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Physico-Clinical Medicine

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

Vol. 5 September, 1920 No. 1

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

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Works by Albert Abrams,

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

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

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No. 1

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

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CONCEPTIO IPSA "MORBI" DELENDA EST

This Latinized caption suggests that, the very idea of disease should be destroyed. Our present-day conception of disease is an anachronism. Symptoms only represent the phenomena of a defensive reflex mechanism called into action to oppose something foreign to the organism. The intrusion into a shell of a foreign body resulting in a pearl is a like mechanism. A morbid soil, by diminishing the resistive power, invites bacterial invasion.

"A child had a little tree which his father planted for him. It grew as he grew; and he loved it as a sister and cared for it as he did for his pet rabbits and lambs. But the tree grew sick. Daily its leaves withered. The good child lamented, and daily plucked the withered leaves from the branches and watered its roots. But one day the tree leaned toward the child and said to him: 'The trouble lies in my roots. If you can remove that, my leaves will become green again, without any other remedy.'

So the child dug at the roots of the tree and found a nest of mice there. The fool who sees the suffering of humanity, seeks to relieve it by removing the outward symptoms of misery from the eyes of the superficial observer. He who is wise will, when he sees the misery of humanity, seek for the mice which gnaw at the tender roots from which come all humanity's blessings."

What is this morbid soil? In answering this query, the writer wishes to emphasize that he is not indulging in theory but with facts of mathematical certainty and easily demonstrable by the oscillaphore and the electronic reactions. The unequivocal nature of this soil is Syphilitic, and general pathology is a mere annex to syphilography.

The writer has shown that we are all syphilitic, and while one may question the world's civilization, its syphilization is incapable of refutation.

We are all syphilitic in various degrees of dilution. The less diluted ones are the chief sufferers. It is conceded that with our present day hygienic environment that the frequency of extra-genital infection is fully **30 per cent.**

We are now dealing with congenital syphilis, the essential agent contributing to the degeneration of the human stock.

"Once in every half century, at longest, a family should . . . forget all about its ancestors."

If we could eliminate the stigmata conferred on us by ancestors who lived at a time when bad sanitation, commingling of the sexes and the grossest immorality prevailed, we would. Our present degeneration is from the past generation, and we are the tainted bugbears of our sainted (?) forebears. The great scourge of the Middle Ages was syphilis, which, in its attenuated, transmitted form, still survives, but remains unrecognized by the profession. This non-recognition is due to inadequate methods for its detection. The accepted Wassermann test for syphilis is soon destined to be condemned as one of the greatest medical delusions.

In subsequent pages we shall read about the association of syphilis, cancer, sarcoma and tuberculosis.

If we wish to eradicate disease we must commence with the soil.

The cure of syphilis without medication is easy

of attainment if the "Abrams method" already published is pursued.*

The soil thus sterilized will confer immunity to the diseases cited. What it will do for others, I cannot as yet say, as my investigations have not been completed. Sir James Barr expressed a truism before a recent meeting of the "Ministry of Health" (Great Britain): "The State should not be entirely engaged in the treatment of disease, but with its prevention."

The world is governed by names, and the portentous name, **Syphilis**, will never be deprived of its malignancy until it is accepted with the same faith as the "original sin" doctrine, substituting, however, moral transgressions for the innocuous fruit.

CANCER

It seems strange how much you can write about a subject about which you know little, and how little you can write about something of which you know much. That is the reason language was invented, not only to conceal but to disclose thought. In the prodigious verbosity of cancerous literature only two facts are conspicuous: an exciting cause (irritation) and the unrestricted growth of cells (epithelium). Researchers in cancer have misdirected their energy. If mistakes were not made rubbers would never have been affixed to the ends of lead pencils. The electronic conception of a cancer is the only rational one (NC 178), and this rationality is emphasized by the results of treatment based on this conception.

The units of cells are charges of electricity (electrons). What we call mass (cancer) is only a matter of positive and negative electrons plus ether.

The atoms of a cell are electrically balanced (isoelectric) spheres of positive and negatively electrified corpuscles. It can be shown that the tissues yield a neutral energy, but, if that tissue is irritated, it becomes positively charged, owing to the escape of negative electrons. The disturbed placidity of the spheres has invited chaos, and the riot ensuing among the positive electrons suggests unrestricted growth of cells, or cells gone mad. A cancer, then, is an insane revelry of electrons, and the usual source of irritation is syphilis (see later).

*With reservations to be noted later.

A SUMMARY OF RECENT PROGRESS IN DR. ABRAMS' LABORATORY.

Syphilis and Its Protectorate—The proteges of syphilis are cancer, tuberculosis and sarcoma. This protectorate may prove of greater scope, but we are concerned with present facts and not anticipations.

In carcinoma, tuberculosis and sarcoma, there may or may not be a coincident general reaction of congenital syphilis, but over the site of the lesion healed (tuberculosis) or active, the reaction is **invariably present**.† The absence of general reaction can be accounted for by the defensive mechanism of the organism, but the latter is not sufficiently potent at times to thwart the activity of local lesions. The deduction is evident that the diseases cited demand for their development a syphilitic soil. In the treatment of these lesions by the Os,* and to prevent their recurrence, we must above all eliminate the general reaction of syphilis, and, having done so, we must treat the sites of the lesions at the syphilitic rate (3) after having treated the original lesion at its specific rate (cancer 3, tuberculosis 5, and sarcoma 3). Infected tonsils give a reaction of congenital syphilis, and usually over the sigmoid flexure in **mucous colitis**, a like reaction can be elicited. (Look for radiograph over lesion). (See later).

Syphilotherapy.—When the writer first advocated his method of treatment (J. Dec. '18) he believed that the results would be permanent. This is practically true in about 80 per cent. of the cases, but in the remaining cases it was found that the spirochetes ensconced in connective tissue are resistant (J. Dec. '19) and demand local treatment by the Os. These resistant lesions are located in the heart, aorta, spinal cord and brain. Treatment with the Os. (at 3) must be persistent. One remaining sprochete will reawaken the lesion.

In the interim of treatment with the Os. and when the later is not available, a synergist is indicated.

We have shown that drugs owe their efficiency

*Os.—An abbreviation for Oscilloclast.

†The theory of embryonal "Rests" and "Vestiges" to account for the origin of tumors must now be substituted by persistent syphilitic foci. Dependent on the character of the local irritation acting on the electrons of the foci; the metaplasia ensuing is differentiated by the electronic discharge; CARCINOMA, positive; TUBERCULOSIS, neutral, and SARCOMA, positive and negative.

to their radioactivity, and act either by altering the polarity of the soil (polaritherapy) or by imposing their own vibrations (oscillatotherapy) corresponding to those of the soil and thus altering it, make it inimical for the by-products of disease (germs).

Specific drugs act in the latter manner. In estimating the radioactive efficiency of drugs in syphilis, it was found that in order of efficiency were: Safranin, Lachesis* (8x), Mercury and Arsenobenzol. These drugs may be mixed with alcohol or collodion (safranin, lachesis or arsenobenzol) or as a powder (mercury with chalk) and applied over the lesion (results effected by penetrating radioactivity of the medicament).

The action of inunctions has always been in question. Since knowing that mercury is efficient therapeutically by virtue of its radioactivity, doubt is now absolved.

In cerebral syphilis a rubber cap containing mercury with chalk in a convenient bag may be worn.

In using Os. in cerebral syphilis, persistent lesions are invariably found (E R A*) at a point 5.6 cm. above the top of the right ear. When the E R A of congenital syphilis is present on the left side at a corresponding point it is associated with epilepsy, migraine or asthma.

It is up to the histologist to show why these areas are the "dead corners" of the organism.

No patient must be pronounced free from syphilis until a blood examination is made after concussion between the third and fourth dorsal spines. This maneuver dilates the vessels and releases the spirochetes from the "dead corners." The frequency of syphilis (usually congenital) as an etiologic factor in psychoses is emphasized by the fact that the writer has practically always elicited this reaction in such instances. The varied location of the lesions in the cortex explains varied symptoms which we designate by different names, always forgetting that by so doing, we are inclined to treat names and not the morbid soil.

The site of the lesions may be determined by the E R A, and this is important to achieve the advantages of localized syphilotherapy. I have yet

*Venom of bushmaster snake, and used in homeopathy as a specific for aneurysms. My investigations show that the alleged efficiency is due to oscillatotherapeutic action in syphilis.

*E R A.—Electronic reactions of Abrams.

to encounter high blood pressure in which congenital or acquired syphilis was absent.

Oscilloclast in Dentistry.—Aside from its advantages in securing analgesia (60 to 100 per cent.), its prophylactic and curative value is absolute. It has been shown by the ERA that the gums in **Pyorrhea** invariably yield the reaction of congenital syphilis, and we can now explain why this condition is resistant to all therapeutic efforts. In the absence of the Os., dentists should employ inunctions of mercury in pyorrhea before using other methods. Bridge work and alveolar abscesses may be sterilized by the current at 2, and teeth after filling should be subjected to the same procedure.

Ruthless dental slaughter, like the tonsillar depreinations of the surgeon, only justify the observation of John Hunter: "Surgery is the act of an armed savage who attempts to get by force what a civilized man will get by strategem." The present conception of a decayed tooth (caries) is decalcification by lactic acid from decomposed food, followed by bacterial invasion. My investigations show that, **dental caries is a dental cancer.***

Physiatrician.—Will we thus designate the physician of the future who will explain physiologic and pathologic phenomena by the laws of physics? Iatrophysicists (G. iatros, physician) and iatrochemists were once in vogue, the former explaining phenomena by the laws of physics and the latter by chemical action.

ERA. — Physicians making these reactions should frequently test their conducting cords for any break in continuity which will impair the intensity of the reactions. Note that the ERA are always more intense in darkness. Thus, working with subdued light is always indicated. Avoid color in the room, on the reagent (subject) and patient. It has been found that when the latter are grounded by the feet on separate aluminum plates, if the latter (plates) are grounded to two separate ground connections (faucet and radiator) the reactions are intensified. This, with equal cogency, applies to the **Dynamizer** (J. June 1920, p. 32). With the new dynamizer, the energy from the patient may be con-

*In addition to the cancer reaction, there is a reaction of congenital syphilis. After excavation, paint cavity with eosin in alcohol, then cover with a little red oxid of mercury; the radioactivity of the first is for carcinoma and the latter for syphilis.

ducted to the apparatus by a bifurcated cord, the terminals of which are fixed in both aluminum rods at points outside the ends where they are grounded (See later).

Splenic Dulness.—Elsewhere (J. June, '20), I have shown that one of the objects of the appendix is to store energy. Another condenser of the organism is the **Spleen**. This organ is often defined with difficulty by percussion, but if, when the patient is standing west, either pole of a bar magnet or the finger tips of either hand of the physician (who must face west) is presented for about 30 seconds to the splenic region, the augmented tone thus conferred increases the intensity of splenic dulness.

Therapeutics of Color* (chromotherapy).—Color is one of the greatest contributions of nature to man. This is true not only in the aesthetic but in an utilitarian sense. Elsewhere (N C), I have expatiated on this subject.

The fly abhors blue, and this color may be used with advantage in the elimination of the house fly as a disseminator of disease. The anopheles mosquito eschews yellow. The E R A show that blue dissipates the reaction of syphilis, cancer and strep infection and yellow, tuberculosis.

In homeopathic practice, yellow iodid of mercury is used for tonsillitis on the right side and red iodid of mercury for a like effect on the left side.

Recent investigations in my laboratory show that these facts are easily verified. If when a normal male is facing west and red light is filtered on the left side of the head, the pulse volume of the left pulse is increased. If yellow is used, the volume is decreased.

Opposite effects are noted with the right pulse by these maneuvers.

These effects are reversed in the normal female. Explanation of the foregoing may be found in N. C., p. 237.

Oscilloclast in Tuberculosis.—Lessees of this apparatus concede the specific action of the current at 5, in the treatment of incipient tuberculosis, but they are not equally unanimous when the disease is advanced. Better results will be achieved when it is recalled that beside streptococci, staphylococci, pneu-

*Color has always been an important factor in folk-healing. Fin- sen's use of red light to prevent pitting in smallpox was an ancient folk belief.

mococci and the influenza bacilli may be found. These must be destroyed at the specific rates for their destruction. Combining currents, as suggested in a previous number (to minimize time), only weakens each individual rate and is contradicted.

Psychotherapy and Organic Disease.—It is universally conceded by physicians that the mind will favorably influence functional diseases, but more will not be acknowledged. "Mental Healers" and "Christian Scientists" have not wholly acquired their prestige by virtue of the delusion of the populace. That these "Psychic Healers" do harm is no reason why we should ignore the good they do, and if investigations show that results are attained even in organic diseases, some of their methods should be appropriated.

"Cheer is a powerful drug, for a merry heart doeth good like a medicine."

It can be shown instrumentally and by the E R A that a patient, say, with cancer, if sufficiently encouraged to think and will that he has no cancer, the reaction of the latter may be temporarily dissipated.

A person thus thinking and willing develops a vibratory rate (every phenomenon in nature is only a specific rate of vibration) destructive to the rate which constitutes disease.

No one can say how long this psychic state may be continued through powerful suggestion to eventually annihilate even an organic disease.

Oscilloclast and Cancer.—In previous numbers of this journal, sufficient evidence from the practice of other physicians has shown that, in early cancer, the Os. is the most potent agent we possess in the treatment of this disease. Tumors are not always eradicated (unless the patient is young), but the malignant factor is destroyed. In the destruction of the latter there is a new formation of connective tissue. In attempts to destroy the latter at the scar rate, the danger of recurrence is possible, and when this is attempted, finish each seance at the cancer rate for about five minutes. Remember that cancers are grafted on a syphilitic basis, and a cure can only be predicated when latter lesion is destroyed at 3 of the Os.

Metaseosis (G. meta, over; seio, shake (vibration)).—The time is now mature, as indicated by my

recent observations, to coin a name suggesting the production of vibrations by transference.

The theory of the transference of disease belongs to ancient and primitive medicine. Thus, Pliny claimed that abdominal pain could be transferred to a dog. Touching warts with pebbles and healing snake bites with the bleeding entrails of a fowl to the wound are familiar examples of transference.

My interest in this subject was recently aroused by the following trustworthy narrative: An acquaintance informed me that he was a sufferer from "rheumatism" for many years, and had sought relief from many competent physicians without result. While sojourning in Mexico, he was advised to try a method there in vogue, viz., the application to his joints of Chihuahua dogs. Within two days the "rheumatism" was cured, and has remained so for many years. It was observed that, when the small dogs were removed from the affected joints, they were so stiff that locomotion was impossible, and the dogs were killed.

Since narrating this story, several physicians have told me of equally incredible results by the same method.

If my recollection holds good, there was an apparatus called "Oxydonor, with which one end of a cord was applied to the foot of a patient (when retiring) and the other end, composed of metal, was immersed in water. The action was supposedly due to the transference of disease from the patient to the water. The sale of this apparatus was, I believe, suppressed by the Government on the grounds of fraud.

I have suggested the phrase "Diseases of Proximity" (J. Sept., '16), to explain cancer developing in people who live together, and so-called "Cancer Houses."

Just as radium confers radioactivity on other substances, so may a cancerous person by induction alter the tissues of another. This is not a theory but a demonstrable fact. A familiar example of transference is noted in magnetic induction, by which magnetism is transferred to magnetisable substances.

The savage "sees God in clouds, or hears Him in the wind," and even Paracelsus taught that disease was not a condition of the patient, but something positive and material inside his body.

The latter view is in accordance with my observations (which even a layman can easily demonstrate) and published in this Journal (March, '20.)

There it was shown that a thought (like disease) is only energy of a definite wave length, and 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 92 elemental atoms are thus differentiated.

It was shown (J. March, '20) that each disease yielded a definite picture and that these imponderable emanations from the body were transferable to other persons. In a subsequent reference, it will be shown that this can also be done with flowers.

Is it possible that with such data at our command, to still deny the theory of transferability? I am informed that in some parts of Canada farmers sleep with one foot immersed in water. The "Kneipp Method" and hydrotherapy may owe their efficiency to transference.

If one measures (and this can be effected by my oscillaphore and the E R A), the specific radiant energy of a cancerous patient and then connects the latter with a wire to the end of which is any metal and immersing the latter in a glass of water, the cancerous energy from the patient is rapidly reduced in potentiality. If the water is investigated, it can be shown that it yields the reactions of cancer and that definite pictures of the cancer with the water can be transferred to another person or to a flower.

Ideational Topography.—Gall, and his pupil, Spurzheim, supposed that the cerebral functions could be localized on the surface of the brain and manifested on the surface of the skull as protuberances. It was the latter suggestion which ridiculed phrenology out of existence by science plus its exploitation by charlatans.

We have shown (J. March, '20) that the content of thought is revealed by definite configurations (ideograms) and it occurred to us whether this fact could be utilized in localizing thought concepts. Selecting bald headed individuals for this purpose, the hypothesis was demonstrated.

The subject must face west seated on an insulated chair (feet on same material and arms extended from

body). When the subject (reagent) concentrates (visualization) on a definite simple figure, it appears within a minute as a raised white (bloodless) patch. Localization (Fig. 5) is as follows:

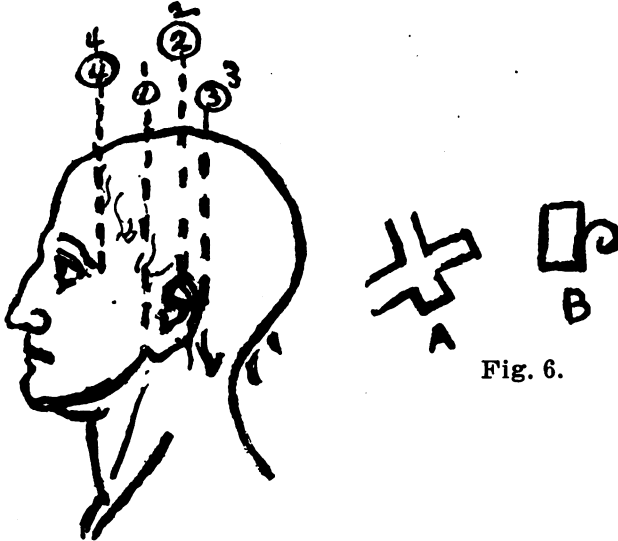


Fig. 6.

Fig. 5. Cerebral localization by ideograms.

1. Visualization of figures or numbers.—Located at a point on either side of the median line of the skull by a line drawn 3.5 cm. in front of the ear (1).
2. Libidinous visualization (sexual center).—Location at a point on either side of the median line of the skull by a line drawn from the upper part of the ear (2).
3. Sound (listening to vibrations of a tuning fork).—Located on either side of the median line of the skull on a line drawn from the posterior part of the ear (3).
4. Smell (odoriferous substance to nose).—Located at a point on a line drawn from the external border of the eye socket, 8 cm. up and 4 cm. from median line of skull (4).

Fig. 6. Ideograms of smell (A) and sound (B), In the visualization of numbers and figures, their configuration is dependent on what has been ideated.

Homology of Nature.—Nature's laws are universal and are not abrogated in deference to our anthropocentric differentiation of matter. We differ-

entiate plants from animals. Yet, there is no known test by which they may be distinguished in their homologous phenomena.

The units of all matter are charges of electricity and known as electrons.

If there is an electronic physiology, there is a corresponding pathology (N. C. p. 177).

I have shown that there is a cancer of plants (J. Sept., '16). Recent observations show that there is a tuberculosis of plants.

A withered leaf or petal is practically always tuberculosis.

Try the simple method suggested (J. March, '20, p. 251) of eliciting a specific picture of tuberculosis with leaf or petal.

From a chemical viewpoint "Rust" is an iron oxid, but, subjected to my test, it is, in a biophysical sense, a cancer.

Toxins and Bacteria.—There is necessarily a disparity in the findings of one who uses the E R A and the microscope in the detection of disease.

Thus, a culture tube of dead tubercle bacilli will still give a reaction by the E R A, owing to the presence of toxins elaborated from bacterial growth and on which the disease producing power of bacteria is dependent.

Thus it is that many tuberculous lesions are unrecognized because bacilli are not found. This is also true of tissues, and early disease is beyond the ken of the pathologist who regards vital phenomena as structures in lieu of dynamic processes.

Physiological fluctuations invariably precede a pathologico-anatomic substratum.

Thus, the microscopist who finds bacilli in the sputum and the radiographer with his findings only establish late diagnoses.

Recently a physician consulted the writer for priapism of twenty years' duration. The E R A demonstrated tuberculosis of the tenth and eleventh dorsal vertebrae. The oscilloclast (at 5) after a few treatments subdued the condition. The writer constantly sees persistent skin affections which are tuberculosis, and yield readily to the tuberculous and syphilis rates of the Os. (All tuberculous lesions are grafted on persistent foci of congenital syphilis).

Many chronic nasal discharges are dependent on tuberculosis of the nasal mucosa grafted on a congenital syphilitic basis, and yield to the oscillo-

clast at the TB rate (5) followed later by the syphilitic rate (3).

Neoplasms in Solution (Leukemia).—The conception of matter by the lay mind is erroneous. Matter is only an aggregation of electrons. If this aggregation is perceptible to our senses, we call it matter, otherwise we speak of its imponderability. By the ERA, the specific nature of matter is recognized by its invariable definite vibratory rate.

Thus it is that the pathologist is only able to conceive a tumor as a solid mass.

.....The writer has seen three cases of **Leukemia**. The nature of this fatal disease is unknown, but some authorities have predicated its **Sarcomatous** origin. In all the cases, over the spleen only, the reaction of sarcoma could be elicited.

Two of the patients were treated with the oscilloclast by application of the current at the sarcomatous rate (3), with immediate results, especially noted in the rapid diminution of the splenic volume to normal.

Applications must never be less than one hour daily.

Parasitism.—We have endeavored to show that bacteria are not the cause, but the by-products, of disease.

The vulture is only in evidence in the presence of carrion, and the latter represents an advanced stage of putrefaction.

There are intermediate grades of death, and lowered vitality, represented by disease, is one of them.

These foci of diminished vitality, like the garbage can, invite bacterial invasion, and should be called **vulturine lesions**.

The nature of a **COLD** is unknown. If the skin is cooled at a definite point with an atomizer and an ERA is at once taken, a streptococcic reaction can be demonstrated.

If unfamiliar with the ERA, look for the picture of the strep reaction (see following subject). An irritated skin will also give a strep reaction. Thus, a cutireaction (Von Pirquet) is valueless; the resulting dermatitis is as much the result of the number of streptococci attracted as it is of the tuberculin used. The nearest approach to an understanding of **Herpes** is, that it is a ganglionitis. The ERA

shows a strep reaction over the ganglia, and the post zonal neuralgia may be treated with the Os. at 2 over the implicated ganglia.

Local Radiopathography.—In the March, '20 number of the Journal, this subject was discussed. Lately, it was noted that these graphs (Fig. 7) are also found on the skin over the site of a tuberculous, streptococcic, syphilitic and other lesions (vide et crede).

Patient must stand west on insulated material with arms away from his body. If a part of the aorta or heart is implicated by an isolated lesion only the skin over that part shows the graph.

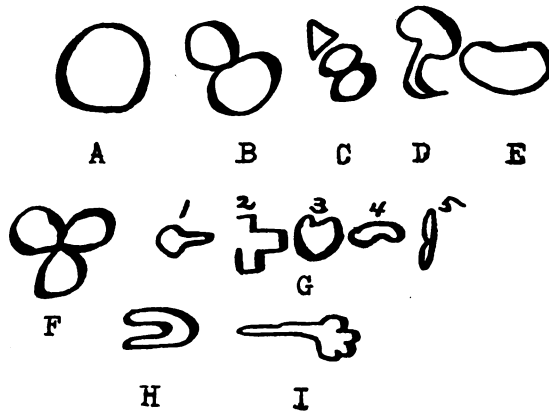


Fig. 7. Pathographs of A, sarcoma B, acquired, and C, congenital syphilis; D, pregnancy; E, streptococcus; H, typhoid fever.

Metaseiosis and Flowers.—The writer has shown instrumentally that plants suffer pain (J. Sept. '18), and that exposure of the torn flower to the vapor of ether or chloroform will arrest this pain reaction. Take any fresh flower with movable petals and place it in a support. Standing west, approach it with the grouped finger tips of either hand and note the very slight though perceptible contraction of the leaves. Thus, radioactive energy emanating from the human is easily demonstrated.

Take a **light pink flower** (American Beauty or a Columbian rose) and place it over the visualization center (Fig. 5), and ideate on some figure or number. Note that within one minute, the graph appears on one or more of the leaves, and outlined by slightly raised white lines.

The exquisite flower is thus susceptible to our

impressions. Let us therefore always deport ourselves with propriety in its presence, lest we awaken its resentment toward the vulgarian.

The senses are the avenues of the mind, therefore where there are senses, there is mind.

There is presumptive evidence that plants can see. Nearly all the leaves act as lenses to focus and concentrate the light in shady places where light is essential. Many green plants have little eyes (ocelli) that are specially sensitive to light.

Experiment with the leaves of a light pink rose and show that it can smell and hear.

Note the ideogram of smell (Fig. 6) when an odoriferous substance is brought into contact with a leaf for about one minute, or sound, when a tuning fork is brought in juxtaposition (but not touching) for the same period of time.

The decayed parts of many fruits show a veritable reaction of cancer which in no wise differs from the cancer afflicting the human.

Take a culture tube of tubercle bacilli and place the tube in contact with the stem of a pink rose for about a minute and note the pathogram of tuberculosis (Fig. 8).

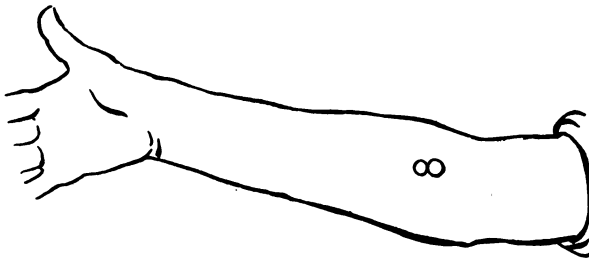


Fig. 8. Pathogram (tuberculograph) of tuberculosis on the arm of a human and as it appears on the leaf of a rose.

No doubt other flowers will show this graph, but a pink leaf makes it more conspicuous.

Origin of Man.—The idea of “special creation” for man is unsupported by facts, and it is reasonable to assume his descent from a humbler organism. The structure and functions of man are not demonstrably different in kind from those of the nearest Primates (monkey). By the methods of the writer, it is possible by the vibratory rate of blood, to differentiate human from animal blood, excepting the monkey. **The blood of the monkey has the same vibratory rate as the blood of the human.**

Renaissance of Senescence.—A man may be only as old as his arteries, but in an utilitarian sense he is as old as his sexual apparatus. With vigor of the latter, although vascular degeneration coexists, no man can be regarded as old, and he is without the domain of geriatrics. The quest for the "fountain of youth" has recently been sought in that caprine ruminant, the goat, whose transplanted testes are destined to restore sexual vigor.

One of the most prominent advocates of this method recently visited my laboratory, and his sincerity could not be questioned. He related how tortuous arteries by his method were restored to normal after transplanting the testes of goats. In investigating this action, the writer found that the radioactivity of the normal testes was destructive to the formation of connective tissue which is associated with senescence. He found furthermore that many instances of premature impotency were due to the presence in the testes of colon bacilli, thus justifying the autointoxication theory of Metchnikoff, that ageing was caused by the absorbed toxic products of intestinal decomposition. In lieu of transplantation, it is suggested to destroy the bacilli by the oscilloclast or by gamboge painted over the scrotum.

My reactions show that the testes of the goat often yield the reactions of tuberculosis, and that the animal in question is not immune, as it is supposed to be, to this disease.

Vertebral Concussion.—If a person is unsuitable as a reagent for the E R A, owing to the presence of areas of dulness dependent on disease, it may be recalled that the latter can be made to disappear temporarily by concussion of the eleventh dorsal spine, and the reagent may be used. By concussing the second lumbar spine, the toxins are again thrown into the circulation (splenic contraction) and the dull areas reappear. These maneuvers may also be used for corroborating the E R A.

By contracting the spleen the antibodies are likewise thrown into the circulation; a useful prophylactic measure during epidemics.

Diabetes Mellitus.—In the suboccipital region, one usually finds a local reaction of congenital syphilis, although the general blood reaction is negative. In one patient, there was an immediate disappearance of glycosuria, when the oscilloclast current, at 3, was used several times at this region.

This is a practical suggestion worthy of investigation.

In two of my patients Cataracts yielded the reaction of congenital syphilis, and this fact must be taken into account in treatment.

**Dr. Albert Abrams's
METHOD OF PERCUSSION**

**To Delineate the Solid Organs of the Chest and
Abdomen.**

By SIR JAMES BARR, M.D. Glasg., LL.D. Liverp.
and Toronto.

Reprinted from "The Lancet" (London), May 22,
1920.

In The Lancet of March 6th there appeared a very interesting and instructive article by Dr. Abrams on Topographic Percussion and Visceral Tonicity. This paper, I hope, will further elucidate some of the problems there set forth. Dr. Abrams reckons that in the ordinary run of diagnosis there are about 50 per cent. of errors, and recently Dr. Edmund I. Spriggs has followed in a similar strain. In order to reduce those errors to a minimum Dr. Abrams has introduced various novel methods of diagnosis, but in this communication I intend to confine my observations to the question of percussion. Dr. Abrams is, perhaps, doing more than anyone else in the present day to resuscitate the lost art of physical diagnosis, but he would be among the first to acknowledge that there is no individual or system infallible, and would, no doubt, agree with his countryman that "he who never made a mistake never made anything." All Dr. Abrams's methods require an acute sense of hearing and a delicate sense of touch. Those who are not thus endowed, or who are unwilling to take the trouble to cultivate these senses, need not waste their time in reading this paper.

Dr. Abrams's original description of "A New Method of Percussion" was very brief, only occupying about three octavo pages in large type. It appeared in the Medical Record of February 16th, 1918, and was reprinted in Physio-Clinical Medicine of December of the same year. I have not seen any reference to the method in current medical literature, and I shall therefore deal with it in some detail. His article begins:

"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 views as a sacrilegist anyone who questions established methods."

Dr. Abrams's Method of Mapping Out the Deep Cardiac Area

I shall begin with his method of mapping out the deep cardiac area, as that will form a good basis for what follows. There are many physicians who honestly acknowledge that they are unable to percuss out the deep cardiac area, and question the ability of anyone else to do so. There is at least one distinguished physician who sarcastically asks those who, he thinks, attempt the impossible, have you percussed the heart in systole or diastole? He seems to have forgotten that there is very little variation in the size of the heart on the whole during various phases, and it occupies the same place during all its phases. The superficial cardiac area is of no value, and many physicians who have the temerity to illustrate their writings with sketches of the deep areas merely portray their own ignorance. It is surely, therefore, important that some serious attempt should be made to arrive at accuracy.

In carrying out Abrams's method the patient should stand on a large aluminum or copper plate which has been earthed, and face due west. It is convenient to have two plates, each of which need not be much larger than a large foot, as they can be placed widely apart, and in these observations it is important that the limbs should be well separated to prevent any risk of short circuiting. For experimental work a single large square plate of at least four square feet in superficies is very useful, as it can be placed so that the four sides will represent north, south, east and west. On a plate of this size the patient can be turned rapidly in any direction, and his feet kept widely apart, or brought close together as desired.

There are many physicians who do not know the orientation of their own consulting rooms, and for such the acquisition of a compass is necessary. At present in this country the magnetic meridian runs 16 degrees west of true north, which is rather less than a point and a half of the compass; for practical purposes this may be disregarded, but if you wish to find the true north and west, etc., you have only to reckon a point and a half to the right of your compass bearings. Of course, there must be no magnetic material in the room sufficient to disturb your compass.

When the patient is standing on the earthed plate or plates, facing due west, with arms held away from the sides and chest bared, you begin to mark out the left border of the heart. You give a rapid series of brisk but gentle taps on the acromial end of the left clavicle with the middle finger of the right hand; at the same time you firmly draw the fore or middle finger of the left hand over the chest towards the heart, and as soon as this finger reaches the border of the heart there is a distinct change in the note of the percussion on the clavicle. Moreover, if your finger be in an intercostal space you can distinctly feel the impact of the heart. When you reach the point yielding dullness you can correct your observation by moving the skin back without altering the position of your finger on the latter, and you then get a clear resonant note. Then bring your finger, with the skin, forward to the former position and the note again becomes dull. These observations can and should be corroborated by the stethoscope, shifting the bell from without towards the heart, and once the border of the latter is reached, you hear a distinct change in the percussion note. The old wooden stethoscope is best, but if it is found to be inconvenient I use a small phonendoscope with a knob five millimetres in diameter. No one ever did or ever could become a skillful auscultator who uses that abdominal spring contraption called a binaural stethoscope; sensitive ears could not bear such pressure and extraneous sounds for five minutes.

Having marked out the left border with a dermatograph, you proceed in a similar manner to delineate the right border by percussing the acromial end of the right clavicle. If you be ambidextrous you had better percuss with the left middle finger and

use the right hand for delineating; there is, however, no difficulty in slightly changing your position so as to percuss with the right hand.

The same method can be used for mapping out pleural effusion, lobar pneumonia, solid patches in the lung from any cause. When the patient is earthed and facing west Dr. Abrams has discovered specific areas of dullness in the chest and abdomen in certain diseases. To take only one example, which can be easily verified. In cases of cancer, no matter where situated, when the patient is earthed as before directed, let him place his left hand on his right shoulder so as to put the left scapula outwards, and hold his right arm away from the body; there will be found an oval area of impaired percussion about three inches long by two and one-half inches wide in the left interscapular area. Dr. Abrams's figures, 7 by 5 cm., are rather less. This can be easily mapped out with a stethoscope when percussing the acromial end of the left clavicle, or more conveniently by his other method of direct percussion—viz., place the left forefinger on the chest, overlap it with the middle finger, and then percuss the terminal phalanx of the latter. As the polarity of cancer is positive, this dull area disappears when the patient faces south, and returns when he again faces west.

Another Method

There is another method of mapping out the deep cardiac area similar to that generally adopted in mapping the hollow organs such as the stomach, and to which Pirera lays claim. Place the bell of the stethoscope over the superficial cardiac area, draw your finger from without towards the heart, and when you have reached the border of the latter, or rather when you have somewhat overlapped it, there is a distinct change of note; this is like percussing out a ledge underneath the table and is no more reliable. The ease and accuracy with which you can mark out the ledge depends on the amount of support or, in other words, on the tone of the ledge and on the extent of the overlapping board. In accuracy it is not comparable with Abrams's method. The upper border of the liver can be determined either by the palpatory or auscultatory method with percussion of the acromial end of the right clavicle. For the upper border of the spleen percuss the left clavicle.

The lower border of the liver can be determined by the palpatory or auscultatory method, especially by the latter, and percussing the right superior iliac spines. The same method can be used for mapping out growths in the abdomen.

Unfortunately, patients cannot always stand up, nor is it always convenient to have them earthed and facing the west. With patients lying in bed and without any particular regard to the points of the compass, I have successfully carried out Abram's method but in such circumstances I prefer a method which I introduced many years ago for locating a lobar pneumonia within the first six or twelve hours of its existence. Possibly I may be prejudiced because the method is my own. I lay the left hand with all the fingers spread out firmly on the chest so as to eliminate the vibrations of the chest walls; I then lightly percuss the middle finger and the slightest impairment in the resonance is easily detected, the lighter the percussion the more easy it is to determine differences in resonance. This method is applicable to the delineation of any organ in the chest or abdomen.

When I was engaged in teaching students I used to show them how to palpate the deep cardiac area blindfolded, and then allow them to verify my palpation area by percussion. This is an exceedingly simple matter in children, and in any person with pliant costal cartilages. In all methods of percussion it is a good plan to shut your eyes as thus your hearing is in no way distracted, and as Abrams would say, you are less liable to hear simply what you expect to hear.

DR. ALBERT ABRAMS AND HIS WORK

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

(The writer of the above subject has on former occasions favored the North American Journal of Homeopathy with Articles on Auto-Hemic Therapy—in a conservative manner—and the reader is assured that he treats this subject in a similar manner. Dr. King spent a month with Dr. Abrams at San Francisco and personally gave us the information below April 14th.—Editor.)

The first study at the laboratory is to learn where the various Electronic Reactions may be found on abdomen, chest, face and body. Next in order is the training of the ear to recognize sounds (resonant

and dull tones) which the instructor demonstrates by percussing lungs and abdominal tissues. Finally, a subject, patient or both is then connected by means of electrodes to an electrical machine, known as the Reflexophone. At once the listener to the percussion tones perceives the presence or absence of syphilis, cancer, tuberculosis, streptococci, etc. These states, if present, are easily differentiated by their vibrating rates. The diagnosis made, one then ascertains the strength of the disease (under treatment, this is a most helpful means to note progression or retrogression of a disease.) Lastly, one may know what tissue is involved, or will become invaded later, namely: the nervous, digestive, circulatory system, bone, etc. These effects are known as strains of that affection (syphilis, cancer, etc.), and to what extent. The unit of measurement is the ohm in determining its quantity.

The diagnostician need not make a personal examination of the patient—a sample of blood suffices. He will know by the latter means, if it is human, or other blood, and its gender.

We can predict with reasonable certainty the presence or absence of pregnancy and its gender.

It was the writer's pleasure to witness many interesting examinations and experiments which are constantly conducted at the laboratory. A day seldom passes which does not reveal something new. Only a few days ago Dr. Abrams located the side of an affection—right or left—that is, the affection resided in the right or left lung; the right or left tonsil, etc.

Dr. Abrams and the writer were favored with an audience by Luther Burbank at his Santa Rosa (Cal.) gardens, where we spent several hours with this scientist, from whom we learned much of plant life. Dr. Abrams had previously shown that plants suffered pain when torn but not when cut, or if their stems were anesthetized.

By simple means one can photograph thoughts (which are things) on the face and arms—even disease, culture specimens when applied to the body—can be made intelligent to us as to their nature—all showing different characters or figures. One need not wait a clinical diagnosis as to the nature of an illness. To cap the climax, an instrument, known as the Energiometer, will soon give the medical profession a ready means to accurately diagnose many

diseases—as positively as one solves a problem by mathematics. This same instrument also proves the potency of a drug, among homeopaths; it will show that a higher potency is more effective than a lower one. The verity of Auto-Hemic Therapy is proven by electronic reactions. Those who employ this treatment should concuss the second lumbar vertebra drawing the blood (use a cork and tack hammer applied over the spinous process and give it thirty light blows). This same maneuver is repeated before introducing the prepared Auto-Hemic blood. Ideal results will often follow this procedure. (Reprinted N. A. J. of H., May, 1920.)

Observations of W. J. McRoberts, M. D., (Hot Springs, Calgary, Canada)

“I was called to see a supposed case of “rheumatism” and found a premature labor. The fetus was decomposing. The patients had pronounced signs of sepsis. Having obtained a strep reaction, I applied the oscilloclast at the rate of 2 over the uterus and the symptoms soon subsided.

Mr. G had a previous attack of “rheumatism” followed by a mitral lesion. On account of the latter he was refused army duty. Over the valves, an ERA yielded a strep reaction. Using the oscilloclast at 2 over the heart, dyspnea disappeared and murmurs previously present were replaced by distinct sounds.”

Observations of W. J. McDoberts, M. D., (Hot Springs, South Dakota)

“I need a new oscilloclast as soon as possible. It has been the means of doubling my income and increasing my prestige.”

**Observations of H. T. Irvine, M. D.
(Fingal, N. D.)**

“This has been a wonderful experience. Since my return and if the work continues, I shall soon have need for another oscilloclast. The following is most suggestive in establishing how heredity operates in tuberculosis:

A.—Blood from umbilical cord in a still born infant two hours after birth gave a negative ERA for everything excepting Tuberculosis.

(Genito-urinary strain).

B.—Mother’s blood (same date) a like reaction with same strain.”

MISCELLANY

A New Physico-Clinical Laboratory.—This has been established by Dr. J. W. King at Bradford, Pennsylvania. It is indeed a pleasure to recommend to the profession the eminent qualifications of this gentleman for executing the electronic methods in the recognition and treatment of disease.

Percussophone.—The evocation of percussion sounds is easy, but the recognition of the acuteness and graveness of a note (pitch) is difficult.

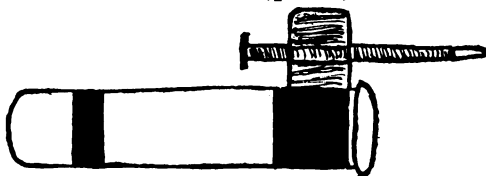


Fig. 9.—Percussophone.*

*Dr. Charles E. Zeebuyth (Portland, Oregon) has assisted the writer in perfecting this apparatus.
Price of his apparatus is \$5.00, express prepaid.

Success in percussion is dependent on the latter qualification, and without it, the method is useless, as it is so often.

This apparatus is percussed at one end with the finger (strongly or lightly according to the methods of percussion) during the time the **edge** of the tube (most distant from the screw) is moved along the surface of the chest or abdomen. The screw adjusts the proximity of the open end of the tube to the skin's surface, and the nearer the end of the former to the skin, the better the results. With a little practice the tube (by aid of the terminal of the screw) can always (as it must be) be maintained at the same angle.

The apparatus may also be used for differential percussion, applying it on one side and then on the other (angle must always be maintained).

Resonance is announced by a musical sound, and when an area of dullness is attained, the musical quality of the sound is at once extinguished. It will reveal areas of lung dullness impossible by any other method.

Oscilloclast.*—The demand for another apparatus by those already in possession of one who knows

*The primary payment on this new apparatus is \$200.00, and a monthly rental as before of \$5.00. Primary payment is subject to change.

how to use it is the most sincere recognition of its efficiency. To obviate the necessity for two or more machines, the new oscilloclast (for the alternating current only) permits treatment of three patients at one time.

Dynamizer (J. June, '20, p. 32).—The demand for this apparatus has been so great that purchasers should regard the following directions:

Place specimen so that ends touch each rod within box (rods are adjustable). Cover specimen with white paper and demagnetize. Cover with condensing lid electrode which has an opening outside for tip of cord passing to one opening in rheostat. To end of each terminal outside box insert tip of a ground wire to a ground. Two separate grounds (radiator and faucet or two different radiators) give better results than if the same ground is used for both wires. When energy is conducted from patient through dynamizer use a bifurcated cord connected with the other two openings on terminals. When this is done see that terminals within box do not touch. Opening on top of condensing lid is for a cord passing to rheostat.

It will be noticed that there are two holes for grounding on each aluminum rod. It is essential that the cord tips on the two wires used for the purpose of conducting energy from patient do not touch. For this reason the hole in the side (top) of the aluminum rod is not bored as deeply as the hole in the end of the rod. In order to make the cord tip fit in this shallow hole it will be necessary to clip off the end of the tip. It must be understood that only the holes in the end of each rod is used for examining blood specimens.

Oscillophore.—Owing to a few technical difficulties encountered at the last moment, purchasers are advised that deliveries will be delayed indefinitely. Checks will be returned at once to all those who are dissatisfied with this arrangement.

LESSEES OF OSCILLOCLAST*

- Sir James Barr, England.
 A. Bursell, M.D., Medford, Oregon.
 E. A. Majors, M.D., Oakland, Cal. (2 machines).
 A. T. Noe, M.D., Pacific Grove, Cal. (2 machines).
 J. P. Kanoky, M.D., Kansas City, Mo.
 H. Meredith, M.D., Oakland, Cal.
 J. Goodwin Thompson, M.D., Oakland, Cal. (2 machines).
 V. Sillo, M.D., New York City.
 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.
 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 (2 machines).
 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.
 J. C. Stevens, M.D., Harrisburg, Pa.
 B. Tisdale, M.D., Oakland, Cal.
 J. Trow, M.D., Chicago, Ill.
 C. H. Kingsbury, M.D., Danielson, Conn., (2 machines).
 L. H. Dietz, M.D., Oakland, Cal.
 S. King, M.D., Warren, Pa.
 L. B. Weatherbee, M.D., Antioch, Cal.
 S. F. Meacham, M.D., Oakland, Cal.
 B. Crombie, M.D., Port Chester, N. Y.
 A. F. Hornberger, M.D., Wichita, Kan.
 C. A. Reinbolt, M.D., Detroit, Mich.
 W. J. McRoberts, M.D., Hot Springs, S. Dak. (2 machines).
 R. Rice, M.D., Council Bluffs, Iowa.

*Terms on which oscilloclasts are leased are as follows: A primary payment of \$200.00, and \$5.00 monthly. Primary payment is subject to change, owing to varying cost of material and labor.

C. S. Evans, M.D., Hutchinson, Kas.
 H. T. Irvine, M.D., Fingal, N. Dak.
 A. B. Collins, M.D., Linesville, Pa.
 Charles Zeebuyth, M.D., Portland, Ore.
 E. S. Smith, M.D., Bridgeport, Conn.
 W. P. Myers, M.D., Anaheim, Cal.
 C. E. Johnston, M.D., Orland, Cal.
 V. S. Irvine, M.D., Lankin, N. Dak.
 I. Howard Planck, M.D., Chicago, Ill.
 M. A. Hansen, M.D., Osage, Iowa.
 J. A. Savignac, M.D., Ottawa, Canada.
 M. W. Livingstone, M.D., Pittsburgh, Pa.
 E. B. Crosby, M.D., Oriska, N. Dak.

SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY

California (City)—Drs. C. Cross, W. Scroggs, C. Lippman, Gould, W. Collins, P. Brugiére, A. Folte, B. Sanborn, C. Schwartz, F. Hess, F. H. Hadley, D. B. Plymire, A. Gates, S. Hill, H. W. Hunsaker, P. Rice.

Provincial—Drs. S. Meacham, A. Noe, Thudichum, Weatherbee, C. Foster, C. Johnston, W. Mizner, W. Myers, L. Sherman, W. Watts, J. Thomson, L. Dietz, J. R. L. Mansfield, L. J. Belknap.

Colorado—Dr. M. W. MacManus.

Iowa—Drs. W. Passer, R. Rice.

Nebraska—Dr. F. E. Coulter.

Kansas—Drs. C. S. Evans, J. R. Brinkley.

Texas—Drs. J. S. Lankford, H. W. Gates, R. Gates.

Illinois—Dr. J. Towe, Dr. C. N. Dunn.

North Dakota—Dr. V. Irvine.

Oregon—Drs. I. J. Foster, C. B. Zeebuyth.

Minnesota—Dr. W. Thomsen.

Connecticut—Dr. E. E. Smith.

New York—Dr. A. Bernard, Geo. Lenox Curtis, M. D.

Ohio—Drs. V. Ireland, E. Long.

India—Drs. S. Abhedanda, J. Lall.

Japan—Dr. F. Izuno.

Nova Scotia—Dr. J. Lucas.

3185 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 80 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan. 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS test, because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy!
NEARLY 100 PER CENT. POSITIVE.

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

"I have witnessed marvelous results," observes Vecki, the noted 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."

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

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

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

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 eternal counterpart of the Abderhalden reactions."

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.)

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.

Course to physicians on Electronic Diagnosis\$100.00

(Limited to reputable physicians in possession of of the M. D. degree.)

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

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

Attest
H. E. Macdonald M.D.

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

Very sincerely,

W. R. Scroggs M.D.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

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

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

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

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

Respectfully,

Geo. O. Jarvis.

July - 27 - 17

Dear Doctor Abraham's

Your letter explaining blood test no. 3 received.
Your diagnosis is correct. I thought I might
stamp 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

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Poliomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis (Variety)
Colicsepsis	Leprosy	Sarcoma
Carcinoma	Malaria	Scarlatina
Cholelithiasis	Measles	Staphylococci Infection
Chorea	Menstruation	Streptococci Infection
Diabetes	Meningococci	Syphilis (differentiation of congenital and acquired, and specific strain.)
Diphtheria	Infection	Tetanus
Epilepsy	Neurasthenia	Typhoid
Gonococci Infection	Paralysis Agitans	Tuberculosis (Varieties)
Gout	Parathyroid Insufficiency	
Hookworm	Paratyphus	
Hyperpituitarism	Pneumococci infection	
Hyperthyroidism	Psychasthenia	
Influenza	Pregnancy (predic- tion of sex)	
Insanity		
Paranoia		
Dementia Precox		

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

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

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

WARNING.

Many physicians have forwarded specimens of blood to the Physiological Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchnic reactions. Specimens have been received on colored and on printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood.

While a brief statement accompanying the specimen will be of material aid in diagnosis the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, COLICSEPSIS and STREPTOCOCCI INFECTION.

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

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

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

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.”

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.) Dr. F. Vasquez 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.

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

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



**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.



