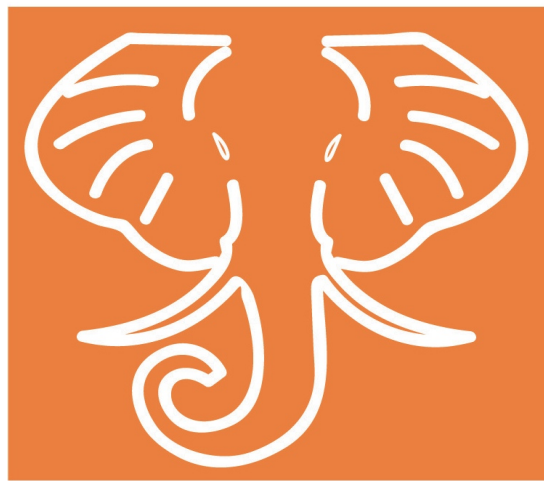


Physico-clinical medicine.

San Francisco, College of Electronic Medicine, Blanche and Jeanne R. Abrams Memorial Foundation.

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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

SEPTEMBER, 1922

No. 1

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

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PUBLISHED BY

PHYSICO-CLINICAL CO.

2151 Sacramento St.

San Francisco, Cal.

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).

Spondylotherapy

Physio and Pharmaco-therapy, and Diagnostic Methods based on a study of Clinical Physiology—Eighth Edition, \$6.50, express prepaid.

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Physico-Clinical Medicine

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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.

Price of Subscription per year, Payable in Advance

To Subscribers in the United States, Canada, Mexico.....\$2.00
To Subscribers in other countries (Postage Prepaid).....\$2.50
Price of Single Copies.....\$1.00

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:

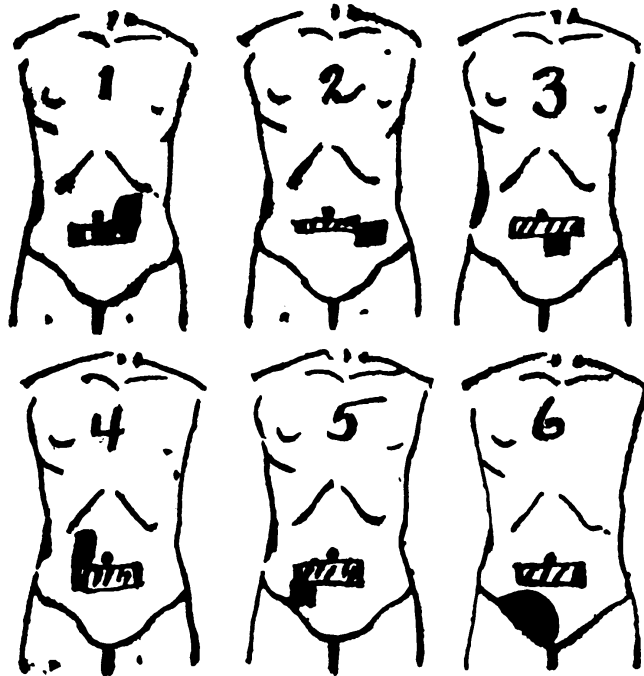


Fig. 1—Areas of dullness: 1, Catholic; 2, Methodist;

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, inasmuch 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-

ease 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., Tekaham, 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.**

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 Dr. Theodore G. Kershaw, First Vice-President.
 Dr. L. H. de Vasher, Second Vice-President.
 Dr. W. A. Guild, Secretary-Treasurer.

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Doctors Keyes, Roemer and Elfrink.

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 Buffalow, O. T., Chattanooga, Tenn.
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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.
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Molyneux, Cora Bell, 2859 Boulevard, Jersey City, N. J.
O'Connor, Edw., 2540 Lehigh Ave., Philadelphia, Pa.
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 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.
T B—V. R. given 15 and 57, 42 (best rate). Bovine T B does not give a reaction at 15 (human T B). 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.

Michigan—Drs. E. King, C. C. Cook, H. W. Conklin, I. Mayer, E. A. Ward, C. J. Pflueger, W. Meyer, H. A. Shaffer, C. M. Traver.

Wisconsin—Drs. F. H. Strauss, L. N. Schnetz, J. D. Sullivan, E. H. Kriz.

Washington—Drs. R. H. Sladen, B. M. Van Dorn, M. E. Coon, A. C. Lake, T. L. Bordsen.

Kansas—Drs. C. Gray, B. L. Gleason, A. and M. Craig.

Indiana—Drs. G. L. Perry, E. F. Pielmeyer, M. J. Kreiden, R. L. Starkweather, L. A. Rausch.

Tennessee—Drs. O. T. Buffalow, C. B. Jefferson.

Oregon—Drs. E. G. Houseman, L. E. Hewlitt.

Pennsylvania—Drs. J. W. King, E. Matzger, I. Drew, C. C. Taliaferro, W. S. Irvine, E. Purnell, T. H. Francis, H. H. Vastine, L. T. Lauterbach, E. W. O'Connor, M. Clinton, E. Underhill.

New Jersey—Drs. H. S. Bramble, J. C. Burnett, A. J. and C. B. Molyneux, P. H. Wolfman.

Nebraska—Drs. A. Schneider, G. J. Haslam.

Kentucky—Drs. C. T. Johnson, C. S. Pearey.

Georgia—Dr. E. L. Harris.

Louisiana—Dr. O. B. Hicks.

Ohio—Drs. C. A. Stout, F. D. Clark, E. H. Cosner, J. T. Henderson, G. M. Reinhart, O. H. Snyder, F. C. Curtis, K. Scott, P. M. Patterson, D. I. Rousch.

Arizona—Dr. T. N. Reznikoff, E. C. Openshaw, F. G. Holmes.

Iowa—Drs. C. L. Shaw, C. H. Collier, W. A. Guild, G. F. Davis, M. A. Hansen, C. J. Chrestensen.

Washington, D. C.—Dr. B. McMahan, E. C. Folkmar.

Virginia—Dr. J. H. Robinet.

Nebraska—Dr. A. H. Green, F. Hahn, H. C. Smith.

Utah—Dr. G. Stratton, S. Airey.

Georgia—Dr. T. H. Kershaw.

Illinois—Drs. M. and H. H. Fryette, C. H. Morris, V. B. Maurican, Du Plessis, J. W. Lewis, A. M. Fielding, E. W. Magoon, N. W. Schellemberger, G. S. Moone, H. P. Hayward, J. F. Roemer, F. H. Atkinson.

Connecticut—Dr. E. Bush.

Massachusetts—Drs. F. A. Cave, M. Walker, F. T. Davis, C. H. Downing, P. Sheppard.

New York—Drs. L. K. and F. Tuttle, Herman Chayes, St. George Fechtig, J. B. Buhler, G. W. Riley, Tieke, I. Lapp, A. E.

Persons, C. A. Kaiser, R. and E. Warless, F. M. Nicholson, L. M. Bush, M. L. Rhein, A. Walker, T. R. Tharburn, A. Monalleser, G. B. Stearns.

Texas—Drs. G. A. Cobb, O. S. Leitch, K. J. Clements, G. Scot-horn, G. Laughlin, P. A. Russell, J. L. Holloway, F. H. Atkinson, R. M. Mitchell, J. M. Petersen, C. H. Bellamy, A. J. Tarr.

Oklahoma—Dr. L. H. de Vascher.

Florida—Dr. A. D. Glascock, E. Quinn.

Idaho—Dr. A. W. McCauley, E. C. Heatt.

Rhode Island—Dr. J. Peacock.

Montana—Drs. A. S. Willard, L. Smith.

Hawaii—Drs. G. Walters, C. Lane.

Canada—Drs. M. C. Church, H. S. Evans, E. D. Heist, E. A. Hall.

England—Dr. D. G. Kingsley.

Philippine Islands—Dr. A. J. Cox.

Holland—Dr. P. Samson.

China—Dr. K. McBurney.

LESSEES OF OSCILLOCLAST*

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H. A. Hess, 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.

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- L. R. Chapman, M. D., Los Angeles, Cal. (5 machines).
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 †Dr. Frederick W. Wilson, Pocomoke City, Md.
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 †Dr. Allen F. Fehr, Malden, Mass.
 †Dr. W. K. Jacobs, Montgomery City, Mo.
 †Dr. Carl Kettler, Washington, D. C.
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 Dr. G. W. Carson, St. Louis, Mo.
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 Dr. M. H. Beeler, Denver, Colo.
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 Winifred Webber, D. O., Colorado Springs, Colo.
 Herman Chayes, D. D. S., New York City, N. Y.
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 Earl A. Bush, D. O., Hartford, Conn.
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 †Lewis M. Bishop, M. D., D. O., Worcester, Mass.
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 †Harold O. Royal, M. D., Boston, Mass.
 †Fletcher F. Clarke, D. O., New York City, N. Y.
 †Cora Belle Molyneux, D. O., Jersey City, N. J.
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 †Allen G. Fechtig, M. D., New York City, N. Y.
 Edith S. Cave, D. O., Boston, Mass.
 †Francis B. F. Hardison, D. O., Charleston, S. C.
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 †J. R. Biddle, D. O., Rantoul, Ill.
 †J. D. Baum, D. O., East Liverpool, Ohio.
 †L. E. Bush, D. O., Jacksonville, Florida.
 †R. O. Buck, Wauseon, Ohio.
 †Clara Parker, D. O., Eureka, Ill.
 †Gertrude Clements, D. O., Fort Worth, Texas.
 Emily Collar, D. O., Santa Rosa, Cal.
 †J. L. Coles, D. O., Pawnee, Okla.
 D. W. Davis, M. D., Altoona, Pa.
 M. W. Knapp, M. D., San Jose, Cal.
 Harry B. Baker, M. D., Richmond, Va.
 G. K. Clements, D. O., Plainview, Texas.
 F. H. Cosner, D. O., Dayton, Ohio.
 †J. T. Henderson, M. D., Cleveland, Ohio.

- R. H. Sladen, D. O., Tacoma, Washington.
 Chas. Keller, M. D., Colma, Cal.
 C. C. Cook, M. D., Saginaw, Mich.
 Chas. C. Talafero, D. O., Pittsburgh, Pa.
 Ed. King, D. O., Detroit, Mich.
 W. A. Guild, M. D., Des Moines, Iowa.
 W. Lodwick, D. O., Greeley, Colo.
 A. D. Glascock, D. O., St. Petersburg, Florida (2 machines).
 W. B. Lynd, D. O., Los Angeles, Cal.
 G. Scothorn, D. O., M. D., Dallas, Texas.
 T. R. Thorburn, D. O., M. D., New York City, N. Y.
 Leslie Keyes, D. O., M. D., Minneapolis, Minn. (3 machines).
 E. L. Harris, M. D., D. O., Marietta, Georgia.
 A. S. Powis, D. O., Arbuckle, Cal.
 Howard Attwood, D. O., Riverside, Cal.
 Walter E. Elfrink, D. O., Chicago, Ill.
 M. Jacobson, M. D., Los Angeles, Cal.
 Theo. Kershaw, M. D., August, Georgia.
 Genevieve Laughlin, D. O., Dallas, Texas.
 Arthur Campbell, M. D., D. O., Tulsa, Okla.
 F. G. Bubeck, D. O., Tulsa, Okla.
 E. M. Tieke, D. O., Brooklyn, New York.
 Reed McBurney, M. D., D. O., Los Angeles, Cal.
 Emma Purnell, D. O., Lancaster, Pa.
 N. W. Schellenberger, D. O., Rockford, Ill. (2 machines).
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 Geo. Haslam, M. D., Fremont, Neb.
 T. Harris Francis, D. O., Lancaster, Pa.
 Geo. F. A. Davis, D. O., Des Moines, Iowa.
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 J. Suley Wheeler, M. D., Lincoln, Cal.
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 Ella Quinn, D. O., Miami, Florida.
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 W. R. Wrenn, D. O., Los Angeles, Cal.
 O. N. Benson, D. O., Memphis, Mo.
 B. M. VanDoorn, D. O., Spokane, Washington.
 Ed. W. O'Connor, M. D., Philadelphia, Pa.
 V. H. Lindlahr, M. D., Chicago, Ill.
 J. C. Irvine, M. D., Denver, Colo.
 C. L. Shaw, D. O., Indianola, Iowa.
 C. H. Morris, D. O., M. D., Chicago, Ill.
 H. H. Fryette, M. D., D. O., Chicago, Ill. (2 machines).
 Myrtle Fryette, D. O., Chicago, Ill.
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 L. N. Schnetz, M. D., Racine, Wis. (5 machines).
 †Frederick Dugdale, M. D., Boston, Mass.
 A. L. McGowan, D. O., Dayton, Ohio (8 machines).
 C. H. Whitcomb, M. D., Brooklyn, New York (3 machines).
 †J. W. Eisiminger, D. O., Oklahoma City, Okla.

- †J. C. Edwards, D. O., Pawhuska, Okla.
 †H. H. Gerardy, D. O., Dallas, Texas.
 †C. B. Gaard, D. O., Fort Dodge, Iowa.
 †W. C. Gordon, D. O., Sioux City, Iowa.
 †H. H. Holbrook, M. D., Ashland, Ky.
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 †C. B. Kingery, D. O., Lexington, Mo.
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 †D. E. Laib, D. O., Evansville, Ind.
 †Raymond L. Martin, D. O., Barre, Vermont.
 H. J. Marshall, D. O., Des Moines, Iowa.
 †W. W. Nuss, M. D., Elkland, Pa.
 Addison O'Neill, D. O., Datona, Florida.
 †W. R. Rossman, M. D., Grove City, Pa.
 †H. J. Richardson, D. O., Miami, Florida.
 †Katherine Roberts, D. O., Bedford, Iowa.
 †O. H. Snyder, M. D., Ironton, Ohio.
 †Jean A. Sloan, D. O., East Liverpool, Ohio.
 †Anna Stoltenberg, D. O., Kansas City, Mo.
 †L. E. Staff, D. O., Jacksonville, Ill.
 H. F. Tindall, D. O., M. D., San Diego, Cal.
 †R. M. Thomas, D. O., Fort Scott, Kansas.
 †C. P. Vandervoort, D. O., New Orleans, La.
 †A. G. Walmsley, D. O., Bethlehem, Pa.
 †Chas. G. Wheeler, D. O., Brattleboro, Vermont.
 †H. E. Woodward, D. O., Kenmore, Ohio.
 †Z. R. Wilkins, D. O., Colorado Springs, Colo.
 †G. Y. Warner, D. O., Marion, Indiana.
 †Oscar R. Zahr, D. O., Willmar, Minn.
 †L. F. Towers, M. D., Toledo, Ohio.
 †O. T. Buffalo, D. O., Chattanooga, Tenn.
 †Walter D. Wright, M. D., Langley, S. C.
 †Kelly Smythe, M. D., Bemis, Tenn.
 †M. C. Hardin, D. O., Atlanta, Ga.
 †Chas. Owens, D. O., Chattanooga, Tenn.
 †Laura K. Barnes, D. O., Chattanooga, Tenn.
 †Kathleen Mayo, D. O., Jackson, Tenn.
 †D. Dillon, D. O., Rock Rapids, Iowa.
 †W. M. Lockman, D. O., Weatherford, Texas.
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 †Grace Airey, D. O., Salt Lake City, Utah.
 †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 oscilloclast has not yet been delivered.

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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 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.....\$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 ^{for me} by
his new method one hundred *Syph-*
ilicis 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.

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

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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

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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 THATCHER ROE, M. D.,
Pasadena, 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 |
| Amebiasis | Chronic Dementia | Rheumatoid Arthritis |
| Colisepsis | 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 | Syphillis (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, 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: 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. 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 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 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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