

# Physico-Clinical Medicine

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

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Vol. 5

DECEMBER, 1920

No. 2

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FOUNDED AND EDITED BY

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PUBLISHED BY

**PHYSICO-CLINICAL CO.**

2135 Sacramento St.

San Francisco, Cal.

# WORKS by ALBERT ABRAMS

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A few CHARTS on Spondylotherapy are still in stock and no more are to be published. The price of the latter has been temporarily reduced from five to three dollars. Express prepaid. Literature sent free on request.

## PHYSICO-CLINICAL CO

2135 SACRAMENTO ST.

SAN FRANCISCO, CAL.

# PHYSICO-CLINICAL MEDICINE

Vol. 5

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

Price of Subscription per year, Payable in Advance

To Subscribers in the United States, Canada, Mexico.....	\$2.00
To Subscribers in other countries (Postage Prepaid).....	\$2.50
Price of Single Copies.....	\$1.00

PHYSICO-CLINICAL CO.,  
2135 SACRAMENTO ST. SAN FRANCISCO, CAL.

## The Electron Theory In Percussion

**S**OME of the writer's recent methods of percussion have been published elsewhere, and Sir James Barr has devoted a special article on the writer's methods coupled with his own valuable observations.

The writer has shown that percussion is influenced by visceral tonicity, and that the latter varies with reference to the posture of the patient to the points of the compass. He has also shown that a disregard of the electronic mechanism of the organism may conduce to errors in percussion when the organism is short-circuited.

The expert clinician employs first finger percussion, for by so doing he conciliates the sense of resistance

(plessesthesia) as an invaluable aid in the interpretation of sound and its nuances.

The writer has found that if the pleximetric finger is encircled at the area struck by the plexor finger by means of a rubber band, a thin rubber finger cot or insulating tape, the definition of resonance and dulness is more easily recognized than when the finger is struck directly without the intervention of the rubber.

A rubber band for the purpose cited may be made from rubber tubing sufficiently large to encircle the finger.

The effects cited are not wholly due to the action of rubber as a damper of vibrations insomuch as other non-conducting materials have a somewhat similar action.

The writer prefers a strip of insulating tape placed across the dorsal surface of the pleximetric finger and another piece at the end of the plexor finger.. The surface of the tape struck by the plexor finger may be covered with talcum to obviate its stickiness.

The electron theory accounts for many recently discovered phenomena. In a non-conductor the electrons are bound to atoms, but in conductors they are dissociated from atoms and are capable of moving about freely.

In electrification by friction any substance will be electrified if rubbed with any other material provided only that one of them is an insulator. Friction, however, is not necessary to produce electricity.

Percussion is likewise a factor.

A violent blow struck by one substance on another produces positive and negative charges. All aids in percussion for accentuating dulness are dependent on the fact that the elicited vibrations are not permitted to spread and thus induce vibrations of areas contiguous to the site of dulness.

The physician's body is practically a conductor and the vibrations (which are essentially electric phenomena) are permitted to flow freely. With insulating material on the fingers, however, the vibrations are bound and necessarily circumscribed and the dulness will be accentuated.

Physicians employing the "Electronic Reactions of Abrams" in diagnosis will find the method suggested of great aid in circumscribing the areas of dulness.

## The Cancer Problem

**U**NTIL the "Electrical Nature of Man" is recognized, the cancer problem is remote from solution. Much imagination has been exploited in theories which have failed to survive the lapse of time.

In the prodigious literature anent cancer only two conspicuous facts can be extracted:

1. An exciting cause specified as irritation;
2. An unrestricted growth of cells.

The cell is not the ultimate constituent of the organism; it is the electron.

The electronic conception of cancer is the only rational one and this rationality is emphasized by the results of treatment based on this conception.

The units of cells are charges of electricity known as electrons. What we call a cancer is only matter of positive and negative electrons plus ether. The differentiation of matter is only a question of arrangement of the electrons. It is by aid of this allotropy that one substance is distinguished from another substance. The electrons of a normal cell are electrically balanced, that is, they are isoelectric spheres of positively and negatively electrified corpuscles.

It can be shown by the "Electronic Reactions of Abrams" and by aid of the writer's Oscillophore that tissues in the norm yield a neutral energy, but if these tissues are irritated,\* they become positively charged owing to the escape of negative electrons.

The disturbed placidity of the electrified corpuscles has invited chaos and the riot ensuing among the positive electrons suggests the unrestricted growth of cells or

\*Any local irritable focus may yield an electronic cancer reaction progressiveness. The vibratory rate is 30 only and not 30 and 50 (as in cancer). One must not fail to recognize the pathological substratum yielding the cancer reaction (see later).

cells gone mad. A cancer, then, is an insane revelry of electrons and the actuating factor of this biophysical orgy is irritation.

What is the source of this irritation?

Until the advent of the electronic reactions, medical practice was dominated by the cellular theory and a solution to the problems of pathology was sought by aid of the microscope. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures.

The misdirected researcher saw with his microscope only the carnage wrought by the internecine battle of the electrons. He saw nought of the causes leading to the battle, hence the cancer at its inception was beyond his ken.

It is for this reason that the study of processes and not structures must supersede the interpretation of pathological phenomena.

It is necessary to destroy the chaos on which present day pathology is founded to make it useful in the service of the physician.

Recent investigations with the electronic reactions show that the soil in the human on which every cancer develops is a persistent focal lesion of congenital syphilis. This is a source of irritation. Without this focus,\* cancer would be relegated to desuetude. We are all congenitally syphilitic in various degrees of dilution.

It is unnecessary to anticipate this human blight by asseverating, the world is becoming rapidly civilized and syphilized. We are already syphilized. We are the tainted bugbears of our sainted (?) forebears. Syphilis covers a multitude of skins.

The Utopia of medical practice will be achieved when pathology will be recognized as a mere annex to syphilography.

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\*The theory of embryonal "Rests" and "Vestiges" to account for the origin of tumors must now be substituted by persistent syphilitic foci. Dependent on the character of the local irritation acting on the electrons of the foci; the metaplasia ensuing is differentiated by the electronic discharge; CARCINOMA, positive; TUBERCULOSIS, neutral, and SARCOMA, positive and negative.

One must not for a moment believe that human pathology is specific. The laws of nature are universal and are not abrogated in favor of one creation.

I have shown that there are cancers of plants. That certain kinds of moulds developing in fruits are veritable cancers. That iron rust, in a chemic sense, may be an iron oxide, but in a biophysical sense it is a cancer. That the mould on cheese is tuberculous.

Two problems now confront us, viz.:

1. Is cancer preventable?
2. Can it be cured?

My scientific anarchy may already have astounded the reader when the writer declared that without congenital syphilis there would be no cancer.

The question is, can we eradicate congenital syphilis?

My answer is we can eliminate it from the blood, but the foci from which cancers are derived cannot be thus eliminated by our accepted methods of treatment.

There the spirochetes are enmeshed in connective tissue and thus elude conventional medication. A local treatment is mandatory.

The topical use of radium has been exploited for this purpose, but it is a failure.

The "Crocker Cancer Research Laboratory of Columbia University" concluded that no cures were effected. In other words, while temporary results may be achieved, the tumors are invariably resistant to radiumization.

The rationale of this failure is attributable to the fact that the positive alpha rays are absorbed by a few inches of air or a single sheet of paper, and they constitute over 95 per cent. of the energy evolved from radioactive substances. Thus radium is inefficient in cancers below the surface and the preponderance of positive rays only serve to contribute to the growth of a cancer for the reason that cancer is already a positively electrified mass.

My investigations show that all chemicals are radioactive, and that the energy efficiency of radium is relatively small when compared to many inexpensive chemicals.

To express myself definitely :

Radium (10 milligrams) yields an energy potentiality of only 22 25ths of an ohm, whereas eosin shows an energy of 2½ ohms. The writer uses the latter in cancer painted over the growth. It is as harmless as it is efficient. The theory of action is essentially one of "similia similibus curantur."

Having determined the vibratory rate of cancer, one imposes upon it a similar rate and thus destroys it. Eosin has a rate corresponding to the vibratory rate of cancer. This is practically therapeutics by destructive resonance, a familiar fact well known to physicists.

Every object has a certain natural period of vibration. If one approaches an object with a source of vibration of the same vibratory rate as itself, the object will be set in vibration. This forced vibration of the object may attain such magnitude as to fracture and utterly destroy it.

It is a trick of Caruso to take a wine glass and by tapping it determine its tone (vibratory rate) and then by singing that tone into the glass shatter it.

The writer has devised an apparatus known as "Oscilloclast" with which destructive vibratory rates are delivered to the patient.

In cancer the results are positive, and immediate and practically all early cancers are thus amenable to cure.

By this apparatus recurrence is prevented by delivering a rate corresponding to the syphilitic substratum from which the cancer has developed.

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### CURE OF SYPHILIS

We must advert to our original editorial (J. Dec. '18) on this subject. The basic principle of the treatment then suggested is the same, but the method has been simplified and improved.

After an experience of several years the writer is justified in saying that it exceeds in value the conventional methods of syphilitic medication as evidenced by disappearance of symptoms and return of reflexes which have resisted the latter methods.



The following data are submitted:

To enlarge the spleen for aspirating toxins into the organ, concussion of the seventh cervical spine is most effective.\*

Vertical splenic diameter before concussion, 5 cm.

Vertical splenic diameter after concussion of 11th d. spine, 8 cm.

Vertical splenic diameter after concussion of 7th cerv. spine, 12 cm.

Note that, after concussion of 7th cervical spine, the splenic enlargement is also evident by percussion in the anterior axillary line.

The enlargement after concussion is of short duration (not exceeding a minute).

Quantitative estimation of the aspirated syphilotoxins into the spleen in a given case by aid of the electronic reactions is as follows:

Energy potentiality (over spleen) before concussion of syphilis, 24 ohms.

Energy potentiality after concussion of 11th d. spine, 28 ohms.

Energy potentiality after concussion of 7th cerv. spine, 43 ohms.

After concussion of 7th cerv. spine, local reactions disappear temporarily but soon reappear, hence the necessity of destroying toxins (syphilis, carcinoma, tuberculosis, streptococemia) by the oscilloclast at the spleen (splenic sterilization) by repeating concussion of 7th cerv. spine (20 light blows) every 10 minutes during treatment.

The following data in a case of aortitis is suggestive:

Energy potentiality of aortic lesion before concussion, 26 ohms.

Energy potentiality of aortic lesion after concussion (7th cerv.), no reaction.

Energy potentiality of aortic lesion after 10 minutes, 18 ohms.

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\*Examine a patient with an Argyll-Robertson pupil before and after concussion of the 7th cervical spine and note its temporary disappearance (recent cases) after latter maneuver.

Energy potentiality of aortic lesion after 2nd concussion (7th cerv.), 6 ohms.

Energy potentiality of aortic lesion after 3d concussion (7th cerv.), 1 ohm.

Note the progressive diminution of the energy potentiality of the toxins after repeated concussion owing to the action of the splenic antibodies.

Never pronounce a patient free from syphilis until a reaction is no longer elicited over the spleen after concussion of the 7th cerv. spine. Relative to a blood examination, the method suggested is to force the toxins from lesions into the spleen by concussion of 7th cerv. spine and then force them into the circulation after concussion of the 2nd lumbar spine to evoke splenic contraction. Blood withdrawn after these maneuvers yielding no reaction of syphilis suggests its absence in early cases.

In late cases the absence of a general reaction of syphilis in the blood is no criterion of the absence of persistent lesions owing to the presence of toxins which cannot be dislodged from dense connective tissue.

In the latter instances one must use the oscilloclast over the lesions and use it persistently, as one remaining spirochete may cause the lesion to recur..

Using the oscilloclast, the treatment of syphilis is as follows:

1. Concussion of 7th cerv. spine (90 blows with  $\frac{1}{2}$  minute intervals of rest after each 30 blows).
2. Oscilloclast to spleen at rate 3 after completed concussion. If treatment by oscilloclast is 30 minutes in duration, concuss 7th cerv. spine (about 20 blows) every 10 minutes. This means that concussion must be repeated three times.

Those without an oscilloclast should execute the following method:

1. Concussion 7th cerv. spine, 90 blows.
2. After 10 minutes repeat this concussion. Latter may be repeated any number of times, but 20 minutes after last seance of concussion (7th cerv.), concuss 2nd lumbar spine (90 blows).

The rationale of the latter is to subject toxins to the action of the splenic antibodies and when this is completed to eliminate them (splenic contraction by 2nd lumbar concussion).

Persistent lesions in the aorta, spinal cord and elsewhere should be treated by the oscilloclast locally.

In the interim of treatment either with or without the oscilloclast, secure the radioactive action of safranin painted over the lesions.

Safranin has a destructive radioactivity corresponding to syphilis.

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### AGE AND ARTERIES

A man is truly as old as his arteries. Those in possession of "Abrams' Atlas," can define the location of the aorta on the abdomen by its specific radioactivity.

The following measurements show some energy potentialities (EP) at different ages from the aorta:

Age	EP.
26.....	14/25ths of an ohm
24.....	11/25ths of an ohm
46.....	5/25ths of an ohm
56.....	6/25ths of an ohm
52.....	9/25ths of an ohm
59.....	10/25ths of an ohm
59.....	5/25ths of an ohm
6.....	1 and 14/25ths of an ohm
12.....	1 and .8/25ths of an ohm

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### DETECTION OF INVISIBLE OBJECTS BY HEAT RADIATION

Perhaps one of the greatest achievements by scientists which aided us in winning the war, when humanity's progress was passing through terror to triumph, was an apparatus devised by Mr. Samuel O. Hoffman, formerly of the Science and Research Division of the United States Army, now Consulting Physicist of the Abrams Laboratory in San Francisco.

The apparatus enables one to detect by heat rays the presence of invisible bodies or objects. This apparatus was developed as an urgent necessity to combat the nightly Zeppelin raids and trench warfare by night.

It was essentially the development of a sixth sense.

Prior to 1915, Hoffman had devoted the greater part of his time to investigations involving infra-red radiation. This radiation is the ordinary dark heat felt on bringing the cold hand about an inch in front of the face. It is like light with different properties. Hardly any substances are transparent to it. Ordinary optical instruments are useless.

However, sharp images can be easily formed by using concave mirrors of ordinary dimensions, as the actual wave-length of this radiation is sufficiently small ( $1/2500$  inch) to obviate trouble from diffraction.

The apparatus consists of a concave mirror mounted on a tripod. This mirror concentrates the object's infra-red radiation on the blackened surface of a thermopile, consisting of minute wires of bismuth and silver soldered together. This blackened junction becomes slightly heated as the radiation is concentrated on it. The resulting electrical current, flowing through a galvanometer mounted on another tripod, indicates the presence of "something warm."

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## ELECTRONOTHERAPEUTICS OF CANCER

It is now a number of years since the writer first investigated the action of drugs relative to their radioactivity (N. C., 153).\*

The conclusion formulated was essentially as follows:

All recognized specific drugs owed their action to a specific rate of vibration corresponding to the diseases for which they were employed. This oscillatotherapy is dependent on like vibrations (homovibratotherapy)

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\*Quinin and Syphilis—Employing the same methods of research, the Editor found that this drug is more radioactively destructive to syphilotoxins than the usual antiluetic.

and constitutes a scientific demonstration of "Similia similibus curantur."

Among the drugs, Eosin is most conspicuous. Its rate of vibration corresponds to cancer. After a lapse of years some patients with inoperable cancers are alive and well on whom this drug was used.

Its employment is easy. It is mixed with alcohol to make a dilute solution and then painted over the implicated parts daily or every other day.

When there are metastases, it may be given internally in very minute doses, gradually increased without untoward effects.

It may be used with or without the oscilloclast. When the latter is used, it may be applied over implicated areas without removing the drug from the skin.

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#### ELECTRONIC REACTIONS OF ABRAMS

Dr. J. W. King, of Bradford, Pa., addressed the "American Association for Medico-Physical Research" (Chicago, Oct. 8, 1920) on this subject and demonstrated the methods.

It is impossible, we regret to say, to publish the address, but physicians are urgently requested to send for a copy of the address in question (enclose stamps for postage). The writer concedes that it is a better presentation of the subject than he himself could have given.

Much enthusiasm was aroused by Dr. King's able demonstrations and diagnosis was exploited after a manner never before witnessed, we venture to say, at a medical convention.

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#### POWER OF INTUITION

[Sir James Barr is preeminent as an analyst of human thought which embraces not only medicine but the entire field of science. No medical man can approach him in the witchery of words for he is the master of word painters. Below are a few excerpts from his Presidential address (Oct. 18, 1920) before the "Liverpool Literary and Philosophical Society."—Editor.]

"Philosophy never gets any permanent hold on the people because philosophers segregate themselves from the common herd with whom they have no gregarious instinct."

"A truth or supposed truth which does not convey conviction is no truth for the independent thinker."

"If materialism fails to explain the mystery of life, so spiritualism is insufficient to prove a future existence of the soul."

"Though it might be difficult for human reason to prove the existence of a God and a future life, it is absolutely impossible for anyone to prove the contrary."

"To think that God is as we could think him to be is blasphemy." "God understood would be no God at all."

"A good many of the forms of misery in the world are due to the fact that man has partaken of the fruit of the tree of knowledge and has not at the same time cultivated morality in its highest and noblest sense."

"The only way to keep some people happy is to keep them ignorant."

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### A SUMMARY OF RECENT PROGRESS IN DR. ABRAMS' LABORATORY

**Heredity and Disease**—Heredity and environment are accountable for the character of the living organism. Of the total heritage of the child, each of two parents contributes one fourth, each of the four grandparents, one-sixteenth, and the remaining one-fourth is handed down by more remote ancestors.

The writer believes that the sex factor in the transmission of disease may now be recognized. Reverting to the Dec., 1919, number of this journal, p. 218, definite areas of dulness (Figs. 10 and 11) enable us to differentiate the sexes.

In disease (cong. syphilis, tuberculosis, etc.), if transmission is maternal, dullness appears on the female side at the vibratory rate of the disease and vice versa.

To detect these as well as other limited areas of dulness pursue the method suggested in this journal (Sept., 1920, p. 21) but percuss either ant. super. il. spine in lieu of the clavicle.

**Electronic Reactions**—To accentuate the areas of dulness, have all metallic substances removed from subject (reagent) and patient. By induction they take up some of the energy which is conveyed from the patient and consume some of the energy necessary to evoke reflexes in the reagent. To intensity dull areas (S V, E D and P D), have reagent with fist firmly compress middle of sternum during percussion (S 80). Enjoin reagent not to permit finger tips to touch skin. This will short circuit reagent and dulness will be dissipated.

To maintain firm and uniform compression of middle of sternum, use a truss with firm spring (covered with hard rubber) and a soft pad. Truss will thus compress sternum only and will not interfere with breathing. Cover any metal parts

of truss with insulating paint and if pad is neither white nor black, blacken it with insulating paint.

Reagent and patient should extend arms from body and separate feet to avoid short circuiting. Of course, one hand of reagent holding electrode cannot be extended.

Reverting to the principle of the dynamizer (Journal, June, 1920), it has been found that a bifurcated cord intensifies the reaction of conducted energy. (Remove a portion of insulation of main cord about 4 inches from its tip and wind around its conducting wire a piece of insulated cord, 3 inches long. Use insulating tape to cover attached area.)

When patients are painted with radioactive drugs (specific for the disease), no electromic reaction of their disease can be elicited until a horse shoe magnet is held directly over the top of head (center) of patient while reactions are executed.

**Thought and Sensation**—It is a fallacy in psychology that thought directed to a part will increase its vascularity and sensibility. Let any one prove the contrary by mental concentration on any particular skin area.

Note that within a minute or less (dependent on intensity of concentration), a raised white patch will appear which is not only analgesic but will not bleed when penetrated by a sharp point. Utilize this fact when using the hypodermic needle and making incisions. Execute no procedure until white patch appears. Intensity of latter is an index to concentration.

**Radiopathography** (J. March, 1920)—Definite skin pictures are demonstrable in disease. They are noted over lesions. Recently it has been found that any skin area when rubbed vigorously will develop these graphs. Latter fact is important inasmuch as any skin area may be employed free from cicatrices or other marks.

Observe a white cicatrix through gelatine screens of different shades of blue. The color which best brings into prominence the cicatrix may be utilized for revealing the graphs.

**Congenital Syphilis**—Congenital syphilis is a universal affliction and we all suffer from it in various degrees of dilution. My investigations show that when the energy potentiality of the blood syphilotoxins is in excess of 25 ohms., an individual is immune to acquired syphilis.

**The Syphilitic Trilogy**—Above the top of the left ear (5.6 cm.), one invariably finds a persistent lesion of congenital syphilis in epilepsy, migraine and asthma. When this area is lightly percussed in the latter disease, one may provoke an attack in an asthmatic, accentuate rales if present or produce them if absent.

It would be interesting to note the results in the two other diseases when the same maneuver is executed. Percuss by aid of a pleximeter.

**Malaria and Frontal Headache**—Localization of pain in the supraorbital region in malaria has never been given a satisfactory explanation. This is also true in autointoxication and ptomaine poisoning. My reactions show that the sinuses may be regarded as "dead corners" in which toxins accumulate and are difficult of dislodgement by medication. Over the frontal sinus in malaria, the reaction of the plasmodium may be elicited, in autointoxication, the reaction of the colon bacillus and ptomaines in poisoning by the latter.

**Congenital Syphilis and Exophthalmic Goitre**—Over the thyroid, in the latter affection, one may always elicit a reaction of the former disease. It is suggested to try the local action of the oscilloclast at the destructive rate of syphilis over the gland or use in the same area mercurial inunctions. Considering the action of quinin in syphilis (see previous reference), the writer can now understand why this drug has been found so efficient in the treatment of exophthalmic goitre. **Varicose veins** yield a reaction of congenital syphilis.

**Pernicious Anemia**—Many obscure blood conditions now disclose their obscurity by the electronic reactions. In the last number of this Journal we referred to the sarcomatous reaction of the spleen in Leukemia. Let us forget that this observation is correct. We cannot forget, however, the marvelous results achieved in Leukemia by the use of the oscilloclast over the spleen at the sarcomatous rate. Late investigations by the writer in Pernicious Anemia show that a carcinomatous reaction can be elicited from the spleen. No treatment was executed but reasoning by analogy, the oscilloclast may be equally effective in this disease at rate 6. In pernicious anemia the reaction from the blood is very low (less than 1 ohm.) or negative, but the cancer reaction at the vibratory rate (30 or 50) is invariably present over spleen.

**Analgesia**—At rate 7, the oscilloclast has been used by Dr. E. Majors in a varicotomy and for the removal of a rectum by Dr. A. T. Noe. The latter constantly employs the apparatus in his gynecological operations.

Perhaps the trigeminus is the most difficult nerve to make analgesic. For this purpose, Dr. B. Best, a prominent dentist of this city, excavated sensitive cavities by aid of the apparatus. The analgesia thus secured (about 75 per cent.) enabled him to execute the work in several patients in whom it would have been otherwise impossible.\*

It is suggested by users of the new oscilloclast or new triple attachment to combine currents Nos. 7 and 1 by fitting the

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\*The use of local anesthetics to secure painless dentistry is by no means innocuous. It is said that in California at the present time there are damage suits in excess of \$300,000 from accidents ensuing from their use.



tips of the two cords into the holes of the little attachment sent with the apparatus. The terminal of the attachment is inserted into the opening of the electrode. This recommendation is to be tried when current 7 does not produce sufficient analgesia.

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### SOME COMMENTS BY LESSEES OF THE OSCILLOCLAST

Dr. Sam'l King, Warren, Pa.—“I am quite busy and doing more and better work from day to day through correct diagnosis and the use of the oscilloclast and I thank you very much for adding so much to my success.”

Dr. V. Sillo, New York—“I have had some splendid results with the oscilloclast and the daily use of it has fully convinced me of its wonderful efficacy. I am preparing and shall send you at a near date, history cases.”

Dr. Chas. H. Kingsbury, Danielson, Conn.—(Reply to an enquiry bearing on Abrams' methods)—“Replying to your query of October 5th, permit me to say that Dr. Abrams' methods of diagnosis and treatment are both ethical and scientific and in my opinion constitute the greatest advance in medicine that has thus far been made.

“After using these methods for six months, I should feel thoroughly discouraged were I to be deprived of them.

“During the next few years I believe that these methods will largely change the practice of medicine from an art to an exact science producing marvelous results where applicable. They already constitute the only known means of diagnosis in obscure and incipient cases of tuberculosis, syphilis, cancer and numerous other conditions. The methods of treatment are quite as wonderful when applied in any reasonable season.

“Any community that has access to these methods may well consider itself fortunate medically.”

Dr. Z. L. Baldwin, Kalamazoo, Mich.—“This week one of our physicians has been spending a little time with Dr. Replogle, of Champaign, Ill., noting the positive work he is doing with the oscilloclast, and it begins to look as though we could not do without it.”

Dr. J. W. King, Bradford, Pa.—(Reply to an enquiry)—“Now as to the oscilloclast. I have used it over a year and Abrams 'would have the time of his life' to get the machine back into his hands. I am modest and cannot tell you the financial results I am getting out of this. I am getting bigger fees because I get results by introducing this great work.”

Dr. J. Goodwin Thompson, Oakland, Cal.—“Could not do without it. It is practically a specific in carcinoma and tuber-

culosis. The effects with the oscilloclast in syphilis are remarkable considering the return of lost reflexes which have resisted conventional medication."

**TO DR. A. A.  
His Oscilloclast  
And the Life Beyond.**

No pills, no potions,  
No cutting and such notions!  
One Atom of the Infinite has caused  
To come to being when Creator paused  
Above his brain, Oscilloclast! How greatly caught  
An inspiration, and with what patience taught  
His mind to ponder out, to work upon  
This instrument, perhaps into the wan  
And sleepless dawn for night on night.  
The Divine Afflatus, gift to him  
He did not scorn, but made the dim,  
At first, a clear, precise reality  
That ailing mortals now restored may be.  
Inventor and invented, the secret such a link  
Beyond the mortal brink  
To bind Creator and Created;  
Even though his words were stated  
That his usefulness once attained and tried  
He would be by his Creator cast aside,  
Except perhaps for grateful thanks of man.  
But I say, O Physician, it is not within the plan  
To cause a great man's utter death,  
His last drink but the wine of Lethe.  
Nay, precious being of humane design  
Your "idée fixe" I warn you must resign  
For in the after journeyings when we may meet  
I pledge you I, exaltingly, will greet  
You with some new or stranger words, to mean,  
Upon some beautiful, or stranger, scene,  
Again my gratitude for that most healing gift  
You left on earth to lift  
The burdens of the body, ill  
And suffering, of man, made by the Godly Will  
Subservient to the Master Mind  
In recreating humankind.  
I WARN you that a larger destiny in bond  
Is YOURS, with your Creator, in a Greater Life Beyond!

—CELIA LOUISE CRITTENTON.

New York, August 25, 1920.

**MISCELLANY**

**American Association for Medico-Physical Research**—The annual convention recently met in Chicago (Oct. 7-9, 1920). The papers were varied, interesting and original and blazed many new trails in progressive scientific medicine.

Dr. T. D. Bristol (Cleveland), President of the Association, is deserving of great credit for assembling so many worthy representatives of the profession.

**Os Reflexos Electronicos de Abrams**—Prof. Dr. Egas Moniz de Arago, of the Medical Faculty of Bahia, in the "Brazil-Medico (June 12, 1920), contributes an extensive article bearing on this subject embodying many of his own valuable confirmatory observations.

**Association of French Surgeons**—At the 28th session, Prof. Jules Regnault (Toulon, France), read a paper on the early diagnosis of cancer by aid of the "Electronic Reactions of Abrams."

**American Electrotherapeutic Association**—At the 29th annual meeting, Dr. M. L. H. Arnold Snow (New York), demonstrated the value of the "Cardiac Reflex of Abrams," in the treatment of cardiac neuroses characterized by palpitation, precordial oppression, anxiety, deep sighing, respirations, rapid pulse and intermittent heart. Conventional treatment is usually unsatisfactory.

Concussion of the 7th cervical spine is remarkably efficient in these cases and eliminates intermittent beats by heart toning.

Citing Williamson, Dr. Snow observed that, "Under no conditions can digitalis increase the absolute power of the heart. It merely enables it to use to better advantage the power which it has left." A 3 minute concussion, however, of the 7th cervical spine actually contracts the heart as shown by the X-ray.

A case in point is cited of cardiac exhaustion with dyspnea. The heart was dilated and pulse irregularly intermittent. Concussion effected immediate results. Electrocardiograms illustrate the article.

[Bearing on the foregoing, the electronic reactions and oscillophore show that the action of drugs is no longer equivocal. Digitalis acts only on the left ventricle. This is also true of convallaria. Ailanthus, passiflora and crataegus act on the right ventricle. When a failing heart fails to respond to concussion of the 7th cervical spine, in the experience of the writer, it never responds to cardiotonics. If the latter must be used (as surrogates only), the combination of digitalis with ailanthus or crataegus is indicated.—Editor.]

**L'Electron Cellulaire**—Le Prince (La Presse Medicale, Oct. 2, 1920) presents an exhaustive article on this subject referring

to the electron theory and its practical application in medicine by Abrams' methods.

**Oscillophore\***—In answer to many enquiries, we regret to say that this apparatus will not be released unless physicians come to San Francisco for instruction in its technical employment. Not more than two days are necessary for this purpose.

The oscillophore owes its origin to the principle in physics known as destructive interference. It is accurate and resolves diagnosis to a matter of mechanics. As now constructed, the mechanism is projected on a screen and may be witnessed synchronously by a number of persons.

**Electronoscope**—Sight is the predominant sense and the objective realization of an investigation by visualization constitutes one of the simplest and most accurate methods of formulating a conclusion. Just as the X-rays are visualized by a fluoroscope, the experimental work of the writer demonstrates that the areas of dulness in electronic diagnosis can now be visualized by a chemical screen. It is furthermore possible, by aid of the electronoscope to differentiate local lesions. The use of the screen is exceedingly simple. We anticipate further improvements in the screen and for that reason a description of the same will be deferred until the publication of the next number of this journal.

### SPONDYLOTHERAPY

**Prolapsed Kidney**—Some years ago, Dr. D. V. Ireland suggested a novel method (S. 40) for replacing a movable kidney by concussion of the 12th dorsal spine. The writer had no personal experience with the method and therefore recorded it as Dr. Ireland's observation. The remarkable achievements of Dr. Ireland on proctology entitle his observations to consideration. The writer has found that such concussion will actually lift a prolapsed kidney for several minutes and that by repetition of the procedure several times daily, partial or complete reposition of the organ may ensue. The method is at least worthy of a trial before the uncertain operation of nephrorrhaphy is executed.

Many writers have shown how concussion of definite vertebral spines will raise prolapsed ovaries and uteri. We forget that the elasticity of connective tissue and ligaments is intended to act as a substitute for muscular power. The kidneys are only partly covered in front by peritoneum yet the ligaments formed by folds of this structure are endowed with elasticity.

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\*The editor has in process of construction a simplified oscillophore on the principle of the reflexophone (N. C. 198) which can be constructed by any mechanic or purchased at a trivial expense and operated without personal instruction.

**Perineal Concussion in Impotency**—Aphrodisiacs have been discredited by time and experience. In many instances diminished virility is only a local expression of some constitutional affection and in such instances functional stimulation is irrational. There is a physiologic atrophy from inactivity and such a condition may respond to stimulation. The writer finds that perineal concussion is the only method by which a partial erection (very slight) may be evoked mechanically. The chief muscles for erection are the erector penis and accelerator urinae and innervation is furnished by the pudic nerves.

The perineal location of the muscles is easily seen in any anatomical picture. The pudic nerves are located in the outer wall of the ischio-rectal fossa. The dorsal nerve of the penis (pudic branch) runs forward along the inner margin of the ramus of the os pubis. The muscles and nerves may be concussed by a thin strip of wood about 1 inch in diameter held firmly and then struck a series of blows by aid of a tack hammer. One may also concuss directly with a mallet or use the palms of the hands as plexor and pleximeter. The method may be executed by the patient with the strict injunction not to exhaust the reflexes by overstimulation (prolonged concussion and severe blows).

**A A M P R**—The masterly address, "Spinal Therapy," before this Convention by Dr. J. H. East (Denver, Col.), was instructive and original.

**John R. Keith, M.A., M.D., (England)**.—Reprinted extract from "The Practitioner," Oct., 1920—"The following cases treated by concussion of the vertebral spines as recommended by Abrams of San Francisco, are, I think, also worthy of record:

M. T., 10, schoolgirl, who had recently recovered from German measles, was suddenly seized with severe abdominal pain which was of a colicky nature and accompanied by great intestinal distension. The attack continued for half an hour. Other attacks similar in character followed—sometimes in the day, at other times at night. After various forms of treatment had been tried for several weeks with unsatisfactory result, percussion of the first three lumbar spines (by which, according to Abrams, the intestinal reflex of contraction is evoked) was begun. Improvement appeared almost immediately and was steadily maintained till complete health was established. The *séances*, five minutes each time, took place every second day.

W. H., 78, had been suffering from osteo-arthritis of the right shoulder joint. The pain was so acute that little sleep was obtainable. After three weeks' daily percussion of the sixth and seventh cervical and first dorsal spines decided relief was felt, and in five more weeks little discomfort remained.

M. B., 22, had suffered from trench feet in January, 1916, for which he had been in hospital for six months. He applied for treatment last summer on account of pain in his feet, describing his condition as if he were "walking on hot plates." The pain would generally last for half an hour to four hours,

though occasionally it might be present for a whole day. After a few *séances* of percussion of the seventh cervical spine, complete freedom from discomfort ensued.

This method of treatment for various pathological states is fully described by Abrams in his *Spondylotherapy*, a book replete with most interesting and valuable information, which, moreover, deserves a much wider circulation in this country (England) than it seems to have had."

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### SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY

**California (City)**—Drs. M. Judell, J. Tow, G. Silver, L. W. Spriggs, H. A. Hess, J. Anthony, I. Malpas.

**Provincial**—Drs. C. Johnston, C. Thudichum, J. Thompson, L. Dietz, H. Meredith, F. Galehouse, F. Lacy, L. Sherman, H. Frachman, J. R. Leadsworth, Penniman, A. Buell, A. T. Noe.

**Illinois**—Drs. C. Dunn, P. S. Replogle.

**Michigan**—Dr. G. Boericke.

**New York**—Drs. Malcolm Douglass, F. Homer Curtis, M. Sturm, E. Noble.

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

**North Dakota**—Dr. V. S. Irvine.

**Oregon**—Dr. W. Watts.

**England**—Dr. J. McKenzie.

**Copenhagen**—Dr. A. Nyrap.

**Japan**—Dr. E. Izona.

**Mexico**—Dr. A. Valenzuela.

**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., San Francisco, Cal.  
H. Michener, M.D., Wichita, Kas.  
G. Boericke, M.D., University Hospital, Ann Arbor, Mich.  
M. W. Knapp, M.D., San Jose.  
L. J. Sherman, M.D., Oakland, Cal.  
J. D'Plessis, M.D., Chicago, Ill.  
P. S. Replogle, M.D., Champaign, Ill.  
C. L. Thudichum, M.D., Sebastopol, Cal.  
F. Schuldt, M.D., Mexico City, Mexico.  
H. E. Palmer, M.D., Dayton, Ohio.  
Capt. A. R. Gould, M.D., Washington (2 machines).  
B. W. Swayze, M.D., Allentown, Pa.  
Seneca B. Bain, M.D., Washington, D. C.  
H. A. Hess, M.D., San Francisco, Cal.  
H. G. Nyblett, M.D., Calgary, Canada.  
J. C. Stevens, M.D., Harrisburg, Pa.  
B. Tisdale, M.D., Oakland, Cal.  
J. Tow, M.D., Chicago, Ill.  
C. H. Kingsbury, M.D., Danielson, Conn., (2 machines).  
L. H. Dietz, M.D., Oakland, Cal.  
S. King, M.D., Warren, Pa.  
L. B. Weatherbee, M.D., Antioch, Cal.  
S. F. Meacham, M.D., Oakland, Cal.  
B. Crombie, M.D., Port Chester, N. Y.  
A. F. Hornberger, M.D., Wichita, Kan.  
C. A. Reinboldt, M.D., Detroit, Mich.  
W. J. McRoberts, M.D., Hot Springs, S. Dak. (2 machines).  
R. Rice, M.D., Council Bluffs, Iowa.  
C. S. Evans, M.D., Hutchinson, Kan.  
H. T. Irving, M.D., Fingal, N. Dak., or Austin, Texas.

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

A. B. Collins, M.D., Linesville, Pa.  
Chas. Zeebuyth, M.D., Portland, Ore.  
E. S. Smith, M.D., Bridgeport, Conn.  
W. P. Myers, M.D., Anaheim, Cal.  
C. E. Johnston, M.D., Orland, Cal.  
V. S. Irvine, M.D., Lankin, N. Dakota.  
I. Howard Planck, M.D., Chicago, Ill.  
M. A. Hansen, M.D., Osage, Iowa.  
J. A. Savignae, M.D., Ottawa, Canada.  
M. W. Livingstone, M.D., Pittsburgh, Pa.  
E. B. Crosby, M.D., Oriska, N. Dakota.  
H. D. Schell, M.D., Hamilton, Ohio.  
A. E. Persons, M.D., Buffalo, N. Y.  
J. R. Leadsworth, M.D., Los Angeles, Cal.  
A. W. Buell, M.D., Long Beach, Cal.  
H. B. Coblentz, M.D., Washington, D. C.  
H. C. Kehoe, M.D., Flemingsburg, Ky.  
F. M. Cooper, M.D., Colorado Springs, Colo.  
M. A. Sturm, M.D., New York, N. Y.  
W. G. Doern, M.D., Milwaukee, Wis.  
H. W. Fleck, M.D., Bridgeport, Conn.  
B. L. Sanborn, M.D., San Francisco, Cal.  
C. C. Waltenbaugh, M.D., Canton, Ohio.  
J. F. Roemer, M.D., Waukegan, Ill.  
E. B. Taylor, M.D., Huron, S. Dakota.  
T. Kendrew, M.D., Indianapolis, Ind.  
W. Watts, M.D., Portland, Ore.  
E. C. Folkmar, M.D., Washington, D. C.  
A. W. Boslough, M.D., Wausau, Wisconsin.



2135 SACRAMENTO ST.  
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## 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, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent. of errors and in some cases 75 per cent.

### A FEW REFERENCES.

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

### ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916), estimates that 15 per cent. of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignment suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives

a negative result in from 31 to 50 per cent. of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1930) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS test, because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy!

#### NEARLY 100 PER CENT. POSITIVE.

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

#### VECKI.

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

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

#### FROM ENGLAND.

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

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

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

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

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

#### DIAGNOSIS AT THE VERY BEGINNING.

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

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

#### FEES

(Which include all diagnostic information necessary.)

Blood examinations which include tests for all diseases.....\$10.00  
Subsequent blood examinations to gauge the course of the disease.... 5.00  
Examination of Patients.....\$25.00- 50.00

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

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

Course to physicians on Electronic Diagnosis.....\$200.00

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

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

To whom it may concern:  
This is to certify that <sup>former</sup>  
Dr. Albert Abrams has examined <sup>by</sup>  
his new method one hundred <sup>sig-</sup>  
nificant cases, great as was the purpose  
to me in many instances in practically  
all cases his judgment was based  
demonstrated to be correct and in no instance  
was he found to be in error.

H. E. MacDonald M.D.

When I first began to investigate the subject of Electronic  
Diagnosis, I found the work most confusing but further investiga-  
tions 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 investiga-  
tion as the best spent time of my medical life and would heartily  
advise any of my confreres to pursue a like course.

Very sincerely,

W. R. Scroggs M.D.

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

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

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

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

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

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

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

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

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

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 these pronounced benign cases 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 is 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 all the presence of cancer.

DR. GEORGE O. JARVIS  
THE SANITARIUM  
ASHLAND, OREGON

-3-

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

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

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

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

Respectfully,

*Geo. O. Jarvis.*

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,  
A. Roe

### Diseases Diagnosed by an Examination of Dried Blood

- |                     |                                    |  |
|---------------------|------------------------------------|--|
| Acidosis            | Acute Mania                        | Paresis  |
| Adrenal Sufficiency | Dipsomania                         | Poliomyelitis  |
| Amebiasis           | Chronic Dementia                   | Rheumatoid Arthritis   |
| Collsepsis          | Leprosy                            | (Variety)  |
| Carcinoma           | Malaria                            | Sarcoma  |
| Cholelithiasis      | Measles                            | Scarlatina   |
| Chorea              | Menstruation                       | Staphylococic Infec-<br>tion   |
| Diabetes            | Meningococic infec-<br>tion        | Streptococic Infec-<br>tion  |
| Diphtheria          | Neurasthenia                       | Syphills (differentia-<br>tion of congenital<br>and acquired, and<br>specific strain.) |
| Epilepsy            | Paralysis Agitans                  | Teniasis   |
| Gonococic Infection | Parathyroid<br>Insufficiency       | Tetanus  |
| Gout                | Paratyphus                         | Typhoid  |
| Hookworm            | Pneumococic infec-<br>tion         | Tuberculosis   |
| Hyperpituitarism    | Psychasthenia                      | (Varieties)  |
| Hyperthyroidism     | Pregnancy (predic-<br>tion of sex) |  |
| Influenza           |                                    |  |
| Insanity            |                                    |  |
| Paranola            |                                    |  |
| 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, syphills.

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

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

#### WARNING.

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

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

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

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

#### 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 diagnosis for me which would have been impossible by other means.”

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

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

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

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

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

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

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

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

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

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

J. MADISON TAYLOR, M. D. (article, “An Appreciation of the Teachings of Dr. Abrams,” Monthly Cyclopedic and Medical Bulletin, July, 1913).—DR. ABRAMS has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams’ researches afford is the largest source of illumination—and I, for one, welcome it with thankfulness.”



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