

Physico-Clinical Medicine

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

Vol. 4

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No. 3

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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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ANTECEDENT ERA OF THE OSCILLOCLAST

The treatment of disease by the oscilloclast is based on destructive vibrations and is essentially "similia similibus curantur"—like vibrations are destructive to like vibrations. The principles of homeopathy are being swept into the discard because the mere citation of cures is of no scientific import. The methods of electronic diagnosis and treatment are demonstrable, and signalize the redivivus of homeopathy. The writer is not a homeopath, but an advocate of truth irrespective of its source. Vibration is the product of energy in motion. It is most evident in sound and color. "Color is sound made visible, and sound is color made audible."

Hearing perceives over ten octaves of sound vibration, and sight, one octave of light and color vibration. The trumpets blown in unison by the followers of Joshua, overthrew the walls of a fortified city; the sounding trumpets at a definite pitch caused the electrons of the wall to respond, with consequent destruction of the wall. Music is the science of harmonic vibrations. "Music the fiercest grief can charm, and fate's severest rage disarm." Music is the essence of all arts. Without music and color, the universe would be deprived of its soul.

Musicotherapy awaits scientific recognition. Man is only a medley of vibrating electrons, and the differentiation of structures and functions is merely a differentiation of vibratory rates. Rendition of the overture of Tannhauser increases the pulse rate (10-25), whereas a restful number, "Mediation," diminishes the rate and blood pressure. Esculapius cured deafness by the sound of the trumpet. Plutarch cites deliverance of plague by the sweetness of the lyre.* The Phrygian pipe was used for the relief of sciatica. Numerous instances in literature are cited showing the power of music in the treatment of insanity.

Music is truly the mother of sympathy and the auxiliary of religion.

Said the Emperor Charles VI: "Music must not only charm the ear, but touch the heart; heal the mind of grief and sorrow and the body of disease and pain." Pythagoras believed that the universe was created by music. This is an exalted apostrophe to melody which, if employed in the interpretation of nature, must be developed mathematically.

I can visualize the musician of the future, who has so mastered the pitch and quality of sound, imparting to it a specific hue, tint and shade, that he will be capable of producing constructive or destructive rates of vibration and employ them in the treatment of disease. Thus, futurity will recognize the physician as a phonician.

ANNOUNCEMENT

"Medicina est ars conjecturalis," Faraday observed. "In knowledge, that he alone is to be contemned or despised who is not in a state of transition." Medical problems not in unison with the progress made in physical science are doomed to perdition. The oscilloclast exemplifies a physical principle in therapeutics. The electroradiometer (J. Dec. 1919) embodies a physical principle in diagnosis. The demand for the electroradiometer was relatively large, but the editor did not deem it expedient to release the apparatus unless physicians came to this city to be instructed in its complicated manipulation. Commercialism in medicine is deplorable. The writer anticipated that, sooner or later, he would discover an apparatus of greater simplicity, which could be constructed at less cost. This anticipation is realized, and in the next number of the Journal we trust it may be placed at the disposal of the profession. It practically suggests the principle of the energelaometer (N. C., p. 308). Within a glass case are a number of cords, each attuned to radioactive energy of a definite vibratory rate, so that if the energy of cancer is conveyed to the case, only that cord syntonized to the rate of cancer will respond. A similar response is achieved in tuberculosis, syphilis and other diseases.

*Horace concludes his address to the lyre:

"O laborum, dulce lenimem, mihi cumque salve, Rite vocanti."
(O, of our troubles, the sweet, the healing sedative).

THE PHYSICS OF PERCUSSION

In a recent communication, *'L'Orientation des Animaux et les Influences Magnetiques,'* by Regnault before the "Society of Comparative Pathology" (seance July 8, 1919), the following observation was made:

"My studies on orientation have been controlled by the observations of Abrams."

To obtain the best results, subjects must stand on a grounded plate, and colors and intense lights avoided. Under these conditions my investigations with colleagues at Vichy, Granville and Toulon show the following: When the heart area was defined by percussion (patient facing west), then percussed again with the patient facing east, north and south, the area of dullness was notably diminished in the latter positions. The liver border in the right parasternal line diminished 2 to 4 cm., and the upper heart border was lowered from 8 to 10 mm. when the subject was turned from the position "face to the west" to the position "face to the north." We proved Abrams' studies, which show that the visceral reflexes (1) attain their maximum reaction from electronic energy (2) when the subject faces west.

The writer in one of his books (3) expresses himself as follows:

"Tone is an essential attribute of all living organisms, and relaxation is its antithesis. The nerve centers are in a condition of tonic excitation, from which impulses pass to the viscera, maintaining them in a state of tonic stimulation. Every living being transforms energy from the universe. The ideal man is a perfect transformer, and "Life is a continuous adjustment to the environment" (Spencer). The attraction of man by the sun and the mechanical energy imparted to him by the sun, rotation of the earth, atmospheric pressure and the electric potential at billions of volts, all influence the microcosm by the macrocosm—the world machine."

The writer has shown that, the magnetic elements influence visceral tonicity and that the output of energy varies in relation to the posture of the individual, because the intake of energy is similarly influenced. The organs are in a varying state of tonicity and the tone may be normal (orthotonic), increased (hypertonic), diminished (hypotonic), or

absent (atonic). A relaxed organ will yield a smaller area of dullness than an organ which is in a state of tone.

To accurately reproduce the area occupied by an organ it must possess tone, otherwise topographic percussion is unreliable. It is easy for the physician to show that the borders of the heart will vary according to the posture of the patient on whom percussion is executed. It will be found that the area of the heart, or, for that matter, any viscus, will be greater when the patient faces the geographic west than when he faces the other points of the compass. Note that, when the patient stands in the magnetic meridian, supreme tonicity is conferred on the viscera. The latter maneuver is equivalent to organismal induction from cosmical energy. The writer wishes to emphasize an important fact in the technique of sphygmomanometry (like percussion), viz., the necessity of taking pressure in a definite position.

Any physician can easily prove that variations (however slight) do occur, and they are most manifest when the patient faces the geographic north during the time pressure is taken. Vital phenomena are dynamic, and organismal action is a process, not a structure. All problems dealing with the physiology of man not in accord with the progress made in physical science are doomed to perish.

In the writer's book (3), the electrophysiologic structure of man is shown with the hands and feet as polar termini. With an apparatus constructed by the writer (electroradiometer) (4), it can be definitely shown that polarity of the hands and feet of a normal male is positive on the right and negative on the left side and this polarity is reversed in the normal female.

Let the reader forget for a moment that the latter observation is correct, and try the following: Percuss the area of the heart with the patient facing the geographical west. Instruct the patient to bring both feet in apposition. (Note that the area of the heart is diminished.) Instruct the patient to approximate his finger tips in addition to his feet,

*Those executing the "Electronic reactions of Abrams" should bear the fact in mind that approximation of the feet and hands (of patient, subject or both) will prevent the Electronic reactions (overt and otherwise J. Dec. '19).

and note, that in many instances the area of cardiac dullness is practically annihilated.* Note furthermore, that the moment the feet of the patient are approximated, there is a momentary inhibition of the pulse. When the feet and hands are approximated, the maneuver may be likened (in the animal machine) to a short circuit in a dynamo, which discharges the current within the machine, thus causing its deterioration and minimizing its energy output.

Let percussion of the heart teach us another lesson in the physics of the human organism. The "reflexes of Abrams" demonstrate that the earth is the negative terminal of nature's energy. That, when the electrical tensions between the body and earth become equalized the maximum tonicity is conferred on the viscera.

Ground each leg of patient by means of a wire to a faucet or radiator, and note that the intensity of cardiac dullness is greater after than before grounding.† Note also the effect when patient approximates his feet and hands, and note, furthermore, that the maximum intensity of cardiac dullness is attained when the patient is grounded and stands in the magnetic meridian.

The writer has utilized therapeutically the latter data (3) for the purpose of minimizing the expenditure of nervous energy in neurasthenia.

A maximum amount of energy may be conferred on the viscera by aid of the writer's Oscilloclast. (4). It will be noted by the investigator that when the fingers and feet of the patient are approximated owing to the removal of vagus tone, the lower lung border will descend several centimeters. The "lung reflex of dilatation" thus induced will render areas of lung consolidation less evident.

To aid topographic percussion, the methods of transsonance (5) and suppression of the vibrations of the sternum (6) will prove of great value.

A recent method of "threshold percussion," first utilized by the writer, is of undoubted value in defining the areas of visceral dullness and the areas of diminished resonance elicited by the electronic

Late investigations show that overt phenomena reported in the Dec. Journal (1919) are accentuated if subject is insulated (patient must be grounded).

†In the writer's research laboratory, the patient stands on 2 plates of aluminum which are grounded.

reactions. In lieu of the conventional method of finger—finger percussion (percussion of a single finger), the index and middle fingers are crossed and percussion is executed on the terminal phalanx of either the super-imposed index or middle finger. The clinician can readily convince himself of the superiority of this latter modified method of percussion.

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1. Abrams: Reference Handbook of the Medical Sciences, Vol. VII: Spondylotherapy, 6th Edition.
2. Abrams: International Clinics, Vol. I, 27th Series.
3. Abrams: New Concepts in Diagnosis and Treatment, 1916.
4. Physico-Clinical Medicine, Dec. 1919.
5. Abrams: The Medical Record, Nov. 16, 1918.
6. Abrams: La Presse Medicale, Feb. 6, 1907: Spondylotherapy, 6th Edition, page 80.

RADIOPATHOGRAPHY

This neonym by the editor suggests the graphic representation of disease by radioactive energy. These medical hieroglyphs will be called **pathographs**. Reflexes show that all matter is radioactive. A tumor is only electrons with bound ether, and such a combination is called mass. The arrangement of the electrons in the tumor confers on it its specific attributes and the same arrangement endows the tumor with energy, yielding a definite and constant rate of vibration.

With these primitive data at our command, we can execute an intelligent pursuit of our subject.

THE VASOMOTOR SYSTEM.—The muscular walls of the blood vessels (arteries, veins and capillaries) are under the control of two sets of nerves: nerves which constrict and nerves which dilate the vessels. The former are vasoconstrictor and the latter vasodilator nerves. The former will receive consideration. If the vasoconstrictors are stimulated the vessels contract, and if this contraction implicates the skin, one notes a pallor. In addition to the latter, the part becomes cold and sensory disturbances (tingling, anesthesia and analgesia) and goose skin (*cutis anserina*) ensue.

The physiologist informs us that the chief center for the vasoconstrictor nerves is in the medulla, but that there are subsidiary centers in the spinal cord.

The writer has coined the phrase "Clinical Physiology" (S. 388), with the object of emphasizing the importance of studying physiology of the human, in contradistinction to the study of physiology by the laboratory vivisectionist. In accordance with clinical physiology, the writer has demonstrated that the dominant center of the vasoconstrictor nerves is in the brain. This will be shown later.

The vasoconstrictor center may be stimulated reflexly, as is shown by the pallor of the skin in fear.

The course of a vasoconstrictor nerve is shown elsewhere (S. 273).

EXACTIONS IN ELICITING PATHOGRAPHS.—Pathographs can be demonstrated on a person suffering from a disease (autopathography) or on a subject (reagent) to whom the radiant energy of disease is conducted (Heteropathography). Heteropathographs are easier of demonstration than auto-

pathographs, because a reagent with sensitive vaso-constrictor reflexes can always be selected.

The field for demonstration is the anterior surface of the forearm. Pathographs appear simultaneously on both arms, but one is usually selected which is in proximity to one source of light from a window (to the side). The light must be modified by a shade* (white or black, or green, if the former are not obtainable). The forearm must be viewed from different angles.† Some prefer standing with the back to the light; others prefer looking down. Some patience is at first requisite until the pathographs are observed. When once observed, difficulty for all time is eliminated, and diagnosis is at the command of the tyro.‡ Experiment in a warm room. Patient (agent) or reagent must sit or stand facing the geographical west. This exaction is absolute, and is explained elsewhere. When the energy is conveyed from the subject to the reagent, both must face west. Hands and feet of both must not be in apposition.* If the reagent is used, he stands on a rubber mat or other insulating material, and, if seated, the feet rest on insulating material, which, if large enough, will accommodate the chair. If not, pieces of rubber should be under each foot of the chair. In conveying energy from the patient, the latter should be grounded (standing on a metal plate connected to a water pipe or radiator by wire, or attaching a wire from one leg to a radiator).

In autopathography, the patient is subjected to the same exactions as the reagent.

In heteropathography, the reagent is insulated as cited, but the patient must be grounded.

PATHOGRAPHS WITH REAGENT.—Practically anyone with light colored skin is available for this purpose. A female makes the best reagent, owing to the comparative absence of hair. An individual with conspicuous veins or marks on the arms should not be selected in the primary experiments, although this objection may be eliminated, as we shall

*In executing electronic reactions, all color must be removed from the patient or reagent.

†The arm must also be manipulated with reference to the light to obtain the most perfect picture.

‡Pathographs are more conspicuous to some when a lens is used.

*Elsewhere in this number of the Journal, this exaction finds explanation.

note presently. Pathographs are less evident in those showing an immunity to a definite disease. The ideal reagent is one with sensitive vasomotor reflexes (reflexophiles). Latter may be recognized as follows: If a blunt-pointed instrument is drawn over the skin, after a few seconds, a red line with white borders will appear. In the majority of individuals the redness is not marked nor elevated, and will disappear in a short time. In a few individuals with sensitive vasomotor nerves, the cutaneous phenomena are exaggerated, leading to a condition known as **dermographism**. Individuals with sensitive reflexes are preferable.

Pathographs are recognized as slightly elevated white patches of a definite form. After their recognition, and when exactitude is demanded later, we may differentiate pathographs in the following ways:

1. By a definite form (morphologic).
2. Appearance in a definite position (topographic).
3. When an ohmmeter is used, they always appear at zero otherwise at the vibratory rate of the disease (vibratory differentiation).

Insomuch as the pathographs are white, it has been found that they become more conspicuous by contrast, if the skin of the forearm is previously rouged, so that the skin assumes a light pink color.

We are now ready for our experiments.

We may select a culture tube containing tubercle bacilli, or one with typhoid bacilli, or cancer or sarcoma in a bottle. We must remember that the reaction (pathograph) is in direct proportion to the energy evolved by the culture medium, or tumor. Thus, a fresh culture yields a better pathograph than an old one. In any event, a reaction is elicited despite the age of the culture. The latter fact is important, as it emphasizes the sensitivity of the vasoconstrictor reflexes in the recognition of incipient cancer, tuberculosis and other diseases.

The culture tube or tumor is placed directly on the head of the reagent at the site designated at A Fig. 1. This receptive zone corresponds to the median line of the vertex, on a line drawn from the outer borders of the orbitae. This zone* is the center

*If this area is struck with a plexor by aid of a pleximeter and the very smallest veins of the hands or arm are noted, the veins in question will contract. This subject is discussed elsewhere. (J. Vol. 4, No. 2, page 209.)

for muscle tonus. Care must be taken when placing tube or tumor on the head to direct the finger tips away from the object.

Within one-half minute, as a rule, the pathograph appears, and it may persist for many minutes longer after removal of the source of energy. If the pathographs are not easily detected, a light-colored rouge is used on the arm, evenly distributed, before the specimen is applied to the head. If observed, one may remove the rouge and then strike the skin



FIG. 1—Receptive Area (A) for eliciting pathographs.

briskly with a ruler; the hyperemia by contrast will bring the pathograph into evidence, and it may even be photographed.*

Application of specimen to head must not exceed one minute, otherwise the hieroglyphs become diffused. Hyperemia succeeds the anemia of the pathograph.

Energy from a tuberculous area, a carcinomatous breast, etc., may be conveyed by a cord with attached electrodes to A (Fig 1) of reagent.

AUTOPATHOGRAPHY.—Pathographs appear not only on the arms (used for convenience), but also on the face and back.* Patient must not be insulated nor face the west until ready for inspection. The

*Photographs do not lend themselves to reproduction hence the figures shown are schematic.

*Thus pathograph of tuberculosis appears in patient or reagent at the vertebral border of the inferior angle of scapula. On the face pathographs appear at the outer and lower border of the orbit.

vasoconstrictor reflexes are easily exhausted. Patient, like when reagent is used (or both are used), must stand with separated feet and arms away from body.

LIGHT AND COLOR.—Daylight is best for observing pathographs, but in emergency a nitrogen lamp (covered by white enamel) may be used. The Cooper-Hewitt mercury lamp (wanting in red rays) often makes the pathographs more conspicuous. Note that yellow† which dissipates the electronic reaction of tuberculosis when thrown on reagent will prevent appearance of tuberculograph.

INDUCED VIBRATIONS.—Let the reagent place in his or her pocket a culture tube of tubercle bacilli or a specimen of cancer in a bottle during the time the reagent is insulated and facing west, and note that in about one minute the characteristic pathograph of tuberculosis or carcinoma will appear.

PAIN.—Real pain may be identified by a definite picture. It may be invoked by pinching the skin on any part of the body. Note that in the male it appears on the ulnar and in a female on the radial side of arm. Thus, sex may be differentiated and a homosexualist may be recognized.*

PATHOGRAPHS AND OSCILLOCLAST.—If an electrode, attached to a cord from oscilloclast, is placed at A (Fig. 1), at 5, the pathograph of tuberculosis is produced; at 3, syphilis; at 10, typhoid bacillus, etc. If specimens of these diseases are placed at A, with the current on any part of reagent's body, the pictures are either prevented from appearing or may be made to disappear at the rates cited.

HOMEOPATHY AND RADIOPATHOGRAPHY.—By the method just cited one may visualize the truth of *similia similibus curantur*. The doctrine of attenuation may be similarly demonstrated. Thus, take the mother tincture of *Rhus*, place it at A; a clover leaf like picture appears. Later, to avoid exhaustion of reflex, take a dilution of same preparation and

†Blue dissipates the reaction of syphilis. I have directed attention to the partial Argyll-Robertson pupil (J. March '18, page 113) in congenital syphilis. When blue is thrown on any part of body for about a minute the sluggish pupil becomes more active. This is true in acquired syphilis provided pupillary tract is not destroyed. The toxins of the disease inhibit pupillary activity.

*In many instances when husbands complain of the frigidity of their wives in matters sexual, I have found the wives to yield the reaction of homosexuality, a fact which the wives did not realize.

note the more rapid and intense appearing picture (pharmacograph). A like experiment may be executed by employing the pulse (page 269).

PATHOGRAPHS AND HYSTERIA.—A diagnosis of this disease is the refuge of the diagnostically destitute. More imagination has been displayed in its explanation than perhaps any other disease. Its symptoms show mobility, variability and incertitude. It will be noted when ideography is investigated that it is what I may call an "Ideopathy," in which ideas alone produce morbid functional changes.

Vasomotor disturbances in the areas of hysterical anesthesia are frequent, and are identified with civilization's history. The absence of bleeding when the stigma was punctured made the "Malleus maleficarum" a positive "witch sign, by which innumerable unfortunates were consigned to the stake.

We are now in a position to explain the "witch sign." The area of a pathograph or ideograph may be punctured without bleeding, and it is anesthetic.

RATIONALE OF PATHOGRAPHY AND IDEOGRAPHY.—When the vasoconstrictor brain center A is strongly stimulated, either voluntarily (ideography) or artificially, total energy, irrespective of wave lengths, is employed. This center has a variety of cells, each attuned to a definite wave length.* When we perceive a variety of colors, it is because definite vibratory rates are conducted by the specific fibers which are natural detectors of energy. Thus, the radioactive energy of thought or disease implicates specific cells and there is a specific cutaneous vasoconstrictor response. The latter is equally visceral, but it is not as obvious.

*Every phenomenon in nature is due to vibration of matter and these vibrations are differentiated by length, speed and polarity,

IDEOGRAPHY

PHYSICS OF THOUGHT.—A specific thought is energy of a definite wave length, and it is as material as any mass which is but an aggregation of electrons bound with ether. "Thoughts are things." The specific character of the vibration is determined by the arrangement of the electrons (allotropism). All the ninety-two elemental atoms are thus differentiated.

TELEPATHY.—Proof of this phenomenon has been given (J. Sept. '18). Thought forms or bodies, can now be demonstrated by any one. Thus the mist can be taken out of mystery, and we can normalize the supernormal by disocculting the occult.

"Thought Forms," by Besant and Leadbetter, is an audacious production in an orgy of colors, couched in the mystic and esoteric parlance of theosophy. Here forms are reproduced in colors, and run the gamut from jealousy to murderous rage. They admit their perceptibility to only the initiated "clair-voyant."

I am not a bourbonian, and cannot deny that some individuals are so visually endowed that they may perceive vibrations imperceptible to others. "Clair-voyants" are comparable to scientific instruments which translate the invisible into the visible.

The exactions of science are inexorable; phenomena must be objective and reproducable at all times and to all. These exactions are fulfilled by ideography.

Ideographs may be produced by the reagent (auto-genetic) or transmitted (heterogenic). In the former instance, the reagent faces the geographic west and is insulated. In the latter instance, the reagent is disposed as cited and the agent is grounded facing the west. Energy is transmitted by cord and electrodes; one electrode on the crown of the head (vertex) of agent and the other at A (Fig. 1) of reagent.

Experiments

1. Reagent concentrates on one of several geometric figures or numbers; they should be reproduced on the arm within a minute. Numbers may be reversed when appearing on arm.

2. Let the agent concentrate as did the reagent,

and note reproduction of thought form on latter (energy conducted).

3. Condense with a telephone condenser thought of agent for one minute and then transfer energy from one wire of condenser to A of reagent.

4. Let agent project his thought form at a definite point in space. Allow one end of a large electrode to occupy this area and place other smaller electrode to A point on reagent. The figure may be obtained on the following day. This explains persistency of so-called apparitions.

5. Let agent think of a figure in an adjacent room (concentrating in the direction of room occupied by reagent). Electrode on cord is held to A of reagent and the other electrode in the air as an aerial. Note that figure appears on arm of reagent, not only as the figure, but as the figure was conceived by agent.

6. Try telephone transmission as follows:† Connect one electrode with telephone hook and other electrode with A of reagent. This is also done by agent at his phone with one electrode while the other electrode is held to his vertex. Connection is made by appointment at a definite time. Note figures which appear in succession.*

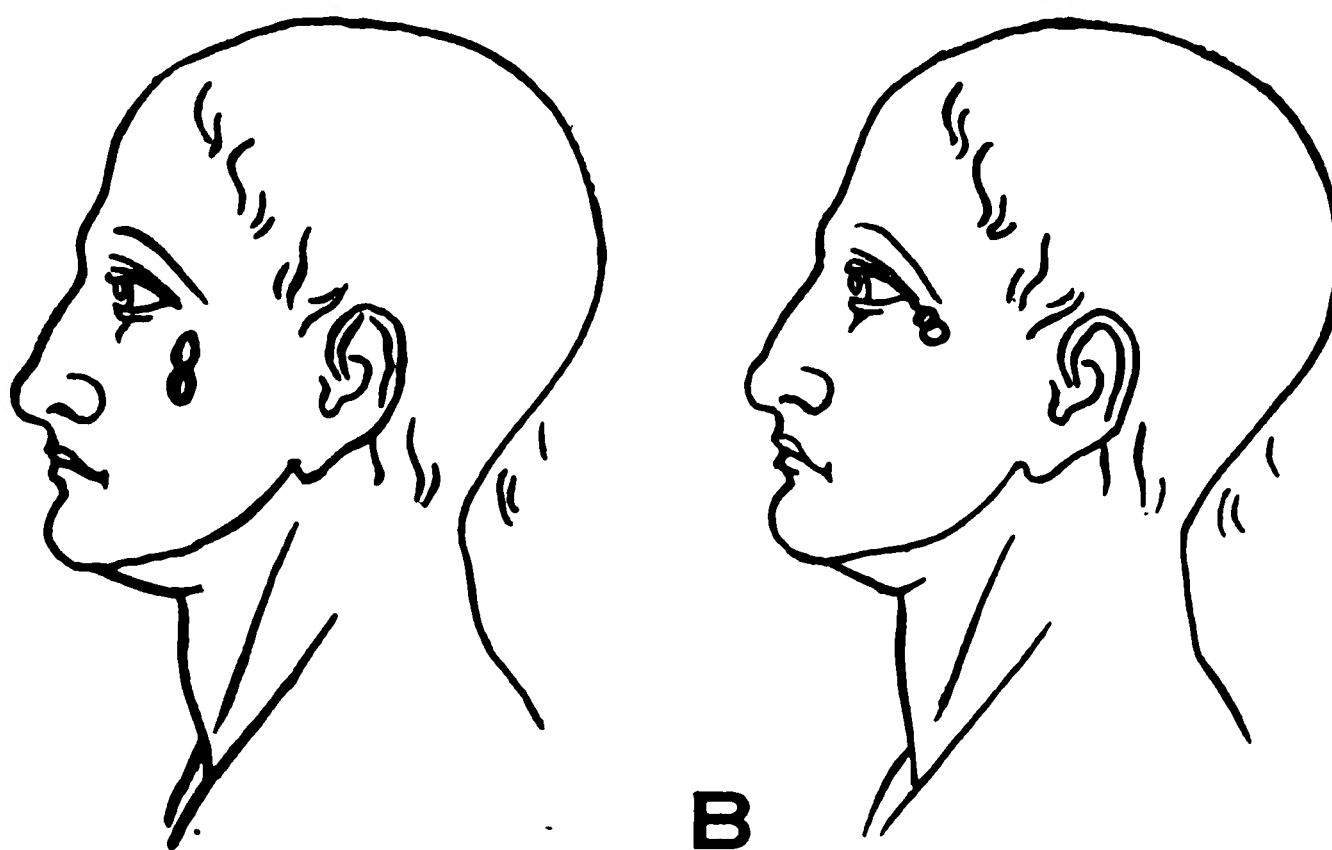
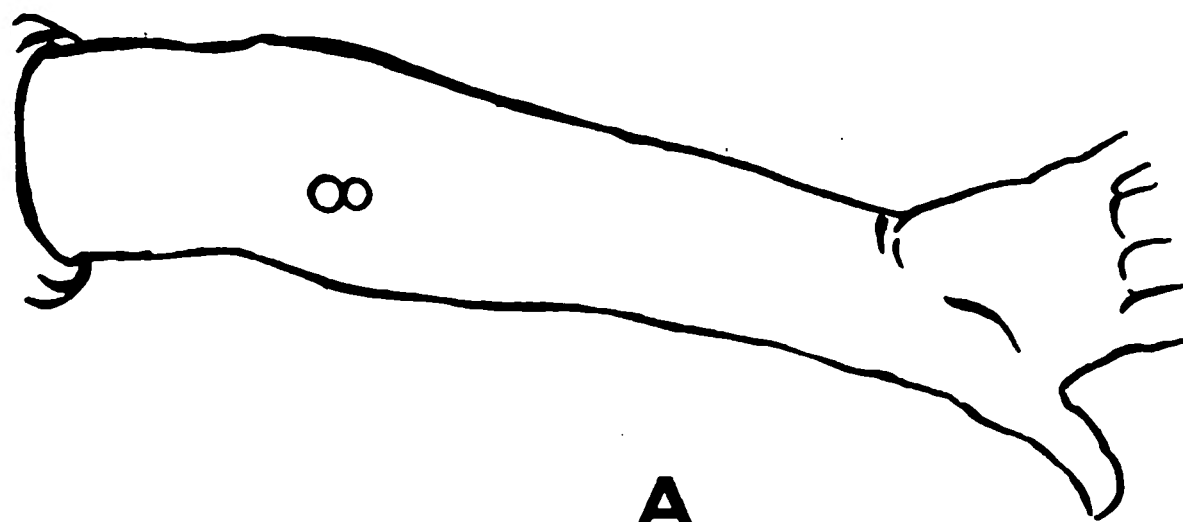
7. Let agent concentrate on love, theft or murder. Connect his heart with A of reagent, and note the definite figures appearing on arm of reagent.

8. Personal identification is revealed by definite figures on arm of reagent. Let agent face west and apply the grouped finger tips of right hand to A of reagent.

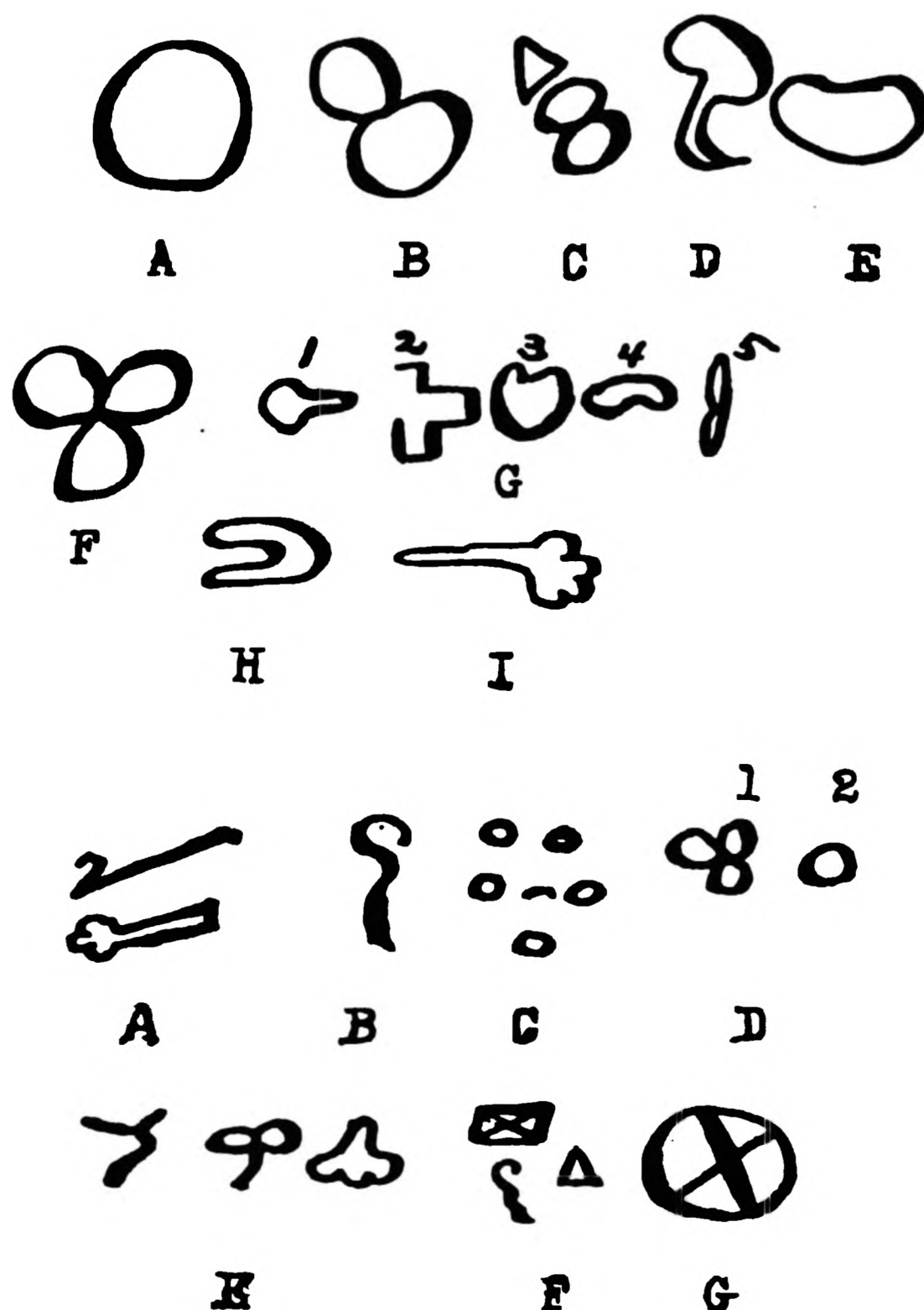
For the lack of space the pathographs and ideographs in this journal are shown as figures without relation to their topography on the arm.† The writer trusts that experimenters will acquaint him with their results.

*Correct diagnoses (telediagnoses) were made between Los Angeles and San Francisco by this method between the writer and Dr. Mac Donald (J. March '17.) †The writer selected S. O. Hoffman for executing successful experiments in teleideography, a distance of 3 miles. Mr. Hoffman is one of the best known scientific men in this country and was in the employ of the Government during the war.

†Only the topography of a tuberculograph is shown. The figure of carcinoma varies with the structure with which it is connected (strain).



B, Facial topography of (fig right) tuberculograph and carcinoma-graph (fig. to left) of alimentary canal.
A, Topography of tuberculograph.

**PATHOGRAPHS**

A, Sarcoma; B, acquired and C, congenital Syphilis; D, Pregnancy; E, Streptococcus; F, Pharmacograph of Rhus; G, Cancer of uterus; 2, of bone; 3, of bladder; 4, of breast; 5, alimentary canal; H, Typhoid fever; I, Pain (ulnar side male & radial side female). Approximate location of pathographs (forearm); Carcinoma (alimentary canal), 3 in. above wrist bone, radial side of wrist; strep, 4 1-2 in. from elbow in middle of forearm; pregnancy, 3 1-2 in from elbow (point of figure directed toward radial side); Sarcoma, 4 1-2 in. from elbow (ring 1-2 in in diameter); Syphilis (acquired) 3 in. from elbow in middle of arm and congenital (syphilis) 4 1-2 in. from elbow; Rhus, 1 3-4 in. below elbow.

IDEOGRAPHS.

A, exact appearance of number telepathically communicated from an adjacent room and key thought of by reagent (autogenic); B, condensed energy of thought form conceived by Mr. Hoffman; C, Dots and dashes telepathically transmitted by Dr. J. Tow (Chicago); D, 1, concepts of murder and 2, love transmitted from heart of subject to reagent. E, ideographs of personal identity (Drs. Thompson, Bruguiere, and Abrams); F, Telephonic conduction (3 miles) of figures conceived by Mr. Hoffman; G, Figure projected into space by Mr. Hoffman and reproduced on arm of reagent.

OSCILLOCLAST

J. W. King, M. D., Bradford, Pa.

(NOTE—Abbreviated reports from lessees of the oscilloclast follow. The editor regrets that owing to limited space, the reports cannot be published in full.)

SYPHILIS.—In uncomplicated cases, improvement soon after treatment. Lesions must be treated locally. An experience of more than 2 years proved the correctness of Abram's reactions and Abram's treatment gave specific results.

CORYZA.—Several patients were cured after one or two treatments which with other methods required a long time.

BONY ANKYLOSIS of the jaw cured with current at 4.

ALVEOLAR ABSCESS cured after a single application.

CHRONIC OTORRHEA cured after 5 treatments. Rates used 2 for strep and 5 for T. B. infection.

GOITRE (simple form). Gland reduced at scar tissue rate, 11 (new model).

CANCER—Electronic reaction dissipated after a few treatments.

PNEUMONIA—Jugulated at 7.

BRONCHIAL ASTHMA—Good results after methods suggested (J. June, 1919.)

After an operation for appendicitis, pus from the wound uncontrolled by the usual methods was controlled by two treatments at 2 (strep rate).

Several other cases of colon bacillus infection, appendicular pains and adhesions were cured after use of the oscilloclast after having resisted all other methods of treatment.

A. T. Noe, M. D., Pacific Grove, Cal.

CARCINOMA UTERI—Patient unsuccessfully treated by a number of gynecologists. Treatment with oscilloclast 10 minutes every other day. Practically no results until treatment was continued 20 minutes every day. Applications of current with electrode in uterine neck. Cure.

SCIATICA—Patient crippled for 6 months. Cure after 6 applications.

CANCER OF BLADDER—Rectum also involved.

Pain intolerable necessitating opiates. Cured with oscilloclast used at 6.

CARCINOMA PYLORI—Cured.

Reply of Dr. Noe to a physician respecting the oscilloclast:

"I have been using the oscilloclast of Abrams for about nine months, and I have been successful in treating many cases of cancer, tuberculosis and syphilis, and pain in general. I am doing rectal and gynecological work without any anaesthetic and pain by the oscilloclast. I am using it constantly, and I am now about to arrange for my second machine."

W. F. Becker, M. D., Chicago, Ill.

"Have cured 2 patients with carcinoma and one patient with tuberculosis of larynx and cervical glands. One patient with a terrible scar of hand causing great deformity was cured in about 7 treatments."

P. S. Repogle, M. D., Champaign, Ill.

M. A. Bratton, Mgr. Telephone Kedzie 724.
GARFIELD PARK HOSPITAL
3813-3821 Washington Boulevard
Chicago, Nov. 19th, 1919.

"Albert Abrams, M. D.:

"My Dear Doctor—I want to thank you for the interest you manifested in my case. When I received your telegram advising me to come to San Francisco I had been unable to retain any food for several weeks, and therefore was too weak to travel any distance, and therefore, as you suggested next, I came to Chicago to see Dr. Becker.

"Before leaving home I had an X-ray examination. The barium taken at 9 o'clock in the morning showed at 9 o'clock in the evening, and remained in the stomach until 2 A. M., when I vomited, rejecting all I had taken the morning before—showing every evidence that the pylorus was closed and permanently. When I left home I had no doubt but a surgical operation would be my only remedy, but felt I must first follow your advice and see Dr. Becker. It was a great task to submit to an examination, on account of weakness. His diagnosis was exactly the same as your own—Carcinoma.

"The doctor was uncertain in his prognosis—whether it was best to submit to the knife or try the oscilloclast. His experience was limited as to the beneficial effect of the instrument in such a severe case as mine. He had one similar case, whom he was treating with great improvement. The woman happened to come to his office while I was there. I talked to her and her daughter, and concluded would first try the oscilloclast; came to the hospital; the doctor brought the machine every morning and treated for a week; about the third morning I found myself improving and able to retain some food; after the first week I was able to go to Dr. Becker's office. Am now

gaining in weight and able to retain three meals daily, have no pain, sleep well and feel I am practically well. Thanks to you and Dr. Becker.

"Yours truly,

"P. S. REPLOGLE.

"P. S.—Just a word more, in regard to Dr. Becker: The oscilloclast attracted quite an interest here at the hospital. The doctor is well posted in your methods. He kindly explained everything he could in an intelligent manner, and always gave Dr. Abrams credit.

"A number of the doctors are interested, and several are thinking of going to San Francisco to learn more of Dr. Abrams' discoveries.

"Dr. Becker told them you would not sell your instrument to any one who did not understand your methods, and the only way to learn was to go to headquarters.

"I write this so you may know that Dr. Becker is true blue, He is one of your best students and a faithful follower of the Abram's methods. He certainly is having wonderful success.

"Yours truly,

P. S. REPLOGLE.

"I have resumed my practice. My health continues to improve. Weight within five pounds of my usual weight." (Letter from Dr. Repogle, Feb. 2, 1920.)

TUBERCULOUS ULCER.—Scrapings from ulcer demonstrated tubercle bacilli. Treatment for 3 years ineffective. Cure after 5 treatments with current at 5.

H. MICHENER, M. D., Wichita, Kansas

"We had one case in which spirochetes were demonstrable in the blue field. After four treatments with oscilloclast, we got two negative Wassermanns and Abram's Eléctronic reaction. I am now treating a cancer of the throat that had been twice operated upon. The patient is better and the mass is getting smaller."

H. Meredith, M. D. (Oakland, Cal.)

Uniform good results in joint ankyloses. Disappearance of pains and improvement begins in about 5 treatments. Persistent lumbago due to vertebral tuberculosis cured after a few treatments. Marked results in Epilepsy (usually due to congenial syphilis) when syphilis was treated.

GONORRHEA—One physician after treating with oscilloclast 40 cases of Neisserian infection and corroborating his results by staining and cultures formulates the following conclusions:

1. A sterile sound carries the current into the urethra. In acute cases it is inserted 2½ in.; in chronic

cases, to the site of lesion. Penis wrapped in rubber to insulate current. Current in acute cases used twice daily (5 min. application) at 8 and 4.

2. By this method patients are cured in 3 days.

3. Chronic cases need in addition to rates 8 and 4, also 1 and 2 to destroy staph and streptococci, which invariably complicate chronic urethritis. Cure in from 8 to 12 days. Treatment twice daily. Irrigation with a weak permanganate solution was used after each treatment with oscilloclast. Dr. J. Goodwin Thompson uses rates 4, 2 and 1 for gonorrhea. He uses no lubricant (which prevents penetration of current) on sound nor rubber around organ. His method otherwise corresponds to that already cited. His results show cures in 80 per cent. of acute cases in 5 days and 60 per cent. of cures in chronic cases in from 10 to 12 days.

KNIFELESS SURGERY.—The oscilloclast is destined to replace ruthless surgery as a bactericide in affections of the tonsils, adenoids, mastoid, sinuses, ear, teeth, in fact, wherever strep or staph infections are present. Its use for this purpose is increasing and fully justified by results. Radiography is so prostituted that radiograms are misinterpreted to the advantage of the dentist, thus justifying:

"How many an acorn falls to die
For one producing trees;
How many a tooth must get yanked out
For one that makes disease."

The rapidity of attaining results with the oscilloclast may find disfavor and recalls the following:

A civil engineer, who was building a railway in Mexico, was trying to show a native how much the new railway would benefit the country. "How long does it take you to carry your produce to market at present?" he asked. "With a mule it takes three days," was the reply. "There you are!" exclaimed the engineer. "When the new railway is in operation you will be able to take your produce to market and return home the same day!" "Very good, senor," was the placid reply, "but what shall I do with the other two days?"

CICATRICAL TISSUES.—As a resolvent, the oscilloclastic current is most efficient and its use is suggested wherever interstitial changes prevail. Not much can be expected when the parenchyma is de-

stroyed. In many hopeless cases of chronic Bright's disease, an increased functional efficiency of the kidneys may be produced. Should organisms be present, they should first be destroyed. In syphilis, the renal changes due to this disease may be improved by using current at 3.

I have attempted to duplicate the action of chloroform with varying effects. In four subjects profound anesthesia even to abolition of conjunctival reflex was secured by placing small electrode at B (Fig. 1) with button at 5 and condenser at 10 or 22. In nearly all instances drowsiness was induced.

To secure effects of alcohol try electrode at C (Fig. 1), combining buttons 3 and 5 with with condenser at 18 or 20 (better).

OSCILLOCLAST ANALGESIA.—Drs. Noe, King and others report good results in pain with the current at 7 applied locally. Dr. Thompson applies the current to areas where incisions are made. It is practically impossible to produce complete analgesia in some exceptional instances, just as profound anesthesia in like instances will not annihilate the pain of an operation.

(The following are provisional data. I have referred to the activity of drugs (J. Sept. 17, p. 6) as dependent on their specific radioactivity. In a number of experiments recently made, it was found that if the corked end of a bottle containing a 10 or 20 per cent. cocain solution is placed at A (Fig. 1) for about 5 minutes, analgesia (partial or complete) is produced at any part of body (excepting anterior surface of chest). If the arm (anterior surface) is inspected, white areas (pharmacographs) first appear and first become analgesic. This action of cocain seems to be duplicated by analgesic current at A (Fig. 1) combining numbers 1 and 3.)

One may likewise try (and this appears better) over the same area button at 2 and condenser at 10.

COMBINING CURRENTS.—Just as the vibrations of one color in juxtaposition with another color will not modify its vibrations, so it is with the currents of the oscilloclast. Time is valuable and it has been found that by using two clamps united by insulated wire (Fig. 2) two currents of the oscilloclast can be used synchronously. Thus, when it is desirable to

destroy staph and streptococci, one clamp is fixed to the selector switch which is at 2 and the other clamp on button one. Three clamps may be used. My experiments show that by thus combining buttons 7 and 1, better analgesia can be secured than if switch

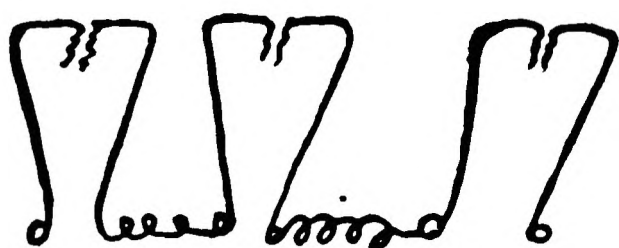


FIG 2.—Clamps united by insulated wire for combining currents.

is on 7 only. Try combining buttons 1, 7 and 9 for analgesia. Tactile and pain sense are diminished by combining 4 and 7.

MISCELLANEOUS DATA

Elicitation of Reflexes with oscilloclast (p.268). No danger ensues from a prolonged use of current. When used for diagnostic purposes (J Sept. '19, p. 168), apparatus may be made noiseless by connecting current by adjusting metal brushes of revolving commutator to metal portion of latter. It is unnecessary to use motor switch. Current flows uninterruptedly as will be noted by testing lamp.

Condenser on apparatus varies wave lengths and it has been found empirically that when condenser is in circuit (G to left), the potentiality of energy from oscilloclast is increased many times. Thus for carcinoma use selector switch on button 6 and condenser at 13; for analgesia use at button 7 and condenser at 14.

For streptococcus, use button 2 and condenser (index) at 15; for tuberculosis, button at 5 and condenser at 10; cataract (full current to eye) and index 3; scar tissue, full current and index 6.

Condenser on new oscilloclasts is exactly the same as before, but, in order to allow of more accurate setting a new scale with 100 divisions is used in place of the former scale with only 30 divisions.

The corresponding points on the new and old scales are as follows:

OLD		NEW	OLD		NEW
1	.....	1	16	.....	53
2	.....	6 1-2	17	.....	57
3	.....	10	18	.....	60
4	.....	13	19	.....	63
5	.....	17	20	.....	67
6	.....	20	21	.....	70
7	.....	23	22	.....	73
8	.....	27	23	.....	77
9	.....	30	24	.....	80
10	.....	33	25	.....	83
11	.....	37	26	.....	87
12	.....	40	27	.....	90
13	.....	43	28	.....	93
14	.....	47	29	.....	97
15	.....	50	30	.....	100

These values are given to the nearest whole number.

Due to the fact that there are three times as many divisions as before, it will be found that a setting of the scale can be made with three times the former accuracy.

The scale is also much more legible.

LAMP—The one used on oscilloclast is a 2 candle-power carbon filament lamp of 110 volts.

SPONDYLOTHERAPY

DYNAMOPHORE.—In the elicitation of visceral reflexes, stimulation is necessary. The stimuli usually employed (electricity, concussion, etc.) are too gross in comparison with physiologic stimuli (J, June, 1917) and yield shock in lieu of physiologic effects.

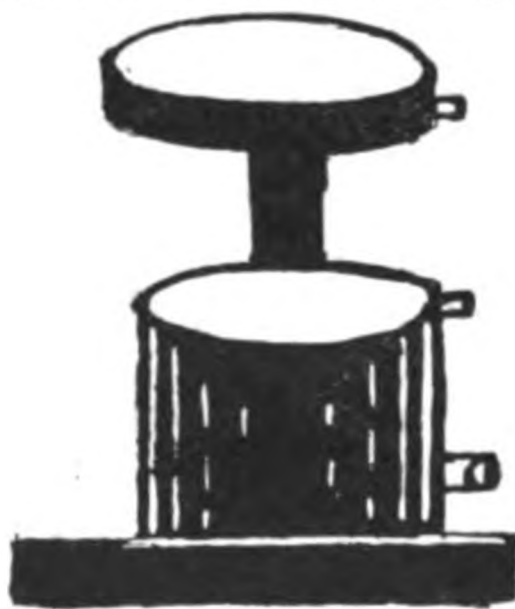


FIG. 3—Dynamophore

The writer has recently constructed a simple apparatus (Fig. 3) which is connected with any water outlet, causing a turbine to agitate a chemical solution which yields an enormous energy. The latter is conveyed to definite spinous processes for eliciting reflexes. If A (Fig. 1), is stimulated by the conveyed energy, in lieu of an individual visceral reflex of contraction (spinal reflexes), all the reflexes of this order are stimulated to a greater degree than when definite spinous processes are stimulated. Thus the veins, arteries and viscera, diminish in volume. The lungs sound on percussion as though they were consolidated. In accordance with the writers theory of asthma (S 303), this method should be executed. When C (Fig. 1) is stimulated the opposite effects (dilatation) are achieved* Physicians using concussion or the sinusoidal current may achieve the same object (to a less degree) over the specified cerebral centers but they are adjured to employ the **minimum** degree of stimulation.

Even better effects (reflexes) than with the dyna-

*Note abdominal dulness on percussion due to dilatation of the intrabdominal veins.

mophore are achieved by the **Oscilloclastic Current** (at A, old model or 11, new model of oscilloclast). When energy is conveyed by the oscilloclast or dynamophore patient must be insulated with feet and hands separated (J. March 1920, p. 248. To appreciate the action of conveyed energy on an insulated patient, take a bar magnet (patient facing west) and note the inhibitory effects on the pulse when the patient is or is not insulated (magnet to 7th cerv. spine)

LOW BLOOD PRESSURE—Crile and others direct attention to the dangers of low blood pressure in the treatment of shock. The editor of "The American Journal of Electrotherapeutics (Nov. 1919), comments on the Spondylotherapeutic procedure of concussion as follows: "Stimulation between the 7th cervical and 1st dorsal vertebrae stimulate the vagus and sympathetic branches of the heart and influence blood pressure when subnormal from cardiac insufficiency." The following is cited: Patient with a pressure of 70 mm. was stimulated at the area suggested for 3 minutes and pressure rose to 90 mm. On the following day a similar procedure caused it to rise to 110 mm. and a third application to 130 mm. Six weeks later without further treatment, it was 122 mm. The editor concludes, "If the method described is employed in shock, the surgeon will be surprised at the results."

GAS CASES—H. G. Nyblett, M. D. (Major C. A. M. C.) comments (personal letter) on concussion of 7th cervical spine as follows: Poisoning was from chlorine or phosgene gas. When inhaled, intense cyanosis and lung congestion ensued developing into chronic bronchitis. Concussion as cited decongests the lungs yielding a clearer note on percussion and more ease in breathing.

ASTHMA—Knapp regards asthma as a digestive symptom—complex due to pyloric insufficiency which allows the undigested food to attain the intestines. Gas formation thus induced prevents lung expansion. Based on observations of hundreds of cases, he achieves excellent results in about 4 months by aid of diet, stomach lavage and enemas. If Knapp's theory is correct, one may speed results by remembering that stimulation of the 3d dorsal spine will contract the pylorus and should cure dyspeptic asthma without recourse to other more objectionable methods.

MISCELLANY

PRECAUTIONS IN ELECTRONIC DIAGNOSIS.—When blood is taken or sent for examination, the blood should be removed while the patient is facing the geographic west owing to the destructive action of the earth's magnetic currents on the radioactive energy. If, however, the blood is depolarized previous to examination by passing the neutral energy from a horseshoe magnet over it several times, the reaction is restored despite the posture of the patient when the blood was extracted.

ACCENTUATION OF REACTIONS—For reasons cited on page 247 of this number, feet should be separated and arms extended from the body. This precaution refers to patient and subject and will intensify the areas of dulness.

ABOLISHED REACTIONS—In the last number of this journal, we commented on the necessity of concussion between the 3d and 4th dorsal spines to dilate the blood vessels and thus bring into the circulation the toxins of disease lurking in the "dead corners" of the organism. We find that in syphilis (as well as other diseases) that if a reaction is not shown when the receiving electrode (RE) is in direct contact with the blood specimen or the patient, it may appear if the receiving electrode is resting on an aluminum ring about one half inch distant from the specimen (or separated same distance from the patient). This method may also be used for accentuating the intensity of the electronic reactions. One should never conclude that the luetic reaction is abolished until the foregoing procedure is used.

ATLAS OF ELECTRONIC REACTIONS—This atlas of 69 pages and over 250 cuts shows the topography of all areas elicited by the electronic reactions and is indispensable to all those executing the same. The price is \$15.00.

"The atlas is a wonderful production."—J. Philip Kanoky, M. D., (Kansas City).

ELECTRONIC REACTION—Dr. E. F. Larkin (Washington) writes as follows: "Your report of my daughter's blood—Streptococcemia of appendix origin made me rather skeptical because when the report was received, there were no indications of this

condition. Later, symptoms developed and the appendix was removed."

CATARACT—Silicates are present in senile cataractous lenses (NC 171). Any silicate yields that same electronic reaction as a cataract. In the last number of the Journal, the destructive rate was given at 8. A better effect is noted for dissipating cataract with the oscilloclast at A (old model) or 11 (new model). It has been shown (J. March, 1919) that tubercle bacilli often invade lesions and contribute to their chronicity. In such instances, the reaction of tuberculosis may be elicited in which event, the oscilloclast is used at the destructive rate of this disease.

Opacification of the lens like gray hair is associated with senile changes. One observer notes that it is present in over 90 per cent of all people beyond the age of 65 and among white races, it may occur as early as 40. One may always suspect cataract in failing sight of old people not correctible by glasses. Opacification unusually begins at the periphery of the lens and does not interfere with vision.

GAMBOGE & TUBERCULOSIS—The radioactive energy of gamboge (J. March, 1917) is practically a specific in incipient tuberculosis without strep infection. England's master clinician, Sir James Barr, late President of the British Medical Association, writes "My first case was a brilliant success. Perhaps the difficulty is in getting cases in the incipient stage." The coincident radioactive energy of beechwood creosote and gamboge dissipates the electronic reactions of streptococcic and tuberculous infection. The writer has had no personal experience with the following mixture but suggests its trial. Gamboge



FIG. 4—Splanchnovascular (SV) and Enterodiagnostic (ED) reactions of hydrogen sulphide. The vibratory rate of the latter is 5.

should be mixed with alcohol. The latter containing 20 drops of creosote to each ounce.

DEATH—The writer has attempted its prediction by noting how soon the electronic reaction (Fig. 4) of hydrogen sulphid occurs in the blood. In the norm the reaction cannot be elicited. In patients approaching death it appears and when the amount in the blood is able to overcome a resistance of $5/25$ of an ohm (potentiality), death may be predicted in a few days.

AMERICAN INSTITUTE OF HOMEOPATHY—Dr. Abrams has accepted an invitation to address the National Convention in Cleveland in June 1920.

INFLUENZA EPIDEMIC—Those in possession of my "Atlas" may note the areas of dulness peculiar to this disease and its complication (pneumonia). The areas are dissipated by the radioactivity of alcohol, thus demonstrating the specific value of this agent. A few drops of blood (on white paper) placed over the influenza blood will dissipate its reaction provided the subject from whom the blood was removed is immune to the disease or has recovered from it. If no immunity is shown, antibodies may be forced into the blood by contracting spleen (concussion 2d lumbar spine) and blood thus taken will dissipate reaction; a presumable prophylactic in this and other epidemics.

CONDENSING ELECTRODES—The efficiency of electrodes may be increased by converting them into condensers (Dr. Nyblett). As such, the electronic reactions are accentuated and current from oscilloclast shows increased potentiality. Cut a very thin piece of paper and aluminum corresponding to size of electrode. Immerse paper in melted paraffin and place it next to aluminum disk of electrode. Over the paper place the cut aluminum piece, which will adhere to the melted paraffin. Depolarize electrodes after each examination by presenting neutral energy of a horse shoe magnet.

FRONTAL LOBES—Try the method suggested (J. Sept. 1919, p. 167) of placing corked bottle containing a cancer to forehead for about one minute. Energy from this source will yield an electronic reaction of cancer for an hour; whereas, on other

parts of the skin for only a few minutes. It is evident that one of the functions of the frontal lobes is to condense energy (cerebral condenser).

LESSEES OF OSCILLOCLAST*

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

*Terms on which oscilloclasts are leased are as follows. A primary payment of \$160.00 and \$5.00 monthly. Primary payment is subject to change owing to varying cost of material and labor. .

SOME RECENT VISITORS TO DR. ABRAMS LABORATORY

CALIFORNIA (City).—Drs. M. Van Praag, L. Kutter, W. Scroggs, P. Brugiere, W. Caesar, Wheeler, Rowand, G. Allen, Franchiger, Torbriner, H. A. Hess.

Provincial—Drs. W. Finney, G. Watts, L. Sherman, Thompson, Thudichum, Noe, Majors, J. Adams.

WASHINGTON—Dr. R. A. Gould.

COLORADO—Dr. C. Cooper

MICHIGAN—Dr. W. A. Klopfenstein.

NEW YORK—Drs. J. Walter, J. Seaton.

ILLINOIS—Dr. J. Tow.

INDIANA—Dr. I. A. Berninger.

CANADA—Drs. A. W. Wooley, H. G. Nyblett.

MEXICO—Dr. F. Schuldt.

INDIA—Dr. S. Abhedananda.

In reply to many communications, courses may be commenced at any time but physicians should write in advance of their coming. Reputable physicians only with the M. D. degree are eligible.

REVIEW

THE CHALLENGE OF THE WAR, by Henry Frank. This is the last of a trilogy by this famous writer and lecturer. His data are correlated to the progress made in science and all metaphysical and philosophic interpretations are eliminated. He is possessed of the most prophetic vision the reviewer has yet encountered. Readers of this journal will appreciate the latter statement by a study of ideographs. Thus, Dr. Frank in this book (p. 223) expresses himself in part, "My hypothesis of thought is the energy of an idea taking specific shape among the myriad electrons that surround the brain cells—a thought would have shape, form, figure." In the introduction by Dr. Hereward Carrington, perhaps the greatest living authority on "Psychic Phenomena," comment is made on the lack of medical progress owing to the older conceptions of the theories of matter. He says that "Dr. Albert Abrams has shown the body should be regarded as an electric organism."

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

PHYSICO-CLINICAL LABORATORY

—OF—

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

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

VIRULENCY GAUGED.

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

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these 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. No diagnostic method is infallible. It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent. of errors and in some 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 fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916), estimates that 15 per cent of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignment suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives a negative result in from 31 to 50 per cent. of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the

living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test. 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 Veckl, 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 he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new Continent and he has given us further insight into methods of prevention."

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 our 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 Abram's 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. Abram's method of polaritherapy, fully justified the diagnosis. Since then, I have witnessed the confirmation of many other diagnoses by the same tests. I have taken Dr. Abrams' course, and am constantly using his methods of diagnosis, and I am fully justified in saying that, were I compelled to hark back to the accepted methods of diagnosis, I would rather relinquish practice than to continue it."

DIAGNOSIS AT THE VERY BEGINNING

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

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

ery. It is the external counterpart of the Abderhalden reactions."

"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.

Physicians will please observe that in any conflict among the reactions that the accuracy of the Electronic test will be determined by the therapeutic results.

FEEES

(Which include all diagnostic information necessary.)

Blood examinations which include tests for all diseases\$10.00

Subsequent blood examinations to gauge the course of the disease 5.00

Examination of patients 25.00

(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 Electronic 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), colicsepsis, streptococcal infection, cancer, sarcoma, gonorrhea, etc. The functional activity of the organs including the ductless glands may be mathematically gauged. The topography of the viscera may be accurately defined. The foregoing has been formulated after mature deliberation based on therapeutic results and corroboration at the operating table."

Electro-Concussor of Dr. Albert Abrams



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SPONDYLOTHERAPY is a scientific method for eliciting Abrams' reflexes in the treatment of disease. Its rapid recognition by leaps and bounds emphasizes its great importance. To execute these reflexes, a suitable concussor is necessary and the Electroconcussor is the only one made under the supervision of Dr Abrams and meets with his absolute approval. It is portable. State current available. Purchasers may secure free, either a copy of Spondylotherapy (6th Edition) or a chart on Spondylotherapy.

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DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

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reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

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

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

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

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

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

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

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

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

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

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

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THE SANITARIUM
ASHLAND, OREGON

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With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

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 ^{for me} by
his new method one hundred Sig-
ficant cases, for as was the purpose
to me in many instances in practically
all cases his judgment was based
demonstrated to be correct and in no instance
was he found to be in error.

H. MacDonald M.D.

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

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. Noe

**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 microscopic 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	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Poliomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis
Collisepsis	Leprosy	(Variety)
Carcinoma	Malaria	Sarcoma
Cholelithiasis	Measles	Scarlatina
Chorea	Menstruation	Staphylococcal
Diabetes	Meningococcal	Infection
Diphtheria	Infection	Streptococcal Infec-
Epilepsy	Neurasthenia	tion
Gonococcal Infection	Paralysis Agitans	Syphilis (differentia-
Gout	Parathyroid	tion of congenital
Hookworm	Insufficiency	and acquired, and
Hyperpituitarism	Paratyphus	specific strain.)
Hyperthyroidism	Pneumococcal in-	Teniasis
Influenza	fection	Tetanus
Insanity	Psychasthenia	Typhoid
Paranoia	Pregnancy (predic-	Tuberculosis
Dementia Precox	tion of sex)	(Varieties)

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

ELECTRONIC REACTIONS OF ABRAMS (ERA)

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

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

ANTHONY, J. C., M. D.—"Made wonderful 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."

BQOLSEN, 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.) Dr. F. Vasques Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine and Minister Public Instruction has also studied the E R A at Abram'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."

**Practical Courses in Spondylotherapy
and**

Electronic Diagnosis and Treatment

Dr. Albert Abrams, will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians can gain admission to the classes, which are limited. The course lasts two weeks, and the fee, in advance, is \$100.00 Applicants may address Dr. Abrams, 2135 Sacramento St., San Francisco.

**Dr. Abrams' Electrodes
for**

Electronic Diagnosis

These consist of four electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

**Ohmmeter
(Biodynamometer)**

Described on page 44, New Concepts in Diagnosis and Treatment (Abrams), and in Sept. issue of the Journal. Price \$25.00, express collect.

Dr. Abrams' Reflex Set

This consists of a plexor, pleximeter, single and two pronged instrument. Price \$6.00, express prepaid.

Dr. Abrams' Electro-Concussor

Described on page 652 in Spondylotherapy. In writing, state current available. Price \$100.00 f. o. b. No apparatus sold on credit. Terms cash. Price of other apparatus on application. Physico-Clinical Co., 2135 Sacramento Street, San Francisco, Cal.

