, M. D.*

Pacific Grove, Calif.

Inoperable Carcinoma "I am sending you a report of a case that I feel should be presented to the profession.

Mrs. J. B. G., Salinas, California, age 54, was taken to the Jim Bardin Hospital in Salinas on the 18th of December 1922, suffering from a stoppage of the bowels. She was enduring intense pain, with vomiting, and distention of the abdomen, with gas.

Enemas and cathartics, at home, and, in the hospital, proved disappointing. So the physician in charge called in a consultant, and an operation was decided upon. This was performed on the 19th of December. They found a cancerous mass enveloping and stricturing the bowel, and spreading through the abdominal tissues. It was inoperable, and she was sewed up, and left to die. The physicians in charge informed her husband she could live only a few days, and that there was nothing known to science that could save her.

Dr. Noe of Pacific Grove was called in, December 27th, and a blood specimen was taken, and E. R. A. reactions verified carcinoma of the bowels, with 13 ohms of resistance. He as once applied the Oscilloclast on 3 over spleen, and electrode over carcinoma area on 6, continuously for forty-eight hours, after which gas began to pass. He then applied the Oscilloclast on spleen and cancer areas, for two hours alternating through the day for four days, when, by enema, a little fecal matter passed.

The patient so much improved that she was moved to Pacific Grove, notwithstanding the prognosis of her former physicians that death, en route, was positive.

The journey was easily and successfully accomplished

*Dr. Noe presents this case report in no sense suggestive of permanency but only to emphasize the immediate and perhaps only temporary results of the treatment. Dr. Lamar Tuttle of New York, reports similar results in an inoperable cancer case. The case was reported as inoperable at Mayo's. Patient has returned to work, free from symptoms and has gained over 30 pounds (Report, February 7, 1923).

by ambulance, and the patient feeling fine. She was installed near Dr. Noe's office, with a competent nurse, where the work was continued. Three days after arrival her bowels began to move naturally, and at this date have improved so rapidly that no sign of growth is discoverable. She is sitting up, and walking about, and says she feels like a million dollars.

Dr. Noe has discharged her and she is leaving for home in Salinas, sitting by her husband at the wheel of his standard Studebaker.

If this is not a modern miracle, what is it? And is not the name of Albert Abrams to be honored, and loved in the land, with the praise and thanksgiving, due a genius of medicine.

Jan. 24th, 1923—Telephone message. 'Bowels moving regularly and walking every where she wants to go, and feeling fine' ”.

The above is a correct statement of facts and affidavits are made by the patient and others.”

—o—
P. B. Roper, M. D.

New York

Sarcoma

Girl, 21 years of age, weighing 90 lbs, and having (as diagnosed by the physicians in Boston, Sarcoma).

Physicians could do nothing for her, and I concluded that even after an operation, she would be probably buried in a few weeks. Upon her relatives' recommendation of Dr. Collins*, she was diagnosed by Dr. Abrams (blood specimen sent), Sarcoma of the left knee. After six weeks treatment she was feeling much better, and could stand on one leg, without any pain. A few months later, I saw her, and she was enthusiastic in her realization of the method which had completely cured her.

—o—
J. E. Leadsworth, M. D.

Los Angeles

**Pernicious
Anemia—
Carcinoma**

Case of a lady who had served as a nurse in the Boer war.

Several of the physicians in Los Angeles had told her that she had pernicious anemia, also (probably) carcinoma of the uterus. She had flowed for 4 months steadily. A blood diagnosis of the case by Dr. Abrams con-

*Linesville, Penn.

firmed the diagnosis of pernicious anemia, and a carcinomatous reaction from the spleen and of the uterus. The doctors had told her that she could take a chance, of lying for months with transfusions, and perhaps in time they would operate. She decided to try the Oscilloclastic treatment. We began treating her, and from the first treatment she never flowed one drop. I treated her over the uterus (6) and over the spleen (3).

Color which at first was very pale, is now good, and she had gained three or four pounds. Can take a hike up the mountains, and enjoy it. She now does things that she never did before.

Carcinoma Case of a woman, having a carcinoma of the uterus.

The odor was offensive, in fact was so unbearable that the nurses could hardly be persuaded to stay in the room with her. Discharge from the vagina was irritating. Inside of three months all of the odor had disappeared, and the discharge had stopped. Patient had gained thirty pounds. Treatment was intra-vaginally, and over the uterus. Also, general treatment (S. S. 3). Patient feeling as well as she ever had in her life before.

E. L. Burch, M. D.

San Jose, Calif.

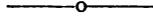
**Acquired Syphilis—
Congenital Lues** Case of man whose toes on right foot were amputated some two years before. Pain in this foot had been severe and constant for six years. Two large sores on the foot had refused to heal since the toe amputation. Pain was so intense that dressings had to be done every one or two hours during the night for the past two years.

Diagnosis was made by the Electronic Methods, of Acquired Lues, cerebral strain, from an infection in the hand. Treatment over the spleen with the oscilloclast has reduced the pain until the last three weeks he has had absolutely no pain and one of the ulcers has completely healed, while the other is granulating from the bottom and shows every indication of complete recovery within a few weeks. Patient looks and feels like a new man.

Lues Case of child, age 6 years.

Under the care of a leading child specialist the past three years and had not tasted milk for three years. Diagnosis by electronic methods showed acquired Di-

minished Resistance from a lip infection, and a very high ohmage. Treatment with the oscilloclast from four to six weeks brought the weight of the child up from thirty six pounds to fifty two pounds. Child is full of life and pep. Diet was increased after the second week. When discharged the patient was on a general diet, and had been for three weeks. Diagnosis was verified by family history and previous history of the case.



H. G. Nyblett, M. D.

Calgary, Alberta, Canada.

**New
Test**

“A confirmation of a finding when using a new test is always satisfactory.

On January 30, 1923, I was called out to see a young woman, who had, the night before severe abdominal pains and vomiting, with a very high temperature and irregular pulse. There was a pus discharge from the cervix, and typical septic peritonitis.

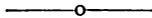
Blood test by the E. R. A. showed strep of lungs and pelvis, colisepsis, and pregnancy. Swab from the cervix was sent to the laboratory, which was negative for strep but on culture showed colon bacilli only.

I had, of course, to wait two days for the report. She died on the fourth day. Pus from the abdomen showed only streptococci. Two cultures were made by different bacteriologists. At the post mortem, examination was made, and seemed to give no evidence of pregnancy, but a more careful examination showed a very small placenta, with no fetus.

The interesting point is that the E. R. A. gave the diagnosis quicker than was done by the laboratory, and it gave a complete diagnosis of the findings, which neither of the bacteriological findings gave.

One showed only colon bacilli, and the other only streptococci.

I thought this would be of interest to you.”



E. F. Jones, M. D.

Oakland, Calif.

Carcinoma— “Male, age about 65 years.

Acquired He had been under treatment three months in San Francisco for **carcinoma**. Came to me one month ago last Friday, December 12, 1922, in acute distress. Had not been able to eat or sleep for many days and nights.

Syphilis

His weight at that time was 100 lbs. Intense pain and tenderness over abdomen, and his sight was so poor that he had to be led by his wife. Specimen of blood examined by Dr. Abrams showed 9 ohms carcinoma of the intestines, also diminished resistance. In ten days after treatment on the oscilloclast, the man could see well enough to come alone to my office without assistance of any kind. In two weeks he could read large print in the newspapers."

January 12, 1923, he weighed 150 lbs, could eat anything and sleep comfortably all night. Had no pain whatever, and has gone back to his ranch to work.

P. C. Jensen, M. D.

Manistee, Mich.

**Primary
Syphilis**

Case of a large Hunterian chancre on penis. Under ordinary treatment, it would take from 4 to 8 weeks for its disappearance. Eight treatments with oscilloclast (local and splenic sterilization) healed the chancre.

CORRESPONDENCE*

"Dear Dr. Abrams.

It is necessary, in scientific investigation, first to know a fact and next to state it accurately and clearly—which means, clear to the other fellow.

You have discovered a considerable number of new facts, and have formed them into a system of diagnosis which is of supreme value.

You have also made praiseworthy effort to minimize the coinage of new terms to represent these facts. The term 'Electronic Reactions' is in my opinion well chosen. So is the term 'Strain' as representing the type of infective condition.

I append some suggestions for improving a few terms, which will make the whole subject clearer to men of scientific turn of mind who are reasonably anxious to look at it fairly and squarely.

Yours very sincerely,

T. P. Hall."

*Dr. T. P. Hall, Vancouver, B. C., is equally distinguished as a physician and physicist and his suggestions subsequent to a prolonged sojourn at the Abrams' Laboratory are worthy of consideration.

- No. 1.** "Replace the term "Human Energy" by "**Vital Energy**" and "**Vital Force**".

You find this energy in animals and even in plants. The word 'human' is then too limited, when there is a word that better covers the field.

If this force is found in a magnet it is yet characteristically vital in all its manifestations.

In my opinion you are dealing with "nerve energy," but I prefer the term 'vital' as more fully expressive.

- No. 2.** Abolish the word "ohmage". Replace it by '**Activity**'.

Resistance and Resistivity, and these only, are measurable in ohms. To express potentiality or activity or intensity or virulence in ohms is worse than coining a new term. As well speak of walking at the rate of 4 pounds per hour, or of building a wall 17 horse-power high, or of lifting a weight of 23 minutes.

So we might write 'Streptotoxemia, activity 3', not 3 ohms, but 3 on a scale which is as yet purely arbitrary. We get 3 ohms during the process of finding the activity, but it is a mistake to state that as our results.

In measuring the force of gravitation at any point the process used is to find the length of a pendulum beating seconds at that point. But no one would think of reporting his results. Force of gravitation at Ex-ville is 101.345 cm.

But one calculates from this what the force is in dynes and so states it.

This is most important if we are to avoid the appearance of ignorance and absurdity in our statements of results.

- No. 3.** Use the term "**Degree of Abnormality**" for congenital syphilis.

It was a marked improvement when the word 'syphilis' was dropt, but an adequately expressive term is needed in its place. Its virulence will be well expressed by a number under the word 'activity'.

- No. 4.** In reporting a diagnosis use the word "Trend" in all cases in which it is probable that no pathological lesion will be found.

A pin scratch may give the same kind of reaction as a carcinomatous tumor; but that does not justify us in calling a pin scratch a carcinoma, or a carcinoma a pin scratch."

REPLY

- No. 1.** Logomachy, suggests a contention in words, for after all is said, if the facts do not conform with theories, then theories must be altered to conform with facts.
- The theory of vitalism has been abandoned to the discomfort of theologians, for it was repugnant to the latter to concede that the forces resident in the human corresponded with those governing the inanimate world. The term hylozoism embodies the scientific conception that all nature is alive, hence the necessity of differentiation. To refer to human energy is no less inapplicable than to differentiate heat, electricity, magnetism or gravitation which are all interconvertible forms of motion.
- No. 2.** In my book "New Concepts in Diagnosis and Treatment" (page 44), the following statement is made, "We are constrained to employ electrical terms and methods of mensuration until our knowledge of this form of energy (human) is better understood. From the viewpoint of the utilitarian, the latter subserve our purpose." We can measure activity of disease in ohms. If so, why should we employ meaningless numbers. Here the burden of proof must be borne by theorists who must show that disease cannot be calibrated in ohmage. One physicist suggests that the units of resistance be called "Abrams units".
- No. 3.** The word syphilis has been expunged in our **termini technici** and substituted by acquired or congenital diminished resistance.
- The term "activity" is less suggestive to the physicist than the word potentiality. To the physicist the term potential means the energy of an electrical charge measured by its power to do work, or transposed pathologically, to do harm.
- No. 4.** The essential value of the electronic reactions is in the early recognition of disease. When tumor formation has occurred, the patients' consignee is the pathologist and not the clinician. If a reaction of cancer is elicited, it is not a "trend" but only cancer and nothing else.
- We have in our repeated writings qualified our meaning as follows:
- Any reaction of cancer under 1 ohm should be regarded as an "irritation" but should the ohmage in-

crease, it signifies that the lesion may eventuate in tumor formation. After this manner we recognize the frontier symptoms of disease.

Murray and Woglom have shown that irritated tissues transplanted into an experimental animal (autoplasty) may give rise to metastases. Thus tissues already malignant give no histological evidence of malignancy.

PROGRESSIVE ELECTRONIC MEDICINE

Blood Specimens Physicians are cautioned not to use alcohol on the ear before puncturing the skin inasmuch as it will vitiate many reactions. It is better to clean the ear thoroughly with dry cotton before the puncture is made.

Streptococcic Infection* Measurements at Doctor Abrams' Clinic show that in most instances there is an insufficiency of the thyroid gland and it is suggested that thyroid in small doses be given to obviate this tendency.

Attention is directed elsewhere in this issue to the Neisserian soil present in streptotaxemia.

Glasses Physicians are cautioned in making the E. R. A. to remove the glasses from the reagent as well as the patient inasmuch as short circuiting ensues by the metallic frame. A watch chain acts similarly.

X-Ray and Radium Burns It is suggested that rate zero on the oscilloclast be used for the treatment of wounds ensuing from the use of these modalities.

Constipation One of Doctor Abrams' disciples recommends the use of rate 3 over the liver for the treatment of this condition. He attains uniform good results. Perhaps the elimination of lues, enhances the functional activity of this organ.

Anesthesia It is suggested that dentists, as well as physicians employ the oscilloclast for this object, by using three binding posts at rate 7. The cords may be attached by aid of a triple connector to the electrode, which is applied in the usual region for anesthesia; at the hair line for

*Many physicians err in citing their ohmage of pus. Pure pus never yields a potentiality in excess of 4 ohms.

all parts below the head, and in the sub-occipital region for trigeminal anesthesia.

Diagnostic Radiophony On the completion of his radiophonic apparatus, Dr. Abrams contemplates a visit to Europe, for the purpose of demonstrating the apparatus in question. The apparatus will absolutely exclude the personal equation in diagnosis and suggests avenues of research in practically every field of science.

A New Pulmonary Sign Tentative investigations show that the lower lung border descends in an irregular way in different diseases, whether on the patient (auto-electronic diagnosis) or when energy is conveyed to the P. D. area. See Fig. 5.

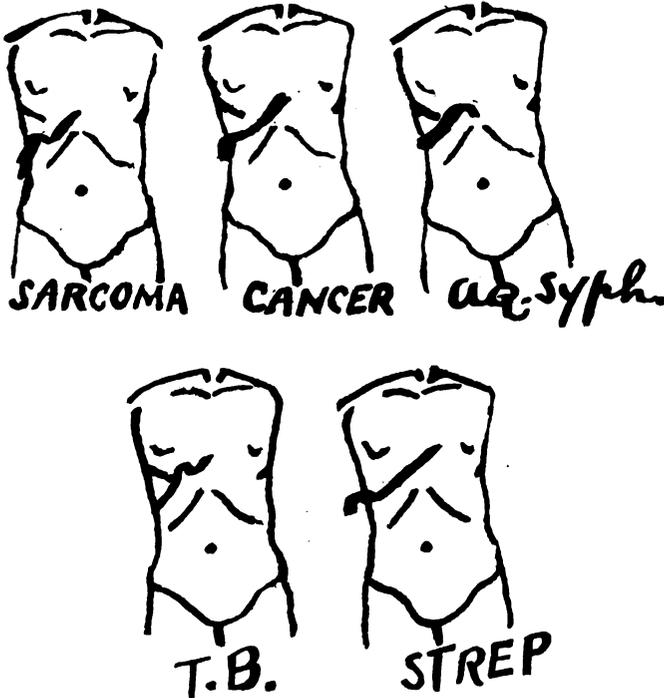


Fig. 5—Showing retraction right lower lung border (light percussion); in **Sarcoma**, nipple line; **Carcinoma**, ant. axill. line; **Acquired Syphilis**, right sternal line; **Tuberculosis**, parasternal line; **Streptocoxemia**, poster. axillary line.

Syphilis Insontium Innocent syphilis is of frequent occurrence. To determine that it is innocent, one may have recourse to the reflex of defloration. In the male and female, using

rate 49 (human reaction) with one rheostat and with another rheostat, at rate 12, a married individual yields a reaction as shown in Fig. 6. If the individual is not a virgin, and unmarried, a reaction is elicited at 17. This observation is tentative.

Site of Lesion The fact has previously been recorded that, at the site of a lesion the latter is circumscribed in reagent and patient by pallor of the skin. The borders of this vasoconstrictor sign show hyperalgesta (cotton best). If the area in question is gently stroked with cotton, a goose-flesh (cutis anserina) appearance is observable followed by skin hyperemia.

Definition of Areas If the finger is **very lightly** applied over the skin of the reagent, one may be able to elicit the areas with nearly the same precision as can be done with a glass rod.

Pituitary Gland The reaction from this gland may be elicited on either side close to the internal canthus of the eye and measures in the norm about 7-25 of an ohm. The destructive rate is at 4 of the oscilloclast.

Stammering and Stuttering Many ingenious theories have been invoked in explanation of these anomalies of articulation. It is suggested that search be made for cortical lesions of congenital syphilis, notably over the speech center and if found, to treat locally at rate 3 after depolarization.

INVESTIGATION OF A REMEDY FOR MALIGNANCY

Forbes Ross, M. D., now deceased, a former eminent London physician until he had the audacity to recommend a remedy for malignancy made use of the following prescription:

Potass. citrat.

Potass. hypophosphiteof each, 3 drams

Ferri et ammon, citr.12 grains

Potass. iodid½ dram

Tinct. strophanth.

Tinct. nux vom.of each, 1 dram

Syr. aurantii1 oz. and ½

Aquae q. s.6 oz.

Tablespoonful in water 3 times a day.

Evidently the addition of the cardio-tonics is to off-set the depressing effects of the potassium salts on the nervous and circulatory systems.

From trustworthy evidence, the writer ascertained that the prescription in question was not only useful in many instances of destroying malignancy but also in dissipating the tumors. It is suggested that the prescription in question be used in association with the oscilloclast.

Employing my diagnostic radio-phone (although the usual methods of the E. R. A. are equally effective), it was found:

1. Potass. cit. destroys reaction of carcinoma but is without effect on sarcoma.
2. Potass. iod. destroys carcinoma reaction but not sarcoma.
3. Iron and ammon. citr., is destructive to carcinoma but not to sarcoma.
4. Potass. hypophos., destroys reactions of carcinoma and sarcoma.
5. A combination of all destroys reactions of both at a distance of 52 inches.

Any one witnessing these spectacular demonstrations with the radio apparatus could not possibly doubt the principle of like curing like by like destroying like. Thus, and thus only, can the great truths of homeopathy become renascent. The renaissance of the latter predicates its extra-academic origin for, if sincerity is given expression, the greatest enemy of homeopathy is the homeopath himself. The most vicious assailant is the renegade who has been lured and engulfed in the vortex of mass medicine which finds justification for existence in might but not right.

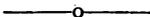
—o—

Anaphylaxis My radio apparatus furnishes a clue to the understanding of this phenomenon. Before the **drug** endowed with destructive resonance to the cancer is placed before the latter, the specific cancer reaction is expressed by detonations at specific intervals (every 4 seconds). These detonations cease as long as the drug is in juxtaposition to the cancer but recur when the drug is removed. Immediately after removal of the drug, the detonations for a limited period of time are louder than before.

The alternate detonations of matter are in the nature of charge and discharge and represent the safety valve

of energy. Suppressed by the drug, the energy accumulates and is discharged with increased force after removal of the drug.

Thus, may we explain anaphylaxis substituting in our conception for the pent up energy, the aggravated symptoms.



REVIEWS

Ernest A. Hall,

Victoria, B. C., Canadian Journal of Medicine,
December 1922.

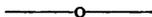
**Let Us
Awake**

"Three years ago I picked up a book written by Dr. Abrams, of San Francisco, and, after a cursory glance, I threw it down as the vaporings of a fanatic.

A few months ago I again looked at this book, only to be convinced that this man had, or thought he had, something which the average medical man had not, and something which I, at least, was ignorant of.

I soon found myself in San Francisco, dominated with the spirit of investigation, and determined to preserve the "Missouri" attitude until convinced. Here I found the surprise of my life; medical practice, based on a scientific basis, and made so plain that the way-faring M. D., though a fool, need not err therein.

I found the occult being de-occulted, and the mysteries of the past stated in terms of the scientific accuracy of the present. I found disease recognized before it became disease, according to our cruder methods of thought, as well as so considered incurable cases responding to Dr. Abrams' system. I found some seventy enthusiastic medical men and women representing every State in the Union crowding the clinic, watching and taking part in the most unique and marvellous methods of diagnosis ever presented to the profession."



MEDICAL REVIEW OF REVIEWS

January, 1923.

Editorial

"Still another new teaching that is beginning to stir medical ranks is the Electronic theory of Abrams with its striking novel methods of diagnosis and of treatment. This is meeting with a reception varying from absolute acceptance to total rejection. If it is what its discoverer claims, it is the most revolutionary and the most important discovery that has ever been made in

connection with the science of medicine." "A few are studying it with more or less open mind and others look upon it as pseudo—scientific clap-trap, and one of the most blatant frauds that has ever been inflicted on a suffering profession."

— o —
J. H. East, M. D., J. A. M. A. A.

July, 1922.

Observations "First, was to meet a very earnest investigator who accepts nothing for a fact until he has proven it out from every angle beyond the shadow of a doubt.

Second, was to see a man whose interest is in humanity, whose one aim was to devise ways and means whereby he could relieve mankind of the Great Destroyer of Life and Happiness.

Third, to see a man who can translate vibrations and pitch into a perfect diagnosis and by educated touch and by percussion can pick up the vibratory rate of disease from which the patient suffers either through the reagent or from the patient direct.

Fourth, having determined the vibratory rate of the disease in question, be it lues, carcinoma, sarcoma, tuberculosis, or dementia-precoc, you see this master mind tell how to relieve the sufferer and restore him to health and happiness.

I had the pleasure of knowing Doctor Albert Abrams since 1913. Having first seen him demonstrate Spondylotherapy and convinced that he had the right idea of life and the cause of disease I have been a follower of his teachings ever since, and have never regretted a moment's time spent in the study of the wonderful truth he has evolved and demonstrated to the world.

Now that Doctor Abrams has originated a method of passing the destructive rate of disease to the body so that it is absorbed and the disease dissolved and eliminated, I feel prouder than ever to be a follower of this great evoker of truths through the accuracy of diagnosis and mathematical measure of treatments.

I have seen college professors who were prejudiced against the work and against the doctor also, come to the clinic with the intention of criticising but when they watched Doctor Abrams work out the Electronic Diagnosis they were convinced of the truth in it and had the dogmas and superstitions wiped from their mind."

PSEUDO—SCIENTISTS AS CRITICS

Dr. J. W. King, Bradford, Penna.

This is a reply to one De Kruif, and represents so much wasted energy on one unworthy of it. This is the same individual whose article is solicited to be read by Dr. Geo. M. Laughlin, of Kirksville, Mo., in a card to the osteopathic profession. He pays a higher tribute to De Kruif by so doing than to the osteopaths who are referred to by De Kruif as "unscientific gentry" and "bone punchers". This masterly contribution of King is worthy of a better cause. The men to whom he refers as so-called medical arbiters particularly one is so reeky with malodor that, the mere mention of his name is one of the deplorable tragedies of American medicine.

DRUG POTENCY AND DR. ABRAMS

W. E. Boyd, M. A., M. D. (Glasgow University)—Homeopathic Recorder, January 15, 1923.

For about two years, Boyd investigated the potency question under the "Beit Research Fund".

"The conclusion is that the homeopathic world is indebted to Dr. Abrams to an enormous degree for his most wonderful discovery of the use of the human subject" in the detection of emanations.

Boyd's contribution must be accepted with reserve as his conclusions are faulty from a technicians viewpoint in his endeavor to launch a new apparatus without a thorough understanding of the Electronic Reactions.

Dr. Boyd, however, deserves great credit for having at least investigated the methods which is a hazardous thing to do in the present chaotic state of organized medicine.

WHY? THE ELECTRONIC REACTIONS OF ABRAMS

W. S. Secrest, M. D., Salt Lake City. Medical Summary. January, 1923.

Secrest cites many cases showing results achieved by the E. R. A. He deplores the bitter fight now raging against the methods by organized and political medicine. He forgets that this is necessary as some one has said, if they do not, "the followers of the E. R. A. will be the pall bearers of the A. M. A". "I am perfectly happy", he concludes, "that I can now do something for millions of sufferers."

MISCELLANEOUS

B. W. Swayze, M. D.

Extract from the Philadelphia Ledger, November 10, 1922.

"My patrons during the three years I have been using the E. R. A. (Electronic Reactions of Abrams) are so grateful for their virtually permanent relief from conditions that previously simply have recurred that they can not stop talking about the things the E. R. A. did for them. Critics to the contrary, the public have some sense and reasoning powers and if they can not get health results in the universal methods used they find at once results in the E. R. A., and believe me, they are finding them."

Dr. William Wolfram, Cincinnati, Ohio.

Extract from an address (stenographic report) delivered in Boston, Massachusetts, October 8, 1922.

"I went to Doctor Abrams as a sceptic but I did not go with scorn, and now I am devoted. Why? Because he produced results that I do not believe could be secured by any other method of diagnosis. I don't mean to say that he produced 100 per cent good results in diagnosis, but I have not found 5 per cent of errors in his diagnosis covering hundreds of specimens, and surely those of us who are scientists will allow 5 per cent of errors. I sent no case history with the blood specimens and no information of any kind. I used no name. I used code numbers made up differently and sometimes an initial and a street address and sometimes an initial and a telephone number, but ruling out all probability of Doctor Abrams through any of his colleagues in San Francisco finding what was wrong with my patients."

Dr. J. W. King, Bradford, Pennsylvania.

The next course at the Bradford Branch College of Electronic Medicine begins February 1, 1923, and continues four weeks. In his announcement, Doctor King makes the following statement:

"An unscrupulous circular is sent out announcing a course of the E. R. A. at Pittsburgh, Pa., and Chicago, Ill., in the near future and conducted by a former pupil

of Dr. Abrams' who had only recently finished (Sept. 1922) the prescribed Course and through his manager is giving out misleading statements. He is not authorized to teach the E. R. A. nor is he qualified to teach the work in the short experience he has had. It is also untrue for this concern that the **complete** work can be taught in two weeks. For your information any one taking the unauthorized work cannot be supplied with Dr. Abrams' outfits. The statement that these things will be promptly furnished might mislead in conveying that the diagnostic and therapeutic outfit of Dr. Abrams would be furnished. Nothing of the sort. The machine for treatment purposes furnished by others than Dr. Abrams is a **dangerous** machine (see December Journal Physico-Clinical Medicine, Abrams) to use. It is an infringement on Dr. Abrams' Oscilloclast and makes the purchaser liable to a suit. I am in possession of a letter from one user of the counterfeit machine which does not speak well for the machine, namely;

"The machine works very fast with a high Ohmage of Lues, but is too harsh for a weak patient or when the Ohmage is about all reduced it makes the patient very nervous. For other diseases than Lues, I did not get any good results at all with machine and am going to get rid of it as soon as possible. Have ordered an Abrams Master Machine."

Delinquent Subscribers Many physicians who fail to receive this Journal have been negligent in paying their subscriptions despite repeated demands to do so.

Dr. F. F. Strong,

At the City Club of Los Angeles,

January 16, 1923.

City Club

This scientific authority presented the "Abrams' methods", despite the most intense antagonism on the part of the medical profession. His address was received with great applause, and he acquitted himself in a manner most creditable to the Electronic System of Medicine.

Electronic Theory Dr. William J. Mayo asserted (St. Paul Pioneer Press, December 6, 1922) in emphasizing the new trend science will take. "There will be a deviation in study in the large pathological lines from cases that even the laity can see and understand. An advance will be made along the lines of molecules and electrons, and along the lines of physics." Now appears, Dr. C. Field, Director, Radium Institute, New York, with a contribution (N. Y. Med. Jour., February 7, 1923, "An appreciation of the Electronic Theory."

Prize Essay Doctor Abrams announces a prize of \$250 yearly for the best essay on some subject dealing with Electronic Medicine. Preference will be given to the essay embodying some new feature in electronic diagnosis.

Certificates of Attendance These will be issued to future attendants at Doctor Abrams Clinic provided that at least 70 per cent of questions relating to electronic medicine are answered. A nominal charge of \$5.00 will be made for each certificate, which should be made payable to the "College of Electronic Medicine", as a donation.

Dr. J. H. East This Denver physician has established a sanatorium which will be used exclusively for electronic diagnosis and Abrams' treatment for tuberculosis. He will retain his laboratory at 1648 Tremont Street, Denver, Colorado, for treatment.

Judge James I. Ellman,
Detroit, Mich.

Extract "Ridicule relative to Doctor Abrams' methods does not help to enlighten the layman who is seeking for light. The writer had the good fortune to see demonstrations in diagnosis. He assisted in some of them. He has tried to see if he could check up the results claimed by the physician and he was frank to say that he was very pleasantly surprised."

Dr. Mather Thomson

This eminent physician of London, England, is now located at 1 Ennismore Gardens, S. W. 7, and is authorized to represent Doctor Abrams' methods in his city. He is fully qualified to execute the methods in question.

Electronic Institute and Clinic This institute has been established for electronic diagnosis and therapy (Abrams) at 641 South Vermont Avenue, Los Angeles, California. The following are the members of the staff:

Carl E. Conn, M. D.
 Leo Bigelman, M. D.
 Robert Kirshner, D. D. S.
 Annette E. Hess, D. D. S.
 Mary Louise Powell
 Frances Marian Boon

December, 1922, Class

“Doctor Abrams:

As the Class Representative, I am commissioned by them, on this, your Birthday, to wish you many happy returns.

We also desire to say that after having witnessed the marvelous demonstrations in this Clinic performed by you, we consider you to be the greatest man of the Medical profession living today.

Not only the greatest scientist, but the greatest benefactor of the suffering human race.

We know that monuments are usually built to men of genius and ability after their death, but we as your pupils and disciples, do not desire this to be so in your case, so on behalf of the December 1922 Class, we wish to show the love and esteem in which we hold you, on this your Birthday, while you are still living, by this small gift, which I now have the honor of presenting.”

R. A. Gamble,
 Class Representative,
 Petersburg, Virginia.

DR. PHILIP SHEPPARD

(This physician's license was revoked by the “Massachusetts State Medical Board”. The following are a few extracts of the opinion of Harry Gottesfeld, Esq., Attorney and Counselor at Law, bearing on the revocation in question. Editor.)

“No tribunal, no board, no commission, has the right to disobey the law. NO BOARD CAN BASE ITS DECISION ON IMPROPER, INCOMPETENT, ILLEGAL EVIDENCE. If the law were otherwise, if a lawyer's license or a physician's license could be revoked upon improper or incompetent illegal evidence, no lawyer's, no physician's professional life would be

safe,—it would be at the mercy of suspicion, rumor, whim, prejudice. Inferior boards are bound by the law.

THIS IS A LAND OF LAW, A GOVERNMENT OF LAW, AND NO MAN CAN BE DEPRIVED OF HIS RIGHTS CONTRARY TO LAW.

The general trend of the decisions in all the states, whenever any question in reference to schools of medicine has been before the court is to avoid recognizing any particular system or school. The theory of the New York court upon this subject is expressed by an opinion in the case of

Corsi v. Maretzek, 4. E. D. Smith, 1-5.

Judge Daly wrote the opinion, and, among other things, he said:—

“The system pursued by the practitioner is immaterial. The law has nothing to do with particular systems. Their relative merit may become the subject of inquiry, when the skill or ability of a practitioner in any given case is to be passed upon as a matter of fact. But the law does not, and cannot, supply any positive rules for the interpretation of medical science. It is not one of those certain or exact sciences, in which truths become established and fixed, but is essentially progressive in its nature, enlarging with the growth of human experience, and subject to those changes and revolutions incident to any branch of human inquiry, the laws of which are not fully ascertained. The labors of the anatomist, the physiologist, and the chemist have contributed an immense storehouse of facts; but the manner in which this knowledge is to be applied in the treatment and cure of diseases has been, and will probably continue to be open to diversity of opinion. No one system of practice has been uniformly followed, but physicians from the days of Hippocrates have been divided into opposing sects and schools. The sects of the dogmatists and the empirics divided the ancient world for centuries, until the rise of the methodics who, in their turn, gave way to innumerable sects. Theories of practice, believed to be infallible at one age, have been utterly rejected in another. For thirteen centuries Europe yielded to the authority of Galen. He was implicitly followed—his practice strictly pursued. Everything that seemed to conflict with his precepts was rejected; and yet, in the revolutions of medical opinion, the works of this undoubtedly great man were publicly burned by Paracelsus and his disciples; and for centuries following the medical world was divided between

the Galenists and the Chemists, until a complete ascendancy over both was obtained by the sect of the Vitalists. This state of things has been occasioned by the circumstance that medical practitioners have often been more given to the formation of theories upon the nature of disease and the mode of its treatment, than to that careful observation and patient accumulation of facts, by which, on other sciences, the phenomena of nature have been unravelled. I am far from undervaluing the great benefits conferred upon mankind by the study of medicine, and have no wish to minister to any vulgar prejudice against a useful and learned profession, but it is not to be overlooked that, as an art, it has been characterized in a greater degree, by fluctuations of opinions as to its principles and the mode of its practice than, perhaps, any other pursuit. That it has been distinguished by the constant promulgation and explosion of theories, that it has alternated between the advancement of new doctrines and the revival of old ones, and that its professors in every age have been noted for the tenacity with which they have clung to opinions, and the unanimity with which they have resisted the introduction of valuable discoveries. They still continue to disagree in respect to the treatment of disease as old as the human race; and at the present day, when great advances have been made in all departments of knowledge, radical and fundamental difference divides the allopathists from the followers of Hahnemann, to say nothing of those who believe in the sovereign instrumentality of water.

“In fact, nothing comparatively is known of the philosophy of disease. Its eradication or cure, where the result of human agency is, in the great majority of instances attributable rather to the careful observation, judgment and experience of the particular practitioner, than to the application of general or established methods available to all. The popular axiom that “doctors differ” is as true now as it ever was, and as long as it continues to be so it is impossible for the law to recognize any class of practitioners or the followers of any particular system or method of treatment, as exclusively entitled to be regarded as doctors. In adverting to the conflicting views and differences of opinion that exist and have ever existed in the practice of the healing art, it is not to call in question the value of learned, skillful and experienced physicians, but merely to show the error of attempting, in the present state of medical sci-

ence, to recognize as law any one system of practice, or of declaring that the practitioner who follows a particular system is a doctor and that one who pursues a different method is not." •

The practice of medicine has been defined in our law dictionaries, a definition which has been accepted and quoted by the courts, as follows:—

***** (1) To open an office for the practice of medicine; or (2) to announce to the public or to any individual, in any way, a desire or willingness or readiness to treat the sick or afflicted, or investigate or diagnose, or offer to investigate or diagnose, any physical or medical ailments or disease of any person; or (3) to suggest, recommend, prescribe, or direct for the use of any person any drug, medicine, appliance or other agency, whether material or not material for the use, relief, or palliation of any ailment or disease of the mind or body, or the cure or relief of any wound, fracture, or bodily injury or deformity, after having received or with the intent to receive therefor, either directly or indirectly, any bonus, gift, or compensation."

You will note that under that definition a physician has the right to use **any means that to him may seem of benefit to his patient** or material for their "relief or palliation of any ailment or disease of the mind or body, or the cure or relief of any wound, fracture, or bodily injury or deformity, after having received or with the intent to receive therefor, either directly or indirectly, any bonus, gift or compensation."

The usual way in which the question of method or treatment is determined by our courts is in the civil liability of the physician or surgeon in an action against him for malpractice. There the question of skill is the important point involved."

PROTECTION TO LESSEES OF OSCILLOCLASTS

In the last number of the Journal mention was made of the fact that the PHYSICO CLINICAL COMPANY was taking the necessary steps to protect **legitimate lessees** from imitation Oscilloclasts which had appeared on the market.

While suits have been brought under the doctrine of Unfair Trade, we are now glad to state that vigorous action can now be taken under the Patent Laws, in view of the fact that the first patent of the many pend-

ing applications on the Oscilloclast has now been issued. It is expected that within the next few months the complete series of patents will be issued and the problem of protecting legitimate users will be much simplified.

Attorneys have been instructed to repossess all oscilloclasts in the possession of lessees who are using equipments not authorized by the "College of Electronic Medicine" and no patients will be recommended to them. Our factory can now make almost immediate shipment after the receipt of orders. Plans are now being formulated to inform the public relative to the authorized and honest E. R. A. practitioners.

Physico-Clinical Co.

OBSERVATIONS OF DR. STRONG

**An
Extract**

(To those who apply to us for treatment:—Please read carefully, and if you decide not to become one of our patients, return this letter, as we are not yet ready to have it "broadcasted").

The Abrams' system of diagnosis and treatment is so revolutionary that it naturally can be understood only by those who are unprejudiced seekers of the Truth, and have actually studied the methods in operation or seen the results in cases pronounced incurable by recognized diagnosticians in the Medical profession.

There are several sources of attack upon Abrams' methods:—namely,

1. The ignorant masses, who always oppose what they cannot understand.
2. The "orthodox" School of Medicine, who honestly believes the Abrams' methods unsound because the latter do not as yet lend themselves to the tests accepted as reliable according to the canons of "Regular" Medicine.
3. A few virulently hostile former pupils of Abrams whom he has discredited because he found them misrepresenting or misusing the methods.
4. Because of many students of Abrams' methods who are using them (a) for purely mercenary ends; (b) who are not competent to use them, or (c) who are employing inactive imitations of Abrams' apparatus.
5. Because all cases do not recover. The Abrams' method is not a "cure-all", and in many cases the disease has destroyed the natural tendency toward re-

covery—(the “*Vis Medicatrix Naturae*”)—in the absence of which no system of cure can be expected to succeed.

6. Because we continue to live unnaturally after being “cleaned” by the Abrams’ system.

7. Because physicists say the methods are not scientific. Their objections are honest and pertinent from their view point, but will soon be answered when the newly-discovered Abrams’ radio-diagnostic system is released, for this makes diagnosis absolutely accurate and entirely eliminates the personal equation. I have personally seen it in operation.

8. Because some people die who have had the Abrams’ treatment. The “electronic system” is not destined to give us “immortality in the flesh”. Death is, or should be, as natural and painless as birth. We are only transient pupils in this earth-school of Life.

9. Because the mental attitude of many patients is either hostile or skeptical. This inhibits the action of the electronic treatment at least thirty per cent. We have determined this fact by hundreds of tests—while a receptive attitude hastens its action. Thought is a very real power for good or ill.

10. If you continue to misuse your physical forces, the benefit of the Abrams’ treatment will be transient. We are only stewards of the Life Forces.

We earnestly request all our prospective patients seriously to ask themselves this question: “If I am benefitted by the Abrams’ treatment, what use will I make of the added health or years of Life? Will I use this to help humanity or dissipate my forces in the search for personal pleasure?” If you honestly cannot feel that your motive is relatively unselfish, please go elsewhere for help. We feel that we have no right to treat you under such circumstances.

11. Do not judge the Abrams treatment by hearsay evidence, either for or against. Find if you can, some qualified M. D. who has spent at least a month in Abrams clinic and can give you first-hand information.

12. Do not think that no effect is being produced because you may be one of those who feel no sensation whatever during the treatment. While primarily generated by a commutated charge “kicked” through a wire, the electrical force used is small, and has no more relation to the vibratory rates which give the indicated healing vibrations,—(destroying disease through the

principle of similar and opposite vibrations)—than a stick used to periodically strike a series of tuning forks, has to the pitch of the vibrations given out by the latter.

Physicists and biologists are unable to detect the great number of vibratory forces constantly passing through the nerves of a living organism, nor are you able to sense as objective your own nerve and thought currents. Yet they are quite as real as light and heat,—only the laboratory instruments of modern science are not yet sufficiently delicate to register them.

We believe the Abrams methods when fully perfected are destined to largely regenerate humanity. Healthy people are happy, and happy people do not fight. Health promotes a spirit of Brotherhood and cooperation.

Most of Abrams' money and that of many of his pupils and patients will be left for the establishment of free clinics in all the larger cities for the electronic treatment of the poor. This will put an end to the accusation that "the whole Abrams business is a 'graft'!"

Truth will ultimately prevail.

Yours for a healthier, cleaner and better Humanity,
Frederick Finch Strong, M. D.,
1827 Gower Street,
Hollywood, California.



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Physico-Clinical Medicine and The Clinics of Dr. Albert Abrams

A MONTHLY JOURNAL DEVOTED TO THE STUDY OF THE
ELECTRONIC REACTIONS OF ABRAMS AND THE
VISCERAL REFLEXES OF ABRAMS IN THE
DIAGNOSIS, TREATMENT AND PA-
THOLOGY OF DISEASE

Vol. 7

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No. 4

Founded and Edited by
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C O N T E N T S

	Page
Electrostatic Palpation and the Statophone	2
The Electrical Nature of Man	6
Scientific Anarchy	6
College of Electronic Medicine	8
Extracts	9
Reviews	35
Electronic Medicine	39
Miscellaneous	40
Clinical Lectures by Dr. Albert Abrams	43

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WORKS BY ALBERT ABRAMS

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ness."—N. Y. Med. Jour., May 8, 1912.

Dr. Abrams and the Electronic Theory

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The most important part of the work is a consideration of
the diagnosis of disease It is full of interest and
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of Electrotherapeutics and Radiology, June, 1916.

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Physico-Clinical Medicine and Clinics of Dr. Albert Abrams

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JUNE, 1923

No. 4

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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ANNOUNCEMENT

This is the last number of "Physico-Clinical Medicine" to be issued as a quarterly publication. It is to be merged into, "Clinics of Dr. ALBERT ABRAMS" and will appear monthly. The subscription is \$24.00 per year, payable in advance. Those who have already paid their subscriptions for Physico-Clinical Medicine, may send an additional amount for the "Clinics" or, not desirous of subscribing for the latter, may on notification, receive a proportional return of their payment.

ELECTROSTATIC PALPATION AND THE STATOPHONE

 Abstract of a Lecture.

We differentiate electricity. (1). As static (electricity at rest). (2) Current electricity; (electricity in motion). (3). Magnetism; (electricity in rotation). (4). Radioelectricity; (electricity in vibration or its equivalent, radioactivity). Electrostatics refers to the study of static electricity.

If we rub a rubber rod with wool or cat skin, we develop in that rod what is known as a negative charge of electricity. There is one peculiar feature about static electricity and its development on a rubber rod. We find that the surface of the vulcanized rod accumulates something which interferes with the charge of the rod. To obviate this, we rub the surface of the rod with a little steel wool and then strike the cat skin or rub it on wool and charge it.

The rubber rod is thus charged with negative electricity. Rubbed with silk, a glass rod yields a positive charge of electricity. These charges may be demonstrated with an electroscope.

In working with static electricity, everything must be warm and dry. The air is dielectric and is an insulating medium. If I moisten the rods, I would get hardly any charge at all. In moist air, the charges leak off of the rods.

The first law of electrostatics in rubbed bodies is the development of two forms of electricity; positive and negative.

The second law is to the effect that the force exerted between two bodies, one charged and one uncharged, is in indirect ratio to the distance, which means that it decreases in force as you go away from it. Many criticisms have been made with reference to my designation radioactivity in dealing with the energy emanating from blood specimens. How can you, they say, compare this with radioactivity, when in order to demonstrate radioactive energy you must put your radium inside of a lead-covered box in order to discharge the electroscope? In other words, it is impossible, according to my critics, to conduct radioactivity along a wire. However, in talking over a telephone you do not conduct the sound waves over the wire; you induce in that telephone-transmitter an electric change and the electric change is transmitted.

The question is asked, how can you conduct radioactivity along a wire? It can be shown by my electroradiometer that you can conduct static electricity over a wire. I am going to illustrate that to you in a very simple way. I am going to upset one of the laws of electrostatics; namely, that static electricity decreases with distance.

This instrument I call a statophone and you can hear the charge of static electricity. I charge this rod and you can hear it through this condenser with ear-phones. Now I will connect this instrument to a long piece of wire and I get a different sound but you can hear it further over a long than a short distance. I took a wire about a mile long and got the same static sound at the other end of the wire.

I will show you that intense light practically nullifies the reactions. You are dealing with static charges. First get the sound from the rod with the statophone. Now throw on the light and you do not get the sound as well. You can now see the effects of light on the results and why, in making blood examinations, we must work in a darkened room.

Doctor Parks, of London, interpolated the following: "In starting my static machine at home, I found difficulty in charging it when the sunlight struck the machine."

Theoretically it should have the opposite effect, because the requisites in static electricity are dryness and heat.

With the electrocardiograph one registers by means of a galvanometer currents developed in the heart. We forget there is also a static charge. The divisions of electricity into the forms I mentioned is purely arbitrary because one is convertible into the other.

Every phenomenon in nature is not only a matter of vibration but is also a matter of electrical disturbance. Every stimulus, no matter what it is, will always produce a galvanometric action. If you stimulate a muscle, you get a galvanometric action. The response to a stimulus causes a current, however minute.

STATOPHONE

This apparatus enables one to practice electrostatic palpation and make it audible with unerring accuracy after a little practice. It is a check up on percussion. One may outline organs and the areas in the E. R. A. Its action is dependent on the static energy present at the visceral borders and over the borders of the dulness in the E. R. A.

Apparatus. This consists of ear-phones to which is attached a condensing electrode. (Fig. 1, C. E.)

The statophone is a circular box, the heavy cord of which with terminal plug is fitted into an AC socket. From the top of the box, a small cord passes and its terminal is connected with a ring (R.) The numbers on the box dependent on how the plug is connected in the socket read from 0 on one or the other side to 14. The current output decreases from 0.

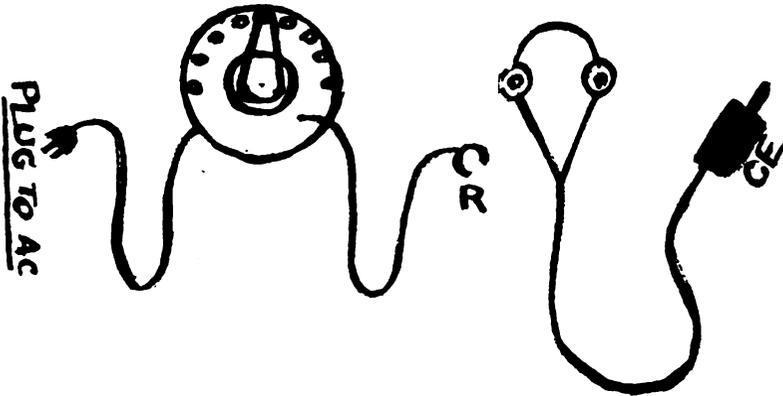
Technique. Reagent or patient stands on a rubber mat* (which may be placed on ground plates) to avoid a shock from the current facing the geographical west. The subject or patient holds the metallic end of the C. E. in either hand. The Examiner fixes the ring to one of the fingers of his left hand and then approaches with the palmar surface of a finger of his right hand, the border of the area of dulness (E. R. A.) or the border of an

*In very dry weather, the mat is unnecessary and the reactions will be increased in intensity.

organ. When the border is reached, the finger sticks to the skin. When the finger touches the skin, a continuous hum is heard but when the finger sticks, the hum is either annihilated or becomes interrupted. Approach the area with the finger placed laterally and make the movement lightly, slowly and continuously. The phenomena disappear when subject or patient is in the magnetic meridian.* A thin coating of shellac in alcohol (saturated) on the finger accentuates the phenomena after the varnish has dried. Keep skin of subject dry by rubbing it with cotton.

Strains may be similarly defined. In many instances, one may use the metal end of the condenser instead of the finger for defining the areas. In the latter instance, the Examiner uses his right hand grasping the rubber handle of the C. E. Covering the end of the C. E. with shellac like using it on the finger and passing it very lightly by taps (using feeble current) on the skin, faint crackling sounds (instead of hum) are heard at the borders. In the latter method, the ring must be attached to the left finger of the Examiner.

Fig. 1—Statophone.



The statophone may also be connected with an amplifying apparatus for class instruction.

If connection is made to patient (insulated) with R. and the C. E. allowed to bombard the abdomen or lungs with the current, the plug fixed one way in the socket will dull abdomen or lungs and in another way, it will increase tympanicity and resonance. In the former connection, it will reduce the size of an organ and by the latter connection, its size will be increased. These facts may prove of great therapeutic value.

THE ELECTRICAL NATURE OF MAN

The writer has repeatedly discussed this subject* and he wishes to refer to several new phenomena which are easily verified.

Each atom of matter has always a definite number of electrons, no more nor no less. In this state, matter is unelectrical as far as effects are concerned. It becomes electrified when the number of electrons are increased or diminished. In the former instance, it is negatively charged; in the latter, positively charged. When electrical sparks surge to and fro across the terminals of a gap, electrons leap across until an equilibrium is established. Then the spark ceases because both sides have exactly the same number of electrons. It appears imperative to establish another law, equally important as gravitation and that is, *The Law of Equilibration*. Electricity is generated statically in the human and the charge can be instantly dissipated by placing the body in contact with a ground plate of low resistance.

No physiological or pathological process can occur without the generation of electricity.

In the normal male the right side of the body is positive and the left side negative: the finger tips and toes constituting the poles of the body.

Now, the electrons on the two sides of the body are in equilibrium in the norm and when this is disturbed, electronic pathology begins where physiology ends. Many clinical phenomena are developed from this electronic disequilibrium. Try any or all of the following experiments on a patient facing the geographical west, standing on insulated material (rubber-mat);

(1). Conduct energy from the right finger tips of a male with an insulated wire with non-insulated ends to a ground (faucet or radiator) and note the reduced pulse volume. Similarly ground the finger tips of the left hand and note the opposite effects (increase in volume and rapidity).

(2). Grounding finger tips of left hand (male) reduces heart (or an aneurysm): opposite effects with right hand.

(3). With right foot insulated and left foot grounded, a decided dullness on percussion of right lung ensues and the lower border may recede 5cm. Note like effects on one side of abdomen.

(4). A positively charged glass rod passed over organs causes a diminution in their volume, whereas, the opposite effect occurs with a negatively charged rubber rod.

Percuss organs before and after these experiments

Electronic pathology is destined to play an important role in clinical medicine.

With both feet on ground plates, a negatively charged rubber rod passed over one side of chest or abdomen causes a decided dullness, whereas, opposite effects are noted with a positively charged glass rod.

*The C. E., may retain charge but it is dissipated if subject holds the handle in his hand for a few seconds.

*"Electrical Experimenter," Sept., 1918: *Physico-Clinical Medicine*, Sept., 1918 and March, 1921.

THE BANKRUPTCY OF MEDICINE*
and
SCIENTIFIC ANARCHY

We must build theories on facts instead of making facts fit the theories. It is better to be cured without theory than to be theorized to death. Thus, the theoretician cannot theorize new knowledge out of existence. If such methods were effective, we would now have no telegraph, telephone, aeroplanes or radio apparatus.

The present state of medical practice is an increment of science and a decrement of results. It is an attempted diagnostic consummation with an anticipated autopsy for its confirmation. The laic attitude toward medical inefficiency is one of absolute despair.

The physician may regard the operation as a success despite the demise of the patient but this stoic medicated philosophy is now superannuated.

Cults have arisen in prodigious numbers to make good the deficiency of medicine. All possess some psychotherapeutic value and like many drugs and recognized medical apparatus are only vehicles of suggestion.

In the presence of the sick, one question is paramount, what results can the patient expect? After all, results are more eloquent than theories. Much intrepidity is requisite to destroy medical chaos and the innovator, the scientific anarchist is abused and ridiculed. It is of little moment whether he is dubbed a paranoiac or a charlatan, the real calamity consists in being either one.

There are several questions confronting the physician to which the now educated lay mind demands answers:

(1.) Can I receive benefit without an operation and is it true that one operation demands another? Have surgeons truly evaluated the dire consequences of an operation?

(2.) Can not preventive medicine immunize one against disease?

(3.) If errors in diagnoses occur variously estimated at from 50 to 100 per cent, how can one expect to achieve results assuming the correctness of the observation, "To diagnose well is to cure well"?

The triumphs of medicine are cited in the subjugation of epidemics.

As a matter of fact, it was the entomologist who taught us that trench-fever and typhus were carried by body-lice: that rats through fleas conveyed bubonic plague: that mosquitos were responsible for malaria and yellow fever. Finally, the crowning glory of extermination belongs to the engineers.

Cleanliness imposed on lousiness was not medicine but sanitation.

Dirt is only matter in the wrong place and it is the only invitation for microbic incubation. Germs are mere incidents in the tragedy of infection.

While epidemiology boasts of its triumphs, sporadic diseases flourish in unabated fury. It is nothing to die but it is frightful not to be able to live.

What has electronic medicine done for the prevention and treatment of disease? It has recognized the futility of fighting germs. It endeavors to do what the engineers have done employing as the equivalent of drainage, the

*Reprints of this contribution are purchasable by physicians at cost.

sterilization of a morbid soil. It recognizes not only a transmissible disease like syphilis but of gonorrhoea and even leprosy which is recognizable in an attenuated form by definite reactions (E. R. A*).

It recognizes disease in its incipency just as a barometer portends a storm and does not await the time when it has spent its fury luring the patient to the morgue instead of a hospital.

Electronic medicine is not understandable to either the untutored or non-receptive mind.

Neither the fury of tongue nor the truculence of pen can demolish a truth. Nor can all the wealth of Christendom or the leaders of medical politics accomplish a like object.

The disciples of electronic medicine are too occupied in curing patients to give reply to the ranting cacophony of their proletarian colleagues.

Since the systematized propaganda of denunciation of the electronic methods was inaugurated, hundreds of letters have been received from grateful patients, many of whom have come to San Francisco, to personally express their gratitude.

It was only after much persuasion, that the Editor was induced to publish some of the correspondence. The chief argument in such persuasion was humanitarian; that, to deprive the unfortunate sick of any means of assistance would be an act of cowardice and in violation of the philanthropic motives of medicine.

Already, free clinics have been established and physicians coming from different parts of the world to study the electronic methods, will return to their homes and do likewise.

The discoverer of these methods is erecting a building with free clinics and wards and every cent of his income from his practice is given to this "College of Electronic Medicine," a photograph of which is here shown.

Several innovations will be introduced in the College:

- (1). Department for reforming criminals inasmuch as the Electronic methods show that criminals are mentally diseased.
- (2). Department for racial purification by elimination of soil conditions which invite disease.
- (3). Department for the study of new ideas in medicine, thus thwarting condemnation before investigation.

Endowments are solicited to enable the College Trustees, to distribute apparatus free of charge to charitable institutions and to enable physicians without funds to study the methods and provide them with apparatus.

*Electronic Reactions of Abrams.



(Blanche and Jeanne R. Abrams Memorial Foundation.)

The many factors which have contributed to the rapid growth of Electronic medicine among physicians, were the cure of physicians or members of their family who failed to receive relief by the conventional methods or because other physicians who studied the methods had deprived them of their source of income by curing their patients whom they could not cure.

The Electronic methods are not secretive; they have been described by Abrams in the leading scientific publications—"International Clinics" and "Reference Handbook of the Medical Sciences". It was only when the methods assumed the prominence of threatening to deprive surgeons of their spoils and physicians of their revenues that detractors began their crusade of denunciation. Says one writer, "Abrams acquired an enviable international record long before he launched his Electronic methods. Sir James Barr, past President of the "British Medical Association," published the statement that Abrams did more than all the physicians in Europe and America combined in the diagnosis and treatment of tuberculosis."

REPORT ON THE ELECTRONIC REACTIONS OF ABRAMS

Read before the British Columbia Academy of Science April 27, 1923.

By Dr. T. Proctor Hall
Vancouver, B. C.

(The Chairman, Dr. Hennings, introducing the speaker said:—
"Dr. Hall has no need of an introduction from me. He has been a practicing physician in Vancouver for the last eighteen years, and during two of these he was President of this Academy. His qualifications as an investigator may be inferred from his record. He is an honor graduate of the University of Toronto; received the degree of Doctor of Philosophy in the department of chemistry from the Illinois Wesleyan University; the same degree from Clark University in the department of physics; held Fellowships at Toronto and at Clark; and has been for many years a member of the Society for Psychological Research. He has made a personal investigation of the claims of Dr. Abrams, and we shall be pleased to hear his report.")

EXTRACTS—

"One year ago the name of Dr. Albert Abrams was known only to a small group of enthusiastic admirers, who hailed him as one of the greatest scientists of the age."

"The Electronic Reactions are so far reaching that it is like opening up a new world. The amazing thing is that one man, working practically alone has accomplished so much."

"When anything new is proposed, the strongest opposition usually arises from the class whose pockets are effected by the proposed change. From this point of view, it is easy to understand the opposition of surgeons in general. No surgeon likes to have his art relegated to a secondary position, hence one reason for his opposition to the Abrams treatment. The large drug interests also see danger ahead in the new methods. What will become of the numerous serums which form a large part of the stock-in-trade of the modern medical man. Could you expect the makers of these to sit quietly by while the attention of the whole world is directed to the Electronic Treatment?"

"We can understand the active anti-Abrams propaganda in the Journal of the American Medical Association."*

"My own experiences with the Abrams methods of diagnosis extends over

*This is tantamount to saying, if we do not kill Abrams, Abrams will kill us. The surgical ranks will be depleted for surgery owes its prominence to medical inefficiency and the index of its progress will be in indirect ratio to the number of surgeons and when a civilization can boast of its mortality from natural causes.

only a few months, but I do not hesitate to say that for clearness, definiteness and accuracy it far transcends anything I have ever found before. Where the clinical diagnosis has differed from the Abrams, the latter has in nearly every case turned out to be correct."

"The results of his treatment is too early to estimate with any degree of statistical accuracy. Some of the results border on the miraculous. I would weary you if I were to report to you the recoveries I saw, the blind received their sight, the deaf heard, and the lame walked. The results were most remarkable in the cases that yield with difficulty with the ordinary methods—tuberculosis, cancer and syphilis."

"The outlook is hopeful that we may in the near future, rid the civilized world of these scourges. If this hope should be fulfilled, the name of Albert Abrams will go down to posterity as one of the greatest benefactors of the race. Already his diagnostic discoveries have marked him as one of the greatest scientists of the age."

DISCUSSION

Professor Charles Hill-Tout, F. R. S. C., one of the world's famous anthropologists observed: He spent several days at the Abrams Clinics and endorsed everything that Dr. Hall had said. "He had seen everything with his own eyes". "These reactions are facts". Children will be examined by these methods and diseases may be eradicated early in life.

Dr. Ernest Hall, Member Royal College Physicians, Edinburgh, remarked that, he had attended most of the large clinics throughout the world and what he had learned in them was as nothing, or less than nothing in comparison with what he had learned from Dr. Abrams in one month. Dozens of other physicians had expressed the same opinion.

R. W. FRISCHORN, M. D.

To whom it may concern;

"With malice toward none and charity for all"; with no interest to serve than that of humanity; converted irrevocably to the idea that I am my "brother's keeper" with naught to withhold that which would inure to his benefit do I set out to give some incontrovertible facts which may guide some poor sufferer aright in obtaining long sought for relief which is our plain duty in promulgating the underlying principle of the brotherhood of mankind.

If you will indulge me in giving a history of my fathers case, he having been constantly under my observation while taking the Abrams treatment, I shall account for the change in me from a confirmed skeptic to a conscientious advocate of the treatment to the extent that I am now practicing the same with most gratifying results, and I shall continue to fearlessly, notwithstanding an organized opposition to the same.

The rules of medical ethics are invoked when matters medical are discussed

through the columns of newspapers and magazines but in light of the fact that there is no other channel it does not behoove us to take to cover under fire from the opposition and "hide our light under a bushel" that is beaming for all mankind. Abrams method, however, needs no defense on the part of the practitioner, but the successfully treated cases are the living exponents of its efficiency in treating disease and they herald the glad tidings far and wide.

Far be it from me to reproach those who are hostile to the treatment for had I not had the opportunity to see the wonderful results attained in my fathers case I probably would be one of the unbelievers and hence my charitable attitude toward those who eventually will see as I do.

My father is a man of 75 years, developed cancer of the bladder and rectum, was diagnosed as such by the family physician at Ellwood City, Pa., confirmed by me, and soon after confirmed by the most eminent genito urinary surgeon at Johns Hopkins Hospital where I was given no promise of results which was in full accord with my judgment at the time. I took my father to his home in Pa. and was prepared to await the inevitable. He grew progressively worse, could not void without the regular use of a catheter neither could the bowel perform its function. Loss of weight was rapidly progressive with loss of appetite, and extreme weakness making a most hopeless clinical picture. In the face of this my lay brothers insisted that he be brought to Detroit to try the Abrams method of treatment which met with determined opposition on my part on the ground that he was a hopeless case and the exertion incident might cause a fatal issue. He was brought to our city with greatest care and his case was correctly diagnosed without any previous knowledge on the part of the diagnostician and treatment was at once began with the result that after the third treatment his pain which had been so intense was relieved and after the twelfth treatment he was able to void without difficulty and the bowel function was normal. He has gained progressively in weight and strength and enjoys every minute of life in contrast to a life of suffering and agony previous to his treatment. There can be no question that his life has been prolonged and he has escaped suffering which would have been controlled by morphine in increasing dosage with all the distressing morbid mental processes incident thereto and so distressing to his family and friends.

In regard to radium, I should like to know of a few cures of cancer of the stomach, bowels, bladder, prostate, rectum or uterus. The leaders in radium therapy don't claim to cure but rather to melt down the cancerous growth for a short time and that is not so certain. They will tell you also that there are about five institutions in the country, four having enough radium to be effective, yet there are hundreds pretending to use radium which latter class fall short of meriting your respect and mine when the fact is known; this is glaring charlatanism and can be called by no other name, notwithstanding their connection with and their protection by medical societies of various descriptions.

The above is a recital of facts which I can prove to the most skeptical and I invite your most painstaking investigation to a method of treatment which has spared our worthy father to us, and the purpose of this letter is to bring the treatment to the attention of many sufferers that they may be alike benefitted."

Very truly,

R. W. Frischkorn, M. D.

8430 La Salle Boulevard,
Detroit, Mich.

DR. E. M. TIEKE
New York City

"Report of Mrs. Violet Sack, age 36, has been treated for intermittent fever from May 3 to June 24, by the family physician. Then a change of physicians was advised. A specialist ordered the patient to the Cancer Hospital in New York, which she entered.

She was x-rayed and examined by the most prominent physicians in New York, but after three weeks of daily examination, which increased the weakness of the patient she was returned home, without any diagnosis.

Blood exam. on Nov. by the E. R. A. (Electronic Reaction of Abrams) showed cancer of Transverse-Colon and Splenic-Flexure with marked Leukemia.

Mrs. Sack was then treated over Spleen with D. R. 3 and Colon D. R. 6 and in less than a month the Spleen and Liver which were enlarged, receded almost to their normal size. The swelling in the feet was reduced in two treatments by local application at rate 3.

At the end of the second month she was restored to normal condition and in the best of health now. Has gained twelve lbs".

DR. M. H. GOODHART
Coshocton, Ohio

"The following is an explanation why I am interested in The Electronic Reactions of Abrams.

Two years ago this coming May I became afflicted with a Sarcoma on the right shoulder. In six weeks time it grew to the size of a large cocoonut. At that time it was lanced, for a supposed blood abscess. In three weeks after being lanced I was told I had a Sarcoma that was inoperable. The same diagnosis was made by four other specialists and they all told me that six to eight weeks was the time limit that I could exist. I then took radium and x-ray for two weeks and then I began to think they did have me dead for sure. In thirteen weeks from the time I first noticed any trouble, the growth covered the whole of my right shoulder.

I was then told of the plaster cure and went to a sanatorium at Prospect, Ohio. My stay there was seven weeks and they removed the growth which

measured thirty inches around and weighed thirty two and one-half lbs. I came home Oct. 5th., 1921—and was a convalescent until Apr. 1st., 1922. Returning to my practice at that time and continued seemingly in good health up to Nov. 4th.,—I then returned and had the growth removed the second time. This time was confined four and one-half weeks in sanatorium. While there learned of the oscilloclast. On my return home Dec. 31st., I went to Dr. C. C. Waltenbaugh at Canton, Ohio and took thirty six treatments. One every day for six weeks. No time between first illness and second period was I able to get my hand up to my mouth, and am sure that the movement of my arm would have been less after second plaster treatment had it not been for the oscilloclast treatment I received from Dr. Waltenbaugh.

I hope you will pardon the length of this letter, but I wanted the inventor of the oscilloclast to know what the treatment has done for a human being that the best surgeons and specialists agreed could not live more than eight weeks, and marveled at the rapidity of the growth and in all the history of sarcoma growths, the equal had never been known."

DR. J. R. KIDWELL

Jackson, Miss.

"While I have been using your system less than 90 days, must say, my results are simply marvelous. I have treated many different types of diseases and am proud to say that in every case that I have treated 30 days has showed remarkable improvement. Several cases of T. B. of 7 and 8 ohms have shown negative in 30 days.

In sarcoma of brain as high as 6 ohms, after 10 days, all pain was gone and in 36 treatments. dismissed them. These patients have been sufferers for years. Been treated by all kinds of specialists, many went to Mayos as last resort, but no relief until they took E. R. A. I am treating many of the most prominent people of the city, and every one is singing the praises of E. R. A. and every one of them, 100 or more in pain join with me in congratulations. The E. R. A. is here to stay. My patients are my boosters, and they think like I do, that in only a few years all progressive thinking people will have nothing but E. R. A."

DR. ALBERTINA M. GROSS

Joliet, Ill.

March 28th., 1923.

"The Joliet physicians surely had a surprise last Fall, after my oscilloclast came, when your E. R. A. diagnosed the case of a prominent dentist who had been to several of them.

Your E. R. A. not only surprised them by finding sarcoma of the left knee, but, the very first treatment relieved the pain and treatment the first few

weeks restored normal function to the knee after more than seven years of pain and lameness.

Should you make no further advance, than at the present time, in your work, you have earned more than world renown.

May you be given strength to win the fight which your work has aroused. With sincere sympathy and heartfelt gratitude."

San Francisco, Cal.

March 31, 1923.

"Perhaps you may remember the young man who accompanied Judge Rutherford to your Sea Cliff dwelling one memorable Sunday last November, I shall not forget the impressions that I received that afternoon, particularly the testimony of the Senator from Louisiana whom you had cured of some serious heart trouble. (Aneurysm).

It has just occurred to me that the enclosed letter might bring to you some measure of satisfaction, and convince you that, in spite of the expressed opinions of Henry Ford's and Hearst's publications, you are a real benefit to the poor human family.

I am glad of this opportunity to bring myself to your attention again, and trust that I may have occasion to renew my acquaintance with you in person before a great while.

With every good wish, I am

Faithfully yours,

J. L. Seery."

COPY

Zanesville, Ohio.

March 11, 1923.

"Mr. J. L. Seery,
701 Post St., San Francisco.

My Dear Friend:

You will remember receiving a letter from me some months ago inquiring of you concerning Dr. Albert Abrams. At that time my son was in a hospital with cancer on his right shoulder and his life despaired of. A friend told me of the Abrams' treatment and of the E. R. A. pamphlet that Pearson's magazine was sending out for the small sum of 7 cents a copy. I sent immediately for a copy, and by the time I was through reading it I wrote you.

To make a long story short, my son, who is a noted physician himself, went to one of Dr. Abrams' students, and two weeks ago he returned to his home cured of that terrible cancer that he had suffered with for over two years.

The doctor found the trouble came from vaccination, or bovine poisoning as Dr. Abrams' calls it. He was never sick during childhood; we never had

a doctor for him; but when he was 18 the entire high school were ordered vaccinated and he almost lost his arm at the time.

I feel that it is no more than a courtesy I owe you to write you concerning my son's case. Thanking you again for your kindness in answering my inquiry, I am

Sincerely,
Mrs. J. M. Goodhart."

DR. HELEN RICE WILSON

Oklahoma City, Okla.

March 29, 1923.

"We want to tell you how much we appreciate the privilege of doing this wonderful work. We could never tell you in any other way than to tell you something about our crippled children.

We have eight now and they are all so much better and one is ready to dismiss this week and is so well that people can not believe she was ill at all. When we started the treatment she had been dismissed from our state hospital to die of T. B. and now she is almost the finest thing you ever saw.

Dr. MacManis always told us that this work with the children was the thing you hoped we would all do and we are so glad to tell you we are doing all of it we can. And as soon as this group is finished we will do another group and so on as long as we work with it and there are more children that need it.

Our pay work is going fine but they are not so interesting as the helpless little folk that we have had.

The Diagnosis and the Oscilloclast were wonderful and we thought we were able to do marvelous things with them but now that we have the depolarizer we are amazed every day, the things they help us do for all the patients.

And we are so grateful for it all and we want you to know that we are even though we cannot express it at all well."

DRS. COLES & COLES

Pawnee, Okla.

March 28, 1923.

"We are certainly glad for what you have done for some of our patients. I wish you could talk to some of them, it would make you feel good.

Don't forget, Doctor, you have some warm friends here and living witnesses to the fact that your theory works.

We wish you a long life and happiness."

GEO. W. REID, M. D., D. O.
Worcester, Mass.

March 27, 1923.

"For several months now I have been one of your disciples and I want to express my appreciation of the wonderful work you have done for humanity. The results I have accomplished convince me that your discoveries are fundamental and that you will be considered in due course of time, one of the greatest scientists the world has ever produced. I wish to express the hope that you will live on and on for many years and be able to continue your research work which is so greatly needed. Your enemies may cause a good deal of trouble but they cannot prevail. Like the house built upon the rock, your work will stand throughout the ages."

DR. J. S. BAUGHMAN
Burlington, Iowa

March 27, 1923.

"At this time in your great work for humanity, like all great men, who dared to turn out of the beaten path of the "Old School" in search of TRUTH for the benefit of suffering humanity, the enemy of progress and followers of witch-craft and superstition, are using every effort to thwart the progress of your splendid achievements in behalf your suffering fellowmen.*

E. R. A. will stand as a monument to the benefit of suffering men and women, when your critics and scorners will have died and are forgotten.

As one of your followers, I congratulate you on your great achievement. It is one of the marvels of the world in medical history, and stands alone in Medical Electronic Achievement.

While the number of your followers are quite large for so short a time, I hope you may live to see that number not only increased daily, but become more efficient in the execution of the great work so splendidly laid out by you."

*Even the Osteopaths are joining the crucifiers. Says a writer, "The Florida Osteopath", (May, 1923):

"I think that some one should introduce an amendment to the by-laws of the AOA that any member using methods, instruments, appliances or anything else, including neckties and cuffs, not used by Dr. Still, should be expelled from the AOA and their State licenses cancelled.

Dr. Still never used a radiophone, so all you osteopaths who use such uncanny instruments should cut out the phoney stuff or lose your standing at once."

DRS. BUMPUS & BUMPUS
Denver, Colo.

March 30, 1923.

"I feel like writing you and thanking you for the accomplishment of the Diagnosis and Treatment of heretofore incurable diseases and to encourage you, for the furtherment of mankind, to do all the research work you possibly can, as no one else will for some time be able to accomplish that which you are able to in the wonderful E. R. A.

I trust you will not give ear to the Medical Fraternity who of late would say anything about you or any one else who would offer a treatment that would save human lives if it were contrary to their systems. They would rather people would die, than to get well under your treatment, therefore, what respect do thy deserve.

So any little fake story they may give E. R. A. doesn't amount to anything in the minds of hundreds of thousands of people who know their reputation.

So Doctor, my desire is to say something that may cheer you and help you to do more for mankind and further the glory which is due you."

DR. I. D. CARPENTER
Iowa Falls, Iowa

March 30, 1923.

"I want you to know that the E. R. A. practitioners in the field are not unmindful of the splendid work you have done and are still doing for the benefit of humanity.

We are back of you to a man, and so are thousands of patients who have been benefited.

Nothing of prominence has ever been advanced, that did not first meet with ridicule and denunciation.

Success predominates in Oscilloclast treatments and our failures are only stepping stones to future success."

T. D. MANGUS, M. D.
Moberly, Mo.

March 27, 1923.

"Just a word of encouragement for the wonderful work you have done and are still doing for humanity, regardless of criticism, by those who have never made an honest investigation of your discovery.

Last November I took this course as taught by Dr. Mac Manis and I think its benefits to humanity is unlimited in its scope of usefulness.

I have been a "regular" for over a quarter of a century and to my mind of thinking, your discovery is the most wonderful of this and of all centuries.

I have been practicing E. R. A. a few months, and can truthfully say, I do not think there is anything else in the way of diagnosis and treatment that can be classed with this at all.

Please pardon these few lines, but accept them in a spirit of fraternity, and for the sake of humanity in which I send them.

Wishing you many more years of success along the lines of investigation and research, I beg to remain."

JOHN T. REES, M. D.

Long Beach, Calif.

"I feel prompted to write you a few lines to express my gratitude, also that of my patients, for the wonderful results we have obtained from the use of your system of treatment.

We certainly appreciate your efforts and the wonderful good work you have done for humanity, and notice the good results obtained each day.

I have been very busy in this work, and we even have patients coming in the evening for treatments. It is almost impossible to accomodate all applicants.

Hoping that your good work may continue to expand and reach all suffering humanity."

DR. GEO. H. HANDY

Boise, Idaho

March 31, 1923.

"Just a line and hope it finds you well and happy and not worrying about the Hearst and Dearborn articles, etc. They are not hurting at all but are kicking the E. R. A. upstairs, so to speak, at least that is true here for they are bringing new investigators all the while and soon Dr. Abrams will be lauded to the skies and will be the greatest scientist in the therapeutical world.

I think more of the E. R. A. every day. Yours for success and wishing you health and strength to continue the good work."

DR. A. STOTENBERG

Kansas City, Mo.

April 1, 1923.

"Just a few lines to express my most sincere thanks and gratitude for your untiring and ceaseless efforts to aid suffering humanity. After using your method in treating disease for several months, I am thoroughly con-

vinced it is the most wonderful treatment ever discovered.

And again I wish to thank you in behalf of myself and the many I have treated.

Wishing you a long and happy life, and the best of everything this world affords, I am a sincere follower."

DR. J. W. EISIMINGER
Oklahoma City, Okla.

"To show my appreciation for what you have done for humanity through your good work, I am writing you. Had it not been for the work of the oscilloclast I would have been short a good help-mate, as it is, I have her and credit is given to the E. R. A. treatment.

There are hundreds here that are shouting your praise. There are lawyers, statesmen, and the best and most influential men and women of the city and adjoining villages.

Keep up your good work, I for one am with you, and will do anything I can to further the cause and good work."

D. M. HESTAND, M. D.
Sherman, Texas

April 11, 1923.

"It has just occurred to me that while you are working so hard for suffering humanity, and being assailed by such bitter criticism, it may please you to know there are some who appreciate your efforts and are giving you all the co-operation that may be in their power.

My patients every day express such gratitude for their alleviation from suffering and remarkable restoration to health. Several have expressed their intention of writing and thanking you for the great benefits they have derived from the use of your machine.

I am treating from eighty to one hundred patients a day, and have been having remarkable success with your Electronic treatments. I deem it a great privilege to be enabled to use your wonderful machine.

Rest assured that all those who have taken the treatments in Texas will endorse same and thereby insure your ultimate success in this State. Wishing you a full measure of success and the best of health, I am."

DR. E. L. HARRIS
San Francisco, Calif.

April 1, 1923.

"My heart swells up in inexpressible gratitude to you, for giving to the world E. R. A., and the Oscilloclast. One of the most wonderful therapeutic agents to date, for the cure of the hitherto thought to be incurable maladies of the human race.

Thousands who are being cured by it, will rise up, and call you blessed. It is equally true that some will not permit themselves to receive the truth, but will scoff, and try to put it down, but it has ever been so. But truth if crushed to earth will rise again. The truth as expressed in E. R. A. is here to stay, and is growing day by day.

We are with you until the last gun has been fired and the enemy put to flight.

With very best wishes for your health, and happiness."

P. C. JENSEN, Ph. C. M. D.
Manistee, Mich.

"The originator of the E. R. A., is Albert Abrams, A. M., M. D., LL.D., F. R. M. S. (University of Heidelberg,) formerly Professor of Pathology and Director of the Medical Clinic, Medical Dept. Leland Stanford Jr. University. This talented man has given the best part of his life to scientific research, which has resulted in discoveries of incalculable value and benefit to humanity. Not only can diagnosis be made from a few drops of blood, but the location and strength of the disease can be determined in terms of Ohmic resistance and in its earliest beginnings before symptoms are in evidence.

Every disease has its own specific vibratory rate. And each disease differs from each other by its rate of vibration. Dr. Abrams has invented an apparatus, which gives the specific vibratory rate of every disease, and by applying to the patient the same vibratory rate as that of the disease it becomes curative by establishing a normal rate and mode of vibration.

The highest medical authorities can boast of only 47 to 50 per cent correct diagnoses as proven by Post Mortem examinations, while with Electronic procedure the proportion of correct diagnosis will average over 95 per cent and if correctly applied would yield 100 per cent.

I feel that in not calling the attention of the public to this valuable means of diagnosis and treatment that I am not doing my duty, as a man, a Physician or a Citizen.

This practice is rapidly spreading throughout the world among the followers of this line of practice. I refer to Sir James Barr, Ex-President of the British Medical Association, Liverpool, England.—M. Thomsen, M. D. F. R. C. P.,[†] Dublin, Ireland.—Dr. G. Walters, Hawaii.—Dr. A. J. Cox, Phillipine Islands.—

[†]Dr. Mather Thomsen, F. R. C. P., London, Consulting Physician for Diseases of the Heart to the British Ministry of Pensions.

"I sought every possible means to determine whether the methods of Abrams were consistent inasmuch as they were so astounding and meant a complete revolution of our methods of diagnosis and treatment. Sir James Barr, former President of the British Medical Association, advised me to go to San Francisco. I have no reason to regret my trip. All is true, and the only crime Abrams has committed is to be fifty years ahead of his time."

Dr. P. Samson, Holland.—Dr. K. McBurney, China.—and a number of Physicians from Denmark, France, Japan, India, Mexico and Canada. There are over 400 Physicians from various parts of the United States securing results; (before unattainable) with the Electronic Reactions of Abrams.”

DRS. JANSON
Seattle, Wash.

April 9, 1923.

“You are probably flooded with letters from grateful disciples and patients and I also want to bring you the tribute of my appreciation.

I cannot tell you how grateful I am for the work that you are doing and have done; you are one of the Lightbearers of the World and naturally the mob wants to crucify.

Your genius has produced results that are epoch making; they are going to revolutionize the practice of medicine, as we have known it; destroy its cumbersome and, in its fog, shed the radiance of scientific clarity; replace uncertainty with certainty; its complexity with simplicity.

As I become more and more familiar with this, your work, its importance and scope grows on me,—but it surely plays the devil with the pride of preconceived concepts and the vanity of our accumulated wisdom. Your contributions to pathology are great beyond precedence; to therapeutics, valuable beyond our understanding; in diagnosis you illumine and replace much of which has been merely conjecture with concrete scientific facts.

But, as I said, your revelations are certainly stirring up a hornet's nest and the pharisees are after you hoof and tongue.

I have been ostracised since my return by the Medical Fraternity* who think they have the unadulterated and consecrated truth in their sole possession, but I am not worrying for I am busier than I have been before, am doing better work than I ever thought it possible to do and am getting results so satisfactory and astonishing at times that I can scarcely believe my eyes.

My brother, who has joined me in the work, will call on you shortly and go into some of the details that might be of interest to you. As for myself, I hope to drive down for another visit with you by early fall.

We get, of course, the new developments in Physico-Clinical Medicine, every issue of which, by the way, is eagerly devoured and assimilated to the last letter. The only trouble with it is that it does not come every month instead of quarterly. However, the inspiration of your own dynamic presence is some-

*The Los Angeles County Medical Society recently adopted a rule prohibiting membership to any physician practicing Abrams' methods of treating the sick,—and further, any member found practicing the Abrams' method will be expelled for unethical conduct. In other words, T'ell with patients as long as ethics survives.

thing that you can only partly convey into your journals and that we, who have seen and heard you, feel the need of to get the most out of the fascinating revelations you lay before us.

I do not want to tire you with any lengthy eulogy, but simply express to you my profound gratefulness for the new radiance you are shedding into the complacent twilight of our self-satisfied profession and for your largeness to suffering humanity. The countless will bless your name after your critics have been forgotten.

With my devoted gratitude, I am."

DR. ALFRED J. TARR
Dallas, Texas

April 23, 1923.

"I wish to report two cases that have been diagnosed by nerve specialists, one of them Professor of Neurology and Psychiatry in a Class "A" Medical School, as dementia precox and given up as incurable.

Case No. One: Female, age 30, developed mental symptoms following child-birth, delusions and hallucinations were the principle symptoms, talking incessantly from early morning to late at night; had been confined in an institution for three months, then adjudged insane by the Dallas County Courts, upon the testimony of two well-known neurologists who stated that, in their opinion, she would never recover. The husband, in trying to do something for her, placed her in another institution for mental disorders, but the doctor in charge, after two months, stated that he could do nothing for her and advised sending her to the insane hospital. She was then brought to me. Examinations showed acquired diminished resistance, nervous strain. Treatment was given on the Oscilloclast according to blood findings and continued as long as reaction showed in blood-test—today she is absolutely well.

Case No. Two: Male, age 27, had nervous breakdown followed by dengue fever which left him in a bad mental state. Diagnosis, dementia precox by an eminent neurologist, was confined in an institution for four days at the end of which time the wife was notified that he was dangerous, incurable and should be placed in an asylum, delusions and hallucinations and periods of excitement were the predominating symptoms. Examination showed acquired diminished resistance, cerebral spinal strain. Treatment on the Oscilloclast covering a period of two months restored him to perfect health.

In both these cases, after general reaction had disappeared, cryptogenic findings were treated until no reaction.

In this regard, I might state that I never treat a patient when the blood-test is negative. Of course, I know that dementia precox sometimes has clinical remissions but I do not think the symptoms will return in these cases, because the toxic condition of the blood has been removed, and it was removed before pathological lesions had developed in the brain cells.

It is worthy of mention that I have only treated two cases of dementia precox, both recovering, both diagnosed by eminent neurologists, and that

the length of time the patient was treated was in proportion to the duration of the mental symptoms.

I am treating another case that has also been confined to an institution and pronounced incurable, who is showing remarkable results, and which will be reported later.

I am enclosing letters from these patients which explain in detail the condition before and after treatment."

COPY

Dallas, Texas, April 13, 1923.

Dr. Alfred J. Tarr,

307 Wilson Bldg.,

Dallas, Texas.

"Dear Doctor Tarr:

"I wish to take this means of expressing to you, Mrs. Tarr and your office force my sincere appreciation for your many kindnesses to both Mrs. Thomas and myself during Mrs. T's recent illness and to make a statement of what your wonderful Abrams treatment did for Mrs. T, which statement you may use in any way you may desire, hoping that it may be of assistance to suffering humanity and start some unfortunate person on the road to health and happiness.

On the 4th day of last June Mrs. T suffered a complete nervous breakdown following child-birth. On the 21st day of June I took her to Dr. J. J. Terrill's Sanitarium where she remained until September the 9th. About this time Dr. Terrill advised me that from the type of her hallucinations and her general condition, he was of the opinion that it was a case of dementia precox, that he had done all he could for her and that, in his opinion, she would be permanently insane. At the request of Mrs. T's father, Bishop M., Dr. J. S. Turner was called in for consultation at which time he concurred in the diagnosis. Mrs. T was adjudged insane by the Dallas County Court, both doctors testifying that it was, in their opinion, a case of dementia precox.

Let there might be something undone that would reach her trouble and that she might have every opportunity within our power to provide, before being confined in a state institution, her father and myself decided to take her to Dr. B. H. Turner's Sanatorium in Cleburne. She remained here for two months, at which time Dr. Turner told me that his opinion was that it was a case of dementia precox and he didn't think she would ever recover—and we moved her to your home on November 17th.

Let me here state that what I have herein stated in regard to the other physicians is in no way intended as a reflection upon them or their work. I sought the assistance and services of these eminent and successful specialists because of their reputation and their success in other cases which which I was familiar. I have no criticism of these men and shall always esteem

their friendship. I merely make the statements to establish the fact of Mrs. T's condition.

At the time Mrs. T began the Abrams' treatment, although she had gained physically, she was more nervous, having grown worse day by day from the start of her trouble. She talked incessantly from five or six o'clock in the morning until ten or eleven o'clock in the evening. She was broken out with sores on her head, face and neck. Her hallucinations were of the worst type, she could see the faces of her friends in the walls, would try to grab their hands hanging from the walls. She could hear peculiar and strange sounds, see peculiar lights, colors and visions. Bugs and varments infested her clothes, the bed and the room. There was little or no intelligence to her conversation and she changed from one subject to another in rapid succession.

The hallucinations began to disappear first and by Christmas Day the worse of them were gone and she was so improved that I was able to bring her home, however, for several weeks the hallucinations would return, but in milder form. In about two months from the time she began the treatment, the sores were all gone. After three months of treatment she quit talking to herself and her conversation had gradually become normal but she still held to the things that had been told to her by the other patients at the sanitariums. She accepted them at the time and still maintained that they were true, also she didn't realize her past condition. About three weeks ago she suddenly came to herself; fully realized what her condition had been and has been perfectly normal since. In the past few weeks she has gained three pounds, the first she has gained since she began the treatment.

Further details of the history of her case might be of interest to you. In the fall of 1917, during the protracted illness and just prior to the death of her mother, while in a run-down condition from the duties of the sick-room and keeping house for her father's family she underwent an operation for appendicitis. Shortly after her mother's death she had a nervous breakdown which was much less severe and only lasted a few months. Last October a year ago, she was treated by an ear specialist for an abscess in the right ear from which I thought she had recovered. When you told me that her blood-test showed that her trouble was caused from a place a little above and back of her right ear against the brain, I had more confidence in the treatment. Mrs. Thomas tells me now that she has suffered agony with the ear-ache in that ear for years, but has not noticed any pain there since the early part of the treatment.

A word as to why I gave her the treatment. In the latter part of September following an attack of Dengue Fever, I went to your office for Osteopathic treatment and while there I met a number of patients who were cured and being dismissed, almost ready to be dismissed and others much improved who had suffered from cancer, tuberculosis and other chronic diseases. I began the treatment myself for stomach trouble and was so much improved in four weeks that I immediately made arrangements to give it to Mrs. T.

I wish to congratulate you on the alleviation of so much of the suffering

and sorrow of this world. Again thanking you for your many kindnesses, assuring you of our sincere appreciation and gratitude for what you have done for us, and hoping that you may deem it proper and have the occasion to use this statement to bring the possibilities of the treatment before both laymen and physicians, I am,"

Ever your friend,

(Signed) C. H. T.

COPY

2414 Myers St.,
Dallas, Texas, April 18, 1923.

Dr. Alfred J. Tarr,
307 Wilson Bldg.,
Dallas, Texas.

"Dear Doctor Tarr:

I want to report at this time as to my condition since taking treatment from you. I am well and in good health and feel better than I have for years, and wish to make a statement so that you may use it in any way you see fit to help others who were as unfortunate as I.

On the 2nd day of last September I came to a complete nervous breakdown following with a severe case of Dengue Fever ten days later. I was first treated by Dr. E. S. Gordon, of this city, then as I grew worse my wife was advised that I would have to go to a Nerve Specialist, so was informed that Dr. J. J. Terrill was about the best to be had here in Dallas or State, so my people immediately rushed me to the Timberlawn Sanitarium which is under the supervision of Dr. J. J. Terrill, a nerve specialist.

I was there for about four days, during this time I was gradually getting worse, finally my wife was notified that they could not do me any good as I was incurable and dangerous to be around and suggested that I be sent to an Insane Asylum.

I was taken back home, all of my people beginning to think that they had done about all that could be done when my Mother-in-law, after talking to several other Doctors of this City, happened to think of Dr. Tarr, knowing from past experience that he was a very prominent man in various kinds of diseases and so called on him and held a consultation, not knowing at that time about the Abrams' treatment. After a brief consultation Dr. Tarr took my blood and made a thorough test of it, advising that I could be cured by this wonderful Abrams' treatment.

We then immediately made arrangements for the treatments and after taking only seven or eight treatments I began to make wonderful improvement, and after two months I was a new person, my mind had cleared up and I began to feel better than ever before. My maximum weight, before I took the treatments, was 165, today I tip the scales for 184 which is more than I ever expected to weigh and I have been busy since the first of the year, feeling

good all the time and perfectly well. All this I feel greatly indebted to Dr. Tarr and his wonderful Abrams' treatment.

Anyone desiring further information as to my case and results of the Abrams' treatment to me can easily obtain it by calling me up Phone E. 3167, for I will gladly give it the highest recommendation of any treatment.

Yours very truly,
(Signed) H. A. S.

DR. L. E. STAFF
Jacksonville, Illinois

March 30, 1923.

"I merely wish to say that I have been using the Oscilloclast several months, and that I am convinced that the E. R. A. is a valuable procedure in therapeutics. As evidence of my conviction I have purchased a twenty room residence (which had been remodeled to be used as a hospital, and later abandoned), which I am planning to fit up for practice.

I feel that I have merely touched the surface of the great truth, which you have been working so hard to unfold, and present to your fellow practitioners, and I trust that you may persist undaunted in your work, in spite of the opposition of those who have not seen the light."

DRS. A. and C. MOLYNEUX
Jersey City, N. J.

March 30, 1923.

"We are developing a very good E. R. A. practice and the results are truly marvelous in many instances. If you could hear the unstinted daily praise of E. R. A. by the people who have been relieved of long standing illness and suffering, I am sure that it would make you feel more than ever that your self-sacrificing work in developing this method is more than justified. This wave of thankfulness of course is not only going up from here, but from every office in the world where your methods are used, and some indication of its volume was given us at the recent Eastern E. R. A. meeting held in New York.

We had about 90 doctors who are authorized to use your method, in attendance and it was certainly a wonderful inspiration to hear their reports of the good that is being done by E. R. A. Everyone who attended left with unbounded enthusiasm to spread the gospel, and a feeling of greatfulness in their hearts for the one who had made it possible, Dr. Albert Abrams.

Only the other day we had a patient come in (who had already been very much helped) who learned of your work through a conversation aboard a Pullman in California, by a man who had been cured. This is just a slight indication of how the good news is spreading and another assurance that no matter how much unjust criticism is indulged in by self appointed critics, that

the truth can not be obliterated. We are more thankful every day that we had the wonderful privilege of meeting you and studying this work in your clinic, as we realize more and more the great value of that experience. With kindest regards and trusting that this finds you well, I remain."

DR. JENETTE H. BOLLES
Denver, Colo.

April, 9, 1923.

"Although you will not remember me personally, I had the pleasure of meeting you at Los Angeles, and at your clinic in July. Later I took your course with Dr. J. V. MacManis at Kirksville, and have been practicing E. R. A. since the middle of November.

In the face of the determined and unfair criticism which has been directed against you and your followers, permit me to say that so far as I am able to judge, it has not influenced the people with whom I come in contact one iota.

All fair minded individuals can see the selfish and personal motives underlying these attacks.

Personally, I am more and more convinced each day of the value of your discovery to suffering humanity. Because of your ideal, you have made many things possible, which heretofore had been impossible.

Who can calculate the debt the world owes to those who, like you, have had a vision, and even though branded as an imposter, have stood their ground even though the whole world opposed.

Assuring you of my faith and loyalty, and of the confidence of the hundreds in Denver who have been restored to health and strength through the use of your wonderful inventions, I am."

C. P. BRYANT, M. D.
Seattle, Wash.

"Mrs. C., 48 years old, has a large carcinoma of the vagina (verified by pathological section which section which I had examined by our best pathologist here in Seattle, because I felt no diagnosis of carcinoma would be acceptable without the report of a pathologist). This tumor protruded from the vagina which gives us an opportunity to watch the effects of the treatment. It is very hard, bleeds when touched, very foul and extremely painful. One of the prominent surgeons here gave the patient no hope and declared the cancer entirely inoperable. He recommended radium or x-ray and sent the patient to a specialist in this treatment who also declared the patient beyond help and declared she was beyond radium or x-ray. When I first examined the patient, I felt the same hopeless prognosis was evident but as the patient was very anxious to try the oscilloclast, I consented. Her ohmage was 22 but by the third treatment all pain disappeared and she had the first real

night's sleep in over four months, the hemorrhages were controlled and the appetite returned. She has been under treatment six weeks, has gained nine pounds and shows every promise of complete recovery. The tumor has reduced more than a half of its original size."

"A second case of like nature is 72 years of age—refused operation on account of age and exhausted condition. She had been diagnosed as having carcinoma of the pylorus, was retaining nothing, not even water and had to be carried into the treatment room. She had no faith in the treatment and protested being forced to undergo treatment but her sons insisted. She made a complete recovery in less than two months and is able to eat everything set before her, is doing her own work and says she never felt better nor slept so well.

Two cases of arthritis deformans have made signal progress, one of which is the wife of a physician here. Several tubercular cases have made the most remarkable strides and no doubt will soon be entirely recovered.

I am having some difficulty with asthmatics and diabetics though one case of asthma is cured (I believe) after 40 years suffering.

I wish I had a chance to have a long talk with you. We are making enough cures here that a part of the opposition to this wonderful discovery is being broken down. I do hope Dr. Abrams will get a share of the honor due him before he dies."

"I have been having some brilliant results in the past two months, especially with Chronic Rheumatism, Epilepsy and two cases of cancer, one of which has created a great stir among the medical men here, as it is one of their cases given up to die with a positive pathological section. The patient has gained eleven pounds and is free from pain and the tumor reduced to almost half."

DR. LEO C. HARRISON

Cherokee, Iowa

March 266, 1923.

"This letter is to express my appreciation for the wonderful blessing that you are making possible for humanity.

I also speak for some cases that have again seen a hope of recovery and good health under my application of your methods. While I only have been running a short time the improvement in these cases is apparent and very remarkable. The cases were heretofore classified as incurable."

Wishing you health and strength to carry on the good work, I am."

L. D. CLARK, M. D.

Akron, Ohio

"The writer had read much about this theory, (Electronic) both pro and con. He had talked with many people who have taken treatment based on this theory, but was not convinced that all claims made by those favorable were correct, any more than those unfavorable were correct, even though

patients having had treatment were enthusiastic over it.

The claims of those having been treated seemed too good to be true, and those who discredited the Abrams theory, or those who will have nothing of it, certainly have not investigated it, know nothing about it, and deem it too chimerical to merit a second thought.

Articles appearing in the press deprecating or discrediting the Electronic Reactions discovered by that wonderful man, must be paid propagandists, knowing nothing of the man, nor the rudiments of this remarkable theory.

Having more than an ordinary experience in both medicine and surgery, I was over a week in picking out the thread of this theory, and to be able to differentiate the quality of tones sought in making a diagnosis. With a less able teacher than Dr. J. W. King I would have been longer, it being so unlike anything in either medicine or surgery.

It must be borne in mind that this is the age of revolutionary progress, and the impossible thing of today is the accomplished fact of tomorrow. Facts are what the people are entitled to.

To satisfy myself of the truth or falsity of the remarkable claims made for the Abrams theory of Electronic Reaction, I attended the Eastern Laboratory at Bradford, Pa., for a period of four weeks, a sufficient time to make satisfactory observations.

The disease known, the treatment thoughtfully scientific, is simple and positive, as all guess work is eliminated. Sterilization of infections wherever located takes place, underlying causes of malignant and other diseases are destroyed, and wonderful to relate, many, many cases of cancer, syphilis and tuberculosis, curable by no other means, recover as though by magic.

Dr. Abrams has placed in our hands co-operative means which often restores the sick to health when all other means have failed, and what a pity that bickerings and factional strife are preventing the medical profession from being just, and thoroughly investigating the Abrams theory before they condemn it.

Dr. Abrams Electronic Reaction for diagnosis and treatment is here to stay. Suffering humanity will not ignore it, and those schooled in the art of healing dare not.

In Upton Sinclair's article, "The House of Wonder", the story is not half told. It is the most marvelous discovery ever made in the history of the art of healing."

ADDRESS OF WELCOME TO THE ABRAMS E. R. A. GRADUATING CLASS,

San Francisco, Calif., March 1st., 1923.

By C. M. Vaughn, M. D., or Tulsa, Okla.

"Mr. Toastmaster, Ladies and Gentlemen:

In this beautiful city, nestled among hills, as was ancient Rome, there was born several decades ago a babe like unto all other babes. No hint was then given that a new benefactor to mankind had arrived in the Golden West.

At a precocious age he developed a seriousness and penchant for intense study enabling him to couch his lance and enter the lists to win immortal fame through his discoveries and contributions to medical science. A close student of anatomy, physiology and chemistry he has astounded his contemporaries with his remarkable advance through in physics and mental science. Breaking the chains which fettered him to small things and conventional ideas he enunciated a new and revolutionary system for the diagnosis and treatment of disease, known as the Abrams Electronic Reactions, which will shed a halo around his name through ages to come, causing millions to rise up and call him blessed.

He has made it possible for us to partake with him of the fruits of his great work and tonight, as his graduate-children, he bids us God-speed in furthering the noble cause born in his wonderfully fertile brain. As his approved disciples we must go forth into the world with the welcome news to sufferers that in the E. R. A. there is offered the safest and best that has yet been evolved for the alleviation of the ills of mankind. We MUST measure up to and fulfil the ideals of our great teacher, and I believe we will.

Every great undertaking has its detractors in the little minds incapable of scaling the heights. The E. R. A. is no exception. It has and is still being buffeted upon turbulent waters; but the fundamental principles are unassailable, and it will emerge triumphant.

The time is coming, yes, is near at hand, when justice shall wake to bid our oppressors wail. So I say, toil on, have faith, be known by your honesty, belief and results; your virtues are written "up yonder", they are transcribed on the roll of Heaven in characters of radiant light and a just God holds the balance.

Though our detractors are spreading themselves like a green bay tree, though their iniquitous propaganda appears to prosper, and depravity and corruption stalks abroad in the full blaze of the noon-day sun,—yet the avenger is behind. Lying and vice will not always prosper—virtue will have its reward. Hoary-headed jealousy and selfishness will feel its death blow and totter to the grave.

A brighter morn awaits the human day, when every transfer of earth's natural gifts shall be a commerce of good works and words; when poverty and wealth, the thirst for fame, the fear of infamy, disease and woe,—war, with its million horrors and fierce hell shall live out in the memory of Time who, like a penitent vagabond, shall start, look and shudder at his younger years:

THEN—"TRUTH crushed to earth shall rise again,
 The eternal years of God are hers—
 BUT—ERROR, wounded, writhes in pain
 And dies amidst her worshippers."

OSTEOPATHIC PROFESSION

San Francisco, Calif., April 13th., 1923.

After reading current number of "Achievement" I desire to record this message in your Journal. E. R. A. accepted and skillfully practiced by the Osteopathic profession would insure and perpetuate its growth as an independent school of practice. It in no way detracts from but encourages the Osteopathic idea. I do not believe the most doubting doctor could spend three months in an Electronic college in earnest seeking and fail to become completely satisfied in diagnosis and treatment by E. R. A. An occasional doctor who fails to diagnose correctly or get good results merely confirms that it is the man behind the gun who fails or succeeds. Have seen scores of Osteopaths fail because they could not grasp the osteopathic concept or develop its technique. Some went over to drugs completely some became mixers. E. R. A. will have its failures but that does not detract from its great truth. Osteopaths could as well batter their heads against a stone wall as to try and crush E. R. A. by humor, ridicule or organizations voting against it. The vital thing for osteopathy is not to commit suicide in an effort to crush E. R. A. but to give it the chance osteopaths early existence required that it may develop its entity for the welfare of the world. Let us not follow in the steps of osteopathic detractors and let us avoid being the cats paw for the dominant school of medicine. Let them wash their own dirty linen and let osteopathy in its conciliatory if not co-operative spirit take its rightful place as the ascending profession of the race. Doctor Albert Abrams after his sincere, genuine, exhaustive, ceaseless study and research of twenty years accords the osteopathic profession the greatest privilege and opportunity of its existence since the beloved founder of osteopathy gave his science to the world.

Dr. Fred. E. Moore,
Former President American Osteopathic Association.

A TOAST GIVEN AT THE BANQUET OF THE FEB., 1923 E. R. A. CLASS

March 1, 1923.

By Dr. O. L. Harper, St. Paul, Minn.
DR. ALBERT ABRAMS, TOASTMASTER

"I wonder how many feel as I do about these last four weeks.

To me it has been the happiest month of my life. To be alive at this time and to have sufficient intelligence to recognize the value of this limitless sea of knowledge that is flowing into the human consciousness has brought such joy that at times it is almost painful.

A new cycle has begun for this old earth of ours. The darkness of ignorance and deceit is being penetrated by the light of knowledge and truth. Even

prejudice, like a black shadow, will disappear when the radiance of this Day is at the zenith.

Why do we take such an interest in eradicating disease? Why do we want to be in a perfect state of health? Someone answers, "Because it will make life more enjoyable."

You are quite right. It matters not whether we are a "hyphenated biped with a pain in our back," or a cussing youngster with a cigarette in our mouth. Each and every one of us wants **life and more life!**

Has it ever occurred to you that the manifestation of life is entirely dependent on the object it animates? Each phenomenon is a **magnet** that attracts the life force. The expression of life energy is always in proportion to the **capacity**, the attractive power, of the magnet.

The human foetus is in the world of the uterus over four months before it has sufficient animus to produce a heart beat. Human intelligence can only find expression through human bodies. If we improve the bodies, we will advance the consciousness of the race. The human body is like a mirror. It will attract and reflect the radiance of life in proportion to its perfection—in proportion to the normal balance of its electronic energy.

Doctor Abrams has brought us a new means of repairing and polishing our body mirrors. The basis of his system is **limitless in scope**. He finds the same law that governs the smallest primordial unit also applies to the most complicated phenomena in existence. His is a universal message wholly constructive. His only warfare is on ignorance and disease. He tears down only to make room for expansion.

In the field of medicine he scientifically demonstrates the specific action of certain drugs on disease.

In the realm of mechanics the E. R. A. can prove the increased efficiency of the human organism following the correction of Osteopathic subluxations.

In the world of thought the Electronic Reactions of Abrams demonstrate the power of thought and prove the phenomenon of thought transference. "As a man thinketh so is he." The right kind of thinking, if continuous, can make and keep us well.

The E. R. A. is a great search-light that penetrates all the kingdoms of creation and reveals the real nature of each phenomenon. The mineral can no longer remain in concealment. The E. R. A. discovers its polarity—its particular aspect of life.

The vegetable kingdom takes on new and special significance in the light of the E. R. A. Diet need no longer be a matter of experiment and chance. We can now choose food that vibrates in harmony with each of us and that has the beneficial opposite polarity. If we are most like an onion, we can eat onions. If a cabbage represents our caliber, let us eat cabbages.

The same principle applies to the animal kingdom. We are all the "eaters and the eaten." While we are at it, why not select the animal that will be good for us?

The law of "like seeks like and finds affinity with its own kind" can be consciously and intelligently fulfilled. In the future only people with har-

monious vibrations and an opposite polarity will marry. Such a union will produce happiness, because it will stimulate the unfoldment of consciousness.

The Electronic Reactions of Abrams can show whether it is possible for a "lion and a lamb to lie down together in peace and harmony."

This is the age of universal knowledge. It matters not whether a man is a Chinaman, a Frenchman or an American; a black man, a white man or a red man; a Mohammedan, a Christian or a Jew; a Republican, a Democrat or a Socialist; a fundamentalist or an evolutionist; a monist or a dualist; a truthful man or a liar—the Electronic Reactions of Abrams will invariably reveal his number.

Latent within the breast of each of us is a desire for growth. It is that life force within that constantly drives us forward. It is often a painful process.

Dr. Andrew Taylor Still tells of being butted by a goat during his sleep. Night after night, in the dream state, a goat would knock and butt him about until finally Doctor Still gave birth to the Science of Osteopathy. After that, the goat left him alone.

Doctor Abrams says, "I never have had any fun and never expect to have." Why? Because he has a work to do in the world that no one else can do. All the forces of the universe combine to urge him towards its completion. His brain is the instrument especially tuned for receiving.

His work is to help bring the dead to life. We have been "dead in the graves of bodies" long enough. By freeing the body from disease, the capacity for human intelligence will be increased. "Life radiates throughout all creation according to the degree of receptivity."

If our Doctor could know the extent to which his life will penetrate every phenomenon in nature; if he could realize the love, the gratitude, the adoration, that the human race will have for him as long as records last, he would be happy now as well as hereafter. For his is an eternal gift that will produce eternal results.

"Consider—how the candle weeps its life away that it may shed its light."

You see, Mr. Toastmaster, we want Doctor Abrams to be happy."

THE TRUE PHYSICIAN,—HIS LIFE WORK

A Valedictory Address delivered before the Graduating Class of the
ABRAMS CLINIC

At San Francisco, Calif., March 1st., 1923.
By Howell B. Gwin, A. M., M. D., of Tulsa, Okla.

(Extract)

"For weeks we have received personal instruction from Dr. Abrams, the illustrious founder of the system of diagnosis and treatment by Electronic Reactions. There has been done before our eyes things which bordered almost

upon the impossible and certainly the miraculous. But nothing has been said or done that has not been fully proven. Today this Abrams system of diagnosis and treatment is engaging the serious attention of the scientific thoughtful minds of the world; it is being assailed and belittled only by those whose minds are so shallow as to be unable to make intelligent investigation. Indeed, it is meeting with the same obstructions encountered by every worthwhile contribution to science and to the uplift of humanity. But you know, and I know, and every graduate of this institution knows that the Abrams Electronic Reactions while far in advance of the age have come to stay and will withstand all vituperative attacks and emerge triumphantly as the only scientific, mathematically correct method of administering to the ills of humanity."

J. F. ROEMER, M. D.

Waukegan, Ill., May 9, 1923.

Kimball Young, Sub. Dept.
Hearst's International,
119 West 40th Street,
New York City, New York.

Dear Sir:

"We received your letter this morning concerning the renewal of our subscription and I desire to state emphatically, that I consider the International too low-down to be given a place on, even the poorest doctor's office table.

"By their fruits, ye shall know them." I happened to be in Dr. Abrams office when your writer, De Kruif, was there. I remember the conversation well, and then after having read the article, which he wrote, condemning the entire system, and with what little truth there was in it, I can candidly say, that any journal that will print such stuff, should not expect any decent physician to subscribe for it. If De Kruif's article on Abrams is to be taken as to the value of the other articles printed in the "International," then the "International" had better get out of business, unless it wants to work an irreparable injury to the suffering public.

The only correct facts found in the article, was his description of the rooms and furnishings. Those were correct. Having studied under Dr. Abrams for twelve years, knowing his work, knowing the man, knowing the methods, knowing what it will do for suffering humanity; I can say, if "Hearst's International" wants to do what they claim they desire to do, then they should send a competent man to study the system and give to the world, that which the world needs. Abram's work will not take the place of any other known therapeutic measure, but it will assist, after other measures have failed, in accomplishing better work. And it will do what no other one has done, or can do. The suffering public are entitled to the very best, and it ill behooves an influential

body of men to decry anything, that will assist them in the regaining of their health by lowering themselves in the promulgation of such a screed as the "International Magazine" printed, written by De Kruif.*

Yours truly,
J. F. Roemer."

REVIEWS

New Concepts in Therapeutics: Dr. A. Le Prince, National Correspondent of the Société de Médecine de Paris. *La Cote D'Azur Médicale*, April, 1923.

In this communication reference is made to Abrams' conception of the human organism, viz., that human cells can be considered as an aggregation of atoms reducible themselves to infinitely small corpuscles called electrons. Physiologic phenomena are only manifestations of electronic energy. Pathology is only the manifestation of electronic energy in disequilibrium. In the first instance the vibrators are normal; in the latter, abnormal. All cells are different, but each is such to determine the characteristics of the organism, and if one cell varies so do the others conjointly. The nervous centers can be considered as the natural center of the nervous forces. The activity of the central nervous system is due to an accumulation of energy in the centers.

All human phenomena are comparable to the propagation of vibrations in physics and to the phenomena of interference. Each detached electron of an atom constitutes an ion, and the physiologic activity of the cell is a continual ionization.

The study of drugs based on Abrams' conception is discussed in detail and it is shown that all specific drugs vibrate in unison with specific diseases.

Testing the Potentiality of Drugs: Drs. B. C. Woodberry, Boston, Mass., and H. B. Baker, Richmond, Va. *Homeopathic Recorder*, November 15, 1922, and December 15, 1922.

Reference is made by these authors to the *Electronic Reactions of Abrams* which have been the subject of discussions in various Homeopathic State Societies. Abrams' conclusions show that the more diluted the medicine the more the potency is increased. Abrams contends that all matter is radioactive,

*This so-called "investigator" spent one-half hour with Dr. Abrams and refused to be shown anything. He evidently didn't wish to be prejudiced in his article.

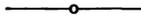
This De Kruif is somewhat on a par with one Frank Rieber, a "celebrated" electrician of San Francisco, employed by another "Misrepresentative Weakly," who knowingly tests a circuit containing air gaps with a galvanometer. O Infernum! Quid boni?

hence electronic in ultimate analysis. They cite certain historical data which are of extreme interest.

The J. A. M. A., June 10, 1922, is cited in which a single milligram of thyroxin is capable of producing a rise of two per cent in the basal metabolism in a man of 90 kilograms in weight. Laboratory animals have been killed by a few thousandths of a milligram of toxalbumin of the castor bean. Brams recently stated that thyroxin is of such extreme potency that 1 mg. administered daily to a normal individual will produce toxic symptoms.

Among the methods for determining the potentialities may be mentioned Hahnemann's provings of the magnet. Reichenbach's theory of the Od Force and Neuranalysis are mentioned. They cite the work recently done by Dr. W. E. Boyd of the University of Glasgow in the interests of the British Homeopathic Association relative to the proper selection of the remedy and proper potency by aid of the electronic reactions.

Abrams considers congenital syphilis to be in all probability identical with what Hahnemann calls Psora. "If this should be found to be true, this kind of destroyers may offer some possible hope of ultimately being eradicated from the human race."



(1) A Study of Sympathetic and Vasomotor Pathology with Citations from the Latest Literature on the Subject:

(2) A Collection of Reviews of the Literature of Spondylo-Pathology:

(3) The Relation of Malformation of Body Segments to Visceral Diseases.

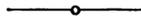
J. Madison Taylor, A. B., M. D. and Henry Winsor, M. D.



This is a masterly contribution on a much neglected subject. Doctor Taylor has carefully collated all the known effects embraced under Sympathetic and Vasomotor Physiology. He shows that the relation between the blood, the vessel walls and the vasomotors are so intimate that distinction, between diseases of these three are hardly warranted inasmuch as they are interdependent. There are 121 citations from the literature bearing on Taylor's observations.

Winsor concludes that diseased viscera at necropsy are found to be associated with curvature of the spine in over 90 per cent of cases. Most of these curves include a malformation of the entire segment involved.

Repeated reference in these articles is made to Abrams' Spondylotherapy.



New Ways for Healths Dr. J. Allenby Patteiouex. The Herald of the Star, London, England, March, 1923.



This article presents in a popular way Abrams' conception of disease. Dr. Mather Thomsen of London, England, is quoted as saying, "I came thousands of miles to investigate the methods of Abrams. I used every possible means

to determine whether the methods of Abrams were consistent inasmuch as they were so astounding and meant a complete revolution of our methods of diagnosis and treatment. I have no reason to regret my trip. All is true and the only crime Abrams has committed is to be fifty years ahead of his time."

Human Energy: Dr. Horace B. Coblentz, Washington, D. C. J. A. M. A. A., November, 1922.

Dr. Horace B. Coblentz, whose recent death was deplored by his many friends, contributes an article on this subject.

"Dr. Albert Abrams has given to the world at large more than all other medical men combined. Those who have become trained in the Abrams' reactions can only marvel at the untold countless hours which the Doctor must have given to the proposition to have developed it as he has, and that a man of his years could have found time to educate himself and then have any time left to get such a fund of specific knowledge together causes the thinking man to stand in wonderment at it all. He talks as if he had done nothing and seems to feel that he is on the verge of a great discovery, when as a fact he has made the greatest number of discoveries of all leaders of scientific medicine."

"Under Doctor Abrams' hand and mind medicine has for the first time become scientific, and unless the medical world shall take hold of this great discovery with open mind and hearts free from professional jealousy they will fail in their calling. Doctor Abrams has left no cause for medical persecution, and with the medical profession open minded this great work might long ago have become a saving power throughout the world of medicine, and if it were not a greater discovery than all others it would not now be treated with such contempt by the political medical heads."

"Those who have been examined under this method, those who have had blood tests made by this method, all stand aghast at the wonder of it all, and the mentality toward the E. R. A. and the Oscilloclast of the physicians who are using it is very markedly one of great reverence and Doctor Abrams stands in that light to those who see and work with him. He becomes almost a High Priest to be revered by them as such."

He finally cites Herbert Spencer who says, "There is a principle which is a bar against all information, which is proof against all argument and which can not fail to keep a man in everlasting ignorance, that principle is condemnation before investigation."

Revolution in Medicine: H. Fergie Woods, M. D., M. R. C. C., F. R. C. P. A. V. J., London, England, January, 1923.

This article refers to a revolution in medical science with literally infinite possibilities. "Abrams is not exactly popular in America. A man who

discovers a method that turns established diagnosis and treatment upside down, who denounces and proves obsolete the Wassermann test, who accuses vaccination of propagating syphilis, and who affirms that the germ theory of disease is only a chimera—such a man is not likely to be welcomed and honored by the dominant school. But Abrams is profoundly unperturbed by what others think of him or his work. His day will come, but whether in his lifetime or after his death matters not to him."

(Woods refers to Dr. Boyd of Glasgow, who claims to possess an improvement on the Abrams apparatus and mentions that he employs saliva instead of blood for diagnosis. Mind you, a product taken from the mouth, nature's colossal incubator. This is polydiagnosis* with a vengeance.)

Philosophical Concepts and Facts of Diagnosis and Therapeutics: J. M. Heimbach, M. D., Kane, Pa. Read before the Eastern Homeopathic Medical Society, Renton, New Jersey, October 27, 1922.

"The dominant medical profession (and for that matter we are all more or less guilty) have been trying to deal with guards and outposts of all kinds and have not been broad enough in their vision to discover the main army headquarters which constantly replaces the individuals that have been dealt with. When I think of the number of high class specialists that have developed to charge these outposts, and the remuneration they receive for this target practice, it is no wonder they fight the Electronic Reactions of Abrams which seek to discover the source of this target development and aim to destroy the root instead of only pruning the branches. Let us, therefore, make our utmost efforts to discover the cause of discord and treat the patient before disease manifests itself. Let us do this work before the fruit ripens sufficiently for the surgeon to prune and plug and reconstruct, to make the best of what is left of these mortal bodies. Diagnosis and pathology have been wedded too long. It is time they are granted a divorce and Miss Diagnosis is made to manifest herself and antedate the arrival of Pathology, and avoid his possible entrance into human economy. The Electronic Reactions of Abrams will help to do just that thing."

The Cause, Prevention, Reduction and Conquest of Cancer: Robert Bell, M. D., F. R. F. P. S. The Medical Times, London, England, January, 1923.

This author observes that sarcoma is not rare in fish and that cancer, however, is not found in fish. He requested Abrams to ascertain the correctness of these observations. The latter found that fish contain antibodies destructive to cancer but not to sarcoma.

*It is impossible to sterilize the mouth. Here we have moisture, warmth and filth for aiding pathological conditions and bacterial growth.

An E. R. A. Critic Criticised: William Callaway.

This article is a review of articles which have appeared in two publications bearing on the work of Abrams. These pamphlets are sold for popular distribution by the writer who is located at 5573A Enright Avenue, St. Louis, Missouri. It is unfortunate that the public must be taken into confidence in matters dealing with strictly scientific subjects, but the writers whom he condemns betray such a woeful ignorance of science in their endeavors by unverified allegations and empty rantings that the public must be considered when the questions pertaining to health are subjects of discussion.

Cancer and Its Significance: Dr. Francis A. Cave, Boston., 359 Boylston St., This is discussed from an Electronic viewpoint with the usual Cavian explicitness. "Antiquity", he says, "Should not privilege error nor novelty prejudice truth." Dr. Cave would be pleased to send copies provided stamp is sent with the request.

ELECTRONIC MEDICINE

7th Cervical Spine: Insomuch as the success of splenic sterilization is dependent on the location of the spine, recent investigations show that, if one percusses upwards, the first spine yielding an absolute dulness is the 7th cervical.

Massive Treatments: The results from treatment with the oscilloclast are in direct proportion to their duration. Preceding treatment with the depolarizer it can be shown that in some diseases, notably syphilis, the reduction in ohmage averages one ohm for every hour's treatment. In desperate cases, it is advisable to employ an oscilloclast at the patient's home thus executing treatment durnig an entire night with slight intervals of rest.

Statophone: This new diagnostic apparatus is described in this issue.

Suspended Magnet: See "New Apparatus."

Fat: Dr. C. Stone, Los Angeles, refers to the great value of the Depolarizer for the removal of fat. It is applied over the fat deposits (double chin, fatty heart). It is suggested that the depolarizer precede the use of the oscilloclast at the appropriate destructive rate for fat.

The specific report of Dr. Clara Stone of Los Angeles is as follows: In one case of lipoma of the neck the tumor disappeared after 10 or 11 depolarizations

of 5 or 6 minutes each accompanied by general treatment. Two cases of double chin were treated. One woman had undergone anti-fat diet with no diminution of double chin. Depolarization lasted for 5 or 6 minutes. One case had 11 treatments and the other case had 20 treatments with SS3 in each case with the result that the double chins completely disappeared.

Cutaneous Tuberculosis: Many obstinate skin affections* yield a tuberculosis reaction and are amenable to the oscilloclastic treatment for tuberculosis. Gabbage locally, SS, 3 (luetic soil) and 5 (TB). Dr. Pitt Wade, Colorado, reports a patient who had received no benefit from many dermatologists for a skin affection of many year's duration but which yielded in a few weeks to the treatment suggested after he had made a diagnosis of skin tuberculide.

Metastasis: What determines metastasis? It has been found that when the site of a neoplasm shows a local reaction of congenital lues in excess of 1 ohm, it also yields a metastatic reaction (carcinoma, VR. 56; sarcoma, VR. 38). As a rule, a non-metastatic tumor rarely shows a congenital luetic reaction in excess of 10/25 of an ohm. Acknowledgment of this fact emphasizes the importance of the local treatment for lues.

Actinomycosis: Dr. Samson, Santa Cruz, Calif., forwarded a blood specimen of a patient with a breast tumor. No reaction of a malignant tumor could be elicited. Confronted with the patient there appeared to be no clinical doubt of malignancy. A direct examination of the tumor elicited a reaction of actinomycosis which was demonstrated as correct by the microscope.

Pith Ball: Those familiar with Abrams' experiments with the electroscope, will find an inflated toy balloon useful for demonstration purposes. It is charged after tying the vent with silk thread by grasping it firmly and stroking it on fur or cat's skin. It is then held suspended from the thread.

MISCELLANY

Southern Electronic Society: This organization, Dr. F. Cook, Los Angeles, President and Dr. W. M. Kendall, Ocean Park, has for its object the advancement of **Electronic Medicine** and the mutual protection of the E. R. A. practitioner. The annual dues are one dollar.

Efficiency: The E. R. A. practitioners should acquaint employees with the methods of splenic sterilization for increasing the efficiency of their employees.

*In alopecia areata one may elicit a TB reaction over the bald areas.

Andrew Carnegie once said, "Employees are mostly about 50 per cent efficient, some are 60 per cent, a few are 70 per cent, fewer are 80 per cent, and almost none 90 or 100 per cent.

In this statement he points out a great loss to the employer, as salaries are usually based on an efficiency of 100 per cent.

Dr. J. V. Mc Manis: The following is issued from the "Kirksville College of Electronic Medicine."

"We had hoped that the necessity of answering the many personal slurs, as well as the personal criticisms hurled at us, our Institution and the things for which we stand, by Dr. George Laughlin, could be avoided, but in view of the fact that our many friends in Kirksville, as well as elsewhere, have been besieging us to present to the public a true statement of facts, making our position clear and correcting any misunderstandings that may have arisen in the minds of those who have heard or read these attacks, we will reply to the same through our *Journal of Electronic Medicine*.

These Journals will be mailed out to the general public here as they are issued from time to time, and we trust that you will read them carefully.

The first issue, which will be ready for the press in about eight or ten days, will deal solely with an explanaton as to the meaning of the Electronic Reactions of Abrams. Subsequent issues of our Journal will deal with the various phases of the present situation and will answer in detail the various criticisms that have been hurled at us.

Allow us to suggest to you that you read everything you can get hold of that criticises the E. R. A. and REMEMBER WHO WROTE IT!

George Wellington Moore Hospital: Mrs. Moore is about to erect in Monrovia, California, a hospital for E. R. A. work, in memory of her husband. Dr. Thomas B. Moore will be the physician in charge.

Des Moines Society of Electronic Medicine: A convention of this society was held May 11-12 in Des Moines, Iowa, as a demonstrative reply to the prejudiced attacks against Albert Abrams. Many interesting papers were read at the convention.

Eastern Electronic Research Association: This was organized February 10 for the advancement of electronic medicine and for the mutual protection of the E. R. A. practitioners.

Resolutions: WHEREAS—We, the members of the E. R. A. Class, having the privilege of being under the personal instruction of Dr. Albert Abrams and being thoroughly convinced of the scientific value of the Electronic Reactions in diagnosing and treating disease; be it

RESOLVED—That in appreciation of the many untiring hours spent by Doctor Abrams in teaching this subject to us, we pledge ourselves to carry out most sincerely the application of the truths inculcated in this new science; be it further

RESOLVED—That we exert our best efforts to educate and enlighten the masses in regard to the truthful principles involved in the E. R. A., so that the untiring efforts and many sacrifices made by the founder, Dr. Albert Abrams, shall not be in vain but live for the good of humanity, in spite of the unscrupulous opposition and the stigmatization of one who is the greatest shining light in medical history; be it further

RESOLVED—That we express our appreciation to the Members of the Faculty, Doctor Wirklich, Doctor Simon and Doctor Pflueger, for their valuable instructions rendered, and also to the entire office force who endeavored to make our stay a most pleasant one.

Recommended for adoption this 28th day of February, 1923.

Committee on Resolutions

Dr. S. G. Hoffman, Chairman

Dr. Elizabeth C. Lyman

Dr. H. B. Gwin

Adopted February 28, 1923
San Francisco, California.

—○—
Dr. J. W. King: "You are godfather to my grandson, named **Albert Abrams Fitzgerald.**"

J. W. King, Bradford, Penn.
May 28, 1923.

No wire ever conveyed gladder tidings from a proud grandfather to a friend. May the lustre of Fitzgerald never be marred by the prenomem.

—○—
Dr. S. G. Hoffman: This prominent dentist is specializing on Pyorrhoea according to the "Electronic Methods", at 61 W. 50th St., New York. He was recently unanimously elected President of the Eastern Dental Society, notwithstanding his fearless defense of the E. R. A. methods.

—○—
The Electronic Concept: A popular exposition of this subject will soon be issued by a large publishing house, embodying Abrams' Concepts in the realms of science.

CLINICAL LECTURES BY DR. ALBERT ABRAMS

Diagnostic Radiophony

I shall endeavor to make several demonstrations with a specially wired apparatus operating on the heterodyne principle which means detecting oscillations of different frequency and amplitude: the beat or resultant note being the difference between the frequencies of two independent oscillations.

This apparatus yields audible evidence even to a tyro of the absolute certainty of the "Electronic Reactions of Abrams" which will be placed on a scientific basis and will for all time silence the detractors of my methods. It will show what was a chimera of yesterday is a fact today.

The use of this apparatus is not limited to medicine but will invade every avenue of scientific research.

The chemist, physicist, biologist, psychologist and astronomer will awaken to the realization that phenomena must also be investigated in terms of radio-analysis and that all things in nature may be differentiated by the frequency of radiations.

Until this apparatus shows greater constancy of action, it will only be used for demonstration purposes. The modern radio set with its multiple stage vacuum amplifiers of both radio and audio-frequency types, is as temperamental as a prima donna.

I predict, however, that within a year, this apparatus will be practically a "nickel in the slot" affair and that, a person say afflicted with cancer standing before the apparatus as is done by this patient, with finger tips to electrode, will, when the dial of this radioanalyzer is tuned to a definite number, announce his disease as you all hear. With an additional phonographic mechanism, it will at some future time, even say cancer.

Every man will be his own diagnostician. This will not hurt medical practice, on the contrary, the patient will hasten to his physician to be cured of his unsuspected affliction.

Experiment I: We do not wish to be told where this patient has pain. Reflex pains give no reaction. Thus, we can trace pains to their source and then determine the nature of the lesion causing the pain. Set the radio-analyzer and approach with the electrode from the radio set. The pain is at the sacrum and the lesion is a sarcoma.

Experiment II: This patient also suffers pain. She says it is equally intense as yesterday. We measure it today and find that it is less than yesterday. Patients cannot gauge gradations of pain. They are subjectively better only when the pains have completely evanesced.

Experiment III: We spoke of the contagiousness of cancer. That persons living together may transfer the vibrations just as we may induce magnetism by induction.

This patient with cancer is asked to place his finger tips in contact for

about 30 seconds at a certain portion of this table. Note now, when the electrode is passed over the table, the radio reaction only occurs at the area corresponding to where the finger tips have been placed.

Experiment IV: I shall go out of the room. I want to explain to you the rationale of "cancer houses." Place this bottle containing a cancer at some point of the wall of this room. I shall return and locate the position. This is the position. I cannot remove the area on the wall by cleansing: I only spread it. If I run a horse-shoe magnet over the area, the neutral energy from the magnet destroys it.

One of the sanitary contrivances of the future:....Now, if sanitarians would only accept my data, will be a large magnet run over the walls of a room. (This same experiment was repeated with a culture tube of tuberculosis with the same results).

Experiment V: I have shown you how one may revive phrenology by discrediting its previous data. The brain cortex has definite centers which we locate by demonstrating their electrostatic phenomena when in activity.

(Several centers were shown).

Here is the center for Lying. If the person tells an untruth, the radio set howls. It is impossible to deceive it.

In the future, an electrode will be placed above the witness and if he lies in the course of his testimony, it will be recognized.

The specific character of thought can be demonstrated and measured. Here is an intelligent dog. We find that his thought potentiality exceeds that of most humans. We call it instinct in deference to our anthropomorphic conceptions. If that is instinct, I prefer it to intelligence and hereafter in encountering an intelligent man I shall say he is almost canine.

We locate mentality in the brain but every unit in the organism participates in intelligence. Thought has been called a mental secretion but I would place more dependence on the salivary or any other secretion. You can now understand my contention from demonstrations showing you certain mental concepts mirrored in the blood: **The Blood is only the Mind in Solution.** In a few years, radio will replace the clairvoyant and we shall do what we are now doing here; go to a psychological laboratory instead of a fortune-teller.

I could occupy several mornings or even days demonstrating to you many incredible phenomena. But, what's the use. The average mind is only receptive if receptive at all of only a few ideas at a time and if you trespass beyond the bounds of credibility, I shall vitiate the phenomena already shown you.

We shall conclude this demonstration by showing you an entirely new phenomenon in physics, but before so doing, let me show you why darkness is essential for the elicitation of the E. R. A.

Here is a cancer. Note that every time I pass the electrode over it, a radio reaction is heard. If I throw a light on the specimen the reaction is vitiated.

Experiment VI: With our reactions, all matter is radio-active, but this is only manifest to the physicist in elements of high atomic weight. One gram of radium emits about 37 billions of alpha particles every second; a lighter substance would only emit a few hundreds or thousands. Radio-activity in substances of high atomic weight is supposed to be due to continuous atomic explosions. When outside disturbances—a beam of light or an electric current falls upon a substance, the electronic orbits are affected, and, in the readjustment of their orbits, an energy outflow occurs which we specify as radiation. What is known as "Planck's constant" is that the quanta or amounts of radiation are proportional to the wave-length of the disturbing cause. The quanta of some radiations are so small that they escape recognition.

With **pathological tissues**, the radio-activity of which is unrecognizable by the physicist, my radio shows that the radio-active explosions are **discontinuous** and that this discontinuity occurs with **mathematical constancy**. With **cancer**, the explosions occur every 4 seconds; **sarcoma**, 9 seconds; **acquired syphilis** every 40 seconds, etc.



CLINICAL LECTURES OF DR. ALBERT ABRAMS

—

Color— Action of Oscilloclast— Suspended Horseshoe Magnet— Carcinoma Spinal Cord— Psora— Carcinoma Breast— Coryza— Detached Retina— Sarcoma Spine.

COLOR—

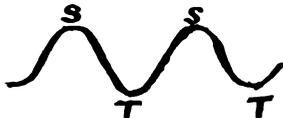
DOCTOR ABRAMS: You must avoid colors when diagnosing. In other words, you must be a colorless physician. Even a blue tie will at times destroy reactions. Of course color is not color unless light strikes it. There is no color in darkness. The wave length of light determines its color. Red is produced by the longest waves (0.0006884 mm.) and violet by the shortest waves (0.0003968 mm.). Color stands related to light in the same way that pitch does to sound. We can destroy certain reactions by color. (1) Blue destroys reactions of syphilis, cancer and strep. (2) Yellow destroys reaction of tuberculosis. We make practical use of these colors in vaccination by subjecting the vial of vaccine to blue and yellow color for twenty minutes each, and in this manner we destroy the reactions of tuberculosis, strep. and bovine lues.

ACTION OF OSCILLOCLAST—

Your patients will frequently ask you, "How does the oscilloclast act?" If you can give them an adequate explanation of why the oscilloclast acts, it will aid you in your work. The more you can impress your patients with the reason, the more efficacious your treatments will be. Here is an illustration you can use. If you throw a stone into the water, you have what is known as a wave train.

S is known as the summit or crest of the wave and T is known as the trough. The amplitude of a wave is the distance from the summit or crest to the

Fig. 3—Wave Train



trough. The wave length is the distance between one and the other crest, or between one and the other trough. If you throw another stone into the water so that the trough of one wave meets the crest of the other wave, the wave is entirely annihilated. The resultant of these two meeting will be a straight line. In other words, you have annihilated that wave. You do the same thing with the oscilloclast. In our early experiments that is what we attained. There is no current in an oscilloclast. You have a series of vibrations.

For instance, in the Dearborn Independent appeared a scurrilous article in which it was said that with the finest galvanometer it was impossible to obtain a current from the oscilloclast. We have always made that statement. We only use one leg of the current. Consequently there can be no galvanic action. But if you take a sensitive electroscope, every time you turn on the current you see a movement of the electroscope. You have what is known as a high frequency or static charge. The current passing from oscilloclast through the patient's body is easily detected with the oscilloclastophone.

I suggested to my electrical engineer to make an apparatus showing mechanically what we are attempting to show you here. I am going to demonstrate that apparatus to you. (Apparatus is demonstrated) Now, as you see, when the summit and trough meet at the same time, the wave is annihilated and there is a straight line. If the two summits meet at the same time, the action is increased. This is the only apparatus with which you can show the annihilation of a wave and the destruction of a wave length.

HORSESHOE MAGNET—

Re-examination; male; came here with tuberculosis. You notice I can not get a reaction. In our experiments we found that Staph. would interfere with the reaction of Tuberculosis. Now, with an eight inch horseshoe magnet suspended over the reagent's head, the ends of the magnet being about three inches from the top of the head, only the reaction we are looking for, set at the vibratory rate, will come through, and there is no other disease or drug present that would neutralize that reaction. We also find that our reactions come out about 50 per cent stronger. The suspended magnet is used only for the Splanchno-Vascular, Splenic and Solar Plexus reactions. For the E D and P D reactions, the magnet is pulled to one side, away from the head of the reagent. In this case, set the instrument at 42 again and put the horseshoe magnet over the top of reagent's head. If the patient takes any drug, you can always rule it out of the way. This is how I have been fooled repeatedly. Let me see how strong it is; (TB) $3/25$ of an ohm. The reason it is still present is because I have not yet wiped out the Congnital D. R. If

he has Congenital D. R. it will be low and will probably amount to the same ohmage. You find that the reduction in ohmage of TB or malignancy corresponds with the reduction of syphilis.

In this article in the Dearborn Independent they said that a twenty year old boy who knew nothing about electricity manufactured the oscilloclast. As a matter of fact, this electrical engineer was declared to have made the most wonderful discovery for the Government during war times. He invented a little instrument accepted by the Government, whereby he can detect the presence of aeroplanes by the radiation of heat. For instance, the moment a soldier in the trenches stands up, the heat of his body would be conveyed at a distance and is detected with a galvanometer. He also invented an apparatus permitting one to see in the dark. See what value that would be in watching the insane or criminals. It is the most remarkable discovery made during war times; and yet they call him a twenty year old schoolboy who knows nothing about electricity.

CARCINOMA OF SPINAL CORD—

New patient. She has much headache, particularly at the time of menstruation. Pain in back of neck and head and in the lower part of back. Some lumbago; gas in stomach; uses enemas twice daily; poor circulation. Now, gentlemen, correlate the clinical history with what we are about to look for. Always remember that more mistakes are made from want of looking than from want of knowing. This is the reason why the average man has no conception of the little things. It is not necessary to remember everything, but it is necessary to know where to find the things you want. You should make your reading correlate with the study you are pursuing.

Go back to the history. A woman, 49 years of age, has much headache during menstruation. Why does the headache occur at this time? What is the amount of blood that is ordinarily lost during the menstrual period? Four or five ounces. If she fails to lose this blood, what is the result? There is a plethora, which means an excess of blood in the blood vessels: a polyemia. If she doesn't menstruate to the full, she has a congestion of the head. She has a pain in the back of the neck and head. If you are an osteopath, you would say that it was connected with a dislocated vertebra; if you are an eye specialist, you would say it is from the eyes; if you are something else, you would say it is from something else. Everybody views things from his own limited viewpoint. We don't all look at things alike. But here we are not specialists; but generalists.

Carcinoma; reaction present. Not pelvic cavity; not digestive. You have to think of a carcinoma of the spinal cord, brain, or nervous system. It is a rare condition in the brain. Sarcoma is more frequent. It is carcinoma of the spinal cord; 4 ohms; non-metastatic. Acquired D. R.; negative. Congenital D. R.; present; 39 ohms. Have the patient come in. You must not be satisfied wholly with an electronic diagnosis; you must also have a neurologic diagnosis. If you locate the condition in the spine, you should

have some sensory or motor disturbance. (Patient comes in) Is your eyesight failing rapidly? Are you losing your eyesight?

PATIENT: Yes.

DOCTOR ABRAMS: Will you put your hand on the head where it aches.

PATIENT: I have gotten some relief from chiropractic for my headache which is due to hay-fever.

HAY-FEVER—

DOCTOR ABRAMS: Every case of hay-fever we have found associated with a sinus infection. I have not had enough cases to justify me in this absolute conclusion. Locate the carcinoma. If you get a reaction of carcinoma in the spinal cord, mark it. Go from below first. No reaction. Higher. There; mark it. Now from above down. Stop; check me up. Now, gentlemen, here is why osteopathy and these methods go hand in hand. You can not encompass anything by a single method. Go higher up where the pains are over the neck. That corresponds to the first and second dorsal spines. These correspond to the seventh cervical and first dorsal segment of the cord.

The area of anesthesia should be on the inner side of the arm. (This is tested out on the patient. Doctor supports the abdomen while patient is standing) What this lady has is a drop of her organs and she will have to wear a support. This is the least of her troubles. Treatment: Use rate 6 and 3 to the spine where marked and general treatment. Paint spine with Congo Red.

PSORA—

This man came here in June, 1921. He has been in bed for two and one-half years in the tuberculosis sanatorium in Colfax, suffering from diarrhea, averaging eight or ten movements a day. We found intestinal tuberculosis, painted the abdomen with gamboge and gave general treatment. By general treatment we mean concussion between 3rd and 4th dorsal vertebrae, 7th cervical and 2nd dorsal, 30 light blows each; depolarize spleen for 3 minutes, followed by rate 3 to spleen. In ten days the diarrhea ceased. We used the oscilloclast to the abdomen at rate 5 (TB rate). He has never recovered his weight and endurance but is able to be up and around and work. The lungs were affected when he came here. I want to see if there is any tuberculosis still present. Since he was here we have found a good many other things. We want to see if they are present. Try 42; no tuberculosis. Now, we will go on. I want to take first of all Congenital D. R.; negative. Cryptogenic D. R.; negative. Neisserian; present. Try Psora, 48; we find the reaction of 48.

The vibratory rate of Psora is 48. This is a reaction we get that corresponds to that of leprosy. However, we do not use that word in our literature, due to the intense public objection to that term. Hahnemann used the word Psora as a name for a soil condition, by which he really meant the parent of all diseases. The use of word leprosy is a terrible thing; and

yet if you stop to think that at one time in the Middle Ages there were twenty thousand leproseria it does not sound so improbable that it might be transmitted as well as anything else. Everything is a matter of soil condition. Bacteria will not thrive unless they have the proper soil; they are mere accidents in infection. If you have a garbage can, you are inviting dirt; you make a soil propitious for their development.

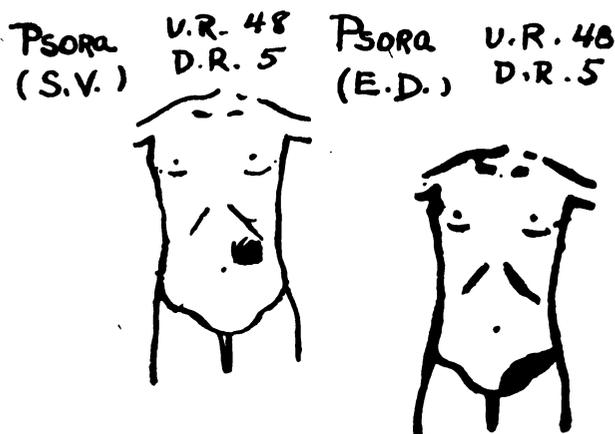


Fig. 4—Psora. S V and E D reactions.

Treatment: Concuss the spines in the usual way; depolarize spleen; apply to spleen rates 4 and 5. Try this treatment for at least ten days, giving one hour's treatment a day, and report. (To the patient) Have you lost in weight?

PATIENT: Yes, I have lost 12 pounds this last year.

DOCTOR ABRAMS: How is your appetite? Any night sweats or temperature?

PATIENT: My appetite is very good. I have no night sweats or temperature. I have a slight hacking cough.

DOCTOR ABRAMS: That is the result of an enlarged bronchial tube. (Bronchiectasis).

Reexamination of a man with multiple sclerosis. He is feeling better generally. We found Acquired D. R. in the beginning. The last time Cryptogenic D. R. was negative. Cryptogenic Neisserian was negative. Psora, 48, was present. Have him come in. (Patient comes in) You are the most cheerful individual I know. Where is the chief trouble now?

PATIENT: In the lower limbs. (Patient is unable to walk; is in wheel chair)

DOCTOR ABRAMS: Can you use your limbs any?

PATIENT: For a week past I have noticed that I have been able to handle myself better than I could before.

DOCTOR ABRAMS: Then you have some improvement, haven't you?

PATIENT: Oh, yes.

DOCTOR ABRAMS: We want to see if we can get any movement. I think we will get better results than ever before. Show me what you can do.

PATIENT: I can lift this foot better; I have always been able to lift it some. This foot I can not lift at all. The spastic trouble in the groin that I had when I came here is practically nil.

DOCTOR ABRAMS: Give me 48. Start in at top of spine. Reaction present; mark it. It is from the 11th dorsal to the 4th lumbar spines. Use rate 5 only to the spine. We will see what we can do. Nothing is impossible. What is conceived in the mind can be executed.

CARCINOMA OF BREASTS—

Reexamination of a woman with neuritis in both shoulders, neck and chest; very severe. (Patient comes in) How is the pain?

PATIENT: It is much better.

DOCTOR ABRAMS: She had tumors of both breasts and a very high reaction of carcinoma. The last time the reaction was absolutely negative. How are you feeling?

PATIENT: I am feeling pretty good.

DOCTOR ABRAMS: Better than you ever expected to feel?

PATIENT: I never expected to get well. I never found any doctor who thought he could cure me.

DOCTOR ABRAMS: She has gained 12 pounds. She had enormous tumors. Now I can not feel anything. She had masses in her breasts involving all the axillary glands. As a rule, do not expect tumors to disappear. Sometimes they do. If you do not get results, it is because of too short a treatment. It is all in the duration of treatment. Do not expect results in half hour treatments as many patients are receiving and who soon become cognizant of negligence on the part of the physician.

CARCINOMA OF PANCREAS—

Mail specimen. Man; 45 years of age; 6 years ago operated on. They expected to find cancer of the duodenum or gall-stones, but findings were negative. There is more or less pain and gas following the operation. He had

sepsis in the operative field. This man had no cancer, but following an operation he surely will have. The surgeons opened him; they found no tumor; the infiltration they disregarded. Carcinoma; present; digestive tract; pancreas; 7 ohms; non-metastatic. Acquired D. R.; negative. Congenital D. R.; present; 37 ohms.

CORYZA DUE TO INFECTION OF SINUSES—

Mail specimen. Woman; gradually improving every day. She has an annoying coryza which occurs at any season of the year. This is a reexamination. Carcinoma; present; 7/25 of an ohm. Give me the pith ball. Charge it. Put the instrument at 50. I will hold the pith ball as close as possible without touching the skin. (Pith ball goes in at 50) Congenital D. R.; present; 7/25 of an ohm. Let us explain the coryza. Try streptotoxemia; present; sinus; right antrum. You remember the story of the doctor who was called to see a case of rheumatism, in consultation with another doctor. He examined the man's heart and found a pericarditis. The doctor who had called him in looked worried. "Why are you disconsolate?" he was asked. "Because I didn't find the pericarditis." "It is a good thing you didn't find it, or otherwise you might have treated it." Many persistent forms of coryza are due to strep or staph infections or both, Neisserian (Congenital) complicates these infections; hence, use rate 1, 2 and 4.

Mail specimen. Man, 74 years. Pain in back 3 inches above hip; pain in legs. Has had every noted specialist in the east examine him and had different kinds of treatment without results. Carcinoma; negative. Sarcoma; present; bone; non-metastatic; 7 ohms. Acquired D. R.; negative. Congenital D. R.; present; 36 ohms. Streptotoxemia; negative. Tuberculosis; negative. Locate sarcoma over the spine. You should see over the lesion the characteristic mark of sarcoma. See the white area here. Location of lesion: extending from the 5th lumbar spine down to the coccyx; more on the right than on the left side.

There is nothing that the mind will not reveal in the blood. We localize the mind in the brain, but as a matter of fact every cell in the body thinks just as intelligently as the brain. Take an animal and decapitate it. You will see that it will do all the intelligent acts as if it had a brain because cerebration is nothing else but a reflex phenomenon. Man is a creature of inhibition and impulse. If you think that the brain is located only within the skull, you are sadly mistaken. It is everywhere.

DETACHED RETINA OF EYE—

Clinic case. Woman; 30 years of age. Detachment of retina of the eye; was operated without help; underweight and poor appetite. The best explanation that I have heard for retinal detachment is that it must be preceded by some degenerative changes in the background of the eye. What is the de-

generative change here? Let us see what we find here anyway. Carcinoma; negative. Sarcoma; negative. Tuberculosis; negative. Acquired D. R.; negative. Congenital D. R.; present; eye strain; 37 ohms. Streptotoxemia; present; sinus. Congenital Neisserian; negative. Psora; negative. Which eye is it? The right eye. (Patient comes in) We promise nothing, but we are willing to treat you. Let us take a reaction from the eye. Try strep. Over the eye; no reaction. What sinus is infected? Right antrum. Try Congenital D. R. over the eye; reaction present. Give her general treatment and treat right eye at rate 3 and right antrum at rate 2.

UTILIZATION OF HUMAN REFLEXES—

The principle of this examination (for the E. R. A.) is the utilization of sensitive human reflexes. Think of the eye with its thousand of nerves differentiating colors. Think of the organ of Corti representing nothing else but the termination of the acoustic nerves, each one attuned to different vibrations. The body is the most complete radio-mechanism in the world but we do not understand it. There is no galvanic current in the oscilloclast because only one leg of the current is used. We tried both legs but could get no results. We worked on the oscilloclast for ten years. We had to work out everything empirically. We have what we call constructive and destructive rates. There are certain rates that will produce activity. There is nothing more sensitive in the world than animal reflexes. The chemist uses these to detect the minutest quantities of atropin or strychnin.

TUBERCULOSIS OF THE KIDNEY—

Clinic case. This man has pain over the kidneys. Carcinoma; negative. Sarcoma; negative. Tuberculosis; present; genitourinary; 5 ohms. Acquired D. R.; negative. Congenital D. R.; present; 37 ohms. (Patient comes in) Have you any pus or blood in your urine? How did they diagnose your condition?

PATIENT: At Lane Hospital they gave me a clean bill of health as far as my kidneys were concerned but did not determine my real trouble.

DOCTOR ABRAMS: Did they find the kidneys dislocated?

PATIENT: They didn't say. (Dr. Abrams percusses over site of pain). That is very painful and swollen.

DOCTOR ABRAMS: Yes, I know it is. I want to see if there is any pus in addition to tuberculosis. Try 42 over the kidneys; reaction present. Try 60, streptotoxemia; no reaction. Now try staph.; none present. Outline the

kidney. Give this man general treatment and treat over kidneys at rates 3 and 5. Paint kidney region with gamboge for the tuberculosis.

TRAUMA RESULTING IN SARCOMA OF SPINE—

Mail specimen. Man; hurt in lower part of spine. He has lost control of bowels and bladder. Goes around with crutches. Chronic sore at end of spine. Right ear deaf. Has had twenty treatments with *oscilloclast*. Carcinoma; negative. Sarcoma; present; spine; 6 ohms. Acquired D. R.; none. Cryptogenic D. R.; present. Locate the site of sarcoma. Location of lesion: 4th lumbar to 1st sacral spine. Give general treatment and treat lesion at rate 3. Paint area with 1 per cent mercurochrome which aids the destruction of sarcoma in the interim of *oscilloclast* treatments.

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VISCERAL REFLEXES OF ABRAMS IN THE
DIAGNOSIS, TREATMENT AND PA-
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C O N T E N T S

	Page
Clinical Lectures by Dr. Albert Abrams.....	2
The Truth about E. R. A.....	11
Calibration of instruments used in Electronic Work.....	15
Miscellaneous	17
Clinical Lectures (Continued)	20

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WORKS BY ALBERT ABRAMS

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All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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2151 SACRAMENTO ST. SAN FRANCISCO, CAL.

ANNOUNCEMENT

We have changed the plans announced in our last issue and are making the subscription price \$12.00 for the six months ending January, 1924, hoping to be able to reduce the price thereafter. This is all original material and is very expensive to compile but if the present response continues we should be able to make a reduction in price. We are offering you this invaluable service and are depending upon your hearty support and cooperation.

We aim to make this magazine of increasingly practical value to every E R A physician, keeping him informed of the latest developments in Electronic Medicine and at the same time preserving the distinctive inspirational value of the Clinics. Daily records are being kept of the Lectures and in the future cases will be numbered and followed up wherever possible.

Experiment with Oscillophone on Use of Horse Shoe Magnet

Let us see if we can tell by the use of the oscillophone what the effect of the horse shoe magnet is. Many mistakes are made in diagnosis because if you have tuberculosis and staph. in the same blood specimen one will destroy the reaction of the other. It is the same way with colon bacillus and syphilis; one interferes with the reaction of the other. A great hardship would be made in diagnosis if in the event syphilis is present you do not get it because the colon bacillus is present. We found empirically that if a horse shoe magnet is suspended over the reagent's head these reactions will not interfere with each other. It is available for all except the E D and P D reactions. We will test it out on the oscillophone. First get the reaction for syphilis by putting up a specimen of syphilis. Then put a specimen of colon bacillus beside the specimen of syphilis. You see that the reaction of syphilis is destroyed. Now suspend a horse shoe magnet over the oscillophone. The reaction of syphilis is now restored. I know that I must have made repeated mistakes by not knowing this. Put up specimens of tuberculosis and staph. First get reaction of tuberculosis; put up staph. and there is no reaction of tuberculosis. Hold the horse shoe magnet over the oscillophone and you get the reaction of tuberculosis. This is very important; I can not emphasize it enough.

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Vibrations are qualitative not quantitative.

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Somebody once said that the ignorant listen with their mouths open and the educated listen through the key-hole.

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Reactions from Saliva.—An article appeared in the London Truth which stated that Doctor Boyd made his reactions from the saliva. There could be nothing worse in the world than that because you have the saliva in the warmth and darkness of the mouth which forms an incubator for all organisms. You can see how erroneous such observations would be.

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Carcinoma of Small Intestines—Indigestion and Palpitation.
Specimen.—Man. 49 hours of E. R. A. treatment. Originally carcinoma; non-metastatic; 9 ohms; located in small intestines and duodenum. Congenital D. R; 38 ohms. Not much improvement; indigestion and palpitation worse. Fear some trouble with nose and throat. Let us see what he has. Carcinoma is still present; 1 ohm. Congenital D. R; 1 ohm. Strep. present; left frontal, left ethmoid and left antrum; right

the left side. I was born with my heart on the right side. Look at the x-ray pictures and you will see that. Excuse me, I am going home." These were the leading men of San Francisco, and we have some very prominent men here who have a national reputation.

Acquired D. R.—Rheumatism. Clinic Case.—New patient. Man, 59 years of age; married. Very powerful man until ten years ago when he got rheumatism. Had inflammatory rheumatism twenty years ago. Contracted lues ten years ago; gonorrhoea twenty years ago. Wassermann test positive. Has had salvarsan treatments and mercury. I am going to look for only one thing. The reagent is very dull so that I could not use percussion, therefore I will purposely show you how you can use the rod or the lung reflexes. Carcinoma; sarcoma; negative. Strep; sinus. Acquired D. R; 37 ohms. Check up on that; correct. Neisserian; negative. (Patient comes in) Are you suffering very much from rheumatism?

Patient: That depends on what you call rheumatism. If you call it a symptom or an effect, I am. (Patient limps in with cane)

Doctor Abrams: We will use the oscillophone. Go over the sinuses for strep; both antra, both ethmoids and left frontal. Take a reaction over his leg and see what is the source of his trouble. The pain runs down from hip to knees. There is no strep. infection there. Try Acquired D. R; no reaction. Go to the spine and we will get it; yes, you could not mistake it. The trouble is largely that one condition. I think there can be considerable improvement. How much amelioration you will find in your walking I do not know. The joints have never been affected. He is to have general treatment.

Diagnosis by the Sphygmomanometer.—You may have recourse to other methods for your diagnosis, among which is an old method that I first used about fifteen years ago. Get the blood pressure instrument. Note that with the sphygmomanometer there is an oscillation of the needle corresponding to the systole and diastole of the heart. Reduce it to its maximum oscillation. The vibratory rate of carcinoma is 50. I will have the reagent put a specimen of carcinoma in his pocket and I will attach the blood pressure instrument. Put the rheostat at say 54 and gradually reduce the ohmage until you come to the vibratory rate of carcinoma which is 50. Put the electrode over the heart of reagent and have him keep perfectly still and close his eyes. Clamp the instrument to prevent any leakage. When you get to 50 there will be a slight fall and then a rise, the rise in proportion to the malignancy. Of course it is not a bomb going off but it is very perceptible.

Acquired Lues—Difficulty in Breathing—Lung Reaction of Colic-epsis—Use of Pith Ball. Clinic Case.—Married woman, age 56 years; two sons. Difficulty of breathing and nervousness. Deaf. No organic trouble. Chronic nervous cough. Pain in back of head. Gasping spell followed by cough that interferes with talking. Has spells of great de-

pression. Carcinoma; negative. Sarcoma; negative. Tuberculosis; negative. Strep; present; sinus and right tonsillar region. Try coliseps; present. I will show you the reaction of coliseps in the lung. It is very important to remember that, because many patients have an area of dulness at right apex due to an atelectatic condition. If the x-ray man were to examine a patient with coliseps he would say that he had tuberculosis, but if we would turn or short-circuit the patient the shadow in right apex would disappear. Acquired D. R; present; cerebrospinal strain; 39 ohms. That explains more, but be very sure. Try all the reactions and check up on it with the rod. I should get the reaction when he gets to 55. I may make a mistake because the reaction is a little tardy in coming. Correct. Let us have the pith ball. You see the pith ball pulls in at 55. We are taking advantage of the fact that these reactions are electrostatic phenomena in experimenting with the radio. (Patient comes in) Locate the strep. in the sinuses. After we have located it, then do it objectively so as to exclude the personal equation in matters of this kind. Present in right antrum and left tonsillar region. Get me the pith ball. If our findings are correct, we should get the reaction when the doctor gets over the right antrum. The pith ball is as exact as the most scientific instrument because it is a scientific electroscope. It will confirm all your reactions, however crude it is. You see it does pull in. Test out her reflexes. The patellar tendon reflex is much exaggerated. There may be a disparity between the two. No, they are equally marked. Close your eyes, put the toes together, put head way back and stand perfectly straight. There is a slight Romberg present. The tardy reaction of the pupils is always present in these cases. There is absolutely no reflex whatever. Have the kidneys been examined?

Patient: Yes and they were found all right.

Doctor Abrams: Do you have palpitation of the heart?

Patient: I have quite a rapid pulse at times.

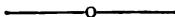
Doctor Abrams: The average physician would say that this is a hysterical condition, but it is not. There is no tumor or anything of that kind. It is purely a nervous condition and we believe that we can better it. Is your eyesight failing?

Patient: No, it is normal for a woman of my age. (Husband says it is failing a little)

Doctor Abrams: Do you have any rheumatism?

Patient: No.

Doctor Abrams: She is to have general treatment and rate 2 over right antrum and left tonsillar region. Have her come in again in about 10 days. We hope to begin to get some results. Positiveness is a good thing, but with some people a man who is too positive might be discredited.



Proper Method of Concussing Spines—Reaction to Stimulus.—When you concuss the spines, use a narrow edge and do not strike them as if you were doing carpenter work. Use the lightest blows imaginable, because it is a physiological law that the reaction to a stimulus is always

twenty times as great as the force of the original stimulus. If I were to irritate a muscle with a certain amount of current or let a weight fall on that muscle, say a gram weight, the reaction or force of contraction would be equal to twenty grams.

High Blood Pressure and Acquired D. R. Clinic Case.—New patient. Man, 69 years of age. High blood pressure; headache. We examined the wife's blood yesterday and found practically a condition of locomotor ataxia. He is 69 years old. Carcinoma; negative. Sarcoma; negative. Acquired D. R; present; cerebrospinal strain; 39 ohms. Check up on that with the other reactions. (Patient comes in) Is your eyesight good?

Patient: It never has been good.

Doctor Abrams: Take his reflexes. Very tardy reaction. Try the pupils. The reaction is barely perceptible. There is a partial Argyll-Robertson. He is to be referred to a physician in his city.

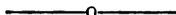
Sarcoma—Bone. Clinic Case.—New patient. Man, 58 years of age. Pain in right leg. Physician made an x-ray diagnosis of growth of bone. Fatty tumor cut out of left side of abdomen. Carcinoma; negative. Sarcoma; present; bone; non-metastatic; 7 ohms. Acquired D. R; negative. Congenital D. R; present; bone strain; 37 ohms. Tuberculosis; negative. (Patient comes in) You have trouble with your leg. Purposely I do not want to see where it is and we will go over it and see if we can find it. We get a reaction of sarcoma over the right leg on the right side. Now expose the leg. Is that where the x-ray found it?

Patient: Yes, that is the place.

Doctor Abrams: I can not see or feel anything. We know what is wrong and we want to try to help you. You will have to come every day for about two weeks or more. You can not afford to leave a thing like that go.

Patient Checks up Previous E. R. A. Diagnosis—Emaciation Only Symptom. Clinic Case.—New patient. Woman, 39 years of age. Evidently she has gone to another E. R. A. doctor and now she wants a confirmation of the diagnosis. We will see what we find and then we will see what she has to say. You have to be very careful. Who knows but what this woman has been sent here as an emissary to get a diagnosis? Remember that you are not going to have easy sailing at first. Carcinoma; present; non-metastatic; 4 ohms; digestive. Tuberculosis; 1/25 of an ohm; pulmonary. Strep; present; sinus and right tonsillar region. Acquired D. R; negative. Congenital D. R; present; 0/25 of an ohm. Look for pregnancy; negative. (Patient comes in) Go over her sinuses. Strep; present; right frontal and right antrum. Go over those sinuses without my knowledge and see if I get a reaction when you come to them. Correct. Go over the apices of lungs; 42 is present in right lung. Have you lost in weight?

- Patient:** Yes, I have lost lately.
- Doctor Abrams:** Have you had treatment?
- Patient:** No. I had my appendix out some years ago.
- Doctor Abrams:** You are worried about your condition.
- Patient:** Yes.
- Doctor Abrams:** Is there any tuberculosis in your family?
- Patient:** No. I am just getting over a severe cold.
- Doctor Abrams:** The only symptom you have is loss in weight.
- Patient:** Yes.
- Doctor Abrams:** Did any doctor tell you about yourself?
- Patient:** Yes, a certain doctor using your methods told me that I had a syphilitic condition of bovine origin.
- Doctor Abrams:** He was absolutely right in his diagnosis, but there is a little condition that causes your emaciation. Mark abdomen and treat locally at 6 and 3 and S S 3. You should begin to pick up very soon.



Pain in Hips and Head—Malarial Infection. Clinic Case.—Reexamination. Man. First examination we found Congenital D. R; 5 ohms. Strep. of right antrum and right mastoid. Patient feels no better generally. He still has pain in hips, knees and in head. Has had no general treatment; just treatment for the sinus trouble. (Patient comes in) We know you would not complain unless there was a reason. What is the trouble?



Patient: This last week the pain on top of my head and in hips has been no better. The first week I felt a little better. It seems like bumps come out on my hands and blisters come in my mouth.

Doctor Abrams: How old are you?

Patient: I am 34 years old.

Doctor Abrams: Go over everything. Carcinoma; negative. Sarcoma; negative. Tuberculosis; negative. Streptotaxemia; negative. Acquired D. R; negative. Congenital D. R; present. When you are in doubt about diagnosis, always look for malaria. It is present. Try splenic reaction; correct. That is the only thing I can find with him. We have always identified metastasis with carcinoma and more recently with strep. infection, but we should realize that the plasmodia of malaria or the toxins of malaria may go anywhere in the organism. Do you ever feel chilly followed by fever and sweating?

Patient: At times when I have these attacks.

Doctor Abrams: Go over his hip for malaria. See if I get the reaction when you get over the hip. Correct. Go over his frontal sinuses and see if this pain is not due to plasmodia infection. Reaction of malaria is present. Stop treatment for 2 weeks. Get 5 grain capsules of quinine and take one after each meal. If you have any ringing in your ears, do not take the third one. Report to me in about 2 weeks.

Strep. Infection of Longitudinal Sinus. Clinic Case.—New patient. Man, 70 years of age. He has periodic attacks of conjunctivitis and pain in eyes. (Patient comes in) Tell us about yourself.

Patient: Another E. R. A. doctor examined the blood and said I had 42 ohms of Congenital syphilis. I had 38 treatments and the reaction was found negative. Two weeks later it was still negative. For the last year off and on I have had what I thought was neuralgia in my head. I had been wearing some bifocal glasses. I had my eyes examined a year ago and the oculist said that the eyesight was coming back so that it would be normal. I am 70 years old.

Doctor Abrams: He is very active for that age. Try for strep. over the sinuses; present; right frontal. Go over the top of the head. He may have an infection of the longitudinal sinus above the frontal sinus; present. Go laterally and as soon as you go to the top of the head we will get the reaction. I once had a case of a woman who was suffering intolerable pain involving the longitudinal sinus. After four days the pain disappeared. He is to be treated at rates 2 and 4 over site of lesion.

Doctor Abrams: Specimen.—Woman, 36 years of age. Three years ago developed stomach trouble, more or less pain and tenderness in epigastric region; constipated and losing in weight. 49. No sex reaction. Human blood reaction. She is losing in weight. Always remember that when a person above the age of 40 suddenly develops dyspeptic symptoms, you must always suspect a formation of a growth. Similarly, if epilepsy develops after 50 years, you must suspect acquired syphilis. **Carcinoma** is present; digestive; small intestines; **duodenum**. You can see the vasomotor phenomenon, the pallor. Then if you have any doubt about the area, try the test for **hyperalgesia**.* Carcinoma is non-metastatic; 9 ohms. Acquired D. R; negative. Congenital D. R; present; digestive strain; 40 ohms.

Importance of Faith.—All the diagnosis in the world without the proper man behind the gun will bring no results. If the patient has faith, whether it is in the bones of a saint or what not, it does not matter as long as the patient believes. I never believed in psychotherapy before. Now by the aid of these reactions science is able to show that a patient can inhibit a reaction by virtue of his will.

More Pronounced Vasomotor Phenomenon in Sarcoma. Specimen.—Man, 45. Blood pressure systolic 117, diastolic 70. Drinks a good deal of coffee. Herniotomy on right side. Carcinoma; negative. Sarcoma; present; digestive tract; non-metastatic; 8 ohms. Go all over his abdomen. Remember that it is possible for two tumors to coexist.

*When pallored area of reagent is stroked with a piece of absorbent cotton, reagent feels it more distinctly than the surrounding area. In this manner you can map out the borders of the malignant area.

You can see the pallor over the area very distinctly. Sarcoma comes out very much better as a vasomotor phenomenon than anything else. You have to see it in subdued light. Tuberculosis; negative. Strep-totoxemia; present; left antrum. Acquired D. R; negative. Congenital D. R; present; 39 ohms.

High Blood Pressure.—I had one of the first blood pressure instruments in the country. I read, of course, of the question of hypertension and that a patient with a blood pressure above 250 will die. I found such a blood pressure and in my pride of knowledge told the family that this man was sure to die. For the last twenty years I have had to dodge this man who is still alive. You see we take to ourselves the responsibility of faulty statements when it is really a deficiency in our art. I was merely saying what I had been taught in the textbooks. As a matter of fact too much stress has been laid on this question of high blood pressure.

The Truth About E. R. A.

Dr. Abrams and the Electron Theory.—William F. Hudgings who has done so much to popularize the Einstein Theory has essayed a booklet on the above subject. In my opinion it is the best popular exposition on the subject of the Electron Theory extant.

He impartially investigated the Abrams' method and expatiates fully on the same.

The cost of this booklet is 25 cents and may be purchased from the New Century Co., 55 Liberty St., N. Y. City.

What is truth? Truth is real, it admits of no deception; truth is that which it is represented to be, a conformity to reality.

The whole universe is a system of constant and invariable truths, each tending to make the other the more apparent.

Truth then, reduced to a scientific axiom is: **"That which is absolutely proven to be true by the result obtained in the operation of Truth."**

Truth is so obscured by the meshes of error and the mists of prejudice, that a preliminary to all research is couched in the idea that "straws swim on the surface but pearls lie on the bottom," and it is only by the most vigorous and persistent exertion and closest scrutiny that the human mind becomes the possessor and demonstrator of a new discovery of truth.

He that establishes one truth or fact uproots a corresponding error, and thus contributes in a two-fold manner to the general well-being of his fellow-men.

Franklin caught and chained the lightning, Morse employed it in transmitting thought, after he was denounced "insane" on the floor of Congress when he solicited aid of that august body, to demonstrate the truth of his discovery.

Cyrus Field contracted old ocean's bounds by submarine communication, and, today the magnetic telegraph with its fingers tipped with fire, reaches all parts of the civilized world.

Bell with his telephone proved that the sweet tones of the human voice need not be—"wasted on the desert air"—but carried to cheer the absent one with a precious consciousness of near proximity.

Marconi has demonstrated the reality of speech by radio waves.

We may well exclaim with the great philosopher "The World Moves."

Doctor Harvey was persecuted and called "insane" when in 1728 he wrote his celebrated treatise on the circulation of the blood, declaring that the veins and arteries of the human system contained blood instead of air, and thereby laid the foundation of modern medical science.

But it remained for Doctor Albert Abrams of San Francisco to heed the S. O. S. of humanity with its 80,000 victims dying annually of cancer, and to discover and demonstrate the truth of Electronic Reactions in proof of the vibratory rate of the blood in health and disease.

The law of vibration obtains throughout the universe.

Astronomy demonstrates the accurate measurement of the heavens, the distance of the planets and stars in space, by vibratory rays of light.

That the most subtle and fatal diseases that afflict the race, are correctly diagnosed and eliminated from the blood by a corresponding electronic vibration of energy, is an **established fact**; attested by hundreds of well and happy human beings who's lives were despaired of by some of the world's ablest medical practitioners. Dr. A— is styled "**insane**," which term is applied (it would seem) to all of the world's benefactors.

Perhaps it takes an **insane** individual to arrive at the truth? For this reason so many the world calls sane are just intended to fill up the ranks.

"Truth forever on the scaffold—
Error ever on the throne."

More especially have those a claim to a higher place on the world's roll of honor who have demonstrated practical truths and discoveries useful in the preservation of life and relief of the sufferings of mankind.

We are told that certain wise-acres dissected the mechanism of Dr. A's. invention, the Oscilloclast and pronounced it a "**Fake**"!

The little girl tore her doll to pieces to see **what it was made of** and to find wherein lay its charm, a moment later she ran to her mother crying she'd "**got saw-dust in her eyes.**"

Brain-muddle likewise obscures and prevents scientific vision.

The ordinary mind cannot fathom the fineness and magnitude of E. R. A.

To form a faint conception of Dr. A's. achievement, it were well to first briefly consider the component parts of matter as applied to the universe as a whole, the planetary system, of the human body. Science tells us the **cell** is the foundation of all material existence.

Cells are made up of atoms, a cell is composed of thousands of atoms, each infinitely small and each, a great distance from all others.

By itself, each atom is an entire universe, composed of several **million** electron-stars. Each atom is but one hundredth of one millionth of one inch in diameter, and the electron is fifty thousand times smaller than the atom.

The human cannot grasp this! It is part of the infinity of God! "The finite cannot conceive the infinite."

A cell is a universe of billions of atoms. Within the atoms there is only energy space. The electron then, is "**a whirling role of energy in space.**"

How this energy is acted upon and changed from a diseased disordered rate to the vibration of health, constitutes the secret of Dr. Abram's fertile brain.

Deep within the hidden realm of the super-conscious where en-matrixed thought is all-fecund, was birthed this wonderful discovery for the healing of the multitude.

"The **greatest discovery of this, or any other century.**"

As we rise in the scale of intelligence will higher methods of prevention and cure prevail?

The ancient pill-bags, with their huge nauseous doses that were usually poured down the throat of some little sufferer, while hands and feet, nose and breath were silenced from rebellion, have been relegated to the shades, along with most of the victims of the pernicious practice of that period; while the celestial remedies of air, light, water, electricity, etc., are adopted.

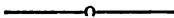
Mercury, the one-time universal cure-all of the medicos is today considered a "dangerous drug"; no longer the poor patient, parched with fever is denied a drink of water, ice has been found to be **beneficial**, and the ice pack is liberally used.

All Hail! to the Era of Mind! God-speed Dr. Abrams and his hosts of pupils and co-workers in the alleviation of sick and suffering humanity.

Let those who would scoff reflect that the wise meditate—where fools incline to ridicule.

For the truth and the right,

(The foregoing was forwarded by a physician, a patient of Dr. Heisley who was cured by the E. R. A. after the conventional methods had failed. H. W.)



Translation

The following article appeared in the "Pelotazos" shortly after Dr. Abrams' visit to Mexico.

"The discussed—for some time will be—Dr. Abrams, responding to a cordial invitation extended him by prominent members of the Mexican government, who made a visit to the city of the Palaces.

Dr. Abrams spent those days very pleasantly, being entertained and treated with very much attention by his revolutionary colleagues, I say colleagues because Abrams, scientifically speaking, is also a revolutionist.

But in the attempt to explain in public his revolutionary curative method it happened, a number of students, under the leadership of Dr. Angel Brioso Vasconcelos, professor of some insignificant school of equitation*, began to kick in such a manner that it was necessary to suspend procedures.

Already Dr. Abrams has gone. And when he tells his impressions it is almost certain that the prestige of those students and the Mexican professor will not hold a favorable place in his mind, because frankly speaking, the spectacle showed nothing that was uplifting.

It is going to be difficult in the future to persuade any person of knowledge to lend himself to give conferences in Mexico, unless it is guaranteed that all BRIOSOS, are bridled with curbed bits.

It is vain that the reactionaries of the Medical Body vociferate against the curative system of Abrams; because, as I have said on other occasions, Against deeds, the arguments of a bad doctor are worth nothing. What they should do is resign and devote themselves to study that which they do not know; because they already know, their argument serves them nothing but to bore suffering humanity"

J. Ballina, M. D., Mexico City.

(*It is alleged that he is the agent in Mexico, of an American preparation of Salvarsan and feared and resented the rapid spread in Mexico of the "Abrams Method" of treating syphilis.)

Calibration of Instruments used in Electronic Work

(Manufacturer's Statement)

When the Oscilloclast and Diagnostic Set were first designed a thorough clinical test was undertaken to find the limit of error in the coils, which would still produce the required vibratory rate. Thorough tests showed that if the resistances of the coils were held to within two (2) per cent, plus or minus, of the specified value, they would faithfully reproduce the required vibratory rate. Therefore, the resistances are "accurate" if they conform to the standard as specified above.

It is interesting to note the definition of "accuracy" as given in the Standard Dictionary. "Accurate: conforming exactly to the truth or to a standard."

It is, perhaps, unfortunate, that the term "OHM" was used as the unit of measurement in electronic work. The result of this is that too great stress may be laid on small and entirely negligible inaccuracies. Each instrument is designed to produce the same vibratory rate as every other instrument, and in order to do so it is necessary and sufficient that the resistances conform to a **standard**, that is to say, they should not differ from the exact value by more than a certain specified amount, high or low. It is not alone impossible of attainment, but also entirely unnecessary for the resistances to be **exactly** the specified ohmage, in order to produce the correct vibratory rate.

For some time we have been conducting a very thorough investigation into the subject of calibration of Reflexophones, Portable Oscilloclasts and Units. We have carefully measured every instrument that has been returned from the field for alleged inaccuracy, and in addition, every instrument that was readily obtainable, including a great many picked at random from our stock.

Firstly, taking up Portable Oscilloclasts and Master Machine Units, we can say definitely that we have not yet found a **single** instance where the inaccuracy exceeded the allowable limit. It is true many Oscilloclasts have been returned to us with burned out coils. They would, of course, be ineffective, but on the other hand this condition can readily be ascertained by the usual tests. Burning out is **due to gross negligence**.

Each coil of the Oscilloclast and Master Machine Units is individually measured and adjusted until it is within the allowed limits, plus or minus. As can be readily understood there is no such things as **absolute** accuracy, all that can be obtained in practice and also all that is necessary is that a resistance be accurate to within a certain limit under or over the ideal. Even in a resistance of the very highest precision, such as the Primary Standards prepared at a cost of thousands of dollars, there is always some deviation from the exact value.

In ordinary commercial "Precision" resistances the allowed error varies from one-half of one per cent to a quarter of one per cent. In

ordinary measurements with a Portable Wheatstone Bridge, the error of measurement is about one-half of one per cent.

As regards Reflexophones, we regret to say that we have found errors in some of the older instruments, which have been in the field some time, and further, we have found that it is very difficult to avoid errors due to the additional resistance at the switch contacts with the old type Reflexophones. We have, however, made the rule, irrespective of how long the Reflexophones have been in service that we will recalibrate them free of charge, provided, they are shipped prepaid to our factory at 145 Hyde Street, San Francisco, California. On return they will be accompanied by a calibration certificate.

However, it is our earnest recommendation that Reflexophones sent back for recalibration, be, at the same time reconstructed according to our improved design. The improvement consists in large flat face contacts and a special multi-leaf switch, the combination of which reduces to a negligible quantity the error due to the switch contact resistance. For this rebuilding we have been charging our actual cost with no profits added, which is \$3.00 a Reflexophone.

It is to be understood, however, that this rebuilding is optional, and there will be no charge whatever made for the recalibration alone.



Miscellaneous

The Cult of Abrams.—Discussion of the "Cult of Abrams" brought a near record attendance to the last spring meeting of the Milwaukee County Medical Society held at Hotel Pfister on May tenth. Dr. Arthur Cramp, director of the Propaganda Department of the A. M. A., presented this subject, aided by lantern slides, tracing the history of the cult.

Following the program, upon motion of Dr. G. E. Seaman, the society adopted the following resolution:

"Be it resolved, That the entire Abrams' method is such a palpable fraud that this Society considers it beneath its dignity to appoint a committee to investigate it, and that the pursuit of the Abrams' method on the part of any member of this Society shall be considered inconsistent with membership in the Society."

Now, the A. M. A. will be permitted to investigate when their statistics are recruited from natural causes; when the pathological museum will be ignored as a criterion of successful medical practice; when cured patients and not cemeteries shall be adduced as evidence of medical efficiency; when drug and surgical trusts no longer dominate the A. M. A.; and when life shall be humanized and not commercialized.

Mitral Stenosis.—Sir James Barr, C. B. E., D. L., M. D., Ll. D., F. R. C. P., F. R. S. E., in the New York Medical Journal and Medical Record, May 16, 1923, contributes an interesting and valuable article on this subject. He refers to the observations of Albert Abrams respecting the percussion note over the cardiac area to obtain the size and position of the whole heart. Patient stands on grounded metallic plate facing west with the hands and feet well apart. He observes, "A great many medical men are like the Yankee who did not know anything about measles but was death upon fits. So they may not attempt to prevent the rheumatism or endocarditis and when it later occurs they are all alert and quite prepared to give you a learned disquisition on the treatment of these two complications." He suggests the use of cardiac tonics only when there is cardiac failure and their use should be discontinued when they have served their purpose.

Flies and Colors.—Sir James Barr of Liverpool, England, presented the following contribution to an English medical journal:

"The contribution on the above subject by your scientific correspondent in your issue of June 19th, is extremely interesting and instructive, but to those acquainted with the writings* of Dr. Albert Abrams of San Francisco it is somewhat belated.

"Your correspondent correctly points out that 'Darwin, Lubbock and other naturalists have proved abundantly that many kinds of insects, especially bees and butterflies, have a colour sense and a colour preference,' but he seems to think that a sense of smell and temperature may have a more attractive or repelling influence. After all, are not the

questions of the sense of colour, smell and taste merely the impressions made on our receptive organs by ethereal vibrations? Those who accept the vibratory theory of light enunciated by Dr. Thomas Young, and I think the majority of physicists do, then the various colours of which light is composed are merely questions of different wave lengths. If you revert to the corpuscular theory of Newton, then, I suppose, in the present electronic age you must consider colours as different velocities and vibrations of electrons. Colours are not inherent in any substance, but depend on its capacity to absorb and reflect the different ethereal waves of light which strike it. In **absolute** darkness there may be no waves to reflect, but what is absolute darkness to an insect must be difficult to determine, and whether those provided with eyes can work under such conditions. The range of vibration between the red and violet, perceptible by the human eye, is not more than a tenth of the solar spectrum.

"As to how ethereal waves or electronic vibrations affect insects through their senses of sight, smell, taste or temperature is very indeterminate, but perhaps guided by instinct they follow a course more to their advantage than that pursued by reasoning beings.

"A few excerpts from Abrams' writings may be interesting: 'The nerves of taste and smell must be endowed with specific electrons which are attuned to different vibration rates, hence the differentiation of taste and smell like the differentiation of colour.....Colour influences the transmission of **psychic energy**, as can be noted when the person engaged in thought holds large coloured sheets of gelatine in front of the head. Green and violet obstruct the passage of the energy, whereas blue and notably yellow intensify the action of the energy as revealed by the intensity and duration of the stomach reflex.' He has also shown how colour influences sexual polarity, and how a galvanic current passed through the head influences the senses of light and colour perception, taste and smell.

" 'The influence of colours on the individual may be determined. Red (bright) on the head increases the rapidity and amplitude of the needle deflections, whereas yellow on the head reverses the polarity of the male and female.....

" 'The energy discharged from plants is likewise magnetic, and it can be shown that some colours thrown on the plant will so modify the polarity that the plant energy previously attracting the needle will repel it, or vice versa.....

" 'Colour is one of the greatest contributions of nature to man. This is true not only in the aesthetic, but also in an utilitarian sense. The fly abhors blue, and this colour may be used with advantage in the elimination of the house fly as a disseminator of disease. The Anopheles mosquito eschews yellow.'

"The whole subject is still in its infancy and as your scientific correspondent says, there is ample scope for numerous investigators."

*Progressive Spondylotherapy, 1913; New Concepts in Diagnosis and Treatment, 1916; Physico-Clinical Medicine, September, 1920.

Spondylo-Diagnosis and Spondylo-Therapy, *Revue de Pathologie Comparée et d'Hygiène Générale*, June 5, 1923.—Dr. Jules Regnault in this extensive article directs attention to the new analgesia spondyloscope. He also refers to Jaworski, Auburg and LeBon as well as Dr. Le Prince, all of whom have by x-ray methods and otherwise confirmed the spinal reflexes of Abrams.

Doctor Abrams.—Doctor Abrams has just returned from Mexico City where he was the guest of the Mexican Government. In that city he gave public demonstrations of his methods by radio diagnosis and otherwise, which have been incorporated in the archives of that Government.

Burnett—Timken Research Laboratory, Alpine, New Jersey.—Dr. and Mrs. J. C. Burnett have established this research institution which is designed to do great work in the field of science. In a communication to the American Osteopathic Association, July 2, 1923, a report was presented incorporating perfected instruments which were capable of detecting two forces emanating from the oscilloclast. These instruments show a radioactive wave force emanating from the single electrode of the oscilloclast which can be detected and read upon an instrument, although the patient on whom the oscilloclast is applied may be standing from three to eight feet away from the detector. The detector is also so arranged that it is possible to tune out the waves from the oscilloclast.

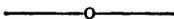
Cause of Cancer.—Dr. Donald C. A. Butts, a physiological chemist of the state department of health and working at the University of Pennsylvania, declares that cancer is caused by an excess of positive electrons or energy. In cases of tissue irritation a positive charge has been induced. He finds that when the electrons are in a state of equilibrium the tissues are normal and that the disturbed normality is the beginning of cancer development. This is practically old stuff and was fully described in the first edition of Doctor Abrams' *New Concepts in Diagnosis and Treatment*.

Should Harley Street Tell?—The London Daily Graphic of Wednesday, June 27, 1923, is very much concerned about the oscilloclast. It proceeds: "Harley Street, knowing that three separate London doctors have returned with the mechanism—and also the experience to use it,—now splits into two, those who consider that the news should not be given out until there are enough machines to cope with the great demand, and those who assert that the wonderful tidings should be spread broadcast." These London physicians have just returned from San Francisco after spending several weeks at Doctor Abrams' Laboratory.

Recent Research on the Relation of Certain Electro-Physical Phenomena to Homeopathy with Special Reference to the Work of Doctor Abrams of San Francisco, being a Paper to the British Homeopathic

Congress, London, June 30, 1922, by W. E. Boyd, M. A., M. O., Ch. B., Glas., reprinted from the British Homeopathic Journal, October, 1922.

The previous contribution of Doctor Boyd has been referred to in this Journal. The present one is a continuation of the research work done under the auspices of the Beit Research Fund of the British Homeopathic Association. Doctor Boyd has been fortunate in obtaining the aid of various institutions of learning in pursuing his investigations. Heretofore Doctor Abrams had to undertake all his investigations without aid of any kind. In fact when he solicited the aid of an institution, every possible obstacle was thrown in his way. This is a very sad commentary on the so-called institutions of learning in America in comparison with those of Great Britain.



CARCINOMA—PANCREAS

Clinic Case.—Woman; married; age 49. She has eight children living. She has had stomach trouble for years; occipital headaches radiating to bridge of nose. Blood pressure 180; systolic; 100 diastolic. Gall-bladder trouble 20 years ago. Many colds. Vision of right eye almost gone for 20 years. Life is a battle, isn't it? Is it worth the game? Nature makes it so by planting within us the law of self-preservation. Medicine was all "guesstimation" instead of estimation before these methods. We are going to improve upon them and have new suggestions and new ideas. Every day a new idea suggests itself to me. I try it out and drop it; it may have value or it may not. Do not suppose that we are going to keep on with this method of percussion. There will be an instrument that will do all this. Let us see what is the matter here. Carcinoma; present; digestive; pancreas. It is non-metastatic; 8 ohms. When the pancreas is involved you always have to think of the possibility of sugar in the urine. We will see if she has any symptoms of diabetes. Sarcoma; negative. Tuberculosis; negative. Streptotoxemia; negative. Acquired D. R; negative. Congenital D. R; present; 38 ohms. We have not explained the occipital headaches. These may be due to a cervico-occipital neuralgia or a strep. infection. Try strep. again. Yes, it is present in the sinuses. Have patient come in. (Patient comes in) Tell me, my little lady, do you pass large quantities of urine?

Patient: Yes, I do.

Doctor Abrams: You see, gentlemen, I told you that might be the case. Was your urine ever examined for sugar?

Patient: No.

Doctor Abrams: Do you have any itching anywheres?

Patient: Yes, at times.

Doctor Abrams: You can direct your inquiries so as to answer any question to your own satisfaction. As I told you, she might have such findings. I made the questions correspond to my preconceived idea. How is your appetite?

Patient: At times I eat a good deal and at other times not.

Doctor Abrams: At one time a man who had no symptoms at all went to 20 different doctors. All he told them was that he had an uneasy sensation in his abdomen and nothing else. He went to 20 different doctors and received 20 different diagnoses, all based upon the patient's description of his condition. This wide variation in diagnoses does not discredit medicine, but if we make one or two mistakes the whole thing is condemned. We are going to treat her in accordance with what we have found and in all probability she will have relief. But we never promise them anything nor do we tell them what is the matter. The patient must be like a passenger on a vessel; trust himself to the captain to take him where he wants to go. They accuse me of trying to frighten patients. That is not true. We require all their mentality and hope, to help us in getting results. Your results will vary according to the confidence you have in your methods. You notice the pallor over the site of the lesion; it is very pronounced. Do you like fatty foods?

Patient: I don't know.

Doctor Abrams: It is said that man will attain the highest degree of civilization when he no longer is a stranger to his sensations; but that is not true. A man with a normal heart is not conscious that he has a heart. Let him once know that he has a heart or that he has a stomach and he is sick. Your suggestions to your patient are important. It is a question of ingenuity. Very few men possess that. Abernathy said to read Don Quixote, not medicine. If I were asked what was the best training for a man who wished to study medicine, I would say that first of all he should be a detective. Then nothing will escape him. More mistakes are made from want of looking than from want of knowing. A man once came to me with what he thought was a trouble in the heart. Many people are possessed of the idea that they have some certain trouble. I could find nothing in the heart, but I could not convince that man that he had no heart trouble. I was then in a six story building. I said to the man, "Come with me." I made him climb with me the six flights of stairs. I was puffing when we reached the top but his heart was beating perfectly. I then said to him, "My friend, don't you know that if you had heart trouble, you would be puffing and your heart would be pounding at a terrible rate? If you really had heart trouble, would I commit the error of putting you to the strain of running up these stairs?" He admitted the truth of this and from that time, he had no further trouble.

Another man came to me with heart trouble. For him I could do nothing. He left me and I had not heard from him for a long time until one day I was told that he was well. Then I found that he had gone to a quack doctor who had given him some capsules of methylene blue. The doctor said to the man, "You have trouble in your heart caused by poisons in the blood. We are going to eliminate these poisons through the urine. You will see that at first the urine will be quite blue; gradually the urine will get clearer and clearer and finally it will be quite clear and you will be cured, for the poison will all be gone." What the doctor did was to give diminishing doses so that the urine became clearer and the patient thought that the poisons had been eliminated from his

blood. To show the effect of the mind on the body, as a matter of fact the patient was completely cured in this manner. It is also possible to inhibit pain by the influence of the mind.

Here in this region above the navel I should get a dullness. Let us try 50. Correct. Mark it. Treat there at rates 6 and 3 and general treatment at rate 3. Paint abdomen with Congo Red. Go over the sinuses for streptotoxemia; left frontal. It is not the teeth because she has no teeth. Strep. also present in left antrum. These are to be treated later. In the presenc of two things always treat the most important first.

Hodgkin's Disease. Clinic Case.—This is a case of a little boy 6 years old. He is from Chihuahua, Mexico. That reminds me of an experience a man told me. He had intense rheumatism and had travelled all over the United States and had gotten no relief. It was suggested to him to go to Chihuahua. Three of those Chihuahua dogs were bound to his body. They were taken off stiff and had to be killed, but the man was cured. Then I began to consider and investigate. The walls in houses occupied by cancer patients will give a reaction of cancer. The energy is transferred by induction. Similarly, the energy from this individual passed over to the dogs. In many instances husband and wife will both have cancer—what is called cancer à deux. Both my wives died of cancer. I can not get cancer because I am immune. At one time a young woman who had married an old man came to consult me and complained that she was exhausted in the morning when she got up. I measured the energy from her finger tips when she was away from her husband and also measured it in the morning and found in the latter case it was one-half of what it was when she was not with her husband. When she slept alone she had the normal amount of energy in the morning. Everything travels along the line of least resistance. Old age likes youth. There is nothing chimerical about it. Many things that we regard as apochryphal are all reality. We are all transformers of energy. One of the fundamental laws is that man is only a transformer of energy.

This is a case of a little boy with enlarged cervical glands accompanied by a temperature ranging from 100 degrees to 104 degrees. Spleen enlarged. 49. Male reaction. Carcinoma; negative. Sarcoma; present. Evidently a case of Hodgkin's Disease. Lymph gland strain; 1 ohm. Streptotoxemia; present; left tonsillar region. Acquired D. R; negative. Congenital D. R; present; 22 ohms. Congenital Neisserian, 52 and 24; present. Try 48; present. In a case like this, we are not going to treat anything specifically. We are going to treat the general condition. Use at the spleen rates 3, 4 and 5 so as to wipe out that soil condition. Then see if the glands wil not go down. Get the boy in. (Patient comes in) Take a reaction of 58 over the gland; present. I would treat the boy generally. Then in about three weeks if the glands do not go down of their own accord, we will treat locally. Give him two hours a day treatment.

Syphilis—Soil for Malignancy

Specimen.—Woman; 60. This is a complicated case. In 1910 she had a hysterectomy. Since then she has not been able to step up or pick up anything. In 1922 veins removed in both limbs; now soreness in both thighs and hips. Limbs below hips numb. Rheumatic trouble in 1910. Ulcer on right ankle for 5 years. What does the hysterectomy suggest? Malignancy. What means would you take to prevent the formation of malignancy following an operation? Just the removal of the soil condition. Surgeons who do that before an operation always get better results. The wounds heal better and the after symptoms are less pronounced. Why is it that cancer is so frequent but the patient complains of no symptoms? Because the visceral peritoneum has absolutely no sensory nerve fibers. He only has pain when the parietal peritoneum is involved. How do we recognize cancer? It gives off radioactive energy. If you conduct it to the very sensitive electroscope, you can determine its polarity; you will see the leaves move every time you come to the vibratory rate. All energy is convertible. It is radioactive in the sense of giving off radiant energy as the sun does. It is related to it but is not the same as the radioactivity of radium. We recognize it by detecting a process, not a structural change. Our processes are dynamic, not static. In the early days in Berlin and Vienna I saw frightful cases of syphilis mutilans. You do not see them any more. Why is it? It is not on account of our improved methods of treatment of syphilis. The treatment is no more effective today than it was in the days of Paracelsus who first recommended the use of mercury. It may be that we have a masked form or a hidden cryptogenic variety.

Salvarsan Treatment.—Ehrlich was a former professor of mine. When he first brought out 606 he gave me all the privileges of studying it. I saw the remarkable effects which were almost immediate. I went over to Paris and I saw the most alarming conditions resulting from the use of it. I communicated this fact to them and they said that faulty technique had been employed. Perhaps that was true. I was afraid to try it. When I returned to America I brought \$1,500 worth of stuff with me, salvarsan, apparatus, etc., but I was afraid to use it. This I had gotten from Ehrlich himself, so I knew it was all right, but still I would not use it. I gave it to one of my friends who was a specialist in that line. Three days later he called me in consultation because a man to whom he had given the salvarsan had gotten a paralysis from the use of it. The first effects are marvellously quick; the after effects are never taken into consideration. You get arsenical poisoning later in many cases. Medicine is a very dangerous thing and we do not realize it. Meddlesome therapeutics is a very bad thing indeed. It is like the reports of victory. Follow cases up and see results which are frightful. Your objective evidence of betterment from salvarsan or any treatment is the return of reflexes. We find the reflexes return from E. R. A. treatment in many cases. We had a case of a man who had all kinds of treatments for years. He had lost all the reflexes. After three weeks the patellar reflexes came back in the leg. The Argyll-Robertson was restored.

We will now return to the case of the woman we were examining. 49. No sex reaction. Carcinoma; negative. Sarcoma; present; pelvic cavity; right side; non-metastatic; 8 ohms. Tuberculosis; negative. Streptotoxemia; present; sinus. Acquired D. R.; negative. Congenital D. R.; present; 37 ohms. Locate the carcinoma; present on right side of pelvic cavity. Streptotoxemia in right ethmoid.

PROGRESSIVE MUSCULAR DYSTROPHY

Clinic Case.—Man; 29. Muscular atrophy; not congenital but beginning to progress. Abnormally strong until the age of 14 years. Father and two brothers and father's uncle have similar history. All of the children overworked when young. All physicians say that case is unique; astonishes medical profession. They say they can do nothing. This is not an uncommon condition. It is evidently familial in character. Whether it is primary or secondary is of no moment whatever. The whole thing is simply this; we can do absolutely nothing for these cases. We had one man here who had walked across the continent to see me. His muscles were all atrophied. He had been at Johns Hopkins and all over. We gave him general treatment. We went over the spinal lesions particularly and treated them locally. We found a reaction of Congenital D. R. It is only a type of that. When he came the biceps were absolutely flaccid. What was the result? When he left he had muscles in his arm. He is working now. We improved the condition fully 50 per cent. If the degenerative changes have occurred in the anterior horns of the grey matter, you can expect no changes, particularly if there are changes involving the lateral columns of the cord. Carcinoma; negative. Sarcoma; negative. Acquired D. R.; negative. Congenital D. R.; present; cerebrospinal strain. It is usually of high ohmage; 42 ohms in this case. We ought to be able to get a definite strain for this, but I do not have time to go into that. Have the man come in. (Patient comes; walks with difficulty) Where is the atrophy largely?

Patient: In the arms and in the thigh.

Doctor Abrams: We would expect to find the lesion, particularly in the arm region from the 4th cervical to the 2nd dorsal and lower down in the cord. My dear man, there is nothing remarkable about your case. It is not common but it is not uncommon. You have a certain type of muscular atrophy. It may come on early or late in life. It was not caused by hard work. There are adolescent and juvenile types. Go over the spine. You will probably find a point in the lumbo-dorsal segment of the cord on account of the atrophy of the thigh muscles. Put one instrument at fifty-seven and the other one at forty-four. If reaction any place on the spine. Mark the area on the spine. It will take at least three months to be able to see what we can do for him. But we are going to stay the process of the disease, if that is of any moment to him. Use rate 3 over lesion and general treatment at rate 3. In a case like that we make no charges for we can promise no results, but we do not want to refuse him the chance.

Acquired D. R.—Check up with the Five Reactions.—Specimen.—Man, 50 years of age. Blood pressure is low. 49. Male reaction. Carcinoma; negative. Sarcoma; negative. Tuberculosis; present; pulmonary; 16/25 of an ohm. Streptotoxemia; negative. Acquired D. R.; present; cerebrospinal strain; 40 ohms. Never rely on one reaction alone for Acquired D. R. or you will get into trouble. Check up on all five reactions to be sure.

Dysmenorrhea and Congenital D. R.—Electrode in Vagina—Neisserian Infection. Specimen.—Female, 22 years of age; suffering from dysmenorrhea for the past 5 years. Both tubes are sensitive and enlarged. The physician wishes to know if it is best to insert electrode into vagina or not. He does not say if she is married or single. Carcinoma; negative. Sarcoma; negative. Tuberculosis; negative. Streptotoxemia; present; not tube or pelvic cavity. It is in sinus and left tonsillar region. We find in many cases of dysmenorrhea Congenital D. R. of the uterus, in which instance you treat over the uterus. Acquired D. R.; negative. Congenital D. R.; present; uterine strain; 38 ohms. Gonorrhoea; present. Let us go over all the reactions. It is pretty dangerous to speak of gonorrhoea in a woman. Write to the Doctor: "There is no objection to the use of the electrode vaginally as well as abdominally. The nearer one approaches the lesion the better the results. We get a suspicious reaction of Neisserian which I wish you would check up. In addition to S S 3, use rate 4 over abdomen or vaginally or both and supplement treatment with tampons of magnesium sulphate. We find this destructive to Neisserian."

Acriflavine—1 to 1000 sol.—Use in Gonorrhoea—Test to Determine if it is Destructive to Tuberculosis—Polarity.—Acriflavine is used in cases of gonorrhoea. In 65 per cent of acute cases you can stop the discharge in 6 or 7 days. One of the physicians has written me that it is destructive to tuberculosis. It is colored; therefore we will have to wrap up the bottle so that the light can not strike it. Get a specimen of tuberculosis. Here is the general process. First get the reaction of tuberculosis at 42. You can not use it at zero because the polarity may destroy it. You put along side the bottle of tuberculosis the bottle of acriflavine and see if the latter destroys the reaction. Mercury will destroy the reaction of syphilis and quinine of malaria. In this way you can determine how drugs are beneficial. **Polarity** does not work at the vibratory rate with reference to drugs. At zero it will. Give me a bar magnet. How do you test out a magnet? If it is positive, it will repel the positive pole of the compass. The European magnets are marked differently from the American magnets. Now get the reaction of tuberculosis from the specimen. Hold the bar magnet toward the area on reagent and you will find the reaction of tuberculosis is destroyed by both the poles of the magnet. Now let us test out the acriflavine. Wrap it up in order to hide the yellow color. The Doctor is correct; it does destroy the reaction of tuberculosis, but I will stick to gamboge at present because it has given me results.

Oscilloclast and Electrical Current—Bright's Disease not a Disease Sui Generis. Specimen.—Reexamination. Man. History of chronic nephritis. Occasional acute disturbances. Hemorrhages from right kidney. At present urine loaded with albumin; some blood. Indications of auto-intoxication. He has been having two hour treatments each day. The physician wishes to know if E. R. A. would cause kidney irritation as electricity sometimes does. We found originally sarcoma; non-metastatic; 8 ohms; right kidney region. Bovine syphilis; 34 ohms. Strep; right tonsillar region. Try Sarcoma; negative. Congenital D. R; present; 0/25 of an ohm. Strep; still present; right kidney. Write to Doctor: "The oscilloclast delivers no electrical current, as you should know, but merely an electromagnetic energy at definite rates. Hence the question of electricity being harmful does not enter into consideration. Bright's Disease is not a disease sui generis. You must study the reactions of the kidneys. These diseases are not diseases in the true sense of the word but are effects. That is what I am trying to teach and preach. As a rule Congenital D. R. is at fault. Treat right kidney now at rates 2 and 1 only for strep. and staph."

Physician's Fee.—The patient often questions the amount of your fee and calls it excessive. I always tell them the story of the man who went to the dentist and was charged five dollars for extracting a tooth. The man said, "That is too much for only five minutes' work. I went to a dentist last week who took an hour to extract my tooth and dragged me all around the room, and he charged me only fifty cents." What the patient pays for is exactitude, not experimentation. There was a leakage in the plumbing at the Waldorf Astoria which nobody could repair. Finally one plumber repaired it and charged one hundred dollars. They asked him for an itemized bill. He sent the following: "Time and material, one dollar. Knowing how, ninety-nine dollars. Total, one hundred dollars."

Use of Violet Colored Flannel for Rheumatic Pains. Specimen.—Reexamination. Married woman. Last examination Congenital D. R. and Carcinoma measured 9/25 of an ohm. She is feeling fine until yesterday when she had shooting pains down the arms. She had both breasts removed and large amount of tissue removed. Could this cause the pain? Frequently these pains survive an operation, and we find that violet colored flannel will prevent the parts taking up the positive ions in the air. Carcinoma, Sarcoma, Tuberculosis, Strep., and Cryptogenic D. R. are negative. Write to Doctor: "As the reactions are all negative it is fair to conclude that no malignancy exists and that the pains are climatic. They may be partially controlled by the use of violet colored flannel worn over the affected parts. See New Concepts." We took rheumatic joints and found that the joints took up the positive ions. We found that violet colored wool prevented the taking up of the ions. It is perfectly reasonable and clear. It may be necessary to dye the flannel to obtain the proper color. Cotton material will not serve the purpose.

Sarcoma of Bone—Acquired D. R. Specimen.—Man, 49 years. Complains of pain radiating from the post-nasal space on the left side to the middle ear and down along the uvula and whole left side of head. Loss of sense of smell and taste. That is a very suspicious sign of acquired syphilis. Carcinoma; negative. Sarcoma; present; bone; non-metastatic; 7 ohms. Acquired D. R; 40 ohms. Check up to be absolutely sure. Strep; right tonsillar region. A deep breath taken by the reagent will cause the splancho-vascular reactions to disappear. If he lets his breath out it always accentuates the reactions. Go over the head slowly for sarcoma; I want to be sure it is not of the brain. It is on the left side of the face. Use small pointed electrode and define it exactly. Location of lesion: opposite the root of the first and second bicuspid and first molar on the upper left side.

Neisserian Infection—Corneal Ulcers. Clinic Case.—Reexamination. Man. We got a reaction of Neisserian in the Prostate and left eye and strep. in the left eye. (Patient comes in) Is there any change in the vision?

Patient: Yes, a slight improvement.

Doctor Abrams: Tell us about your eye.

Patient: I had corneal ulcers. The cornea was cracked. The conjunctiva was removed and the cornea was curetted. Since then I have had recurrent corneal ulcers.

Doctor Abrams: I assume that it may be due to strep. infection. I want to remove this infection so as to offer possible hope of nonrecurrence. Go over his eyes and sinuses for strep; negative. See if Neisserian is present; eyes negative; present in prostate. There is a faint reaction in prostate. I think we can aid matters very materially if this is massaged very gently every other day.

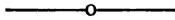
Sarcoma of Spine—Sciatica. Clinic Case.—New patient. Married man, 41 years; one child. Neisserian many years ago. Sciatica of the left leg. No lues; Wassermann negative. I find that about 50 per cent of the cases of sciatica are due to a sarcoma of the lumbar or sacro-iliac region. There is no sex reaction. Try the E. D. reaction; sometimes you will get it with that when you can not with the other; negative. There are neutral individuals. Carcinoma; negative. Sarcoma; present; bone; non-metastatic; 5 ohms; from about 5th to 3rd sacral spine. We should find this lesion in exactly the same place on patient as we do on the reagent. Acquired D. R; negative. Congenital D. R; 37 ohms. Strep; negative. If your hearing is not good, take a stethoscope and place it over the superior spine of the ilium. (Patient comes in) How long have you been suffering from this sciatica?

Patient: About 5 years. It is getting worse all the time, but the x-ray shows nothing.

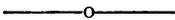
Doctor Abrams: Locate it on the spine and mark it. How does that correspond with what we found on the reagent? It is the exact location. Have you pain at the present moment?

Patient: I have a dull pain.

Doctor Abrams: Set the instrument at the V. R. for pain which is 20. A reflex pain will not give a reaction, but as soon as we come to the site of the lesion we will get a reaction. Go over both legs, run down the sciatic nerve, because a reflex pain gives no reaction. Reaction present when electrode is over lesion on spine. The x-ray would not show anything because there is not enough contrast to show a shadow. In these cases you can often give almost immediate relief by freezing the spines without treating the cause. Treat with rate 3 over spine, also rate 3 over spleen.



Psychotherapy and the Power of Faith.—Before I had these methods I often cured these cases of sciatica by simply freezing the spines. I ask myself now how I got results. Did they get well psychotherapeutically? I am inclined to think they did. I apparently cured them. Could it have been that they had faith in my methods and they cured themselves? Therefore I contend that if you have no faith in a thing, do not use it, for you will get no results. The results you get will correspond to your faith in yourself and your methods. I did the first x-ray work in this country and had examined a patient for another doctor. The woman was suffering considerable pain and palpitation of the heart. I found dilatation of the left ventricle and slight dilatation of the aorta. I met the doctor three weeks later and asked him how the patient was. He said, "That woman thought you had given her a treatment. She has been well ever since." There were all the psychic effects of this mysterious instrument which impressed the patient and brought about a cure. I once prescribed a purgative and a hypnotic for a patient. He took the purgative by mistake to induce sleep and he slept well. For ten years he continued taking that and got double action.



Intestinal Tuberculosis—Percussion—Use of Truss on Reagent. Specimen.—Man, 34 years. Complains of occasional digestive and intestinal disturbances. No one can diagnose case. Male reaction. Try it with the rod. The majority of men can not percuss because it requires two things, the dexterity of percussion plus the delicacy of the ear. Not every man can be a telegrapher or a musician. Warm the rod and use it uniformly. This man has intestinal trouble and they are unable to find the cause. There may be a mechanical trouble there. He might have a thrombosis of the blood vessel or Meckel's diverticulum. We could not possibly diagnose that by this method. You can not do it now, but I think the time will come when you will be able to do those things also. Carcinoma; negative. We would not expect it in a young man. Sarcoma we might suspect, but we do not get it. Tuberculosis; intestinal; 3 ohms. It is usually at the great omentum. You can see it outlined. Congenital D. R; 36 ohms. You have to think of appendicitis. Strep; negative. If you use a truss on the reagent's abdomen to compress it, be careful that it is all rubber and has no iron about it.

Carcinoma of Larynx—Acquired D. R. Specimen.—Man, age 37 years. Has hoarseness; irritation in pharynx and larynx; has to cough constantly. Does not look tubercular but may have tuberculosis of larynx or pharynx. Carcinoma; non-metastatic; 4 ohms. He suspects tuberculosis; it is negative. Pay no attention to what anyone says but depend on your findings. If you are in doubt, get a tuberculosis specimen to check up on it. Don't be too sure about anything. Acquired D. R; present; 39 ohms. It may be on a syphilitic basis which is true of many of those carcinomata. Go over the larynx for carcinoma; go away and as soon as you arrive at the location I am supposed to tell you; correct. See if Acquired D. R. is present over larynx; negative. You will get a reaction only over an active lesion.

Metastatic Carcinoma of the Spine. Specimen.—Married woman; age 46. Great deal of pain in back of head and neck following operation for goitre. Flesh along spine and across shoulders is sore. Both breasts have been removed. I wrote this physician that the first specimen sent showed animal contamination and therefore was not examined. I asked him to send another specimen with signed statement that it was human blood taken by himself. He writes, "The only way in which I can explain animal contamination is that I cleaned the finger with alcohol before taking blood. I assure you it is human blood." 49. Human blood; no sex reaction. Let the breath out to accentuate the reactions and I get sex reaction; breathe in the usual way and I do not get it. Carcinoma; present. Is it bone or breast? Set one instrument at 22.* It is not breast. It is carcinoma of the bone; metastatic; 8 ohms. Strep; right tonsillar region. Acquired D. R; negative. Congenital D. R; 40 ohms plus. Go along the spine. There must be a metastasis there. Location of lesion: from third dorsal to tenth dorsal spines.

Tuberculosis of Eyes. Specimen.—Boy, age 10 years. Handicapped since birth with poor eyes. He has been to all kinds of specialists. Hope that E. R. A. will do much to give him better vision. Carcinoma and sarcoma; negative. Tuberculosis; present; eye strain; 2 ohms. Of course all the treatment in the world would do no good unless you treat the eye and get at the basic condition. Strep; right tonsillar region. Acquired D. R; negative. Congenital D. R; 24 ohms. Test out the eyes for tuberculosis; note that the reaction in left eye is less pronounced than in right eye. You can tell that by holding the electrode away from the eyes and see how soon you get the reaction. Use S S 3 and rates 3 and 5 to the eyes.

Why Reagent Must Face West.—This is a very simple matter in physics. Take an ordinary bar of iron and a compass. If a thing is polarized, one end will attract and the other end repel the same pole

*V. R. Carcinoma breast, 22.

of compass needle. Imagine that this bar of iron is made up of little molecules; as soon as you magnetize them they all face in one direction. This, of course, is only a theory. Put iron bar up to compass and you will see that one end of bar attracts the needle and the other end repels; like repels and unlike attracts. We are going to demagnetize it by putting it east and west. To facilitate the taking up or loss of the earth's magnetism strike the iron bar with a hammer to agitate the molecules. It will become demagnetized of its own accord if you leave it lying east and west long enough. Put the iron bar up to the compass needle and you will find that both ends act the same way (attract needle) because it is depolarized. Now put the bar of iron north and south and it will become polarized; strike it with the hammer in order to hasten the process. Put up a specimen of steel; that has a negative polarity. Put up a positive pole and it will destroy the reaction. The polarity of the earth's magnetism is lost when the bar of iron faces east and west. If I put it north and south, one end will attract and other end will repel because it is polarized, but it can not be polarized when it is facing east and west.

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So-Called Pernicious Anemia—Metastatic Carcinoma of Pancreas.
Specimen.—Man, 58 years. Has been having pernicious anemia over a year. Strength is failing. I find that pernicious anemia is usually a cancer somewhere in the body that has not been detected. Carcinoma; digestive tract; metastatic; 11 ohms; pancreas. That man is in a bad condition. Pernicious anemia has a distinct reaction which is here in the flank. The potentiality is always below one ohm and you get a reaction over the spleen. We do not get it. Acquired D. R; negative. Congenital D. R; present; 37 ohms. Write to Doctor: "This is an advanced case and I very much doubt whether you can do the patient any good. At least try."

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Diarrhea—Carcinoma of Colon. Clinic Case.—New patient. Married man, age 45 years. Had gout some years ago. Dysentery some years ago. Present condition, diarrhea; weak and losing flesh. No operations. Anemia. 49. Male reaction. When a man over the age of 30 or 40 suddenly begins having diarrhea, always think of cancer. Carcinoma; present. Any child could detect that. Any part of the digestive area may be utilized for eliciting dulness. Diarrhea is usually in the colon. Carcinoma; digestive; colon; splenic flexure; non-metastatic; 8 ohms. Congenital D. R; 30 ohms plus. Malaria, rate 32; negative. Tuberculosis; negative. (Patient comes in) In order to corroborate our findings we are supposed to locate this on the patient at the splenic flexure of the colon. You will probably be able to feel something there at that particular point. How is your diarrhea now?

Patient: The last few days it has been a little better.

Doctor Abrams: Here is the report the patient brings from one of our leading orthodox clinicians here at the University of California. "Patient came here complaining of attacks of weakness and diarrhea. Has lived in the Orient since age of 20, mainly in China. Weight at

onset of symptoms 200 pounds; at present, 137 pounds. Examination showed tongue markedly enlarged. No stomatitis. Spleen not felt. Achilles reflex absent. Patellar reflex obtained with difficulty. Sensation normal. Through sigmoidoscopy rectal mucosa smooth and pale. No enlargement of spleen found after filling stomach with barium. Stools 2 to 6. Test for occult blood; negative. Much undigested fat and meat fibers. No typhoid by culture. Urine negative. Blood showed marked changes. History is that of sprue. Blood transfusions are in order. Splenectomy may be necessary in the future." Set instrument at 50 and go over abdomen slowly; reaction present. See if we get any reaction of amoeba over his abdomen; negative. I can feel the mass very distinctly; it is about the size of a pigeon's head. The way to feel it, is to palpate superficially. This only illustrates what I have told you repeatedly that the clinician can find it if he knows where it is. It is not hard to find a needle in a hay stack if you know where to look. In this case a child could feel it, but one of the best diagnosticians in the country failed to find it because he did not know where to look. Treatment rate 3 to spleen; 6 and 3 locally; mixture antimalignans. Paint abdomen with Congo Red. I hope you will improve. Your strength ought to return, though there may be some diarrhea on account of the changes that have occurred. Conserve your strength as much as possible. Make the rest more than equal to the expenditure of force. Take as long treatments as possible.

Experiment with Mica Rod.—If you are not an adept at percussion, use the rod. In the list of conductors, the least conducting is dry air. That is one of the laws of electrostatics. Next to air, glass is the least conducting. We have experimented with rods made of everything except mica; now we will try that. It is not good, but at least we have tried it. Hard rubber is not good compared to glass, but in hot weather you have to use rubber because glass is too sensitive.

Tuberculosis of Kidney—Education of Bladder. Clinic Case.—Re-examination. Unmarried man, 27 years. Can not hold urine. Left elbow bad. First examination tuberculosis; left kidney. Congenital D. R; 38 ohms. Congenital D. R; negative. Tuberculosis; present. (Patient comes in) Your color is better. Tell me about your condition. How often do you urinate?

Patient: From half an hour to every fifteen minutes.

Doctor Abrams: Did you try holding it back? You must educate your bladder to hold the urine. You do not give it a chance to dilate. Take your watch and when you have to urinate, wait ten seconds at first; then twenty seconds, and so on. Report to me in the course of a week and go on with your treatments. He is looking much better. Don't you have more pep?

Patient: Yes, I do.

Theory of Relativity.—Everything is relative. The average person can not understand Einstein's theory because every individual has a preconceived picture in his mind and can see nothing else. Poincaré, the great mathematician of France, says, "Supposing I promise to meet a friend at the Pantheon to-morrow. To-morrow the Pantheon in relation to the sun may be quite a distance away. Abstractly I will meet him at the Pantheon, but concretely I am not meeting him at the same place." Two trains running along at ten miles an hour do not cover that distance in reality except in relation to two points on the earth, but the earth is moving all the time. The average physician can not grasp our methods because he does not have such a mental picture. We are all children; we are all ideographic; we have pictures of ideas.

Strep. Spine—Strep. Appendix. Clinic Case.—Reexamination. Young man came here from the Mayo Clinic where he had been diagnosed as having tuberculosis of the spine. We never found tuberculosis, but found strep infection. He is having pain in back and hips. In the beginning I told him that as the muscles become more limber he will have more pain. He has more movement of the back. Where does it hurt you?

Patient: It is not a definite pain but it hurts me across my back and hips when I cough or I stand up.

Doctor Abrams: Are you losing in weight?

Patient: Yes.

Doctor Abrams: We found strep. infection of appendix and back only. Strep. had entirely disappeared at one time. Go over his back again and see if we can find anything. Tuberculosis is entirely ruled out, but we will look for it. Give the reactions time; I do not want to hurry it. Tuberculosis; negative. Carcinoma and sarcoma are negative. Strep; present; appendix. I am going to show you how to empty appendix. Concuss 10th dorsal spine. First go over appendix with pointed electrode and mark it. Then concuss 10th dorsal spine and go over appendix again at rate 60 for strep. You see that it clears up. If you hit the second lumbar spine, it will fill up again. We have shown that by the x-ray. You see how painful the appendix is when I press on it. Congenital D. R; Neisserian; and Malaria are all negative. He is to have S S 4 and 2 cords at rate 2 at spine. Concuss 10th dorsal spine three times a day.

Gall-Stones. Clinic Case.—Reexamination. Woman has pains in shoulders. She had carcinoma when she first came. Carcinoma and sarcoma and Congenital D. R. are negative. Cryptogenic D. R; present. Strep; right tonsillar region. (Patient comes in) Do you have pain in your shoulders?

Patient: Yes, in my right shoulder.

Doctor Abrams: We can not correct structural changes, you know. Let us find the source of the pain. Strep. is not present over right shoulder. Go over the abdomen; wherever the origin of the pain is we

will get the reaction. It is in the gall-bladder. Set instrument at rate for gall-stones, rate 20; present. The reaction for gall-stones is the same as for cholestrin. Use rate 2 on right tonsillar region and give her *Pillula anti-cholelithiasis** for the gall-stones. This may act on the bowels; if it acts too harshly, take less of it.

Patient: I was at the Mayo Clinic for a week and they could find nothing wrong with me and yet I had all these pains.

Specimen.—Man. Suddenly had pains in sub-occipital region. Improving slowly, but he is not able to be out of his room yet. We found originally sarcoma of the brain. Today's examination shows sarcoma, Acquired D. R., Congenital D R., tuberculosis, malaria and strep. negative. Cryptogenic D. R; present. He must continue S S 3.

Sarcoma of Brain—Heredity of Malignancy. Specimen.—Son of previous case. When 6 years of age had hip hurt and in cast for 12 weeks. Carcinoma; negative. Sarcoma; present; brain; 2 ohms. You see it is the same strain as the father's. When we speak of the heredity of malignancy, it means merely the heredity of syphilis. When Congenital D. R. is inherited, they all have the same strains. Congenital D. R; 13 ohms. Go over hips for sarcoma; negative. Sarcoma; present; brain, occipital region. It is just where the father had it. Use S S 3 and rate 3 to occipital region.

Lung Abscess—Strep. and Tuberculosis. Specimen.—Male, 45 years of age. Injury in automobile accident three weeks ago. Fractured second and third ribs; puncture of lung tissue causing pulmonary hemorrhage. Recovery uneventful until five days after injury when he developed traumatic pneumonia on the right side. He is running a temperature from 100 degrees to 102 degrees. Suspect abscess in lung or liver. Promptness is necessary because the man is very ill. Here we will have to be very careful. Carcinoma, sarcoma and Acquired D. R; negative. Tuberculosis; lung; 2 ohms. Strep; lung or pleura. Congenital D. R; 38 ohms. Give the P D reaction of strep. I want to see where that abscess is. Let the breath out. Get the pointed electrode and check me up on it. Strep; right lung. How does that correspond with my

***Pillula Anti-cholelithiasis.**

Salicylic acid	02 gm.
Sod. oliabe	08 gm.
Sod. stearate	04 gm.
Phenolthalene	01 gm.
Mentholated camphor	03 gm.
Ext. glycerrhiza q. s.	

Met frai un pill. Take 2 pills twice a day followed by one-half pint hot water. Drink it slowly. Keep it up for one month, then follow it by one pill once a day.

area marked? Correct. See if there is any tuberculosis over that area in lung; present. Strep; negative over liver. Write to Doctor: We find no reaction of strep. in liver nor base of lung, but a strep. and tuberculosis reaction in the right intrascapular region beginning at the 2nd dorsal and terminating at the 7th dorsal spine. It is bounded to the left by the spine and on the right by the vertebral border of the scapula. The presumption is that you are dealing with a lung abscess. Use 3 cords at rate 2 locally."

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Hemorrhages of Right Eye—Acquired D. R.—High Blood Pressure.

Clinic Case.—New patient. Woman, 73 years; married; two children. Hemorrhages of right eye; high blood pressure. Troubled with gas. 49. Sex reaction present even at that age. Carcinoma; negative. Sarcoma; digestive; 7 ohms. Acquired D. R; 38 ohms. Check up with the other reactions. (Patient comes in) How long ago did you have this trouble in your eye?

Patient: Six months ago.

Doctor Abrams: Has that caused any defect in your vision?

Patient: Yes, it has caused a blurring

Doctor Abrams: Was there any injury?

Patient: No.

Doctor Abrams: Is your left eye all right?

Patient: Yes.

Doctor Abrams: How about your blood pressure?

Patient: It has been as high as 300 but now it is probably about 260. It has been reduced by baths and living on milk for two weeks. I lost 18 pounds and my blood pressure came down to 200, but it never would stay at 200.

Doctor Abrams: Take her blood pressure. It is 240. I had the first blood pressure instrument on the coast which I had gotten from Paris. Did they find albumin in the urine?

Patient: No.

Doctor Abrams: Of course what we will look for is 55. Reaction of 55 over both eyes, less pronounced in left eye. As soon as she has general treatment the other condition will improve. We know there is a condition that has to be remedied without the promise of any definite results. There is a possibility of correcting the condition or at least of maintaining the present eyesight and preventing the development of other conditions. We usually do get down the blood pressure 20 or 30 mm. of mercury within a week. My experience is that it does not go down much more. She is to have the saturated solution of iodide of potash, ten drops after each meal. If this spoils your stomach, stop it. It is the most efficient simple agent that we can use. In the course of ten days we will take the blood pressure again. This lady is remarkably young looking; she does not look more than 55 years of age.

Reducing High Blood Pressure.—If you attempt to reduce high blood pressure by artificial means, you get bad results. I remember once at Stanford University a man came in with high blood pressure. I reduced the blood pressure, but he developed symptoms of uremia and died. It must be done naturally. Amyll nitrite will reduce blood pressure, but you are always taking risks. It must come down naturally by reducing the causal condition. I know in my lifetime I have done a good deal of harm by following the books.

High Blood Pressure—Acquired D. R.—Carcinoma of Stomach. Clinic Case.—New patient. Man, 61 years, married, no children. Mastoid operation. High blood pressure. Catarrh. Very nervous. Carcinoma; digestive; stomach; pylorus; non-metastatic; 11 ohms. That is the first cancer of the stomach we have had in a long time. Acquired D. R; cerebrospinal strain; 36 ohms. Check up on that. (Patient comes in) Have you any digestive disturbances?

Patient: Yes, I have some gas occasionally and some pressure after eating.

Doctor Abrams: Have you lost in weight?

Patient: No, I have gained in weight.

Doctor Abrams: How is your eyesight?

Patient: It is always good except for nearsightedness.

Doctor Abrams: Is there any difficulty in walking or headache?

Patient: No. I am very nervous, but it does not keep me awake at night. My blood pressure is 170. The last urinary examination was negative.

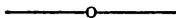
Doctor Abrams: What is your main trouble?

Patient: Nervousness and hypertension which they found in Mayo's Clinic. The blood tests were all negative and the Wassermanns negative.

Doctor Abrams: Go over abdomen for 50; present over stomach. Check me up. Step up the energy and let breath out. Test the pupils. Slight reaction in right eye; none in left eye. Let us see if we can cause it to return by the blue light. It contracts and then stops. This is the most trustworthy evidence of 55, outside of the reactions. It is strange he has had no dyspeptic symptoms to amount to anything. Strep; left ethmoid and left antrum. If you pursue this treatment, I am sure you will be better.

Metastatic Carcinoma—Preparation of Reagent—Effect of Touching Feet to Reagent's Feet. Specimen.—Married woman; vaccinated; abdominal operation, ovarian cyst removed twenty years ago. Pain between shoulders and left ovarian region. Lump over anterior border of each axilla about size of lemon. The pathologist must also be a good pomologist because he always uses fruits to designate the size of a growth. She has occasional pain in left side and around left hip. The first duty is to find the lower border of the liver. Then go over abdomen and see if it is clear, because reagent may have strep. infection which would show on him at once. How do I get rid of it? Concuss 7th cervical and 2nd

dorsal spines. If I touch one foot against reagent's foot, I exaggerate the reactions. If I touch both feet, I destroy the reactions. Carcinoma; pelvic cavity, left side; metastatic; 9 ohms. It was the left ovary that was removed. It is metastatic; is it bone? Yes. In all probability the spine is affected. Congenital D. R; 8 ohms. He has probably been treating her. Carcinoma; left side pelvic cavity and from 2nd to 6th dorsal spines. Write to Doctor: "No results may be expected unless several a night treatments are given. Treat left side of pelvic cavity, the site of primary lesion, as well as site of secondary lesion, from 2nd to 6th dorsal spines. Use rate 6; two cords on one electrode for pelvic cavity and one cord for spinal lesion. Later use S S 3. Condition prognostically not good."



Neurasthenia—Location of Human Blood Reaction. Specimen.—Re-examination. Man. Carcinoma was present; 13 ohms; non-metastatic; digestive; colon, sigmoid flexure. He has neurasthenia, subject to nervous and mental depression. Throat irritation. Has been having treatment to occipital region. Some improvement but still has periods of depression. First get human blood reaction at 49. It is located in the right inguinal region close to Poupart's ligament about 9 1/2 cm. to the left from the right anterior superior spine of the ilium. Carcinoma and Congenital D. R; negative. Cryptogenic D. R; present; cerebrospinal strain; 9/25 of an ohm; occipital region. In these cases of neurasthenia, if you treat the localized region you get results. Write to Doctor: "You have eliminated the chief condition, carcinoma. The cryptogenic reaction of brain is located in occipital region. Use rate 3 here after depolarization."



Ulcers on Leg—Tuberculosis of Bone. Clinic Case.—Re-examination. Married woman; came here about one month ago. She had two abscesses on left leg of 15 years' duration. She had milk leg 28 years ago after childbirth and septic poisoning ensued. It has been broken down for the past 15 years. There are two large open wounds. Had tried everything, x-ray, and skin grafting, without relief. We found tuberculosis of bone and Congenital D. R. She has been having general treatment and rates 3 and 5 over ulcers. She has had considerable pain there. (Patient comes in) How has it been lately?

Patient: The pain has been a little less. The wound does not seem to be any better.

Doctor Abrams: I can see that it is beginning to fill up. It shows some granulation tissue. It looks better. I think it is going to heal.

Patient: I am feeling better.

Doctor Abrams: Cryptogenic D. R. is present. Keep on with the same treatment. Lie down during the day with your foot elevated.

Patient: I went to bed at one time and got up about healed.

Doctor Abrams: It should heal up. Keep off your feet all you can.

Pulmonary Tuberculosis. Clinic Case.—Reexamination. Boy, 14 years of age. He came here with tuberculosis of the lungs and was in a very bad condition. We found pulmonary tuberculosis; 6 ohms. The last examination everything was negative and he was told to return in a month. He has a good appetite; has gained 4 pounds since he left; no cough or temperature. (Patient comes in) You look pretty well, my boy. How old are you?

Patient: I will be 15 years old in two months.

Doctor Abrams: Always before dismissing a case, take the E D reaction. The boy's blood should be absolutely free. Tuberculosis; Congenital D. R; Cryptogenic D. R; negative. He is absolutely free from tuberculosis now and should not have a recurrence of this trouble. To make assurance doubly sure, have him live outdoors and sleep in the open air.

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Instrument Set at Zero to Ascertain Unknown Condition.—Amoeba. Clinic Case.—Reexamination. We have a peculiar condition in this case. This lady was operated on at the Mayo's Clinic for duodenal ulcer; they found no cancer. We got a reaction of carcinoma when she came which is negative now, but she has distinct lumps which you can feel in the abdomen. She has pain running from the back to the front. I find her spleen very much enlarged and these lumps which are very painful. We attributed the trouble to adhesions. I am going over the blood very carefully again. If you are in doubt, always get a specimen. Carcinoma; sarcoma; negative. There is no malignancy. Tuberculosis; strep; Acquired D. R; Congenital D. R; Cryptogenic D. R; malaria; psora; negative. Put it at zero and see if we can get any area of dulness. You do not know what you are dealing with, so anything will come through at zero. There is a very pronounced reaction here; shortcircuit and it clears up. What is it? Amoeba comes in that area; V R 23; reaction present. Check up with E D and P D reactions. In the P D reaction for Amoeba the dulness is at middle vertebral border of left scapula. Always have reagent let out his breath for P D. Her stools should be examined for amoeba. In the meantime treat her for that condition. (Patient comes in) Localize the reaction in abdomen. Go over spleen; negative. Treat over liver region where it is marked at rate 1.

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Congenital D. R.—Lung Strain—Tuberculosis and Strep. of Lung. Specimen.—Bronchial trouble for twenty-five years. Raises from 6 to 8 ounces of heavy sputum daily. No history of tuberculosis. Never vaccinated. Strength not good; digestion good. Man, 29 years of age. Carcinoma; sarcoma; negative. Tuberculosis; present; lung; 7/25 of an ohm. Malaria; Acquired D. R; negative. Congenital D. R; present. He has never been vaccinated, consequently it must be human. Put it at 20 (vibratory rate for human hereditary syphilis); present; 16 ohms; lung strain. Area of lung dulness on the right side of vertebral column from 4th to 6th dorsal spines. Tuberculosis and strep. at same area. Treat at rates 3, 5 and 2 over lesion and S S 3.

Acquired D. R.—Enlargement of Aorta. Clinic Case.—New patient. Married man, 69 years. Had two major operations for duodenal ulcer; no results. Went to Battle Creek and had duodenal feedings; that cured him. Now complains of heart trouble and weakness; pain and swelling in legs. High blood pressure. Had hemorrhage in brain. Carcinoma; negative. Sarcoma; digestive; left of navel; 3 ohms. Acquired D. R; cardiovascular strain; 37 ohms. Check up on E D. (Patient comes in) Go over aorta for 55; present. You do not have to utilize the reaction of the aorta to measure out its size; you can use 55. Aorta is enlarged; it measures 8 cm. across. There is only a slight enlargement of the heart. I think you are going to be helped. I would not say so unless I really thought so, but I think you can be improved very considerably. Write to the Doctor to whom he is referred: "Patient has reaction of sarcoma. This is slight and may yield to the elimination of Acquired D. R. by S S 3. In addition, give him concussion of the 7th cervical and 2nd dorsal spines several times a day. Concussing the 7th cervical elicits the reflex of contraction of the heart and aorta. Use 3 locally over aorta after depolarization. Send blood again in about 4 weeks."

Epileptiform Attacks. Clinic Case.—Reexamination. Girl 17 years; has attacks epileptiform in character. Usually come on in morning and last three minutes. Three years' duration. Some grand mal attacks lately. Is conscious when jerking. Has brother with mild petit mal, Jacksonian. Leucorrhœa and pain with colds. We got a reaction of sarcoma of brain; 3 ohms. Congenital D: R; 27 ohms. Strep; left antrum. Sarcoma; Congenital D. R; strep; Congenital Neisserian; negative. Cryptogenic D. R; present; brain. Psora; present. (Patient comes in) Go over head where we got reaction originally; negative. Cryptogenic D. R; present; right side of head. Go over appendix for strep; negative. We got a reaction there before, but now it is all clear. How is the pain in your head?

Patient: I don't have it all the time, but sometimes it is very sore.

Doctor Abrams: Look for staph. in the sinuses; present; both antra. Treat head at rate 3 and spleen at 3 and 5. Give an hour's treatment at spleen and one hour at both antra at rate 1. You are going to get better. (Patient goes out) Those epileptiform cases are pretty difficult to deal with.

Influenza—Method of Ascertaining Whether General or Local Treatment is Required. Clinic Case.—Reexamination. Woman, complains of headache and soreness in throat. There was strep. in left antrum. Try strep; negative. Staph; negative. The only thing remaining is influenza bacillus which may locate itself in the sinuses. V R of influenza is 38; present. (Patient comes in) Go over sinuses for influenza; negative. Present over forehead. I want you to get treatment for influenza at rate 5; otherwise you will be all in for a long time.

Patient: I have neuralgia in my face just lately.

Doctor Abrams: Very frequently the question arises whether or not you should treat locally or whether the general treatment is sufficient. How are we going to show that? We got a reaction of influenza over the forehead. First get the reaction of influenza over forehead. Then concuss the 7th cervical spine and take reaction again over forehead; in this case you find it is gone, which means that the general treatment will suffice. If the reaction still remains after concussing 7th cervical, local treatment will be required. That is an important point. It is the same with any disease.

Carcinoma of Small Intestines—Indigestion. Clinic Case.—New patient. Married woman, 53 years of age; one daughter. Ovaries removed about twenty years ago. • Fibroids removed. Indigestion and nervousness What are we going to find? It is a law that after every abdominal operation we find some form of malignant reaction. Carcinoma; digestive; small intestines, to the left of navel; non-metastatic; 10 ohms. Congenital D. R; 34 ohms. (Patient comes in) Do you feel in any way that you have lost your grip?

Patient: No.

Doctor Abrams: Why did you come?

Patient: I have indigestion.

Doctor Abrams: Have you sought relief and could not find it?

Patient: No.

Doctor Abrams: What have you done for your condition?

Patient: I have dieted a little bit.

Doctor Abrams: Go over abdomen for 50; mark it. Let me palpate it; you can feel it very distinctly. She is very cachectic. Write to Doctor to whom she is referred: "Use S S 3 and 6 where marked on abdomen. Paint abdomen with Congo Red."

Acquired Syphilis. Specimen.—Man, 55. He is getting paralyzed. Paralysis has invaded both hands, face and pharynx Three years ago he suffered from encephalitis lethargica and when he was convalescent he began to suffer from the first effects of paralysis. The doctor sending the specimen says that his diagnosis is paralysis agitans. It is bulbar paralysis. It may be that he has a lesion in the medulla oblongata. Paralysis is not associated with paralysis agitans; tension and immobility are present but not paralysis. The clinical diagnosis is labiolaryngeal paralysis, but that does not explain the paralysis of both hands. He may have a combination lesion there at the base of the brain which lesion may be a tumor. We will see. You have to know your medicine to make diagnoses. You can not encompass it otherwise. Carcinoma; negative. Sarcoma; negative. That rules out paralysis agitans. Tuberculosis; negative; Streptotoxemia; negative. Acquired D. R; present; cerebrospinal strain. Let us check up on that and go over all the reactions. Everything must correspond. It measures 43 ohms; that is a very high ohmage.

Localize the lesion. It will probably be in the suboccipital region. Go somewhere else at first. I get the reaction in that region. Write to Doctor: "Lesion in sub-occipital region. Paralysis agitans is excluded because there is no reaction of sarcoma. The irregularity of symptoms suggests 55. Use S S 3 and apply rate 3 locally after depolarization to the sub-occipital region. Treatment must be continuous, perhaps over night. Let patient lie on a mattress with a rubber mat under it. Any metal will take up most of the energy. Do not expect complete restoration; structural changes may have taken place."

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This is suspended over center of re-agent's head. When staph are present with tuberculosis, latter reaction cannot be elicited and vice versa. In colisepsis, the reaction for lues may not be evoked. Similarly drugs and dyes may destroy many reactions. These deterrent factors in E. R. A. may be obviated by this contrivance. Available for all reactions, excepting ED and PD.

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A MONTHLY JOURNAL DEVOTED TO THE STUDY OF THE
ELECTRONIC REACTIONS OF ABRAMS AND THE
VISCERAL REFLEXES OF ABRAMS IN THE
DIAGNOSIS, TREATMENT AND PA-
THOLOGY OF DISEASE

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SEPTEMBER, 1923

No. 7

Founded and Edited by
ALBERT ABRAMS, A. M., M. D., LL.D., F. R. M. S.

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C O N T E N T S

	Page
Clinical Lectures by Dr. Albert Abrams	2
Reactions from Radiograms	2
The Uniformity of Life Reactions by W. Dwight Pierce, Ph. D.....	12
Depolarization of Dynamizer	15
News Items	17
Clinical Lectures (Continued)	20

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WORKS BY ALBERT ABRAMS

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All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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2151 SACRAMENTO ST. SAN FRANCISCO, CAL.

ANNOUNCEMENT

We have changed the plans announced in our last issue and are making the subscription price \$12.00 for the six months ending January, 1924, hoping to be able to reduce the price thereafter. This is all original material and is very expensive to compile but if the present response continues we should be able to make a reduction in price. We are offering you this invaluable service and are depending upon your hearty support and cooperation.

We aim to make this magazine of increasingly practical value to every E R A physician, keeping him informed of the latest developments in Electronic Medicine and at the same time preserving the distinctive inspirational value of the Clinics. Daily records are being kept of the Lectures and in the future cases will be numbered and followed up wherever possible.

CLINICAL LECTURES BY DR. ALBERT ABRAMS

SEPTEMBER, 1923

REACTIONS FROM RADIOGRAMS

EPILEPSY

When I was in Mexico City Dr. Erasmo Gonzales Ancira directed my attention to the fact heretofore unknown in medical literature that radiograms of the head in epilepsy showed a decided thickening of the bone of the skull, specifically located in the region where we find a reaction of sarcoma in cases of epilepsy, viz., the forehead and area on top of head on a line drawn from the back of ear.



Reaction of sarcoma in cases of epilepsy

My results in epilepsy have been only moderately good, perhaps owing to the fact that I did not recognize this sarcomatous reaction. It must be understood that the sarcomatous reaction means only an increase in the neuroglia located in this specific region.

Dr. Gonzales supposed that the cause of the epilepsy must be resident in the bone, but we have found that an x-ray picture will give the same reaction as will the blood itself. Why this is true would lead to too much speculation; consequently we accept the thing merely as a fact.

I will take a reaction from these radiograms which I brought from Mexico. These are cases of epilepsy and you can see the thickening of the skull over the specific region mentioned. Do this behind the screen so I can not see where you are. As soon as I come to the surface of the brain I will get the reaction.

It is practically an eccentric hypertrophy of the bone to relieve pressure of the brain, the same as you will have in the bladder. There are

two forms of hypertrophy, eccentric and concentric; the eccentric increases the size of the cavity and the concentric decreases the size.

In epilepsy the reaction of sarcoma may not be in the blood but may be found locally over the brain.

Carcinoma.—So-called Pernicious Anemia.—Specimen.—Married woman. Has been treated for pernicious anemia; made material improvement. Age 37 years. Does not gain strength rapidly; about ten pounds underweight. Discomfort in stomach and bowels and area of left kidney. Ravenous appetite at times; food between meals relieves gnawing sensation. Much gas. Has been having E R A treatments. Many cases of so-called pernicious anemia are only cases of latent carcinoma. Carcinoma; digestive; non-metastatic; 4 ohms. If it is pernicious anemia, we usually find reaction of carcinoma under 1 ohm. The center of area of dullness lies 7 cm. to the left of navel. I do not get it. If it is a case of pernicious anemia, the spleen always gives reaction of carcinoma. Spleen is negative. Strep; right antrum and left tonsillar region; not appendix, teeth or gall-bladder. Congenital D. R.; 5 ohms. Write to Doctor: "I do not regard this as pernicious anemia insomuch as spleen gives no reaction of this condition."

Acquired D. R.—Sarcoma of Spinal Cord.—Specimen.—Married woman, 76 years. For 3 years has been losing use of arms and shoulders, the right one first and now can not raise the left one. Frequent severe pain in all parts of the body caused by what she calls knotting up of the muscles. Let us see what we find; we have to give our findings whether right or wrong. Here is a woman 76 years of age with a strong female reaction. Carcinoma; negative. Sarcoma; spinal-cord; non-metastatic; 5 ohms. Tuberculosis; negative. I do not pay any attention to respectability, for there are so many innocent ways of getting lues. Acquired D. R.; 38 ohms. Check up on that. It is a pretty dangerous thing to say, but that is what I find. Locate sarcoma in the spine; lesion opposite first, second and third dorsal spines.

REPLY TO LONDON "TRUTH"

Quoting Dr. George S. White

I never answer critics. I treat them with the conspiracy of silence. Here is a communication from London "Truth" of Marsh 21, 1923. This writer says that Dr. George S. White of Los Angeles sent him one of his lectures from which the following is an abstract:

"Probably the most flagrant faking is done by some few 'laboratories' conducted by registered M. D.'s which purpose to diagnose diseases by means of energies taken from the blood..... A physician told me how he

had been sending drops of blood on blotting paper or parchment (sic) paper to one of the laboratories for tests.... I saw that this man was honest, but that he was being imposed upon; as he seemed quite elated that the diagnosis agreed with his, I told him I would give him three samples to send to this place and have tested."

This Dr. George S. White goes on to say that these samples of blood were sent to the laboratory and that the blood was taken from his chickens and that all varieties of diseases were found. This report has been circulated a number of times by this Doctor White; but at that particular time when he claims to have sent blood samples here no blood samples whatsoever were received from Los Angeles. That fact our records show and they are absolute.

The writer in London "Truth" continues: "Dr. White, it will be seen, is a bit of a wag. In using ridicule as a test of truth he has certainly got home. It appears, however, from my information that he is himself the inventor of some rival method of diagnosing disease by color tests which has also yielded surprising results measurable in dollars. In order to make the story complete, we ought to have a diagnosis of some of Abrams' poultry by the White color process. As a matter of fact, White is careful in this narrative not to mention Abrams or anyone who can be identified except himself. His amusing tale rests, therefore, solely on his own word and that is the word of a doctor who inferentially dubs a rival practitioner a 'faker' while guarding himself against being called to account for his attack. This seems to discount White's tests almost as much as it discounts Abrams".

This man White was one of my first students. He came here from New York and was under my tutelage for about three weeks when to my utter amazement I found he was circulating unethical literature describing a proprietary remedy of his own called the Valens Compound. He had also made unethical proposals to several of my friends and they approached me with the statement, "You can not permit yourself to have as your student a man of that type."

I said to Doctor White, "I hear you are circulating the Valens Compound. This is the expression of an advertising quack. My methods must be conducted ethically. I fear you will not do so; therefore you must not continue any longer as my student."

On leaving me, he said, "I will get even with you by some means, fair or foul." He immediately made the statement that he had taught me my methods and that I had stolen them from him, forgetting that he had written several articles in the American Journal of Clinical Medicine saying that I was the first man to discover these methods and was the first man to use color in the diagnosis and treatment of disease. This he forgot about, and yet he proclaims that he is the discoverer. Heretofore I have never answered such attacks, and I make this statement merely to show the nature of the criticism quoted in this article and the percentage of like malicious criticisms.

Acquired D. R.—Degeneration of Retina—Specimen.—Reexamination. Married woman. Last examination showed Acquired D. R; 38 ohms; over right eye. According to eye specialists she has degeneration of retina. Has had 85 treatments and claims no improvement. Acquired D. R; negative. Cryptogenic D. R; 6/25 ohm; left eye. After you get through and you find no reaction, you have done your duty. Then you can use scar tissue rate. Write to Doctor: "Continue treatment to left eye, reaction still present. Treat right eye at scar tissue rate. Treatment only removes cause, not effects."

Skin Eruption.—Sarcoma and Colisepsis.—Specimen.—Reexamination. Woman, 36 years. Bad skin eruption which has not yielded to our treatment. Enlarged thyroid. Had he told me where the eruption was, it would have aided me materially in my diagnosis. Carcinoma; negative. Sarcoma; digestive; non-metastatic; 4 ohms. You can see it around the navel. Where the whiteness is more intense is the location of the tumor. Acquired D. R; negative. Cryptogenic D. R; present. It has to be present or you would not have sarcoma. Congenital Neisserian; Psora; negative. Look for colisepsis; sometimes that may cause itching; present. Write to Doctor: "There is a marked reaction of colisepsis which in addition to the presence of sarcoma may account for the eruption. Attempt a reaction of the skin eruption for both sarcoma and colisepsis." In that way he will be able to ascertain the cause. In many cases of skin eruption you get the reaction of sarcoma or carcinoma.

ACTINOMYCOSIS OF BREAST

(See June Journal)

Sometime ago a woman came here with a most malignant looking breast. It appeared to be either carcinoma or sarcoma, but my repeated tests showed absolutely no sign of malignancy. Doctor Samsom of Santa Cruz who sent the specimen is a graduate of Holland University in Leyden and a man very eminent in his line. I said to him, "I can find no reaction for carcinoma or sarcoma but my advice is to have the breast removed in order to solve all doubts. My tests may be wrong but I can not find malignancy." I got the reaction of actinomycosis of the breast, a very rare condition. I asked the doctor to make the examination for ray fungus and he wrote that he could not find it. I was disconsolate and said, "My diagnosis was wrong."

This morning I received a letter from him to this effect: "After first examination of Mrs. J's breast I had it again examined and sent a more copious supply. The result is now positive and so it appears to be according to your diagnosis actinomycosis."

I asked the woman if she had ever been around cattle and she said she had been on a cattle farm.

I found no reaction of carcinoma or sarcoma and I put the instrument at zero and we got a dullness. Then I looked over my records and got a definite reaction of actinomycosis. In looking at this breast which was in terrible condition anyone would have said that it was carcinoma or sarcoma. If you had seen lumpy jaw you might have thought of that. We are using rate 5 with a view of determining what would be the result.

SKIN ERUPTIONS DUE TO TOXINS OF CARCINOMA OR SARCOMA

We identify skin eruption with blood disease but sometimes the toxins of carcinoma and sarcoma are absorbed. These toxins cause itching and also eruption because the eruption is simply due to the removal of toxins from the blood.

REACTIONS PRODUCED BY INDUCTIONS — HYPNOTISM

You can influence a person by induction. I will show you in this experiment. From the reagent you get a male reaction. Now have one of the ladies come here and face west. Have one of her fingers in contact with his body. Stand back of him so I can not see. I will tell you when she takes her fingers off. Correct. I got female reaction when she put her fingers on reagent's body. Similarly one day we got a succession of carcinoma reactions which we could not explain until I found that one of the doctors sitting near me gave a carcinoma reaction. I had him sit in the back of the room and had no further trouble.

To me everything is of importance in this world and worthy of investigation.

POLARITY—Energy From Finger Tips

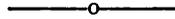
Everything in nature has polarity. Nobody imagines that there is energy coming from the body all the time. The East Indians speak of this energy under different names. We will test it out with the pith ball. From my right hand the energy is positive; it attracts the pith ball when charged negatively. But the true test of electrification is repulsion. My left hand will repel the pith ball. The first tendency is to attract and then it will repel. If I put the finger tips of both hands close together the energy is neutral and the pith ball will shoot to and fro, as you see. With the two palms of the hands together the energy is positive and negative and the pith ball will shoot the other way. You can test out the polarity of pathological specimens in the same way.

TUBERCULOSIS — LOW BLOOD PRESSURE

Specimen.—Man. Has vertigo; low blood pressure. Fifty years of age. Weight 230 pounds. Carcinoma; sarcoma; strep; negative. Tuberculosis; lung; outer portion of right apex; 7 ohms. Congenital D.R.; 38 ohms.

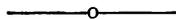
CARCINOMA OF PANCREAS

Clinic Case.—New Patient. Woman, 57 years. Digestive disturbance; gas formation; food ferments. Hyperacidity. Gastro-enterostomy in 1918. Can not gain in weight or strength. Partial hysterectomy and rectal fistula removed. And yet they will keep on operating. It is like patching up a rotten building. You have to get at the foundation, at the root of the trouble. You can not have an abdominal operation without a malignant reaction afterwards. The fact that it may remain latent only shows the defensive mechanism on the part of the organism; but let the system become depleted and it lights up. It is an abdominal volcano ready to erupt at any time. Carcinoma; digestive; pancreas; non-metastatic; 10 ohms. That is a pretty high reaction. Carcinoma of the pancreas makes a very troublesome carcinoma. Fortunately the majority of cancers are not metastatic. Congenital D.R.; 38 ohms. (Patient comes in). In order to confirm our diagnosis we must find the lesion located in the same place on the patient. In many of these cases when it is above 5 ohms we can by palpation discover a mass or tumor. I can feel it but it is very difficult on account of the pulsation of the abdominal aorta. General treatment and 6 and 3 to area in abdomen. Paint abdomen with Congo red.



METASTATIC CARCINOMA

Clinic Case.—New patient. Married woman, 50 years. Pain in back, knife-like in character; indigestion. Abstaining from food relieves pain. Sharp pain in right groin. Was told that uterus, tubes and ovaries were inflamed. The reagent is so dull that I have to use the rod. Of course I am accustomed to percussion and naturally prefer that. Some of the men are using the rod exclusively because it requires less proficiency. Carcinoma; pelvic cavity, right side. The pain that she has in her back may be metastatic in character; if it is, we can tell. Yes, it is metastatic; 10 ohms. Congenital D.R.; 30 ohms plus. I will show you approximately where we will get the reaction on the patient. Reaction of carcinoma at 7th dorsal spine opposite inferior angle of scapula; also at 4th lumbar spine. (Patient comes in). Go over pelvic cavity; try to fool me. Reaction on right side. She has pain radiating from lumbar region down to hip. Reaction from spine over areas corresponding to those found on reagent. Treat spine at rate 6 and 3 and general treatment. You want to get at the basic condition when it is distributed throughout the body. Also treat right side of pelvic cavity at 6 and 3. (Patient goes out). These cases go very badly. I have not had much success with them. I have not tried mixture antimalignans long enough to know what results we may get from that. We get these cases when they are very far advanced.



HYPERTHYROIDISM—MISCARRIAGES—Uterine Strain of Congenital D.R.

Specimen.—Married woman. Appearance shows slight goitre. Wants to know why she can not bear children. She has had two miscarriages;

has one child. Wants to know why neck becomes reddened; appears to be thyroid; exceedingly nervous. I never attempt to find hyperthyroidism from the blood. You have to examine for that locally. The best treatment in the world for that is concussion of the 7th cervical spine. She has had an appendectomy a year ago. Carcinoma; digestive; small intestines, appendix region; non-metastatic; 3 ohms. The ohmage is low, but it is young yet. The carcinoma is usually around the site of the operation or of the incision. Congenital D. R; 40 ohms. In cases of miscarriage there is a uterine strain of Congenital D. R. It is very important to know that. There was one woman who came here who had aborted any number of times. I told her nothing could be done. Then I discovered that this condition could be cured by treating locally over the uterus for Congenital D. R.

CARCINOMA OF PROSTATE—Diagnosis Made From Handwriting

Clinic Case.—Married man, 62 years. Has been in ill health. Wife feels he is not well but he does not want to have his blood examined so she has given me the handwriting. There is nothing hidden that shall not be revealed. Male reaction. Carcinoma; genito-urinary; prostate; non-metastatic; 4 ohms. It is usually below 5 ohms in the prostate. Congenital D. R.; 30 ohms plus. Get your cord and examine the prostate. It may be in the kidneys; I am only assuming that it is in the prostate. Carcinoma; present over prostate; negative over kidneys.

MAGNET OBTVIATES ERRORS DUE TO SHORT-CIRCUITING OF PATIENT

Short-circuiting on the part of the patient by glasses, jewelry crossing the median line, corsets, artificial dentures and permanent bridge-work in the mouth may destroy the reactions, but with magnet suspended over the head of reagent such errors may be obviated.

REPORT OF PATIENT VISITING CLINIC—HEMORRHAGE IN RETINA

Doctor Abrams: We will be very glad to have this gentleman tell us of his experience with the E R A treatment.

Patient: I had been to every oculist in the country because I had hemorrhage of the retina. I could not see to read or to get around by myself and had not been able to practice my profession of law for many years. I had had diabetes for years and was a physical wreck. I thought I had no chance on earth. When I heard of these mehtods I had no faith in them whatever but I finally decided to have an examination. Twelve days ago I went to this doctor. He gave me an examination and told me some very sad truths and I took a chance. At that time I had a breaking out on my face; within a week it had disappeared. I began to notice that I could see a little and that I could read signs that I could not do before. For the

first time in many years I travelled up here alone on business from Los Angeles in an upper berth. Before the treatments I could not read and could not make my way down town and was terribly depressed. To-day I am back to my old mental calibre and to my old mental stamina. I am going to be absolutely cured. This doctor has a hundred patients and all are improving. I watched them carefully. I saw a man who had had cancer on the ear for years. It was a miserable looking thing and he was a tottering wreck. It has healed over and the man is in pretty good shape with a good chance of recovery. I feel that if a thing is true a gentleman should tell about it; it is his duty. I can now read print which I could not do before. A specialist of eye diseases said that I had either been drinking too much "hooch" or was syphilitic or had diabetes. He said, "Go to your doctor and have constitutional treatment," but it did not help me. This eye specialist now sends his patients to this E R A doctor for diagnosis. I am very grateful for all the Abrams method has done for me and for making it possible for me to return to my profession. I am attending to business now for the first time in ten years. I have a good record in law and have relatives who are prominent in the legal profession.

Doctor Abrams: My critics attribute my results to a species of hypnotism or suggestion, but here is a gentleman who had no faith but has gotten cured. The physician from whom this gentleman took treatment had an interesting personal experience with these methods which led to his taking the course. His daughter had a tumor of the breast and I found that it was cancer. I said to him, "Go and have this breast removed." He said, "No, I am not going to have any operation. Why don't you try your treatment?" This was in the early days of these methods. I said, "My method of treatment is not official; it may be years before it is recognized. If anything should happen to your daughter, you would never forgive me." He said that he would never have the breast removed and insisted on trying this treatment. In two weeks the tumor was removed and she has been well ever since. As a result, the physician took the course.

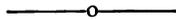
DULLNESS AND TYMPANY, ELECTRIC PHENOMENA—USE OF GLASS AND RUBBER RODS

You can not have a phenomenon in nature without an electric change. The intestines are filled with gas. We will say that the walls are tense and the tenseness creates a positive charge. Release that charge by putting a negative charge in front of it. In cases of tenseness of the abdominal walls the dullness is due to the excessive formation of gas. Sometimes by taking a negatively charged rubber rod and running it over the abdomen, you convert the dullness into tympany. It is possible that this gas formation is due to an excess of positive charges and you neutralize it.

Two Englishmen named Baines and Bowman wrote a most remarkable book called *Electrobiology*. Unfortunately their apparatus had to be away from all currents of electricity, so that it was difficult to carry on experiments with it. They healed wounds by using a dielectric. This discovery

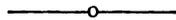
we have just made recalls their work. Some day someone will invent some sort of a screen and put the patient in a dark room and by means of some chemical will make the various diseased areas luminous.

Tympanites is an electric phenomenon. If one takes a rubber rod and charges it negatively by rubbing on wool or catskin and runs it over the abdomen, you release the positive charges and convert dullness into tympany. The opposite effects are noted with a positively charged glass rod. This opens up a big field in medicine.



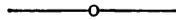
LUMINOSITY

Luminosity and fluorescence are only a question of reducing the frequency of certain rays so that they become visible to the human eye.



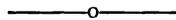
CARCINOMA, COLON — MUCUS COLITIS

Specimen.—Man. Eats well; sleeps well; tires easily; suffers from pain in the region of the rectum on the right side. Has considerable eructation and flatus. No abdominal operation. Considerable pain in region of liver. Has had mucus colitis. Carcinoma; digestive; colon; extending from median line to splenic flexure; non-metastatic; 9 ohms. Tuberculosis; negative. Strep.; right tonsillar region. Congenital D. R.; 38 ohms.



ACQUIRED D. R. — FAILING EYESIGHT

Specimen.—Married woman. Right ovary and appendix removed; left breast removed two years ago. Constant pain in joints and muscles. Eyesight failing. Carcinoma; digestive; small intestines; non-metastatic; 9 ohms; breast not involved. Tuberculosis; negative. Strep.; right tonsillar region. There was something in the history that suggested syphilis. What was it? Eyesight failing. Acquired D. R.; eye strain; 38 ohms. Check up on that with the other reactions. Use S S 3 and 3 to both eyes.



TUBERCULOSIS — MASTOID INFECTION

Specimen.—Unmarried woman. History of discharge from ears following scarlet fever when a baby; unable to be cured. Both tonsils removed three years ago; said to be infected. Autogenous vaccines greatly reduced strength. Pain in joints and muscles. Looks well. Patient says she has had many physicians treat her. In cases of this kind you get at the constitutional condition. Carcinoma; sarcoma; negative. Tuberculosis; bone and lung; bone; 8/25 ohm; lung; 2 ohms. Congenital D. R.; 39 ohms.

Strep.; ear. Psora; present. Congenital Neisserian; present. Locate tuberculosis of bone. Go over ears and mastoids; reaction of tuberculosis over right mastoid. Write to the Doctor: "It would be advisable to treat soil conditions, Congenital D. R.; Congenital Neisserian and Psora, at rates 3, 4 and 5 on spleen. After thorough S S it would be advisable, in the event discharge were not benefitted, to treat ear locally at rates 2 and 4. Treat right mastoid at rate 5. Saturate piece of cotton with gamboge and place it in ear." You can not get results unless you first get rid of the constitutional condition. It offers the only hope.

REACTION OF MORPHINE FROM BLOOD

Specimen.—Man. The physician who sent the blood found Congenital D. R.; 38 ohms. Tuberculosis; 5 ohms; apex of right lung and also spot in left lung. Strep.; right kidney and bladder and right antrum. Urine shows some casts and albumin. The patient's father fears he has morphine habit and wants to know if he has acquired that habit. You have to be very careful about accusing a man of being a morphine fiend. The V R of morphine is 4 and 56. Give me V R 56; reaction of morphine is present. Carcinoma; sarcoma; negative. Tuberculosis; lung; 4 ohms. Congenital D. R.; 37 ohms. Strep.; both tonsillar regions. Write to the Doctor: "There is a suspicious reaction of morphine from the blood specimen. I would not insist on this reaction alone as evidence of drug habituation, but it is suspicious."

ASTHMA — ACQUIRED D. R.

Clinic Case.—New Patient. Woman, 45 years. Asthma for 20 years. Attacks worse last 6 years. Difficulty in breathing all the time. Lost some weight. Appetite good. Dyspnea on least exertion. As a rule when there is dyspnea on exertion it is cardiac asthma. Carcinoma; sarcoma; negative. You always find some tuberculosis in cases of asthma of long standing. Tuberculosis; lung; 1 ohm. That does not mean anything. What you must look for especially is acquired syphilis. Acquired D. R.; cardiovascular strain; 37 ohms. She will probably have a dilated aorta. You need look for nothing else. Your first duty is to get rid of syphilis. (Patient comes in). Have you any difficulty in breathing?

Patient: Yes, I have most of the time.

Doctor Abrams: Have you had any miscarriages?

Patient: No, I have two grown children.

Doctor Abrams: Concuss the 7th cervical spine and see if there is any improvement in the breathing; concuss the 2nd dorsal to fix the reflex. It seems to accentuate the difficulty in breathing. Now I will try concussion of the 5th and 4th cervical. That does not modify the breathing. Try 7th cervical again; there is no modification in the breathing. Go over her sinuses for strep. Sometimes an infection of one of the sinuses by irrita-

tion of the trigeminus will affect the vagus and cause asthmatic attacks. Strep.; right antrum. How many years have you had this trouble?

Patient: I have had it during 20 years but not all the time.

Doctor Abrams: Let us test out the efficiency of heart. Normal heart measures 4/25 ohm. Set instrument at rate 2; left ventricle measures only 0/25 ohm. Pulse is very feeble. Try concussion of 7th cervical and 2nd dorsal 4 times a day at home for one week before beginning treatment.

(Clinical Lectures Continued on Page 20)

THE UNIFORMITY OF LIFE REACTIONS

W. Dwight Pierce, Ph. D., Consulting Biologist, San Mateo, California*

This is a wonderful Universe in which we live,—a Universe acting as a Unity under a Unity of Direction, and composed in its ultimate nature of a Unity of Matter.

Dr. Abrams and I have been looking at two phases of the same thing and for many years our respective sciences have failed to recognize the fact that we were dealing with kindred phenomena. Permit me, therefore, just as briefly as I can, to summarize the thoughts which now actuate my work, without going into detailed discussions, which would fill volumes.

Our Universe is a unit. We know of no other, for we cannot even measure or compute the bounds of this one. Our ability to describe the Universe is insufficient, but we have set down what might be called three dimensions, to describe it:—time, space and the ether. We can conceive no limits for any of these dimensions, but by and in them we measure everything we know or sense.

Within and measureable by these dimensions we conceive of two things, matter and energy, and as we analyze these we find that matter is exclusively composed of those ultimate particles, which we call electrons, and that energy is an attribute of these same particles. Matter is everywhere and energy is everywhere, and both, whether identical or two phases of the same thing, act at all times and in all places under uniform and stable laws, which indicate a positive Law Maker and Director.

When we look at matter we view it in three physical states, called solid, liquid, and gas. These are merely different densities of the same groupings of electrons, manifesting consequently different rates of vibration of the constituent electrons. By means of properly applied energy these physical states are interconvertible.

But matter displays many types of energy, which we variously call sound, electricity, magnetism, radio, heat, light, x-ray, chemical, life, thought, gravitation, solar energy, etc. All are attributes of the electrons,

*Dr. Pierce has an international reputation as an entomologist.

and apparently all are interconvertible, therefore merely different phases of vibration, differing in wave-length, frequency or velocity.

We also classify matter as organic and inorganic. I prefer to think of it as organic and inorganic life, and to recognize three kingdoms of visible life, two organic,—plant and animal; and one inorganic,—chemical or mineral; believing also in the existence of invisible life. Essentially they are all unity, though constructed of different groupings of the electrons. The same elements constitute all.

We can recognize similar reactions to the stimuli of all types of energy, on the part of all three visible kingdoms. Therefore we can classify all reactions in a single unit system.

If we take any type of energy, we may recognize on the scale of velocity, or on the scale of frequency of vibration, a wave form or rhythmic type of reaction. The crest of the wave is the point of greatest vitality and energy; the trough is the point of least vitality and death. Thus for example, passing from infra-red to ultra-violet, we find each extreme deadly, and as we come nearer the center from either direction we successively encounter zones of anesthesia and sleep; pain, stifling and sluggishness; and maximum activity; which latter occurs for man in the green portion of the spectrum. We may describe these same zones for all other types of energy.

But we may also describe such a curve of life and death in terms of volume at any velocity and frequency, of any type of energy.

This means that death may be caused by sound, electricity, heat, light, x-ray, chemicals, etc.; that anesthesia and sleep may be caused by the same types of energy; that for each there exists a happy medium of greatest efficiency for each species of living thing and for all inanimate matter likewise.

It means that the field of therapy is as wide as the field of electronic vibration, which is as wide as matter and energy.

Just as each simple elemental atom has its inherent rate of vibration and consequently its inherent response to stimuli of energy, so has each molecule, each cell and each organism its inherent rate of vibration, and its inherent response to stimuli of energy. This is because the atoms, molecules, cells, and organisms differ from each other only by virtue of the different arrangement, number and bonds of attachment of the component vibrating electrons.

All life is derived from antecedent life. The constituent cells of the organism are all offspring of the parent cell of the organism, all inheriting its tendencies, all tied to it by sensitive bonds of communication, and all acting as unity to outside stimuli.

Inasmuch as energy is the unailing attribute of the electron, we find all matter possessing energy, and each type of matter possessing its characteristic energy, and so to that energy inherent in the living organism we may give the name Vital Energy. It is radiant, and powerful, and leaves its impress on all matter about it, just as do all other types of energy.

We must therefore consider that all types of energy affect and modify all other types of energy and all types of matter; and so we do not fully

grasp a situation, if we measure, for instance, the effects of temperature on a body, and ignore the coincident influence of light, humidity, pressure, electricity, chemicals, gases, thought, vital energy, etc.

Therapy, therefore, must consider the reaction not only of the disease germ or activating body, but also the reaction of the patient to all surrounding conditions of matter and energy. The patient must be surrounded by favorable conditions of air, heat, moisture, pressure, light, and vital energy, and be given favorable food. But more than that, he must be placed under those favorable conditions, which are least favorable to the disease activating body.

Having these principles in mind we can understand how Dr. Albert Abrams obtains a characteristic reaction for the human race, as well as for each individual, and each organ of the body; how he determines the presence of foreign bodies with their characteristic reactions; and finally how he kills these bodies by giving them an overdose of their own vibration.

It is only when one gets a conception of all nature as unity; of all things, whether animate or inanimate, reacting uniformly and rhythmically to all external stimuli; and of the rhythmic harmony existing throughout all the Universe, that he can get the proper perspective for his own work. The physician can learn from the chemist, the metallurgist, the electrician, the entomologist, and each of them can learn from each other, if they are alert and grounded on broad principles of training.

So long as each profession and science holds itself aloof from its fellow professions, so long shall progress in each be retarded.

When a botanist learns of a certain effect of sunlight on germination of plants he gives to the world data, which can be used by everybody. If a series of definite reactions are proven for an insect or a slug, there is a lesson for medicine, for botany, for animal husbandry, and even for metallurgy contained in the findings of the entomologist.

For example, in 1907 it was my fortune to discover the thermal scale of reactions of the cotton boll weevil. Not until 1917 did I realize that humidity manifested a similar scale and that the two must be considered in combination. Then the application of zones of life for human beings, as well as all types of plants and animals, became apparent. But not until 1922 was I able to state that pressure, and atmospheric gases could be zoned, and this year it has become apparent that all external stimuli whatsoever may be zoned from death, through anesthesia, sleep, algesia, and nochelia to activity, and on to death. And the lesson was not learned until the field of metallurgy, the practice of medicine, the art of floriculture, agriculture, chemistry and physics had been canvassed. Each added its share and now no bulletin arrives, but that it contains confirmatory data, although the respective writers may not have understood the significance of the phenomena which they described.

Nothing could be more important in therapeutics than the establishment of the fact of the uniformity of reactions of all matter and all life to external stimuli, each type of body having its characteristic rate and zone of reactions.

The human body is what we are primarily concerned with. It has its normal human rate, which characterizes and separates it from all other species rates, but each individual differs characteristically within the human rate, because of its slightly different inheritance and acquired tendencies. Our body is composed of chemical substances, native cell bodies, and foreign plant and animal bodies. All have their characteristic rates of vibration and reaction. When these foreign bodies are antagonistic to the human cells they set up a disharmony, which breaks down the cell resistance. If we can reverse this and set up a vibration harmonious to the human but inharmonious to the intruder, we may be able to break it down or wear it out.

That is what the allopath and the homeopath do with chemicals, what the osteopath and chiropractor do with nerve vibration, what the electro-path does with electricity, what other specialists do with x-ray, ultra-violet, infra-red, heat, mechanical vibration, food, thought, prayer, etc.; and we at last perceive that we have the entire range of known vibrations to draw from in our search for those which will be harmonious to the characteristic vibration of the patient, and yet deadly to the destructive organism. Modern medicine has the whole range of chemistry and physics at its disposal, but it must understand the fundamentals in order to utilize any of them.

DEPOLARIZATION OF DYNAMIZER

Sometime ago Mr. Upton Sinclair tested several of my disciples with a view of determining whether or not they could get repeated reactions from two different specimens without a knowledge of what the specimens were. Several men were tested, not any of whom do I credit with any special degree of ability. The result was that one of the men would get about 50 per cent. of failures in the examinations. Then Mr. Sinclair, in his desire to propagate these methods and hoping for greater accuracy in the same, went to others. One of my former disciples succeeded in getting 87 per cent. of correct diagnoses by the repeated examination of specimens. Mr. Sinclair concluded that the best results were obtained when the specimens were put in separate dynamizers and switching them around without knowing which was which.

For many years I have cautioned my men that the skin acted as a condenser of energy and that if several examinations were made in rapid succession without depolarizing the skin on the reagent's forehead or dynamizer, the reactions would persist and confuse you. We found evidence of this as follows: If we took a specimen of carcinoma and placed it on any inanimate object and then ran over this area with a radio apparatus which excludes the personal equation, we invariably found that we got a reaction of carcinoma or of whatever pathological specimen had been used

at the exact spot where the specimen had been located. But if we immediately ran over this area with a horseshoe magnet, we would destroy the reaction at once. In other words, we rearranged the electrons in that particular spot. I shall show you later that definite graphs—metaseiograms — distinctive to all matter may now be secured.

When I recently returned from Mexico, I made here in one afternoon fifteen examinations in rapid succession without any mistake. I asked Dr. Wirklich to go over specimens that way and he made two mistakes out of fifteen (the first ten correctly) which is not bad. Expectant attention in experimentation is a very difficult problem. When you are subjected to tests such as proposed, you are not master of the situation. Any scientific experiment can be negated by an attitude of mind in a state of expectant attention. The problem is a serious one and we must minimize our mistakes. We find no consolation in observing that progress is a series of negations and we are advancing because we are not sure of things. Mr. Sinclair noticed that errors were less frequent when two dynamizers were used.

We found in our experiments that after a specimen is put in the dynamizer the reaction will persist for 15 seconds but as a rule with a powerful horseshoe magnet (magnets must be recharged) we can dissipate the reaction at once. In order to obviate the possibility of a reaction persisting, we found that by using an electromagnet as a depolarizer and running it over the inside and lid of the dynamizer, it would immediately nullify any reactions that persisted. Since then we are using that instead of the horseshoe magnet.

If, however, you use this electromagnet (depolarizer) over a specimen, you will destroy the reactions for half an hour, perhaps longer. Therefore, the method is this: Keep your electromagnet away from your subject (and do not allow him to handle it) and from dynamizer containing specimen; disconnect it when not in use. Prior to putting in specimen depolarize dynamizer and lid with electromagnet and then use horseshoe magnet only for depolarizing specimen with a view of removing any possibility of the effects on the specimen of the electromagnet currents of the earth. Depolarizer should also be passed over diagnostic apparatus.

I am exceedingly grateful to Mr. Sinclair for having directed my attention to this matter, for it is only by a summation of the little things and their elimination, that you gain perfection in anything. The depolarizer used in treatment may be employed for the purpose above cited.

E. R. A. PHYSICIANS

*Your presence is respectfully requested at
the laying of the Cornerstone Ceremonies
of the College of Electronic Medicine
Blanche and Jeanne R. Abrams Memorial Foundation
on the twelfth of September
one thousand nine hundred and twenty-three
at half after three o'clock
Ten sixty-seven Sutter Street
San Francisco, California*

**BABY WORK'S ORACLE — DR. C. A. SHOEMAKER
LINCOLN, NEBRASKA**

Dear Doctor Abrams;

I am Baby Work whose blood you examined April 27, 1923. I weighed 7½ pounds when I came here. Had many convulsions, as many as 74 a day, since I was a month and six days old and I now weigh 18¾ pounds. I was in the Child's Hospital of Denver for two weeks. They x-rayed my head many times; many specialists have seen me, one coming a thousand miles. They all pronounced me hopeless and sent me home to die. My home physician wrote to Dr. Shoemaker and he had him send him some of my blood and the Dr. answered and said he thought I could be helped, so I arrived here as a practically dead baby on April 12, when the treatments were started immediately. I could not move my lower limbs at all; could make no noise; could only swallow a few drops of beef tea at one time and egg albumen. Now I can kick as hard as any baby of my age and am beginning to sit up alone; can take my regular feeding of full amount, sleep well and enjoy my playthings. All this in four months from a skeleton to a baby 18¾ pounds. When I get so I can talk I will tell the world this result is all due to Dr. Abrams' treatments. My mother is telling every body now at Holyoke, Colo. and Denver. Hope I will be able to write to you some day my self, Doctor. We all thank you for discovering such a wonderful treatment.

Sincerely,
Baby Work.

ABRAMS HOSPITAL TO BE BUILT IN TULSA OKLAHOMA TO COPY MAYO PLAN

A hospital and sanitarium similar in many respects to the famous Mayo brothers' institution at Rochester is to be established in Tulsa.

Instead of surgery, however, the local project is to introduce and use the Electronic Reactions of Abrams.

Doctor Douglas, who is associated with a number of other local physicians who have mastered this treatment, said the undertaking has been fully financed by oil men of Tulsa and nearby cities, whose families have experienced cures by the Abrams treatment. However, he declined to divulge their names, explaining they desired to keep their identity a secret. One of them, he said, is a Sapulpa oil man whose wife was cured of cancer after all other methods had failed.

Among the physicians connected with Doctor Douglas are Dr. F. G. Bubeck, and Dr. J. U. Puckett, besides a number of E. R. A. experts in neighboring cities.

THE PHILADELPHIA SCHOOL FOR NURSES and THE CENTRAL HOSPITAL OF PHILADELPHIA Chestnut and 23rd Sts., Philadelphia, Pa.

The only hospital in Philadelphia equipped to give the Abrams Electronic Treatment.

Equipment provided by Eugene Underhill, M.D., and the treatment applied under his personal supervision.

EFFECT OF DEPolarizer ON LIPOMA

Letter from a Patient.—"I am writing you at this time, thinking you might be interested in the history of what Dr. Clara Stone of Los Angeles has done for what she called a fatty tumor on the back of my neck. At the age of 17 years I had boils on my neck and after treatment they healed, leaving a scar. After 2 years another boil started in the same place and soon developed 5 distinct heads and when they broke and finally healed it left a hard bunch 2 inches across and 1 inch thick. I began a course of Abrams' treatments and Doctor Stone tried the depolarizer on it. The depolarizer was used about 8 or 10 times and now it is about the size of a small marble. I am in my sixtieth year. I have no pain and work hard every day. Feel at liberty to use this letter as you wish."

BOSTON COLLEGE OF ELECTRONIC MEDICINE

Boston, Massachusetts.

July 27, 1923.

Resolutions: WHEREAS—We, the undersigned members of the first class of the Boston College of Electronic Medicine, under the able and enthusiastic leadership of Dr. Francis T. Davies, have completed our course of instruction in E. R. A.; be it

RESOLVED—That we are indelibly impressed with the remarkable accuracy of electronic diagnosis and the demonstrated results of electronic treatment, and we are convinced of the unparalleled therapeutic value of this revolutionary system of healing; be it further

RESOLVED—That as a result of the efficient and painstaking instruction at the hands of Dr. Davies we are entering the practice of Electronic Medicine, as expounded by that immortal genius—Dr. Albert Abrams, with the utmost confidence and assurance that we will henceforth be of greater service to humanity than we have ever been before in our practice of the healing art; be it further

RESOLVED—That a copy of these resolutions be forwarded to Dr. Abrams at San Francisco.

Signed:

J. I. Greene, M. D.
Waldo Horton, M. D., D. O.
Frank A. Mack, M. D.
S. Foster, M. D.
G. W. Estey, D. O., M. D.
Chas. Grapek, M. D., D. O.
Nettie A. Bolton, M. D.
W. M. Kingman, M. D.
Bertha E. Carter, D. O.

WASSERMAN FAST REACTIONS**Extracts from current, medical literature.**

“The Four Plus Wasserman”—D. M. Kaplan, N. Y. M. J. 105:728, Apr. 21, 1917.

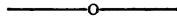
“In the Wasserman fast patient, the guide to cessation of treatment should be chiefly clinical findings and the four plus should be left alone. It resolves itself into the question, is it safer to allow the patient to keep his temporary clinical improvement and his positive Wassermann or by subjecting him to intensive salvarsanization, succeed in removing his four plus Wassermann and expose him to the additional danger of a low grade arsenical intoxication?”

"A Positive Wasserman Test in Non-syphilitic Patients after Intravenous Therapy."—Strickler, Munson and Sidlick, J. A. M. A. 75:1488, Nov. 27, 1920.

"In the syphilitic clinic at the Philadelphia Polyclinic Hospital, it was a fairly common observation to see a certain number of the patients clinically well, yet serologically presenting strong and moderately positive reactions, and all this in spite of an energetic arsphenamin treatment."

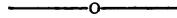
"We are convinced, with Udo Wile, that 'in the presence of intensive therapy, a positive test does not necessarily mean living spirochetes and potential syphilis, any more than a positive tuberculin test in an individual who has had tuberculosis would indicate the presence of living tubercule bacilli.'"

"We submit that serologic and clinical cures are not necessarily parallel. Energetic treatment that is directed toward the end of attempting to make a persistent positive reaction negative may not only be useless but also misdirected."



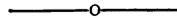
"The Wassermann Test and Its Interpretation."—R. L. Kahn, J. Lab. and Clin. Med. 6:579, July 1923.

"In the so-called 'Wassermann fast' cases, however, where the Wassermann reaction is persistently 4 plus, the primary aim should be to clear up the clinical symptoms and to institute further treatment only after considerable periods of rest."



"Interpretation of Results of the Wassermann Reaction."—Bacteriology and Haematology, 6th edition, W. D'Este Emery, Phila., P. Blakiston's and Co., p. 129, 1921.

"In some late cases (never in early ones) the reaction remains positive in spite of the most vigorous and prolonged treatment."



CLINICAL LECTURES

(Continued from Page 12)

ARTHRITIS DEFORMANS — STREP. INFECTION

Clinic Case.—Reexamination. Married woman, age 60. Arthritis deformans; pains in both hands. Operated on for tumor and pregnancy discovered. Following operation pains in joints began. Feeling of discomfort in epigastrium. X-ray at Mayo's Clinic showed adhesions. Our first examination showed sarcoma; 2 ohms; non-metastatic; digestive. Strep.; both tonsillar regions and left antrum. Congenital D. R.; present. Let us see if sarcoma is present; negative. Congenital D. R.; negative. Crypto-

genic D. R.; present. Strep.; sinus and both tonsillar regions. She has not made much improvement. (Patient comes in). We find no more trouble in your abdomen. What is the trouble?

Patient: I have pains in the joints My abdomen is all swollen.

Doctor Abrams: There is no fluid in the abdomen; it is all gas. You must get a proper abdominal support. Go over sinuses for strep.; right antrum; both tonsillar regions. Go over the worst joint; strep. in knee of right tonsillar origin. In a case of this kind we will disregard the sinus because the chief thing is the right tonsillar region. The tonsils have been removed but the infection is present in surrounding tissue. Use two cords at rate 2 and one cord at 4 over right tonsillar region.

CATARACT — CONGENITAL D. R.

Clinic Case.—New patient. Man. Cataracts. Vision all gone in right eye. Little lump in epigastric region; noticed for past six months. Similar mass on elbow disappeared spontaneously after three months. Carcinoma; sarcoma; negative. Congenital D. R.; 39 ohms; eye strain. One of my men claims to have cured cases of cataract. Personally I have not cured any; I have treated two cases only. It will do no harm and it is worth the trial. (Patient comes in). He is absolutely blind in one eye. Go over right eye for Congenital D. R.; present. Try Neisserjan; negative. He is a very healthy man. Have you ever had any injury to that eye?

Patient: Not that I know of.

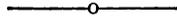
Doctor Abrams: Use rates 3, 8 and 11 over the right eye. He refuses to be operated on, so we will give this a trial. Rate 3 is for Congenital D. R., the basic condition; rate 8 for calcium salts; rate 11 for scar tissue. Try it for ten days and see if there is any change.

TUBERCULOSIS — TYPHOID REACTION IN BLOOD

Specimen.— Man. Some years ago, following an attack of typhoid, had axillary gland removed. Later on osteomyelitis developed in the right humerus. This also was operated on 18 months ago. Discharge ever since from this arm in four or five places. Underweight. Later pulmonary tuberculosis developed. This physician says, "I have found Acquired D. R.; 37 ohms; result of vaccination. Tuberculosis; 6 ohms. Strep; in right antrum." Carcinoma; sarcoma; negative. Tuberculosis; bone and lung; 1 ohm. Acquired D. R.; 35 ohms. Check up on that. You also have to think of the typhoid bacilli. They will lurk in the organism for a long time. V R of typhoid is 23; present. He has trouble with the right humerus. See if tuberculosis is in that region; present. Try typhoid over right humerus; present. Write to the Doctor: "Evidently you made a mistake in referring acquired syphilis to vaccination. Your first duty here is to give patient SS 3 and 10, which is the destructive rate for typhoid which we elicit in the blood. Treat right humerus at rates 5 and 10 at the same time that you give S S 3 and 10, or later."

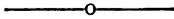
METASTATIC SARCOMA

Specimen.—Married woman, 26 years. Stomach complaint for many years. Masses can be felt in abdomen on examination. Carcinoma; negative. Sarcoma; digestive; metastatic; 9 ohms. Acquired D. R.; present. Try E D reaction and be very sure of it.



NEURASTHENIA

People with neurasthenia should avoid sunny places and seek the woods or shaded localities. We have found that the output of human energy is greater in the sun's rays. Therefore a neurasthenic likes gloomy weather.



CARCINOMA, COLON — ANIMAL CONTAMINATION

Specimen.—The doctor got a reaction of carcinoma of the gall-bladder region. He wants to be sure of his diagnosis. We returned the former specimen he sent because we could not get human blood reaction. In this case he says that the specimen was taken by himself from patient. We once had a specimen sent here from Florida which gave reaction of animal blood. I returned the specimen with the statement that it showed animal contamination. The doctor who sent it could not explain this contamination until he discovered that the filtering paper he had been using had a bug crushed inside of it, which was sufficient to contaminate the reactions. 49. Male reaction. There is a distinct reaction of human blood. Check up on it with the E D. I have no hesitancy in examining it. Carcinoma; present; digestive; colon. You can see the pallor. I can get no reaction with the rod. Rub over the abdomen first with a stick of black sealing wax warmed and then the glass rod seems to work better. It is non-metastatic; 7 ohms. Acquired D. R.; negative. Congenital D. R.; present; 41 ohms; cerebrospinal strain. Streptotaxemia; negative.



Reaction from Photograph.—This is a photograph of a young man confined in an insane asylum at Stockton. I want to see if we can get a reaction of acquired syphilis which was contracted prior to that. Just as the emanations from the finger tips in hand writing will give a reaction. so the radiations coming from the face when the photograph was taken will give a reaction. Cover the photograph with a clean piece of paper and depolarize it thoroughly with the horseshoe magnet because it has been handled by many people. Let us see what we get. 49. Male reaction. Acquired D. R.; present. He had syphilis but never had been treated for it. Check me up; try to fool me. Go away from the photograph and then come back. Take the pointed electrode and as soon as you come to the same spot, see if I get the reaction. You can see I get it. Let us try the

pith ball so as to cut out the personal equation. I will show you that the photograph and the handwriting are just as good as the blood for reactions. You see that the pith ball pulls in when he gets to the photograph. Now I want to see the possible age of that individual. Leave the instrument at 49 and measure out the ohmage. It is $17/25$ of an ohm. Let us see where he is. He is up in Stockton. That is east of here. Keep the electrode away from the picture but go over the map and when we get where he is I should get the reaction. You see we get the reaction directly over Stockton. The distance is 55 miles for every $1/25$ of an ohm. I will try to measure the distance. It is $2/25$ of an ohm. That is 110 miles from here which is approximately correct.

STREP — INFECTION

Specimen.—Reexamination. Man. Soreness in cervical lymphatics; also some draining from fistula just medial to the upper left molar. 49. Sarcoma; negative. Congenital D. R.; negative. Cryptogenic D. R.; negative. Streptotoxemia; present; teeth and sinus. Go over the sinuses. Streptotoxemia is present in both antra. Write to Doctor: "Both antra show strep. infection. We have lately been treating these cases at rates 2 and 4 for strep. as we find Congenital Neisserian to be the basis of strep. infection."

ACQUIRED D. R.

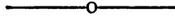
Clinic Case.—Reexamination. Man. We found originally carcinoma; digestive; 9 ohms. Acquired D. R.; 38 ohms. Carcinoma; negative. Sarcoma; negative. Acquired D. R.; negative. Cryptogenic D. R.; present. Leave it at 45 and let us see where it is. It is in the digestive tract. Have the patient come in. He is perfectly well. (Patient comes in). We will go over his abdomen and find a lesion of 55. He complains of some pain in his stomach but says he is much better generally. Show me where you have the distress. Set the instrument at 55. Even though you get reaction of Cryptogenic D. R., over a lesion you will get a reaction of Acquired D. R. Is that the spot? Mark it. Treat him locally where marked at rate 3 and general treatment at rate 3. It takes a long time to get rid of Cryptogenic D. R., but when you are rid of it you are rid of it.

Patient: I am feeling better generally. I am not so nervous; I have more pep and more life.

STREP. INFECTION OF GALL-BLADDER

Clinic Case.—This is an unmarried woman, age 34 years. She complains of pain in the gall-bladder region. First fortify the reflexes of the subject by hitting the 7th cervical and 2nd dorsal spines. See how much better that is now. Carcinoma; negative. Sarcoma, negative. Tuberculosis; negative. Streptotoxemia; present. It is either gall-bladder or teeth.

Put it at 25 for the teeth; negative. Try gall-bladder, 25; present. Let us see if there is anything in the pelvic cavity; negative. Have her come in. (Patient comes in). First let me see Congenital D. R.; it will be low as she has had treatment. It measures 1 ohm. We will see if the little lady has pus in the gall-bladder and gall-stones. Put the electrode over the gall-bladder. Streptotoxemia is present. Mark it. Let us see if there are any gall-stones. The vibratory rate is 20. No, there are no gall-stones. See if there is any pus in the pleural cavity. No, there is none. The pain is all reflex. Lie down, please. You see, pressure over gall-bladder region reproduces that pain in her side. Use rates 2 and 4 over gall-bladder.



METASTATIC CARCINOMA, PELVIC CAVITY

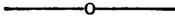
Clinic Case.—Reexamination. Married woman about 40 years of age. We found a metastatic carcinoma of the pelvic cavity. She had been at Mayos' and they wanted to operate. The reaction at that time was 13 ohms. Congenital D. R; was 40 ohms. It was an inoperable case. She was first examined 2 months ago. She looks pretty well now. Carcinoma; still present; 2/25 of an ohm. Let us see if it is still metastatic. Yes, it is still metastatic. It is strange that it has not gone down. Streptotoxemia; present. She has trouble in her ear and can not hear very well. Have her come in. (Patient comes in). You are almost normal, but not quite. You will probably need about 10 days more treatment. How are you feeling?

Patient: I feel better.

Doctor Abrams: How is the hearing in your ear?

Patient: Not very good. I feel much better now than when I came.

Doctor Abrams: Of course, you understand that the tumor may not disappear, but we will deprive it of its malignancy. Go over her ears for strep. It is present in right ear. As soon as he shifts from left to right ear I get the reaction. Have her treated at rates 2 and 4.



STREP. INFECTION OF SPINE

Clinic Case.—Reexamination. This young man had been diagnosed at the Mayo Clinic as having tuberculosis of the spine. We could never find tuberculosis, but we got a strep. infection of the spine. (Patient comes in). What is the matter now?

Patient: I have pain in the hips and constipation.

Doctor Abrams: You have more movement and for a while the pains will be worse. You can bend better than you did. The muscular spasm is less than before. Let us go over everything. I want to get him well if I can. How old are you?

Patient: I am 28 years old.

Doctor Abrams: Carcinoma; negative. Sarcoma; negative. Congenital D. R; negative. Cryptogenic D. R; negative. Malaria, 32; still present. He must continue taking quinine. Tuberculosis; negative. We have

never been able to get tuberculosis. Streptotoxemia; present. I can not get a good reaction with the rod. Take a little ether and clean the skin. Fat interferences with the reactions. Go over the appendix region. I get a reaction of strep. there. He did not have this before. Go down his back where he has pain and see if there is any strep. reaction. Yes, there is a strep. reaction present of appendix origin. See that his 10th dorsal spine is concussed three times a day to empty the appendix, and treat him locally at rates 2 and 4. Let me see if there is any Neisserian; no reaction. See if his appendix is tender when I press on it. There is very slight pain present.

REACTION OF STEEL FOUND BY DOCTOR BUBECK, TULSA, OKLAHOMA

During the war it was necessary to determine a reaction for steel and we found a definite reaction for it. Doctor Bubeck of Tulsa, Oklahoma, in examining a patient found that a reaction of steel was elicited in the lower portion of the pelvis. He found that this woman had previously undergone an operation. The x-ray located a needle in the same position in the region of the bladder where he had found it upon his examination. The woman was operated on and we are yet to hear the result of this operation. She had a cancer and was in everyway better except that she had sticking pains, and he got this reaction of steel.

ACQUIRED D. R. — METASTATIC CARCINOMA

Specimen.—Man 66 years old. Has had an abdominal operation; gall-bladder and appendix removed. Is constipated; has hyperacidity and gas. Tires easily. Fair appetite; sleeps poorly; loss in weight. Every muscle aches. Case diagnosed as neurasthenia. He has had 2 positive and 3 negative Wassermanns. Exposed in 1895; had 2 or 3 chancres; apparently cured. Attack of gout every 10 years. What is the difference between rheumatism and gout? Put your finger in a vise and turn it until you can't stand it any longer—that is the pain of rheumatism. Give it one extra turn—that is the pain of gout. It is said that there is a pleasant way of getting it but no pleasant way of getting rid of it. We will see if that man has had syphilis. Carcinoma; present; digestive; gall-bladder region; metastatic; 7 ohms. Acquired D. R.; present; 37 ohms; cerebrospinal strain. Take an E D reaction; present.

See June Number

Use of Magnet.—Unfortunately there are many reactions that are in conflict. For instance, the presence of colisepsis will destroy the reaction of syphilis when both are present at the same time, and conversely. In other instances, the presence of staph. will destroy the reaction of tuber-

culosis, and vice versa. We found empirically that if a horseshoe magnet is suspended over the head of the subject these interferences do not occur. This holds only for the S V, the splenic and the solar plexus reactions. With the E D and the P D you cannot use the magnet.

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Reaction from Signature. We are going to take a reaction from the signature. 49. Female reaction. This patient was treated here for carcinoma and everything was found negative. Another E R A doctor told her the reaction had returned and I am going to examine to see what we get. I have never seen a case where I am careful about getting rid of the Cryptogenic D. R. that it has ever returned. When the Congenital D. R. is wiped out there can be no cancer. Carcinoma; negative. Cryptogenic D. R.; negative. There is absolutely nothing there for her to worry about.

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CARCINOMA, PELVIC CAVITY

Specimen.—Unmarried woman. Some internal trouble. A surgeon advised an operation; she is anxious to avoid knife. 49. Female reaction. Carcinoma; pelvic cavity; non-metastatic; 8 ohms. Tuberculosis; negative. Streptotoxemia; right tonsillar region. Acquired D. R.; negative. Congenital D. R.; present; 38 ohms. Let me see on which side of the pelvic cavity the carcinoma is. It is on the left side.

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SARCOMA, BONE

Clinic Case.—Man. 49 years. Married. Has had catarrh for a year; frequent colds for a year. Present cough continuous for the past year. Apparent obstruction in trachea and large bronchi. Pain in right iliosacral region. You will find the reactions always more pronounced at the end of expiration. Carcinoma; negative. Sarcoma; present; bone; non-metastatic; 7 ohms. Tuberculosis; negative. Acquired D. R.; negative. Congenital D. R.; present; 39 ohms. Have him come in. (Patient comes in). Will you kindly expose your chest? Your trouble consists of what? Tell us briefly and explicitly.

Patient: Bronchial trouble.

Doctor Abrams: The lungs have no sensory fibers, so that the only sensation is when it reaches the larynx. Consequently they will refer it here and there. Have you any difficulty in breathing?

Patient: Yes.

Doctor Abrams: How long have you had this trouble?

Patient: About 2 years.

Doctor Abrams: Were any tubercle bacilli found?

Patient: I don't know.

Doctor Abrams: Do you have any night sweats?

Patient: No, I just have a dry hacking cough that I can't get rid of. It is getting worse.

Doctor Abrams: When there is difficulty of breathing associated with cough and no apparent sign, you must think of a possible pressure. Was there any injury to chest?

Patient: No.

Doctor Abrams: Do you have any pain in your chest?

Patient: Occasionally I have a little pain.

Doctor Abrams: Look at his chest. You will find a depression at the lower part known as the intrasternal fossa due to lying in utero with either the neck or the head pressing against the lower portion of the sternum. That would mean nothing. I can see a swelling or at least a protrusion at the second rib. It is a mass; you can almost outline it. Set the instrument at 58 and go over his chest. Go from below up. Mark it. Go from the trachea down. Mark it. You must be careful that it is not the aorta. You don't know how much of that is the heart, but you can tell from experience that the heart does not give that degree of dullness. Does that hurt when I palpate?

Patient: No.

Doctor Abrams: See that white ring on his face. That is suggestive of 58. Now you can see the pallor over the area on his chest. I will outline it with a pencil. Let us see how that corresponds with our reactions. Correct. Try the hyperalgesia over that area. Give me a piece of cotton. (To the patient). Tell me when it gets a little more sensitive when I touch you with the piece of cotton. Close your eyes and pay close attention. It is practically the same place. Charge the rubber rod, first rubbing it with a piece of steel wool, and attract a piece of thread to the rod. The thread can touch the skin a hundred times without having to be recharged as with the pith ball. See, it pulls in right over that area. Mark it and have it treated. The chief thing is to get relief. Give mixture antimalgans. I hope you get relief.

RHEUMATÓID ARTHRITIS

Clinic Case.—Man, 43 years of age. Has had rheumatoid arthritis for 3 years; getting worse right along. Operated on for double hernia 8 years ago followed by phlebitis. Carcinoma; negative. Sarcoma; negative. Remember, there can be a tubercular arthritis. Acquired D. R.; negative. Congenital D. R.; present; 38 ohms. Streptotoxemia; present. Despite the fact that the tonsils were removed it is present in right tonsillar region. It is also in appendix region and sinus. Always in these cases remember gonorrhoea. Put both instruments at 52; reaction present. Have him come in. (Patient comes in on crutches). You have a pleasant smile on your face despite the fact that you have trouble. That is the spirit that will get you well. Where are you crippled the most?

Patient: Every joint in my body, but my knees and elbows are the worst.

Doctor Abrams: Go over his sinuses and tonsillar regions, even though tonsils have been removed. Streptotoxemia is present in both antra and

right tonsillar region. We will see if the joints give a reaction of strep. and from what source. Go over left knee; reaction of strep. of sinus origin. You have to think of the teeth. It is not the teeth. What good are you going to do this man? All you can hope to do is to remove the source of infection. In this case you would give him general treatment. We are going to get rid of the pus in the sinuses. Have you had any trouble with your appendix?

Patient: No.

Doctor Abrams: Treat both antra at rates 2 and 4. Paint joints with Congo Red * so you will get the effects in the interim of treatment. After infection is removed, massage should be attempted but not before. Don't have them manipulated, for it will simply spread the infection all over the body. Use rates 2 and 4 over spleen. They have taken everything out but your sinuses; they couldn't take them out very well. We will refer him to a doctor in his city. Let me hear how you get along.



CARCINOMA — GALL-BLADDER REGION

Specimen.—Woman about 60 years of age. Head sore; ears full; occasional boring and gnawing pains. She has had E R A treatment. Carcinoma; present; digestive; gall-bladder region; non-metastatic; 9/25 of an ohm. Congenital D. R.; negative. Cryptogenic D. R.; present. Strep-totoxemia; present; left antrum.



ACQUIRED D. R. — AORTITIS

Clinic Case.—New Patient. Man, 33 years of age. There is pressure in chest; has had it for 4 years. No venereal history. He had suppuration of antrum and tonsils were removed; operation done in Europe. Has shortness of breath. This man has oppression in the chest. The first thing that we look for is Acquired D. R. The possibility is that he has an aortitis. Of course typhoid bacilli or colon bacilli could get in the blood vessels, but first we will rule out one thing. Look for Acquired D. R.; it is present; 37 ohms. (Patient is physician in Clinic). Don't get frightened; a large proportion of physicians who come here are infected and do not know it. It is better to find it out and get rid of it. I will tell you how long ago you acquired it. Put the instrument at 55. He acquired it from a male source. Fully 40 per cent of the doctors coming here have been infected from a patient. Measure it out; 19/25 of an ohm. You got it about 8 years ago. Now put on the bifurcated cord and I will show you on what place you contracted it. Go over his lips first, using the big electrode over the mouth. There is no reaction. Clean off the electrode with clean cotton. Take the right hand, palmar surface; negative. Take the back of it, negative. Try the left hand; palmar surface. I get the reaction. Now go over the

*Congo Red also destroys the reaction of strep.

fingers. Reaction over middle finger. I look for a scar on that finger. Yes, there is a very plain scar. Do you remember whether you had a sore there 8 years ago that would not heal.

Patient: I do remember that I cut myself while operating on patient in hospital and my finger was a long time in healing.

Doctor Abrams: Look on his face and you will see the characteristic mark or pathogram. It appears on the arm too and looks like a dumb-bell. Go over the aorta at rate 55. I get a reaction. He has an aortitis luetic. Treatment at spleen at rate 3 and over aorta at 3. Have his 7th cervical and 2nd dorsal spines hit several times a day at home. It is better to know what is the matter; we are always living in an atmosphere of delusion.

SARCOMA, BRAIN — SPEECH DISABILITY

Clinic Case.—Reexamination. This is a widow, age 80 years. She came here about a month ago with speech disability which she had had for 3 weeks. She can say some things but can not continue; can not write continuously. History of fall on head 5 years ago. She had two weeks' treatment under an E R A doctor 3 or 4 months ago. At first examination we found sarcoma; brain; 4 ohms; 7 cm. directly above top of left ear. Congenital D. R.; 7 ohms. At the last examination 2 weeks ago we found the sarcoma measured only 9/25 of an ohm. She is about as vigorous a little woman for her age as you ever see. She would pass for a woman of 65 years. We have not done her much good, so we have advised her to have no more treatment. Give me sarcoma; negative. Congenital D. R.; negative. We have done our duty, but you can not expect to resuscitate the dead. She suddenly lost her speech and the only thing we could find was sarcoma. There is a possibility that she may recover her speech. There is nothing more to be done from my viewpoint. She is such a very wonderful little lady that I wish we might help her. Her daughter says that the mother managed to make her understand that she would rather die than to go on that way. (Patient comes in.) My dear little lady, the cause is removed and you are going to speak again, but you must have patience. Come in again in a couple of months. I can see a little change for the better in her condition. She is going to continue to improve gradually.

PARALYSIS AGITANS — ENLARGED THYROID

Specimen.—Woman, 56 years of age. Paralysis agitans; enlarged thyroid; neuritis of the right arm. She has been under oscilloclast treatment for one month. Neuritis very much improved. Thyroid has diminished in size. She can now sleep all night. Tremor in arms and legs will not yield. Carcinoma; negative. Sarcoma; present. We find it in all cases of paralysis agitans. It is in the brain; 3 ohms. Acquired D. R.; negative. Congenital D. R.; negative. Cryptogenic D. R.; present. Streptotoxemia; present; sinus. Let us locate the sarcoma. In paralysis agitans it is in either one

or both parietal regions. Go over the head; reaction of sarcoma is present in left parietal region. Go over sinuses for strep; right ethmoid and right antrum. Write to Doctor: "We are now using rates 2 and 4 for treatment of sinusitis."

CARCINOMA — PELVIC CAVITY

Specimen.—**Married woman.** Was a case of carcinoma; 7 ohms; non-metastatic; left side of pelvic cavity. Congenital D. R.; 38 ohms. 49. No sex reaction. Human blood reaction. Carcinoma; present; 16/25 of an ohm. Check me up. Be careful, gentlemen, to use light percussion. Congenital D. R.; negative. Cryptogenic D. R.; present. Let us measure it. You will probably find it the same as the carcinoma. Yes, it is 16/25 of an ohm. All these diseases have a soil; eliminate the soil condition and you will get rid of the disease.

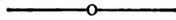
SARCOMA — PERCUSSION

Specimen.—**Married woman.** She has undergone an abdominal operation. She is nervous; also has bad eye. He does not say which eye. She has had this eye condition for over 3 years. Write to Doctor: "You would aid me very materially if you would specify which eye is bad." In percussing, always remember to imbed your finger. The lighter the percussion the better the ensuing sound. Percussion is a combination of two things, vibration of the abdominal wall plus the vibration of the air in the intestines. The students are making too many mistakes; let them use the rod and exclude percussion. Carcinoma; negative. Sarcoma; present; digestive tract; non-metastatic; 7 ohms. You can see the pallor and get the hyperalgesia. Where the pallor is greatest is where the tumor is; the rest is infiltration. Acquired D. R.; negative. Congenital D. R.; present; 34 ohms. Streptotoxemia; present; left tonsillar region. Always in a woman think of the pelvic cavity. I get nothing. Tuberculosis; negative. let us get to the eye. We do not know which eye and do not know what to look for. Try strep. over right eye; negative. Left eye; negative. Try sarcoma over eyes; negative. Let us try colisepsis, 6; I get nothing. Try Neisserian, 52; negative. Let us look for Congenital D. R. Left eye shows a marked reaction of Congenital D. R.

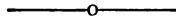
STREP. INFECTION OF SPINE

Specimen.—**Woman, 60 years of age.** She has suffered 3 or 4 years with painful spine. Very tender; most pain just above and through hips. She has been treated for several months for adiposa dolorosa. The cause of this disease is unknown; it is supposed to be due to neuritis. It is simply growths of fat which are sensitive to pressure. Dercum of Philadelphia first described it and it is called Dercum's disease in deference to him. Whether she has that or not is a question. (The patient's physician who

is in the Clinic says that patient had nothing but contracted muscles. Has had large doses of hormotone. Looks fine and apparently normal but can not walk.) Some diagnoses remind me of what Cuvier said in regard to the definition of a lobster that it was a red fish that walked backward. Cuvier said, "The lobster is not a fish; it is not red; and it does not walk backward; but in all other respects the definition is quite correct." 49. No sex reaction. Carcinoma; negative. Sarcoma; negative. Tuberculosis; negative. Streptotoxemia; present; sinus. Acquired D. R; negative. Congenital D. R; present; 15 ohms. She has a very low ohmage. What she may have is what is known as fibrositis nodosa, nodules in the skin in which the muscles become little nodules. She may have foci of streptotoxemia. Locate it in the sinuses; it is present in both antra. Go along the spine; strep. is present of sinus origin. The whole spine is occupied by strep. First of all we find that Neisserian infection is hereditary and is the soil for strep. infection. Treat this case at rates 2 and 4 at the spleen and at the sinuses. After this is removed and you find a negative reaction, treat the spine locally if necessary. An arthritis deformans of spinal origin always has a beginning. You do not want to wait until the trouble eventuates in something.



Lung Efficiency.—The question of lung efficiency is most momentous. Many years ago when the x-ray first came out I attempted to study different devices for breathing. My indication was the different degree of transparency of the lung to the x-ray. As the intake was diminished it became less translucent. We tested different respiratory methods. Osler, for instance, recommended after tapping the pleural cavity to inflate the lungs by blowing from one Wolf bottle to another. I found under the x-ray that it contracted the lung. If Osler had percussed the lung he would have found the method very inefficient.



New Ideas in Health Seeking.—We have people coming here who have new ideas. These various methods of healing have arisen because of the neglect on the part of general medicine. The trouble is that many things are carried to extremes. What we are attempting to do is only a small part. Medicine includes everything. We are approaching health from the angle of clearing the soil. Diet is all right, but why make eating an unpleasant thing? We should eat to ingratiate the sense of taste, not science. The American does not dine, he eats. They make a hardship of eating. After a while they will prove that even food is poisonous. All paths are leading toward health or there would not be so many paths—homeopaths, allopaths, naturopaths and osteopaths. I told Luther Burbank that all the osteopaths hated him because he invented the spineless cactus. They were afraid he might invent a spineless man. You know they define a spondylotherapist as a man who knocks you when his back is turned.

CONGENITAL D. R. — EYE

Clinic Case.—Reexamination. Woman, 59 years of age. Stomach trouble for years; occipital headaches. Right eye vision almost gone for 20 years. When she came we found she had carcinoma; non-metastatic; and streptotoxemia; left antrum. At the last examination carcinoma was negative. Congenital D. R. measured 7 ohms. Streptotoxemia of the left antrum was still present. She is much better generally. She has backache burning in character and heart burn; was told that she had chronic gall-bladder trouble. She has had 19 treatments here; wants to go away and continue treatment elsewhere. We will see what we find now. Carcinoma; negative. Sarcoma; negative. Cryptogenic D. R.; present. (Patient comes in). What is the trouble with your eyes?

Patient: No doctor ever found out what is the matter.

Doctor Abrams: Did they ever examine it with an instrument?

Patient: Yes, they did. They called it keratitis.

Doctor Abrams: Go over her right eye for strep. It is clear. Give me staph; negative. Congenital D. R.; present. Try the other eye; it is negative. As soon as we switch to the other eye, we get it. Write to the doctor to whom she is to be referred: "All we find at present is Cryptogenic D. R. and a reaction of Congenital D. R. in the right eye. An attempt should be made to treat this condition." (To the patient). Your growth that you had when you came here is gone now.

Patient: I feel much better and my eye is better since taking treatment.

**SARCOMA, LIVER**

Specimen.—Woman, 61 years of age. Her health began to fail 2 years ago. Two months ago a surgeon said she had gall-stones and an operation revealed cirrhosis of the liver but no stones. The wound is entirely healed. The cirrhosis of the liver was of hypertrophic form and surgeon said he suspected a cancerous complication. 49. No female reaction but there is human blood reaction. Carcinoma; negative. Sarcoma; present; digestive; non-metastatic; 8 ohms. Congenital D. R.; negative. Cryptogenic D. R.; present. Look for streptotoxemia; present in left tonsillar region. See if the sarcoma is in the liver. Yes, it is. Write to Doctor: "We elicit a reaction of sarcoma in the right lobe of the liver. You may try rate 3 locally as well as S S 3."

**TUBERCULOSIS — PLEURISY**

Clinic Case.—New patient. Man, 42 years of age and married. Had lung trouble 3 years ago and was treated here. Was discharged after 3 months' treatment. Was all right until one and a half years ago when he had an attack of pleurisy. He has irritation of throat with cough; mucus colitis. At that time 3 years ago we did not get rid of the Congenital D. R.

and there would be recurrence. Carcinoma; negative. Sarcoma; negative. Tuberculosis; present; 15/25 ohms. Congenital D. R.; present; 7/25 of an ohm. See where the tuberculosis is and you will see that it corresponds exactly to our findings when he comes in. (To the subject). Let your breath out so we can get the contrast. It is in the suprascapular region, right side. Have him come in. (Patient comes in). You are sick again?

Patient: I had another attack of that pleurisy.

Doctor Abrams: The trouble is that you are in the store all the time. The trouble doesn't amount to very much; there is just a little bit. I remember him; he was a very grateful patient. He had pleurisy. Since you were here we have made a great many advances, but you must live in the open air. He is short of breath.

Patient: I have been pretty well for a year and a half.

Doctor Abrams: What has been done can be done again. We will get you all right. We will find the dullness on him. Don't find it in the usual way by having him fold his arms but by extending arms and having patient face west. There are two spots here, but you could not get them with his arms folded. He is to have his chest painted with gamboge and is to be treated locally where marked over apex of right lung at rate 5 and general treatment with rate 3 at spleen.

ACQUIRED D. R.

Clinic Case.—New patient. Man, unmarried, and 26 years of age. Wasserman test negative. No venereal disease. The fact that Wassermann was taken makes it look suspicious. He complains of bad heart; poor digestion; nervousness; insomnia. He has pains between shoulders; general rundown condition. Loss of weight and strength; hot flashes. Male reaction. Acquired D. R.; present; cerebrospinal strain; 39 ohms. Check up on that. Take the E D reaction; present. Now try the splenic reaction; it is present. That Wassermann does more harm than good because it is not dependable and the cases are not treated. Try the solar plexus reaction; Acquired D. R. is present. That is the best of all, as a rule. There is no use going any further; that is what is the matter with him. Have patient come in. (Patient comes in). You do not have much the matter with you.

Patient: Well, I don't know.

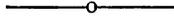
Doctor Abrams: Test his pupils. There is a partial Argyll Robertson present. How long have you been in this condition?

Patient: About 4 or 5 years.

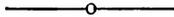
Doctor Abrams: Have him stand on a rubber mat and face west and you see the pathograms on his face. Give him general treatment at rate 3 on the spleen.

ACQUIRED D. R.; — HIGH BLOOD PRESSURE

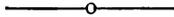
Specimen.—Man 63 years of age. Has headache and burning sensation in stomach; eats very little. Diagnosed as high blood pressure. Carcinoma; negative. Sarcoma; negative. Tuberculosis; negative. Acquired D. R.; present; digestive and cardiovascular. That accounts for his high blood pressure. Check up on that. Correct. 38 ohms.



Specimen.—Married woman, 60 years of age. Looks like pernicious anemia. Treated by E R A methods; wishes diagnosis. Has urethral caruncle quite angry and large. Had no operation. There is no sex reaction. You almost invariably get a sex reaction in a man, but not in a woman. Carcinoma; negative. Sarcoma; present. In thousands of cases I have never known it to fail to find carcinoma or sarcoma reaction after an operation. It is non-metastatic; 6 ohms. Where is it located? Get the cord and locate it. It is in the uterine region. Acquired D. R.; negative. Congenital D. R.; present; 13/25 of an ohm. She has been treated.

**TUBERCULOSIS, INTESTINES**

Specimen.—Woman; single; 35 years of age. She ran a temperature of 100 degrees for a year. Has headaches. She has had many examinations; no one made a diagnosis. X-ray of chest negative. Menstruating regularly; no cough; something of an invalid. 49. No sex reaction; human blood. Carcinoma; negative. Sarcoma; negative. Tuberculosis; present. Where is it? Is it intestinal? Yes, it is in the intestines. The intestinal tuberculosis is low in ohmage. It measures 2 ohms. Strep-totoxemia; present; sinus. Acquired D. R.; negative. Congenital D. R.; present; 38 ohms. See which sinus is involved; left frontal and right antrum. That would explain the temperature, but the intestinal tuberculosis could do that also.

**MALARIA**

Clinic Case.—This woman was examined here 2 years ago. Our diagnosis was carcinoma; non-metastatic; 9 ohms. Congenital D. R.; bovine; 35 ohms. Radium has been used on the back for cystic tumors of ovary. When patient leans back now she has a tenderness; uncomfortable feeling in left pelvic region. She has slight yellowish discharge from the vagina. Carcinoma; negative. Sarcoma; negative. Tuberculosis; negative. Strep-totoxemia; negative. Acquired D. R.; negative. Congenital D. R.; negative. Cryptogenic D. R. may be present. No, I do not get it. Let me try the P D reaction of carcinoma so as to be absolutely sure that there is nothing there. I get nothing. Sarcoma is also negative. I can find nothing.

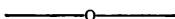
ing. Send her in. (Patient comes in). Let us look for malaria; present. Let us go over the different reactions of malaria. Yes, that is what is the matter. Do you get feverish or chilly?

Patient: I tire very easily.

Doctor Abrams: All I can find is malaria. That is easily cured. You can take quinine for that. Take 5 grains of quinine three times a day. If that is too much, take only twice a day. Keep that up for about 20 days. You will see that your pep will come back again.

CARCINOMA SPLENIC FLEXURE COLON

Clinic Case.—New Patient. This is a man, 67 years of age. Occasional dizzy feeling. Three to four attacks a year; lost 15 pounds a year. Frequency of urination; twice during night. No headaches; no disturbances in vision; diminished hearing in left ear. What does that sound like? He has digestive disturbances beginning late in life. Carcinoma; present; digestive; splenic flexure of colon; non-metastatic; 9 ohms. Acquired D. R; negative. Congenital D. R; present; 38 ohms. Have him come in. We are supposed to find a reaction on him in the same location as we found it before he came in. It doesn't amount to anything but should have treatment. Give me 50 and go over the abdomen. Correct; mark it. Lie down, please, and let me palpate it. I find it right here. You can feel it distinctly. Don't press in hard; just palpate superficially. He is to be referred to a doctor in his city. He is to have general treatment with 3 at spleen and 6 and 3 locally. Paint abdomen with Congo red.



Muscular Atrophy. Renal Calculus.—**Specimen.**—Man, 46 years. Progressive muscular atrophy starting December, 1921, affecting both hands and both legs; right side more than left. Commencing to affect breathing. X-ray shows stone in right kidney. This we have nothing at all to do with. Write to Doctor: "We are ignoring the stone localization inasmuch as the real condition pertains to the muscular atrophy." Carcinoma; sarcoma; tuberculosis; negative. Strep; present; left tonsillar region. Think of the streptococci getting into the spinal cord. You must think of everything. Of course that would prove nothing because wherever you have an irritation every organism in the body is attracted to that particular part. Acquired D. R; negative; Congenital D. R; 42 ohms; cerebrospinal strain. It has commenced to affect his breathing consequently you must think of a lesion in the medulla oblongata. It is a bad thing. Congenital D. R; present over suboccipital region. Localize it on the spine. Naturally any part of the spine will give you a reaction for syphilis but we have to set the instrument at a rate beyond 42 ohms to find an active lesion; present over cervical and lumbar enlargements of the cord. Let us see if we get a reaction over the right kidney

of a stone. A stone may be composed of several things, but we will look only for uric acid, V R 8; present in right kidney. Write to the Doctor: "Treat medulla oblongata and sub-occipital region at 3, also the cervical and lumbar enlargements of spinal cord at 3 and S S 3. The case appears a desperate one. Do not be too florid in your prognostication."

MUSCULAR ATROPHY — CAUSE AND TREATMENT

This case we have just examined reminds me of a boy who came here with muscular atrophy. His biceps had wasted away but after treatment they were partially restored in volume and he was capable of doing things that he had not been able to do for years. We gave him general treatment and local treatment at the exact site of the spinal lesion. I used to be with Erb in Heidelberg where there were more cases of this kind than anywhere else in the world. All he could do was to make a diagnosis. There are all kinds of theories as to the cause of this condition but they can be ignored. What we find is congenital syphilis with local lesion over the spine. Of course if the lesion has destroyed the tissues, little or nothing can be done. Lesions are of two kinds, irritative or destructive. At first you have an active cause and by removing that cause you can restore function.

Epilepsy.—Sarcoma, Brain.—Specimen.—Man, 33 years. Present complaint began at 7 years of age. First noticed numbness in right leg and side which crept up right leg and extended all over right side of body. Epileptic convulsions began in January, 1915; Jacksonian type; followed by marked weakness of affected parts which recovered strength in a few days. Right side now permanently weak. Headache follows convulsions. No history of traumatism. We would expect to find a cortical lesion on the left side in the psychomotor area. As a rule in these cases we find a lesion of syphilis, either acquired or congenital, or possibly a tumor. That is what you have to think of in these cases. Neurologic surgery may boast of its triumphs but in my early career every case that I knew of that was operated on died. In one case that I know of a tumor was removed from the spinal cord and the patient recovered. I was called on to make a diagnosis and I found a lesion of the spinal cord. That was 18 years ago. I am giving only my own personal opinion which may not amount to anything, but it is over a long period of time. Carcinoma; negative. Sarcoma; brain; non-metastatic; 4 ohms. Congenital D. R; 41 ohms; brain strain. The only advantage of sarcoma is that the treatment rate is the same as that for syphilis, which is rate 3. Locate sarcoma; site of lesion in brain is 7.5 cm. above top of right ear. How can we account for the fact that he is weak in the right leg? In the pyramidal tract two-thirds of the fibers cross over from the right to the left side

and one-third passes down to the right side. There are a lot of things in brain lesions that we do not understand. Charcot used to teach that the site of the lesion is more important than the character. We know just the opposite now. The character of the lesion is more important than the site. There is a complementary value in knowing both but except for the fact of knowing where to localize the treatment it is more important to know the character of the lesion. Treat the lesion on head at rate 3 preceded by depolarization and S S 3.

ACQUIRED D. R. — SARCOMA, TESTES — ERRORS IN DIAGNOSIS

Specimen.—Man. Had operation last year for hydrocele. Seems to be healthy except testicles are three-times normal size. This physician's diagnosis is as follows: "Tuberculosis, 4 ohms. Acquired syphilis, bovine type. Sarcoma; 40 ohms." Write to the Doctor: "There is no bovine type of acquired syphilis; this term belongs only to congenital syphilis, rate 57. Sarcoma, 40 ohms, is absolutely impossible. Your patient should have been dead before this letter reached me. I am sorry, but this is not said in a spirit of resentment, but it is regrettable that my men are not better acquainted with my work. Inasmuch as we assume responsibility for referred patients, we expect you to forward primary blood specimen with history so that we may check findings." The diagnosis of sarcoma, 40 ohms, reminds me of the story of the medical professor who asked one of his students what was the dosage of croton oil. The student said, "One teaspoonful." After an hour or more the student said, "Professor, I would like to change the dosage of the croton oil." The professor took out his watch and said, "I am sorry but your patient has been dead fully one hour." Would a college be discredited because its men make errors in diagnosis? Of course not, for no one is infallible. I make mistakes myself, but we want to minimize our errors as much as possible by care in checking up on diagnoses. Carcinoma; negative. Sarcoma; genitourinary; non-metastatic; 5 ohms. Tuberculosis; negative. Acquired D. R; 14 ohms. Check up that to be sure. Set instrument at 55 and go over the testicles; reaction present. Put instrument at 56 and you get no reaction. That is the way you test out your rheostats. Sarcoma; present over testicles. Use S S 3 and 3 over testes.

AVOID PUBLIC DEMONSTRATIONS OF METHODS

On applications must be written, "When a physician is admitted to this course, he must sign a statement that he will not give any demonstration until after one year of investigation of these methods and then privately submit to tests with different known specimens." When I began my early

work I would make a diagnosis from known specimens which I had secretly marked. Then we would shuffle these specimens and I would have to get the same diagnosis. That is the way you should all practice to gain perfection in diagnosis. Do not submit to tests which may discredit both you and your methods.

TUBERCULOSIS REACTION OVER FORMER SITE OF SARCOMA— FAULTY TREATMENT

Specimen.—Reexamination. Woman, 47 years. We found sarcoma; 7 ohms; non-metastatic; digestive. Congenital D. R. was 39 ohms. She has had 63 hours' treatment at rate 3 over spleen and digestive organs. Still has pain coming on at night and general weakness. Sarcoma; carcinoma; negative. Tuberculosis; digestive; 3 ohms. Congenital D. R.; still present; 1 ohm. We will probably find the tuberculosis situated at the same site as sarcoma to the right of the navel but I do not know. Yes, it is in the same region. If the treatment for Congenital D. R. had been properly given there should have been a reduction of one ohm an hour. Consequently his treatment has been faulty. That refers to the blood reaction only, not to the cryptogenic. Many men use three or four cords to one binding post. Write to the Doctor: "Location of tuberculosis at same site as sarcoma which is now negative. Am surprised that blood reaction of Congenital D. R. has not disappeared. There is usually one ohm reduction for every hour of treatment. Mark spines correctly. Use one binding post to each cord. Duration of treatment should not be less than one hour."

SINUS INFECTION — SITE OF PAIN LOCATED BY REACTION

Clinic Case.—New patient. Man. Has catarrhal condition of nose; itching on ear. Denies venereal and no operations. Carcinoma; sarcoma; tuberculosis; Acquired D. R.; negative. Strep.; sinus and left tonsillar region. Congenital D. R.; 25 ohms. Congenital Neisserian; present. (Patient comes in). You are a very healthy man with the exception of a sinus infection. Go over sinuses for strep.; both ethmoids and left antrum; left tonsillar region. Be sure it is not the teeth; negative. (Patient says he has toothache). This gentleman has the toothache. I will show you which tooth is aching. Set instrument at rate 20 for pain; a reflex pain will give no reaction. That is the exact spot. This will bring more conviction to your patient than anything else when you can tell them where their pain is without being told. This gentleman has pus in his antrum that circulates through his system. He can not help but feel depressed. You

can see that the left side of his face is swollen and you can feel the edema; it is all infiltrated with pus. You can not let that go or you will get rheumatism all over your body. Treat at rates 2 and 4 over sites of strep. infection and S S 3 and 4. Let me see if I can relieve him of his pain. I will find the tender spots in the spine and freeze them with ethyl chloride and sometimes it will influence the pain. (Patient says that the pain is relieved.)

SARCOMA, BREAST — PAIN IN SHOULDER

Clinic Case.—Reexamination. Married woman. Right breast had been operated on for carcinoma. We found sarcoma of right breast; 7 ohms. She wants to go home. Has good appetite. Pain in right shoulder. Carcinoma; sarcoma; negative. Do not dismiss a case until you are absolutely sure that the reactions are negative. Congenital D. R. and Cryptogenic D. R.; negative. Consequently she can not have a sarcoma. Take E D reaction to be sure. (Patient comes in). That reaction in your breast is all gone. You will have a little pain because scar tissue has formed and during weather changes you may feel it. In the course of a couple of months it would be a wise thing to have your blood sent in again. I can assure you that the cause is gone, as far as it is humanly possible for me to say.

CARCINOMA OF STOMACH

Clinic Case.—Reexamination. Man, husband of previous patient. Had pain above navel for two years; no vomiting. Heart burn, sour gas eructations relieved by soda. No pep. He is now feeling better; slept for two nights without disturbance; has not done that for two months. Still has some pain in epigastrium. We found carcinoma; 8 ohms; stomach. In 80 per cent. of the cases you can relieve the dyspeptic symptoms. Carcinoma; negative. (Patient comes in). Your color is better.

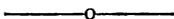
Patient: I am feeling better.

Doctor Abrams: You may have a little distress but the trouble which you had is all gone as far as any tumor development is concerned.

ESTABLISHMENT OF THE PRINCIPLES OF E R A

What I want to do in this work is simply to establish a principle. The more things I can find out the better it pleases my temperament. I am not concerned in working out all the details. The telephone was first

exhibited by Alexander Graham Bell in 1876 and you see how many years it took to perfect it. The Wright Brothers merely demonstrated a principle when they first began to fly. The helicopter remains up in the air only a few minutes but it demonstrates a principle. These methods are crude at present but the basic principle is there and they will be perfected in the future.



EXPERIMENTS SHOWING ELECTRONIC DISEQUILIBRATION

With right foot of subject grounded and left foot insulated and electrode touching the ground plate (two electrodes are connected by a wire) and the other electrode applied to tips of fingers of the right hand, the pulse slows down and often becomes imperceptible. If the electrode is applied to the tips of fingers of the left hand, the pulse picks up and increases in rapidity.

I am wondering if all these changes that occur are really not purely a matter of electrons either increased or decreased. Learn this fact: Everything is merely a matter of electrons, meaning that one object in nature is distinguished from another object by virtue of the number and arrangement of the electrons. A chair is apparently an inanimate object simply because the electrons are neutralized and at rest. Disturb the electrons and you develop an electric energy. When a body has a deficiency of electrons, we say that it is positively charged. If it has an excess of electrons, we say that it is negatively charged. When it is in a state of equilibrium, we call it isopolar.

If an abdomen is dull with excessive gas and we charge it negatively, we reduce the dullness. On the contrary, if we take a positively charged rod and run it over the abdomen, we increase the tone.

The right hand and foot of a normal male is positive. A battery or dynamo discharges from the negative ends and takes up with the positive ends. When I ground the right hand of the subject, I take the electrons into the ground and the pulse is diminished. On the contrary, if I ground the left side of the body, the rapidity of the pulse is increased.

Let me see if there are any vasometer changes in the subject, any change in the color of the face. I am not sure. We will follow that out later.

Sometimes the female reaction comes out better, when the left side of the abdomen is dull, by having the subject put the left foot on plate and the right foot insulated. (Purely tentative).

We got a male reaction when the right foot of subject was grounded and the left foot insulated. (Tentative observation).

TENTATIVE OBSERVATION ON ANEURISM

If the finger tips of the left hand of the patient are grounded, the aneurism is reduced in the male. On the contrary, if the finger tips of the right hand are grounded, the heart and aneurism are enlarged.

INTERMITTENT CLAUDICATION — ACQUIRED D. R.

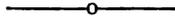
Specimen.—Man. Occasionally constipated. Attacks of stomach trouble when bowels are not normal. Gets so he can not keep water in his stomach. Loses weight during attacks but gains again. No pain. Condition diagnosed by some as intermittent claudication. Feet become white and cramped. Can not walk more than block. He is 48 years of age. Intermittent claudication is due to an arteriosclerosis of the arteries of the legs. The blood supply is diminished to the parts and in these cases you feel no pulsation. You usually get the reaction of syphilis although other organisms may be implicated. The question in these cases of intermittent claudication is whether it is spinal or peripheral, but some think it is due to a spasm of the blood vessels of the cord. Carcinoma; negative. Sarcoma; spinal cord; non-metastatic; 4 ohms. Acquired D. R; 39 ohms. Syphilis is the most frequent cause of this condition. Locate sarcoma in the spine; from 10th dorsal to 3rd lumbar spines. I believe that both conditions contribute to this complaint. Give S S 3 and treat locally on spine at rate 3.

TUBERCULOSIS AND STREP. INFECTION, APPENDIX REGION

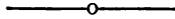
Specimen.—Married woman. Tuberculosis was diagnosed in both lungs in 1921. Operated on for appendicitis in 1922. Never healed; discharges a little pus all the time. Patient is 30 years of age. This reminds me of a case of a man in whom I diagnosed strep. of the appendix from his blood. As he came into the room he heard me make this diagnosis and laughed. He said, "My appendix was removed four weeks ago." I looked at the wound and found a little pus coming out of it. You should always speak of appendix region, not of appendix. Carcinoma; sarcoma; negative. Tuberculosis; intestinal and lung. The intestinal measures 5 ohms; lung measures 4 ohms. Set the instrument at 37 and see where the tuberculosis is located; it is in appendix region. Congenital D. R.; 38 ohms. Strep.; present in region of appendix.

TUBERCULOSIS — CHRONIC DIARRHEA

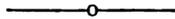
Clinic Case.—New patient. Woman, 39 years. Has had chronic diarrhea for the past 25 years. Attacks every two or three weeks; last two to ten days. Ten stools per day at times bloody, some pus and mucus. No parasites or bacteria. Depressed and nervous; bronchitis and asthma. Carcinoma; sarcoma; negative. Tuberculosis; digestive; intestinal; 4 ohms. Strep.; negative. Acquired D. R.; female origin, probably accidental; 41 ohms. I will speak to patient privately. Give general treatment, S S 3, and paint abdomen with gamboge.

**ACQUIRED D. R. — LOCOMOTOR ATAXIA**

Specimen.—Married man. Rheumatism since 14 years. The doctor's diagnosis is locomotor ataxia. Has had several injections of salvarsan. Some positive Wassermanns and some negative. Carcinoma; sarcoma; negative. Acquired D. R.; present; cerebrospinal strain; 39 ohms. Check up on that to be sure. It is enough to treat that condition first.

**EXOPTHALMIC GOITRE**

Specimen.—Woman, age 38 years. Exophthalmic goitre, toxic type, bilateral. Carcinoma; digestive 5 ohms pancreas; metastatic. Sarcoma; negative. Congenital D. R.; 38 ohms. Tuberculosis; lung; 2 ohms. Write to Doctor: "Chief duty would be to get rid of Congenital D. R. Usual treatment for exophthalmos after you have rid patient of soil condition."

**METASTATIC CARCINOMA**

Specimen.—Woman, age 60 years. Operation for appendicitis and curettement. Patient has acute indigestion; pain in breast more severe on right side; radiates through to spine; excruciating at times. That would make you think of metastatic carcinoma. Attacks in chest from injury from fall; lump comes on at times and has never entirely disappeared. Carcinoma; breast and digestive; small intestines, around navel. It is metastatic, consequently it may be a spinal condition. The digestive carcinoma measures 10 ohms; right breast measures 6 ohms. Go over right arm pit; reaction of carcinoma present. You will probably find that it has

gone to the spine, reaction present; 4th dorsal. Those are very bad cases. Congenital D. R.; 38 ohms. Write to the Doctor: "Reaction of carcinoma at spine around 4th dorsal vertebra, metastasis. Case prognosis bad. Try anti-malignans mixture." If you could only get those cases-early enough. You can do nothing when they are so far advanced; they are doomed.

SARCOMA

Clinic Case.—New patient. Man, 45 years. General weakness; pain in epigastric region. Comes on when patient gets coughing spell; usually followed by vomiting. Carcinoma; negative. Sarcoma; 2 ohms digestive; non-metastatic; around navel. Tuberculosis; lung; 2 ohms. Acquired D. R.; 1 ohm. He has been having E R A treatments. (Patient comes in). Do you have much of a cough?

Patient: Yes.

Doctor Abrams: Do you have any trouble with your digestion?

Patient: Not unless I start coughing.

Doctor Abrams: Do not be worried about your condition. There is no need for that. Do you have difficulty in walking in the dark?

Patient: I have a bad eye. I got a piece of steel in it, but the steel was taken out.

Doctor Abrams: Locate 58 on the abdomen. Let me palpate it. You can feel the pulsation of the aorta which may mislead you, but you can feel the mass very distinctly. (Patient goes out). Write to the Doctor who referred him. "This patient is referred back to you. We examined him with the understanding that he had received permission from you. The sarcomatous reaction is pronounced and tumor can be felt. He has in addition tuberculosis which is minor in character. Paint chest with gamboe. Concentrate on S S 3 and 3 locally to abdomen."

SARCOMA

Specimen.—Man, age 51. Has bilious spells followed by erysipelas in the ankle and leg; was affected four times last year. You would look for strep. somewhere. What association would these attacks have with the bilious spells? You can call a thing by a name but it may not be correct. Define what you are talking about. Definitions are very awkward and very difficult. Plato gave as a definition of a man, "A biped without feathers." One of his students pointed his fingers at a featherless hen and said,

"Behold the man of Plato." Erysipelas in the leg is very uncommon unless associated with strep. infection. Such a condition might be due to varicose veins or some infection induced by scratching. Carcinoma; negative. Sarcoma; digestive; non-metastatic; 7 ohms. You can see the pallor. Tuberculosis; negative. Strep. right tonsillar region. Congenital D. R.; 39 ohms.

STREP. INFECTION, SINUS

Specimen.—Man. Has had 8 ohms of carcinoma; non-metastatic; small intestines. Strep.; both tonsillar regions. Congenital D. R.; 37 ohms. He complains of a great deal of trouble in larynx; probably the same trouble as he had in sinus. We will see what we find. Carcinoma; Congenital D. R.; Cryptogenic D. R.; negative. Strep.; left antrum and right tonsillar region. Go over the larynx. Of course we can not get tuberculosis if we were correct in finding no reaction of Cryptogenic D. R. The larynx shows no strep. reaction.

ACQUIRED D. R. — ANEURISM

Clinic Case.—New patient. Man, 49 years. Palpitation; difficulty in breathing. Sensation of suffocation; can not get air in or out of lungs. Slight noises when attacks let up. Feeling of impending death during attacks; no pain. What would you think of? You might think of angina pectoris or decompensation. The most frequent thing would be valvular heart trouble. How would you treat a heart to get the most immediate results? By concussion of 7th cervical and 2nd dorsal spines. Carcinoma; sarcoma; tuberculosis; strep.; negative. Acquired D. R.; present; cardiovascular strain; 41 ohms. Check up on that with E D reaction. (Patient comes in). How long have you had this difficulty in breathing?

Patient: I do not have it all the time; only when I exert myself.

Doctor Abrams: I want to see if there is any enlarged aorta. Yes, there is a dilatation of the aorta. You can accentuate that by having the patient lean forward while you percuss him. How can you tell that it might not be a consolidation of the lung? You can tell by concussion of the 7th cervical spine. Hit it. You see that contracts the aorta, but it will return in about a minute. If you concuss between the 3rd and 4th dorsal, you will dilate it. He has an aneurism. In a case like this you can promise the man relief. These cases were all doomed before I found out

about the 7th cervical. I found this out by the use of the x-ray, but I never expected such good results. Did you ever have the x-ray used?

Patient: Yes, they took x-ray pictures.

Doctor Abrams: What did they say?

Patient: They said there was a growth of some kind around my lung.

Doctor Abrams: Do you have any pain in your chest?

Patient: No.

Doctor Abrams: I have seen a great many of these cases but I could hear a bruit in only a small percentage of them. You get a very slight systolic murmur over the aorta in this case. It is not a heart condition. Are you married?

Patient: I am a widower with three children.

Doctor Abrams: Go over the aorta for 55; reaction present. You will get relief from this treatment. We had a man come here from Alaska with difficult breathing from this same trouble and he is already 50 per cent. better. This patient is to have general treatment, S S 3, and locally at rate 3 over the aorta; concussion of 7th cervical and 2nd dorsal spines 3 or 4 times a day at home.

DEFINITION OF ANEURISM

The best description of an aneurism is that there is a feeling as if there were two hearts in the same chest.

USE OF GLASS ROD

When making a diagnosis with the rod, use the extreme end of the rod because in static charges you get more at the end.

DEMONSTRATION OF ELECTRIC CURRENT OVER HEART

To demonstrate an electric current over the heart: Have subject face west, arms out, and you can pick out the border of the heart with the pith ball. Let me show you another way. Get me a piece of sealing wax. We make what is called a proof plane. It is nothing else but a piece of metal—a coin—attached to a non-conductor—a rubber rod. Fasten the coin to the rod with the piece of sealing wax. Put it over the heart. If

this is negative electricity, which it is not, it should be attracted. Take a glass rod and charge it with silk. Charge the pith ball with glass rod.

Every phenomenon in nature is not only a matter of vibration but it is also a matter of electrical disturbance. Every stimulus, no matter what it is, will always produce a galvanometric action. If you stimulate a muscle, you get a galvanometric action. The response to stimulus is a current, however, minute. When we convey energy from the blood, we convey a stimulus and we have a very minute current.

If I am right in my theory, that it is a positive charge from the heart, it should repel the pith ball. The border of the heart gives a different charge than does the center. The only sign of electrification is repulsion, not attraction. You see it does not do it. I have never tried it before. The earth is negatively charged and the atmosphere is positively charged and the current tends to go to the earth.

Now charge the electroscope with the glass rod. Like charges cause it to be repelled. Now I will put the proof plane over the heart without touching the skin and will hold it up to the pith ball. Yes, there is a little repulsion. If I touch the skin, the charge is carried into the ground.

All of these areas are electrostatic in character. We want to attempt to feel the electricity, which you can do by the rod in the usual way, or by the method of using the finger whereby you can feel retardment of the finger.

Put a specimen of carcinoma in the pocket of the subject. By induction it produces the same reaction as if he had carcinoma. The subject puts the specimen in his pocket and holds the one end of the statophone and I can hear a hum through the ear piece. I can feel a sticking when I rub my finger over the area. When I moisten the skin over the area, I can hear nothing. Everything must be absolutely dry. The subject has to stand on a rubber mat. Take a glass rod and the energy is conducted better. You do not have to heat it; it sticks right away.

In making these reactions with the statophone, one may outline the organs; viz., the border of the heart and aorta; border of liver, spleen and kidneys.

(The above are the first tentative observations)

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Physico-Clinical Medicine and The Clinics of Dr. Albert Abrams

A MONTHLY JOURNAL DEVOTED TO THE STUDY OF THE
ELECTRONIC REACTIONS OF ABRAMS AND THE
VISCERAL REFLEXES OF ABRAMS IN THE
DIAGNOSIS, TREATMENT AND PA-
THOLOGY OF DISEASE

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C O N T E N T S

	Page
Editorial	2
Second Annual Convention -- Resumé of Programme.....	3
For the Good of the Order of ERA -- Dr. J. W. King.....	10
Miscellaneous	13
Clinical Lectures by Dr. Albert Abrams.....	26

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WORKS BY ALBERT ABRAMS

A. M., LL. D., M. D., (University of Heidelberg), F. R. M. S.
One-time Professor of Pathology and Director of the Medical
Clinic, Cooper Medical College (Medical Dept. Leland
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Physico-Clinical Medicine and The Clinics of Dr. Albert Abrams

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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THE CLINICS OF DR. ALBERT ABRAMS
2151 SACRAMENTO ST. SAN FRANCISCO, CAL.

ANNOUNCEMENT

Owing to unforeseen events Dr. Albert Abrams will not go Europe this year and will continue his courses as heretofore until further notice.

COURSES IN SAN FRANCISCO

Dr. Abrams will continue his monthly instruction in "Electronic Medicine" until further notice.

PROSTITUTION OF SCIENCE.

There is a publication called "Science and Invention", and here is an instance where language was invented to conceal thought, for in the intensity of its zeal to clamor to the multitude, it doles out tons of trash which parades as "Science" and conciliates a vivid and unreliable imagination, dubbed "Invention."

Not content with this prostitution of "Science" and perverted "Invention" they embark on a new career, that of malicious libel in referring to the discoverer of the "Electronic Methods" as a "Modern Charlatan."

It is their "opinion" (Oh! Opinion, what crimes are committed in thy name!) that the oscilloclast is worthless because it yields no appreciable current. Yet this very apparatus in previous numbers of this very publication is cited as a new apparatus for producing painless operations, for which in fact it has been used on many occasions by surgeons and dentists.

They have frequently solicited the advice and published the opinion of "The Modern Charlatan" on several prolix problems. They pursue the same senseless ratiocination as have all detractors in searching for currents and analyzing Abrams' apparatus and methods with that object in view. They evidently do not know or pretend not to know, with the object of bolstering their rancor, that matter radiates high-frequency electrical vibrations which may be tuned in resonance with the animal reflexes discovered by the "Modern Charlatan" and recognized in every modern text book of medicine and proven repeatedly by French and other scientists by aid of the x-rays and otherwise. This "Modern Charlatan" has perfected a radio-apparatus enabling him to prove to the merest tyro all that he claims to do and even more than he does do with the animal reflexes.

This apparatus was recently demonstrated to scientists in Mexico City and the demonstrations have been embodied in the archives of the Mexican Government.

The "Modern Charlatan" has already partially succeeded with the oscilloclast in disintegrating and reintegrating bismuth oxide.

In "New Concepts" cited by the duplex publication they ignored among other things, to avoid shunting their enfeebled cerebration, the following, on page 64, (referring to the new energy of Abrams): "We are constrained to employ electrical terms and electrical methods of mensuration until our knowledge of this form of energy is better understood."

They could easily have duplicated an ordinary radio set for the reception of Electromagnetic waves, its capacity, inductance and groundings to explain the action of Abrams' apparatus. This has been done with the oscilloclast at the Burnett-Timken Laboratories, Alpine, New Jersey, and by Boyd of Glasgow, who employed **real** scientists.

Any sciolist in electricity knows that with only one leg of a light circuit to which the oscilloclast is connected, there can be no current as is ordinarily understood.

Can the Editor of so-called "Science and Invention" impugn character with the same abandonment that he does science? We shall see.

H. W. WIRKLICH

Second Annual Scientific Convention The International Association for the Advancement of Electronic Medicine

Hotel Granada, San Francisco
September 12-13, 1923

RESUME OF PROGRAMME

Wednesday, September 12

10:30 A. M. Registration—There were 150 members registered from all parts of the United States and also from Canada, including the teachers of the various E. R. A. Colleges throughout the United States.

LAYING OF CORNERSTONE OF MEMORIAL COLLEGE

Judge Cabaniss Presiding—Ladies and Gentlemen: As my province is simply to act as Chairman of this meeting, I am spared the necessity of giving you the intense agony of listening to a long speech.

In a double aspect I view this as a most memorable occasion. The stone to be laid in the foundation of the magnificent edifice soon to stand over this ground is doubly significant. First in a somewhat personal and private aspect, as it is being erected by Dr. Abrams as a memorial to his departed loved ones. Second, it is significant and important that the building soon to be here erected will be dedicated to suffering humanity. I say that next to an edifice erected for the worship of God Almighty, whatever the denomination, the holiest and most sacred edifice that the hand of man can erect is anything in the nature of a hospital building. This occasion is finally a most eventful one in that it is to be presided over by a member of the medical profession who though for the time being is not in accord with all his brothers' methods of treatment, may still be described as the Christopher Columbus of the medical profession. He has launched forth on uncharted seas, figuratively speaking, and has not yet struck a rock nor has that for which he stands been shipwrecked.

It would not become me, a layman and unversed in medical lore or skill, to sit in judgment upon issues which divide the medical profession, but nevertheless, I may confidently quote holy words as applicable to the theories held by Doctor Abrams with reference to the treatment of disease. "By their fruits ye shall know them." And already, recent as has been Doctor Abrams' developments along the line of medical science and progress they have borne fruit in the many living witnesses who are the highest testimonials to his professional skill and to the efficacy of the methods of treatment employed by him. Men and women almost without number until recently bedridden and abandoned by others in some instances as beyond medical aid are now walking erectly in all the pride and vigor and strength of restored health.

I have already violated the promise I gave you to speak briefly, therefore I will perform my duty as Chairman of this meeting and introduce to you Doctor Abrams himself.

Doctor Abrams: After listening to the eloquence of my dear and good friend, Judge Cabaniss, it ill behooves me to dwell on the virtue of this work. There are episodes in the history of every man which are pleasant. These I call the altruistic episodes where self is submerged for the good of our fellow beings. I exalt the memory of dear ones. I exalt the memory of wifehood and I exalt suffering humanity, and if by this means we find a simple method of aiding our fellow man we have fulfilled the highest function of altruism.

There is, however, one thing within our ranks and that is dissension. I do not believe that any method has gone forward so rapidly as has ours within the last year or two. As a result of this we have met with the most violent antagonism and we must not disregard these titanic forces which are inveighed against us on all sides. This has been the history of any and every innovation. History repeats itself and this fact is apparent at the present time. But I say to you that life is not for science but science is for life, and the first aim is for results. We care not that the operation was a success and the patient died. We are now awakened to a keen sense of realization by the vox populi. It is the majority, it is the people who will declare themselves respecting the efficacy of a method and no official means can ever wipe out what is regarded as the truth.

I say to you again that a house divided against itself is bound to fall. Many of our practitioners have been rescued practically from penury to affluence, not being satisfied with that, an internal dissension has arisen. One man is offended at the acts of another man. This condition must be thwarted and will be thwarted.

Every effort that has been made in the last ten years of my life has been for only one purpose, to erect a monument primarily for humanity and secondarily with reference to loved ones. This property and the adjoining property have recently been purchased so that if this institution grows we will have the adjacent corner and sufficient means whereby we hope to erect a large building, but it shall be devoted absolutely and only for one purpose and that is for the good of humanity. Not a dollar shall be used for any individual purpose unless it be to endow chairs so that by means of research we can accomplish something for the good of humanity.

No one realizes more than I how difficult it is to receive a new idea. It is at once condemned without investigation. One of the aims of this institution will be to investigate new ideas with reference to medicine. That will be the primary motive. The second motive will be the unfortunate criminal who is now jailed instead of being hospitalized. These methods will be introduced among them with only one object in view, the health of the poor and unfortunate. I thank you all for your very kind consideration.

Dr. Frederick Finch Strong of Hollywood: This is a very much more important event than many of us dream. It marks the first material laying

of a cornerstone of an edifice which is built at the expense of the time, labor, money, sacrifice and energy of one of the greatest living scientists and physicians, our good friend, Doctor Abrams.

In the old days before man began to think, he attributed diseases to afflictions from the gods. He did not know why nor did he know how the disease killed the body. He had instincts but he did not have science. Today we have science and science has told us something of the How of disease but it has not told us of the Why. The How belongs to the domain of science; the Why belongs to the domain of metaphysics—the two great branches which make up human consciousness. To bridge physic and metaphysics is the greatest achievement possible, and I believe that we today may justly call Doctor Abrams the modern Pontifex Maximus, the great bridge-builder, for he has linked up physics with metaphysics in this method of treatment which takes into consideration not merely the solids, liquids and gases of the body but life and consciousness. Therefore it is a great privilege and pleasure for me to speak to you in these brief words on this momentous occasion. I know that however much these methods may be disputed, however much obliquity may be cast on anything of this kind, as is always the fate of pioneers, success awaits it, and I believe that we are standing on the ground which will ultimately be the site of the first great temple to the new science which will free humanity of the future from disease and pain.

Judge Cabaniss: I will next introduce to you a gentleman who is peculiarly at home here and may very appropriately greet you because he has been for many years one of our most highly esteemed supervisors and he also chances to be chairman of the health committee of the Board of Supervisors, so I need not tell you that there is a close relation between public health and the hospital building soon to be erected. I take great pleasure in introducing Supervisor McSheehy.

Supervisor McSheehy: This is an eventful day because we are about to lay the cornerstone of an edifice that really means something to San Francisco. It is wonderful to think what Doctor Abrams is going to do for humanity. After all is said and done, what can any man do except help his fellow man? And when a man is giving up his entire life for the purpose of helping his fellow man, that man should be congratulated. We are here today to pay respect not entirely to this wonderful building about to be erected but to a wonderful man, a man who has given up his life for humanity.

Dr. J. C. Burnett, New York City: This is the beginning of a great era. This stone is the foundation, the beginning of something that will cause humanity in the future to know that Doctor Abrams is one of the greatest men in history because he has discovered a fundamental law. We know now that what he has done is true scientifically. We have proved it. I have done so and many more will do so. There is a great deal of opposition against us but it can not hold because the mass is the supreme factor in this world and they are behind us. We are bound to win because this work is founded upon fundamental law.

Dr. J. W. King, Bradford, Pa.: My heart is so full that I can not express what I feel. Therefore I want to present at this time one of the greatest things that could be presented -- a list of the members of this Association who have registered here. This list will be buried forever in the corner-stone and preserved in the archives of Electronic Medicine.

Moving pictures were taken of Dr. Abrams and the assemblage.

MEETING OF THE TEACHERS ASSOCIATION FOR THE WELFARE OF ELECTRONIC MEDICINE.

It was agreed by the association of the San Francisco College of Electronic Medicine:

FIRST—That all practitioners in the field should be earnestly urged to discontinue the practice of all reactions other than those relating to blood tests. That these tests should not be made for others for at least six months after the E R A practitioner has fully qualified in this work.

SECOND—Any extraordinary findings of E R A practitioners should be first submitted to the Scientific Committee of the College of Electronic Medicine, (Blanche and Jeanne R. Abrams Memorial Foundation) before any publicity is given to them. It was agreed that a copy of the letter should be published bearing on the investigation of the Scientific American. The copy of the original letter has been temporarily mislaid but embodies essentially the following:

To The Editor of the Magazine in Question:

"Dr. Abrams is fully in accord with your investigation and places all the time necessary at his disposal, for such investigation in the San Francisco laboratory. In the event you have no emissary for this purpose, Dr. Abrams will submit to tests or at least demonstrations at your office in New York City, when he leaves for Europe which he contemplates doing in a few months."

THIRD—Service stations will be established at the headquarters of each school so that diagnostic sets may be placed in the hands of each teacher to be exchanged for alleged defective rheostats, and that express charges will be charged to the Physico Clinical Company. Each school will also be furnished with an extra oscilloclast so that the practitioner in the field will not be inconvenienced in the event of the necessity of repairs to an oscilloclast.

FOURTH—Certificates will be issued for the men who have studied E R A in an authorized branch college upon receipt of \$5.00 and proper proof of required study and attendance. Such certificates will be mailed to the practitioner.

FIFTH—All recent investigations made at the San Francisco Laboratory will be published every month in the journal.

SIXTH—A picture of the College was furnished to the teachers to be used in any manner advantageous to the college.

SEVENTH—In an early number of the journal there will be issued an article on "Bootleg Apparatus." E R A practitioners are earnestly requested not to purchase such apparatus without further advice. People coming to E R A practitioners do so largely for the purpose of having the Abrams Equipment used and any deception on the part of the practitioner may invite legal difficulties.

EIGHTH—All new Atlases will be revised to date. Additional revised pages to date, 34 pages, are now procurable from the Physico Clinical Company at \$4.00. In the near future a prospectus of the College will be prepared.

NINTH—Micro-oscilloclasts which are attachments to be used in connection with the oscilloclast will soon be available for purchase at practically cost price. Recent tests with this apparatus show that one may, within a few hours, accomplish what has been done only after days and perhaps weeks with the ordinary rates.

TENTH—The subscription price of the journal will be reduced to \$8.00 for 6 months beginning January, 1924. The present subscription list does not warrant a greater reduction in the price. Those subscribers who have paid for a full year will be credited with the difference.

ELEVENTH—Everything that is reasonable and honorable will be done to help the E R A practitioners. All royalties paid for the oscilloclasts are immediately transferred as a fund for the building equipment and establishment of a research laboratory in the new College Building.

The Following Matters Were Also Discussed and Approved.

FIRST—No reports are to be given to the patients or copies made therefrom. Patients should not be informed respecting the diagnosis made but should be content with the results of treatment.

SECOND—It is practically impossible to make the E R A findings agree with the findings of the pathologist. The E R A are bio-physical and the pathologist findings necro-physical.

THIRD—If it is necessary to speak of a growth, refer to it as an irritation or inflammation with a tendency toward a growth.

FOURTH—Correlate your E R A findings with your clinical findings. Faith is an excellent commodity in the employment of any method but faith without a modicum of science is of no avail. Faith does not operate with the Electronic Methods in the treatment of insanity and in the diseases of children, and the reports of E R A practitioners in regard to these cases testify to the miraculous results that are obtainable by the use of these methods.

IMPORTANCE OF E R A IN CHILD WELFARE WORK

Dr. Jenette H. Bolles, Denver, Colorado.

Doctor Bolles in her interesting and comprehensive address emphasized the present deplorable physical condition of the school children of this country as revealed by Federal investigation. It is estimated that three out of every four children are suffering from some physical defect which means that twenty-five million children in the United States have their future health and happiness endangered. It is not a question of poverty and neglect but a lack of knowledge of the laws of heredity and health. It is now recognized that a malnourished child has a characteristic history with definite symptoms and pathological physical signs; he is considered a sick child. In the light of the discovery of Doctor Abrams and the application of his theory of race purification, the problem of child health becomes simple and solvable. The clearing of the blood stream and the overcoming of the congenital resistance in children and young people will give such a basis of health that in the future all the so-called contagious children's diseases will disappear. We should endeavor to establish free clinics for the treatment of children and by the use of the Oscilloclast treat them until the conditions are cleared up. In the great privilege granted of demonstrating the theories of Doctor Abrams all E R A physicians will find the satisfaction of real service in relieving the inherited and acquired weaknesses of humanity.

TREATMENT OF NERVOUS AND MENTAL CASES

Dr. Maude Potts, Santa Cruz, California

Doctor Potts cited the history and record of a number of interesting mental and nervous cases treated by her on the Oscilloclast with remarkable results. One case of a girl, 25 years, who was insane. Very talented; educated musically and able to speak four languages. She had swallowed a bottle of lysol but recovered from this. Physicians advised her commitment to Napa. First blood examination showed Congenital D. R., 32 ohms, cerebral strain; reaction above left ear. Treatment commenced October 13, 1922; two hours daily for some time. Commenced with general treatment and then local. On November 7, 1922, the Congenital D. R. was negative; Cryptogenic D. R. was still present. On December 13 the depolarizer was first used. Five minutes after the application the patient said that her human emotions had returned, her hallucination being that she had none. The next day she said she was well, and from that time there has been no return of any mental condition. Equally remarkable results were noted in other cases.

THE WHY OF THE E R A.

Dr. R. D. Pope, Long Beach, California.

Doctor Pope points out that the real Why of the E R A lies in the treatment of the children who in their seemingly healthy bodies carry the soil

condition on which cancer and tuberculosis and other diseases can develop and thrive. Parents and teachers should be made to understand that the seeds of disease that may develop in later life can be diagnosed and foretold by the ERA and in a few weeks' treatment entirely destroyed.

CASE WITH X-RAY FINDINGS

Dr. M. Jacobson, Los Angeles, California.

Dr. Jacobson reports among other cases a woman, age 45 years. Stricture of oesophagus at cardiac end. Advised to be operated but refused. The only thing that could be done was to put her under anesthesia and dilate the oesophagus once or twice a year. E R A diagnosis showed 47 ohms of Congenital D. R. and 5 ohms of sarcoma of the oesophagus. He treated her until sarcoma was negative. Patient gained 22 pounds and is now able to eat any food without difficulty. The x-ray picture taken before treatment showed a very marked stricture of the oesophagus. There is a good deal of dilatation. The oesophagus is straight and not tortuous. No pictures were taken afterwards. The pain entirely disappeared after reduction of ohmage.

SOME OBSERVATIONS ON PHASES OF MODERN MEDICINE

Dr. Ivar Jansen, Seattle, Washington.

Dr. Jansen deals with modern medicine and its present tendency to ultra specialization and complexity. The market is flooded with new drugs, and new discoveries are constantly being heralded while at the same time patent medicines with no greater claims than official remedies are condemned by physicians. This is an age of frenzied surgery. In spite of specialists and laboratory methods, the present day physician has lost much of the trained sense perception necessary in diagnosis. By means of E R A it is now possible to label and understand pathology and recognize it as an effect and not a cause.

THE CLINICAL INTERPRETATION OF ELECTRONIC FINDINGS

Dr. Jean du Plessis.

The greatest problem of E R A physicians today, as pointed out by Dr. du Plessis, is the correct interpretation of electronic findings. They are at the same stage as physicians in general were twenty years ago when they were unable to interpret the chemical and microscopical findings in the urine. The enemies of E R A say that it is easy to make a diagnosis when carcinoma, strep and tuberculosis are found in everybody. By these reactions such an early diagnosis is made that it can not be demonstrated

clinically. However, it is possible in many cases to demonstrate the findings by clinical evidence. As to the infallibility of the Wassermann reaction, published reports show that it may be due to other conditions than syphilis. Recent experimentation at the Mayo Clinic has shown that if a patient has a primary lesion of strep, and a secondary lesion, and if a culture from the primary lesion is injected into a guinea pig, the guinea pig will develop the same secondary lesion. This proves our claim of strains or types of strep. Caution is necessary about dismissing patients. It is wise to have them return in a few weeks to check up and see if all reactions are negative. Care must be employed in the use of terms that mislead and frighten patients.

(Paper read at Second Annual Convention of the International Association for the Advancement of Electronic Medicine, San Francisco, Cal. September 13, 1923.)

For the Good of the Order of E R A

Dr. J. W. King, Pres. of Teachers' Assn, Bradford, Pa.

My close association with you here the past two weeks reached its climax yesterday; which inspired me to write the following:

Yesterday, September 12th, 1923, two notable events were commemorated. In the arts, it was the fiftieth anniversary of the first practical type-writing machine, invented by a mechanical-genius. And the scientific world was informed of the laying of the cornerstone of the **College of Electronic Medicine**. The laying of a cornerstone for a building is ordinarily a common-place affair and is often only on a par with some monuments erected in memory of the dead. But the laying of the corner-stone of the **College of Electronic Medicine** was the noblest deed of all in that it deals with the conservation of life — instead of with past events. This act stamps **A Modernized Medicine**, in an official manner, by supplanting empirical and traditional Medicine with methods which can be demonstrated scientifically. This achievement was the work of a **medical genius**, Dr. Albert Abrams of San Francisco, California, to whom the world is already paying homage. In comparison with all the progress made in the arts, none has the importance of this medical achievement, which is destined to be of service to the health, life and social happiness of mankind.

As a father gives a child through baptism to a life of service with its subsequent release through his severance from it as an individual possession, so the father of Electronic Medicine after dedicating this scientific product to the services of man, has given it to the world, which will in time fully acknowledge it as an incalculable gift. Those of us in close association and work with Dr. Abrams, know the prejudice aroused by the announcement of his System: the mightiest diagnostic and therapeutic method extant in Medicine. Orthodox prejudice, academic traditions, and

commercial interests **combined** have no more effect on the progress of Electronic Medicine, than the old woman who vainly tried to sweep back the waves of the ocean with her broom.

Even among the practitioners of the ERA without full laboratory equipment, the student of the method often marvels at the revelations depicted before him similar to movie-picture productions, but with this distinction: the ERA reveals the **true** life of ourselves, while the film gives us only an artificial state of our social-self. Time is not far distant when Dr. Abrams will throw onto the screen the means whereby afflicted humanity may be helped and will pay more for that than they do to pass the dull moments away among the star-actors depicted on a film.

In a recent address to Electronists, I summed up my relations with the ERA which began in 1913. Four years ago I gave this method undivided attention when Dr. Abrams announced the making of examinations from blood; and my three years' experience in the demonstration of the ERA gave me all the evidence one needs in knowing whether a thing has value or not. With few exceptions the students have been more than satisfied. There are hardly a handful of disgruntled ones among the several thousands who took up the work. The principal cause for dissatisfaction being their disqualification for the work, or else, they expected too much in the curative effects of the Oscilloclast. As to the latter, **let it be understood**, that Dr. Abrams and those informed, relative to the value of the Oscilloclast, never claimed it to be a "cure-all" as our enemies are putting it; nor do they claim that the present machine is the last word in therapeutics; or that the machine could not be improved. Dr. Abrams assures us that will come in time. His recent advance on the improvement of the machine justifies his claim that the Oscilloclast has already been perfected as noted by your essayist recently.

Here and there certain patients were not cured as rapidly as noted in other instances of the many patients recovering in a comparatively short time. When the Auxiliary Attachment to the Oscilloclast was used, all patients, if curable at all, would respond; and their former disease-reactions became normal. Ever bear in mind, that there is always a chance for recovery. It may take a long time but come it often does. I believe that the new invention of Dr. Abrams, the **Micro-Oscilloclast**, will bring that about in a much shorter time than with the Oscilloclast alone. I may be wrong (and who is not wrong at times!) in my claiming that the removal of disease-energy by the Oscilloclast ends physical disaster. This powerful therapeutic agent is always dependable to fall back upon in the event of reinfection. I am comforted with this thought: **what has been done can be repeated**. In Medicine that is Science!

The diagnostic method of Dr. Abrams finds the cause of disease and under proper treatment with the Oscilloclast, the symptoms of many diseases disappear, and the patient remains well. We do not claim that the present machine will cure all diseases. Only those of an infectious nature may be successfully combated at this time.

Relative to the "Mother" College. This movement was begun two years ago. In an address at the Bellevue Hotel, this City, I was invited by the Society for the Advancement of Racial Purification, to give an outline

of the work done and contemplated in the future, in its behalf, by the ERA. In concluding my address, I remarked: "I hope to see the day when a College will be created to carry on the work in an extensive manner and serve as a monument to Dr. Abrams during his life-time and not leave his recognition to the action of posterity." The presiding officer at the meeting agreeably surprised me in announcing, that Dr. Abrams had set aside the sum of fifty thousand dollars as a nucleus to which later concretions would be made. Yesterday, we saw what will follow when we witnessed the laying of the corner-stone of the College of Electronic Medicine. It was the happiest moment of my life to be present and assist in that work.

In a year the College will be completed, and will represent an expenditure of two and a half million dollars. The present beginning involves a sum of from five hundred and fifty thousand dollars to seven hundred and fifty thousand dollars. After the completion of this gigantic diagnostic and therapeutic Temple it will forever be at the service of suffering humanity; often without fee or reward from its beneficiaries. This beneficence has been instituted by the Home College and its Branch Colleges in various parts of the world. Already ERA ramifications are recognized in all parts of the civilized world among scientific physicians. It is the intention of the founder of this Institution to extend its usefulness into fields other than Medicine and thus serve a double purpose. We need contributions for the fulfilment of our objective projects, and as we "make good", these will come from its many benefactors and from philanthropic people.

As President of the Teachers' Association I want to thank you for your hearty cooperation and help in the advancement to its present able state. Dr. Abrams deeply appreciates our efforts in the Cause. We assure Dr. Abrams that the teaching faculty will render all the aid of which they are capable, to give him support even at the risk of their own breaking-down physically or financially. There are many practitioners, too, who are in dead-earnest for the progress of the ERA and they will consecrate **their** all!

We stand today at a point which marks the beginning of an epoch which once more shows that truth must eternally prevail — because the ERA is built on that foundation. In conclusion I am reminded of those beautiful lines of Addison which are appropriate here:

The soul, secured in her existence, smiles
 At the drawn dagger, and defies its point.
 The stars shall fade away, the sun himself
 Grow dim with age, and Nature sink in years;
 But thou shalt flourish in immortal youth,
 Unhurt amidst the war of elements,
 The wrecks of matter, and the crush of worlds.

Miscellaneous

7TH CERVICAL SPINE.

To determine the location of the 7th cervical spine, percuss from below up. The first dull spine encountered is the 7th cervical. It is the first spine that has no ribs attached to it; consequently it is dull.

For instance, if you have a patient on whom you wish to make an electronic diagnosis independent of the reagent. If you have an area of dullness suggestive of a certain disease and you wish to determine whether it is due to disease or fecal accumulation, all you have to do is to hit the 7th cervical spine. If the dullness is due to the electronic reactions, the dullness disappears after concussion of the 7th cervical. The 7th cervical and 2nd dorsal of reagent must be concussed before blood examination of specimen is made.

LOWER BORDER OF THE LIVER.

The next step in the blood examination is to get the lower border of the liver so that the dullness of carcinoma or syphilis will not conflict with the dullness of the liver and cause confusion.

NEW VIBRATORY RATE FOR COLISEPSIS IS 44.

TEST OUT INSTRUMENT.

Always test out the connections on the diagnostic apparatus. Do not let anybody handle the dynamizer. Always have it with aluminum plates running exactly east and west. See that it is thoroughly depolarized with depolarizer before you put in another specimen because the dynamizer is a condenser that will hold the energy; the reactions from a previous specimen may persist and cause errors in diagnosis. In testing out the machine always take each dial separately; if there is any break the light will go out. There is no electric connection from the dynamizer.

ASTHMA—NOT A DISEASE BUT A SYMPTOM.

Asthma is purely a symptomatic condition not a disease sui generis. There is no such thing as disease. What we call disease is nothing else but a group of symptoms, reflex phenomena in response to a cause. A

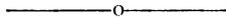
man may have a swollen joint. You say that he has an arthritis. That is only a name. It signifies that something has gotten into the joint. If the joints swell and the muscles stiffen, it is to protect the limb from movement. Disease is only reflex symptoms that form a mechanism of defense; it is an effect due to a cause. That is what we are striving to get at all the time. To call a thing by a name may be art but it is not science.

If you go into the question of asthma you can talk for hours on the subject. It is practically an irritation along the course of the longest nerve in the body, the vagus, running from the head down to the abdomen. Any irritation of that may cause a spasm of the lung unless you have what is known as a status asthmaticus where it continues for three or four days at a time. As soon as you chloroform the patient or drive out the air, the spasm will cease.

I have been endeavoring lately to find out new things, but these new things are of no value unless they bring practical results. In dealing with a case of asthma we do not know what we will find. In the majority of cases that we have examined we have not gotten corresponding results.

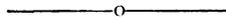
At one time Trousseau, the great clinician, taught that asthma, epilepsy and migraine were allied because all occurred paroxysmally and in the same family.

When we examine the skulls from radiograms of epileptics we find the reaction of sarcoma of the brain. This does not mean a sarcoma in the true sense of the term; it means any increase of the neuroglia of the brain. It may not mean a tumor. In case of asthma take an x-ray picture of the brain. It opens up a new field of investigation. In migraine and epilepsy the area of dullness runs on a line drawn from the back of the ear and embraces the entire forehead; it gives a reaction of sarcoma. Probably that is why I have not gotten results heretofore. In some cases of asthma we have examined we find the same sarcomatous reaction as in migraine and epilepsy and in same area.



CARCINOMA AREA.

In diagnosing carcinoma you can utilize any part of the area of carcinoma. All parts of that area are not normally clear. You can only recognize it by differentiation from dullness to tympany.



DEPOLARIZATION OF DYNAMIZER.

At least a minute must be spent in depolarization of dynamizer. If you put a specimen of carcinoma on a table and leave it for half a minute and then run over it with the radio instrument, you will get a reaction of carcinoma and the reaction will remain for hours until you run over it with the electromagnet (dynamizer). You rearrange the molecules or electrons.

That is how we explain how a person living in a house occupied by a previous carcinoma patient may get the disease. Rubbing will not erase the reaction; it only spreads it. A horseshoe magnet will not always remove it. In using a horseshoe magnet the stronger the magnet the better. It would be a good idea to test the magnet occasionally and have it recharged. Unfortunately there is practically no test for magnetism.

○

SEX REACTION.

Where sex reaction is absent it will often reappear at rates 49 and 14 for female and 49 and 17 for male.

○

SHELLAC ON FINGER.

When saturated solution of shellac in alcohol is applied to palmar surface of finger for making reactions, the arms of reagent must be held outstretched. Retardment is then noticeable over area of disease.

○

CANCER MORTALITY.

If carcinoma continues at the present rate it will decimate the human race. In the last two decades it has increased 32 per cent. It is because we regard cancer as a local affection when it is really a constitutional condition. Cancer has one origin and that is syphilis.

○

REAGENT'S ARM ACROSS ABDOMEN.

The object of putting arm of reagent across abdomen is to reduce the area of resonance. The percussion blow travels and sets in vibration the surrounding area, but you limit that area when you put the arm across.

○

USE OF ROD.

You must run the tube in different directions because the fibers of the skin run in different directions. Go from all angles.

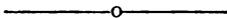
○

PHILOSOPHY IN MISFORTUNE.

We can all be philosophers in cases of misfortune but it is usually the misfortunes of the other fellow.

P. D. REACTIONS.

In order to elicit the P. D. reactions it is not necessary to have the patient or reagent face west. The P. D. reaction can be obtained if they face either west or east.



DETERMINING WHETHER LESION IS ON RIGHT OR LEFT SIDE.

You can tell whether lesion is on right or left side by drawing a straight line from anterior superior spine of the ilium on either side and see on which side you get the reaction.



EXPERIMENT SHOWING DISTANCE AT WHICH REACTION IS OBTAINED

Take off the lid of dynamizer and place carcinoma specimen near the lid set on edge. You see I get reaction of carcinoma. When specimen is taken away I do not get reaction. When specimen is taken outside of room fifteen feet away with door closed and is placed on line directly opposite lid of dynamizer the reaction of carcinoma is obtained. Thus you can see the distance at which you can get reactions by the use of the human reflexes. That is what I want you to understand. In the case of electricity we find that it diminishes in intensity with distance and as you convey the electrical energy it gets feebler and feebler until at a certain point you get no electricity at all. With this radiant energy which we employ here about which we know nothing, we find that it increases with distance; that as you go along the reactions get stronger and stronger, quite the opposite of electricity. This explains the action of telepathy and the thought of another being transferred from a distance.

It is known that one grain of matter travelling at the rate of light, 186,000 miles per second, has a momentum equal to a cannon ball weighing 150 pounds travelling at the rate of 1,000 feet per second. But physicists have not noted any mechanical effects of light, consequently they discredit the powerful effects of light coming at a distance. Light is nothing but an electromagnetic energy. Originally the Newtonian or corpuscular theory prevailed in light, but now we have the undulatory theory that light travels in waves.

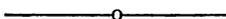


EXPERIMENT SHOWING PERSISTANCE OF REACTION IN DYNAMIZER.

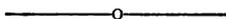
Lid is taken off dynamizer and stood on edge with carcinoma specimen about six inches away from it. Reaction of carcinoma is obtained. Reaction of carcinoma persists on lid of dynamizer fully 7 seconds after the removal of specimen but with depolarization of horseshoe magnet the reaction disappears almost at once.

EFFECT OF MAGNET ON RESULTS FROM COLORED LIGHTS.

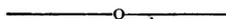
Experiment to show whether horseshoe magnet nullifies effect of colored light thrown on diagnostic instrument. It is found that magnet nullifies reaction of color thrown on it. When magnet is removed, the reaction of syphilis is destroyed when blue light is thrown on the instrument.

**PREDESTINATION.**

I am a predestinarian first, last and all the time though not in the religious sense of hell fire and damnation. Professor Haldane of Cambridge University said recently that everything is predetermined and that we can not thwart the designs of nature. That is ridiculous because man's genius is only a part of nature. We are a part and parcel of the whole; we are all one continuous whole. Take a plant. You can not separate it from the human. If it were not for the plants we would all die; there would be no oxygen in the atmosphere.

**NECROBIOSIS.**

Every time we have a disease we have a condition of necrobiosis. Then come the vultures which we call germs and they prey upon the organism.

**SHORT-CIRCUITING.**

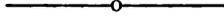
The body is nothing else but an electrical apparatus. Everything in nature is electrical in character. On one side of the head you have one dynamo and on the other side another. If you take two poles of a battery and unite them, you short circuit them. You diminish the output of energy; the energy all goes on the inside. If you bring the hand together it bridges the gap. Shortcircuiting throws all the energy within and lets nothing escape. Take the pulse of the reagent, one doctor holding one hand and another doctor holding the other. I will put a bar of metal across the median line and you notice a slight inhibition of the pulse.

**AFFIXING PITH BALL TO RUBBER ROD.**

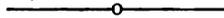
When pith ball is attached to hard rubber rod, rubber tape must be wrapped around one end of rod. Pith ball is attached to rod by silk thread and rubber tape. Otherwise charge will leak off of a terminus or point.

EXAGGERATED SYMPTOMS.

Some people have exaggerated reflexes. Every symptom is exaggerated. That reminds me of the lady who was asked by the doctor to show her tongue. She said, "No tongue can tell what I suffer."

**MILLIKAN AND RADIOACTIVITY.**

Professor Millikan has just announced what I have tried to show ten years ago that all matter is radioactive.

**INTELLIGENCE—NEURONS AND DENDRITES.**

Intelligence is not a question of brain size. It is simply due to one thing which I will explain later. If you want to improve the race, you must correct the mental deficiency. The cortex of the brain, the gray matter, consists of four layers microscopically. In one layer you find large cells called neurons, and these neurons interlace with other neurons by means of tendrils or dendrites. The more numerous these neurons are and the more they interlace with each other, the higher the degree of intelligence. In idiocy and in imbeciles the neurons are small and the dendrites do not interlace with each other. There is no net work, consequently they can form no concept by association of ideas. Up to the third or fourth month of the child in utero the neurons stop forming and no new ones are ever formed. The intelligence is fixed; the child is destined to be what it is. What would prevent that? If you want to do any good for that child you have to begin with the mother. Every mother instead of having her pelvic cavity measured ought to have her system examined to see if she is eligible to bear a child.

**REPORT OF PATIENT VISITING CLINIC.**

This man came here two years ago complaining of excessive vomiting. He weighed only 140 pounds. We found he had carcinoma of the stomach and treated him. Patient says, "Today I weigh 192 pounds and am perfectly well. This was exactly two years ago when I came here. I wanted to visit the clinic and thank Doctor Abrams personally."

**REPORT OF PATIENT VISITING CLINIC.**

"A year ago last December I was examined by a doctor who said I would have to be operated on very soon for an infected gall-bladder. I waited for a while and kept getting worse and worse, living on milk until

last April when I went into a sanitarium. I weighed 118 pounds then. I had an operation on my nose which had been broken when I was a child. After that I took 18 E R A treatments from one doctor, 3 from another and 5 from another doctor. I had one and one-half oams of strep. in gall-bladder. I had carcinoma and colisepsis of the ascending colon. Yesterday I showed negative. Now I am gaining 2 or 3 pounds a day and weigh 145 pounds. I have never felt better in my life. It has done a wonderful thing for me. The first treatments I took lasted one hour and one-half. An hour's treatment gave me a headache so I took 45 minutes. When I began treatment I would vomit whenever I ate and would vomit bile. I was as yellow as could be. I can not express my gratitude for what these treatments have done for me."

GLASS ROD AND DULLNESS.

Rubbing a glass rod over abdomen will often clear up a dull abdomen due to gas, so that percussion can be used.

The American Physical Society met at the Bureau of Standards in Washington on April 20 and 21, 1923. Among the interesting exhibits was a new alloy having valuable magnetic properties. It is composed of iron and nickel. The electrical resistance was found to vary with the strength of the magnetic field in which the alloy was placed so that a difference amounting to three-tenths of a per cent. is caused by the earth's magnetic field, the resistance being different in the east and west position from what it is in the north and south. Its electric and magnetic properties are also changed by the application of a lode.

REPORTS FROM PHYSICIANS—TREATMENT OF HERNIA—PILES—VARICOSE VEINS.

Dr. W. S. Fowler of Los Angeles reports a case of a man 86 years of age who had hernia for 36 years. He had always been very healthy until he had been infected by a dentist and a reaction of Acquired D. R. was found. He was treated at S S 3 and rate 3 on the hernia. For more than a year he has not worn a truss at all.

Dr. Bailey of Texas reports a man whose heart action was 24 and who had been in bed for two years who now has a heart action of 68 and is up and around and perfectly well. This man says that his hernia is cured; he has not worn a truss for eight months. He was treated at rate 3 at the opening where the hernia came out.

Doctor Abrams: Nothing is impossible. We have always said that nothing could be done for hernia or piles. Now we have these reports of cures of hernia. One of the physicians in the class has a hernia. We

will take a reaction and see what we find. A reaction of 57 is obtained over the opening where the hernia comes out. The physician says he has been using rate 3 at that site and is improving. Before he began treatment he could not stand on his feet without his truss; now he can go without it for a half hour. There is evidently some weakening of the tissues due to the Congenital D. R. We found previously that over varicose veins we get the reaction of congenital syphilis. The wall is weakened at that place.

TREATMENT OF PILES.

Doctor Abrams: We have always said that we could do nothing for piles. One of my men, Doctor Francis of Lancaster, reports cure of piles by the use of rate 6 for irritation and rate 3 for Congenital D. R. This is worth while remembering and trying out on your patients.

EXPERIMENT WITH AMBER BEADS—EXPLANATION OF FOLK MEDICINE

Dr. E. Ligon of Mobile, Alabama, reports that several of her patients have noted the disappearance of enlarged thyroid by the wearing of amber beads. We will see what effect it has on Congenital D. R. Wrap up the beads so that the color will not affect the reaction. We find that the amber beads destroy the reaction when they are held in front of the specimen of congenital syphilis. Inasmuch as practically all enlarged thyroids are due to an invasion of congenital syphilis, it may be possible that the remedial effects are due to this destructive action on congenital syphilis.

Many examples may be cited of folk medicine in which certain methods have proved to be of value and it has been found that the reactions have been subdued by similar means. For instance, Dr. Goshen of Indiana told me that the farmers in his neighborhood in cases of erysipelas pass the tips of the fingers over the face. We know that the streptococcus of erysipelas is negative and that the energy from the finger tips from both hands is neutral, and so it may destroy the reaction of the negative strep. This I have designated polaritherapy. There are people who can stop pain by application of their hands; this occurs and there is no use of denying it.

NEURITIS.

Neuritis of itself is not a disease. Occasionally we find strep. infection, but it is usually due to pressure somewhere on the nerve.

STREP. REACTION.

Whenever the reaction of strep. is below 15-25 ohm you predicate no existence of pus proper but simply the accidental invasion of streptococci.

VARIATION IN OHMAGE.

There are reports emanating from different men pursuing these methods that are conflicting in the sense that they get their knowledge from electricians who deal only with currents as ordinarily understood, not with electromagnetic waves and radio apparatus. These men claim that the difference in ohmage obtained by different men is due to the fact that these doctors have offices in buildings of different heights. Theoretically, and we know it to be true in radio, no matter how far it is from the grounds to the aerials, it makes practically no difference as long as it is not an exaggerated length. The results are the same. In order to corroborate this theory and to deal with practical facts, we took a carcinoma and measured it in the basement and found it measured exactly 7 5-25 ohms. Then we measured it on this floor of the clinic; and under control without my knowledge we found it measured 7 5-25 ohms. Then we went up stairs to the top of the building and it still measured 7 5-25 ohms. My conclusion is that height of the building makes no difference in the ohmage, all things being equal. It is largely, I believe, a question of the individual who is making the examination.

MOTOR ELECTRONIC REACTIONS.

If you embed the finger in the epigastrium over area of carcinoma, for instance, as soon as the instrument is set at 50, the muscles bulge out. Press in firmly and keep the finger embedded. It lasts just for an instant. To get the bulging in palpation in the P. D. area, have arms of reagent held loosely at the side away from the body. It is present in the P. D. area but not so pronounced as in the S. V. That explains why the reagent can feel the reaction himself.

ORANGE COLORED LIGHT DESTROYS REACTION OF PSORA.

Light thrown through orange colored celluloid on an ulcer which gave reaction of Psora destroyed the Psora reaction. Suggestion for treatment: Cover the ulcer with orange colored celluloid and expose it to direct sunlight for a long period. This is the result of only one observation and has not been tried out.

EXPERIMENTS IN GROUNDING.

If a male is standing on the ground plates it will be noted that with the left foot on the ground plate and the other foot insulated, the lower border of the liver rises and the heart recedes. With the right foot on the ground plate and the left foot insulated the liver border descends. This is not so apparent with the heart.

SUFFRAGETTES AND THE CREATOR.

Our conception of a Creator is purely anthropomorphous. Two suffragettes were in jail. One said to the other, "We shall pray to God; perhaps She will hear our prayers."

ENDOWING AN ORGAN WITH TONE.

You give an organ tone by having the patient extend the arms. Put the hands at the side, you short circuit and are endowing the organ with no tone. As soon as you extend the arms, the organ becomes rigid and you can always get a better reaction. The more tone an organ has, the smaller it is. The less tone it has, the larger it is.

Oliver Wendell Holmes said, "I can say anything now that I never dared say before, because I know how to say it."

REPORT OF A PATIENT VISITING CLINIC.

Four years before taking treatment of an E R A physician this lady had been in hospital in Chicago and was told that she could not live three months and that all the organs of the body were involved with cancer. Two x-ray pictures were taken. Was also said to have tuberculosis but was not told what was the matter with the spine. According to the E R A physician she had tuberculosis of the spine. She had 66 E R A treatments with the result that she is better than she has ever been in all her life. She stopped all treatment three months ago.

REPORT OF CASE BY DOCTOR PERKINS, LONDON, ENGLAND— LEUKEMIA.

"In July, 1922, I examined my brother who had been miserable for a long time. I do not believe in treatment of one's relatives, but he was getting no results with other physicians so I examined him. He had been having all kinds of serums and vaccines. I found his spleen enlarged to the size of my head. He was getting worse; could hardly walk and had difficulty in breathing. I knew nothing about E R A methods at that time. I had his blood examined by the usual methods by the very best men in London and they pronounced it leukemia. He had the usual treatment and improved a little. I heard of the E R A methods and sent him to be examined and treated. He has had 21 treatments and has written me that he feels alive and alert and is able to play hard tennis again."

PERNICIOUS ANEMIA.

In every case of pernicious anemia so-called we always get a reaction of carcinoma from the spleen only. It is usually below one ohm. The majority of cases parading under the name of pernicious anemia are nothing else but latent cancer. It is very difficult in some cases to differentiate the blood picture in cancer from pernicious anemia.

INSURANCE CLAIM AND SIGNATURE.

Six months ago a certain claim was presented to an insurance company. They said that they believed that the man was alive but the widow and others claimed that he was dead. I told them the other day to bring me his signature. I examined it and said that the man was alive. I told them to defer payment for a couple of weeks and see if they could find him. Day before yesterday I received word that the man was found.

HISTOMA.

The best word to use to describe the sarcomatous reaction found in asthma, migraine and epilepsy over forehead and vertex of head is histoma. The word histoid is directly limited to normal or natural tissues. A neuroglioma is merely an increase of connective tissue and has the same meaning as glioma.

LECTURES BY DR. W. DWIGHT PIERCE ON LAWS OF NATURE.

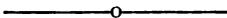
W. Dwight Pierce, Ph. D., Consulting Research Director, a noted entomologist, formerly with the Bureau of Standards, is issuing a series of lectures that are of such scientific interest that they will appeal to all E R A men. He takes up the vibration theory in all its aspects and treats of many subjects of especial value and importance. It is the suggestion of Dr. Abrams that ERA physicians purchase these pamphlets which are thirty-five cents each. "Lectures in Applied Entomology, Series I, No. O (2 parts, 35 cents each), Deals With the Laws of Nature Affecting Life," by W. Dwight Pierce, 138 B Street, San Mateo, California.

POSITION OF DYNAMIZER.

Dynamizer must be placed with aluminum plates running exactly east and west (geographical) or there will be difficulty in obtaining reactions.

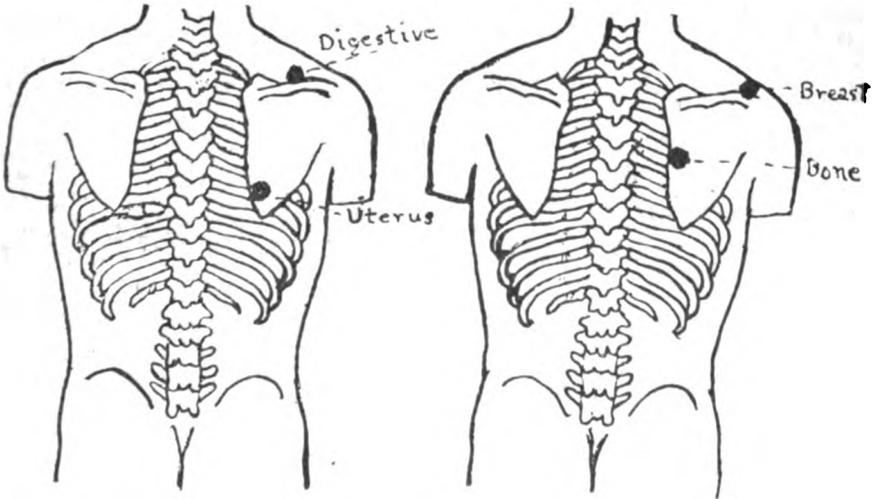
NECESSITY OF DEPolarIZING DYNAMIZER WITH DEPolarIZER.

The inside and lid of dynamizer and outside of diagnostic apparatus must be thoroughly depolarized with depolarizer before placing blood specimen in dynamizer. Avoid having connected depolarizer near blood specimen or it will destroy reactions for a half hour or more. When blood specimen is placed in dynamizer, demagnetize it with horseshoe magnet. It is absolutely necessary to follow this method of electronic asepsis in order to avoid the danger of hold-over reactions in the dynamizer with consequent mistakes in diagnosis.

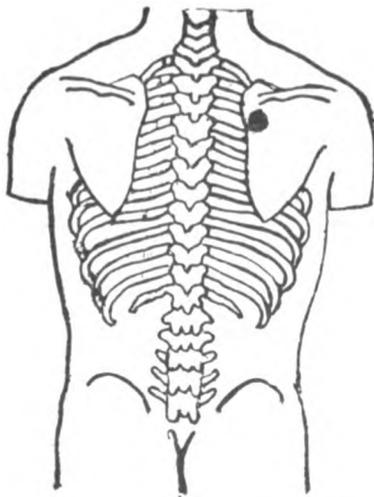
**REACTIONS FROM X-RAY PICTURES.**

It has been found that reactions can be obtained from radiograms. It is therefore suggested that x-ray pictures be used as an aid in diagnosis. The reactions can be taken directly from the pictures. This will aid in confirmation of diagnosis and localization of treatment.

P. D. Reaction — Carcinoma



P. D. Reaction. — Human Blood



New Additions to the Atlas

TO ALL ERA PHYSICIANS:

You can now have your Atlas brought up-to-the-minute by a set of the new Atlas Additions. These contain all the new strains and rates with charts showing the areas, and much classified information that will be invaluable to all ERA physicians. The material is arranged alphabetically in loose leaf form ready to go into the Atlas. There are 34 pages in the new Atlas Additions. The price is \$4.00.

We can also furnish a set of General Notes on Atlas paper. These Notes contain the general principles of Electronic Diagnosis and Treatment and latest discoveries up-to-date, with the information classified and condensed and made readily accessible for use in your Atlas. There are 24 pages in the General Notes. The price is \$2.00.

If you want the combination set of the Atlas Additions and General Notes, please send check for \$6.00 to Physico-Clinical Company, 2151 Sacramento Street, San Francisco, Calif. We know every ERA physician will be delighted to obtain this up-to-date material in convenient form for daily reference.

Atlas Service

Hereafter all additions to the Atlas will be published in the Journal. Those who desire these additions on loose leaf pages to fit the Atlas may obtain this service for \$2.00 a year, payable to the The Clinics of Dr. Albert Abrams. A sample loose leaf page is enclosed with this Journal.

CLINICAL LECTURES

Clinic Case. Married woman, age 56; two children. Difficulty of breathing; nervousness; deaf. No organic trouble; pain in back of head. Gasping spells followed by cough that interferes with talking and eating. Has spells of great depression. The first examination showed strep.; left tonsillar region and right antrum; colisepsis; present; Acquired D. R.; 38 ohms, cerebrospinal strain. At the last examination strep. was negative; Cryptogenic D. R.; 0-25 ohm. This patient has had this difficulty in breathing for more than 30 years. Her friends say she is transformed in these five weeks of her treatment. She has had only two severe attacks. Some patients make medicine a pleasure because they are so re-

sponsive. There are others for whom you can do very little. We will see what we find, as patient wishes to go home. Acquired D. R.; Cryptogenic D. R.; negative. Strep.; right antrum. Congenital Neisserian; present. (Patient comes in) Much of that difficulty of breathing is a matter of habit. Should anything occur when you go home, you can always go to your physician for treatment, but do not let too much be done for you because the real cause has been removed. What you have now is purely a memory condition. Your subconscious mind has gotten into the habit of breathing that way. You can not have a condition of this kind for so many years without having this difficulty of breathing occur. Use a little bromide of potassium; take at least a teaspoonful at a time. Discontinue general treatment and treat right antrum at rates 2 and 4.

CARCINOMA, PROSTATE.

Clinic Case. New patient. Man; 71 years. Hypertrophied prostate; difficulty in urination. Pain comes on just before urinating and lasts during that time. No blood in urine. Lost 12 pounds in 5 months. Urine examination negative. Carcinoma; genitourinary; non-metastatic; 6 ohms. Congenital D. R.; 30 ohms plus. (Patient comes in) You look a very young man. Did they ever examine you for stone in your bladder?

Patient: No, they never did. The physician found prostate enlarged. I have a good deal of pain and have to get up four or five times at night.

Doctor Abrams: Go over region of bladder for 50; negative. Reaction present over prostate. It is important to have patient face directly west when local examination is being made. It will be necessary for you to come here for treatment for at least three weeks. You have a trouble that no massage will help. There is a tendency to a formation of a growth which I want to remove. The symptoms may not entirely disappear, but the danger will be removed. Use rates 3 and 6 to the prostate and general treatment at rate 3.

ACQUIRED D. R.

Clinic Case: New patient. Man, age 43. Frontal headaches radiating to back of head. Periods of depression. Many attacks of malaria. X-ray diagnosis is tuberculosis. Lost 10 pounds in 5 months. Gall-bladder and appendix removed in 1922. Carcinoma; digestive; gall-bladder region; non-metastatic; less than one ohm. Acquired D. R.; cerebrospinal strain; 38 ohms. Strep.; tuberculosis; negative. Malaria; present. Try the solar plexus and splenic reactions for malaria; present. Check up on these reactions for Acquired D. R. (Patient comes in). Have you had your blood examined lately for malarial parasites?

Patient: No, not lately.

Doctor Abrams: Go over frontal sinuses for malaria; negative. Go over head for Acquired D. R.; reaction present over occiput. (Patient says

he has pain in back of head). There is a partial Argyll-Robertson pupil present. The patellar tendon reflexes are slightly exaggerated. No Romberg.

Patient: I am happily married and have one lovely child, but I have these periods of depression and the doctors can not understand what should cause them.

Doctor Abrams: I think we will be able to relieve you. Use two wires at rate 3 at the spleen and one at rate 3 to the back of head.

DEFECTIVE VISION—CONGENITAL D. R.

Clinic Case. Man, 40 years of age. This man came to me in the early stages of my work. Then our methods were very crude and we used the old time oscilloclast. When he came here he had to be guided to the entrance and could not read. He received 20 per cent of improvement and has been very grateful ever since. The doctors diagnosed the condition as detached retina and floating retina and all sorts of things. To me the eyesight is the most precious thing in the world and I would make any sacrifice to help anyone retain or regain their vision. We have improved our methods since he was here and I want to see what we can find in this case now. It has been four years since the patient came here. Then we found Congenital D. R. in the eye. Go over the eyes for Congenital D. R.; present in both eyes. Tuberculosis; negative. I think it is worth the game to give a little time to getting rid of that reaction. Use rate 3 to each eye.

SARCOMA, DIGESTIVE TRACT—ACQUIRED D. R.

Clinic Case. New patient. Man. Headaches above both eyes extending backward to vertex, accompanied by dizziness and a sensation of fainting. Never loses consciousness. Pain in right knee joint made worse on walking. Urethral discharge, whitish and stringy; never found gonococci in discharge. Feces are tarry and contain blood. Carcinoma; negative. Sarcoma; digestive; 9 ohms; non-metastatic. Acquired D. R.; 38 ohms. Check up on that. (Patient comes in) How long have you been ill?

Patient: I have been sick for 35 years.

Doctor Abrams: Go over the abdomen for 58. You see that if I put one foot in contact with that of subject it increases the dullness; if I put both feet in contact, it dissipates the dullness. I can palpate this very distinctly; it is easy to find anything when you know where it is. He is to get general treatment and rate 3 over the abdomen.

DYSENTERY—CARCINOMA, GALL-BLADDER REGION.

Clinic Case. Man, 25 years. Had dysentery in 1918 and 1919 while in the army. They found amoeba and isolated that at University of California Hospital. Treated with emetin; dysenteric symptoms came back every fall. Has four to ten stools per day. Could not find amoeba in last examination at hospital. Gall-bladder removed in 1921. When he came here we found no reaction of amoeba but we found carcinoma; digestive, gall-bladder region; 9 ohms; non-metastatic. He is only 25 years of age but youth is no bar to cancer. His report this morning is that he is feeling generally well; no diarrhea since taking treatment; not so nervous. Carcinoma is still present; 9-25 ohm. (Patient comes in) Have you increased in weight?

Patient: I have gained a pound or two. I find the condition better and am feeling stronger.

Doctor Abrams: Have you any distress in your abdomen?

Patient: No, the tired feeling is getting better and I am not so nervous.

SARCOMA, BONE—PAINFUL GROWTHS ON FEET.

Clinic Case. New patient. Man; 80 years. Has painful growths on inner side of feet; called bunions and gout. Worse in damp weather. Frequent urination; no pain during urination. Generally well. Carcinoma; negative. Sarcoma; bone; non-metastatic; 8 ohms. Congenital D. R.; 23 ohms. (Patient comes in) For a man of your age you are wonderfully young-looking. Let me see your feet.

Patient: They pain me so I can hardly walk. I have had this trouble for thirty years.

Doctor Abrams: You have never consulted a physician for this?

Patient: No, I never have. I have been too busy and I am going to keep going for a long time yet.

Doctor Abrams: Go over his feet for 58; reaction present. He is to get rate 3 on both feet. Use three cords at one time. Paint with mercurochrome. Are they getting worse lately?

Patient: Yes, they are.

OSCILLOCLAST IN CONTROLLING PAIN.

Clinic Case. Visiting Physician. "Last December I had influenza and pneumonia. I was in bed ten days; then went to work and was taken down again with another attack. No pulmonary symptoms; severe pain in spine. I was very bad. The insurance agent thought he would have to settle with my family. I have been out of bed about three weeks. I sent the blood here and a reaction of sarcoma was found in sub-occipital

region. The pain in that region was very severe indeed. For three weeks I did not sleep over an hour and a half in 24 hours. I had the oscilloclast going at the rate of 7 at my bedside to control the pain. I was afraid to use morphine." We will go over his blood. Carcinoma; sarcoma; tuberculosis; negative. Strep.; right tonsillar region, right ethmoid and right antrum. He has pain in his heart. Strep. reaction present over heart of tonsillar origin. Treat the sinuses and right tonsillar region at rate 2 and 2 over the heart.

LOCOMOTOR ATAXIA—ACQUIRED D. R.

Specimen. Married man, 38 years. Healthy generally. Has developed loss of power and coordination partially in left leg. Some anesthesia and numbness around waist. Has had girdle pains. Has had some oscilloclast treatment. Wants diagnosis. In these cases of locomotor ataxia you treat not only the general condition but also find the lesion in the spine and treat locally. Carcinoma, sarcoma; negative. Acquired D. R.; cerebrospinal strain; one ohm. If you want to find the lesion in the spine, set the instrument above the ohmage found in the blood, say 2 ohms in this case, because you will get a reaction of syphilis from the spine just as in the blood. Write to the Doctor: "Lesion of Acquired D. R. located from 10th dorsal to 4th lumbar spines. Treat locally at this area using three cords at rate 3."

ARTHRITIS DEFORMANS—NEISSERIAN INFECTION.

Clinic Case. New patient. Married woman, age 48; no children. Arthritis deformans for the past four years getting worse in past four months. Both knees, shoulders and joints. Not much deformed. These are bad cases. Sometimes you find strep.; sometimes Neisserian; and sometimes tuberculosis or syphilis. You can get anything, but the difficulty is to give relief. Carcinoma; Sarcoma; Tuberculosis; Strep.; negative. Congenital D. R.; one ohm; not a joint strain. That is very low ohmage. Neisserian; present; pelvic cavity. (Patient comes in) What joints are affected?

Patient: The wrist joints and fingers and the thumbs and my shoulders. Sometimes I can not raise my arms. I am getting it in my feet and knees just a little bit.

Doctor Abrams: Go over the worst joints for Neisserian. Reaction present over left wrist and left shoulder. Reaction also present on right side of pelvic cavity. Strep.; negative over joints. We are not going to treat the joints individually. Let her get the oscilloclast at rate 4 on the spleen and 4 over right side of pelvic cavity. Use tampons made of epsom salts. Take a piece of cotton, put epsom salts on it, roll it up and sew it together, leaving the string hanging, and dip in glycerine. These are to

be used every night. Is there any painful urination or any discharge of any kind or pain on the right side?

Patient: No.

Doctor Abrams: If the joints become very painful use compresses of epsom salts; or you can wear gloves and put epsom salts in the gloves. Try this for about two weeks before taking oscilloclast treatment. Do not have any teeth pulled or tonsils taken out because it is not due to any strep. infection. (Patient goes out) None of those gonococcic vaccines do any good; protein matter injected gives the same results. Vaccine therapy is not a very wonderful thing. The acute cases of gonorrhoea seem to get well of themselves.

CARCINOMA, BREAST—STREP, INFECTION.

Specimen. Unmarried woman, age 35. Four years ago left breast was removed for carcinoma. Left arm badly swollen. Suffering with pain about elbow and shoulder. Eight months ago right breast removed. Since then suffers untold agony. X-rays used to treat gland on neck which only increased suffering. Carcinoma; breast; non-metastatic; 10 ohms. It is non-metastatic so the swollen gland in the neck must be of strep. infection. Let us prove up that this is streptococcic and not metastatic. Carcinoma is present over both breasts. Strep. reaction under arms. Congenital D. R.; 39 ohms.

LEUKEMIA—SARCOMA OF SPLEEN.

We find in every case of leukemia a reaction of sarcoma from the spleen. We speak of it as malignancy in solution. The blood may show malignancy but no tumor may be evident. Having found the reaction of sarcoma we treat at rate 3. We have had only three cases; two were practically moribund. Two cases recovered; the other one I know nothing about.

SARCOMA

Clinic Case, No. 164. Married woman, age thirty-nine years. No children. October 19, 1922, had operation; tumor of ovary removed. Then had dull pain in left groin running to hip. Operation gave no relief. Pain since three months. Urine negative. Feeling of pain in the nature of dullness, like sleeping sensation. Appendix removed. Eyesight good. Two positive Wassermanns. First examination, May 15, 1923; Carcinoma, negative. Sarcoma; 10 ohms; non-metastatic; left hip. Congenital D. R.; 30 ohms plus. June 5; Sarcoma; 1 ohm. Congenital D. R.; present. June 26; Sarcoma; negative. Congenital D. R.; negative. Cryptogenic D. R.; 4-25 ohm. August 7; Sarcoma; negative.

Congenital D. R.; negative. Treatment has been S S 3 and three cords at 3 to left hip which was painted with mercurochrome. Report of patient's condition, September 24, 1923: Generally feeling fine. Gained 8 pounds. Walks without any pain. Only slight tenderness in left inguinal region. Both heels burning and sore to the touch; also feels nauseated when she presses on the heels. Examination, September 24: Sarcoma; negative. Cryptogenic D. R.; negative. (Patient comes in) We can find no return of that growth. How are you feeling?

Patient: I am feeling fine and I can walk very well now. I have a burning sensation in my heels that nauseates me.

Doctor Abrams: See if there is any reaction of Neisserian from the heels. That often causes pain in abnormal joints. Neisserian; negative. Strep.; present in heels; of right frontal sinus origin. Treat right frontal with three cords at rate 2.

NEURASTHENIA—CONGENITAL D. R.

Clinic Case. Married man, 41 years; 4 children. Treated here for two years off and on. He came here one year ago. He had temperature and pulmonary hemorrhages. We found tuberculosis and treated him and that condition was cured. He had his tonsils removed about 8 months ago against my advice and he has had trouble ever since. We found when he came here this last time: Tuberculosis; 3-25 ohm; Congenital D. R.; 2 ohms; Strep.; right ethmoid and right antrum; Malaria; present; Neisserian; present. At last examination malaria was negative and tuberculosis was negative; strep.; right antrum. He now complains of a thick tenacious mucus which is difficult to bring up; hot flashes across the eyes. He is practically a neurasthenic; he complains of everything. He is running no temperature. Carcinoma; sarcoma; negative. Tuberculosis; negative. I have not been able to find a trace of tuberculosis for weeks. Congenital D. R.; negative. Cryptogenic D. R.; present. Strep.; malaria; negative. Your neurasthenic cases will not get well until you find the lesion of Congenital D. R. in the brain and treat it locally; present over right parietal region. He is to be treated there above right ear at rate 3. A neurasthenic is practically insane in his own peculiar way. Whether you get any results or not it is worth the game to make the effort.

CARCINOMA, COLON.

Specimen. Man, 70 years. Recently had about one good bowel movement per day with some blood. Examination showed no hemorrhoids but enlarged prostate gland. In a man of that age what do you think of? Usually carcinoma of the colon. Carcinoma; digestive; splenic flexure of colon extending to sigmoid flexure; non-metastatic; 11 ohms. Congenital D. R.; 21 ohms.

ACQUIRED D. R.—PARALYSIS.

Specimen. Married woman, 64 years. Four years ago had influenza followed by severe neuritis. Slight hemorrhage of brain which caused slight paralysis. Has shaking of both hands and feet. Unable to use eyes for reading; causes pain in head. Carcinoma; negative. How can you exclude paralysis agitans? If you do not get sarcoma, you exclude it indirectly. Sarcoma; negative. You will probably find that she has acquired syphilis. Tuberculosis; negative. Strep.; left tonsillar region. Acquired D. R.; cerebrospinal strain; 38 ohms. Be very careful and check up, for you may deceive yourself and get the reaction if you suspect it. It is in just such cases where you are most sure of yourself that you must be the most careful. Her failing eyesight and tremor suggest acquired syphilis. In 90 per cent of such cases you find Acquired D. R. and in 10 per cent it is due to a high grade of Congenital D. R. In a case of this kind, in order to get more rapid results, find the lesion on the head and treat there locally. I suppose the time will come when it will be possible to locate the exact site of the local lesion by some instrument placed over the reagent's head.

ACQUIRED D. R.—AORTITIS.

Specimen. Man. Has been treated with oscilloclast, at first with marked beneficial results. Lost five pounds in weight in last two weeks. Com- plains of smothering feelings; spells come on in evening. No asthmatic or cardiac trouble. No cough but rales in lungs. Tests show improvement in blood condition but symptoms not relieved. Following is the blood analysis of the physician: "Carcinoma, stomach and pancreas. Congenital D. R.; 41 ohms. Tuberculosis; 5 ohms. Has had S S 3, rate 6 at stomach and rate 5 on chest. Age 39 years. Slight oppression in the lower portion of chest." Carcinoma; Sarcoma; negative. Tuberculosis; pulmonary; 4-25 ohm. That will not explain dyspnea. Strep.; right antrum. Acquired D. R.; cardiovascular strain; 8-25 ohm. He may have an aneurism. The cardio-vascular strain may measure more; 14-25 ohm. Go over region of heart for Acquired D. R.; negative. Try the aorta; Acquired D. R.; present. Write to the Doctor: "Patient has a probable aortitis and myocarditis of syphilitic origin. In association with S S 3 and 3 to aorta, where we get a reaction of Acquired D. R., use concussion of 7th cervical spine several times a day followed by concussion of 2nd dorsal, or use some digitalis preparation."

SARCOMA, BRAIN.

Specimen. Woman, age 44 years. Extremely nervous; look for brain trouble. Carcinoma; negative. Sarcoma; brain; non-metastatic; 4 ohms. Tuberculosis; negative. Strep.; right tonsillar region. Always in a woman think of strep. of the pelvic cavity; negative. Congenital D. R.; 39 ohms. Locate sarcoma; go all over the head; left side of head 8.5 cm. above top of left ear. Measure the ohmage; it will be the same as in the blood or otherwise you think of a sarcoma elsewhere; 4 ohms. The local lesion cor-

responds in ohmage with the general reaction. For instance, a woman might have a carcinoma of the stomach and one of the breast. If the blood reaction was 9 ohms and the reaction from the breast measured only 4 ohms, you would know there was another carcinoma elsewhere in the body.

SARCOMA, DIGESTIVE TRACT.

Clinic Case. New patient. Man, 34 years. Teaches manual training; is on his feet a great deal. Soreness in epigastrium for past two years; constant; made worse on standing or walking; not when sitting or lying down. Worse after meal; no nausea or vomiting. Injury to abdomen ten years ago. Has had E R A treatment; ohmage goes down but patient does not improve. Carcinoma; negative. Sarcoma; digestive; non-metastatic; 5 ohms. Congenital D. R.; 5-25 ohm. As long as there is any syphilis in the system the sarcoma will grow. (Patient comes in) Are there any dyspeptic symptoms?

Patient: Sometimes after eating there seems to be an aggravated feeling there but no severe pain.

Doctor Abrams: Let us go over the appendix for strep. You can easily find the normal situation of the appendix. Strep.; negative. Locate sarcoma. Treat it locally at 3 and S S 3.

CARCINOMA, OESOPHAGUS.

Clinic Case. Man, 68 years. He came to me several years ago with a carcinoma of the stomach which had been diagnosed by other physicians who advised operation. We used only dyes at that time because we did not have the oscilloclast. We used eosin and he recovered entirely and was able to resume his work. A couple of months ago he noticed a difficulty in swallowing and we found carcinoma of the oesophagus. The reaction from the original site of the obstruction has disappeared; now he feels a slight obstruction at another portion. We will see if there is a reaction of carcinoma there. Carcinoma; sarcoma; tuberculosis; Cryptogenic D. R.; negative. If you deprive a patient of Congenital D. R., you can not have a recurrence of the carcinoma. (Patient comes in) The reactions are all negative. You can go back to work, if you wish. As far as that sensation is concerned, it is evidently irritation from the scar tissue and is a reflex symptom. I think it will disappear.

Patient: When I eat, the food catches in my throat. I notice it only at the evening meal.

Doctor Abrams: You know there can not be a healing of anything without a slight stricture forming. It is more of a spasm than anything else. Take some olive oil with your food. It is not like it was, is it?

Patient: Oh, no. I am very much better in every way. I have increased in strength.

Doctor Abrams: Your color is much better. Come in again in two weeks so as to be sure.

STREP. INFECTION, TONSILS.

Clinic Case. Married woman. She had gangrenous appendix 4 years ago. Phlebitis in left leg; gets black and blue easily. We got reaction of carcinoma of small intestines; 9 ohms. She was dismissed as negative in all respects. Somebody has told her that she has a septic tonsil and must have it removed. (Patient comes in) We do not remove tonsils; that is why my confreres are so kind to me. Look for carcinoma; negative. Cryptogenic D. R.; negative. I have yet to see a recurrence of carcinoma when we were careful that cryptogenic D. R. was absolutely wiped out. Strep.; both tonsillar regions, particularly the right. How are you feeling?

Patient: I am feeling fine; very much better than for a long time. I was advised to have my tonsils removed.

Doctor Abrams: It is fortunate that God has provided us with only two tonsils. We are going to sterilize those tonsils for you, but before you leave, you must have the surface of the tonsils cauterized with silver nitrate so that they will not become reinfected. Go over tonsillar regions for strep. and staph.; present. We will save you an operation and remove the infection more thoroughly than the surgeon does. He does not remove the paratonsillar tissue and the infection usually lurks there even after removal of the tonsils.

TUBERCULOSIS OF KIDNEY—FREQUENCY OF URINATION.

Clinic Case. Ex-service man. Frequency of urination. We found tuberculosis of left kidney. (Patient comes in) How was the frequency when you came here?

Patient: I had to use a urinal all night long. I had to urinate from every five to fifteen minutes; now it is from half an hour to three-quarters of an hour. It has not improved so much during the last three weeks. I had been taking sitz baths and have stopped them now; perhaps that has something to do with it.

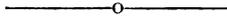
Doctor Abrams: There was pain in region of prostate. How is that now?

Patient: That is very much better. I am gaining in weight also. I notice that there is less sediment in the urine than formerly.

Doctor Abrams: We found tuberculosis of left kidney at last examination. What we did was to treat him for tuberculosis over kidney region. I also told him to train the bladder to retain the urine as long as possible. I told him to take out his watch and when he had a desire to urinate he should hold it back a few second at first, the second time ten seconds, and increase it each time. The bladder gets into a condition known as concentric hypertrophy, the walls thicken and the capacity becomes diminished. You must make the bladder tolerant to urine or the condition will become permanent irrespective of the pathologic condition. Of course when there is an infection it is impossible to retain the urine, but it is largely a habit condition. Tuberculosis; negative. Come back in three weeks. You must show a continuous improvement. If you remain at a standstill you are not improving.

TUBERCULOSIS—ARTIFICIAL PNEUMOTHORAX.

Clinic Case. New patient. Man, 33 years. Tuberculosis of right lung. A pneumothorax was performed in 1919. Catches cold easily, which in itself is a sign of tuberculosis. Impaired vision in left eye. Has had that condition ever since childhood; claims that to have been due to forceps delivery. He has a cough. That might be due to adhesions. The question is: Does this gentleman have tuberculosis? The chief thing is to get rid of the soil condition to prevent it from getting worse. I personally have never seen any good results from pneumothorax operations. Carcinoma; negative. Sarcoma; negative. Tuberculosis; pulmonary or pleura; 4 ohms. Congenital D. R.; 38 ohms. It is lung strain or he could never have gotten tuberculosis. Look for strep. and staph.; negative. As a rule, if strep. is absent, you do not have staph., though we find certain tonsils that have strep. but not staph. (Patient comes in) Let us see how our diagnosis corresponds to that on the patient; correct. Site of tuberculosis; outer portion of right apex and next to spine. The average physician will percuss the patient with the arms folded and he can get no dullness. The arms should be extended. This man should get perfectly well if we get at the soil condition. The tuberculosis does not mean anything. It is all right now and might go on this way for years and not bother him. He does not have the necessary pep. Do not treat him locally. Give S S 3 and paint chest with gamboge. Germs are ubiquitous; they are as necessary to our existence as food. If it were not for germs our cities would be infested with all kinds of putrescent material. If the putrescent material were not there, the germs would not be there. What we are endeavoring to do is to make the soil unpropitious for the germs so that they can no longer thrive thereon.

**TUBERCULOSIS—PAIN IN CHEST.**

Clinic Case. New patient. Married woman. Ectopic pregnancy in 1920. Left tube, ovary and appendix were removed. Influenza in 1917 followed by pneumonia. Pleurisy twice since then. Pain in side of chest radiating to appendix. Very severe headaches during menstrual periods. No loss in weight. First of all, this case suggests a malignant growth which may remain latent for years. Pleurisy is now acknowledged to be a tubercular condition. Carcinoma; negative. Sarcoma; 9-25 ohm. That means nothing. Tuberculosis; lungs or pleura; 5 ohms. Congenital D. R.; 35 ohms. We want particularly to get rid of the congenital syphilis. (Patient comes in) How are you?

Patient. I am very well but I have a good deal of pain in my side.

Doctor Abrams: Go over lungs for 42; present, base of right lung. Paint chest with gamboge and give general treatment, S S 3. I do not know how much relief of pain there will be. Sometimes you can give relief by freezing the tender points on the spine. The pleura is supplied by the phrenic nerve. Usually you will find on that side of the neck a painful point; by freezing it you can sometimes relieve the pain.

CARCINOMA, DUODENUM

Clinic Case. New patient. Man, 49 years. Stomach trouble, pain in epigastrium. Worse four hours after eating; much gas formation. Occasional vomiting; constipated; no relief from medicine. Can you blame people for seeking every possible relief? I never gave morphine even when I was practicing legitimate medicine. The physician himself is largely to blame for the morphine habit. In fact I think the world would be better off without any physicians. I became so thoroughly disgusted with the practice of official medicine that I gave up my practice and went to Paris to live. I had an enormous consultation practice and my patients got better, but I did not know what I was treating them for. For some reason they had faith and got results. This patient has had stomach trouble for years. Carcinoma; digestive; small intestines, descending portion of duodenum; non-metastatic; 10 ohms. Cancer usually develops in the duodenum because the food stagnates there. Congenital D. R.; 39 ohms. (Patient comes in) We are supposed to find this area on patient to the left of naval. Go over the abdomen and come to that area without my knowledge; correct. It can be felt very distinctly by palpation and is quite sensitive.

SARCOMA

Clinic Case. No. 417. Man. Laparotomy in 1922 for infected gall-bladder but it was found to be all right so they removed the appendix. After that he had a very great deal of pain in the epigastrium. He was suffering terrible pain. On examination we found sarcoma, 12 ohms; quite extensive above the naval. (Patient comes in) How are you feeling? The reaction of 58 is gone.

Patient: The pains are practically all gone now. I have not had any for a month. I feel a soreness in that region. I am feeling generally very good. Some soreness is still present and I have a swelling of the forehead and left side of jaw.

Doctor Abrams: We found strep. of the right frontal sinus and left tonsillar region. Go over the sinuses for strep.; negative in right frontal. Staph.; malaria; tuberculosis and Acquired D. R.; negative over right frontal. Influenza; present in right frontal. Treat at rate 5.

EXOPHTHALMIC GOITRE—CONGENITAL D. R.

Clinic Case. No. 415. This is a case of a man with exophthalmic goitre. Single; age fifty-two years. He had thyroidectomy in 1916. All the symptoms disappeared until June 1923 when palpitation returned. Exophthalmos became more marked. Tremor of hands returned. He had x-ray treatments from February to May 1923. He found his heart weakened by these treatments. First examination: August 10, 1923. Carcinoma; digestive; 1 ohm. Congenital D. R.; 33 ohms. Strep. and tuberculosis; negative. He had general treatment, S S 3 and 3 to the thyroid. He was given concussion of 7th cervical and 2nd dorsal several times a day at home. When he first came here the thyroid activity measured 4—

11-25 ohms. At the last examination it was reduced to 11-25 ohm. The concussion of 7th cervical does more than anything else. It is so simple that its value is not appreciated. In addition to that, treat thyroid locally at rate 3. We always find a reaction of Congenital D. R. over the enlarged thyroid. All the reaction are negative now. (Patient comes in) How are you feeling?

Patient: I am less nervous and my heart is better. There is much less tremor. I have gained five pounds in weight. I feel very much pleased with the results of the treatment.

Doctor Abrams: The tremor is not nearly so marked. The exophthalmos is about the same. The eyes will go back gradually. Continue with your concussion at home. No more treatment here is necessary. Report again in the course of a month. (Examination of patient's heart showed a mitral murmur.)

NEISSERIAN INFECTION—KYPHOSIS.

Clinic Case. No. 163. Man, age 53. He has kyphosis affecting lower dorsal vertebrae. Stiffness in hip. Soreness in spinal column. Two years after trouble began patient began to stoop forward due to soreness in the muscles of the back, and he has that position up to the present time. He also has soreness in hips to the knees. We found Neisserian infection of the prostate and both hips. He came here four months ago. We also found 33 ohms of Congenital D. R. He has had rate 4 on the spleen and on the prostate; also S S 3. Spine and both hips were painted with Congo Red. Today's report: Joints practically all right. He still leans over a great deal. Slight soreness in hamstrings. Prostate gives no trouble. (Patient comes in) Go over the prostate for Neisserian; negative. Put up a specimen to be sure. See if there is any reaction in his shoulders; Neisserian, strep., and staph; negative. Try to stretch your back and stand up straighter.

Patient: I am straightening up. My back is better and my hips are better.

Doctor Abrams: All right, you can go home. There is nothing more to treat. Come back in a few weeks and we will check up again.

SKIN ERUPTION—SKIN TUBERCULOSIS.

Clinic Case No. 180. Married woman; age 36 years. One boy; two girls, all living and well. About 7 years ago noticed rash on left side of chin; slightly elevated; one inch in diameter with an area of erythema surrounding it. Treated with various skin specialists with no results. Lately this condition has become aggravated and spread to upper lips and left side of nose. Treated by lotions, internal medication and x-ray. May 21, 1923, first examination: Carcinoma, sarcoma and Acquired D. R.; negative. Congenital D. R.; 30 ohms plus. Tuberculosis; 1 ohm; skin strain. June 11: Congenital D. R.; 4-25 ohm. Tuberculosis; 0-25 ohm. June 25: Tuberculosis; negative. Strep.; present. July 23: Congenital D. R., Cryptogenic D. R., Strep., and Tuberculosis; negative. August 8: Strep.; right ethmoid

and left antrum. Personal examination shows that eruption on skin is strep. of sinus origin. Report of August 8 shows that skin condition has improved marvellously. Occasionally gets a little eruption on chin but it lasts only a short time. Can now eat all kinds of fruit and butter without causing any disturbance. Treatment has been two cords at rate 5 and one at 3 to the lesion on face. Gamboge was put on cloth and worn at night as a mask. Patient has not been in such good condition for years.

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PREGNANCY—SARCOMA OF BONE.

Specimen. Woman, pregnant 6 months. Suffers a great deal of discomfort in region of the fifth dorsal. Condition better since pregnancy began. Tires easily. Chronic mitral lesion. General health good. We will first get the reaction for pregnancy and then try to predetermine sex. Reaction for pregnancy present; male prediction. Carcinoma; negative. Sarcoma is present in the region of fifth dorsal measuring 3 ohms; the lower lesion in second dorsal measures 1 ohm. Do not attempt any treatment until after pregnancy. You can paint spine with mercurochrome to get treatment for sarcoma.

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REPORT OF TWO CASES BY D. A. STEVENS, M. D., LOS ANGELES.

CASE 1—DEMENTIA PRECOX.

Mr. ——— was committed to the State Asylum at Patton, California, one year ago with a diagnosis by the lunacy commission of Dementia Precox of a violent type. The wife was told it would never be safe to take him out. She succeeded in getting a specimen of his blood and I found:
Acquired D. R.; 47 ohms, cerebrospinal strain, centering in the brain.

Carcinoma; 4 ohms; above the left ear.

My reaction for type of insanity gave Paranoia.

We succeeded through political influence in getting him out on a thirty day parole with agreement to keep him in an institution and under constant male attendance. We treated him with the Oscilloclast, 3 over spleen and liver, 6 over brain lesion for 30 days, getting a negative condition the day before he was to return to the asylum. He reported and took his examination before the commissioners and was pronounced SANE and given a discharge from the institution. His friends and wife say he is more steady and stable in his ways and talk than they ever knew him to be before he became insane. The moral is: Clean the insane up with E. R. A. and the state would cut the maintainance expense of the asylums 50 per cent.

CASE 2—CATARACT.

Lady, 80 years of age. Oculist wanted to operate for double cataract. Could hardly see. Examination showed:

Congenital D. R.; 48 ohms, bovine, ocular strain.

Cataract; 3 ohms. Strep.; general. No operations.

Two months treatment gave negative in all reactions. She went to her oculist and after critical examination he was astounded, stating there was no sign of cataract in either eye; absolutely clear. He gave as his judgment that there would never be any again.

NEW APPARATUS

Ampli-Statophone of Dr. Albert Abrams

This is the perfected statophone enabling one to dispense with ear-pieces and making the ERA audible to everyone in a room instead of to the examiner only. It so simplifies the reactions that even a tyro can elicit them because percussion-skill is unnecessary. It minimizes the personal equation to a degree heretofore unattainable. In addition, one may map out organs, heart, aorta, liver borders, spleen, kidneys and site of appendix with incredible accuracy. With the arms of the patient extended from body, the lower stomach-border may be defined. The only care necessary in the use of the apparatus is to replace the dry cells occasionally and these are procurable everywhere. Full directions are sent with the apparatus.

PRICE \$67.50 F. O. B.

Microoscilloclast of Dr. Albert Abrams

This attachment used in connection with the Oscilloclast enables one to increase the efficiency of the latter fully 100%. Thus in syphilis, the reactions which are usually negated in from four to eight weeks may become so after several days treatment. One uses the usual number on the Oscilloclast and carries the energy with a cord to the micro-oscilloclast which is set at a definite rate for each disease. From the latter the energy is conveyed to the patient in the usual way. The best results are attained when three cords from the binding posts of the oscilloclast are used and connected to the microoscilloclast with a triple connector. This is advisable inasmuch as only one oscilloclast rate can be used with the microoscilloclast. Its use is indicated in desperate cases and in those requiring immediate relief. For this reason several microoscilloclasts should be ordered.

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Caution! Beware of Counterfeit Apparatus Made by Piratical Concerns Throughout the Country Which Are Absolutely Worthless and Often Dangerous.

Suits are contemplated by several patients against physicians who deceived them in making them believe they were receiving treatment from an Abrams Oscilloclast.

OSCILLOCLAST DEPOLARIZER

Used only on A. C. Not to be used when patient is connected with oscilloclast; use must precede latter. Action similar to demagnetization whereby a magnet is deprived of its power. Used for 3 minutes over a lesion or spleen for splenic sterilization after which, oscilloclast is applied in the usual way. A material aid to oscilloclastic treatments and shortens their duration.

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OSCILLOCLASTOPHONE

Simple contrivance with hand and telephonic ear-piece enabling one to hear oscilloclastic current, flowing through patient's body. Rod of hand-piece is applied to any part of patient's skin. With an A. C. supply to oscilloclast, periodic surging sounds are heard; with D. C., fainter sounds like tick of a watch. If sounds are not heard, oscilloclast is not properly connected with main current, then reverse plug. Patients can also hear current flow; a matter of importance when some patients must be convinced that they are getting something.

Price, \$12.50

WIRKLICH-PFLUEGER HEAD-GEAR

Worn on reagent's head. By a switch, one may change energy input to SV, ED, or PD reaction without holding or changing an electrode. Described in Physico-Clinical Medicine, Dec. 1922.

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SUSPENDED MAGNET

This is suspended over center of re-agent's head. When staph are present with tuberculosis, latter reaction cannot be elicited and vice versa. In colicsepsis, the reaction for lues may not be evoked. Similarly drugs and dyes may destroy many reactions. These deterrent factors in E. R. A. may be obviated by this contrivance. Available for all reactions, excepting ED and PD.

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Physico-Clinical Medicine and The Clinics of Dr. Albert Abrams

A MONTHLY JOURNAL DEVOTED TO THE STUDY OF THE
ELECTRONIC REACTIONS OF ABRAMS AND THE
VISCERAL REFLEXES OF ABRAMS IN THE
DIAGNOSIS, TREATMENT AND PA-
THOLOGY OF DISEASE

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C O N T E N T S

	Page
Radiobiograms	2
Reports of Physicians.....	3
Miscellaneous	8
Clinical Lectures by Dr. Albert Abrams.....	24
Poetic Reaction of ERA.....	38
Correspondence	39
Report of Investigation of ERA by the International Hahnemannian Association	49

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San Francisco, Cal.

WORKS BY ALBERT ABRAMS

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Physico-Clinical Medicine and The Clinics of Dr. Albert Abrams

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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THE CLINICS OF DR. ALBERT ABRAMS
2151 SACRAMENTO ST. SAN FRANCISCO, CAL.

ANNOUNCEMENT — OPEN FORUM FOR ERA PHYSICIANS

The Journal will conduct an Open Forum for the service of ERA practitioners wherein they will have the privilege of reporting interesting cases and exchanging views on methods of obtaining results. Space will be given for the publication of reports of cases that will be of general aid and interest to the men in the field and any findings or discoveries of especial value.

The subscription price of the Clinics of Dr. Albert Abrams will be reduced to \$8.00 for six months, beginning January, 1924. Back numbers of the Clinics from June to December 1923 inclusive, can be obtained for \$6.00. Checks made payable to Clinics of Dr. Albert Abrams.

COURSES IN SAN FRANCISCO

Dr. Abrams will continue his monthly instruction in "Electronic Medicine" until further notice.

Radiobiograms

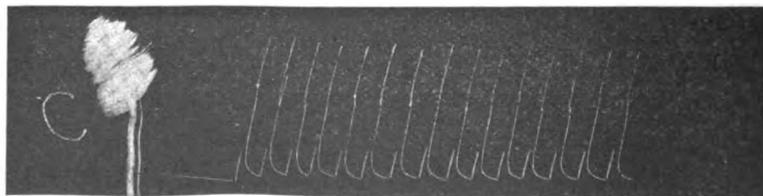
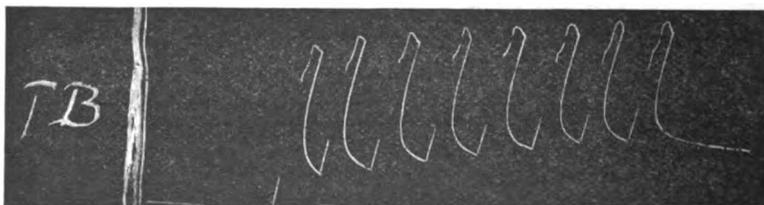
Abstract of Lecture by Dr. Abrams, Oct. 31, 1923.

It has always been my ambition, which I believed would never be realized, to make a graphic record of different kinds of energy. What induced me to start the experiments was the unfavorable report of Silvanus Thompson, one of the most noted physicists in the world. In his book, *Elementary Lessons in Electricity and Magnetism*, on page 238 in a footnote he makes the statement that "If a common garden snail is set to crawl over two copper wires which are then placed in contact with a feeble Voltaic cell it immediately announces the establishment of a current by a similar contraction."

Commenting on this he says, "It will hardly be credited that a certain Jules Alix once seriously proposed a system of telegraphy based on this physiologic phenomenon."

This very attitude prompted me to proceed with my work, and on October 30, 1923, we succeeded in obtaining what I call Radiobiograms, utilizing for that purpose a nerve-muscle preparation of a frog. By these means we also noted the time intervals of the radiations as well as the duration of sound. It shows that a frog's muscle responds always in the same way to the same kind of energy.

I shall show you the experiment but, before so doing, let me demonstrate with a blood specimen showing cancer, the action of the energy on a galvanometer. Note at definite intervals of time which are invariable the needle deflections on the galvanometer which are synchronous with the sounds.

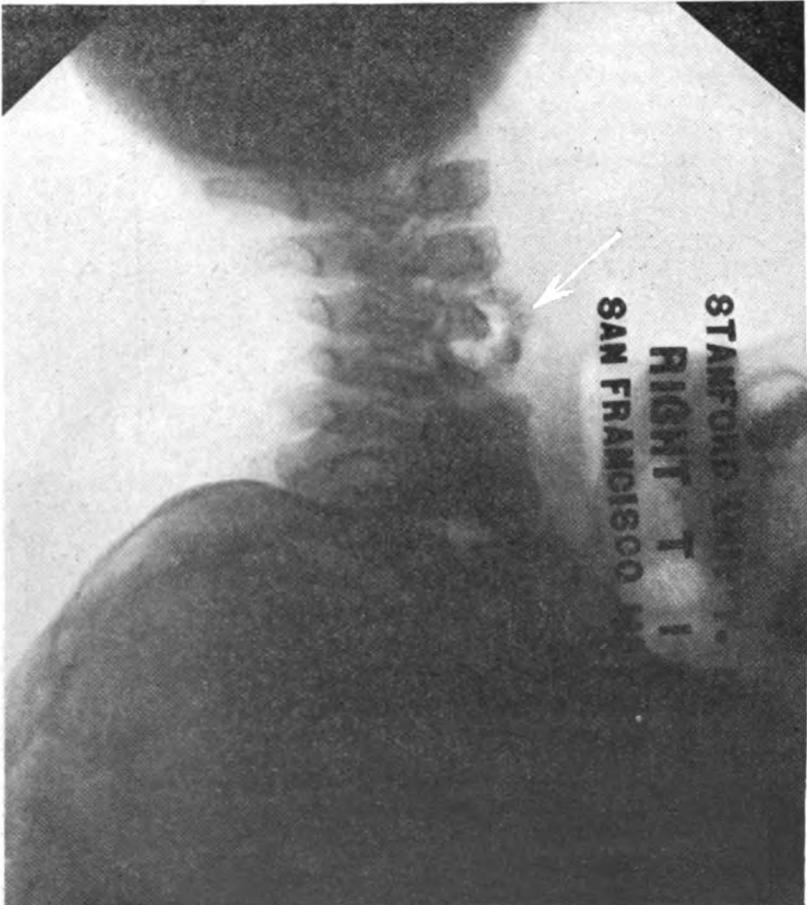


Showing radiobiograms of tuberculosis (TB) and cancer (C).
In future tracings a time record will be made.

Reports of Physicians

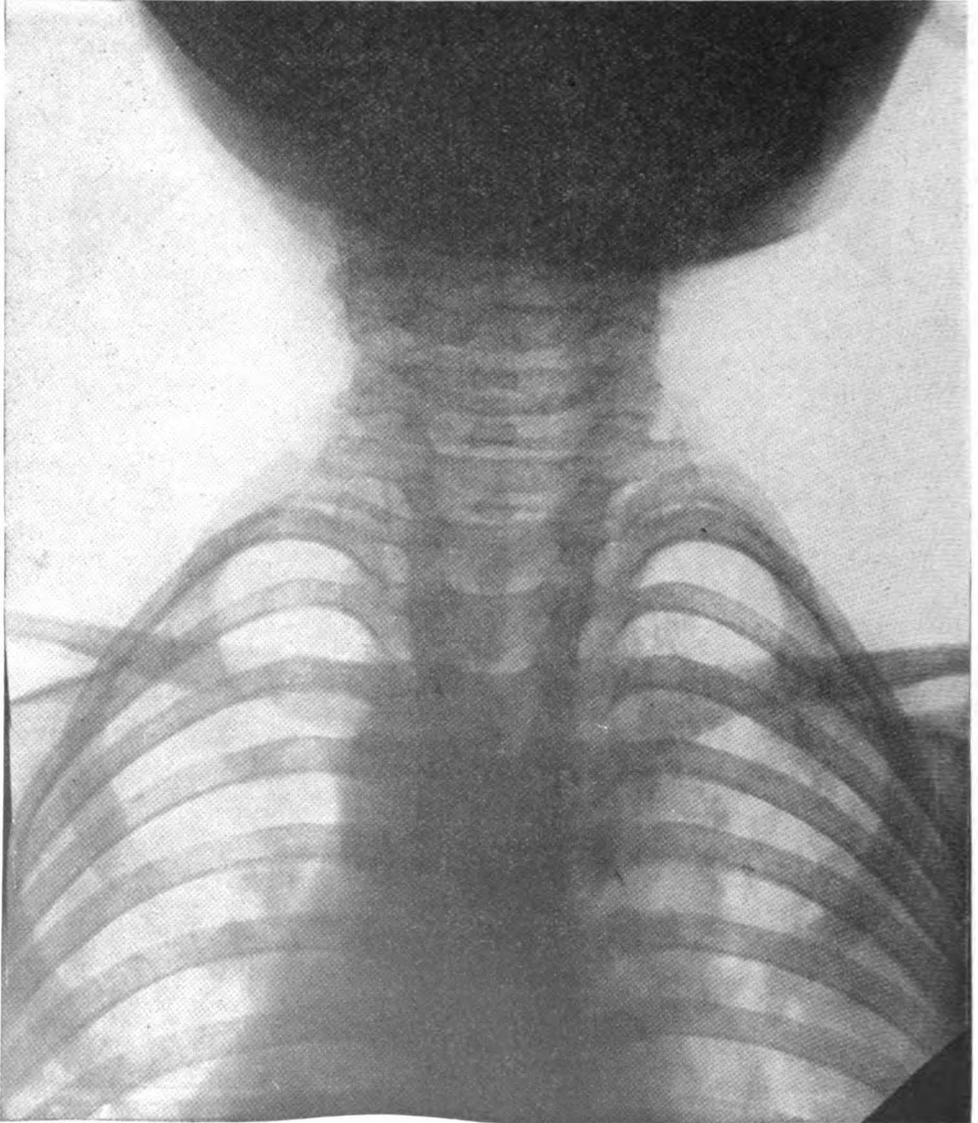
REPORT OF DR. G. A. ESTERBERG—TUBERCULOSIS OF SPINE.

The patient, a boy three and one-half years of age, was diagnosed and treated by Doctor Esterberg of Santa Cruz, California, and a report of the case was given in the Clinic along with X-ray pictures taken before and after treatment. The boy was diagnosed at Stanford Hospital as having tuberculosis of the spine and an X-ray picture was taken at this Hospital on May 23, 1923, which showed a lesion at the third and fourth cervical vertebrae. No hope was given by the physicians at Stanford Hospital; the only thing offered was surgery. The parents decided to



Before treatment with oscilloclast. Note lesion between third and fourth cervical vertebra.

try E R A treatment and brought the child to Doctor Esterberg who confirmed the diagnosis of tuberculosis of the spine. The child was desperately ill and had to be carried to the office for treatment. He was treated from June 1 until October 1. Rates 3 and 5 were used over the lesion. He is now able to run and play and appears entirely well. All the reactions are negative and an X-ray picture taken at the expiration of his course of treatment shows absolutely clear. An examination was made in the



After treatment with oscilloclast. Lesion entirely gone.

Clinic directly from the radiograms by Doctor Abrams. From the first radiogram the reaction of tuberculosis was obtained in the region of third and fourth cervical vertebrae. From the second radiogram taken after four months of treatment no reaction of tuberculosis could be elicited. Before attempting to take a reaction from an X-ray picture, it must be thoroughly demagnetized with the horseshoe magnet. The assistant stands on ground plates and holds X-ray picture facing west. The fact that reactions can be elicited from X-ray pictures is considered a very valuable discovery by Doctor Abrams which will be a great aid in confirming a diagnosis and in localizing a lesion.

REPORT OF CASE OF DR. FRANCIS T. DAVIES — CARCINOMA OF STOMACH.

Dr. Francis T. Davies of Boston, Mass., reports the following case: Statement: Mr. Joseph Huard, Age 60, Manchester, N. H., August 30, 1923.

My health was very good until twenty years ago when I began having trouble with my stomach. One or two hours after eating, there developed a burning sensation, and much gas. This condition has continued for the last twenty years giving considerable distress.

Last November I had pneumonia and was quite sick. After recovering, the stomach condition was worse; nausea and vomiting developed and I could not retain food and the pain was so great it interfered with my sleep. The doctors I consulted prescribed various remedies but failed to give any permanent relief. During this time I lost forty pounds in weight, from 160 to 120 pounds.

My stomach was x-rayed at the Notre Dame Hospital in Manchester, N. H., July 1st, 2nd and 3rd. July 5th I was operated upon at this hospital. After the operation the surgeon told me that I had cancer of the stomach; that he had examined it carefully but did not remove it; it was larger than his two fists, and weighed more than two pounds; and also that nothing could be done to prolong my life. He informed my wife that I could not possibly live over four months.

After leaving the hospital I heard of a case of cancer of the stomach which was treated by Dr. Francis T. Davies of Boston. The patient had regained his health and was back at work. Without delay my wife and I went to Boston and consulted Dr. Davies, who is using the Abrams Method of treatment.

Dr. Davies tested my blood and on the same day I began treatment. This was on July 31st. After I had had three treatments I noticed definite improvement in my condition and have steadily gained in strength and weight and am now free from all pain. I have had fourteen treatments by the Abram's Electronic Method and feel better than I have in years.

I am very grateful for the great benefit received from this treatment and I hope that this statement of my case may be used so that others suf-

fering from stomach trouble as I did will investigate and get relief as I have.

Signed: Joseph Huard.

In regard to this case, Doctor Davies states that his diagnosis was 18 ohms of carcinoma of the stomach. There was a palpable mass in the abdomen which was reduced fully one-half in size. The ohmage of carcinoma went down to 6-25 in 14 treatments of one-half hour each.

ACQUIRED D. R. IN CHILD—REPORT OF CASE OF DOCTOR WOLFRAM.

Some time ago Dr. William Wolfram of Cincinnati sent me a specimen of blood without any history in which I had made a diagnosis of acquired syphilis. Later I received a telegram from him telling me that I had made a grievous error in diagnosis; that the patient was a girl of twelve or thirteen years belonging to one of the best and wealthiest families in the United States. I went over the blood again very carefully and told him that I had made no mistake as far as my reactions were concerned. I told him that the site of inoculation was on the left side of lower lip and told him to look for a scar. They found a scar and on the strength of that the family brought the girl out to the Clinic. I had said that it was about five years ago that it had been acquired. Then the mother said that she recalled that they had had a nurse at that time who had been dismissed because of suspicious symptoms in the throat and mouth. This girl had all the symptoms of locomotor ataxia and it was so diagnosed by other physicians. She had Argyll-Robertson pupils and her vision was somewhat obscured. The girl got well and regained her eyesight perfectly. Always remember that age is no bar to acquiring syphilis.

POTTS' DISEASE—REPORT OF CASE BY DOCTOR GOFF OF TACOMA.

"The history of the case is as follows. Mrs. G. had been in our public sanitarium at Mountain View for 12 months. She was taken out there on a cot and the condition diagnosed as Potts' Disease. The patient had been sent home to die just a few days before I came down to take the course with Doctor Abrams on December 18, 1922. I brought a specimen of her blood which Doctor Abrams examined; he said he would try to tell me what was the matter with her. She had not been without pain for three years and was not able even to turn in bed. Doctor Abrams diagnosed the trouble as tuberculosis of bone or joints located in the spine at fourth to eighth dorsal vertebrae, which was correct. I hesitated to take the case because I thought it was too far advanced. After two weeks' treatment she had absolutely no pain. To make a support for her I took three thicknesses of unbleached muslin, cut a hole in it and laced it in front as a jacket and put cotton inside as a pad. By thus bringing her forward and straightening her up she obtained great relief. After

two weeks she was without pain and could turn in bed which she had not been able to do for a year. I gave her daily treatments for one hour, taking a portable oscilloclast to her home. I thought I would have to lance and let out the pus but this was unnecessary. Strange to say, this disappeared and her temperature went down. She had a temperature of about 101 degrees. I noticed the discoloration was leaving her back and the size was going down. It was very noticeable to everybody and she was feeling very much better. After six weeks I allowed her up and to our surprise she was able to walk to the bathroom and was so strong that she wanted to sit up, but I cautioned her to be very careful. At the end of the seventh week she was out of bed quite a good deal. I was suddenly called to see her because she had difficulty in breathing. I found pneumonia had developed. She had very little resistance and I told her husband that I thought the condition very desperate. I used rate 7 from the Oscilloclast directly over the lungs, both back and front, for two hours. At the end of the second hour she had no pain and was sweating, and she rested well that night. We had a hard fight, but after two months she was able to be out. She then weighed 90 pounds and was feeling so much better that she wanted to go camping, which she did and returned much benefited. Unfortunately upon her return there was a heavy forest fire and the smoke caused the development of a traumatic asthma. I have had a fight for her life ever since. I find that some rates will relieve her for a time. The bowels refused to move and the stomach would close up. What relieved most was to stretch her up a little bit and raise up the ribs."

Doctor Abrams: It is very important to get such results in a case of Potts' Disease which is a very rebellious condition. It is also important to notice the results from the oscilloclast in aborting cases of pneumonia. We do not treat acute cases here but many physicians report wonderful results in pneumonia. The orthodox methods can do as little for pneumonia as they could a hundred years ago. We are absolutely powerless in pneumonia, as far as regular medicine is concerned. You must use massive treatment for pneumonia. Use two cords at rate 7 on the spleen and one cord at rate 7 on the pneumonic lung. We will examine a specimen of blood from the case described by Doctor Goff. You must remember that asthma is only a symptom, not a disease. It is due to an irritation of the vagus nerve, one of the longest in the body. Carcinoma; Sarcoma; Tuberculosis; negative. Strep.; right tonsillar region; sinus. Acquired D. R.; Cryptogenic D. R.; negative. Locate strep. in the sinus; an infection of the sinus could indirectly through the trigeminus irritate the vagus and produce asthma. Strep.; left antrum and right frontal. The only thing to do is to attempt to get rid of the sinus infection and see what the results will be. Asthma is a very difficult thing to deal with.

Miscellaneous

BASIC STUDIES ON PHYSIOLOGY, PATHOLOGY AND THERAPEUTICS.

By Jules Regnault, M. D., Toulon, France.

Translated from *Journal des Praticiens*, September 15, 1923.

During recent times the studies on reflexes have proven of great importance and one is largely concerned with two general conditions, that of vagotonia and sympathicotonia. The neuroses like neurasthenia, epilepsy and others, the nature of which is still unknown, are in many instances consecutive to localized irritation and some of them have been cured by surgical operation.

Vagotonia or sympathicotonia can be augmented or diminished by different medicaments, notably by pituitrin, atropin, adrenalin and pilocarpin. Reflexotherapy, whether it involves the removal of a source of irritation which may be nasal, cephalic, vertebral, ano-rectal, urethral or cutaneous, is often productive of much benefit to the patient. We know that the reflex irritation is conveyed to the center, then shunted and conveyed to the periphery by a centrifugal transmission.

Since we have learned of Abrams' observation we have studied the effects of magnetic influence and particularly orientation on the reflexes. The body is practically, as Abrams has shown, only an electric mechanism. We have observed the following results with the subject facing the geographical west with arms and legs separated from the body and with the feet resting upon ground plates:

1. Action on vagotonia. With a magnetic needle distant 5 cm. from the 7th cervical spine one notices a diminished oscillometric index.
2. When the 7th cervical spine is connected to the earth by means of a little metallic plate through an insulated wire conductor the oscillometric indices are diminished. If one grounds between the 3rd and 4th dorsal spines, inverse results are observed.

The two sides of the body possess different polarities. This may be shown also by the magnetic needle.

Dr. Albert Abrams has shown the exactitude of his electronic diagnostic methods and I have shown his methods, viz., the precocious diagnosis of cancer by the electronic reactions before the Congress of Surgeons in Paris in 1919. The body should be no longer regarded from the viewpoint of the cell theory but from that of the electronic theory, for by this method only can we anticipate the organic lesions which as a rule are preceded by dynamic disturbances. In other words, one is constrained to study the human body not as a structure but as a process. While our investigations are delicate they may be easily produced. All

of Abrams' work on the diminished areas of dullness caused by certain electronic forces is easily demonstrable by percussion which must be executed lightly.

METHOD OF DIFFERENTIATING ANTRUM AND TEETH FOR STREP. INFECTION.

The rate for Strep. of the antrum is 25. Set one rheostat at 60 and one at 25. I will show you directly on the patient with the Ampli-Statophone. The electrode from the dynamizer is placed on ground on which patient stands. The patient holds one cord from Ampli-Statophone and stand on grounds facing west with arms outstretched. An assistant holds electrode from rheostat to pynchometric area on patient at a point midway between the navel and the curvature of the ribs in the nipple line. The examining physician holds one cord from Ampli-Statophone in one hand. Using the other hand with finger covered with shellac the examiner rubs his finger with firm and even pressure over the antra and is able to detect the presence of pus very easily and with greater exactitude than with the X-ray. The difference in the sound is unmistakable and can not be influenced by deeper pressure. Care must be taken, however, not to let the finger dwell in any one spot but keep it moving uniformly over the area. It is also possible to locate a strep. infection of any particular tooth by rubbing the finger over the face of patient over the region of the teeth.

THE QUESTION OF ADVICE.

When a person comes to you for advice, find out the kind of advice he wants and give it to him, and as Josh Billings says, "He will think you and him is as big a person as ever lived." My experience is that you must agree with the other individual, provided it is not prejudicial to your ethical conduct.

USE OF DEATH REACTION FOR LOCATING GANGRENOUS APPENDIX.

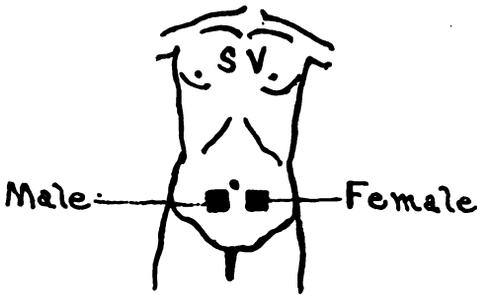
Dr. H. E. Palmer of Dayton, Ohio, has made the observation that a gangrenous appendix can be located by the use of the death reaction over the appendix region. This is a very important diagnostic aid, for a strep. reaction can not always be obtained over a gangrenous area. He has made use of this method successfully in his practice.

Death Reaction — V R — 54

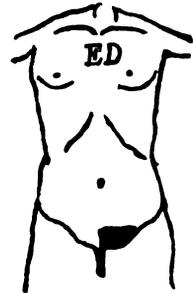
PANCREAS

E D Reaction -- V R -- 9

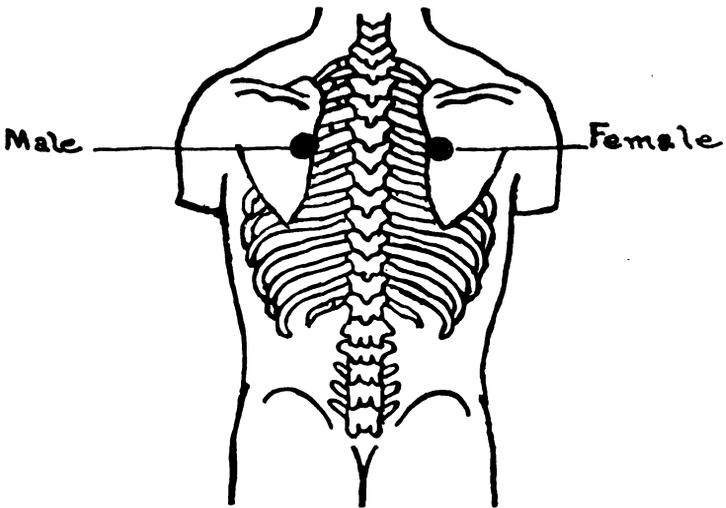
(See Atlas for S V)



SV Death Reaction



Insulin gives same reaction as Pancreas



PD Death Reaction

STREP. INFECTION OF EYE.

Specimen. Man, 46 years. Troubled with vitreous opacities for the past 3 years. First noticed the trouble beginning to affect left eye three years ago. Then, about one and one-half years ago he began to have an affection of his right eye. He has had no sickness since the diseases of childhood except that he had an attack of malaria in 1898. Since that time he has had two light attacks of malaria. These opacities are movable. Has been to many ophthalmologists and none of them can tell him the cause of the condition or give him any relief. Last summer he had his sinuses X-rayed which showed they were clear. Since that time he has had an attack of the frontal sinus but at the present time he seems to be well. This condition in the eyes has made him very nervous and he says that if he can get no relief he thinks it will drive him crazy in time.

Carcinoma; Sarcoma; Acquired D. R.; Staph.; Malaria; Tuberculosis; negative. Congenital D. R.; 22 ohms. Strep.; right eye of left tonsillar origin. Suggestion would be to give prolonged treatment on both eyes at rate 2 and over left tonsillar region at the same rate.

USE OF ETHER ON REAGENT'S ABDOMEN.

When using the Ampli-Statophone wash the reagent's abdomen with ether to remove fatty deposits which interfere with reactions.

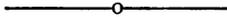
NEISSERIAN INFECTION.

The gonococci are the most persistent of all organisms. Practically no man who has ever had gonorrhoea is ever entirely free from this infection. The germs themselves may not be present but the toxins are there and these are really the dangerous elements which cause all the trouble. I believe that every woman that marries a man with gonorrhoea is subject to that condition; if she escapes infection it is simply due to her natural immunity. It has been said that while syphilis kills its hundreds gonorrhoea kills its thousands. I have thought that the Oscilloclast can not entirely clear up Neisserian infection but I find that if we give long enough treatment we can clear it up.

In a recent case we found a reaction of Neisserian over the prostate. The man complained of frequent urination but he had pain in the left side of his abdomen from the groin extending along the descending colon. We obtained a reaction of Neisserian over the left inguinal region, indicating that the pain was probably due to an extension of the infection to the peritoneum. Treatment suggested was two cords at 4 over prostate and one at 4 over abdomen. In order to get results in such cases it is necessary to give at least 3 hours' treatment a day.

EFFECT OF THE MIND ON REACTIONS AT ZERO AND VIBRATORY RATE.

I want to show you by the use of the Ampli-Statophone the effect of the mind upon the reactions. A specimen of blood is placed in the dynamizer from which we have previously elicited the reaction of carcinoma. The rheostats are set at Zero which permits any energy to pass through. First I will get the reaction of carcinoma in that area, as you can hear. Now I will ask one of the doctors to will with all his might that I do not get a reaction; no reaction is obtained. I can tell the moment he wills, as you can hear for yourself. Have all the class will that I get no reaction; no reaction is obtained. Now I will set the rheostats at the vibratory rate for carcinoma which is 50 and repeat the experiment. You see that it is impossible to influence the reaction by the will when it is set at the vibratory rate. This is very important, for if the reaction could be influenced by opposing thoughts it would make it difficult to be sure of results in diagnosis. When I was just beginning my work and did not understand as much as we do now I would often find it impossible to obtain reactions when there were doubters or sceptics present and I could not understand the reason. Now we know that thought is nothing but another form of vibration and as such can have a definite influence.



REACTION FORM RADIOGRAM WITH AMPLI-STATOPHONE AS IN AUTO-ELECTRONIC DIAGNOSIS.

The thought occurred to me that if we can get these reactions on a reagent with the Ampli-Statophone, why can we not get them on the radiogram itself? All you have to remember is that this static electricity, which is supposedly electricity at rest, is nothing but electricity in a state of equilibrium. If two surfaces of any substance are rubbed together, you can always elicit static electricity. We follow the same technique as with an autoelectronic diagnosis. The radiogram is placed in a metal frame which is set upon the ground plates. An electrode from the dynamizer is placed on the same ground. An electrode from the rheostat transmits the energy to the radiogram; the electrode is covered with rubber around the edge so that it does not come in direct contact with the X-ray picture and is held by an assistant. One pole from the Ampli-Statophone is held in contact with radiogram. The examiner must be grounded and hold one pole of Ampli-Statophone in his hand. With his finger covered with shellac in the usual way and with diagnostic apparatus set at proper rates, the examiner moves his finger at uniform speed and pressure over area on radiogram. You can hear the change in the character of the sound when the area is reached. You can get the reaction with the finger covered with shellac irrespective of the Ampli-Statophone. The finger sticks when the rheostat is set at the proper rate. When you shortcircuit by placing one finger on each side of median line of X-ray picture you can not get the reaction. This shows that you can make a diagnosis directly from the X-ray picture itself and is of the utmost im-

portance in diagnostic work. As I have said before, it is a fundamental law in physics that when you rub the surfaces of two substances together you develop two kinds of electricity, positive and negative, and being oppositely charged they attract. We get a reaction from the photographic plate because when we rub over the surface of the plate with the shellaced finger we develop a static electricity at that point; but the differentiation of static electricity has never been known before for the reason that there was no method of using rates,

DETERMINING PRESENCE OF STONE IN KIDNEY BY RADIO INSTRUMENT.

This is a case of a young man who had his right kidney removed some years ago for tuberculosis. He came here about two years ago with pain and bleeding from left kidney. We found tuberculosis and relieved his condition and for eight months he had no recurrence. Recently he has been having recurrent attacks of bleeding. The tuberculosis is negative but we obtained a reaction of uric acid over a definite area in left kidney and I made a diagnosis of kidney stone. An X-ray picture confirmed this diagnosis and a reaction of uric acid was obtained over this area on radiogram. I want to solve this problem if possible and try to dissolve this stone. He has only one kidney so he can not have an operation. We have treated him at rate 4 which is the destructive rate on the Oscilloclast for uric acid but without much results. I want to get a definite rate on the radio instrument for uric acid and see if there is any way we can work out a method of helping him. When radio instrument is placed in proximity to specimen of uric acid there is a sound which is recurrent at certain definite intervals, approximately ten per minute. This shows something that has never before been shown in physics, that radiations are not continuous but are discharged at definite intervals. This is the Planck theory which has never been proven, but here you see the confirmation of it. When the radio is put up to his left kidney you see that I get the reaction for uric acid over one spot and nowhere else. That is where we located the kidney stone. You can hear very distinctly that we get the same reaction over area on kidney that we do over the specimen of uric acid. You can not force the reaction nor get it at any other spot.

GLAUCOMA GIVES REACTION OF TUBERCULOSIS.

Every case of glaucoma that I have ever seen gives a reaction of tuberculosis. The etiology is not know to the oculist. One lady came here who had this condition and had been operated on at Johns Hopkins and had lost the sight in one eye and was losing the sight in the other eye. We got a reaction of tuberculosis and treated this condition. She got fifty per cent improvement and she writes me that she is still continuing to improve.

APPENDICITIS.

If you have a case of appendicitis where the pain is all over the abdomen and you want to localize the trouble, have the patient take a whiff of chloroform and the pain will be present only over the lesion.

TO INCREASE FUNCTION OF PANCREAS.

To increase the functional activity of the pancreas concuss the 10th dorsal spine. We proved by experimental work that the pancreatic secretion was increased after this manoeuvre.

USE OF CONDENSER FOR STORING ENERGY.

An ordinary telephone condenser can be used in making reactions on oneself. By its use you can condense the energy from anything you wish and take the reaction therefrom at any time, provided you do not discharge the energy by letting the electrodes from the condenser touch each other. Before taking the energy from yourself discharge the energy that may be in the condenser. Face west on ground plates with arms out and if a male hold finger tips of right hand to one electrode from the condenser for a few minutes. In order to take a reaction, place electrode from the dynamizer near the electrode from the condenser. This will be found a convenient form of storing energy when it is impossible to take a blood specimen or when it is inconvenient to make a reaction at the moment.

YELLOW CURTAIN NULLIFIES REACTIONS.

Avoid having a yellow shade or curtain near reagent so that a yellow light might be cast on his body. We found once that we could not get a reaction for tuberculosis because of a yellow curtain being too near the reagent. This difficulty was obviated by painting it black. It is only by attention to all these little details that perfection in results can be obtained.

E D REACTION.

When the S V Reaction is exhausted the E D reaction often comes out better.

METASTATIC CONDITIONS.

Cases with metastatic carcinoma and sarcoma are very difficult to deal with. Sometimes all you can do is to treat the general condition by rates 6 and 3 at the spleen. You can not treat all the metastases.

HAY FEVER AND SINUS INFECTION.

Despite the theory of pollenization, every case of hay fever we have found due to a sinus infection. My idea is that the sinus infection sensitizes the nasal mucosa and makes it sensitive to foreign substances such as pollens, etc. Doctor Fowler of Los Angeles finds in conformity with this observation that he has treated a number of cases of so-called hay fever with excellent results. It is wise to treat the sinuses at rates 1 for staph., 2 for strep. and 4 for the Congenital Neisserian which is the soil on which strep. and staph. thrive.

DIAGNOSIS OF CHOLELITHIASIS.

It is very hard to make a diagnosis of cholelithiasis. You can not do it without a personal examination; never attempt to make it from the blood. Make an examination directly from the patient or from an X-ray picture where you can get the position of the gall-bladder which lies on a line drawn from the achromial process to the navel.

TIN FOIL AS AN INSULATOR OF DISEASE ENERGY.

Dr. H. E. Palmer of Dayton, Ohio, reports the observations of Dr. O. O. Sinks of Plainfield, Ohio, regarding tin foil as an insulator of disease energy. He has found that no reactions can be obtained from blood specimens wrapped in tin foil and therefore several specimens thus wrapped can be sent in one envelope. We will experiment with different materials and also with tin foil and compare them. We find that the energy goes through rubber and glass. Therefore so-called insulating material does not inhibit a reaction, but when the tin foil is placed in front of the specimen it will do so absolutely. A hole was made in the tin foil and there was still no reaction. Therefore it seems not to be a question of conductivity but the fact that the tin foil must have in some way absorbed or condensed the energy. This point is of great value insomuch as specimens can be forwarded in the same envelope provided each one is wrapped separately in tin foil.

CARE NECESSARY IN HANDLING BLOOD SPECIMENS.

I can not emphasize strongly enough the necessity of care in handling the blood specimens. We have found by experiments that after handling the bottle containing any pathological specimen the fingers will give a reaction of that particular specimen.

NEUTRAL ENERGY FROM FINGER TIPS.

If the finger tips of both hands are placed almost in contact a neutral energy is developed which destroys the reaction of tuberculosis.

HEALING EFFECT OF HORSESHOE MAGNET ON X-RAY BURN.

Dr. H. E. Palmer of Dayton, Ohio, reports the effect of the horseshoe magnet on X-ray burn. One patient came to him with X-ray burn under the arm which had been distressing her for four months. This burn was produced on the arm while she was taking X-ray treatment for cancer. A horseshoe magnet was suspended over the bed so that the poles were adjacent to the abraded surface. After two nights of this treatment with horseshoe magnet the burn healed up entirely and all pain disappeared. As we have repeatedly demonstrated, the effects of the X-ray burn is to destroy the life of the tissues so that we obtain the death reaction therefrom. Because of this necrobiotic condition it is practically impossible by ordinary methods to get such burns to heal. The horseshoe magnet revitalizes the tissues so that healing can take place. It sounds impossible and fantastic but it is not when you study the body from a magnetic and electrical standpoint. In the future, magnetism, polarity and vibration will be taken into account as healing factors of utmost importance.

MALIGNANCY AFTER ABDOMINAL OPERATION.

I have repeatedly made the statement that every abdominal operation is always followed by either a carcinomatous or sarcomatous reaction. The only thing that might negate a reaction of malignancy after an operation is the absence of syphilis either bovine or human. If the operation has been very recent a reaction might not be elicited.

MALARIA—USE OF PETROLEUM.

Dr. J. T. Sullivan of Canada made the following observation: Dr. Rending, an English physician, reasoned in regard to malaria that if petroleum was effective in destroying the larvae of anopheles in stagnant water it might be equally effective when used for anointing the body in cases of malaria. According to the observations of Doctor Sullivan the results of this treatment were excellent. The action would be largely due to the radioactive energy acting upon the organism.

RECOGNITION OF POLARITY AS AN IMPORTANT ELEMENT IN TREATMENT OF DISEASE.

Dr. Charles F. Stokes, Surgeon General of the United States Navy, in a recent article speaks of selective electronization. He says that the whole question of health is one of electronic equilibrium; that diseased cells always give forth a positive charge. This, of course, we know from our reactions is absolutely wrong. The polarity of the pathological specimen

will vary according to the specimen. Carcinoma is positive, tuberculosis is neutral, strep. is negative, etc. He then attempts to treat with very minute doses of the X-ray, practically employing the same treatment on a less scientific basis than is done with the Oscilloclast. He goes on to say that the universal distribution of radioactive potassium in living cells is very significant. On account of its unit negative charge the B ray electron has a disturbing effect on all systems through which it passes. We know that carcinoma is positive and you are only exciting growth by throwing in rays of the same polarity. The least you can do is to use an opposite polarity. Polarity is a very important element in the treatment of disease. Before the Oscilloclast was perfected we formerly used only dyes in the treatment of carcinoma and other conditions, the dyes having opposite polarity to that of the disease in question. I recall a case which I had seen ten years ago when I was just beginning my reactions. This was a case of a woman with carcinoma of the breast. I sent her to Dr. Charles Levison, Chief Surgeon of Mount Zion Hospital in San Francisco. He operated on this woman. Afterwards I made a reaction on her and found one little spot in the axilla which still gave reaction of carcinoma. I called Doctor Levison's attention to it and he referred to me as being a little unbalanced mentally. Six months later her physician sent me word that there was a development of a tumor in the same place where I had gotten the reaction. She came to me and we found that it had involved all of the lungs. Doctor Levison said that it was inoperable but that he would operate anyway. I said, "No, we will treat her." All I used was eosin which has a neutral polarity. The result is that the woman is alive today and well after a lapse of ten years. Even now we always treat these cases with dyes in addition to the treatment on the Oscilloclast, so that you have the continuous action of the dyes during the interim of treatment.

REACTION FROM SPINE OF CRYPTOGENIC SYPHILIS.

Every part of the spine will normally give the same ohmage of syphilis as does the blood except a local lesion which will give a higher ohmage. However with cryptogenic syphilis you do not get a reaction from the spine except where there is a local lesion present. To locate a local lesion on the spine when reaction of cryptogenic syphilis is present the instrument is set at either 55 or 57, not at 45. In localizing over a cryptogenic lesion always use the vibratory rate of the disease and not the cryptogenic rate.

GRAPHITES DESTRUCTIVE TO SCAR TISSUE.

Dr. Sara E. Wise of Berkeley, California, submits a sample of graphites which she says the Homeopaths use successfully in the treatment of scar tissue. In fact they have noted that among workers in the graphite mines

scar tissue does not develop after injuries. She has noted in her practice that scar tissue would disappear when this preparation was used. The Homeopaths employ the potentized preparation of graphites, using the second or third trituration. If the case is one of long standing it may take several months for the scar tissue to disappear. It is absolutely harmless. A cerate of this preparation is also employed for external use.

Experiment: First we will get the reaction of scar tissue from a scar. As soon as the specimen of graphite is placed in proximity to the scar tissue the reaction for scar tissue disappears. According to my reactions I find that graphites is destructive to the reaction of scar tissue. The specimen used was pure graphites. It might be wise to prescribe it for cases after abdominal operation.

R. Graphite 3 x tablets Zi (1 ounce).

Sig: 2 tablets three times a day dry on tongue. Continue for several months.

R. Graphites cerate Zi (1 ounce).

Sig: Apply locally to scar tissue at night.

NEW RATE FOR SCAR TISSUE—V R — 23

CEREBROSPINAL AND CEREBRAL STRAINS IN SYPHILIS.

With the cerebrospinal strain of syphilis the patient has a tendency to develop locomotor ataxia. With the cerebral strain he may get dementia. When you find the cerebral strain you will find the patellar tendon reflex present.

EFFECT OF BODY CAPACITY.

The assistant holding the electrode over local lesion on patient must stand as far away from the patient as possible. Experiments show that if the assistant stands close to the patient, the assistant's body takes up the energy and it is impossible to obtain a good reaction. Energy will always follow the path of least resistance.

MARRIAGE OF COUSINS.

The following question has been asked: "When cousins marry and the children are demented, is it because of the accumulation of the same kind of congenital syphilis?" The answer is that toxins are added to toxins; thus relationship by consanguinity produces a pathological offspring. When cousins marry they are compounding a felony in pathology.

MALARIA.

Always when you are in doubt about your diagnosis look for malaria. There are many larvated cases which are not detected as malaria.

DANGER OF GIVING THE PATIENT A DIAGNOSIS.

You can not make these diagnoses tally with other tests which we regard as exceedingly faulty. If the patient receives your diagnosis he will combine it with the orthodox diagnosis and think yours is faulty.

AUTOELECTRONIC REACTION WITH AMPLI-STATOPHONE

When using the Ampli-Statophone to make an examination on the patient, place one electrode from the dynamizer to the ground on which patient is standing and another electrode from the rheostat to the psychometric region in the nipple line between the navel and the curvature of the ribs. This will obviate the necessity of placing the electrode at distinct points on the head. This method is also used for general localization, in which case the blood specimen is placed in the dynamizer and the electrode from the rheostat is applied in the region described above, at a point between the navel and the curvature of the ribs in the nipple line.

SHORTCIRCUITING AND AMPLI-STATOPHONE

It is very important to short circuit immediately after getting a reaction with the Ampli-Statophone on account of what we call a holdover reaction.

ELECTRIC DEPolarizer AND JEWELRY.

All jewelry should be removed while the depolarizer is being used, for the reason that metal is injured thereby. All materials are composed of electrons and in their movements they create magnetism. One patient while using depolarizer noted that her ear-rings dropped off.

CARE NECESSARY IN EXAMINING REAGENT FOR DULLNESS.

Always check up the dullness on the reagent. Turn him from the geographical west to see if it is due to a reaction or to some mechanical condition—such as, a sudden accumulation of gas, fecal mass, or a full urinary bladder.

EXPERIMENT—EFFECT OF THE MENTAL ATTITUDE ON BLOOD REACTION.

We have proved repeatedly that if a patient holds the thought that he is perfectly well while we are making a local reaction we can not obtain the disease reaction. This thought, however, can not be sustained more

than one minute and a half at a time. Let us find out if there is any effect on the reaction if the blood is taken while the patient affirms mentally that he is perfectly well. Here is a specimen of blood from which we had previously elicited the reaction of carcinoma. I will now have another specimen taken from the same patient with instructions that patient is to say mentally that he is perfectly well while the blood is being taken. I get no reaction of carcinoma from the specimen taken while patient said he was perfectly well. Depolarize the specimen thoroughly with horseshoe magnet and then the reaction of carcinoma can be obtained. This demonstrates the fact that thorough demagnetization excludes the psychic factor in the negation of a reaction.

STREP. REACTION—STOMACH LESION.

In the absence of reaction of carcinoma in stomach disturbance, look for strep. reaction.

DEPOLARIZATION OF MASS AFTER REMOVAL OF MALIGNANCY.

Depolarization may be employed after all malignancy of a tumor has been dissipated. The depolarizer may be used for three minutes at five minute intervals for one hour each day. By this method it may be possible to remove some of the tumor mass.

ANEURISM.

I have perhaps examined more cases of aneurism than anyone in the world and I have never found that aneurism alone will produce a marked difficulty in swallowing.

CARCINOMA.

The unfortunate thing about carcinoma of the bowels is that there is often no warning until it is too late to do anything. A person with tuberculosis of the lungs usually has a cough or some symptom to make him aware of the seriousness of his condition.

REMEDY FOR ASTHMA—NO. 1.

The Nathan Tucker Asthma Remedy, Mount Gilead, Ohio, a patent remedy, I have found gives greater relief in asthma than any preparation I have ever tried. It contains a very slight amount of cocaine, not enough to cause addiction. It is more effective than my own prescription.

REMEDY FOR ASTHMA—NO. 2.

The following is Doctor Abrams' prescription for asthma:

Cocaine—3 per cent solution.

Atropin sulphate, 1 grain.

Sodium nitrite, 8 grains.

Glycerin, 30 grains.

Distilled water, 1-2 oz.

Atomize for 3 minutes in each nostril and inspire deeply to get it down into the lung.

REMEDY FOR ASTHMA—NO. 3.

Dr. J. T. Sullivan of Canada states that he has had great success with the following prescription of Doctor Thomas, an asthma specialist of Pittsburg, Pa.:

Amyll nitrite, 30 minims.

Fluid extract Skunk Cabbage, 3 drams.

Fluid extract Lobelia, 3 drams.

Fluid extract Blood Root, 3 drams.

Syrup Simplex to make 8 ounces.

One teaspoonful before meals, or every 2 hours if necessary.

HYPOCHONDRIASIS.

Hypochondriasis means literally "under the ribs." The patient would complain of tenderness in that region when he would overeat. One doctor has said that there is more hope for the patient in diseases above the diaphragm than below. Take for instance a patient with tuberculosis; he is always hopeful. Many a philanthropic action has been lost through trouble with the liver. The term hypochondriasis is used to conceal the physician's ignorance of the patient's condition.

EFFECT OF SUNLIGHT ON THE SIZE OF AN ORGAN.

In examining for the lower border of the liver we find that when sunlight strikes the reagent the liver is smaller and also the heart. The sunlight evidently imparts tone. When an organ is exposed to light it is naturally endowed with more tone and becomes smaller. In the dark it has less tone and it enlarges.

INHALATIONS OF AMYLL NITRITE AND RESTORATION OF VISION.

When I was at the Salpêtrière in Paris I took some blind patients and gave them inhalations of amyll nitrite and in some cases they could see for five minutes. The amyll nitrite dilates the blood vessels. I have suggested that it be used as gymnastic exercises for training the blood vessels. It may be of assistance in restoring vision.

GROUNDING SPLEEN AFTER OSCILLOCLAST TREATMENT.

We find that when we throw energy into the body it is stored in the spleen for 12 hours or more. If it is necessary to obtain a reaction soon after treatment on the oscilloclast this may be done by grounding the spleen. Place an electrode over the spleen with wire attached to another electrode which is placed on the ground plate. This is applied for several minutes and draws off the energy so that a reaction may be obtained.

USE OF BROMIDE.

In order to bromidize a patient give 30 grains every two hours until he is under the influence of the drug. When the effect has disappeared, repeat the dosage. It produces a sort of intoxication and is the best rest cure for nervous patients.

ELECTRONIC ASEPSIS.

Perhaps one of the greatest faults among students doing this electronic work is the fact that they neglect aseptic methods. They should handle their electrodes and specimens with as much care as the surgeon uses in handling the wounds of the patient. When an electrode is accidentally touched it should be wiped with clean cotton. Always remember that perspiration will carry all the evidence of disease equally as much as do the radiations from the finger tips.

FIRE DOES NOT DESTROY ELECTRONIC REACTIONS.

Dr. W. B. Secrest of Salt Lake City made the observation that after burning a blood specimen the same reaction can be obtained as before. I want to test that out myself. We will divide in half a specimen from which we have obtained the reaction of carcinoma. I will burn one-half of the blood specimen and without my knowledge we will test out the reactions obtained from the two specimens. I get the same reactions from the ashes of the burned specimen. Therefore it seems that nothing

is destroyed. Evidently the arrangement of the electrons and their vibratory rate are not affected by fire as far as these reactions are concerned. This fact would be of great importance in medicolegal work. It refers in all cogency to the matter of deciphering legal documents to determine whether they were written by a male or female or any other characteristics which can be ascertained from the blood.

PRESCRIPTION FOR RELIEF OF PAIN.

The following prescription of Pulv-Antidorosa is valuable for relief of pain. It is not habit-forming and does not have a depressing effect on the heart. It is sometimes better than morphine for relieving pain.

Caffeine citrate	9 grains
Pyramidon	1-2 dram
Phenacetin	1-2 dram
Sodium Bicarbonate	1 dram
Sodium Bromide	2 drams

Divide into 6 powders. Dispense in bottles because it is deliquescent. Give one powder for relief of pain, to be repeated in half an hour if not relieved.

MEDICINE'S CONTRIBUTION TO SCIENCE.

The fact that we get reactions from x-ray photographs may be explained by saying that energy is carried by the x-rays. This is the first time in the history of medicine that it has contributed to other sciences. Heretofore medicine has received its nutriment from other sciences. With these methods there is no limit to the fields of investigation. For instance, from a photograph of the moon we can discover the constituent elements of the moon better than can the astronomer. In order to see anything with the spectroscope the element must be in a condition of incandescence. A solid substance like iron for instance could not be detected by the spectroscope if it were not in an incandescent state but that could be done by these methods.

ANNOUNCEMENT—Full instructions in regard to the use of Ampli-Statiphone will be given in a circular sent out with the instrument.

CLINICAL LECTURES

by DR. ALBERT ABRAMS

CONGENITAL D. R., CARDIOVASCULAR STRAIN.

Explanation of Inherited Tendency Toward Certain Diseases.

Clinic Case. No. 635. Unmarried woman, age 55 years. Attacks of pain beginning in the region of right antrum and right frontal and travelling all over joints of the body; brought about by fatigue or chill. Attack lasts one day and occurs two or three times a week. Slight trace of albumin in urin. History of Bright's disease in family. No abdominal operation. Operation on right ethmoid in 1918. There is a history of Bright's disease in the family. We find that it is an hereditary proposition caused either by vaccination or human transmission. When you vaccinate you incorporate a bovine syphilis, a very harsh word to the ordinary person but the name of a condition which nevertheless exists. If it is of human transmission there is always a special affinity for definite organs. That is why in some families malignancy occurs, in others Bright's disease, and so on, because that particular strain of congenital syphilis has a predilection for different organs. It is merely a question of selective affinity of a certain strain of spirochetes for definite tissues which has been proved by the work of Rosenau at Mayo's Clinic. Heretofore we regarded germs as a mere generic term and it was not until later that it was found that there are species and sub-species of germs having an affinity for a particular organ. That is why some families die from apoplexy and others from cancer. We can thwart this tendency if we get the individual early enough. In this particular case we will go over the kidneys and see what we find. The mere fact that albumin is present means nothing in itself if the kidney capacity is normal. The opinion nowadays is that renal disease is a disease that begins in the arteries and terminates in the kidneys. In other words, the arterial change is primary and the renal change is secondary.

We will examine this specimen. Carcinoma; sarcoma; tuberculosis; negative. Strep.; right frontal and left antrum. Staph. and malaria; negative. Congenital D. R.; cardiovascular strain; 32 ohms; (**Patient comes in**). Go over the kidneys for 57; reaction present over left kidney. The heart is normal. When I wrote my book on diseases of the heart some years ago I thought I had completed everything. That book is now used as a textbook, but how faulty it is compared to what we know now about these methods. She is to be referred to another doctor. Write to the Doctor: "Everything is negative excepting strep. of the right frontal and left antrum. Tonsils are free. It is suggested that you use rate 2 from the oscilloclast on sinuses at least two hours a day. It is also suggested that you correct hereditary blood condition which measures 32 ohms and direct attention to the left kidney which yields a slight

reaction of Congenital D. R. Note whether treatment causes a disappearance of albumin in the urine." We have done that in cases which were not too far advanced. Of course that seems almost incredible but it is true.

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SARCOMA OF SPINAL CORD—ANESTHESIA IN TOES OF RIGHT FOOT —RESULT OF TREATMENT ON MICROOSCILLOCLAST.

Clinic Case. No. 627. Married man, age 44 years. Well until 1918 when shortening of hamstrings in right leg was noticed; pain and drawing intermittent in character. Gained 30 pounds in the last year. Right eye scarred by accident. He comes from the Hawaiian Islands. First examination: October 20, 1923. Sarcoma; spinal cord; 3 ohms. Congenital D. R.; 33 ohms. (Patient comes in.) How many years have you been having this contraction of the muscles?

Patient. For five years.

Doctor Abrams: It is strange that it is intermittent in character. The last case I saw similar to this was a man who came from Mexico. His blood was sent here for diagnosis and we found sarcoma of the spinal cord. He had been travelling about seeking relief for several years; had been to Mayo's and to New York and had consulted all of the most eminent specialists. They had also diagnosed it as a possible sarcoma of the spinal cord but had not been able to give him any relief. He also had a tension in the muscles of the leg which they could not account for; he had a sensation of pain and when he would walk a short distance he would have to stop; he could not mount his horse. The famous Berlin surgeon Krause told him that he would never get well. When the patient came here I located the sarcoma in the cord and he was treated for that condition. He is now completely well and he is able to ride horseback. This treatment will not always cause a complete cessation of all symptoms, especially if the case has been one of long standing where much damage has taken place. How was your condition diagnosed?

Patient: It was called sciatica. I have pain when I walk a great deal and become very tired but ordinarily I do not have much pain.

Doctor Abrams: It is not suggestive of sciatica. Sciatica is only a name. Usually in central affections the sciatica nerve is absolutely painless. Locate sarcoma; second and third lumbar spines. You have no direct pressure there on the spinal cord because the spinal cord proper terminates at about the end of the second lumbar spine. The second and third lumbar spines correspond to the first sacral segment of the cord. There should be an area of anesthesia at the end of the toes in the right foot. Expose the toes and test out the sensibility by touching them lightly with piece of cotton while patient has his eyes closed. You see that sensation is absent in the toes of the right foot but is present in left foot. This gentleman is from Hawaii so I will take a reaction to see if a certain condition (Leprosy) is present. There is a slight eruption on the right leg which would be called a trophic disturbance; we do not

get this reaction; put up specimen to be sure; it is absolutely negative. Try Acquired D. R.; negative. Tuberculosis; present over eruption. Have skin painted with gamboge; that will clear up that condition in a few weeks. Skin tuberculides are very common and difficult to clear up by ordinary methods. He is to have two nights' treatment on the Micro-oscilloclast; two cords at rate 3 on area on spine and one at rate 3 on spleen.

October 23: Sarcoma; negative. Get specimen to check up; we get reaction when specimen is put up to electrode so we know that the reagent's reactions are all right and that there is no sarcoma in the specimen of blood. Congenital D. R.; Cryptogenic D. R.; negative. (Patient comes in.) If there is to be a change in your symptoms it will be a gradual one. All we can do is to remove the cause and prevent the condition becoming progressively worse. Now we will have to leave it to nature to restore it to normal and I am sure you will note an improvement in the symptoms, although we never promise the patient anything. He has had two all night treatments on the Microoscilloclast, two wires to the spine and one to the spleen at rate 3. We will take a reaction directly from his spine for sarcoma; negative. Test out the sensibility of the toes on the right foot. You see that the sensation which was absent before treatment has entirely returned to the toes on the right foot. The patient needs no more treatment at the present time. He is to keep us informed of his condition and send another specimen later for reexamination.

ANEMIA, CARCINOMA, PANCREAS.

Clinic Case: No. 639. Married woman, age 48 years. Extremely weak and anemic for the past three years. No hemorrhages of any kind. Lost 8 pounds in the past 8 months. No vomiting; very constipated; mucus colitis. Blood picture does not show pernicious anemia but secondary. Carcinoma; pancreas; 7 ohms; non-metastatic. Congenital D. R.; 24 ohms. (Patient comes in). What are your present symptoms?

Patient: I am feeling very weak and I have a constant thumping in my ears.

Doctor Abrams: We find 50 over the pancreas. My advice in pancreatic conditions is to bombard from both the back and front. The pancreas lies nearer the back. She is to have an all night treatment; one cord in back at 6; one cord in front at 3 and 6.

DIAGNOSIS OF PREGNANCY, MALE PREDICTION.

Clinic Case: No. 621. Married woman, age 30 years. No children. Poor appetite; feels nauseated after every meal; does not vomit. Last menstrual period two months ago. Had one day of slight bleeding one week ago. Was examined by one physician and told she was not preg-

nant. Occasional headaches and pain over left iliac bone. No loss in weight. We will examine for pregnancy and also especially for tuberculosis because that will cause cessation of menses. The patient wants us to examine for tubal pregnancy. Carcinoma; Sarcoma; Tuberculosis; negative. Congenital D. R.; 28 ohms. Take rate 35 for pregnancy and check up with the E D reaction. I get reaction of pregnancy with male prediction. (Patient comes in). Take a reaction directly over the uterus for pregnancy; reaction present but not over tubes. In this case I find nothing the matter excepting pregnancy. By these methods with care you can diagnose pregnancy long before it can be done by the former methods. You can get a reaction the day after impregnation. In this case the ohmage is so low that it is probably not more than one month advanced.

SARCOMA—STREP. INFECTION, GALL-BLADDER REGION.

Clinic Case: No. 498. Married woman, age 43 years. Present condition began April 16, 1923. Had burning in stomach followed by pain in left hypochondrium and swelling. Passed pus and blood by rectum. Swelling receded. Pain is now in both sides. Appetite poor. First examination, September 11, 1923: Sarcoma; small intestines; non-metastatic; 9 ohms. Congenital D. R.; 30 ohms plus. October 1: Sarcoma and Congenital D. R.; negative. Cryptogenic D. R.; 2-25 ohm. Strep.; gall-bladder region. October 19; Cryptogenic D. R.; 0-25 ohm. Strep.; negative. Tuberculosis; negative. She has been treated at rate 3 on area of sarcoma and has also had rate 3 to the spleen and rate 2 to the gall-bladder region. Abdominal belt has given relief. Today's report: Feels very well indeed; better than in 3 years; has occasional neuralgic pains in various parts of the body but not as frequent. Occasional gas pains in hepatic flexure. Now we will concentrate with three cords at 3 on the spleen and clear up the blood condition of Congenital D. R., of which there is only a trace.

PERNICIOUS ANEMIA—CARCINOMA, SPLEEN, OF LOW OHMAGE.

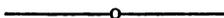
Clinic Case: No. 624. Married man, age 48 years. Never sick until 1910 when he had severe attack of jaundice. Never really well since then. Easily exhausted; can walk only a few blocks. Urinates three or four times at night. Examined at Mayo's; diagnosed as pernicious anemia. Legs swell after standing; better when moving about. Urine negative. Sometimes passes only half an ounce of urine two or three times a day. We find in pernicious anemia that we get a low ohmage of carcinoma, usually not above one ohm, over the spleen. We had one case of a woman who was getting along wonderfully well and was able to be up and around. Then some one told her that this method of treatment was not good and she discontinued the treatment and later died. We usually find some larvated carcinoma of the digestive tract in so-called pernicious anemia. Car-

cinoma; digestive tract; one ohm. Congenital D. R.; 30 ohms plus. Tuberculosis; strep.; negative. (Patient comes in). Have you lost in weight?

Patient: No, but I feel very weak and tire easily.

Doctor Abrams: Go over the spleen for 50; reaction present. He has local Albinism on his arm. I will show you that it will give reaction of Congenital D. R. Go over it without my knowledge and when you arrive at the patch you get the reaction of Congenital D. R. Until these methods were discovered it has never been known why these skin conditions should appear at different places on the body, but it is evidently because the Congenital D. R. provides a suitable soil for their growth.

I think this man can be helped but we never promise anything. He is to have two cords at the spleen at rate 6 and one cord at rate 3.



EX-SOLDIER GASSED IN WAR—SARCOMA, LUNG—ACQUIRED D. R.

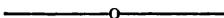
Clinic Case: No. 610. War veteran; age 35 years. October, 1919, began to have cough; lost 30 pounds. Entered Government Hospital in November 1919 and stayed until January, 1922. Appetite poor; considerable pain in both lungs and in back. Chief complaint is weakness. Sarcoma; lung; non-metastatic; 4 ohms. Tuberculosis; negative. We find that the basis of sarcoma of lung in these ex-soldiers is Acquired D. R. We often find this condition after they have been gassed. Acquired D. R.; lung strain; 29 ohms. (Patient comes in). Have you been gassed?

Patient: Yes, a little bit.

Doctor Abrams: Did they find any tubercle bacilli in your sputum?

Patient: Not lately, but they did at one time. I am supposed to be negative.

Doctor Abrams: They are right; we find no tuberculosis but there is a reaction of sarcoma of lung in right scapular region. He is to have one cord at 3 on the spleen and two cords at 3 on the area marked. These cases get along nicely under treatment.



BRACHEAL MONOPLÉGIA—ACQUIRED D. R.

Clinic Case: No. 532. Unmarried man, age 34 years. Pain and swelling in left elbow joint; began 4 years ago with some loss of power in his arm. Now he can not move elbow. He took some E R A treatments but the patient claimed that condition became worse. First examination, September 25, 1923: Acquired D. R.; left shoulder joint. Staph.; right antrum. September 28: Cryptogenic D. R.; 6-25 ohm. Shoulder gives no reaction of Acquired D. R. but left elbow does. October 9: Cryptogenic D. R.; present; spine. He is paralyzed in the arm so we will look for the lesion in the spine. His present report: No pain except over left scapula about the middle of sub-spinous portion. Improvement in move-

ment of left elbow; can pull it to right angle. Color is improved; appetite still poor. He has had rate 3 to elbow, two cords, and one cord at rate 3 to shoulder. (Patient comes in). Does your elbow hurt you?

Patient: Yes, it does when I move it.

Doctor Abrams: It is a bracheal monoplegia. However, he can move his arm much better; he can raise it higher. Go over the spine for lesion of Acquired D. R.; the lesion on the spine corresponds to the bracheal plexus. You must move the arm as much as possible. Give S S 3 and two cords to the spine at rate 3.

ACQUIRED D. R. IN GIRL OF FOURTEEN—ULCERS ON LEG, DEFICIENT MENTALITY.

Clinic Case: No. 420. Girl, age 14 years. Complains of two ulcers on right lower extremity; one on foot for three months, anterior aspect near ankle; has not healed since trouble began. Another ulcer on lower third of leg, outer aspect, well circumscribed. Never vaccinated. Never treated by any other doctor for this trouble. Mentally backward; although 14 years has mentality of 8. First examination, August 11, 1923; Carcinoma; Sarcoma; Tuberculosis; negative. Acquired D. R.; 22 ohms; present over ulcer. September 8: Acquired D. R.; negative. Cryptogenic D. R.; 7-25 ohm. October 9: Cryptogenic D. R.; negative. Psora; negative. Has had rate 3 to ulcer, three cords and also S S 3. Mentality test at University Hospital improved two points after 7 days' treatment. They did not know she had been having E R A treatment. This girl is an adopted child and her foster mother said that she had what was called malaria and that she had an eruption on her body. You see that age is no bar to Acquired D. R. She could not find her way around alone when she first came here and was very stupid looking; now she comes here alone and smiles and talks and shows great mental improvement. Present report: One ulcer has entirely healed and the other is much reduced in size and patient says it is healing; pain and swelling has disappeared. As there is no longer any reaction of Acquired D. R. over ulcer there is no necessity for further treatment. She is to have the leg strapped and return again in a few weeks to check up.

DUODENAL ULCER.

Clinic Case: No. 537. Unmarried man, 30 years. Never sick until stomach trouble began in 1918 when he began to vomit after meals, especially after breakfast. Gradually became worse. Bowels move well and without laxatives. Gnawing sensation in epigastrium, worse if no food is in stomach. Relieved by milk and milk products. Sleeps well; recently had moderate insomnia. Throat very red and congested. Never troubled with breathing or tonsillitis. All signs point to duodenal ulcer. First examination September 25, 1923: Carcinoma; 7-25 ohm; to left of naval;

probable ulcer. Congenital D. R.; 30 ohms plus. Strep.; negative. Tuberculosis; negative. October 12; carcinoma; negative. Congenital D. R.; negative. Cryptogenic D. R.; 4-25 ohm. Strep.; negative; no appendix condition. Present report: Feeling much better; no more throat trouble. Only troubled now by a heaviness in stomach which is present only at times. Patient states that he feels very much better. He has been treated with two cords at rate 3 to abdomen and one cord at rate 6 to abdomen at area to left of navel. He has also had S S 3. He is to discontinue treatment and return in one month for a reexamination.

CONGENITAL D. R.—CEREBRAL STRAIN—MENTAL HALLUCINATIONS

Clinic Case: No. 452. Unmarried man, 24 years. Very anemic; easily exhausted; tires easily. Weight 130 pounds. Became interested in spiritualism and was entirely controlled by it, so much so that his mind almost became unbalanced. His father would like to have him talked to concerning his belief but not to antagonize him. First examination, August 21, 1923: Carcinoma; Sarcoma; Acquired D. R.; Tuberculosis; Staph.; negative. Congenital D. R.; 37 ohms; cerebral strain; reaction present over vertex of head and also over left eye. September 11: Congenital D. R.; negative. Cryptogenic D. R.; 9-25 ohm. September 26: Cryptogenic D. R.; negative. Patient is improving and shows more interest in things around him. His father says he does not talk so much about his belief. October 12: Cryptogenic D. R.; negative. He has been treated with rate 3 on the head and on left eye and also SS 3. (Patient comes in). Patient states that he is feeling much better. His color is better and he smiles and takes more interest in his surroundings. His father thinks his son is practically all right. He is to discontinue treatment and return in one month for a re-examination to check up again.

ACQUIRED D. R. AND MICROOSCILLOCLAST.

One patient who had a reaction of 38 ohms of Acquired D. R. was given an all night's treatment on the Microoscilloclast, the new attachment for the Oscilloclast. An examination was made 24 hours after he had taken the treatment and both Acquired D. R. and Cryptogenic D. R. were found to be negative. It seems that results can be obtained in a few hours with the Microoscilloclast which formerly required several weeks with the Oscilloclast. This will be of great value in desperate cases or in chronic cases which fail to yield to ordinary treatment.

ACQUIRED D. R. — SPINAL STRAIN — PAROXYSMAL PAINS

Specimen. Married man. First examination 18 months ago; Carcinoma; non-metastatic; gall-bladder region; 12 ohms. Acquired D. R.; 38 ohms. He has been much improved with increase in weight. Lately

he has had some paroxysms of pain in gall-bladder region. We will see what we find today. Carcinoma; negative. Acquired D. R.; spinal strain. Write to the Doctor: "The acquired syphilis being of spinal strain suggests that the pains are possibly due to spinal invasion like the gastric crises. After removal of general reaction, send another specimen of blood and I shall attempt localization in spinal cord for further treatment." It is attention to all such little details that brings results.

STREP. INFECTION, RIGHT ETHMOID.—PAIN IN BACK

Clinic Case. No. 467. Married woman, age 52 years. Patient has had E R A treatment elsewhere for 9 months, one hour a day. Improved under treatment. Gained some in weight. General condition stronger. History when first began treatment: Vomiting spells; had to be in bed 1 to 3 days a week; losing weight. Appendectomy and Alexander operation 20 years ago. Present symptoms: Afraid to eat on account of distress which follows immediately after eating; soreness in umbilical region which radiates through to back. Cold sensation from waist down to hips and thighs. Very anemic. First examination in Clinic: August 27, 1923; Sarcoma; present over forehead. Cryptogenic D. R.; present. Strep.; present. Her present weight is 116 pounds. September 18: Carcinoma; Sarcoma; Acquired D. R.; Congenital D. R.; Tuberculosis; negative. Strep.; left frontal sinus and from second to fifth lumbar spine, the region where she has pain in her back. October 15: Present report; Back is better at times; abdominal distress is better; migraine still severe in the morning although it is better. Considerable pain in region of fifth lumbar, but this is also better. (Patient comes in). Do you still have pain in your back?

Patient: Yes, it is worse when I lie down. My eye still swells and I have a little headache in the morning but it is not so severe as it was.

Doctor Abrams: We will see what we find in today's examination. Sarcoma; Carcinoma; Congenital D. R.; Cryptogenic D. R.; negative. Strep.; left frontal. I think that the trouble in the back is due to that infection. Reaction of staph. is negative. Use 3 cords at rate 2 to left frontal. This condition should be cleared up in a few treatments.

STRICTURE OF OESOPHAGUS — SARCOMA — ACQUIRED D. R.

Clinic Case. No. 552. Married man; 55 years. No children. Wife had miscarriages. Has had E R A treatments in another city, beginning June, 1923. Pains in throat for five years. At times can not swallow. Regurgitates food at times. Sometimes he has to use morphine to enable him to get relief from pain and to enable him to swallow. First examination: October 1, 1923: Carcinoma; negative. Sarcoma; 3 ohms; non-metastatic; oesophagus. Acquired D. R.; 2 ohms. October 6; Noted fusiform and expansile swelling along the course of the right carotid artery located at the bifurcation. This is painful and is also tender to slight pressure and

is the point where he locates his greatest difficulty in swallowing. Emulsion of orthoform was prescribed to relieve pain in swallowing. He reports that he has been relieved of pain and slept without morphine, but can not swallow food which he has to masticate. However, he can swallow other foods easily. Reaction of Sarcoma is negative. He has been treated with the Microscilloclast. October 8: Sarcoma; negative. Scar Tissue; present. October 10: Carcinoma; Sarcoma; Acquired D. R.; negative. Cryptogenic D. R.; present. Tuberculosis; negative. He is to have 3 cords at rate 3 to area on sternum which gives reaction of Acquired D. R. The position of these lesions of Acquired D. R. varies; at one time we got it lower down. It is necessary in such cases to reexamine frequently and localize each time and give intensive treatment. These are difficult cases to do anything for and it is only by such methods that you can hope to give any relief. October 16: Acquired D. R.; negative. Cryptogenic D. R.; present; digestive tract. (Patient comes in). Patient states that he can swallow much better, whereas, formerly there was a large amount of saliva; at present the amount is normal. There is less sensation in the throat and he does not have to use morphine. He considers that his condition is very much better. The reaction is present higher up in his throat. He is to be treated in this region with 3 cords at rate 3. Use microscilloclast.

October 22: Any results however slight which we have achieved in this case of oesophageal stricture are due to attention to detail. We first found a reaction of Acquired D. R. and Sarcoma. The reaction of sarcoma yielded, but we found on successive examinations a reaction of Acquired D. R. along the oesophagus. One spot would clear up and then another would be found. In other words, the conclusion which we drew from this particular case is that in order to get results from the oscilloclast you must limit its application; it does not diffuse itself. The more accurately you outline the lesion and the smaller the electrode you use, the better the results. This applies with all high frequency energies. In other words, you would concentrate at the area where you get the reaction. Another thing you want to remember in these cases of carcinoma where the patient has lost in weight is that it is very difficult to bring the weight back to normal. The patient states that he is losing in weight but feels much better. His weight was formerly 195 pounds and it is now 134 pounds. He is able to eat three soft boiled eggs and one quart of milk a day and ten or twelve crackers. When he came he states that he could swallow only a third of the food that he took because it would not go down. There was an abnormal flow of saliva, great pain, distress and extreme difficulty in swallowing. He has come a long distance to take these treatments and feels very happy over the results. The flow of saliva is nearly normal; he has no more pain and swallows with greater ease. I would advise taking food every hour of the day but be careful and do not take too big a mass at one time, for that might cause a spasm. Take a reaction directly over his oesophagus for Acquired D. R.; present in an area lower down than at the previous examination. We will keep after it until it is all wiped out. I am going to try out the Homeopathic remedy Graphites for Scar Tissue; three X, one tablet every three hours.

We found in our experiments that Graphites was destructive to Scar Tissue; it is simple and harmless and we will try it after the reaction on the oesophagus for Acquired D. R. becomes negative.

TENTATIVE DIAGNOSIS OF PERNICIOUS ANEMIA—GINGIVITIS.

Specimen. Married woman, age 36 years. Severe case of gingivitis. Dentists say the teeth are all right. Has been treated by many physicians with no benefit. Many are watching to see if E R A will fail also. She has had 42 electronic treatments. She has had two severe illnesses in her life. She has had typhoid fever and later had poisoning from which she nearly died. What could we think of here? In certain cases of pernicious anemia one finds a stomatitis which may precede the onset of the symptoms of pernicious anemia. We will see what we find. Carcinoma; present; 1 ohm; digestive. Reaction is present in right flank which we get in cases of pernicious anemia. Go over spleen for carcinoma; present. Sarcoma; Tuberculosis; Strep.; Congenital D. R.; negative. Cryptogenic D. R.; 16-25 ohm. Write to the Doctor: "I am venturing a diagnosis of pernicious anemia based on my findings plus the only clinical clue you have given me, viz., an unexplainable gingivitis. Do not accept my findings as absolute until you have made a red blood count and a microscopical examination of the red blood cells. My tentative diagnosis is pernicious anemia with carcinomatous reaction of the spleen of low ohmage, which I have found in many of these cases. If you confirm my diagnosis by blood findings, use two cords at rate 6 to the spleen and one at rate 3."

METASTATIC CARCINOMA — CONTRABAND APPARATUS.

Clinic Case. No. 605: Married woman, age 38 years. Three children alive and well. Both breasts removed in 1918. Recently much depressed. Terrible gas in stomach; costive, but not as a rule. She diagnoses her trouble as "too much doctors." She is a daughter of a physician. Never had a Wassermann test. Has lost fifteen pounds in weight during the past few months. This is a case of a patient who went to a doctor who has been using "bootleg" apparatus. At first he used the Oscilloclast and she improved wonderfully. She began treatment last February and after three months on the Oscilloclast she was able to do mountain climbing and considered herself almost cured. Then she was placed on the contraband apparatus and this physician told her that it was better than the Oscilloclast and that he wanted to test it out. The patient stated that she got worse after using this apparatus and feels very angry and disgusted at the outcome. This physician in question was an obscure practitioner until he took up my methods, by which he was rescued from penury and built up a large practice. Not content with this, in conjunction with another physician who had been an assistant of mine he went into the business of manufacturing a rival machine, and I understand his practice has

fallen off to a great extent because his patients have found out that he is not using the Abrams machine. The trouble with the various individuals who are claiming to make improvements on the Oscilloclast is that they do not understand the principles and are not competent to construct such a device and have no means of checking up or testing whether it is effective or not. This patient has had 60 treatments on the contraband machine. We will see how effective it has been in wiping out the reaction of syphilis. Carcinoma; left breast; metastatic; 5 ohms. Acquired D. R.; negative. Congenital D. R.; 14 ohms. (Patient comes in). Have you any trouble with your left breast?

Patient: There is a small lump there.

Doctor Abrams: Do you have any distress anywhere?

Patient: Yes, I have a hard time to get my breath. This trouble has been coming on for a year.

Doctor Abrams: We found a metastatic condition so we will go over her lungs; probably the mediastinal glands are affected. Locate 50; present in left breast and in left axilla; reaction present over chest where trachea bifurcates and in the back in the region of second dorsal spine. Reaction of 50 is negative over abdomen and in right axilla. Do you have any cough?

Patient: Yes, I cough a great deal and have a pain in my lungs like pleurisy.

Doctor Abrams: She has a great deal of rales in her lungs. (Patient goes out). (To her husband) It is a desperate case and I can promise nothing, but do not let her know the condition. We will use the micro-oscilloclast and give all night treatments. That is the only way we can hope to get any results, and even then I can promise nothing. We will use one cord to left breast, one to spine at second dorsal and one to left axilla at rate 6. Later we can give treatment at rate 3. These metastatic cases are very difficult to handle. But we will do all we can.

CONGENITAL D. R.—MASTURBATION

Clinic Case. No. 590. Married man, age 25 years. Never sick until ten years ago when there began to be mental disturbances. Generally sleeps well. Appetite good. Tires rapidly. No indigestion noted. Worried about masturbation. He might masturbate because he has a disturbed sex reaction, but that is not the reason in his case because he has a normal sex reaction on the male side. Carcinoma; Sarcoma; Tuberculosis; Strep.; Malaria; Acquired D. R.; negative. Congenital D. R.; brain strain; 41 ohms. The high ohmage of congenital syphilis would explain the mental symptoms because it is cerebral strain. (Patient comes in; he states that he is a native of Iceland) Have you ever been vaccinated?

Patient: Yes, my arm was very sore and took a long time to heal.

Doctor Abrams: Go over his head for 57; reaction present over left parietal region. We will first give him general treatment, S S 3, with three cords at rate 3 to the spleen. If he does not improve within two weeks, he is to be treated locally at area on head at rate 3.

SARCOMA OF BRAIN—CONVULSIONS.

Clinic Case. No. 591. Girl age 13 years. Influenza in 1918. Had spasms when 3 years of age. During the past two months has had convulsions lasting several seconds. Unconscious during attacks. Tonsils removed in 1920. Pupils sluggish. Sarcoma; brain; 3 ohms; on right side of head above ear. Congenital D. R.; 23 ohms. According to my reactions this is not epilepsy, for I do not get a sarcomatous reaction over forehead and top of head as I have found in recent cases of epilepsy and over radiograms taken of epileptic patients. Sometimes this reaction may not be present in the blood but can be obtained locally. She is to have general treatment, S S 3, and two cords at rate 3 to area on head.

CARCINOMA, DIGESTIVE TRACT.

Clinic Case: No. 592. Man. Had diphtheria which left him partially deaf. Had operation on mastoid which relieved deafness. Mother and one sister died of carcinoma. Has piles and papillae which have troubled him for 8 years. Malaria in India. Quinine by mouth and also hypodermic have not produced any great improvement. Carcinoma; digestive; small intestines; to left of naval; non-metastatic; 9 ohms. Congenital D. R.; 30 ohms plus. Malaria; negative. (Patient comes in) What is your present trouble?

Patient: I have no special symptoms at the present time. I have been having quinine in the vein and also arsenic.

Doctor Abrams: We get no reaction of malaria. Of course the elimination of quinine is very rapid, but one must be careful about examining a patient who is taking this drug. Locate 50 in the abdomen. You can feel a mass in that region in the abdomen. (Patient states that after he had yellow jaundice this region has felt weak and he has had some stomach disturbance).

SARCOMA, DIGESTIVE TRACT.

Clinic Case. No. 595. Unmarried woman, 21 years. Weight 87 pounds. Tires very rapidly. Was in bed 7 weeks on milk diet and gained 10 pounds. Carcinoma; negative. Sarcoma; digestive; below navel; non-metastatic; 7 ohms. Tuberculosis; negative. Congenital D. R.; 22 ohms plus. (Patient comes in). Have you any distress in that part of your abdomen?

Patient: No, I haven't noticed anything. I feel very weak and have no pep.

Doctor Abrams: We know what the trouble is. You can feel it distinctly when you palpate. It is surprising how few local symptoms are present in many of these cases. Use two cords at rate 3 over area marked on abdomen and one cord at rate 3 to spleen. Paint abdomen with mercur-ochrome.

METASTATIC SARCOMA.

Clinic Case. No. 596. Man, age 57 years; married when 43 years of age. Operated on for appendicitis. Five years ago had trouble with sciatica in right leg. Now has rheumatism all over body. Pains in head. Urine, negative. Wasserman, negative. Cystoscopic examination was negative. Carcinoma; negative. Sarcoma; metastatic; 4 ohms; bone. Acquired D. R.; negative. Congenital D. R.; 37 ohms. (Patient comes in) What is your trouble?

Patient: About five years ago I had a slip of the sacroiliac joint and I have had pain down my right leg and in my right shoulder. I have headaches and general depression and have lost ten pounds in the last 18 months. At times the pain is very severe and sometimes there is just a dull ache and numbness.

Doctor Abrams: Go over the right iliosacral region; reaction of 58 present. Go over his head. There is nothing of that kind in the head. That is probably a neuralgia. Look for tender points along the spine. First have the patient relax the head and then search for the painful point along the spine. Then in addition there may be a point of tenderness at the mastoid process and also one at the occipital protuberance. Sometimes by freezing over the painful spinous process you can reduce the pain from which the patient suffers. This gentleman is to have three cords at rate 3 to the right sacroiliac joint.

TUBERCULOSIS FOLLOWING PNEUMONIA.

Specimen. Married woman, age 28 years. Child 3 years. Weight 167 pounds. Had pleuro-pneumonia; not as well since. Diagnosed as tuberculosis of the left lung. If a person has had pneumonia there is a possible tuberculization of that lung. The tubercle bacilli are ubiquitous and are harmful only when on favorable soil. Carcinoma; negative. Tuberculosis; lung; 4 ohms; lower lobe of right lung. Acquired D. R.; negative. Congenital D. R.; 31 ohms. Strep. and Staph.; negative. Paint chest with gamboge and use rate 3 on spleen and two cords at rate 5 to right lung.

ACQUIRED D. R.—TABES DORSALIS.

Clinic Case. No. 256. Unmarried man, age 43 years. Has appearance of man of nearly 60. Tabes dorsalis. First noticed difficulty in walking about 6 years ago. Impaired vision in left eye, began about 4 years ago. At present time he is totally blind in left eye. Has been treated with salvarsan and mercury injections for ten months before coming here. His condition is worse now than before treatment. His last salvarsan injection was ten days before coming here. Wassermann negative. First examination: June 13, 1923: Acquired D. R.; 35 ohms; cerebrospinal strain; present in both eyes and spine. August 25: Acquired

D. R.; negative. Cryptogenic D. R.; present in right eye. This is a very advanced case of locomotor ataxia. The man can walk only with the greatest difficulty with the aid of two assistants. He has been away for several weeks and returns for reexamination. He was absolutely blind in the left eye when he came here and three or four weeks ago he could make out the shadow of his hands with the eye. Report on September 15: Patient much improved since he first began taking treatment. Condition about the same as when he stopped treatment. For three days he had right side paralyzed but it is much better today. Certain home surroundings have aggravated patient greatly. The left eye is worse than it was; for a while it was much better. Impaired hearing in left ear. We have not succeeded in doing very much for this patient but we have tried to do what we can. He has so much faith and is a poor man or otherwise I would not have taken the case. When there has been so much destruction you can not hope to do very much. However, we will go over him again and see what we find. (Patient comes in; walks with difficulty with aid of two assistants). He has great difficulty in walking but he walks a great deal better than when he first came here. He must use the re-educational exercises of Franklin; they will be of great benefit. Go over the spine for Acquired D. R.; negative in spine and also in left eye. Scar tissue; present in spine and in left eye. He was able to see a little bit with his left eye and now he has lost his vision again. He is to have an all night treatment with microscilloclast; two cords at rate 11 to spine and one cord at rate 11 to left eye.

POETIC REACTION OF E R A
THE CLINIC

Close the door
and 49
 Human blood
percussion sign
 Dull and male
 Now 50 quickly
 Carcinoma
metastatic
 Oh! My God!
how slow you do it.
 55 acquired
listen
 Gentlemen
let us make certain,
 P. D. E. D.
can't you do it?
 What's the matter
damn it, move it.
 Call the patient
 What the devil
off the table
 Cotton clean it
 Oh Hell!
what's the use.
 Alright, ready
small electrode
 Slowly doctor
 'Takes six seconds
for reaction
 Try me out
fool me
 Wait now
is that right
 Speak
for God's sake
 Tell me
are you there.
 Well mark it
someone
 Hold on
Oh Hell!
 Here give it to me
 Open the door.

(By Elna Astrid Marstrand)

Correspondence

LETTER TO THE PRESIDENT OF THE AMERICAN ELECTRONIC RESEARCH ASSOCIATION.

October 20, 1923.

Dr. Francis A. Cave,
359 Boylston Street,
Boston, Mass.

Dear Dr. Cave:—

The receipt of your telegram was acknowledged and now the receipt of your letter registered October 8th, 1923.

Believe me, when I tell you that I have always admired you for your intelligence and sincerity and do so at the present time of writing. But I believe that you are the victim of people less scrupulous than yourself who are attempting to use you for their own purposes and gain.

The burden of your letter appears to be to upbraid Mr. Gottesfeld. I am quite positive that this is based on hearsay evidence. Mr. "G" is protecting my interests and the interest of E R A and he and I are making continuous fights for the defense and perpetuation of ERA. You must realize that up to the present time every real defensive action, at the cost of many thousands of dollars, has been instituted and carried out by my associates in San Francisco and myself who are helping me to perpetuate E R A . The expenses have all been borne by myself and by Mr. Gottesfeld. For three months he traveled from one state capitol to another, preventing adverse legislation against E R A, while some men in the field and some self-styled friends of E R A were doing everything they possibly could for the sake of money in disrupting and discrediting the method. He has aroused the antagonism of these men who have risen from penury to affluence and now desire to partake of the commercial advantages of the Physico-Clinical Company.

You do not for a moment suppose that I am going to permit after years of work the discontinuance of the collection of royalties on which the new College of Electronic Medicine is dependent. If this state of things continues they will soon be demanding the apparatus for themselves free of charge so that they could make more money, and use as an excuse their cry, "The Cause of Humanity." In this instance let me reiterate, as I have repeatedly stated in my Journal, that to legitimate free clinics conducted by efficient electronic physicians, graduates of my accredited schools, I will furnish free of royalty any of the instruments manufactured by the Physico-Clinical Company.

From accurate data, which I have gleaned, I find that the last meeting of your organization consisted of exploitation of bootleg apparatus by incompetent men. You accuse Mr. "G" of having kept me from attending the convention. Those who have informed you have absolutely misled you. The fact of the matter is he wanted me to go but I was too

busy to leave my work, and, furthermore, I did not wish to enter into controversy with a lot of individuals assembled for commercial purposes.

Mr. "G" is again accused of having associated himself with the Physico-Clinical Company in the matter of apparatus. This matter Mr. "G" has never had anything to do with. It was merely an excuse used by men who were financially interested in the manufacture of "bootleg" apparatus, and who felt that they could not very well attack me personally and therefore, in an effort to discredit Mr. "G", they believed they were hitting directly at the Physico-Clinical Company.

In that connection I regret that in my research work and my attempts to place E R A on a basis that will brook no further question from any source, I was naturally compelled to rely upon paid employees to take care of the business of the Physico-Clinical Company. It was only recently that my attention was called to the cry of so-called defective apparatus. In the presence of a number of physicians I immediately made an investigation and found that in the main the cry really emanated from men who are endeavoring to sell their own wares; that some rheostats had left the factory in a defective condition because of the negligence of one of the employees. That condition was immediately remedied and, on the advise of Mr. "G", we issued a statement that we would exchange, free of charge, any apparatus that left our factory in a defective condition.

For your further information, we are expending a very considerable amount of money in developing apparatus that will make this work more effective and more perfect. We have affiliated with us engineers of the highest efficiency, who are developing the Oscilloclast so that it will give better results. The men in the field do not seem to appreciate it. They are blinded by the claims of physicians and manufacturers whose interest is to place their wares on the market for financial gain irrespective of the merits of those instruments, and it is these bogus instruments and these physicians, some of whom are on your Board of Directors and are controlling the destiny of your new organization, that are doing more to harm E R A and the practitioners who are endeavoring to do the right thing than any other factor.

Here and now let me convey this to your mind: That it would be one of the greatest reliefs in my life if I could throw off the responsibility of the manufacture of instruments, and I would welcome any instrument that would do the work as well as the Oscilloclast if I could be assured of that fact, and that it would not fall into the hands of charlatans, beauty parlors, nurses and barber shops. In other words, that we would have control of it for the benefit of ERA and that some of the profits would go for the perpetuation of ERA.

To date I have tested, and you undoubtedly have done likewise, practically every instrument on the market and found that none of them delivers the goods as well as the Oscilloclast. I have also been informed, and not by Mr. "G", that a scientific committee has reported that fact to the Convention in Chicago.

At the present moment we are making a thorough house-cleaning in the Physico-Clinical Company, and what is more Mr. "G" is helping,

so that there will be no future trouble between them and the men in the field.

You speak of a certain man who professes to give up his "bootleg" apparatus in the event it is not trustworthy. This individual has organized a company for the sale of such apparatus and has, I am informed, placed, together with his colleagues, about twenty thousand (\$20,000) dollars in the enterprise, and has made the statement that it was a much better machine than the Oscilloclast but that he was still experimenting to prove it. You will appreciate that human nature will naturally prevail in making that individual play his interest against the interest of anyone else in securing the endorsement of his products by the association over whose destiny he has a part, whether they have merit or not.

I understand that it was also agreed that the Teachers' Association, which is an independent body, was to constitute your Standardization Committee, and that your Association repudiated that understanding. That information did not come from Mr. Gottesfeld either, but from one of the teachers who has written me regarding same.

Relative to another member, whom you mention, I extended to him all the courtesy that was possible at my office. I gave him extra instruction in certain matters. Then, to my intense amazement, he proceeded to a "bootleg" concern and placed an order for an apparatus about which he knows nothing.

You speak of loyalty to the organization, and, in the same breath, you say that teaching will be done whether the home institution wants it or not.

I have absolute faith in Mr. "G" and shall continue to have this faith until anything is shown to the contrary. If Mr. "G" has acted in a way unbecoming of a gentleman I should like to know these facts and censure him for it. I believe that what he has done was purely in furtherance of what he thought was for the good of E R A, and that fact was demonstrated by his leaving Chicago immediately, at his own expense, for Washington, D. C., and then for Jonesboro, Arkansas, to assist a poor practitioner who was in trouble with the government. That practitioner, I am informed, stated her case to both conventions without assistance, and it is up to me now to defend her, and defend the honor of E R A at God knows what cost. Do you realize that a conviction of this doctor would unquestionably finish E R A, and that when I go to the defense of E R A I know, and feel, that right is with me and that I will win and make it safe for the practitioners to practice ERA?

In view of the fact that you have seen fit to place on the Board men whom I feel are not working for the good of E R A, and whose interest in the Association I believe to be merely for the purpose of their own gain, I feel it is my duty to present my resignation as Honorary President of your Association. I believe Mr. "G" was absolutely right when he referred to certain members as my enemies. Of course, if I am convinced that this Association was organized for the good of E R A and for the welfare of the men in the field, I shall be delighted to withdraw my resignation.

Regarding my position as to the College: There are over three thousand men practicing E R A. There are less than 10 per cent in your organization. You will appreciate that your organization, therefore, represents but one-tenth of the practitioners, and I understand that quite a number of them are not authorized practitioners.

My future work shall be done purely in behalf of men who practice E R A ethically; men, who, like myself, think that E R A should be practiced for the benefit of humanity and not for the benefit of self.

Regarding the College of Electronic Medicine: That institution is dedicated for the good of humanity and there are on its Board of Trustees, a number of practitioners taken from the practitioners at large; men whose character cannot be impeached. They are now representing the sentiment of the general E R A practitioners on that Board. It is ridiculous to ask me, or anyone else, to turn over an institution which is my life work, and my private funds, to an Association who represent, in the first instance, a minority, with members on the Board of Directors whose interests are in conflict to the interests of that institution, and whose spirit has done great harm to E R A.

Nevertheless, my dear Dr. Cave, I want you to feel and to understand that as far as you, personally, are concerned, I have the utmost faith in your sincerity and the utmost confidence in you, but I believe that you have not given this matter the proper thought in the right channels, and I would suggest that you come to San Francisco, if it is possible, where we can both dispassionately discuss the situation as well as the affairs of the College. I am quite confident that such discussion will ultimately mean a united house in behalf of E R A, and in behalf of humanity. You must realize that a house divided against itself must necessarily fall.

Enclosed please find the resignation in question, as I cannot countenance the actions of your organization.

With the best wishes and kindest regards, I am,

Sincerely yours,

(Signed) ALBERT ABRAMS

RESIGNATION

October 20, 1923.

Dr. Francis Cave,
President of the American Electronic Research Association,
359 Boylston Street,
Boston, Mass.

My Dear Doctor:—

In view of the fact that you have seen fit to place on your Board of Directors men whom I believe have interests, contrary to the interests of ERA and to the practitioners in general and men who are antagonistic to my aims for the furtherance of E R A, I feel that I cannot conscientiously lend my name to your organization and therefore resign as its Honorary President.

If you should, at any time, so constitute your organization that it will be a true American association, composed of men whose interests are purely the interests of humanity and the proper furtherance of E R A, and not personal interests, I shall then be delighted to affiliate myself with your organization or any organization under these lines and do what I can for its furtherance.

Sincerely,

(Signed) ALBERT ABRAMS

FURTHER CORRESPONDENCE WITH DR. F. CAVE.

Dr. Francis A. Cave,
359 Bolyston Street,
Boston, Mass.

Dear Doctor:—

I am in receipt of your night letter of October 29th reading as follows:

“Your letter October twentieth just received your information from New England practitioner absolutely without foundation except possibly personal jealousy I am using no Electronic treating machine except Oscilloclast and have never contemplated nor discussed associating myself with either Porter or Rollins for teaching purposes the whole story is manufactured and demands immediate and indignant repudiation am writing kindest regards.”

I am very much gratified and relieved at receiving the telegram.

In furtherance of my letter of October 20th and further justification for my reason in objecting to associate myself with your new organization until such time as its official family is free from those who seek to unconscientiously benefit themselves at the good name and expense of E R A and the good of humanity, I call your attention to Dr. Lecocq's case and to the contents of a copy of a letter attached sent out by the State Medical Board of the State of Ohio.

I am continuously in receipt of letters from practitioners seeking my help to defend them against onslaughts made by different individuals throughout the country.

You will appreciate that defenses of that type, from a financial view point, are exceedingly expensive. Up to the present writing, because of the work of San Francisco in such defenses, there has been no success had on the part of the enemies of E R A.

With the present concentrated effort and with the instruments now made use of by the enemies of E R A, we now have a more serious and dangerous problem to contend with than ever before but we believe that the present effort, because of its concertedness, is the swan song of our enemies. Now to defeat this effort it is necessary that we have the support of all our agencies and of all our men. Toward that end I have been seeking the functioning of the “International Association of Electronic

Medicine" and endeavoring to bring you to San Francisco so that I can secure, in fighting the present onslaughts of E R A, a concentrated support of all its protective agencies. In these efforts there have been numerous attempted frustrations by men whose only aim can possibly be self gain. For instance, one of the directors of your new organization, has done everything in his power and has now renewed his activities in an endeavor to prevent the functioning of the "International Association of Electronic Medicine." His acts and the acts of others are making it difficult for me to organize our forces sufficiently so that we can properly and successfully meet this battle against our enemies. If the efforts of these men who are supposed to be within the circle and who pretend to be friends of E R A, are successful and not enough good men rally around me to help me make this battle for them and for the good of ERA, it is not a very difficult matter to realize what the outcome will be.

I cannot understand the manner of thinking of these men who are, at this more perilous time of E R A, throwing obstacles in my way when the failure of the defense of E R A will strike them as well as the good men who are helping the fight and are doing so for the sake of humanity.

For your advice I would like to call this particular fact to your attention that with very few exceptions, every case of erroneous diagnosis or bad success on the part of an E R A practitioner, is caused by the use of "bootleg" apparatus. Of course these practitioners who are prosecuted and against whom attempts are made, when our investigations show that they are users of apparatus not endorsed by us, we will withhold our support therefrom.

There seems to be another peculiar tendency of some of the E R A men. They contribute most generously to practically everything and refuse and object to contribute to that which is distinctly for the good of E R A. That tendency must be cured and your participation in the defense of the rentals somewhat helped toward that cure.

In closing I would like to say this: That unless all of the agencies for the good of E R A combine at the present with one object in view and that is to assist in working out a proper plan for E R A defense and do it as one unit no matter what merit there is to our system, no matter what good it is doing for humanity, all my attempts and all the attempts and efforts of other men, will be fruitless. Rather than that, the writer will withdraw from active E R A practice and perpetuation and devote himself exclusively to research work for posterity. I do not need to tell you what such action for the present will mean to the practitioners of E R A.

Sincerely

(Signed) ALBERT ABRAMS -

LETTER FROM DR. C. F. ELLIS—FAVORABLE REPORT OF HAHNE-MANNIAN ASSOCIATION.

Eureka Springs, Arkansas.

Dear Doctor Abrams:—

I want to congratulate you on the report of the Committee of the International Hahnemannian Association and its acceptance by the body at Atlantic City at the 1923 meeting.

This is the first really careful, thorough investigation that I know of by a medical body. The Committee was large, well chosen and of men competent and willing to see what was of value in the Abrams' methods of diagnosis and treatment. It worked one year and made a favorable report.

Being an humble follower of Hahnemann, I am proud that this first comprehensive investigation was thorough, favorable and made by a Homeopathic body.

With every good wish for you and your great work, I am

Sincerely,

(Signed) C. F. ELLIS, M. D.

See Homeopathic Record, October, 1923, Page 443.

September 17, 1923.

To the E R A Teachers' Association.

Gentlemen:—

In pursuance of our several conversations and in order to get the matters discussed between us firmly fixed in our minds, it is my understanding that the following conditions shall prevail in the future in furtherance of E R A work.

That all practitioners in the field should be earnestly urged to discontinue the practice of Love and Religious tests; that in the future no reports be made by E R A practitioners in the field until they have had at least Six (6) months practice and no tests, other than ordinary blood tests in their practice are to be made unless they are first submitted to the scientific committee of the College of Electronic Medicine Blanche and Jeanne R. Abrams Memorial Foundation, before any publicity is secured on them.

I shall, in my next number of the Journal, insert a copy of my letter to the Scientific American, a copy of which letter I am herewith attaching for your use and benefit.

I am heartily in favor of service stations and do earnestly urge that every teacher make his headquarters a service station and toward that end, I have instructed the factory here to place a supply of diagnostic outfits in the hands of each teacher, express to be charged to the Physico-Clinical Company, so that they can be exchanged with the alleged defective rheostats in the field.

I have also instructed my factory to place a service Oscilloclast in the hands of each of our teachers so that the practitioner in the field will not be inconvenienced in the event of the necessity of repair to an Oscilloclast. This will be done at the very earliest opportunity.

I have also instructed the office to prepare and get ready certificates for the men who have studied E R A in the authorized branch colleges and upon receipt of five (\$5.00) dollars and proper proof of required study and attendance, such certificate will be mailed to the practitioner.

I have also instructed Dr. Wirklich to publish in the Journal all the investigations made each month.

I am enclosing for your use, a picture of the College which you are permitted to use in any manner advantageous to the College.

In my next number of the Journal there will be an article on "bootleg equipment" and their tests.

I have instructed Mr. Gottesfeld to prepare a prospectus of the College.

I have also instructed Dr. Wirklich to do what he can to bring the Atlas up to date.

I will, as soon as I check up and investigation is completed, have the Micro-Oscilloclast available for the use of the practitioners who have been faithful to the cause.

Dr. Wirklich informs me that there will be a change in the price of the Journal taking effect at the earliest opportunity.

In conclusion, I desire to state I am ready to do everything that is honorable and reasonable to help the practitioners in this work.

Take with you to Chicago my greetings and best wishes for their continued success.

RESULTS

All new Atlases will be revised to date. Additional revised pages to date, 34 pages, are now procurable from the Physico-Clinical Company at \$4.00; general notes, \$2.00. In the near future a prospectus of the College will be prepared.

The subscription price of the Journal will be reduced to \$8.00 for six months beginning January, 1924. The present subscription list does not warrant a greater reduction in the price. Those subscribers who have paid for a full year will be credited with the difference. Back numbers of the Clinics from June to December, 1923 inclusive, can be obtained for the sum of \$6.00 made payable to the Clinics of Dr. Albert Abrams.

(Signed) ALBERT ABRAMS

AN OPEN LETTER FROM DR. ALBERT ABRAMS TO LEGITIMATE E R A PRACTITIONERS.

There has been a reorganization of both the personnel and the work of the Physico-Clinical Co.

It is and always has been my aim to supply to my followers the best instruments Science could design with which to carry on their E R A work. It was only recently called to my attention by some practitioners that they received diagnostic instruments which they allege to be inaccurate. The Oscilloclasts are gauged by biophysical and not electrical methods.

At a conference recently had between the deans of the respective branch schools and myself, that matter and several other matters were taken up and discussed. A copy of my letter to them, as well as several other letters, will be found in this issue of the Journal and I would urgently advise you to read them as they are of much interest to you.

I am devoting the major portion of my time in my laboratory with the only object of improving E R A methods and to place these methods on such absolute scientific basis that there can be no criticisms by the orthodox medical fraternity that E R A will be of the utmost possible benefit to humanity. The results of such experiments and new findings will go only to those who are legitimate E R A practitioners, in good standing.

A recent improvement is the Micro-Oscilloclast. We expect to give soon to the E R A practitioners other very important improvements and new findings with which we are now experimenting.

At the conference had with the teachers it was also suggested that a more liberal lease contract should be placed in the field instead of the old one.

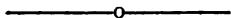
These new improvements and this new lease contract will go to the E R A practitioners who are in good standing, one of the requisites being the payment of rentals to date.

We urge that you fill out the enclosed questionnaire and mail it to us immediately.



QUESTIONNAIRE

1. Do you desire a new lease contract in lieu of your old one containing more liberal terms?
 2. Do you desire a Micro-Oscilloclast?
 3. Do you desire a Statiphone?
 4. Are you a subscriber to Clinics of Dr. Albert Abrams?
 5. Are you a member of any E R A Organizations?
- What are they?



CHICAGO COLLEGE OF ELECTRONIC MEDICINE

Chicago

October 30, 1923

Dear Doctor:—

You are no doubt aware that ERA is being investigated by the Scientific American, the second of a series of articles on the subject appearing in the November issue.

The article begins by stating that the test was made in the laboratory of Dr. X, an **Abrams Practitioner** in New York City. Then follows a description of how completely Dr. X failed to identify bacteriological specimens and in the very last paragraph the following appears:

“Incidentally, Dr. Abrams has written us stating that the doctor with whom we had the test just described, does not represent ERA — the genuine electronic reactions of Abrams.”

(Dr. Joslin, the Dr. X mentioned above, has not had an authorized course of instruction.)

The fact that this statement was not made in the beginning shows a decidedly biased mind on the part of the investigator, which is apparent throughout article. This calls for concerted action by all of us. Although Dr. Abrams, as well as this institution, has offered to co-operate with the Scientific American, it is up to the men in the field to insist that this investigation be **conducted and reported** in a fair and unprejudiced manner.

You have a number of cases that received definite benefit from Electronic treatments. As this investigation is going to be continued, we feel the editor should be informed about the good ERA has done. We therefore urge you to ask those of your patients who have been benefited to write at once, stating briefly what has been done for them, addressing the Managing Editor of the Scientific American, 233 Broadway, New York City.

Yours very truly,

CHICAGO COLLEGE OF ELECTRONIC MEDICINE

LETTER TO EDITOR OF SCIENTIFIC AMERICAN

Mr. A. C. Leocarboursa,
Editor Scientific American, 233 Broadway, New York, N. Y.

Dear Sir:

The receipt of your letter of October 19th is herewith acknowledged.

Your suggestions to submit to blood tests as a conclusive procedure is fraught with many errors.

Notably in the matter of reconciling the average Clinical Diagnoses with the Electronic Reactions. The latter are essentially etiological diagnoses or diagnoses based on the causation of disease.

The average Clinical Diagnoses are based on the existence of a supposed lesion which is expected to be found at the autopsy.

The Electronic Reactions are diagnoses of processes, while the average Clinical Diagnoses are based on structural changes. For this reason, they cannot be expected to agree.

It is conceded that the average errors in Clinical Diagnoses under systems other than that of ERA vary from fifty to ninety per cent. It is quite a different matter whether examinations are made voluntarily or subject to test conditions. The psychological factor is an enormous one, as shown in my Journal, which is forwarded to you under separate cover, and will be found on page 9.

I shall, on coming to New York, submit to demonstrations that shall be just and scientific and before bodies who may seek such demonstrations for the sake of science and humanity, so that I may prove the efficiency of ERA.

Since investigations have been begun by your magazine, my methods have been discredited by your first article, in so much as you employed an

individual whom I advised you was not a credited ERA practitioner, and who I am now informed does not use proper ERA equipment but uses instruments designed by himself.

I naturally feel that in all fairness that your investigation should be limited only to those who are accredited men — men who have taken a proper course in ERA and who are trained in its diagnosis and treatment. Men who are not so trained naturally cannot demonstrate its method, for generally speaking, if you seek the advice and treatment of an eye specialist you do not go to a chiropractor. If you are trying to make an ERA investigation you should only go to ERA men for that purpose.

I have also come into receipt of several telegrams from authentic sources, the purport of which is not understandable to me. For instance this is a sample telegram:

“Better not mix up with Scientific American. Satisfied after investigation that they are not on the square.
Signed.”

I will appreciate it if you will advise me the reasons for which such telegrams as I want to believe that your investigation is an honest one and I want to do what I can in helping you make these investigations.

Very cordially,

(Signed) ALBERT ABRAMS

Taken from the Homoeopathic Recorder, October 15, 1923, Vol. XXXVIII, No. 10, pages 443 to 451 inc. — Business Session of the Forty-fourth Annual Convention of the International Hahnemannian Association, July 5-7, 1923.

The final unfinished business from the last session was the report of the committee appointed by the president to investigate and report on the Abrams method of diagnosis and the use of the Oscilloclast in the treatment of ills.

REPORT OF THE COMMITTEE APPOINTED IN 1922.

By the International Hahnemannian Association to Investigate the Abrams Methods of Diagnosis and Treatment.

This committee consists of Dr. Eugene Underhill, of Philadelphia, Dr. Henry Becker, of Toronto, Dr. Harry B. Baker, of Richmond, Dr. Benjamin C. Woodbury, Jr., of Boston, Dr. Harvey Farrington, of Chicago, and Dr. Guy Beckley Stearns, of New York City, chairman. Of this committee, Drs. Baker and Becker had already attended Abrams' clinic and experimented with the methods, and Dr. Woodbury was familiar with the theories as he had previously visited the clinic. Drs. Underhill and Stearns went to San Francisco and during a considerable period of time were in daily attendance in the clinics. While there, with other interested

physicians, they engaged in outside experiments to determine if there was any relation between the reactions of Abrams and the curative remedy.

Mindful of the duty as a committee, all of its members who have done actual experimenting have kept in constant touch with one another by letter and have met in conference, in part or as a whole, several times. In this way each man's experiments have been checked up by all the others. Also, this committee has kept informed regarding the controversies which have found expression in various public prints. Much of the literature in favor of the methods has been highly colored. Some of it, obviously commercial. Notable exceptions are the articles by William E. Boyd, M. D., of Glasgow, describing experiments which he had conducted; the book of William F. Hudgings, an exponent and simplifier of the Einstein theory, and the report of T. Proctor Hall, M. D., to the British Columbia Academy of Science.

On the other hand, in the condemnatory articles beginning with the editorials and pamphlets of the American Medical Association Journal and continuing through the articles in Hearst's International, and in the Dearborn Independent, we have not found any statement which was of value for determining the basic facts. They are highly prejudiced and condemn without evidence.

When this committee began its work, the conservative part of the profession had already become prejudiced against a fair investigation. Partly from natural antipathy to new methods which in any way appear revolutionary in character, but doubtless largely from the fact that the kind of publicity resorted to had tended to throw discredit upon the methods whilst attracting a horde of opportunists who were concerned only with personal benefits. This created an embarrassing situation for the members of the committee, but we determined not to allow this circumstance to hinder in ascertaining and presenting the basic facts to this association.

The original committee has been augmented by associates who have joined in the experimental and practical work. Associated with Dr. Baker have been Dr. C. W. Tabor and Dr. John M. G. Ryland; with Dr. Becker, his daughter, Dr. Beatrice Becker; with Dr. Underhill, his son, Dr. Eugene Underhill, Jr., and George Yale Wilson, electrical engineer; with Dr. Stearns, Dr. W. J. S. Powers, Dr. M. Eltinge Gore, Dr. J. W. Waffensmith and Herbert Morris Pilkington, electrical expert and technician.

Abrams's claims may be summed up as follows:

1. All substances give off radiant energy.
2. The energy from the blood of an individual represents all the attributes of that individual including his disease-processes.
3. Each disease and attribute gives off its own peculiar kind of energy.
4. These energies can be transmitted by metallic conductors, can be differentiated from each other by means of coils of wire having different degrees of resistance and the potentiality of each energy can be estimated by arbitrary units of measurements.
5. Each of these energies, when conducted to a living human subject, causes definite reactions, that identify the energy.

6. The reactions have to do with slight changes in the tone of some of the hollow organs of the body or at least a change that can be detected by delicate percussion, by rubbing the superimposed surface of the body with a glass or hard rubber rod, by a difference of texture of the skin as detected by the fingers and at times by a change in color of the skin over the organs in which the reaction takes place.
7. These energies are of a vibratory character and each disease has its own particular vibration.
8. Certain drugs have a similar vibration to certain diseases and therefore those drugs have a destructive action on the diseases to which they correspond, in accord with well-known physical laws.
9. An instrument called the Oscilloclast has been devised by Abrams and it is claimed by him that this apparatus develops a form of energy having a range of vibratory rates similar to the range of rates inherent in the different diseases of the body.

There is but one way to deal with these claims, namely, personal examination and experimentation.

This committee began by investigating the possibility of obtaining the reactions. In presenting the results, we simply submit the facts without entering into any of the controversies regarding the explanation of the facts.

HOW TO ELICIT THE REACTIONS

The experimenter should have a subject, the healthier the better. It is best to make the first experiment by eliciting the subject's own reactions. To do this, the subject should face east or west, preferably west, because the magnetic or some other directional currents interfere with the reactions when the subject is oriented in any but the east or west position. Also, the room must be in subdued light, the darker the better for a perfect demonstration, although good results can be obtained in a room in daylight with the ordinary gray blinds drawn. Light energy apparently is strong enough to inhibit the reactions. Apparently static influences retard or prevent the reactions, therefore the subject should also be grounded, although the latter is not always essential. Odors and colors also will modify or inhibit them. The subject, properly grounded and oriented, should now stand with arms extended a little from the body and the fingers straight and spread apart. If he brings his hands together, or turns his hands in so that the fingers touch the body, or clenches his hands so that the fingertips point back into the palms, the reactions are dissipated. If anyone else touches the subject so as to short-circuit the two sides of the body, the reactions at once disappear.

Having fulfilled all the necessary conditions of the experiment so far as the subject is concerned, the experimenter now sits in front of the subject and he also should be grounded so as to be in static equilibrium with the subject.

Now begin gently percussing on the abdomen to the left of the navel and below it, working up on the abdomen until a change of note is observed. With a pencil, mark the spot. Do it two or three times until certain of the location of the change of note. Now, turn the subject at right angles; that is, facing north or south and percuss in the same way, and the point of change of note will be found to have changed its position up or down, depending on the condition of the subject. A colored light thrown on the abdomen will change the location of the percussion note. Different medicinal substances held in the hand will do the same.

Instead of percussion, a glass or vulcanite rod can be used. The rod should be firmly rubbed over the area of the abdomen where the reactions occur, always with an even pressure, and a slight sense of resistance is noted almost as though the rod were sticking to the skin. Moisture or fat on the skin will cause the same sensation. To test whether a reaction has occurred, short-circuit the subject by placing two fingertips, one on either side of the median line of his body and if the sensation of resistance of the rod is caused by reaction there is immediately a letting-go, the rod slipping off. If it is due to other causes, the sticking sensation remains.

An experimenter with a delicate sense of touch can observe the reactions by gently drawing the tips of the fingers over the area instead of using the rod.

To determine the different kinds of energy in the blood that is being tested, one must have a healthy subject. For this purpose, many subjects may be tried before a satisfactory one is obtained. In this experiment, the blood is placed in circuit with the ground and certain so-called resistance-coils, each coil having a definite resistance of from $1/25$ to 10 ohms. From this set of coils a wire leads to an electrode which is held on the forehead of the subject; thus, the energy from the blood must pass through the resistance-coils before it reaches the subject. Now, by turning a switch so as to bring a definite amount of resistance between the blood and the subject, say 50 ohms, it will be found that a reaction will occur in a certain area of the abdomen, provided there is present in the blood the kind of energy that vibrates harmoniously with that amount of resistance. Turn away from this number and the reaction disappears.

Now, turn another amount of resistance and keep changing this until a reaction occurs, which will likely be in another part of the abdomen. The resistance-box that has been devised for this purpose measures up to 60 ohms as it is claimed that this represents the highest degree of resistance that is necessary for the differentiation of any of the pathological energies in the blood. By interposing a second resistance-box between the first and the subject, with the second box, seemingly the amount of each of the different energies can be measured.

The term Ohmage has been borrowed from electrical terminology to represent these measurements.

All of the foregoing can be worked out by anyone who will take the trouble to master the requisite technique.

As to the interpretation: It is claimed that every disease "tunes in" through its own particular amount of resistance. In discussing this phase

of this subject, we will, for the sake of brevity and clarity, not use the word "ohms" but merely designate by number the tuning-in place of diseases.

Practically everyone has energy that "tunes in" at 57, so this has been considered as representing a basic pathology on which all other diseases grow. Congenital lues gives a reaction for this number, so the deduction was made that everybody has congenital lues. Blood from a patient who has cancer gives off an energy that comes through at 50, therefore it is deduced that all energy coming through at 50, is either cancer or cancer in its incipiency. Sarcoma energy comes through at 58, acquired lues at 55, streptococcic infection at 60, tuberculosis at 42, and so on through all the different diseases. As far as we have checked up, where one of these diseases is known to be definitely present, an energy does come through at the numbers given, but we also find energies coming through at these numbers where no such diseases can be demonstrated by any other method. So that some may require further proof as to whether these energies really represent these diseases in their incipiency or not. One thing that may be demonstrated is that where there is definite pathology in the individual who supplies the blood, the location of that pathology can usually be demonstrated on the subject.

Putting all these facts together, it requires only a certain amount of good judgment and skill in drawing deductions and correlating whatever other facts are known, to make fairly accurate diagnoses. On the other hand, an immense amount of experimentation should be carried on by a great number of competent observers before many of the claims that are so boldly made should be broadcasted. We would not presume to pass final judgment on these methods of diagnoses, but we do say, however, that at times the findings are startlingly correct.

OF WHAT USE IS THIS KIND OF DIAGNOSIS?

It is this phase that has most interested us and especially if it would help in drug-selection. Last year, Dr. William Becker, of Chicago, demonstrated to this organization differences in potencies of remedies by means of these reactions, and it was largely this demonstration that inspired the appointment of your committee. We have also experimented along this line and verify what Dr. Becker showed last year, namely, that the higher the potency the higher the potentiality of the energy as measured by the resistance coils. More important still, we have found that a remedy which will cure the patient will annihilate or intensify all pathological reactions when it is brought into relation with the patient or with the blood of the patient. Dr. Stearns and his associates have devoted most of their time to developing this line of investigation. Dr. Underhill has made extensive researches tending to show that certain tissue-elements are deficient or out of balance in any given case, and the element found which would cancel most of the reactions when tried out by these methods, he has observed to be the constitutional remedy.

For the lack of time and space, we cannot go into detail about these experiments; moreover, it would be premature because changes in technique

are constantly being worked out. However, anyone in the I. H. A. who is interested is welcome to all the knowledge that we have gained. So much depends upon accurate technique and there are so many possible sources of error at the present stage of our work that we must be extremely cautious regarding any claims we make.

The present necessity for the use of a subject as detector of the energies in the blood makes any absolute standardization impossible. Mr. Pilkington and many inventors throughout the country are working to devise a mechanical apparatus for detecting the energy. Once this is accomplished, none can fortell the possibilities. Only just now, we are in touch with a scientist who has detected the energies, by means of an apparatus which he has developed, and he expects that, within a few months, he will have perfected a detector.

As imperfect as are our present methods, we have been able to work out some remarkable prescriptions -- occasionally finding remedies that have been so poorly proved that they could not have been found in any other way. We have applied this method to those cases on which we have failed by our old method of repertorial analysis and study, and we have checked up on the remedies that we have been able to work out in the old way. It is along this line that Dr. Boyd, mentioned earlier in this report, has done some original work. By somewhat different technique, he has anticipated some of the work that we have done. The same is true of Dr. F. C. N. Schneider, of Peru, Illinois, who, by similar methods, has not only selected curative remedies but also the diet best adapted to patients. This dietetic phase we have not had time to go into.

THE OSCILLOCLAST

The amazing claims made for this apparatus have led us to try it out. The A. M. A. Journal and the Dearborn Independent claim that it is impossible for any sort of known energy to be generated by this mechanism. However, the patients under treatment are benefited in a way difficult to explain from any other standpoint but that they do receive some specific energy. We asked Mr. Pilkington to test out the apparatus and he reports as follows: "At your request I examined the oscilloclast with a view of ascertaining, if possible, whether any current of electricity is in fact inducted into the patient. Briefly, the apparatus above mentioned sets up a pulsation which is supposedly conveyed to the patient by conducting cords. By using a pair of 6,000 ohms earphones in series with the patient, who is insulated, the unmistakable inductance-kick of the iron core electro-magnets was plainly audible at every impulse, which, of course, can only mean a definite stress set up in the patient's body at each and every pulsation of the circuit, whatever may be its characteristics. The principle involved is apparently that of a magnetic stress that is rhythmically interrupted and that produces specific physiological reaction without sensation to the patient."

It is said that there is nothing patentable about the oscilloclast. Other machines have already been put on the market which are said to do equally good work. These are being tried out by reliable physicians.

RESULTS OF THE TREATMENT

We have observed apparent curative effects in some of the most difficult types of cases. We will not burden this report with statistics although we could give a series of a few hundred cases extending back over a considerable period of time. We feel that it is sufficient at this time to report in this general way.

THE COMMERCIAL ASPECT

Much has been said about the commercial side of Abrams's work as it is being promulgated. This committee feels that the discussion of this phase of the subject is outside its province.

SUMMARY

We have demonstrated that reactions of a very delicate character can be induced by means of the blood of an individual that is brought into relation with another person provided certain conditions are established. From this we deduce that some sort of energy is given off from that blood.

We believe that this energy represents both pathological and physiological processes in the individual from whom the blood is taken.

We believe that more or less accurate deductions can be made as to a diagnosis of the condition from which the donor of the blood suffers and that these conditions can be quite accurately located.

We have demonstrated that these reactions can be utilized in selecting curative measures.

In conclusion: Your committee feels justified in reminding you that, in physical science, what yesterday seemed impossible is today commonplace. The phenomena of these reactions constitute a new field of medical research.

Respectfully submitted:

EUGENE UNDERHILL, M. D.

HENRY BECKER, M. D.

HARRY B. BAKER, M. D.

BENJAMIN C. WOODBURY, Jr., M. D.

HARVEY FARRINGTON, M. D.

GUY BECKLEY STEARNS, M. D. -- Chairman

NEW APPARATUS

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C O N T E N T S

	Page
The Vicissitudes of Truth.....	2
Eragrams	12
Within and Without the Atom.....	14
Correspondence	16
Miscellaneous	24
Clinical Lectures by Dr. Albert Abrams.....	28

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San Francisco, Cal.

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Physico-Clinical Medicine and The Clinics of Dr. Albert Abrams

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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THE CLINICS OF DR. ALBERT ABRAMS
2151 SACRAMENTO ST. SAN FRANCISCO, CAL.

ANNOUNCEMENT — OPEN FORUM FOR ERA PHYSICIANS

The Journal will conduct an Open Forum for the service of ERA practitioners wherein they will have the privilege of reporting interesting cases and exchanging views on methods of obtaining results. Space will be given for the publication of reports of cases that will be of general aid and interest to the men in the field and any findings or discoveries of especial value.

The subscription price of the Clinics of Dr. Albert Abrams will be reduced to \$8.00 for six months, beginning January, 1924. Back numbers of the Clinics from June to December 1923 inclusive, can be obtained for \$6.00. Checks made payable to Clinics of Dr. Albert Abrams.

COURSES IN SAN FRANCISCO

Dr. Abrams will continue his monthly instruction in "Electronic Medicine" until further notice.

The Vicissitudes of Truth and the Electronic Reactions of Abrams

"Truth like a bastard comes into the world, never without ill-fame to him who gives him birth."

The present day represents an avalanche of discovery in physical science, but medicine still retains its pristine glory unsullied by such discoveries.

Science has its heredity because it is identified with the heritage of its proponents. The astronomer's ancestry were the astrologers; the chemist's, the alchemists; and the physician's and surgeon's, magicians and barbers.

Newton, two and a half centuries in the rear, demonstrated that white was a combination of colors and that the color of objects represented the reflections of some and the absorption of other rays. These facts were, to Newton's regret, a source of interminable controversy and he deplored the publicity which had been given to them. It was most annoying to possess knowledge which was not universal.

Rationality is a human characteristic, but logicity is acquired. Emotionally, we are hundreds of thousands of years old; rationally, we are embryos.

Perhaps no theory in medicine has been more universally discussed than the medical application of the electronic theory. Like all theories, it has its proponents and its traducers, and the latter will briefly occupy our attention.

Just as morality is a question of geography, so is opinion a matter of chronology. Among other factors in the fabrication of opinion is self-interest, and when this is threatened, every weapon of defense, however ignoble, is employed. Medical diagnosis is concededly a failure and medical treatment, a gigantic phantom. Surgery is the refuge of the therapeutically destitute. Life is not for medicine but medicine is for life. Truth in its effort to destroy this medical chaos is in itself liable to annihilation, but it triumphs eventually nevertheless.

It has been the policy of the advocate of the Electronic theory in medicine to abstain from argument with his traducers. Never argue with a liar unless you are versed in the art; you can't not beat him at his own game.

Every man has his own price, the only question is, how much?

From authentic sources it has been ascertained that a million dollars has been appropriated to defeat the Electronic theory, by fair but usually by foul means.

Why? The necessity for surgery will be reduced fully 50 per cent. Drug Stores will become obsolete and patients will be cured.

Medicine is still under the régime of therapeutic nihilism; viz., you may diagnose disease, you may describe it, and may even get a grasp of it, but you must never presume to cure it. Cheap doggerel, satire and untruths have been used with an abandonment worthy of a better cause to defeat the Electronic theory, but investigation has been scrupulously avoided.

Was it not the critic who never read a book before he reviewed it, otherwise he would have been prejudiced?

Was it not Galileo who, in his endeavors to disprove the prevailing theory of the Earth as the center of the Universe, besought a colleague to look through his telescope but the latter refused, fearing that he might believe as did Galileo?

Let us pass in review a few choice morsels of Officialdom. Here is one emanating from Nova Scotia:

Halifax,
July 19, 1923.

Dr. Barbara MacKinnon,
Truro, N. S.

Dear Dr. MacKinnon:—

The complaint registered against you by the Colchester Hospital Medical Society was considered at a meeting of the Board held last evening, when I was instructed to inform you that the Board can not countenance the use of the "oscilloclast" by any of its registrants. The board is of the opinion that this apparatus is not constructed on scientific lines, and that the claims made for it are unwarranted. I am directed to state that the board is unanimous in its decision that you should be requested to refrain from further use of this apparatus, and that it is the hope of the Board that your response to this ruling will render further action unnecessary.

Yours very sincerely,
(Signed) W. H. HATTIE,
Registrar.

The foregoing supreme arbitrariness has one essential cause, interference with the medical practice of the colleagues of Dr. MacKinnon. It is better to die with medical tradition than to live without it.

Many disciples of the E R A have acquired enormous practices at the expense of their colleagues, and their only recommendation was cured patients.

You can not argue disease into submission and you can not charm ache with words. Anything which will help patients constitutes medical practice.

We shall not discuss the scientific value of the Oscilloclast; that is a fact, not a theory.

Abrams has more recently shown by a series of tracings, which even the most skeptical scientist could not doubt, why the Oscilloclast an-

nihilates disease. Thus, the citation of cures can be eliminated as corroborative evidence.

Hunger annihilates reason and invites prejudice. In a small town not far from San Francisco was a highly educated physician who enjoyed the largest practice. Came to San Francisco an obscure physician from the same town to study the E R A. Returning, the latter acquired most of the practice of the other who possessed a residuum of uncured patients whom he cured. The educated physician exhausted his condemnatory vocabulary respecting the E R A. Evidently the verbiage was inadequate and after studying the E R A, he again came into his own.

DAMNANT QUOD NON INTELLIGUNT.

The story relating to an educated physician has its replica in hundreds of instances. Many disciples of the E R A have been recruited from ailing physicians and their families who have failed to receive relief from official sources.

The "Scientific American" is now investigating the E R A. The writer does not doubt its sincerity, but many of the disciples do, judging from the receipt of many letters and telegrams. Certain facts relating to this investigation may be cited.

Physicians were circularized throughout the country directing their attention to the investigation and soliciting their subscriptions which would mean thousands of dollars to the publishers. Yet, when they were invited to send a representative to San Francisco where every possible opportunity would be given to investigate the methods, no advantage was taken of the invitation.

Again, the Editor of the "Scientific American" was earnestly solicited not to select a certain individual to make the tests, for the reason that he was not accredited, that he used methods of diagnosis which were false, and for several other cogent reasons. Despite injunctions to the contrary, this was the very individual selected.

According to the report of the "Scientific American," the tests were failures. Immediately this report was telegraphed throughout the country and couched in language which had essentially one object: To discredit the E R A.

Much more may be said, but with the foregoing data, formulate your own conclusions.

THE DISCIPLES OF THE E R A ARE WARNED NOT TO MAKE BLOOD TESTS.

If tests are made, have the **patients** submitted; make your diagnosis and corroborate your finding on the patient. After this manner, the burden of proof will be equally shared.

According to Sir James MacKenzie, 90 per cent of the official diagnoses are wrong. If then, your errors are 89 per cent, you still have one per cent in your favor.

A very specious method of suggesting truth is to suppress it. Here, for instance, in a certain medical journal's editorial, the following example is selected. It relates to Dr. A. Brioso Vasconcelos, Editor of a Mexican medical journal, who challenged Abrams' claims, in consequence of which he was ousted as a member of the Superior Board of Health. This certain medical journal deplores the step taken by the Mexican Government. To this certain "Journal", Abrams is indebted for an inordinate amount of gratuitous publicity and he selects this opportunity to express his gratitude.

This is the same "Journal" with its great accuracy for detail which refers to Abrams' Oscilloclast as a diagnostic instrument; states that Abrams remained only two or three days in Mexico, and makes many other misstatements too numerous to mention.

What was the Vasconcelos incident and who is Vasconcelos? It was at a public lecture given by Abrams at the invitation of the Mexican Government that Vasconcelos, surrounded by a howling mob brought there by himself, arose in the midst of his lecture and demanded in an insolent manner to be given proofs of Abrams' claims. Abrams, despite Vasconcelos' insulting manner, kindly requested him to await a demonstration to be given at the close of the lecture. This did not appease Vasconcelos and he ranted more violently than ever. Fearing that the audience who wanted fair play would do Vasconcelos harm, Abrams brought the lecture to an end.

Later, Abrams learned that Vasconcelos represented in Mexico the certain "Journal" to which reference has been made. That instead of being a representative of the Mexican profession, as the "Journal" asserts, he was a mischief maker and a commercialized ingredient of the profession there, the Mexican agent of an American preparation of Salvarsan. That, judging from the results attained by disciples of Abrams in Mexico who had cured many cases of malignant syphilis by the Oscilloclast, the prestige of his Salvarsan would be endangered. We deeply sympathize with the "Journal" for the untimely fate of this superb gentleman. Much more could be said concerning this delectable personality apotheosized by the "Journal" to sustain its attitude but, O! Hell! what's the use?

FURTHER EFFORTS TO DISCREDIT ERA

Now comes Doctor Millikan, recent recipient of the Nobel prize, who claims in a recent address that there is a misconception concerning the Electronic methods, for the reason that the frequencies of Electrons are billions of times higher than those used in treatments; hence the word "Electronic" in connection with these methods is misleading and unscientific.

Millikan isolated and weighed an Electron and perhaps he is like the mathematician who thanked God that his discovery could be of no practical use to mankind and wishes to accord the same privileges to other discoveries.

Millikan's Assistant was at Abrams' laboratory for several days. He witnessed phenomena but could not explain them, ergo—they did not exist.

Such academic expressions like those of Millikan are known to every successful discoverer. Imagination, like fire, is a good servant but a bad master. When facts do not conform with theories, then theories must be altered to conform with facts.

Logomachy signifies a contention in words. A rose by any other name would smell as sweet. The Pyrrhonians and Sophists are obsolete but their descendants survive in attenuated form. The former were always in search of truth but would never admit they had found it. The Sophists occupied their time in verbal niceties, sententious quibbles, conundrums and enigmas. The following was one of their famous problems:

"When a man says, I lie, does he lie or does he not lie? If he lies, he speaks the truth, and if he speaks the truth he lies."

Let us go back to Millikan. Great physicist as he is acknowledged to be and as we concede he is, he must recognize the fact that one may detect and measure all forms of energy by converting them into electric currents. He can not question that all phenomena in nature are dependent upon matter in motion or vibration and that energy only designates the modes of motion in the universe. Further, that these phenomena are due to the distribution and motion of Electrons. His knowledge of energy detection is that possessed by the average physicist. He knows nothing of the animal reflexes which surpass in sensitivity any known instrument of science and permit of the recognition of many forms of energy heretofore unknown to science. He knows nothing of Abrams' radio apparatus nor his methods of obtaining graphs of different forms of energy.

Millikan's contention that the word "Electronic" should be limited to rate vibration is wrong. It is applicable to any phenomenon and to matter, the ultimate unit of which is the Electron. Every schoolboy knows that Electrons are characterized by the uniformity of their vibrations.

Energy emanates from the Oscilloclast, and until Millikan can measure the vibrations proceeding therefrom, he should abstain from criticism. Which reminds one of the lawyer visiting his client in jail. "They can't put you in jail for your offense." "I'm here, am I not?" replied the prisoner.

Reference has been made to the large expenditure of money appropriated to discredit Electronic Medicine. The money could be expended in a variety of ways. Favorite methods are to subsidize the Press, and it in its turn subsidizes others. It is amusing to see in how many ways animus may be expressed. Here is the American Medical Directory (1923)

and among the list of San Francisco physicians is "Abrams, Albert; not in practice." Very true, not in practice to contribute to the support of the "Journal."

One De Kruijff, in Hearst's Magazine, led the onslaught. He was introduced to Abrams by one of his former pupils, Dr. Alvarez. He remained in Abrams' laboratory for about one hour and refused to be shown anything. Any gentleman would have stated the object of his visit.

Next came Morgan, writing for the "Dearborn Independent." Being a layman without credentials, he was refused admission to the Clinic and left vowing vengeance, as it was subsequently learned.

Of the many minor traducers is one Wooley and J. W. Torbett of Texas.

Wooley even wrote a pamphlet condemnatory of the methods. He is to be congratulated for having attained the eminence of a pamphleteer. He was never successful in practice and was forced to occupy some subordinate position at the Battle Creek Sanitarium. After being given gratuitous instruction for several months at Abrams' Clinic and assisted in many ways, he was informed that his case was hopeless and that it was useless for him to continue studying the methods.

Someone once said to a well-known philanthropist, "Walter Jones is saying many unpleasant things about you." "Jones, Walter Jones," the philanthropist replied, "I do not remember having helped a man by that name."

One may profitably recall the Fabulist. "You are always saying something unpleasant about me. Why not say something pleasant?" said the Ass. "If I did so, they would call you the Fabulist and me the Ass."

Abrams has a most pleasant recollection of Torbett. He visited his Clinic about five years ago and remained about two days. He confessed his inability to acquire the methods as he was not an adept in physical diagnosis, an absolute necessity at that time. He requested that he be allowed to send his nurse for instruction. This request was refused inasmuch as instruction was limited to graduate physicians.

The methods of Abrams were then in their infancy. Fancy anyone discrediting Paderewski as a pianist because they listened to a recital in his youth.

But Torbett must have his fling, and why deprive him of that pleasure? Says Torbett in a recent diatribe; Abrams maintains that the human receptor notably the retina, exceeds the sensitivity of the photographic plate. He may be referred to the epoch-making investigations of V. Henri et Larguier des Bancels (1911, p. 856), who found the retina to be sensitive to an amount of light energy as small as 5×10^{-12} Ergs. This is about three thousand times as sensitive as the most rapid photographic plate.

CAUTION AGAINST BOGUS APPARATUS AND ADVERTISING

Just one final word to the disciples of the E R A. There are about forty "boot-legging" machines on the market. We are constantly in receipt of letters from dissatisfied patients who have been deceived by the use of such apparatus. They threaten suits. Such action will not only discredit the methods but bring the practitioners into disrepute.

Advertising the methods will violate the Oscilloclast contract, and practitioners are warned to abstain from any unethical methods or their Oscilloclasts will be recalled. This is now being done in several instances. Your most exalted advertisement consists in curing your patients.

CORRESPONDENCE RE SCIENTIFIC AMERICAN

Again referring to the "Scientific American", the following is self-explanatory.

BRANCH COLLEGE OF ELECTRONIC MEDICINE

Dean: J. W. King, M. D.
57 Main Street, Bradford, Penn.

November 10, 1923.

Dear Doctor:—

The following letter was sent to the **Scientific American**, 233 Broadway, New York City, in its investigation of the Electronic Reactions of Abrams, which conducted in its November issue a wrong course in selecting an **unseasoned medium** in diagnosing disease by the Abrams Methods, as the following shows:

Managing Editor Scientific American,
233 Broadway,
New York City, N. Y.

Dear Sir:—

Dr. Joslin paid me a social visit of several days at my Laboratory about August, 1922, to get an idea of the new work of Dr. Abrams, informing me that he had had the former work in 1913. Later I learned that he had come to me for the purpose of getting me to get him the Oscilloclast. He saw many examinations made without my previous knowledge of a patient's illness and nine times out of ten, the clinical findings corresponded with the E R A. He also saw many letters coming from physicians for whom I made E R A diagnoses which stated that the patient was either cured or was greatly improved, (later, many of the latter were cured). On Dr. Joslin's last day with me, he got convincing proof of the accuracy of the work, throwing up his hands and exclaiming, "That settles it, I am now out and out for the E R A." Whether he received the regular "training" in the work I do not know. He got none while with me. I did not regard Dr. Joslin competent to make E R A examinations

and later had plenty of information that he could not make these reactions. A telegram just received from Dr. Abrams gives me the information that Dr. Joslin has no Oscilloclast.

Being engaged at a certain work requiring every minute of my time, I am unable to give you names of the many patients I have cured nor copies of many letters I have received from physicians regarding cured patients. It should bring conviction to you that the propaganda published in the Scientific American was unfair because the investigation was conducted by an unauthorized practitioner of the E R A and therefore could not be the genuine Electronic Reactions of Abrams. When one is not thoroughly fitted to do at least seventy-five per cent accurate diagnostic work with the Abrams Methods, he surely is not competent to give scientific demonstrations of the work, and that percentage when compared with that of the "cream of the medical profession" which made fifty-seven per cent inaccurate diagnoses, should be accepted as the better of the two. Expert electronists make over ninety per cent correct diagnoses. My Laboratory is always open to any one wishing a knowledge of the merits or demerits of the work. It is an open institution to all sincere, scientific investigators.

In fairness to Dr. Abrams, may I ask you to publish this letter in your next article dealing with the subject? It should offset false impressions gained from the November issue, "Our Abrams Investigation—II."

Yours very truly,

(Signed) J. W. KING, M. D.

I don't expect they will publish my letter so take this means to supply the information to those on my mailing list.

Bradford College of Electronic Medicine,
J. W. King, M. D., Dean.

In justice to the "Scientific American," it pleases us to publish the following from a prominent citizen of Philadelphia.

November 9, 1923.

Dear Dr. Abrams:

"While over in New York last week, I called at the offices of the 'Scientific American', hoping I might have an interview with the Editor who is conducting the investigation of your treatment. My hopes were more than fulfilled, as the Editor gave me an interview lasting practically two hours.

"We discussed your treatment pro and con; he showed me a mass of correspondence, some written on your behalf and others written against you, and I must say I never met a fairer minded, more impartial man than the Editor was.

"I am very much surprised at your not having by now accepted his invitation to come to New York and thoroughly demonstrate to him

and his committee your treatment. He told me of your invitation to go to San Francisco as your guest, which proceeding would of course be very wrong for him to accept, not to mention the fact that he has a committee working with him to make this investigation—it would be impossible for all of them to get away for the length of time it would take to go to San Francisco and return, as well as the time they would have to spend in San Francisco to make the investigation, whereas if you come east it would only mean yourself coming on; and in a few days you could, if you are sincere absolutely, demonstrate your method.

“The Editor told me himself he felt certain that you undoubtedly had opened a new field to medical science, but what it was you had invented, he was absolutely unable to find out so far. One of his great troubles was to find someone who could demonstrate and explain your methods. The first demonstration given them by a doctor in New York was an absolute failure (as you will note by reading the report in their November issue of the ‘Scientific American’) and I must truthfully say it thoroughly disgusted me after I had read it.

“The Editor told me there are three classes of men using your treatment in New York—a few really honest men who have studied it under you, a number who have learned it but have added their own improvements or inventions to it, and finally, a number of unscrupulous men who have half learned it but don’t know and don’t apparently care how they administer it, just so long as they can catch suckers and make money by doing so.

“Now, Dr. Abrams, are you going to do the honest thing? Go to New York, and give a truthful and honest demonstration of your method. I can hardly believe otherwise; it seems incredible to me, with such an opportunity to show the world what you claim can be done, that you won’t embrace this opportunity. This magazine is not like Hearst’s International or Ford’s Dearborn Independent. (I think if they had endorsed you, most thinking people would have done your method). Here is a magazine of the highest standing; its Editor is absolutely impartial—if anything, he leans toward you. What is preventing you from coming to New York? Are you afraid? Are your claims dishonest?

“Perhaps you may say it is none of my business. Well, write to Dr. ————. I think you will, after you hear from him, find out you never had a greater and more enthusiastic rooster than I have been for you. Nearly every doctor in Philadelphia curses me; they have never forgiven me for getting in the state of health I am in now, compared to what I was under their treatments. My case is the talk of the town among the biggest, richest and most influential men in the city. Those are the reasons I am writing to you. I am terribly in earnest and most interested. I want you to come and prove your method. If you are an honest man you will do it.”

Abrams’ invitation to the “Scientific American” still holds. An investigation of the E R A is not a spiritistic performance demanding an assemblage of individuals for the detection of fraud. A single expert suffices. The physico-clinical phenomena are objective and could be re-

peated by the expert. The method of investigation, however, it must be emphasized, is not wholly the prerogative of the investigator. Abrams has submitted to tests too often not to comprehend their import and their limitations.

Abrams' time is very precious. He is busily occupied in perfecting the methods and every moment of his time is so occupied. He can not leave for New York at this time but has written the "Scientific American" that he shall do so later, perhaps in January, where his methods will be demonstrated and explained.

MAYO AND MEDICAL PROGRESS

Next on the list is Charles Mayo. In a public address, he refers to Abrams as a Charlatan. It may be known to his contemporaries that Mayo is a surgeon; posterity may forget it. Such is his inconsistency that in public addresses he emphasizes the fact that medicine can not progress unless along Electronic lines and then swats the individual who is endeavoring to make it so progress.

It is deplorable that Mayo should employ his position for such cheap propaganda. Concerning Abrams' methods he knows nothing, but he does know that many patients declared incurable at his own clinic have been cured by the E R A. It is nothing to be called a charlatan; the calamity consists in being one.

In a certain medical monthly, October, 1923, K. A. describes a luncheon where Abrams' treatment was the subject of discussion. The hostess had an inoperable rectal cancer but an Abrams disciple said it was rectal syphilis. K. A. continues that the hostess declared that she was improving and expected through faith in the methods to obtain an ultimate cure. K. A. is not quite positive that suggestion is wholly to blame for the improvement and quotes Osler's reference to a patient with a gastric cancer who lived for over a year after receiving encouragement of recovery. One would really believe that the encouragement of patients is a wicked procedure.

Abrams has shown how the mind can cure not only functional but organic diseases, and the graphic proof which he has for many years striven to attain is at last at his command, as will be shown in the *Eragrams* in this issue.

Abrams frequently relates to his classes the incident of a gentleman of prominence who after an exploratory laparotomy was declared to have an inoperable gastric cancer with extensive infiltration. Digestive **syphilis** and not cancer was found by the E R A. Practically all the symptoms subsided by antiluetic treatment. An esophageal stricture in the same patient necessitated a subsequent operation. To the astonishment of the surgeons, the so-called cancers were no longer present, and one of the surgeons, a university professor, declared with enthusiasm that he would present a paper on the **spontaneous disappearance of cancer**. He was quite unaware that this patient had received treatment.

ERAGRAMS

Bearing on the reference to Millikan in the present issue of this Journal and to avoid possible verbal quibbling, the graphs of radiant energy first cited in the last number of this Journal as Radiobiograms will hereafter be specified by the above caption, Eragrams—graphs of the E R A.

Here specific reference is made to a demonstrable proof of the action of the Oscilloclast to controvert Millikan's contention. (See Figure 1.)

Graphs were primarily made of the radiant energy from a cancer. Then the emanations from an Oscilloclast (O_s) at rate 6 were conducted within three feet of the cancer by aid of a cord and electrode. Any other number of the O_s was without effect, and this refers with equal cogency to other graphs of disease. O_s , on, signifies that the electrode was near the specimen, and O_s , off, that it was removed from the specimen. Several seconds elapse after O_s is removed before the curves appear, owing to the hold-over action of the O_s .

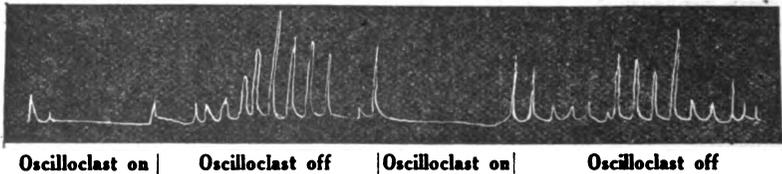


Figure 1.—Tracings showing the action of the Oscilloclastic energy on the energy of cancer.

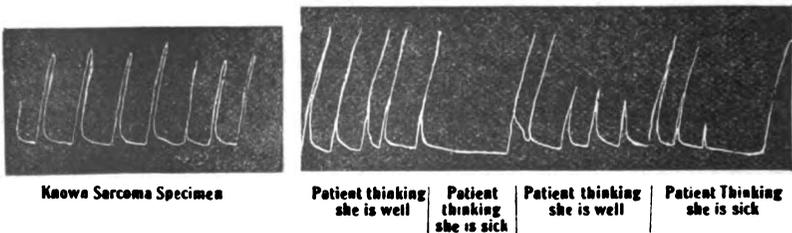


Figure 2.—Tracings showing psychotherapeutic action.

The graphs (Fig. 2) show how the mind can influence an organic disease. The patient shows a reaction of brain sarcoma. The graphs of a sarcoma specimen are shown by contrast. Note that during

the time the patient affirms **she is well**, the graphs are substituted by a straight line but when this favorable auto-suggestion is released, the graphs recur.

NEWTONIAN THEORY OF LIGHT.

Abrams has presumed to investigate the discountenanced theory of light as enunciated by Newton and which is now supplanted by the undulatory theory. It may be recalled that Max Planck of Berlin, about twenty years ago, questioned the wave theory. He believed that light radiated in separate units which he called light quantities (licht quanta) and not like continuous waves. These quanta were thought to be emitted like streams of bullets from a machine gun. No explanation was given by Planck for the quantum theory nor by anyone else, although it is accepted as an unexplained fact.

The Eragraphs appear to show for the first time in the history of science the correctness of the "Quantum" theory and appear to sustain the corpuscular theory of light.

Abrams is indebted to Dr. George Jarvis for his valuable assistance in executing these experiments.

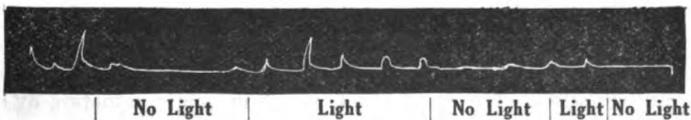


Figure 3.—Graphs of a single ray of light which recur at periodical intervals of 12 1-2 seconds. For purposes of comparison, the electrode conveying the light energy to the Abrams' radio apparatus was alternately placed on a line with the light ray and then removed.

WITHIN AND WITHOUT THE ATOM.**Metaseiograms.**

Abstract of a lecture by Dr. Albert Abrams.

When Becquerel in 1896, demonstrated that uranium salts emitted rays continuously without any external influences, a new chapter in physics was revealed. This observation completely revised our views on the constitution of matter.

The popular atom of today is that of Bohr and Rutherford, or is it that of Irving Langmuir, who claims it to be cubical in formation with electrons stationed approximately at the corners of the cubes? Can not the non-mathematical mind bereft of formidable equations with their sextillions of quadrillions approach the question of atomic morphology in another direction? At the present date, the atom is composed of positive charges or protons and negative electrons.

At present, there are 92 kinds (87 of which are known) of matter, therefore there are 92 kinds of atoms. The lightest and simplest form of matter is hydrogen made up of two units of oppositely charged electrons. Uranium is the heaviest with 92 of each. All the atoms are constantly breaking down and these explosions constitute radioactivity, practically a throwing off of protons and electrons.

The number of revolutions of an electron in an atom within the space of time of one second must amount to at least a hundred trillion.

Electrobiography. In the September, 1921 number of this Journal, reference was made to this subject and it was shown how by means of charged pith powder, one could outline the organs by aid of the electrostatic properties of the organs themselves.

Metaseosis. (G. meta, over; seo, shake, vibration.) In the September, 1920 number of this Journal, this term was used to describe the transference of vibrations. We are all familiar with magnetic induction by which magnetism is transferred to magnetizable substances. We also know radium can confer its radioactivity on other substances.

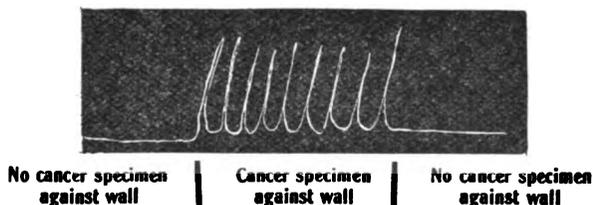
With our radio apparatus, which dispenses with a human for diagnostic purposes, transferred energy from cancer and tuberculosis as well as other diseases may be communicated to other substances and in this way we explain so-called cancer-houses and danger from other infections to people occupying houses previously occupied by infected persons.

This radio apparatus, by the way, will soon be released to disciples of the E R A. We have hesitated in its release because we wanted to make it fool-proof and easily operated. We are on the eve of so doing.

The accompanying Eragram illustrates the trend of our argument. A cancer specimen is placed in contact with the wall of this laboratory

for a minute. From the area where the specimen was placed, we conduct the energy to our apparatus. Note the typical Eragram of cancer. Place it on another spot on the wall and you get a straight line; return electrode to the original spot and again the Eragram forms.

Fig. 4.—Eragram of energy from a cancer specimen against a wall.



Electric Dust Figures. Electricity creeps slowly over the surface of bad conductors. This distribution is easily shown by electroscopic powders. With a charged Leyden jar make any writing on a dry sheet of glass. Then sift through a bit of muslin, a mixture of red lead and sulphur on the glass. Lichtenberg's figures form. The negative sulphur will be attracted where there is positive electrification and the red settles where there is negative electrification.

Metaseiograms. Transference of energy may be shown by a simple method to which I have given a little investigation. Are the figures definite enough to enable us to conclude that they may give us some clue to atomic morphology? Practically any pathological material or in fact any element appears to show a definite picture and by transferring the energy at definite vibratory rates, only the energy thus filtered will show. The method is complicated and I shall content myself by showing you the simpler process, reserving a description of the former until a later time when you are satisfied that you can elicit definite metaseiograms.

Take a sheet of polished hard rubber. On it place for a minute a cancer specimen or blood showing a cancer reaction. Charge lycopodium (in a porcelain jar with a finely perforated aluminum cover) with a negative static charge from a rubber rod. Then sift the lycopodium at a distance from the specimen so as to get an even and barely visible coating of powder on the rubber. Within a half a minute, a figure forms. This figure is destroyed if rate 6 from the oscilloclast is used on the rubber. The figure may reform a number of times after brushing off the powder but a horseshoe magnet run over the rubber surface causes the electrons of the rubber to rearrange themselves in their original formation and no figure can be formed until another specimen is used.

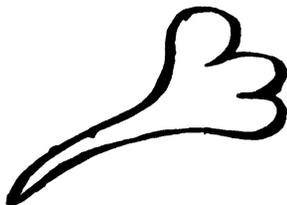


Fig. 5.—Metaseiogram of cancer (diagrammatic)
Observe rubber surface from different angles. The metaseiogram is here shown diagrammatically.

Correspondence

RE BRITISH EMPIRE CANCER CAMPAIGN

Bagshot, Surrey
October 18, 1923.

Dear Doctor Abrams:—

Although I have not had the pleasure of meeting you, your name has become a daily household word with my family and myself and therefore I feel I must address you personally by name. I know how keen you are on the E R A treatment and so just write to tell you of my case.

In April last one of our first surgeons pronounced it cancer of the bowel; they had to perform a colotomy but owing to the cancer being also present on the liver would not operate any further. They would not give me more than two or three months to live.

I heard of Dr. Tombleson, also Dr. Mather Thompson (who has been very kind to me) and went to the former for your treatment. The result is a complete success and now after six months according to the opinions of our leading medical men unless something had eradicated the malignancy I must be dead. But it is not so. I am in a perfectly fit condition, leading a normal life and look years younger (I am fifty).

While I was at West Cliff-on-Sea under Dr. Tombleson I saw many effects and cures of cancer and tuberculosis and other diseases that it seemed incredible that the medical world here, as you found in America, won't believe or even come and see.

As an example of how valuable time is being lost, I enclose some correspondence that I have had with The Empire Research Cancer Campaign lately formed. I do wish you would come over again to poor old

England at once and talk to them. They don't deserve it, but we want to be saved. Can you?

Of course I am intensely interested in a work that has saved my life and am trying in every way to make the treatment known, and I must say within the last few days have had one most promising response. We have only about a dozen doctors here. I am in communication with one of our leading East London Hospitals and I have been informed quite independently that if any London Hospital would agree to practice the E R A you would agree with your well known generosity to equip it with your instruments. May I pass this on as a fact?

With sincere thanks to you for your great research and awaiting your reply, believe me,

Yours sincerely,
(Signed) H. G. T.

West Cliff-on-Sea,
September 12, 1923.

British Empire Cancer Campaign,
19 Berkeley Street,
London, W. 1.

Dear Sirs:—

I should be interested to hear if you have heard of the Abrams' treatment for cancer and if so what opinion you have formed of it.

Yours faithfully,
(Signed) H. G. T.

19 Berkeley St.,
London, W. 1.
September 17, 1923.

H. G. T.,
West Cliff-on-Sea.

Dear Sir:—

In answer to your letter of the 12th inst. I presume that you refer to the treatment suggested and given by Dr. Abrams of San Francisco, regarding which I have been in communication with a Dr. Jacobs in Austria. It is proposed that as Dr. Abrams is likely to be coming to England before long arrangement should be made for him to meet members of the Executive Council of this Campaign, after which fuller investigation into Dr. Abrams' claims will be possible.

(Signed) Medical Secretary.

West Cliff-on-Sea.
September 18, 1923.

The Medical Secretary,
British Empire Cancer Campaign,
19 Berkeley St.,
London, W. I.
Dear Sir:—

I am much obliged to you for yours of the 17th inst.

It was of course Dr. Abrams' treatment that I referred to in mine of the 12th and I am more than pleased to hear the Campaign has been enquiring into it and obtaining information as to results from Austria. From the last paragraph of your letter you lead one to believe that enquiries have not been made from those doctors who are extensively practicing the treatment here with amazing results.

I myself have had a seven weeks' course for cancer in the bowel which an eminent surgeon was unable to remove but could only perform a colotomy and after was not able to promise me but a very short time to live. I am now fit and well and the malignancy is entirely gone. I am normal in health and gaining weight, five pounds in ten days. I have been under Dr. Tombleson and have seen case after case of cancer yield to treatment at once and leave cured. This doctor is heart and soul in this treatment and has been for some fifteen months practicing it and uses it with success for other complaints.

When such data are to be obtained in our own country, why in the name of wonder should the Campaign wait an indefinite time for Dr. Abrams to again visit this country?

Dr. Tombleson and also Dr. Mather Thompson in London are constantly exchanging reports of results with Dr. Abrams and receive the Journal periodically.

It is needless for me to add that I shall devote much of my remaining life to bringing before suffering humanity this chance of cure, and I am at your disposal if you should like me to call and see you so that you can see in what state of health I appear.

Awaiting your further reply,

Yours faithfully,

(Signed) H. G. T.

19 Berkeley Street,
London, W. I.
September 20, 1923.

H. G. T.
West Cliff-on-Sea.
Dear Sir:—

I beg to acknowledge the receipt of your further letter of the 18th inst.

I regret that you should imagine that this Campaign is confining its enquiries in any way, or that it is waiting for Dr. Abrams' visit to this country. A considerable amount of literature and evidence con-

cerning the treatment he advocates has been received and will be subjected to the most thorough and impartial investigation.

At a later date I may have to ask for further information concerning your own case, as you have very kindly offered to supply it.

Yours faithfully,

(Signed) Medical Secretary.

West Cliff-on-Sea.
September 21, 1923

The Medical Secretary,
British Empire Cancer Campaign,
19 Berkeley St.,
London, W. 1.

Dear Sir:—

I am much obliged for yours of yesterday. I make no apology for writing you again as I feel so strongly that the first cure, or if you like to have it so, the first sign of a cure for cancer has been found in Abrams' method of treatment.

Your letter of the 17th inst. certainly conveyed the impression that the Executive Council were waiting for Dr. Abrams' presence before pursuing further enquiries. I am most pleased to hear it is otherwise.

The Council composed of so many eminent members naturally should be better able to organize its methods of research than one outside, but may I be permitted to urge the immense value of immediate possession of facts from Dr. Abrams by sending out some medical man to see him.

I know for a fact that it is quite problematical if he will come over soon, as he will not do so unless he can bring with him another machine on which he is now working.

My other question in the second paragraph of my letter of the 18th inst. is not answered, viz: Why do you not ask the two leading doctors who are practicing in this country for their results? I know they can give case after case of success. I am checking from some six or eight past patients of Dr. Tomleson their history and state of their present health, which when obtained I will send to you. It may interest you to hear that one of the universities is asking for a paper to be read on the Abrams' method.

Yours faithfully,

(Signed) H. G. T.

19 Berkeley St.
London, W. 1.

H. G. T.,
West Cliff-on-Sea.

Dear Sir:—

I have to thank you for your further communication of the 21st inst. and regret that at the moment I have nothing further to add to my

last letter beyond assuring you that this Campaign is taking all necessary steps within its power to investigate every suggestion concerning the cause and cure of cancer that is in any way worthy of serious consideration.

The method adopted to investigate the claims of Dr. Abrams must be left to the decision of the Council of the Campaign which contains many persons quite competent to form an unbiased and authoritative judgment.

Yours faithfully,

(Signed) Medical Secretary.

(A later observation made by H. G. T.)

The Cancer Campaign have now enquired of Dr. Tombleson in a very half-hearted way and his reply is to come and see; Send me a cancer patient and come and see progress. No response.

**A SAMPLE OF THE MANY LETTERS WE ARE RECEIVING
DRS. CHAS. A. & ETTA E. CHAMPLIN**

**Osteopathic Physicians
404 S. Elm St., Hope, Ark.**

November 26, 1923

Dr. Albert Abrams
San Francisco, California

Dear Doctor:

A man with the multiplicity of duties that you have constantly before you, I realize, is very busy, but a word of cheer and appreciation is generally welcome.

First,—From your last Physico-Clinical Magazine, Dr. McManis and others have finally arrived at the conclusion that we, as ERA practitioners, are at present up against a dangerous legal suit in Arkansas, at Jonesboro, which, if lost, may prove a death blow to the present practice of ERA.

Second,—That you as the founder of ERA with your resources, are the only person capable of defending your rights and ours against this onslaught which is nothing less than a blow from the A. M. A., working through Governmental Machinery.

Third,—That with this unrest in the National Association over differences of minor importances, we are not presenting an unbroken front to the enemy.

Fourth,—That “imitation instruments” of doubtful value, placed in the hands of the unauthorized practitioners, give cause for criticism and make such investigations as are now being carried on by the Scientific American react against every true ERA practitioner even tho we may give such investigators the benefit of a doubt concerning their sincerity in reaching an unbiased decision.

Therefore, in the face of existing circumstances, considering what you have done for the world in discovering and introducing ERA; the immense amount of strenuous labor you are expending on Research Work in behalf of ERA; and the feeling of pity you have for suffering humanity as well as the love and fellowship I am sure you have for all your authorized ERA students, permit me to express my appreciation of the noble work you have done and are doing for us in enabling us by the use of ERA to cure the sick and relieve the afflicted in a manner heretofore never known to scientists.

I can not but think that soon all your co-workers will be standing together facing duty as you face it in complete harmony for the welfare and perpetuation of the wonderful science—ERA.

With best wishes for the future and thanking you for all past courtesies, I am

Fraternally yours,

(Signed) CHAS. A. CHAMPLIN, D. O.

DR. FRANCIS A. CAVE
359 Boylston St., Boston, Mass.

November 9, 1923

Dr. Albert Abrams,
2151 Sacramento St.,
San Francisco, California
My dear Dr. Abrams

Yours of October 20 duly received and contents carefully noted. It was my intention to respond at an earlier date, but I have been seeking additional data which might give me a better perspective of the situation.

There are several points in your letter which still lead me to think that you are acting under incorrect or incomplete information; and because I believe that co-operation all along the line is the price of successful resistance to the onslaughts of the enemy, I wish to briefly touch upon some of these points and give you the facts as I see them, in the hope that, with fuller information, you will reconsider your decision to resign as Honorary President of the American Electronic Research Association.

I accept at full value your statements regarding your belief in my sincerity and shall endeavor at all times to merit a continuance of such belief.

The Chicago Electronic Convention was held under the auspices of the Middle States Society of Electronic Medicine and had absolutely nothing to do with the newly organized National Association to which I have been elected President — beyond the fact that the latter association was organized during that Convention and by physicians attending same. Under these conditions, you will appreciate the fact that the new National organization had nothing whatever to do with any exhibits of any apparatus whatsoever, and I specifically disclaim for the new association anything whatsoever to do with such apparatus.

Your letter stated, "I understand that it was also agreed that the Teachers Association, who are an independent body, were to constitute your Standardization Committee and that your association repudiated that understanding." I beg to advise you, without any reservation whatsoever, that I knew absolutely nothing regarding any such agreement, neither do I know who was authorized to make such agreements regarding the doings of an organization not yet in existence. Under no circumstances, therefore, can either I or the association which I represent be charged with repudiation of any such agreement.

I have written all of the teachers, expressing my sincere desire to be of the utmost service to them, with a full recognition of the heavy responsibilities which they are carrying, and I mean that to stand exactly as it is worded. (Next follows irrelevant matter which has no bearing on Dr. Abram's resignation.)

My dear Dr. Abrams, you are entirely wrong in your assumption that I have tested out "practically every instrument in the market." I may say to you without reservation that I have tested out no other apparatus whatsoever corresponding to the Oscilloclast or purporting to do similar work. I have used and am now using nothing but the Oscilloclast for these purposes. Furthermore, I have received many letters, asking my opinion regarding other apparatus, and in answering same have invariably urged the physician to go slow, and expressing my belief in your wisdom and ability to produce apparatus of a superior character.

Regarding the physician of Jonesboro, Arkansas, would say that she stated her troubles on the floor of the Convention and was asked to present them in writing for such information and assistance as could be given her by either or both organizations. I have not heard that she has as yet done this and therefore know very little regarding the actual facts involved.

Relative to the member of our Board of Trustees who had expressed his desire to teach electronic methods, would say that he has voluntarily

agreed to tender his resignation as a Trustees should he undertake the work of teaching these methods — a matter on which he is as yet undecided. I may further advise you that, to the best of my information and belief, this particular physician was to a considerable degree responsible for preventing the matter of rentals on the Oscilloclast from coming before the Convention.

I wish to ask you to reconsider your resignation and permit your name to remain as Honorary President of the A. E. R. A. It should be needless for me to say that I shall work to the best of my ability for the very highest ideals in electronic medicine. I want to see your name go down in history for the great scientist that you are; and I cannot help but feel that the world will place a higher valuation upon you as the leader of the inevitable evolution of your methods at the hands of many physicians and scientists, rather than as one who might attempt to personally control all such developments. I want to see the world consider you in the biggest possible way, dear Dr. Abrams, and I shall fight to that end, even in the matter of plainly speaking to you the thoughts that are in my mind. I have no selfish interest in this matter. I shall attempt to be a broad-gauge leader of a profession which the world greatly needs and shall hope for strength and wisdom for that purpose.

I think you will find that the American Electronic Research Association can contribute very greatly to the strength of this movement, and I should greatly regret to see any cleavage in our pitifully small numbers in the face of the enemy.

The College of Electronic Medicine is your dream of years, and a monument to your superior intelligence and industry. I do not see that any organization in the field has the slightest right to dictate to you how you shall handle your own affairs.

I could wish that I might have a personal conference with you in San Francisco, but I do not see how it is possible at this writing. I just wish to state that I will co-operate with you to the very best of my ability, without fear or favor. No man has any strings on me, and I usually do my own thinking.

Whoever advised you that I was contemplating associating myself with two gentlemen barely known to me, for the purpose of teaching ERA in Boston, and furthermore that I was using the Farnham Treating Machine, simply told you things that were absolutely false and without the slightest foundation in fact.

In view of all the foregoing, won't you be good enough to write me a letter, withdrawing your resignation, and let us all march forward to Victory under the great banner of Electronic Medicine?

Sincerely yours,

(Signed) FRANCIS A. CAVE

(This letter should have been published in the November issue of the Journal which issue contained the reply of Dr. Abrams to this communication.)

Miscellaneous

BEST METHOD OF PALPATION.

The following method of palpation I learned from Leube, one of the greatest clinicians in the world. Place one hand with the tips of the fingers flat on the abdomen. Then place the finger tips of the other hand immediately above the finger tips of the hand that is against the abdomen, the fingers of both hands running in the same direction. Do not dig in or press hard against the abdomen; feel it as if you hesitated to press in. Run along the line of the abdominal muscles. It is easy to palpate a mass when you have already located it by the electronic reactions, but it is very difficult to find it when you have no idea of its location. It is easy to find a needle in a haystack when you know where it is but it is impossible otherwise.

BE CAREFUL TO KEEP INDICATOR OF RHEOSTATS EXACTLY ON BUTTON.

In order to insure absolute accuracy in diagnosis, care must be taken that the indicator of the rheostat is directly on the button, neither to one side or the other, insomuch as the energy may spring the gap and you can not get reaction.

AVOID PERMITTING CORDS FROM AMPLI-STATOPHONE TO TOUCH CORDS FROM RHEOSTAT.

Avoid having wires from the Ampli-Statophone come in contact with cords leading from the rheostats or dynamizer on account of the influence of polarity on the reactions. Thus, for example, carcinoma is positive; consequently if you have a negative cord from the Ampli-Statophone approaching the cord leading from the energy, you may destroy the reaction. Strep. is negative; consequently a positive polarity would destroy that reaction. It is consideration of these so-called little things that makes for perfection in diagnosis.

DESTRUCTIVE ACTION OF THE LIVER.

Ten years ago I took various bacteria and then drew the energy directly from the spleen and saw what destructive action could be obtained. We found that the liver was the only organ that had destructive action on cancer. We found that the tonsils themselves were destructive to toxins of tuberculosis and also to strep. That is why strep. infection follows removal of tonsils and also why tuberculosis is more frequent

after removal of tonsils. These discoveries have been made and explained ten years ago by these methods. As I have repeatedly demonstrated to you, the same reaction for syphilis is obtained in the blood, spleen, liver and spine. I can readily understand how treatment over the liver might affect the general condition.

COUGHING AND ETIQUETTE.

Some years ago I visited the largest tuberculosis sanitarium in Silesia and noted that there was very little coughing. I asked the superintendent if they disciplined their patients and he said that they did. They told the patients that it is just as impolite to cough as it is to scratch in public; and by impressing this point of etiquette on their minds the general amount of coughing was markedly reduced. It is well known that coughing is often a matter of imitation or suggestion, that when one person begins to cough in a public gathering unconsciously the whole crowd begins to cough.

MENORRHAGIA DUE TO UTERINE STRAIN OF CONGENITAL D. R.

We have found that many cases of menorrhagia or metrorrhagia are due to a uterine strain of Congenital D. R. Sometimes such cases can be corrected by giving treatment at rate 3 directly over the uterus.

DETECTION OF ICTERUS

At one time in Germany there was an instrument called the phonariscopes and the method was known as phonariscopy. It merely consisted of identifying early icterus by making the skin anemic. The instrument was nothing more than a plain piece of clear glass which was pressed against the skin or mucous membrane. If there was no icterus present, the skin was white; if icterus was present, the skin was yellowish.

TOXIC REACTIONS.

In some cases you will find that the patients feel a good deal worse after treatment. This is because you set the toxins in the body in commotion and distribute them throughout the body, with the result that the patient becomes intoxicated. If this fact is explained to the patients, they will be more willing to put up with this condition. It is wise to

give eliminants at this time to carry off the toxins. When a patient has been sick quite a long time you can not get results at once. You must search for the most important things first and treat them. Later you can consider the minor symptoms that may arise.

○

MALARIA.

When you apply the electrode to the spleen for the treatment of malaria, the patient may feel worse for the time being because by the application to the spleen you cause a contraction of the spleen and an intrusion of the toxins of malaria into the circulation. When I was lecturing in Philadelphia at the Jefferson Medical College I showed them how you can detect malaria by concussing the second lumbar spine which forces the toxins into the blood and may bring on an attack of malaria. We are wedded to the theory that a mosquito bite is essential to the contraction of malaria, but stagnant water will also produce malaria. If you concuss the second lumbar spine the patient will have a distinct chill the next day if the malaria is of the quotidian type.

○

BIOPHYSICAL METHOD OF DEMONSTRATING THE ACTION OF THE OSCILLOCLAST IN THE TREATMENT OF DISEASE.

Unfortunately the men have been led astray by "bootleg" apparatus men to the effect that the Oscilloclast must be tested according to a definite electric calibration. This has absolutely no reference to the efficacy of an Oscilloclast. The only test is the biophysical one, and I will endeavor to demonstrate it to you in the following experiment.

We use a specially constructed radio apparatus and deal wholly with the Oscillophone, a stringed instrument which has been described in a previous number of the Journal. The Oscillophone is a stringed instrument which enables one to detect specific energies just as we do on the human body, but it dispenses with the need of an intermediary.

The indications on the Oscillophone are as follows. At a given point on the scale only a definite kind of energy reacts and only at a definite vibratory rate, just as in our other reactions. When a condensing electrode is passed over the string the energy is conducted to the radio instrument where it is stepped up and the reaction is announced in two ways; first, by a definite sound through the loud speaker; and second, by an increased movement of the galvanometric needle. Thus two senses are employed in the recognition of energy. In this particular experiment in question a known specimen of carcinoma is put up to the dynamizer of the Oscillophone.

One may with the Oscillophone measure out the energy of a disease and many of the strains. There is absolutely no personal equation in-

volved. It is hoped that in the very near future a combination apparatus may be constructed and released to physicians practicing the E R A.

Now we will start the Oscilloclast going. Put up the specimen of carcinoma to the Oscillophone and get the reaction at the definite point on the scale. You can hear it at that point and nowhere else. First set the Oscilloclast at rate 5 and hold it up to the end of the wire. We still get the reaction of carcinoma. Now set the Oscilloclast at rate 6 and in a few seconds the reaction for carcinoma disappears and can not be obtained as long as the electrode from the Oscilloclast set at rate 6 is held up to the wire on the Oscillophone. When the Oscilloclast is set at rate 5 the reaction on the Oscillophone reappears in a few seconds.

As you will note, you can also see a very perceptible movement of the galvanometric needle whenever a reaction is obtained.

POSITIVE AND NEGATIVE FORMS OF STATIC ELECTRICITY.

First a glass rod is charged positively by rubbing it with silk and then it is applied to the pith ball, thereby giving the latter a positive charge. When the pith ball positively charged in this manner is held near the border of the heart of reagent who is grounded and facing west with arms outstretched, the pith ball is repulsed. When a rubber rod is rubbed with wool or catskin, a negative charge is induced and when applied to the pith ball, the latter is negatively charged. When this negatively charged pith ball is held near the border of the heart, as described above, the pith ball is attracted instead of repulsed.

ATTRACTION OF VARIOUS ORGANISMS TO LESION IN THE BODY

Any lesion will attract any organism to that particular part of the body, so that over a lesion you can get practically any reaction. However, after concussion of the 7th cervical spine, the organisms that have simply been attracted there will disappear for the time being and then you can obtain the original reaction of the lesion. Concuss the second lumbar spine and you cause these germs to be forced out of the spleen and you can obtain the reaction again.

SPLEEN AND APPENDIX, STOREHOUSES OF HUMAN ENERGY.

There are certain dynamos in the body. One is the spleen and another is the appendix. They are simply reservoirs for the storage of human energy. This has been determined by experiment. In going over the abdomen for the reaction of human energy, the latter reaction could be obtained only over the above named organs. For this reason the wholesale removal of the appendix is to be deprecated. This operation should be performed only when imperative.

CONSTIPATION—ACQUIRED D. R.

A patient in whom we had obtained the reaction of Acquired D. R. gave a history of constipation. Examination was made over the abdomen for Acquired D. R. and a reaction was obtained below the navel to the right. A mass was palpable in this region. It is possible that there is a gummatous condition there. In this case the treatment recommended was S S 3 and two cords to the area on abdomen at rate 3.

EXAMINE FOR CORRESPONDING NEOPLASM.

After the removal of a carcinoma or sarcoma, always examine for its corresponding neoplasm. Either one may coexist with the other, or one may succeed the other, if the Cryptogenic D. R. has not been eliminated.

AVOID BEDSPRINGS OR METAL DURING TREATMENT.

Energy always follows the path of least resistance. In the treatment of a patient who is bedridden, the use of springs must be avoided, as the metal will carry off the energy from the Oscilloclast. If this is unavoidable, use a double or triple thickness or rubber sheeting under the patient. You can use army cots or cane chairs, but it must also be remembered that any material that is likely to absorb moisture will carry off the energy. This can be shown with the Oscilloclastophone.

TREATMENT OF PSORIASIS—PSORA.

One E R A physician reports improvement in a case of psoriasis by treatment at spleen at rate 5. A reaction of Psora was obtained from the blood. Psora is the most rebellious of all hereditary conditions to respond to treatment. It is exceedingly difficult to get rid of this reaction.

CLINICAL LECTURES

by DR. ALBERT ABRAMS

TUBERCULOSIS, LUNG

Specimen. Married man. Not well for a year and one-half. Twenty pounds below weight. Cough and night sweats. Hemoptysis a month ago. Carcinoma; Sarcoma; negative. **Tuberculosis; lung; 8 ohms.** Strep. and Staph.; negative. That makes the case easier. **Congenital D. R.;** 1 ohm. The case has had E R A treatments. Write to the Doctor: "This

is an advanced case of tuberculosis but there appears to be no strep. or staph. infection. The low grade of Congenital D. R. would seem to indicate that the patient has been treated by S S 3. Your essential hope consists in getting rid of the Congenital D. R. and painting chest with gamboge. If case does not improve, local treatment at 5 may be used on the lungs."

ACQUIRED D. R.—PAINS OVER ENTIRE BODY.

Clinic Case. No. 663. Married woman; age 38 years. Married 18 years; two children both well; one miscarriage. Weighed 110 pounds when married; greatest weight in 1922, 217 pounds; now weighs 191 pounds. Never well; always subject to severe colds; recurrent tonsillar infection. Tonsils removed in 1921; throat still sore at times. When 17 years old began having aching feeling over whole body. Severe headaches began at 14 years especially at menses which were very copious for three months. During the past ten years the menses have been scanty. History of sinus infection for years; pains over whole body; not an hour for 20 years free from pain. Pupils very sluggish. Worst headaches on right side occiput on level with top of auricle. Vaccinated at 6 years; bad infection for months. Abscess in left ear when 8 years old. Wassermann negative. In 1908 operated on for appendix and repair of perineal and cervical tear; results of latter unsuccessful. Exploratory operation at Mayo's Clinic to investigate gall-bladder which was removed in 1920. Troublesome bleeding piles and sharp pain on urination. Has been to Hot Springs and had all kinds of electrical treatments which made her worse rather than better. **First examination:** November 3, 1923: **Sarcoma;** 4 ohms; brain, right side of head. **Acquired D. R.;** 33 ohms plus. **Staph.;** left antrum. Strep.; Tuberculosis; Neisserian; Malaria; negative. She has had S S 3 and 2 cords at rate 3 to right side of head and one cord at rate 1 to left antrum. **Second Examination:** November 15; after 7 all night treatments. Sarcoma; negative. Cryptogenic D. R.; negative. **Staph.;** left antrum. (Patient comes in. Complains of very bad headache and has an eruption over the face and entire body which came on over night. Patient can not explain this by error in diet. She is subject to Poison Oak which always recurs after any kind of electrical treatment.) Go over one spot on her body and see if we get the reaction for Ptomain Poisoning; negative. Now try **Rhus Toxicodendron;** reaction present. The eruption is from Poison Oak. She has not been in the country or near Poison Oak but that condition evidently remains masked in her system until something stirs it up again. **Examination: November 16.** I want to go over this patient's blood again. She has pains all over her body which still persist. The reaction of sarcoma is gone but she still has pain in her head. I want to see if there is a reaction for **Acquired D. R.;** reaction present. You see how important it is to make more than one examination at times. For some reason I did not get this reaction before. Go over her head for 55; reaction present above left ear. How is your eyesight?

Patient: My eyesight is all right but I have a great deal of pain in

my eyes when I am in the wind or sun or if I read or go to the moving pictures.

Doctor Abrams: Examine her eyes for Acquired D. R.; negative.

Treatment: One cord at rate 3 to left side of head and 2 cords at rate 3 to spleen after concussion. She is to have two all night treatments. This patient has been everywhere and has received no relief and I want to help her if possible. She has pain in the right side of her abdomen, but we get no reaction from that region. It may be caused by adhesions or some mechanical disturbance.

SARCOMA, BRAIN—PERIODS OF DEPRESSION.

Clinic Case: No. 696. Married woman, age 59 years. Periodic depression spells. Injury to vertex when 18 years of age. Tuberculosis at 28 years. Perineal repair. Some occipital headaches. Pupils sluggish. Atheroma marked. Mucus colitis. Sleeps poorly.

Sarcoma; brain; non-metastatic; 3 ohms.

Congenital D. R.; 38 ohms.

(Patient comes in). Where is the pain in your head and how often do you have these periods of depression?

Patient: I have pain at the back of my head. I usually have two or three spells a year. I get into an exhilarated condition and probably overdo and bring on these attacks, but I seem to lack balance and good sense.

Doctor Abrams: Go over her head for **Sarcoma;** reaction present over top of head. **Treatment:** Two cords at rate 3 to the spleen after concussion and one cord at rate 3 to area on head.

CARCINOMA—MASS IN PELVIC CAVITY.

Clinic Case. No. 649. Married woman, age 50 years. Three daughters all living and well. Mass in left pelvic cavity for the past 9 months; can be felt through the vagina. Menopause began when 34 years of age. Three weeks before coming here noticed a pinkish vaginal discharge. Mass was operated on through the vagina but not entirely removed. Patient generally feeling good. Had no radium treatment.

First Examination: October 29, 1923:

Carcinoma; pelvic cavity, left side; non-metastatic; 8 ohms.

Congenital D. R.; 22 ohms. Reexamination November 15; after 14 treatments, 3 hours each; Carcinoma; negative. **Cryptogenic D. R.,;** 1-25 ohm.

Present Report: Feeling pretty good; not much pain for the past week. Back much better. She is to continue treatment at S S 3 and should be through treatment in about ten days.

MIGRAINE—SARCOMA, BRAIN.

Clinic Case. No. 697. Married woman, age 40 years. Severe headaches over right frontal region at times radiating to back of head and neck. Trouble began 7 years ago. Present attacks come two or three times a month. Must stay in bed several days. No relation to menses. First began when 13 years of age and had a period of 8 years without headaches. Pupils sluggish. Urine negative. Knee jerks exaggerated. It may be a case of migraine headaches and in these cases we have found within the last five months that a reaction of sarcoma is present over the forehead and top of head. This sarcomatous reaction may not always be present in the blood but may be found locally. It does not mean that a sarcoma is present but merely that there is an increase of the neuroglia at that particular area. Migraine is very rebellious to treatment and can only be helped by local treatment, not systemic treatment alone. Do not expect brilliant results because you do not get them. It is only recently that we have been able to do anything for such cases. In the past I had practically the largest practice in nervous diseases in San Francisco and I can honestly say that during that time I never cured a case of migraine. Of course I was able to relieve the symptoms to some extent but I was not able to effect a cure. We have not gotten remarkable results with E R A methods. However, in two cases recently the patients have been relieved of their headaches and report continued improvement. We will see what we find in this case.

Sarcoma; non-metastatic; brain, over forehead and top of head; 3 ohms. **Congenital D. R.;** 30 ohms plus. **Strep.;** left tonsillar region.

Think of malaria with frontal headaches; negative. Tuberculosis; negative. (Patient comes in. States that headaches began at age of 13 years. Headaches feel like knives running through the head. Has worn glasses since 12 years.) Reaction of **Sarcoma** present over region on forehead and top of head where we have found it in migraine. No reaction of Sarcoma over eyes. Use S S 3 and two cords at rate 3 to the area on head. It is not necessary for the patient to suffer pain during these attacks, for we can provide an anodyne that will relieve the pain without producing any toxic effects. This prescription of Pulv-Antidolorosa was given in the November Journal. I have prescribed morphine probably not more than once in ten years in my practice because I always feared I might engender a habit in the patient, for physicians are largely responsible for the morphine habit.

**STAPH. INFECTION.**

Clinic Case. No. 467. Married woman, age 52 years. Has had ERA treatment for 9 months, one hour per day, with another doctor. Patient improved under treatment and gained some in weight and got stronger. History when first began treatment: Vomiting spells. Had to be in bed 1 to 3 days per week. Losing weight. Appendectomy and Alexander

operation 20 years ago. Present symptoms on coming here for treatment: Afraid to eat on account of distress which follows immediately after eating. Soreness in umbilical region which radiates clear through to back. Cold sensation from waist down to hips and thighs. Very anemic. Weight 116 pounds.

First Examination: August 17, 1923. **Sarcoma;** present. **Staph.;** frontal and left tonsillar region.

September 21, **Staph.;** present; from 2nd to 5th lumbar vertebrae. Sarcoma and Cryptogenic D. R.; negative.

All other reactions negative. Patient states that pain in left side of head is practically all gone. Pain over sacral region present at times radiating to both limbs. Some pain over right eye. This patient has been an invalid for years and it takes a long time to clear up all the conditions present, but she is unquestionably better than when she first came.

ARTHRITIS— STAPH. INFECTION—ACQUIRED D. R.

Clinic Case: No. 693. Married woman, age 47 years. Worked until February; not able to work since. Married two years. Premature birth by former husband. Had arthritis for 8 years. Pneumonia in February, 1922, followed by increase in severity of arthritis. Operated for uterine fibroid in 1921. Tonsils removed in 1917. Ankles, shoulders and all joints affected. Pulse 117. Wassermann double plus in 1921. Has had two salvarsan injections.

Acquired D. R.; present; 26 ohms. It is not a joint strain, so the trouble in the joint must be quite independent of this trouble.

Sarcoma; 3 ohms.

Staph.; left antrum. (Patient comes in; walks with cane.) Reaction of **Staph.** present over bad joint in left hand of sinus origin.

Treatment: S S 3 and two cords at rate 1 to left antrum. Paint joints with methylene blue for staph. infection.

STREP. INFECTION OF BREAST COINCIDENT WITH CARCINOMA.

Specimen. Married woman; age 40 years; no children. Menstrual life normal. Two years ago small lump appeared in left breast. One year ago it became painful and began growing. Treated with local application of iodine. In May, 1923, ERA examination showed Acquired D. R.; 29 ohms; Carcinoma, 7 ohms, left breast; and Strep.; 36 ohms. Such a diagnosis is ridiculous, for pure pus gives a reaction of only 4 ohms, but that is the sort of diagnosis that the men are making right along, so it is no wonder that the methods are being discredited. Present

symptoms; Sharp pains; tumor breaking down externally. Treated at rate 0 and 11. The last month the tumor seems to be growing and aches all the time.

Carcinoma; left breast; non-metastatic; 2 ohms.

Acquired D. R.; 2 ohms.

Strep.; present; breast.

Write to the Doctor: "You will note there is a reaction of malignancy. My suggestion would be to clear up same with 6 and 3 on left breast and S S 3. It is impossible when tumor is broken down by strep. infection to cure condition. After the removal of reaction of carcinoma, I would advise the use of thermo-cautery; not the knife. It is ridiculous for my men to find 36 ohms of strep.; pure pus gives a reaction of no greater than 4 ohms."

SARCOMA—STREP. INFECTION, HIP.

Clinic Case. No. 403. Married man, age 63 years. Pains in back of neck; always stiff and difficult to turn from side to side. Has been present for past 2 years. Pain in left inguinal region; difficult to bend and lace shoes. Otherwise generally in good condition. Contraction of tendons of both hands of 10 years' duration.

First Examination: August 6, 1923.

Sarcoma; spinal cord; non-metastatic; 4th cervical spine; 4 ohms.

Congenital D. R.; 30 ohms plus.

Strep.; left frontal and right antrum.

October 29; **Sarcoma;** 6-25 ohm. **Strep.;** left groin and back, of sinus origin.

November 9, **Strep.;** left antrum and left hip. Sarcoma; negative.

November 16; **Strep.;** negative. (Patient comes in; states he is feeling better but still has trouble in left hip when he stoops) This patient has had trouble with the hip for so long that there may be adhesions causing this disturbance. We get no reaction there so I would advise him to discontinue treatment and exercise the hip as much as he can without causing pain. Avoid having a masseur for he might do harm.

PAIN IN BACK OF NECK—CARCINOMA, BONE.

Clinic Case. No. 212. Married woman, age 38 years; 3 girls living and well. Pain, aching in character situated at region of first cervical vertebra radiating to side of neck. Pain is constant during entire day. Sleeps well; appetite good; no digestive disturbance. Tonsils removed and some teeth gone but no relief.

May 29, 1923. **Carcinoma;** Bone, cervical region, non-metastatic; 5 ohms.

November 16: All reactions negative, including colon bacillus. **Present report:** General condition improved. Still feels aching in back of neck; at times it is quite severe; otherwise all right. (Patient comes in; states that

there is still an ache in back of neck, although the condition is much better than when she first came.) Local reactions from neck all negative. This may be a neuralgic condition. First put the muscles in a state of relaxation and sometimes you will feel the muscles bunch up where the trouble is, as you do in this case. We find a tender point in the spine. This is to be frozen every three days until it is better. Of course her pain is much better but naturally she wants to get completely well.

RASH ON FACE—TUBERCULOSIS OF SKIN—STAPH. INFECTION

Clinic Case: No. 180. Married woman, age 58 years; 3 children all living and well. Thirty-seven years ago patient noticed rash on left side of chin slightly elevated above skin; 1 mm. in diameter and an area of erythema surrounding it. Treated by various skin specialists with no results. Lately this condition has become aggravated and spread up to upper lip and nose on the left side. Treated by lotions, internal medication and x-rays; no relief.

First Examination: May 21, 1923.

Tuberculosis; 1 ohm plus; skin, over site of lesion.

Congenital D. R.; 30 ohms plus.

Treatment: S S 3 and two cords at 5 to site of lesion. A cloth mask painted with gamboge was worn over face at night.

June 11: **Tuberculosis;** 0-25 ohm. **Congenital D. R.;** 4-25 ohm.

June 25; **Strep.** right ethmoid. Tuberculosis; negative. Cryptogenic D. R.; negative. Patient's face cleared up better than in years. Patient is delighted with results. The eruption from which we obtained the reaction of tuberculosis has disappeared but there is a slight eruption on the chin which gives a reaction of strep. of sinus origin. We find that sinus infection often does cause pimples to appear on the face and these can be cleared up by treatment of the site of focal infection.

November 16. **Present Report;** Patient has had no treatment for over five months. Entire condition greatly improved. Face has been cleared up entirely until 10 days ago when a slight eruption appeared on nose and chin. Patient desires to know if she needs any more treatment and whether she will get rid of this condition entirely.

Staph.; present over spots on skin; of right antrum origin. All other reactions negative.

Treatment: Three cords at rate 1 to right antrum.

The patient is looking wonderfully well. This skin condition is very slight and should yield soon to treatment. There is no reaction of the former condition.

DIABETES—INSULIN TREATMENT—CONGENITAL D. R., PANCREAS.

Clinic Case. No. 701. Married man; age 47 years. Typhoid fever in 1883 and again in 1910 followed by multiple abscesses. Lack of sex

power since 1921. Prostatic trouble in 1922. No Neisserian. Diabetes in May, 1922. Now under insulin treatment. His worst trouble now is a lame back which he connects with prostatic trouble. Lost 20 pounds in one year but has regained 10 pounds since taking insulin. (Patient comes in.)

Congenital D. R.; 38 ohms.; diabetic strain. There is an affinity for the pancreas. There is no malignancy or Neisserian.

Doctor Abrams: Tell us your experience with insulin.

Patient: I had 3 per cent of sugar in my urine. I take the insulin hypodermatically, 1-2 cc. twice a day, morning and evening, and take it every day. I eat an ordinary diet with starches and everything except sugar. The sugar in the urine and the blood sugar are absolutely negative and I feel much better and have gained in weight.

Doctor Abrams: I would continue using the insulin if you find it necessary. Of course it is purely a treatment of the symptoms and does not remove the cause. Take a local reaction over pancreas; reaction of **Congenital D. R.** is present. All cases do not respond to insulin treatment, nor do all cases yield to the Oscilloclast treatment. However, we have had a number of cases and other doctors have reported cases which have improved and the sugar disappeared by treatment at rate 3 over the pancreas.

SARCOMA, PELVIC CAVITY—BROMIDE AND REST CURE.

Clinic Case. No. 576. Married woman, age 41 years; married 18 years; 3 children, one died of measles and one of pneumonia. Billious attack when 9 years of age; and when 18 years old had neuritis and cough. Never sick again until December, 1919, when had severe uterine hemorrhage following long ride. In 1920 curettage advised but it was not performed. Weight increased rapidly from 160 to 200 pounds in five months. In 1922 had attack diagnosed as a cholecystitis; another diagnosis was fibroid of uterus. Automobile accident in August, 1923; no injury, but has been upset ever since and very nervous. Constant pressure on bladder ever since. Mother died of cancer.

First Examination: October 8, 1923.

Sarcoma; pelvic cavity; non-metastatic; 7 ohms.

Congenital D. R.; 31 ohms.

October 19; **Sarcoma;** 3-25 ohm. **Congenital D. R.;** 3-25 ohm.

October 26; **Malaria;** present. Cryptogenic D. R.; Strep; and Staph.; negative. Quinine was prescribed for the malaria.

Feels better except still tired. Sleeps better. All reactions are negative. (Patient comes in; states that she is very nervous and cries over anything.) Discontinue all treatment and use a saturated solution of bromide of potash to quiet your nerves. Take enough to get a sense of lassitude and then stop taking it until you feel the need of it again. Take a rest cure as much as possible. Remain in bed for a couple of days a week until you get thoroughly rested.

TUBERCULOSIS, SPINE.

Specimen. Married man. Had influenza in 1918 from which time he was in a run down condition. Legs gave way suddenly; unable to walk next day. Injured getting to hospital; paralyzed from hips down. X-ray showed trouble with the 5th lumbar vertebra. Bowels paralyzed. Catheter used for the bladder for 7 weeks. Put in a plaster cast; compelled to remove cast in 3 and 1-2 weeks on account of pressure on spine and hips. Four months later x-ray showed firm condition of bone. In April, 1923, was taken to Florida on stretcher where he showed rapid improvement. Commenced to wear steel braces and get around. At present feels pain in cervical and coccygeal region although much improved. Constipated and has bladder trouble most of the time. Most of the difficulty now is dragging of the legs.

Tuberculosis; bone; 5 ohms; 6th to 12th dorsal spines.

Congenital D. R.; 34 ohms.

Treatment: To get results all night treatment if possible. Use one cord at 5 and one cord at 3 over spine and one cord at 3 over spleen after concussion. Paint back with gamboge.

TUBERCULOSIS, LUNG.

Clinic Case. No. 699. Married man, age 34 years. Has digestive trouble since 1918. Diagnosed in 1918 as cholecystitis. Influenza in 1915; fluid withdrawn. Measles in 1919. Costive his whole life.

Tuberculosis; lung, left apex; 3 ohms.

Congenital D. R.; 35 ohms.

(Patient comes in.)

Doctor Abrams: Have you lost in weight? What is your chief complaint?

Patient: No, I have not lost in weight. I have attacks of pain in my stomach and gall-bladder region. I had fluid in my chest in 1915. I do not seem to have much pep.

Doctor Abrams: You must live in the open air; open windows are not enough. It is possible to arrange the windows so that your head can be in the open air if you can not have a sleeping porch. Your work keeps you indoors so that you must get as much of the open air as possible. The amount of trouble is very slight. It would probably never gain any considerable headway because he has sufficient resistance, but nevertheless, it is best to get rid of it entirely so that there never can be a revisitation. There is nothing to be worried about. **Treatment:** Paint chest with gamboge and use three cords at rate 3 to the spleen after concussion.

TUBERCULOSIS, LUNG AND KIDNEY.

Clinic Case. No. 704. Married woman, age 27 years; married 8 years. Well till December, 1922, when pain in left chest and under shoulder

blade was noted. Tonsils and one tooth removed in July, 1923, without benefit. Frequent headaches. Has taken 13 mud baths which made her worse rather than better. Is quite weak. Three or four years ago noticed swelling of face; now slightly puffed. Pupils almost fixed.

Tuberculosis; lung and kidneys; 5 ohms.

Congenital D. R.; 33 ohms.

(Patient comes in)

Doctor Abrams: Have you lost in weight and have you any cough? Do you have any night sweats?

Patient: I did weigh 127 pounds and now I weigh 109 pounds. I have no cough but I sometimes have night sweats when I get nervous. I have pains sometimes in my chest and in different parts of the body.

Doctor Abrams: Go over the kidneys and lungs locally for 42; reaction present in left kidney and right apex of lung. **Treatment:** Paint chest front and back and left kidney region with gamboge. Give all night treatments if possible. Use three cords to the spleen at rate 3 after concussion. She must live in the open air as much as possible. After removal of reactions for 42 and 57 we will examine for the causes of the pains in different parts of the body. Patient states that some doctors have diagnosed it as rheumatism and as neuritis but she has received no relief.

SARCOMA, PELVIC CAVITY—UTERUS.

Clinic Case. No. 620. Married woman, age 37 years. Married 6 years; no children. Well until 3 weeks before coming here when she was taken with severe abdominal pains and menses began only ten days after regular period which was much later than usual. Bleeding continued until she came here. Lost 12 pounds in weight these three weeks. Very tender in abdomen. Severe pains every day at irregular intervals, but pain never entirely relieved. **First examination:** October 19, 1923; Carcinoma; negative. **Sarcoma; pelvic cavity, uterus; non-metastatic; 5 ohms. Congenital D. R.; 30 ohms plus. Strep; appendix; 15-25 ohm...** Tuberculosis; Neisserian; Malaria; negative. October 31: All reactions negative. This is an unusual rapid result. She has had no treatment to the spleen but has had 3 cords at rate 3 over the uterus and has had about three hours' treatment each day. **Present report:** Patient feeling one hundred per cent improved. Bleeding stopped entirely. Soreness and pain entirely gone. Patient states that she never felt better in her life. Before coming here she went to another physician who told her that she had a cancer and would die unless she had an operation. She did not want to have an operation performed so came here to see what the E R A could do for her. It is rather unusual to have the Cryptogenic D. R. wiped out without any general treatment. There is nothing to treat at the present time. She is to return in a month to check up.

SARCOMA, LUNG—ACQUIRED D. R.

Clinic Case. No. 678. Man, age 46 years. Noises in left ear. No impaired hearing. Sexual weakness. Neisserian infection twenty years ago. Urine negative. No syphilis. No abdominal operations. Varicose veins. This poor individual has been reading quack literature and imagines he has everything the matter with him. You all realize the danger of doing this very thing and that even physicians are not exempt from it. However, as I have so often said, no one wants to be a hypochondriac at will. There is always some reason when a person complains, and we will search for the cause in this case. Carcinoma; negative. **Sarcoma; lung; non-metastatic; 7 ohms. Acquired D. R.; 33 ohms.** (Patient comes in.) Do you have a cough and pain in your chest?

Patient: I have a cough but no pain.

Doctor Abrams: Percuss the patient's lung when he is not facing west and you get an ordinary area of consolidation; have him face west and you get the electronic dullness. When he is short-circuited the dullness disappears over the electronic area. A reaction of sarcoma is present over right scapular region of the lung. Treatment is one cord to right lung at rate 3 and two cords to spleen at rate 3. Paint chest with 1 per cent solution of mercurochrome.

CONCURRENCE OF TWO NEOPLASMS.

Specimen. Unmarried woman; age 52 years. Operated on for gall-stones and 6 months later showed carcinoma of the cervix of uterus. Has been treated with radium and x-ray but trouble still continues. It is a serious case but patient has good appearance and Spartan courage. **Carcinoma; uterus; non-metastatic; 6 ohms. Sarcoma; gall-bladder region; non-metastatic; 6 ohms. Congenital D. R.; 34 ohms.** Write to the Doctor: "Despite the concurrence of two neoplasms the indication for treatment would be largely one of splenic sterilization at rate 3. An all night treatment for this purpose should be given and later local treatment at rate 6 over the uterus and rate 3 over the gall-bladder region should be employed."

TUBERCULOSIS, SKIN—ERUPTION BETWEEN TOES.

Specimen. Man. Condition on feet since Spanish War during which time trouble appeared. Feet badly chafed while marching over sand. Whenever the feet get hot they begin to perspire and blisters form between the toes. Before the blisters appear the toes begin to itch. He has had 49 treatments on the Oscilloclast. After 30 treatments the toes cleared up slightly. About two weeks ago the toes began to get bad and now the same condition is appearing between the fingers. In the winter or

cold weather he has no trouble, but as soon as the weather becomes warm the trouble reappears. Carcinoma; sarcoma; negative. **Tuberculosis; skin; 7-25 ohm. Congenital D. R.; 6-25 ohm.** Psora; negative. Go over the feet for tuberculosis; reaction present. Write to the Doctor: "Reaction from the feet suggests skin tuberculosis. Would advise continuing S S 3 until reaction of Congenital D. R. is negative. Paint feet and between toes with gamboge. Use mild solution of the gamboge and dilute it sufficiently so it will not irritate."

CARCINOMA, COLON—PAINS IN RECTUM.

Clinic Case. No. 640. Married woman; age 60 years; one child, living but not well. Fistula in ano and piles; in 1918 was operated on. Pains in rectum; thinks it may be cancer. Everything worse in morning. In February, 1923, gall-bladder and appendix removed; no better; no loss of weight. Chief trouble is in rectum and legs. Considerable gas in stomach and abdomen. Would sleep well if it were not for pains in legs, back and abdomen. Appetite fair. Urine negative. Bowels very costive and feces packed in rectum where most of her pain is located. Severe occipital headaches. Husband alive but not well; age 76 years. **First examination** October 24, 1923; **Carcinoma; non-metastatic; colon, sigmoid flexure and splenic flexure; 8 ohms. Congenital D. R.; 30 ohms plus.** Strep.; negative. Treatment; two cords at 6 to marked area and one cord at rate 3. November 10: No more headaches. Seems to have about as much pain in stomach and rectum. Carcinoma; Sarcoma; Congenital D. R.; negative. Think of an appendicitis; Strep.; negative. Staph.; and Malaria; negative. There is nothing more for which to treat her. There is bound to be a mechanical disturbance after the reaction for malignancy is removed. She is to rest and return later for another examination.

SARCOMA, TONGUE.

Clinic Case. No. 687. Man age 51 years. Throat and tongue constantly feel astringent. Gets relief by rolling tongue in mouth. At the back of the tongue there is a slight dilatation of the vein which bothers patient a great deal. Not much salivation. Denies syphilis. Had infected right hand and as a result got contracture of all the fingers. Urine negative. No abdominal operations. Carcinoma; negative. **Sarcoma; digestive; non-metastatic; 3 ohms.** Tuberculosis; negative. **Congenital D. R.; 30 ohms plus.** (Patient comes in.) How long have you had this condition?

Patient: I have had it for many years. I am well otherwise and have never had a day's sickness except for the infection of my hand.

Doctor Abrams: (After examination of tongue) He has an immensely enlarged tongue, a condition of macroglossia. On the upper surface there are some enlarged papillae and there is a very small ulcer on the left side of the tongue. (Patient states that he has consulted several physicians

who did not make a definite diagnosis but advised an operation, to which he would not consent.) An operation would simply spread any latent condition. Even if a section were removed for examination, they could not be positive of getting the particular portion which would show the condition; such a procedure is a biopsy which is merely an autopsy on the living. The trouble is that by the time the condition is recognized it is too late to do anything for the patient. Go over the surface of the tongue from the tip back, using the pointed electrode; **reaction of sarcoma present over the prominent papillae.** He is to have the tongue treated at that particular area with 3 cords at rate 3. We will use a small electrode devised to fit over that particular region. There is no need for worry, as in 8 or 10 treatments we should be able to get rid of the reaction for malignancy. It is of low ohmage at present but it should not be allowed to go untreated.

SARCOMA, BRAIN—PTOSIS, LEFT EYE.

Specimen. Man, age 20 years. Complains of muscular weakness of both eyes. Can not turn them to right or left. Has spells of vertigo and headache accompanying them. Slight ptosis of left eye. Six teeth removed and also right tonsil. No indication or renal trouble. Pupillary reactions about normal. Appears to be in good physical condition, except for conditions described. Carcinoma; negative. **Sarcoma; brain; non-metastatic; 3 ohms; right side of head. Strep.; left tonsillar region. Congenital D. R.; 23 ohms.** Localize sarcoma on head; reaction present 4 centimeters above right ear. In these cases of ptosis it is difficult to do anything after the condition has become permanent.

ACQUIRED D. R., CARDIOVASCULAR STRAIN—CARCINOMA, PELVIC CAVITY.

Clinic Case. No. 690. Married woman, age 46 years; widow for 15 years. Husband died from tubercular meningitis. One son living. Was never well when young. Repeated bleeding from uterus; 16 years ago uterus operated on. In 1916 tubes and part of right ovary removed. In 1918 operated on for hernia. Felt well until 1921; since that time has had one cold after another. Moderate myocarditis. Rales in left chest. Pain in right shoulder. Some morning nausea. That sounds like a bad history. You can not do much for those cases when the heart is compromised. **Carcinoma; pelvic cavity, uterus; non-metastatic; 9 ohms. Acquired D. R.; cardiovascular strain; 33 ohms.** (Patient comes in) Localize 50 on abdomen; reaction present over uterus. Treatment is one cord at spleen at rate 3 and one cord at rate 3 and one at rate 6 over uterus. In this case there are a great many things the matter with the patient. We will need at least 6 weeks to get results.

ACQUIRED D. R.—CHOLELITHIASIS.

Clinic Case. No. 497. Married woman, age 44 years; no children. Has not been feeling well since patient had typhoid fever 26 years ago. Always distressed in stomach region; much gas. For the past few years has been subject to vomiting spells which became much worse in the past few months. Also has pain in gall-bladder region radiating to right axilla. Never been jaundiced. Lost about 6 pounds in past few months. Appetite fair; always tired; no pep. **First examination;** Sept. 30; Carcinoma; Sarcoma; Strep; Tuberculosis; negative. **Acquired D. R.; 34 ohms; cerebrospinal strain.** October 30; Acquired D. R.; negative. **Cryptogenic D. R;** present. October 17; Carcinoma; negative. **Sarcoma; brain; non-metastatic; external occipital protuberance. Cryptogenic D. R.; 3-25 ohm. Strep.; 16-25 ohm; appendix.** She has had one cord at rate 3 over area on head; one cord at rate 2 over appendix and one cord at rate 3 over spleen. The 10th dorsal vertebra has been concussed four times daily to empty the appendix. November 13; Sarcoma; Cryptogenic D. R.; negative. (Patient comes in) How are you feeling?

Patient: I have had nausea for the last three days but before that I felt very much better. I had trouble with my head so that I would lose consciousness but that has ceased.

Doctor Abrams: We no longer get any reaction of sarcoma in the blood but I want to take a local reaction to be sure that it is gone from the head. Set the instrument at V. R. 20 for **gall-stones** and go over the gall-bladder region; reaction present. At present we know of no method available that will dissolve gall-stones.

STREP. INFECTION, APPENDIX—CONTINUED VOMITING.

Specimen. Boy; 8 years. Suddenly began vomiting a few days ago; no temperature; no symptoms that offer any clue. Boy had pneumonia several months ago but had recovered from that. Carcinoma; Sarcoma; Tuberculosis; Cryptogenic D. R.; negative. He has had previous E R A treatment. **Strep.; present over appendix region; 6-25 ohm.** Write to the Doctor: "Reactions negative except for strep. of appendix. Would be careful to solicit surgery if necessary, providing clinical symptoms confirm my diagnosis. Later the boy should receive 3 cords at rate 4 to spleen to wipe out the Congenital Neisserian which is the basis of strep. and staph."

TUBERCULOSIS, URINARY BLADDER.

Specimen. Reexamination. Woman. Patient feels fine. Entire relief from bladder trouble for two weeks; gaining in weight. Bowels normal with right eating and drinking of water. Patient looking wonderfully well.

Original examination: **Carcinoma; 3 ohms; small intestine. Tuberculosis; genito-urinary bladder.** The Tuberculosis of the bladder while of low grade is very refractory to treatment and demands local treatment. General treatment with rate 3 to the spleen was used without local treatment for the carcinoma. Today's examination shows carcinoma negative and **Cryptogenic D. R. 7-25 ohm.** The general treatment has wiped out the carcinoma. The tuberculosis is also negative. It will be necessary to continue S S 3 to get rid of the reaction for Cryptogenic D. R.

INOPERABLE CARCINOMA OF STOMACH.

Clinic Case. No. 485. Married man, age 50 years; 5 children. Carcinoma of stomach; greater curvature; inoperable. Diagnosed by surgeon; laparotomy in June, 1923. He was given a couple of months to live. Deep x-ray therapy was used three times; no radium treatment. When he first came here he suffered from a great deal of pain but refused to take narcotics for relief. **First examination:** September 4, 1923: **Carcinoma; 12 ohms; non-metastatic; stomach. Congenital D. R.; 9 ohms.** September 9; after 4 all night treatments with microoscilloclast; Carcinoma; negative. **Congenital D. R.; 8 ohms,** September 22; Carcinoma; Sarcoma; Tuberculosis; Cryptogenic D. R.; Staph; negative. **Strep; abdomen; right of navel.** Patient much relieved of pain; stronger and better color. Patient left for his home in the east to continue E R A treatments with another physician. A specimen of blood sent on October 27 showed carcinoma and sarcoma negative and **strep.** present in abdomen. His physician sends another specimen November 13 and writes: "Since last specimen was sent patient has had five hours' treatment at rate 3 and five hours at rate 2, three cords, on abdomen at area indicated. Since coming home he has gained a total of 7 pounds. However, he did not gain last week. Pain is quite severe; but nausea is somewhat better." **Present examination:** All reactions negative excepting **malaria.** He lives in a malarial region and it is quite possible that he has become infected. Write to the Doctor: "Would advise quinine in large doses, and you may also have the blood examined for plasmodia if you desire."

New Additions to the Atlas

TO ALL ERA PHYSICIANS:

You can now have your Atlas brought up-to-the-minute by a set of the new Atlas Additions. These contain all the new strains and rates with charts showing the areas, and much classified information that will be invaluable to all ERA physicians. The material is arranged alphabetically in loose leaf form ready to go Atlas. There are 24 pages in the General Notes. The Additions. The price is \$4.00.

We can also furnish a set of General Notes on Atlas paper. These Notes contain the general principles of Electronic Diagnosis and Treatment and latest discoveries up-to-date, with the information classified and condensed and made readily accessible for use in your Atlas. There are 24 pages in the General Notes. The price is \$2.00.

If you want the combination set of the Atlas Additions and General Notes, please send check for \$6.00 to *Clinics of Dr. Albert Abrams*, 2151 Sacramento St., San Francisco, Calif. We know every ERA physician will be delighted to obtain this up-to-date material in convenient form for daily reference.

Atlas Service

Hereafter all additions to the Atlas will be published in the Journal. Those who desire these additions on loose leaf pages to fit the Atlas may obtain this service for \$2.00 a year, payable to *The Clinics of Dr. Albert Abrams*. A sample loose leaf page is enclosed with this Journal.

NEW APPARATUS

Ampli-Statiphone of Dr. Albert Abrams

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C O N T E N T S

	Page
Report of Physicians	2
Correspondence	18
Clinical Lectures by Dr. Albert Abrams	26
Miscellaneous	34

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San Francisco, Cal.

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In Memoriam

Our hearts are crushed with sorrow, at the unutterable loss of our Leader, our Master, our Friend.

Dr. Albert Abrams was a genius of the first magnitude and his untimely passing is one of the severest shocks that the world has had to withstand.

His host of friends all over the world will mourn his going as will thousands of those whose frail bodies he has devoted his life to restoring to health and who have wept tears of gratitude for his kindness to them.

But most bereaved of all must be his staunch disciples and co-workers — those who have stood by the master, eager and willing at all times to aid in every way possible in expounding to the world the truths which the brain of the inimitable leader discovered. We have lost the love and guidance of one of the great men of the world, but we can show our love and reverence most, as he would wish, by tremendously augmenting our efforts to carry on the wonderful cause to which he, in utter disregard of self, became a martyr.

The memory of Dr. Albert Abrams will be revered as that of few men past or present.

“CARRY ON”



IN the history of human progress, the outstanding factor is man's insistant urge toward freedom. From the remote past to the present day we have overwhelming evidence of man's constant and bitter struggle to cast off the bonds of ignorance and servitude.

It is a strange contradiction in human nature that while the general tendency of the mass is toward enlightenment and freedom from the slavery of ignorance and old tradition, there is ever present the reactionary human element, that strives with every available weapon and argument to restrain the aspiring impulse toward knowledge, especially when that knowledge means emancipation from bondage, either mental or physical.

Against the arrayed forces of ignorance, hatred, superstition and bigotry the great benefactors of humanity have steadfastly refused to give ground, fighting with a fine courage born of the desire to aid their fellow men. The world's most colossal figures have been martyrs to the cause they championed. Lincoln, Jeanne d'Arc, and Alexander II, freed millions from political slavery. The name of Dr. Albert Abrams, the greatest emancipator of human ills and suffering, will ring through the ages, because he so unselfishly and constantly served his fellow beings.

Those of us who have had the privilege and opportunity of working with the late Dr. Abrams, know that his mighty aim was to free mankind from physical bondage, the terrible bondage of pain, sickness, and suffering, and now the task which confronts us, his earnest disciples, is to courageously bear aloft the banner which he relinquished only in death, and to perpetuate the name and work of our beloved leader, Dr. Albert Abrams. He has made the supreme sacrifice of his life in consecrated devotion and service to humanity.

The future of ERA depends wholly upon us. Can we meet the requirements of the situation? I believe that we can and will. We know what Albert Abrams would have accomplished had he lived, so like a faithful army we need only to stand solidly shoulder to shoulder, actuated by one purpose and ideal . . . the carrying out of our leaders plans.

Many times in the fast few months Dr. Abrams has spoken to me of his hopes, anxieties, and wishes regarding ERA and

because of my close association with him, I feel deeply the personal sense of loss in his untimely demise, and a fervently sincere desire that at this crisis we put aside all personal opinions, differences, and dissensions within the ranks of ERA and unite our efforts toward reaching a common goal—the completion of Albert Abrams' great work.

As you know there is at this time a suit pending in the Arkansas courts against a practitioner of ERA, and also an attack is being made upon us by the Ohio State Medical Board. The strain and worry of these things lessened Dr. Abrams' resistance and contributed to his death and it is this opposition, based upon abysmal ignorance and prejudice, which we must combat with all our energy, intelligence, and singleness of purpose.

As ERA practitioners we know that history is but repeating itself, that every new discovery, invention, or idea in the field of science has been greeted with derision or denial by reactionaries with one-track minds. Columbus was ridiculed; Bell declared insane because of his telephone idea; the inventors of the aeroplane and wireless regarded as hopeless maniacs, and as recently as 1846 in our own field of medicine, the first users of anaesthetics were condemned by the reactionaries of their day.

We who have studied in Dr. Abrams' Clinic and have seen the application of ERA and its truly miraculous results cannot doubt the evidence of our own eyes and ears. No amount of denial by our foes will ever change the fact of what has been and is daily being accomplished by ERA.

The world over, sick and suffering people wait, in hope or despair, for help, and in ERA we have the means of bringing the priceless blessing of relief and healing. The tremendous responsibility which rests upon the followers of Dr. Albert Abrams is to labor in the interest of humanity and in this dark hour of bereavement let us put aside for all time all personal considerations and solemnly determine that the permanent establishment of ERA is our life work, and with that end in view, all unite and cooperate to confound our foes, to demonstrate the glorious truth of Dr. Abrams' discovery and to win the world's unanimous recognition of this modern miracle, the Electronic Reactions of Abrams.

HARRY W. WIRKLICH, M. D.
Associate Editor

TELEGRAM RECEIVED JANUARY 15, 1924

Jonesboro, Arkansas,
January 15, 1924

Dr. Fred Moore,
2151 Sacramento St.,
San Francisco, California.

Judge instructed Jury for acquittal of defendant, splendid.
Dr. J. W. King suggests the following to be read at funeral
service:

IN MEMORIAM

*Go on wondrous work
The Master now is sleeping
Truth seeks a witness
Stand thou in his place
Truth puts his spotless armor in thy keeping
When craven mongrels would his work deface
Go on wondrous work
Though power and place condemn thee
Thou art not alone, thou canst not single thee
For when the many their might condemn thee
One truth and God are truths majority.*

Signed: DR. J. W. KING
DR. J. V. McMANIS
DR. H. E. PALMER
DR. EUGENE UNDERHILL
DR. C. A. STOUT
DR. J. H. EAST
DR. C. F. ELLIS
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MR. A. D. RISDON

Physico-Clinical Medicine and The Clinics of Dr. Albert Abrams

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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THE CLINICS OF DR. ALBERT ABRAMS
2151 SACRAMENTO ST. SAN FRANCISCO, CAL.

ANNOUNCEMENT — OPEN FORUM FOR ERA PHYSICIANS

The Journal will conduct an Open Forum for the service of ERA practitioners wherein they will have the privilege of reporting interesting cases and exchanging views on methods of obtaining results. Space will be given for the publication of reports of cases that will be of general aid and interest to the men in the field and any findings or discoveries of especial value.

The subscription price of the Clinics of Dr. Albert Abrams will be reduced to \$8.00 for six months, beginning January, 1924. Back numbers of the Clinics from June to December 1923 inclusive, can be obtained for \$6.00. Checks made payable to Clinics of Dr. Albert Abrams.

COURSES IN SAN FRANCISCO

Dr. Abrams will continue his monthly instruction in "Electronic Medicine" until further notice.

Preliminary Report on the Electronic Reactions of Abrams.

By

Robert Rosen, M.D.

I approach the subject with a great deal of hesitation and misgiving. I want to be as fair as possible, not only to the science of medicine that has given me everything worth while in my professional knowledge and standing, but also to the work of a man who holds out some added hopes to suffering humanity.

I am going to tell you how I became interested in the work of Dr. Abrams; why I became interested; what some of the discouragements were; how I hesitated before venturing inquiry into what seemed a forbidden field; and what discoveries I have made within that field. You will be able to draw your own conclusions as to how far I was justified in this undertaking.

I little over one year ago the name of Abrams was unknown to me. I recall seeing his name in a newspaper which stated that he had been asked to determine the parentage of a child from a few drops of blood. My astonishment at this and other similar incredible claims equaled yours. I immediately dismissed the matter from my mind, without any thought of investigating it. For I had never heard the name of Abrams during my medical course nor in my brief professional experience. Several months later my attention was again attracted to the work of Dr. Abrams by an article appearing in the press. By this time my curiosity was piqued and I thought I would make inquiry about him. I asked several of my confreres what they knew about this man and his theories and the usual response was, "Don't know a thing about him. What do you know about it?" Then I heard of cases under treatment by his method. A physician, whom I knew well, and whose training justified the belief that he would not easily be influenced, began talking to me about this man's theories. He recited to me some claims of marvelous cures. He showed me reprints of articles that had appeared for several months in "Pearsons", a New York lay magazine.

I read these articles and began to feel that there must be something at least worth investigating in all of these unusual claims.

Again this physician informed me of the wife of a physician who had apparently been saved by this treatment. By the X-ray she was diagnosed as having a tumor of the hip. She did not respond to the ordinary therapy, which included radium and X-ray. By the Abrams' method she was diagnosed as having a tubercular hip. After ten treatments by the Abrams' method she began improving. Previous to this time she suffered excruciating pain, could not sleep, was unable to get around and was a total wreck. I happened to know this physician who,

I learned, was not himself an Abrams' disciple, and knew little or nothing about the theory. I called him on the phone, his wife answered. She very graciously verified the fact that she had had no hope until receiving so-called Abrams' treatment.

We decided to get to work. We collected all the articles dealing with the work and abstracted them; we did extensive reading and some experimentation. We found Dr. Abrams' book on "Spondylotherapy"—the treatment of disease thru the spine—and devoured all we could about this man, his theories and methods.

We obtained pathological tissues of various organs of the body and pathological blood specimens from patients who had been positively diagnosed, and designated them by a number whose correspondent was entered into a book. These specimens were to be submitted to the Abrams' diagnostic test without any accompanying history. There were some forty specimens thus collected by us from hospitals, sanitariums and private patients. It was also decided that our investigation would be much facilitated if we became associated in our work. We did so. It was also decided that my associate should proceed to San Francisco to make a first hand investigation there. He left in November, 1922. While there he met, among others, Dr. T. Proctor Hall of Vancouver, British Columbia (I shall have occasion to refer to him again), who came to San Francisco for the same purpose. These two men worked together. They watched Abrams at work for some thirty days. They saw a radiologist, and under the X-ray observed some of the reflexes of Abrams. They also stripped to the waist and acted as subjects, the better to discover the hidden weaknesses or fraud in the theory.

In view of the fact that my former associate abandoned the Abrams' work shortly after his return to the city, it may perhaps interest you to hear what he said about it while it was receiving his minute personal observations, particularly because he states the facts more graphically than I can. I shall only give excerpts from some correspondence containing his fresh impressions at the clinic. It will also give you some inkling of the personality of Dr. Abrams:

"November 21, 1922.—If it were not for the myriads of patients that claim miracles, I'd quit now, but I am 90 per cent. sure he has something in spite of it all.

"Let me tell you something, Bob, there is no doubt in my mind about results; goodness, he makes blind people see, cures paralysis agitans (these I have seen).

"I am telling you that he is the devil incarnate himself. He has mechanics and electricians and he simply tells them what he wants. His motto is 'Nothing is impossible'. For example, last Monday he got an idea that he can make his reactions by radio, so he got one of his electrical engineers who is supposed to be an expert on radio, and told him he wants a radio set up, so they set it up. * * * I saw him dance all over the laboratory saying, 'He's got it.' He said to his engineer, whose name is O'Connor, 'O'Connor, I want you to make this change of tone more perceptible.' And

O'Connor said, 'Don't think that's possible.' And Abrams answered: 'Nothing is impossible, damn it. Go home and don't go to bed, stay up all night and think, think until you have solved it.' The engineer told me that Abrams will call him up every hour of the night asking him if he has solved it. * * * During the experiment he asked the engineer if he knew the wave length of the sound and the engineer answered he didn't know and I didn't know how it's possible to measure waves of electrons on cancer. Abrams answered, 'Damn it, do it, everything that the mind conceives is possible.'

"Now listen, Bob, I've decided it's O. K. so far only from the observations of the treatment and not from my specimens."

Imagine my interest when I received the following telegram on November 24, 1922:

"Dear Bob: My specimens diagnosed 100 per cent. perfect by Abrams' method."

And again, when on December 1, 1922, he wrote:

"For example, he makes a diagnosis of sarcoma of right shoulder. He gets the patient in and he is separated from Abrams by a curtain and Abrams turns his head in the opposite direction, shuts his eyes and one of the pupils (I did it a dozen times) points an electrode, and when he gets to the right area he says, 'Stop, there it is.'

"So there is no doubt he is sincere, and that he really believes in his discovery.

"As to the treatment, the people that come here—many of them show miraculous cures, others any psychotherapy would cure.

"One thing Dr. Hall and I are absolutely sure (remember Dr. Hall is rated as one of the best physicians on the American continent), we are certain that spondylotherapy is a wonderful therapeutic measure because he has verified it in Canada on 500 patients and showed me the proofs. Besides we went to an X-ray laboratory and I undressed. He put mercury near my spleen and the fluoroscope showed my spleen became larger and became normal in two minutes; also if he hit my seventh cervical vertebra the same would happen * * * also the heart reflex. That's absolute because we saw it under the fluoroscope."

And on December 4, 1922:

"You ask me what it is and I still honestly and candidly say I don't know. If I were absolutely convinced that it is a fake, I would have left a long time ago.

"Dr. Hall, who is an M.D., Ph.D. (Physics), L.L.D. and M. D. and is Professor of Physics, can't decide. * * * By the way, I had a specimen of a lady who had cancer of the uterus, (Dr X's case in Grace). I had this specimen examined by one of his assistants. I did not tell him anything and he diagnosed female, cancer of the uterus. Now, there you are. How in the world can you tell unless you are a genius like Abrams, whether he is a fake or not?"

And on December 5, 1922:

"I was invited tonight to Dr. Abrams' experiments. Dr. Hall and I were the only ones. He gets out a new idea every day. There is one thing, Bob, I am absolutely sure of and that is the sincerity of the man. Whether he is on the right track or not, I can't say, nor can anyone unless they prove it by pathological specimens. * * * As to getting results, I'm sure I see many results. What they are due to I do not know."

These are parts of the report of my former associate. On his return we began to check up. We were fortunate in obtaining the services of a radio expert who offered to collaborate with us in testing the diagnostic apparatus. Though crudely constructed, the wheatstone bridge found it registering ohmages with satisfying accuracy. We fitted up the diagnostic room fully in accordance with directions. We obtained known specimens and bacterial cultures. Several reagents (subjects) were tested until a young man of about 21 was selected. Then we began investigating on these known specimens and later we took blood from patients whom we had diagnosed. It seemed to me that the possibilities of error in the diagnosis were very great. So many factors seemed to interfere with the reactions and I obtained so little definite information as to the causes of things, that I decided to make a personal investigation at San Francisco. Before doing so I interviewed Dr. Cabot at Ann Arbor who advised me not to waste any time investigating this method. Undismayed I went to see the chairman of the Public Health Committee of which I was then a member, also Dr. Donald, president of our organization, and asked them if it would be advisable to investigate and they both saw no objection to a personal investigation. I promised to report and left for San Francisco on January 19, 1923. The first day of my clinic I received the following wire from my associate:

"Owing to great pressure I must give up. Would advise you to do same. Guide yourself by your own conscience."

It is obvious why my former associate abandoned the Abrams' method, and we will not refer to it again. But right here, it is interesting to note that Dr. T. Proctor Hall of Vancouver, British Columbia, referred to in the correspondence, read a very favorable report before the British Columbia Academy of Science on April 27, 1923. Let me quote from his report:

"My brief experience with the Abrams treatment justifies the high expectations I had formed as the result of my visit to San Francisco. Dr. Abrams has proved the efficiency of electronic treatment when it is applied on electronic principles and no one can set a limit to its application."

It might interest you at this point to hear the report of the committee appointed by the Homeopathic Society to investigate the Abrams' theory. I quote from the issue No. 10 of the Homeopathic Recorder of October 15, 1923:

"We have demonstrated that reactions of a very delicate character can be induced by means of the blood of an individual that is brought into relation with another person provided certain conditions are established. From this we deduce that some sort of energy is given off from that blood.

"We believe that this energy represents both pathological and physiological processes in the individual from whom the blood is taken.

"We believe that more or less accurate deductions can be made as to a diagnosis of the conditions from which the donor of the blood suffers and that these conditions can be quite accurately located.

"We have demonstrated that these reactions can be utilized in selecting curative measures.

"Much has been said about the commercial side of Abrams' work as it is being promulgated. This committee feels that the discussion of this phase of the subject is outside its province.

"In conclusion: Your committee feels justified in reminding you that, in physical science, what yesterday seemed impossible is today commonplace. The phenomena of these reactions constitute a new field of medical research.

Respectfully submitted,

EUGENE UNDERHILL, M.D.,
 HENRY BECKER, M.D.,
 HARRY B. BAKER, M.D.,
 BENJAMIN C. WOODBURY, Jr., M.D.,
 HARVEY FARRINGTON, M.D.,
 GUY BECKLEY STEARNS, M.D., Chairman."

DR. ABRAMS' CLINIC

When I arrived in San Francisco I first called to see the well known Dr. Vecki, but he was not in. I then saw a practitioner of the Abrams' Method and watched him at work. While not impressed with his diagnostic ability, yet he seemed to obtain some surprising results. I had occasion to see some of his patients, their history, X-ray plates and the diagnosis made by their former physicians, some of the best in the state, and compared them with the newer diagnosis. I shall not burden you with a report of these.

On January 24th I called to see Dr. Abrams. I was admitted to his office without formalities. He asked me, among other things, what they thought of him in the east and whether I had read the A. M. A. criticisms. He then invited me to the clinic. I was ushered into a crowded room. It faces east and west. It is about 30 by 20 and can accommodate approximately 30 to 40 people. On a couch in the back of the room was a young man stripped to the waist having his abdomen massaged. He was the subject or reagent to be used in connection with the diagnosis. Dr.

Abrams sits in an elevated platform facing east with two grounded galvanized iron plates, one for each foot. One of the plates is covered with a rubber mat to insulate that foot and prevent short circuiting. In front of him, facing the geographical west, is the reagent, standing also on a platform about a foot higher, and this is also provided with two plates grounded to the water pipe. The subject is stripped to the waist with the right arm across the abdomen. On his head is the head-gear from which a wire runs to the last rheostat on the table. To the right are two tables containing several small boxes of different shapes; they are called dynamizer, rheostatic dynamizer and two reflexophone boxes. These are manipulated by an assistant who sits at the table. These tables are insulated by glass and rubber fibre. The room is dimly lighted during a reaction. After each test the window shades are raised and the door opened, and rest is allowed for a few minutes. Then the assistant hands Dr. Abrams a letter from some doctor,—with a history of the case. The assistant places the blood which is on a clean piece of filter paper folded in tissue paper, in the dynamizer; he holds a horseshoe magnet over the blood, then the lid is closed and the magnet is passed over the dynamizer, the reflexophone boxes and cord.

"Come—Sh! Sh! 49," says the doctor, and the day's work has begun. The assistant sets the reflexophone at the number of units called. Dr. Abrams percusses certain areas on the abdomen of the reagent (areas determined by him as specific for certain diseases, each of which he claims has its own definite vibratory rate). After a few taps he says, "Female, get it? When in doubt, short circuit and try entero-diagnostic area. There, that's better. 50 next." That is the rate for carcinoma. "No", he says and calls for "58—positive (Sarcoma). You see he is treating her for Neisserian infection and she has sarcoma. (This was a case sent by a physician who is a graduate of Edinburgh doing ERA.) What is it—uterus, get it—pelvic cavity—38 (this is the vibratory rate for metastasis). No, not metatstatic."

He next calls for units (i. e., measures the virulence of the condition). "Seven units. 42 next (the vibratory rate for tuberculosis), negative. 55 (vibratory rate for acquired syphilis), negative. 57 (vibratory rate for congenital syphilis), positive—how much? 37 units. Where? Central nervous system." In Dr. Abrams' experience the laboratory tests for congenital affections are unreliable. The certainty of the electronic test he claims enables him to conclude that practically every parent with syphilis communicates the disease in an attenuated form to the progeny. In cases that show no sign of syphilis but have a single obscure symptom which may cause more or less invalidism he has obtained the reaction for hereditary syphilis. He claims to have demonstrated the transmission of syphilis to the fourth generation, and says, "Syphilis may sleep but it never dies." Here we may also mention the wisdom of the late beloved Dr. Osler who said, "Know syphilis in all its manifestations and all else clinical will be revealed unto you." To continue with the examination, Dr. Abrams says, "Come on 52—Neisserian infection there, get it, right side pelvic cavity. Next, 60 (vibratory rate for streptotoxemia). Now let

us localize." The vibratory rate is set at the number corresponding to the disease and the exact location of the disease is determined and marked with stains.

Next the patient is brought in, the blood specimen is removed from the dynamizer, and cord attached to it, at the end of which is an aluminum electrode. The assistant places it close to the patient's body, who is seated facing the geographical west on the grounded plates. The doctor locates the areas of the disease on the reagent, regardless of how often the assistant tries to confuse the areas. When the proper place is reached the doctor calls, "Stop. Now get three different points," and he outlines on the patient the same area of the disease that he did on the reagent.

The next patient was one complaining of pain in stomach and cough. The same procedure is gone thru. In this case the chief reaction is 58—Sarcoma positive. He says, "Where?" He percusses above Poupart's ligament on the left side, gets dullness and says—"Digestive—38, non metastatic, units 7. Now we'll use the rod to check up on ourselves." The glass rod sticks where the area is reached—the same area that emits the dull note. This demonstrates that the glass rod reaction is dependent on an electrostatic phenomenon. He runs the glass rod thru an alcohol flame, rubs it on his elbow, feels to see that it is not too hot, then runs the rod over the reagent's abdomen. The rod sticks. "Now we'll show you the disease on the abdomen", and he slaps the reagent's abdomen lightly and a paleness is seen to appear on the skin around the umbilicus. This he calls pathoscopy.

And so the clinic continues. In one case he showed how an Argyll-Robertson pupil was made to respond to light when a blue light was first thrown into the eye for a few minutes, providing the nerve was not completely degenerated. This work continued until 12:30.

At four o'clock in the afternoon the doctor demonstrated to a few visitors a new apparatus called the "Radio". This, he claims, will do away with the necessity of the reagent and so eliminate the personal equation. He has the reagent hide a bottle of cancer on his person and, using the electrode, moves it slowly over the reagent's body and when he reaches the hidden specimen the radio emits a tone every four seconds at the vibratory rate for cancer. Then he asks one of the pupils to hold the bottle anywhere against the blackboard while he is out of the room and he agrees to find it on his return. To our amazement he does. "Now to show you that this cannot be erased." With an eraser he smears it over the blackboard. In going over the smeared area on the blackboard with the electrode the radio spoke again as before as soon as the outer edges of the smeared area were reached. He then runs a horseshoe magnet over the same area and runs the electrode over it again but this time the radio is silent. He says the magnet apparently depolarizes the area so that the cancer electrons were changed or nullified.

We leave the clinic. We are in a daze at what we had just witnessed. Then comes the question: Was all of this a trap or fraud or perhaps a chance coincidence or relationship? Possibly. But there were some things that could not be explained. The phenomena of the glass rod.

How about pathoscopy and the radio? How about the repetition of the phenomena? And the fact that this is repeated more than 50 times daily with slightly new variations occasionally and with no effort to conceal anything, repeated over and over again with emphasis and questions to the class, leaves a strong impression! This impression becomes still further enhanced when a number of the students, after a little practice, seem to be able to secure the same reactions. It becomes necessary at once to discount the idea of fraud.

Dr. Abrams voices the opinion that "the actual enucleation of the electronic theory by Thompson forty years ago in its explanation of matter is perhaps the greatest contribution ever made to scientific knowledge. Physical science, by reason of the universality of its laws, denotes every phase of medical research and the human must not be segregated as something apart from other entities of the physical universe." He shows how the electronic theory of matter has replaced the atomic theory and says that "**Electronic diagnosis is not a single discovery, but embraces the entire field of diagnosis.**"

"Electrons.—These units of our organism are charges of electricity in their incessant activity. They produce the phenomena known as radiation. Radio-activity is a universal property of matter when the human reflexes are employed for its detection." This is the basis of the Author's method.

The Electronic Reaction of Abrams (E R A) are methods to determine the vibratory rates of all radio-active substances but more especially of human diseases, using the visceral reflexes of Abrams, the reflexophone and other apparatus.

The electronic theory demonstrates the electrical nature of matter and that radio-activity is a universal property of it, i.e. matter is continuously giving out radiant energy not necessarily of the Alpha, Beta, or Gamma type, but radiations which are electronic in origin, characteristic of the particular kind of matter according to the number of electrons in each atom. Dr. Abrams finds characteristic radiations from the blood of man, animals, chemicals, plants, and thoughts as well as for disease.

Dr. Crile in his London address considers the human body as a store house of electricity. He regards the brain as the positive pole and the liver as the negative pole and the central nervous system as the connecting wires. He believes that his discovery may revolutionize the practice of medicine. This shows the trend of medicine today.

All matter consists of electrical energy. Matter is composed of elements which are divided into molecules. Each molecule is composed of atoms which in turn are subdivided into millions of minute electrical charges called ions. The proton is the positive charge while the negative charge is called the electron. The latter revolves around the former. **This motion within the atom gives rise to emanations which are characteristic of the different forms of matter.**

The electron is the smallest entity and is one thousand times smaller in mass than the smallest atom. Electrons are electrical charges which

revolve around a central nucleus, and some are thrown off into space. It is this phenomenon that is known as radio activity and gives each substance its vibratory rate. **The Electronic Reactions of Abrams are based on the principle of vibratory rate of matter** as determined by the reflexes of Abrams. It is an old concept in a new guise. We accept things that our senses are conscious of; thus we accept the Radio whose infinitesimal vibrations can be heard all over the world only by proper tuning in; whereas an earthquake may occur or a cannon may be fired a few hundred miles away without our perceiving it. How much more powerful then are these insensible radio waves than the audible forces! We are just beginning to realize the importance of radio waves. The Electronic Reactions of Abrams are based on the same principle and to understand it, all that is necessary is to **tune in**.

F. G. Ellis, an electrical engineer, claims to have succeeded in measuring the wave length of seven different diseases. If true, the importance of this at once becomes apparent. It places electronic medicine on a scientific basis and opens up a vast field for scientific investigation.

The basis of the Electronic Reactions of Abrams is dependent upon the reflexes discovered by him. A reflex, as we all know, is an involuntary response to an external stimulus. Dr. Abrams has shown that the spinal cord is composed of millions of nerve fibres which respond to definite vibratory rates and that these vibratory rates are automatically sorted out and appear on certain anatomical areas in the form of dull areas revealed either by percussion or by a stickiness of the glass rod to these same areas, thus revealing the diseased processes. The severity or potentiality of each disease is measured in Abrams' units. An Abrams' unit is equivalent to the amount of electronic energy that is necessary to overcome the resistance of 39 inches of copper wire No. 4 gauge.

In making these reactions it was noted that the reagent faced the geographical west. The reason for this becomes more obvious when the following experiment is performed. With a magnet one may magnetize magnetic material. This is known as induction. The greatest magnet, the earth, can by induction convert iron or steel into a magnet. As an illustration of terrestrial induction, take an ordinary stove poker or iron rod, hold in the direction of east and west. Both ends will attract either end of a compass needle. This shows that the poker is not polarized. Now holding the poker in the north-south direction it will become magnetized with the distinct north and south poles; it will repel the north pole of the compass at one end and attract at the other. If the poker is again turned in the east and west direction both ends will attract both ends of the compass needle, showing that it is again non-magnetic or depolarized. The effect of this induced action of the earth is increased by holding the poker north-south and striking a few sharp blows with the hammer. This shakes its molecules and enables the induced force of the earth's magnetism to turn them more easily in the north-south position. With the compass, the poker will be found to be permanently magnetized. To demagnetize it, hold it at east-west position and hit it again a few sharp blows.

Physicists do not know, but it can be shown by the electronic reaction that the identity of matter, i. e. the arrangement of electrons, is not only a question of vibratory rate but of polarity as well. It has been found empirically, that the earth's magnetic flux is without influence on the energy polarity if the reactions are elicited when the reagent faces the west; hence the reagent faces the west.

By the polarity of a disease is meant that the radiant energy of each disease has a distinctive polarity which is detected by holding a bar magnet about four inches away from the area of ventral dullness. If the dullness is intensified with the positive pole (N) and disappears with the negative pole (S), the polarity of the energy is positive. If the reverse is true the polarity is negative. If it persists with both poles, it is positive and negative and if it is dissipated by both poles it is neutral. This Dr. Abrams calls "Isopolar".

The oscilloclast was designed by an expert engineer for the application of his principle, "Similia similibus curantur", i. e., like destroys like. Dr. Abrams cites the fact that every object has a definite period of vibration and if we bring an object with a similar vibration near it, it is set up in vibration. This vibration of the object may attain such magnitude as to fracture and utterly destroy it. He cites Caruso's method of tapping a wine glass to get its pitch and by singing that note into the glass shatter it. This he claims is what happens when we impose upon the disease its own vibratory rate. This is intended to be the basis of the oscilloclast. It has a dozen different rates with which to treat disease. To determine which rate to use it is necessary to place the blood or tissue or substance to be tested in the dynamizer and obtain the specific reaction on the reagent. The oscilloclast is then started and an electrode attached to one of the units is brought near the dynamizer; the different rates are then tried out and the one which will dissipate the reaction is the destructive rate for that particular disease or substance. Abrams claims to have found that certain drugs that are used as specifics in the treatment of certain diseases show the same vibratory rate, e. g., the vibratory rate for quinine is the same as that for malaria. The same is true for mercury and syphilis, etc.

In view of the fact that the criticism has been made that the oscilloclast yields no energy, I availed myself of the services of an expert radio engineer and we found the following:—

1. a. Voltage supply to the oscilloclast under test 125 D. C. (Using a Weston voltmeter model No. 280).
b. Voltage output from the oscilloclast, volts 125 pulsating.
2. a. Current taken by the oscilloclast 0.1 of an ampere steady current.
3. a. Potential across current breaker brushes of the oscilloclast, volts 3.5.
4. a. Testing each unit with a West millimeter of every adjustment we get the following:

Unit.	On Large Brushes	On Both Brushes
	Amperes.	Amperes.
1	0.005	.010
2	0.004	.008
3	0.0025	.00425
4	0.0015	.0035
5	0.00115	.00275
6	0.00075	.002
7	0.00070	.00175
8	0.00065	.00170
9	0.0006	.0016
10	0.0005	.0014
11	0.0125	.025

From this we can see, that the oscilloclast not only takes in 125 volts, but that the output is the same. These current readings are obtainable from the unit when the electrode, normally applied to the patient, is grounded. This indicates that various potentials of oscillating current or pulsating energy are actually applied to the patient during the progress of the treatment, according to the adjustments of the units. Hallberg of Burnett-Timken Research laboratories, by the construction of a new galvanometer, found that the energy delivered at the electrode is $8/1,000,000$ volts and $1/10,000,000$ amperes.

DISCUSSION

I have tested out the Electronic method on some two hundred people. Of these many were cases that were hopeless as far as our present methods were concerned. They had been to the best clinics in the state and country without any apparent benefit, and if only a few of these had responded to the methods instead of the comparatively large number that did, the Abrams' method would commend itself to further investigation.

In conclusion it can be said that this method of diagnosis and treatment has proven of value in the treatment of the sick. It is not a panacea for all ills, as some claim, nor is it worthless as claimed by those who know nothing about it.

Much of the criticism directed against the method is warranted by reason of the claims of certain practitioners that this method is so revolutionary that they may safely forget and discard all previous medical knowledge; whereas in reality it is evolutionary and not revolutionary in character, and must be used in connection with general medical knowledge. The better prepared a man is in medicine, the quicker he will understand this method and learn to apply it more thoroughly.

This work is in its infancy. There are researchers in the field seeking to isolate the factor responsible for the results obtained, other than the one attributed, mainly the psychic one. It is hoped that the Electronic method will combine most of the advantages of radium, X-ray,

Finsen lights, high frequency, etc., without some of the dangers attending the use of these.

An impartial view of this system lends itself easily to the criticism that the use of a human subject upon whose abdomen the reactions appear, is susceptible to much uncertainty and possible danger. One must be constantly on the alert to insure the condition of perfect health on the part of the subject. There must be no bodily disorders; he or she must not overeat, and must not be over-worked, otherwise the reactions are untrustworthy. The elimination of the human subject as part of the diagnostic system will also eliminate much that is doubtful in the work, and place it on a sounder basis for the average practitioner. But where can we find anything as sensitive as the human reflexes?

1. It has been noticed that the rest that the patient received during treatment was very beneficial.

2. In a few cases of acne vulgaris this disappeared while patient was receiving treatment for a different condition.

3. Several patients that we felt had not been helped at the time of treatment returned several months later to inform us of their remarkable recovery after discontinuing treatment.

4. In certain cases where an improvement was noticed up to a certain degree we failed to notice any further progress beyond that point, and in some cases they reverted back to their original state.

To obtain definite information of the results obtained in the cases treated by this method, a questionnaire was sent out to 85 of these patients who had discontinued treatment for a reasonable length of time.

This is the letter and questionnaire sent out:

My Dear Mr. Johnson:

I am anxious to determine from any of my patients if and to what extent they have received any benefits from the Abrams' Electronic treatment.

For that purpose I am enclosing a questionnaire and return envelope which I would thank you very much to fill out and return at your earliest convenience.

You will oblige me if you will write me frankly and fully your views.

Gratefully yours,

ROBERT ROSEN.

1. Name? Address?
2. What was your complaint when you first consulted Robert Rosen?
3. How did you come to take up the Abrams' Electronic treatment?
4. How many physicians did you see before taking up this treatment?
5. When did you take up this treatment?
6. When did you discontinue this treatment?
7. Why did you discontinue this treatment?

8. How many treatments did you have?
9. Was there any improvement after treatment and to what extent?
10. Remarks:

Of these only thirty replied, twenty-two claiming improvement and what seems miraculous cures. Eight saw no improvement. From this small series of cases, the limited response and the short space of time that has elapsed since the discontinuance of treatment we can draw no definite conclusion at this time, but feel justified in continuing the investigation.

Investigation is going on. A national research laboratory for the investigation of the electronic method has been established by a national organization of the men using this method. Many new discoveries are anticipated. The workers in this research laboratory are to be selected from among the foremost scientists of the country. Let me close with the words of Herbert Spencer: "There is a principle which is a bar against all information, which is proof against all argument, which cannot fail to keep a man in everlasting ignorance, that principle is condemnation before investigation."

Dr. Rosen has done notable research work at Johns Hopkins Medical School, with which he was formerly associated. He frankly stated on his arrival in San Francisco that the object of his visit was for investigation and not for the purpose of adopting the methods. Every privilege was accorded him for such investigation. The foregoing communication was presented to his Medical Society. The following resolution had been adopted by the Wayne County Medical Society, Dec. 17, 1923:

"It is the sense of the Wayne County Medical Society that the Abrams' Method of diagnosis and treatment is inconsistent with the principles of the practice of medicine and has been shown to have no scientific basis. Opportunity has been offered at different times to those using the Abrams' Method to test its value or support its extravagant claims. These offers have been refused.

"The council considers that physicians practicing this method for gain are not eligible for membership in this Society and its members shall cease using it, or be dropped from membership in the Society."

Dr. Rosen's reply to the investigating committee is as follows:

Dec. 7, 1923.

Dr. Herman H. Sanderson,
Chairman of Investigating Committee,
1337 David Whitney Bldg., Detroit, Mich.

My Dear Doctor:—

I came before the Council last week and frankly told all I have learned about the Abrams' Theory. I brought with me reports of

the patients sent in reply to a questionnaire. These showed both favorable and unfavorable results. I believe I have made it clear that this whole theory is in its infancy, and I stated that I do not deem myself so proficient that it could be said that the system has reached scientific accuracy so that any investigator using the method could submit to specific tests successfully.

I presented, in other words, what I termed it—a preliminary report. I understand that you are now endeavoring to have me submit to certain tests that are now in the process of preparation. I have given the matter much consideration and I reiterate now that I see no advantage to the association to which I belong to stake the value or uselessness of the entire theory upon my poor ability to meet the conditions of the tests.

I almost feel like asking if you think there is a single individual of any standing in our profession who would stake his own reputation or that of his particular school or his specialty upon the results of his own diagnosis even where he has weeks in which to study the actions of the patient and has the clinical tests in addition. What right then have I to stake my own reputation and particularly that of the entire theory upon a test requiring me no doubt to diagnose disease in the absence of the patient, from a simple blood specimen and without an opportunity of checking up my findings by a clinical examination or a view of the patient? Would it not be sheer folly on my part to attempt to do so? The fact that some men have tried to do so does not change the situation.

Understand, gentlemen, that I do not now say and cannot foretell if within six months from now I shall not feel safe enough to submit even to such a test, ridiculous as it is, or entirely discard what I have investigated. But I have not the right to do so now.

I intend to continue still further the investigation of this method with all the resources at my command. And when I can definitely serve the profession with a knowledge of its weakness or its strength I shall, if permitted, report my findings in a more definite form.

I can do no more. I trust you do not expect more.

(Signed) ROBERT ROSEN

(The most vicious methods are being pursued to discredit the Abrams' Methods. A recent favorite method is to approach an Abrams' disciple and persuade him to sign an affidavit, *noles volens*, under threats of expulsion from his society or exclusion from a hospital, that he has had no results from the methods in question. Tests such as are proposed, which have been made repeatedly, are of little value. If the results are correct they will, with a biased mind, be attributed to chance or legerdemain. The only correct procedure would be for a group of investigators to study the methods and formulate their own conclusions.—Editor.)

ETHERIC VIBRATIONS

Everything in Nature is in a state of vibration and there is apparently no limit to the different kinds and frequencies of these vibrations. Some of these vibrations are directly perceptible to our sense organs; others to instruments, and still others to photography, fluorescence, etc.

Other kinds and frequencies of vibrations have hitherto escaped recognition until the discovery of the Abrams' reflexes.

The latter have received universal recognition but the only mooted point resolves itself into whether these reflexes are available for the detection of vibrations which elude investigation by the limited methods used by Millikan and other physicists. Hitherto, medical progress was dependent on the aid furnished by the sciences, medicine yielding little or nothing to advance the latter. To reverse this order of things may appear repugnant to the physicist but the latter must eventually yield to evidence.

We are constrained to study natural phenomena with humility, not knowing when some new discovery will reveal to us hitherto unrecognized vibrations.

There is a conflict between atomics and energetics.

This conflict concerns itself with whether the atomic hypothesis shall dominate the physical sciences or whether matter is only a manifestation of electrical energy.

Our knowledge of the external world is derived through sense-organs by certain forms of energy. Le Dantec observed, "To find an impersonal method of measurement is to found a science."

"Seeing is believing," hence the visualizing tendency in human nature.

The diagram of C. W. Robbins here shown, of etheric vibrations, shows a velocity in the ether when unretarded of 309,000,000 meters, or about 186,000 miles, per second.

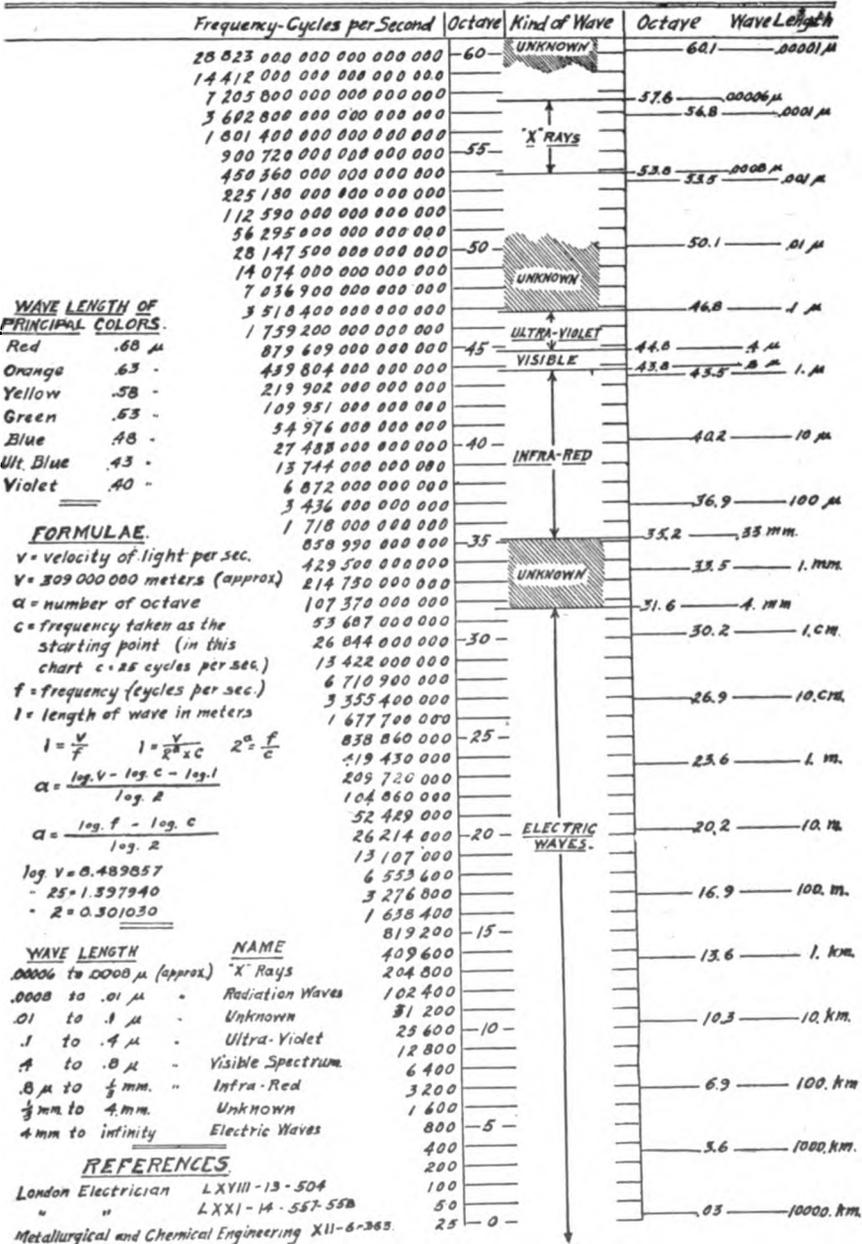
The list is divided into octaves, the vibration frequency per second at any octave being twice that of the preceding octave and one-half that of the octave following. The numbering of the octaves is essentially arbitrary.

The vibration rates extend into infinity and there is no reason to believe there is any limit.

In the chart, the length of any wave multiplied by the frequency per second equals 309,000,000 meters.

Sight detects only a little less than one octave and these vibrations are limited to the visible spectrum (red to violet), hence the fallacy of saying, "Seeing is believing".

SPECTRUM OF ETHER VIBRATIONS.



Correspondence

C. P. BRYANT, M. D.
Cobb Building—Seattle

Dr. Albert Abrams,
2151 Sacramento St.,
San Francisco, California.
My dear Dr. Abrams:

December 21, 1923

I thought one of the most gratifying greetings that I could send you for Christmas would be a brief description of the X-ray pictures which I am sending you under separate cover.



Fig. 1.—Note defect in filling of colon before treatment.



Fig. 2.—Picture taken after treatment.

The findings show no defects in stomach or small intestine, the first filling defects being evident in the lower end of the descending colon, the right iliac arm of the sigmoid flexure, as well as part of the beginning pelvic sigmoid flexure. The obstruction to this part of the colon and sigmoid is almost complete. Vomiting had already begun and was of a fecal nature. Hemorrhages were frequent and severe and the pain was intense. The patient had lost 35 pounds and was so weak that it was necessary to help him to the Clinic.

After six weeks' treatment the second picture was taken (October 3, 1923). The findings were all very evident. There is no filling defect either in the colon or the sigmoid. The patient has gained 35

pounds and is entirely free from pain and no hemorrhage has occurred since the first week of treatment. The patient is entirely normal as far as is possible to detect. In spite of the fact that the patient is 74 years of age, he has entirely recovered his old vigor. All traces of pallor have disappeared and a normal ruddy complexion, which has been characteristic through life, has returned. The patient has a very healthful appetite and sleeps well all night.

The first picture was taken by Dr. O. F. Lamson of Seattle (formerly of the Mayo Clinic). The last one I took myself.

This is not the only great victory I have had through your work, but such miraculous cures as these should make the name of our great benefactor, Dr. Abrams, immortal.

I have thought many times of the great honor done Dr. Banting and while he has accomplished much toward the relief of the suffering diabetic, your work means so much more in that it offers the possibilities of permanent cure.

I am making careful records and taking X-ray pictures of all patients under treatment where such pictures are practical and am using a Stereoscopic camera for tumors on the external surface of the body and I believe that if the case demands I can produce incontrovertible evidence of the marvelous discovery you have made.

With every good wish for your happiness and with a prayer that you may be spared to us to further the noble work you have started, I am ever

Your grateful student,

(Signed) C. P. BRYANT

FURTHER CORRESPONDENCE, SCIENTIFIC AMERICAN

Mr. Austin C. Lescarboursa,
Editor, "Scientific American,"
233 Broadway, New York, N.Y.

Dear Mr. Lescarboursa:

When you undertook the investigation of the "Electronic Methods," you did so of your own volition and employed, contrary to my advice, which you solicited, an individual who is not one of my accredited practitioners and who is not conversant with the E R A. The report of his findings was published in your magazine.

This report was utilized to the full by our adversaries to belittle the E R A.

Aside from the fact of which I shall not avail myself, I am the challenged party, and possess the right of choosing my own means of defense, a defense which is just and legitimate. I have already explained in detail in a previous letter why the investigation which you suggest—

examination of submitted blood specimens—is not a proper test because correct electronic diagnosis cannot agree with the accepted incorrect clinical diagnoses.

The average clinical diagnosis groups symptoms under the caption of a name and ignores the causative factor. It is based on structural changes and therefore does not recognize disease in its incipency. Electronic diagnoses are based on processes, regard symptoms as a defensive mechanism, and ascertain the causation of disease. In the December journal which will be forwarded to you, you will note graphically by the ERA the moment a cancer commences. Syphilis is recognized as the most frequent cause of disease and the accepted test is the "Wassermann". This test is negative in at least fifty per cent of the cases of tertiary syphilis and is positive in thirty per cent of the cases where there is no syphilis. There is only one chance in five that a blood specimen submitted to ten serologists will result in an agreement.

Jarvis, formerly of the Pennsylvania University, has several years ago checked up the "Electronic Reactions" for syphilis with the "Wassermann" and has shown conclusively the superiority and reliability of the E R A. When the X-rays were employed in medicine, it was believed that the acme of diagnostic refinement had been attained, but hearken to the threnody of Ochsner, a prominent Chicago surgeon. He cites many instances where radiograms furnished so-called evidence of diseased appendices, yet at the operation they were normal. Then again, other radiologists declared the appendices were normal, yet, in the operation, they were diseased. The fallibility of the pathologist is acknowledged. Not even the ocular evidence of the surgeon at the operation is trustworthy. I could cite many instances of patients now cured, whose abdomens were opened and then closed for supposed cancer. In these cases, the ERA showed syphilis. The ERA may show gonorrhoea, yet this could not be shown by the pathologist, who bases his findings on organisms. He cannot demonstrate the toxins which the E R A. do

I shall be grateful if posterity recognizes "Electronic Medicine" as scientific anarchy in its efforts to destroy medical chaos. In the present parlous state of our art, we are constrained to regard any method which will humanize medicine, prevent and cure diseases as the only criterion of its efficiency. This is what I have called pragmatical medicine.

The medical pragmatist asks only for results and ignores that stupendous superstructure which poses as classical medicine.

Your several letters suggest that I show no fervid willingness to cooperate with you. This impression is erroneous.

Cooperation connotes a favorable mutual understanding. My original article on the ERA several days ago in our leading medical publication "International Clinics", was the usual ethical method of announcing a new discovery.

No criticism was engendered until cured patients threatened the security of the physicians' practice and then, and then only, was antagonism aroused toward my methods throughout the world.

This meant a prodigious correspondence to which I was unable to reply and I sought the path of least resistance pursued by other innovators, viz., to ignore my critics.

To have done otherwise would have prevented me from placing the ERA on a scientific basis. This has already been accomplished after time-consuming effort at the expense of my health, in a partial manner but not to my entire satisfaction.

Were I to submit myself to the innumerable tests proposed, my work would never be completed. In addition to all this, I am confronted with a more serious problem, the defense of ERA practitioners, unfavorable legislation, etc., which threaten the destiny of the ERA.

All this and more, necessitate my early departure for the East, at which time I shall place my methods before unprejudiced scientists in the same way as other innovators have done.

In the meanwhile, and until January 1, 1924, my former invitations are repeated, viz., to send one of your representatives to San Francisco as my guest to whom I shall extend every possible courtesy for investigation despite the urgent importance of other matters already referred to in this letter.

Would you, as an evidence of your sincerity publish the enclosed report by representative men of an "International Organization"* fully competent to act as investigators and who have already done what you are now attempting to do?

Yours cordially,
(Signed) ALBERT ABRAMS

*Report of investigation of ERA by International Hahnemannian Ass'n.

January 7, 1924

Mr. A. C. Lescarboursa,
Editor, Scientific American,
233 Broadway,
New York, N. Y.

Dear Mr. Lescarboursa:

I am in receipt of your letter of December 29th and have given it considerable thought. I am writing this on the eve of my departure for Arkansas to defend one of my practitioners.

I notice by the newspapers that an attack will be made against my practitioners in Ohio. I feel that before I do anything else, my primary duty is toward my disciples.

I understand that a committee was organized with Dr. DuPlessis as chairman, to cooperate with you. Now I feel before I can make a more detailed reply to your letter regarding your requests to make tests, that in all fairness, I must first consult with them as to their plans and ideas. After such consultation I shall further write you regarding that phase of the matter.

Regarding Dr. Joslin. Dr. Joslin has never taken a complete course in ERA; he is not listed as one of our graduates, nor has he a certificate of attendance at one of our authorized schools. He has, I am informed, none of our instruments at present and in his tests for you he did not use any of our instruments. Furthermore, you were advised of these facts and I naturally felt somewhat disappointed when you published the results of his purported tests. On the other hand, when I requested that you publish a report made by an official committee of a Medical Association or by men who have a reputation for being leaders in their particular branch of medicine as an offset to the report published of the purported test of Joslin, you tell me it is unjust. You tell me that you have adverse reports of other men, but I am quite positive you have no adverse reports made of this method by a real honest-to-goodness scientific body who have honestly endeavored to get at the real merits of this method. You must remember that I have tried to point out to you on numerous occasions, that a test of this method cannot be compared with clinical findings and a committee of men before they can appreciate a test, must qualify themselves as to the basic principles of my method so that they can appreciate what we are endeavoring to show them by our tests and what we find in such a way that after we make a test of blood, they themselves can sit down and repeat that same test with similar findings. Now don't misunderstand me. I am not refusing to convince you or any of your committee as to the merits of my work by suitable demonstrations and as soon as you and I can get together and personally discuss the situation, we will make suitable arrangements for such demonstration. But I must insist that you come to me as I come to you, with clean hands. Your first article has done my men and myself a considerable injustice which should be remedied.

I differ from you about the view you take in regard to your visiting my laboratory. I feel that by such a visit you and your committee who may come here, will get basic knowledge of my methods so that they will be enabled to make an intelligent investigation. Remember I have always taken the position of welcoming sincere and scientific investigators and a like invitation to you is in accordance with my custom. Here, I do my work with my instruments and results of research work within easy reach.

Distance should mean nothing in an investigation of this type. The International Hahnemannian Association sent two of their committee to San Francisco to stay with me for two months, but I hope I will soon have the pleasure of having a personal conference with you when all these matters can be finally discussed and adjusted. I also feel that before anything else is accomplished that the International Hahnemannian Association report, which is official, should be published in the next issue of your paper.

By reason of new angles in the Ohio matter, I have postponed my trip abroad and I will probably not get to New York until some time in the Spring.

Trusting that I have made my position clear to you, I am,

Sincerely,

(Signed) ALBERT ABRAMS

CORRESPONDENCE RE INTERNATIONAL ASSOCIATION

Dr. Albert Abrams,
2151 Sacramento Street,
San Francisco, California.

Dear Doctor:

Just received your letter asking for an expression of my views as to the International Association.

Dr. Abrams, you are my leader. I am not interested in these side shows. Those mushroom defenders of ERA do not appeal to me. You are the Father of the new Science; it is yours. You are the natural one to lead on to victory in its defense.

Doubtless some of the people who are trying to create a new leader have had a beautiful vision of forty or fifty thousand dollars of defense money floating into their hands.

It is a great injustice to you, too, for the leaders of the American Electronic Research Association to try to put such a proposition over. United we stand, Divided we fall.

Surely there will be no lack of Defense money. But, we must have Dr. Albert Abrams at the head of our Defense Army or we fail.

(Signed) F.....

Dr. Albert Abrams,
2151 Sacramento Street,
San Francisco, California.

Dear Dr. Abrams:

I have referred to these matters in a general way in personal communications to you, but I wish to record here very definitely my entire sympathy with the plan of perpetuating the International Association for the Advancement of Electronic Medicine. I deem it essential for the welfare of ERA and for the advancement of the work which you discovered and to which you are giving your every thought and your entire energy in developing.

ERA very much needs a national organization with which you may work in entire sympathy and thru which you may find an avenue for protecting its interests.

To pull in harmony thru such an organization should be considered a splendid privilege by all ERA physicians who have the right to seek membership therein.

It is my hope the International may attain the position it is capable of in the welfare of ERA and bring its members into a closer bond with you who have done so much as a benefactor to the world, and who have made it possible for ERA physicians to be in this wonderful work.

Sincerely,

(Signed) FRED. E. MOORE

Read in Portland, Oregon, before an educational body
by a patient of Dr. Fred. E. Moore.

OPPORTUNITY UNCLAIMED.

A rosy light filled the room; gradually the outline of St. Peter became discernable. Impelled by some strange power, I stepped forward. St. Peter's glance, as he turned to me, was grave, yet kindly. At last he spoke: "So you are the person who refused the gift of a million dollars because you didn't wish to be troubled with the responsibility its acceptance involved!" Reluctantly I nodded my head, for who would attempt to deceive the "keeper of the gates"? He arose and beckoned me to follow. We boarded a waiting aeroplane. At a word from St. Peter the flying machine shot out through space. In a few minutes we landed in the midst of a group of magnificent buildings perched on a mountain peak. Directly we entered the main building without any formality. A white robed attendant conducted us through the waiting room of the children's hospital. At a sign from St. Peter we were ushered into another room. Here a white-haired physician sat behind a screen. Before him on a low table were what appeared to be several electric tuning devices. A little child was brought in and placed on the table which was connected with the wave-controlling equipment under the control of the doctor. This machine was set at a certain figure, and the attendant moved the sensitized detector over the body of the child. Several numbers were tested, then we heard a sharp click, which indicated that the nature of the child's affliction had been determined. A number was written on the back of the patient in purple ink. After having observed this process for a short time, we passed on into the healing ward. There were no odors of drugs nor signs of surgery here. The electric swinging beds, carrying wave impulses, cured the patients while they slept. From this room we passed on into the sunning laboratory where happy children, almost restored to health, were busy playing games. Impulsively I exclaimed, "How wonderful! What did it cost to put this system into operation?" My guide replied, "Less than one million dollars, endowment fund and all." My dejected aspect was an emphatic gesture of despair. "Full realization of what you might have done with it, is your punishment for not having accepted the million dollars," was St. Peter's verdict.

THE SO-CALLED IMPOSSIBLE

A recent contemporary regarded as a great "coup de plume" is citing Millikan who questioned the propriety of using the term "Electronic" relative to Dr. Abrams' methods.

Before us is the remarkable book, "The Dance of Life", by Havelock Ellis, who in his chapter on the "Art of Thinking" observes as follows:

"It has often been pointed out that the imaginative application of science—artistic ideas like that of the steam locomotive, the flying machine heavier than air, the telegraph and telephone and many others—were even at the moment of their being achieved, elaborately shown to be 'impossible' by men who had been too hastily hoisted up to positions of 'scientific' eminence."

Clinics of Doctor Albert Abrams

CARCINOMA, TRANSVERSE COLON—GLAUCOMA, TUBERCULOSIS OF EYE

Clinic Case. No. 737. Married woman, age 64 years. Widow; husband died of cancer. Has had mucus colitis for many years. Costive all her life. Had rectal trouble for many years. Gas in stomach and intestines. Worse in the past year. Eyesight failed the past three months. Glaucoma in right eye. Excessive pain in right eye and temple. Slight mitral murmur. Pupils fixed.

Carcinoma; transverse colon; non-metastatic; 9 ohms.

Congenital D. R.; 25 ohms.

Tuberculosis; left eye.

We would expect to find the location of the carcinoma around the colon; it should be large enough to palpate at 9 ohms. The surgeon does not find it because he does not know where to look. We usually get a reaction of tuberculosis of the eye in glaucoma. (Patient comes in. She states that she has no vision in the right eye but can see some with the left eye.) A reaction of tuberculosis is present over the left eye. We will do what we can to save the vision of the left eye but we can do nothing for the right eye. Sometimes when the condition is not too far advanced and the pressure within the eye is not too great we are able to get results by treatment at rate 5. The condition in the abdomen would account for her digestive symptoms. As confirmatory evidence you can palpate a mass about the size of a small orange. I can not promise removal of all the symptoms because there is a mechanical condition present which we can not remove, even after all reactions become negative.

Treatment: Rates 5 and 3 to the left eye and rate 6 to area marked on abdomen. General treatment over spleen is to be given later, i.e., about two weeks after above treatment.

CARCINOMA, BREAST

Clinic Case. No. 640. Unmarried woman, age 46 years. Lump in left breast for one year. Has had two lumps in right breast for fifteen years; much smaller than when first noticed. Easily exhausted on least exertion. Appetite good; no loss in weight. Extremely nervous. No abdominal operations.

First Examination; Carcinoma; non-metastatic; right breast, left armpit and upper part of breast; 9 ohms. **Congenital D.R.;** 30 ohms plus.

Re-examination (2 weeks later); Carcinoma; 5 ohms. **Congenital D.R.;** 21 ohms.

Treatment: One cord at rate 6 to right breast and rate 6 to left armpit and S S 3.

December 3; Carcinoma; negative. **Present report:** Patient feeling very much improved. Pain very much less. Feels much stronger generally, and does not tire so easily. She is to discontinue treatment and report in a month.

CARCINOMA AND TUBERCULOSIS, GENITOURINARY

Specimen. Man, age 52 years. Apparently in perfect health. In May, 1922, he noticed a red pimple on prepuce. On January, 1923, he was circumcised. Ulcerated surface on penis the size of a pea. Examination of pathological specimen diagnosed as cancer. In February, 1923, he was given X-ray and radium treatment. In May an E R A physician diagnosed the condition as tuberculosis and Congenital D.R. but no carcinoma. He treated the luetic infection until he got no reaction and at the same time treated local tuberculosis until there was a disappearance of that reaction. Also treated for strep. Superficial ulceration remains. No soreness or pain.

Carcinoma; genitourinary; non-metastatic; 5/25 ohm.

Tuberculosis; genitourinary.

Cryptogenic D.R.; 5/25 ohm.

Treatment: Continue S S 3.

METASTATIC CARCINOMA

Specimen: Patient looks and feels very much better. Complains of some indigestion and pain in intestines but is generally improved. **Carcinoma** was present in right side of pelvic cavity and left hip; metastatic; 6 ohms. **Congenital D.R.** was 23 ohms. To get results all night treatment was advised to pelvic cavity and left hip at rates 6 and 3.

Carcinoma; negative.

Congenital D.R.; 2/25 ohm.

Strep.; appendix region.

Writes to the Doctor: "I did not expect such excellent results but patient still has 2/25 of an ohm of Congenital D.R. and strep. of the appendix region. Concuss over 10th dorsal spine several times a day to empty appendix and treat locally over appendix region at rate 2. Continue S S 3."

SARCOMA, TONGUE

Clinic Case. No. 687. Married man, age 51 years. Two children, living and well. Throat and tongue constantly feel astringent; gets relief by rolling tongue in mouth. On the back part of tongue there is a slight dilatation of the vein which bothers patient a great deal. Not much salivation. Does not interfere with taking of food. Denies syphilis. No

abdominal operations. Had infected right hand and as a result got contraction of all the fingers. Urine negative.

First Examination; Nov. 20. **Sarcoma;** non-metastatic; tongue; 3 ohms. **Congenital D.R.;** 30 ohms plus.

Dec. 15; **Sarcoma;** 4/25 ohm. **Congenital D.R.;** 3/25 ohm.

Dec. 26; **Sarcoma and Cryptogenic D.R.;** negative.

Present Report: Feels easier in his mouth; tongue seems to fit better. No perceptible change in size. Feels easier after eating. He has a condition of macroglossia. He can talk much better; he formerly mouthed his words. His brother died of cancer of the tongue, so naturally he was worried. Patient says that there is an apparent dryness over the root of the tongue and palate. You can readily understand that those papules furnish mucus in the normal state and that the secretion may be absent. I would suggest using a solution of gum arabic; that will give the sense of lubrication which is absent.

Treatment: He has been having 3 cords at rate 3 to back of tongue and later had rate 3 to the spleen. Alum powder was at first applied to the tongue and later the tongue was painted with tincture of myrrh which seemed to cause less irritation than the alum. He is to discontinue treatment and return later for reexamination. Other physicians advised an operation but he refused to be operated on.

CARCINOMA AND STREP., APPENDIX REGION

Clinic Case. No. 743. Married man, age 38 years. Indigestion with gas in stomach. Costive his entire life. Tired all the time. Pupils very sluggish. Heart negative. Considerable insomnia. Three children, all living and well.

Carcinoma; small intestines; non-metastatic; 9 ohms.

Congenital D.R.; 23 ohms.

Strep.; appendix region; 6/25 ohm.

(Patient comes in. Says that he has been to at least 400 physicians in the course of his life and received very little relief of a permanent nature.) It is no wonder that patients get disgusted with medicine and seek relief wherever they can find it. We find a definite condition here; there is a reaction of 50 over the appendix region and strep. is also present over that region. You can feel a mass in that area. He is to be referred to another physician. I think he should get relief from some of his symptoms although he can not expect to get rid of the mechanical disturbance which is probably causing the constipation. Patient complains of attacks of palpitation which come on after eating. This may be due to pressure from gas, for there is no heart trouble present.

ACQUIRED D.R.—RETURN OF PUPILLARY REFLEX

Clinic Case. No. 672. Married man, age 47 years; married 16 years. No children. Well till 7 years ago when teeth began to loosen. Roots were than scraped but teeth became worse. Has no symptoms

except those referable to teeth. Pupils are fixed. Pulse high tension with beginning atheroma. Bowels all right. Sleeps well. No indigestion. Never took treatment for anything except teeth. Always sparing in diet.

First examination; Nov. 20, 1923. **Acquired D.R.;** 37 ohms; present in gums and teeth. Argyll Robertson present in both eyes.

Dec. 21; Cryptogenic D.R.; present.

Dec. 28; Cryptogenic D.R.; negative. **Present Report:** Patient states that he is feeling fine; very much better than when he first came.

In some cases after E R A treatment there will be a return of the pupillary reflexes. Sometimes it occurs immediately after treatment and in other cases it may take several months. In this particular case you see that the pupillary reflex has returned in the left eye, but the right eye is practically fixed. That is a very good indication of the results of treatment. **Treatment** has been three cords at rate 3 to the spleen after concussion. He is to return again in a month to check up.

ACQUIRED D.R.—SARCOMA—STREP. INFECTION OF KIDNEY

Clinic Case. No. 746. Married woman, age 37 years. Married 17 years. Well until 1918 when she had severe pain in right kidney region. The kidney was removed in July, 1923, and found tubercular; also contained a stone. Now she has occasional indigestion and gas in stomach and intestines. Appetite good. Gained in weight from 122 pounds to 163. Dyspnea and precordial oppression on exertion. Pain and numbness in joints of arms and legs in the morning. Heart shows slight myocarditis. Usually passes urine every hour during the day; once only at night. Albumin triple positive in urine. Casts and sugar absent; leucocytes and erythrocytes absent in urine.

Sarcoma; digestive, to the right of navel; non-metastatic; 7 ohms. You can see the area of pallor in that region.

Acquired D.R.; 35 ohms.

(Patient comes in. States that she has an aching in fingers. Left kidney was removed and they claim that X-ray showed some pus in the right kidney. Eyes do not swell. Feet swell at times when she walks much.) We will go over the right kidney for strep., for the most important thing is to keep the right kidney in good shape. **Strep.;** present in right kidney. You can measure out the functional activity of the kidney and determine its ability to perform its work. The functional capacity of the normal kidney measures from $6/25$ to $11/25$ of an ohm. The functional capacity of her right kidney measures $8/25$ ohm. She has sufficient kidney capacity to perform its work. The patient states that the kidney function has been better since the left kidney was removed than before.

Treatment: In a case like this where there are so many things the matter with the patient it is necessary to use judgment and treat the most important things first. She is to have two cords at rate 3 over the spleen

and one cord at rate 2 over the right kidney. After two weeks' treatment the sarcoma will probably recede of its own accord. If it does not, local treatment can be used later and the abdomen can be painted with mercurochrome in the interim.

EPILEPSY—SARCOMA, BRAIN

Specimen. Man, age 48 years. Has had epilepsy for eight years. Seizures were two months apart. They are very severe and he now has them every few days. Does not fall or bite tongue. Has been in several railroad wrecks; not hurt seriously. Worried over death of wife. Epilepsy usually begins at an early age. When it begins late in life one usually thinks of acquired syphilis or possibly a tumor of the brain. If it is a case of genuine epilepsy, you will get a reaction of sarcoma over the forehead and top of the head. The reaction may be local and not in the blood. The famous Trousseau always spoke of epilepsy, migraine and asthma as a trinity of conditions. We have been able to confirm this observation, for we find the reaction of sarcoma over the forehead and top of head in every epileptic, asthmatic and migraine patient we have had.

Sarcoma; brain; non-metastatic; 4 ohms; right side of frontal region close to hair line. This is not a true case of epilepsy. The patient should be able to get some help.

Congenital D.R.; 32 ohms.

Treatment: Two cords at rate 3 to the area on head and one cord at 3 to the spleen after concussion.

METASTATIC CARCINOMA, DIGESTIVE AND BRAIN

Specimen. Man, age 51 years. Has been well and especially strong. Typhoid when 18 years of age. One year ago developed considerable stomach distress. Sour stomach. Abdomen tense with gas. Six months ago developed a severe headache which continued night and day. Pain at vertex. Difficulty with locomotion. Weakness of knees and shaking in both legs and arms. Walks with a cane; tottering gait; hesitant in taking steps. Can not walk in the direction he wishes to go. Patellar tendon reflexes exaggerated. Ankle clonus. Babinski absent. No Argyll-Robertson pupils. Protruding tongue swings to right side.

What would you think of in this case? The possibility of malignancy must be taken into account. Persistent headache is suggestive of a metastatic condition. You also think of locomotor ataxia, in which case you would find acquired syphilis. Fournier in Paris said that fifty per cent. of the cases with undoubted syphilis never knew they had it. The reason is quite evident. In the early days syphilis occurred in very terrible forms but now it is very slight and very common.

Carcinoma; metastatic; digestive; 7 ohms; brain; 5 ohms.

Congenital D.R.; 32 ohms.

Write to the Doctor, "This is a desperate case. It is a case of cerebellar ataxia. Nothing can be expected unless the patient receives several all-night treatments or all-day treatments. Use two cords at rate 6 to left suboccipital region and one cord at 6 to duodenum. Effort should be primarily concentrated on the brain and the first treatment should be three cords at rate 6 to that region, and later rate 6 to the duodenum. Still later, if there is any improvement, treat at rate 3 over the spleen."

METASTATIC SARCOMA OF BONE—TUBERCULOSIS OF BONE

Clinic Case. No. 750. Unmarried woman, age 23 years. Strabismus when 7 years of age. Pains in right hip and side for the past 4 years. Violent headache for the past 6 months. Violent ache in right hip from early childhood until 11 years of age and then no trouble until she fell 4 years ago striking on buttocks; trouble in sacrum since. Discharging sinus over sacrum. Hypernephroma of the right side.

Sarcoma; bone; metastatic; 8 ohms. That is evidently a bad case.

Tuberculosis; bone; 2 ohms.

Congenital D.R.; 41 ohms. That is the highest reaction I have had for a long time. It is of human origin.

(Patient comes in. She is a healthy-looking young woman about 6 feet tall. She states that there is a continuous discharge from the right hip. Says that she would consider herself well except for the discharge from the hip and the pain.) Reaction of sarcoma is present over right hip. The whole question is to get rid of the soil condition. She should get much improvement. That does not mean, however, that S S 3 will stop the discharge. There may be a strep. infection present, and strep. has a different soil condition from the sarcoma.

Treatment: All night treatment at rate 3 to the spleen, 3 cords, to remove the soil condition. Later she can have local treatment.

CARCINOMA AND SARCOMA, BREAST

Specimen. Unmarried woman. On May 16, 1923, examination by an E R A physician showed carcinoma; 13 ohms; metastatic; left breast. Sarcoma; 12 ohms, involving wall of uterus. Tuberculosis; 19 ohms; joint and genitourinary. The ohmage reduced after treatment. In May the left breast enlarged considerably, showing evidence of opening. In November a specimen sent to a pathological laboratory was reported to be mixed cell sarcoma. Two months ago the patient was in a very critical condition. Since then there has been marked improvement although she tires easily and is inclined to sleep a great deal.

Carcinoma; non-metastatic; left breast; 2 ohms; right breast; 10/25 ohm.

Sarcoma; non-metastatic; left breast; 2 ohms.

Congenital D.R.; 2 ohms.

Strep.; left breast.

Write to the Doctor: "It is suggested that an all-night treatment be given or two all-night treatments, with a view of overcoming the malignancy. We have found, as in this instance, that malignant tissues often become a soil for strep. and staph. infection. At the present time it appears advisable, after malignancy is eliminated, to have recourse to surgery, amputation of the breast only and not the Halstead operation, owing to the non-metastatic condition. It is assumed that if there is any swelling of the axillary glands it may be due to either strep. or staph. infection. If patient is averse to surgery, give all-night treatments at rates for strep. and staph. to the breast."

ACQUIRED D.R.—CARCINOMA

Specimen. Married woman, age 31 years; married 9 years; 1 child. Has complained more or less all her life. Emaciated; appetite fair; fatigues easily.

Carcinoma; colon, extending from splenic flexure to sigmoid flexure; non-metastatic; 8 ohms.

Acquired D.R.; 32 ohms.

STIFFNESS AND PAIN IN KNEE—ACQUIRED D.R.

Clinic Case. No. 706. Married woman, age 70 years; widow; husband died of typhoid fever. Pain in right knee; began 20 years ago; much worse past 2 years. Marked dyspnea past 12 months. Marked aortic regurgitation. Insomnia. Urinates frequently. Urine negative. Joints thickened. Knee jerks almost absent. Pupils small and fixed. Recently hard of hearing; worse in left ear.

Acquired D.R.; 39 ohms.

(Patient comes in; walks with a cane but is very active for her age.) Go over right knee for 55; reaction present. Left knee; negative. It may be a gumma.

Treatment: Two cords to spleen at rate 3; one cord to right knee at rate 3. Use inunctions of H G over joint at night to be kept on until morning and renewed each night. Unguentum Hydrag., 50 per cent.; 3 oz. for external use. In that way you get effects during the interim of treatment and there is no question but that it is of value.

TUBERCULOSIS, LUNGS AND LARYNX

Clinic Case. No. 608. Unmarried man; age 25 years. Well up till 1919. Had neuritis. Influenza in 1920; one month after had pain on left side from 3rd to 8th ribs. Has had trouble ever since with an irregular

recurring cough. Lost 12 pounds in weight. Sleeps poorly. Appetite poor and irregular.

First Examination: Tuberculosis; 4 ohms; lung, left pleural cavity and larynx. **Congenital D.R.;** 30 ohms plus.

Treatment: Chest and larynx painted with gamboge. Three cords at rate 3 to spleen after concussion.

Re-examination, 3 weeks later: Tuberculosis; 9/25 ohm. **Congenital D.R.;** 9/25 ohm.

Present Report: Sleeps better; appetite better. Gained 5 pounds in weight. Cough not all gone but better.

The patient is improving but there is still a slight reaction of tuberculosis. He is to continue the same treatment and the chest and larynx are to be kept painted with gamboge. As the reaction for Congenital D.R. disappears the tuberculosis also goes down in proportion.

ANGINA PECTORIS—AORTIC DILATATION—ACQUIRED D.R.

Clinic Case. No. 707. Married woman, age 52 years; married 26 years. No children. Angina pectoris noticed about one and one-half years ago. Last attack about 25 minutes before coming in for examination. Emotional excitement aggravates condition. Never well since influenza five years ago. Tires very easily; no pep. Digestion very poor; much gas. Lost 14 pounds since February, 1923. Had fever of 100° to 102° nearly all of 1921. Obstruction in sigmoid flexure which she believes causes constipation. Blood pressure, sitting; diastolic, 90; systolic, 139; standing; diastolic, 102; systolic, 142. Pulse, sitting, 80; standing, 84. Urinates frequently. Urine negative except specific gravity 1005. Has had E R A treatment with some relief.

Cryptogenic D.R. (Acquired); present; cardiovascular strain; 3/25 ohm.

(Patient comes in.) Go over the heart for 55; reaction present over base of heart. I want to see if the aorta is dilated. I will use the Ampli-Statophone on the patient. She is grounded, facing west with arms outstretched, and holds one cord from Ampli-Statophone in her hand. I will hold the other cord from the Ampli-Statophone in my hand and go over the region of the aorta with my shellac-covered finger. The left side of the aorta is dilated but the right side is perfectly normal. Much of her difficulty is due to this dilated aorta. She is to have two all-night treatments and is to be concussed at 7th cervical and 2nd dorsal several times a day at home. She is to have 3 cords at rate 3 over base of heart. I think her condition should be much relieved.



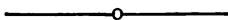
ACQUIRED D.R., SPINAL STRAIN—SPINAL PUNCTURE

Specimen. Man. Very seriously injured a year ago in an automobile accident, sustaining fracture at base of skull. Spine also badly injured. Has had many months of E R A treatment. Was much better

until he had a series of forced physical examinations; spinal puncture upset him completely. Has pain in head and spine. Has screeching, roaring noise through occipital area. Falls at times. Has to pull himself up after sitting. Disposition changed. Averages 4 hours of E R A treatment a day.

Acquired D.R.; cerebro-spinal strain; 25 ohms; left parietal region.

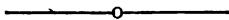
Treatment: Concentrated effort should be made to get rid of the reaction of Acquired D.R. Use 2 cords at rate 3 over the spleen after concussion and one cord to left side of head at rate 3. No doubt there are lesions in the spine but these will be sought for later when blood reaction proves negative.



Miscellaneous

DIFFERENTIATION OF REACTIONS OVER BORDERS OF ORGANS AND PATHOLOGICAL AREAS

With the shellac-covered finger you can mark out practically every organ with the Ampli-Statophone, provided the patient is grounded and facing west. The reaction disappears as soon as patient turns from the geographical west. The skin must be warm to make the reaction come out distinctly. If you short-circuit, the reactions disappear. Every organ has an electric field around it. You can feel a distinct retardment of the finger at the border of the organ, but if the hands of reagent are held at the side you dot feel it. The electronic reactions over the pathological areas continue even with the hands at the side although they are not so pronounced as when the arms are extended. Avoid confusing the reaction of the border of the stomach with any other reaction by having the reagent hold the left arm close to the side. In the latter case, with the left arm at the side, the reaction of the border of the stomach can not be obtained but the reactions over the pathological areas persist.



EXPERIMENT TO DETERMINE IF MORPHINE DESTROYS REACTION OF ACQUIRED D.R.

First a specimen of Acquired Syphilis is put up to the Dynamizer and the reaction obtained. Then a specimen of morphine is placed beside the specimen of Acquired Syphilis and the reaction of the latter is still obtained. This demonstrates that morphine does not destroy the reaction of Acquired Syphilis. I wished to make this test in order to be sure if the blood condition of one of the patients in the Clinic was truly negative or was influenced by the use of morphine. This patient came here suffering from a metastatic carcinoma of the tongue. Treatment at rates 6 and 3 directly on the tongue destroyed the reaction of carcinoma but the wound was slow in healing and was very painful. A reaction of Acquired

Syphilis was obtained over the lesion and treatment at this area at rate 3 is causing gradual improvement. It has proved to be a very painful and persistent condition. While the patient was under the influence of morphine a negative reaction of Acquired Syphilis was obtained. This experiment shows that the reaction of Acquired Syphilis is unaffected by the use of morphine.

TREATMENT OF DRUG ADDICTION BY E R A METHODS

A physician writes to me enquiring what can be done for drug addiction by the E R A methods. I have treated drug addicts in the past by every available method with very little result. It is hard to get rid of the terrible pain. By the use of the Oscilloclast it is possible to produce from sixty to one hundred per cent. of analgesia. There are a few individuals who do not respond as readily as others. By the use of the Microoscilloclast you can increase the efficiency of the Oscilloclast twenty per cent. What I would suggest in the case of drug addiction is to put the patient under the analgesic effect of the Oscilloclast, hoping in that way to destroy the intense craving for the drug.

WIRELESS CONTROL AT A DISTANCE

At the present time it is possible to move vessels by wireless at a distance. Recently in Paris a mechanical engineer said to a scientist that he could stop any automobile that was driving along the street. The scientist said that it was impossible; however, he requested him to stop a certain automobile. The machine stopped immediately and the chauffeur was unable to find any reason for the sudden halt. The scientist was still unconvinced and asked the engineer to stop a large truck, with the same result. Therefore, you see that the word "impossible" no longer has a place in the modern vocabulary.

REACTION OF CONGENITAL D.R. OVER DEPIGMENTED AREAS

In Berlin, Levin would often detect acquired syphilis in women by the depigmented spots on the neck. Fournier in Paris often called my attention to little white spots over the body in congenital syphilis. We find that we get a reaction of congenital syphilis over these depigmented spots.

THE APPENDIX AND SURGERY

Ochsner at the Congress of Surgeons reported a series of cases in which radiologists reported absolutely diseased appendix. He operated and found every one normal. Then he presented another series of cases

where the pathologist said they were normal and clinical symptoms showed they were not. He operated and found every one diseased. Medicine is in a most deplorable condition and yet the medical world will not realize or admit it. Let any man come with any new idea and it is at once rejected.

PRESCRIPTION FOR INHALATION TO RELIEVE OBSTRUCTED BRONCHIAL TUBES

It often happens that after the reaction for tuberculosis has gone there will still be an accumulation of mucus in the bronchial tubes and the patient will have to cough and clear his throat. To relieve this condition the following prescription is often helpful for inhalation:

Menthol 2 drams
Tincture Benzoin 6 ounces

For external use. A teaspoonful in one pint of boiling water for inhalation several times a day.

REPORT OF CASE OF CARCINOMA OF STOMACH

Dr. A. S. Murphy, of Vancouver, B.C., reported the following case. The patient, a man, had attended Mayo's Clinic and was operated on there. They found carcinoma of the stomach and bowels so extensive that they closed him up and told him to return home and take as much morphine as he needed to keep him comfortable. He took seven to eight grains of morphine a day. He went to see Doctor King, of Cloverdale, B.C., who had taken the course with Doctor Abrams. The patient asked Doctor King if one treatment would cure him. The doctor said, "No, it will not cure you but it will help you." He gave him one treatment and the patient went back to his work and has been working continuously at half time for the past fifteen months. He has had only this one treatment but is now going to take a course of treatment.

Another case reported by Doctor Murphy is of a man who had been operated on by a surgeon in Vancouver, B.C. The surgeon found carcinoma of the liver and closed him up and sent him home to die. The man went to Dr. T. P. Hall, who treated him for three weeks and now he is as well as a boy. This was about three months ago.

Doctor Murphy also reports a case of a man who had been ill for ten months with tuberculosis of the kidney. He was unable to do any work. He was taken to a hospital and the ureters were catheterized. He was told he had tuberculosis of the kidney and was advised to have it removed. He went to Dr. T. P. Hall and after three weeks' treatment the kidney was as good as it ever was. For the last fourteen months the man has not lost a day of work.

GROUND PATIENT WEARING RUBBER SHOES

When a patient is wearing shoes with rubber soles, place a piece of metal from the top of foot to the metal plate on which he is standing. In that way the patient is grounded and there will be no difficulty in getting the reactions.

STREP. OF APPENDIX

In looking for strep. of the appendix, always check up by putting one instrument at 60 and the other at 6. If the reaction for strep. measures more than 1 ohm, it is a surgical case. Do not temporize with such a case. If it is below one ohm, concuss the 10th dorsal vertebra several times a day to empty the appendix and treat over appendix region at rate 2.

LEUCORRHEA

We know practically nothing about the whole question of leucorrhoea. It is purely a symptomatic condition. It may be vaginal, uterine or vulval; from the tenacity of the discharge you differentiate the source, and also by microscopical methods. Some interuterine condition, like a polypus or fibroid, may be a contributing cause, but it seems to be a physiological condition existing before and after menstruation and is attributed to the congestion of the parts at that particular period. In examining a certain specimen of leucorrhoeal discharge in order to determine the cause, if possible, I was unable to elicit any definite reaction. All the blood reactions of this particular patient were negative but the discharge still persisted, and I was unable to obtain any reaction therefrom. Any secretion of the body will give the same reactions as the blood. The reason the blood is better is because it is less susceptible to contamination.

PERSONAL EQUATION AND THE AMPLI-STATOPHONE

The lighter the touch of the finger on the abdomen in the use of the Ampli-Statophone, the better the reaction. The movement of the finger must be continuous without the slightest hesitation. If the finger

is allowed to pause for an instant in the unconscious anticipation of a reaction at a given area, a reaction can be obtained even if it is not present. It is impossible to eliminate the personal equation in any work or experiment, but if care is used to keep the finger moving continuously the personal equation seems to be eliminated in the use of the Ampli-Statophone. It is apparently impossible to modify it or obtain a reaction by varied pressure of the finger when the reaction does not exist. It is important to keep a sufficiently thick coating of shellac on the finger and to keep the finger moving lightly at uniform speed. It is more definite than percussion, which is only for the expert, and has a great psychological effect on the patient.

EPILEPSY

Epilepsy has worried me a great deal and I have given the subject much consideration. At Stanford University I conducted the Neurological Clinic and saw many such cases. I never did anything for them except symptomatically by the use of bromides. Luminol had quite a vogue but some claim that it is less efficacious than the bromides and more and more of it has to be used. By these reactions we find in true epilepsy a sarcomatous reaction over the forehead and top of the head. This reaction may not be present in the blood. I have not treated enough patients to know what results can be obtained by treating this condition locally. This reaction does not mean necessarily a sarcoma in the real sense of the word but may be an increase in the neuroglia and does not show in the X-ray pictures. However, from an X-ray picture of the head of an epileptic the same reaction can be obtained as from the individual patient. This simply gives additional confirmatory evidence and permits a definite localization of the lesion. I would suggest that all such cases be examined for sarcoma in this region and treated locally at rate 3 if this reaction is obtained.

There is a differentiation between true epilepsy and epileptoid forms. In Jacksonian epilepsy an irritation of the cortex of the brain will produce an attack. The patient does not lose consciousness but there will be a tremor in the region of the body corresponding to the part of the brain that is affected. Baines and Bowman, two men who have done original research work along lines similar to these methods, conceived the idea that in epilepsy there was a summation of stimuli which would eventually form a charge like a storage battery, and suddenly when it became overcharged it would seek to find a vent, with the result that there would be an epileptic attack. In our treatment we have cut the attacks down very materially, but as far as absolute cures are concerned, I can not make any claims. Baines and Bowman brought out a book in which they explained their methods, which were along the lines of our methods, only their index was a galvanometer. Their work was derided, but now it is being taken up very seriously. During the war they found that the reason wounds would not heal was on account of an excessive charge of

electricity in the part. By covering the wounds with a non-conductor, the wounds healed very rapidly. The British Government ignored their work at first, but at last they succeeded in getting the method utilized and wounds were found to heal in a remarkable manner.

SARCOMA OF LUNG FOUND IN GASED INDIVIDUALS

In many individuals who were gassed in the war we find a reaction of sarcoma of the lung. Many of them have been treated for tuberculosis but without benefit. We find that they get remarkable results when treated locally at rate 3 for the sarcoma.

CAMPAIGN NECESSARY FOR EARLY DETECTION OF TUBERCULOSIS

We are always talking about a campaign for educating the public in regard to tuberculosis. The campaign should be conducted to educate the physician in the early detection of tuberculosis in order that patients might have the benefit of early treatment for this condition. Most physicians constantly percuss with the arms of the patient folded. Some years ago I brought out an article in the British Medical Journal showing how the borders of organs will be modified by having the arms folded. With the arms of the patient folded, the physician will not get the early dullness in tuberculosis and he tells the patient that the lungs are in perfect condition. If you percuss the lungs with arms extended the border of the lungs recedes about two inches. Have the patient face west with arms extended forward away from the body but not held in a position to bunch the muscles of the shoulders. It is the same way with the heart. When the arms are extended the heart will recede and when the arms are folded the heart will dilate. The size of an organ is entirely dependent on its tone. A flabby muscle, for instance, occupies more space than if it is firm. Your only evidence in percussion is the contrast between resonance and dullness. If you have the arms folded, the lungs become dilated and the contrast between dullness and resonance does not become evident. This apparently simple observation is of the utmost importance to remember and put into practice in your examination of patients.

RESPONSE OF METALS TO STIMULI

In developing the Oscillophone, I looked up all the literature to explain why metal should respond to different kinds of stimuli. I could find nothing except an article of Claude Bernard's on the irritability of metals and also the work of Bose, the Hindu scientist, whom I consider

the greatest man in the world to-day. By his delicate instrument, the Crescograph, he demonstrated that metals and plants respond with the same curve to the same stimuli as do animal tissues. Bose's assistant visited my Clinic not long ago and intended to remain for some time but was called back to India. There is much to be done to perfect our instruments; it will take twenty years to make them exact. But the principle is established and it is only a matter of time until the details are perfected.

LOCATION OF THE MIND

We must never forget that the blood is nothing but the mind in solution, as I have so often said. When we locate the mind in the brain alone we are making the greatest mistake in the world. I would rather trust to the intelligence of the salivary glands than to the secretion of thought of most people. You can at least depend upon the response of the salivary glands, but one can never be sure of the response of the individual's conscious mind.

ARGYLL-ROBERTSON PUPIL

While the Argyll-Robertson pupil is found in congenital syphilis, it is never as marked as in acquired syphilis. In the pre-Wassermann days in Heidelberg, I was with Erb, the most prominent neurologist of his time, and he considered the fixed pupil as indicative of acquired syphilis. A disparity in size between the pupils was also considered characteristic.

TREATMENT OF NEISSERIAN INFECTION

Eosin has the same destructive rate as Neisserian. Drugs act by virtue of a similar vibration. In the interim of treatment you can paint the part with eosin. Safranin is good but eosin is better. When I was practicing legitimate medicine I have seen cases of rheumatism in consultation which have gotten completely well after the use of eosin. Probably the best thing for Neisserian infection is magnesium sulphate. Compresses of magnesium sulphate can be used at night, and also tampons of the same where indicated.

THE CRIMINAL IS POTENTIALLY SICK

Every criminal is potentially sick. You will usually find some part of the brain affected by either congenital or acquired syphilis. You can pick out every center of the brain with the pith ball. We did this at one time among a large group of prisoners. There are about twenty centers that I have picked out.

VOMITING OF PREGNANCY

If a patient vomits constantly, my suggestion is to have the patient take food and immediately concuss the fifth dorsal vertebra which empties the stomach. That is one of the most important things imaginable in the treatment of the vomiting of pregnancy. How did I discover this? I was called to a woman who was vomiting constantly and could not keep any food on her stomach. I had her taken to an X-ray man, filled her stomach with bismuth and concussed different vertebrae while using the fluoroscope. When the fifth dorsal vertebrae was concussed, the stomach emptied in one minute and a half. The patient immediately gained in weight and went to full term without any difficulty. For the vomiting of pregnancy I know of nothing that can equal this method, and many of my men have had the same results.

DANGER OF SPREADING INFECTION BY TALKING OR COUGHING

Avoid talking into anyone's face or permitting anyone to talk into your face. Also avoid talking close to the diagnostic apparatus, or coughing over it. I will show you in a graphic way the fine spray of droplets which is given off from the mouth. Smoke a piece of plain white paper over a piece of burning camphor. Hold this at a little distance from the mouth while talking in the ordinary way or coughing and you can see these droplets on the smoked piece of paper. You must be especially careful about talking over the specimens of blood or the diagnostic apparatus in order to avoid contamination. The saliva contains all the organisms in the body. Therefore protect your specimens from all such contamination.

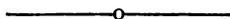
ELECTRONIC DEFINITION OF A TUMOR

What is a tumor from the electronic standpoint? It is nothing but ether bound with electrons. This is true of any form of matter.

THOUGHT FORMS

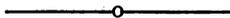
Experiment to show how energy can be condensed. One of the physicians in the Clinic, whom I have indicated, is to conceive a picture in her mind, draw it on a piece of paper and let no one else see it. Now I will take an ordinary telephone condenser with two metal electrodes leading from it and I will hold one electrode from condenser over the forehead of the individual who has drawn the picture. She is grounded, facing west with arms outstretched. She is to think intently of the picture in her mind for a few moments while the electrode is held over her forehead. Another individual has been selected to whose forearm

this picture is to be transferred. The young man stands on a rubber mat, facing west with arms outstretched. The electrode from the telephone condenser is held for a few moments over the pulmodiagnostic area on the head while the arm is exposed. You can see a white area beginning to form on his arm. It is diamond-shaped, which corresponds to the diamond-shaped outline which the physician drew on paper and held in her mind as the picture to be transferred. You can all see it plainly. It is not necessary to have a subdued light. This experiment merely demonstrates that the energy of thought is real and material and can be condensed and transferred so as to be visible to the eye.



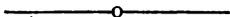
STRAINS OF STAPH.

All the staph. strains have the same position as the strains of strep.



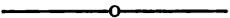
MOMENTUM OF A BODY WEIGHING ONE GRAIN MOVING AT VELOCITY OF LIGHT

A body having the weight of one grain and moving with the velocity of light possesses the momentum of a cannon ball weighing 150 pounds and moving with the velocity of one thousand feet a second.



INVESTIGATION OF THE MOON'S SURFACE

Professor William F. Pickering of Harvard, one of the world's greatest astronomers, contends that, contrary to the usual belief that nothing can live on the moon's surface, life is more easily traceable on the moon than on Mars. Pickering claims to have seen vegetation on the moon's surface. The reactions of Abrams, by aid of his reflexes, enable one to investigate practically every field of science. By the Abrams' Reactions one can show the radiations of vegetation and water on the surface of the moon. Thus for the first time in the history of the world, medicine is able to contribute to the aid of other sciences instead of continually accepting aid therefrom.



BEGINNING OF LIFE

Every human being's life begins as a single cell only $1/125$ of an inch in diameter, yet here is condensed the legacy of parentage and ancestry. Therefore it need not seem strange that we can detect so many conditions from a drop of blood.

WHAT IS CONDUCTED FROM THE BLOOD?

Not radioactivity because radioactive particles are not conducted by wire. What is conducted is the energy produced by the vibrating electrons on the surrounding ether. The human voice is not actually carried over a telephone wire. What is carried is an energy from the vibrating disk of the transmitter which is excited by the vibration of the vocal cords. This vibratory energy travels to the other end and reproduces a similar effect in the receiving disk.

THE SPECTROSCOPE

The fundamental problem of astronomy is to determine the nature and composition of celestial bodies. These bodies can not be brought to the laboratory for analysis but the energy which they emit (light and heat rays) may be investigated by the spectroscope, and the knowledge thus furnished is as accurate as if a sample from a distant star were tested with some chemical reagent. With the spectroscope, which consists practically of a prism, a ray of light is broken up into definite wave lengths. By aid of this instrument we have been able to study the different chemical elements in distant planets. Practically every element in the sun corresponds to those we have found on earth.

REACTIONS FROM X-RAY PICTURES

To understand why reactions may be obtained from X-ray pictures we must know that the X-ray acts like wires in transmitting the radiations of disease to the photograph, just as sound waves are conducted by light in the Photion of DeForest, a camera that records both action and speech.

WAVE MOTION

Wave motion is the natural method for transferring energy. Here is a vibrating tuning fork to which two strings are attached and the ends made fast to a rigid object. When the prongs of the fork are moving in exactly opposite directions, the waves are destroyed. All things and phenomena in nature are dependent on matter in motion or vibration, and energy is employed to designate the modes of motion in the universe. All matter is radioactive, but science has revealed radioactivity only in elements of high atomic weight. According to physics, moving particles must emit energy. Owing to inability to detect this energy, it is spoken of as stationary or non-radiant. By aid of the sensitive human reflexes which are more sensitive than any scientific instrument available it is possible to detect and measure various forms of radiant energy.

CANCER AND RADIUM

We are confronted with the bewildering information that in this country there is a mortality of at least 90,000 deaths each year from cancer, an increase during the last two decades of over 32 per cent. Despite the fact that the Crocker Research Laboratory of Columbia University announced that no cures were effected, radium is still being used. It may in extreme instances in large doses reduce the rate of the growth, but later the growth continues and destructive changes in the tissues are induced which are worse than death. By its use you are handling a dangerous sword. The alpha or positively charged rays of radium have a very feeble penetration and they constitute over 95 per cent. of the energy evolved from radioactive substances. It has been shown by our experiments that cancer yields a positive energy; therefore it is reasonable to suppose that theoretically at least the use of radium serves only to increase the growth of the cancer.

ARRANGEMENT OF ATOMS

It is not only the number but the arrangement of atoms in a given molecule which determines its characteristics. Chemically the diamond, lampblack and charcoal are identical; it is only the grouping of the atoms which determines the brilliancy of the one and the lack of lustre of the others. Oil of roses and coal oil are likewise identical in chemical composition; it is only the difference in the arrangement and rate of vibration that determines the odor of each.

ASTOUNDING RESULTS OF REGULAR VIBRATORY IMPULSES

Knowing the vibratory rate of a disease, with a like rate one can annihilate it. Impulses occurring singly or at irregular intervals yield no visible effects but when regular the results are often astounding. The rattling of church windows by air waves from the particular pipe of an organ; a bridge strained or broken by trotting horses or the regular tramp of soldiers; the vibration of large buildings by the rumbling of a cannon over a pavement; the vibration of a factory to a dangerous degree by its machinery; the dangerous shaking of a mill by air waves from water falling over a dam are common examples of the potentiality of regular or harmonious vibrations. It is said that with suitable appliances one can break an iron girder by pelting it with pith balls. A tuning fork is unresponsive to the most violent explosion, yet it will vibrate to an imperceptible sound from a tuning fork in resonance with it. This means that when a sounding body is near another that has the same rate of vibration, the waves from the first will set the second body in vibration.

Vibration is the product of energy in motion. To us it is most evident in sound and color. **Color is sound made visible and sound is color made audible.** The trumpets blown in unison by the followers of Joshua overthrew the walls of a fortified city; the sounding of trumpets at a definite pitch caused the electrons of the walls to respond, with the consequent destruction of the walls.

The molecular arrangement of the electrons composing steel can not be modified by any force however tremendous; yet the mere action of a magnet will so turn them as to induce magnetic properties.



ONE UNIVERSAL LAW

There is one universal law in nature, and diseases common to man are also present in the vegetable and mineral kingdoms. Iron rust gives a reaction of cancer. In plants and flowers we have all kinds of reactions similar to those in disease. There is such a thing as cancer of plants, as I have shown you.



SOUND, LIGHT AND HEAT WAVES

Every phenomenon in nature is merely a question of a definite kind of motion or vibration. When the aerial waves are more than 36,000 vibrations per second, the ear cannot recognize sound. With 1,800,000 vibrations per second we perceive the sensation of heat. When the vibrations are 462,000,000 per second, we perceive the sensation of light. As the vibrations gradually increase, the eye perceives one color after another until violet is reached with 733,000,000 vibrations per second. The eye is sensitive to electromagnetic waves of lengths between .00004 cm. and .00008 cm. Anything below the one limit or above the other is invisible. The nerve of vision, only two-fifths of an inch in diameter, contains five hundred thousand to two hundred thousand perfectly insulated fibres. Sound waves, heat waves, radio waves and light waves are all of the same order; the only difference is in the wave length. The radio waves are long and the light waves are short. The human ear can not hear below 16 vibrations per second and not higher than 36,000 vibrations per second. Certain animals can hear above and others below that scale.

PHOTOGRAPHING THE PATH OF FLIGHT OF AN ATOM

A great triumph of photography is that of securing accurate pictures of the path of flight of single atoms. An atom is so small that it takes one hundred million atoms to make a line an inch long. Formerly an atom was supposed to consist of a single particle without structure. Now it is considered practically a miniature solar system with a central sun called a nucleus and a system of planets rotating around it. Each of these planets is a negative electron.

ELECTRONIC CONCEPTION OF CANCER

The electronic conception of cancer is as follows: The units of cells are charges of electricity known as electrons. What we call mass, like a cancer, is only a matter of positive and negative electrons plus ether. The atoms of a cell are electrically balanced, but when they are irritated there is an escape of negative electrons giving the cancer a positive reaction. The disturbed placidity of the spheres has invited chaos, and the riot ensuing among the positive electrons suggests unrestricted growth of cells, or cells gone mad.

SCIENCE AND MATHEMATICS

A science is gauged by the amount of mathematics it contains and when one can neither measure nor express knowledge in numbers, such knowledge is not scientific.

INCREDIBLE FACTS

It is almost incredible that by the disintegration of one gram of hydrogen, sufficient energy is liberated to raise one million tons to a height of three hundred feet.

When you hear a small katydid half a mile away, it means that this little insect, by rubbing its legs and wings together, is able to shake a cubic mile of air. A cubic mile of air weighs more than six million tons.

An aeroplane moving with the speed of light could encircle the earth 444 times in one second.

OUTLINING LIVER BORDER WITH AMPLI-STATOPHONE

When the abdomen of the reagent is too dull to use percussion, it is wise to go over the abdomen with the Ampli-Statophone and outline the liver, in order to avoid the danger of confusing liver dullness with the dullness of pathological areas.

HERNIA

We find in every case of hernia a reaction of Congenital D.R. at the opening. A case of double hernia that recently came into the Clinic was operated on several years ago by one of the best surgeons in the state, but it broke out again three months after the operation. If you attempt to repair tissues that are imperfect, they will break down. If the reaction for Congenital D.R. had first been removed, the operation would no doubt have been successful. A number of my men have reported remarkable results by simply treating the soil condition. In the case mentioned above no reaction of Congenital D.R. or Cryptogenic D.R. was obtained in the blood but a local reaction was found over the opening of the hernia on the right side. We will attempt to strengthen the tone of the tissues by treating locally at rate 3.

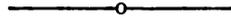
RESULTS NOT ALWAYS UNIFORM IN ADVANCED CARCINOMA OR SARCOMA

There is one baffling problem which we have not yet succeeded in solving and that is that in some of the advanced cases of carcinoma or sarcoma we are not able to get results even after the reactions are negative. We find in some instances that the patient continues to go down hill after all pathological reactions have been removed. There is some condition back of this which we have not been able to find.

EXPERIMENT WITH RADIO INSTRUMENT TO LOCATE INFECTED TEETH

Patient has infected tooth. Radio instrument is set at proper rate and a specimen of strep. is put up in order to get the strep. reaction. No reaction of strep. is obtained over the teeth but a reaction of staph.

is found over two teeth. You can hear the sound only over these two teeth which have been causing trouble, and at the same time you can distinctly see the galvanometer move. Thus you can check up your diagnosis by two senses, sight and hearing. Always treat infected teeth for strep. and staph. at rates 2 and 1 to be sure of getting results. The patient has been taking treatment for Congenital Neisserian but it is evidently not completely wiped out. It is very difficult to remove this soil condition.



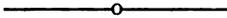
ULCER OF STOMACH

In suspected ulcer of the stomach, always look for a strep. reaction over the stomach area and then localize it.



SLIGHT CURRENT OF ELECTRICITY SOMETIMES PERCEPTIBLE WITH AMPLI-STATOPHONE

When there is a new battery in the Ampli-Statophone, the examiner can feel the current of electricity with the fingers when he arrives at the pathological area. The reagent can also feel the current.



PAINFUL MENSES—UTERINE STRAIN, CONGENITAL D.R.

In many instances of painful menses we get a strain of uterine Congenital D.R. In such cases you should go over the uterus and localize the Congenital D.R. and treat at rate 3 over that area. Also treat systematically at rate 3 over the spleen. Frequently the symptoms abate after a course of such treatment.



POSITION OF REAGENT'S ARMS AND AMPLI-STATOPHONE

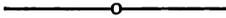
When the Reagent holds his arms down at the side during the use of the Ampli-Statophone, the reactions from the border of organs are destroyed but not the electronic reactions.



DIABETES AND INSULIN

I have observed that when new remedies are first introduced there are frequently some brilliant results at first, but they do not seem to

stand the test of time. There are remarkable claims being made in regard to insulin, but it is really a treatment of symptoms and does not get at the cause of the trouble. I had the opportunity of working with Langerhans in Berlin, so I was able to study these islands and the structure and condition of the pancreas. One patient recently in the Clinic was a young man of 30 years who had developed diabetes, with sugar in the urine and all the classical symptoms. He had taken insulin without any results. We found a reaction of Congenital D.R. over the pancreas and treated him locally at rate 3 as well as over the spleen at the same rate. After three or four treatments on the Micro-Oscilloclast the sugar had entirely disappeared from his urine and now, after a lapse of four months, it has not returned and he is feeling perfectly well. He had been going through a period of great nervous tension and worry, which may have induced the onset of this condition. In a certain percentage of cases I have done no good by my methods of treatment. Perhaps those cases would receive benefit from insulin.



SHORTCIRCUITING

Short-circuiting by touching the feet of the reagent is the best method to insure a rapid return of the reaction when examining with the Ampli-Statophone.



THREE METHODS OF IDENTIFYING REACTIONS

By the use of the Ampli-Statophone you have three methods of detecting reaction: 1. Feeling of the current with the finger. 2. Retardation of shellac-covered finger. 3. Interruption and intensification of sound.



ANGINA PECTORIS

In cases of Angina Pectoris you must remember that there may be a coincidental dilatation of the aorta. Unless you are able to diminish the size of the aorta you will have a continuation of the symptoms.

DANGER FROM SPINAL PUNCTURE

In several cases recently coming to the Clinic there has been a history of ill effects following spinal puncture. If you insert a needle into the spine you will frequently set up a disturbance even in normal individuals. I have seen one case of paralysis in a perfectly normal person following spinal puncture. Very often they suffer for days from the disturbing effects even when there is no permanent damage. Spinal puncture is by no means a harmless proceeding. Much has been said against meddling midwifery but meddling diagnosis is a great deal worse. While we recognize the dangers of injudicious therapy we never stop to think of the dangers from harmful methods of diagnosis. If the physician is unable to relieve the patient, he at least owes it to him not to cause injury in his efforts to diagnose the complaint.

PERNICIOUS ANEMIA

In cases of pernicious anemia, as I have frequently stated, you must think either of a latent carcinoma somewhere in the body or of a carcinomatous reaction from the spleen, usually below one ohm. Also in these cases of pernicious anemia where there is a dissolution of blood corpuscles, you must think of strep. or staph. infection, both of which have hemolytic properties, and also malaria. There are many cases of larvated malaria without the classical symptoms.

ADENOMA

A physician has written in to inquire the Vibratory Rate of Adenoma. We have no reaction for Adenoma. It is only when tissues change from normalcy that we ascertain the reaction.

APOPLEXY

In my experience in blood examination I have never seen a case of apoplexy in my life in which I have not found Acquired or Congenital D.R. Of course in those cases the damage has already been done. All you can hope to do is perhaps to ward off another attack and by removing the basic condition enable nature to repair the damage in some measure.

STREP. INFECTION OF HEART

Some of the heart lesions due to strep. infection, if not too far advanced, may be corrected by local treatment over the heart at rate 2.

New Additions to the Atlas

TO ALL ERA PHYSICIANS:

You can now have your Atlas brought up-to-the-minute by a set of the new Atlas Additions. These contain all the new strains and rates with charts showing the areas, and much classified information that will be invaluable to all ERA physicians. The material is arranged alphabetically in loose leaf form ready to go into the Atlas. The price of Atlas Additions is \$4.00.

We can also furnish a set of General Notes on Atlas paper. These Notes contain the general principles of Electronic Diagnosis and Treatment and latest discoveries up-to-date, with the information classified and condensed and made readily accessible for use in your Atlas. There are 24 pages in the General Notes. The price is \$2.00.

If you want the combination set of the Atlas Additions and General Notes, please send check for \$6.00 to *Clinics of Dr. Albert Abrams*, 2151 Sacramento St., San Francisco, Calif. We know every ERA physician will be delighted to obtain this up-to-date material in convenient form for daily reference.

Atlas Service

Hereafter all additions to the Atlas will be published in the Journal. Those who desire these additions on loose leaf pages to fit the Atlas may obtain this service for \$2.00 a year, payable to *The Clinics of Dr. Albert Abrams*. A sample loose leaf page is enclosed with this Journal.

NEW APPARATUS

Ampli-Statiphone of Dr. Albert Abrams

This is the perfected statophone enabling one to dispense with ear-pieces and making the ERA audible to everyone in a room instead of to the examiner only. It so simplifies the reactions that even a tyro can elicit them because percussion-skill is unnecessary. It minimizes the personal equation to a degree heretofore unattainable. In addition, one may map out organs, heart, aorta, liver borders, spleen, kidneys and site of appendix with incredible accuracy. With the arms of the patient extended from body, the lower stomach-border may be defined. The only care necessary in the use of the apparatus is to replace the dry cells occasionally and these are procurable everywhere. Full directions are sent with the apparatus.

PRICE \$67.50 F. O. B.

Microscilloclast of Dr. Albert Abrams

This attachment used in connection with the Oscilloclast enables one to increase the efficiency of the latter fully 100%. Thus in syphilis, the reactions which are usually negated in from four to eight weeks may become so after several days treatment. One uses the usual number on the Oscilloclast and carries the energy with a cord to the microscilloclast which is set at a definite rate for each disease. From the latter the energy is conveyed to the patient in the usual way. The best results are attained when three cords from the binding posts of the oscilloclast are used and connected to the microscilloclast with a triple connector. This is advisable inasmuch as only one oscilloclast rate can be used with the microscilloclast. Its use is indicated in desperate cases and in those requiring immediate relief. For this reason several microscilloclasts should be ordered.

PRICE \$34.65 F. O. B.

Sale of apparatus interdicted to those using "boot-leg" apparatus.

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PRACTICAL COURSES IN SPONDYLOTHERAPY AND ELECTRONIC DIAGNOSIS AND TREATMENT

Dr. Albert Abrams will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians and osteopaths can gain admission to the classes, which are limited. The course lasts four weeks, and the fee, in advance, is \$300.00. Applicants may address Dr. Abrams, 2151 Sacramento St., S. F.

NEW APPARATUS FOR E. R. A.

Caution! Beware of Counterfeit Apparatus Made by Piratical Concerns Throughout the Country Which Are Absolutely Worthless and Often Dangerous.

Suits are contemplated by several patients against physicians who deceived them in making them believe they were receiving treatment from an Abrams Oscilloclast.

OSCILLOCLAST DEPOLARIZER

Used only on A. C. Not to be used when patient is connected with oscilloclast; use must precede latter. Action similar to demagnetization whereby a magnet is deprived of its power. Used for 3 minutes over a lesion or spleen for splenic sterilization after which, oscilloclast is applied in the usual way. A material aid to oscilloclastic treatments and shortens their duration. Price, \$27.50

OSCILLOCLASTOPHONE

Simple contrivance with hand and telephonic ear-piece enabling one to hear oscilloclastic current, flowing through patient's body. Rod of hand-piece is applied to any part of patient's skin. With an A. C. supply to oscilloclast, periodic surging sounds are heard; with D. C., fainter sounds like tick of a watch. If sounds are not heard, oscilloclast is not properly connected with main current, then reverse plug. Patients can also hear current flow; a matter of importance when some patients must be convinced that they are getting something. Price, \$12.50

WIRKLICH-PFLUEGER HEAD-GEAR

Worn on reagent's head. By a switch, one may change energy input to SV, ED, or PD reaction without holding or changing an electrode. Described in Physico-Clinical Medicine, Dec. 1922. Price, \$7.50

SUSPENDED MAGNET

This is suspended over center of re-agent's head. When staph are present with tuberculosis, latter reaction cannot be elicited and vice versa. In colicapsis, the reaction for lues may not be evoked. Similarly drugs and dyes may destroy many reactions. These deterrent factors in E. R. A. may be obviated by this contrivance. Available for all reactions, excepting ED and PD. Price, \$2.00

STATOPHONE

Described in Physico-Clinical Medicine, June, 1923. Price \$30

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Pamphlet presenting the subject in a manner understandable to the laity. Questions are rubricated.

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(Columbia University)

CONTENTS

Portrait of Dr. Albert Abrams.....	1
Services and Eulogies at Funeral of Dr. Albert Abrams.....	4
Albert Abrams (Poem)	17
Albert Abrams — An Appreciation	17
Cablegrams and Telegrams	20
Personal Observations during Illness and Death	35
Resolutions and Correspondence	39
Section of Will of Dr. Albert Abrams	47
Announcement	50

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DR. ALBERT ABRAMS

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Physico-Clinical Medicine and The Clinics of Dr. Albert Abrams

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLO THERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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ANNOUNCEMENT — OPEN FORUM FOR ERA PHYSICIANS

The Journal will conduct an Open Forum for the service of ERA practitioners wherein they will have the privilege of reporting interesting cases and exchanging views on methods of obtaining results. Space will be given for the publication of reports of cases that will be of general aid and interest to the men in the field and any findings or discoveries of especial value.

The subscription price of the Clinics of Dr. Albert Abrams will be reduced to \$8.00 for six months, beginning January, 1924. Back numbers of the Clinics from June to December 1923 inclusive, can be obtained for \$6.00. Checks made payable to Clinics of Dr. Albert Abrams.

COURSES IN SAN FRANCISCO

Dr. H. W. Wirklich, associate of the late Dr. Albert Abrams, will continue the monthly instruction in "Electronic Medicine".

SERVICES AND EULOGY BY CANTOR REUBEN R.
RINDER, TEMPLE EMANU-EL, AT THE
FUNERAL OF DR. ALBERT ABRAMS

Sunday, January 20, 1924 -- San Francisco, California

SELECTIONS FROM THE BOOK OF PSALMS

O Lord! what is man, that Thou takest knowledge of him; or the son of man, that Thou makest account of him!

Man is like unto vanity; his days are as a shadow that passeth away.

In the morning he flourisheth and groweth up; in the evening he is cut down, and withereth.

Thou turnest man to contrition, and sayest: Return, ye children of men!

O that they were wise, that they would consider their latter end! For when man dieth, he shall carry nothing away; his glory shall not descend after him.

Mark the perfect man and behold the upright; for the end of that man is peace.

The Lord redeemeth the soul of his servants, and none of them that trust in Him shall be condemned.

* * * *

This hour of sorrow and grief lifts our hearts and minds further from earth and earthly acquisitions, nearer to the spiritual goal; further from worldly thoughts and motives, nearer to virtue, — nearer to love, — nearer to the Source of all Goodness. The passing moments are monitors, holding the mirror to our souls for self-examination,

teaching a lesson to the living, urging us on to better deeds and purer lives.

Friends, that which was mortal of our dear departed lies before us; the jewel shines in immortality, the soul freed from the dross of earth, freed from its thousand disappointments, from toil and sorrow, released from sufferings and yearnings, dwells in peace with his Maker, for the dust returns to earth whence it came and the spirit abides with us forever. The inanimate form before us is deaf alike to censure or to praise; the lips whisper no response to our earnest call. Our brother has but trodden the path we all must tread, — from birth unto the grave. He has gone into the Great Beyond where the soldier lays aside his armor, the orator is silent, the workman ceases his labor. The peasant and the prince, the ruler and the ruled, lie down together; the conquest of life is ended and all is peace.

* * * *

We are gathered here in loving memory of Dr. Albert Abrams, scientist, humanitarian, friend and brother. Mankind in time will return gratitude for the wonderful service he has rendered to science. But we to-day who are here, bring him garlands of flowers, blossoms of love and sprays of renewed affection. He was a man of so unusual a mind, of scientific attainments so renowned, of a personality so rich that one can scarcely venture to appraise such a life. His heart and his head dominated his life throughout. His great reverence for truth, his self-sacrifice, revealed the true side of this great man whose loss we now deeply mourn.

To everyone should come the question, In what way can I be useful? As far as this question touched the life of Doctor Abrams, it found solution not only in the great contribution he made to the world of science, but in the help he rendered to those in need of treatment, to those unfortunate and destitute among ailing humanity. He had no moments of doubt or misgiving. Notwithstanding periods of discouragement he was convinced that science and truth would ultimately triumph over ignorance and prejudice. He died in the service of humanity. His belief was that service to humanity is service to God.

The life of Doctor Abrams brings to mind the life of Pasteur which too was heroic. Pasteur said, "Blessed is he who carries within himself a God, an ideal, and who obeys the ideal of art, the ideal of

science, the ideal of the gospel of virtue. Therein lie the springs of great thought and great actions. They are all reflections from the infinite”.

To this ideal our dear departed had dedicated his whole life and with such thoughts he entered the Kingdom of Science. Now that he has gone into the Great Beyond, let us remember the manifold blessings he brought. The work of his hands, heart and mind will remain an imperishable monument. Let us preserve it as a tribute to the intellect and genius of man.

The Lord is my shepherd; I shall not want.

He maketh me to lie down in green pastures, he leadeth me beside the still waters.

He restoreth my soul; he leadeth me in the paths of righteousness for his name's sake.

Yea, though I walk through the valley of the shadow of death, I will fear no evil, for thou art with me, thy rod and thy staff they comfort me.

Thou preparest a table before me in the presence of mine enemies; thou anointest my head with oil; my cup runneth over.

Surely goodness and mercy shall follow me all the days of my life; and I will dwell in the house of the Lord forever.

Psalm XXIII

EULOGY BY DR. LOUIS GROSSMAN OF CINCINNATI,
OHIO, READ BY CANTOR REUBEN R. RINDER
AT THE FUNERAL OF DR. ALBERT ABRAMS

Sunday, January 20, 1924 -- San Francisco, California

There are distinctions in Death as there are distinctions in Life. Some men go out in defeat and some in victory; some with a frown and some with a smile; some under the stern eye of their fellow-men;

and some with their approval and their applause. And some, with a consciousness which even the awe of death can not becloud, bid farewell to life with a sense of triumph. The death of Albert Abrams is as solemn as was his career of scientific devotion. And our leave-taking from him is the cumulative expression of the respect he had won from us by his engaging personality and his great work. We feel a pride now in the presence of his completed life beyond the admiration we felt because of his warmth, his genial sincerity and his undeterred loyalty. For we knew that he was progressing, step by step, in the way which he had made himself by his patience and his vision and his industry; and that he counted as nothing the disparagements and the sneers and the noise of those who know truth as they receive it and not as those who give birth to it in pain.

Albert Abrams was a modest man whose naive simplicity drew men toward him and held them. And he was also a strong and stormy man who would not yield up a conviction when he had determined on it. For he wrought his opinion in the fire of his manhood and he made his decisions as men make steel. Caution was his guide, the serious, circumspect and scrupulous caution which is not only the safeguard of the scientist but also of the man who values his responsibility. When will men understand that a great man's mind and a great man's heart are one! There were those in this land who laid on him the measure of their pettiness and were gleeful that that measure did not fit him. But he who suffered because of it, forgave and forgot-and went on with increased zest in the pursuit of his determined work in humility and also with fearless certainty.

Every profession has its orthodoxies and its radicals. The orthodox are those who hold to routine. The radicals are those who defy that routine. It may be wise, as it is profitable, to keep within the prescribed limits, but it is the wisdom of those who fear. It may be hazardous, as it is unprofitable, to challenge routine, but those who dare are full of power. The medical profession is one of the noblest and we are indebted to its achievement; but it may be opportune here to remind the practitioner of to-day that the efficiency of which he may justly boast and the wise discernment to which his eyes have been opened and the confidence which he is given, he can hold only as a trust. He may hold them only as long as he is kindred in spirit with those who put these bounties into his hand. Often conservatism is only a cloak of poverty, and the outcry against the creative radical merely the refuge of those who have ceased to think and feel and dare.

Albert Abrams was a radical in the medical profession, as is every pathseeker and pathfinder. The history of medicine was made, not by the docile and the conventional and those who played safe, but by those who ventured and staked their lives upon a clear-eyed thought and an undownable conviction. And Albert Abrams was one of the geniuses who had a vision in his science and in method which transcended the paltry limits of the daily practice and the traditional habit, and who would not, and did not, compromise. And the history of medicine, as the history of all science, was made not by those who waited for formal endorsement and formal recognition, but by those who, being denied it, threw their dynamic souls into their work and spent them. Albert Abrams is a martyr, both of the intolerance of the men who beyond all other should, as students and as men of trust, have been patient and sympathetic, and a martyr also of his ideals and of his confidence that in the day inevitably to come his thought would be verified and accepted.

Do we not remember when we, who were privileged to know him and to see him at his work in the midst of his clinical wonders, were startled at the evidence of the profound truths he was developing before our very eyes, how modestly he would declare that he too was surprised, that he was no less startled than we were; that in fact, as he frankly declared, science is full of wonders and that he stood in the presence of them with the same awe as we did? The real scientist is not he who looks only for confirmation of sage but antique formulae, as if Nature had nothing else but sameness and monotony and stolid reiteration; but he is the true giver of scientific life and of living truth, who stirs us with surprises. For Nature, that bountiful Nature which plays its drama and its tragedy and its inexhaustible change of creation and discovery and invention, compared to which human thought is merely child-frolic, is an unceasing stream of the new; and to-day despite its wealth is not half so good nor half so wonderful as is to-morrow.

Albert Abrams saw nature, living, buoyant, expansive nature, as few men have seen it. He saw it, not as the staid practitioner sees it but as genius sees it, genius which has judgment and vision, clearer, broader, surer than the mediocre; as genius sees which neither seeks nor finds anything petty, and puts the finger on the pulse of life. Life was a big, all-inclusive fact for Abrams. He adjusted life to the dimensions of the earth and made large not only its scope but also its responsibilities. When again will we have such a physician of the body, who like the physician of the soul, sees beyond the walls of home

and office the stretch of expansive life and finds spirit where most men find only flesh and dust and ashes!

Go to thy rest, dear Abrams! We shall stand guard by that which thou didst deem sacred, and hold it so for thy sake and for the world.

ADDRESS GIVEN BY JUDGE GEORGE H. CABANISS AT
THE FUNERAL OF DR. ALBERT ABRAMS

Sunday, January 20, 1924 -- San Francisco, California

Fellow Mourners of dear Dr. Albert Abrams: I am here to-day to render the last earthly tribute that one friend can offer to another. All that is mortal goes back to mother earth from which it sprang; but the services he performed for humanity will live and perpetuate his memory for all time.

I will speak of Doctor Abrams as I knew him personally, and I may do myself the honor to say that it was a somewhat close friendly association extending over a long period of years. Every man of distinction has two sides to his character, the professional or official side which is more or less widely known according to the distinction he has attained, and the private or personal side which is known only to a comparatively favored few. It would seem astounding that one man, however active his mind, however strong his intellect, could so thoroughly devote himself to the study and practice and development of his profession, especially the profession of medicine, requiring as it does, a vast deal of foundation study supplemented by profound research, and yet be intellectually a many-sided man. Such was Doctor Abrams. I do not consider myself competent to sit in judgment on the intellectual attainments of another man, but when they shone forth so brightly and so variously as they did from Doctor Abrams' remarkable mind which was at once so acute and yet so profound, I would be willing to say that never has it been my pleasure to know at all closely or intimately a man with more versatility of intellect than Doctor Abrams.

However well we appreciate those remarkable intellectual attainments which set him intellectually above his brethren generally, it was his natural, God-given power rather than anything evolved from within

himself which made him or makes any man intellectually great. I know no man who, to those who knew him well and to whom his affection went out, was more likeable, more lovable, than was Doctor Abrams. There was about him a tenderness, a gentleness and kindness toward his friends that was literally fraternal.

Never have I come in contact with a more dynamic type of mind than I saw exhibited in Doctor Abrams. Back of his intellect, which was at once profound and active, a very rare combination, there was a dynamic force and energy which kept him ever in action. I was touched to the very bottom-most depths of my heart when I looked for the last time upon the face of my friend to see those busy hands crossed in repose. Never were they so in life. During the comparatively brief respite from arduous professional activities, he was always active along other lines.

Why enlarge upon my subject, the personal phase of Doctor Abrams' character and life? Because all of you are drawn here, as was I, by a strong bond of friendly sentiment. It is not my province to comment upon the professional activities, the advances in medical science contributed by him, nor upon the originality and profundity of his work, nor upon the moral courage of Doctor Abrams. That is highly beyond my humble ability. I will venture to say, however, that when an innovator, one who is more or less radical, attempts to progress along lines which are against the order of things accepted since time immemorial, his advance along that line is sorely beset. When he has progressed along that line to the point travelled by Doctor Abrams, he entitles himself to the respectful consideration not only of the scientific world but also of the lay world as well.

The valiant leader must quit the fight because stricken down by the common enemy of mankind, death. But he had gathered around him a large number of medical gentlemen, who after thorough consideration and tests of Doctor Abrams' theories have adopted them as their own; and the standard fallen from the hands of the leader will be carried to victory. Their grief will find surcease only with time. Would that I could speak more fluently! I consider it a great privilege to offer these few words in tribute to my friend, Dr. Albert Abrams.

ADDRESS BY DR. HARRY W. WIRKLICH AT THE
FUNERAL OF DR. ALBERT ABRAMS

Sunday, January 20, 1924 -- San Francisco, California

Friends, not so long ago, in the month of September, we were gathered together to rejoice and celebrate the laying of the cornerstone of the College of Electronic Medicine by Dr. Albert Abrams. To-day, in sharp contrast, we are here together to grieve and mourn the passing of the world's greatest man, our beloved friend, our master and leader, Dr. Albert Abrams. We who knew him and had the good fortune and privilege to be associated with him, realize to the fullest the irreparable loss of his passing.

Doctor Abrams gave his life in service for humanity. He devoted all of his time; he gave his material wealth; and he focused all of the resources of his marvellous mind toward the deliverance of mankind from suffering and disease. He was a genius in science, a humanitarian who labored through years of study and experimentation to devise a system whereby he could bring relief, health, and happiness to his stricken brethren.

I recall an incident which occurred a little less than two years ago. While standing in the Clinic one morning, Doctor Abrams was examining the energy output of his own blood. When he was through he turned around and said to the doctors present, "Gentlemen, I have less than two years to live, but I hope by that time I will have finished my work. I am ready to go then." The last few months of his life were spent in feverish, untiring and unceasing labor, and all the concentrated power of his genius was centered upon the completion of a mechanical device which would unfailingly demonstrate to the scientific world that his theories were correct. He had reached a place in the development of his discoveries and inventions where he stood on the very threshold of realization and fruition of his mighty mission.

I can not at this moment express adequately my deep affection and sincere admiration for my master and teacher, Dr. Albert Abrams; a master among masters, a kind friend to all of his patients and his sincere followers, a man who gave freely from the rich experiences of his own life and knowledge. His indomitable courage, his marvellous spirit, were never hindered by hatred, jealousy, calumny or bigotry.

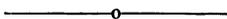
Thrusting aside every personal consideration, he threw his entire heart and soul into his work, determined to reach that goal which meant the beacon light of hope for helpless millions. This successful achievement signified not only relief and health for the present generation but also health and happiness for generations yet to come.

He stimulated us by his own enthusiasm, and inspired by the example of his apparently inexhaustible energy, we, his pupils and followers, could not help but be imbued by this same spirit.

A duty rests upon us faithful disciples to bring forth the truth which Doctor Abrams has left us in sacred trust, to elevate it above those who would destroy it, to place it on a plane where it will and must dominate, triumphantly recognized and proclaimed throughout the world as the greatest miracle and blessing of this age.

To dedicate ourselves to this cause is the only tribute we can pay to the memory of our master, Doctor Abrams. Let us work as he has worked, with single-minded devotion, with unselfish love for humanity, with a sincere desire to serve our fellowmen. Let us give to our work the best we have; let us be loyal and staunch, and never for one moment lose sight of that objective nor falter one instant in accomplishing what he lived and died for — the emancipation of mankind from disease and suffering.

Only as we succeed in perpetuating his ideals and hopes are we worthy to follow in the footsteps of our beloved Master and teacher who leaves his kingdom to us. He will watch us from a higher plane, guide us, guard us, direct us, and I pray that we may be deserving and do justice to that sacred trust, and carry on in the name of Dr. Albert Abrams!



REMARKS *by* DR. FRED E. MOORE, PORTLAND, OREGON,
AT THE FUNERAL OF DR. ALBERT ABRAMS

Sunday, January 20, 1924 -- San Francisco, California

It is the greatest privilege of my life to be here to-day and pay my tribute of love and affection to my master, Dr. Albert Abrams. My heart is unable to express the great devotion I feel and which I know

all of your kindred hearts feel with me. We loved him in life, but in death the homage of our hearts takes on a sacred halo in his memory.

First I wish to say that Doctor Abrams was a child of God. His susceptibility to Truth proves that to us all. No one but a child of God could be such a marvellous being as he was for the welfare of humanity. His gentleness, his sweetness, his staunchness — well do all of us know who came in personal touch with his life.

I remember when I first came to the Clinic over a year ago it was rather with a spirit of hesitancy. I had heard that Doctor Abrams was a man of irascibility and difficult of approach, but I believed that he had a great truth to give me, and I came wishing to learn and was received so generously that I can never throughout my life, forget the hours of inspiration spent with him. I constantly found more and more to admire in the mind and heart of this noble man, and I prize beyond estimate the six months of his close personal contact which blessed my life during the past year.

One of the beautiful things in his life was his modesty. The great Doctor Abrams was the simplest of men. I have sat with him and discussed or tried to approach the greatness of his life and what he was endeavoring to accomplish for humanity, and he would always minimize it. Sometimes I would say, "Doctor Abrams, why don't you more aggressively, more positively, present these things which you know are the truth?" He replied, "My friend Moore, we are all human, we all make mistakes, and I do not wish to mislead any man or any group of men."

A little incident will give you an idea of the humble spirit of the man. One patient on leaving him after her cure sent him a remarkable letter of appreciation. When I entered the Clinic that morning, Doctor Abrams handed me the letter and I read it. After the Clinic convened, I whispered to Doctor Abrams, "You are going to read this letter aloud, aren't you?" He said, "No, why should I do that?" I said, "In order that these doctors may realize the respect and love in which you are held by those whom you serve." He said, "No," but I rose and said, "I want all of you doctors to hear this letter so that you may know the high regard most patients feel toward Doctor Abrams." The letter was full of a beautiful understanding of his calling in life and of his great discovery. Doctor Abrams bowed his head and turned his back and displayed no desire for the unusual praise which was given him.

His illness to me had certain beautiful aspects. I have never seen a patient sweeter, kinder, more considerate of those around him. This

great man did not want his devoted nurses who were so faithful to him, Miss Lons, Mrs. Ogden and Mrs. Steele, to do anything unusual for him. He did not want Doctor Wirklich nor myself to make any unusual effort. He said, "What is the use? If I am going to get well, I will get well, and if not, it is all right."

He spoke at that time of one whom I feel he held in as close love as any other human being. I refer to Mr. Harry Gottesfeld. I was in a position to know how the heart strings extended between those two men. He said, "Poor Harry, he is fighting back there in Jonesboro and I wanted to help him, but he will get along all right without me because I probably would not have helped him anyway." When Mr. and Mrs. Gottesfeld were married, he included Mrs. Gottesfeld in that affection.

One day when Doctor Abrams was not receptive to the things Doctor Wirklich and I wished to do for him, I said, "Doctor Abrams, don't you realize that this is not your life you are dealing with? As far as you are concerned, you might be indifferent to your recovery, but your life belongs to the world and your restoration is our duty. He answered, "Yes, Fred, perhaps there is something in that, but it won't make much difference because I have done about all that I can in advancing my work."

To the blood relatives of Doctor Abrams I first express the deepest sympathy which every one who knew Doctor Abrams will feel in their loss. At the same time I can not refrain from congratulating them on the great blessing they have been given in the fact that the blood of Dr. Albert Abrams, the great genius of the world, runs in their veins. God help them always to remember it! One wonderful sister is in distant Paris. She was mother to Doctor Abrams and he lived in her home for fifteen years. As her three splendid sons grew up, they came in contact with his great mind and heart. Our hearts go out to dear Mrs. Harris in her sorrow. His sister, Mrs. Flora Bibo, with her daughter Ruth came from Pittsburgh, Pa., to participate in this sad hour. There was a close bond between the two, and Mrs. Bibo's facial contour reminds one immediately of Doctor Abrams. The other sister, Mrs. Gussie Bibo of Los Angeles, is languishing on a bed of illness and our hearts go out to her. To Julius Abrams, the only brother, now falls the honor of bearing the Abrams' name with its distinction before the world.

Our sympathy goes out to Nellie (Mrs. Edward King) as she was affectionately known to the ERA physicians. She was secretary of the

Clinic for a number of years but was unable to be present as she is living in the far east. I have received from her such messages of love to his memory that to her a word of respect is due.

To Dr. Harry W. Wirklich who remained with Doctor Abrams approaching two years, who has faithfully and devotedly served his master, all credit should be given in his sorrow. Likewise Dr. George Jarvis who was also his associate in recent months and who studied under him and was in close touch with him over a period of ten years, the loss will be great. Dr. Chas. Pfleuger who was with Doctor Abrams for nine months, is present, and the former ERA graduates well remember his devotion to Doctor Abrams. And last a word of appreciation for the spirit of service rendered their employer by the faithful nurses serving in his practice, Mr. Binkley, and the entire office and Clinic staff:

I want to read to you the expression of one who knew Doctor Abrams. "I can not yet quite feel reconciled to the snuffing out of this brilliant mind so much needed, but I am trying to rid my soul of rebellion and to feel reconciled. Dear persecuted, harassed soul! Why were they not more considerate and merciful!"

Before closing my remarks I wish to read several messages which have been commissioned to me to deliver. At this hour we all feel a wonderful spirit of unification. Who knows whether the great Creator may not have taken Doctor Abrams in order that we might again be brought together in beautiful harmony? I speak of conditions within our ERA world. And in this spirit of being just to one who was not so close to Doctor Abrams at the time he left us but who formerly was close to him, I feel that I should read a passage from a telegram that has been received.

"I regret with a sad heart my inability to be present to bow my head in humble respect to the memory of one of the great men of the world. Doctor Abrams, the lovable friend and man of genius, is forever embedded in the hearts of all who really knew him. His astounding discoveries have opened up a new world of hope to suffering humanity and his disciples everywhere will consider it their sacred duty to keep the banner afloat. Albert Abrams will go down in history as one of the greatest benefactors of mankind. Please read my telegram at memorial services."

Alexander Marky

The following is a telegram from Jonesboro, Arkansas:

Go on wondrous work
 The Master now is sleeping
 Truth seeks a witness
 Stand thou in his place
 Truth puts his spotless armor in thy keeping
 When craven mongrels would his work deface
 Go on wondrous work
 Though power and place condemn thee
 Thou art not alone, thou canst not single be
 For when the many in their might condemn thee
 One truth and God are a majority.

Signed: Dr. J. W. King	Dr. Jean du Plessis
Dr. J. V. McManis	Dr. J. N. Wagner
Dr. H. S. Palmer	Dr. R. M. Thomas
Dr. Eugene Underhill	Dr. Mary Lecocq
Dr. C. A. Stout	Senator T. A. Turner
Dr. J. H. East	Senator Aylmer Flenniken
Dr. C. F. Ellis	Mr. Henry E. Sampson
Dr. Cora Smith King	Mr. A. D. Risdon
Dr. E. B. Ligon	

As I arrived this morning this telegram was handed to me. It comes from the heart of a man very close to Doctor Abrams and is to be read and deposited in the tomb of our beloved master.

“Thy work on earth has gained thee a heritage in heaven. Let us silently pray. Amen.” *Dr. J. W. King*

And now to you, Doctor Abrams, whose spirit we feel around us, we wish to express our love that knows no bounds, our devotion to the cause you gave the world that knows no limits, and our assurance that we in our humble way will perpetuate your great gift to humanity. Peace go with you, Doctor Abrams, until as we pass out one by one, we may have the unspeakable privilege of meeting and knowing again your great soul.

ALBERT ABRAMS

1863 -- 1924

*Oh, Master Mind!**Endowed with vision past our comprehension,
Compelling and convincing by your basic truths,
And by established proofs for those who have
The gift of sight:—**We who have followed you, as best we could,
Still follow on; still call you Master,
Knowing that, although unseen, you are our Leader still,
Whose dearest aim will be to help
Each one of us to "Carry on".**Our part it is to hold our minds attuned
To your vibrations from the Invisible World.
There is no death — Direct us still!**And through your own beloved work,
Performed by eager, searching minds and hands,
Live on within our midst, our Unseen Guest,—
Oh, Master Mind!*

EDITH STOBO CAVE

ALBERT ABRAMS — AN APPRECIATION

*"Life's race well run,
Life's work well done,
Life's victory won
Now cometh rest"*

History is biography. The annals of the past are merely the records of the hopes and fears, the achievements and failures, the victories and defeats of living men. With the passing of Dr. Albert Abrams the world loses one of its most versatile and accomplished citizens, a man most singularly endowed by Nature for the stupendous discoveries which have been his priceless gift to the human race. Any proper estimate of his accomplishments is at this time impossible, because no man living to-day is wise enough to accurately appraise his

activities or to forecast the full effects of his extraordinary discoveries in correlating and coordinating the physical man with the physical universe.

His early pronouncement that

“The laws of physical science are universal and apply equally to living organisms and so-called inanimate things” supplied the entirely obvious basis upon which he proceeded to erect a structure of theory and fact which will endure until the end of time and bring health and happiness to untold millions of suffering men and women.

The perspective of time alone will enable the historian of the future properly to evaluate the life and works of this extraordinary man, whose place upon the scroll of time will immortalize his name so that all posterity may reverence his memory.

The highest goal of human attainment may be expressed in terms of human service and surely no man has heretofore given to the world a greater measure of devoted, self-sacrificing service than this mighty man who has just passed on to his eternal rest.

*“His fame, who led the stormy van
Of battle well may cease;
But never that which crown the man
Whose victory was peace”.*

Endowed by Nature with exceptional mentality, a marvelous memory for details, a type of mind which found its finest expression in delving into the unknown and in sailing the uncharted seas of science, together with a remarkable dynamic energy which served him so well in his tireless pursuit of his objective, Albert Abrams was early destined to leave his imperishable imprint upon this age of extraordinary scientific achievement.

To know him personally and enjoy his confidence was greatly to enrich one's life and to enlarge one's opportunity for constructive human service. To visit him in his own laboratory was a privilege never to be forgotten by those intellectually prepared to appreciate the significance of his demonstrations. Never before has any physician trod the pathway blazed by this great pioneer whose keenness of intellect and broad erudition uniquely qualified him for those great discoveries in physical science which are destined to revolutionize the practice of

medicine and to replace empiricism with useful scientific knowledge. He constantly reminded his hearers that "a problem solved is a problem dead" and thereupon reached out for further conquests based upon his newest knowledge.

Like all pioneers since history began, Dr. Abrams' progressive theories and methods have been most bitterly attacked by those who should be most active in search of new truths for the healing of the nations. To his detractors he has ever turned a deaf ear, refusing the temptation of turning upon his enemies until his mission on earth was completed. It surely requires high courage to "hew to the line" under such conditions, and insight into the character of Albert Abrams may be gained from his recent philosophical comment: "It is nothing to be called a charlatan; the calamity consist in being one".

This great man loved children. I shall never forget a brief stroll with him through some of Chicago's great department stores in the autumn of 1922, when he repeatedly stopped and caressed some little child which had attracted his attention, sometimes richly dressed and sometimes in tatters. Here indeed was a real man, worthy of the affections of the multitudes who loved him and whose children's children will call his name blessed.

The scientific world is but just now beginning to appreciate his pronouncements of a decade past and the maturity of his recent investigations are of such tremendous import that even his closest followers are left in wonderment and loyal determination to follow on and to uphold the torch with which he has enlightened the world. His lot was that of a true champion, to be stricken and yet to conquer.

*"I cannot but remember such things were,
That were most precious to me".*

FRANCIS A. CAVE

CABLEGRAMS

Liverpool, England
January 14, 1924

Doctor Wirklich:
Heartfelt sympathy.

Sir James Barr

London, England
January 14, 1924

Dr. Albert Abrams:
Invitation from Sorbonne, Paris, to lecture. Can you fix date?
Mather Thomson

London, England
January 16, 1924

Abrams' Clinic:
Abrams' death loss to the world. A great grief to me.
Mather Thomson

TELEGRAMS

THE FOLLOWING ARE SOME OF THE TELEGRAMS SENT TO
DR. ALBERT ABRAMS DURING HIS ILLNESS.

Jonesboro, Arkansas,
January 13, 1924.

Dr. Albert Abrams:
Sorry to learn of your illness. Hope you well soon. Will
do my best for you.

Aylmer Flenniken

Kirkville, Mo.,
January 11, 1924.

Dr. Albert Abrams:

Wire received from Doctor Moore notifying me of your illness. All of us here who love and admire you are deeply grieved to know you are ill and I wish to express my sincere wishes for your very speedy recovery.

J. V. McManis

El Paso Texas,
January 12, 1924

Dr. Albert Abrams:

Sincerely sorry of illness. Accept best wishes for immediate recovery.

Leslye Hyde

Chicago Ill.,
January 12, 1924

Dr. Albert Abrams:

Grieved to hear of your illness. Can I be of any service to you. Am yours to command. Love and best wishes for a speedy recovery.

Ethel M. Murphy

Jonesboro, Arkansas,
January 13, 1924

Dr. Albert Abrams:

Mailing you advance copy Criles paper stating human energy electricity. Turner confident. A cloud of witnesses. Love.

Cora Smith King

Jonesboro, Arkansas,
January 13, 1924

Dr. Albert Abrams:

Look to the kindly light, then your electron will restore your equilibrium. Everything. Everything looks clear for you.

Dr. J. H. East

Chicago, Illinois,
January 12, 1924.

Dr. Albert Abrams:

Chicago doctors send greetings and hearty wishes for speedy recovery.

John Flanders,
President, Chicago Electronic
Research Society

Space does not permit publishing all telegrams received, but the following communications express in some measure the love and reverence and heartfelt devotion of a few of the many loyal friends and disciples of Doctor Albert Abrams.

New York,
January 14, 1924

Terrible loss to all the world and deepest sorrow to all his friends. We can't believe our friend has gone. Have death mask and cast of hands taken if not in bonds to leave to posterity. Heartfelt sympathies to you and all who are caring for our master and giving him the last services.

Dr. and Mrs. J. C. Burnett

Am very deeply grieved. Words are without meaning. The loss of my dearest friend crushed by those. As Christ said, "They know not what they do." Would come on at once but can't leave wife who

contracted pneumonia last Thursday. With deepest feeling for those he left.

Dr. J. C. Burnett

Boston, Mass.,
January 14, 1924

I mourn the loss of my preceptor and friend. A great soul and genial spirit has passed and left us a heritage of high duty in human service which demands that all personal differences among his followers be forgiven and forgotten. His memory will be constant inspiration.

Francis A. Cave

January 14, 1924

My friend and preceptor is gone but my life is richer because of his friendship. His example of devoted human service should inspire us all to carry on until humanity acclaims his great discoveries. I am wiring various society officers suggesting local memorial services Friday. Please wire suggestions and command me fully.

Francis A. Cave.

January 17, 1924

It has been given to few men to create such an immortality as that which belongs to the name of Albert Abrams. True it is that the clay container has been cast off and the visible man has departed from us but the glory that was his will live forever in the hearts of generations yet unborn who may find relief from their agonies through the remarkable discoveries of this mighty man. I greatly regret impossibility attending funeral services of my friend and benefactor.

Francis A. Cave.

New York, N. Y.,
January 15, 1924

Am shocked beyond words to learn of Doctor Abrams' death. Have notified people interested. Am with you in spirit. Can I do anything?

Herman E. S. Chayes

Chicago Illinois,
January 15, 1924

Chicago Electronists extend full sympathy in this calamity which is national as well as personal. Humanity has suffered an irreparable loss. Let us hope that this misfortune will tend to unite Electronists to the end that we may faithfully carry on the work so well started by Doctor Abrams.

Chicago Electronic Research Association.

Linesville, Pa.,
January 14, 1924

Words can not express the sorrow we all feel in the passing of the great master, Doctor Abrams. May the thought of the valiant work he did for humanity give you courage for these dark days.

Drs. A. B. and Ella J. Collins

Denver, Colorado,
January 19, 1924

Please accept our sincere and heartfelt sympathy upon the death of our beloved leader, Dr. Albert Abrams. We are followers in the ERA which we know means so much to mankind. His name and great work will be known to posterity. We mourn with you.

Denver Electronic Society,

By Jenette H. Bolles, Secretary

Boston, Mass.,
January 14, 1924

Notice of the sudden death of the great master, Dr. Albert Abrams, just reached me. The world has lost one of its greatest benefactors. My sympathy is extended to those surviving.

Dugdale.

Denver, Colorado,
January 18, 1924

Just arrived from Jonesboro. Will not be able to come to San Francisco. Verry sorry I can not attend funeral of our esteemed leader. I may be there when the meeting is called later. Letter enroute.

Dr. J. H. East

Minneapolis, Minn.,
January 16, 1924.

Wish to express appreciation of Doctor Abrams and sense of loss at his passing.

Elnora S. Ervin

Pasadena, California,
January 18, 1924.

The news of Doctor Abrams' death is a profound shock. Not only have we lost a friend and teacher but the world has lost one of its most able scientists. His work was but in its infancy. Regret I am unable to attend the services.

Frank C. Farmer.

San Francisco, California
January 14, 1924

Allow me to convey to you my deepest condolence and all my sympathy.

E. L. Figueroa.

Pittsburgh, Pa.,
January 15, 1924

The world has cause to mourn and lament the untimely passing of Doctor Abrams. His being snatched away from the threshold of infinite light leaves us prostrate and in utter confusion. Let all who were privileged to recognize in him the greatest teacher of many ages in this hour of affliction dedicate their lives to the furtherance and propagation of the truths for the sake of which he dared to penetrate into the Holy of Holies and to look upon the face of the Lord.

M. I. Fruchs.

Ardmore, Oklahoma,
January 14, 1924

The news of Doctor Abrams' death has shocked and saddened me beyond expression. The loss to the whole world is incalculable. Deepest sympathy to the ERA. We will carry on.

G. E. Goodwin, M. D.

Long Beach, California
January 14, 1924

We have lost an honest, generous, and loyal friend and science a creative genius. I am grieved deeply.

Louis Grossman.

January 18, 1924.

Physicians forbid making trip. Regret enforced absence with all my heart. Sent to-day address would like to have delivered; perhaps you care to have it read at funeral in my place. Wish could deliver it myself but can not. Heartiest sympathy is with all at the historic obsequies of a really great man.

Louis Grossman.

Des Moines, Iowa,
January 14, 1924.

Des Moines, Middle States and Iowa Associations expressing grief in resolutions.

Dr. W. A. Guild.

Pasadena, California,
January 16, 1924

In Doctor Abrams' death I feel a sense of personal loss and that the cause of truth has lost a friend. I wish to pay my tribute to him as a brave, kindly man.

Annie Riley Hale.

Atlanta, Georgia,
January 14, 1924.

Doctor Abrams' passing bereaves beyond expression. As an original genius he was gentle, brave, patient, sympathetic with the frailties of men. His mantle falls upon us. A great responsibility is passed to us. May we partake of his spirit and carry on his work.

M. C. Hardin,
Editor A. E.R.A.

San Diego, California,
January 14, 1924

Just heard relative Doctor Abrams. Shocked. If services not until Wednesday afternoon San Diego will be represented.

Dr. Louise C. Heilbron.

El Paso, Texas,
January 13, 1924.

Thanks for wire telling of Doctor Abrams' illness. Make him realize that the majority of us believe in him and are loyal to him in

thoughts, hopes, and prayers. Convey to him every interest in his recovery and ultimate success. His ability to surmount difficulties will not forsake him now.

Leslye Hyde

January 14, 1924

Extend to the relative, Mrs. Gottesfeld, Doctor Wirklich and others connected with the work there my deepest sympathy in their great sorrow. The world can scarcely measure its loss in the passing of this great scientist, Doctor Abrams.

Leslye Hyde

Los Angeles, California,
January 14, 1924.

Received telegram with sad tidings of our great loss. However, we must continue with the wonderful work. Los Angeles Electronic Society extend heartfelt sympathy and desire to know what time Friday funeral will be held. Kindly reply at once as we wish to attend.

Dr. M. Jacobson.

Seattle, Washington,
January 14, 1924.

Received message with sense of deepest grief and irreparable loss. Arrive Thursday to pay my last respect. Do not quail or lose courage. Carry on his trust, and shoulder to shoulder let us lift the light of the great truth he has brought us according to our ability.

Ivar Janson.

Kearney, Nebraska,
January 14, 1924.

Shocked to hear of Doctor Abrams' untimely death. My personal sympathy and the sympathy of all American ERA men go out to you

and rest of staff. Please order twenty-five dollar wreath with compliments American Electronic Research Association.

Norman T. Johnson, Sec'y.

January 16, 1924

Will arrive Thursday. Represent American ERA at funeral.

Norman T. Johnson.

Seattle, Washington,
January 15, 1924.

It is with the deepest regret we learn of the death of Dr. Albert Abrams and we extend to family, relatives and associates our heartfelt sympathy in their bereavement. In respect to his memory our offices will be closed while funeral ceremonies are being conducted.

Peter A. Koopman and Thorwald Lunde.

Philadelphia, Pa.,
January 14, 1924.

We have been shocked by the news of the calamity which befell the medical world yesterday. Only those who understood Albert Abrams will realize our great loss. Albert Abrams is dead but his contribution to humanity will live forever. Mankind will benefit in proportion to the speed with which his theory becomes known and accepted. Let us dedicate our efforts that the whole world may reap the great fruits of his life.

J. Aaron Lazar, Editor "Progress".

Detroit, Michigan,
January 15, 1924.

Please convey to Mrs. and Miss Bibb and surviving relatives my heartfelt sympathy in the passing away of their illustrious relative Dr.

of attending funeral and paying homage at the bier of the distinguished scientist, scholar, and humanitarian.

Dr. Ignatz Mayer.

Kirksville, Mo.,
January 14, 1924.

Express our heartfelt sympathy to Doctor Abrams' relatives and friends.

Mrs. J. V. McManis.

Minneapolis, Minn.,
January 14, 1924.

With deepest feeling and profound sense of loss my most earnest condolence and sympathy. Every ERA doctor here well knows his bereavement in the passing of Doctor Abrams. The master shall watch the fulfillment of his work from a higher plane.

Dr. S. M. Moulton.

Santa Cruz, California,
January 15, 1924.

Resolved that we physicians of Santa Cruz practicing ERA in assembly do forward resolutions of love and respect. We feel the world has lost one of its great men. Truth goes marching on. But what matters now whose hands the torch may bear; he blazed the trail and left mankind his heir. The way leads upward to the light; we follow on.

Dr. Pearl Oliphant

Dr. Maud Potts

Dr. Esterberg

Dr. C. Dodson

Louisville, Ky.,
January 15, 1924.

To those who have stood closest to Dr. Albert Abrams in his work we are constrained to speak our grateful and reverent appreciation of his achievement in learning and of his exploration into the unknown with his discovery of new and highly useful knowledge in medicine and especially for his faith and courage in the discharge of duty to his own discoveries that kept him from the temptation of turning on his enemies until sacrifice after sacrifice wrested free a great spirit unto his great promotion. His lot was that of a true champion to be stricken and yet conquer.

Dr. C. W. Barnes
Dr. R. H. Miller
Dr. Harry E. Pelle
Dr. Walter D. Pelle
Dr. E. W. Patterson
Dr. Granville B. Waller

January 15, 1924.
Denver, Colorado,

Personally I want to send to you and all of Doctor Abrams' workers and loved ones my heartfelt sympathy over the loss of our great leader. I was planning on being with you sometime this spring for special study with Doctor Abrams and his helpers. Hope we can all work to perpetuate the wonderful discovery which he made for the benefit of humanity. I am calling a meeting of the Denver Electronic Society for Thursday evening preceeding the funeral.

Sincerely and fraternally,

Dr. C. C. Reid.

January 15, 1924.
Detroit, Michigan,

My profoundest regrets at the passing of the great master. The value of the cause should live on. Shall be glad to cooperate in any

way possible you see fit. My condolences to members of family. Sorry of my inability to attend funeral.

Dr. Robert Rosen

Aberdeen, S. Dakota,
January 15, 1924.

I know that no words can make amends for the great loss we have sustained by the death of our great master Albert Abrams. He was called by the Supreme Architect of the Universe from his labor to rest in that house not made with hands, eternal heaven. I deeply realize from having passed through a similar bereavement that expressions of condolence wholly fail to restore the loved and lost master, yet I can not but hope that the heartfelt sympathy of a sincere and true friend will not be deemed intrusion on your grief. I promise to obey the dead master's wish to carry on.

Your friend,

Rosenthal, M. D.

Omaha, Nebraska,
January 14, 1924.

The world should be in mourning at the loss of one of the greatest scientific men owing to the relief he gave to suffering humanity. I for one will follow Dr. Albert Abrams' ideas through life with deepest sympathy.

Dr. T. E. Sample

New York, N. Y.,
January 14, 1924.

With deep regret do we feel the demise of our great benefactor, Dr. Albert Abrams.

Central House Institute,
H. W. Schlesinger, M.D.

Dallas, Texas,
January 14, 1924.

Deeply deplore the passing of that splendid scientist and gentleman, Dr. Albert Abrams. Trust that his mantle will descend upon your shoulders.

Drs. Scothorne and McPherson.

San Francisco, Calif.,
January 14, 1924.

I received a terrible shock on knowing through your yesterday's night-letter of the death of my beloved friend, Dr. Albert Abrams, and I hereby convey to you and your associates my sincerest condolence.

Francisco Seldner

Lincoln, Nebraska,
January 14, 1924.

Can not find words to express my sorrow. I can not realize it is true. Accept my deepest sympathy and extend it to Doctor Abrams' relatives.

Dr. C. A. Shoemaker.

Pasadena, California,
January 18, 1924.

I know my husband will feel keenly as I do the loss of a friend as well as a loss to the world in the death of Doctor Abrams. Please convey my deep sympathy to the bereaved family.

Mrs. Upton Sinclair.

Los Angeles, California,
January 14, 1924.

Prostrated over our great loss. Will arrive on Lark Friday morning if Doctor Strong is able to travel. He is suffering from a cold in lungs. Our sympathy to all.

Mrs. F. F. Strong.

Kenosha, Wisconsin,
January 14, 1924.

Please extend the deep sympathy of Mrs. Sullivan and myself to the relatives of the late Dr. Albert Abrams. His death is a great personal loss to us and words can not express our sympathy at his untimely demise. May the work that he lived and died for perpetuate his name and memory and be his eternal reward and your solace. Suffering humanity will forever look upon him as the greatest benefactor of this age. May his soul enjoy that rest and peace that he devotedly wished and that he now deserves.

Dr. J. D. Sullivan.

Dallas, Texas,
January 15, 1924.

Please accept and convey my sympathy and regrets of the passing of our great genius, Dr. Albert Abrams. Humanity has suffered a loss. Please advise immediately hour and date of funeral that we may close various offices.

Alfred J. Tarr Clinic,
Mrs. Alfred J. Tarr.

Point Loma,
San Diego, California,
January 14, 1924.

Shocked to hear of Doctor Abrams' passing out. Deepest sympathy for those who truly loved him. His work should be perpetuated by continuous propaganda. I can testify to the efficacy of his great work, for I know.

Katherine Tingley.

New York, N. Y.,
January 14, 1924.

I extend my heartfelt sorrow for all the people in the loss of the greatest man of the age. May his good work and great name go on forever. May his soul rest in peace. Sincerely,

Mrs. Beatrice Hochman.

PERSONAL OBSERVATIONS DURING THE ILLNESS AND DEATH OF DR. ALBERT ABRAMS

I do not know just why I happened to come at this time, but I had felt restless for a week or so and had a longing to see Doctor Abrams, so I hopped on a train Christmas night and surprised him in the Clinic. His wonderful graciousness and welcome made me glad I had come. I had about a week in the Clinic, then went to visit Mother for three or four days, and on returning found he was ill, although trying to do a little work. But Mr. Gottesfeld insisted he must go to bed. This was Saturday morning, January 5; and Mr. and Mrs. Gottesfeld watched him over Sunday. Sunday night he suffered a lot with several teeth, so Monday morning he had three extractions with no unpleasant reaction. He remained in bed then until his death. Tuesday evening Mr. Gottesfeld and Doctor Jarvis started to Jonesboro, Arkansas, to defend Doctor Lecocq. Doctor Abrams insisted he must go also, but we all felt it was too risky. Up to this time it was a cold. Wednesday he developed broncho-pneumonia, starting mildly, and got along as well as one in his condition could up until Sunday morning. Then he failed rapidly and passed on at 8:30 in the evening. He was wonderfully cheerful and lovable during his illness. Once or twice he exploded, to remind us of the old Doctor Abrams; but we all joked among ourselves concerning it and loved him for it. Time and again he said the cutest, wittiest things; and when he thought we were trying to put something over on him when we would tell him we were getting ready to do something he wished done but which would have been harmful and which we really had no intention of doing, he would look very knowingly at us and give us to understand that if we did not do it pretty quick he would himself get up and do it. Usually he was remarkably tractable, and we all have only the sweetest, most precious memory of those days spent with him in the sick room.

Dr. Harry W. Wirklich was in charge of the case. Doctor Wirklich and I examined him a couple of times a day, and each and every time he would want to know why we were bothering with all that stuff. Still he would let us proceed. The heart remained highly efficient up to the very last, which was a surprise to me. He naturally had a slow pulse, I think about 60, which may account for the fact that usually it

averaged about 90; reached 96 or 98 several times; but the last 48 hours the pulse was about 84. The temperature was never high in the extreme; usually 100 in the morning and between 101 and 102 in the evening. I think it was the third day it reached 103 for a few hours. Respiration was about 32 most of the time; although it jumped up occasionally; and the last day it reached as high as 50.

Doctor Abrams had a clear mentality until Sunday morning. It was the first time he seemed to realize his condition. He said to me, "Fred, I am an awfully sick man." And I answered, "Not so ill, Doctor, but that if you will just give yourself up to us and not obstruct the things we wish to do for you and make up your mind to rest and give yourself every opportunity, you are going to get along nicely." He slept a good deal that day, but during the morning would open his eyes occasionally and smile and say something sweet to us. About 4 o'clock in the afternoon while I was sitting beside the bed, he opened his eyes and smiled so sweetly at me, saying, "Hello, Fred my boy, how are you?" I asked him if he was comfortable and he said, "Yes." I asked him if he was suffering at all and he said, "No, I feel all right." Then he reached up and placed his dear hand across my face and over the back of my head, and closing his eyes kept it there in firm grasp for several minutes. Then he lapsed off to sleep and this was the last conscious moment I saw. He also opened his eyes and said something sweet to Mrs. Gottesfeld. More or less coma was present during the last six or eight hours. We knew during the last half hour that he was slipping out, and he went very peacefully, with Mrs. Gottesfeld, Miss Lons, Mrs. Ogden, Doctor Wirklich and myself around him.

We feel that everything was done which was possible to help him recover, but it was surely the great Creator's plan to take him at this time. Doctor Wirklich directed the Oscilloclast treatment, and on Friday night Doctor Abrams took my pencil and feeling of the vertebrae marked where he wanted the nurse to concuss him. I tried to get him to let me treat him osteopathically the first couple days of his illness, but he would keep putting me off. However, on the evening of the third day and thereafter I was able to work with him; but nothing could stop it. He was worn in the extreme; his heart was near broken over the dissensions among ERA physicians. It bothered him more than all the attacks which had been aimed at him by outside antagonistic forces. Through it all his spirit was beautiful, and not for one second did he give up the fight for the things he thought were right. His pride would not let him reveal how much he was hurt.

You will find in the San Francisco Call of January 14 a story by Evelyn Wells. She recites therein an interview which I heard, happening to be in Doctor Abrams' office at the time. Doctor Abrams then said he had nothing but contempt for the man who wished to live on and on after he had done his work; and that there was such a thing as getting too much of life. So the great master was ready for the change; and he was taken by his Maker after filling so beautifully the great mission committed to him in life.

His sister, Mrs. Flora Bibo, and daughter Ruth live in Pittsburgh, Pa., so the funeral services were set for Sunday morning, when it was found that Mrs. Bibo could not reach here in time for a service early Friday afternoon. The delay was not a strain, as is often the case under such circumstances, because dear Doctor Abrams was beautiful to look upon. The skillful hands from Gray's Funeral Apartments that prepared the body of President Harding also took care of Doctor Abrams. Dr. C. J. Burnett of New Jersey very thoughtfully telegraphed to be sure and take a mask of the face and hands. This was done. Doctor Abrams' remains remained in his bed until Friday afternoon when they were taken to Gray's Chapel and placed in the beautiful casket the family selected for him. It was of solid copper of bronze finish and of beautiful design.

The service held Sunday at 10:30 A. M. was largely attended, probably five or six hundred there, and the Chapel seemed to be filled with people of full hearts because they wanted to pay their respect and love to his memory. Cantor Reuben R. Rinder of Temple Emanu-El had charge of the service and made some beautiful remarks. He impressively carried out the order of it. Judge Cabaniss spoke from the layman's viewpoint in appreciation of Doctor Abrams. Dr. Harry W. Wirklich's remarks for the doctors of the ERA were wonderfully couched and affectionately rendered. Then it was my great privilege to touch on the more personal things in connection with our beloved master and to read several messages, one of which appears in a beautiful poem printed in the January "Clinics of Dr. Albert Abrams" and signed by the splendid group of men and women who were making the fight with Mr. Gottesfeld at Jonesboro, Arkansas. Rabbi Louis Grossmann of Long Beach, California, formerly Professor of Homiletics at Hebrew Union College, Cincinnati, Ohio, whose health would not permit him to attend, sent a beautifully expressed eulogy which Cantor Reuben R. Rinder read. The honorary pall bearers present were Judge Frank H. Kerrigan of the Federal Bench, Judge George H. Cabaniss,

Judge Matthew Brady, Dr. W. M. Collins, Mr. Charles Rutherford, Mr. Robert L. Mann and Mr. Francisco Seldner. To these in the publications will appear the names of fifty or so doctors over the world who were also designated. The pall bearers (active) were Dr. Harry W. Wirklich, Dr. George Jarvis, Dr. Charles J. Pflueger, Dr. Ivar Janson, and Dr. Fred E. Moore.

The interment was private, attended only by the relatives, Mr. and Mrs. Gottesfeld's mother, and the pall bearers (active). The day was perfect. The spot where Doctor Abrams' beautiful Egyptian mausoleum stands has a cemetery view and setting unequalled by any I know of. And so we laid the dear great master at rest. Peace be ever with his soul. And like Thoreau who when dying was asked if he had made peace with his Maker replied, "I have never quarreled with Him." So with Doctor Abrams, can anyone doubt that one who was so susceptible to Truth and who was a vehicle of the Creator in bringing a great light to Humanity could be other than a child of God?

Mr. Gottesfeld returned from Jonesboro upon news of the death, sick and heartbroken over the loss of his wonderful friend. The brother, Mr. Julius Abrams, and his wife; the sister, Mrs. Flora Bibo; with nephews and nieces from four branches of the family, had a week of great strain. His sister, Mrs. Harris, and nephew Arthur are in distant Paris. His sister, Mrs. Gussie Bibo of Los Angeles, is ill. Jerome and Mervyn Harris were also in constant attendance. The flowers were beautiful beyond compare, and these will be described later in the Journal. Our hearts all pulse in one now, for the mantle of the great Doctor Abrams rests upon us a body doing the work which he laid down. With every sincere wish for unification, I am yours

In sympathetic accord,

Fred E. Moore, D. O. of Portland Oregon

San Francisco, California,
January 22, 1924.

RESOLUTIONS AND LETTERS EXPRESSING THE HIGH
REGARD AND LOVE FELT FOR DR. ABRAMS
AND HIS GREAT WORK.

Middle States Society of Electronic Medicine
Des Moines, Iowa

January 14, 1924

Drs. H. W. Wirklich & F. E. Moore,
2151 Sacramento Street,
San Francisco, California.

My dear Doctors:—

Enclosed are Resolutions which were prepared to-day at a special session of the Des Moines Electronic Society expressing our great sorrow occasioned by the death of Dr. Abrams.

Fraternally,
Guild

Des Moines, Iowa,
January 15, 1924.

Whereas, Albert Abrams, our teacher and leader, is dead, and:
Whereas, the Des Moines Electronic Society has met in special session upon first hearing of his death;

Be it resolved, that the Des Moines Electronic Society expresses to the world its appreciation of Doctor Albert Abrams' life and work, and the deepest regret for his untimely demise, and;

Be it further resolved, that we will conscientiously strive to carry out the dying wish of our mourned friend that we carry on his work, and;

Be it further resolved, that these Resolutions be spread on the Minutes of the Des Moines Electronic Society, and copies thereof be sent to his family and friends, and to the Journal of Physico-Clinical Medicine.

Des Moines Society of Electronic Medicine

Dr. H. M. Eisler
Dr. George Davis
Dr. L. V. Porter
Dr. D. W. Roberts

Dr. Theodore Barnes
Dr. H. J. Marshall
Dr. W. A. Guild

Resolution

WHEREAS the Great Creator has seen fit to take from among us Doctor Albert Abrams, our great teacher and leader, a man of healing and of science, to whom countless thousands owe gratitude for his untiring efforts to cure the ills of humanity, and whose achievements in the world of science and medicine will be an inspiration for all time to those who follow in his footsteps,—

NOW, THEREFORE, the members of the SOUTHERN CALIFORNIA ELECTRONIC SOCIETY do hereby set forth and express their heartfelt regrets and sorrow over the passing to the great beyond of one who has been the leading light and the high priest of our profession and we do hereby extend our sympathy and condolence to the dear ones whom he has left behind.

BE IT FURTHER RESOLVED that this resolution be engrossed in full upon the minutes of this organization and a copy thereof be forwarded to the family of our beloved friend and instructor.

This resolution was unanimously passed by the Southern California Electronic Society at a special meeting thereof held in memoriam to Doctor Albert Abrams, Tuesday evening, January 15, 1924.

CHARLES J. PFLEUGER, M. D.

Secretary Southern California
Electronic Society.

Des Moines, Iowa,
January 15, 1924

Dear Doctor:

Telegraphic announcement of ALBERT ABRAMS' death came to your Committee's office at exactly the hour set for the beginning of the Lecocq defense at Jonesboro.

Strange coincidence, that as his students, organized "One for all and all for one" and well prepared to "CARRY ON", took up his battle, Abrams, the peerless, let fall his mantle on us.

There was but *one* ABRAMS.

There are a *dozen hundreds* of us.

And, above all, let us pledge our talents, our time, our blood if need be, to carry on relentless war upon the enemy who slew him — DISEASE.

Yours in common bond,

LEGISLATION AND DEFENSE COMMITTEE

By W. A. GUILD, Chairman

— — — — —
Banning, California,
January 14, 1924

Dear Doctor Wirklich:

It is with a sense of great loss that I received your telegram of to-day notifying me of the death of Doctor Abrams. I had hopefully looked forward to many pleasant opportunities of collaborating with him in the future.

As my own work progressed and my data accumulated I became more and more impressed with the far reaching results of Doctor Abrams's work. I have long been fully convinced that he has opened up entirely new chapters in the realm of biology, medicine, physics, and chemistry and have only wished that I might have had more opportunities for personal contact with him.

His work must go on. He began what the rest of us must carry to a conclusion, and preferably working together. I trust that there will be no schism among his followers, but that capable leadership will be found and that the system of therapeutics founded by Doctor Abrams will become thoroughly established as the basis for future work.

Doctor Abrams as a man and scientist was a personality I shall always remember with pleasure. He has made a definite mark on my work.

My greatest sympathy goes to his family and associates, and I trust you will convey it.

Yours sincerely,

W. Dwight Pierce, Ph. D.

Consulting Research Director

Minneapolis, Minnesota,
January 19, 1924

Dear Doctor Wirklich:—

Your telegram telling of the passing out of our beloved and highly esteemed Doctor Abrams was received with great sadness both by myself and all other ERA students in this city.

I feel the loss of Doctor Abrams very deeply and can hardly believe that such an able and beloved man should be taken away. The short time I was in the class and the moments I had to affiliate and be with Doctor Abrams bring back a great many pleasant thoughts. I can only say I never met a more brilliant and kind man than Doctor Abrams.

Now, Doctor Wirklich, I trust and believe that its was Doctor Abrams' wish that you remain and carry on the great work at the college. I do hope this is the case and that you will stay and will have no opposition in your efforts. I fully realize your great responsibility but I also know that you are capable and will qualify. We will all have to look to you to become the master in the ERA work to carry on for our greatly beloved Doctor Abrams.

Should you have a few moments I would greatly appreciate your writing me as to how things are to be arranged and if you are going to remain with the college.

Wishing you the greatest success and thanking you for your thoughtfulness in wiring me, I remain

Sincerely yours,

S. M. Moulton, M. D.

Phoenix, Arizona,
January 14, 1924.

Physico-Clinical Company.

Gentlemen:

I was deeply grieved this morning on reading of the death of our beloved chief, Dr. Albert Abrams. Life is only in, through and out again, but his memory in the future generations will be blessed for his great achievements and his love and energy expended to relieve the race of the terrible scourges that flesh is heir to.

Please extend my sincere sympathy to your whole faculty. We will have to fight in unity harder than ever for the cause we love and worship.

Always sincerely,

Amasa S. Hawley, M. D., D. O.

San Francisco, California,
January 14, 1924.

My dear Doctor Wirklich:

It was with profound sorrow and poignant regret that I read this evening the Evelyn Wells story in the "Call" of the passing of our friend and benefactor from the sphere of action.

Elohim only knows why; and it is not for us to question.

It is my prophesy that so long as society endures the name of Dr. Albert Abrams will be revered as the one which had to do with greatest discovery of modern times, and the one upon which the art of healing in the coming new order of society shall be founded.

I do not know any of Doctor Abrams' immediate family, so will you kindly convey to them the sincere condolences of one who has cause to remember and love the departed? I shall esteem it a favor if you will do this.

Cordially,

Ed. H. Clark.

PALLBEARERS — DR. ALBERT ABRAMS' FUNERAL,
JANUARY 20, 1924.

ACTIVE:

Dr. Harry W. Wirklich, San Francisco, Calif.
Dr. George O. Jarvis, San Francisco, Calif.
Dr. Fred E. Moore, Portland, Ore.
Dr. Charles J. Pfleuger, Los Angeles, Calif.
Dr. Ivar Janson, Seattle, Wash.
Dr. M. Jacobson, Los Angeles, Calif.

HONORARY (Present)

Judge Frank H. Kerrigan, San Francisco, Calif.
Judge George H. Cabaniss, San Francisco, Calif.
Judge Matthew Brady, San Francisco, Calif.
Dr. Norman T. Johnston, Kearney, Nebraska
Mr. Robert L. Mann, San Francisco, Calif.
Mr. Charles A. Rutherford, San Francisco, Calif.
Dr. W. M. Collins, San Francisco, Calif.
Mr. Francisco Seldner, San Francisco, Calif.

HONORARY (Unable to be present)

Dr. J. W. King, Bradford, Pa.
Dr. Ed. King, Detroit, Mich.
Dr. J. C. Burnett, Alpine, N. J.
Dr. J. V. McManis, Kirksville, Mo.
Dr. F. F. Strong, Hollywood, Calif.
Dr. H. E. Palmer, Dayton, Ohio

- Dr. Eugene Underhill, Philadelphia, Pa.
Dr. C. A. Stout, Cincinnati, Ohio
Dr. Jean DuPlessis, Chicago, Ill.
Dr. Francis A. Cave, Boston Mass.
Dr. T. Proctor Hall, Vancouver, B. C., Canada
Sir James Barr, Liverpool, England
Dr. Mather Thomson, London, England
Dr. Eric Perkins, London, England
Dr. Robert Rosen, Detroit, Mich.
Dr. Chester Morris, Chicago, Ill.
Dr. H. H. Fryette, Chicago, Ill.
Dr. Walter E. Elfrink, Chicago, Ill.
Dr. Ira W. Drew, Philadelphia, Pa.
Dr. Francis T. Davies, Boston, Mass.
Dr. Frank C. Farmer, Pasadena, Calif.
Dr. J. H. East, Denver, Colo.
Dr. C. C. Reid, Denver, Colo.
Dr. S. L. Scothorn, Dallas, Texas.
Dr. O. M. Hayward, Chattanooga, Tenn.
Dr. C. F. Ellis, Eureka, Ark.
Dr. J. R. Leadsworth, Los Angeles, Calif.
Dr. S. M. Moulton, Minneapolis, Minn.
Dr. J. D. Sullivan, Kenosha, Wis.
Dr. G. B. Stearns, New York, N. Y.
Dr. W. Pettit, Auckland, N. Z.
Dr. W. H. Simpson, Christchurch, N. Z.
Dr. E. L. Burch, San Jose, Calif.
Dr. R. W. Frischkorn, Detroit, Mich.
Dr. C. P. Bryant, Seattle, Wash.
Dr. S. Hilfer, New York, N. Y.
Dr. David Rosenberg, Victoria, Australia
Dr. H. S. Huang, Amoy, China
Dr. Charles Sugden, Winnipeg, Canada
Dr. E. H. Houseman, Portland, Ore.

- Dr. A. B. Collins, Linesville, Pa.
Dr. F. M. Planck, Kansas City, Mo.
Dr. Sig. Rosenthal, Aberdeen, S. D.
Dr. L. Schrieber, St. Louis, Mo.
Dr. Herman Goetz, St. Louis Mo.
Dr. Lamar Tuttle, New York, N. Y.
Dr. Carlos Nye, Buenos Aires, S. A.
Dr. A. Manuel, Monte Carlo, Monaco
Dr. F. J. Campos, Mexico City, Mexico.
Dr. F. V. Gomez, Mexico City, Mexico
Dr. Ignacio Roel, Mexico City, Mexico
Dr. F. Paredes, Celaya Gto., Mexico
Dr. Adrian Garduno, Mexico City, Mexico
Dr. J. G. Mendz, Mexico City, Mexico
Dr. E. G. Ancira, Mexico City, Mexico
Dr. F. G. Ballina, Mexico City, Mexico
Dr. Antonio Parra, Mexico City, Mexico
Dr. Enrique Seldner, Mexico City, Mexico
Mr. Upton Sinclair, Pasadena, Calif.
Col. George Fabyan, Geneva, Ill.
Sen. Samuel Shortridge, San Francisco, Calif.
Sen. T. A. Turner, Jonesboro, Arkansas
Sen. Aylmer Flenniken, El Dorado, Arkansas
Mr. George Sterling, San Francisco, Calif.
Mr. Albert Bender, San Francisco, Calif.

SECTION OF THE WILL OF DR. ALBERT ABRAMS PERTAINING
TO THE COLLEGE OF ELECTRONIC MEDICINE

San Francisco, California,
October 30, 1923

College of Electronic Medicine
Blanche and Jeanne R. Abrams Memorial Foundation

To the Trustees of this College I bequeathe and devise lands and property the deed of which has been executed and deposited in the safe deposit, Bank of Italy, Polk near California St., San Francisco.

This property consists of two parcels and embraces 195 ft. on Sutter and 137.6 ft. on Larkin Sts.

16. To the same Trustees, I convey 9,900 shares of a Corporation known as College of Electronic Medicine, Blanche and Jeanne R. Abrams Memorial Foundation and their successors forever to be administered according to the purposes set forth in said Incorporation articles. It is my wish that the hereinafter named Trustees continue the work planned by me in my lifetime, to place ethically before the general public my methods, to treat the poor free of charge at least three times weekly in Clinics for that purpose, to maintain a free ward for the poor, to maintain a School of instruction for graduated physicians (M. D.'s, D. O.'s and D. D. S.) or regular medical graduates with equivalent degrees.

All the scientific work done at the College shall be reported in a Journal of which at least Five Thousand copies shall be issued monthly.

The College shall receive its support from pay patients, from rentals, students' tuition, royalties, sale of books and apparatus, receipts from subsidiary colleges and donations from other sources.

No fees are to be given the Trustees, until the College expenses are paid.

Instructors' salaries are to be included in the College expenses. If, after two years of the College's existence, and its non-success is shown, then an endeavor should be made to effect a consolidation with either Stanford University or the University of California. If either institution mentioned will maintain the name College of Electronic Medicine, Blanche and Jeanne R. Abrams Memorial Foundation and will endeavor to investigate and perpetuate Electronic Medicine, then, either one of the institutions mentioned shall receive all that which has been devised and bequeathed to the Trustees hereafter mentioned.

If no consolidation shall be effected or it appears inadvisable to continue the College, then all that has been bequeathed to the College Trustees shall revert to my sisters and brother or their heirs, share and share alike.

The following are hereby appointed Trustees of the College: Jerome, Mervyn and Arthur Harris, Robert and William Abrams, Julius Abrams, Irving Bibo, Harry Gottesfeld, Dr. and Mrs. J. C. Burnett, New York, Lester L. Roth, Drs. J. W. King, Bradford, Pa., and F. F. Strong, Hollywood, Drs. Harry Wirklich and George Jarvis, Mrs. Edward King, Detroit, A. M. Bender, San Francisco, Henry V. Brandenstein; provided always that in case of death or refusal or inability of such Trustees hereinmentioned to serve, my will is that the survivor Trustees shall in writing attested by credible witnesses appoint some other fit person or persons who must be in favor of my methods to be Trustee or Trustees in place and stead of such Trustee so dying, refusing or unable to serve. Said newly elected Trustee shall be invested with all the rights of their predecessors.

Harry Gottesfeld shall serve as Attorney of the College and is to be paid a fee for his services as determined by the Trustees. In the event H. Gottesfeld can not act, then H. V. Brandenstein shall serve.

To the Board of Trustees shall be added the Union Trust Company of San Francisco.

Should any of my heirs, relatives or others, contest this will and thus defeat my object in making provision for the College of Electronic Medicine on the ground that no more than a definite amount can be bequeathed to charity, then the amount so contested shall be bequeathed to the Presidents of the following banks: Union Trust, Wells Fargo and Nevada National, Anglo-California Trust Co., London, Paris, and American Bank, Bank of California.

Of the balance of my estate, One Hundred Thousand Dollars (\$100,000) is bequeathed to the Trustees of the College. This amount is to be invested in registered U. S. Bonds and the interest on the same is to be used exclusively for the maintenance of the College.

All moneys in the bank designated as College of Electronic Medicine or Oscilloclast accounts is the property of the College.

Albert Abrams Prize

The College Trustees must announce in some scientific medical journal, an annual prize of Three Hundred Dollars (\$300) will be awarded for the most original essay on some subject pertaining to Electronic Medicine. Competition shall be open to laymen or physicians. Payment for the prize and One Thousand distributed copies of the successful essay shall be paid from the College funds.

The Trustees must also maintain a department for the investigation of all new ideas in medicine, however fanciful or absurd.

A free lecture series each year on Electronic subjects must be given to the public under the most ethical conditions. All my books and instruments are devised and bequeathed to the College.

After all the foregoing provisions of my will are executed, any balance of my estate shall be divided share and share alike among my sisters Carrie, Flora, Augusta, and my brothers Julius, or their heirs.

I hereby appoint as my executors, Union Trust Co., Julius Abrams, Arthur and Mervyn Harris, Robert Abrams and Harry Gottesfeld.

It is requested that all except the Union Trust Co. (which must furnish bonds) shall serve without fees, or receiving them shall transfer them to the College funds.

In witness whereof, I have hereunto subscribed my name in the City and County of San Francisco, State of California, this 30th day of October, 1923.

ALBERT ABRAMS

Any disloyalty on the part of any of the College Trustees toward my methods and their perpetuation shall automatically cause their severance as Trustees.

ALBERT ABRAMS

SPECIAL ANNOUNCEMENTS FOR ALL ALL ERA PHYSICIANS

The ERA motto is "Carry on Together for the Cause" — the great work for which Dr. Albert Abrams labored and lived and died. The *Journal of Physico-Clinical Medicine and the Clinics of Dr. Albert Abrams* will continue as the official organ of authoritative ERA methods and practice as worked but by Doctor Abrams. Fortunately all of the Clinical Lectures by Doctor Abrams, all of the blood examinations made by him and patients examined, descriptions of his interesting experiments and pains-taking research work for more than a year up to his last moments in the Clinic have been faithfully recorded daily. Selections were made from this invaluable material for publication in the Journal each month, but most of it has not yet been published. Although his voice is now silent, the Journal will continue to carry the message of Doctor Abrams, the very words he himself spoke while engaged in his final life's work in the Clinic.

The ERA physicians have been enthusiastic over the Journal's invaluable service to them in the past. We intend to continue this service and make the Journal of increasing practical value in their daily ERA work. We invite physicians to make use of the Open Forum to exchange views, discuss problems and report cases of general interest.

To ERA Physicians—Be sure to renew your subscriptions. You need the new Journal as never before, and every back number is valuable as an ERA book of reference. The subscription price of the Clinics of Dr. Albert Abrams has been reduced to \$8.00 for six months, beginning January, 1924. Back numbers of the Clinics from June to December, 1923, inclusive, can be obtained for \$6.00. Checks made payable to Clinics of Dr. Albert Abrams.

OFFICIAL ERA DIRECTORY—We find there is an increasing number of inquiries in regard to ERA work and practitioners. Place your name and announcement in the Official Directory for ERA Physicians in the Journal where it will reach a growing number of those interested in ERA work. For the small sum of \$5.00 per month you can have one-sixth of a page, or an entire page for \$25.00 per month. Checks made payable to Clinics of Dr. Albert Abrams. Send in your card at once and have your name appear regularly in the Journal.

In the name of our beloved master, Dr. Albert Abrams, we seek your cooperation in carrying on the great work for which he gave his life in the performance of duty.

DR. H. W. WIRKLICH, *Editor*

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