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

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CURE OF SYPHILIS

"Once syphilis always syphilis" and "Syphilis sleeps it never dies" have achieved the importance of truisms to the phraseologist. My observations do not justify this prognostic pessimism; on the contrary, it is now possible in most instances to eradicate syphilis from the organism, if one may accept the electronic reaction¹ as a criterion of such eradication. In all sciences, the exposition of phenomena is incomplete and practical and scientific theories are mandatory. The practical physician is entitled to ignore the writer's conceptions but he can at least execute the simple therapeutic method and formulate his conclusions based on the therapeutic results.

Syphilis is one of the greatest human problems destined to be accentuated by war conditions. For the present at least, it is not suggested in the presence of acute luetic symptoms to substitute the writer's method for the conventional treatment, but to employ it in latent syphilis and *always* as an adjuvant in association with the accepted therapeutic methods.

By this method, unaided by medication, he has observed the return of lost reflexes which had persisted despite intensive treatment.

CONVENTIONAL MEDICATION.—This, it must be conceded is often efficient in subduing acute luetic symptoms but it is manifestly inefficient in totally eradicating the disease. The obituary of conventional syphilotherapy will be indited when nature's methods of

cure are recognized and executed. The writer sincerely believes that the spleen as an organ of defense has not received due consideration by the clinician or bacteriologist. A clinical study of this organ suggests its basic importance in the *vis medicatrix naturae* not only in syphilis but in other diseases. The syphilographer questions the spontaneous curability of syphilis but does not doubt complete recovery from medication. Respecting the former, there is some reason for contention; respecting the latter, there is none. The electronic reactions show that despite the duration of the disease and however intense and prolonged the treatment, a reaction can always be elicited. Despite the most energetic specific treatment one is often unable to convert a positive into a negative Wassermann. Reinfection cannot be accepted as an evidence of cure for immunology shows that immunity produced by an infection is relative and not absolute for it may be overcome by a more virulent form of the same infection. We know practically nothing about syphilis immunity and are equally ignorant concerning the systematic reactions incident to infection with the *spirocheta pallida*. In syphilis, resistance to reinoculation although high is not absolute. The relative infrequency of true reinfection is due to the relative scarcity of completely cured cases " (Zinsser).² Zinsser admits that it is impossible to gather data showing the spontaneous cure of syphilis (without medical aid) and immunity to reinfection is an evidence of persistence of the disease in a latent form.

Gottheil in a measure summarizes his therapeutic nihilism concerning syphilotherapy as follows: "With mercury alone we apparently could cure syphilis; with mercury plus salvarsan we can do it better. We cannot do it with salvarsan alone."

Bacteria are complex proteins and infection by them is practically a mixed infection. The accepted specifics do subdue one component of the infection but no consideration is accorded to the components constituting the strains. Hence the relative insufficiency of treatment in syphilis. My reactions show that the only mercurial preparation subduing all the strains in syphilis is mercuric binioidide. This drug may be used by intragluteal injections without any harmful effects.

It has been demonstrated empirically that certain salts of mercury are more efficacious than others. This is quite understandable. Thus, in congenital syphilis, three reactions are evocable by the electronic reaction. The general reaction peculiar to the acquired and congenital forms is subdued by mercury and arsenic but the congenital reaction is only dissipated by lodin or a salt of mercury containing it.

ELECTRONIC REACTIONS.—These furnish the following information:—

1. Whether syphilis is present or absent.
2. If present, whether it is congenital or acquired.
3. What tissues are or will become invaded.
4. Demonstration with mathematical precision respecting the intensity of the disease.
5. Whether the disease is quiescent (by measurement) or active.
6. Whether a definite symptom-complex in a syphilitic is or is not dependent on syphilis*

The electronic reactions have repeatedly confirmed by competent

*The writer has nearly completed an apparatus enabling him to visualize the results. Heretofore, the reactions were dependent on human and animal reflexes. (Vide p. 58).

observers.³ Thus, Jarvis³ asseverates, "The test of Abrams" (electronic test) is positive in nearly 100 per cent of syphilitic infections whether hereditary or acquired."

THE WASSERMANNIC MENACE.—The Wassermann test (W. R.) is the fetishistic *ignis Fatuus* of syphilodiagnosis. It tells you that it is not syphilis when it is and that it is syphilis when it is not. This is tantamount to saying, it isn't when it is and is when it's not.

The literature teems with unreliable reports respecting the Wassermann reaction. In any event the reaction is not pathognomonic but monosymptomatic and whether positive or negative, its interpretation must be associated with laboratory tests clinical signs and therapeutic results.

This serological method is discountenanced as is evident from the following:

"A positive Wassermann unsupported by clinical evidence is not sufficient evidence of the presence of syphilis." (Keyes).

"Errors in the diagnosis of specific diseases of the nervous system were no greater in the pre-Wassermann days than at the present time." (Weisenburg).

There is only one chance in five that a specimen of blood submitted to ten serologists will result in an agreement. Collins estimates that 15 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 Bittmann.⁴ The report is based on nearly 100,000 reactions made by the most component 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:

There is a vast difference between a culture tube and a patient and between the laboratory and the bedside. The aim of all medical service is the healing of the sick, hence the prestige of the therapeutic test which recalls the aphorism, "*Naturam morborum curationes ostendunt.*"

"Who shall decide when doctors disagree, and soundest casuists doubt, like you and me?" In despair we must hearken to the practical clinician. In a contribution⁵ on "Syphilitic Bone and Joint Lesions," Fisher emphasizes the frequency of negative Wassermann reactions in undoubted cases of bone syphilis and in desperation maintains that the most reliable test of syphilis is the therapeutic test thus reverting to the preserologic period when the nature of a disease was revealed by the effected cures. The disputants⁵ of the paper are somewhat skeptical to say the least, concerning the value of the Wassermann and express themselves as follows:

Ridlon.—"The diagnosis (syphilis) has to be made by instinct in many cases, instead of positive clinical facts."

Watkins.—"The only reliable test is the therapeutic one. One has to go back to the dictum of the pre-Wassermann clinicians and say with them: "When in doubt treat for syphilis."

Ely.—"There is no reliable test for joint syphilis. The Wassermann

test, the Roentgen ray, the clinical course, the history must all be considered, and we are not certain about our diagnosis."

Horwitz—"The negative results with the Wassermann are fully 50 *per cent.*; so we do not as a rule rely on this test, but look for other essential points."

UBIQUITY of SYPHILIS. "Know syphilis," observes Osler," in all its manifestations and relations and all other things clinical will be added unto you."

The ubiquity of syphilis emphasizes the dictum of Fournier, that general pathology should be made a mere annex to syphilography. The German diagnostician avers:

"Was man nicht diagnostieren Kann, Sicht man als n' syphilis an."
Without a literal translation, the latter may be expressed as follows:

When your diagnosis goes amiss, Always think of syphilis.

It was said of Ricord, who was a confirmed skeptic as to the morality of the race, that he would have submitted Diana to the treatment with his mineral specific and prescribed a course of blue pills for the vestal virgins.

It is in the recognition of Congenital Syphilis that the greatest diagnostic acumen is demanded.

We may not be civilized but we certainly are syphilized. When the voltage of the radioactive energy of the blood of any individual is augmented about 1300 *per cent.* by an induction coil, the reaction of congenital syphilis can always be elicited by the electronic reactions. Such cases are usually without manifestations of any kind but, under certain conditions as we shall learn later, when the virus is expressed from the spleen into the circulation periodic symptoms develop known under a variety of names,—hemicrania, attacks of hysteria, epilepsy, nervousness, asthma, etc. It is a common belief that all diseases with a definite periodicity are malarial but there are a host of diseases in which malaria can be excluded. When the blood is tested in the usual way by the electronic tests without augmentation of energy the ubiquity of congenital syphilis is nevertheless appalling. An analysis of 1000 specimens of blood forwarded to my laboratory demonstrated the reaction of congenital syphilis in 45 *per cent.* of the specimens in contrast with only 18 *per cent.* of the acquired form of the disease. My tests show that there is a synchronism of congenital and acquired syphilis.

Kaskell (quoted by Jarvis³) observes, that while a positive W. R. can be elicited in about 40 *per cent.* of the wives of paretics and tabetics, yet only a small percentage of their children yield a positive reaction to that test.

Stoll, observes that in "late" hereditary syphilis, the patient may present no sign but a single obscure symptom may result in complete invalidism.

Fournier observed, that 98 *per cent.* of the children of syphilitic parents are syphilitic.

In Hochsinger's observations embracing 208 children of syphilitic parents, 43 *per cent.* had some affection of the nervous system. Syphilogenic diseases do not yield such clear clinical entities as paresis and tabes and, "clinical pictures of a disease are largely literary efforts and the product mainly of the descriptive sort."

CURE of SYPHILIS.—The conventional medication for spirochetal poisons will be disregarded. An understanding of the writer's method

predicates some knowledge of immunity, splenic functions and splenic reflexes.

IMMUNITY.—Drugs are mere incidents in the treatment of the sick. Neither the internist nor the surgeon can arrogate to himself the cure of disease for recovery or death ensues despite medication. In pneumonia, the cures are effected by nature and if 75 *per cent.* of the patients, recover and 25 *per cent.* die, nature is 23 *per cent.* inefficient in the cure of pneumonia. To remedy this inefficiency on the part of nature necessitates a more thorough comprehension of immunology. Pathogenic organisms may be present on or in the organism without concomitant disease. When the organism is invaded by microorganisms, a struggle for supremacy exists between the host and the parasites and, in this interaction the aggressive (parasites) contend with the defensive forces (host). At one time it was supposed that the phagocytes constituted the main defensive armament but later, the neutralizing substances in the body fluids were regarded as equally important. Still later, a reconciliation was effected of the cellular and humoral doctrines.

The defensive mechanism of the organism consists essentially of the formation of a neutralizing antibody (antitoxin). The exact localization of the antibody-forming cells and tissues is not clear although the preponderance of evidence suggests their origin in the lymphatic organs, bone marrow and spleen. Zinnser² observes, "Splenuctomized guinea pigs show no difference from normal animals in their susceptibility to tuberculosis. "These and similar experiments have no great significance, since our knowledge concerning the true function of the spleen is very incomplete, and it is not impossible that on removal of this organ, other elements of the lymphatic system may take over its function in part or as a whole." We shall learn later that a study of clinical physiology and pathology yields abundant evidence in favor of the spleen as the essential defensive viscus. The chemical composition of the spleen shows the presence of many albuminous bodies. It has been shown in the therapy of infectious diseases that not all the effects of injections of bacterial proteins were essentially specific. In other words, proteins and protein derivatives of many sources were as efficient as the specific antigen. It is also well to recall the action of serum and leucocytic enzymes in the spleen as factors in immunization.

SPLENIC FUNCTIONS. No definite results concerning this enigmatical organ of the physiologist despite experiments, have been evolved. Its removal from animals is associated without any appreciable effects on normal metabolism. To deduce from this, that its function is not very important would be equivalent to saying that the removal of one kidney is likewise attended without appreciable effects. After removal of the spleen, compensatory functions are assumed by enlargement of lymph glands and augmented activity of the red marrow of the bones. Theories lacking confirmation have been proposed but from this confusion two functions are associated with this organ, *viz.*, production of leucocytes and destruction of useless red corpuscles. It contracts and expands synchronously with the digestive periods. In its contractions it loses 18 *per cent.* of its volume. The volume changes are akin to the peristalsis of the gastrointestinal tract and are caused by rhythmic contractions of the smooth muscle tissue in the capsule and trabeculae. The diminution in volume (systole) and volume increase (diastole) occupy together about one

minute. In addition to these rhythmic variations it increases in volume for a period of 5 hours after digestion. It is the popular belief that the spleen is influenced by the nervous system and Botkin asserts that depressing emotions increase and exhilarating ideas diminish its volume.

Experimentally, the physiologist can by stimulation reflexly contract or dilate the organ. The writer has shown that reflexes may be elicited and demonstrated with the same certainty in the living human subject as is done by the vivisectional experimentalist. This phase of medicine has been called "Clinical Physiology" by the writer and suggests that human and not animal physiology should be the basis of clinical pathology. Clinical physiology enables one to elicit many data concerning the spleen which are beyond the ken of the physiologist.

SPLENIC REFLEXES. The visceromotor centers in the cord may be stimulated so that one may at random either contract or dilate the spleen. These reflexes* are known respectively as the splenic reflex of contraction and dilatation. In the norm, the reflexes are of short duration (not in excess of 2 minutes) and, in their objective demonstration by radiodiagnosis and percussion, one must expedite the latter maneuver. It has been determined empirically that the elicitation of the reflex of contraction is effected by concussion of the 2nd lumbar spine and the counter splenic reflex of dilatation by concussion of the 11th dorsal spine.

A pleximeter is placed on either spinous process and then struck a series of moderately vigorous blows with a plexor.

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

In suspected malaria, one may find *plasmodia* in the blood after evoking the reflex of contraction even though absent before this maneuver is executed. Hematological investigations by the writer show the following: (1) average increase of erythrocytes after concussion of the 11th dorsal spine (which increases the splenic volume), 300,000 and an average increase of hemoglobin of 5 per cent.; (2) average leucocyte increase after concussion of 2nd lumbar spine (decreases splenic volume), 2,800. (3) average increase of red cells after alternate concussion of 2nd lumbar and 11th dorsal, 650,000 with an average homoglobin increase of 10 per cent.

The employment of this reflex in a symptomatic and therapeutic direction is a great value. My experience with the reflex of contraction permits me to conclude that, if in a suspected case of malaria, typic or atypic symptoms of the disease do not supervene after elicitation of the reflex in question, the disease is not malaria. Similarly, suspected symptoms of syphilis are often accentuated after the same maneuver. Take a typic case of acquired syphilis and measure the syphilitic energy from the spine, liver and spleen and we have the

*More fully described in Abrams' "Spondylotherapy," 6th edition, pages 261 et seq. and in the "Reference Handbook of the Medical Sciences," Vol. VIII, third edition.

following figures: spine, 6/25; liver, 23/25 of an ohm and spleen, 1 ohm and 10/25 of an ohm. Immediately after concussion to elicit the reflex (the patient is undergoing mercurial treatment), the reactions are as follows: spine 1 2/25; liver, 12/25 and spleen, 18/25. Thirty minutes after evoking the reflex: spine, 1/25; spleen, 22/25.

The elicitation of this reflex of contraction causes a hyperleucocytosis. It has been shown experimentally that intravenous injection of splenic extract evokes a like condition. Wells, has shown that the splenic pulp contains the greatest number of leucocytes (in one instance 180,000 per cb. mm.) This concentration is evidently the result of the fixation in the spleen of the presence of the products of disease which exert a positive chemotactic influence toward the leucocytes. Evocation of the splenic reflex of contraction is in my opinion, one of the most valuable adjuncts in the treatment of infections. This not only applies to syphilis, reference to which has already been made, but to streptococcal and gonococcal infection. Although the organisms of these diseases may be absent in the blood their presence in the latter may be shown after elicitation of the splenic reflex.

The localization in the spleen of the toxins of different infections which is practically a "dead corner" and resists drug action demands daily elicitation of the splenic reflex. The maneuver which excites this reflex also elicits the liver reflex. The liver is an important organ of defense and detoxicates toxins conveyed to it by the portal circulation. It is interesting to observe that Dr. William J. Mayo, in his Carpenter lecture at the N. Y. Academy of Medicine (Oct. 18, 1917.), sustains my theory as follows: "Hibernation of spirochetes in the spleen permits luetic reinfection of the body."

The use of intraspinal and even intracranial injections of specifics based on the supposition that the permeability of the meninges and choroid plexus are impaired is wrong. Salvarsan and Mercury even though not given parenterally may be demonstrated electronically from the spine in a few minutes.

Elicitation of the splenic reflex of contraction is an important aid in evoking the Noguchi reaction¹¹ when absent and accentuating it if present. These findings have been confirmed by Frauchiger.⁸

From an investigation of a comparatively large number of cases of syphilis coupled with observations bearing on the results of treatment, we deduce the following:

1. The usual depositories for the luetic virus are the spleen and liver, notably the former.
2. When the splenic and liver reflexes of contraction are evoked by concussion of the 2nd lumbar spine, there is an immediate extrusion of the virus into the circulation.
3. The spleen is not a quiescent viscus but undergoes periodic changes in volume.
4. Emotions digestive disturbances and other factors may precipitate extraordinary volume changes in the spleen, thus eliminating the products of the disease into the circulation, causing an exacerbation of symptoms present or producing them if absent.
5. In parasymphilitic diseases, the parasites are found in the "dead corners" of the organism and resist the action of drugs. Similarly, virus lodged in the spleen is equally resistant. Elicitation of the splenic reflex is therefore a valuable adjunct in syphilotherapy. The same fact applies in all cogency to other infections and in a number of diseases notably, "fatigue neurasthenia."

SPLenic REFLEX of DILATATION.—Chief consideration has heretofore been accorded to the counter reflex of contraction and while elicitation of the latter has given the writer material aid in rapidly reducing (in conjunction with medication) syphilis from an active to a quiescent state, it has never effaced a positive electronic reaction of the disease. It was not until both reflexes were employed that one could positively eliminate the reaction and this was attained without synchronous treponemacidal medication.

Contraction of the spleen mobilizes the luetic virus by eliminating it from the spleen. The reflex of dilatation is a process of scavengerism centralizing the toxins in the spleen from every cranny of the organism.

Thus, the electronic reaction from the spleen in a syphilitic shows a luetic reaction of 5 ohms and $4/25$ of an ohm. After concussion of the 2nd lumbar spine (splenic reflex of contraction), it measures $5/25$ of an ohm and after concussion of the 11th dorsal spine, it measures 15 ohms and $4/25$ of an ohm. Mensuration from the spine shows an increase in the potentiality of the reaction after concussion of the 2nd lumbar spine and an absolute annihilation of the reaction after concussion of the 11th dorsal spine. This annihilation is only temporary but after a persistence of the method, it becomes permanent. When the reflex of dilatation is elicited, one is practically executing a vacuum therapy and when the counter reflex is excited, an elimination therapy. This process is not unlike the action of a suction and force pump. The physiologic mechanism of suction is expressed in sucking and suction of the thoracic cavity and heart. "Self-massage of the heart," as Brunton¹⁰ puts it is an analogous condition whereby nutrition of the heart is largely dependent on its own activity. The pericardium is like a bell jar. When the ventricle contracts, a vacuum is produced in the pericardium thus sucking blood into the auricles and ventricles and from the blood and lymph vessels. The therapeutic action of digitalis is largely dependent on the fact that it aids or augments the natural suction-power of the heart.

Quinin* yields by virtue of its radioactive energy a specific area of abdominal dullness. When ingested and a reaction is taken from the spleen after a lapse of time, no reaction of quinin from the spleen can be evoked. Elicitation of the splenic reflex of dilatation, however, will after the lapse of a minute enable one to elicit the reaction from the spleen. The splenic reflexes may be demonstrated by percussion and in suitable cases by the x-rays. Expert percussion enables one to determine contraction of the spleen every 3 or 4 seconds but there is no volume increase.

When any of the drugs used in syphilis are presented to the splenic region percussion shows a slight alternate increase and decrease in the volume of the organ at regular intervals. This change in volume however is infinitesimal compared to the volume changes evoked by concussion.* The foregoing permits me to conclude that spirochetal drugs may act by provoking volume changes in the spleen.

HEMATOPHAGIA.—This neonym suggests itself in referring to a therapeutic procedure known as "Auto-Hemic Therapy" developed

*Biochemical reactions in toxicology are discussed in "New Concepts in Diagnosis and Treatment," p. 288.

*The action of grosser methods of stimulation of the spleen is noted on p. 354 in "Spondylotherapy."

by Dr. L. B. Rogers, Chicago. It consists of giving the patient a solution made by attenuating, homolyzing, thermolyzing, diluting and potentizing a few drops of the patient's blood and administering it according to a definite technic. Empirically, this method finds justification by the results achieved by many enthusiastic devotees of the method who are less concerned with its scientific than its therapeutic value. Inasmuch as this method is related to the immunologic methods of the writer, brief reference to it will be accorded.

Dilution as the writer has shown augments the dynamic action of drugs and antibodies: The writer found that if a neurasthenic will ingest a few drops of his own diluted blood it will temporarily dissipate his electronic reaction of neurasthenia but the same blood given to another neurasthenic is without influence on the reaction. A similar observation has been noted with syphilitics. The radioactive energy of the normal spleen dissipates the reactions of the strepto and staphylococcus, colon bacillus, tubercle bacillus and typhoid bacillus but is without effect on the carcinomatous reaction. The latter is dissipated by the radioactive hepatic energy. To secure more permanent action, it is suggested by the writer to primarily evoke the spleen reflex before removing the blood. It is likewise suggested to observe results *per os* without recourse to parenteral methods.

The writer often demonstrates to his classes an electric phenomenon incident to the elicitation of the spinal reflexes. A proof plane held in contact with the skin adjacent to a concussed spinous process will show a negative electric charge when transferred to the knob of an electroscope.

In an editorial in a recent number of the *American Journal of Electrotherapeutics and Radiology* (July, 1918), reference is made to the fact that spinal stimulation to evoke the visceral reflexes will effect cures where drug medication utterly fails.

SPLENOTHERAPY.—The execution of the writer's method for the treatment of syphilis is as follows:

Locate the 11th dorsal and 2nd lumbar spines and mark with a pencil of silver nitrate or skin ink.* Provide the patient with either to apply should the marks become effaced. A strip of plaster may also be used but it is usually removed in bathing. Methods for counting the vertebral spines in obese subjects must be employed.† When there is any doubt respecting localization, note that if one concusses the 2nd lumbar spine, percussion (executed immediately) shows a reduction of the splenic volume and conversely, an augmentation after conclusion of the 11th dorsal spine. Some relative or friend may be entrusted to execute concussion twice daily. A tack hammer and a cork suffice for this object. The concussion is first executed at the 2nd lumbar spine and then at the 11th dorsal spine. The cork is firmly fixed over the spines and light blows are executed. The entire duration of treatment is 6 minutes; 3 minutes devoted to each spinous process. The 3 minutes treatment is discontinuous being made up of concussion for one-half minute with intervals of rest for the same duration of time to avoid exhaustion of the reflexes. *When this treatment is conscientiously pursued for 2 weeks, one can no longer as a rule, elicit an electronic reaction of syphilis and this result is achieved exclusively by the reflexes without coincident medication.*

*A relatively efficient ink is as follows: acid pyrogalllic, 1 gm; acetone, 10cc.; liq. ferri perchlor. fortior, 2cc.; spirit. vini meth. ad, 20cc. Brownish at first, it becomes black after several hours. Application should be preceded by removal of fat from back by ether. A better stain is that used for leather (fiebging black dye).

†Vide, Spondylotherapy or any work on clinical diagnosis.

Concussion of the 2nd lumbar spine also elicits the liver reflex of contraction (*g. v.*) and it may be noted that examination of the urine before and after concussion shows increased indican excretion after concussion as well as ethereal sulphates and urea*. An immediate effect of the treatment is the improved color of the patients owing to the hematogenic action of the splenic reflexes (*g. v.*). Another conspicuous effect in neurasthenics is the betterment of the sexual vigor and other symptoms. The beneficial effects may be attributed to the reflexes which centralize the fatigue toxins in the spleen and then excrete them. After elicitation of the splenic reflex of dilatation, the electronic tests of neurasthenia evanesce.

In conclusion and parenthetically without any concession to the value of the W. R., it was noted in 5 cases where the W. R. had persisted despite intensive treatment, that it became negative subsequent to the execution of the writer's method of treatment.

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*A NEW METHOD OF PERCUSSION**

PERCUSSION.—In percussion, despite its antiquity and supreme clinical importance, it is difficult to eliminate the personal equation and the prejudiced preconception of perceiving what is expected to be perceived. In dwelling on the deficiencies of this art, the writer does so not as a rebuke to the Herculean efforts made by traditional investigators, but to arraign our complacency which accepts things as they are and to view as a sacrilegist any one who questions established methods. Five physicians of local prominence in San Francisco, were in attendance on a patient. All concurred in the diagnosis of appendicitis and the necessity of an immediate operation. "Gentlemen," said the patient, "I do not doubt the accuracy of your diagnosis but, insomuch as the operation necessitates an anesthetic, will you not assure me that my heart is in good condition." All the physicians located the heart by *percussion* in its conventional position. "Now, gentlemen," remarked the patient after all the physicians had agreed on the area of heart dullness, "permit me to question the infallibility of your diagnosis and to announce, as this radiograph of my chest will show that, my heart is located on the right side and that I am in consequence a victim of what is technically known as dextrocardia."

After many years of experience in teaching physical diagnosis to physicians the writer is impressed with the fact that errors in percussion are most frequently perpetrated not because of a faulty execution, but owing to a failure in recognizing nuances in sound.

The interpretation of sound is a matter of education, or otherwise the notes of the musician would be cacophonous and the messages read by the telegrapher would be erroneous. The writer has constantly endeavored to eliminate certain factors which are elicited in percussion and conduce to so much confusion in interpretation. This refers in all cogency to certain ventral² and pulmonary areas³ of dullness which are constantly present in certain diseases.

TOPOGRAPHIC PERCUSSION.—Percussion of the chest or abdomen produces a sound which is the product of the vibration of the air-containing tissues and the thoracic and abdominal walls. It is the summation of this vibration which interferes with the elicitation of the dullness of the airless in juxtaposition to the air containing organs. By eliminating one factor

*By ALBERT ABRAMS. Reprinted from **Medical Record**.

of vibration, the topographic definition of solid viscera would be more easy of attainment. Much ingenuity has been displayed by clinicians in devising new methods of percussion, but unfortunately an ideal method has not thus far been attained. By means of the method presently to be described *uniform results* can be achieved by the merest tyro and this uniformity in interpretation which can alone dignify a method as scientific is easy of execution.

METHOD.—This embodies the principle of transonance and is executed by continuous or intermittent direct percussion (without the interposition of a pleximeter) with the finger at the acromial extremity of either clavicle. In very fat individuals a pleximeter may be used and the latter struck by aid of a plexor with a soft rubber end.* The following results are attained with the patient standing (the writer's usual method of examination).

In the execution of the method cognizance is taken of the following components which make up the maneuver:

1. Dulness.
2. Palpatory percussion.
3. Auscultatory percussion.

DULNESS.—In delimiting the heart, aorta, liver, spleen, or kidneys, or in the detection of lung or abdominal dulness, one executes a series of percussion blows with the finger of one hand at the acromial extremity of the clavicle and with the finger of the other hand moderate pressure is made. The approach to an organ or area of dulness by the latter finger is executed like in conventional percussion. The moment the area of dulness or the border of a solid organ is attained a conspicuous, easily recognized, dulness is heard which the striking finger also appreciates.

PALPATORY PERCUSSION.—Striking the acromial extremity of the clavicle as before, the finger of the other hand approaches the borders of the heart in an *intercostal space* and the moment the border is attained (if the patient is not too obese), a slight impact of the cardiac border is demonstrable to the palpating finger provided the clavicular blow is sufficiently strong. The sensation is not unlike that in ballotement. It is surprising with what accuracy the right and left borders of the heart can thus be defined. The orthodiagraph proves the correctness of the method. The lower liver border

*A Goodyear soap rubber eraser No. 15 is most efficient as a pleximeter.

in the parasternal, mammary and axillary lines may thus be defined. The splenic borders are similarly demonstrable.

AUSCULTATORY PERCUSSION.—Percussing the clavicle as before, one approaches the solid organ or a dull area with a small bell of a stethoscope and when the border of the organ is attained, there is an immediate transition from resonance to dulness. In demarcating any of the areas of ventral or pulmonary dulness (by this method), peculiar to disease by the electronic method of diagnosis,² the results are most striking. Shifting the patient from a position facing the west to the magnetic meridian and back from the latter to the west shows respectively the transition of dulness to resonance and from resonance to dulness. I have shown elsewhere⁴ that visceral tonicity varies with the points of the compass. A relaxed organ will yield a smaller area of dulness than an organ in a state of tone. Any physician can prove the foregoing by percussing the heart alternately with the patient facing west, east, north and south. To achieve uniform results in topographic percussion it is the writers invariable rule to execute percussion when the patient faces the geographical west.

BIBLIOGRAPHY.

1. La Presse Médicale, Feb. 6, 1917. The Medical News, November 8, 1902.
2. Abrams.—International Clinics, Vol. 1, 27th series, 1917.
3. Medical Record, Feb. 16, 1918.
4. Abrams.—New Concepts in Diagnosis and Treatment, 1916, p. 102.

Addendum. The foregoing effects are accentuated by striking the 4th cervical spine directly with a plexor or indirectly with a pleximeter if the subject is obese. The latter maneuver necessitates an assistant. In thin subjects looking from above downward in a propitious light the repercussive effects may be noted during suspended respiration by direct inspection, viz., borders of heart, spleen, lower liver border and site of the pylorus. Students of the Electronic Methods are urgently requested to define the areas of dulness by the auscultatory method. The results are uniform even by novices and the results are mathematically accurate. There is no longer any excuse for a failure when the physician is not an adept in percussion.

STRIAE SYPHILITICA

The editor has directed attention in previous numbers of this journal to stigmata in hereditary syphilis. The new phenomenon referred to in this issue applies to a cutaneous sign peculiar to the congenital and acquired varieties of the disease. We are all familiar with the *lineae albicantes*—atrophic lines or streaks seen in the skin of the abdomen after stretching from pregnancy, dropsy, tumors, etc. In syphilis, a white line encircles the areas of dulness of the abdomen peculiar to this disease. They are likewise found surrounding the areas of dulness of the thorax peculiar to syphilis (Figs. 6 and 7). Owing to the frequency of other lines on the abdominal skin peculiar to other conditions the lines should be sought for on the thoracic skin. The lines are often pigmented and may appear on both sides but they are always more conspicuous over the dull areas. Stretching the skin brings them into greater prominence. They are of trophic origin like the glossy skin and their genesis may be appreciated by recalling the writer's electronic conception of symptoms, *viz.*

SYMPTOMS ARE ONLY REFLEXES PROVOKED BY ENERGY ACTING ON DEFINITE CENTERS.

Disease, like color, or any other phenomenon is only a question of vibratory rate. Thus the lung areas of dulness in syphilis are evoked by the *spirocheta pallida* or toxinosis resulting therefrom acting on definite fibers. Now a spinal segment is endowed with motor, sensory, vasomotor and trophic functions. It is impossible to conceive a stimulation reserved for a single component of a spinal segment. It can be shown in the lung areas (Figs. 6 and 7.) peculiar to syphilis, that the muscles are rigid, sensibility is diminished and impaired trophic functions may be noted by augmented perspiration* and the atrophic lines already cited. The syphilitic striae in congenital and acquired syphilis are frequently found along the border zone between the epiphysis and diaphysis of the long bones in the areas corresponding to the osteochondritis of Wegner.

*When starch powder is blown on the skin of the thorax and then blown off with a blower, the powder will adhere (cake-like) to the dull lung areas. The writer has devised a galvanic apparatus for this purpose—the diminished skin resistance owing to augmented perspiration will set in action a buzzer so that buzzing may be heard in an auditorium.

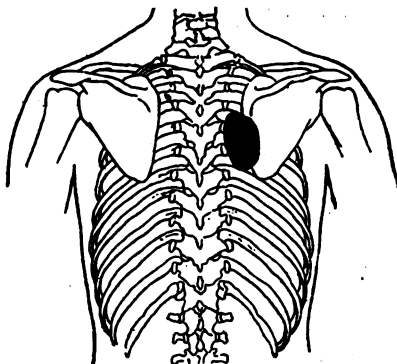


FIG. 6.—Pulmo-diagnostic reaction in congenital and acquired syphilis. The area of dulness measures approximately 4x4 cm. The location is defined with arms hanging. During percussion, the subject places his right hand on the left shoulder.

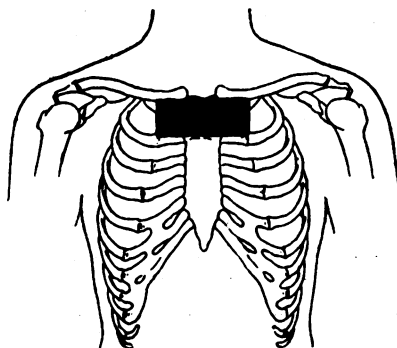


FIG. 7.—Pulmo-diagnostic reaction in congenital syphilis. This area of impaired resonance is present in addition to the area demonstrable in Fig. 6.

ELECTRONIC REACTIONS OF ABRAMS

(A few brief citations from other sources respecting these reactions. Editor.)

INTERNATIONAL CLINICS (Vol. 1, 27th series).—Monograph on ERA. *La Clinique*.—"Diagnoses may be consummated which appear marvelous" (Contributor carefully investigated the E R A).

Caesar, W. J., M. D. (M. R. C. C., U. S. A.)—Reports of 192 blood tests by E R A of different diseases at *State Hospital*. Absolutely correct diagnoses in 189 cases. Executant with positively no clue of diseases or patients from whom blood was derived. Specimens furnished by attending physicians at Hospital. (Report on request).

Jarvis, Geo. O., M. D. (formerly University Penna.).—E R A positive in nearly 100 *per cent.* of syphilitic affections (hereditary and acquired). Absolutely correct diagnoses of incipient cancer and strep. infection.

MACDONALD, H. E., M. D.—Examination of 100 difficult cases by E R A by Abrams and in no instance was there an error.

SCROGGS, W. R., M. D. (M. C. U. S. A.).—“I consider last 5 months spent in investigating the E R A, as the best spent of my medical life.”

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

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

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

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

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

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

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

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

PAREDES, F., M. D. (Mexico).—“I shall popularize your marvelous methods of diagnosis in Mexico.” (Dr. P. studied the E R A at Dr. A.’s laboratory).

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

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

VECKI, V., M. D.—“Only conforms with extract truth that all cases submitted to E R A, diagnoses correct and justified by therapeutic results.”

“I have witnessed marvelous results in diagnosis of syphilis by E R A” (excerpt from Vecki’s “Sexual Impotence,” Saunders & Co.).

WHITE, GEO STARR, M. D.—“To be able to diagnose at very beginning tuberculosis, carcinoma, syphilis and pus formation—is almost beyond comprehension or belief.” *A. J. Clin. Med.*

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

Editorial North American Journal of Homeopathy (May, 1918).—

“Dr. King several times in private conversation and in his correspondence has spoken of his faith in the reliability of the reflexes of Abrams as a diagnostic test. He relates the following incident as strikingly illustrative of what may be done by this test: A young lady of a family of high social standing came to him from another city for a diagnosis. Being greatly puzzled he finally took a sample of the blood and sent it to the Abrams laboratory for diagnosis. When the young lady called later for report on the blood, Dr. King with some diffidence said: ‘I am morally certain that there has been some clerical mistake made at the laboratory; that most likely the sample of your blood that I sent got mixed with that of some other sample.’ The young lady replied: ‘But, Doctor, what was the report?’ After considerable urging on her part he said, ‘Pregnancy, but I am sure there has been a clerical mistake.’ After a few moments’ silence the young lady remarked: ‘Doctor, there is no mistake.’

“Another physician recently told us that he had a case that puzzled him greatly. He sent the patient to a number of different eminent specialists for a diagnosis. All of the diagnoses differing, and being unsatisfactory he finally sent a sample of the blood to the Abrams’ laboratory, and the report came back ‘Hereditary Syphilis.’ At first he was very skeptical as to the correctness of this diagnosis. Recalling the fact that the patient was a twin, he hunted up the other twin and obtained a sample of the blood and without any comment sent it to the Abrams’ laboratory. The report came back “Congenital Syphilis.” Still being somewhat skeptical, he dug up the family history and learned that the father of the twins had died of Paresis.”

SPONDYLOTHERAPY

(The following is excerpted from an editorial, *American Journal of Electrotherapeutics and Radiology*, July, 1918. Most of the visceral reflexes may be demonstrated by the x-rays. Attention in this respect is directed to the *appendix reflexes*. From letters received from many physicians, the execution of the *appendix reflex of contraction*, has yielded phenomenal results in many cases of *chronic appendicitis*. In the treatment of *cardiospasm*, the writer has recently investigated the condition by the rays and noted how concussion of the 7th cervical spine arrests the passage of the bismuth and

concussion between the 3rd and 4th dorsal spines facilitates its passage. Editor).

"In the July 6th issue of the Journal of the American Medical Association is mentioned editorially the report of Mr. Justice Frank E. Hodgins to the Ontario Legislature, an extended abstract of which was published in the June issue of this journal. The editorial calls particular attention to this report and speaks in the highest terms of what was said concerning the attitude of the commission towards the osteopaths, chiropractors and Christian Scientists. The editorial fails, however, to make any mention of what was said concerning the importance of having modern physical therapeutic methods systematically taught in the medical colleges. It is a source of regret to those who are familiar with the great value of the scientific employment of physical therapeutic measures, particularly as including the uses of electricity, radiant energy and the mechanical methods of treatment, that the official organ of the American Medical Association is disposed to treat these subjects with indifference if not with contempt. The time is not remote, however, when the Medical Profession must recognize the value of these methods and accord them their proper place in therapeutics. When this is done, and these methods, which are indispensable to scientific medicine, are properly taught in the light of the present knowledge of the subject, there will be no occasion to antagonize or even consider the various cults; because the scientific employment by the Medical Profession of superior methods will obtain results which will set aside for all time, the chance for the existence of these cults. The Medical Profession will then obtain good results with the physical methods scientifically applied and the work employed by untrained minds, who limit their methods to spinal manipulation will no longer compete with scientific medicine. Observing members of the profession concede that by the use of spinal manipulation in the hands of such practitioners it is possible to relieve certain conditions that can be only relieved by local manipulations. *Until the profession adopts the employment of the principles of spinal stimulation and inhibition and recognizes its importance the cults will thrive; because they will obtain results in many cases where drug medication and suggestion utterly fail.* Those physicians who are familiar with the indications and scientific application of mechanical vibration can effect numbers of cures that cannot be obtained so effectively by those ignorant of these methods of application: for example; a relaxed cardia with feeble contractions or in-termissions, or both can be systematically restored to tone and

normal rhythm by the application of correctly measured vibration to the intervertebral spaces between the transverse processes of the seventh cervical and first dorsal vertebrae; from which region the branches of the vagus and sympathetic nerves pass to the heart. In conditions of dilatation of the blood vessels of the splanchnic area, systematic applications of sinusoidalization or mechanical vibration over the intervertebral spaces between the transverse processes of the second and third, third and fourth, and fourth and fifth dorsal vertebrae will effectively contract the vessels and relieve the resulting symptoms and effects. The blood vessels of the splanchnic area are thereby restored to normal tone and the circulation to the organs included in this area—the liver, spleen, pancreas, stomach and the upper portion of the intestinal tract, are restored to normal function.

It is important to recognize these facts for the future standing of the profession.

Dr. Francis X. Dercum in his paper on Visceral Symptomatology in Nervous Diseases has failed to recognize the true conditions as present in the case which he referred to as having neurasthenic symptoms. The cases described in his paper published in the Journal of the American Medical Association of July 13th, 1918, page 92 are cases which have been for some time recognized by those familiar with the conditions as *splanchnic neurasthenia**. Dr. Dercum in his paper, like many other views expressed in the papers of able men, fails to mention a successful treatment of conditions referred to. This manifests a want of knowledge and research in the lines of possible cure by physical measures which is to be deplored; because in the hands of those who are familiar with modern physiotherapy, many of these problems are easily solved.

The medical profession, instead of awakening to the possibility of employing intelligent methods, leave these cases to be relieved, as they often are, by the men criticized in the editorial referred to and justly criticized by Mr. Justice Hodgins in his report. He also called attention to the fact that in physical therapeutics there resided the possibilities of scientifically managing a large number of conditions to which most of the medical profession are not applying the most scientific measures. He obtained the admission of medical teachers that these subjects were not, but should be, taught in the medical schools.

Already the medical profession in Great Britain, who for a long time were even more negligent and indifferent to the

**Splanchnic Neurasthenia*, ABRAMS. 4th Edition.

importance of physical therapeutics in medicine have been taught, by the results obtained in the treatment of the wounded soldiers by electricity and other mechanical methods, that they play a most important role in the treatment of the injured. The English surgeons also acknowledge the fact, that in America these things had received more attention, prior to the war, than in England. Great Britain had been three years in the war with her wounded to care for before she fully recognized this important lesson. At the present time in our own country there is no subject receiving such indifferent attention for the relief of our wounded, marked by the ultra-conservative attitude of the medical staff toward the employment of physical therapeutics in the treatment of the wounded. Why this condition exists can only be explained by the general ultra-conservative attitude of those not familiar with the methods; whereas, those who study the methods are soon convinced that they will give greater comfort to the unfortunate."

MISCELLANY

SUBSCRIPTION RENEWAL.—*This is now due.* Subscribers are again requested to forward their remittances promptly.

VISITORS.—Among some of the recent visitors to Dr. Abrams' laboratory are Dr. H. L. Mills, Kansas and Dr. F. Vazques Gomez. The latter will devote several weeks in San Francisco to the study of the electronic reactions. He was for many years the private physician to Diaz, former President of Mexico; Professor of Surgical Pathology in the University of Mexico; President of the National Academy of Medicine and Minister of Public Instruction in the Mexican Cabinet. Recent telegraphic reports from the Junta in New York, suggest that Dr. Gomez was selected as President of Mexico.

The editor has nearly completed an apparatus for the qualitative and quantitative determination of *radioactivity*. This apparatus may also be used for electronic diagnosis and therapeutic indications in lieu of Abrams' reflexes. It is contemplated to establish in each city a "Diagnostic Institute" on strictly ethical lines and that one or more physicians will be assigned the exclusive right to use the apparatus. It will be necessary for physicians to visit San Francisco for about 10 days to receive instruction in the use of the apparatus. Interested ethical medical graduates may communicate with the undersigned for further information.

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

PHYSICO-CLINICAL LABORATORY

—OF—

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

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

VIRULENCY GAUGED

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

BLOOD ON PAPER,

NO SPECIAL INFORMATION NECESSARY.

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

A FEW REFERENCES

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

ONLY ONE IN FIVE

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully 50 per cent., and positive reactions with this test are elicited in non-syphilitics (2.6 to 18.1). Positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916), estimates that 15 per cent. of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. Physicians of prominence no longer rely on the Wassermann test. The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy!

NEARLY 100 PER CENT. POSITIVE

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

VECKI

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

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

FROM ENGLAND

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

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

CANCER

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

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

INCIPIENT TUBERCULOSIS

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

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

DIAGNOSIS AT THE VERY BEGINNING

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

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

SPECIMENS

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

FEES

(Which include all diagnostic information necessary.)

Blood examinations which include tests for all diseases\$10.00

Subsequent blood examinations to gauge the course of the
disease 5.00

Examination of patients 25.00

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

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

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

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

Victor G. Vecki, M. D.

PHYSICIANS' BUILDING
316 SUTTER STREET, COR. POWELL
SAN FRANCISCO, CAL.

June 13th, 1917.

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

My dear Dr. Abrams:

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

Sincerely yours,

V. G. Vecki, M. D.

GVV/JH

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
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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.

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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.

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

Very sincerely,

W. R. Scroggs M.D.

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

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

To Whom it may concern:

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

H. E. MacDonald M.D.

July - 27 - 17

Dear Doctor Abrams

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

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

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

Thanking you for past favors I am sincerely yours.

A. M. T.

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

By W. J. CAESAR, M. D.

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

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

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

Diseases Diagnosed by an Examination of Dried Blood

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

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.



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and
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