

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. 4

JUNE, 1920

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Physico - Clinical Medicine

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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 MECHANICS OF MEDICINE

A science may be gauged by the amount of mathematics it contains. Medicine has heretofore been conspicuous by the dearth of this symbolized logic.

Medical renaissance must be identified with the new viewpoint that, vital phenomena are dynamic and the actions of human organisms should be regarded as processes and not as structures.

This world and all it contains is a mechanism. This Democritean concept of an atomic universe acknowledges no distinction between the mechanism of man and the world machine.

It was the coalition of celestial and terrestrial physics that made physical astronomy an exact science.

By the same token, exactitude in medicine can only be attained when its problems are solved by the laws of physical science.

The atomic conception of the universe must now be replaced by an electronic concept thus making matter an aggregation of electric charges. By aid of the sensitive human reflexes, these charges may be identified by a constant polarity and rate of vibration.

Medical chaos will be destroyed by these new revelations.

This is not an anticipation but a verity. Two new devices, or rather the principles which they represent are destined to fulfill this object, viz., Oscilloclast (described in previous numbers of this journal) and Oscillophore.

The former, by rates of vibration only has achieved favorable results in the destruction of disease.

By vibration, the oscillophore is capable of achieving like diagnostic results.

Every natural phenomenon is only a question of a definite and invariable rate of vibration.

To the formalist and traditionalist, it may be iconoclastic to reduce or rather advance diagnosis and treatment to a "penny in the slot proposition," but this is the final destiny of the mechanics of medicine.

WASSERMAN REACTION

We have commented so frequently on the fallibility of this test which informs you that you have syphilis when you have not and that you haven't it when you have, that an observation from another source is welcome. R. de Montigny (*Le Moniteur Medical*, March '20) observes as follows: The reaction is without specific value, a fact which was recorded in our clinic for many years. The fetichism of the reaction is so firmly entrenched in the lay and medical mind that it has graduated into an obsession which refuses dethronement.

To thwart errors, serologists make two reactions by different methods. If the results are doubtful or contradictory, a third method is invoked and their conclusion is based on the predominance of the positive or negative reactions,—a species of cartomancy emulating the performances of a prestidigitator.

In France and America, an occasional voice of protest is heard respecting this infallible test. Thus, the conclusions of Professor Nicolas (*Carnet Medical Francais*, Jan. '20) will create terror among the fetishists of this "famous reaction":

1. The Wassermann is neither specific nor practical.
2. It is present even in the absence of syphilis.
3. It is often absent in the presence of evident lesions.
4. It is dangerous because we treat those who are not syphilitic and fail to treat those who are.
5. From a social viewpoint, it provokes disharmony based on unjustifiable suspicion.

Reference is made to an analysis of nearly 100,000 reactions (Symmers et al.) by the most competent serologists procurable which briefly is as follows: In 31 to 56 per cent. of cases, a negative reaction in undoubted syphilis and a positive reaction in at least 30 per cent. of cases when syphilis could be positively excluded. The Medical Research Committee under the British National Health Insurance Act is slightly more tolerant respecting the accuracy of the Wassermann, but their conclusion is equally ominous, viz., that a positive reaction can only be expected in syphilis when lesions are active.

This is truly confusion worse confounded and we are now confronted with the problem how to demonstrate the border line of activity and quiescence.

Shall we say that a cerebrospinal lesion like tabes is non-active because the accurate observations of Collins show

that 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid?

Wolbarst (N. Y. Med. Jour., Jan. 31, '20- concludes that the Wassermann should be made by at least three independent serologists and that one only is not to be depended on, however capable he may be.

The writer must again emphasize the dictum of Fournier—general pathology should be made a mere annex to syphilography.

Symptoms are merely reflex responses to some etiological factor.

Thus a "Causative Diagnosis" is the only kind of diagnosis worth considering.

Therapeutic results determine the nature of a disease. When absent reflexes presumably due to syphilis return after antisyphilitic treatment, certainly substitutes presumption.

Were the writer to tabulate his cases of partial visual restoration in patients with incurable (?) blindness who yielded a positive Electronic reaction of congenital syphilis, the skeptics would accuse him of mendacity.

In his experience, nerve deafness due to congenital syphilis is most frequent, for in many instances, the virus shows a predilection for the eighth nerve. Partial restoration only can be expected in these cases unless they are recognized in their incipiency.

We can only escape the Wassermannic menace by appealing to clinical experience as the final arbiter in etiological diagnosis. In one of his works, the writer has defined a neurologist as one who can diagnose but does not expect to cure nervous diseases. In the light of cumulative experience he is even unwilling to concede this diagnostic ability. Were it not for syphilis, there would be no neuropathology.

The neurologist forgets that the Wassermann test is only one link and the weakest link in the symptomatic chain of syphilis.

OSCILLOPHORE*

As its name suggests, this is an apparatus for carrying vibrations of a definite wave length and is employed for differentiating and demonstrating radioactive energy. Owing to the large number of new data to be presented some errors in observation may have arisen.

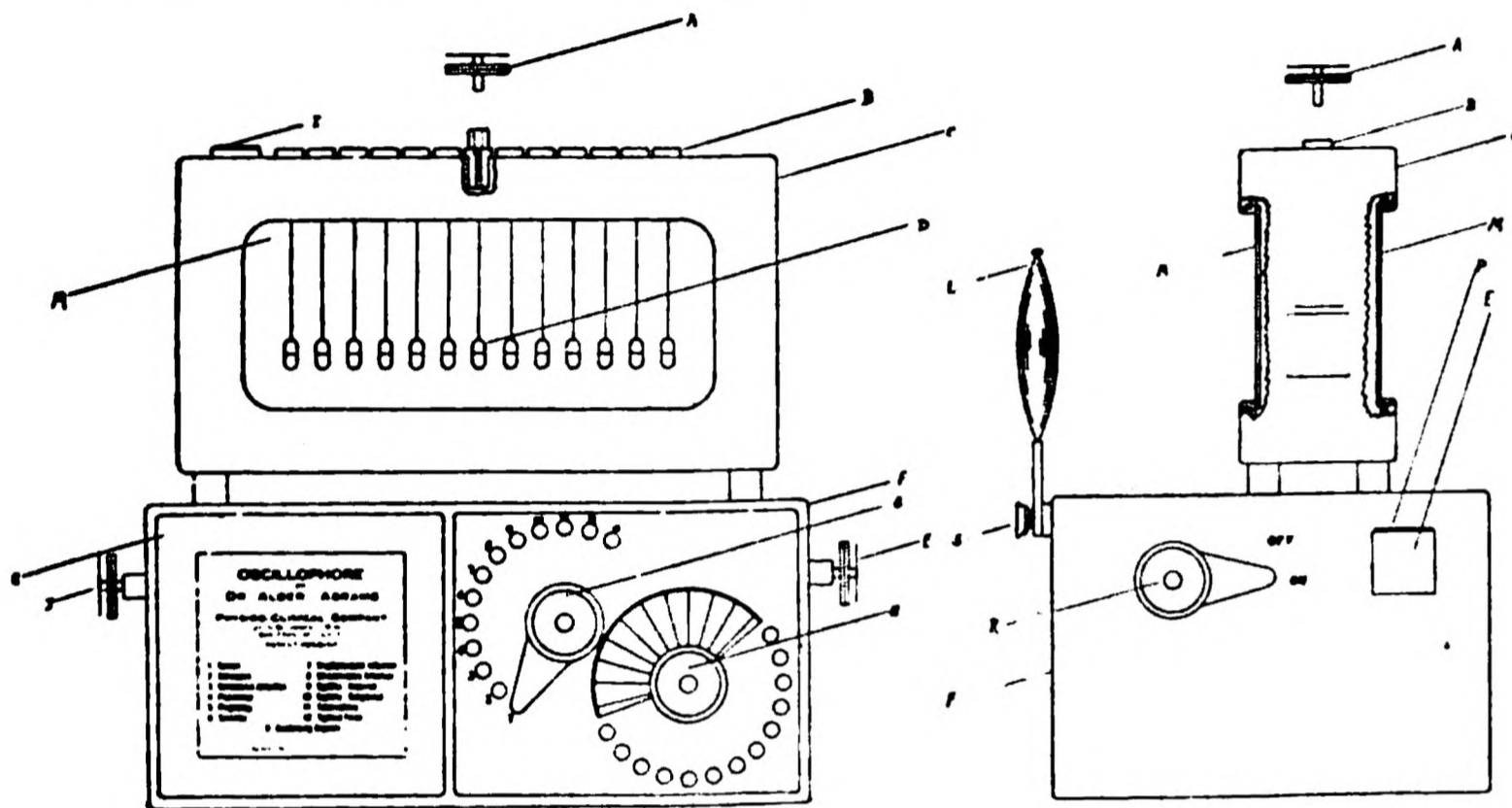


Fig. 1.—Abram's Oscillophore.

Description.—A—Condensing electrode.

B—Insulating bushing supporting capsule.

C—Instrument case.

D—Capsule (CC) marked zero for condensing any kind of energy.

E—Condensing electrode with holder for paper (P) containing drugs to test efficiency of latter. To this electrode (by detaching outer plate) may be fixed tip of cord from oscilloclast (to test rates of latter) or from electrode from patient for diagnosis.

F—Control box on which apparatus is permanently fixed.

G—Selector switch for throwing one capsule at a time in circuit.

H—Switch for throwing all capsules into circuit.

I—Level.

J—Condensing electrode.

K—Table with description of capsules.

*Terms on which oscillophores are leased: A primary payment of \$150.00 and \$5.00 monthly. For those in possession of the oscilloclast, monthly payment is \$3.00. Primary payment is subject to change.

L—Magnifying lens adjusted by screw S.

M—Glass window.

R—Switch for throwing special rheostat (not shown) off or on. Rheostat (Rh) is for measuring energy potentiality and corroborating different numbers on scale.

Rubber bulb (Rb) not shown is used for discharging D (CC).

Abbreviations.

Bm.—Bar magnet.

Bl.—Blood specimen.

CC.—Condensing capsule.

Cc.—Conducting cord.

Cr.—Capsular reaction.

Cs.—Capsules.

El.—Electrode.

Era.—Electronic reaction of Abrams.

E.D.—Enterodiagnostic reaction.

P.D.—Pulmodiagnostic reaction.

S.V.—Splanchnovascular reaction.

Gme.—General method of conducting energy from patient to oscillophore.

Hm.—Horseshoe magnet.

Iv.—Induced vibrations.

Nc.—New concepts in Diagnosis and Treatment (Abrams).

Os.—Oscillophore.

P.—Polarity.

PCM.—Journal of Physicoclinical medicine.

Polarity—Pp (positive, neu (neutral), neg (negative).

Pt.—Potentiality.

Pte.—Potentiality of energy.

Raa.—Radioactive abdominal areas.

Rae.—Radioactive energy.

Rb.—Rubber bulb.

Rh.—Rheostat.

Se.—Specimen energy.

Sp.—Spondylotherapy (Abrams).

Vr.—Vibratory rate.

Directions.—Place Os with its long axis facing East and West. Avoid all colors in its proximity and intense light. Commence observations when capsules are at absolute rest.

Place Os in a room free from vibrations. Without such a room, to the physician, dentist or physicist, apparatus is

useless. A Julius balance obviates extraneous vibrations, but it is expensive.

Persons in room must remain absolutely quiet and table on which Os rests must be firm on the floor. Judicious use of felt under apparatus and legs of table is indicated.

Os faces a window and the light so modified by a shade (black or white) to secure best observations. L may or may not be used.

Movements of Cs are very slight and several observations may be necessary to confirm Cr. When vision is not acute, a reading microscope may be used.

Eyes must be trained like with microscope for observations.

Cr must be tested with ampoules containing radioactive energy of different specimens (Se) which are furnished. If a capsule fails to respond it should be renewed.*

In emergencies, CC may be used exclusively, care being taken to discharge it by Rb before new energy is condensed.

Diagnosis is achieved with patients' blood or from Rae of patient.

If blood is used, extract it during time patient faces West or it may be taken in any position provided blood is received on a white blotter, inclosed in black paper and an Hm passed over it several times.

A like precaution should be taken with Se before testing. Latter may be influenced by Se of other specimens. Present Bl to E or J (with R on off) in such a way that finger tips are directed away from Bl and E or J to avoid polarity emanating from them.

If Tuberculosis is present, only Capsule 11 will move, if Carcinoma 1 and if both are present, 11 and 1 move, etc.

Polarity.—Rae has not only a definite Vr, but a distinctive polarity and latter is useful for corroboration.

Facing Os, P is expressed as follows:

Cr to Right, neg energy.

Cr to Left, Pp energy.

Cr to and from from median line, Neu energy.

Cr to and fro, but to left of median line, Pp and Neg energy.

In the Cr from Pp energy movement is to left of median

*Capsules are durable for six months, a year or longer. A nominal charge of 75 cents will be made for renewing capsule.

line, but capsule returns to median line. This is also true of Neg energy, but Cr is to the right.

Cr ensues 2 seconds after presenting Rae and continues until latter is removed.

Polarity of Energy.—Cancer—Positive.

Colisepsis—Neutral.

Gonococcic Infection—Positive and negative.

Pneumonia—Positive.

Pregnancy—Provisional observations show that if a Cr is to left a male, and if to the right, a female child may be predicted.

Sarcoma—Positive and negative.

Staphylococcic Infection—Positive and Negative.

Streptococcic Infection—Negative.

Syphilis (acquired and congenital)—Positive and negative.

Tuberculosis—Neutral.

Typhoid—Neutral.

H throws all capsules into circuit. To accentuate a single Cr, say Carcinoma, use G at 1 and present Bl or Se as before to either E or J.

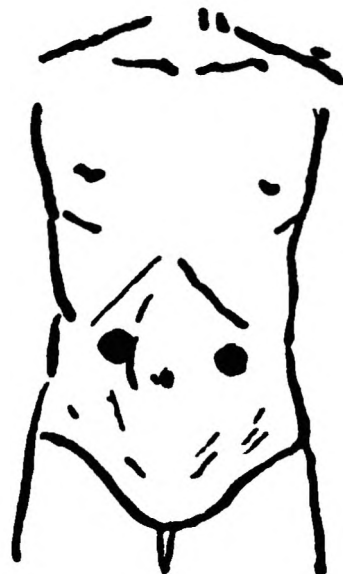


Fig. 2.—Rae from which a general diagnosis may be made*

The Rae from patient may be variously conveyed to Os:

1. By presenting grouped finger tips of right hand to E or J.

2. By a Cc with attached El. Tip of cord is inserted into socket E or J, after removing outer plate. Use large El for a lesion, but when latter is to be circumscribed, use a pointed El.

Gme.—By either method, patient sits or stands with feet on two separated grounded plates of aluminum attached to a faucet or radiator with one or preferably both arms separated from the body and feet spread far apart.

Patient must always face the geographical West, i. e.,

* See P. C. M., December 19. page 214.

body must be parallel with the earth's axis. If patients swerves either to right or left (Magnetic Meridian), no Cr ensues.

Like Cr ensues with energy conveyed from patient as with blood.

Two other ways of conveying energy from patient to Os are:

1. From two areas on abdomen (Fig. 2).

These areas yield the maximum output of Rae. Use a large electrode placed as near skin or clothing as possible without touching either. Employ Gme.

In Syphilis (Congenital or Acquired), liver, spleen and spine yield the Era.

When El reaches Raa, a Cr ensues corresponding to disease from which patient suffers.

2. The Era executed by the reflexes shows definite abdominal and pulmonary areas which exhibit dullness on percussion.* These areas may also be defined by Os using pointed El.

When periphery of each area is attained, a particular capsule moves.

It is best to define these areas with Rh in circuit at the Vr of disease.

Vr. are empirical. It has been found with Rh in circuit that dullness or Cr is always present at zero of the scale of Rh and that they reappear at certain numbers† which are as follows:

Carcinoma.....	30 or 50
Col:sepsis	6
Gonococcus	5
Pneumococcus	4 or 9
Pregnancy	3, 57 or 35
Sarcoma	7 or 58
Staphylococcus	2
Streptococcus	15 or 60
Syphilis (Acquired)	20 or 55
Syphilis (Congenital)	20 or 57
Tuberculosis	15 or 57
Typhoid Bacillus	4 or 23

In Syphilis, 20 is common to congenital and acquired forms, but owing to areas common to both, differentiation is only possible at the Vr, former yielding a Cr at 57 and latter, at 55.

Potentiality of Energy (Pte).—This is necessary to deter-

*These areas are shown in Abrams' Atlas of the Electronic Reactions. Strain areas are likewise shown.

† Dullness or Cr. is greater at Vr. than at zero.

mine intensity of disease and its progression or retrogression in response to treatment.

Put Rh in circuit. Place Bl in black paper over insulating material and cover it with a large El. Tip of other cord is fixed in E or J. Place switch of Rh at 50 and gradually introduce less and less resistance until a Cr is elicited.

Thus, say syphilitic blood is used and Cr is noted at 10, then Pte of Bl is 10 ohms.

Always remember that at zero of the scales and at the Vr, a Cr ensues irrespective of the Pte.

Thus, a low or high grade of syphilis would yield a Cr at the Vr, although the Cr would be greater with syphilis of a high potentiality.

Pte from patient's lesions is similarly estimated. The following data have been determined:

1. In quiescent Syphilis,* Pte is not in excess of 2-25 of an ohm and a Pte in excess of 10 ohms in acquired syphilis is high.

2. In congenital syphilis, any reaction above 5 ohms is high.

3. In Tuberculosis from a lesion if Pte does not exceed 2-25 of an ohm, it is healed.

Any reaction from blood, however low, indicates an active lesion.

All Ptes above 3 ohms in this disease are high.

4. A Pte in Carcinoma below 1 ohm indicates an incipient reaction.

5. A localized strep reaction from a tonsil or tooth and not from Bl shows that lesions are encapsulated. Same holds good in appendicitis and other strep lesions.

Localization of Lesions.—If Bl or finger tips of patient yields say a Cr of Carcinoma, localize lesion as described in "Abram's Atlas." Thus, if the strain indicates breast, go over it with a small El until a Cr ensues.

Strains may also be determined with Rh by noting that a Cr is always elicited at 0, 30 or 50, but, if the lesion is in the Uterus there is a Cr at 20 and, if in the Breast at 13. Remember that if Pte attains these numbers in ohms, they are of no value for strain differentiation.

In this event, two Rh may be used, one admitting the

*This disease may be eradicated as a rule by "Abrams' Treatment" (P. C. M., December 19, page 222).

carcinomatous energy at 50 and using the other Rh for measuring.

This nicety of diagnosis should only be executed by experts.

Always remember that disease may be present in its incipency without clinical signs as suggested by the Era and Os.

Dextral and Sinistral Localization.—See "Abram's Atlas." Use a pointed El with Rh at Vr.

DATA

1. **Color.**—If light is filtered through a colored medium (glass, celluloid or gelatine) on to El conveying Rae, note the following:

Blue inhibits reaction of carcinoma and strep infection and yellow has a similar action in tuberculosis.

2. **Immunodiagnosis.**—Antibodies are normally present in the blood, thus conferring natural immunity to certain diseases.

To be able to inform a patient that a disease which they fear and may never acquire is of some value.

Procedure.—Condense energy of the typhoid bacillus into CC by holding Se over D for about one minute. Then place Bl of patient before E or J. If patient shows natural immunity to this disease there is a Cr or otherwise none. In an acquired immunity, there is a Cr.

This Cr demonstrates whether typhoid inoculations are necessary or, if given, whether they are effective, thus dissipating any false security against infection.

Some patients show a natural immunity to cancer and this may be similarly demonstrated. In latter instance Se of cancer is first condensed into CC.

Immunodiagnosis cannot be made with finger tips.

Observe that a cancer reaction is vitiated by the Rae of liver and Syphilis by the Rae of Spleen. Latter is basis of "Abram's Treatment."

Demonstrate as follows:

Convey Rae from liver of a subject to E. When this is done no Cr ensues when Se is placed before J. Rae from spleen will not prevent the Cr.

(E or J are interconvertible and one or the other may be used.)

Attempt a similar procedure with syphilis.

Note when antibodies of spleen and liver (concussion 2nd lumber spine) are expressed into the blood, Cr is less intense or absent.

Concussion of 11th dorsal spine which aspirates toxins of syphilis into spleen will effect a like result.

3. **Carcinomatous Contagion.**—Abrams has repeatedly shown (PCM, Sept. '16, p 10) that "carcinomatous contagion" is

a reality and has emphasized the danger of propinquity with afflicted subjects of this disease. He has explained this possibility by induced vibrations.

Select a healthy subject and note that when Se of carcinoma is placed in his pocket for a minute, A Cr of 1 may be produced. Like experiments may be made with Se of tuberculosis.

4. **Mind and Disease.**—The therapeutic mental factor is not limited to functional diseases. Let subject in former experiment when he presents his finger tips before E or J will that he has no cancer and note that no distinctive Cr of cancer is elicited. On the contrary, there is a to and fro movement (neu) of capsule showing that, during this process of thought, a neutral energy is evolved which inhibits the Pp of cancer. Such energy acting long enough and capable of neutralizing a small amount of Pp is not without therapeutic action.

No action would ensue with tuberculosis because that energy has a neu.

Magnetism.—Thales, one of the earliest Greek philosophers believed that magnets were endowed with a soul and that their power represented a species of life.

If Lucretius were inspired to sing the magnet's power, he could have apostrophized no greater marvel (Sp 6th ed. p. 131).

Condense energy from the positive pole of a Bm into CC by holding it over condensing plate of CC and note the following:

Finger tips of **right** hand of a normal male causes a Cr to left, and, of the other hand to the **right**. This polarity is reversed in the normal female. When finger tips of both hands are presented to E or J the Cr is neutral like the presentation of an Hm.

Foregoing explains the identity of the Rae of the human and magnetism, and a simple method of demonstrating homosexuality.

Bisexuality is common to the sexes. If a male before presenting his finger tips imagines himself a female (by various devices of the imagination), his polarity may be temporarily reversed and this is also true of the female.

Yellow light falling on a subject will reverse the polarity of the sexes.

I have noted that homosexuals instinctively affect this color as if to accentuate their sexual anomaly.

Red on subject intensifies the polar reactions.

Note that energy from finger tips is discharged intermittently corresponding to the pulse beats.

In **neurasthenia**, the energy discharge is increased as shown by greater amplitude of Cr.

Standing in magnetic meridian will accentuate the Cr.

While standing in latter posture, if head is struck a few light blows, Cr is exaggerated. Latter emphasizes simialarity of human responses and magnets.

Strong blows prevent a Cr. This absent energy discharge explains shock.

If a human condenses his own energy from finger tips, he alone can elicit a Cr; his child may do so but no one else.

If another who can get no Cr permits the subject (who has condensed his energy) to place his finger tips (both standing west) on any part of his skin, he may by induction (within a minute) elicit a Cr. This lasts only during time fingers are in contact with subject.

If a female conducts former experiments with a subject note that the interposition of sheet iron (which screens magnetic energy) will prevent a Cr. Bismuth internally will prevent this induced magnetism by the female. Bismuth is diamagnetic.

Love is an induced vibration and one of the future possibilities in an obnoxious love influence would be to oppose these Iv.

Application of the foregoing in criminology is suggestive.

Blood or hair in a murder case (condensed) could only be moved by the real criminal.

It appears (further investigations necessary) that the Cr of female blood is Neg and of a male Pp.

Present blood in the center. At their ends all objects show polarity like a magnet (NC.p.228).

The medical history of magnetism is a chaotic portrayal of misguided judgment, defective imagination and charlantry.

Magnetism and human phenomena are similar.

A—Magnets show a positive and negative pole.

B—Like poles repel and unlike attract.

C—Iron may be magnetized by induction and these Iv may be communicated (Psychology of Crowds).

D—Jarring a magnet (hammer strokes) demagnetizes it. Like effects ensue from heating whereas cooling increases magnetism.

E—Magnetism is conserved by placing a keeper across the poles of a Hm.

Soft iron is readily magnetized but loses its magnetism after the external magnetizing force is withdrawn.

Hard steel takes longer to magnetize but retains it (coercive force).

F—Resistance to be magnetized is known as "reluctance" and is greater in hard steel than soft iron.

G—A fully magnetized magnet is said to be saturated at which point it gradually grows weaker.

H—Force exerted between two magnetic poles is equal to the product of the strengths of the poles divided by their distance apart. In a word, magnetic power to attract rapidly decreases with distance.

I—A magnet will retain its magnetism better when placed in a due north and south direction.

Human Phenomena may be duplicated by the foregoing data. Love by induction (propinquity of sexes) is counterbalanced by distance and saturation. For the latter separation of married couples for a time is indicated.

Definition of Viscera.—Condense Energy from heart of patient in CC by Gme. Use a pointed Electrode and when heart borders are reached, Cr ensues. A similar procedure may be adopted with the aorta, liver, kidney, etc., condensing previously the energy of the particular structure to be defined.

Pain.—Pinch skin of hand (facing west) sufficient to cause slight pain over CC for about one-half minute. By using Gme, pain areas may be defined. Note that reflex pains yield no Cr, hence pain may be traced to its site of origin. Latter having been determined, make tests for various pathological reactions.

Confirm results by using Rh at 20 (Vr of pain).

Potentiality of pain may be determined.

If the stem of a broken flower is held before E or J, a Cr reaction of pain ensues but not if stem is cut.

Bend a piece of metal before E or J and observe Cr of pain.

If plant stem or metal is exposed to chloroform or ether, no Cr ensues.

POLARITHERAPY AND OSCILLATOTHERAPY

Symphonic therapeutics is a study of polarity and harmonics (PCM, June 19, p. 131 and UC, p. 193 et seq.).

Pharmacologic action with Os is determinable in two ways: Polar action and like vibratory rates.

If cancer Rae which is positive is presented at E, capsule 1 moves. If at same time, positive pole of a Bm is presented at J, Cr is still evident but not if negative pole is used, showing positive polarity of carcinomatous energy.

A Hm (neu) held at J, annihilates both a positive and negative energy of pathological material.

When Hm is presented, there is no Cr but when removed (Se still presented), there is an immediate Cr.

Drugs with dissimilar polarities to disease are effective therapeutically (Polaritherapy).

When a drug is presented to E or J, a Cr ensues when that drug is specific for a particular disease (Homo-oscillatotherapy, PCM, June, '19).

Capsules 9 and 10 move when mercury or arsenobenzol is presented (more effective Cr with former than latter).

Gamboge moves 11 and Creosote ,8.

Show that attenuation of a drug will increase the Cr.

Try Ost by same method and note which Vr are efficient. Avoid vibrations of Ost by placing commutator on metal brushes (without setting Ost in action). When this cannot be done, with less recent types of Ost, conduct current by a long cord to Os in an adjacent room.

Aliments.—Preference for foods is a question of metabolic intelligence.

Some instinctively demand Salt, where others have an aversion for it.

Condense salt energy at CC, then present finger tips to E or J. Those craving salt will elicit a Cr; others will not.

Death—In the norm, no Cr of hydrogen sulphid can be elicited from a Bl.

In patients approaching dissolution, it appears and when amount can overcome a resistance of five-twenty-fifths of an ohm, death in a few days may be predicted.

Condense hydrogen sulphid in CC and then present Bl to note if a Cr ensues.

(Prepare gas by placing a few pieces of copper in a test tube with concentrated sulphuric acid. Heat and gas evolved may be conducted to CC for condensation).

DURATION OF LIFE

The writer is a predestinarian. His fatalistic philosophy presumes that all things are subject to fate or proceed by inevitable predetermination. In this sense he is opposed to necessitarianism, which suppose that every event is determined by the events which immediately precede it in a mechanical way.

Two factors determine growth: a food and a growth factor.

About the latter, we know nothing as it differs in different species and is uninfluenced by the adjustment of food factors.

The **protein molecule** is the fundamental basis of the cell and is an original constituent of the body. It is not modified by food and is original like the elements.

The growing tissues are dependent on this molecule and the original electrons of which it is composed cannot be changed.

Since attention was directed to the vitamins, we now know that growth is not only a question of energy supply but of building protein units.

Predicting the duration of life is now, we believe, a possibility by aid of the oscillophore.

Many estimations will be necessary before this question can finally be determined and should it be, it will be necessary to construct a new philosophy of complacency.

The latter need not resolve itself into indolence or apathy nor assume the aspects of stoicism.

It would not be difficult when we knew how to "Live for the present. The present is all that thou hast. For the future will soon be present and the present will soon be past."

When age, by the writer's reactions is determined by the energy potentiality of the **blood**, it is found that it is greatest at birth (3ohms) and decreases with advancing years, so that at 73 years, it measures three-twenty-fifths of an ohm (atlas of electronic reactions).

The potentiality of the stabilized protein molecule is uninfluenced by age or disease. It is definite and invariable.

To measure the same, condense Energy in CC. of Os. with pointed electrode from skin of the wing of the nostril for about one minute.

Only the radioactivity of the individual from whom energy is condensed will move the capsule.

Now conduct energy to Os (from nasal wing) through Rh and note when capsule moves. Lever of Rh is placed at twenty-five-twenty-fifths of an inch and gradually reduced until a Cr is elicited which is the potentiality of the protein molecule.

The following are potentialities at different ages in different individuals.

Age.	Potentiality (in ohms).
23	.....14/25
25	.....13/25
59	.....17/25
40	.....13/25
54	.....12/25
26	.....17/25
58	.....18/25
37	.....11/25
18	.....13/25
33	.....11/25
30	.....10/25
25	..... 9/25
53	.....13/25
56	.....18/25
68	.....20/25
44	.....15/25
25	.....15/25
75	.....23/25
71	.....23/25
61	.....21/25
74	.....24/25
47	.....20/25

At the age of 75, the Pte is 23/25 of an ohm. Thus, the individuals in the foregoing who do not attain this potentiality will not attain this age. In other words, the greater the Pte of the protein molecule, the greater the duration of life.

HYPNOTISM

In the early practice of this phenomenon, it was supposed that a new source of energy was transferred from the operator's strong personality.

This viewpoint was abandoned and the results were attributed to the suggestions made by the hypnotist plus a state of mental absorption in which distracting thoughts of the patient were removed.

The earlier theory presumed that the new source of energy was magnetic and that the hands represented the poles of the current.

Experiments with the Os appear to prove the correctness of the first theory.

The radiopolarity of the finger tips (not hands) in the human and the magnetic character of the emanations has been shown by the writer (Q.V.).

The vibratory rate of chloroform corresponds to that elicited in sleep and under hypnotism.

We have shown how induced vibrations may be produced in cancer.

Condense in Cc, the radioactive energy of chloroform. Then place in the pocket of a person a bottle of chloroform.

Within one minute (40 seconds definitely) induction ensues and the person (chloroform in pocket) either can elicit a Cr with the finger tips of either hand but not with both (one neutralizes the action of the other).

Now let the operator concentrate on sleep or will that a patient should sleep (energy conducted from operator to Os) and the moment this will is expressed, there is a Cr.

Fixation of the eyes of patient on an object will produce a slight Cr.

The writer has practiced hypnotism for years and since the foregoing investigations, he has found that more effective results are achieved by using only the finger tips of one hand applied to an area of patient on either side of head on a line drawn just in front of ear, 8 cm up from the antitragus. Latter area has been found to be the most receptive area for transferred energy. Note that the radioideograph (middle of arm on ulnar side) of sleep (will) corresponds to picture of chloroform.

Mathematical Sexes.—Condense energy from positive pole of a magnet in CC. With a conducting cord to Os note that when 1, 3 or 5 fingers are touched with electrode Cr is to left (male) and to the right (female) when 2 or 4 fingers are touched.

Sex of Eggs.—Try method suggested in NC (p.297) using condensed energy from magnet.

HUMAN MAGNETISM

That the energy emanating from the human is magnetic, I have endeavored to show in my books and numerous writings bearing on this subject. It is unnecessary to solicit prolix apparatus for the demonstration of this fact as the following experiment will show:

Approximate the negative pole of a bar magnet to a compass at a sufficient distance to just enable it to attract the positive pole of the needle.

Facing the geographical west (this is imperative) with separated feet and arm extended from body (to avoid short-circuiting of latter), group finger tips of right hand and present them in front and in close proximity to negative pole of magnet; the needle moves anticlockwise. Present finger tips of left hand and needle moves clockwise.

These reactions hold for the normal male and are reversed in the female.

Energy from a male is positive from right finger tips and negative from left finger tips. Right finger tips neutralize energy from negative pole of magnet whereas left finger tips reinforce the energy.

Yellow light falling on the face reverses polarity in male and female. Red light augments the output of energy

Execute reaction in a quiet room. Movements are infinitesimal and vary with the energy output of the individual. Try a like experiment with human blood, presenting the center of blood. Male blood caused needle to move anticlockwise; female blood, clockwise. Any reversal indicates homosexuality as a rule.

Reference has been made (NC237) to symptoms which may predominate on either one or the other side of the body (dextral and sinistral symptoms) and their occurrence was accounted for by a difference of polarity on the two sides. I have shown how this polarity difference may be determined by a simple method.

The following method observed by the writer may be tried: A subject faces the geographical West with separated hands and feet.

The radial pulse which must be equal in volume on both sides is palpated during the time one pole of a bar magnet is

applied to the center of the forehead. Note that in about 30 seconds there is a difference in both pulses.

In a normal male the following polar responses ensue:

Positive pole increases volume of right pulse and diminishes volume of left pulse; the opposite ensues with the negative pole of magnet.

These reactions are reversed in the normal female.

A horse shoe magnet (neutral energy) increases the volume of both pulses.

A normal male facing west and presenting the grouped fingers (to forehead of another person facing West) will get analogous results with his right (positive) and his left (negative) finger tips.

These reactions are accentuated if subject stands on insulated material.

The foregoing illustrates the principle of polarimetry and explains why by the electronic reactions of Abrams, one is able to say whether a lesion is on the right or left side of the body.

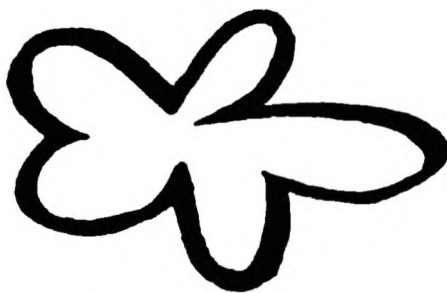


Fig. 3.—Ideograph of Love.

In this journal (March, 1920), reference was made to ideographs.

Show that nature's laws are universal and not abrogated in favor of the human.

Love is one of the most exalted emotions conferred on the human by the Great Organizer.

When an individual concentrates on love for one of the opposite sex, there appears on the forearm ($1\frac{1}{2}$ inches below elbow joint), a characteristic ideograph (Fig. 3).

A bar magnet attracting a nail or other magnetic material displays the same picture. Place before the magnet steel material just far enough to avoid its immediate approximation to the magnet. Over the area of attraction, place an electrode to which is attached a cord holding another electrode. Place latter on head of subject (at A, Fig. 1, J. March 1920).

At Luther Burbank's, like pictures were elicited by the writer with flowers.

ELECTRONIC REACTIONS OF ABRAMS.

(The following is an exact copy of a letter forwarded by H. G. Nyblett, M. D., of Canada. While in England, Major Nyblett had heard of the successful results of Abrams' treatment and he came to San Francisco to investigate its methods.—Editor.)

327 Twenty-fifth Avenue West.

CALGARY, ALTA., March 11, 1920.

Sir James Barr, M. D., 72 Rodney Street, Liverpool, England.

Dear Sir:—Having just returned from San Francisco, where I have spent the last month with Dr. Abrams, I thought it might interest you to hear of his work from one who has seen him at work.

I have been interested in Physical Therapeutics for many years, and during my four years' service overseas I was engaged in this work. On my demobilization in January, as I needed a post graduate, I decided to go to Dr. Abrams. He told me of your interest and read me some of your letters. In such a work as Dr. Abrams' it is not for a man who has spent most of his life in general practice, to criticise. His work is too big for that. Therefore I will tell you only what I saw, and leave you to draw your own conclusions.

On my arrival Dr. Abrams took me into his office and told me to watch his work until I got a grasp of it. At first it seemed hopeless, the subject was so big, and having been so long in the army, my ears were not attuned to sound. This, however, soon passed and in a few days I began to read the reflexes as Dr. Abrams elicited them. I then began to appreciate the wonderful accuracy of his work, and the fact that we now have a means of finding the cause instead of treating symptoms.

One thing that gave me faith in the Doctor was his broad-mindedness and the way that he impressed the idea that his work was in its infancy and therefore incomplete and his hope that he might live long enough to complete it and place it on a sound basis. He readily acknowledged his mistakes and his liability to err through not being able to get away from the personal element and influence, and yet in spite of this his work stands out pre-eminently, and to the man who is broad enough to forget his medical training and begin again there is no room for doubt. You have only to believe in your own senses—seeing and hearing give the proof.

A few instances of his diagnosis and treatment may interest you.

Dr. T. of a neighboring city brought in ten specimens of blood, and without any information he handed them to Dr. Abrams, who made his re-actions. I was looking at Dr. T.'s

clinical notes and each diagnosis corresponded with the clinical findings except one. Dr. Abrams, by his re-actions, stated that the blood was taken from a woman and diagnosed pregnancy. Dr. T. denied this absolutely and finally a bet was made as to its correctness. Dr. T. stated that the blood was from a girl of eighteen with suspected breast trouble. A few days later Dr. T. came in and offered to pay the bet.

A lady sent in with suspected sinus condition, this was confirmed, and in addition a diagnosis of carcinoma of the breast, which was confirmed on examination, although not suspected before.

Patient with tuberculosis sent for examination, re-action showed in addition to T. B. she has acquired syphilis. She acknowledged that she had rendered herself liable.

Patient (dentist) contracted syphilis by abrading his knuckle while extracting a tooth; was treated almost immediately; re-actions about a year after showed no syphilis. This was confirmed by a Wassermann, but re-actions showed carcinoma of the stomach. An X-ray being taken showed "Unquestionably a stricture of the lower end of the oesophagus".

Case of epithelioma of the lip stated to me as large as the end of little finger and lip indurated and painful. This case had previously been operated upon and at the time of treatment was a recurrence. At the time I saw him all induration had subsided and there were only two small marks on the lip. one with a slight crust and no pain.*

I have seen a number of cases of aneurysm of the aorta symptomatically cured. Carcinoma of the stomach to all appearances cured. The man looks healthy and no reaction.

My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has, and being an Englishman myself, my object in writing to you is in the hope that you may be the means of inducing more medical men to investigate Dr. Abrams' work and to co-operate with him in its development.

I wish some man who is proficient in his methods could go to the British Isles to demonstrate. I realize how difficult it is to appreciate it from reading, and yet when seen it becomes very simple with the exception of the training of the hand and ear, and, perhaps, I should add, the mental aspect as well. For one needs to approach a diagnosis with no favor for any special disease, otherwise the imagination may become too active. For

* Treatment by Oscilloclast. Results after five treatments.

this reason I would be in favor of obtaining the electronic re-actions and confirming them by clinical findings afterwards.

A man with no recognition of musical notes would find this work difficult, and to be certain of reactions requires considerable practice. I hope in time to be able to feel absolutely sure of my diagnosis, but even in the few days since my return I have received help from what I learned from Dr. Abrams. The only experience that I have had with the Oscilloclast was what I saw in his office, but that convinced me of its value, although I was more interested in learning his diagnostic methods. I brought the Oscilloclast home with me and one of my chief objects in so doing was to save my daughter's tonsils.

Believe me, yours sincerely.

H. G. NYBLETT, M. D.

SHORT-CIRCUITING OF HUMAN ORGANISM

The physics of percussion* was discussed in this journal (March, 1920).

It is strange that, although peercussion was first employed in diagnosis by Auenbrugger in 1761, no one has heretofore directed attention to the errors ensuing from short-circuiting.

It was not definitely known until its publication (NC) that the organism is essentially a battery and that the finger tips and toes were polar termini.

We have extended our observations bearing on the foregoing which any one can confirm.

Let the subject face the geographical West and note the following when the finger tips of both hands and feet are brought in opposition:

1. Heart dilates (deep percussion).
2. Descent of lower lung and liver borders, 3 cm.
3. Hearing improved.
4. Slight increase of visual acuity in myopics and others.
5. Slight pupillary dilation and tardy reaction to light.
6. Collapse of veins.
7. Enfeebled heart tones.
8. Slight inhibition of the pulse.
9. Dilatation of aneurisms.
10. Ear lobe reddens.

Any metal uniting cerebral hemispheres will produce like effects. The maximum effects of latter maneuver (cerebral short circuiting) are achieved when metal is suddenly placed at a point on vertex corresponding to a line drawn just in front of both ears.

Note the opposite effects (subject in same position) when arms are widely extended from body and feet separated.

1. Heart and liver borders recede (2 cm..) and the lower lung border about(3 cm)..
2. Heart tones stronger.
3. Venules enlarge.
5. Slight pupillary contraction and more rapid light response.
6. Ear lobe pales.

Non-recognition of the foregoing heretofore unrecognized, data will greatly influence the findings of the clinician and roentgenologist. Percussional dulness is more easily revealed

*This contribution was reproduced in "The Lancet" (London), March 6, 1920, and in the "Revue de Pathologie Comparee," Feb., 1920.

by the latter method (separation of hands and feet). Periodical attacks of dyspnea may be due to short circuiting.

Nature's laws are universal and not abrogated in the interests of organization whether represented in animate or inanimate nature.

This natural coordination in one harmonious architectonic scheme is the simple characteristic of organization. In this sense, the writer is a monist.

*Short-circuiting is effective for **neurasthenics**, as it inhibits the dissipation of energy. To confer maximum visceral tonicity, separation (in bed) of the hands and feet is indicated.

OSCILLOCLAST

No more emphatic truism was ever expressed than, *Qui bene dignoscit, bene curat* (who diagnosis well, cures well).

A correct diagnosis is most important in the use of the oscilloclast.

One lessee of the apparatus recently remarked to the writer "I am not getting the wonderful results that I did at first."

In all these patients with whom no results were achieved an incorrect diagnosis was made.

The oscilliphore is destined to remove these difficulties.

Dr. E. Majors, informed me that a patient on whom an operation for Empyema had been made a year previously continued to have a discharge from his chest despite the use of the oscilloclast at 2 (strep rate).

On examination of the patient the strep reaction was absent but adjacent to the discharging wound, an area of lung consolidation yielded the reaction of bacillus coli. At the rate for the latter (4), the discharge ceased after several treatments.

Combining Currents.—In the March ('20) of this Journal, the synchronous use of currents was suggested to minimize duration of treatment. Thus, in every focus of suppuration, three organisms are frequently present, bacillus coli, strep and staphylococcus.

Buttons 4, 2 and 1 could be used simultaneously, but it has been found that the efficiency of the current from the apparatus is reduced 100 per cent, when the two buttons are used synchronously and at a corresponding greater reduction when more buttons are used. For the present, lessees are urged to use only one button at a time.

Report of Dr. H. Michener, Wichita, Kansas:

"Now, as I have used the Oscilloclast for some time, I want to give my opinion of it as I have found it to work in my practice. Two cases of chronic **appendicitis** cleared up in four to six treatments by using the oscilloclast to destroy streptococcic and colon bacillus infection. In **syphilis**, ten treatments over spleen and site of infection have produced not only negative electronic reaction, but also negative Wassermanns. I have not used it in acute gonorrhoea but in chronic gonorrhoea and gonorrhoeal prostatitis, it produces positive results. I have not been able to destroy streptococcic infection in deep-seated abscesses, neither have I been able to reduce tumor formations,

but in Epithelioma and carcinomatous ulcerations, the results are marvelous. One epithelioma on the face, nearly the size of a quarter and eaten down nearly to the bone, was healed with twelve treatments, with scarcely a scar remaining. One case of carcinoma of the right tonsil involving the upper and lower maxillae perfectly healed with surfaces smooth and of a natural color, but the submaxillary gland and the glands of the neck, I haven't been able to reduce, but they remain hard and fixed. Can't you multiply or increase the energy for destruction of hyperplastic connective and fibrous tissues?"

[Comments. The electronic reactions show that one may elicit a gonococcic reaction from implicated structures despite the negative results obtained by staining of the secretions. Thus symptoms persist which invariably yield to oscilloclast. This difficulty consists in a failure to properly express the contents of the prostate and seminal vesicles. In consequence of the latter, an examination of the total ejaculated fluid (after coitus) for gonococci is suggested.

I have repeatedly referred to the fact that the only change in tumors after use of the oscilloclast is induration, movability and only a slight reduction in size. The presence of connective tissue is a compensatory phenomenon to replace the destruction of the parenchyma by the current, and it is injudicious to seek its removal by using the current at the scar tissue rate. For cosmetic reasons, after destruction of the growths by the current, they may be extirpated.

In contrast to the report of Dr. Michener, Dr. P. S. Replogle (Champaign, Ill.) mentions several patients with carcinomata who have received benefit from the oscilloclast, and the following is excerpted from his letter:

"Man, 50 years of age. Carcinoma right breast. Mass indurated and irregular shooting pains throughout chest. Ten treatments with oscilloclast reduced tumor at least two-thirds, and the man is well and has returned to work."

The rapid results achieved by the oscilloclast is indicated in an excerpted report of Dr. Thompson:

"Gonorrhoeal cystitis cured in three treatments: Frontal sinusitis (colon bacillus infection) cured in seven treatments (this patient as well as the following one had been treated for many months without results). Suppurating antrum cured in a few treatments. Carbuncle cured in two treatments," etc.—Metastatic infection of a sinus by the plasmodium was demonstrated in one of Dr. Thompson's patients by the electronic reactions.

Urethral Stricture.—Dr. H. G. Nyblett reports excellent results by intraurethral applications of the current at the scar tissue rate. His suggestion finds application for strictures elsewhere.

Neurasthenia.—The head sensations (casque neurasthenique) of this affection which the writer has shown are due to fatigue poisons are almost immediately relieved by applications to the occiput of the current at 10.

Skin Lesions.—There is no adequate term to designate the presence of colon bacilli in the blood and colibacellemia is suggested. The electronic reactions show that many chronic skin affections owe their genesis to the colon bacillus and the current at 4 or the use of gamboge externally is suggested. For many years the writer has shown that many dyes owe their efficiency to their inherent radioactivity which in potentiality is even greater than radium itself. It is only recently that the research laboratories are investigating the efficacy of dyes in the treatment of disease.

It is suggested that they be used (as indicated by the writer in N. C. and J.) to fortify the action of the oscilloclastic currents in the interim of treatment.

Syphilis and Carcinoma.—Physicians should be apprized of the fact that the electronic reactions show that carcinomata frequently develop on a healed syphilitic lesion.

Ocular Lesions.—Despite the fact that oculists may recognize the early manifestations in the eye of systemic disease, they do not do so often enough and, if they do, they are powerless to cope with them.

To many oculists every opacity is a cataract and strep infection is unrecognized.

Tuberculous lesions of the eye are frequent and many so-called cases of glaucoma are nought else but an ocular tuberculosis. The latter statement is based on the electronic reaction and the results of treatment with the oscilloclast.

Many lesions are due to congenital syphilis (notably progressive visual acuity) and are only improved by general treatment first and local treatment to the eyes by the oscilloclast. My results will not be recounted as the writer seeks to escape the accusation of mendacity, but only the following instance will be related:

Dr. F. D. Taft (Oakland, Cal.) mentioned incidentally that he was absolutely blind in one eye for 20 years. Many prominent oculists were consulted and the unanimous verdict was, opacity dependent on cataract. An electronic reaction of the

eye demonstrated the typhoid bacillus, and Dr. Taft observed that loss of vision ensued subsequent to an attack of typhoid fever. Current (at 10) from the oscilloclast was used and after only three treatments comparatively small print was read without difficulty.

Migraine and Epilepsy.—These, like many psychoses, owe their origin to congenital syphilis, but although treatment of the latter is persistent, the symptoms continue. One can account for the latter by referring to the "dead corners" which harbor the toxins and resist drug action. Thus, in two instances of **paranoia**, congenital syphilis (which failed to yield the electronic reaction after "Abrams' Treatment") demonstrated in the suboccipital region a reaction of congenital syphilis, and when the current at 3 was used at this area, for about 12 treatments coincident with the evanescence of the reaction, the symptoms abated and finally disappeared.

A nosological relationship between migraine and epilepsy has always been surmised. In both affections, the electronic reactions invariably show congenital syphilis, but whereas, the reaction from the blood may be dissipated by the Abrams' treatment, a localized reaction of the disease may be elicited at an area corresponding to a point on the left side of the head in the parietal region, about 6 Cm. up from the top of the ear.

It is requested that lessees of the oscilloclast use the current at 3 in these affections at the area cited to determine results inasmuch as the writer has not had sufficient experience with the method. In a few cases of **asthma** thus far examined, a reaction similar to epilepsy and migraine was demonstrable.

DYNAMIZER.

One of the great future problems is to harness the great storehouse of intraatomic energy. The following suggestion may prove the basic principle of this endeavor. I have shown that all entities in nature show polarity and the neutralization of the positive by the negative polarity minimizes the energy output. This may be prevented by grounding the ends of a blood specimen by aid of the Dynamizer (Fig. 4).

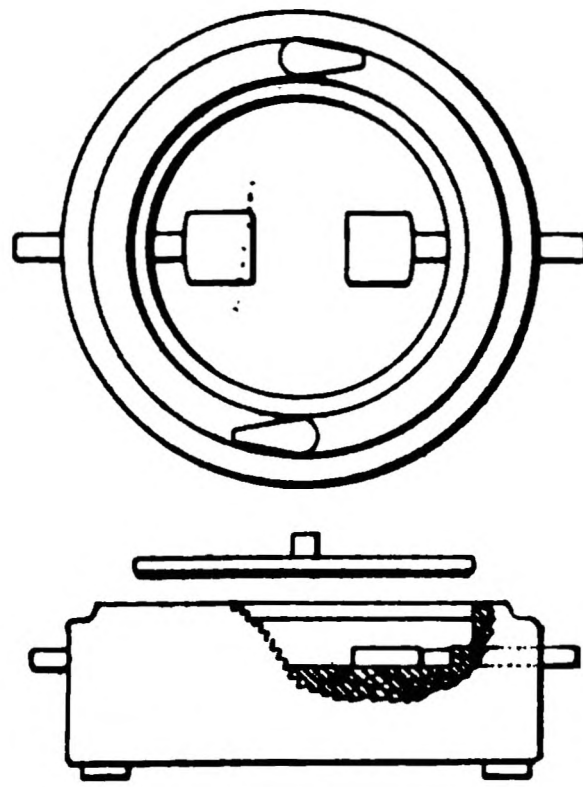


Fig. 4. Dynamizer.

By aid of the latter, the electronic reactions are increased 400 per cent. in intensity. Try the method suggested in previous article and note that, when bar magnet is short circuited by a wire uniting the two poles, the attraction of the compass needle is diminished and conversely increased by grounding the two poles.

An electrode on a like principle will be made and sent gratis to lessees of the oscilloclast to encourage use of latter for analgesia. The two compartments (insulated) of electrode are filled with cotton, wet with salt solution.

MEASUREMENT OF EMOTION.

The experiments of Professor A. D. Waller on the above subject (February 21st, page 259) are very interesting to me as corroborative to a very small extent of the epoch making work of my friend Dr. Albert Abrams of San Francisco.

It is quite eight or ten years since Abrams showed that the electric discharge from the human body chiefly occurs at the tips of the fingers and toes; the discharge is greater in the light than in the dark, and, contrary to generally accepted opinions, greater in dry than in damp weather. As an absolutely dry atmosphere is a more or less perfect insulator, he legitimately concludes that human electric potential is high. He has also shown that the polarity in the normal male—I say normal because there are a good many asexual individuals about—is positive in the right hand and foot and negative in the left; in the normal female during the child-bearing age the polarity is reversed; the polarity can also be reversed by throwing a yellow handkerchief over the head of the subject. In some highly strung individuals the discharge from the right hand in the male and the left in the female is sufficient to neutralize the south pole of a six-inch bar magnet.

Abrams ascribes these effects to electronic energy, not simply in the cell, but in the atoms of which the cell is composed, and he holds that radio-activity is a universal property of matter, and not simply confined to the dozen elements or so to which physicians limit it.

I think it is within the experience of very many individuals that any painful or disagreeable emotion causes tingling or the so-called "pins and needles" at the tips of the fingers. In your own case, when Dr. Waller aroused a disagreeable memory, there was a great deflection in the mirror galvanometer. There must be a great many disagreeable reminiscences stored up in the substrata of your encephalon; get someone to rake them up, and you may be able to corroborate my observation at your finger-ends without any Wheatstone bridge or galvanometer.

In executions it has been long known that emission of semen not infrequently take place. This has always been ascribed to the effects of strangulation congesting the penis and testicles, but it occurs as frequently in fracture of the neck as in the slow process of strangulation, and in my opinion takes place before the execution in the dread anticipation of what is going to happen.

In epileptics the high electric potential can be drawn off from any part of the cranium, and in order to lessen the elec-

trical resistance of the scalp in such cases I have been lately having it rubbed night and morning with a 5 per cent. solution of acetic acid. I could easily fill several journals with an account of Abrams' valuable work, but this will perhaps suffice to whet the appetite of the curious for something new.

Reprint, British Medical Journal, March 13, 1920. By Sir James Barr, late President British Medical Association.

MISCELLANY

Letter of J. W. King, M. D. (Bradford, Pa.)—The following is an excerpt in reply to a physician: "I know of nothing in my 31 years of practice of medicine that is comparable in any way to what one is taught here in Dr. Abrams' laboratory. You must come and see the work done."

Electronic Reactions of Abrams.—During a recent sojourn of three months in San Francisco, en route from Hawaii to New England, it was the writer's good fortune to spend the last ten days of this period in investigation at the Abrams laboratory. Through the courtesy of Dr. William Boericke, the Dean of Hahnemannians of the Pacific, the writer was presented to the polyglot scientist and man of letters, Dr. Albert Abrams.

The casual visitor to the modern scientific laboratory finds a certain unanimity in personnel, equipment and general conduct befitting the advanced age in which we live. This is true of the Abrams laboratory to a certain extent, yet this particular laboratory is unique in several respects that probably make it more typically individualistic than almost any other institution for medical research. In fact, one seems to be impressed with the idea that this is not alone a laboratory for physical and pathological diagnosis, but an institute for biodynamic and vital research as well.

In this laboratory many subjects, possibly considered by the ultra-conservative as very far afield from medical diagnosis, have from time to time come under consideration. For example, not only have the visceral reflexes been utilized for testing the electronic reactions and vibratory rates of various pathological lesions, and for ascertaining the radioactivity of metals, electromagnetic theory of light, gravitation and polarity in the field of electrophysics, but also subjects as psychoanalysis, bicerebration, hypnosia and various phenomena of the subliminal have likewise been under consideration. All these data have been carefully set forth in more or less detail in Dr. Abrams' "New Concepts in Diagnosis and Treatment."—Excerpt from a journalistic contribution by B. C. Woodbury, M. D. (Boston, Mass.).

Ideography.—In a recent number of this journal (March, 1920) this subject from a professional viewpoint was discussed. It may interest our readers to reprint the following viewpoint of a layman which was recently published (April 24, 1920). The caption of the article was "Visualization of Mental Vibrations":

BY ROBERT H. WILLSON.

"If you want to see something really worth while, let me show you a reproduction of your thought vibrations."

This was the rather startling suggestion made by Dr. Albert Abrams in his laboratory at 2135 Sacramento street two days after he had demonstrated what, he says, are the electronic vibrations of alcohol.

I will relate exactly what happened at that time without embellishment or speculative comment.

Dr. Abrams and three physicians, who were there because of interest in some of his other experiments, took their places in one room, surrounding a young woman employed in the laboratory.

Apparatus Used to Receive Vibration.

Dr. Abrams brought out a receiving instrument, apparently very much like a simple apparatus for conveying sound vibrations. At one end was an aluminum disc about the size of a tea saucer, and at the other end a similar disc about the size of a half dollar. The connection was an insulated cable. The large disc was set up in the center of the room and the small disc was placed on the forehead of the young woman.

For the first experiment Dr. Abrams said he would try something simple. He asked me to go into the next room and think intently of a numeral. The doctors were to watch closely the bare extended arms of the young woman and draw upon a piece of paper anything they saw appearing there.

Before I left the room I had selected the numeral "8" because it seemed easy to visualize more intently the two circles joined together than any other image of a number I might select. I did not write the number, nor see it anywhere in the room, nor intimate in any way that I had selected it."

Numerical "8" Seen on Girl's Arm.

I went into the next room, thought as intently of the figure "8" as I knew how—without really knowing how, for the process of mental concentration is but vaguely understood—and within a few seconds was called back. I heard them comparing notes as I came into the room. Dr. Abrams and two of the doctors had seen the figure "8", the other doctor had seen one of the circles, and the nurse upon whose arm they said the figure appeared was certain that it was "8".

One experiment proves nothing. If it is possible to send thought vibrations from one room to another and reproduce thought pictures, the scientist would demand fairly uniform results under similar conditions. I have spent many hours

since that first experiment in Dr. Abrams' laboratory and the results have been varying.

But a number of very interesting things happened. Dr. Abrams asked me at one time to think of a geometrical figure, mentioning squares, circles, triangles, crosses, etc.

Automobile Wheel Is Thought Of.

It occurred to me that any guessing could be eliminated by going outside the field he suggested and yet in a way conforming to the test. I had changed tires often enough to be sure that I had a very vivid picture of an automobile wheel in my mind.

As a result of this experiment Dr. Abrams and another observer both drew pictures of a circle with several bisecting lines. The pictures were essentially of automobile wheels with a number of spokes missing, and when I stop to consider the matter I don't know how many spokes there are in the wheel of my automobile, so that their pictures were about as accurate as the one I had in mind.

Dr. Abrams believes in apparitions—to this extent. He says they are projections of thought vibrating into space. To demonstrate this theory, he asked me to try to see an image in the room about half way between the floor and the ceiling at a certain point. He took the receiving end of his vibratory conductor to that point. The most natural thing I could think of to be hanging in space was a crescent moon. The nurse at the receiving end of the conductor almost immediately drew a crescent.

Thought of "V" Appears as Triangle.

The whole thing is weird and incredible. I tried another experiment with a numeral. It might be that someone would guess what was in my mind a number of times in succession. I took the number "5", but pictured it as the Roman numeral "V". The "V" appeared, but so intent were the observers on looking for something else that they told me all they could see was something that looked like a triangle.

With due apologies to Dr. Abrams I am by no means convinced that I have seen thought vibrations transferred from one place to another or that I have seen thought images reproduced. I am inclined to doubt that the human mind is capable of understanding its own mechanism.

Some of the experiments we tried were startlingly successful and others failed. I tried in one instance to transmit a picture of a tall shaft, having especially in mind the Washington monument. They gave me a picture of a telegraph pole lying in a horizontal position.

Dr. Abrams is working on the edges of an interesting field of scientific investigation. He is even trying to secure some delicate photographic apparatus to record the impressions of thought images.

The fact that he believes thought images are reproduced on the surface of the skin under strong mental concentration is perhaps not as incredible as it seems at first.

Proves Human Radiation by Magnet.

To demonstrate the radiation of energy from the human body he performs a simple experiment with a compass and a magnet. The magnet is placed just far enough from the compass to draw the needle in the opposite direction from the north pole, with only enough attraction to leave it at the point of swinging back again. Approaching the end of the magnet with the finger tips affects the needle of the compass. Using the right hand causes the point of the needle to swing to the left, the left hand causes the opposite motion. The polarity of the body and the emanation of energy are pretty well demonstrated by this simple experiment. Why not, then, asks Dr. Abrams, regard it as reasonable that intense thought vibrations should extend to the delicate surface of the skin?

Dr. Abrams has even gone so far as to construct a small "storage battery" in which he says that thought vibrations may be condensed and stored for a short space of time. He demonstrated this with a degree of success, but it seems more plausible to believe that some other agency than a storage battery of human thoughts was at work.

Several men of scientific turn of mind have been deeply impressed by Dr. Abrams' experiments, others are extremely skeptical. One thing may be guaranteed—he has a sufficient amount of data and equipment to cause anyone to do a lot of profound thinking."

Congenital Syphilis.—Among the stigmata of Abrams in the identification of this condition is incurvation of the little finger (J., March, '18). Abrams has more recently noted an incurvation of the radius which is fairly constant in both fore-arms.

Review of Reflexotherapy.—Dr. J. W. King has compiled a succinct summary of Abram's methods which is most practical and which, we hope, will be published in a future number of this journal.

Atlas of Electronic Reactions.—The price of this atlas has been advanced to \$20.00.

Identity of Syphilis.—Recently, in a matter of medicological inquiry, the writer was asked whether it was possible to determine whether syphilis contracted by the husband was transmitted to his wife or whether she had acquired it from some other source. An affirmative answer could be given.

Why is it that only about 2 per cent. of syphilitics develop paresis? Four men infected from the same prostitute all became tabetic or paralytic later (Erb) and, in an epidemic of syphilis among glass blowers (7 victims), 5 were seen 12 years later and 4 were tabetics or paralytics (Brosius). Family tabes or general paralysis also accounts for definite strains of spirochetæ whose toxins possess an affinity for definite tissues. Every syphilographer knows that the virulency of syphilis varies with the locality in which it is acquired. This geographic determinant as a factor in virulency is also noted in gonorrhœa.

It is now known that there are distinct strains of the spirocheta; with one strain, eye lesions in rabbits may be produced, whereas another strain never produces these lesions. Investigators have shown that syphilis may affect the heart alone (spirocheta present) without histological lesions or spirochetas elsewhere.

Bacterial localization referred to elsewhere (J. 35) emphasizes the fact that there must be a great variety of species or sub-species among the spirochetes and that the elective localization of lesions is dominated by this fact. We have referred to the electronic syphilitic reaction in the Journal (Sept. 1916).

In addition to this general reaction, there are specific areas of dulness which seem to indicate the tissue for which the spirochetes show a predilection. If these additional areas are present, either the structure is already invaded or its invasion may be predicted in the event the luetic process is uninfluenced by treatment.

The sites of these strains have been shown in this Journal (Dec. 1916) and in Abrams' Atlas. If the wife's syphilis is from the husband, the strains are identical.

Ideographs.—These may also be observed in the soft palate (Palatographs). Should any question arise as to their identity on the arm, note that they are anesthetic. I have shown that ideographs are bloodless. Anyone with sufficient will power by concentrating on a particular skin area can make the latter anesthetic.

Try the experiment but do not do so until the area is white. This maneuver may be useful for incisions, hypodermic injections, etc.

Location of Appendix.—In NC (p. 107) it is stated that the real object of the appendix is to store energy. Take a bar magnet and pass it slowly over the right ileocecal region. Then if positive pole of magnet was used, dulness will be dissipated by neg. pole presented to area and vice versa. Subject must stand facing West.

Note respiratory excursions of dulness in absence of adhesions. To elicit dulness in recumbent posture feet of patient must be directed to the West. The spleen is the only other organ thus influenced by transferred energy from a magnet or finger tips (physician facing West). Note increased splenic dulness when this is done.

SPONDYLOTHERAPY

(Dr. Chas. L. Ireland, of the Physiotherapy Department of the U. S. General Hospital, has been doing excellent work with the spinal reflexes. He was a student of Dr. Abrams. I am indebted to my distinguished friend, Dr. J. Madison Taylor, for the following excerpt of a letter written to the latter by Dr. Ireland.—Editor.)

"A man whose spinal cord was severed at the 10th dorsal spine was brought to my clinic by the chief of the G. U. Service who injected his bladder full of a weak permanganate solution to which at his side was connected a graduated tube.

When the slow sinusoidal current was applied to the 7th and 8th dorsal spines the bladder reflex of contraction (S. 358) which ensued forced the solution up in the graduated tube until it would overflow.

Sigmoiditis.—Dr. J. W. King observes that with the Sigmoidoscope one can demonstrate contraction of the sigmoid flexure by concussion of the 12th dorsal spine. He has found that the latter procedure is practically a specific in this condition owing to the improved circulation and muscular tone communicated to the structure.

THE ABRAMS TREATMENT OF ANEURYSMS.

At the 29th annual meeting of the American Electrotherapeutic Association (Sept. 15, 1919), Dr. J. Gardner Smith, reported two cases of aneurysm successfully treated by Abrams' Method.

In the discussion, Dr. Wm. Benham Snow observed that one of the patients had been under treatment for months without benefit, but by the treatment in question, he was enabled to return to his former position which he still retains (after two years).

Dr. Snow further observed that Dr. Albert Abrams was also the first to direct attention to **Splanchnic Neurasthenia** "I know nothing," observes Snow, "in past years that has given me the satisfaction that I have had, and that has received the recognition of many others who have been watching these cases and the results. It is not that the effect on the condition is a temporary one, for it is not temporary, but lasting."

Dr. Wm. L. Clark suggested that Abrams' Method was essentially empirical and that Dr. Pfahler and himself could not note any diminution in the size of an aneurysm by aid of radiographs. To his own satisfaction, Dr. Clark effected the following trilogy:

1. The aortic reflex of contraction is non-existent.

2. The eminence of his radiographer is sufficient to discredit the "wonderful" reports of Abrams:

3. That empirical practice must be discountenanced so that the Supremacy of Electrocardiography will be acknowledged.

Such fatuous arguments engender so-called scientific medicine which is making a diagnosis and awaiting its confirmation at the necropsy.

It is the scientific medicine of Skoda, who observed, "We can diagnose disease, describe it, and even get a grasp of it, but we dare not by any means expect to cure it."

No doubt, the overwhelming evidence adduced by Dr. Clark's isolated observation suffices to discredit the observations of Snow, Jarvis and numerous other observers who, by a series of radiographs demonstrated variations in volume of aneurysms superinduced by Abrams' aortic reflex of contraction.

Dr. Clark's single observation is akin to an Homeric poem where the hero with a single sweep of his arm hurls a world to destruction.

The "cancer specialist" often thrives on the mistakes of the microscopist but no one to the writer's knowledge has had the temerity or discretion to tabulate the misinterpretations of radiographers.

The academic polemic should be forgotten by substituting the bedside for the laboratory and the patient for the test tube.

In the presence of a sick man, the practical querist demands to know, what is the matter with him and what will do him good?

The pragmatist doctrinaire forgets that the crucial test for the action of remedial measures is in their clinical application; that many of our most potent remedies have been inherited from the therapeutic acumen of our medical ancestors; that the diseases of which we know the least pathology are the diseases which we treat most successfully. If Dr. Clark doubts that the Abrams' treatment is practically a specific in early aneurysms, the writer suggests with all due deference to his erudition, to review the pages of the *British Medical Journal* and *La Presse Medicale*.

The writer may even induce Dr. Clark to read the *Medical Record* (April 13, 1918), where Kodama, of Tokio, Japan, relates what could be achieved with 45 patients with aneurysms by Abrams' Method.

It may be easy to sit in the scorner's seat and hurl the cynics' ban, but it is easier to symptomatically cure an early aneurysm by concussion.

It has been the writers' privilege as a pioneer investigator to encounter individuals known as "doubters" in conventional parlance and as "negativists" in technical phraseology. The latter is essentially a morbid mental condition. Its pedigree may be traced to the Pyrrhonians who were so skeptical as not to place as much confidence in the senses as was necessary for the preservation of life.

SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY.

California (City).—Drs. W. Hess, E. Richardson, G. Snyder, G. Wheeler, A. Ward.

Provincial.—Drs. E. Majors, B. Krout, W. Watts, H. Werick, L. Dietz, J. Thompson, W. Finny, H. Meredith, B. Tisdale, F. Taft, C. Thudichum, L. Weatherbee, S. F. Meacham, C. Powell.

Michigan.—Dr. C. A. Reinbolt.

New York.—Dr. H. Chayes.

Illinois.—Dr. J. Tow.

Oregon.—Dr. C. W. Low.

North Dakota.—Dr. H. Irvine.

Pennsylvania.—Dr. J. W. King.

Nebraska.—Dr. R. Rice.

Colorado.—Dr. M. MacManus.

Kansas.—Drs. A. F. Hornbecker, C. S. Evans.

South Dakota.—Dr. W. J. McRoberts.

Canada.—Drs. H. G. Nyblett, S. J. Bloomfield, H. G. Arnott.

Panama.—Dr. Jos. Eastland.

Central America.—Dr. C. Leva.

LESSEES OF OSCILLOCLAST*

Sir James Barr, England.
A. Bursell, M. D., Medford, Oregon.
E. A. Majors, M. D., Oakland, Cal. (2 machines)
A. T. Noe, M. D., Pacific Grove, Cal. (2 machines)
J. P. Kanoky, M. D., Kansas City, Mo.
H. Meredith, M. D., Oakland, Cal.
J. Goodwin Thompson, M. D., Oakland, Cal. (2 machines.)
V. Sillo, M. D., New York City.
C. Powell, M. D., Oakland, Cal.
W. F. Becker, M. D., Chicago, Ill.
E. W. Dodge, Chicago, Ill.
J. W. King, M. D., Bradford, Pa.
C. Wheeler, M. D., Los Angeles, Cal.
H. Michener, M. D., Wichita, Kas.
G. Boericke, M. D., University Hospital, Ann Arbor, Mich.
M. W. Kapp, M. D., San Jose, Cal.
L. J. Sherman, M. D., Oakland, Cal.
J. DuPlessis, M. D., Chicago, Ill.
P. S. Repogle, M. D., Champaign, Ill.
C. L. Thudichum, M. D., Sebastopol, Cal.
F. Schuldt, M. D., Mexico City, Mexico.
H. E. Palmer, M. D., Dayton, Ohio.
Capt. A. R. Gould, M. D., Washington (2 machines)
B. W. Swayze, M. D., Allentown, Pa.
Seneca B. Bain, M. D., Washington, D. C.
H. A. Hess, M. D., San Francisco, Cal.
H. G. Nyblett, M. D., Calgary, Canada.
J. C. Stevens, M. D., Harrisburg, Pa.
B. Tisdale, M. D., Oakland, Cal.
J. Tow, M. D., Chicago, Ill.
C. H. Kingsbury, M. D., Danielson, Conn.
L. H. Dietz, M. D., Oakland, Cal.
S. King, M. D., Warren, Pa.
L. B. Weatherbee, M. D., Antioch, Cal.
S. F. Meacham, M. D., Oakland, Cal.
B. Crombie, M. D., Port Chester, N. Y.
A. F. Hornberger, M. D., Wichita, Kan.
C. A. Reinbolt, M. D., Detroit, Mich.
W. J. McRoberts, M. D., Hot Springs, S. Dak.
R. Rice, M. D., Council Bluffs, Iowa.
C. S. Evans, M. D., Hutchinson, Kan.
H. T. Irvine, M. D., Fingal, N. Dak.

*Terms on which oscilloclasts are leased are as follows. A primary payment of \$160.00 and \$5.00 monthly. Primary payment is subject to change owing to varying cost of material and labor.

2185 SACRAMENTO ST.
SAN FRANCISCO, CAL., U. S. A.

PHYSICO-CLINICAL LABORATORY

—OF—

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

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

VIRULENCY GAUGED.

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

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

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

A FEW REFERENCES.

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

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916), estimates that 15 per cent of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignment suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives a negative result in from 81 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 he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new Continent and he has given us further insight into methods of prevention."

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."

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 Abram is due the credit for this epoch-making discovery. It is the maternal 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 Electronic Diagnosis\$100.00
- (Limited to reputable physicians in possession of of the M. D. degree.)

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.

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

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

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

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

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

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

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

Respectfully,

Geo. O. Jarvis.

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 ^{for me} by
his new method one hundred ^{of} sig-
nificant 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.

AMON THATCHER M.D.,
Pacifica Grove, Cal.

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. Thatcher

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

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.

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Poliomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis (Variety)
Collisepsis	Leprosy	Sarcoma
Carcinoma	Malaria	Scarlatina
Cholelithiasis	Measles	Straphylococcic Infection
Chorea	Menstruation	Streptococcic Infec- tion
Diabetes	Meningococcic Infection	Syphillis (differentia- tion of congenital and acquired, and specific strain.)
Diphtheria	Neurasthenia	Teniasis
Epilepsy	Paralysis Agitans	Tetanus
Gonococcic Infection	Parathyroid Insufficiency	Typhoid
Gout	Paratyphus	Tuberculosis (Varieties)
Hookworm	Pneumococcic in- fection	
Hyperpituitarism	Psychasthenia	
Hyperthyroidism	Pregnancy (predic- tion of sex)	
Influenza		
Insanity		
Paranoia		
Dementia Precox		

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

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.

By "Abrams' Treatment" of SYPHILIS, electronic reaction of latter is permanently dissipated. Reprint forwarded on request.

ELECTRONIC REACTIONS OF ABRAMS (ERA)

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

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

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

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

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

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

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