

Physico-Clinical Medicine

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

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PHYSICO-CLINICAL MEDICINE

Vol. 5

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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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Asyphilizing the Human

REALIZED pathology is syphilized pathology. Civilization cannot question its syphilization. Our sainted (?) ancestors were tainted ancestors.

The sexual urge has no conscience. With moral progression there is always retrogression of the sexual instinct. Legislated morality is only possible with the deanimalization of man.

Let us ignore the moral question. At the present day extragenital infection of syphilis occurs in about 30 per cent. of the cases.

No imagination is necessary to estimate the frequency of syphilis among our ancestors among whom hygienic

laws were ignored. No child of syphilitic parents is free from syphilis as manifested by a blood reaction and no individual is exempt from syphilis if the energy of the blood is stepped up 1300 per cent. by aid of an induction coil.*

Although a blood reaction may be absent, the foci of infection persist in definite parts of the organism from which arise cancer, tuberculosis, sarcoma and other diseases. The writer has never examined the site of a cancer without eliciting a reaction of congenital syphilis.

Thus, if we could desyphilize the individual at birth or soon thereafter, the cancer and tuberculous problems ‡ would be solved. This is not a difficult task.† The difficulty arises when the method is delayed until the syphilitic foci become encapsuled in dense connective tissue and thus elude dislodgment.

The most difficult task is to conciliate the laic attitude toward that portentous word, SYPHILIS, and only a few will question the purity of their moral heritage despite the fact that the present degeneration is the product of the past generation with orders on their breasts and disorders in their blood. What physicians have surmised is now a reality because there is nothing equivocal about reactions which have attained the precision of mathematics.

Eugenics deals with prenatal influences to develop better men and women. This is impossible of achievement until syphilis is recognized as a factor. A "mens sana in corpore sano" is an anachronism. Disease simultaneously implicates brain and body. Annihilation of disease from the body does not predicate cerebral integrity. The writer has never examined a young patient with insanity without evidence of congenital syphilis.

Alienists specify the varied states of mental aberration by names.

This fatuous and eponymous classification is about as logical as attempted differentiation of a cancerous stomach guided by the symptomatic interpretation of the patient.

*See later, recognition of this fact without a coil.

†See editorial, "Cure of Syphilis."

‡The more the writer investigates "Physico-Clinical Medicine," the more convincing become the Titanic truths of Hahnemann and the PSORA of the latter (parent of all chronic diseases) is suggestive of SYPHILIS.

Insanity is cerebral syphilis and its manifestations are only questions of cerebral localization.*

Based on the foregoing facts, an organization has been effected with the object of desyphilizing the human to better the innate qualities of the race and to develop it to the highest possible degree ("International Association for Racial Purification of Children").

Destructive Interference

MY FRIEND, Dr. J. G. Thompson, wants with reason an adequate explanation for his patients the why and wherefore of the Oscilloclast.

Information without reason is belief only and not conviction. The patient feels nothing during the currents' flow and therefore cannot understand how any result can be achieved. The action is based on the law of "Destructive Interference."

Sound waves can be united so as to interfere or destroy each other. Any book on physics explains the phenomenon of "Light Interference."

Sensation is unnecessary for destructive action. Patients like physicians gauge action by the intensity of the inciting factor, "For a sonnet to Amanda and the like, stewed prunes only might be sufficient," but for a great design, nothing less than a more formal and more formidable dose.

REMEDIAL ACTION IS QUALITATIVE; NOT QUANTITATIVE.

A tuning fork unresponsive to the most violent explosion will vibrate to an imperceptible sound.

A ray of light falling on selenium modifies its electrical resistance. No force however tremendous can modify the molecular orientation of the electrons composing steel yet the mere action of a magnet will at once induce magnetic properties.

*The interpretation of disease must not be relegated to the clinician's undertaker—the pathologist and if neonyms are permissible, it is suggested that "biodiagnosis" supplant "necrodiagnosis." For, after all, isn't the average work on pathology, a posthumous dissertation on life?

Electronic Medicine

CHEMISTRY and astronomy are graduates of alchemy and astrology, and the psychiatrist is a graduate of Hippocratic medicine.

The former deals with the physics of life (processes) and the votary of the latter with cells (structures). Thus, the psychiatrist is a biodiagnostician and the votary of Hippocrates, a necrodiagnostician.

To know the Electron is to repudiate the "Cell Theory." The Electron is the "philosopher's stone," and if the latter is thrown with sufficient violence it will destroy the structure of traditional medicine.

Cells are made up of atoms and the latter of Electrons. Compare the gigantic cell with the diminutive Electron. If a pin head $1/10$ of an inch in diameter represents an Electron, then 450,000,000 miles (five times the earth's distance from the sun) would represent an atom.

Matter is condensed energy.

A kilogram of matter contains 26,000,000,000 kilowatt hours equivalent to the total output of all the electric light and power companies in the United States during 1918.

The Electrons are endowed with the properties of attraction and repulsion; each negative electron being magnetically attracted to the central positive nucleus and partly counteracted by an electrostatic repulsion. Electrons in motion make the electric current and those substances (copper, aluminum) with loosely bound electrons are good conductors and those whose electrons are tightly bound are insulators.

A current is only a stream of passing Electrons.

Electrons in vibration produce waves, and according to their frequency, we have actinic, X-rays, light, Hertzian, etc. The higher the vibration frequency, the shorter the wave length. Substances opaque to light are transparent to the relatively shorter X-ray waves.

The mass of matter is the resultant of the motion of its constituent Electrons. If a gyroscope could be rotated

at a speed sufficiently high (approaching that of light), its weight would be greater than when it is at rest.

My subsequent article, "Electrical Nature of Man," shows the demonstrability by the simplest conceivable means of my repeated asseverations.

Electrocardiography is the attainment of the same object graphically. Differences in the electrical potential is shown of the heart muscle; the actively contracting muscle is electrically negative to the other parts.

Cure of Syphilis

WHEN attention was first directed to the writer's method (J. Dec. '18), concussion of the 11th dorsal and 2d lumbar spines was advocated. Later (J. Dec. '20), concussion of 7th cerv. spine was suggested.

Respecting these methods, the writer is justified in repeating that, within 10 to 15 days, the reaction of syphilis from the blood can no longer be elicited and this result as a rule is permanent. The great difficulty was to eradicate persistent lesions in the organs.

Further studies demonstrated that, after concussion of the 7th cervical spine, the syphilotoxins were aspirated into the immensely enlarged spleen (provoked by concussion of this spine) but remained there not longer than 30 seconds and returned to the sites of the lesions from which areas the reaction of syphilis could again be elicited. This return of the toxins to the sites of the lesions corresponds with the process known as chemotaxis.

To prevent this rapid return of toxins, it was advocated to concuss the 7th cerv. sp. every 10 minutes during oscillographic treatment. Later it was found that, if one immediately concussed the 2d DORSAL SPINE after concussing the 7th cervical spine, the toxins would not return to the lesions for many hours.

On investigation of this phenomenon it was found that, enlargement of the spleen following 7th cerv. sp. concussion lasted only 30 or more seconds but that if concussion of the

2d dorsal spine immediately followed, the spleen would remain enlarged for hours.* Thus the splenic antibodies act for a prolonged duration of time.

The method in brief is as follows:

1. **USING OSCILLOCLAST:** Concussion 7th cervical spine (30 blows) followed immediately by the same number of blows to the 2d dorsal spine and then oscilloclast to spleen at rate 3 for as long a period of time as possible.

2. **WITHOUT OSCILLOCLAST:** Concussion 7th cerv. sp. (30 blows) followed immediately by concussion of 2nd dorsal sp. (same number of blows). After 10 minutes concuss 2d lumbar spine.

This process may be repeated several times at a sitting.

Drugs in syphilis act by virtue of their radioactivity. The average drug held in the splenic region contracts the spleen but mercury, arsenobenzol and quinine dilate the organ: the latter being the most efficient in this regard.

If drugs (and a recognized one) must be used in treating syphilis, gather the toxins into the spleen by concussing 7th cerv. spine (accentuate and prolong this action by immediate concussion of 2d dorsal spine), then use mercurial ointment over the spleen.

A SUMMARY OF RECENT PROGRESS IN DR. ABRAMS' LABORATORY

The Pupil in Congenital Syphilis—The writer has repeatedly referred to the diagnostic value of the sluggish pupillary reaction in this disease. Further investigations show that when the light is permitted to act on the pupil, it gradually dilates; the normal pupil alternately dilates and contracts.

Concussion of 2d Lumbar Spine—The splenic functions (J. Dec. '18) are equally valuable in prophylaxis and therapeutics.

Let us avail ourselves of the former as a routine daily method particularly during epidemics. Reference to "carcinomatous contagion" has been made (J. Sept. '16). Just as radium confers radioactivity on other substances or magnetism or electrification by induction so may we confer the specific vibrations of disease to an individual by placing in proximity to his body (pocket), culture tubes of tuberculosis, streptococcus, colon bacillus, typhoid, the blood of syphilis or a cancer specimen.

*See "Concussion of 2d Dorsal Spine," in the Summary.

Note that within a minute the specific areas peculiar to each disease can be elicited (reagent facing west). Employ for convenience of investigation the pulmonary areas of dulness.

Now concuss the 2d lumbar spine (20 blows) to release the antibodies from the spleen. This maneuver evokes the splenic reflex of contraction and causes the disappearance of all the areas of dulness excepting that of cancer which is only dissipated after concussion of the 3d lumbar spine. When the dull areas appear, they may be equally dissipated by concussion of the 7th cervical spine (see previous editorial).

Autohemic Therapy—Reference to this valuable and interesting method has been referred to in this Journal (June, 1918). Dr. Replogle has raised the question whether incubation of the blood was really necessary. The following careful investigations are important:

1. Blood specimen of acquired syphilis measures 4 ohms.
2. Diluted and incubated blood from the same patient destroys the electronic reaction of the blood at a distance of 1 inch.
3. Blood of the same dilution but not incubated destroys the reaction at $2\frac{1}{2}$ inches.
4. The same blood diluted and incubated and removed after concussion of the 2d lumbar spine dissipates the reaction at a distance of $8\frac{1}{2}$ inches.
5. Same blood diluted but not incubated dissipates the reaction at a distance of 11 inches.

Conclusions—Non-incubated is more efficient than incubated blood and that when the blood is extracted after concussion of the 2d lumbar spine, its efficiency is increased fully 1000 per cent.

The writer always contended that the results by this method are achieved by dilution of the antibodies and he has confirmed the doctrine of attenuation (J. June, '17).

Take an individual with syphilis. His blood shows a potentiality of 8 ohms and, after concussion of the second lumbar spine, 13 ohms.* After drinking one glass of water (to dilute the antibodies expressed from the spleen) in one minute the ohmage is reduced to 1 ohm and, after drinking another glass of water in one minute, the reaction is temporarily dissipated.

These investigations may be executed by percussing the dull area peculiar to syphilis.

Electronic Reaction in Cancer—Heretofore the border line between the reaction of inflammation and cancer was difficult. The energy from the former never elicits a reaction at the vibratory rate of 50 but will at 30. Cancer yields a dulness at 30 and 50.

*Heretofore it was necessary to step up the energy 1000 per cent. to show that every one is congenitally a syphilitic. This is no longer necessary. Concussion of the 2d lumbar spine will alone suffice to elicit the area of syphilis in the right interscapular region.

The topography of the areas in both are practically the same although the area of dulness in inflammation never extends to the left hypochondriac region.

Racial Status of the Negro—The ethnical criteria of the ethnologist are so inadequate that practically there are only three fundamental human types: Ethiopic, Mongolic and Caucasian. We have shown (J. Sept., '20) that the only animal blood showing the same vibratory rate as that of the human is the blood of the primates (monkey).

The method of determining sex and race was cited in this Journal (Dec., '19).

Still later investigations show that the blood of the negro is the only blood of the human races corresponding to the racial rate of the monkey.

Age of Syphilis—It appears that one can now approximately say when inoculation in syphilis occurred. This is determined by measuring the ohmic resistance of the dulness on the male (infection being primarily of male origin) sexual center (Fig. 1). The ohmage bears no relation to the energy potentially of the disease. The following is cited:

Previous Inoculation	Ohmic Resistance
1 month	4/25 of an ohm
6 months	7/25 " " "
1 year	10/25 " " "
5 years	13/25 " " "
5 "	14/25 " " "
6 "	14/25 " " "
8 "	19/25 " " "
15 "	1 ohm and 16/25
15 "	1 ohm and 16/25
17 "	1 ohm and 24/25
17 "	1 ohm and 8/25
17 "	1 ohm and 22/25
20 "	2 ohms and 9/25
25 "	2 ohms and 9/25
27 "	2 ohms and 13/25

In estimating the ohmage use two rheostats admitting the energy with one at 55 and measuring with the other to avoid measuring congenital syphilis or other transmitted diseases.

Gonorrhea and Syphilis—Fully 50 per cent. of patients with undoubted signs of syphilis deny a previous history of inoculation (Fournier). This startling fact awakened the writer's interest and he examined many cases of Neisserian infection and found that the secretion in many instances yielded the reaction of syphilis. Endoscopic examination in several of these instances failed to show any evidence of an intraurethral chancre. In announcing my results to Dr. Geo. Jarvis, a recent visitor to my laboratory, he assured me that he had found spirochetes in the secretion of

several individuals who would otherwise have been regarded as gonorrheal.

The true criterion of the correctness of my observation was the results from treatment. The gonococcus and spirochete may be symbiotic.

Electronic Reactions—Warming blood specimens and electrodes will increase the intensity of the reactions. In testing for lesions to minimize the expenditure of time, use an aluminum pan for the head of the patient and a large aluminum sheet for the chest and abdomen. If a reaction is elicited, it may be localized by a smaller electrode.

Physics of Percussion—I directed attention (J. March, '20) to the necessity of extending arms from the body and separating the feet during percussion to avoid short-circuiting of the organism. With patient facing west and short-circuiting thus prevented, one may outline the entire lower stomach border and define the exact position of the appendix. All dull areas are accentuated and a lung dulness however slight can thus be elicited. The value of this observation is of great importance.

Posture and Visceral Dimensions—Concerning the former observation, it must be emphasized that the relation of the arms and feet must always be taken into consideration when the area of an organ is circumscribed. The area will be smaller when arms and feet are separated. Posture with reference to the points of the compass is also important.

Taking a concrete example of an individual with an aneurysm in the recumbent posture:

Head of patient to south—Diminishes dull area.

Head of patient to north—Increases dull area.

Head of patient to west—Same as head to north.

Head of patient to east—Yields greatest area of diminished dulness.

The heart attains its greatest tone (diminished area of dulness) with head to the north.

Lying in the magnetic meridian dilates the heart.

Thus posture must be considered to secure the greatest air comfort for cardio pulmonary patients. These effects are due to the earth's magnetism.

The earth is the great magnet by which induction effects are secured. Nature furnishes the lode stone, a "ready made" magnet.

Any body of magnetic material becomes temporarily magnetized when placed in the magnetic meridian parallel with the dipping needle and soft iron loses its magnetism when arranged at right angles to this position in the same plane.

Sheet iron screens the magnetic force. Standing on two sheets of same (I now use them in place of aluminum) the areas of dulness may be elicited in any position and they are intensified.

Concussion 2d Dorsal Spine—One of the most important recent achievements in spondylotherapy is the prolongation of the vertebral reflexes after their excitation in the usual way. In the norm the duration of a visceral reflex does not exceed one minute but if, immediately after the excitation of a reflex, the 2d dorsal spine is concussed (about 30 blows), that reflex may be prolonged for hours. In this way the lung reflex of contraction for the treatment of asthma, aortic,* heart, intestinal, splenic and other reflexes may be re-enforced. In making the electronic reactions with patient or through an intermediary (reagent), a few blows on the 2d dorsal spine will accentuate the areas of dulness.

The rationale of this manœuvre is probably through the sympathetic (great splanchnic) nerve supplying the suprarenal gland through the solar plexus.

Diagnosis and Prognosis—If the E R A in tuberculosis does not show an ohmage beyond 5 ohms manifest clinical signs of the disease are absent. Dulness can always be elicited, however, if the method of percussion to avoid short-circuiting is executed.

In every inoperable cancer and sarcoma, so pronounced by the surgeon after a laparotomy, the potentiality of the blood was at least 18 ohms. This fact is important in gauging the severity of the disease. An incipient reaction is from 2 to 4 ohms.

Culture Tubes—When these are used for control purposes, the organisms may be dead yet areas of dulness may be elicited from them over specific areas. If the latter do not occur at the vibratory rates and only at 0, we are dealing with the reactions of antibodies in the tubes.

Raynaud's Disease—The pathology of this disease is obscure. In two classical cases, the writer found an enormous reaction of congenital syphilis (above 40 ohms) and from the kidneys a reaction of high potentiality of the same nature could be elicited.

Splanchnic Congestion—The dull abdominal areas peculiar to this condition may be most effectually dissipated by concussion of the 3d dorsal spine. Prolong this reflex by immediate concussion of 2d dorsal spine.

Thermoscopy—The skin of the areas in the E R A show a slight elevation of temperature in contrast with the adjacent skin.

An efficient thermoscopic paint formula is as follows:

Make a saturated solution with 2 oz. silver nitrate (crystals).

Add slowly, with constant stirring, a saturated solution of potassium iodide (about 12 oz. potassium iodide crystals required) until ppt. is entirely redissolved and the solution is clear.

*The writer has seen hundreds of aneurysms and has successfully treated them by Abrams' method. In no instance has he succeeded in causing an aneurism protruding from the chest wall to disappear until he employed concussion of the 2d dors. spine after concussion of 7th cerv. spine.

Then add saturated solution of mercuric chloride, which will give a fleeting red, instantly followed by a permanent yellow ppt. Stir constantly, and stop adding mercuric chloride when the fleeting red shows a tendency to remain. Quite a large quantity of mercuric chloride solution will be required.

When the permanent yellow ppt. is obtained, add about $2\frac{1}{2}$ grams gold chloride, allow solution to stand in dark over night, decant most of the clear liquid, and filter remainder. Wash with cold water and allow to dry.

In all above use C. P. chemicals and distilled water.

The yellow powder is mixed with distilled water and the solution is then painted on a white blotter and allowed to dry. This thermoscopic screen can then be held over the skin. A slight reddish color shows the temperature increase.

A simpler method is to saturate a white blotter with cobalt chlorid (saturated solution in alcohol). When dry, the blotter is blue but in the presence of moisture, it turns red. If blotter is red (from atmospheric moisture) dry it first over a flame. The cobalt blotter shows the presence of increased perspiration which is present over the dull areas. In making tests use all the precautions employed with the E R A.

Ocular Lesions—It is well known that the eye structures may duplicate any lesion of the body but such lesions elude the conventional methods of diagnosis. The E R A offer a ready solution to many obscure conditions in ocular pathology and the results of treatment by local applications of the oscilloclast to the eyes should not be ignored.

Dermograms—Close observation of the areas of dulness peculiar to disease notably over the lungs shows that the dull areas is surrounded by a white line (shape peculiar to each disease) which is analgesic. Friction of the skin may facilitate its appearance.

Moles and Warts—The former invariably yield a sarcomatous and the latter a mild carcinomatous reaction. All nevi give a localized reaction of congenital syphilis.

NOTE ON DR. ALBERT ABRAMS' METHODS OF DIAGNOSIS*

By SIR JAMES BARR, M. D., LL. D., F. R. C. P., F. R. S. E.
Late President of the "British Medical Association"

Dr. Abrams in his note on the Electron theory in percussion assumes that physicians in Great Britain are acquainted with his theories, but if he were only aware of the all pervading ignorance in the medical profession of this country of him and his works he

*Reprint, Medical Press and Circular, Jan. 26, 1921.

would not take too much for granted. Dr. Abrams is not only trying to resuscitate the lost art of physical diagnosis, but he has introduced novel methods which have been hitherto undreamt of. It is not necessary to accept his electronic theories in their entirety, or all his explanations of newly observed phenomena, but the extraordinary facts which he has adduced are "Chields that winna ding, an' doona be disputed."

In his electronic theories he goes to the fundamental basis of matter, though somewhat less tenuity might suffice to explain most medical phenomena. The effects of postural variations on percussion might be explained by the influence of terrestrial magnetism, but this does not carry us much further, as we know perhaps as much about magnetism as we do about gravity, and that is not saying much.

Dr. Abrams holds that radio-activity is a universal property of matter, and not confined to the dozen or so elements to which physicists limit it; moreover, that even thought itself is an expression of electronic energy. Who is there to prove that he is wrong? Sir William Hamilton said that seeking after truth was of even more importance than its attainment, so I may confer a lasting benefit on those whom I can induce to study Abrams' works.

In the *Lancet* of May 22nd of this year I described Dr. Abrams' methods of percussion. Since then, in recognition of the fact that many persons cannot differentiate minute differences in sounds, he has invented a percussophone which gives a musical tone to the percussion notes. To any physician, who is rather deaf in one ear and does not hear very well with the other, this instrument should prove invaluable, but, to those who only hear with their ears, and not with their understanding, it will not be of much use. In fact, as I have previously said, Dr. Abrams' methods require an acute sense of hearing and a delicate sense of touch.

From a fresh sample of blood, about an egg-spoonful or less, spread over four square inches of white blotting paper, and taken with certain precautions, Dr. Abrams can diagnose the sex, race, and disease of the patient. When the blood is withdrawn the patient should be facing the west, though this is not a *sine qua non*, as the blood can be depolarized before examination with a large horse-shoe magnet. The blood should be taken in a subdued light, and there should be no strong red or yellow coloring material in the room, as any undue exposure of the blood to those color vibrations is likely to reverse its polarity; this precaution is essential, as I shall subsequently illustrate by an error of my own. As soon as the blood on the blotting paper is dry it should be placed in a black photographic envelope to prevent any further exposure to light, and the examination should be made within twenty-four hours. For this purpose a healthy subject—male or female—with good reflexes should be selected.

The subject should face west, standing on two separately grounded aluminum plates, with feet and hands well apart so as to avoid all risk of short circuiting. The black envelope containing the blood, which has been depolarized, is placed on another grounded aluminum plate. A large aluminum electrode is placed on the envelope, and is connected by a long insulated copper wire with one end of Abrams' biodynamometer, which is a specially constructed resistance coil or Ohmmeter. From the other end of this coil another wire leads to a small electrode. This electrode should be placed on the subject over the depresser nerve, between the third and fourth dorsal vertebrae, or in the center of the forehead to elicit the splanchno-vascular reactions; between the fourth and fifth cervical spines, or on the central line of the head thirteen centimetres from the root of the nose to obtain the pulmonodiagnostic reactions; and on the second lumbar spine, or on the central line of the head at a point drawn up from the posterior margin or the ear, to elicit the entero-diagnostic reactions. It is better that this small electrode should not touch the skin, therefore a small india rubber ring about one-quarter of an inch thick should be glued on the center of the electrode.

Sex, race, and various diseases have different sites of impaired percussion, and different vibration rates as measured on the resistance coil. There are only two sexes so it might seem that there is not much scope for error, but sex differentiation can never be absolute as we have homosexuals, sexuals, and the majority of people are to some extent bisexual. Moreover Dr. Abrams has reversed the polarity by suggestion in the hypnotic state—suggesting to a man that he is a woman, and endowed with many of her attributes, he has been able to elicit the female reaction.

He has so far differentiated fifteen races which occur in the following order on the resistance coil: Japanese, Italian, Russian, Jew, Portugese, French, German, Irish, Spanish, English, Chinese, Dutch, Danish, Filipino.

He does not distinguish between English, Scotch, and Welsh, and this task might be undertaken on an extended scale in this country. The Irish-Celt has a lower vibratory rate, and no doubt he has had a fair experience of Sinn Feiners in San Francisco.

I shall now describe the diagnosis of one disease, cancer, and, I may here premise, that personally I prefer to make the diagnosis from the patient rather than from the blood, but as the method is much the same in both cases I need not duplicate my remarks. There is the great advantage in examining the patient that you can do so directly, or through a subject; moreover you open up other avenues of thought besides the senses of touch and hearing. In the splanchno-vascular reactions of all diseases deep breathing abolishes the dull abdominal areas; I therefore make the subject or patient (if the examinee) lean well forward which prevents deep-breaths, and saves one the trouble of watching the breathing.

In the splanchnic-vascular reactions of cancer there is a dull area measuring about two inches vertically by four transversely, in the left hypochondriac area just below the margin of the left lobe of the liver. In the pulmonary reaction there is a dull oval area about three inches by two in the lower half of the left interscapular area and involving the inner margin of the scapula.

In the entero-diagnostic reaction there is a dull area round the umbilicus about two by two inches. All these dull areas, as measured by the biodynamometer, occur at zero and up to the potentiality of the blood. As the resistance increases they disappear and again return at 30 and 50 ohms. Cancer has a positive polarity, as is shown by these dull areas disappearing when the south pole of a bar magnet is held about four inches distant, and when the subject (or patient if the examinee) faces south.

There is nothing more pleasing to a patient than to be confidently assured that his abdominal trouble is not malignant, that the exploratory operation which has been recommended is quite unnecessary, and that with a little intelligent treatment he will soon be all right. Of course this may deprive the surgeon of a substantial fee, but it will save him from the ignomy of an unnecessary operation, which he may find difficult to gloss over. As Abrams quaintly says, an operation is primitive surgery, the prevention of an operation is advanced surgery. An operation should only be undertaken with a definite object in view; those who cannot make a diagnosis had better invoke the assistance of some one who can.

The obverse of the picture is not so pleasant but no less satisfactory. I recently diagnosed two cases of abdominal cancer by Abrams' methods and recommended immediate operation—in both cases Mr. Newbolt was the operator. In the first case the growth was palpable and I thought that it was in the colon, but at the operation Mr. Newbolt found it at the pyloric end of the stomach. He said he thought it was removable, but as there was a big nodule in the liver and the glands around the big vessels were involved he closed the abdomen. "If he had come up a year ago one would have had a good chance of removing the growth." I have no doubt that the diagnosis could have been made then. In the second case the growth was in the lesser curvature encroaching on the pylorus, and a gastro-enterostomy was performed. In my record I state that he gives all the Albert Abrams' reactions for cancer at 30 and 50 ohms. His proteid potentiality is $6/25$ of an ohm, and he gives the English reaction. He says he and all his family are Welsh.

Dr. Abrams is a thorough-paced Darwinian, and recently he wished me to undertake the examination of monkeys' blood, but I replied that I did not yet consider myself sufficiently skillful with human blood, and I had neither the will nor the way for the unprofitable tasks of dealing with monkeys. I thought that

was a job for an expert witness, and God knows there are plenty such in our profession.

Now for my mistakes, to which I previously referred. A short time ago Dr. Firmin Cuthbert of Gloucester brought me two specimens of blood. He had not himself taken the specimens, and one of them was from a patient of his friend who had taken the blood. I took the precaution of depolarizing both specimens with a horse-shoe magnet. The first specimen was from his own patient, and my diagnosis was, a female, probably menstruating, but not certain, English both on the father's and mother's side, suffering from tuberculosis, not of the lungs, and I could not say where, except at the expenditure of time and energy which I was not at the time prepared to undertake. He accepted my diagnosis in its entirety, but he had no information about the menstruation. He said she was a woman of Welsh descent who had recently undergone a laparotomy for tuberculous peritonitis.

I was not anxious to undertake the second case as there were several patients waiting to see me, and I did not wish to explain that they must wait while I amused myself finding out whether a specimen of blood was from a Jew or a Gentile. However at Dr. Cuthbert's request I undertook the task. My diagnosis was, a male, Irish on the father's side and English on the mother's, suffering from syphilis, whatever else he may have got. Dr. Cuthbert said I was wrong and asked me to try for cancer, I did so and got the cancer reaction, but the syphilitic reaction was also present. He said that he understood the blood was from a patient suffering from cancer of the uterus, which of course also settled the question of sex. Here were two very bad mistakes in one case which afterwards gave me food for thought. My secretary accounted for my errors by telling me that I was in much too great a hurry; to which I replied that that might account for the error in the disease, but it would not account for the error in sex unless the patient were strongly bisexual, which was very improbable in a case of cancer of the uterus. I then wrote to Dr. Cuthbert that the only explanation I could offer was that when the blood was drawn there must have been some strong red or yellow colored material on the patient or in the room. He replied: "They were both women, and both had been operated on and had had their skins painted with picric acid; one a laparotomy for tuberculous peritonitis, and the other a colostomy for carcinoma recti. In both cases the beds were surrounded by a screen of red color. Both women were of Welsh descent." Probably in the first case the exposure was of short duration, hence no error arose.

The general principles here enunciated apply to the diagnosis of other diseases, but of course there are differences in details. His methods are effective at the very inception of diseases and thus at a time when they are amenable to treatment.

He is especially happy in the differentiation of micro-or-

ganisms. Streptococci and staphylococci have different electronic areas, different vibratory rates, and require different treatment. In my opinion his greatest achievement, because most widely applicable, has been in the early diagnosis and treatment of tuberculosis. He forestalled Finsen, and since then he has moved so far that often he has a case of tuberculosis of the lung diagnosed and cured while the modern specialist is waiting for the appearance of the tubercle bacillus. In my opinion he has done more to advance the treatment of tuberculosis than all the other physicians in America and Europe combined. This is a very strong statement, but it is also a demonstrable fact. All his serious writings are lit up with sparkling American humor which has a very humanizing effect. Recently in describing his success in the treatment of cataract he said, not wishing to be accused of mendacity, he would only describe one case; this one showed a rather miraculous result and was evidently the show case of the series. Those who want to study his methods had better make themselves acquainted with his writings, and then take a post graduate course at San Francisco.

THE ELECTRICAL NATURE OF MAN

In one of my books, "New Concepts in Diagnosis and Treatment," and elsewhere, my technical apparatus, "Electroradiometer" and "Oscillophore," are employed for demonstrating human radiations. The sensitivity of the human reflexes for showing the latter was evidenced by the use of the heart.*

Human Phenomena—My constant endeavor has been to study man from the viewpoint of physics. Until this is done, medical art can never attain the dignity of a science. A science is gauged by the amount of mathematics (symbolized logic) it contains and when one can neither measure nor express knowledge in numbers, such knowledge is not scientific.

The writer is a positivist in the sense that knowledge should be limited to phenomena, and that all sciences are but branches of one science to be investigated by one and the same method. The antiquated theory of vitalism predicated a vital force unfettered by natural laws, thus segregating the human organism from other entities and thus retarded the correct interpretation of human phenomena.

Isolation and weighing of an electron eliminates imponderability as the dividing line of material and spiritual matter. The vital force is the inherent radioactivity common to all life evolved from the incessant activity of the electrons.

The yield of this radioactive energy as shown by my apparatus is greatest at birth and diminishes with advancing age.

*"Electrical Experimenter," Sept., 1918; "Physico-Clinical Medicine," Sept., 1918.

Human Radiation—Energy liberated by the human appears in mechanical, thermal and electrical form. Apparatus (magnetometer, stethometer and a variety of dynamoscopes) for recognizing radiations have been devised but lacking constancy in action, they are impracticable.

The heretofore supposititious radiations have been called prana, animal and vital magnetism, odyle, psychode, biactinism, aura, etc. Superstition is true psychology with the wrong dress and the Electroradiometer shows that some spiritistic phenomena are realities independent of disembodied spirits and referable to the manifestations of human radioactivity. It can be shown that, in the normal male, radiations from the right hand are positive and negative from the left hand and this polarity is reversed in the normal female. Yellow reflected on the body will reverse the normal polarity in both sexes. It can be shown with the Electroradiometer that the average man thinks with only one side of his brain, whereas the genius utilizes both sides.

Electricity—A few elementary facts in physics are relevant to my subject. Electricity has been arbitrarily divided into static and current; the former is electricity at rest and the latter, electricity in motion. Static electricity is produced by rubbing or the influence of one electrified body on another. Current electricity is produced by batteries and dynamos.

Static electricity is usually considered of minor theoretic importance and the experiments with it are relegated to the juvenile experimenter.

Positive and Negative Electricity—If a rod of sealing wax or other resinous substance is rubbed with a dry wool cloth, it gains the property of attracting to itself light bodies (pith or bits of paper). After the latter are attracted, they are repelled.

Rubbing produces what is known as a charge. A glass rod rubbed with silk will attract a pith ball which was repelled by the sealing wax.

Thus, one differentiates positive (vitreous) and negative (resinous) electricity.

Bodies charged with one kind of electricity repel those charged with the same kind, but attract those charged with the opposite kind.

Charged bodies are said to be excited or electrified.* They are discharged by contact with the finger.

Exactions—To investigate human phenomena, it is necessary for the investigated individual to face the geographical west, with the uninvestigated arm or leg separated (arm from the body and one leg from the other).

Grounding as a rule is unnecessary but the phenomena are

*Further elementary facts may be gleaned from any text book on physics.

accentuated if a wire is connected with one leg to a radiator or water pipe. All materials must be clean and dry. In moist weather, they must be warmer than the air in the room and parts intended to be electrified must not be handled. Pith may be obtained from any jeweler. Sunflower pith is excellent. Cut out balls with a sharp knife and smooth them by rolling between the hands.

Technique—Suspend a small pith ball by a silk thread from a rubber rod.* Latter may be held in a clamp or placed on a table. Charge ball by touching it with a rod of hard rubber rubbed with flannel. When charged the approach of the rubbed rod will repel it.

Observe that any substance with a positive charge will attract the ball and a negative charge will repel it.

Observe that if the ball is charged with a rod of glass, the opposite effects ensue.

Only a few experiments will be cited.

Experiment I. Showing that human radiations from the tips of the right hand and foot in a normal male are positive and negative on the left side. That the opposite polarity is present in a normal female. Sexual inclination is a matter of polarity.

Seated or standing toward the geographical west, approach the ball with the grouped finger tips. Note that, in repulsion, the primary action is a slight attraction immediately followed by repulsion. These effects may be noted directly or indirectly, by observing the shadow of the ball.

Note that when standing in the magnetic meridian, these effects are not observed until the body approaches the west. When the finger tips of both hands are held on either side in proximity to the ball the latter oscillates to and fro (the action of neutral electrification). Note that in temperamental individuals the polar effects are accentuated.

Experiment II. Showing that the normal polarity may be reversed by yellow light allowed to fall on the body, notably on the head, and that normal polarity effects are accentuated by red.

Whereas yellow reverses polarity in 30 seconds, blue does so immediately. Purple causes a negative polarity in the finger tips of both hands.

Experiment III. Showing that polarity may be reversed by a bar magnet.

Present negative pole of the magnet to the left side of the head (Fig. 1) in a male and note reversal of polarity when right finger tips or toes approach the ball. Like reversal ensues when the positive pole of magnet approaches the same side of head in a female. The finger tips of a woman's right hand act like the magnet.

*A special contrivance is made by the Physico-Clinical Co.

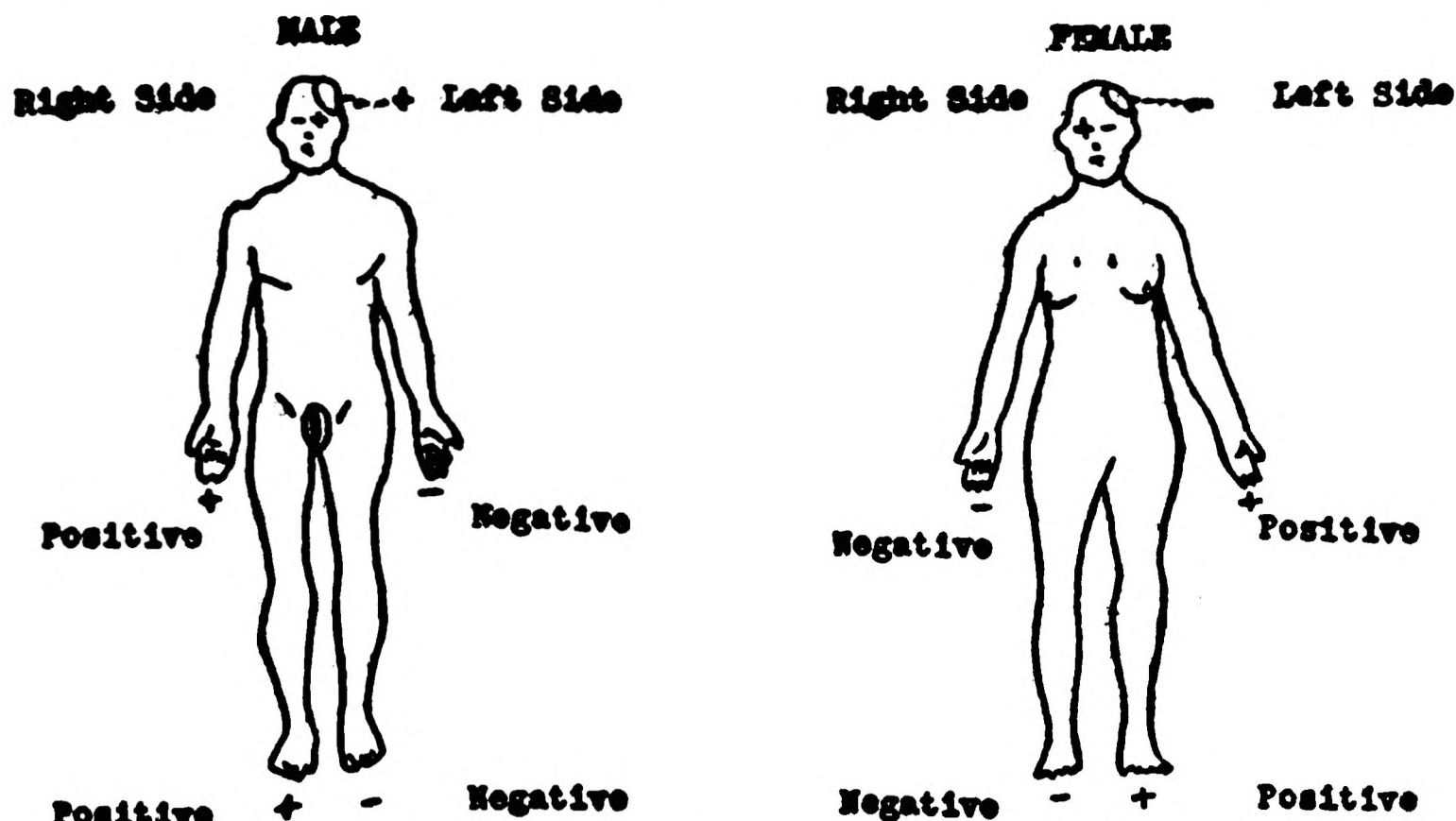
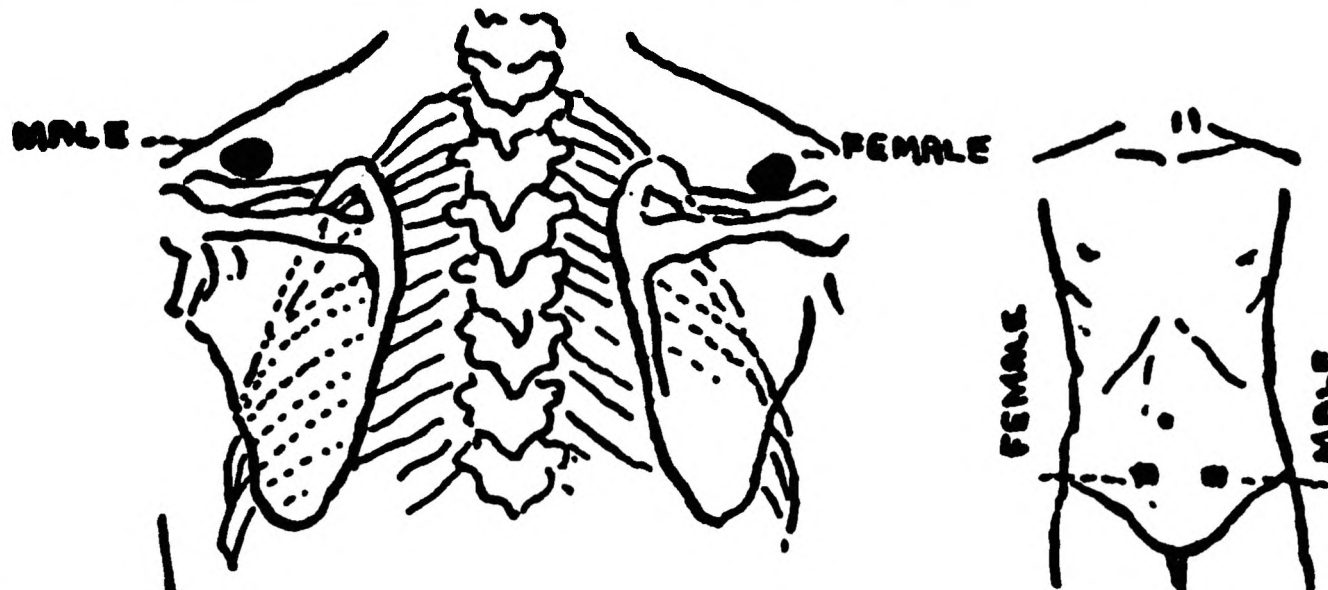


Fig. 1—Psychomotor regions in male and female. Fibers from these electronogenic centers cross to the opposite side of the body.

Experiment IV. Showing that zones of polarity are localizable on the body.

Normal male and female identification is possible by holding the rubber rod in the hand. When the ball approaches the zones (Figs. 2 and 3) peculiar to the male or female, repulsion of the



Figs. 2 and 3—Showing areas peculiar to sex. Those on the abdomen are on either side of median line midway between the pubic symphysis and the navel.

ball ensues, whereas at the other side, there is some attraction.

Repulsion is the true test of electrification.

Do not confound the motion of the ball with the unconscious muscular movements of the magic pendulum (*pendule explorateur*) used for determining the sex of eggs, location of underground ores or springs.

If the body approaches the suspended ball from a stationary stand the results are the same.

Experiment V. Disproving that friction is necessary to evoke a static charge.

All rods show positive and negative ends. The reason why

this fact has been unrecognized is because some heat is necessary to accentuate electrification. Take an inanimate object like a rod of wood. Heat both ends slightly in a flame and note that one end approaching the ball will attract and the other end will repel it. Induced magnetism may be communicated to warm wood using the positive pole to produce a negative charge.*

Experiments with magnets (slightly warmed) show when held toward the ball and the same is thoroughly charged negatively the following:

Positive pole of a bar magnet attracts, and negative pole, repels.

A horseshoe magnet causes the oscillations of what is designated by the writer as neutral energy. Note that one of the poles of the horseshoe magnet will attract and the other will repel the ball.

This simple differentiation of the poles may be corroborated by the compass needle.

II

ELECTRONIC REACTIONS OF ABRAMS

These refer to definite and constant areas of dulness elicited by percussion on the chest and abdomen.¹ In the "Medical Record" (Feb. 16, 1918) and elsewhere,¹ "Symptomatic Atelectasis" was discussed. The reader is referred to the latter contribution to avoid repetition.

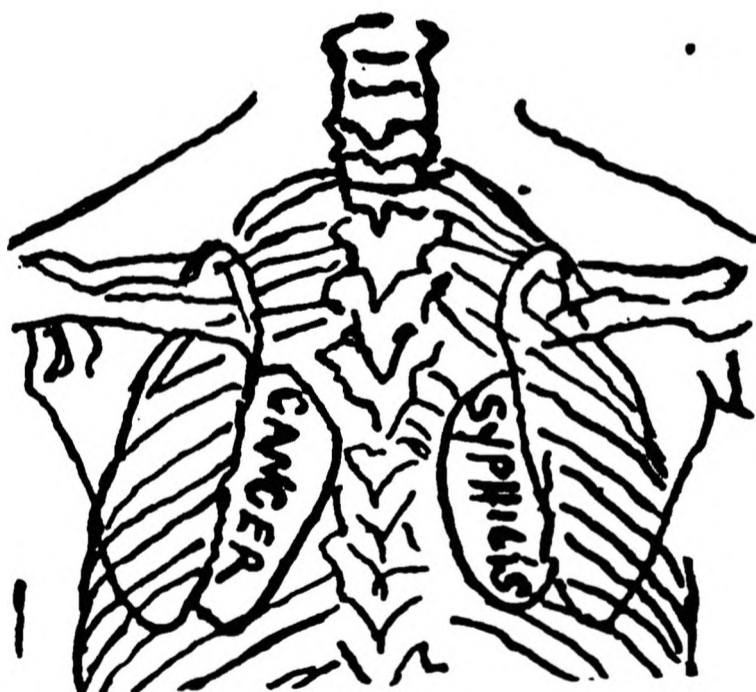


Fig. 4—Areas on the back indicating the zones peculiar to carcinoma (left) and syphilis (right). The zone of the latter is alike in the congenital and acquired forms, and differentiation is possible by aid of the Ohmmeter.

Referring to Fig. 4, the zones peculiar to cancer and syphilis are demarcated. These zones of dulness are evident in every individual with syphilis and carcinoma provided the patient faces the geographical west and is grounded. Separation of the feet

*This simple demonstration will do more to emphasize my theory of "morbid transference" by transferred vibrations than all my repeated asseverations.

and hands extended from the body³ will accentuate these areas of dulness.

If a bar magnet is presented to the cancer area during percussion, the dulness persists with the positive pole and is dissipated by the negative pole, showing the positive character of the cancerous energy.

The luetic area is positive and negative insomuch as the dulness persists with both poles. When a pith ball is suspended from a proper support and the ball is about one inch from the areas in question a movement of the ball is noted and this movement varies with the nature of the energy:

1. Positive (cancer)—More attraction than repulsion..
2. Negative—More repulsion than attraction.
3. Neutral (tuberculosis)—A lateral to and fro movement.
4. Positive and Negative—Attraction and repulsion in a vertical direction. By careful use of the ball the zones may be definitely circumscribed.

Note that these oscillations of the ball are not present when the patient faces the magnetic west, but reappear at once when the posture is directly toward the geographical west.

To achieve accuracy in noting the movements of the ball avoid suspending the ball by the fingers to avoid unconscious muscular movements.

By aid of the Electronic Reactions employed in various ways, say in syphilis, one may determine the following:

1. Differentiation of congenital and acquired syphilis;
2. Potentiality of the disease;
3. Parental origin;
4. When acquired (approximately);
5. When quiescent;
6. When cured;
7. Site of infection;
8. Strain.

Addendum—Physicians using the Electronic Reactions for diagnosis will note that the oscillations of the pith ball will only recur at the vibratory rates of the disease. That the oscillations do not ensue beyond the potentiality of the energy.

That the same method of diagnosis is demonstrable over other areas in different diseases in accordance with their topography as shown in the "Iconography of Electronic Reactions," by Abrams. The borders of the heart and aorta may be accurately defined. For latter, suspend a charged silk thread. Covering ball and thread with aluminum will increase their sensitivity.

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1. Abrams: "New Concepts in Diagnosis and Treatment"; International Clinics, Vol. I, 27th Series, 1917. Physico-Clinical Medicine, Sept., 1916.
2. Barr, Sir James: Lancet, May 20, 1920.
3. Abrams: "The Lancet," March 6, 1920, and "Revue de Pathologie Comparee," Feb., 1920.

REVIEWS

Electrophysiotherapy Chart—Capt. Chas. L. Ireland (Columbus, Ohio) has done notable work for the Government in rehabilitating wounded soldiers and he is fully competent to prepare a comprehensive chart showing the vertebral reflexes which may be elicited by stimulation based on the methods described by Abrams in his Spondylotherapy. Price \$5.00.

New Orientations in Medicine—Dr. F. Paredes (Celayo, Mexico) refers to the discovery of the general radioactivity of matter by the eminent French physicist Gustave Le Bon supplemented by the discoveries of Abrams. The intraatomic energy in matter is so great says Paredes that, a copper coin weighing one gram can draw a train of merchandise of 500 tons on level ground and run $4\frac{1}{4}$ times round the earth's circumference.

The Spine as an Entity—Dr. F. E. Peckham (Providence, R. I.) makes the following pertinent observation: "Every medical man will admit that reflex impulses are sent over the nerve trunks but will deny that such impulses may be sent voluntarily by physical means resting in the hands of the operator."

"These methods for attacking disease have long been advocated by Abrams and sadly neglected by the great mass of physicians" (Kovan).

Bearing on this subject, Dr. Elnora C. Folkmar (Washington, D. C.), an eminent physician, observes as follows: "If I had to choose from my equipment (and I have several thousand dollars worth in my offices) just one piece and give up all the rest, I would take the Reflex Set."

Reparative Measures—My distinguished friend, Prof. J. Madison Taylor (Philadelphia) in his usual trenchant though dignified manner which sustains his position as a stylist emphasizes the importance of physical measures which have not yet come to be accredited the importance they deserve.

SPONDYLOTHERAPY*

(Abrams)

Vertebrae and Nerves—

Cranial

5. Freezing over gasserian ganglion in front of ear relieves trigeminal neuralgia.

Cervical

- 1 & 2. Freezing inhibits functional sensibility of trigeminal and its spinal branch.
- 2-3. A. Pressure or freezing inhibits irritability of phrenic nerve.
B. Elicits reflex of diaphragm.

*This comprehensive table, prepared by Sir James Barr, is presented by this eminent physician to the readers of this Journal.

- 2 & 3. Percussion stimulates the phrenic nerve and the diaphragm, and the adrenals.
 - 1 to 7. Freezing inhibits irritability of cervico-occipital nerves.
 - 4-5. Lung reflex of contraction. Useful in asthma.
 - 5 & 6. Right paravertebral tenderness in syphilis.
 - 6. Stimulates parathyroids. Enlarges spleen.
 - 7. Contracts thyroid and thyms. Stimulates pituitary and vagus. Contracts heart and blood vessels. Vaso-constrictor, arrests haemoptysis, migraine, etc.
- Dorsal**
- 1. Vaso - constrictor nerve antagonises depressor nerve, increases visceral tone of sigmoid flexure.
 - 7 & 2. Mydriasis. Grounding 1st and 2nd makes sluggish Argyll-Robertson pupil more responsive to light.
 - 2-3, 3-4, 4-5. Contracts splanchnic vessels in neurasthenia.
 - 3. Closes pylorus and opens cardiac orifice of stomach.
 - 3 to 6. Left side painful in heart affections.
 - 3 to 8. Lung reflex of dilatation.
 - 3-4. Activates thyroid thymus and mammary glands, depresses pituitary. Through depressor nerve gives splanchno-vascular reactions.
 - 4, 5 & 6. Contracts gall-bladder.
 - 4 to 7. Painful on pressure when a lesion is located on the lesser curvature of the stomach between the cardia and pylorus. At spine or side of 10th dorsal in lesion of the fundus. 10th to 12th dorsal when lesion is in greater curvature near pylorus.
 - 5. Splanchnic nerve. Antagonises depressor nerve, grounding either accentuates the action of the other. Opens the pylorus.
 - 5, 6 & 7. Contraction of the splanchnic vessels.
 - 6, 7 & 8. Acts on kidneys, increases diuresis.
 - 7. Diminishes activity of ovaries.

- 8 or 9 or 2nd lumbar. Right side tender in appendicitis.
9. Distends gall-bladder, increases ovarian function.
 10. Vaso-dilatation. Lung reflex of dilatation. Stimulates pancreas and testicles. Empties appendix.
 - 10 & 11. Right side and tip of 11th right rib tender on pressure in cholecystitis.
 - 10 to 12. Renal affections tender on side of disease.
 - 10, 11 & 12. For prolapsed ovaries, stimulates uterus and raises ovaries.
 11. Enlarges spleen, liver, stomach and intestines, dilates sigmoid and relieves spastic constipation.
 12. Depresses function of testicles, contracts caecum and raises movable kidneys. Sinusoidilization reduces prostate.
- Lumbar**
1. Dilates appendix.
 - 1, 2 & 3. Stomach reflex of contraction. Concussion contracts liver and spleen, and may induce a paroxym of epilepsy. Decreases menorrhagia in uterine fibroids.
 2. Entro-diagnostic reaction, contracts spleen and liver.
 3. Tenderness on side of ovarian disease. In tubal disease tenderness at 3rd or lower.
 4. Tenderness in uterine disease.
 5. Contracts bladder.
- Sacral**
- 1 to 5. Tenderness in cases of diseases of bladder, rectum and anus.

Concussion 2d Dorsal Spine—Attention is directed in the Summary to this mechano-physiologic mordant of Spondylotherapy. Its employment will aid the results in vertebral reflexotherapy.

We may ridicule the "thrust" of the osteopath and chiropractor but by its aid, they are thrusting the ignorant (?) masses into the domain of unofficial medicine. All such manipulations are modified methods for exciting reflexes.

Dr. Horace Coblentz (Washington, D. C.) reports as follows: "A patient 10 minutes after eating has an enormous swelling of abdomen. No HCL in stomach, some blood and no bacteria. After a barium meal and examined fluoroscopically, the hypermotility causes the barium in 7 minutes to appear in the cecum. In 18 minutes stomach completely empty. I then gave another

barium meal and closed pylorus by concussing 3d dorsal spine. In 15 minutes severe pains ensued which were at once relieved by opening pylorus (concussion 5th dorsal spine)."

MISCELLANY

Subscription—If you have failed to pay your subscription to this Journal for one year, there will be one blue pencil mark on this page and if you are in arrears for two years, two marks. If your subscription is not paid promptly, it will be cancelled and copies will no longer be sent to you.

Dr. M. S. Hsu—This physician has recently taken post-graduate work at Dr. Abrams' laboratory. He was a delegate to the "American Medical Association," and is chief fleet surgeon of the Chinese Navy.

Dr. Abrams' Laboratory—A new building (adjoining the present building) is in process of erection to meet the requirements for better experimental work and to accommodate physicians coming from different parts of the world for instruction.

Dr. P. S. Replogle—Readers of this Journal will recall that this eminent physician reported his autobiography of carcinoma, pylori and complete recovery by aid of the oscilloclast. Despite his age (72 years young), he is equipped with the enthusiasm of youth and after spending three months at Dr. Abrams' laboratory, he returns to his home (Champaign, Ill.) ready, willing and competent to execute the electronic reactions.

Oscillophore—Owing to the time consumed in investigation of the pith ball as an aid in diagnosis, announcement of this apparatus must be postponed.

Dynamizer—The price of this apparatus has been increased to \$25.00.

Dr. Abrams' Course—The honorarium for this course is \$200.00.

SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY

California (Provincial)—Drs. H. L. McCabben, H. Meredith, W. Watts, A. T. Noe, C. Powell, W. F. Kelly, L. Haas, J. Leads-worth, J. Thompson, C. L. Thudichum, R. Schwartz, W. W. Fraser.

Illinois—Drs. G. Frank Lydston, P. S. Replogle, F. J. Dudley.

Wisconsin—Dr. J. D. Sullivan.

Michigan—Dr. W. A. Dewey.

Oregon—Drs. W. Morrow, Geo. O. Jarvis, G. E. Watts.

New York—Dr. C. S. Hilfer.

Missouri—Dr. S. Bauch.

Minnesota—Dr. W. E. Leonard.

South Dakota—Drs. E. B. Taylor, S. Rosenthal, W. J. McRoberts.

North Dakota—Drs. V. S. Irvine, H. R. Gunderman, E. B. Crosby.

Washington—Dr. A. E. Goldsmith.

Australia—Dr. B. Bond.

New Zealand—Drs. H. W. Danneville, W. D. MacKenzie.

Canada—Dr. H. Williston.

China—Drs. M. S. Hsu, D. C. Tong, H. S. Huang.

Japan—Dr. F. Izuna.

BRIEF COMMENTS BY LESSEES OF THE OSCILLOCLAST

"I do not believe that Abrams has by any means solved the cancer problem, but I am inclined to think that he is on the right lines, and may evolve something very useful. At any rate I ordered another instrument about a week ago, and I did not do that for the fun of the thing."—Sir James Barr (England).

"We had the pleasure and satisfaction in seeing many patients get back health and strength, without medication too. I must say that I was not content to take anybody's word that the Oscilloclast would do what was claimed for it so I cut out the medical treatment on numerous cases and let the machine do all the treatment. To my great surprise in some cases the desired results followed. For instance, in Carcinoma of Iliac bones and intestines, I found Haemoglobin of the blood rise from 35% to 90% without medication.

"At Fingal, I treated in all over 50 different cases and my success is almost wholly due to your methods of diagnosis and treatment.

"Having gained the confidence in the ERA, I have walked out into a larger field in Texas. Can you realize that this diagnosis and treatment work has crowded in until that is practically all I am doing?

"Would it be possible, Doctor, for you to deliver me the second machine to Austin very soon? Am about at the limit here."—H. T. Irvine, M. D. (Texas).

"We are swamped with work and our three cord oscilloclast is working to full capacity. We are still astonishing the incredulous and keeping busy. We must have another oscilloclast at once for there are so many here who demand treatment."—W. P. Myers, M. D. (California).

"How soon do you think I can get another oscilloclast? I treated 32 patients on the oscilloclast today. The best results so far I am getting in otorrhea. I have 17 cases and every one has received benefit in a few days. My breast cases of carcinoma (11

with open wounds) were all relieved of pain after three treatment."—H. B. Coblentz, M. D. (D. C.).

"I am doing good work with the oscilloclast in T. B. and when I get more room I shall want another machine."—H. Michener (Kas.).

"I am continuing to get fine results from your method of diagnosis and treatments with the Oscilloclast. I cannot refrain from again complimenting you on your investigations and the privilege I have of using your outfits for the helping of the sick. Many of my patrons actually owe their life to having been under treatment by the Abrams method.

"I desire, also, to extend my lease on the Oscilloclast for an additional ten years or even fifteen years. Will it be necessary to execute another lease or will you send me a letter confirming the extension which I can fasten to the copy of the lease I have? You can make it for any term of years longer than the ten years—but ten years at least, please, as I do not want to be without the outfit nor have to again return to the former methods of practice after once experiencing the wonderful results from the Abrams method."—B. W. Swayze, M. D. (Pa.).

"The oscilloclast is a 'wonder box.'"—C. E. Johnston, M. D. (California).

"The Oscilloclast has doubled my business."—S. King, M. D. (Pa.).

KNIFELESS SURGERY

"Since using the oscilloclast in my practice, the necessity for operations has been reduced fully 90 per cent. with results equally good as before."—P. S. Replogle, M. D. (Ill.).

"With the oscilloclast, I perform 75 per cent. less operations and my results are as good without as with operations."—J. G. Thompson, M. D. (Cal.).

The President of the "American Association of Engineers" claimed in a letter to the Editor that, by reason of his position he was entitled to an oscilloclast for use in his family. It was difficult to refuse this eminent gentleman. It is an inflexible rule to lease the apparatus only to regular members of the medical profession.

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. (2 machines).

E. W. Dodge, Chicago, Ill.

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

C. Wheeler, M. D., San Francisco, Cal.

H. Michener, M. D., Wichita, Kas.

G. Boericke, M. D., University Hospital, Ann Arbor, Mich.

M. W. Knapp, M. D., San Jose, Cal.

L. J. Sherman, M. D., Oakland, Cal.

J. DuPlessis, M. D., Chicago, Ill.

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

C. L. Thudichum, M. D., Sebastopol, Cal.

F. Schuldt, M. D., Mexico City, Mexico.

H. E. Palmer, M. D., Dayton, Ohio.

Capt. A. R. Gould, M. D., Washington (2 machines).

B. W. Swayze, M. D., Allentown, Pa.

Seneca B. Bain, M. D., Washington, D. C.

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

The difficulties connected with the development of a direct current Oscilloclast without motor have now been entirely overcome and we take pleasure in stating that Direct Current, Triple Oscilloclasts for any voltage can now be supplied as promptly as the alternating current form. The conditions are now reversed, and the Direct Current instruments may be considered the superior of the Alternating Current ones, inasmuch as the current consumption, and therefore the cost of operation, is just about one-half that of the Alternating Current form. In addition they run with much less heating.

In order to more easily furnish Oscilloclasts for the various odd voltages and currents, and also to do away with any possibility of overheating, the instruments hereafter will be built with the resistance units separately mounted, and connected with the Oscilloclast proper by a cord ending in porcelain tipped connectors. There will therefor be no ventilating opening O, and the injunction relative to placing the instrument two inches from the wall may be ignored. The mounted resistance unit is shipped separately in a small fiber box, and is connected by simply pushing the two porcelain terminals onto the two brass plugs on the side. The resistance unit is best placed on a shelf or bracket in back of the Oscilloclast. It will warm up in normal operation.

Oscilloclasts thus equipped may be changed from one voltage to another by simply returning this small resistance unit. A direct current instrument may be thus changed to an alternating current one, but the alternating current oscilloclast must be returned to the factory if it is desired to change it to direct current. CAUTION—Never use alcohol for cleaning commutator or other parts of Oscilloclast. It softens insulation and corrodes steel parts.

H. A. Hess, M. D., San Francisco, Cal.
H. G. Nyblett, M. D., Calgary, Canada.
J. C. Stevens, M. D., Harrisburg, Pa.
B. Tisdale, M. D., Oakland, Cal.
J. Tow, M. D., Chicago, Ill.
C. H. Kingsburg, M. D., Danielson, Conn. (2 machines).
L. H. Dietz, M. D., Oakland, Cal.
S. King, M. D., Warren, Pa.
L. B. Weatherbee, M. D., Antioch, Cal.
S. F. Meacham, M. D., Oakland, Cal.
B. Crombie, M. D., Portchester, N. Y.
A. F. Hornberger, M. D., Wichita, Kans.
C. A. Reinboldt, M. D., Detroit, Mich.
W. J. McRoberts, M. D., Hot Springs, S. Dakota (2 machines).
R. Rice, M. D., Council Bluffs, Iowa.
C. S. Evans, M. D., Hutchinson, Kans.
H. T. Irvine, M. D., Austin, Texas (2 machines).
A. B. Collins, M. D., Linesville, Pa.
Chas. Zeebuyth, M. D., Portland, Oregon.
E. S. Smith, M. D., Bridgeport, Conn.
W. P. Myers, M. D., Anaheim, Cal. (2 machines).
C. E. Johnston, M. D., Orland, Cal.
V. S. Irvine, M. D., Lankin, N. Dakota.
I. Howard Planck, M. D., Chicago, Ill. (2 machines).
M. A. Hansen, M. D., Osage, Iowa.
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M. W. Livingston, M. D., Pittsburgh, Pa.
E. B. Crosby, M. D., Oriska, N. Dakota.
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A. E. Persons, M. D., Buffalo, N. Y.
J. R. Leadsworth, M. D., Los Angeles, Cal.
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H. B. Coblentz, M. D., Washington, D. C. (2 machines).
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B. L. Sanborn, M. D., San Francisco, Cal.
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H. Gunderman, M. D., Monango, N. D.
Chinese Government.

The Doctor's Union

An Anticipated Verity in One Tablet

By the
Author of "Transactions of the Antiseptic Club," "Scattered
Leaves from a Physician's Diary," Etc.

ABBREVIATIONS

Dr. C.—Doctor Cuttem.
N.—Nurse.
O'P.—Dennis O'Paque.
P.—Patient.

SCENE

(Office of Dr. Harry Cuttem)

Appurtenances suggestive of a modern union physician.

Placards on the wall bearing inscriptions like the following:

"We Do Not Treat Scabs."

"All Strikers Receive Free Treatment Especially Striking
Blondes."

"Down With Capital But Not With Capital Operations."

"No Work and Bigger Fees."

"Why Should You Work as Long as You Have Your Health."

"Strike Whether the Iron's Hot or Cold: T'ell with the Tem-
perature."

"It Pays to Live: You'll Have a Rotten Time After You're
Dead."

CHARACTERS

Dr. Harry Cuttem, prominent member of the Doctor's Union.

Carry Blood, his nurselet.

Dennis O'Paque, a transparent labor agitator.

An accidental Patient.

TIME

Present.

LOCALITY

Any old place in the Union where Unions thrive.

Curtain rises. Dr. Cuttem is seated at his desk spraying his
mail with an antiseptic solution.

Dr. Cuttem—"There is nothing like keeping in practice even
though there are only germs to kill. Now that I have sprayed these
letters, I defy infection."

(Opens a letter.) "Great Caesar! Currency from Poppo, Percival Poppo, who made all his illicit money selling postage stamps to the unfortunate poor. What would the labor council say if I accepted this tainted money? I'll just dip it into this solution of carbolic acid to abstract its taint and then it taint his and I'll pocket the insult. Antiseptics are certainly good to ease conscience."

(Opens another letter and reads.) "Dear Doc: The chronic cough lasting over two days for which you prescribed is well and so am I excepting a slight indisposition from Consumption. I am so grateful that I am sending you with concurrent mail a couple of my tubercle bacilli beautifully mounted in the form of a scarf pin. They are so true to life you can almost hear them cough. They are a product of our own soil for I am a strong advocate of home consumption."

(Opens another letter and reads.) "You remember my grandfather. On account of the gas on his stomach, you called it gastritis. He died last night at the ripe age of 96. You were mistaken in your diagnosis, for another physician called it cholera infantum. Don't trouble to send your bill because I will not trouble to pay it. There are no such things as bills since I've taken up Christian Science."

"Most gratefully,

"JENNIE CLARK."

Dr. C.—"What I won't do to Jennie is a caution." (Rises and shakes a skeleton to the fingers and toes of which bells are attached, and the band or Victrola plays "With Bells on His Fingers," and etc.)

(Enter Nurse)

Dr. C.—"Where's that walking delegate, Svenson?"

N.—"He's in room 10 with typhoid fever pacing up and down the floor. Your assistant called it walking typhoid. He said his pedometer registered New York-San Francisco, via Chicago."

Dr. C.—"What did he mean by that?"

N.—"He said it was the scientific way of saying 3000 miles."

Dr. C.—"Then Svenson's out of commission. Attach mops to his feet and have him walk the corridors; they need scrubbing. What's the use of wasting symptoms? Where's that Polish walking delegate Cantgetenoughsky?"

N.—"He's out in his limousine boycotting a skin specialist for treating scabs."

Dr. C.—"When he returns, send him to Jennie Clark's home and let him shout, 'Unfair Lady! Unfair Lady! Doesn't pay her doctor's bills. Shecott Jennie Clark!'"

N.—"He's just become an American citizen and can't speak English."

Dr. C.—"Then give him a mouth wash and let him gargle every five minutes in front of her house. It will sound like his

lingo and people will be compelled to feel sorry that the Union's after her. By the way, Nurse, do you know that Jennie Clark has become a Christian Scientist?"

N.—"Yes, sir. I met her yesterday coming from a Christian Science Practitioner, and she said that the Practitioner told her that what you called 'noises in her ear' were symphony concerts and the wart on her finger a diamond ring."

Dr. C.—"Perhaps you don't know it, but last night the Doctors' Union, No. 606, passed a resolution forbidding the Lord to effect any more miraculous cures. That's one on Christian Science. Our treasury funds are depleted and we need more jobs and operations. Our union finds that the wealth of the country is distributed among the rich and we're going to levy a tax on their tonsils, appendix and teeth."

N.—"How is that going to be on benefit to the Union?"

Dr. C.—"Mouth inspectors will be necessary for the teeth and tonsils, and the Department of the Interior will appoint appendix inspectors. To avoid taxation, unnecessary operations will be necessary, and there you are. There'll be no more of that stuff about thinking you have appendicitis, the physician will be forced to think you have nothing else. I don't think I'll need you any more." (Nurse hesitates before leaving.)

Dr. C.—"What are you waiting for?"

N.—"I wanted to say that I can't remove the plaster from patient in 23 without taking his skin with it."

Dr. C.—"That's all right. I won't need the plaster again."

(Exit Nurse and just as the Doctor is seated telephone rings. Doctor removes telephone and immerses it in a vessel conspicuously labelled "Antiseptic" before putting it to his ear.)

Dr. C.—"Oh! You are the nurse at the hospital. You say nine of my patients died last night. There must be some mistake, nurse, so count them again. I only prescribed for eight."

(Doctor resumes his seat when Nurse announces Dennis O'Paque.)

(O'Paque, a typically dressed agitator, with a huge cigar in his mouth and a tumor on his cheek. He enters in an uncere-
monious way.)

O'P.—"Morning, Doc."

Dr. C.—"Good morning, Mr. O'Paque. Not at work?"

O'P.—"I told you I don't have to work. I'm a wurkin man and (with a sly wink), I'm working the mimbers of the Union to death."

Dr. C.—"Aren't you a little hoarse?"

O'P.—"Pirhaps. I've been calling a good many strikes lately. Do yer mind telling me why you charged 'Soakem,' of the Union, 25 bucks for an examination?"

Dr. C.—"Not at all. I needed the money."

O'P.—"What was the matter wid him?"

Dr. C.—"Seeing things. He brought a couple of snakes and a few rats as samples of his symptoms. He also had hallucinations. He said that doctors are now saying that operations are unnecessary, that the unions refuse to ask for more wages, and a lot of other gibberish."

O'P.—"Some of the boys have been kicking about the new fee bill. Do yer mind showing it to me?"

Dr. C.—"Sure. Here it is. I'll read it. It's not complete. We'll have to invent a few new diseases to fit the fees."

Fee Bill of the Doctors' Union

Visits on foot: \$0.50.

Visits in automobiles: \$5.00.

Visits in odorless automobiles: \$20.00.

Counting pulse: \$1.00 a beat.

Taking temperature: 20 cts. a degree, without extra charge for washing the thermometer.

N. B. Reduction of 10 per cent. on pulse beats above 500 and temperatures exceeding 200° F.

Consultations at the homes of Prohibitionists: \$100.00.

Necessary operations: \$50.00 and up; usually up.

Unnecessary operations: \$1000.00 and more; usually more.

Introducing stomach tube: \$1.00 an inch. Taking it out, gratis.

Listening to the heart beats of women: \$10.00 a beat.

Listening to the heart beats of some women: Gratis, without time limit.

Listening to a neurasthenic: \$100.00 a minute.

Curing him: Impossible.

Malaria treatment: 25 cts. a shake, or 5 shakes for a dollar.

Removing fluid from chest and abdomen: \$20.00 a quart.

Notice

No consultations with non-union doctors.

Rapid cures 10% higher than slow cures.

Union Doctors are limited in their work to 3 hours a day.

Patient's sickness must conform to the hours designated by the Union.

O'P.—"What about Confinement Cases? There's nothing about them in the stuff you've bin rading."

Dr. C.—"The Union is still undecided on this question. With an overcrowded medical profession when everybody is permitted to practice without a license excepting the graduated physician, we are forced to regulate the traffic of maternity."

O'P.—"It'll be rough on the women' won't it?"

Dr. C.—"Not on the modern woman. Maternity is an exalted function and the woman must be mentally and physically fit. The average society woman hasn't enough energy left to digest her food and not sufficient mental equipment to know that she takes a load off her mind when she removes her hat."

O'P.—"How about the suffragist?"

Dr. C.—"She's a joke. She strives to acquire the best qualities of a man and loses the good qualities of a woman, so that's hard

to say whether she's a womanly man or a manly woman. She does more to abet divorce than to propagate the race."

O'P.—"Isn't the Union going too far?"

Dr. C.—"Not at all. Unionism recognizes no policy but dictation; no rule, but despotism and opposition, as treachery. Blind submission is its only reason. The principle of labor is to regulate supply and demand. We're beginning at the root of the evil. Is the wail of the mother more or less portentous than the demands of labor?"

(Telephone rings and the Doctor immerses the receiver in an "Antiseptic" solution before answering.)

Dr. C.—"Hello! Well! Go on. Sure. Boycott him." (Turns to O'Paque.) "It's Gumpelheimer. He says that Snarling, the heart specialist, has violated the fee bill. The Union's charge for counting the pulse is \$1.00 a beat. A woman comes to him with a pulse of 200, his charge should have been \$200.00. What do you think the scab did? He gives the woman digitalis, brings her pulse down to 100, and charges a fee of only \$100.00."

O'P.—"That's going some. These soft hearted dubs must be learned a lesson. You can't mix sintiment and business. What's Snarling's new instrooment?"

Dr. C.—"An electrocardiograph; it tells the physician scientifically he can do nothing for his patient and confirms it by autopsy. By the way, Mr. O'Paque, how's your pulse today?"

(O'Paque removes his pocketbook and counts his bills.)

O'P.—"I haven't enough wid me to let you tell me. What will you charge me for trating this bum eye of mine?" (Points to his left eye.)

Dr. C.—"Sorry, Mr. O'Paque, but the Union rules won't permit me to treat the left eye. You'll have to see Harrigan. He's the only Union specialist in town who has a permit for treating diseases of that eye. I have today's license from the Union for the exclusive removal of tumors." (Approaches O'Paque and touches tumor on his cheek with the right hand while the other hand feels O'Paque's pockets.)

O'P.—"Nothing doin', Doc. I need all the cheek I've got in my business. What did the tumor feel like, Doc?"

Dr. C.—"It felt like ready money. I won't separate you from any of your cheek; only the tumor. It'll be the latest thing out."

O'P.—"As I'm the interested party in this tumor-fest, do yer mind telling me something about the operashion?"

Dr. C.—"Not at all, Mr. O'Paque. It's this way. If I operate antiseptically, you die from antiseptis, and if I operate without antiseptis, you die without it. At any rate, you'll have the satisfaction of knowing—of course, if you survive—that it will be the first successful operation I ever performed. Your picture will be in every newspaper."

(O'Paque touches his big alcoholic nose.)

Dr. C.—“I’ll fix the nose all right before the photo is taken. Then! think of me as a benefactor of a long suffering public.”

O’P.—“That is, if I survive?”

Dr. C.—“No! that is if you die.”

O’P.—“Well! where do I get off?”

Dr. C.—“At the Cemetery. A huge monument of marble awaits you. It is studded with shamrocks from dear old Ireland. The epitaph will be a marvel of creative fiction. It will tell of your rise from the obscurity of a Congressman to an officer of the Labor Union.”

O’P.—“What if I choose cremation, me bhoy?”

Dr. C.—“Then you’ll be toasted at every banquet.”

O’P.—“I’m feeling quare in me cocanut.” (O’P. faints.)

Dr. C.—“Gracious! He’s fainted. (Aside) I don’t know what to do. I’ll call one of the pupils of the ‘First Aid to the Injured.’ (Dr. C. scratches his head in perplexity.) I can recall five rules for resuscitation but I’ve forgotten the first one.”

(O’P. opens his eyes in a bewildered sort of way.)

O’P.—“Is there anything in the rules about giving pfwiskey?”

Dr. C.—“Sure! that’s the first rule.”

O’P.—“Apply that rule. Niver mind about the others.”

(Dr. C. takes up a telescope and looks around the room.)

O’P.—“What are yer doing?”

Dr. C.—“Looking for the near whiskey. The distance to the near stuff is so great I have to use a telescope.”

(Dr. C. finds the bottle and gives some of its contents to O’P.)

O’P.—“That’s great stuff. Let me faint again. How did you get rid of the near ingredient?”

Dr. C.—“Very easy, Mr. O’Paque. I left it out when I mixed it.”

O’P.—“I’m tirribly throubled about that operashion. Can’t you trate the tumor widout cutting it?”

Dr. C.—“And have me punished like Dr. Slasher.”

O’P.—“What about Slasher?”

Dr. C.—“He tried to treat a tumor without any operation and was fired from the Union. Now’ he’s a medical Bolshevist. He has no practice and is willing to divide it with you. (Nurse enters and hands Dr. Cuttem a letter) Say! Mr. O’Paque, this will interest you. One of the latest rules of the Union. (Reads) Operations must be performed as often as the time of the surgeon and the circumstances of the patient will permit. Operations will always be indicated among the rich and any other treatment unless the fee received will be equal to the fee of an operation is interdicted by the Union in council assembled. The charge for the removal of tumors will be advanced 50 per cent. after 6 P. M. this day.”

O’P. looks at his watch and prepares to go.)

O’P.—“I’ve still 25 minutes to git in on the bargain rate.”

Dr. C.—“Hurry back and don't forget the money. You can't forget the tumor; it's too fondly attached to you.”

(Exit O'Paque.) (Enter nurse in indignation.)

N.—“Mr. O'Paque insulted me. He tried to kiss me and when I refused, he asked for my hand in marriage.”

Dr. C.—(Caressingly). “Come here, Carry. I want to say something to you. O'Paque is a fool. He only asked for your hand, did he? If he knew anatomy like I do, he would have asked for the whole woman and not her fraction. Carry, I love you. I want your both hands, your feet, your head, your liver and your ductless glands. I want your whole physiology in and out of function. Even though your heart beats a Marconigram in speed or rivals a railroad time table in irregularity, I want you for better or for worse. (Dr. C. places his hand over her heart.) Oh! you do not love me. (Dr. C. hesitates.) Yes, you do. I now can feel your heart flutter.”

N.—“No, Dr. Cuttem, what you feel is not my heart. It's the time card of the 'Nurses' Union.’” (N. removes the card and shows it to Dr. Cuttem.)

Dr. C.—“It's a big card, isn't it?”

N.—“With the new union rules in force, the new card won't be larger than a postage stamp.”

Dr. C.—“How's that?”

N.—“On account of the reduction in the working hours. There will be practically no hours to put on the card.”

(Enter O'P. who observes Dr. C. and N. in fond embrace.)

O'P.—“Cut out that rough stuff. It's agin the rules of the Union for the girl to marry you and the rules hold. See!”

Dr. C.—“What rules?”

O'P.—“Read her card.”

(N. removes a card and gives it to Dr. C. who reads.)

Dr. C.—“The rules of the Union are inviolable. Nurses must not marry: the profession is overcrowded. Until further orders and disorders race suicide is advocated.”

Dr. C.—“If we marry, it'll be a Union but Union or no Union we marry.”

O'P.—“Yer fergit, Doc, that marriage is now a civil and not a religious ceremony and the union holds all the offices. A word from me means nuthin doin.”

(Telephone rings. Nurse goes to receiver.)

N.—“Yes. What is it? (Listens.) Well! one moment please and I'll ask the doctor. A message from Alameda asking if you'll go over at once and see a patient with pneumonia?”

Dr. C.—“Say, I can't come this week. This is not my week for treating trans-bay patients. It's against the rules of the Union. If they'll ring up in a week, I'll tell them when I can come.” (Nurse repeats the doctor's message.)

N.—“They say the patient's dying.”

Dr. C.—“Tell them he musn’t die or the ‘Undertakers’ Union’ will not bury him.” (Nurse repeats Dr. C.’s message.)

O’P.—“Things have come to a pretty pass when dying people try to oppose the rules of the Union. Dying is pretty ixpensive these days even in Alameda. Say, Doc, can yer die two times?”

Dr. C.—“No, that’s an impossibility.”

O’P.—“It isn’t. You can move from Brooklyn to Philadelphia.”

Dr. C.—“New York is a metropolis and Philadelphia is a necropolis and for that reason I say nothing unkind of Philadelphia. I have too much respect for the dead. Aren’t the present charges for burial according to weight?”

O’P.—“Sure. The only way to bate the game is to die from starvation and that’s not hard these H. C. L. days.” (A knock on the door.)

Dr. C.—“Come in.”

(Enter patient with bandaged face and bleeding nose.)

Dr. C.—“What’s the matter?”

P.—“Beaten and cut by the strikers.”

Dr. C.—“Glad to hear it. Get out of here.”

P.—“I had to go on the job to save my family from starvation.”

Dr. C.—“I’ve already told you I can do nothing for you. Who made your nose bleed?”

P.—“Officer O’Brien. When I was surrounded by the strikers the officer said beat it.”

Dr. C.—“Did you?”

P.—“No, but Officer O’Brien did and that’s why my nose is bleeding.”

O’P.—(Directing his remarks to patient.) “Officer O’Brien never confuses his convictions with his duties and that’s why he refused to arrest your hemorrhage.”

Dr. C.—(To Nurse.) “Take off the bandages in the Union way and tell me about the wounds.”

(Nurse after removing bandages with a jerk.)

N.—“All his wounds are non-union ones.”

Dr. C.—“How do you know?”

N.—“Because they are ununited.”

Dr. C.—“Please throw that scab out, Mr. O’Paque; he’s breaking my heart.” (Patient departs.)

O’P.—“Doc, you’re a wonder. You sure know how to treat scabs.”

Dr. C.—“How’s the president of the Council today?”

O’P.—“Two Union surgeons wanted to operate on him.”

Dr. C.—“I don’t suppose you catch me, Mr. O’Paque, when I say they wanted to co-operate. By the way, Mr. O’Paque, how about that marriage between Carry and myself?”

O’P.—“If yer marry it will be like a Japanese suicide, my dear Harry.”

Dr. C.—“How?”

O'P.—"It'll be Harry Carry won't it? I'll settle the matter by marrying her myself. I've dealt in lotteries before which manes I've taken chances."

Dr. C.—"Well! where do I get off?"

O'P.—"At the cimitery, Doc. A huge monumint of marble awaits you studded wid stetosopes and nicely bandaged. Below is the epitaffy:

THE BURIED HOPES

of

Dr. Harry Cuttem

"It'll till how Dr. Cuttem eshcapped Harry Carry by one O'Paque, the noblest gift of a grateful frind. And I'm going to hand you something you didn't hand me."

Dr. C.—"What's that?"

O'P.—"A limin tray over the monumint."

Dr. C.—"What authority have you to prevent our marriage?"

O'P.—"Me badge of authority. Here rade it." (Passes a card to Dr. Cuttem.)

Dr. C.—(Reads. "In all matters concerning the members of the Union, the right is herein vested in our worthy President, Dennis O'Paque, to exercise absolute and unquestioned authority. Any disobedience is treachery and will be so regarded.")

Dr. C.—"Then it's a question of might not right?"

O'P.—"Sure! The mighty are always right."

N.—(To O'P.) "But how can I marry you when I do not love you. If you only knew what love meant, Mr. O'Paque, you wouldn't ask me to marry you. I can prove you know nothing about love."

O'P.—"You don't have to. I admit it. I've been married five times. And as for my frind's concption of love (turns to Dr. C.), it's physiology, including the lights and all the other bloody stuff in a dissicking room. It's insanity when a man agrees to support a woman for the rist of her life and it's only the woman who's the sane one when she agrees to be supported and wins."

N.—"Well! I won't marry you, and I just won't."

O'P.—"We'll see about that." (Goes to telephone.) "Give me Skidoo 23. Is this the marriage bureau? I want to spake to Cupid. Hello! Cupid. I see you're naked as usual. You till your mother Venus to get you some clothes I want to see you. Ha! Ha! Ha! Cheer up, Cupid, you don't look rude even if you are nude."

Dr. C.—(Walks up to O'P. and speaks in an undertone, the Nurse having fallen asleep.) "Look here, Mr. O'Paque, she may love you after all. If she does I don't want to marry her."

O'P.—"How can we find out?"

Dr. C.—"By hypnotizing her."

O'P.—"Pfwat's that?"

Dr. C.—"We put her to sleep, and make her senseless."

(O'P. reaches for a club and passes it to the Doctor.)

O'P.—"You'll have to do it, Doc, I'm that tinder."

Dr. C.—"You don't understand, Mr. O'Paque. Just watch me."
(Awakens the Nurse.) "Now, Carrie, sit down. I'm going to put you asleep." (Makes passes.) "You're asleep."

N.—"I'm not asleep. What are you trying to do?"

Dr. C.—"We want to ask you while asleep whether you'll marry Mr. O'Paque or myself?"

N.—"I can answer that question without going to sleep. I can't marry either one of you gentlemen because I'm already married and have four children."

O'P.—"Pfhwat's your name?"

N.—"Mrs. Comeandgetsy and my husband is secretary of your Union."

O'P.—"What! That barbarian of a Russian. What do you work here for?"

N.—"To pay my husband's dues in the Union."

Dr. C.—"Come, Mr. O'Paque, I'm beginning to doubt my own senses and if I delay your operation any longer I may find out after all that your tumor is not a tumor but only a bag of wind. Let's commence. Fifty per cent' advance in price in 15 minutes you know!"

O'P.—"All right. I'm ready." (Approaches operating table. Before mounting it, looks at it suspiciously.) "Is this table union make?"

Dr. C.—"Sure. Don't you see the union labels."

O'P.—"I'm ready. Now whatcher going to do?"

Dr. C.—"Put you to sleep and you won't know a thing."

(O'P. removes his purse and counts his money. In pulling out purse some spoons fall on the floor.)

Dr. C.—"What are you doing?"

O'P.—"I wanted to see how much money I had. You said I wouldn't know what you were doing."

Dr. C.—"What are you doing with my souvenir spoons?"

O'P.—"I took them, on your advice."

Dr. C.—(In surprise.) "My advice?"

O'P.—"Sure. You told me to take a dessertspoon three times a day, and as I could only see suvnir spoons around your office I took them."

Dr. C.—"You'd better pay me before I begin."

O'P.—"Must I pay in advance?"

Dr. C.—"Of course. I'm not going to the trouble of collecting the fee from your estate."

(O'P. hesitates about paying.)

Dr. C.—(Disgustedly.) "Nurse give him a tablespoonful of that medicine."

O'P.—"What's that?"

Dr. C.—“It’s an expectorant to make you cough up some money.”

O’P.—“Niver mind about the medicine. Here’s your money.”

Dr. C.—“Now that we have consummated the essential part of the operation separating you from your money, we can begin separating you from your tumor. (To Nurse.) What is the first duty of a nurse at an operation?”

N.—“Wear a union suit and see that your union dues are paid so that the Union will declare your operation a valid one.”

Dr. C.—“And the next?”

N.—“Wear my Union card.”

Dr. C.—“And the last?”

N.—“Affix a union label to the closed wound. Shall I give him chloroform or laughing gas?”

Dr. C.—“Ether will do.”

O’P.—“How about a bit of pfwishkey?”

Dr. C.—“This isn’t a saloon. It’s a surgery. Now! Mr. O’Paque, take a deep breath.”

(O’P. is soon heard to breathe stertorously.)

N.—“Do you think he’s under?”

Dr. C.—(Shouts in O’P.’s ear.) “Have a drink, O’Paque. Say, O’Paque, the Union wants you to call a strike. (To Nurse.) He don’t answer. He’s under all right. Where’s my scalpel?”

N.—“Your son took it to sharpen his pencils.”

Dr. C.—“Where’s the other one?”

N.—“Your wife took it to cut bread.”

Dr. C.—(Hands encased in rubber gloves.) “Look in my trousers for my pocket knife. This is an antiseptic operation and I don’t want to soil my hands.” (Dr. Cuttem cuts tumor and blood flows freely.)

Dr. C.—“Quick, a sponge or he’ll bleed to death.”

N.—“Your knife went through his cheek into his mouth.”

Dr. C.—“I’ll stop the bleeding on the outside of the cheek. I can do nothing for the bleeding in his mouth.”

N.—“Why, Dr. Cuttem?”

Dr. C.—“Because it’s against the rules of the Union. I am an exterior surgeon and O’Paque will have to go to a Union surgeon for internal repairs.”

(A loud whistle is heard. Dr. C. rushes to put on his hat and coat.)

N.—“You’re not going?”

Dr. C.—“Of course I am. Didn’t you hear the Union whistle?”

N.—“If you go he may die.”

Dr. C.—“If I finish the operation he surely will. (Dr. C. departs and the orchestra plays “The Union Forever.”)

Curtain

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

PHYSICO-CLINICAL LABORATORY

— OF —

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

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

VIRULENCY GAUGED.

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

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

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

A FEW REFERENCES.

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

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916), estimates that 15 per cent. of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic 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.

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 27th, 1912), observes as follows:

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

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

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

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

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

DIAGNOSIS AT THE VERY BEGINNING.

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

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

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- 50.00

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

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

Course to physicians on Electronic Diagnosis.....	\$200.00
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(Limited to reputable physicians in possession of the M. D. degree.)

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1821 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 ~~thir-~~
ty cases, great as was the purpose
to me in many instances in practicing
all cases his judgment was based
demonstrated to be correct and in no instance
was he found to be in error.

Harley E. MacDonald M.D.

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

Very sincerely,

W. R. Scroggs M.D.

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

DR. GEORGE O. JARVIS

THE SANITARIUM

ASHLAND, OREGON June 15, 1917.

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 elect

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.

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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.

Dear Doctor Allen's

July - 27-17

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. T. Noe

Diseases Diagnosed by an Examination of Dried Blood

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

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

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

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

WARNING.

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

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

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

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

ELECTONIC REACTIONS OF ABRAMS (ERA)

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

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

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

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

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

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

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

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

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

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

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

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

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

J. MADISON TAYLOR, M. D. (article, “An Appreciation of the Teachings of Dr. Abrams,” Monthly Cyclopedia 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 four weeks, and the fee, in advance, is \$200.00. Applicants may address Dr. Abrams, 2135 Sacramento St., San Francisco.

**Dr. Abrams' Electrodes
for
Electronic Diagnosis**

These consist of three 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 \$120.00 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.

