Physico-Clinical Medicine

A Quarterly Journal devoted to the study of the Electronic Reactions of Abrams and the Visceral Reflexes of Abrams, in the diagnosis, treatment and pathology of disease.

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FOUNDED AND EDITED BY

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

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PHYSICO-CLINICAL MEDICINE

The actual nucleation of the Electron Theory forty years ago in its explanation of matter, is perhaps the greatest contribution ever made to scientific knowledge. Physical science, by reason of the universality of its laws, dominates every phase of medical research, and the human must not be segregated as something apart from other entities of the physical universe. There is only one physics, one chemistry, and one mechanics governing animate and inanimate phenomena, and the latter must be studied by physico-chemical methods. The cellular theory is now as remote from the interpretation of ultimate structure as the atomistic is from the electronic conception of matter. In 1882, when Koch announced his discovery of the tubercle bacillus, the writer was one of the first American physicians to visit Berlin to learn about this discovery. Electronic diagnosis is not a single discovery, but embraces the entire field of diagnosis. "To be able to diagnose," says a recent writer†, "at the very beginning, tuberculosis, carcinoma, syphilis, pus formation, etc., is almost beyond comprehension or belief."

†American Journal of Clinical Medicine.

SPLANCHNO-DIAGNOSIS*

NOTE.—The successful employment of this method predicates a knowledge of percussion, which not only means the delivery of blows but the interpretation of sounds—differences of pitch and resonance. The method is no more flamboyant than the elicitation of dulness over a consolidated lung area, and if the former is unrecognized, I doubt the physician's ability to interpret the latter. Is it not worth the effort to learn a method which will enable one to make an immediate and correct diagnosis of syphilis, tuberculosis, malignant growths and a host of other diseases? If the execution of the method is approached with a prejudiced mind, it is better not to attempt it, for there are "none so blind as those that will not see." Other splanchno-diagnostic reactions will be shown in succeeding issues. Those desirous of learning of them in advance may address the Editor, and inclose a stamped addressed envelope for a reply.

ELECTRONS.—These units of our organism are charges of electricity. In their incessant activity they produce the phenomenon known as radiation. Radioactivity is a universal property of matter when the human reflexes are employed for its detection. The physicist limits this property to only a few elements simply because his apparatus does not attain the sensitivity of the reflexes. One test for radioactivity is an effect upon a photographic plate, yet the retina is three thousand times as sensitive as the most rapid photographic plate. When light strikes the eye, the pupilary contraction is a reflex stimulation provoked by radiant energy.

SPLANCHNIC CIRCULATION.—Strong stimulation of the depressor nerve dilates all the abdominal vessels. An individual nerve has different functions. When we perceive a variety of colors, it is due to definite vibratory rates conducted by specific fibers which are natural detectors of energy. When the physiologist stimulates a nerve or muscle, the total energy (irrespective of wave lengths) is employed. When the *depressor nerve* is stimulated by the radiant energy of disease, the abdominal vessels respond by vasodilation in specific abdominal areas as revealed by dulness on percussion. This nerve may be stimulated between the third and fourth dorsal spines (S55).

METHOD.—A person (subject) other than the patient is used for making the electronic diagnosis. Exceptionally, the patient may be used. The reactions are alike in both sexes. Select a subject with thin abdominal walls in whom *a tympanitic sound is demonstrable over the entire abdomen.* When a suitable subject is found (usually a boy), he may be used daily for diagnosis. The subject must face the west (standing). The splanchnic reflexes cannot be elicited in the re-

*(N C. 291)

cumbent posture and they are accentuated if the subject stands on a plate of aluminum which is connected by a wire to a faucet, radiator, or gas or electric fixture. This grounding is absolutely necessary.

Percuss and mark the entire lower liver border of the subject (anteriorly). Select an ordinary flexible conducting cord of copper to both ends of which electrodes are attached. Aluminum electrodes are most effective. An assistant or the patient places one electrode (receiving electrode, *R.E.*) over the source of radiation (energy) and the other is placed by an assistant exactly between the *third and fourth dorsal spines* of the subject. Removal of the shirt is unnecessary as it is penetrated by the conveyed energy. The tip of the cord may be fixed by plaster to the latter area. Within thirty seconds, a specific area of *abdominal dulness* will be elicited and the latter persists during the energy flow. The dulness disappears during deep inspiration but reappears with ordinary breathing by the subject. For esthetic reasons, a screen may be placed between the subject and the patient. Until the necessary skill is acquired, a diagnosis should not be made. Preliminary practice may be attempted with cultures, blood and tumors. Thus, a culture of tubercle bacilli or colon bacilli yields the same reaction as tuberculosis and autointoxication (colisepsis) and the blood from a syphilitic yields a reaction similar to syphilis. Cultures of strepto and staphylococci give the same reaction as when pus is sought in the organism. In the diagnosis of *syphilis,* a reaction is only noted from the spine, liver or spleen of the patient, hence the electrode must be applied to any of the regions cited. It is also obtainable over an active lesion (luetic) elsewhere.

POLARITY.—Radiant energy in disease has a distinctive polarity (corroborative evidence) and is detected by presenting a bar magnet (held at the extreme end) about four inches away from the area of ventral dulness. If the dulness persists with the positive pole thus presented and disappears with the negative pole (marked *S*), the polarity of the energy is positive, and *vice versa.* If it persists with both poles, it is positive and negative and if it is dissipated by both poles, it is neutral (isopolar)*.

POLARITY OF PATHOLOGICAL ENERGY

Tuberculosis, neutral; Streptococci, negative; Syphilis, neutral; Colisepis, neutral; Carcinoma, positive; Pain, neutral.

*Disks coated with a positive and negative energy are obtainable from the Philopolis Press; the positive or negative side being presented to either the R. E., or the proximal electrode (electrode in contact with vertibral area.) The action is similar to the magnet.

POTENTIALITY OF REACTION.—A crude method for measuring the energy intensity in disease is to note at what distance the *R.E.,* is from the source of energy before dulness appears.

An Ohmmeter is more exact. The rheostat* (Fig. 1) for this purpose is wound to carry 100 milliamperes with a voltage of 20. The scale is in 1/25 of an Ohm to 1 Ohm and then up to 50 Ohms. To use the rheostat, place the R.E. (say over a cancer) and the other electrode between the third and fourth dorsal spines. At zero of the scale, the specific dull area is present. Now interpose more resistance until the dulness disappears. If the dulness does not disappear until the index registers 10 Ohms, then the energy from the growth has a potentiality of 10 Ohms. After this manner, the progress of a growth and the results of treatment may be gauged.

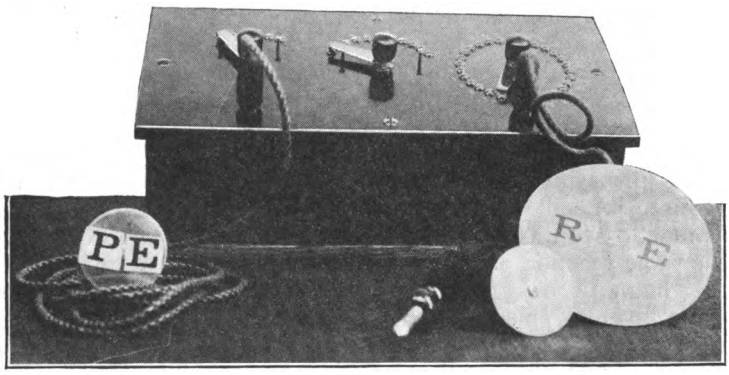

Fig. 1

Ohmeter (biodynamometer) for determining in ohms the potentiality of energy. The resistances are as follows: 1/25 of an ohm to 1 ohm, 1 to 10 ohms and 10 to 50 ohms. PE, is the proximal electrode (vertebral application) and RE represents the electrode for receiving the energy at its source. Three receiving electrodes are shown of different sizes. This set of electrodes is known as Abrams electrodes for the electronic test.

The reaction in syphilis is always present and in this sense it exceeds the serological tests in value.

In quiescent syphilis, the potentiality rarely exceeds 2/25 of an Ohm; in active syphilis, it may exceed 6 Ohms. In

*A reliable rheostat for this purpose may be purchased for $15.00, plus express charges from Philopolis Press, 711 St. Paul Bldg., San Francisco, Cal Abram's electrodes for the electronic test, $5.00, express prepaid.

healed tuberculosis, the reaction is present when the *R.E.* is in contact with the skin over the lesion. If a reaction is elicited at a distance exceeding one inch from the skin surface, the lesion is active.

A *Symbiotic Reaction* occurs when two or more forms of energy are synchronously conveyed. In mixed infection (tuberculosis), two areas of dulness are present, corresponding to stretptococcic infection and tuberculosis.

LOCATION AND MENSURATION OF DULL AREAS*

	Location	Vertical diameter	Transverse diameter
Carcinoma.	Left hypochrondriac region just below and merging into lower liver border.	4 cm.	9 cm.
Syphilis.	Just above the navel extending to either side of the median abdominal line.	6 cm.	5 cm.
Tuberculosis.	Just below the navel.	3 cm.	5 cm.
Streptococcic Infection.	2 cm. to the left of navel.	4 cm.	2 cm.
Autointoxication. (colisepsis)	Bounded externally by left anterior sup. sp. of ilium and below by left groin.	10 cm.	5 cm.
Pain.	Extends from the anterior superior iliac spine almost to curvature of ribs and extends 5 cm. posteriorly.	8 cm	5 cm.

VIBRATORY RATE (N.C. 49).—Using the rheostat after the manner indicated, it will be found that the dull abdominal areas will only appear at definite points on the scale. At zero always and up to the potentiality of the energy. Otherwise, the dull areas will appear at the following indices of the scale:

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*These measurements were determined in a man used as a subject. If a boy is used, the areas would be less.

The general reaction of colisepsis due to blood invasion of the colon bacilli is elicited from the spine, liver and spleen. A local reaction is evoked when the bacilli invade the kidneys, biliary passages, etc.

Tuberculosis	15	Streptococci	15
Syphilis	20	Colisepsis	6
Carcinoma	50	Pain	20

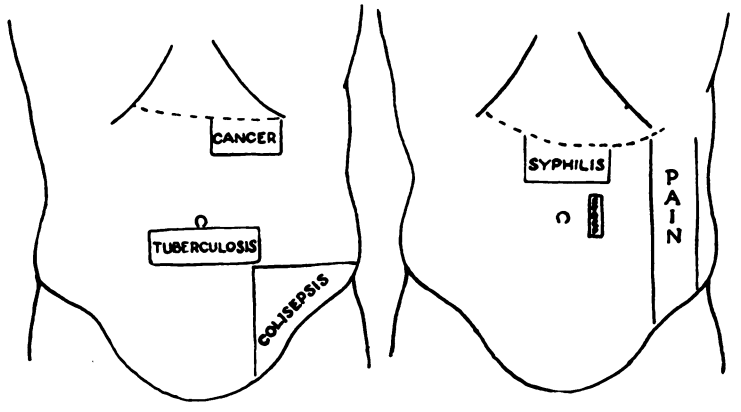

Fig. 2.

Elicitation of ventral areas of dulness when specific pathological energy is conveyed to the area between the 3rd and 4th dorsal spines. The specific area of colisepsis is elicited with a culture of the *bacillus coli,* and corresponds clinically with the reaction evoked in intestinal autointoxication. STREP, the area located between pain and syphilis (indistinct in illustration) refers to the reaction with the *streptococcus pyogenes,* and corresponds clinically with the reaction obtained in practically all suppurative conditions. The dotted lines indicate the lower liver border.

PRECAUTIONS.—Do not permit the *fingers* to come in contact with the metal of the electrodes and direct them away from the latter (N. C. 37). Colors on the subject, patient or in the room should be excluded. Differences in percussion sounds (change from tympanicity to dulness) may surely be acquired by practice. Exclude the personal equation in percussion by having contact made with the *R.E.* without your knowledge and note if you can tell by the appearing dulness when this is done. Short conducting cords of large diameter conduct more energy and accentuate the areas of ventral dulness; the resistance of the cord depends directly upon its length and inversely upon its section. When the energy is measured by the rheostat (Fig. 1), uniform measurements can only be secured by cords of the same length and section.

Pressure on the dorso-lumbar spine during percussion accentuates ventral dulness (S 80). The electrode approximating the area between the third and fourth dorsal spines should not exceed 1½ inches in diameter. In defining the lower liver border and the splanchnic reactions, use a barely audible *uniform* percussion blow. With a strong blow, the liver border will be found lower than with a light blow. *It is a recognized law of sense perception that the less loud the initial sound, the simpler it is to recognize its variatons.* The sense of greatly *increased resistance* is associated with impaired resonance.

ELECTRONIC REACTIONS WITH BLOOD

A few drops of blood taken from a patient and allowed to dry on a slide will, when presented directly to the area between the third and fourth dorsal spines of the subject, yield the characteristic splanchnic areas of dulness. This holds for active tuberculosis, syphilis (active or quiescent), streptococcic infection, carcinoma and colisepsis. In the affections cited, the dried blood yields a reaction for several days, whereas in syphilis a reaction is obtainable for several weeks. The latter fact is important when an acquaintance with the luetic reaction is studied. After this manner, diagnoses may be made from blood sent from long distances. The blood reaction is a general one. Thus, if the blood yields a tuberculous reaction, it suggests tuberculosis somewhere in the organism; the localization of which is possible by the method cited elsewhere.

CONGENITAL AND ACQUIRED SYPHILIS

In my experience the laboratory tests for the congenital affection are unreliable. The certainty of the electronic test enables one to conclude *that practically every parent with syphilis communicates the disease in an attenuated form to the progeny.* Two-thirds of the children of syphilitic parents show a positive Wassermann. If congenital syphilis were not so fatal to infant life, the number suffering from brain disease and syphilis would be appalling (Mott).

The parent with congenital syphilis rarely communicates the disease, according to my tests. Differentiation of the congenital from acquired syphilis is possible by the following test: Place the *R.E.*, over either closed eye of the patient and the other electrode between the third and fourth dorsal spines of the subject. In *congenital* syphilis the abdominal area peculiar to syphilis (Fig. 2) appears but measures in its

transverse diameter about 10 cm., in lieu of 5 cm. (man used as subject). This reaction is not present in acquired syphilis. It is assumed that the toxins of the congenital form (owing to their protracted action) confers its own radioactivity on the ocular tissues (*vide* next article). The theory of distinct strains of the spirocheta may be invoked. It is known that with one strain, eye lesions in rabbits may be produced, whereas another strain never produces such lesions.

CARCINOMATOUS CONTAGION

Contagion connotes the action of living micro-organisms. I may be permitted to suggest a new theory which seems in no wise fanciful. Cancer developing in people who live together (*cancer á deux*) and "cancer houses" have been frequently cited. Similarly, other affections may be thus acquired. Such affections I have designated as "Diseases of Propinquity." Just as radium confers radioactivity on other substances, so may a cancerous person by induction alter the tissues of another. The study of radioactivity has shown that changes occur in atoms totally distinct from the kinds of change heretofore studied. The following experiment is suggestive: Place the cork of a bottle containing a cancer in contact with the skin for several minutes and then lead off the energy (as suggested elsewhere). The cancer abdominal area of dulness may be elicited in some instances for an hour or more. With plant cancer (*q.v.*), a like result is attained. It may be dissipated at once by exposing the skin area to the negative pole of a bar magnet. The energy of cancer is positive. In this sense, the skin is a condenser (N.C. 206). Study the blood of the subject before and after exposure of the skin to the cancerous energy and note that only with the blood after exposure can one elicit the cancer reaction. (see electronic reactions with blood.) In splanchno-diagnosis, even the conduction of cancer energy to the spine may cause a persistent area of carcinomatous ventral dulness unless it is dissipated by a negative energy. In a subsequent issue we shall show how, after this manner, we may study the action of drugs on the cancer reaction and how it may be modified. Sufficient clinical evidence has already accumulated to show the results.

OBJECTIVE DEMONSTRATION OF PAIN

This may be attained by the electronic test. The great value of the latter can be appreciated in diagnosis and forensic medicine. Pass the R.E. over the supposed region of

pain and note that when the area of the latter is attained, the area of pain appears (Fig. 2). Thus, the painful area can be defined and marked with a pencil. The intensity of pain may be determined by using the rheostat (Fig. 1), thus excluding the personal equation of the patient respecting the progression or retrogression of pain. Reflex pains yield no reaction. The use of an analgesic or a slight inhalation of chloroform dissipates the reaction but it reappears on return of the pain. Pain endurance is a question of personal reaction, yet one may by measuring the reaction conclude as follows: 1. Animals suffer as much pain as humans; 2. Children suffer less than adults; 3. Women are less sensitive than men; 4. The lower races of mankind suffer less.

CANCER OF PLANTS

Erwin F. Smith*, of the U. S. Department of Agriculture, suggests that crown gall, a cancer of plants, is due to the *bacterium tumefaciens* and that pure cultures inoculated into plants will produce a variety of tumors. The writer made reactions with several specimens of inoculated crown gall received from this eminent plant pathologist, and was astounded by the fact that the reactions were identical with *human cancer.* The specimens also showed the same polarity (positive) and the same vibratory rate (50). Any physician may in a few minutes verify my findings. I regard the investigations of Smith as epoch-making, and I have suggested that he employ picric acid or eosin or both (N.C. 215), to note whether the inoculations would prove innocuous. I hope to publish his results in a subsequent issue.

DO PLANTS SUFFER?

A plant is believed to be differentiated from an animal by the lack of feeling, despite the poetic protest, "Die of a rose in aromatic pain." May not the following simple experiment call into being a "Society for the Prevention of Cruelty to Flowers"?

During the time the stem of a flower is *torn* from a growing plant or the stem of a fresh flower is torn, place the receiving electrode (*R.E.*) in proximity to the torn part and note the abdominal reaction of pain which will continue for several minutes. If the vapor of chloroform is allowed to act on the torn part for several seconds, the reaction is at once dissipated. Note, also, that if the stem is *cut,* no pain reaction ensues.

* Jour. Cancer Research, 1916, 1, 231; Science, 1916, xliii, 871. Proc. 17th Internat. Congr. Med., Section III.

CLINICAL INVESTIGATORS

Complimentary copies of this number of the Journal are sent to some of the leading clinicians of the world with the hope that they or their assistants will investigate splanchnodiagnosis on page 4. The writer recalls the visit to this city of Dr. R. C. Cabot, Professor, Harvard Medical School, who after investigating the reflexes of Abrams, did so much to popularize them in his classic, "Physical Diagnosis." It is chiefly indifference that has relegated to oblivion many important truths. Dr. Abrams will be pleased, through correspondence or otherwise, to aid clinicians in investigating the methods in question.

SPONDYLOTHERAPY

Many schools have arisen exploiting spinal manipulation for the cure of disease. Neither the fury of tongue nor the truculence of pen can gainsay the confidence which these systems have inspired in the community. We prate about pathology, yet the diseases which we treat most successfully are the diseases about which we know the least pathology. In spondylotherapy, which can never be an exclusive system of monotherapy, the attempt was made to place spinal therapy on a scientific basis and lift it out of the low state in which it blunders onward, hitting or missing as the case may be and rescuing it from the lowly esteem which physicians regard it. Spondylotherapy is based on Clinical Physiology, and it is the physician and not the physiologist who is best fitted to render an opinion on physiologic processes. Spondylotherapy only emphasizes the importance of the spinal cord as the center for the discharge of the majority of reflexes. To the captious critic, it may suggest exclusivism, and so would electro and hydrotherapy, but time has effaced the stigma.

In nearly every chronic case, I am an auditor of the usual recital—"I have tried all the doctors, but the only relief I got was from osteopaths or chiropractors." It is easier to investigate than to condemn, and if the "irregulars" achieve their results by the elicitation of reflexes, let us ignore their pathology and investigate their results, for, after all, our chief object is to cure our patients. Conservative medicine is too often a practice of awaiting the necropsy to confirm the diagnosis. It is said that the chief function of the consultant is to examine the rectum, which means that it is usually ignored. Similarly, the chief function of the "irregular" is to examine the back, which is the *terra incognita* of the physician. "More mistakes are made by want of looking than by want of knowing." An operation is primitive surgery, but making it unnecessary is advanced surgery. Misplaced uteri, kidneys and ovaries may often be restored by an intelligent use of the reflexes. Surgeons of prominence are commencing to recognize this fact. Thus Robt. I. Morris, New York, refers to Splanchnic Neurasthenia (Abrams) as an important cause of ptosis (*Archiv. of Diagnosis, Jan.* 1913). At one time, certain itinerant physicians won great renown in diagnosis by eliciting tenderness in definite vertebral regions based on a chart published by Dr. Sherwood in 1841. In 1834, the

Griffin brothers, English physicians of prominence, sought to popularize vertebral tenderness as a diagnostic aid. My investigations show the importance of the latter observations, and a synopsis of the same is presented:

*VERTEBRAL TENDERNESS IN VISCERAL DISEASE**

GENERAL DIAGNOSIS.—1. Electric current or persistent friction of skin over tender area causes a red spot to appear. 2. Absence of typical *points douloureux*. 3. Accentuation of vertebral tenderness by manipulation of the suspected viscus. 4. Elicitation of dermatomes. 5. Segmental analgesia of the viscera. 6. Tenderness is superficial and if skin is pushed to one side, deep pressure causes little pain. 7. Unlike tenderness of a spinal neuralgia, rubbing part does not provoke a localized spasm of muscle. 8. In tenderness of visceral origin there is no deformity nor rigidity of vertebral column and movements are as a rule painless.

Disease	Points of Greatest Tenderness
Appendicitis	8th or 9th D.*, or 2d L.*, right side.
Bladder, Rectum and Anus	1st to 3rd sacral (both sides).
Cholecystitis	10th and 11th D. (right side) and tip of 11th rib.
Gastric Disease	4th to 7th D., spines painful on pressure when lesion (like an ulcer) is located on lesser curvature between cardia and pylorus. At spine or side of 10th D., lesion of the fundus. From 10th to 12th D., lesion is at greater curvature close to pylorus.
Heart	3rd to 6th D., left side
Ovarian Disease	3rd L., on side of disease.
Renal Affections	10th to 12th D., spines on side of disease.
Tubal Disease	At or below 3rd L., on affected side.
Uterine Disease	4th L., spine.

*Abrams, Chart of Spondylotherapy.
†D, dorsal; L, lumbar.

A recent writer* comments as follows: "Before I took up spondylotherapy, there was always about 50 *per cent.* of my patients that I actually dreaded to meet. I felt conscience-stricken to think of the confidence placed in me by them, realizing as I did, but as they did not, that I was 'in the fog.' Now, however, the breeze of spondylotherapy has cleared the air in most of such cases, and instead of my practice weighing on me as a perplexing burden, it is a source of everlasting interest and for the first time in my nearly fifteen years' medical career, I really enjoy the practice of medicine.." Another writer† observes: "Spondlotherapy has verily brought scientific medicine into its own. Where we once speculated, we now know, and where by our old methods, physical diagnosis was so often an unknown quantity, it has now become a scientific fact."

Spondylotherapy has been translated into French and Japanese, and several colleges have embraced it in their curriculum.

*O. W. Joslin, M. D., Transactions A A. S. S., Sept 1915.
†Chas. W. Anderson, A.B., M.D., formerly Associate Professor of Pediatrics, Med. Dep't. University of Kentucky, Ibid.

CARDIAC DILATATION AND ANEURYSM

Stimulation, usually concussion, of the seventh cervical spine reduces the heart and aortic volume by evoking the reflexes of Abrams. These reflexes may be observed with the X-rays and have been confirmed by Zulawski, in Germany, Merklen and Heitz, in France, Sir James Barr and Sir Thos. Albutt, in England, and by notable investigators elsewhere.

The clinical application of these reflexes is of great value, as is shown in recent literature. Snow*, shows by a series of excellent skiagrams the diminished volume of the heart and aorta by stimulation of the seventh cervical spine, and observes: "The heart, aorta, stomach, liver or spleen may be made to contract at the will of the operator producing effects available for the correction of impaired functions. If the skilled practitioner will use vibration in cases to which it is applicable, he will be rewarded by results which cannot be attained by drug therapy." A number of cases reported by Snow, demonstrate the correctness of the latter conclusion.

Cohen†, presents forty-three illustrations demonstrating the effects of concussion of the seventh cervical spine on the

*International Clinics, Vol. IV, 23d series
†Section in General Medicine, College of Physicians, Philadelphia, May 24, 1915.

heart and aorta. He comments: "One of the phenomena that has been neglected by many who might be supposed to seek every means at their command to help those who come to them for relief is the heart reflex of Abrams."

Sir James Barr, England's master clinician, referring to "Cardiac Insufficiency"†, seeks to account for the vertigo and enfeebled pulse by the gravitation of blood into the abdominal cavity and the failure of the vasomotor mechanism to adjust its action rapidly to the altered conditions. "These phenomena," he continues, "have been aptly termed 'cardio-splanchnic paresis' by Albert Abrams. In these cases an abdominal belt worn tightly does good."

Chas. L. Ireland, M. D., reports‡ the following: About nine months before he had seen a patient who had been confined to his bed for seventeen weeks, owing to a severe heart dilatation for which no relief could be obtained from his physicians. The transverse diameter of the heart measured 7½ inches. Dyspnea was marked. After concussion of the seventh cervical spine every other day for two months, absolute relief was achieved and the patient resumed his occupation as a truck driver.

Since the writer reported in *The British Medical Journal* and *La Presse Médicale,* forty cases in his own practice of thoracic and abdominal aneurysm symptomatically cured, the "Abrams Method" has been extensively employed by others. In early cases the method is practically a specific, but in late cases all that can be achieved is a relief of symptoms, and that can be done more rapidly than by any other known method. Concussion of the seventh cervical spine must, however, be executed with discretion (S. 60).

Yale*, referring to cases of aneurysm under treatment, observes: "These cases observed by physicians while under treatment were regarded as practically hopeless, and the fact that a number of aneurysms have been reduced seems to them little short of miraclulous."

Torbett†, reported like results in a patient with a large aneurysm.

Houlie‡, of Paris, France, also reports cases showing immediate results from concussion.

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†British Med. Journal, Apr. 15, 1916.
‡Transactions A. A. S. S., Sept. 1915.

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*American Electrotherapeutic Association, 1915.
†Ibid.
‡Bulletins et Mémoires de la Société de Médicine, March 28, April 10, May 8, 1914.

Snow*, reports a patient with an immense aneurysm in which skiagrams were taken and measured before and after treatment. "The marked relief afforded the patient was additional clinical evidence of a reduction in the dimensions of the aneurysm."

Solis-Cohen†, observes that excitation of the aortic reflex of contraction was invariably produced in three patients whose aortas were enlarged. The only exceptions were in one patient whose aorta contracted on six occasions and failed to respond on two, and in one whose aorta contracted on two occasions and failed to contract further on a third.

Jensen‡, refers to a case of aneurysm in which dyspnea, cough, chest constriction, etc., disappeared after one treatment by concussion.

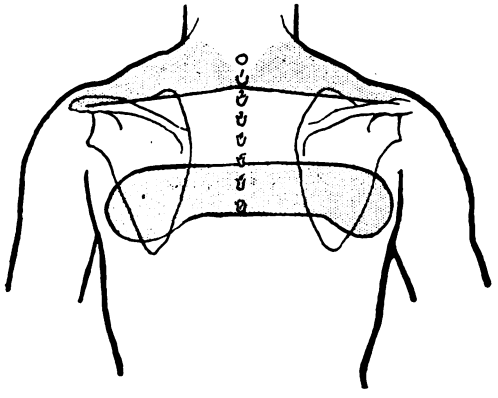
Long‖, reports an aneurysm of the subclavian artery in which the pulsations disappeared after two months' treatment.

Joslin, observed a patient with a thoracic aneurysm who after a single treatment, was able to resume the recumbent posture, which could not be done before.

Many other cases are reported in recent literature. The notable features are: simplicity of method and rapidity of action.

THE CLIVE RIVIERE SIGN§

In pulmonary tuberculosis before any other sign is present,



(Fig. 3)

Illustrating the upper and lower bands of impairment in pulmonary tuberculosis in the Clive Riviere sign.

*Snow, International Clinics, Vol IV, 23d. series.
†Solis-Cohen, N. Y. Med. Jour., Oct. 16, 1915.
‡Jensen, Transactions A. A. S. S., p. 65, 1915.
‖Long, Ibid.
§Clive Riviere, Physician City of London Hospital; The Lancet (London), Aug. 21, 1915

characteristic bands of percussion impairment, of constant position, shape and size are present over both lungs. The lower area extends between the fifth and seventh dorsal spines and the upper, above the first and second dorsal spines (Fig. 3.) *Gentle percussion* is necessary and pitch change in the percussion note is the safest guide. Breathing should be arrested during percussion owing to the changes in the percussion note during the phases of respiration. Stimulation of the skin of the back by friction accentuates the bands of dulness.

"The bands of dulness are caused by the lung reflex of contraction (S. 298) originally described by Albert Abrams." This reflex is evoked by irritation of the lung and is also present in pleurisy, which suggests an underlying pulmonary lesion.

MISCELLANY

THE AMERICAN ASSOCIATION FOR THE STUDY OF SPONDYLOTHERAPY will convene in Chicago, Sept. 18-21, 1916. The President is F. J. Bomberger, B.S., M.D., (Mapleton, Minn.) and the Secretary, S. Edgar Bond, B.L., M.D. (Richmond, Ind.). The tentative program includes the following:

Scientific Address.....F. J. Bomberger (President)
Psychrotherapy.....W. J. N. Davis
Colonic Reflexes.....D. V. Ireland
Sex Gland Implantation.....G. Frank Lydston
Case Reports.....O. W. Joslin
Reflexes and Hydrotherapy.....Curran Pope
Stomach Reflex.....V. Sillo
Sexual Reflexes.....W. J. Robinson
Eye Reflexes ..... D. Armbruster
Locomotor Ataxia.....H. V. Broeser
Physical Methods.....Geo. Butler
Eye Reflexes.....H. C. Markham

Dr. S. Edgar Bond, the efficient Secretary, is making Herculean efforts for the success of this fifth annual convention.

THE AMERICAN SOCIETY FOR PSYCHO-PHYSICAL RESEARCH is desirous of investigating psychophysical phenomena. The society believes that every spiritistic phenomenon is but the manifestation of human energy, and that it is unnecessary to invoke a supernal reason for its origin. This conclusion was formulated since the discovery of the visceral reflexes for the detection of energy. Correspondents may address the President of the society, Dr. Albert Abrams, 291 Geary Street, San Francisco, Cal.

REFLEX CLUB OF SAN FRANCISCO.—Former students and others interested in the reflexes and electronic diagnosis should address Dr. Abrams, with the object of organizing a club to further the study of these subjects. Such clubs exist elsewhere in the large cities.

DR. HUGO SUMMA (St. Louis).—This distinguished diagnostician and teacher recently devoted two weeks in San Francisco to the study of electronic diagnosis, and it is anticipated that, in his further study of the subject, he will make many valuable suggestions.

POST-GRADUATE COURSE.—Chas. F. Anderson, Lexington, Ky., formerly Associate Professor of Pediatrics in the University of his State, and first President of *"The American Association for the Study of Spondylotherapy,"* is arranging for a mail course on the employment of the reflexes in diagnosis and treatment. His enthusiasm and exceptional ability should win for him a large following.

SAFRANIN.—Replying to many letters concerning the use of this remedy in tuberculotherapy (N.C. 212), it is advisable to mix it with alcohol into a moderately thick paste before application. The writer now replaces it with a cheaper and more efficient negative energy chemical—*gamboge,* to which is added a few grains of methylene blue Merck (medicinal). This is mixed with alcohol before application, and has a greater energy value (170 Ohms) than safranin (only 11 Ohms). The writer has no reason to modify his original statement concerning this method of polaritherapy—that incipient tuberculosis may be arrested in several weeks. In advanced cases, it can only be regarded as a valuable adjuvant. *Naturam Morborum Curationes Ostendunt.*

NEW DIAGNOSTIC REACTIONS.—In the next number of this Journal some *angio* and *pulmo-diagnostic reactions* will be cited. The former aid in the understanding of splanchno-diagnosis, and it will be shown how the "hectic flush" can be produced artificially by cultures of tubercle bacilli and the pneumococcus. Reference will also be made to the *magnavox* which, by its marvelous accentuation of sound, permits its use for class demonstration. Attention will also be directed to *entero-diagnostic reactions.* The latter are dependent on the intestinal reflex of contraction (Abrams) in definite abdominal areas. Thus, if the energy of a carcinoma is directed on the second lumbar spine by aid of an electrode, an area of dulness approximately five cm. square to the right of the umbilicus will be elicited. Attention will also be directed to the *bacillus epilepticus of* Dr. Charles A. L. Reed. I have been able to confirm clinically the noteworthy observation of the latter.

RICHES.—The price of this monthly (ten issues), published at Ruskin, Tenn., is only 25 cents per year. The fearless attitude of the Editor, E. W. Dodge, a gentleman of exceptional attainments, in exposing questionable methods in medical practice, deserves commendation. Through this medium, the pioneer investigator will find intelligent co-operation.

AMERICAN INSTITUTE OF SCIENCE.—Under the auspices of this Institute, Dr. Abrams will give a practical course of instruction on his methods, in Chicago, during the latter part of September, 1916. Further particulars may be obtained by addressing E. H. Baker, M.D., 154 W. Randolph Street, Chicago, Ill.

COURSE IN TEXAS.—Dr. Abrams contemplates giving a course on his methods during September, under the auspices of Dr. J. W. Torbett, Marlin, Texas, President American Electro-Therapeutic Association. For further particulars, address the latter.

VISITORS.—Many physicians have recently visited Dr. Abrams, at his research laboratory in San Francisco, among whom may be mentioned: Dr. Hugo Summa, St. Louis; Dr. J. W. Torbett, Texas; Drs. F. Marshall Planck and B. E. Dawson, Kansas Ctiy; Dr. H. E. MacDonald and Dr. J. T. Fisher, Los Angeles; Dr. I. C. Boerke, New York. Dr. Edward Sylvester Smith, Bridgeport, Conn., who contemplated post-graduate work in San Francisco during August was prevented from so doing by unforeseen circumstances.

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