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. 2 DECEMBER, 1917 No. 2

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

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Works by Albert Abrams,

A.M., LL.D., M.D., (University of Heidelberg,) F.R.M.S.

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

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Physico-Clinical Medicine

Vol. 2 DECEMBER, 1917 No. 2

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

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To Subscribers in other countries (Postage prepaid).....$2.50
Price of Single Copies $1.00

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THE WASSERMANNIC MENACE

The literature teems with unreliable reports respecting the Wassermann reaction as a positive proof of syphilis. The many errors perpetrated in the name of science with this test in showing syphilis when syphilis *does not exist* have not been chronicled.. In practically every patient with a high grade of *colisepsis,* one may elicit a Wassermann reaction. I have directed attention to this fact in "New Concepts," but the observation remains unheeded. It is known that autointoxication owing to the increase of proteids in the blood may give a Wassermann of maximum intensity (XXX) and this is also noted after repasts. The careful serologist always makes the Wassermann before breakfast. The fact is, that the latter reaction should never be executed until the electronic reaction demonstrates the absence of the reaction for colisepsis. The theory of autointoxication is being rapidly swept into the discard. It is suggested that "the colon is our best friend" and that instead of being a place of poisoning, it is a depot shielding us from harm. Truly, the pendulum does some mighty swinging in our art. The laboratory is mightly and must prevail; clinical observation counts for naught. By the same token, indicanuria is an archaism. Colon bacilli do not migrate beyond the hallowed realms of the colon and we can no longer indulge in the witticism, "a colon bacillus is not a colon bacillus, when busy in some other part of the anatomy, than the colon."

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Yet, in the midst of this contrariety, anaphylaxis has come into being and enthralls us with its recently acquired importance. In the norm, the digestion of protein is so complete, that there is no production of toxic substances and resulting disturbances but when the protein enters the blood, the toxic portion of the protein molecule is liberated and produces various clinical phenomena.

Chronic intestinal toxemia, cannot summarily be dismissed as a clinical entity. The amins and the derivatives of ethylamin formed by putrefactive processes do affect the nervous system and that then when bacteria invade the intestinal tissues, bacterial infection is superimposed on chemical intoxication.

One of my patients whose blood yielded no electronic reaction for syphilis but the reaction for colisepsis, was pronounced syphilitic by three competent serologists who elicited a positive Wassermann. In "New Concepts," a similar case of colisepsis is cited where like results were attained but after a rigid milk diet and other methods were pursued to subdue the colisepsis, Noguchi, and other competent serologists failed to confirm the findings. The fecal constituents of any one will give the splanchno-diagnostic reaction of syphilis, but only at the vibratory rate of 3, of the ohmmeter and not at 20, as in syphilis.

"Who shall decide when doctors disagree,
And soundest casuists doubt, like you and me?"

HEREDITARY SYPHILIS
ARGYLL-ROBERTSON PUPIL; TUBERCLE OF CARABELLI; AURICULAR SIGN OF ABRAMS

That the world is becoming civilized is debatable, but that it is becoming spyhilized is unquestionable. It is difficult to convince the profession, despite the ubiquity of syphilis that the latter affection is practically the basis of general pathology.

The German diagnostician avers:

"Was man nicht diagnostieren Kann,
Sicht man als n' syphilis an."

Without a literal translation, the latter may be expressed as follows:

When your diagnosis goes amiss,
Always think of syphilis.

Fournier observed that 98 *per cent.* of the children of syphilitic parents are syphilitic. The electronic reactions show that they are *all* syphilitic. The tale of syphilitic parents may be inscribed as follows: sterility, stillbirths, miscarriages, abortions, progeny dying in infancy of marasmus, meningitis, convulsions, etc. Hochsinger's observations embracing 208 children of syphilitic parents show that 89 or 43 *per cent.* had some affection of the nervous system. Of these, there were 9 cases of hydrocephalus, 2 of Little's syndrome, 6 epileptics, 2 paresis, 1 tabes, 36 extremely neurotic, 5 hysterical, 14 chronic headaches, 2 imbeciles. Among these which is in vivid contrast with my observations as will be shown later, in only 6, was the *Argyll-Robertson pupil* demonstrable. Congenital syphilis is unfortunately identified with its manifestations at birth and we are liable to forget that it may not develop until adolescence or late in life. In one of my patients gummata were first observed at the age of 53 years. Congenital syphilis is

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practically a replica of acquired syphilis. Anomalies in physical structure such as Hutchinson teeth, prominent veins, scaphoid scapula, saddle nose, striae about the mouth, etc., have been sufficiently emphasized and attention is here directed to other signs in hereditosyphilis.

The uncertainty of serologic tests and the certainty of the electronic reactions in the recognition of congenital syphilis, enable the writer to emphasize the importance of the eye, teeth and ear in objective symptomatology. A lost or partially lost light reflex, with accommodation reflex unimpaired, is specified as the Argyll-Robertson pupil (pupillary rigidity.) Although it is occasionally found in other conditions, it is accepted by the majority of neurologists as positive proof of nervous syphilis and signifies a break in the reflex arc. In the study of this phenomenon which the writer almost invariably finds in heredosyphilis, one must also look for irregularity in the size of the pupils and in the pupillary margins.

Testing for the Argyll-Robertson pupil (reflex iridoplegia) demands circumspection and the following essentials must be enjoined:

1. Do not suddenly throw a strong light into the eyes; the psychical mydriasis (due to fright) may yield an incomplete reaction.
2. The patient must look into the distance to avoid synergic convergance and accommodation reactions.
3. The untested eye must be covered to avoid consensual narrowing.
4. Note that in the norm, the initial contraction of the pupil after several oscillations (physiologic hippus) assumes a medium width.
5. A small pocket electric light lamp furnishes an excellent light for testing the reaction. Direct the light somewhat obliquely.
6. The reflex to light may be complete (rigid pupil) or it is partial, when the reaction is slow (technically called "sluggish".) The latter may precede the complete Argyll-Robertson pupil for years.
7. Remember that the pupil in question may be accepted as an evidence of syphilis with the same certainty as a positive Wassermann reaction.
8. Remember that the use of many drugs (mydriatics and miotics) may lead to erroneous conclusions and that in old age, owing to iris rigidity, the light reaction may be slow.

Tubercle of Carabelli.—This is a supernumerary cusp (Fig. 6) demonstrable on the palatine surfaces of the upper first large molars. While the Argyll-Robertson is practically always present (partial or complete) in heredosyphilis, the Carabelli sign is less frequently encountered by the writer. Tne Carabelli tubercle is in no wise related to "Hutchinson's teeth,"—characteristic stigmata of inherited syphilis. The characteristic dystropy of Hutchinson, is shown by the pitted enamel on the labial and lingual surfaces of the centrals, laterals and canines and the imperfect development of the molar cusps. The foregoing teeth may also show the distinctive notches.

Scattering pits and up-and-down lines of erosion may be due to causes other than syphilis, but the regular lines or pits running *transversely* are characteristically of luetic origin.

The Auricular Sign of Abrams (Fig. 7) consists of a distinct ridge running from the antitragus downward toward the lobule. Not infrequently the ridge runs backward or slightly forward. Localized elevations of the skin in the region in question must not be accepted as evidence of the auricular stigma. In the Da Costa Edition of Gray's anatomy (Fig. 752), there is a picture of the external ear which re-

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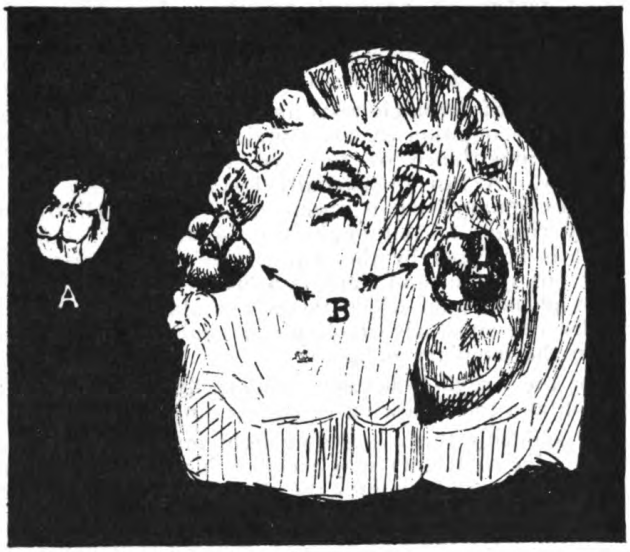

FIG. 6
A. Normal Molar. — B: Tubercles of Carabelli.

produces my auricular sign. This must be due either to a faulty execution of the artist or to the selection of a supposedly normal ear. The auricular sign is fairly constant in heredosyphilis and is not present in the norm. The ridge is of cartilaginous consistency when palpated between two fingers. The morphologic anomaly like all deformities of the auricle is essentially always the result of othematoma.

FIG. 7

THE PHYSICS OF HOMO-SEXUALITY

Psychoanalysis, which is practically a method of dissecting the human mind, views the psychoneuroses from a psychologic view-

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point. The advocates of the method make sexual anomalies the basis of their varied deductions. They view the child's primary sexual feelings as having reference to its own body (autoerotic), next the feelings are transferred to the same sex (homosexual stage) and finally, the object of love is of a different sex (heterosexual stage.) Still pursuing the Freudian ratiocination, sex-inheritance is alternative. Both male and female characters are present in the germ and in the norm, only one is developed. Not infrequently, there is an uncertainty as to which will develop. The child's sexual instinct is according to Freud, polymorphous-perverse and may be developed in any direction by appropriate influences.

The psychology of sex, according to the Freudian conception, must be elaborated and vital, like all other phenomena, must be regarded as processes and not as structures. Anatomy furnishes little aid in differentiating sexuality. In the norm, every organism is bisexual or hermaphroditic and, when we refer to sex, one signifies an outward manifestation of a greater sexual activity in one or another direction. The rudiments of the accessory apparatus (Wolffian and Muellerian ducts) are commont to both sexes. The sexual glands also consist (in addition to the specific glands of generation), of Leydig's interstitial tissue (epithelioid cell accumulations imbedded in the sexual glands of the male.) The interstitial glands as shown more recently, are directly responsible for the primary and secondary sexual characters and it is evident that histologic study of the testes as ordinarily pursued, cannot aid in the differentiation of testicular from ovarian structure.

By aid of the electronic reactions, it can be shown that every tissue possesses its own definite radioactivity which may be readily demonstrated. Specifically, the ovary yields a definite area of ventral dulness and this is likewise true of the testicle.

Six homosexualists (males?) thus far examined by the writer yielded from anatomically perfect testes, an *ovarian reaction* in four instances and in the other two subjects (bisexualists), an ovario-testicular reaction (ovarian predominating by measurement). These phenomenal facts are of stupendous importance and justify a further study of this interesting subject.

LAW OF COLLES

The transmission of syphilis from infected parents to their offspring during gestation is essentially a matter of intrauterine infection. The mode of transmission has been subjected to much discussion, but in any event, infection may arise from either parent. From the father, the *spirochaeta* is contained in the ejaculated fluids and transmission from a syphilitic mother occurs through the placenta. The chief problem has always been whether the infection is invariably placental or whether fetal infection can occur through the father, "excluding any transfer of *spirochaetae* from the mother through the placenta." In 1837, Abraham Colles, an Irish surgeon, observed that a woman might give birth to a syphilitic child without demonstrating any signs of syphilis herself, yet a wet-nurse could at once be infected by the child. This is the Colles law. The latter law has been seriously questioned for it has been recently shown that while the mother may present no lesions of syphilis, yet she may give a positive Wassermann reaction. On the other hand, it is difficult to reconcile the latter observation with the fact that mothers by one husband may give birth to syphilitic chil-

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dren and by another, healthy children may be born. Two instances may be cited by the writer to sustain Colles' law. In both instances, the fathers were syphilitic yet the mothers yielded no electronic reaction for syphilis. When, however, the energy was transmitted from the pregnant uteri and from the latter only, *the reaction of syphilis could be elicited.*

VASOMOTOR SYSTEM

There are two famous institutions in Paris; Collége de France and the Sorbonne. The former was founded in 1530 by Francis I., as a place of liberal teaching to counteract the rigid scholastic methods of the University of Sorbonne. In other words the Collége was intended as a vehicle for research work and as a result, some of the greatest contributions ever made to science emanated from the Collége. Cuvier, Berthelot, Magendie, Laennec and Claude Bernard were occupants of chairs in the College.

Claude Bernard made many notable contributions to physiology. Next in importance to his discovery of glycogen, was his discovery of the vasomotor system. He noted that when the cervical sympathetic in a rabbit was divided on one side of the neck, there was a dilatation of the blood vessels on that side. Other observers before him repeatedly made a sympathectomy but their attention was solely directed to watching the constriction of the pupil following section of the cervical sympathetic. All other concomitant phenomena were ignored. More mistakes are made from want of looking than from want of knowing.

There is still another factor ignored by the multitude and emphasized by the great Bernard—"He who does not know what he is looking for, will not lay hold of what he has found when he gets it."

Research is practically this: Observation initiates an hypothesis which is proved or disproved by experiments.

In *International Clinics,* Vol. 1, 1917, and in *Physico-Clinical Medicine,* Dec., 1916, p. 42, the writer directed attention to a simple phenomenon in explanation of the *hectic flush.* If the opening of a tube containing a culture of tubercle bacilli is directed (without removal of the cotton) to the region between the 3rd and 4th dorsal spines (depressor nerve), flushing ensues within 10 seconds in the region of the infraorbital foramen just below the infraorbital ridge. The area in question represents a streak. Apply the tube to the 1st dorsal spine and within 20 seconds a streak of pallor ensues.

Despite the simplicity of this observation which may be executed by any one, the writer has encountered no one who has tried the experiment.

This experiment may be elaborated to cause a more diffused redness or pallor by aid of a conducting cord with two electrodes. To accentuate the *flushing,* fix one electrode at the first dorsal spine and allow the other electrode to come in contact with a grounded metal plate, conversely, to accentuate the *pallor,* fix one electrode at the area between the 3rd and 4th dorsal spines and the other on the ground plate. Grounding is executed during the time energy from the culture tube is applied to secure flushing or pallor.

It is assumed that in the foregoing experiments and the assumption is verified by the results that, the center for vasodilation of the vessels of the face is between the 3rd and 4th dorsal vertebrae, and that

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of vasoconstriction, at the 1st dorsal spine. In the norm, both centres are in equilibrium and the vessels are maintained at a definite caliber. When we ground the area of vasodilation (between the 3rd and 4th dorsal spines, the energy necessary to maintain dilatation is abstracted and the other center (vasoconstriction) has undiminished play and pallor is accentuated when the culture of tubercle bacilli (energy) is directed to the 1st dorsal spine. The converse is likewise true when one grounds the 1st dorsal spine. *With other forms of pathological energy reactions invariably occur in definite areas of the ear and face* and they are employed by the writer as corroborative evidence of his splanchno-vascular, entero-diagnostic and pulmo-diagnostic reactions. The writer also uses the ear of a white rabbit for demonstrating many of the foregoing phenomena.

*CANCER DIAGNOSIS—EARLY**

"An editorial in the *N. Y. Med. Journal* (June 30, 1917), emphasizes the need of a method for early diagnosis in cancer. Dr. Albert Abrams, of San Francisco, has devised and perfected such a method which is accurate and which will give a definite answer in the very earliest stage, or any other stage, of cancerous disease.

The early diagnosis of cancer predicates an early and radical removal and offers in consequence, a fair prospect of freedom from recurrence. Reference to the technique of Abrams' methods may be found in the *International Clinics,* Vol. 1, 27th series, 1917, and also the "Reference Handbook," 7th Vol., last edition."

The diagnostic reaction is based on the facts:—(1) that electrochemistry in normal differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along an insulated wire; and, (3) this energy will evoke definite reflexes characteristic of the diseases from which it is derived.

"Six years ago, Dr. Abrams, found that the human viscera constituted a wonderfully delicate mechanism for registering differences of potential and the stomach was originally employed as a registering mechanism. Now, his splanchno reflexes have been substituted which more easily and accurately diagnose between different infections such as tuberculosis, syphilis, streptococcic or colon bacterial infection. The visceral reactions are present and may usually be demonstrated in the patient's own person without the use of an intermediary (autoelectronic reaction). In executing percussion of the abdomen, rapid and repeated percussion confuses the ear and must be

*Abstract of a contribution by Geo. O. Jarvis, A.B., M.D., (The Sanitarium, Ashland, Oregon). Dr. Jarvis is an ardent and original investigator and this contribution is accordingly entitled to serious consideration.

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avoided. This is based upon the same fact of "fatigue of attention," as is the direction not to look at the colorimeter more than two or three seconds in estimating hemoglobin percentage by the colorimetric method.

In the diagnosis of *syphilis,* the Wassermann reactions were not positive in every case in which the electronic tests of Abrams showed the presence of syphilis and in which the clinical history and therapeutic results showed beyond reasonable doubt that the Wassermann reaction was at fault.

Thirty diagnoses of *cancer* made by the electronic method before operation were fully substantiated by submitting the excised tissues to one or more pathologists who had no knowledge whatever of the methods employed for diagnosis or of any previous history of the patient. By this means the personal equation was entirely excluded.

By direct observation on patients operated on for abdominal anomalies, one could note vasodilation in definite abdominal areas when the energy of different diseases was conveyed to the spine. The dilation thus observed approximated a 75 *per cent.* increase in the caliber of the blood vessels in the area in which the dilatation occurred and was so marked that there could be no doubt but that the dilatation occurred. Vasodilation and coincident dulness of the areas in question disappeared within four seconds after the electrode conveying the energy was removed.

The electronic reaction of Abrams are introduced to the profession at a time when the electrochemical conception of cellular activity is beginning to make its way.

By these electronic reactions, Dr. A. W. Boslough (Ashland, Oregon), and myself, 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. Pathologists returned a diagnosis of malignancy with *one exception.* In this case, one pathologist pronounced it malignant and another, benign: the recurrence of symptoms following the operation and the patient's death left no doubt but that the growth was malignant

Specimens in which malignancy was suggested by the history and microscopic 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 to be benign have shown, so far as the lapse of time permits final judgment, that the diagnosis of a benign process was justified."

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SPONDYLOTHERAPY

SPONDYLOTHERAPY AND FLUOROSCOPY

In a publication, "*The Victor Calendar,*" the sinusoidal current is vaunted as an excellent aid to the roentgenologist in making gastrointestinal fluoroscopic examinations. The current, it is suggested, is superior to manual manipulation in investigating visceral movements, by stimulation of the visceromotor centers in the cord.

In examination of the visceral reflexes of Abrams with the fluoroscope, concussion is vastly superior to the sinusoidal current, insomuch as spinal excitation must be executed rapidly. The best work that has thus far been done in studying the modifications of the large intestine was executed in Paris by Lebon and Aubourg.

The best radiographs the writer has ever seen of the stomach and duodenum were shown in Chicago and were secured by evoking the pyloric reflex of dilatation.

Palpation during fluoroscopy yields most valuable information concerning the presence or absence of adhesion, but the method is dangerous to the manipulator.

Excitation of the reflexes during fluoroscopy yields important diagnostic information:

1. Movements of the stomach and discharge of contents by opening of the pylorus.
2. Intestinal movements.
3. Contraction and dilatation of the aorta and heart. Thus, presumable tumors of the thorax, if made to contract and dilate are not tumors but aneurysms.

Pericardial exudates would be unmodified by eliciting the heart reflexes of contraction and dilatation. A like absence of the phenomenon would be noted in the presence of pericardial adhesions.

4. Contraction and dilatation of the lungs. Presumable areas of consolidation will disappear by evoking the lung reflex of dilatation.
5. Contraction and dilatation of the spleen and liver.
6. Emptying and filling of the appendix.

The foregoing are only a few of the phenomena that can be demonstrated and it is anticipated that fluoroscopists will find the reflexes of value in their diagnostic work.

THE AMERICAN ASSOCIATION FOR THE STUDY OF SPONDYLOTHERAPY

(*6th Annual Convention*)
October 1, 2, 3, 1917.
CHICAGO, ILLINOIS

EXCERPTS

SPLANCHNIC HYPOTONIA (Wm. L. Heeve, President).—A resumè of the work of Albert Abrams. It is a causative factor in gastrointestinal toxemias. Cardiosplanchnic phenome-

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non explained (*vide* spondylotherapy). Painful *areas found* from the 9th to the 12th dorsal spines. Treatment suggested is the static wave current by aid of two lateral pads at the 5th to 8th dorsal vertebrae. Current applied for one minute followed by an interval of rest and so alternate for a seànce of 10 minutes. This treatment restores the splanchnic equilibrium. Relaxed abdominal walls demand the use of a slow sine sinusoidal current. Electrodes just below inferior angles of the scapulae. Current must be strong enough to cause powerful contraction of the abdominal muscles.

THE ELECTRONIC THEORY (F. J. Bomberger).—A review of the evolution of this now generally accepted theory. Electricity like matter is atomic in character; that there is a unit charge of electricity; that all other charges are multiples of this. The electron is an infinitesimal particle, whose calculated mass is about one one-thousandth that previously ascribed to the hydrogen atom and that it bears a negative charge of electricity equal to the number 3.4x10—10 *i. e.,* 1/340000000000 MM.

The number of electrons in an atom is proportional to the atomic weight of the element.

In the September Number of *Physico-Clinical Medicine,* the Editor calls attention to the pertinent fact in therapy that only vibratory rates which are alike can damp each other. If the pedal of a piano is depressed so as to raise the damper and you then strike middle C, you will find that all C's are in sympathetic vibration. Electronotherapy consists in determining the vibrating rate of disease as well as the vibrating rate of the medicament.

RECORDING INSTRUMENT (F. M. Planck).—A new instrument for recording the percussion sounds in Splanchnodiagnosis.

APPENDICITIS (Fred B. Morgan).—Emphasizing the importance of employing Spondylotherapy exclusively to determine its real value in the treatment of disease. Reference to the APPENDIX REFLEX OF ABRAMS (*Physicoclinical Medicine,,* Dec., 1916, p. 52); concussion of the 10th dorsal spine will empty the appendix of its contents. Reports the histories of three cases of chronic appendicitis thus treated with a complete disappearance of tender spots, increase of weight and symptomatic cure.

The essential element in Spondylotherapy is the evocation of specific reflexes. Electricity, concussion, the bare hand of the manipulator, the manipulation of the osteopath, the thrust of

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the chiropractor all achieve a like object—the elicitation of a reflex. The treatment of *Asthma* consists of eliciting the lung reflex of contraction; using slow sine current (one electrode between the 4th and 5th cervical spines and the other over the sacrum) as strong as possible. "The symptomatic cure of "incurable" long standing asthmatic cases are now being made by physicians who are using this method of treatment."

"*Overloaded Stomachs* may be unloaded by pressing with the thumbs at the 5th dorsal spine for 5 minutes. Nausea may be arrested in 5 minutes by filling the stomach with water and like presssure at the 5th dorsal spine (pylorus reflex). The relief to the patient is such that they always express their gratitude and the first time this maneuver is executed, they exhibit much surprise from a method so simple."

The uterus reflex of contraction is advocated for uterine hemorrhage. Concussion of the 5th lumbar vertebra (bladder reflex of contraction) is advocated in the treatment of *cystilis*.

Spondylotherapeutic Methods (H. *Michener*).—Personal experiences of the author presented according to the Michener method; a method which combines mirth with wisdom and so nicely blended that you are entertained while you are instructed.

"When Prof. Abrams first elaborated on the subject of Spondylotherapy, I presume that he flattered himself by thinking that he had made a wonderful discovery." This method was anticipated by his father who used a hazel-rod on him when he was a boy. His mother employed the concusion theory and applied stimulation to the lower end of the spine by aid of a shingle.

Spinal Concussion (P. C. Jensen).—The author emphasizes the necessity of viewing Spondylotherapy as an auxiliary and not as an exclusive method. Clinical physiology offers a tremendous aid in the treatment of disease. In *Pneumonia* (during the first two stages), concussion of the 7th cervical spine can accomplish more in depleting the lungs than can be achieved by the recognized methods of treatment. This is effected not only by evoking the vasomotor reflex of contraction but by stimulating the heart (heart reflex of contraction). The nurse in charge can be instructed to concuss for a period of two minutes every four hours. "I have found that the disease is reduced in intensity and cut short in its duration. Complications are less frequent and temperature falls to normal earlier than in cases where no concussion was employed."

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"Frequently a physician is called at night to attend a case of BRONCHIAL ASTHMA, and in three or four minutes by concussion at the 4th and 5th cervical spines, the paroxysm will have disappeared. Morphin would take at least 20 minutes to accomplish a like result."

He empties the stomach by eliciting the pylorus reflex and thus dispenses with a stomach tube. He advocates in preference to pharmacotherapy, the use of concussion in hypertension.

"My results are due to following the teachings of Dr. Albert Abrams as laid down in his masterly work on Spondylotherapy."

SPONDYLOTHERAPY (J. F. Roemer).—This excellent contribution deals with the application of spondylotherapy to mental conditions of children.

REFLEX METHODS (Charles L. Ireland.)—One can contract, dilate, stimulate or inhibit at our will any viscus by the use of the sinusoidal current over definite spinal centers. To inhibit a given viscus, use a rapid sine current at the sensitive vertebral point of tenderness. Use the current until sensation is inhibited. This places the organ at absolute rest and the method may be specified as a local rest cure.

*VOMITING OF PREGNANCY**

By W. J. CAESAR, M. D., San Francisco, Cal.

The treatment of hyperemesis gravidarum must necessarily be based on the etiological factor involved. Reflex irritation and neurotic factors however, should receive due consideration. The writer is not unmindful of the fact that vomiting of pregnancy as a neurosis is amenable to suggestive methods such as apply in the treatment of hysteria.

Despite the recognition of the latter and the employment of a multitude of drugs, the induction of abortion or of premature labor not infrequently becomes mandatory.

The purpose of this contribution is to direct attention to one of the numerous reflexes discovered by Dr. Albert Abrams, of San Francisco, viz., the pylorus reflex which is an insuperable aid in the treatment of the vomiting of pregnancy.

Relative to this reflex, the following is excerpted from the last edition, Vol. VII, of the "Reference Handbook of the Medical Sciences:"

*Reprinted from the **"Medical Record."**

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"Concussion of the fifth dorsal spine will dilate the pylorus. This fact has been utilized for the following purposes: 1.—To relieve pylorospasm; 2.—To facilitate rapid absorption and hasten the elimination of nauseous drugs from the stomach; 3.—To eliminate the action of the gastric juice on drugs destined for action on the intestinal tract; 4.—In the treatment of gastric affections; 5.—To aid duodenal intubation—the ordinary stomach tube will pass directly into the duodenum during the time pressure is made at the 5th dorsal spine. After ingestion of the conventional bismuth meal, it takes approximately one hour and fifteen minutes for the stomach to void its contents, whereas, after stimulation of the 5th dorsal spine, the stomach voids the bismuth in one and one-half minutes."

Harley E. MacDonald, M. D. (Los Angeles) comments as follows:

"Just as preventive medicine is abolishing the roller towel, broom and public drinking cup, so medicine is about to say farewell to the stomach tube. I believe that Abrams' pylorus reflex will revolutionize the practice of gastroenterology. I have already cured stomach troubles of many years duration by instructing patients to drink two glasses of water three or four hours after eating. Then to lie on the right side while a member of the family percusses the 5th dorsal spine. I recall a patient practically moribund from inanition superinduced by incontrollable vomiting and in whom ingestion of peptonized milk followed immediately by concussion of 5th dorsal spine resulted in cure. It appears to me that we should worry no longer about the vomiting of pregnancy.*"

My experience with this simple maneuver embraces many cases which have proved refractory to the conventional methods of treatment. The method of execution is as follows: In the morning, before the pregnant woman rises she ingests a glass of water containing sodium bicarbonate. Then she sits up in bed and any member of the family is taught to strike a series of moderate blows (not in excess of one-half minute to avoid exhaustion of the reflex) on the 5th dorsal spine which has been located and marked by the physician. Any ordinary plexor and pleximeter suffice to execute these blows.

This preliminary maneuver is equivalent to stomach lavage. After resting several minutes until nausea if present is abated, nourishment is given and the 5th dorsal spine is again percussed.

If during the day, nausea or vomiting reappears and nourishment is rejected, the reflex may be elicited immediately after the ingestion of food.

It was indeed surprising for me to have achieved results by aid of this simple method which I first approached with so much doubt and uncertainty.

***Physico-Clinical Medicine,** June, 1917.

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*THE SPLENIC REFLEXES OF ABRAMS IN THE DIAGNOSIS AND TREATMENT OF SYPHILIS**

By ALBERT ABRAMS, A.M., M.D., LL.D., San Francisco, Cal.

The heart and lung reflexes of Abrams are familiar to the average clinician but little is known of the splenic reflexes despite their importance in diagnosis and treatment.

The Spleen.—This enigmatical viscus of the physiologist contracts and expands synchronously with the digestive periods. In its contractions it loses 18 *per cent.* of its volume. The volume changes are akin to the peristalsis of the gastrointestinal tract and are caused by rhythmic contractions of the smooth muscle tissue in the capsule and trabeculae. It is the popular belief that the spleen is influenced by the nervous system and Botkin asserts that depressing emotions increase and exhiliartating ideas diminish its volume.

Tumefaction of the spleen occurs in practically all acute infectious diseases.

Splenic Reflexes.—The visceromotor centers in the cord may be stimulated so that one may at random either contract or dilate the spleen. These reflexes* are known respectively as the splenic reflex of contraction and dilatation. In the norm, the reflexes are of short duration (not in excess of 2 minutes) and, in their objective demonstration by radiodiagnosis and percussion, one must expedite the latter maneuver. It has been determined empirically that the elicitation of the reflex of contraction is effected by concussion of the 2nd lumbar spine and the counter splenic reflex of dilatation by concussion of the 11th dorsal spine. An ordinary percussion hammer and pleximeter is placed on either spinous process and then struck a series of moderately vigorous blows with the plexor.

Reflexodiagnosis and Reflexotherapy.—The reflex of contraction is employed in the treatment of splenomegaly.

In latent malaria, one may precipitate a typical paroxysm by discharging the splenic reflex of contraction (concussion of the 2nd lumbar spine.) It is assumed that the paroxysm is provoked by the mechanical extrusion into the circulation of the *plasmodia* which have lodged in the organ.

In suspected malaria, one may find *plasmodia* in the blood after evoking the reflex of contraction even though absent be-

*Reprinted from the **Medical Record**, Oct. 6, 1917.

*More fully described in Abrams' "Spondylotherapy," fifth edition, pages 251 *et seq.* and in the "Reference Handbook of the Medical Sciences," Vol VIII, third edition.

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fore this maneuver is executed. Hematological investigations by the writer show the following (1). average increase of erythrocytes after concussion of the 11th dorsal spine (which increases the splenic volume), 300.000 and an average increase of hemoglobin of 5 *per cent.*; (2) average leucocyte increase after concusssion of 2nd lumbar spine (decreases splenic volume), 2.800; (3) average increase of red cells after alternate concussion of 2nd lumbar and 11th dorsal spines, 650·000 with an average hemoglobin increase of 10 *per cent.*

Diagnosis and Treatment of Syphilis.—The frequency with which the writer encounters syphilis by aid of the electronic reactions of Abrams,* emphasizes the dictum of Fournier—general pathology should be made a mere annex to syphilography.

In congenital syphilis where the reaction may be absent in the blood, it may be invariably elicted from the same fluid after evoking the splenic reflex of contraction. It has occurred to the writer that evocation of the reflex in question might be of value in the serological diagnosis of syphilis. In his earlier investigations this was apparently true relative to the Wassermann test but subsequent tests with a larger number of patients did not justify this conclusion.

The Noguchi reaction, however, was modified as shown in the following tabulation, which practically summarizes many investigations:

Noguchi reaction from blood before elicitation of the splenic reflex of contraction.		Noguchi reaction from blood after elicitation of the splenic reflex of contraction.
Case 1 equals	—	X
Case 2 equals	X	X X
Case 3 equals	X X	X X X
Case 4 equals	X	X X X
Case 5 equals	X	X X X
Case 6 equals	—	X X
Case 7 equals	X	X
Case 8 equals	X	X X X
Case 9 equals	—	—
Case 10 equals	X	X X X

After the blood was removed with the trocar in the vein, it was occluded by the finger and the 2nd lumbar spine was concussed for one minute, after which a second specimen of blood was allowed to flow.

*Abrams' New Concepts in Diagnosis and Treatment, 1916, and INTERNATIONAL CLINICS, Vol. 1, 27th series.

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The recognized uncertainty of the Wassermann is no doubt due to the fact that it is not dependent on syphilitic antibodies in the blood, but upon admission to the latter of abnormal products from morbid tissues.

After careful investigations, the writer has learned to recognize the value of eliciting the splenic reflex of contraction in the treatment of malaria in connection with its specific drug.

Laveran avers that the *plasmodia* find protection in the spleen from destruction in the circulation. In every case of suspected malaria, if elicitation of the splenic reflex of contraction does not cause a malarial paroxysm or some atypical evidence of the same, experience has taught me to exclude malaria. Furthermore, I have never permanently cured a case of malaria until the splenic reflex of contraction was employed in conjunction with quinine. We have shown that the splenic reflex of contraction causes a leucocytosis. Experimentally, it has been demonstrated that intravenous injection of splenic extract evokes a like condition· Wells has shown that the splenic pulp contains the greatest number of leucocytes. This concentration is evidently the result of the fixation in the spleen of morbid products which exert a positive chemotactic influence toward the leucocytes. Evocation of the splenic reflex of contraction is a valuable treatment for all infections.

Conclusions.—1. The usual depositories for the luetic virus are the spleen and liver, notably the former.

2. When the splenic and hepatic reflexes of contraction are evoked by the same maneuver (concussion of the 2nd lumbar spine), there is an immediate extrusion of the virus into the circulation.

3. Emotions, digestive disturbances, and other factors, by precipitating volume changes in the spleen, eliminate the virus of syphilis, causing an exacerbation of symptoms present or producing them if absent.

4. In parasyphilitic diseases, so called, the parasites are found in the "dead corners" of the organism and resist drug action. Similarly, virus lodged in the spleen is equally resistant. Elicitation of the splenic reflex is, therefore, a valuable adjunct in syphilotherapy.

The appended report from an independent source corroborates the foregoing findings:

THE SAN FRANCISCO CLINICAL LABORATORY

A. Frauchiger, Dir., Chronicle Building

2 Series of 10 cases each taken at random showing result of

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Noguchi reaction from blood before and after elicitation of the splenic reflex of contraction. (Abrams').

	BEFORE		AFTER
Case 1	equals	X	X X
Case 2	equals	X X	X X
Case 3	equals	X	X X X
Case 4	equals	—	X
Case 5	equals	X X	X X X
Case 6	equals	X	X
Case 7	equals	X	X X
Case 8	equals	—	—
Case 9	equals	—	X X
Case 10	equals	X	X X

Case 1	equals	X X	X X
Case 2	equals	X	X X
Case 3	equals	—	—
Case 4	equals	—	X
Case 5	equals	X X	X X
Case 6	equals	X X	X X X
Case 7	equals	—	X X
Case 8	equals	X	X
Case 9	equals	X X	X X X
Case 10	equals	—	X X

Respectfully submitted:

A. Frauchiger, Serologist.

[*Editorial Note.*—The Wassermann is not absolutely specific for syphilis insomuch as it is not dependent on syphilitic antibodies in the blood, but upon admission to the latter of abnormal products from morbid tissues.

Noguchi Reaction.—In studying the Wassermann reaction, Noguchi, observed that the syphilitic antibody was precipitated with the globulin and the latter was increased in fluids giving a positive Wassermann. Furthermore the globulin content of fluids was often increased when it was impossible to obtain a positive Wassermann owing to the small amounts of antibody. Noguchi, obtained positive results in practically all cases of tabes and cerebrospinal syphilis with his test and many more positive reactions than the Wassermann reaction.

Concussion of the Spleen.—In previous numbers of this

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Journal, I emphasized the importance of this maneuver as an adjuvant in syphilotherapy. It was also demonstrated that all specific drugs employed in medicine produced like ventral areas of dulness for the diseases for which they were regarded as specifics and that, when the energy from the disease and the specific drug were synchronously conducted the area of dulness peculiar to the disease could not be elicited.

If in a syphilitic, one first elicits the ventral reaction peculiar to this disease and then concusses his 2nd lumbar spine to evoke the spleen reflex of contraction, the syphilitic reaction can for a period of time no longer be obtained. True, you still get a dulness in the syphilitic area, but it is the dulness provoked by the splenic extract forced into the blood. Its vibratory rate is at 1 ohm, and not at 20 as in syphilis. The polarity unlike syphilis (neutral) is positive.]

MISCELLANY

VISITORS.—Among the many physicians who have recently visited the Physico-Clinical Laboratory of Dr. Abrams, are the following: W. J. Lackey, C. F. Crittenden, J. Purves, E. F. Jones, P. Rice, F. Fisdale, A. Frauchiger, A. Noe, H. A. Hess, C. A. Dozier, A. T. Piercy, P. Musser, C. Cutting, E. Julien, C. H. Walworth, F. Duncan, H. L. Parish, F. Shook, S. J. Fenton, C. Stockton, S. Worth, J. E. Yates, L. S. Swauger, S. F. Meacham, J. N. Tavlopoulous, M. Simons, G. Juilly, W. S. Taylor, V. Postata, T. H. Winslow, I. Boerke, A. H. White, G. Terrill, N. B. Bailey, Ralston Lattimore, Douglas Luce, S. Hyman, L. H. Dietz, L. Shields, S. Ringolsky, W. Boericke, B. Sando.

ELECTRONIC DIAGNOSIS.—In a masterly contribution on this subject presented to the *Roanoke Academy of Medicine* (April 2, 1917), H. E. Jones, M. D., observes as follows: "In three or four year's study of the subject of *electronic diagnosis* and electronotherapy and the necessary scientific correlated basic literature, the writer has been entertained as by no other literature. Instead of being laborious work, it has been a recreation and diversion. Such study has enabled the essayist to understand the why and wherefore of things in general and medical subjects in particular as he never did before."

SPONDYLOTHERAPY.—The wide sale of this work is gratifying to the author. The fifth edition is now exhausted and a sixth edition will not be ready for delivery for several months.

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L'Intériorisation.—This represents the first volume of a monumental work by two eminent French physicians and scientists, Hélan Jaworski and René d' Abadie. It is to be completed in seven volumes. The first volume is dedicated to Professor Georges Carrière and the next volume is to be dedicated to Dr. A. Abrams. The first volume embraces the following subjects: Importance of the Cell; Signification of the protozoa; Functions of Cells; Reproduction; Formation of organisms; Individuality and Death; Colonization of organisms; metamerism.

Banti's Disease.—This is a form of anemia with great swelling of the spleen usually associated with hemorrhages. Nothing is known of the cause. In two cases examined by the writer, one could elicit the reaction of *Colisepsis*. This may prove a clue to etiology and the colon bacillus may eventually prove to be the etiologic factor.

Observations (wise and otherwise—mostly otherwise). —H. Michener, M. D., Wichita, Kan., is sponsor for the Michenerisms contained in this diminutive volume replete with philosophic observations and facetious sayings. As a trenchant satirist Moliere was brilliant but Michener is incomparable. Respecting dedication, he says: "This book is respectfully dedicated to myself, as a mark of respect and esteem." In his preface he continues: "This book is written for the sort of people that like this sort of book and not for those who do not." "The early bird catches the worm" and reminds him of the negro song:

> "Dem dat shouts and de loudest sings,
> Is de ones what wears de biggest wings."

Get this booklet if you can and if you can't, continue to suffer from the onslaughts of disinterestedness.

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

PHYSICO-CLINICAL LABORATORY

—OF—

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND
ACCURATE DIAGNOSIS.

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

VIRULENCY GAUGED

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

BLOOD ON PAPER,
NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations only, do not permit of the localization of lesions, and to achieve the latter an examination of the patient is imperative. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent. of errors and in some diseases 75 per cent.

A FEW REFERENCES

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

ONLY ONE IN FIVE

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully 50 per cent., and positive reactions with this test are elicited in non-syphilitics (2.6 to 18.1). 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. Physicians of prominence no longer rely on the Wassermann test. The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy!

NEARLY 100 PER CENT. POSITIVE

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

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VECKI

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

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

FROM ENGLAND

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

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

CANCER

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

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

INCIPIENT TUBERCULOSIS

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

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

DIAGNOSIS AT THE VERY BEGINNING

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

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

SPECIMENS

Blood specimens should be placed on a paper or blotter enclosed in the specimen container or envelope and mailed immediately. Examination will be made at once, and reported on fully and promptly. Fees should accompany specimens. Special correspondence is invited, with a view to informing you in detail about any part of the work of the Laboratory which may not be clear to you.

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FEES

(Which include all diagnostic information necessary.)

Blood examinations which include tests for all diseases $10.00

Subsequent blood examinations to gauge the course of the disease 5.00

Examination of patients 25.00

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

Course to physicians on Electric Diagnosis $100.00
(Limited to reputable physicians in possession of the M. D. degree.)

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

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

Victor G. Vecki, M. D.
PHYSICIANS' BUILDING
516 SUTTER STREET, COR. POWELL
SAN FRANCISCO, CAL.

June 13th, 1917.

Albert Abrams, M.D.
2135 Sacramento St.,
San Francisco, Cal.

My dear Dr. Abrams:

It conforms only with exact and plain truth to say that in all cases submitted to you for diagnosis by means of your electronic reactions your findings were absolutely correct and justified by subsequent therapeutic results.

Sincerely yours,

V. G. Vecki, M. D.

VGV/JH

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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 Diagnosis cases. Great as was the surprise to me in many instances in practically all cases his judgment was proved demonstrated to be correct and in no instance was he found to be in error.

H. E. MacDonald M.D.

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

Very sincerely,

W. R. Scroggs M.D.

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

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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

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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.

final judgment

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

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

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DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

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.

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AMON THATCHER NOE, M. D.
Pacific Grove, Cal.

July - 27 - 17

Dear Doctor Abram's

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

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

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

Thanking you for past favors I am sincerely yours

A. T. Noe

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 on 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, CANCER, COLISEPSIS and STREPTOCOCOCCIC INFECTION.

When two blood specimens are sent, forward them in separate envelopes to avoid conferred radioactivity.

The quantity of blood forwarded should be sufficient to cover an area represented by a 50 cent piece.

No diagnostic method is infallible. It is requested that all physicians correlate the electronic diagnosis with their clinical findings.

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Diseases Diagnosed by an Examination of Dried Blood

Acidosis
Adrenal Sufficiency
Amebiasis
Colisepsis
Carcinoma
Cholelithiasis
Chorea
Diabetes
Diphtheria
Epilepsy
Gonococcic infection
Gout
Hookworm
Hyperpituitarism
Hyperthyroidism
Influenza
Insanity
Paranoia
Dementia Precox
Acute Mania
Dipsomania
Chronic Dementia
Leprosy
Malaria
Measles
Menstruation
Meningococcic infection
Neurasthenia
Paralysis Agitans
Parotitis
Parathyroid insufficiency
Paratyphus
Pneumococcic infection
Psychasthenia
Pregnancy (prediction of sex)
Paresis
Poliomyelitis
Rheumatoid arthritis (variety
Sarcoma
Scarlatina
Staphylococcic infection
Streptococcic infection
Syphilis (differentiation of congenital and acquired, and specific strain.)
Teniasis
Tetanus
Typhoid
Tuberculosis (varieties)

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

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

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

A Few Visitors to Dr. Abrams' Research Laboratory, San Francisco, Cal.

B. L. Baker, M. D., Washington
W. A. Briggs, M. D., California
W. A. Brown, M. D., Washington
I. C. Boerke, M. D., New York
A. W. Boslough, M. D., Oregon
T. D. Bristol, M. D., Ohio
W. J. Caesar, M. D., California
J. E. Cox, M. D., California
A. Crawford, M. D. California
F. S. Cook, M. D., California
W. M. Collins, M. D., New York
F. Caldwell, M. D., New York
Ernest Cleverdon, M. D., California
F. E. Coulter, M. D., Nebraska
Chas. Cross, M. D., California
A. E. Dickinson, M. D., California
Chas. P. Duffy, M. D., New York
B. E. Dawson, M. D., Missouri
M. Evans, M. D., California
O. Eastland, M. R., California
J. H. East, M. D., Colorado
J. T. Fisher, M. D., California
T. Gottlieb, M. D., California
P. G. Garlick, M. D., California
A. R. Gould, M. D., Washington
F. Gramenz, M. D., Minnesota
A. L. Gustetter, M. D., Arizona
G. F. Harding, M. D., Utah
W. D. Huntington, M. D., California
D. B. Holcomb, M. D., Illinois
E. H. Howell, M. D., California
H. Johnson, M. D., Paris, France
G. Jarvis, M. D. Oregon
E. A. Julien, M. D., California
H. Kerber, M. D., Illinois
W. E. Keith, M. D., California.
H. Lischner, M. D., California
J. R. Leadsworth, M. D., California
A. Lowry, M. D., France
E. Majors, M. D., California
J. Hunter Miles,, M. D. Pennsylvania
W. H. McChesney, M. D., New York
H. E. MacDonald, M. D., California.
P. Norwall, M. D., Oregon
A. W. Penniman, M. D., California
J. C. Pickett, M. D., California
F. M. Planck, M. D., Kansas
B. D. Plymire, M. D., Pennsylvania
W. H. Scholtz, M. D., California
H. C. Sawyer, M. D., California
S. Ringolsky, M. D., California
W. P. Ryder, M. D., Iowa
F. Starkey, M. D., Pennsylvania
Hugo Summa, M. D., Missouri
V. Sillo, M. D., New York
V. Sterns, M. D., Paris, France
W. R. Scroggs, M. D., California
E. Stone, M. D., California
E. A. Stone, M. D., California
G. M. Terrill, M. D,, California
J. W. Thayer, M. D., California
S. P. Terry, M. D., California
J. W. Torbett, M. D., Texas
B. E. Witte, M. D., Texas
J. W. Wright, M. D., California
S. V. Young, M. D., Texas
J. Zeig, M. D., Michigan

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