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Physico-Clinical Medicine

A Quarterly Journal devoted to the study of the Electronic Reactions of Abrams and the Visceral Reflexes of Abrams, in the diagnosis, treatment and pathology of disease.

Vol. 2

JUNE, 1918

No. 4

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

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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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THE ELECTRONIC REACTIONS OF ABRAMS IN THE INTERPRETATION OF SYPHILIS

The modern renaissance of syphilis embraces the following: ability to transmit the disease to monkeys, the discovery of the *treponema pallidum*, the Wassermann test and the discovery of Salvarsan. The final chapter of syphilology is incomplete and the electronic reactions show us the necessity of revising our knowledge of a disease which is practically the basis of general pathology.

Since the advent of the Wassermann test, the latter fact is receiving recognition but unfortunately this test has alternately been lauded and condemned. One of the most serious and almost tragic arraignment suffered by this test emanates from the recent report of Symmes and others (*Journal of the A. M. A.*, Feb. 2, 1918) based on nearly 100,000 reactions which demonstrated that it was *negative* in from 31 to 56 *per cent.* of cases and *positive*, in at least 30 *per cent.* of cases in which syphilis could be positively excluded.

The lapse of time and the therapeutic results prove the reliability of the *ELECTRONIC TESTS*. Elsewhere in this *Journal* will be found the report of Dr. Caesar, proving the accuracy of these tests. This report is a decided triumph in diagnostic medicine.

The electronic tests enable the following diagnoses to be made:
 1. Whether the syphilis is congenital or acquired; 2. What tissues are invaded (strains) or likely to be implicated; 3. The severity of the syphilis (measured mathematically); thus indicating whether treatment is to be moderate, vigorous or suspended temporarily.

SYPHILIS MAY SLEEP BUT IT NEVER DIES

Despite treatment or duration of the disease, the reaction is never absent.

WE MAY NOT BE CIVILIZED BUT WE ARE ALL SYPHILIZED

When the voltage of the radioactive energy of the blood of any individual is augmented about 1300 *per cent.* by an induction coil, the reaction of congenital syphilis* is always elicited.

Measured without increasing the voltage of the energy the ubiquity of congenital syphilis is nevertheless appalling. An analysis of 1000 specimens of blood forwarded to my laboratory shows the reaction of congenital syphilis in about 45 *per cent.* of the specimens in contrast with only 18 *per cent.* of the acquired form of the disease.

SYPHILIS IS THE FUNDAMENT OF PATHOLOGY

Valetudinarianism parades in the guise of a motley group of technicalities but despite our pseudo-erudition, the patient clamors for relief. No one can be a hypochondriac at pleasure and the sufferer can only regard hell as a place where immortality is conferred on the nervous system. Many of these sufferers for whom at one time I could do nothing yielded to antisyphilitic treatment. Repeated electronic tests in these cases show that the exacerbation of symptoms are due to a luetic toxinosis and that, coincident with the development of antibodies, there is a temporary abatement of the symptoms. The usual depositories for the luetic and other toxins are the spleen and liver and I have shown elsewhere* how emotions and other factors by precipitating volume changes in the spleen may paroxysmally eliminate the virus into the blood and thus cause symptoms.

The localization in the spleen of the toxins of different infections which is practically a "dead corner" and resists drug action demands daily elicitation of the splenic reflex*, a valuable adjunct in syphilotherapy. The use of intraspinal and even intracranial injections of specifics based on the supposition that the permeability of the meninges and choroid plexus are impaired is wrong. Salvarsan and Mercury even though not given parenterally may be demonstrated electronically from the spine in a few minutes. Bacteria are complex proteins and infection by them is practically a *mixed infection*. The accepted specifics do subdue one component of the infection but no

*A reaction of tuberculosis is likewise elicited thus justifying the aphorism; "*Jedermann hat am Ende ein Bischen Tuberkulose.*"

**Medical Record*, Oct. 6, 1917, and *Reference Handbook of the Medical Sciences*, Vol. VII, 3rd Edition.

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

consideration is accorded to the component constituting the nerve strain hence the relative inefficiency of treatment in syphilis of the nervous system.

My observations show that drugs while potent in strains of the nervous system in one individual are without action in another. Owing to variations of type of strains of bacteria modified by tissue reactions of individuals immunity must necessarily vary.

We know practically nothing about syphilis immunity and are equally ignorant concerning the systemic reactions incident to infection with the *Spirocheta pallida*. In explaining the phenomena I have observed, I am justified like the scientifically destitute, in appealing to anaphylaxis. If we are all congenital syphilitics, I may be permitted to employ the neologisms, anaphylactics to those who react and antianaphylactics, to those who do not.

SYNCHRONISM OF CONGENTIAL AND ACQUIRED SYPHILIS

Immunology shows that immunity produced by an infection is not absolute but only relative and may be overcome by a more virulent form of the same infection. In the norm, the potentiality of the reactions in congenital syphilis are equal but when they are not and this is not infrequent, one may conclude that the acquired virus is superimposed on the congenital intoxication.

THERAPEUTIC DESTITUTION

The "*therapia magna sterilisma*", was a beautiful though unrealized dream. "The diseases of which we know the least pathology are the diseases which we treat successfully." Many of our most potent drugs have been inherited from the therapeutic acumen of our medical ancestors. There are three known specifics for syphilis, mercury, arsenic and iodine. The Chinese as far back as 2637 B. C., according to Buret, used mercury for syphilis and despite the newer arsenical preparations, it is still preeminently the true specific. I have investigated many of the empirical remedies used in syphilis but now discarded which in action exceed in efficacy the arsenical preparations.

There are definite *strains* of spirochetes whose toxins possess an affinity for definite tissues. Bacterial localization emphasizes the fact that there must be a great variety of species or subspecies among the spirochetes and that elective localization of lesions is dominated by this fact. Bacteria though simple in a morphological sense are in a chemical sense as complicated in structure as the tissues of higher plants and animals.

The electronic tests enable one to determine the strains of spirochetes and the writer has correctly predicted* Dementia paralytica in three luetics. When one measures the potentiality of the strains in syphilis, one notes that after treatment, while the general reaction may be reduced to the quiescent state (2-25 of an ohm), the strain may measure, 2 ohms or more*. For instance, stomach syphilis is

*ABRAMS.—*International Clinics*. Vol. 1., 27th series, 1917.

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

very frequent and the symptoms persist despite treatment. Mensuration of the energy will show a diminution of the general syphilitic reactions but the digestive strain remains high. By my method of electronotherapy which is described elsewhere, one finds that the digestive strain reaction evanesces by aid of the radiant energy of *condurango* and that the use of this remedy will soon ameliorate the symptoms. This drug was once lauded as a specific for cancer of the stomach and discarded. It is now understandable that the so-called cases of cancer were cases of syphilis of the stomach.

It has been determined empirically that certain salts of mercury are more efficacious than others. I can now understand the reason. Thus in congenital syphilis, there are three reactions evocable by the electronic test. The general reaction equally peculiar to the acquired and congenital forms is subdued electronotherapeutically by mercury and arsenical preparations but the congenital reaction is only dissipated by iodine or a salt of mercury containing it†

ELECTRONOTHERAPY

The electronic reactions aid us in the interpretation of medicamentous action and my observations seem to prove the verity of the law of similars. This law is capable of more ready demonstration by means of the areas of dulness in splanchnodiagnosis. Briefly, the latter fact may be shown as follows: If one conveys the energy of disease for which we possess specific drugs—diseases like syphilis and malaria, to the area for evoking the dull areas of the abdomen peculiar to such diseases, one finds that the energy of mercury and quinin similarly conducted will evoke like areas. If we have evoked the dull area of syphilis and later the energy of mercury (metallic) is conveyed the dull area peculiar to syphilis is at once dissipated. A similar phenomenon of evanescent dulness ensues when quinin energy is conveyed to the area of dulness elicited by the energy of malaria.

It is an accepted law that, bodies out of harmony with the tissues are either not absorbed or changed before absorption.

Pharmacodynamics seems thus to be identified with what I have neologized as *homovibrations*.

From my investigations, I am constrained to conclude that drugs of dissimilar vibrations (heterovibrations) are without remedial value. When drugs will be employed with relation to the vibratory rate of disease, we shall have an Utopian pharmacognosy which I shall anticipate by designating it as *oscillatotherapy*.

Let us seek a physical explanation for the facts observed by the writer, *viz.*, that the specifics employed therapeutically have the same vibratory rate as the diseases themselves.

The manner in which a disease can be destroyed by a substance having the same vibratory rate as the disease itself can best be understood from the physical analogy of resonance.

Every object has a certain natural period of vibration. If we approach an object with a source of vibration of the same vibratory rate as itself, the object will be set in vibration. This forced vibration of the object may attain such magnitude as to fracture and utterly destroy it. It is a trick of Caruso to take a wine glass and by tapping it determine its tone (vibratory rate), and then by singing that tone

†**Cypridol**, used intramuscularly, is non-irritant. It is a 1 per cent. solution of mercuric iodide in oil and is admirably adapted for this object.

into the glass, to shatter it. This is exactly what happens when you impose on a disease its own vibratory rate. Another instance of destructive resonance occurred in the early years of the 19th century. A troop of cavalry were marching over a new suspension bridge at Manchester, the time of the marching feet happening to be the same as the natural vibratory rate of the bridge. The bridge was set in vibration, the vibration got larger and larger, and the whole structure finally collapsed with great loss of life. Ever since then it has been the rule when either foot or cavalry cross a bridge, that they must break step. Many other historical examples can be given. For example the well known story of Hughes, the inventor of the microphone. At the Paris fair a new telephone transmitter was on exhibit, and as often happens, it refused to work. Edison, Siemens and all the rest failed to make it operate, when Hughes suggested that inasmuch as it was an English telephone it would not work until the name of a great Englishman was spoken into it. Thereupon Hughes spoke the word Faraday into the phone and surely enough, it responded.

The trick was that Hughes had tapped the diaphragm and determined its natural period of vibration and then spoke or rather sang, the word Faraday in that tune. Of course the telephone instantly resonated and reproduced the word.

Drugs unquestionably act by virtue of their radioactivity. It is an established fact that when we stimulate the 7th cervical spine in spondylotherapy, one may cause a retraction of the ventricles of the heart; this is the heart reflex of Abrams. If the energy from the left heart ventricle is conveyed to the depressor nerve (splanchno-diagnosis), a specific area of dulness can invariably be elicited on the abdomen. If the energy emanating from an opened bottle of digitalis infusion be conveyed to the depressor nerve, a like area of dulness (left ventricle only) ensues. This fact demonstrates that the cardio-tonic action of digitalis is limited to the left ventricle. Take the same bottle of digitalis and permit it to act on the region of the 7th cervical spine and note the following effect: percussion shows that the left ventricle of the heart has receded (heart reflex). *i. e.*, when compared with the delimitation of the ventricle before executing the test.

POLARITHERAPY

The electronic tests show that morbid tissues are endowed with a definite polarity. Thus, cancer yields a positive, tuberculosis, a neutral and gonorrhoea, a negative and positive polarity. Polaritherapy seeks to influence disease by a polar modification of the soil and the therapeutic results justify the procedure. Our therapeutic methods must be computed in chemico-physical terms. The pathogenicity of a bacterium is in direct ratio to its ability to propagate in the animal body. Polaritherapy is the scientific application of radiant energy employed in the treatment of disease and not its indiscriminate employment with neither rhyme nor reason. Thus radium has positive (*alpha*), negative (*beta*) and neutral (*gamma*) rays. The *alpha* rays are feebly penetrating (absorbed by a single sheet of paper) and constitute over 95 per cent. of the energy evolved from radioactive substances. The foregoing demonstrates the inefficiency of radium in neoplasms below the surface and the preponderance of positive rays only serve to contribute to the growth of a carcinoma which also yields a positive energy.

All drugs are radioactive and possess a specific polarity. In the treatment of cancer, marvelous results have been achieved by others and myself with *eosin*. This drug has a much greater potentiality than radium and a neutral polarity. It is equally efficacious in gonorrhoeal rheumatism (painting the implicated joints) by neutralizing the positive and negative soil of the disease.

Incipient tuberculosis without complications yields quickly to gamboge. Painted on the chest in incipient tuberculosis, it is practically a specific and a symptomatic cure may be achieved in several weeks. Gamboge or eosin is used as follows: A thin paste is made with alcohol and the parts painted two or three times a week. After drying, the painted part is covered with some non-conductor to concentrate the action of the radioactive mixture. For the latter purpose, silk or a silk shirt or undergarment of the same material may be used.

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

BY W. J. CAESAR, M. D.

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

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

This report is an unequivocal demonstration of the fact that the *ELECTRONIC REACTIONS OF ABRAMS* were absolutely correct in 186 instances among 192 specimens of blood submitted for examination (3 very small specimens were not examined, making 189 actually examined.) The specimens

were submitted by physicians of the hospital, including the pathologist under rigorous conditions, with the object of eliminating any previous knowledge on the part of the executant relative to the disease or the patient from whom the blood was derived.

Report of blood samples examined by the use of electronic reactions of Abrams. These tests were made by Dr. W. J. Caesar, March 6th, at the Stockton State Hospital.

No.	State Hospital Diagnosis	Electronic Diagnosis
1	Syphilis	Syphilis
2	Tuberculosis	Tuberculosis
3	Negative	Negative
4	Syphilis	Syphilis
5	Tuberculosis	Tuberculosis. Syphilis, Trace
6	Syphilis	Syphilis
7	Tuberculosis	Tuberculosis
8	Syphilis	Poor specimen. No test made
9	Tuberculosis	Tuberculosis
10	Negative	Syphilis. Tuberculosis, Trace
11	Syphilis	Syphilis
12	Tuberculosis	Tuberculosis
13	Tuberculosis	Tuberculosis. Syphilis, Trace
14	Syphilis	Syphilis
15	Negative	Negative
16	Syphilis	Syphilis
17	Negative	Negative
18	Tuberculosis	Tuberculosis
19	Tuberculosis	Tuberculosis
20	Tuberculosis	Tuberculosis. Syphilis, Trace
21	Syphilis	Poor specimen. No test made
22	Negative	Negative
23	Tuberculosis	Tuberculosis
24	Tuberculosis	Tuberculosis
25	Tuberculosis	Tuberculosis
26	Syphilis	Syphilis
27	Negative	Negative
28	Syphilis	Syphilis
29	Tuberculosis	Tuberculosis
30	Tuberculosis	Tuberculosis
31	Negative	Tuberculosis, Trace
32	Tuberculosis	Tuberculosis. Syphilis, Trace
33	Syphilis	Syphilis

No.	State Hospital Diagnosis	Electronic Diagnosis
34	Tuberculosis	Tuberculosis. Syphilis, Trace
35	Syphilis	Syphilis
36	Tuberculosis	Tuberculosis
37	Tuberculosis	Tuberculosis
38	Negative	Negative
39	Cancer	Cancer. Syphilis, Trace
40	Tuberculosis	Tuberculosis
41	Negative	Negative
42	Cancer	Cancer
43	Syphilis	Syphilis
44	Mixed Infection Syph., T. B., Cancer	Syphilis, Cancer, Tuberculosis
45	Tuberculosis	Tuberculosis
46	Negative	Negative
47	Tuberculosis	Tuberculosis
48	Syphilis	Syphilis
49	Syphilis	Syphilis
50	Mixed Infection Syph., and T. B.	Syphilis, Tuberculosis
51	Syphilis	Syphilis
52	Tuberculosis	Tuberculosis
53	Negative	Negative
54	Syphilis	Syphilis
55	Cancer	Cancer
56	Syphilis	Syphilis
57	Tuberculosis	Tuberculosis
58	Syphilis	Syphilis
59	Negative	Negative
60	Syphilis	Syphilis
61	Mixed Infection Syph. and T. B.	Syphilis, Tuberculosis
62	Syphilis	Syphilis
63	Cancer	Cancer
64	Mixed Infection Syph, T. B., Cancer	Syphilis, Cancer, Tuberculosis
65	Mixed Infection Syph. and T. B.	Syphilis, Tuberculosis
66	Syphilis	Syphilis
67	Syphilis	Syphilis
68	Cancer	Cancer
69	Mixed Infection T. B., Cancer, Syph	Tuberculosis, Cancer, Syphilis

No.	State Hospital Diagnosis	Electronic Diagnosis
70	Syphilis	Syphilis
71	Syphilis	Poor Specimen. No test made
72	Syphilis	Syphilis
73	Cancer	Syphilis
74	Syphilis	Syphilis
75	Syphilis	Syphilis
76	Syphilis	Syphilis
77	Syphilis	Syphilis
78	Syphilis	Syphilis
79	Tuberculosis	Tuberculosis. Syphilis, Trace
80	Tuberculosis	Tuberculosis. Syphilis, Trace
81	Tuberculosis	Tuberculosis
82	Syphilis	Syphilis
83	Syphilis	Syphilis
84	Syphilis	Syphilis
85	Syphilis	Syphilis
86	Tuberculosis	Tuberculosis Syphilis, Trace
87	Tuberculosis	Tuberculosis Syphilis, Trace
88	Syphilis	Syphilis
89	Syphilis	Syphilis
90	Tuberculosis	Tuberculosis
91	Syphilis	Syphilis
91	Syphilis	Syphilis
92	Syphilis	Syphilis
93	Syphilis	Syphilis
94	Syphilis	Syphilis
95	Syphilis	Syphilis
96	Tuberculosis	Tuberculosis
97	Tuberculosis	Tuberculosis
98	Tuberculosis	Tuberculosis
99	Syphilis	Syphilis
100	Syphilis	Syphilis
101	Syphilis	Syphilis
102	Tuberculosis	Tuberculosis
103	Tuberculosis	Tuberculosis. Syphilis, Trace.
104	Syphilis	Syphilis
105	Syphilis	Syphilis
106	Tuberculosis	Tuberculosis
107	Tuberculosis	Tuberculosis. Syphilis, Trace.
108	Tuberculosis	Tuberculosis
109	Syphilis	Syphilis
110	Syphilis	Syphilis

No.	State Hospital Diagnosis	Electronic Diagnosis
111	Syphilis	Syphilis
112	Syphilis	Syphilis
113	Syphilis	Syphilis
114	Tuberculosis	Tuberculosis. Syphilis, Trace.
115	Tuberculosis	Tuberculosis
116	Tuberculosis	Tuberculosis
117	Syphilis	Syphilis
118	Syphilis	Syphilis
119	Tuberculosis	Tuberculosis
120	Tuerculosis	Tuberculosis
121	Syphilis	Syphilis
122	Syphilis	Syphilis
123	Tuberculosis	Tuberculosis
124	Syphilis	Syphilis
125	Syphilis	Syphilis
126	Tuberculosis	Tuberculosis
127	Syphilis	Syphilis
128	Syphilis	Syphilis
129	Syphilis	Syphilis
130	Tuberculosis	Tuberculosis. Syphilis, Trace.
131	Tuberculosis	Tuberculosis
132	Syphilis	Syphilis
133	Syphilis	Syphilis
134	Syphilis	Syphilis
135	Tuberculosis	Tuberculosis
136	Tuberculosis	Tuberculosis
137	Tuberculosis	Tuberculosis
138	Syphilis	Syphilis
139	Syphilis	Syphilis
140	Syphilis	Syphilis
141	Tuberculosis	Tuberculosis
142	Syphilis	Syphilis
143	Syphilis	Syphilis
144	Syphilis	Syphilis
145	Syphilis	Syphilis
146	Syphilis	Syphilis
147	Syphilis	Syphilis
148	Tuberculosis	Tuberculosis
149	Syphilis	Syphilis
150	Syphilis	Syphilis
151	Syphilis	Syphilis
152	Syphilis	Syphilis

No.	State Hospital Diagnosis	Electronic Diagnosis
153	Syphilis	Syphilis
154	Syphilis	Syphilis
155	Syphilis	Syphilis
156	Syphilis	Syphilis
157	Syphilis	Syphilis
158	Syphilis	Syphilis
159	Syphilis	Syphilis
160	Syphilis	Syphilis
161	Syphilis	Syphilis
162	Syphilis	Syphilis
163	Syphilis	Syphilis
164	Syphilis	Syphilis
165	Syphilis	Syphilis
166	Syphilis	Syphilis
167	Syphilis	Syphilis
168	Syphilis	Syphilis
169	Syphilis	Syphilis
170	Syphilis	Syphilis
171	Syphilis	Syphilis
172	Syphilis	Syphilis
173	Syphilis	Syphilis
174	Syphilis	Syphilis
175	Syphilis	Syphilis
176	Syphilis	Syphilis
177	Syphilis	Syphilis
178	Syphilis	Syphilis
179	Syphilis	Syphilis
180	Syphilis	Syphilis
181	Syphilis	Syphilis
182	Syphilis	Syphilis
183	Syphilis	Syphilis
184	Syphilis	Syphilis
185	Syphilis	Syphilis
186	Syphilis	Syphilis
187	Syphilis	Syphilis
188	Syphilis	Syphilis
189	Syphilis	Syphilis
190	Syphilis	Syphilis
191	Syphilis	Syphilis
192	Syphilis	Syphilis

*SYMPTOMATIC ATELECTASIS.**

BY ALBERT ABRAMS, A.M., M.D., LL.D.,
SAN FRANCISCO, CAL.

Physicians unskilled in percussion associate impaired lung resonance with gross changes in the physical structure of the lungs, and fail to recognize changes in pitch before alterations in the quality of the percussion sound.

The writer's experience with physicians and students constrains him to conclude that errors are most frequent owing to the non-recognition of differences in the percussion note rather than inability to elicit them.

Instrumental is easier than finger percussion, although less reliable. In finger-finger percussion one can appreciate the resistance of tissues percussed (plessesthesia) and adapt the finger to irregularities of the superficies.

To thoroughly appreciate changes in resonance, light percussion is indicated, insomuch as it is a recognized law of sense perception that the less loud the initial sound the simpler it is to recognize its variations; and furthermore, a heavy blow dulls the sensibility of the finger tips.

Lung Reflexes of Abrams.—The lung reflexes¹ (contraction and dilatation) account for many modifications in lung resonance. If the lung reflex of contraction predominates, impaired resonance or dullness ensues, and if the lung reflex of dilatation predominates there is hyperresonance.

In England, Auld and Sir James Barr, and in Italy, Plessi, direct attention to the differentiation of atelectasis and consolidation of the lung; in atelectasis, irritation of the skin contiguous to the affected area will convert the dullness into resonance, whereas if the dullness is due to a consolidation, elicitation of the lung reflex of dilatation will not influence the dullness.

In *x*-ray examinations of the lungs, an area of opacity due to atelectasis may be mistaken for consolidation; elicitation of the lung reflex of dilatation immediately clears the opacity in atelectasis, but has no influence on the shadow due to consolidation.

Cesare Minerbi of Ferrara, Italy, regards the absence of the lung reflex of dilatation posteriorly as one of the earliest and most trustworthy signs of pulmonary tuberculosis. This

*Reprinted from the "Medical Record", Feb. 16, 1918.

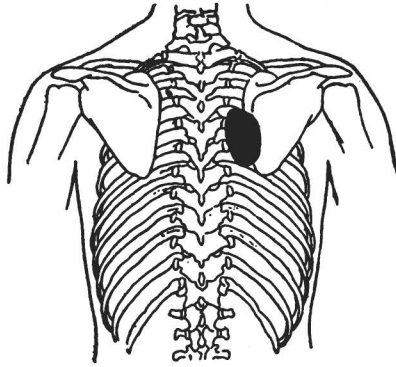


FIG. 33.—Pulmo-diagnostic reaction in congenital and acquired syphilis. The area of dulness measures approximately 4x4 cm. The location is defined with arms hanging. During percussion, the subject places his right hand on the left shoulder.

conclusion was based on a study of 300 cases and 14 autopsies.

Pulmonary Atelectasis.—The writer has frequently directed attention in the literature² to areas of lung collapse or atelectatic zones. Not infrequently the apex of the lung in its entirety may be atelectatic, and for this reason alone some individuals have been pronounced phthisical by physicians who

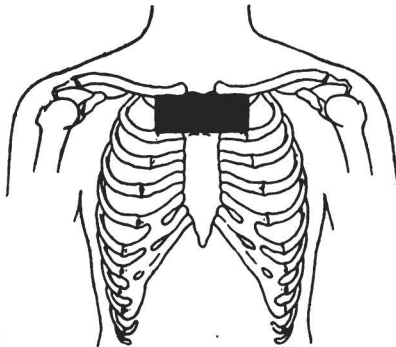


FIG. 34.—Pulmo-diagnostic reaction in congenital syphilis. This area of impaired resonance is present in addition to the area demonstrable in Fig. 33.

fail to recognize lung atelectasis when detected by percussion or seen at an *x*-ray examination.

The writer has heretofore attributed these atelectatic areas to defective chest expansion, but he has adequate reason of late to ascribe their presence in part to another factor. A consideration of the latter factor is the essential object of this contribution.

Symptomatic Atelectasis.—Areas of impaired lung resonance are demonstrable over definite regions of the chest in various diseases not autochthonous to the lungs.

We shall be carried too far afield if consideration is given to more than one disease, and, as a paradigm, syphilis is selected.

It is a simple matter for the physician to demonstrate the following observation, but he must faithfully observe all the exactions necessary in executing the test. Select any individual who is known to have syphilis (congenital or acquired). Irrespective of treatment or duration of the disease, the sign is invariably present. Have the patient face the west. This refers to the geographical west, and the body of the patient must be parallel with the earth's axis.* Any deviation from this position will dissipate the area of impaired resonance.

On percussion, one may detect an area of impaired resonance or dullness (Fig. 33) in the right interscapular region, which is most accentuated at the vertebral border of the scapula. If now the patient is turned either to the north or south, resonance will at once supplant dullness, and the latter reappears on resumption of the original position.

If the lung area in question is carefully auscultated, first in the modified position and then in the original position, bronchovesicular respiration and subcrepitant rales not detectible in the modified position will be heard in the original position. Allow at least one minute for the auscultatory changes to ensue.

The intensity of the dullness will be in direct proportion to the virulency of the disease.

In congenital syphilis, in addition to the area of dullness in the back (Fig. 33) there will be found an area of impaired resonance at the *manubrium sterni* and area contiguous to it (Fig. 34). The latter is likewise modified by the posture cited.

*The patient stands on a plate of aluminum which is connected by a wire to a faucet, radiator, or gas or electric fixture. This grounding is absolutely necessary.

For more detailed information bearing on this and cognate subjects the reader is referred elsewhere.³

Explanatory.—The hypothesis of vitalism and the cell theory are anachronisms. The cell doctrine should be replaced by the electron theory.



FIG. 35.—Area of pallor or flushing in a syphilitic, superinduced by grounding the vasodilator or vasoconstrictor center in the cord. The area represents a streak slightly above the lower border of the lobulus of the auricle.

Vital phenomena are dynamic, and the actions of organisms should be regarded as processes and not as structures.

The ultimate atomic divisibility of matter is represented by the electron and not the cell.

Every phenomenon in nature is dependent upon matter in motion or vibration, and energy is employed to designate the modes of motion in the universe.

The laws of physical science are universal, and apply equally to all things in nature.

The sun's radiations, with a short wave length are perceived by the eye as light; and the long waves, unperceived by the retina, and acting on the receptors of the skin, are called heat.

All matter responds to stimuli.

Color is determined entirely by the number of waves emitted by a luminous body in a second of time.

When the optic nerve synchronously perceives a variety

of colors there must be analyzers in the nervous system, or specific fibers in this nerve which are natural detectors always attuned to definite vibratory rates.

Symptoms are reflexes provoked by energy acting on definite centers.

When the fifth cervical segment of the cord (bronchoconstrictor center) is stimulated experimentally a contraction of the lungs ensues (total atelectasis).

Auld, in the *Lancet*, Oct. 7, 1903, in commenting on the lung reflexes of Abrams, observes that Roy and Brown, and later Dixon and Brodie, conclusively established the presence of bronchodilator and bronchoconstrictor fibers in the vagus. "But it undoubtedly stands to the credit of Abrams to have proved at least seven years since, by a simple clinical observation, that the vagus must contain bronchodilator as well as bronchoconstrictor fibers."

Disease, like color, or any other phenomenon, is a question of vibratory rate.

The *Spirocheta pallida*, or the toxinosis resulting therefrom, acting on definite fibers of the bronchoconstrictor nerves, will produce an area of dullness only in a definite lung region.

The localized hectic flush is an analogous condition; the toxins acting only on specific vasomotor fibers. The latter condition may be reproduced artificially, as the writer has shown elsewhere.⁴

In syphilis this specific action on definite vasomotor fibers may be noted as follows: The syphilitic stands on the ground plate, facing west. Fix an electrode connected with a conducting cord to the area between the third and fourth dorsal spines, and note a pallor within 10 seconds in the area designated in Fig. 35 when the end of the cord touches the ground plate. Flushing in the same area occurs when the electrode is fixed at the first dorsal spine. Observations must be made with subdued light. It appears to the writer—and in announcing this observation he seeks the cooperation of others before a final conclusion can be formulated—that in congenital syphilis, in addition to the area cited, there is an additional area of pallor or flushing limited to the antitragus.

The rationale of the foregoing maneuver may be found explained elsewhere.⁵

Relative to the influence of posture on the area of dullness, we must regard our earth as a gigantic magnet with poles. It is generally accepted—although the reverse may be true—that out of the earth's north magnetic pole in the Southern

Hemisphere a stream of magnetic flux emerges which traverses the atmosphere until it attains the earth's south magnetic pole in the Northern Hemisphere.

All energy shows polarity. The syphilitic energy is neutral, and when the body of the syphilitic subject is turned either to the north or south the magnetic flux emerging from the north and re-entering at the south pole, or *vice versa*, suffices to account for postural polarity.

Addenda. 1. The dull lung area may be accentuated⁶ by firm pressure on the metasternum with the hand.

2. Modifications in the epicritic (hyperalgesia) and notably the protopathic sensibility (hypesthesia) strictly limited to dull area may be demonstrated.*

3. Paravertebral tenderness is demonstrable at the 5th and 6th cervical spines on the right side. Like the dullness, this is modified by posture although a longer interval of time is necessary.

4. With a stethoscope fixed in the center of the dull area the inaudible strokes on the skin with a small camel's hair brush become audible when the limits of the dullness are attained.†

The writer's galvanometric method of delimiting the dullness will be described in a later communication.

*A Spinal segment has also a motor component and the latter is similarly stimulated by the toxinoses, hence the muscular rigidity demonstrable in the region of the dull lung area. Spraying the back with starch powder and then blowing it off shows caking in the specified area.

†My modified method may be executed as follows: tap the right spine of the scapula by uniform blows at the same time approaching the dull area with the stethoscope. When the confines of the area are attained the transmitted tapping will become practically inaudible.

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*THE STIGMATA OF ABRAMS IN HEREDITARY SYPHILIS**

BY ALBERT ABRAMS, A.M., M.D., LL.D.,
SAN FRANCISCO, CAL.

My contributions to the "Medical Record"† have engendered so much correspondence on the part of physicians desirous of learning more concerning the "Electronic Reactions of Abrams", that the writer is prompted to place on record, several new signs heretofore unrecorded which are frequently encountered in hereditary syphilis.

Electronic Reactions.‡—Sufficient evidence has accumulated warranting the assumption that these reactions may be accepted as diagnostic of syphilis and to enable the *cognoscenti* to differentiate hereditary from acquired syphilis. Geo. O. Jarvis,‡ found the electronic test of Abrams positive in nearly 100 per cent. of syphilitic affections hereditary or acquired and he comments as follows: "In the diagnosis of syphilis, the Wassermann reactions were not positive in every case in which the electronic tests showed the presence of syphilis and in which the clinical history and therapeutic results showed beyond reasonable doubt that the Wassermann reaction was at fault".

W. J. Caesar's published report of 192 blood tests is published elsewhere in this number of the Journal.

Reference to the foregoing report is made with the object of emphasizing the correlation of the signs to be cited and hereditary syphilis. The value of a positive Wassermann test in hereditary syphilis may be seriously questioned considering the beneficial results of antisyphilitic treatment in cases with a negative Wassermann. Syphilitic infection must always be considered in all chronic diseases. Stoll*, avers that in "late" hereditary syphilis, the patient may present no sign of syphilis but a single obscure symptom which may be so distressing that more or less complete invalidism results. Jarvis,†

*Reprinted from *Medical Record*.

†*Medical Record*; Oct. 6, 1917 and Feb. 16, 1918. ‡ *International Clinics*, Vol. 1, 27th series; New Concepts in Diagnosis and Treatment and Spondylotherapy, 6th edition, 1918. The reactions heretofore ascertained by percussion are now demonstrable galvanometrically by a new apparatus of the writer.

‡*American Journal of Clinical Medicine*, Dec. 1917.

**Jour. A. M. A.*, Dec. 23, 1916.

†*Pacific Dental Gazette*, Feb., 1917.

quotes Kaskell, who observes, that while a positive Wassermann can be elicited in about 40 *per cent.* of the wives of paretics and tabetics, yet only a small percentage of their children yield a positive reaction to that test.

"Familial Syphilis" may be suspected or predicated if any of the following statements are made as to the cause of death in relatives:

1. Tabes, 2. Paresis, 3. Aneurysm, 4. Apoplexy (before 50 years of age), 5. Cardio-renal disease, 6. Headaches not relieved by the usual means), 7. Nervousness (without obvious cause), 8. Rheumatism (obscure), 9. Tuberculosis in several members of the same family. Hereditary syphilis according to Fournier, strongly predisposes to tuberculous infection later in life.

Ubiquity of Syphilis.—The electronic reactions demonstrate the ubiquity of syphilis and emphasize the dictum of Fournier that general pathology should be made a mere annex to syphilography. That the world is becoming civilized is debatable, but that it is syphilized is unquestionable.

Sabouraud, makes a practice of applying the Wassermann test, in all dubious affections in children and observes that all who do this will be appalled at the findings. The German diagnostician avers:

"Was man nicht diagnostizieren kann,
Sieht man als n' syphilis an".

Without a literal translation, the latter may be expressed as follows:

When your diagnosis goes amiss,
Always think of syphilis.

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

Fournier, observed that 98 *per cent.* of the children of syphilitic parents are syphilitic. The electronic reactions show that they are all syphilitic.

The tale of syphilitic parents may be inscribed as follows: sterility, stillbirths, miscarriages, abortions, progeny dying in infancy of marasmus, meningitis, convulsions and etc. Hochsinger's observations embracing 208 children of syphilitic parents show that 89 or 43 *per cent.* had some affection of the nervous system. Among those which is in vivid contrast

with my observations as will be shown presently, in only 6, was the Argyll-Robertson pupil demonstrable. Congenital syphilis is unfortunately identified with its manifestations at birth and we are liable to forget that it may not develop until adolescence or late in life. Congenital is practically a replica of acquired syphilis.

Certain anomalies in physical structure have been sufficiently emphasized and attention is here directed to new signs in hereiditosyphilis.

Argyll-Robertson Pupil.—This sign is regarded by many as positive proof of nervous syphilis. No attention has been directed to the slow or sluggish pupil (reflex to light) which the writer finds to be fairly constant in hereditary syphilis, irrespective of implication of the nervous system. It may be equally a unilateral or bilateral phenomenon. Although the light response may be fairly good in the first test, subsequent tests show its rapid exhaustion, a phenomenon almost important as a partial Argyll-Robertson.



FIG. 36.—Auricular sign of Abrams.

Auricular Sign.—This consists of a distinct ridge (Fig. 36) running from the antitragus downward toward the lobule. Localized elevations of the skin in the region in question must not be accepted as evidence of the auricular stigma. It may be unilateral or bilateral. In the Da Costa Edition of Gray's Anatomy (Fig. 752), there is a picture of the external ear which reproduces my auricular sign. This must be due either to a faulty execution of the artist or to the selection of a supposedly normal ear. The auricular sign is fairly constant in heredosyphilis.

The ridge is of cartilaginous consistency when palpated between two fingers. This morphological anomaly like all

deformities of the auricle is essentially always the result of othematoma.

Digital Sign.—This consists of an incurvation of the little finger, usually implicating the second phalanx (Fig. 37) and is fairly constant.

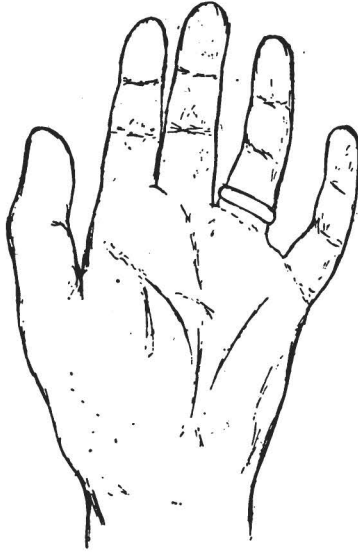


FIG. 37.—Digital Sign of Abrams.

Vasomotorial Sign.—If the subject faces the geographical west with feet on a grounded plate and the hands are elevated in proximity to a window, it will be noted after several seconds that a circumscribed pallor is demonstrable at the terminal phalanges of all the fingers notably, the little fingers at definite points. At the palmar surface of the terminal phalanx (Fig. 38) in heredosyphilis and on the inner surface and extreme end of the fingers. In acquired syphilis, the circumscribed pallor on the palmar surface is not demonstrable but the other area only (extreme end).* It is evident that mere elevation of the hands is productive of some

*The syphilitic toxinosis stimulates the vasoconstrictor and vasodilator components of the vasomotor system but as these components are in equilibrium, neither component predominates. Elevation of the arms eliminates the vasodilator factor and permits the specific effect on the vasoconstrictor fibers by the toxinosis.

anemia but the latter is universal and not circumscribed. The hands should be manipulated in relation to the light so as to bring the anemic areas into evidence if not readily seen. Other vasomotorial signs are present in other diseases and have been explained elsewhere.†

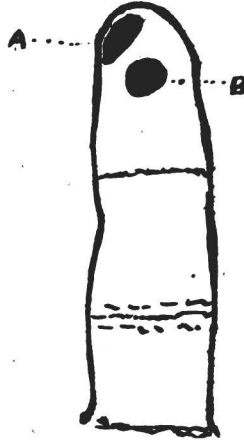


FIG. 38. Vasomotorial signs of Abrams.

Ocular Pigmentation.—This sign is tentatively submitted and refers to an intense bluish pigmentation at the sclerocorneal juncture. While this pigmentation may be present in the norm, it appears to the writer that it is specially evident in heredosyphilis.

HEMATOPHAGIA

A therapeutic procedure known as “Auto-Hemic Therapy” has been developed by Dr. L. B. Rogers, Chicago. It consists of giving the patient a solution made by attenuating, hemolyzing, thermolyzing, diluting and potentizing a few drops of the patient’s blood and administering it according to a definite technic. Empirically, this method finds justification by the results achieved and in the therapeutic axiom, “*Naturam morborum curationes ostendunt.*” Dr. J. W. King, Bradford, Penna., and Dr. A. T. Noe, Pacific Grove, Cal., are enthusiastic advocates of the method and possessed

†*Medical Record*, Feb. 16, 1918.

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

SPONDYLOTHERAPY

ABRAMS' METHOD OF TREATMENT IN ANEURYSMS*

by

R. KODAMA, M. D., TOKIO, JAPAN.

Dr. Albert Abrams, of San Francisco first directed attention to his method of treatment of aneurysms in his work on Spondylotherapy. Later, he reported in the *British Medical Journal*² and *La Presse Medicale*³ forty cases in his own practice of thoracic and abdominal aneurysm symptomatically cured within a few weeks by his treatment with absolutely no other adjuvant measure, not even rest.

Snow⁴, Jarvis⁵, and others, show by a series of radiograms variations in volume of aneurysms superinduced by the elicitation of the aortic reflex of contraction (concussion seventh cervical spine.)

The Minerbis, of Italy; Houlie, in France and other foreign writers have contributed to the literature on the subject.

Abrams' most recent observation respecting his treatment is as follows⁶: "After the lapse of years, the enthusiasm of my early reports enables me now to conclude that in early cases, the "Abrams method" is practically a specific, but in late cases all that can be achieved is a relief of symptoms, and that can be done more rapidly than by any other known method."

His method has been fully described in his book on the subject.

My individual experience with the method is cited by the report of eleven cases in my translation of Abrams' book into the Japanese language (1918). I shall briefly report these cases together with others in this communication. The diagnoses in the following cases were confirmed by the x-rays and the treatment consisted of concussion of the seventh cervical spine.

Case 1.—Cook, aged 61 years. Syphilitic anamnesis, negative. Symptoms during a period of two years; asthmatic, severe dyspnea on exertion, spasmodic cough. Aneurysm of the *arcus aortae*. All the symptoms disappeared within a few days after commencement of treatment and the patient has resumed his work.

Case 2.—Hotel proprietor, age 49 years. Pains in the arm radiating to the neck with symptoms suggesting asthma. Asthmatic symptoms can be evoked at will by singing Japanese "Utai" (which demands prolonged expiration.) Aneurysm of the descending aorta.

Results of treatment not definite owing to the fact that the symptoms often abate without treatment.

Case 3.—Expressman, age 49 years. History of syphilis at age of 26 years. Extremely dyspneic. Diagnosis at the University Hospital of Aneurysm but no improvement following treatment, he was discharged as incurable. My diagnosis was an aneurysm of the ascending aorta. Within a week, pulsations and dyspnea practically disappeared. The dulness corresponding to the site of the aneurysm was much diminished and the only subjective symptom remaining was a slight pain in the back contiguous to the scapula. Patient resumed his work and comes from Yokohama, for treatment once in two weeks to prevent a recurrence of symptoms.

Case 4.—Tailor, age 56 years. Aneurysm of the abdominal aorta. Had been treated for *carcinoma ventriculi*. During

*Reprinted from **Medical Record**, April 13, 1918.

x-ray inspection, compression at the 10th dorsal spine enlarged the shadow 2 cm. Dr. Abrams shows that stimulation at this paravertebral area will elicit the aortic reflex of dilatation. Duration of treatment two months. Disappearance of all symptoms up to the present time of writing, two and a half years, and the patient resumed his work.

Case 5.—Housewife, age 47. Recurrent pains in the back and abdomen necessitating the use of morphine. Aneurysm of the abdominal aorta. Symptomatically cured after treatment lasting three weeks.

Case 6.—Banker, age 45 years. Aneurysm of the abdominal aorta. All the symptoms practically abated after the first treatment. Slight occasional pain in the back is the only symptom which has persisted. At the present time of writing he is symptomatically cured.

Case 7.—Housewife, age 49. Aneurysm of the descending aorta complicated by exophthalmic goitre. All the symptoms of the former and latter disappeared. This treatment by concussion is also practically a specific in exophthalmic goitre as Dr. Abrams has shown.⁷

Case 8.—Farmer, age 40 years. The diagnosis of aneurysm was made in 1913. Four years later, the aneurysm was visible by direct inspection and measured four inches in the transverse diameter.

Against the advice of his physician, he traveled 100 miles to visit me in Tokio. Aneurysm of the ascending aorta. After the first treatment, the area of the protruding aneurysm was reduced fully one-third.

Case 9.—Soldier, age 38 years. Was discharged from the army during the Russo-Japanese war on account of an aneurysm of the ascending aorta. Dyspnea intense. After the first treatment, pulse was reduced in frequency from 90 to 70. Is now symptomatically well.

Case 10.—Miner, age 48 years. The most pronounced symptoms of thoracic aneurysm. Diagnosis at the University Hospital of aneurysm. No relief from treatment. Began treatment at my hospital in December, 1916. He has resumed his occupation although there is some dysphonia and the Oliver-Cardarelli sign persists.

Case 11.—Housewife, age 52 years. Most pronounced symptom was dysphagia. Aneurysm of the thoracic aorta. Dysphagia evanesced after the tenth treatment.

In addition to the foregoing the following summary* is

presented of other cases of aneurysm which have come under my observation:

- 1.—Mishikawa, age 80. Dyspnea. Symptomatically cured in two weeks.
2. Saito, age 47. Cough and pains. Symptomatically cured in three weeks.
- 3.—Nemot, age 36. Abdominal pains. No results.
- 4.—Suzuki, age 56.—Dysphagia. Improvement
- 5.—Nakayama, age 57. Dyspnea and gastric symptoms. Improvement.
- 6.—Suzukio, age 48. Dyspnea and dysphagia. Improvement.
- 7.—Aria, age 73. Pains. Symptomatically cured.
- 8.—Yoshimura, age 47. Dyspnea and pains. Symptomatically cured.
- 9.—Itod, age 72. Dysphagia. Symptomatically cured.
- 10.—Feuruga, age 42. Dysphagia and dysphonia. Too late for treatment
- 11.—Sato, age 50. Dyspnea. Improvement.
- 12.—Chilia, age 55. Dyspnea and pains. Improvement.
- 13.—Ito, age 45. Anginoid pains. Cured.
- 14.—Hakozaki, age 42. Anginoid pains and dyspnea. Symptomatically cured.
- 15.—Suzuki, age 55. Anginoid pains. Partial recovery.
- 16.—Matsusaki, age 48. Gastric pains. Symptomatically cured.
- 17.—Suzuki, age 38. Dyspnea and dysphagia. Almost symptom-free.
- 18.—Suzuki, age 27. Dyspnea and palpitation. Improvement.
- 19.—Shiraishi, age 56. Paralysis of vocal cords. Improvement.
- 20.—Ota, age 42. Cervico-occipital pains. Cured.
- 21.—Morivama, age 56. Cough and orthopnea. Improvement.
- 22.—Takashi, age 34. Pains and twitching (unilateral). Cured.
- 23.—Suzuki, age 36. Extreme dysphagia. Too late for treatment.
- 24.—Tarumi, age 51. Anginoid pains. Temporary improvement only. Too late for treatment.
- 25.—Yamanoto, age 44. Anginoid pains and dyspnea. Symptomatically cured.
- 26.—Sakurai, age 45. Complicated by tuberculosis. No treatment.

- 27.—Takenoto, age 42. Pains and palpitation. Practically well.
- 28.—Kitabayashi, age 39. Palpitation. Symptomatically cured.
- 29.—Ota, age 56. Dyspnea. Recovered.
- 30.—Niesuma, age 50. Epigastralgia. No improvement.
- 31.—Iwabaki, age 69. No subjective symptoms of an abdominal aneurysm. Reduction in size one-half.
- 32.—Pakeda, age 38. Paresthesia in throat. No improvement.
- 33.—Mori, age 61. Paresthesia right hand. Improved.
- 34.—Nakada, age 54. Dyspnea. Practically cured.

*The data of this summary refer to the name and age of patients, chief symptoms and the results of treatment.

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MISCELLANY

VISITORS.—The following are a few of the recent visitors to the Physico-Clinical Laboratory of Dr. Abrams: Drs. MacCracken, Jplian, Majors, Juilly, Reide, Cook, Harris, Buckley, Artigues, Hill, Carter, McKinley, Wassilko, Preston, MacCray, Haley, Elworthy, Gates, Ward, Biggs, Burkit and Cookingham.

Dr. W. J. MacRoberts, South Dakota, devoted several days to investigation and will return later for a protracted stay.

Dr. H. H. Meredith, Colorado, anticipates taking a course at the laboratory.

Dr. F. Paredes, Mexico, after a sojourn of several weeks contemplates establishing a laboratory for the electronic reactions in Mexico City.

NOTICE OF REMOVAL.—Dr. W. J. Caesar, having been assigned to active duty with the U. S. M. C., the Poly-

Diagnostic Laboratory has been consolidated with the Physico-Clinical Laboratory of Dr. Albert Abrams, at 2135 Sacramento street, San Francisco.

The many friends among the medical profession who have employed the Electronic Reactions of Abrams in diagnosis, at the Poly-Diagnostic Laboratory, will no doubt be pleased at Dr. Caesar's appointment and will also continue to use these reliable and accurate methods of Diagnosis, by mailing their specimens and directing their patients to The Physico-Clinical Laboratory.

The fees for blood examinations will be \$10.00 and examination of patients, \$25.00. In the event patients cannot pay these fees, the *diagnosis will be made either gratuitously or for any amount suggested by the physician.* When desired, an examination for syphilis will include a Wassermann Test with Noguchi Control Test, and for an examination for Tuberculosis and Cancer, the usual laboratory tests as well as the Electronic Reactions will be executed.

Please indicate the disease to be sought for. Specimens will be drawn at this laboratory if desired. All diagnoses are made personally by Dr. Albert Abrams, the discoverer of the Electronic Reactions. Every test will be controlled by use of the Galvanopathometer, an instrument recently devised by Dr. Abrams for demonstrating the specific radiant energy of disease. Physicians are always welcomed at the laboratory and are invited to write or come for more detailed information concerning these reactions.

EUTOICIA.—Efforts to relieve labor pains date back to antiquity. Obstetrical analgesia was primarily secured by ether and chloroform and later by nitrous oxid-oxygen analgesia and scopolamin and morphin ("twilight sleep.") Several of my students engaged in obstetrical practice contend that during labor, one may demonstrate paravertebral points of tenderness corresponding to the lumbar vertebrae and that pressure over these areas will in most instances either mitigate or arrest the pains and thus contribute to painless labor*

Dr. Harvey E. MacDonald, 1521 So. Hope Street, Los Angeles, Cal., has recently devoted himself to an investigation of this subject and has established a sanatorium for this work. He finds that one thorough freezing from the 12th dorsal spine downward and including the sacrum will reduce labor

*Vide Spondylotherapy, p. 377.

pains more than one-half. The labor (in all but two primiparae) averaged five hours. Freezing must extend about two inches on either side of the spine.

MOVABLE KIDNEY.—Concussion of the 12th dorsal spine* has in several instances restored a movable kidney to its normal position. Dr. Jules Regnault, France, directs my attention to his contribution† in which he reports several cases of nephroptosis symptomatically cured by the same method.

PHYSICO-CLINICAL MEDICAL ASSOCIATION — The objects of this organization are as follows: The study of reflexes, to make all problems in medicine accord with the progress made in physical sciences and to substitute the cell doctrine by the electronic theory. There are more false facts than theories. There are many physicians in possession of new knowledge, who in consequence of timidity or otherwise, hesitate to present their ideas to the profession fully realizing the calumny that awaits them. Thus, many new ideas are relegated to oblivion. The organization proposes to investigate these ideas. Inasmuch as the physician is not a physicist nor the latter a physician, it is seriously proposed to invite scientists for associate membership as it is believed such a co-operation will advance the study of medical problems. The dues will be nominal and all reputable physicians are invited to join the organization. A sufficient number of names have already been secured for Alameda County and a like organization is contemplated for San Francisco and other cities.

ATLAS OF ELECTRON DIAGNOSIS—Many physicians have requested the writer to prepare an Atlas showing concisely by illustrations the different methods of diagnosis and the localization of areas in the diseases thus far investigated. The writer is prepared to execute this work provided a sufficient number of physicians are willing to subscribe for the atlas when completed. No compensation is anticipated beyond the cost of production. It is believed that if there are only fifty subscribers, the cost to each subscriber will be \$15.00 and if there are one hundred, \$10.00.

Physicians desirous of purchasing this Atlas should forward their names at once so that the work may be undertaken without delay.

**Vide* Spondylotherapy.

†*Le Concours Medical*, pages 886-887.

SAMPLE COPY—This number of the Journal will be extensively distributed among the members of the profession with the hope that they will grasp the purport of the Editor who seeks to show that the laws of physical science are univ-erse and practical medicine must invoke physical, biological and chemical methods. The electrical nature of matter is demonstrated by the electron theory and there is a physiological physics of living organisms.

"COLORED LIGHTS A MEANS OF DIAGNOSIS AND CURE"
 "is the title of a very interesting and instructive scientific article written by Dr. Edwin F. Bowers, New York City, published in the February number of this journal. Altho this means of diagnosis and cure has been used more or less by a few physicians scattered throughout the United States for the past three or four years, and altho Dr. George Starr White of Los Angeles, the father of this wonderful discovery, has done his best to give the products of his life work to the world, this article referred to above has seemingly done more to enlighten the people of the United States than there is such a wonderful means of diagnosis and cure of disease, where and when it started, how it was evolved and what it does, than anything that has yet been published. Since the publication of Dr. Bowers' article, Dr. White has been deluged with applicants for diagnosis and treatment. Finding it impossible to satisfy so many he has been recommending them from all parts of the United States to the Dodgeville General Hospital and Pine Grove Sanatorium at Dodgeville, Wisconsin—two institutions that have been built up on and for this new progressive line of work. Both these institutions are incorporated under the name of the Dodgeville General Hospital, and that is the only hospital or sanatorium in the United States specializing in Dr. White's work. All classes of cases from Cancer and Tuberculosis down are being cured by these means. Such diseases as Cancer, Tuberculosis and practically all others are quickly and accurately diagnosed without error. The work is as scientific and infallible as mathematics or chemistry. Write for our descriptive booklet. Address, Dodgeville General Hospital, Dodgeville, Wis., Orin W. Joslin, M. D., Medical Director."

The foregoing is reprinted from a lay magazine. Dr. Abrams disclaims any responsibility for the acts of his former students or for any change in the designation of his methods suggesting to the casual reader that they have been originated by others. The following excerpts are self-explanatory:

"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."

TRANSLATION.—Dr. H. Jaworski, Paris, France, a noted authority on neurology and the author of a monumental work, "*L'Intériorisation*" in seven volumes, has completed a translation of Abrams' work on Electronic Reactions into the French language.

Medicine Clinico-Physique.—In a serial in the Dec. (1917), Jan. and Feb. (1918) numbers of "*La Clinique*", the Electronic Reactions of Abrams" are discussed. The writer who has carefully investigated the reactions expressed himself in conclusion as follows: "By these methods diagnoses may be consummated which appear marvelous. One recognizes the ubiquity of syphilis and the début of tuberculosis and cancer at a time most propitious for their attack. For these methods, I can anticipate a very brilliant future."

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

PHYSICO-CLINICAL LABORATORY

—OF—

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

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

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

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

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

A FEW REFERENCES

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

ONLY ONE IN FIVE

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

NEARLY 100 PER CENT. POSITIVE

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

VECKI

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

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

FROM ENGLAND

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

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

CANCER

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

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

INCIPIENT TUBERCULOSIS

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

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

DIAGNOSIS AT THE VERY BEGINNING

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

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

SPECIMENS

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

FEEES

(Which include all diagnostic information necessary.)
Blood examinations which include tests for all diseases\$10.00
Subsequent blood examinations to gauge the course of the
disease 5.00
Examination of patients 25.00
(With full instructions to the physician for executing Abrams' meth-
ods of Electronotherapy. By the latter, most uncomplicated and inci-
pient forms of tuberculosis are amenable to symptomatic cure within a
few weeks.)
Course to physicians on Electric Diagnosis\$100.00
(Limited to reputable physicians in possession of the M. D. degree.)

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

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

Victor G. Vecki, M. D.

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

June 13th, 1917.

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

My dear Dr. Abrams:

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

Sincerely yours,

V. G. Vecki, M. D.

VGv/JH

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1821 SO. HOPE STREET
COR. SIXTEENTH AND HOPE ST.
LOS ANGELES, CALIFORNIA

To whom it may concern;
This is to certify that
Dr. Albert Abrams has examined ^{former} by
his new method one hundred. Sig-
nificant 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.
A. 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

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

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

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

-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.

AMON THATCHER NOR, M. D.,
Pacifica Grove, Cal.

July - 27 - 17

Dear Doctor Abram's

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. N.

WARNING

Many physicians have forwarded specimens of blood to the Physico-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 on printed paper. These errors must be avoided and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis, the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, 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.

Diseases Diagnosed by an Examination of Dried Blood

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

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

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

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



PRACTICAL COURSES IN SPONDYLOTHERAPY
and
ELECTRONIC DIAGNOSIS AND TREATMENT

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

THE NEW SPHYGMOMANOMETER

Devised by Dr. Harley E. MacDonald, Los Angeles, Cal.
A FEW OF ITS MANY ADVANTAGES

Absolutely correct readings; portability (carried in the pocket) parts cheaply replaced, systolic and diastolic readings; durability and simplicity; mercury never spills and apparatus always in order. \$10.00 postpaid. Money back if not delighted. Philopolis Press, 2135 Sacramento Street, San Francisco, Cal.

DR. ABRAMS' ELECTRODES

for

ELECTRONIC DIAGNOSIS

These consist of four electrodes of aluminum with conducting cord of copper wire (flexible). Price \$5.00, express prepaid.

OHMMETER

(*Biodynamometer*)

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

BIOMETER (Abrams)

Described on Page 272, *New Concepts in Diagnosis and Treatment*. Measures the vibratory rate, wavemeter index and potentiality of human energy. Price \$85.00, express collect.

DR. ABRAMS' REFLEX SET

This consists of a plexor, pleximeter, single and two pronged instrument. Price \$5.00, express prepaid.

DR. ABRAMS' ELECTRO-CONCUSSOR

Described on page 652 in *Spondylotherapy*. In writing, state current available. Price \$85.00 f. o. b. *No apparatus sold on credit. Terms cash. Price of other apparatus on application.* Philopolis Press, 2135 Sacramento Street, San Francisco, Cal.

