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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. 3

MARCH, 1919

NO. 3

FOUNDED AND EDITED BY

ALBERT ABRAMS, A. M., M. D., LL. D., F.R.M.S.

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# Works by Albert Abrams,

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# Physico - Clinical Medicine

Vol 3

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

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## THE ETIOLOGY OF CHRONICITY

This paradoxical caption is justified to explain many chronic diseases which confront the physician. The electronic reactions show that one of the dominant etiologic factors is tuberculosis and the results of treatment corroborate the electronic diagnosis. We concede the ubiquity of tuberculosis but often fail to recognize it owing to our blind submission to the dictates of the pathologist who insists that the tubercle bacillus is the only criterion of its presence. The term paratuberculosis has been employed to designate tuberculous affections in which the tubercle bacillus cannot be demonstrated and many conditions with an atypical symptomatology are essentially tuberculosis or the latter superimposed on many lesions thus conducing to their chronicity. The writer's clinical experience shows that many chronic backaches are essentially caused by tuberculous vertebrae, many chronic skin lesions are tuberculides and many joint affections are tuberculous.

One must not forget that the absence of the tubercle bacilli does not exclude tuberculosis and that many chronic lesions may be due to diffused toxins or an expression of an anaphylactic reaction.

We must also remember that tuberculous lesions are not always exclusively tubercles but that granulation tissue and acute and chronic inflammation may be their only pathologic anatomic expression. The most significant fact that has always appealed to the writer was the experiment of Koenig who demonstrated that, traumatism of the bone aids in the development of tuberculous infection by forming a point of lowered resistance where the bacteria can gain a foothold. For the latter reason, bone lesions are often encountered despite the apparent absence of tuberculosis elsewhere.

The foregoing observation suggests that not only the osseous system but all tissues are liable to invasion when disease or traumatism creates a *locus minoris resistentiae*.

The practical physician is necessarily concerned with the cure of his patients and he naturally asks how may he recognize the tuberculous complication that survives the original lesion and promotes the chronicity of the disease. He cannot summon the pathologist to his aid for the latter is only certain of a tuberculous lesion if he finds the bacilli and the histologic picture is untrustworthy. The electronic method of diagnosis is absolute but few as yet can execute it despite its simplicity.

The only other recourse is treatment on the principle that he nature of disease is revealed by the remedies employed, (*naturam morborum curationes ostendunt*).

In most instances the physician is wise who obeys the injunction that, **everything that promotes the general health promotes recovery from the particular disease.**

The New Therapy which the writer has called *Electronotherapy* in his book "New Concepts in Diagnosis and Treatment" is based essentially on the fact that modification of the vital soil will make it inimical to the growth of pathologic microbes or its toxins.

Let us recall the writer's persistent and aggressive propaganda to regard the basic constituents of the organism like all other things in nature as charges of electricity and that any vagaries of the latter are only electric phenomena and subject to the same physical laws that dominate like phenomena irrespective of their occurrence.

The universe is a unit and polarity is not the exclusive prerogative of magnetic materials. The soil on which tubercle bacilli thrive shows a neutral polarity. If the soil in question yields a negative polarity the bacilli cannot grow.

In accordance with this observation, the use of *gamboge* which yields a negative radioactive polarity must be effective in tuberculosis and this is in accordance with the therapeutic results. An incipient pulmonary tuberculosis can be symptomatically cured in about six weeks by aid of *gamboge*.

*Gamboge* yields a greater radioactivity than radium and it can be used continuously owing to its innocuousness. It is mixed with alcohol (or its present preparations) until a thin solution is obtained and then painted over the tuberculous area (chest, bones, joints, etc.). Painting is executed every other day with or without previous removal of the previous application. Many cutaneous lesions and ulcers fail to heal because they are complicated by tuberculous invasion. In such instances *gamboge* powder may be dusted directly on the implicated parts. Chronic rectal ulcers yielding an electronic reaction of tuberculosis likewise yield to *gamboge*. The writer recalls one patient who in desper-

tion was about to commit suicide owing to a **pruritus ani** which failed to yield to the treatment of several of the most prominent rectal specialists in this country. Examination of the patient's rectum revealed a number of apparently insignificant abrasions but the electronic reaction demonstrated tuberculosis. Insufflations of gamboge into the rectum sufficed to cure the pruritus in an incredibly short period.

### HYPOTHYROIDISM AND LOW BLOOD PRESSURE

Regarded primarily as structures with unknown functions the **ductless glands** assumed some importance when Addison directed attention to certain symptoms dependent on destructive lesions of the adrenal glands.

Since then, painstaking cumulative evidence has shown that, functional incompetence of certain glands of internal secretion is associated with a definite type of morbid signs.

The diseases emanating from functional anomalies of the ductless glands are known as **endocrinopathies** (the term **endocrin** refers to internal secretions).

These endocrinopathies were summarized in a previous number of this Journal (Sept., 1918) and it was shown that stimulation of definite vertebral spines could either increase or diminish the functional activity of ductless glands. This summary is utilizable diagnostically and therapeutically.

Recent researches cast doubt on the simple interpretation that, diseases of the ductless glands, are due either to an exaltation or depression of the functions but are due in part to a perversion of function. The latter conception is responsible for neonyms with the prefix **dys** like **dysthyroidism**.

Recent researches show furthermore that several glands of internal secretion may be involved synchronously (**pluriglandular disease**) thus leading to a syndrome that partakes of the characteristics of several endocrinopathies (polyglandular syndromes).

The thyreopathies or thyreoses are associated with either diminished (hypothyroidism) or exalted activity (hyperthyroidism) of the thyroid gland. Identification of a thyreopathy is not always easy owing to atypical symptoms (**formes frustes**).

In the writer's experience a perverted clinical picture of neurasthenia is identified with hypothyroidism and, with this neurasthenic syndrome, a **low blood pressure** is conspicuous. An electronic reaction of the thyroid gland enables one in a few seconds to ascertain the functional activity of the thyroid gland but those unable to execute this reaction must have recourse to other diagnostic aids.

It is well to recall that the thyroid gland is activated by stimulation at the **3d and 4th dorsal spines** and its activity is subdued by concussion of the **7th cervical spine**.

In other words, stimulation at the **3d and 4th dorsal spines** should ameliorate the symptoms and raise the blood pressure if dependent on hypothyroidism.

The writer is aware that clinicians identify low blood pressure and neurasthenic symptoms with a deficiency of adrenal activity (**hypoadrenia**) but this has not been his experience. The cases observed were largely in patients with acquired syphilis in whom despite quiescence of their disease were what the writer calls "low blood pressure neurasthenics." A simple test for estimating

thyroid activity is to administer ten 5-grain doses of a reliable thyroid preparation. With restrictions, one may conclude that accentuation of symptoms following this administration suggests hyperthyroidism and their evanescence, hypothyroidism.

The administration of thyroid extracts is indicated in many cases of "low blood pressure neurasthenia."

In this connection, attention should be directed to the observation of that astute clinician, Sir James Barr (*British Med. Jour.*, Sept. 21, 1918), viz., post nasal adenoids are an imperfect natural attempt to compensate for defective thyroid action. The proof of this contention may be demonstrated by stimulation of thyroid activity by the methods suggested in this editorial.



## SPLenic REFLEXES

In the December number (1918) of this Journal, a method of treatment was suggested for the cure of **syphilis** by discharging the splenic reflexes of contraction and dilatation. Perhaps many years will elapse before the profession will accept this radically new conception. Those however, who have executed this simple method, have had no reason to regret it.

The results thus achieved in syphilis only emphasize what can be done by the patient's own physiology. Morris **Western Med. Times**, Oct. 1918), demolishes our conceptions respecting the virulency of **pus**. The bacteria of the latter he affirms reach their cultural limitations and commit suicide with their own toxins. Peritoneal pus, however offensive owes its odor to sulphur alcohols in the ethers excreted by bacteria and may be sterile. Many organisms call up the patient's defense mechanism which it is dangerous to disturb. Supplementary to the observations on the subject, the following is excerpted from the writer's contribution to the **Medical Record** (Jan. 18, 1919):

Careful **fluoroscopic examinations** of the splenic reflexes show:

1. That concussion of the 11th dorsal spine augments the splenic volume:
2. Concussion of the 2d lumbar spine diminishes the size of the spleen.
3. That after the ingestion of bismuth, concussion of the 11th dorsal spine increases the splenic shadow and that concussion of the 2d lumbar spine diminishes the density of the shadow. The increased shadow effect is probably due to the bismuth aspirated into the spleen and not to increased density of the organ as there is less density in an enlarged than in a contracted spleen. The latter view is sustained by a few experiments by the writer on animals. After an injection of methyl blue, more dye is found in the spleens of animals when the splenic reflex of dilatation is executed than in control animals.

My observations relative to the spleen as a habitat for organisms other than those of syphilis have been repeatedly confirmed by the electronic reactions and the latter show furthermore that, when certain symptoms are accentuated, the potentiality of the splenic reaction is diminished and increased when the symptoms abate.

In the former instance, some factor emotional or otherwise,

has evoked contraction of the spleen and the specific constituents of the latter are extruded into the circulation. In the latter instance, either the reaction following contraction or some factor evoking the splenic reflex of dilatation has caused aspiration of the organisms into the spleen where they are immunized to the extent possible by a crippled viscus. Respecting the latter, we shall speak later.

To illustrate the trend of my remarks a patient with **rheumatoid arthritis** (a diagnostic omnibus) may be cited. Examination of the blood reveals a streptococemia. A like reaction is evoked from the implicated joints and from the spleen. The blood yields a streptococcic reaction with a potentiality of 2, the spleen 3 and the joints, 4 ohms. If now one contracts the spleen by concussion of the 2d lumbar spine, we express its contents into the circulation and the potentiality is modified as follows: blood, 4, joints 5 and spleen, 1 ohm.

If dilatation of the spleen is evoked, the potentialities are as follows: blood and joints 1 and spleen, 6 ohms.

Years ago the writer hypothesized that reinfection in syphilis was from the spleen. Years elapsed before this hypothesis was assimilated.

From the foregoing, the conclusion may be formulated that evocation of the splenic reflexes is indicated in **all infections**.

The writer has shown that, in larvated **malaria** one may induce a paroxysm by evoking splenic contraction and that the disease may be cured by evoking both splenic reflexes.

The reader must not assume however, that the results by reflex stimulation of the spleen are immediate. In **rheumatoid arthritis**, the effects of microorganismal invasion survive the departure of the organisms and restitution is dependent on the damage effected by the latter.

There is still another matter that demands clarification. In the investigation of joints showing a streptococcic reaction in arthritis, strains may be identified. Thus it can be shown that the metastatic infection is from foci of dental or tonsillar origin. Furthermore, it can be shown that the potentiality of the reaction is often greater at the site of invasion than at the focus. For the latter reason, we are confronted by a fact which appears to have escaped the operator whose mental horizon is circumscribed by his presumptuous domination of reason by surgery. How can a tonsillectomy or the removal of a tooth correct a condition where the condition is worse than the focus from which it derived its genesis? This matter shall be referred to later.

My observations bearing on the employment of splenic reflexes in the treatment of **pernicious anemia** are apposite.

Here is a disease about which we know little and are not even sure of that.

The morbid anatomy of the affection although indefinite is suggestive. Although the spleen shows no important modifications, the bone marrow (other than in the aplastic forms) shows increased activity. The only reliable index of functional activity is the quantity of energy (potentiality) evolved. The latter may be accurately estimated by the electronic reactions. A normal spleen yields an energy value of eleven-twenty-fifths of an ohm; that is, its potential energy is capable of overcoming this resistance. In pernicious anemia, the energy output is only able to overcome a resistance of one-twenty-fifth of an ohm.

From this, one may conclude that the augmented activity of the bone marrow in this disease is a manifestation of compensation to supplant splenic inactivity.

No single possibility in spondylotherapy is more astounding than the average increase of red corpuscles (650,000) following a single treatment of alternate concussion of the 2nd lumbar and 11th dorsal spines.

Measurements following this maneuver also show an increase in the functional activity of the spleen. If the hematogenic functions of the spleen can be solicited by this simple maneuver, it is worthy of trial. The writer has only executed this method in two cases of pernicious anemia with good results but a more extended trial of the method is necessary. The writer urges his colleagues to evoke the splenic reflexes in the treatment of disease and thus by a summation of observations their real value may be established. With equal urgency, it is likewise urged to employ splenotherapy in all cases of **anemia** of obscure origin and even when it isn't obscure.

The electronic reactions show that in many instances an enlarged spleen is an expression of compensation. Thus, in a patient with multiple **sarcomata**, energy from his enlarged spleen dissipates the electronic reactions of a sarcoma. This effect is not achieved with the energy from a normal spleen. Augmenting the functional activity of the spleen (stimulation of the 11th dorsal spine) was a valuable adjunct in the treatment of this patient. It was found that the radioactivity of **safranin** (N. C. 214) corresponded to the vibratory rate of sarcoma and this was painted over the sarcomatous areas with good results.

FUNCTIONAL IMPOTENCY.—Parenthetically in the

editorial on the cure of syphilis by the splenic reflexes, mention was made of the augmented sexual vigor attending elicitation of the reflexes. That the sexual vigor was not wholly due to the cured syphilis was manifested by the benefit accruing in impotency without an assignable cause. The mechanism of **erection** is still obscure. Stimulation of the lumbar and cervical regions of the cord will cause erections in rabbits but despite many investigations by the writer over a period of years, he could never convince himself that he had accomplished any good by the methods of Spondylotherapy. The fact that alternate concussion of the 11th dorsal and 2d lumbar spines would, in many instances, accomplish the results was essentially an unlooked for empirical observation.

## ELECTRONOLOGICAL COMMENTS

**ARTERIOPATHY.**—Arterial disease is usually identified with the lodgment of spirochetes in the arterial wall and the final picture of this invasion is arterial degeneration and dilatation. The electronic reactions show that practically all infections may invade the arterial walls and in order of frequency (excluding spirochetes), the writer has encountered, the reactions of the **bacillus coli communis**, **bacillus typhosus** and the **gonococcus**. With the first organism, arteriosclerosis was frequent and with the latter aneurysms. With the **oscilloclast** presently to be described these organisms or their toxins may be destroyed after a few treatments. It is evident that the effects of these organisms cannot be modified by this treatment but the elimination of the etiologic factor is always imperative.

The latter statement may be illustrated by the following: eight years ago, a patient was referred to the writer by Dr. Wm. Clark of Oakland. She had an immense aortic aneurysm following an attack of typhoid fever. Her symptoms were most distressing, notably the dyspnea, cough, aphonia and exophthalmos. After two weeks treatment by Abrams' method all the symptoms subsided and she was symptomatically cured. About ten days ago, after a violent attack of vomiting, slight dyspnea and aphonia recurred but they likewise yielded after several treatments of concussion of the 7th cervical spine.

Were the writer at the time of the patient's first visit cognizant with the electronic reactions, he would have elicited the typhoid reaction from the aneurysmal site and he would have been able to annihilate the reaction by the radioactive energy of urotropin painted over area of arterial implication. In this way a recurrence of symptoms might have been avoided. To destroy the reaction of the **bacillus coli**, gamboge and of the gonococcus, eosin may be similarly employed. This also refers to lesions of the same organisms elsewhere. In aneurysms of syphilitic genesis, one may administer mercury or arsenical preparations to desperation yet the luetic reaction persists over the aneurysmal site. If however mercurial inunctions are used over the latter area, the reaction will disappear. The latter observation is in accordance with the benefit derived from localized syphilotherapy, *viz.*, in a general disease, which is localized, if a specific drug exercises a cure, better effects may be secured by treatment of the implicated area.

**OSCILLOCLAST.**—This word coined by the writer (**G. oscillare**, to swing or vibrate and **klasis**, to fracture or break) refers to an instrument fed by a street current and so modified that it yields an energy of 50,000 times as great as that derived from radioactive medication by the writer's previous methods with corresponding rapid action. Thus, an early pulmonary tuberculosis is symptomatically cured within six weeks by gamboge and after three or four applications with the oscillocast. With the latter say in **tuberculosis**, the reaction is dissipated and not reduced to the quiescent state as with gamboge. The effects secured with the latter will start a new era in therapeutics and contravene the trend of scientific medicine in the direction of therapeutic Nihilism. We shall drift away from the pessimism of Skoda who proclaimed his contempt for treatment as follows: "We can diagnose disease, describe it, and get a grasp of it, but we dare not by any means expect to cure it." Therapeutics is a problem which can only be solved by physical laws. Cells, the accepted ultimate constituents of the organism must be supplanted by electrons out of which all matter is built. To an electron a drop a water is like an ocean and a grain of sand by comparison is a continent.

Therapeutic progress is coeval with our conception of the nature of man. The latter was regarded as the center of the universe and all creation was for his special benefit. This anthropocentric conception was demolished when it was shown that an infinitesimal bit of protoplasm executed functions similar to man. Then came the doctrine of cells destined to be replaced by the electronic conception of matter.

The oscillocast is not yet on the market because it is only 80 per cent efficient. It is sufficiently practical however at the present time of writing to enable dentists to manipulate the teeth without pain and to destroy alveolar abscesses. Its efficiency in pyorrhea is still under probation.

**ELECTRONIC REACTIONS IN SYPHILIS.**—A. Frauchiger, chief serologist of the San Francisco Clinical Laboratory, requests the writer to say that in all instances where electronic reaction for **syphilis** was positive and the Wassermann negative, that further employment of the latter and extending the time for precipitation always demonstrated that the electronic reactions were correct.

**EXCERPTS**

**SPONDYLOTHERAPY.**—"The physician must read Abram's 'Spondylotherapy' a number of times ere he understand that monumental work. Not until then will the book become intelligible to him. Those who have a deep knowledge of this book and that of 'New Concepts in Diagnosis and Treatment' by the same author, appreciate their great value and have placed them first among our modern medical writings."—J. W. King, M. D., **North American Journal of Homeopathy**, Dec., 1918.

**EXPERIMENTAL OBSERVATIONS.**—"We are pleased to give herewith the views of J. W. White of Brooklyn, N. Y., who witnessed a number of experiments conducted by Dr. Albert Abrams when visiting San Francisco. Mr. White is a thoroughly wide-awake student of electrical and allied matters and his views are those of an unprejudiced and unbiased student." **Electrical Experimenter**, Jan. 1919. (Interested readers may procure this number (page 663) of the "Experimenter" at any book store.—Editor.)

# SPONDYLOTHERAPY

## OSTEOPATHY; SPLANCHNIC NEURASTHENIA

In a previous number of this Journal, the writer referred to his inability to confirm by skiagrams, the myth and fetish of the "dislocated vertebra," exploited by osteopaths. The "pop" elicited by "adjustments" is caused by the sudden separation of ankylosed articular surfaces. Bands and adhesions in vertebral joint lesions are ignored by physicians, hence the prestige in many instances of the spinal manipulator. Many therapeutical methods may be regarded as mere vehicles for suggestion and suggestion may be honest or deceptive. There is an ethics of untruth. It is rarely necessary to deceive the patient but it is not always necessary to undeceive him. A lie is too good a thing to be wasted and should always be kept for great occasions. If any good to the patient can be achieved by deception then that kind of deception is salutary provided it is exploited within reason. Unfortunately, deception is often manipulated beyond the bounds of propriety and then it becomes dangerous. "Raps" were the first phenomena observed in modern spiritualism but their fraudulent production deprived them of any real significance. A favorite method for their production is by aid of the joints of the hand and foot. It was a favorite trick among the archaic bone setters to snap the second joint of the thumb to give the patient the impression that his dislocated? bone was put back into place. In "TO-MORROW'S TOPICS"\* , by the eminent surgeon, Robert T. Morris, the following comments are apposite:

"When the X-rays began to be used for photographing spinal columns and ribs, a very little trickery of the sort which is well known to photographers sufficed to give a mendacious representation of bones in place, after a previous photograph had pictured the common irregularities which belong to every one, and which, in fact, have no reference whatever to disease."

"Almost every civilized individual has one hip a little higher than the other, one shoulder a bit higher than the other, and certain vertebrae a trifle out of natural alignment."

"The idea of adjusting bones was promulgated by the osteopaths, because it served a purpose in allowing them to catch cases."

"A reformed bone-setter who showed me how to snap the second joint of the thumb in order to give patients the impression that one of their own bones had gone into place told me that it was not even necessary to snap the joint of the thumb in order to make some people 'hear a bone go into place' because certain credulous individuals who were expecting to hear such a sound would hear it when the word was given. There are," he continues, "hallucinations of hearing as well as sight."

\*Doubleday, Page and Co.

## SPLANCHNIC NEURASTHENIA\*

In "TO-MORROW'S TOPICS," the same writer descants on this subject and it is instructive to learn how this altruistic surgeon seeks to subjugate surgery to the dictates of correct diagnosis by the following excerpts:

\*First described by Albert Abrams, in his book on this subject.



"Invalidism is often secondary to sagging of viscera leading to interference with nutrition and assimilation and favors the development of inimical bacteria."

"It is now time in this part of the 20th century to take up the subject of neurasthenia in a scientific way. The surgeon has done a great many unnecessary operations upon neurasthenic patients, because some organ out of place or crying with neuralgic pain was the cause for the neurasthenic condition."

"In the treatment of neurasthenia, one must begin from the standpoint of the bacteriologist. **Splanchnic Neurasthenia** eventuates from the toxins of colonic bacteria which causes relaxation of peritoneal supports of abdominal viscera and the viscera begin to sag."

"With splanchnic neurasthenia there is also loss of efficiency of the secretions which carry on digestion."

Space will not permit us to make further excerpts but the reader is advised to purchase or borrow Dr. Morris's book. He will be fully repaid for its perusal notably the physician who permits himself to indulge in avenues of thought in violation of official reasoning.

## THE MEDICAL TREATMENT OF APPENDICITIS

In the presence of abdominal pain the surgeon who uses his head as well as his knife thinks of appendicitis, but, when he uses his knife to the exclusion of his head, he thinks of nothing else. Every physician has his visceral fetish and the tendency to patronize definite organs and methods of treatment is rampant. There is the gynecologist whose conception of disease is limited to the uterus and adnexa, and there is the oculist with mental astigmatism, who reflects his subjectivity in the examination of his patients.

Thus, it has come to pass that the medical treatment of appendicitis has been preempted by the surgeon as his prerogative and the delinquencies of the medical art already rebuked by satirists is accentuated by the attitude of the surgeon. Eliminating errors of diagnosis, notably conditions specified by the writer as **pseudo-appendicitis**,<sup>1</sup> one must concede that, as a rule, acute appendicitis is a surgical disease for which there should be no medical treatment. This much the writer concedes but he is reluctant to subscribe to the impotency of medical intervention in all cases of chronic or recurring appendicitis.

The methods of Spondylotherapy have been firmly entrenched in medical practice and Jarvis<sup>2</sup>, Snow<sup>3</sup> and others have definitely shown by skiagrams the effects of these methods when correctly executed.

In brief, Spondylotherapy<sup>4</sup> concerns itself with the excitation of the functional centers of the spinal cord by different methods.

Each segment of the cord is a unit endowed with motor, sensory, vasomotor, trophic and reflex functions.

In the cord there are centers for the contraction and dilatation of the viscera.

Practically all the visceral reflexes described by the writer have been elicited by Jarvis at the operating table in anesthetized subjects with a strong sinusoidal current as described in Spondylotherapy.

The writer has shown that the manipulations of the osteopath and chiropractor yield results not by reason of replacing so-called displaced vertebrae but by the unconscious elicitation of visceral reflexes.

Referring specifically to the reflexes of the gastro-enteric tract, Dr. Patrick O'Donnell and other expert roentgenoscopists have shown that, after the ingestion of the conventional bismuth meal, it takes approximately one hour and

fifteen minutes for the stomach to void its contents but if the fifth dorsal spine is percussed (which opens the pylorus), the stomach voids the bismuth in one and one-half minutes.

Lebon and Aubourg's observations confirming the intestinal reflexes of the author are referred to elsewhere. Their observations were presented to the "Radiological Society," of Paris, France. Desirous of determining whether one could similarly influence the appendix, the writer sought the assistance of expert radiologists and the results of his investigations may briefly summarized as follows: In subjects having previously ingested bismuth or after enemas of barium sulphate, the appendix could be directly observed with the fluoroscope. It was noted that percussion of the 10th dorsal spine emptied the appendix of its contents and concussion of the 1st lumbar spine caused it to refill.

In rare instances, appendicitis is a local manifestation of a general infection (owing to implication of its lymphatic tissues). In the majority of instances however, it is superinduced by the retention of feces, foreign bodies and microorganisms which are discharged with difficulty.

At one time in his medical career, the writer was an ardent advocate of stomach lavage for therapeutic purposes.

Now the tube has passed into desuetude for this purpose and recourse is had to a more expeditious and less offensive method of percussing the fifth dorsal spine to evoke the pylorus reflex of dilatation<sup>2</sup>. The patient ingests several glasses of water after which, the fifth dorsal spine is gently percussed for one-half minute. This procedure is repeated several times just like in the conventional procedure of washing the stomach.

It occurred to the writer that evocation of the appendix reflex of contraction might be of service in recurring appendicitis and the results achieved by many of his students and himself have justified this hope.

It would be puerile to anticipate any results in obliterated appendices and the method suggested should be limited to the chronic catarrhal forms of appendicitis.

The method in brief consists of percussion of the 10th dorsal spine; the daily **seance** should not exceed three minutes and to avoid exhaustion of the reflexes, the three minutes' **seance** should only occupy one-half minute of treatment followed by one-half minute of rest. In other words, the three minutes' treatment consists of one and one-half minutes of treatment and an equal period of rest. A like procedure is indicated in all the methods of Spondylotherapy for eliciting the reflexes. A percussion hammer and plexi-

meter suffice for executing the method. If an apparatus is employed one yielding a blow and not vibration is indicated. The latter fact cannot be sufficiently emphasized and it is a disregard of this injunction which may bring the methods of Spondylotherapy into disrepute. It suffices to say that the clinician elicits his reflexes by blows and not by vibration.

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3. **Snow.**—International Clinics, Vol. 4, 23d series, 1913.
4. **Abrams.**—Reference Handbook of the Medical Sciences, Vol. 7, 3rd edition.

**CARDIOPTOSIS.**—The downward falling of the heart which this name implies was discussed by the writer in "**The Medical News**," Aug. 22, 1903 and briefly elsewhere (S. 529). My excuse for its redivivus is its unrecognized frequency. During the past two years at least seven physicians have come to San Francisco to consult the writer in whom this condition was present though unrecognized by the most astute heart specialists. In addition to the methods suggested for its relief, two new methods are here recommended. Among the factors which influence the position of the heart is the position of the diaphragm to the central tendon of which is attached the pericardium.

By raising the midriff, the heart will ascend as can be ascertained by careful percussion of the upper heart border.

Ascent of the midriff may be achieved by daily exercises consisting of voluntary retraction of the abdominal muscles.

The phrenic nerve supplies the diaphragm (S. 549) and it may be stimulated by concussion at a point between the 2nd and 3rd cervical spines.

The primary effect of such stimulation is to cause the midriff to descend but action and reaction being alike and opposite in direction, the consequential effect is invigoration of the midriff.

## MISCELLANY

**SUBSCRIPTION RENEWAL.**—**This is now due** and began with the September number (1918) of the Journal. The December number of the Journal was not forwarded to delinquents.

VISITORS.—Among some of the recent visitors to Dr. Abrams' laboratory are the following:

California: Drs. C. E. Powell, S. E. Welfield, Wallace, J. E. Adams, Geo. Rau, P. S. Haley, M. Tobriner, C. Tisdale, E. Majors, S. Bauch, O. Juilly, F. G. Dodds, L. Munter, J. Malony, J. McMurdo.

Colorado: Drs. H. Meredith, M. L. Babcock.

Kansas: Drs. W. Caesar, H. L. Mills, Thos. F. Holt.

Oregon: Dr. E. Houston.

Texas: Drs. Gomez, S. V. Young, L. Rathbaum.

Washington, D. C.: Dr. Carr.

Mexico: Dr. F. Parides.

Italy: Dr. Pietrofessa

Greece: Dr. J. Tavpolus.

Central America: Drs. Alberto Valenzuela, Carlos Leiva.

Australia: Dr. R. Absandre.

BLANCHE AND JEANNE ABRAMS MEMORIAL RESEARCH LABORATORY.—Mr. S. O. Hoffman, is now established in San Francisco as Director of this laboratory. During the period of the war, he was engaged on important research work for the U. S. Government at Columbia University.

PLAGIARISM.—Literary piracy is so palpable, that it is indeed strange that the medical plagiarist will continue to perpetrate his misdeed and expect to get away with them. The "Sunlight Treatment of Laryngeal Tuberculosis," has recently been exploited in medical literature as a most efficient treatment. The method is by no means new despite the many attempts to make it appear so. The therapeutic value of the solar rays was first established by Albert Abrams and his publication appeared in "**The Philadelphia Monthly Medical Journal**," March, 1899, prior to any publication by Finsen, who was laureated for his alleged discovery. Abrams' contribution was profusely illustrated showing how the solar rays were projected into the larynx by aid of a mirror. Some now employ in lieu of the latter a reflector composed of a metallic alloy of magnesium and aluminum. The latter alloy unlike a mirror may prove more efficient inasmuch as it reflects a high percentage of the efficient components (ultraviolet rays) and absorbs many of the inefficient heat rays.

REFLEXOTHERAPY.—The McIntosh Co. reproduces an address of von Cotzhausen read before the "**American Electro-Therapeutic Association**." Most of Abrams' reflexes the addresser asserts have been proven by foreign

observers and by the American students of Abrams whom one may class as some of our most progressive physicians. The addresser employed the reflexes for experimental and curative purposes with very satisfactory results and in a few instances with almost miraculous results.

**SPINAL THERAPY NUMBER.**—The January (1919) number of that progressive publication "**The North American Journal of Homeopathy**," is devoted to this subject.

Denton Higbe, M. D., comments as follows: "The spine is the *terra incognita* of the regular practitioner.' The foregoing statement by Abrams contains more truth than is generally admitted by the 'regulars'."

Oscar Jones, M. D., in the same issue observes as follows: "For a long time the average medical man was content to know the number of vertebrae. But now since Abrams has given to the profession his system of **Spondylotherapy**, the spine is recognized in physical diagnosis as a most important etiological factor in disease."

The editorial in this issue is an earnest plea for medical tolerance and the admonition that unless the physician avails himself of spinal therapy the "irregulars" will dominate him.

They are achieving results incapable of achievement by the conventional methods. "In democracies," the editorial continues, "it has proved that in the long run the judgment of the people is correct." "The fact that the people are patronizing the **Spinal Therapists** in increasing numbers is good evidence that this therapy has merit."

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 saw whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

### BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

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

### A FEW REFERENCES.

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

### ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully 50 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 arraignmentes suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives a negative result in from 31 to 50 per cent. of cases in which the characteristic

anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test. The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy!

#### NEARLY 100 PER CENT. POSITIVE.

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

#### VECKI.

"I have witnessed marvelous results," observes 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 our literature has been full of the Wassermann reaction and the Abderhalden tests for pregnancy and cancer. In the midst of all this came the diagnostic methods of Abrams. Methods so simple, so scientific, so exact, so practical, at once made the PROCESSES of the LABORATORY OBSOLETE and historic in medicine. I have NEVER SEEN the reactions of Abrams fail or be misleading."

#### INCIPIENT TUBERCULOSIS.

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

"Like many physicians, I had heard of but had never investigated 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 polartherapy, 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."—Gerge 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 dis-



covery. It is the external counterpart of the Abderhalden reactions."  
"I shall place all knowledge learned with you in the foreground."  
"The inspirations I gained while with you repaid me well for a year's wanderings." "The more I study the electronic reflex phenomena first discovered by Dr. Albert Abrams the more I am overwhelmed." From signed personal letters.  
Physicians will please observe that in any conflict among the reactions that the accuracy of the Electronic test will be determined by the therapeutic results.

**FEEES**

(Which include all diagnostic information necessary.)  
Blood examinations which include tests for all diseases .....\$10.00  
Subsequent blood examinations to gauge the course of the disease ..... 5.00  
Examination of patients ..... 25.00  
(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)  
Course to physicians on 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), colisepsis, 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

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

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

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

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

*final judgment*

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

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

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

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

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

Respectfully,

*Geo. O. Jarvis.*

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

Very sincerely,

*W. R. Scroggs M.D.*

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

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

To Whom it may concern:

This is to certify that  
Dr. Albert Abrams has examined <sup>for me</sup> by  
his new method one hundred ~~thir-~~  
ty cases, great as was the surprise  
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.*

July - 27 - 17

Dear Doctor Abrams

Your letter explaining blood test no. 3 received.  
Your diagnosis is correct. I thought I might  
stump you on this one - but failed.

I am sending you blood specimen of case no. 1.  
to day - I trust you will be able to find some  
improvement in this test case - this time.

I can hardly wait the time I can leave for the  
city and spend the time with you.

Thanking you for past favors I am sincerely yours

A. Roe

**REPORT OF 192 BLOOD-TESTS MADE AT THE STATE HOSPITAL  
STOCKTON, CAL., MARCH 6, 1918, USING THE  
ELECTRONIC REACTIONS OF ABRAMS** were absolutely correct in

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 microscopical examination.
4. Syphilis and Tuberculosis. In these instances the specimens of blood on the same blotting paper were derived from different patients.
5. Syphilis, Tuberculosis and Carcinoma. Like in the latter instance, specimens on the same paper were derived from different patients.

This report is an unequivocal demonstration of the fact that the **ELECTRONIC REACTIONS OF ABRAMS** were absolutely correct in 186 instances among 192 specimens of blood submitted for examination (3 very small specimens were not examined, making 189 actually examined). The specimens were submitted by physicians of the hospital, including the pathologist under rigorous conditions, with the object of eliminating any previous knowledge on the part of the executant relative to the disease or the patient from whom the blood was derived.

## Diseases Diagnosed by an Examination of Dried Blood

|                       |                         |                          |
|-----------------------|-------------------------|--------------------------|
| Acidosis              | Acute Mania             | Poliomyelitis            |
| Adrenal Sufficiency   | Dipsomania              | Rheumatoid Arthritis     |
| Amebiasis             | Chronic Dementia        | (Variety)                |
| Colicsepsis           | Leprosy                 | Sarcoma                  |
| Carcinoma             | Malaria                 | Scarlatina               |
| Cholelithiasis        | Measles                 | Staphylococccic          |
| Chorea                | Menstruation            | Infection                |
| Diabetes              | Meningococccic          | Streptococccic Infection |
| Diphtheria            | Infection               | Syphilis (differentia-   |
| Epilepsy              | Neurasthenia            | tion of congenital       |
| Gonococccic Infection | Paralysis Agitans       | and acquired, and        |
| Gout                  | Parathyroid             | specific strain.)        |
| Hookworm              | Insufficiency           | Teniasis                 |
| Hyperpituitarism      | Paratyphus              | Tetanus                  |
| Hyperthyroidism       | Pneumococccic infection | Typhoid                  |
| Influenza             | Psychasthenia           | Tuberculosis             |
| Insanity              | Pregnancy (prediction   | (Varieties)              |
| Paranoia              | of sex)                 |                          |
| Dementia Precox       | Paresis                 |                          |

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 St., San Francisco.

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**The New Sphygmanometer**

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. Physico-Clinical Co., 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 \$6.00, express prepaid.

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**Ohmmeter  
(Blodynamometer)**

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

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**Dr. Abrams' Reflex Set**

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

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**Dr. Abrams' Electro-Concussor**

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

