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Physico-Clinical Medicine

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

Vol. 6

SEPTEMBER, 1921

No. 1

FOUNDED AND EDITED BY

ALBERT ABRAMS, A. M., M. D., LL. D., F.R.M.S.

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PHYSICO-CLINICAL CO

2135 SACRAMENTO ST.

SAN FRANCISCO, CAL.

PHYSICO-CLINICAL MEDICINE

Vol. 6

September, 1921

No. 1

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

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PHYSICO-CLINICAL CO.,
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A Bloody Polemic

IT CAN be demonstrated beyond cavil that it is possible by aid of a few drops of blood to determine race, sex, approximate age and parentage.

Recently, Superior Judge Thomas Graham decided parentage based on the foregoing test.

It is an antiquated apothegm that one has more to fear from his friends than his enemies, and the following narrative is apposite.

There is in San Francisco unknown to fame but with belligerent aspirations, and hostile attitude one, Dr. C. F. Buckley. The writer has tolerated his friendship for many

years and one day he received from the gentleman in question the following letter:

"My Dear Doctor Abrams, I send you three specimens (of blood) with histories:

"No 1 taken from a young girl 11 years old. Mother a fine healthy Scotch woman was married to a Greek very dark; had an affair with a Scotchman while married to the Greek. Child looks Greek. Scotchman will adopt child and make her his heir if the child is his.

"No. 2. Boy, 9 years old. Mother Irish. Father Italian. Child looks Irish. Mother lapses with a countryman. Father (Italian) hears something, disowns child and will disinherit him.

"No. 3. A fine healthy boy of 7. Father a Swede. Mother, Mexican. Boy looks like an Israelite. Father claims he is not his. If such is the fact, child stands a chance to loose \$250,000.

"None of the parties can be known at present.

"Very truly yours,

9, 6, 21.

"C. F. BUCKLEY."

Submitting at random one of the specimens to an Electronic reaction, it was found that it did not respond to the tests for human blood but that it was an animal's blood. No attempt was made to determine from what animal the blood was taken although this could be demonstrated. Having demonstrated animal blood to the satisfaction of many physicians from different parts of the world who were present at the time the examination was made, the writer informed Dr. Buckley in brief that insomuch as one of the specimens did not respond to the test for human blood, his time was too much occupied to concern himself with the examination of the other specimens.

A few days later there appeared in the public press flamboyant scare lines, "I'm Not Human! I Am a Fish!" and other equally delectable captions.

It appeared from Dr. Buckley's version to the newspapers which the writer was informed he voluntarily solicited that the specimens of blood were his own blood and not the blood of individuals suggested in his communication to the writer.

Eliminating the question of ethics in Dr. Buckley's

questionable method, the fair minded critic would extol him as a master of creative fiction and might agree with him that he was a fish. At any rate that his questionable conduct was not human.

When an individual of a certain calibre practices deception, he will go the limit and despite any asseveration to the contrary would be capable of sending animal blood.

The writer prefers the evidence of his test to the evidence emanating from the other sources.

In any event one should eschew documentary evidence of willful deception and thus defeated, the "Falsus in uno, falsus in omnibus." Truth can never be subdued by the methods employed by Dr. Buckley. He is nearly a nonagenarian but executed his nefarious scheme with the maladroitness of a tyro.

To the average individual hampered by tradition it may appear incredible for science to have so far progressed to determine parentage by the examination of a few drops of blood.

Facts more incredible are of daily occurrence. As I am writing this editorial, a letter has just arrived. It comments on the results of an examination made of a few drops of blood sent for an Electronic test by Dr. J. D. Sullivan of Kenosha, Wisconsin. The test demonstrated that the patient had a tumor of the brain. The writer awaited the result of his diagnosis and the tumor location and the following was the answer from a distinguished neurologist:

"Albert Abrams, M. D.

"Dear Doctor—I have become interested in your method of diagnosis and treatment through Dr. J. D. Sullivan. One case especially impressed me as we located a brain tumor, by neurologic findings in the same position diagramed by you in your report to Dr. Sullivan."

Recently, Judge Mogan, of San Francisco, stated that the Abrams' blood test would not be accepted by his Court. Thus, with one fell swoop like the hero of an Homeric poem who destroys worlds, the learned jurist sought to demolish the laborious efforts of years.

Not so Judge Murasky, a Superior Judge of the same city. With the true Pasteurian spirit of, "I don't know, I shall investigate," Dr. Abrams and several other physicians were cited to appear in his Court to elucidate the Electronic reactions. A few excerpts from the testimony of the latter follows:

Dr. Mather Thomsen—"I came thousands of miles to investigate the methods of Abrams. I am consulting physician for diseases of the heart to the 'British Ministry of Pensions.' I sought every possible means to determine whether the methods of Abrams were consistent, inasmuch as they were so astounding and meant a complete revolution of our methods of diagnosis and treatment. Sir James Barr, former President of the 'British Medical Association' and one of the most astute and level-headed physicians in Great Britain, advised me to go to San Francisco. I have no reason to regret my trip. All is true and the only crime Abrams has committed is to be 50 years ahead of his time."

Dr. J. Goodwin Thompson—"I am a graduate of the Academic and Medical departments of the 'University of California.' I have investigated Abrams' methods for about four years. I have tried in every possible way to disprove his methods but in vain. His tests of blood always corroborated my clinical findings and when they did not, it was eventually shown that his diagnoses were correct. Like others, who know his methods, I succumbed as a worshipper at the shrine of Abrams."

Dr. A. T. Noe—"I am a physician for 25 years. Naturally, I was sceptical concerning the Abrams' methods and who would not be considering that they meant a medical revolution. I have witnessed his tests for determining parentage and I am thoroughly convinced of their absolute efficacy. His blood tests for diagnosing disease are equally efficient and I have reason to believe so considering the beneficial results in practice."

Dr. Albert E. Persons—"I am a practicing physician of Buffalo, N. Y., and a graduate of the University of N. Y. I am now studying with Dr. Abrams. I have known

about his methods for years but could not be persuaded to believe that they could be correct. They were so marvelous. This view was soon dispelled. I took to Dr. J. W. King, of Bradford, Penn., one of Dr. Abrams' pupils, 14 different concealed and numbered culture tubes obtained from the 'State Laboratory.' Dr. King within a few minutes correctly diagnosed 12 of the tubes and occupied a longer time in diagnosing the other two tubes correctly owing to their contamination. Checking up the blood tests of Abrams with the Wassermann in syphilis, I found that they invariably tallied and when they did not, the 'Abrams reactions' was found eventually to be correct."

There is still another phase to this subject, which is suggested in the following communication by the writer to Mr. O. F. Snedigar, Probation Officer, Juvenile Court, Oakland, Cal.:

"My Dear Mr. Snedigar: When I received your request at the suggestion of Judge Robinson, of the 'Oakland Juvenile Court,' to ascertain the paternity of a child, I consented. Since then I have ascertained from an apparently authentic source, that the mother of the child in question admitted in Court immoral acts with another man. One must so safeguard the 'ABRAMS Blood Tests' that they may be used and not abused. The exalted attributes of motherhood are no less sublime than those of fatherhood. A paramour is not less of a cuckold than a husband and to make one individual under such circumstances bear the stigma of paternity is from my viewpoint an injustice.

Very cordially,

"ALBERT ABRAMS."

To emphasize the forensic value of the "blood tests," it has been found more recently that identical blood pictures (hematograms) may be elicited from the child's and parents' blood.

Post-Operative Invalidism and Neoplastic Surgery

I HAVE just read a monograph, "End Results of Radical and Conservative Pelvic Surgery," dictated by the prevailing opinion that pelvic surgery is of questionable therapeutic value. The writer endeavors to show that this opinion is unjustifiable. The editor wishes to direct attention to one fact only concerning abdominal operations and that is the frequency of neoplasms consecutive to such procedures.

It is universally conceded despite our paucity of information concerning the etiology of tumors, that the inciting factor is IRRITATION.

If an individual with malice aforethought sought to devise a means most propitious for exciting new growths, he would have recourse to surgery. To achieve irritation, he would bruise, tear and otherwise mutilate the delicate structures and then consign his heroic (?) surgery to the pernicious influences of adhesions.

By aid of the ERA, it can be shown that a large percentage of individuals surviving an abdominal operations show a reaction of cancer, notably at the site of the operation. It is not the contention of the writer to assume that such cancers are progressive. On the contrary, many of them persist for years, but their very presence is like the traditional Damocletian sword.

The writer has shown that immunity to cancer in some individuals can be demonstrated whereas in others there is an intermittent formation of antibodies inhibiting temporarily the progressiveness of a neoplasm.

The writer frequently demonstrates to his classes the following experiment to show how irritation acts etiologically in cancer: One of the students is directed to irritate any circumscribed part of the skin of the arm and to return to the room. Standing behind a screen he passes the electrode over the arm during the time the reaction for cancer is executed. The site unknown to the person mak-

ing the reaction may be invariably located after this manner.

The reaction from such an irritated part is of low potentiality and of short duration. A streptococcic reaction may be similarly located by irritation or blowing on any part of the skin. It is the first rational explanation for so-called COLDS which are nought else but foci of strep infection; the ubiquitous streptococci present in every organism are chemotactically attracted to the point of least resistance. Syphilitic and other organisms are equally attracted to a source of irritation and thus one can explain the chronicity of many minor ailments and injuries.

The factors of pathogenicity are more than the presence of bacteria and consist essentially of the defensive mechanism of the subject.

Metaplasia

THIS signifies the transformation of one tissue into another, like cartilage into bone and transformation of areolar into adipose tissue.

In executing the electronic reactions, we have often elicited a reaction of sarcoma or tuberculosis after the eradication of a carcinomatous reaction. The ubiquity of microbes suggests the coincident presence of many species when provided with a propitious environment. In milk standing a few days only two or three varieties of bacteria will be found to have supplanted the original presence of 20 or 30.

This mutual inhibition is known as **ANTAGONISM**. The favorable development of different bacterial species within the same environment (less frequent than antagonism) is known as **SYMBIOSIS**. A lesion in homely phraseology is only a "garbage can" and the bacteria are only invited there like other scavengers of the earth hence the suggestion of the writer to refer to morbid sites as "vultural lesions."

Our nosology is only a classification of symptoms; it is

a variety of names concealing our ignorance of the veritable pathologic substratum, the morbid soil (*Solium morbi*).

From this chaotic conception our inefficient therapy has been evolved and involved. A study of soil science is necessary for our argument. Sterilized are infertile soils. Desirable soil germs are to the agriculturist of as much importance as is the sowing of seeds or the growing and feeding of plants.

Some memorialist can achieve fame by putting plain labels on our germ friends.

To obtain good beer, we must conciliate the yeast plant and relegate the fanatical prohibitionist to perdition who believes in making this life a preparation for death.

Heretofore, the agriculturist concerned himself with the chemical composition and physical conditions of soils and could not explain why two soils of the same chemical composition, one was fertile and the other sterile.

This was because he ignored the biological factor.

A mining man has been defined as a liar with a hole in the ground, and a pessimist as one who has had dealings with an optimist.

Health and disease may be defined as questions of germ efficiency or deficiency.

Man is a more or less syphilitic individual surrounded by clothes.

Deprive man of his syphilitic soil (inherited and acquired morally, immorally and serologically*) and many diseases (carcinoma, tuberculosis and sarcoma) would pass into the discard for want of parental (syphilis) sponsorship.†

Since we have demonstrated the syphilitic contamination of vaccine virus and found a means of differentiation

*In the last number of this Journal we referred to the reaction of congenital syphilis elicited from vaccine virus. Since then an examination of different sera used therapeutically demonstrated the same reaction and some showed tuberculous and streptococcal contamination.

†Life insurance companies show statistically the prevalence of the following in insured syphilitics as compared with non-syphilitics:

Malignant growths	60%
Renal disease	64%
Gastro-intestinal diseases	84%
Cardiovascular	116%
Apoplexy	128%
Mental and nervous diseases	145%
Suicide	122%

of bovine and human syphilis, in fully 75 per cent of individuals from whom the reaction of congenital syphilis can be elicited, such syphilis is of bovine origin.

To treat syphilis in its inception is an easy task but to delay treatment until the spirochetes are firmly entrenched in dense connective tissue is an equally difficult task. Such entrenchment really signifies the so-called "dark corners" of the organism.

We have also found that in SINUS INFECTIONS, in addition to the strep infection, there is also a tuberculous infection and, as the latter can only survive on a syphilitic basis, one must employ three rates (2, 5 and 3) of the oscilloclast to subdue sinusitis.

Triumphant therapy connotes judicious antisymphilitic therapy.

We have frequently noted in our reactions that when a carcinoma is present in a syphilitic, the mere treatment of syphilis suffices to reduce the potential energy of cancer.

As long as we are dominated by WASSERMANIA in the recognition of syphilis, our therapeutic efforts will remain futile.

Surgery is the inevitable refuge of the diagnostically destitute. Not a day lapses unless some unfortunate syphilitic with gastric crises undergoes an operation for gall stones, appendicitis, gastric ulcer or some other fashionable diagnosis.

Says a recent writer,* "Over 50% of the people with tertiary syphilis have a negative blood Wassermann. A negative blood Wassermann in this phase of the disease is of no diagnostic aid—absolutely none." Bacterial antagonism is noted when cancer and syphilis coexist. The spirochetes of the latter are reduced in the blood and invade the spleen. Thus in one patient with cancer and syphilis, the ohmage of syphilis in the blood is only 1 ohm and at the spleen 42 ohms. Later, when the carcinomatous reaction is eliminated, the spirochetes again appear in the circulation. This behavior is not unlike animal migration, the chief necessity for which is the search for food.

*H. M. Greene, M. D., Lectures at "Institute on Venereal Disease Control and Social Hygiene," Washington, D. C., Nov. 22 to Dec. 4, 1920.

THE CONTROL OF SEX

By DR. J. W. KING, Bradford, Penn.

With the "Electronic Tests of Abrams" one may elicit the reaction for the prediction of parenthood. In this, as in all other things, the creative force brings forth positive and negative states; not every individual is destined to have children. This information is of paramount value in the selection of proper mates for this important purpose. These tests will also diagnose, with reasonable certainty, pregnancy and its gender. In one case, the writer predicted fecundity and the gender, ten minutes after the act of coitus.

The physiological law of heredity and environment is unalterable in the propagation of species. In the former, the fruits of coition, are transmitted by the parents to the offsprings, and end at conception. The future life begins with the individual's environments. The latter qualities differ in nowise from its nearest kin—vegetative life—viz., "As the twig bendeth, so is its growth."

The writer's early avocation was the raising of puppies. In his 32 years medical vocation, he has noted that the same factors governed sex in the higher mammalia. These observations closely correspond with those made by Dr. R. Lee Finn of North East, Pa., who told me the following:

"A female dog bred on the first day of her heat produced seven female puppies. The same dog bred at her subsequent heat (on the 14th day of her heat) eight puppies, seven of which were males. The same dog was bred for several subsequent litters (bred during the last days of her heat) and all produced puppies that were 80 to 100% males.

"By breeding sows at their earliest day of heat, I have secured litters of 100% females and by breeding in the last days of heat, I got from 80 to 100% males—in the same sow.

"A brood mare that had produced eight females in eight successive years by being bred early in her heat was then taken under observation and bred on the 6th day of her heat and produced a male colt, which was duplicated at the next breeding. (The 6th day impregnation is unusual for mares to breed as the heat's duration is only 4 or 5 days.)

"I have made over 100 observations in breeding cows and have never failed in securing a female calf by breeding in the very early part of the heat and bull calves by breeding on the last days of the heat.

"Two boys were born from a conception on the 7th day after the disappearance of the menstrual period. It had also been demonstrated that conception on the 8th day was impossible in that family.

"In addition to the above facts, I have had several stock breeders working on the same theory report to me that they have

also had similar results. It, therefore, seems to be practically 'a sure thing,' viz., the production of sex at will. These do not invalidate Dr. Abrams' claims, namely, that the Electronic Reactions will prognose within reasonable limits an individual's destiny as to his or her fruity and its gender, in the production of children. It is well known that sex characteristics are alterable, viz., that a male's polarity can be changed to a female type, and vice versa. This factor undoubtedly rules sex and the kind it will produce."

ELECTROBIOGRAPHY

(From the "Blanche and Jeanne Abrams Memorial Research Laboratory," San Francisco)

This term of new coinage suggests the graphic reproduction of organs by aid of the electrical emanations from the latter.

The writer has repeatedly demonstrated "the electrical nature of man" by hypersensitive apparatus.

The electrical nature of a nerve impulse has been questioned owing to the fact that its velocity in human sensory nerves is only about 150 feet a second and in motor nerves, 190 feet, whereas electricity travels thousands of miles per second. It is conceded that cold lessens and heat increases the rapidity of a nerve impulse, but no one has seriously considered, and this is most important, the nature of the medium conducting an electric current. In gases, electricity is conducted with a velocity approximating 100,000 miles per second, whereas in liquids the conduction is only about an inch an hour.

The ability to conduct electricity varies with the conductor. The relative conducting power of silver is 1,000,000,000 compared with gutta-percha 0,000,000,000,004.

When the heart contracts there are electrical variations, and when a patient is connected with a sensitive thread galvanometer the movements of the latter may be recorded photographically. This apparatus is known as Electro-cardiogram and is the invention of Enthoven. When the writer visited the latter he found the Leyden (Holland) Physiological Laboratory connected with the hospital by means of telephone wires, so that diagnoses of heart diseases could be made at a distance of a mile without the necessity of seeing the patient.

In 1895 Roentgen, of Wurzburg, Germany, discovered, almost accidentally, the X-Rays which now bears his name.

These new rays possessed the extraordinary ability to penetrate many substances quite opaque to light and that the degree of penetration was dependent on density. Bone, for instance, is more absorbent than flesh, hence it stands out as dark against the flesh in a shadow cast on a fluorescent screen.

Up to the present time, the application of the X-Ray has been limited to medicine and surgery, but its use has been extended to commercial life for the detection of flaws in metals, betrayals of contraband articles, etc.

The X-Rays were of the greatest importance in practical medicine. Estimation superseded guesstimation and the organs of the body could be accurately defined.

This is not so, however, with relation to the position of the stomach.

The ingestion of a substance opaque to the rays alters the position of this organ and the deduction concerning position and form is necessarily faulty.

In the use of these rays we dare not ignore their danger, the expense of the apparatus and the difficulty of transportation, time consumed, etc.

The British Medical Journal (Sept. 30, 1916) announced a startling discovery by James Sheaver relative to the delineation of organs by the electricity generated in the body by aid of elaborate apparatus. Later the same journal repudiated the discovery, and since then nothing further has been announced.

The present new method suggested by the writer is of the simplest possible character and can be executed by a novice. At the present time of writing the method is necessarily crude but the use of more sensitive material other than that suggested and further experimentation will elicit better results.

The photographs presented in this article are tracings, although they could easily be reproduced directly by an expert photographer.

The tracings (from a 13 year old boy) were made in the presence of the following physicians, who are studying at my Laboratory: Mather Thomson, F. R. C. P., Dublin (Ireland) and London (England); Fletcher Sharp, M. D., Canada; W. B. Secrest, M. D., Utah; A. E. Person, M. D., Buffalo, New York; Z. L. Baldwin, M. D., Michigan; H. W. Danneville, M. D., New Zealand, and Mr. Shipley, a representative of the Scientific American.

The findings were corroborated by Dr. Mather Thomson, an expert physical diagnostician and consulting physician to the Ministry of Pensions, Great Britain.

Electrostatics—If a fossil resin (amber) is rubbed, it acquires the property of attracting small bits of paper or wood.

This resin was called by the Greeks, electron, and later it was called electric by Gilbert, who gave us the word electricity.

Practically the whole of electrical science is based on this amber phenomenon of Thales 600 (?) B. C.

It is now known that any two different substances rubbed together become electrified.

My investigations show that there is an electric field over every organ of the body and that this generation of electricity is

provoked by the incessant activity of the electrons constituting the organ.

That the radiant energy evolved is electric is simple of demonstration. In addition, the polarity of this energy may be demonstrated. With a charged pith ball the borders of the heart and aorta may be accurately defined either by the attraction or repulsion of the pith ball.

The left side of the heart is negatively and the right side of the organ is positively charged. When the suspended ball (negatively charged) is held at the proper distance from the heart, it is attracted over the right side and repelled over the left side of the heart. A needle suspended by a silk cord, the point of which is positively magnetized and the point of another needle negatively charged, will act similarly to the pith ball when either is used alone.*

Electrobiograms—By aid of a file, reduce pith to a moderately fine powder (not too fine) and place it in a non-conducting receptacle (glass) with a perforated cover (perforation must be small). Charge the powder by vigorously rubbing a rod (rubber) with flannel and stirring it in the powder.

Subject is placed in the recumbent posture, with feet to the geographical west (arms and feet separated from his body) on an insulated couch. Rubber under the legs of the couch suffice for the latter purpose. With the skin of the trunk exposed, the charged pith powder is distributed over the organ to be delineated. The skin must be free from fat, and dry to permit the pith powder to move. Distribute the powder evenly and not too thickly.

Within one minute the powder shows a clearing around the borders of an organ and when viewed in the proper light this clearing is easily detected.

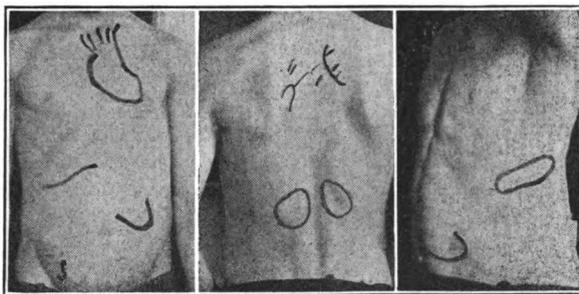


Figure 1

A fundamental law of electrostatics is that bodies with a like

*We have repeatedly referred to the areas of sexuality. The positively suspended needle is attracted over the male and the negatively magnetized needle is attracted to the female area.

charge repel each other, while bodies with opposite charges attract. It is also a fundamental law in physiology that an active organ is electrically negative to the surrounding parts.

When the negatively charged powder is repelled at the borders of the organs, it is because the latter act like the poles of a magnet and show the greatest activity.

Fig. 1 is a tracing of the heart and blood vessels, lower border of the liver, site of the stomach and appendix (S-shaped).

The second figure is a tracing of the lower lung borders and kidneys. The branched tracing in the upper part of the back is presumably the wind pipe and its bifurcation.

The third figure is a tracing of the spleen and below, the stomach.

OBSERVATIONS AT ABRAMS' CLINIC

By MATHER THOMSON, F. R. C. P.
(Dublin and London)

Consulting Physician for "Diseases of the Heart," "British Ministry of Pensions"

When first I heard of Abrams' claim, that he could diagnose disease by the examination of a few drops of the patient's dried blood, I thought it fantastic. I was then, however, ignorant of the works of Abrams and of his unique position as a scientific observer in the field of medicine.

It was an article by Sir James Barr that made me think seriously and stimulated my interest in Abrams' theories. Sir James affirmed that not only could Abrams diagnose disease from examination of the blood but could state the seat of the lesion, the sex and nationality of the patient. A statement of belief from such an eminent physician could only be treated with respect.

The editor of "The Medical Press" called attention to the article referred to and in an editorial remarked "that many years ago he had expressed the opinion that all constitutional diseases are mirrored in the blood and that given the necessary knowledge every such disease could be diagnosed by a blood examination."

Well, I thought Abrams claims to have the necessary knowledge.

I got his books. His electronic theory of disease captured my imagination; it appealed to my reason and I resolved to investigate.

"Medicine is not an exact science." Abrams proposes to make it so and he asserts that knowledge should be limited to phenomena. There is so much guess work in diagnosis by orthodox methods. That is generally admitted. It is a common experience for two or three men to have different opinions in a given case. One of the most eminent physicians in the United States had the

candor to publish his results. The surgeon or post-mortem examination proved his diagnosis to be correct only in 50% of his cases, and he has great experience and at his command all the diagnostic resources afforded by a modern hospital.

What then must be the experience of the average practitioner, and what can be said about the treatment of half his cases since it is based upon incorrect diagnosis?

This is a brief and preliminary note of my experiences at Abrams' clinic.

Every day for the past month I have seen specimens of blood sent in by doctors from all parts of the United States for diagnosis. More than 11,000 specimens have been submitted up to date, and the doctors who send them can't be foolish all the time!

In a few minutes Abrams, without doubt or hesitation but with conviction and certainty, makes a diagnosis of the root disease; states its location and measures its potentiality in ohms! Now I am not unduly credulous. I require proof. Indeed only today a member of the class complained of my hypercritical attitude, but the following points are, I think, conclusive:

1. The medical men who continue to submit specimens repeatedly state that clinical findings confirmed Abrams' previous diagnosis. Let one illustration suffice. Abrams made a diagnosis of sarcoma of the brain and stated site of lesion; a sufficiently obscure condition to diagnose from the blood without a history. I saw the letter written by the doctor in reply, in which he said the diagnosis had been confirmed and that he was so impressed that at the earliest moment he was coming to take Abrams' course of instruction.

2. I have seen remarkable results follow treatment based on Abrams' diagnoses.

3. I have personally elicited electronic reflexes and this, of course, to me is the most important point. I am impressed watching Abrams at work, but when I demonstrated to my entire satisfaction different definite areas of percussion dullness, when the radio-activity from culture tubes of tubercle bacilli, streptococci or a piece of cancerous tissue was directed towards the subject, then any doubt I had fled and I became convinced of the truth and value of Abrams' discovery.

It is often asked why so few have accepted the new doctrine and it is true that even in his own city there are but few disciples, but that is not surprising since the theories are revolutionary and do not proceed from an orthodox school.

I have heard doctors condemn who never investigated nor knew anything of Abrams' methods or underlying principles, and thus their opinion is worth less than nothing and their arguments left me cold.

As I have said, the attitude of the medical world is not sur-

prising. 'Twas ever thus. One remembers that Harvey was counted a fool when he declared that the blood circulated and there is no sadder reading in medical literature than the story of Lister's struggle. His colleagues and the medical world at large laughed at his efforts and derided his theories and practices.

So Abrams cannot escape. He shares the fate of all pioneers. His time is not yet, but he is cheered by this experience—men often come to scoff but remain to pray.

Can anyone adopt Abrams' methods and practise his technique? Yes; anyone with the knowledge of correct percussion and able to distinguish variations in percussion sounds, and many are doing so successfully.

But there is no royal road. It will not come in a day. It demands faith, patience, courage and untiring perseverance, but what greater incentive could there be than the knowledge that it is possible to diagnose disease at its incipiency and thus the more easily cure it.

OSCILLOCLAST OF ABRAMS IN CANCER

By H. T. IRVINE, M. D.

Austin, Texas

A systematic blood examination for cancer in every patient shows its presence in many instances when it is not suspected. I recall one individual who suffered from severe pains after ingestion of food. Abrams' reaction demonstrated cancer. The X-Rays were negative. Treatment with the Oscilloclast reduced reaction to zero and all clinical symptoms evanesced.

In another patient, there were no objective signs of cancer although the Abrams reaction was positive. Treatment with Oscilloclast. Patient now without symptoms and can eat practically anything although for seven years before he was on a rigid and limited diet, and was losing weight and health gradually and progressively.

Two acute cases of stomach involvement. One had a lung neoplasm. Both patients were using opiates for extreme pain. Both showed carcinoma (11 ohms). Absolute relief from pain in both instances by use of Oscilloclast. Comparative X-Ray plates in latter patient showed marked clearing of lungs (from neoplasm). This patient had a previous lip cancer removed surgically.

Respecting uterine cancers. One woman had been flowing every day since March, 1921. This has ceased gradually under treatment and normal menstruation has returned.

In a patient with epithelioma between nose and eye (3d recurrence). Diagnosis controlled at "State Laboratory." After treatment with Oscilloclast the growth was removed for cosmetic reasons. A notable feature observed by treatment with the Os-

cilloclast was the fact that the latter instrument causes a demarcation of the malignant growth from the surrounding tissues. Dr. Wm. G. Doern of Milwaukee also notes such results after Oscilloclast treatment of sarcomata and carcinomata, and observes further that the Oscilloclast causes a degeneration of the tumors.

From South Carolina a patient with a tongue epithelioma came for treatment. This man has a national reputation as a "checker expert." From 1918 he had been under treatment by the best surgeons, X-Ray and radium experts. The glands of the neck were involved. Despite surgery and the other methods cited, he was told that the struggle was useless. This man was treated with the Oscilloclast. He is now perfectly well and has returned to his former occupation.

OBSERVATIONS WITH THE OSCILLOCLAST

By WILLIAM G. DOERN, M. D., Milwaukee

(Personal Letter)

I am observing all kinds of conditions with much interest. We are now treating about seventy-five patients a day with two assistants and I am going to take another good man into my clinic on August 1st.

Just a few special observations which I have noted:

1. The strain of Strep associated with our last influenza epidemic comes through at 21 with S. V. dulness at the influenza area and also at the Strep area. I have observed that in many examinations and should like to learn the results of your observations.

2. Hereditary syphilis appears to come through at 31 also, which can be observed if the potentiality runs below thirty.

3. The P. D. Syphilitic area is clearly dumb bell in outline separated transversely by a narrow clear line, the upper area being slightly smaller than the lower area.

4. A small papillary melanotic Sarcoma near margin of lower lip, potentiality 4 ohms, treated at 3 died off and all disappeared after six treatments. Continued with six more treatments to area and 3 over spleen after energy reaction was negative. Dismissed patient but she returned in three weeks with beginning recurrence with -1 ohm potentiality. Still under treatment. What has been your experience with Melanotic Sarcoma? They respond all right but do not stay put? I have two under treatment now.

5. Large sarcoma of tibia size of two fists just below knee with pathologic fracture of tibia of eight weeks' apparent growth (very rapid). Thirty treatments—energy negative. No further growth after first treatment but practically no lessening in size of tumor. Operation for removal. Found round tumor mass de-

generating and partly organizing. The interesting feature of the gross pathology was the separation of the sarcoma mass from the surrounding healthy tissues and an effort on the part of the tissues to encapsulate a foreign mass. I was able to shell out the entire mass with my hand and by the hand full, partly degenerating and partly organizing into fibrous tissue. Microscopic report by Prof. Daniel Hopkinson was Fibrosed Sarcoma. Now ten weeks since operation and patient is in good health, energy negative and no signs of recurrence although tibia is not yet united.

6. Carcinoma of stomach about size of fist extending from pylorus about five inches to left onto lesser curvature and anterior wall. At times complete obstruction of pylorus. Fifteen treatments, negative to test and tumor diminished perhaps one-third in size. Pyloric obstruction more troublesome so operated yesterday doing gastro-enterostomy. Found tumor flattened, and dappled with gray degenerating areas showing extensive degeneration in the tumor mass. To the left the tumor gradually tapered off into healthy stomach which is a condition that I have never observed in an untreated cancer of the stomach. This patient is very feeble from starvation and the very advanced stage of the malignancy when treatment was started.

7. Case sent to me from Baltimore. Young man 22 had never been strong and was under care of physician for various conditions during childhood. Three years ago began to have severe abdominal pains which continued and increased until he was not free from pain for a day at any time. During the whole time he was under the care of various Johns-Hopkins professors and the subject of numerous consultations. So far as he knew they made no diagnosis, Wassermann was negative and they were able to give him no relief. He came to my office with very severe abdominal cramps which he said was the trouble for which he had been seeking relief for three years. Blood test showed hereditary syphilis. Treatment gave prompt relief. From the first treatment he did not have another cramp for two weeks when he came in again with a spasm of the descending colon. Pain was not so severe as previous attacks and it came on an hour or two after eating green cucumbers. That was the only sign of pain that he had after instituting treatment. I do not know how much of its cause we can attribute to the syphilis and how much to the cucumbers. His reaction now is negative and he feels fine. I am afraid to dismiss him and send him back because I have not yet learned just when to quit treating a patient who is to leave my observation entirely.

8. A case of very advanced tuberculosis. Both lungs extensively involved and bad tubercular dysentery. This is a case which under ordinary conditions we would say had but a few weeks to live when he came in and the potentiality ran up to 12 ohms. Under treatment he responded. In one week we had the poten-

tiality down to six and in fourteen days he was negative to the test. His dysentery had lessened from 16 to 20 movements a day to about two to four movements a day and he has gained four pounds in weight. He has been negative for three weeks to the test but his sputum is still loaded with tubercle bacilli. Those gentlemen look healthy and natural under the microscope so I wonder if their disposition has been changed or just why it is that the patient improves while the bacilli remain present in large numbers.

These are just a few of the most striking cases which I have had an opportunity to observe from these various angles. If you have any recent observations or conclusions on similar conditions I shall be pleased to receive your suggestions.

[EDITORIAL COMMENTS—There are several vibratory rates for each disease. Thus, tuberculous energy passes the rheostat at 15, 42 and 57. In bovine tuberculosis, i. e., if the source of infection in a human is of bovine genesis, a reaction is elicited at 57 only whereas in tuberculosis of human origin a reaction is obtainable at 15 and 57.

The "Dumbbell dull area in syphilis is partially correct. In the intermediate area, the dullness is not as intense but is nevertheless present.

Melanotic sarcomata are resistant to treatment with the oscilloclast unless the latter is used over a long period of time. In the interim of treatment secure a destructive radio-active rate of sarcoma by using Safranin, mixed with alcohol and painted over the tumor. Safranin may also be given internally in fractional grain doses gradually increased until several grains are taken daily. We have noted no ill effects from its use. The line of demarcation (and degeneration) produced by the oscilloclast in treating neoplasms is most interesting.]

ELECTRONOLOGICAL DATA

Electronic Medicine—It is a source of some satisfaction to learn that new recruits are rapidly appearing in support of the writer's observations for many years, that the human must be regarded like all other entities in nature as an aggregation of electrons. That medicine cannot progress until the "cellular theory" is demolished and substituted by the "electron theory." Dr. Geo. W. Crile, one of the most famous surgeons in America, recently declared that the human body is an electrical machine and each cell an electrical battery. That the currents generated in the brain control the muscles. That, in the future, the same exactness will be possible in dealing with the human surgically as is now done in physics.

The tremendous latent energy acknowledged to be present in matter is equally present in the human.

If the gram of radium presented to Madame Curie could be induced to discharge all its energy in a minute instead of all it will discharge in its normal lifetime (20,000 years), we could elicit sufficient heat to raise 32 tons of water from the freezing to the boiling point.

Sir Wm. Ramsay observed that if we could harness the energy of a ton of radium we could drive a ship of 15,000 tons with engines

of 15,000 horse power at a speed of 15 knots an hour continuously throughout 30 years. Just as the electronic theory has revolutionized science and it will medicine, when it is accepted by physicians, so will the "Theory of Relativity" and the "Equivalence Hypothesis" of Einstein.

How the Mind Cures—My learned friend, Dr. Geo. F. Butler, of Chicago, has recently joined the silent majority. He had just completed a book on this subject. Like De Quincey, he defines an organism as a congerie of parts which act upon the whole, the latter in turn reacting upon the parts and declares the necessity of admitting mentality to primary consideration as the dominant factor in these actions and reactions.

Faith is belief without reason.

We dignify "mind cures" by the technicality, "Psychotherapy," and believe by so doing we have contributed sufficiently to the subject or confess our ignorance by inditing a diatribe.

We ignore the fact that our apparatus and our drugs are often only vehicles of suggestion.

One very simple experiment suffices to prove that the mind can cure not only inorganic but organic diseases.

In the last numbers of the Journals I expatiated on the uses of the pith ball. Let us demonstrate its uses in a new direction.

One knows, if the previous articles were read, that zones of dullness in definite regions appear on the back in different diseases. Take the zone of dullness peculiar to cancer (left interscapular region).

Let a patient with a cancer say to himself with conviction, "I have no cancer," and the pith ball will not be attracted to the site of dullness but the moment the patient alters his trend of thought and says to himself, "I am a dead one" or a thought to that effect, the ball will be immediately attracted to the site of dullness.

Every phenomenon is only a matter of vibration and there are sympathetic and destructive vibrations.

According to the mental attitude, either can be produced.

Equipping the mind with faith or an equally forceful agent, destructive vibrations can be produced and thus disease may be annihilated.

Pathology of Animal Mechanics—Take the plebian flat foot (pes planus) and all we can say about it is that it is a loss of foot arch due to muscular paralysis or ligamentous weakness. When the damage has been done, a mechanical means is necessary for a like defect.

Recent investigations convince me that the primary condition is localized congenital syphilis. From practically every flat foot the latter reaction may be elicited. Here is an individual who has consulted many orthopedists with no relief.

His feet burn at night and he cannot sleep.

He walks a few blocks with difficulty and must rest.

A local reaction shows congenital syphilis. His feet are painted with safranin and he receives treatment with the oscilloclast at the destructive syphilitic rate.

After a few treatments the burning ceased and he can walk many blocks without pain.

Sarcoma—Dr. C. E. Johnston, Orland, Cal., relates that, in a case of breast sarcoma with ulceration and loss of nipple, the tumor was cured and the wound healed without scar tissue formation. The point emphasized by Dr. Johnston is this that, after treating the tumor at the specific rate, use the rate for scar tissue and the wound will heal without the formation of the latter.

Pernicious Anemia—Our knowledge concerning this affection is primitive but embraces the fact that it is associated with increased blood destruction. What this hemolysis is due to is unknown but it is assumed to be caused by a hematoin.

Our method of treatment is fully in accord with our inefficient results for we only aim to replace lost blood cells and ignore the etiological factor.

Blood dissolving agents producing hemolytic anemias are known but they may also be obtained from individuals exempt from anemia. Splenectomy as a therapeutic procedure in this disease has been advocated on the belief that the hemolytic factor is resident in the spleen but this has not been demonstrated.

In fact, even the functions of the normal spleen are unrecognized.

Our methods of experimentation must be faulty.

The Oedipus of the spleen is never destined to be a physiologist.

The electronic reactions show that in pernicious anemia one may invariably elicit a carcinomatous reaction from the spleen. The potentiality is low (less than 1 ohm).

In leukemia the spleen yields a reaction of sarcoma.

The pathologist conceives a tumor as a solid mass. He will not even accept a thickened membrane as a possible neoplasm, and to speak of neoplasms in solution exceeds all reason. Yet the writer has the temerity to clash with conventionalism and to assert that a tumor may be a tumor not evident to the senses but evident by aid of its definite radioactivity to sensitive reflexes.

We do not see electricity but its effects. This conception would be more evident if one could conceive matter as condensed energy.

Knowledge even though false is real if results are achieved.

"I know nothing about the subject," said the Professor of Medicine, "and have even written a book about it."

Let lessees of the oscilloclast attempt treatment of pernicious anemia by using it at rate 6 over the spleen.

Forget the theory and await results.

Do not, however, expect to resuscitate the moribund.

Analgesia—Physicians do not use the oscilloclast as often as they should for this purpose. Dr. A. T. Noe uses it in nearly all his gynecological and rectal operations. Dr. J. Tow also uses it for this purpose. I trust that the time may come when it will substitute conventional analgesia and perhaps this may be attained by using an ampliphone.

Ampliphone—This is a new apparatus which has just been constructed.

By its aid radioactive energy is so stepped up that the ERA are so increased in intensity that the dull areas frequently hurt the finger in percussion. It is an invaluable aid to all those using the electronic reactions.

We find that by passing the energy from the oscilloclast through the ampliphone it is very much increased in potentiality, a fact of great importance when it is necessary to secure rapid action from the oscilloclast.

Using it in the same manner with the pain rate (7), one may secure more rapid and effective analgesia.

The Oscilloclast—A physician wrote that his results with this apparatus were not what they should be. Since then he writes as follows: "I incidentally moved it from one room to another and have since then obtained most astonishing results which I will report to you later." It appears that the oscilloclast was placed in proximity to a wall in a large office building containing a steel frame. The latter by induction carried off a great deal of energy which the patients should have received.

Mental Activity and Physical Vigor—It is almost proverbial that when an individual retires from active life he soon passes away. No explanation of sufficient merit has been adduced to explain the foregoing. The following explanation is suggested. The source of bodily energy is the brain and the energy supply is in proportion to the activity of the latter.

If we measure the energy output of the left ventricle before attempting to solve an arithmetical problem, it will be found to measure $5/25$ of an ohm.

After solving a problem, it measures $16/25$ of an ohm.

Take the pulse and note its increased volume after or during the same mental activity in comparison without the activity.

Epidemic Encephalitis—Nothing is known of the nature of "sleeping sickness." Pathology is making a great concession in

this confession. Pathology is the physiology of the sick and should not be a posthumous dissertation on life. Eighty cases have been reported this year in California, 73 in 1920 and 78 in 1919.

The fact that this disease occurred simultaneously with the influenza pandemic suggests some relation between the disease and, as a matter of fact, the ERA yields the influenza reaction. To treat a disease of unknown pathology is adding insult to injury. In the influenza epidemic medication was absurdly inefficient and was a severe rebuke to our therapeutic methods.

It reminds me of the consultant who found a pericardial murmur unobserved by the attending physician. The latter expressing contrition for his oversight was told by the consultant, "it was just as well that he didn't find it," otherwise he would have treated it.

Electrobioscope in Sex Determination—The following suggestion is made by Dr. de Danneville: Suspend two electrified pith balls from a rubber rod in front of the abdominal sex areas. Note that, in a male, only one of the balls will be attracted to the male area whereas the opposite phenomenon ensues in a female. Thus, sex reversal can be easily demonstrated. Repeated observations show that homosexuality is essentially in many instances only a question of **Congenital Syphilis**, and that, when the reaction of the latter is eliminated, normal sex reactions are restored. Place in the pocket of a subject a specimen of congenital syphilis (blood on paper or cotton). Note that in about three minutes the sex areas of dulness are reversed. This can also be shown with a pithball. Acquired syphilis will not show a like reversal of the sex reactions.

Diabetes Mellitus—I have referred to a reaction of congenital syphilis in the suboccipital region (presumably from medulla in this disease). Later observations show that the **pancreas** yields a like reaction. Antisyphilitic medication is inefficient because it does not reach these "dark corners." In diabetes, phenomenal success in some instances has been achieved by splenic sterilization for syphilis and the local application of oscilloclast at 3 over medulla and pancreas.

Dermographic Solution—An efficient formula, the suggestions of Drs. H. Becker, Toronto, and M. Wolf, San Francisco, is as follows:

Solution 1:

Argent. Nitrat.	2 drachms
Liq. Ammon. fort.	q. s.
Aq. distill.	1 oz.

Dissolve the silver in distilled water and add the ammonia solution drop by drop until dissolved.

Solution 2:

Saturated solution of pyrogallic acid in alcohol.

Mark skin with solution 1, followed by Solution 2.

Pupillo-Diagnosis—Reference elsewhere has been made to the pupillary dilation consecutive to the transference of energy. This is a total pupillary response. Recently, and these observations are tentative only, if a cancer, sarcoma, culture tube of strep. or tubercle bacilli, etc., is placed in the median line of the top of skull corresponding to a line drawn from the outer borders of the orbits of the eyes, the pupil responds to dilation or contraction in specific areas. The grounded subject must face west with arms extended from the body and feet separated. The eye must be fixed at a distant object. The response in the pupil of the right eye will be in the areas suggested in fig. 2.

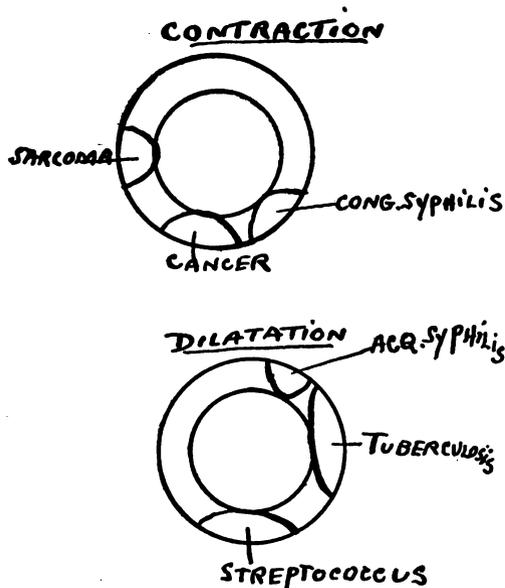


Figure 2

Radioactive Medication and Attenuation—We have shown how homeopathic dilution augments the potentiality of drugs. It has been found that drugs employed externally by painting are most efficient in treatment; gamboge for tuberculosis, safranin for syphilis and sarcoma, eosin for Neisserian infection and cancer, and also congo red for cancer. Diluting gamboge according to homeopathic principles, the following was elicited:

Gamboge (sat. solution) measured in potentiality, 1 and 2/25 of an ohm:

Diluted to 5x	4 5/25
Diluted to 10x	15 5/25

Hypnotism—It has been suggested by an English bacteriologist, Dr. Charles Russ, that from the human eye there issues a ray of force powerful enough to move a ponderable body first in one and then in another direction. This ray is urged as an explanation for the "evil eye," fascination of a bird by a snake and the problems of hypnotism. A special apparatus is used by Russ for this purpose.

It has been shown in a previous number of this Journal that with a suspended pith ball (electrified), the energy emanating from the finger tips as well as the eyes may be demonstrated.

That this polarity differs on both sides (eyes and finger tips) and that the movements differ in the sexes.

Therefore, no greater hypnotic action can be exerted by the eye than from the finger tips or toes.

Suspend an electrified pith ball on a rubber rod fixed in a stand and you may secure an almost equally efficient hypnoscope? Look steadfastly at the ball as close as possible and note attraction from one and repulsion from the other eye. The movements are infinitesimal.

REVIEWS

Hyper and Hypothyroidism (Sir James Barr, The Practitioner, June, 1921)—Sir James analyzes this subject in his usual masterful manner. The thyroid is the storehouse for iodine and the activity and size of the gland increase when there is demand for that substance. As the iodine gets exhausted, function diminishes, fibroid hyperplasia continues, and the thyroid becomes a storehouse for calcium in lieu of iodine. A good diagnostic point is cited, viz., in true exophthalmic goitre, in the recumbent position, if the patient raises the head, it may be impossible to feel any trace of the enlarged thyroid gland, but such evanescence does not ensue in a large fibrocystic goitre.

Whether the treatment of exophthalmic goitre should be pre-empted by the physician or surgeon was determined by the opinion of a distinguished surgeon who considered those cases that paid as surgical and those which did not as medical. Surgeons thrive on the failures of physicians and when the derelict is transferred to the surgeon she should be warned that she had 19 chances to 1 of getting over the operation and that, if the surgeon took a few slices too many from the gland, he might produce cachexia thyro-priva.

During rest 1.8 gallons of blood pass through the heart in one

minute. This means, according to Haldane, that with a pulse rate of 72, 4 oz. of blood leave the left ventricle at every contraction.

In hyperthyroidism it is most important to improve vascular tone and lessen ventricular capacity. A small ventricle gives a more efficient contraction than a dilated one.

"This end is readily attained by the Albert Abrams reflex of cardiac contraction."

"This reflex was first employed by Abrams in the treatment of aneurysm, and during the past 12 years I have successfully treated many such cases."

Concussion of 7th cerv. spine contracts the heart and arteries.

Not more than one medical man in ten is able to prove by percussion the heart reflex. Any one, however, can feel an apex beat thumping forcibly one or two inches outside the nipple line. If one then concusses (7th cerv.) one can then bring the beat into the nipple line. If the heart does not respond quickly the prognosis is bad and even digitalis will not bring results.

This reflex is of short duration, but Dr. Abrams has recently discovered that if you immediately concuss the 2d dorsal spine, the reflex may continue for an hour. This action of the 2d dorsal acts like a "fixation complement" and has a similar effect on Abrams' other reflexes.

Sir James discusses many other reflexes of Abrams. He speaks of concussion of the 6th and 7th cerv. spines for enlarging the spleen and says that, after this maneuver, the organ may be felt below the costal margin.

The results by Abrams' method of concussion in hyperthyroidism are rapid and if one recognizes early cases of exophthalmic goitre, this disease like myxedema will become rare.

Sir James has done epoch making work in calcium metabolism and he emphasizes the importance of lime salts.

He discards X-Rays in treatment.

Strong evidence has been adduced by McCarrison that endemic goitre is due to a contagium vivum.*

Auto-Hemic Therapy—Dr. Chas. B. Graf, of New York, has just completed a booklet on this subject.

No therapeutic procedure, however efficient, can attain acceptance without some scientific reason for its genesis. The latter is presented in this fascinating booklet. It would appear that the author has revolutionized the technique of this therapeutic method. "Auto-Hemic therapy" is destined to occupy an important place in our therapeutic armamentarium and the medium by which this

*[This reference is indefinite and evasive. The ERA shows that the invariable source of infection is congenital syphilis and superimposed on this infection, one often elicits the reaction of tuberculosis. The gland enlargement is both reactionary and compensatory; in the former instance, it is the response to a stimulant; in latter, an effort to compensate for destroyed parenchyma.—Editor.]

will be accomplished is by Dr. Graf's book. Dr. Abrams has written the preface.

"Electronic Methods in Diagnosis of Dr. Albert Abrams in Relation to Homeopathy"—This paper was presented to the 71st annual meeting of the "Connecticut Homeopathic Medical Society," May 17, 1921, by Edward S. Smith, M. D. He comments in his exordium on the dissatisfaction of physicians of the dominant school with their therapeutic methods and who become converted to the "law of similars."

He concludes his contribution as follows:

"It was my privilege to spend a month in the Laboratory of Dr. Abrams during July, 1920, and in the course of conversation with him, on the subject of homeopathy, he said that 'if by psora Hahnemann meant heredity syphilis, then I accept the homeopathic theory' based on the postulates of drug dynamization, the law of similars and psora.

"On another occasion, he said: 'Homeopathy will have a revival! It must have a revival!' quoting, I think, in this connection, Bryant's lines:

"Truth crushed to earth
Will rise again."

"The result of these investigations of Dr. Abrams, to us as homeopaths, will be to confirm and strengthen us in our belief in the theory of homeopathy.

"What will be the result with those who are antagonistic or apathetic to the claims of homeopathy we may not yet be able to prognosticate. In any event, this work of Dr. Abrams must be acknowledged as a new and valuable contribution to the science of medicine as a whole, and to the therapeutic application of the homeopathic principle in particular."

New Concepts as Gained at Albert Abrams' Laboratory* (J. W. King, M. D., Bradford, Penn.)—"A thing which cannot be demonstrated scientifically is nothing. Hence, any information emanating from Abrams is reliable."

"It was the writer's pleasure to see worked-out another of Abrams' feats—the identity of handwriting, thus establishing the verity of a genuine from a forged signature."

"The diagnostic methods of Abrams leads the physician to the true cause of disease which has been nurtured in the cradle of perverted physiology. If the physician does not know the cause of disease he cannot hope to cure it. Sir James McKenzie, one of the greatest of the world's diagnosticians, asserted that in upwards of 90% of patients (excluding trivial ailments and injuries), they are unable to state with any degree of accuracy the nature of the patient's illness."

*It is with regret that we cannot publish this paper in its entirety as it is to be published elsewhere. A few citations are made.

"In the absence of syphilis, there would be few chronic diseases and so-called bacterial disease would have no soil on which to thrive, thus these by-products of disease would be recognized as effects and not causes."

"Think of the many diseases attributable to vaccination or serum treatment—bovine syphilis and tuberculosis. Serums as used today are contaminated by bacterial products fully as dangerous to the human as the diseases for which the patient is treated."

Dr. King concludes his contribution by referring to his examinations of vaccines and virus purchased at random on the market:

Virus 1 showed the bovine type of cong. lues and tuberculosis, and staph. and strep.

Virus 2 (vaccine virus) showed same excepting strep. and staph.

Virus 3 (strep. serum), cong. lues (bovine type) and strep.

Virus 4 (strep. serum) contained strep., cong. lues and tuberculosis (bovine).

Etiology and Elimination of Tuberculosis—By G. Lenox Curtis, M. D., New York. N. Y. Med. Journal, July 20, 1921. Dr. Curtis is an astute and eminent physician to whom conventionalism in medicine means nothing when it is counter to reason.

When Koch in 1890 announced his tuberculin treatment for tuberculosis, Curtis remained a year in the clinics of Berlin and Vienna, and was horrified to witness the terrible destruction of life following the injections.

Based on long years of clinical experience and microscopic and microphotographic verifications, he concludes that tuberculosis is caused by **syphilis** contracted through **vaccination** against small-pox.

His success in the treatment of tuberculosis is attributed to antisiphilitic treatment. He maintains that tuberculous patients properly treated usually get well in four months on intravenous injections of salversan followed by red iodide of mercury. He concludes his epoch making contribution as follows:

"This article was accepted in 1919 by the New York Medical Journal, but not published until now. In September, 1919, while in San Francisco I met Doctor Albert Abrams, and discussed with him the etiology of cancer. At that time he was unwilling to accept my findings as pointed out in an article published in the Medical Record of June, 1906, that syphilis is the cause of cancer.

"During July, 1920, while visiting the laboratory of Dr. Abrams, he told me that since we had last met he had verified my contention that the etiology of cancer was syphilis, as he had found syphilis in all cases of cancer coming under his observation during the year. On this occasion I told him that the indirect etiology

of tuberculosis was the same as that of cancer. This statement was also regarded dubiously. However, he was willing to be convinced, and immediately called to his laboratory several cases of tuberculosis then under treatment and applied his electronic reaction method for syphilis, finding it present in all of the cases. Therefore, he accepted my theory.

"In Physico-Clinical Medicine for June, 1921, appears an article by Dr. Abrams, on vaccination, in which he substantiates my claim that the vaccine ordinarily employed against smallpox contains syphilitic virus. All but three of many tests made of vaccine obtained from four laboratories contained congenital syphilis. He also reported the case of a boy whose blood showed no reaction of syphilis before vaccination but did show it nine weeks later.

"I cite these findings of this eminent pathologist as further verification of my assertion that vaccine, as employed against smallpox, contains syphilis and is the primary cause of the white plague and that syphilis is the primary lesion that allows the development of tuberculosis. It is interesting to note that in all but two of the tests made, there was a reaction of streptococci and staphylococci and that there was a positive variolar reaction in all specimens."

[Editorial Comment—All the vaccine virus preparations demonstrated syphilis (congenital) and all with the exception of one, tuberculosis. Pharmaco-Electronic reactions show that any iodid mercurial preparation is the most efficient in congenital syphilis. We have recently demonstrated that sera used in serotherapy, if of bovine origin, also contains the virus of cong. syphilis and tuberculosis. Just like, "The operation was a success but the patient died," our therapeutics should be classified as immediate and remote lest the triumphs of the former should be obscured by the direful results of the latter. The difference between a farmer and an agriculturist is that, the former at least makes expenses. So with the scientific and non-scientific physician. The former descants on the pathology of disease while the latter treats it. At the recent session of the Cal. legislature the vaccination law of 1911 was repealed so that now no child can be excluded from the California public schools because of failure to show a certificate of vaccination.]

VISITORS

(Personal)

Mather Thomson, F. R. C. P., Consulting Physician, Ministry of Pensions in Cardio-Vascular Cases, of Dublin, Ireland, and also consulting physician in London, England, has devoted a month to the study of Abrams' methods in San Francisco.

Dr. J. W. King, Bradford, Pa., has returned to his home after further study in Abrams' laboratory. He has established a Physico-Clinical Laboratory in Bradford and is deluged with work.

Dr. F. Vasquez Gomez, formerly Vice-President of Mexico and one of the most prominent physicians in that country, will soon arrive in San Francisco, to devote further study to the ERA.

Drs. H. Irvine, Texas; J. D. Sullivan, Wisconsin; Dr. J. H. East, Colorado, and at least thirty other physicians are scheduled to visit the laboratory in the next few months.

Dr. Chas. L. Ireland, Columbus, Ohio, who has just visited the laboratory, was the chief of the "Physio-therapeutic Dept.," in the "Medical Corps," U. S. A., is completing a book bearing on his remarkable experiences.

Dr. H. W. de Danville, New Zealand, a devoted student of "Electronic Medicine," is the prime mover in the incorporation of the "International Association for Racial Purification." This is a corporation in which pecuniary profit is excluded.

The purpose is to advocate and secure the adoption by the various municipalities throughout the United States compulsory blood tests of children for the purpose of discovering and eradicating inherited diseases.

To erect in San Francisco a central institution of "Electronic Medicine," so that physicians may have every opportunity to study the electronic reactions and methods of treatment. The sum of \$50,000 has already been promised for this purpose.

Dr. de Danville's effort is a sincere acknowledgment of the fact based on the ERA that syphilis, inherited and acquired, is the essential factor in pathology and that, if this disease were eradicated, diseases would be correctly regarded as symptoms and not as entities.

Every carcinoma, sarcoma and all tubercloses are grafted on a syphilitic soil and, if the latter were dispelled, such conditions would be non-existent.

To attain this ideal, it is necessary to begin with the child for to be young when we are old we must be old when we are young. Paraphrased, this means that adult intelligence must be compulsorily imposed on the untutored child.

Dr. Fletcher Sharp, Magrath, Canada, Captain M. R. C., Canadian Army, has been in attendance at Abrams' clinic for one month.

Dr. S. F. Hsu, Surgeon Admiral, Chinese Navy, has ordered an oscilloclast.

Dr. H. B. Coblentz, Washington, D. C., writes as follows: "Of all my apparatus (and I have over \$6000.00 worth), the oscilloclast does the bulk of work and cures more than all the rest put together."

SOME RECENT VISITORS AT DR. ABRAMS' LABORATORY

California (Provincial)—Drs. W. H. Huntington, Sam'l Gant, F. D. Taft, J. Thompson, W. Gamble, J. Scudder, H. Meredith, A. Noe, W. Buell, C. Johnston, J. Leadsworth, D. Mac Swegan, H. Lischner, W. B. Ryder, John Adams, H. Scholtz, C. A. Wherry, L. Dietz, C. Rosedale.

Iowa—Dr. McManus.

Pennsylvania—Dr. J. W. King.

New York—Drs. A. E. Parsons, C. H. Carleton.
Texas—Drs. H. W. Gates, R. B. Gates, F. Gomez, H. Irvine.
Illinois—Drs. C. W. Lenhart, J. Malloy, D. B. Holcomb.
Indiana—Dr. E. F. Pielmeier.
Maryland—Dr. Weinberg.
Kansas—Drs. G. D. Pendell, B. F. Dawson.
Nebraska—Dr. S. Lutgen.
S. Dakota—Dr. A. A. Sorensen.
Ohio—Dr. Chas. V. Ireland.
Utah—Dr. W. B. Secrest.
Michigan—Dr. Z. L. Baldwin.
Nevada—Drs. S. Talbot, L. Bates.
Canada—Dr. Fletcher Sharp.
Ireland and England—Dr. Mather Thomson.
Sweden—Dr. Liderkranz.
New Zealand—Dr. A. W. McKay Jordan.

LESSEES OF OSCILLOCLAST*

Sir James Barr, England.
 A. Bursell, M. D., Medford, Oregon.
 E. A. Majors, M. D., Oakland, Cal. (2 machines).
 A. T. Noe, M. D., Pacific Grove, Cal. (2 machines).
 J. P. Kanoky, M. D., Kansas City, Mo.
 H. Meredith, M. D., Oakland, Cal.
 J. Goodwin Thompson, M. D., Oakland, Cal. (2 machines).
 V. Sillo, M. D., New York City.
 W. F. Becker, M. D., Chicago, Ill. (2 machines).
 E. W. Dodge, Chicago, Ill.
 J. W. King, M. D., Brandford, Pa. (4 machines).
 C. Wheeler, M. D., San Francisco, Cal.
 H. Michener, M. D., Wichita, Kas.
 G. Boericke, M. D., University Hospital, Ann Arbor, Mich.
 M. W. Knapp, M. D., San Jose, Cal.
 L. J. Sherman, M. D., Oakland, Cal.
 J. DuPlessis, M. D., Chicago, Ill.
 P. S. Replogle, M. D., Champaign, Ill.
 C. L. Thudichum, M. D., Sebastopol, Cal.
 F. Schuldt, M. D., Mexico City, Mexico.
 H. E. Palmer, M. D., Dayton, Ohio.
 Capt. A. R. Gould, M. D., Washington (2 machines).
 B. W. Swayze, M. D., Allentown, Pa.
 Seneca B. Bain, M. D., Washington, D. C.

*Terms on which oscilloclasts are leased are as follows: A primary payment of \$200.00, and \$5.00 monthly. Primary payment is subject to change, owing to varying cost of material and labor. Other physicians who have ordered the oscilloclast for DC and AC (below 50 or 60 cycles) must exercise patience before receiving their machines inasmuch as the latter must be specially constructed. Primary payment on DC oscilloclasts is \$250.00.

- H. A. Hess, M. D., San Francisco, Cal.
H. G. Nyblett, M. D., Calgary, Canada.
J. C. Stevens, M. D., Harrisburg, Pa.
B. Tisdale, M. D., Oakland, Cal.
J. Tow, M. D., Chicago, Ill.
C. H. Kingsburg, M. D., Danielson, Conn. (2 machines).
L. H. Dietz, M. D., Oakland, Cal.
S. King, M. D., Warren, Pa.
S. F. Meacham, M. D., Oakland, Cal.
B. Crombie, M. D., Portchester, N. Y.
A. F. Hornberger, M. D., Wichita, Kans.
C. A. Reinboldt, M. D., Detroit, Mich.
W. J. McRoberts, M. D., Hot Springs, S. Dakota (2 machines).
R. Rice, M. D., Council Bluffs, Iowa.
C. S. Evans, M. D., Hutchinson, Kans.
H. T. Irvine, M. D., Austin, Texas (2 machines).
A. B. Collins, M. D., Linesville, Pa.
Chas. Zeebuyth, M. D., Portland, Oregon.
E. S. Smith, M. D., Bridgeport, Conn.
W. P. Myers, M. D., Anaheim, Cal. (2 machines).
C. E. Johnston, M. D., Orland, Cal.
V. S. Irvine, M. D., Lankin, N. Dakota.
I. Howard Planck, M. D., Chicago, Ill. (2 machines).
M. A. Hansen, M. D., Osage, Iowa (2 machines).
J. A. Savignac, M. D., Ottawa, Can.
M. W. Livingston, M. D., Pittsburgh, Pa.
E. B. Crosby, M. D., Oriska, N. Dakota.
H. D. Schell, M. D., Hamilton, Ohio.
A. E. Persons, M. D., Buffalo, N. Y.
J. R. Leadsworth, M. D., Los Angeles, Cal. (2 machines).
A. W. Buell, M. D., Long Beach, Cal.
H. B. Coblenz, M. D., Washington, D. C. (2 machines).
H. C. Kehoe, M. D., Flemingsburg, Ky.
F. M. Cooper, M. D., Colorado Springs, Colo.
M. A. Sturm, M. D., New York, N. Y.
W. G. Doern, M. D., Milwaukee, Wis. (8 machines).
H. W. Fleck, M. D., Bridgeport, Conn. (2 machines).
B. L. Sanborn, M. D., San Francisco, Cal.
C. C. Waltenbough, M. D., Canton, Ohio.
J. F. Roemer, M. D., Waukegan, Ill.
E. B. Taylor, M. D., Huron, S. Dakota.
T. Kendrew, M. D., Indianapolis, Ind.
W. Watts, M. D., Portland, Ore.
E. C. Folkmar, M. D., Washington, D. C.
A. W. Boslough, M. D., Wausau, Wis.
H. D. MacKenzie, M. D., Auckland, New Zealand.
Sigmar Hilfer, M. D., West New York, N. J. (3 machines).
J. D. Sullivan, M. D., Kenosha, Wis. (2 machines).

- H. L. McCubbin, M. D., Sacramento, Cal.
M. S. Hsu, M. D., Woosung, China.
Henry P. Fahrney, M. D., Frederick, Md.
H. M. de Danneville, M. D., New Zealand.
S. Rosenthal, M. D., Aberdeen, S. Dakota (2 machines).
H. Gunderman, M. D., Monango, N. D.
Chinese Government.
F. M. Planck, M. D., Kansas City, Mo.
T. D. Bristol, M. D., Cleveland, Ohio.
C. Conn, M. D., Sioux City, Iowa (2 machines).
C. F. Ellis, M. D., Eureka Springs, Arkansas.
D. D. Hamilton, M. D., Raton, New Mexico.
D. E. Murray, M. D., Roanoke, Ind.
F. V. Gomez, M. D., Mexico City.
C. E. Cole, M. D., Prairie Du Chien, Wis.
M. McManus, M. D., Denver, Colo. (2 machines).
D. McSwiegan, M. D., San Diego, Cal.
H. S. Huang, M. D., Amoy, China; Houston, Texas. (2 machines).
L. H. Butka, M. D., St. Helena, Cal.
J. C. Anthony, M. D., San Francisco, Cal.
O. M. Hayward, M. D., Chattanooga, Tenn.
P. G. Smoot, M. D., Maysville, Ky.
W. A. Hanor, M. D., Corning, N. Y.
H. R. Goshen, M. D., Bronson, Kas.
J. E. Johnston, M. D., Pittsburgh, Pa.
J. R. Mitchell, M. D., Washburn, Wis.
H. Becker, M. D., Toronto, Canada.
O. O. Sink, M. D., Smithfield, Ohio.
M. J. Wolf, M. D., San Francisco.
Cora Smith King, M. D., Washington, D. C.
C. M. Moffatt, M. D., Shenandoah, Iowa.
P. Livingstone Barnes, M. D., Los Angeles, Cal.
C. M. Cooper, M. D., Bellevue, Ohio.
W. H. Dower, M. D., Halcyon, Cal.
L. S. Brooke, M. D., San Francisco, Cal.
J. H. East, M. D., Denver, Colo.
C. J. Pflueger, M. D., Kalamazoo, Mich.
E. F. Pielmeier, M. D., Vincennes, Ind.
A. W. Hoyt, M. D., New Rochelle, N. Y.
S. A. Lutgen, M. D., Wayne, Nebraska.
R. L. Crowthers, D. D. S., Caldwell, Ohio.
J. L. Conrad, M. D.,
Z. L. Baldwin, M. D., Kalamazoo, Mich.
F. Sharp, M. D., Cardston, Alberta, Canada.
W. B. Ryder, M. D., Long Beach, Cal.
W. B. Secrest, M. D., Logan, Utah.
S. Talbott, M. D., Nevada City, Cal.
H. Lischner, M. D., San Diego, Cal.

- G. D. Pendell, M. D., Wellington, Kas.
W. Wolfram, M. D., Cincinnati, Ohio.
C. A. Stout, M. D., Cincinnati, Ohio.
F. Paredes, M. D., Celaya, Mexico.
W. A. Klopfenstein, M. D., Detroit, Mich.
H. W. Gates, M. D., Waco, Texas.
W. Kendall, M. D., Ocean Park, Cal.
O. Jones, M. D., Indianapolis, Ind.
M. Thomsen, F. R. C. P., Dublin, Ireland.
F. Vasquez Gomez, M. D., Mexico City, Mexico.
Chas. Rosedale, M. D., Boston, Mass.
D. B. Holcomb, M. D., Pasadena, Cal.
S. F. Hsu, M. D., Woosung, China.

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

PHYSICO-CLINICAL LABORATORY

— OF —

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

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

VIRULENCY GAUGED.

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

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

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

A FEW REFERENCES.

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

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916), estimates that 15 per cent. of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arrangements suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives a negative result in from 31 to 50 per cent. of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS test,

because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy

NEARLY 100 PER CENT. POSITIVE.

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

VECKI.

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

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

FROM ENGLAND.

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

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

"I could easily fill several journals with an account of Abrams' valuable work."—Sir James Barr, *British Med. Journal*, March, 1920.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E.—(Article, "Dr. Albert Abrams' Method of Percussion," *Lancet* (London), May 22, 1920) —"Dr. Abrams is, perhaps, doing more than any one else in the present day to resuscitate the lost art of physical diagnosis."

"In cancer Abrams' reactions can be easily verified."—Sir James Barr, *Lancet* (London), May 22, 1920.

"In my opinion he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."—Sir James Barr, "Medical Press and Circular" (London, England), Jan. 12, 1921.

DIAGNOSIS AT THE VERY BEGINNING.

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

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

"We think Dr. Albert Abrams was the first to utilize colored screens in diagnosing disease."—Geo. Starr White, *A. J. Clin. Med.*, Feb., 1915.

(NOTE—The only object in publishing White's Excerpts is to discredit the latter who, in later publications under new captions, claims priority for Abrams' discoveries and instances his observations on the flight of "homing-pigeons," and other fantastic vagaries in justification of his claims.)

FEEES:

(Which include all diagnostic information necessary.)
 Blood examinations which include tests for all diseases.....\$10.00
 Subsequent blood examinations to gauge the course of the disease.... 5.00
 Examination of Patients\$25.00-\$100.00

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

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.
 Course to physicians on Electronic Diagnosis.....\$200.00
 (Limited to reputable physicians in possession of the M. D. degree.)

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

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

Harley E. Macdonald M.D.

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

Very sincerely,

W.R. Scroggs M.D.

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

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

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

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

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

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

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

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

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

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

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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.

ALON TRATCHER, 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. Tratcher

Diseases Diagnosed by an Examination of Dried Blood

- | | | |
|----------------------|-------------------------------|---|
| Acidosis | Acute Mania | Paresis |
| Adrenal Sufficiency | Dipsomania | Pollomyelitis |
| Amebiasis | Chronic Dementia | Rheumatoid Arthritis |
| Collapsus | Leprosy | (Variety) |
| Carcinoma | Malaria | Sarcoma |
| Cholelithiasis | Measles | Scarlatina |
| Chorea | Menstruation | Straphylococcic Infection |
| Diabetes | Meningococcic infection | Streptococcic Infection |
| Diphtheria | Neurasthenia | Syphilis (differentiation of congenital and acquired, and specific strain). |
| Epilepsy | Paralysis Agitans | Teniasis |
| Gonococcic Infection | Parathyroid Insufficiency | Tetanus |
| Gout | Paratyphus | Typhoid |
| Hookworm | Pneumococcic infection | Tuberculosis (Varieties) |
| Hyperpituitarism | Psychasthenia | |
| Hyperthyroidism | Pregnancy (prediction of sex) | |
| Influenza | | |
| Insanity | | |
| Paranoia | | |
| Dementia Praecox | | |

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

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

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

WARNING.

Many physicians have forwarded specimens of blood to the Physio-Clinical Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchnic reactions. Specimens have been received on colored and printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, COLISEPSIS and STREPTOCOCCIC INFECTION.

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

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

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

ELECTONIC REACTIONS OF ABRAMS (ERA)

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

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

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

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

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

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

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

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

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

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

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

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

NYBLETT, H. G., M. D.—“My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has.”

J. MADISON TAYLOR, M. D. (article, “An Appreciation of the Teachings of Dr. Abrams,” Monthly Cyclopeda and Medical Bulletin, July, 1913).—“DR. ABRAMS has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams’ researches afford is the largest source of illumination—and I, for one, welcome it with thankfulness.”



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