

Physico-Clinical Medicine

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

Vol. 5

JUNE, 1921

No. 4

FOUNDED AND EDITED BY

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CONTENTS

	Page
VACCINATION	120
PATHO-DERMOGRAMS	123
ELECTROBIOGRAPHY	124
CHROMOPHOTOTHERAPY	125
DR. ABRAMS' CLINICS	129
ELECTROBIOSCOPE	137
REVIEWS	145

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PHYSICO-CLINICAL CO

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PHYSICO-CLINICAL MEDICINE

Vol. 5

June, 1921

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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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Electrobioscopy

IN THE March (1921) number of this Journal, some preliminary experiments with the pith ball were cited. The value of this simple contrivance, heretofore recognized as a mere toy, is so great that it is worthy of a more dignified appellation. For the latter reason, ELECTRO-BIOSCOPE, is suggested.

Its very simplicity is sufficient to militate against its immediate employment for what is obvious can never compete with what is mysterious. All the precautions suggested in the last number of this Journal must be observed. In this issue, further uses for the Electrobioscope will be mentioned. At a recent meeting of the Royal Society of

Edinburgh (May 2, 1921) Dr. Dawson Turner and Mr. D. M. R. Crombie presented observations on "Behavior of an Electrified Pith Ball in an Ionized Atmosphere."

Vaccination

THE TRAGEDY OF INOCULATION

IT IS with diffidence that the writer approaches this subject for its doctrines have been hallowed by time and conserved by formal and traditional medicine.

"Truth itself has not the privilege to be spoken at all times and in all sorts."

The writer believes, and has always believed, in the protective efficacy of vaccination; one of the greatest blessings conferred on humanity. Lurking in this protection, however, there is an element of danger which was surmised but could never be demonstrated by scientific proof.

By aid of the "Electronic Reactions," this proof is now at the disposal of any physician.

The question as to the identity of cowpox and smallpox has been the subject of controversy but the prevailing opinion is that, cowpox inoculated into a human is an attenuated variety of variola and that it was originally transmitted to cattle by humans affected with smallpox. In the early days of vaccination, human beings were inoculated with matter obtained from the pustules of previously vaccinated persons. This method was abandoned owing to the accidental transmission of syphilis.

Now, the virus is obtained from animals.

The writer in submitting the following data contends that all vaccine virus yields the reaction (electronic tests) of CONGENITAL SYPHILIS, but with equal cogency admits that the virus also contains the protective factor against smallpox.

Virus obtained from the most reliable firms demonstrated the following:

1. Reaction of **CONGENITAL SYPHILIS** varying from 18 to 27 ohms in potentiality;
2. Reaction of streptococci and staphylococci in all the preparations excepting two;
3. Reaction of tuberculosis in all the specimens excepting one.
4. Reaction of the protective variolar factor in all the specimens.

The syphilitic and tuberculous reactions were bovine (the former responding at 57 only and not 57 and 20 as in human syphilis and the latter at 57 only and not at the vibratory rate, 15).

In a boy whose blood showed no reaction of congenital syphilis prior to vaccination, one could elicit from the blood nine weeks after vaccination congenital syphilis (18 ohms).

From the cicatrices of all vaccinated persons, one can always elicit a reaction of congenital syphilis and in early scars a tuberculous reaction. This was demonstrable (syphilis) in scars 40 years old.*

This fact signified that the protective mechanism may subdue tuberculous but not syphilitic infection.†

The fact that we have qualified the syphilitic and tuberculous reactions as bovine does not mitigate their virulence. Guinea-pigs inoculated with the bovine type of the bacillus die more quickly and show more extensive lesions than those infected with human bacilli. The diseases contracted by the human from animals are equally as virulent in the former as in the latter.

Experimental inoculation of animals with syphilitic virus is now successful.

The writer knows of no investigations by the accepted methods to prove or disprove the syphilitic contamination of vaccine virus. Such methods in comparison with the electronic reactions are so crude that, even if negative, they

*Thorough massage of the scar for one minute will increase the ohmage of the reactions in the blood.

†This defensive mechanism is stimulated by Abrams' treatment of syphilis.

would prove nothing. Syphilitic and tuberculous lesions may exist without the coincident presence of their respective organisms.

Bacteria owe their virulency to the poisons (toxins) which they produce and the latter may be demonstrated by the electronic reactions.

Is it possible to destroy the contaminating factors of vaccine virus without jeopardizing the protective ingredient?

This may be answered in the affirmative.

It is known that tubercle bacilli may be destroyed in a few minutes by exposure to sunlight.

The influence of color in addition to light is an important factor. The writer has shown that Pasteurized milk yields the reaction of tuberculosis but that five minutes' exposure of the milk to YELLOW light will eliminate the reaction.

In his experiments with vaccine virus, the following data were elicited:

1. Exposure for 10 minutes of the virus to BLUE light (from an electric bulb) destroys the syphilitic, streptococcic and staphylococcic reactions.

2. Exposure for the same period of time to the action of YELLOW light destroys the tuberculous reaction.

Exposure thus made will not compromise the protective factor of the virus.

Vaccine scars similarly treated by colored lights will achieve a like destructive action. A single application of the Os. (for 30 min.) at rates 3 and 5 will as a rule permanently destroy the reactions of syphilis and tuberculosis.

It is evident from the foregoing that one may secure protection by inoculation without its coincident danger by exposing vaccine virus to the action of blue and yellow light. The use of calomel (now used as a prophylactic in syphilis) will destroy the luetic constituent without affecting the protective factor.

Will this simple though effective expedient be adopted by the physician and manufacturer?

Guided by precedent, the writer answers, NO.

Every child-bearing woman should pay tribute to one of medicine's martyrs, Ignaz Philipp Semmelweis. He had the audacity to tell his confreres that puerperal fever was only blood-poisoning and that, if they would wash their hands to rid them of infection prior to making an examination, the prodigious mortality from puerperal fever would be reduced. For this insolence, the orthodox obstetricians of his day so persecuted him that an ignominious early death from insanity terminated the glory of his career.

The statue now erected to his memory is a silent rebuke to the traducers of pioneer investigators.

Semmelweis was immolated on the altar of speculative medicine. Skoda, at that time of the New Vienna School, solemnly declared that, while we can diagnose and describe disease, we dare not by any means expect to cure it and Dietl, of the same school, maintained that a physician must be judged, not by the success of his treatment but by the extent of his knowledge. In other words, as long as there are successful physicians, there will be no scientific physicians.

In view of such fallacious reasoning, the prophylactic measure suggested by Semmelweis was worse than an impossible treatment, hence his life had to be sacrificed.

There is no ochlocracy in science. It progresses by creative individual power and never by the power of a combination of men.

Interpidity is more necessary in the announcement of a truth than is genius.

This individual initiative must be protected and unless it is, it predicates the dawn of scientific anarchy.

Patho-Dermograms

IN THIS Journal (March, 1920), attention was directed to the subject of "Radiopathography." In addition to the spontaneous graphs which appear on a patient or by transferred energy from the latter to a reagent, the graphs may be provoked by vigorous rubbing of the skin

over the areas of dullness peculiar to each disease. The areas specific for the pulmodiagnostic reactions should be selected for convenience of observation. Rub skin until it is uniformly red and in the midst of the redness, dermograms (often raised) whitish in appearance will appear which differ in form in each disease. The dermograms shown in fig. 1, may vary slightly according to the angle from which they are observed.

Configurations peculiar to sex may be observed (see text descriptive of Fig. 1).

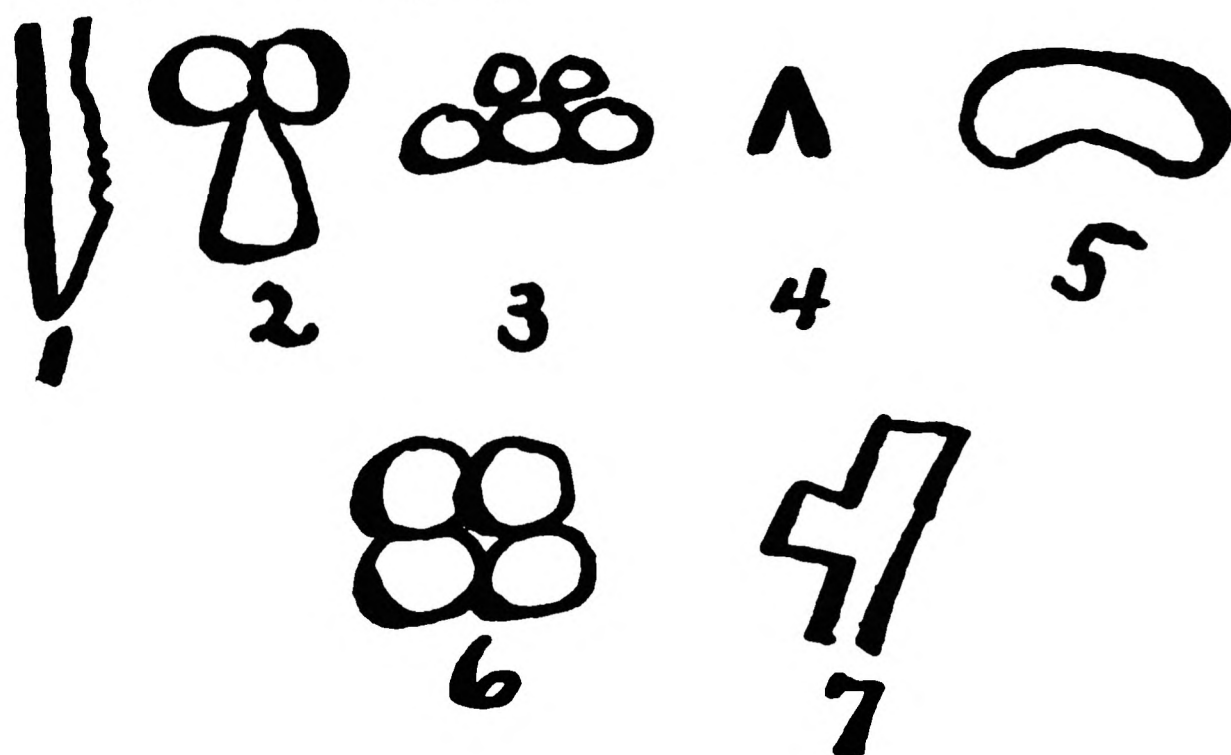


Fig. 1—Patho-Dermograms peculiar to: 1. Acquired Syphilis; 2. Congenital Syphilis; 3. Tuberculosis; 4. Cancer; 5. Streptococcemia; 6. Configuration (in male) appearing on the area of the back peculiar to sex (J. March, 21, Figs. 2 and 3), and 7, in the female (normal). In bisexuals, they appear on both sides and in homosexuals, they are reversed.

Electrobiography

(ANNOUNCEMENT)

IN AN editorial (J. 1917), the writer referred to the bodily electric currents. Every response to a stimulus in animals and plants causes an electrical change demonstrable by a galvanometer. "The British Medical Journal" (Sept. 30, '16), announced a startling discovery by James Sheaver, relative to the delineation of organs by

the electricity generated in the body by aid of elaborate apparatus. Later, the same journal repudiated the discovery and since then, nothing further has been announced.

By the simplest conceivable method which can be executed by a novice, the writer has succeeded in delineating the heart and large blood vessels emanating from the latter organ, upper and lower liver borders, lower stomach border including the pylorus, appendix, spleen and kidneys. The delineation of the colon is not yet of sufficient accuracy to be dependable.

The method in question rivals the results achieved with the X-rays because in some respects it can do more than the latter rays.

The results attained have been witnessed by some of my recent students, among whom may be mentioned Drs. Becker (Toronto), Doern (Milwaukee), C. F. Ellis (Arkansas), Huang (China), M. Hansen (Iowa), and others.

The method will be announced in the next number of the Journal provided sufficiently good photographs of the electrobiograms can be obtained. The present ones do not permit of accurate reproduction.

In the March, '20, number of this Journal the new subject of "Radiopathography" was discussed. Since the discovery of the foregoing method by the writer, the pathograms characteristic of specific diseases may be photographed.

Chromophototherapy

BEARING on a former editorial, it may be apposite to refer to some recent experiments on the influence of light modified by color on bacterial growth.

Bacteriologists concede that direct sunlight is a powerful germicide for bacteria and that diffuse light has less bactericidal action. This action is attributed to the ultra-violet spectral rays, whereas the yellow and red are practically innocuous.

The latter observation is in conflict with the ERA for

the reason that there is a marked disparity between a culture tube and an animal.

Pathogenicity and infection imply more than the presence of germs. Bacteria are ever present in and on various parts of the body. They demand their own cultural requirements and before gaining a foothold they must overcome the defensive forces of the subject attacked.

Bacteriology has contributed much to the recognition of disease but this is an indirect recognition. We do not recognize the soil on which bacteria thrive but only the microcosmic invaders. Just as there is a difference between a culture tube and a patient, so there is a difference between the bedside and a laboratory.

The following observations are cited for two reasons: 1. To supplement the action of the oscilloclast; 2. To provide those who have no Os. with a method of treatment relatively efficient. Bacteria owe their virulence to toxins.

1. Toxins may be gathered into the spleen from remote parts of the organism by concussion of the 7th cerv. spine. This action is of short duration and may be prolonged by concussion (light blows) of the 2d dorsal spine immediately following concussion of the 7th cerv. spine.

2. Treatment directed to the splenic region has been called "splenic sterilization" by the writer.

3. Local treatment by the method cited is available for local lesions.

4. In a tuberculous subject, for instance, a tuberculous reaction, 2 ohms in potentiality, may be elicited from the spleen.

5. After concussion, first of the 7th cerv. and then of the 2d dorsal, the potentiality (over spleen) has increased to 5 ohms.

To exclude any possible action of the splenic antibodies on the aspirated toxins, a reasonable time (10 minutes) is permitted to elapse before the splenic region is acted upon by yellow light from an electric light bulb for 3 minutes. After 5 minutes the potentiality of the tuberculous energy is reduced to $\frac{9}{25}$ of an ohm.

6. A similar procedure with congenital syphilis (using blue light) reduced the ohmage from 48 to 11 ohms.

A method like the foregoing is available for home use and may be executed several times a day.

Electronic Reactions of Abrams (ERA)

TO DELINEATE the zones of dullness peculiar to different diseases by percussion when eliciting these reactions is a somewhat difficult task to many physicians.

It is in the recognition of nuances of sound that physicians find the greatest difficulty.

The latter may be overcome in various ways:

1. By using the percussophone (J. Sept., '20).
2. Percussing during the time the stethoscope is suspended from the ears: by this method, the stethoscope acts as a microphone and accentuates variations in sound.
3. For eliciting the abdominal areas of dullness, fix end of stethoscope over either ant. sup. il. spine and percuss toward dull area. This procedure may be reversed by percussing ant. sup. il. spine directly (or indirectly with a pleximeter in a fat subject) and approach the dull area with a stethoscope.

For eliciting the lung areas of dullness use either of the two latter methods substituting the acromial end of the clavicle.

4. Strike the finger with a pencil as it approaches the zone of dullness. Finger must not touch skin but must be held as close to it as possible. When the border of dullness is attained, the sound of the pencil striking the finger should become practically inaudible.

5. Hyperalgesia of the skin strictly confined to the zones of dullness (J. June, '18) is invariably present. This hyperalgesia is detected in the usual way by traversing the skin with cotton.

A FEW MONTHS' EXPERIENCE WITH THE OSCILLOCLAST

M. A. Hansen, M. D., Osage, Iowa

1. Woman, Age 52—

Diagnosis of acquired syphilis made by one of our most eminent clinicians. (?) Abrams test showed tuberculosis of the apex of the right lung. No syphilis. Fourteen treatments with the Oscilloclast at 5.

Patient gained fourteen pounds in three weeks. Now in perfect health.

2. Mechanic, Age 22—

Acute acquired syphilis. General eruption, throat, mouth symptoms and chancre. Thirteen treatments with the Oscilloclast at 3, and splenic sterilization only. Complete abatement of all symptoms.

3. Woman, Age 58—

Diagnosis congenital syphilis. Entire absence of the patellar reflex. Twelve treatments at 3, splenic sterilization only. Normal patellar reflex and complete abatement of all symptoms.

4. Woman, Age 42—

Strep infection of the second upper cuspid tooth of three years standing. Well developed sinus. Regular discharge of pus. Eight treatments with the Oscilloclast at 2. Clinically cured.

5. Woman, Age 49—

Diagnosis, congenital syphilis with a distinct tumor over the pylorus the size of a baseball. Twelve treatments with the Oscilloclast at 3; splenic sterilization and treatment locally over the tumor. Clinically cured. Now in perfect health. Tumor has entirely disappeared.

6. Boy, Age 17—

After amputation of the first finger following an electric burn there was a continuous discharge of pus for six months. Two distinct sinuses formed on the top of the hand. Drainage carried on at three different times. Five applications of the Oscilloclast at numbers 5-2-1. Caused an immediate cessation of discharge.

7.

Severe hand infection with implication of axillary lymph glands. Temperature, 105.6° F. Condition grave. After one application of Oscilloclast at 2 and general splenic sterilization, the temperature dropped to 101.6 and the patient made an extraordinary rapid recovery.

A FEW OBSERVATIONS AT DR. ABRAMS' CLINIC

I. Referred by Dr. H. A. Hess. Sarcomata of the cervical lymph glands. Repeated operations, use of X-rays and radium without results. Use of Oscillocast* caused disappearance of tumors. [Tumors treated by Os. are usually only reduced in size but are always deprived of their malignancy. Nature replaces the destroyed parenchyma by connective tissue which in itself causes some enlargement. If, for cosmetic reasons the latter should be removed, use Os. at the destructive rate for scar tissue but be cautious to terminate each treatment at the sarcomatous rate, 3. All sarcomata, carcinomata and tuberculosis only develop from an isolated focus of congenital syphilis, hence the latter must be treated at the syphilitic rate to prevent recurrence. The rates for syphilis and sarcoma are identical so that while treating the former with Os., the etiologic substratum (syphilis) is destroyed. To fortify the action of the Os. in the interim of treatment with the latter, paint implicated parts with a dilute solution of safranin in alcohol. The radioactivity of this drug owes its efficacy in sarcoma to its rate which is identical with the latter hence it is curative because it is a destructive rate. There are many drugs more radioactive than radium itself and without the danger of attending the use of radium. The latter is used indiscriminately whereas when safranin is used, its curative action is mathematically gauged by the Electronic tests. Congo red used in the same way for cancer is more efficient than eosin.]

Dr. Hess is one of the most prominent surgeons in San Francisco, and he stated to Dr. Abrams' class that when a diagnosis in unsuspected cases was made from a blood examination of appendicitis with suppuration, the diagnosis was invariably corroborated at the operation. In fact, he felt justified in executing the latter on the blood examination alone. Dr. J. Thompson affirmed at the same time that he invariably found tumors at his operations at the exact site determined by Dr. Abrams from a mere examination of the blood.]

II. Referred by Dr. C. Schwarz. Absence of patellar tendon reflexes. Locomotor ataxia. Recurrence of reflexes after treatment with Os.

[This case is cited for two reasons: 1. To show the incompetency of the Wassermann† test and the inefficient results attained by conventional syphilotherapy. This individual knew he had contracted syphilis but the Ws. was always negative. The most intensive antisyphilitic treatment was without influence on his reflexes, yet within several weeks after Abrams' treatment, the lost reflexes returned.]

*Abbreviated Os.

†Abbreviated Ws.

Dr. E. Majors referred a patient who had absolute Argyll-Robertson pupils. The Ws. was negative. Intense antisymphilitic treatment did not influence the pupils. After the Abrams treatment, the pupils were restored to normal.

Dr. V. Vecki reported to the "S. F. County Medical Society" a patient cured of Dementia Paralytica. The ERA demonstrated syphilis despite the negative Ws.

A patient blind in one eye with negative Ws. and positive ERA had her vision restored by the Abrams treatment. The same result was duplicated in a dentist who was blind in one eye for 20 years. Very many similar cases could be cited to emphasize our contention that the Ws. is not only useless but dangerous and that syphilis (congenital and acquired) is the essential etiologic factor in practically all diseases. With the Abrams treatment, medication is unnecessary and its very simplicity and certainty suggests its employment in all doubtful cases, if for no other purpose than to eliminate syphilis as a disturbing factor in curing our patients. We are all congenitally syphilitic in various degrees of dilution. It must be again emphasized that tuberculosis, carcinoma, sarcoma and many other conditions which we dignify by mere names are only different allotropic forms of the electrons and without a syphilitic substratum, this allotropism could not ensue.

After treating a patient, do not predicate a cure until he is desyphilized to prevent recrudescence.

Accept my affirmation as a fact, though years may elapse before its acceptance, that asyphilization of the child will be the only solution of the tuberculous and carcinomatous problems.

When the concussion treatment (with or without an Os.) was first suggested, the reaction of syphilis from the blood disappeared in from 10 to 14 treatments.

It soon developed that this result was illusory for no account was taken of the spirochetes lurking in the "dark corners." To dislodge the spirochetes, concuss the cerv. spine (30 blows) and after one minute, the 2d lumbar spine (30 blows). The first concussion causes aspiration of the spirochetes into the spleen and the second maneuver, their extrusion into the circulation. If, after this maneuver, no reaction of syphilis can be elicited, the patient may be regarded as cured although many weeks may ensue before this result is attained. Re-examine patients every six months.

Among patients examined innocent syphilis (*S. insontium*) is relatively most frequent among physicians who are ignorant of their condition. The writer has found this condition to exist in at least 30 physicians during the past year and by the ERA method of localization the primary inoculation was found in many

instances on the hands. Most of the physicians had high blood pressure and it must be accepted as an axiom as a result of my experience that hypertension in the young is invariably due to congen. or acquired syphilis.

The results of treatment for syphilis prove this dictum.]

III. Dr. MacManus (Denver) consulted the writer about one year ago for pains suggestive of sciatica. These pains were intense and were of several years duration. Reaction demonstrated a sarcoma of the bone. Treatment with the Os. caused the atrocious pains to disappear in a few days. The Roentgenologist to whom the patient was sent detected an enormous destruction of bone and in the exact area outlined by the ERA.

The Roentgenologist Dr. MacManus asserted felt aggrieved when she returned to him cured because his prognostication was not verified.

[Neuralgia is never a disease sui generis. It is like other symptoms only an expression of some fundamental condition, hence the necessity of an etiological diagnosis. The latter is possible by the ERA. There is no other means so uniform as the latter. There may be strep. invasion of the nerves, tuberculosis, syphilis and neoplasms.]

IV. **Chronic Neurasthenic**—Had consulted by actual count 87 physicians in different parts of the world without relief and the writer was one of the number. Later, the writer employed the ERA and found cong. syphilis of high ohmage, cerebro spinal strain. Treatment executed in accordance with this diagnosis resulted in a cure.

[Several months may elapse before all symptoms are eliminated after removal of the cause. After the removal of a splinter from a wound, the effects of the splinter remain for a period of time. The diagnosis neurasthenia is only a confession of diagnostic ignorance and only an expression of an underlying condition.]

V. **Aneurysm**—Protrusion through chest wall. Absolute recession after concussion of 7th cerv. spine followed by concussion of 2d dorsal spine.

[Since the writer first suggested the Abrams treatment for aneurysms, patients came to him from different parts of the world. In no instance when the aneurysm protruded through the chest wall was he able to cause its complete disappearance. The additional maneuver, concussion of 2d dorsal spine, is a valuable addition to Spondylotherapy and accentuates and prolongs all reflexes elicited from the spine. This additional expedient is suggested in bronchial asthma.]

VI. **Streptococcic Infection**—For 6 months patient could get no relief from atrocious head pains. The ERA demonstrated

frontal sinus infection with implication of the superior longitudinal sinus as far back as the torcular Herophili. Within one week after treatment with the Os. (at rate 2) over the areas of infection, the patient was discharged as cured.

[The tonsilomaniac and dentalomaniac craze rages with unbounded fury and the detonsillated and edentated are increasing in bounds and leaps. The aftermath of this "furor operandi" is only partially recounted. Lung abscesses and tuberculosis are some of the sequelae. It can be shown by the ERA that the tonsils contain antibodies destructive to strep. and tuberculous infection.

With a few treatments tonsillar strep. infection may be destroyed by the Os. The tonsils may not recede at once but may do so later. Infected but not enlarged tonsils are a menace. Tonsillar crypts must be destroyed by cauterization to inhibit re-infection.

Innumerable skin and joint lesions are of tonsillar origin. The tonsillar strain can be shown by the ERA at the sites of lesions. When the latter are diffused, local applications of the Os. are time consuming and demand the method of splenic sterilization. Always remember that a lesion invites many organisms and the ERA will detect them. Then use the Os. at specific rates.

The preponderating organisms are staphylococci, colon and tubercle bacilli.]

VII. Dementia Praecox—Cured by general (splenic sterilization) and local syphilotherapy to the implicated brain center.

[In the last number of this Journal, the writer referred to the fact that every case of insanity is only cerebral syphilis and its manifestations are only questions of cerebral localization.

Unfortunately like results cannot be attained in all cases of insanity owing to the late employment of treatment after the damage is done. Asyphilization of the child predicts the annihilation of insanity.

When we speak of the soil on which syphilitic toxins thrive, we must emphasize the electrical composition of matter and refer to the electron as the fundamental entity with which modern pathology should commence. The characteristics of any element are dependent on how the electrons of an atom group themselves under the action of their mutually repellant forces and the attraction of the nucleus. This is a difficult problem of mathematical physics. Mentality (normal) is only a question of allotropism and represents the energy released by the electrons. The physicist has taught us the reality of transmutation—transformation of uranium into helium and presumably lead.

Nothing that is known, and therefore cannot be produced artificially, will affect the transmutation of one element into others.

After the toxins of syphilis have rearranged the electronic groupings of the brain cells, we can do no more than the physicist in attempting to influence radioactive processes. The direct transformation of one tissue into another (metaplasia) in pathology is, to my method of thinking, only a transmutation.]

VIII. Abnormal sensitiveness to light (Photophobia). Rebellious to treatment despite the efforts of many competent specialists. ERA demonstrated tuberculosis (ocular) and six treatments with the Os. effected a cure.

[Despite the revelations of the Ophthalmoscope, only gross lesions are discovered. The patient is then beyond the domain of clinical pathology and belongs to the pathological anatomist.

Ocular lesions owe their origin in the majority of instances to congenital syphilis.

Disturbances of muscular equilibrium of the ocular musculature (Imbalance), myopia, hypermetropia and astigmatism yield a decided reaction of congenital syphilis. What ocular sterilization of the toxins will do for these cases by the Os. and other means when commenced early enough is a problem which can only be solved by those who will accept my observations as verities.]

IX. Patient with persistent headaches. ERA show at different head regions, the reaction for uric acid. Colchicum is effective. Patient later confessed that he had a typical gout attack.

[Uric acid deposits in unsuspected regions thus account for the many bizarre and protean symptoms of larvated gout. Similarly, in malaria, the plasmodia lodged in the frontal sinus are accountable for the supraorbital neuralgia. In an individual with icterus of several years duration, the ERA demonstrated plasmodia in the liver. Recovery from the icterus was only partial after treatment with the Os.]

X. **Endocrinopathies**—The study of diseases of the ductless glands has furnished a furtive spurt to decadent Etiology and in the administration of glandular extracts, a new therapy has been evolved. Our expectations respecting the latter have not materialized. Why? Because the glandular anomalies are not autochthonous but represent effects. Thus, in thyroid anomalies ranging from athyrea to hyperthyroidism, the ERA invariably show a localized reaction of congenital syphilis. The reaction may not be present in the blood. These foci of syphilis represent the same matrix from which sarcoma, carcinoma and tuberculosis originate.

Glandular extracts yield fugacious results; permanency of action can only be secured by treating the cause.

XI. **Dyspepsia**—Gastro enterostomy without relief. ERA demonstrated congen. syphilis of stomach with an enormous ohmage. Cure when the basic condition was treated.

[The symptomatic diagnosis of the gastro enterologist are farcical. Hyperacidity conveys as much intelligence as the child's conception of buttermilk as milk derived from a cow with a sour stomach.]

XII. **Mitral Lesion** with cardiac dilatation. The ERA demonstrated a strep. reaction (tonsillar origin) over the anatomic site of the mitral valve. Disappearance of murmur after using Os. at strep. rate over the mitral orifice. Reduction in cardiac volume by concussion of 7th cerv. spine followed by concussion of 2d dorsal spine.

XIII. Dr. C. S. Evans (Hutchinson, Kan.) forwarded a blood specimen from a patient. The diagnosis, tuberculosis, digestive strain was returned. This patient was subsequently laparotomized and the surgeon declared he found an inoperable carcinoma. Patient was sent to San Francisco and the diagnosis originally made was confirmed. Complete cure by the Os. over the abdomen at the tuberculous rate.

The writer will continue these clinical observations in future issues.

OBSERVATIONS OF SAMUEL KING, A. B., M. D. Warren, Pennsylvania*

Dear Doctor:

The weakest point in the medical profession is the art of diagnosis or the doctor's inability to recognize and name the disease that is destroying the health and vitality of his patient. A correct diagnosis goes a long way in the treatment and cure. Given a correct diagnosis, in most cases, the rest is easy.

The most learned men in the medical profession whom we have been taught to consider as our authority and guide in the diagnosis and treatment of disease are woefully inefficient in the art of diagnosis. Statistics show that the very best of them are wrong in over 50 per cent of their diagnoses in some diseases, and from 35 to 40 per cent in others. These figures have been proven time and again at the post mortem examination.

If the above is true of our greatest medical men, the mistaken diagnoses of the ordinary physician must be far greater, and hence his pretensions to heal the sick under such circumstances must be considered a farce by any one of common sense. To treat any patient without a correct diagnosis is only adding injury to insult, and yet three-fourths of the sick are treated in this way.

Is it any wonder that the people are losing faith in our ability to relieve the afflicted, and are turning in ever increasing numbers

*This is a fac-simile of a letter written by Dr. King in answer to a communication respecting the ERA.

to the drugless healers, until today over twenty millions of the population of the United States are dependent on some form of drugless healing when sick. And unless the rank and file of our profession wake up and adopt a better and more efficient means of diagnosis and treat our patients more scientifically we will soon be out of a job.

It is an unfortunate condition that a very large majority of the medical profession members are still groping in darkness, so to speak. They are simply making use of the only medical lore which they have been taught or are allowed to use by their accredited leaders.

Dr. Albert Abrams of San Francisco, gifted with a love for science and research, has perfected a method for testing the blood which has proven to be the most scientific and accurate means of diagnosis that we have ever known. These diagnoses are often a surprise to both physician and patient. It gives the former a proper basis for his treatment and enlarges his patronage and income, while good results are speedy, sure and almost marvelous.

The citation of a few cases may help to support my contentions:

Case 1—A gentleman entered a famous hospital of Baltimore with affected neck, throat, and mouth. This hospital is famous for its great diagnosticians and surgeons who soon told the gentleman that he had cancer of the neck and throat. He underwent two operations, was X-rayed and treated with radium at an expense of over \$2000. But he did not get well, and was finally told that nothing more could be done for him. He drifted to Washington, D. C., and into the hands of another physician. This physician sent me a specimen of his blood for a diagnosis. It showed no cancer but acquired lues of the lymph glands and the digestive tract. Under antisyphilitic treatment his neck and mouth and throat healed and all symptoms of his trouble disappeared. At the time of taking the blood his mouth and throat had to be sprayed with cocaine before he could eat or swallow. A correct diagnosis would have saved a large amount of money, time, and worry.

Case 2—A young lady school teacher had been ailing and failing for four or five years. During this time she had been treated for anemia and T. B. first by one doctor and then by another. She finally became so weak and nervous that she had to give up teaching and return home. Her home physician gave her intravenous injections to increase her blood and strength, but she did not improve and finally came to me. Examination of the blood showed cong. lues, 37 ohms, and no T. B. or anemia, so-called. Treatment for her inherited affection soon gave her life, better blood and nerves, and she returned to her school.

Case 3—A lady, 52 years of age, complained of constant and severe headaches, a great deal of pain in the right side and in the region of the liver. Her home physician called it one day gallstones, another appendicitis, and another ulcer of the stomach or neuritis. For over one year he had urged her to undergo an operation for gallstones and appendicitis. Examination of the blood showed cong. lues. Treatment for her affliction or lues relieved her of the headaches and all other pains and neuralgias, and a high blood pressure of 225 mm. was reduced in a few days to 140 mm.

Case 4—A man, aged 58, with pernicious anemia, feet and legs badly swollen, so weak he could hardly climb one flight of stairs to my office, mouth intensely sore, nothing tasted right, constant and severe aching in the legs, and a morning diarrhea of three years standing. Examination of the blood showed acquired syphilis and carcinoma of the spleen. Under treatment for these two afflictions he gained rapidly. He is now driving his car, works some, diarrhea gone, feeling fine, and his face, hands and ears that were as white as chalk are now almost normal in color. This is the first case of pernicious anemia that I have ever known to be helped by any other treatment. (Dr. Albert Abrams called attention to carcinoma of the spleen in pernicious anemia.)

Case 5—A man 45 years of age, sick for two years, going from bad to worse, in spite of all kinds of treatment from good physicians. For two months before coming to me was receiving intravenous injections to keep up his strength and give him blood. His blood showed inherited lues, 40 ohms. Rapid improvement made under treatment for his inherited trouble. Today he has gained fifteen pounds, is of good color, all aches and pains in head and limb gone, and a stomach trouble which had persisted for years completely relieved. He is now working hard and is a very grateful patient.

Case 6—A doctor's wife had severe pains in pelvis, backache, cramps, etc. Unable to diagnose her case, he called in two other physicians. These two physicians agreed that it was appendicitis with perhaps a little kidney colic added, and urged an immediate operation. Her husband sent her blood to me. Examination showed pus in the right ovary and tube with inflammation. Proper treatment and rest for a few days so relieved her that she was up and around in a week.

And so I might go one with case after case which rapidly improved after an examination of the blood by Dr. Abrams' method and the proper treatment was instituted, but I think the above will suffice. I will only add that many, many patients today for whom the physician could do nothing a few years ago are getting help through a proper diagnosis. Every case of epilepsy,

asthma, high blood pressure, exophthalmic goiter, varicose veins and ulcers, diabetes, and many skin troubles, etc., invariably give a syphilitic reaction, and have not been cured in the past because the physician did not know them to be the result of lues either inherited or acquired. But today these diseases are being cured by the up-to-date physician who recognizes the cause. Every case of cancer, every case of T. B. is grafted upon a syphilitic soil. You cannot have one without the other, and we hope now to be able to cure both, especially in the early stages.

ELECTROBIOSCOPE*

The reader is referred to the last number of this Journal (March, '21), in which preliminary data are cited concerning the use of this contrivance. Further uses follow:

Circumscribing Viscera—The borders of the heart, aorta, spleen, kidneys, lower stomach border, liver and appendix may be accurately defined.

The principle of action is due essentially to the fact that an active organ is electrically negative to the surrounding parts.

The El. being negatively charged is either attracted when the visceral border is reached or repelled. Naturally, if the suspended El. is held too close to the skin it is attracted everywhere. It must be held just far enough from the skin to resist attraction. Even though the visceral border is negatively charged the primary action is attraction. If held a little further than the distance necessary for attraction, it will be repelled when the visceral borders or appendix is reached.

Physicians employing this method will be astounded at the accuracy achieved in outlining the viscera. Passing the suspended ball at different parts of the appendix region, note that, when the appendix is reached, the El. is immediately attracted. After a deep breath, it will be attracted at a lower point and at a higher point during expiration, if there are no adhesions of the appendix.

The two heart ventricles show a polarity difference; left ventricle emits a negative and the other ventricle, a positive energy. Careful manipulation of the El. at a given distance will attract the El. over the right ventricle and repel it as soon as the left ventricle is reached.†

Repeat these investigations at a distance although the movements of the ball will be less evident. Suspend charged El. opposite to an electrode fixed in a stand (insulated). Place electrode as near the El. as possible without discharging the latter. This electrode with cord is attached to a rheostat at zero. The other

*Pith ball. Abbreviated El.

Investigators may use an Electrometer to secure more delicate results.

†Whenever the El. touches the skin it must be recharged.

cord attached to rheostat with a pointed electrode is used for defining the area of the organ which, when reached, one will note a slight repulsion of the El. Patient must be grounded.

Oscilloclast and Polarity—By means of its destructive rates on the "Similia" principle may be ascribed the action of the Os. in disease. If to this, we could add polar action, the efficacy of the Os. would be enhanced.

Cancer yields a positive and streptococci, a negative energy. If the current (alternating or direct current which is better) from the Os. by aid of the cord and electrode is fixed opposite negatively charged El., it will be noted that it will be either attracted (+ energy) or repelled (neg. energy). Attempt experiment with a non-interrupted current. By reversing the fork in the socket, this different polar action may be secured. In cancer, one would use the established destructive rate (6) delivering a negative polarity and, in strep. infection, a positive polarity.

Localization of Lesions—The general method of procedure is as follows: Patient's feet are grounded. One electrode from rheostat is placed on ground plate and the other held about half inch from the surface of the body at a point on either side (nipple line) midway between the navel and the curvature of the ribs. Supposing it is necessary to determine if the frontal sinus is infected (strep.). The charged El. is held in front of the sinus (near enough to be attracted or just far enough to be repelled). With the rheostat at zero, no effect is noted. At 60 (vibratory rate of strep.), the El. is either attracted or repelled, according to the distance it is held from the lesion.

The site of a cancer and its area may be similarly defined with rheostat at the vibratory rate of cancer (50).

To determine the nature of other lesions by the El., it is only necessary to know the vibratory rate of each disease. Employ this method to determine the lesions cited over a vaccinated area.

Electronic Reactions—The specific areas noted in the ERA may be defined with the El. in two ways: 1. By passing the charged El. over the abdomen (SV and ED reactions) or back of chest (PD) and note the attraction of the El. when the border of the specific area is attained; 2. By holding the suspended El. over a specific area, say cancer, and note the attraction at 0 and the vibratory rates 30 and 50.

In the execution of either method, energy is conducted in the usual way to the reagent.

If the patient is the reagent and the specific areas are to be defined as with the reagent, use the method described under Localization of Lesions. Twenty or more seconds may elapse before the action of the El. is noted.

The writer must emphasize the importance of these methods. They constitute corroborative evidence so simple and precise, that they are available for those who doubt their skill in percussion and to convince the most skeptical physician.

Sexuality of Numbers* and Sounds—Odd and even numbers are the mathematics of the sexes, and vowels and consonants are the sexes of sound.

Suspend a negatively charged El. on an insulated stand. On a narrow board, mark the numbers 1 to 9 and on another board, vowels and consonants at a sufficient distance from each other and observe the following:

1. Even numbers repel the El. owing to their neg. energy.
2. Odd numbers attract (+ energy).
3. Vowels repel and consonants attract.

A female hair repels and a male hair attracts (present center of hair to El.).

Thus even numbers and vowels are female and odd numbers and consonants are male.

Music no doubt owes its enticing action to its sexual appeal. The following action on the El. is noted from the following sounds on a violin:

D—Attraction.
A—Repulsion.
G—Attraction.
E—Repulsion.

Potentiality of Lesions—This may be determined by the method of localizing lesions. Use two rheostats, admitting the energy through one at its vibratory rate and measure with the other. Thus if a tuberculous lesion measures 5 ohms, place the button of the second rheostat at 10 and gradually interpose less resistance. There will be no movement of the El. until the number 5 is reached.

Gravitation—In New Concepts, p. 225, the writer first announced his hypothesis of this phenomenon. Demonstrate his hypothesis anew by conducting the energy to the El. as already described.

When a heavy body is raised, with one electrode at the center

*The curiosity of figures is only apparent. Take 9. Multiply it by 2 and you get 18; and 8 and 1 make 9. Five 9s are 45, and 5 and 4 make 9 again. Three 9s are 27, and 7 and 2 make 9. Four 9s are 36, and 6 and 3 make 9.

Note how strangely the figures 142857 act when employed in varied order but always in the same sequence, and multiplied by 7 and divided by 9. Thus:

$$\begin{array}{l} 142857 \times 7 = 999999 \div 9 = 111111 \\ 285714 \times 7 = 1999998 \div 9 = 222222 \\ 428571 \times 7 = 2999997 \div 9 = 333333 \\ 571428 \times 7 = 3999996 \div 9 = 444444 \\ 714285 \times 7 = 4999995 \div 9 = 555555 \\ 857142 \times 7 = 5999994 \div 9 = 666666 \end{array}$$

of the mass, the El. is attracted and repelled when the electrode is placed at a distance from the center of the raised body.

Polarity of the Senses—Suspend charged El. in front of the right eye, ear and nostril (patient must avoid breathing in latter experiment). Note that El. is repelled, and attracted on the opposite side in a normal male. This polarity is reversed in the normal female and the opposite effects are noted. Yellow light thrown on the skin will reverse the polarity in both sexes. Blue light will accentuate these results more quickly.

The mere concept of a woman that she is a man or a man that he is a woman will conduce to the same results as color.*

THE BRAIN

Functions—As early as 580 B. C., Alkmaon placed the seat of consciousness in the brain. Two hundred years later, Aristotle regarded the brain as an organ for cooling the hot vapors rising from the heart. At this time it was supposed that mentality, specially of an emotional kind, was located in the heart, a view still perpetuated by the poet. The Bible locates the seat of mental processes in the bowels.

Cabanis maintained the doctrine that the brain secretes thought in the same way as the liver secrets bile.

Phrenology—The real significance of the brain as the substratum of the psychical life of man was first expounded by Gall and his pupil Spurzheim.

Their supposedly fantastic theory presenting many new and important facts in cerebral anatomy was exploited by charlatans and ridiculed into desuetude by scientific men.

According to Gall, the brain was a bundle of 27 (later 37) separate "organs," presiding over the different moral, sexual and intellectual traits of the individual. The size of these organs was proportional to the preponderance of these traits and manifested on the surface of the skull as protuberances.

To determine the mental endowment of the individual it was only necessary to feel the bumps on his head (cranioscopy) and the bigger the bump, the brain geographer would conclude that the greater would be a specific intellectual trait.

Gall commenced his observations as a student. He thought that those who had a good memory for words had prominent eyes, hence the organ for this faculty must be situated above and behind the eye sockets.

Furthermore, the organs of different faculties were located only on the brain surface hence, whenever a certain organ was especially well developed the skull at that point was bulged out.

*See sex determination with the El. in the March, '21, Journal.

Modern Doctrine—Different sections of the brain participate in the different mental processes.

The brain is the seat of mental processes specified as volition and feeling; the former being the starting point in motor activity and the latter, the ultimate phase of sensory impressions.

When the latter functions of the brain were understood, some thought that the brain acted as a whole, others that different parts had different functions.

Now, localization of cerebral function is an accepted fact and that the surface of the brain (cortex) contains the highest cerebral centers. Two experimental methods are used for determining the function of any part of the brain: 1. Stimulation; 2. Extirpation.

In stimulation, an electric current is applied to a specific brain area and the resulting muscular movements of the body are observed. In extirpation, a piece of the brain is removed and the resulting paralysis, if any, is observed.

In Ehrlich's method of investigation a pigment, methylene blue, is injected into the blood of an anesthetized animal. The brain of the latter being inactive, it is blue in color. If, however, an area is stimulated, that part of the brain is put into action and it consumes the oxygen by its activity, thus reducing the pigment and causing the area in question to lose its blue tint. By the foregoing means the brain's surface has been mapped out into what are termed motor and sensory areas.

There has been no advancement made on the science of the mind and what little that has been accomplished on the latter subject is due to the investigations of the psychologist.

The methods of the latter are faulty; they are essentially introspective and are of little scientific value.

In Spencer's system of psychology, mental phenomena are defined in terms of matter and motion. That mind and brain are in a state of evolution and devolution, and do not possess the quality of permanence.

The contention of the phrenologist of the specific and unalterable nature of the various faculties possessed by the human is sustained by the writer.

In his book, "New Concepts," the writer has attempted to show objectively a new method for investigating cerebration, and his conclusions are essentially as follows:

1. The individual is originally endowed with specific and unalterable faculties and they are located at definite areas on the surface of the brain.

2. A man is originally what he is destined to be. The arrangement of the electrons making up his brain tissue is unalter-

able. This arrangement of electrons in chemistry is known as Allotropism. The diamond, amorphous carbon and graphite are identical in composition although showing different properties. Although red and white phosphorus are like elements, one is a poison and the other is innocuous.

3. The original composition of man corresponds to all things in nature; units of electric charges known as electrons. Like the elements, the arrangement of these electrons are definite and absolute, otherwise there would be no differentiation of matter and transmutation would have to be accepted as a reality.

My conception of original and special intellectual faculties correspond somewhat to the observations of Gall, differing from the latter, however, in the belief that they have a different localization and cannot be located by protuberances on the surface of the skull.

Electrobioscopy of the Faculties—My method heretofore pursued in locating the cerebral centers was by aid of human reflexes. The present method is new and has never before been published. Its very simplicity may militate against its acceptance.

The technique is essentially that described in the last number of this Journal.

The subject (grounded) faces the geographical west, with feet and hands separated from the body. A bald headed individual is better than one with much hair as an object for experimentation.

The hair must lie flat on the head and should the El. touch the hair, it must be recharged.

The location of the musical center suffices as an illustration for the location of the other centers. Suspend the El. so that the charged ball approximates the center in question. Not near enough to be attracted (as it would be to any neutral body) yet not far enough to resist attraction when the energy is released from the center.

The person is requested to think of some musical composition. As the intensity of this concept increases, a gradual attraction of the ball will be noted until it is attracted to an exact spot which indicates the location of the center.

With people who have no sense tone, the movements of the ball are unappreciable.

The musical genius will attract the ball at the very inception of the tone concept.

The following centers (Fig. 2)* have thus far been located and are usually bilateral:

*The numbers on the figures correspond with the numbers of the centers cited in the text.

1. **Musical Center**—About 6 cm. above top of ear on both sides.



(Fig. 2)

Electrobioscopy of the brain centers. The numbers on the figures correspond with the numbers of the centers cited in the text.

2. **Mathematical Center**—Draw a line 7 cm. up from the outer third of upper border of orbit of eye.
3. **Inventive Genius**—Center is on a line 4 cm. up from the anterior border of the ear.
4. **Mechanical Genius**—Center is on a line 4 cm. up from the top of the center of the ear.
5. **Visualization**—Center is on a line 7 cm. up from the tip of the mastoid process.
6. **Smell Sense**—Center is 2 cm. up from top of the center of the ear.
7. **Will Center***—Center is 12 cm. up from tip of mastoid process.
8. **Hate**—This center is 11 cm. up from top of ear.
9. **Sexual Center**—At the junction of 2 lines: one drawn from the posterior border of the mastoid process and the other from the top of the ear. The inhibitory center of passion is located a few centimeters back from the sexual center.
10. **Lying**—This center is located 6 cm. up on forehead from the bridge of nose. If a question is propounded to an individual and he answers truthfully, the ball will not be attracted.
11. **Concept of Murder**—This center is located on a line drawn backward from external canthus of eye and 7 cm. up.
12. **Concept of Theft**—This center is located on a straight line 7 cm. above external occipital protuberance.
13. **Concept of Forgery**—On a line 5 cm. up midway between the posterior border of the mastoid process and external occipital protuberance.
14. **Alcoholism**—At the external occipital protuberance.

*Telepathy may be demonstrated on the E.I. suspended from a stand and the movements are in proportion to the intensity of the will. Focusing the brain energy on the ball, it is repelled. In adverse willing (willing that the ball will not move), its movements are from one side to another.

THE GENIUS OF INTELLECTUALITY AND CRIMINALITY

Irrespective of the trend of mentality, genius is always an innate bent of mind for some special pursuit. If the anomaly of the average genius were relegated to his physical being, he would be exhibited as a freak in a museum.

A genius may be moral or immoral. In the former instance, we assign him to the intellectual and, in the latter instance, to the criminal class. Mental normality predicates cerebral health.

After investigating many geniuses of the intellectual and criminal classes, one may invariably find the reaction of syphilis (usually congenital) over specific brain areas. This observation is most important in its bearing on criminology.

The acts of the criminal vary according to the lodgment of the syphilitic virus, and the same may be said of the intellectual genius.

The activity of a center is commensurate with its irritability, which only means its aptitude to respond to a definite stimulus.

Irritability is provoked by a stimulus—an irritant.

What degree of irritation is necessary to engender a genius or a dement is a problem belonging to futurity.

Before tissue changes in the brain centers ensue, it is my firm conviction that the immoral genius may be rescued from his criminal tendencies. The intellectual genius, however, cannot be persuaded to be restored to normality if he regards his syphilis as a stimulus to achievement.

Special achievement in some particular line of thought is a mental aberration and constitutes a minor insanity.

Insanity however is only a symptom and predicates a basic condition. The latter being ignored by the alienist, makes the treatment of such cases conspicuous by the uniform results attained, viz., **Failure**. In the midst of this therapeutic chaos came Freud with his dualistic conception of human personality. Two natures within us were in mental conflict; the submerged ego, the theatre of the emotions and the conventional and law-abiding nature specified as conscience, which is essentially the mental censor. Superimposed on this theory was evolved his method of psychoanalysis which ignores a fundamental condition as a cause of the psycho-pathological mechanisms of a syphilitic brain.

REVIEWS

The Wassermann Reaction—Paul Ravaut, M. D. (Physician to the Broca Hospital, Paris).

This distinguished authority comments on the uncertainty of this reaction and refers to the familial dramas which have ensued in the name of a positive Wassermann. The belief in the reaction has become a veritable article of faith and it is dangerous to permit this blind confidence to sway the profession.

The following are his conclusions, which he feels justified in saying are in accord with numerous writers:

1. That a **Wassermann Reaction** is worth just as much as the signature which accompanies it.

2. That in a **known case** of syphilis a positive **Wassermann** is a confirmation of the presence of that disease. On the contrary, the reaction may be negative at the same time that the patient presents active cutaneous or visceral lesions; a negative reaction does not rule out syphilis.

It would be dangerous to permit it to play too great a role in the direction of treatment. The physician should endeavor to render the reaction negative and to keep it so; in cases of old syphilis it is sometimes impossible to change the **Wassermann**. A negative reaction by itself is not sufficient evidence for considering a patient as cured and suspending treatment.

3. In a suspected case of syphilis the **Wassermann Reaction** should be regarded as an important symptom, which when in accord with the other manifestations may contribute toward establishing a diagnosis of syphilis.

4. In one who presents neither antecedents nor signs of lues a positive reaction indicates a careful search for that disorder. This reaction may be positive outside of syphilis, and not having an absolute value does not alone authorize a diagnosis of syphilis.

Blood and Parentage—Dr. Jules Regnault (*Le Moniteur Médical*, March 22, 1921) refers to the sensation aroused in the scientific world by the announcement of Abrams, that, by the aid of his Oscillophore and other methods, he could by a few drops of blood determine parentage, nationality, sex and approximate age of the individual.

Those who look upon this as an American canard forget that medical are identical with the phenomena of physics. The discovery would have appeared less strange were it presented in a way to which we are accustomed; for instance, the blood of the child has the same serologic reaction or agglutinates like that of the father.

"The phenomena of Abrams are not only a question of homooscillations but of resonance. At the 'Congress of Surgery,'

(Paris, France) in 1919, I read a paper on the precocious diagnosis of cancer by the electronic reactions of Abrams."

Methods of Diagnosis—(Editorial, "The Medical Press and Circular," Jan. 26, 1921)—"Sir James Barr's experience tends to corroborate Dr. Abrams' findings. As regards the clinical value of blood examinations, I may remark that several years ago I expressed the opinion that all constitutional diseases are mirrored in the blood, and that, given the necessary knowledge, every such disease could be diagnosed by a blood examination. The future of pathology lies in the blood."

[In an esoteric study of the "Occult Significance of Blood," Steiner of Vienna refers to the covenant of Faust and Mephistopheles. The latter demands that the deed must be signed with the former's blood and observes, "Blood is a very special fluid." Goethe's version of the Faust legend and this passage in particular has many commentators. Professor Minor remarks that, "The devil is a foe to the blood" because it sustains and preserves life and the devil who is the enemy of the human race, must also be the enemy of the blood. The editor believes that the blood is coincidentally the stream of life and death and in it are mirrored all diseases. Knowing this, we may employ it either for weal or woe.

When disease invades the body, the struggle for supremacy is exercised by the defensive armament in the blood and to utilize this protective mechanism is the Utopian effort of beneficent medicine.—Editor.]

Similia—Leopoldo Hernandez Chavez, in a Thesis (Feb., 1921), refers to the work of Abrams who has demonstrated many truths of homeopathy and has thus given a renewed impetus to the doctrines of Hahnemann. Chavez expatiates on colors (Cromoterapia) and their vibratory action in disease.

The Doctor—A. T. Noe (Pacific Coast Jour. of Homeopathy, March, 1921)—"Today science has discovered many things that are necessary to the doctor in his daily work. One of the latest aids in the medical art that has been brought to our attention is the electronic method of diagnosing, and application of a vibratory rate to the similar rate of the disturbed vital force, which builds up in the tissues a diseased organism. In this new discovery in medical science a distinct forward movement has been made, as great in this day as homeopathy was in Hahnemann's day. For it is a new field in applying energy dynamically without using drugs. And it also enables us to find the vibratory rate of the disturbed vital force which produces the physical disease.

"We are also enabled by this method to select the similar energy electronically, and apply it, to correct the disturbance. This is all based upon physics or law of similars."

The American Association for Medico-Physical Research (Symposium on Cancer, Oct. 7, 8, 9, 1920)—In the discussion, Dr. P. S. Replogle (Champaign, Ill.) presented the following cases treated by the Oscilloclast:

1. Cancer of the pylorus and pylorotomy executed at the Mayo clinic. Later, vomiting, severe pains, loss in weight, etc. After the third treatment pains ceased and, after 14 treatments, she was well and continued so when I last saw her.

2. Cancer of the breast. After 3 weeks, there was no trace of a tumor.

3. Cancer of left breast with implication of the axillary glands. After the 4th treatment the tumor was reduced at least two-thirds. When I last saw her she was practically well.*

4. Cancer of uterus. Inoperable. Severe uterine hemorrhages. Electrode of Oscilloclast to cervix and hemorrhage ceased after second treatment. After 14 treatments the patient declared she was well. Another case of the same character was followed by equally good results.

5. Physician. Carcinoma of pylorus. Incessant vomiting and decided loss in weight. Absolute recovery.

At the same meeting Dr. J. W. King (Bradford, Pa.) demonstrated the "Electronic Reactions of Abrams." The following are a few extracts from this, as well as a subsequent paper contributed by Dr. King to a medical journal:

1. Our therapeutic structure is no greater than our diagnostic foundation. One of the greatest hospitals in this country with the cream of the profession on its staff, makes 57 mistakes out of 100 cases as shown by autopsies.

2. Syphilis has been properly called, "King of Destroyers." Chancre or syphilis is the god-father of chancroid. Syphilis is the warp and woof of chronic diseases. It is the father of all diseases.†

*Doctor J. R. Leadsworth of Los Angeles, California, reports the case of a patient with carcinoma of the right breast.

A radical operation had been performed followed by a second operation. Following the latter multitudinous growths reappeared in the cervical glands of the neck, and one in particular above the clavicle measured $1\frac{1}{2}$ inches long. Intensive X-ray treatment for a number of months resulted in no appreciable influence in the progress of the growths.

Treatment was commenced with the Oscilloclast every day for two weeks, and after this time three times a week. After the fourth treatment tumors began to decrease in size, until after five weeks treatment the growths were scarcely palpable.

Improvement was so marked that the radiologist who saw her could not account for the rapid reduction in the size of the tumors.

The patient is now apparently well.

Dr. C. L. Thudichum (Sebastopol) cites, woman 74 with an inoperable cancer stomach. Lost 25 lbs. Cured after 4 mos. Os. treatment. Later developed rectal stricture which was cured by using Os. with sound in rectum at cicatrical rate.

†[Recognition of syphilis as the substratum of many diseases is receiving rapid recognition. Thus A. W. Boslough, M. D. (Wisconsin) writes as follows: "Getting splendid results from your diagnoses. Never knew syphilis could appear in so many disguised forms." Take the following observation (Ghelfi Riforma Medica, Feb. 12, 1921): Three cases of Raynaud's disease with nothing to suggest syphilis and resisting ordinary methods. Prompt and complete recovery under specific treatment.—Editor.]

3. Syphilitic treatment is a failure. The British Med. Journal advised against the use of "Salvarsan" owing to its non-therapeutic value and dangers from its employment.

The Abrams treatment is efficient, sane and safe.

4. Through the correlation of the electrons and the "Reflexes of Abrams," a diagnostic method has been constructed second to none in the recognition of disease.

5. The old pathology is like classical medicine, making a diagnosis and awaiting the autopsy for its confirmation. It is tantamount to Oliver Wendell Holmes' "Stethoscope Songs":

"He shook his head; there's a grave disease,—
I greatly fear you all must die;
A slight post-mortem, if you please,
Surviving friends would gratify."

"I know of only two remedies, nux vomica and hope, and I am not sure of the former" (Osler).

Fallacy of Chiropractic—W. B. Secrest, M. D., "The Medical Summary," March, 1921—"The drugless cults are overrunning the country." The burden of their plaint is a subluxated vertebra and an "impinged nerve." Despite the falsity of their theory, they do some good and the author then proceeds with the following words why:

"It is possible, and not only possible, but it can be done and is being done, to contract, or dilate any organ in the body, to increase or decrease the blood supply to any organ in the body. These are known as the 'Reflexes of Abrams,' and, by the way, this physician is doing more for scientific medicine in his research work than any man in the profession, and is better known on the continent than he is in his own country. Then, this being so, and it is so, what the chiropractor does with his thrust is simply to produce a reflex. If he follows out his teachings, as taught by their schools, as to what a thrust on a certain vertebra does, and he does follow them out, it is evident to a thinking man, assuming the 'reflexes of Abrams' are true, and believe me, they are true as any one can demonstrate to his own satisfaction, they, the chiros, will produce promiscuous reflexes, and are just as likely to do harm as good.

"I will illustrate what I mean by citing one case. This happened Saturday night or rather Sunday morning. I was called about 2 A. M. to see a lady who was fighting an attack of bronchial asthma. I found her sitting up in a chair fighting for breath. In bronchial asthma, you know, the bronchial tubes are dilated, inspiration is easy, but expiration is prolonged and difficult, because the dilator fibers of the tubes are in control. Laying my finger on a certain vertebra, the lady says that is sore. I inquired what made it sore? She stated they had a chiropractor the night before, and

he had worked on that vertebra, and since then she had been much worse. Then I got it. This fellow had presumed, he did not know she had asthma of cardiac origin, and had worked on this vertebra, not knowing that while he was contracting the heart he was also dilating the lungs. I explained what the trouble was and who was responsible for her suffering. One chiro will get no more work there. To relieve her, I concussed over the fourth and fifth cervical, and she was easy in five minutes, and remained so for some hours. That day I was obliged to see her several times, using concussion and adrenalin hypodermically, and it took me thirty-six hours to thoroughly overcome the damage a chiro had done in five minutes. It is a good thing that you know something about chiropractic in order that you may inform your clientele just what harm these fellows do. Education is the only way and you must educate yourself in order that you may be able to educate the public. Herein lies safety, not only for yourself, but the public also." [It is a serious rebuke to medicine when an untutored soul can do what the scientific physician cannot do. There is something in addition to drugs in medical practice and the impulse to prescribe internally, externally and eternally must be inhibited.—Editor.]

SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY

California (Provincial)—Drs. D. McSwegan, W. W. Gamble, Klopfenstein, H. Meredith, W. F. Finney, A. T. Noe, C. D. Kingsley, G. A. Knox, M. Eastman, L. H. Butka, S. R. Langdon, J. Thompson, Schwartz, F. Bulpitt, A. E. Burchard, M. Wolf, P. L. Bares, J. R. Leadsworth, H. Scholtz, Thudichum, L. Sherman, W. Watts, L. L. Kerr, W. M. Kendall, C. C. Corbiere, H. Luschner.

Arkansas—Dr. C. F. Ellis.

Oregon—Drs. M. K. Van Alstyne, M. Akin.

Colorado—Drs. L. E. Siebbold, M. MacManus, G. R. Robinson.

Iowa—Drs. C. Conn, M. Hansen, McManis, M. Geiser.

Kansas—Dr. F. Plank.

Ohio—Dr. N. Rosewater.

Illinois—Drs. P. S. Replogle, S. Vella.

New York—Dr. F. Curtis.

Wisconsin—Drs. W. G. Doern, J. D. Sullivan.

Wyoming—Dr. L. Steel Brooke.

Canada—Dr. H. Becker.

France—Dr. F. S. Le Clercq.

Mexico—Dr. M. J. Woolf.

China—Dr. H. S. Huang.

Japan—Dr. A. Ezoni.

VISITORS**(Personal)**

Dr. J. W. King, Bradford, Pa., is expected to visit the laboratory about June 1, 1921. Dr. King is one of the best representatives of the ERA and his excellent work is the most exalted testimony of this fact.

Dr. F. Vasquez Gomez, for many years private physician to Diaz, former President of Mexico, will visit the laboratory prior to his return to Mexico.

Dr. F. S. Le Clercq, France (Chevalier de la Legion d'Honneur), former physician to Clemenceau, anticipates a long sojourn in California. He has done epoch-making work on metabolism in diabetes.

Dr. H. Becker, Toronto, Canada, is a prominent member of the Medical Council of Ontario.

Drs. H. Michener and C. S. Evans, Kansas, and Dr. M. Hansen, Iowa, will soon visit the laboratory.

Dr. Malcolm Douglas, New York, will accompany Frederick S. O'Brien, distinguished author of "White Shadows in the South Seas," where they go to study the ethnography of the South Seas. Dr. Douglas won special distinction during the late war.

Dr. C. Conn, distinguished surgeon of Sioux City, will practice a part of the year in Los Angeles.

Dr. H. Irvine, Austin, Texas, will visit the laboratory in August.

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.

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.

*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.

- 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.
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.
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 (2 machines).
J. A. Savignac, M. D., Ottawa, Can.
M. W. Livingston, M. D., Pittsburgh, Pa.
E. B. Crosby, M. D., Oriska, N. Dakota.
H. D. Schell, M. D., Hamilton, Ohio.
A. E. Persons, M. D., Buffalo, N. Y.
J. R. Leadsworth, M. D., Los Angeles, Cal. (2 machines).
A. W. Buell, M. D., Long Beach, Cal.
H. B. Coblentz, M. D., Washington, D. C. (2 machines).
H. C. Kehoe, M. D., Flemingsburg, Ky.
F. M. Cooper, M. D., Colorado Springs, Colo.
M. A. Sturm, M. D., New York, N. Y.
W. G. Doern, M. D., Milwaukee, Wis. (2 machines).

H. W. Fleck, M. D., Bridgeport, Conn. (2 machines).
B. L. Sanborn, M. D., San Francisco, Cal.
C. C. Waltenbough, M. D., Canton, Ohio.
J. F. Roemer, M. D., Waukegan, Ill.
E. B. Taylor, M. D., Huron, S. Dakota.
T. Kendrew, M. D., Indianapolis, Ind.
W. Watts, M. D., Portland, Ore.
E. C. Folkmar, M. D., Washington, D. C.
A. W. Boslough, M. D., Wausau, Wis.
H. D. MacKenzie, M. D., Auckland, New Zealand.
Sigmar Hilfer, M. D., West New York, N. J. (2 machines).
J. D. Sullivan, M. D., Kenosha, Wis. (2 machines).
H. L. McCubbin, M. D., Sacramento, Cal.
M. S. Hsu, M. D., Woosung, China.
Henry P. Fahrney, M. D., Frederick, Md.
H. M. de Danneville, M. D., New Zealand.
S. Rosenthal, M. D., Aberdeen, S. Dakota.
H. Gunderman, M. D., Monango, N. D.
Chinese Government.
F. M. Planck, M. D., Kansas City, Mo.
T. D. Bristol, M. D., Cleveland, Ohio.
C. Conn, M. D., Sioux City, Iowa (2 machines).
C. F. Ellis, M. D., Eureka Springs, Arkansas.
D. D. Hamilton, M. D., Raton, New Mexico.
D. E. Murray, M. D., Roanoke, Ind.
F. V. Gomez, M. D., Mexico City.
C. E. Cole, M. D., Prairie Du Chien, Wis.
M. McManus, M. D., Denver, Colo.
D. McSwiegan, M. D., San Diego, Cal.
H. S. Huang, M. D., Amoy, China.
L. H. Butka, M. D., St. Helena, Cal.
J. C. Anthony, M. D., San Francisco, Cal.
O. M. Hayward, M. D., Chattanooga, Tenn.
P. G. Smoot, M. D., Maysville, Ky.
W. A. Hanor, M. D., Corning, N. Y.
H. R. Goshen, M. D., Bronson, Kas.
J. E. Johnston, M. D., Pittsburgh, Pa.
J. R. Mitchell, M. D., Washburn, Wis.
H. Becker, M. D., Toronto, Canada.
O. O. Sink, M. D., Smithfield, Ohio.
M. J. Wolf, M. D., San Francisco.
Cora Smith King, M. D., Washington, D. C.
C. M. Moffatt, M. D., Shenandoah, Iowa.
P. Livingstone Barnes, M. D., Los Angeles, Cal.
C. M. Cooper, M. D., Bellevue, Ohio.
W. H. Dower, M. D., Halcyon, Cal.
L. S. Brooke, M. D., San Francisco, Cal.

2185 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 infallible. 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-\$100.00

(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

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

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

To Whom it may concern:
This is to certify that
Dr. Albert Abrams has examined ^{for me} by
his new method one hundred Sig-
ficant cases, great as was the purpose
to me in many instances in practically
all cases his judgment was later
demonstrated to be correct and in no instance
was he found to be in error.
H. E. MacDonald M.D.

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

Very sincerely,

W. R. Scroggs M.D.

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

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

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

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

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

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

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

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

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

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-2-

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. The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

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

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-3-

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 Abram'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. M. Roe

Diseases Diagnosed by an Examination of Dried Blood

Acidosis
Adrenal Sufficiency
Amebiasis
Collsepsis
Carcinoma
Cholelithiasis
Chorea
Diabetes
Diphtheria
Epilepsy
Gonococcic Infection
Gout
Hookworm
Hyperpituitarism
Hyperthyroidism
Influenza
Insanity
Paranoia
Dementia Precox

Acute Mania
Dipsomania
Chronic Dementia
Leprosy
Malaria
Measles
Menstruation
Meningococcic infection
Neurasthenia
Paralysis Agitans
Parathyroid
Insufficiency
Paratyphus
Pneumococcic infection
Psychasthenia
Pregnancy (prediction of sex)

Paresis
Pollomyelitis
Rheumatoid Arthritis
(Variety)
Sarcoma
Scarlatina
Straphylococcic Infection
Streptococcic Infection
Syphilis (differentiation of congenital and acquired, and specific strain).
Tetanus
Typhoid
Tuberculosis
(Varieties)

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

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

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

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.”

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