

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. 6

JUNE, 1922

No. 4

FOUNDED AND EDITED BY
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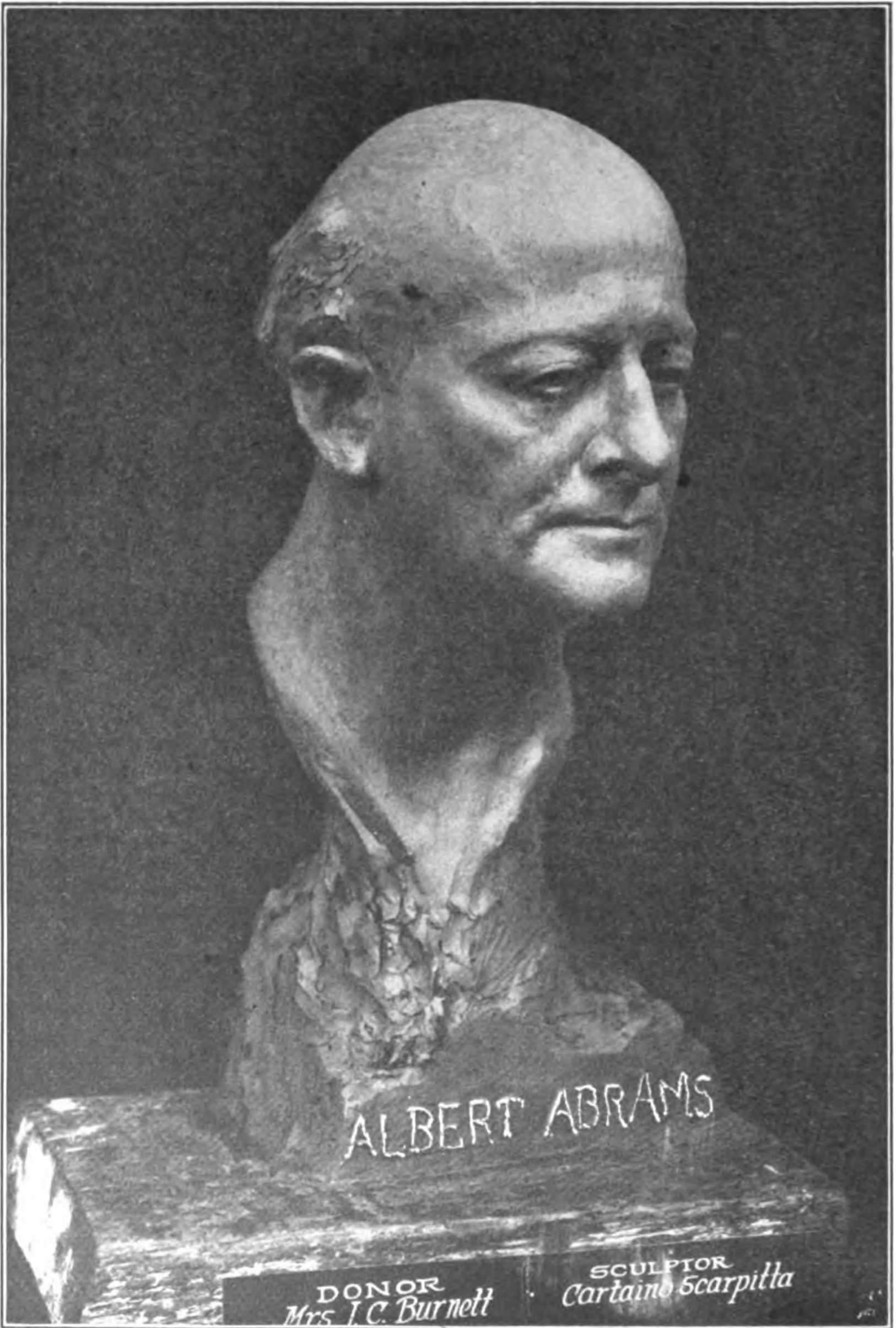
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PHYSICO-CLINICAL CO.

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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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Chirometaseosis

THIS novel subject was discussed for the first time in the March, 1922, number of this journal. However incredible as the facts may appear, they are constantly confirmed by those who employ the E R A.† I have no desire to make confusion worse confounded and possibly discredit previous observations, but these are not records for contemporaries but for posterity.

Dr. J. Burnett, New York, requested me to ascertain

† "It seems almost unthinkable that such a thing should be possible (referring to this subject). I have no difficulty about the sex, nationality, or any pronounced condition of disease."—Sir James Barr, Liverpool, England. Letter dated May 2, 1922.

from a letter the cause of death of a relative. The latter had died during her travels in China from an unknown disease. The letter was written just before the relative in question had passed into a state of collapse.

The reaction from the handwriting was that of "Bubonic Plague." It was then that he informed the writer that his relative had returned to China after a visit to Korea, where there was an epidemic of the disease.

Several months ago, a distressed mother in an eastern city wished me to ascertain if her son were still alive. She inclosed a postal card on which the son had written a few words, the last message she had received from him.

The task submitted to the writer appeared stupendous. After examining the handwriting of deceased persons, a definite reaction was invariably elicited; a reaction which did not appear in the writing of living persons. Photographs of deceased persons will give a like reaction, but this is not as definite as writing.

The energy of the writing is transmitted (S V reaction) through the rheostat at 49 (human material). The writing is first depolarized with a horseshoe magnet. Referring to Fig. 6, the area of dullness of a deceased male appears on the right, and of a female* on the left side of the abdomen.

To explain the foregoing phenomenon, one must necessarily migrate into the realms of speculation. This tendency I shall evade and seek an explanation from a viewpoint essentially rational to myself. The writer is primarily concerned with facts and not in their interpretation.

In writing, the energy passes from the finger tips to the paper and is there fixed like a mordant with the pencil's graphite or the pen's ink. In other words, the personality of the individual is transferred to the paper no less certainly than if he were to transfer himself from one place to another. Man is only a compound of his infinitesimal vibrations, and a single vibration is an exact replica of his vibrations taken as a whole.

* The handwriting of a deceased relative demonstrated a cancer reaction (1/25 of an ohm). Fourteen years later, this lady died from a breast cancer.

We refer to the energy emanating from man as "nervous force," but the writer has repeatedly demonstrated that it is radiant electricity, or electricity in vibration.* Its conduction within the organism is by aid of wires or nerves. Extending beyond the limits of the body, it is a wireless conduction.

The radiant energy of writing can only vibrate in resonance with its source—the individual from whom it emanated. This is a plexiform world with its intricate network of wireless vibrations. Were the latter less tenuous, there would be no space left for anything else.

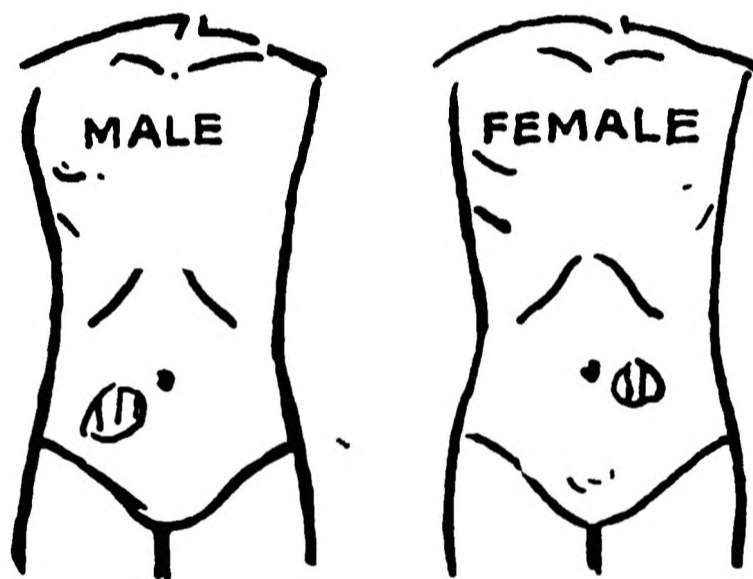


Fig. 6. Topographic E R A reaction of a deceased person (male on the right and female on the left side of the abdomen).

The writer has shown that human energy increases in potentiality with the square of the distance, and the radiations from the writing, as we shall note later, pass in the direction of the individual, if he is alive, irrespective of his location.

The reaction noted in the writing of a deceased person is transitional. Vibrating no longer in resonance with the individual, the writing gathers other products, just as

* It is inept to compare this with current electricity. Physics concerns itself with only two fundamental ideas—matter and energy. Electrons owe their energy to velocity and not mass. In gases, electrons have a velocity of 100,000 miles per second; in liquids about an inch an hour; in metallic conduction, owing to their fixation, the only power is that of vibration.

uranium after a lapse of years produces radium. Does this observation dispose of spiritism—communication of the living with the spirits of the departed?

Hundreds of tests were made with letters submitted to me. The location of the writers was only known to the individuals who submitted them.

A map of the United States was so fixed on a table that San Francisco and a single letter of the handwriting were transfixed. Then the location of the individual who did the writing was traced (Sex area, at 49, and S V reaction used). As a rule, the direction was correct.

Thus, if the individual were in Los Angeles the energy wave was traced in a southerly direction; if in New York, in an easterly direction, etc. It was found that the energy potentiality increased with distance from San Francisco as shown by the following measurements. There was an average increase of $1/25$ of an ohm to every 55 miles.

LOCATION	OHMAGE
Los Angeles	6/25
Waukegan, Ill.	2, 9/25
Washington, D. C.	2, 15/25
Boston, Mass.	2, 16/25
Linesville, Pa.	2, 13/25
Denver, Colo.	1, 9/25

Malaria

ACCORDING to the conventional conception, malaria is acquired as follows: An anopheles mosquito bites a malarial individual and thus imbibes infected blood cells. The parasites of these cells reach the salivary glands of the mosquito. By aid of the proboscis of the latter the skin of a person is punctured and the saliva is deposited. The result is malarial infection. The foregoing is the only accepted mode of infection.

The writer, in traveling through civilized and uncivilized countries, has always carried his own portable filter and up to several months ago always drank filtered water. Although not having been bitten by a mosquito in the past six months, he developed typical malarial symptoms.

This was confirmed by an electronic examination of his blood, and later by the demonstration of plasmodia.

If the mosquito theory is unconditionally accepted, much harm may ensue in the non-recognition of malaria. It is contrary to all reason to believe that the mosquito is alone implicated in the conveyance of the disease.

In typhoid fever, the common source of epidemics is from water infection. Now the anopholes lays its eggs in shallow puddles. Therefore, if the typhoid theory is accepted, why should a like theory for malaria be ignored.

Now toxins, bacterial products, represent the real virulent principle of bacteria. The toxins are usually unrecognized by the bacteriologist, but the electronic reactions subserve an absolute means for their demonstration.

It has been found by the writer that stagnant water will often elicit a malarial reaction.

Dr. Estock, a recent visitor at Dr. Abrams' laboratory, makes the following statement:

"After spending seven years in equatorial British East Africa, I am persuaded that man can and does contract malaria either by the sting of the mosquito or by using unboiled water and vegetables contaminated by the products of decayed vegetation.

"There are regions where both the Europeans and the natives live for prolonged periods without contracting malaria though they are frequently exposed to the stings of mosquitoes (anopheles), whereas in other areas both man and mosquitoes prove to be carriers of plasmodia.

"The above observation has led me to conclude that the primary cause of malaria is not the mosquito, for unless the anopheles first becomes infected by the products of decayed vegetation contaminating the water, neither the mosquito nor man manifests any sign of infection. Very frequently one can notice that after drinking from some of the foul streams the person suddenly comes down with chills and fever.

"By the above statement I do not mean to deny that plasmodia do play an important part in disease, but I do believe that they are guests invited by the previously existing lowered vitality, more or less pathologic. Otherwise, how can we account for the

fact that in the midst of malarial surroundings there are whites and blacks who persistently maintain good health without use of quinine."

The Use and Abuse of the Oscilloclast

IT IS more important to know what kind of a patient the disease has got than to know what kind of a disease the patient has got." "The patient wishes not only to be cured, but to be treated: his luxury is the importance of the physician and his remedies."

The psychology of the patient is paramount. To evade it is to invite defeat in the treatment of his affliction.

Psychodynamics is exploited to the full by the charlatan, and the patient is more important to him than his disease.

The influence of mind on disease is no longer a question of empiricism. By aid of E R A, it may be shown that the mind can either fortify or nullify a reaction. In other words, if a patient affirms mentally that he is well, he may nullify a reaction for at least a minute. Let him at any stage of this mental process suggest to himself that he is sick and the very moment of this state of mentation may be determined objectively by a recurrence of the reaction.

To enlist this destructive vibratory rate of the mind is not a question of pathological knowledge but a matter of knowing people.

To the average person, words like cancer and syphilis suggest hopelessness, and the mental constituent of treatment is annihilated. When results are achieved the patient may be informed of his ailment so that our skill may not be minimized.

In using any new apparatus which has not received official recognition, promise nothing, but say it before witnesses for "official medicine," not recognizing the curability of cancer even in its incipient stage without the use of the knife, will seek every means, however base, to involve you in legal entanglements. This is happening at

the time of writing in Boston, and the object of calumny is Dr. P. A. Sheppard.

Now, people are no longer content to be told in Latin that they are sick, nor will they be persuaded to await the autopsy on themselves for a confirmation of a diagnosis. Do not blame the people for their unreasonableness. Forgive them: they do not understand the exalted state of the medical classicist.

Here are the questions they will put to you and here are the answers in concise phraseology:

What is the Oscilloclast of Abrams?

An apparatus for treating disease by definite rates of vibration. Electric waves have no effect on objects which do not vibrate in resonance with them. This action corresponds to tone vibrations which set other bodies in motion. If we strike the A string of a violin, the A string of a piano standing near sounds in harmony with it.

How can vibrations destroy disease?

Every object has a 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. Caruso could take a wine glass and determine its tone (vibratory rate) by tapping it. Then by singing that tone in the glass would shatter it. This is exactly what happens when you impose on a disease its own vibratory rate by the oscilloclast. The radiations from the latter, unlike radium and the X-rays, are absolutely harmless. Patients accustomed to sensation cannot understand why they do not feel the vibrations. It is because true remedial action is qualitative and not quantitative. You do not feel light, yet, by its mechanic action it may agitate bodies so forcibly that they fall to pieces.

How can the effects of the oscilloclast be determined?

By accurate measurements of the radiations of disease. As the disease recedes in virulence, what is known as ohmage (measure of resistance) becomes diminished and finally there are no morbid radiations to measure. Noth-

ing, however, gets quite well. While you may deprive a cancer of its malignancy, some damage has ensued during its growth and some minor suffering is better than death.

One man's calomel is a little better than the other man's calomel. It is always the man behind the gun.

If you lack faith (the most stupendous word in therapeutics) you communicate it by induction to your patients.

Every act of mentation, like any other phenomenon, is only a question of vibrations, and you do not less surely convey them to your patients than does a magnet its action on a magnetizable object.

Two communications are concrete examples of my contention. Dr. M. A. Hansen, Osage, Iowa, writes as follows:

"We are now treating about sixty cases per day, with about twenty on the waiting list, and it is impossible for us to do this work with two oscilloclasts. So, I am placing my order for one more oscilloclast, which will be five in all, and I am asking you to kindly make the delivery on the two I ordered months ago by the 15th of April, or at least one of them.

"The work that we are doing with these machines is more of a credit to you now than when we started. I almost think that these machines in the hands of a novice are sometimes a detriment to you. I know at first we got brilliant results in one case and then in others we would overlook little things which cast a reflection on the methods and the machines, which ought not to have been.

"We now have patients from all over the State of Iowa, and as each patient leaves they send five more to take their place. Owing to the fact that I am very careful in clearing up the dark corners (syphilis), our results are perfect in at least 95 per cent of our cases.

"I can't tell you how much credit you deserve, Dr. Abrams, for being able to discover these wonderful things for the benefit of humanity.

"I can never feel grateful enough to you for all that you have taught me."

A case was referred to a lessee of the oscilloclast in a distant city. The patient wrote as follows:

"The physician to whom you referred me intends

to (1) sterilize my chest, (2) use actinic rays, (3) inject sea water. I objected. I said I had come for treatment by your method and until it was found that your method would not help me, I declined to take any other."

Now, this patient was absolutely right. Either the oscilloclast would or would not effect results. Primarily, faith in the oscilloclast was shattered.

All remedial measures are resolvable into rates of vibrations. With the oscilloclast, one is at least applying rates with mathematic certainty. This is not so with "shot-gun" physiotherapy. One modality may undo what the other modality has done, thus confusion is worse confounded.

Without a proper diagnosis, the oscilloclast is useless.

Matters are not remedied by using a multiplicity of numbers: the strength of the current diminishes with the number of buttons used.

Insulate your patient during treatment. Insulate your apparatus from the wall of a steel structure. Large dynamos in factories in proximity to the apparatus may vitiate results.

Do not limit the time of application to less than an hour, but gauge the results by the diminishing potentiality of the energy of disease. When the latter is effected, remember that like produces like. In other words, if the disease is cured by a definite vibratory rate, the latter may reproduce it.

Pathoscopy

THIS term of new coinage suggests seeing disease and, as a matter of fact, you do see it by aid of the vasomotor system (vasoconstrictor component). It is perhaps the most constant and unique clinical sign the writer has ever witnessed. It is equally observed in the patient as well as the reagent.

The exactions are: (1) Facing the geographical west; (2) grounding; (3) arms separated from the body and

feet separated; (4) subdued light. Let us suppose the sample of blood gives a reaction of carcinoma at the VR of 50 (SV reaction). Within a minute, the exact site of the tumor will appear on the abdomen of the reagent as a whitish patch, which in some instances, is not unlike the wheal in urticaria. The phenomenon is accentuated by placing the lever of the rheostatic dynamizer at SV. To elicit dulness over the patch, the rheostat must be at 32 (for stomach site), 22, (small intestines), 27, colon and 38, for gallbladder region.

The wheal may be brought to view, if it does not appear spontaneously, by pressure or slapping the abdominal skin.

If the specimen of blood shows streptotoxemia of appendix origin, the wheal will appear in the appendix region and often conforms with the vermiform appearance of that structure. The pathological site is more easily recognized than at the autopsy. For, to circumscribe a lesion at an autopsy, palpation is requisite and even then it is faulty.

At 42, the site of tuberculosis, 58, sarcoma, etc., may be similarly determined.

Using the PD reaction, the site of the lesion may be similarly determined on the back of the chest.*

If the object of examination is the patient the latter must comply with the same exactions as the reagent.

The site of a pus appendix, a tumor, tuberculous area, etc., may be seen on the abdomen or chest. Often the wheals (pathograms) are diffusely whitish or appear as areolae and exactly circumscribe the site of the lesion.†

The rationale of the phenomenon is essentially the irritation of a lesion influencing the vasoconstrictor component of a particular cord segment which sends out its efferent impulses.

* To localize lesions, irrespective of P D, E D or S V (say on skin), with blood, use psychometric method of holding electrode on reagent at area indicated (Fig. 10, this Journal), viz., on either side, midway between rib curvature and navel in the mammary line.

† The site of the tumor is more intensely white than the infiltration.

PROGRESS IN ELECTRONIC MEDICINE

Quinin and Its Derivatives—A triumph has at last been achieved in cardiology. It has been found that quinidin sulphate is moderately efficient in auricular fibrillation. Recorded as an empirical observation, it has not been explained. Employing the E R A, it has been found that the drug in question will destroy the cardio-vascular strain of syphilis. Several years ago we noted that, in testing for the most efficient drug in syphilis, it was found that quinin demonstrated the greatest potentiality. Since then it has been observed that the same drug, taken internally, will destroy the reaction of carcinoma, strep. Neisserian and sarcoma. Thus, if two samples of blood are taken before and after ingestion of a small dose of quinin, one may elicit a reaction before but not after.

Similarly, if one concusses the seventh cerv. spine, thus aspirating the syphilotoxins into the spleen, a local reaction of tumors or tuberculosis cannot be elicited. The reaction recurs after concussion of the second lumbar spine, which again causes an extrusion of the toxins into the blood.

From the foregoing one is constrained to conclude that such tumors and tuberculosis represent a specific strain of syphilis (congenital or acquired).

I now keep such patients under the constant influence of quinin and, to be consistent with my former observations, viz., that the homeopathic attenuation of drugs increases their efficiency, quinin (30x) is given.

Mercurochrome—This new drug has been found to be more efficient than safranin in destroying the reaction of sarcoma. It is painted over the tumor in a 1 per cent solution. It stains the skin a bright red color and is readily removed by rubbing first with a 2 per cent potassium permanganate solution and then with a 2 per cent oxalic acid solution. Used in this way, it is innocuous.

Syphilis—Owing to the portentous significance to the average lay person of the word syphilis, all blood reports to physicians now embrace the following: Confidential—Acquired diminished resistance means acquired syphilis, and congenital diminished resistance, congenital syphilis.

Facing West—In making the E R A, it is necessary for patient as well as reagent to face the geographical west. In the last number of this Journal (March, 1922) one experiment was cited why this was a necessity. Here is another experiment: With a magnet one may magnetize magnetic material. This is known as **Induction**. The greatest magnet, the earth, can by induction convert iron or steel into a magnet. To illustrate terrestrial induction. Take an ordinary stove poker. Holding it east-west,

and usually both ends attract either end of a compass needle. This shows that the poker is not polarized. Holding the poker in a north-south direction, it will become magnetized with distinct north and south poles; it will repel the north pole of the compass at one end and attract at the other. If the poker is again turned in the east-west position, both ends will attract the same end of the compass needle, showing that it is again non-magnetic or depolarized. The effects of this induced action of the earth is increased by holding the poker north-south and striking it a few sharp blows with a hammer. This shakes its molecules and enables the induced force of the earth's magnetism to turn them more easily in north-south position. With the compass, the poker will be found to be permanently magnetized. To demagnetize it, hold it in an east-west position and hit it again a few sharp blows.

Accentuation of the ERA—According to Dr. H. S. Huang, if the physician percusses the reagent with one foot, touching the foot of the latter on the ground plate, dulness is accentuated. If both feet of the physician touch both feet of the reagent, dulness is diminished or abolished. These observations are correct. The writer has also observed that an assistant who presses upon the abdomen of the reagent to diminish the resonating surface and thus increase the dulness, must stand on an insulating surface (rubber). If the feet of the assistant rest on the ground plates, dulness is diminished or abolished. Dulness may be temporarily increased by shortcircuiting the brain for several seconds. The latter maneuver appears to increase the storage capacity of the cerebral dynamos; for, when the metal is removed, there is a sudden discharge of energy.

This action may be duplicated with a horseshoe magnet. Unite the two ends of magnet with a piece of metal; then bring the keeper of the magnet as near the poles as possible, and note that when the metal piece is removed, the keeper is attracted to the poles of the magnet. One must repeat the experiment several times in order to succeed.

Neisserian Infection in Women—One of the physicians in attendance at my clinic commented on the success he achieved with pus tubes by aid of magnesium sulphate. The action of the latter was attributed to its hygroscopic properties. Tested electronically, the drug in question showed a destructive rate for gonococci—i. e., the radiant electric reaction of the latter was destroyed by the radiant electric activity of the drug.

Tampons are prepared and used as follows: A thin piece of cotton about 4x6" is covered with a thin layer of magnesium sulphate crystals. This is rolled tightly and tied at the ends. A string is attached to the middle of the roll, which is dipped in glycerine.

Now expose cervix with a speculum and pack tampon firmly over and over each side of cervix as high as possible. Repeat daily or every other day. Patient must wear a sanitary napkin.

Diagnostic Tuberculin—Commercial preparations show the reactions of strep and congenital lues. This investigation was conducted at the request of a large dairy owner who objected to the tests made by the State veterinarian. He observed that many of the cows, subsequent to the use of tuberculin, were worse off than before. He wanted to know whether tuberculosis in cattle could be determined other than by the use of tuberculin. Yes, was the response. Milk from tuberculous cows will give a reaction of tuberculosis. What I said in an early issue of this Journal still holds, viz., that milk exposed for several minutes to yellow light from an electric bulb will destroy the reaction of tuberculosis. Why not **yellow** glass milk bottles?

Rheostatic Dynamizer (RD)—This was described in the last number of the Journal. The splenic and solar plexus E R A are intensified at S V of the R D. They are dependent on dilatation of blood vessels. They disappear on deep inspiration and are unaffected by skin irritation.

Elephantiasis—Several cases recently observed at my clinic gave an enormous blood reaction of congenital syphilis (as high as 56 ohms in one patient) and sarcoma. All the hypertrophic tissues give like reactions.

Overdosing—In the last number of this Journal the fact was cited that a rate of the oscilloclast which is destructive to a disease will, when the latter is subdued, reproduce it. This applies equally to the use of drugs.

Symbiotic Reactions—In the presence of cancer and sarcoma, the tuberculosis reaction frequently fails to be elicited. It has been noted, furthermore, that when the reactions of the tumors have been dissipated, tuberculous symptoms may develop. The foregoing is important in pathology as well as in diagnosis. In pathology, because the tumors show a destructive rate to tuberculosis. If two rheostats are used, as shown in fig. 7, and both are placed at the vibratory rate of tuberculosis (57 or preferably 42), one may elicit the reaction of the latter in the presence of the tumors. To measure the potentiality of tuberculosis, set one rheostat at 42 and direct blue light (cancer) on the aluminum tip of dynamizer, or red light, which is destructive to sarcoma, and measure with the other rheostat.*

Osteopathic Lesions—Dr. J. V. McManis observes that one very interesting thing he has noticed since using the oscilloclast was that many old and stubborn osteopathic spinal lesions which have been pronounced immovable, in most cases, are easily corrected by osteopathic adjustment after eight or ten treatments on

* Use a pocket flashlight.

the spleen at rate 3 (for congenital or acquired syphilis) with the oscilloclast. The foregoing refers to Abrams' concussion treatment for syphilis.

Dr. Horace B. Coblentz (Washington, D. C.) illustrates the following results in sarcoma by aid of the oscilloclast (fig. 7): The patient's age is 73 years. He was unsuccessfully treated at a radium institute in Baltimore; in fact, the treatment only hastened the growth.

Transmission of Tumors—Recent experiments at the Pasteur Institute show that tumors in animals may be transmitted to other animals by the inoculation of a few drops of blood. Heretofore the tumor itself was necessary to achieve this object. This merely illustrates my answer to the following question:

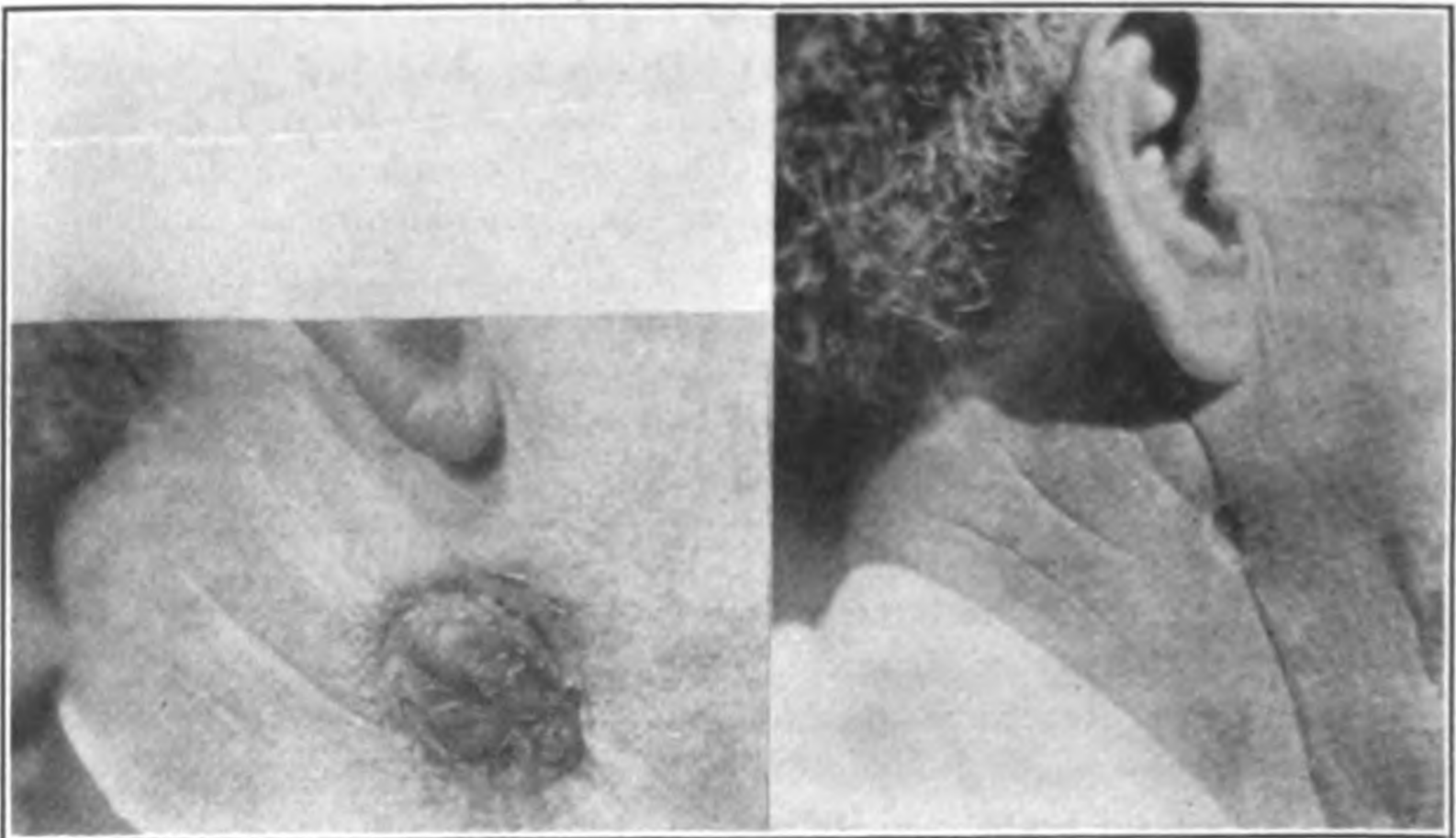


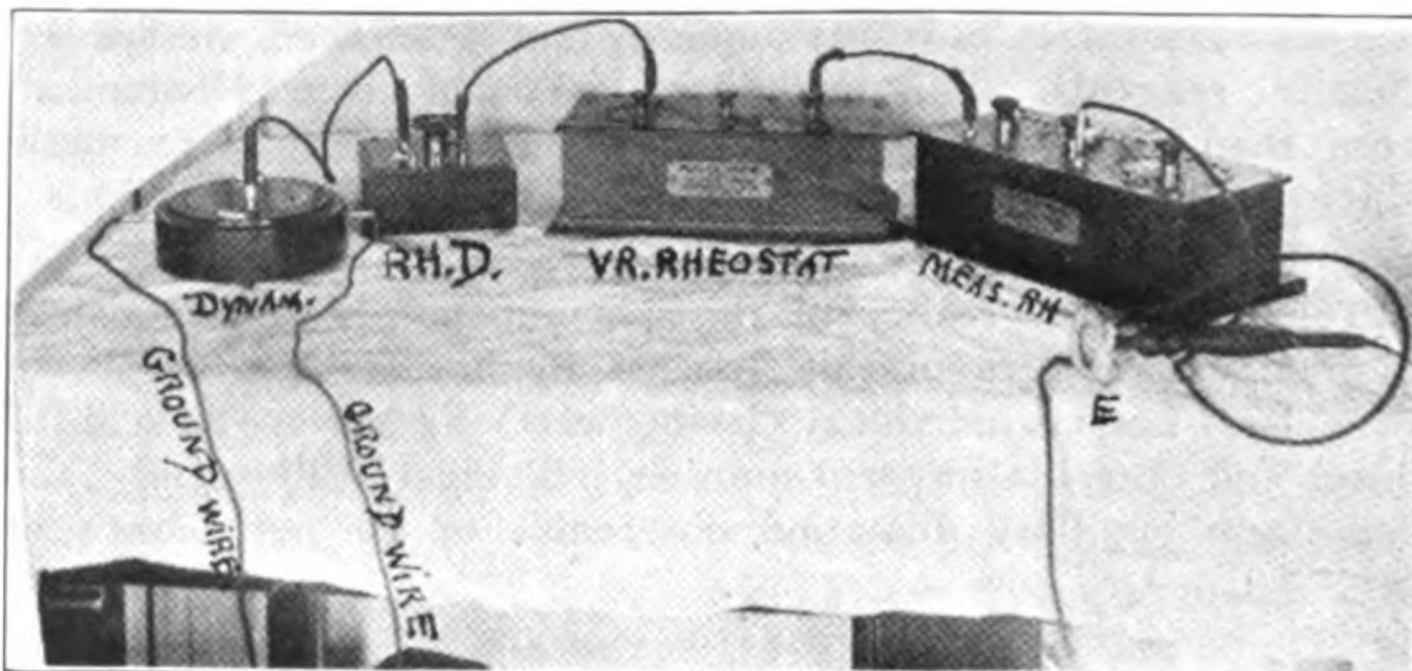
Fig. 7. Dr. Coblentz's case of sarcoma before and after treatment.

Why can a drop of blood reveal conditions often unperceived by an examination of the body? The blood drop with its countless billions of electrons is a condensation of the multitudinous vibrations in the body. The mineralogist finds it unnecessary to examine a mine to determine the nature of its products. It is unnecessary to perceive a magnet to detect its energy, nor a dynamo to measure an electric current. With a spectroscope one may detect the millionth of a milligram of matter, and even invisible objects may now be detected by heat radiations.

The fundamental problem of astronomy is to determine the nature and composition of celestial bodies. Now, these bodies cannot be brought to the laboratory for analysis, but the energy which they emit (light and heat rays) may be investigated by the spectroscope and the knowledge thus furnished is as accu-

rate as if a sample from some distant star were tested with chemical reagents. This method of radioanalysis was commenced more than 100 years ago and is practically the same method which is now pursued by the E R A (electronic reactions of Abrams).

Telepathy—The reality of this phenomenon was demonstrated in previous numbers of this Journal by aid of skin graphs and the pulse. Let an individual (facing west) fix his eye at a distant object and note the moment another individual **Wills** firmly, there is a slight pupillary dilatation observable in the percipient's eye.



ELECTRONIC REACTIONS

Fig. 8—**Dynam.** (Dynamizer)—Container for blood specimen. For connection to patient, insert tips of bifurcated cord, to openings on tops of plugs for ground wires and remove blood specimen from Dynam. **Ground Wires**—Better results when two separate grounds are used. **RH.D.**—Rheostatic Dynamizer for stepping up energy. Lever to SV. steps up **Splanchno-vascular, Solar Plexus and Splenic** reactions; to ED, **Pul-modiagnostic and Enterodiagnostic** reactions are stepped up. **VR. Rheostat**—For admitting energy at vibratory rate of disease. **Meas. RH.**—Measuring rheostat for determining energy, potentiality. **E.**—Electrode to reagent (subject). All apparatus to be placed on a glass plate or table, may be insulated at legs by glass or rubber.



Fig. 9—**Autoelectronic Reaction** (using patient). Arm of patient extended from body, or better, two arms (E, then held by assistant). Bifurcated cord from Dynam. to ground plate. Patient faces geographical west on two ground plates. Use rheostats like in blood examinations. E in picture is placed for SV. reaction. Place in correct locations for other reactions. Lever at 0 points on rheostats nullifies reactions, which reappear at vibratory rates of diseases.

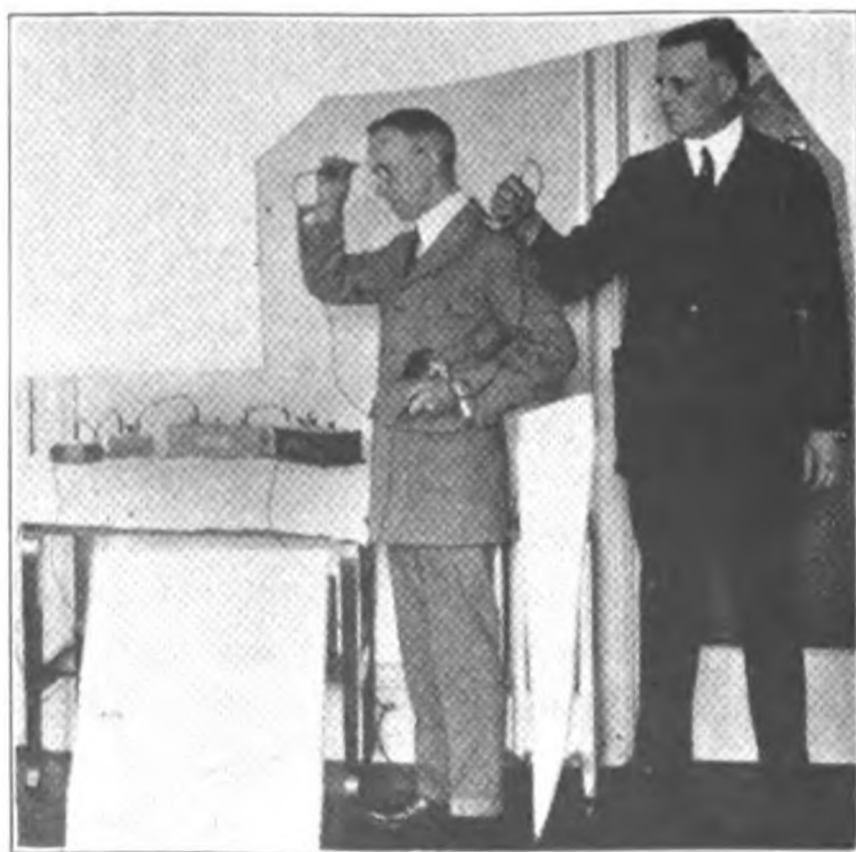


Fig. 10—**Localizing site of disease** with blood specimen (reagent used). E is held so that its tip (border of which is covered by white rubber or insulating tape) rests on skin while its surface faces the skin. Position for E is on either side of abdomen in mammary line, midway between navel and curvature of ribs. This E comes directly from Meas. RH. A single cord with two electrodes is used for localization of lesion. One is held by reagent (for SV reaction in picture) at proper positions for eliciting the different reactions. With the other electrode, localization is executed by an assistant.

REVIEWS

"The Relation of the Peripheral Circulation to Diseases of the Heart" (Sir James Barr, N. Y. Med. Jour., Feb. 15, 1922)—This eminent clinician devotes in his article the following observations concerning the "Albert Abrams Cardiac Reflexes":

"For many years I have made regular use of the Abrams's cardiac reflexes in the treatment of heart disease and consider them invaluable. They are not intended to resuscitate the dead, but for revivifying the living they are inestimable. These reflexes are readily elicited by the following method: Take a medium-sized cork, place an end on the seventh cervical spine, and on the other end of the cork give thirty short, sharp taps with a plexor or a small hammer. Repeat this on the second dorsal spine. Wait a minute, and then repeat this series on the seventh cervical and second dorsal. Again wait a minute and repeat the third series. This procedure, if properly carried out, will reduce the transverse diameter of a large dilated heart by at least two inches, and the heart will remain contracted for one or two hours. At the same time the aorta is materially contracted, and pulsation in the suprasternal notch disappears; hence this maneuver is of great value in the treatment of aneurysm. Personally I have had many successes. Those who have difficulty in mapping out the deep cardiac area can easily feel a large thumping apex heart in the axillary line, and after percussion feel it in the nipple line.

"In the case of a big heart which does not readily respond to this reflex the prognosis is bad. This reflex should be elicited several times daily, and it is much more effective than a similar number of doses of digitalis. As an aid in delineating the deep boundaries of the heart, if you tap the seventh cervical spine or the acromial end of the left clavicle with the middle finger of your right hand, and at the same time carry the fore or middle finger of the left hand along the third, fourth or fifth left intercostal space, as soon as that finger reaches the border of the heart you will feel an impact of the heart against the finger, and the percussion note will become dull.

"The Abrams' cardiac reflex of dilatation is elicited by percussion between the third and fourth dorsal spines, which stimulates the depressor nerve. This should be followed by percussion over the second dorsal, which I have termed a fixation complement, as it prolongs the reflex. This reflex is exceedingly useful in true angina where there is spasm of the heart, a slow, small, firm pulse, and cardiac distress. In many of these cases there is also pylorospasm with distention of the stomach; this is relieved by giving a glass of hot water, and then percussing the fifth dorsal spine.

"The best way to prevent heart disease is to preserve healthy blood vessels, and treatment should include the peripheral circu-

lation. Much of the modern treatment leads nowhere but to the grave."

In the "American Journal of Electrotherapeutics," April, 1922, is a notable report on the "Cardiac Reflexes," by Mary L. H. Arnold Snow. She shows by electrocardiograms, the effects on the heart of spinal stimulation. She has done more than any one else to corroborate such effects by modern scientific apparatus. The editor of the A. J. E. comments as follows:

"It is a noteworthy fact that Dr. Abrams has been more generously recognized by the profession abroad with reference to the importance of spinal stimulation in the treatment of various cardio-vascular conditions, than by the members of the profession in his own country.

"The work of Dr. Albert Abrams and Dr. Mary Arnold Snow in establishing the great value of the cardiac reflexes of the dorsal spine as induced by percussion or vibratory stimulation are certain to be ultimately accepted and adopted by the profession everywhere. The results obtained by this method as shown in this contribution by Sir James Barr indicates the recognition of these important measures by authorities of the English profession.—Editor."

Vibration in the Diagnosis and Treatment of Disease, a Tribute to Dr. Abrams (W. B. Secrest, M. D., Logan, Utah, Medical Summary, March, 1922)—

"A year ago I learned there was a new star rising in the west. Somewhere or some way I got hold of the word 'spondylotherapy,' so I got in touch with the author and purchased a copy. This was a revelation to me, as it will be to any other doctor, and gave me food for thought and action and an appetite for more from the same author. So my next purchase was 'New Concepts in Diagnosis and Treatment,' and then I fell in over my head, and as I was unable to swim in these new waters, had a hard time to get out.

"I admit I could not understand it and do not yet, but even though I did not understand, it pointed the way to light and I had been floundering in darkness for a good many years. These works spoke of the 'electron' and 'vibration,' words I had heard spoken of, but they meant nothing in my young life. Out of the 150,000 physicians in the United States, only one man with a vision grasped their meaning, and on those two words he has erected a superstructure in diagnosis and treatment that never will fall as long as this old world stands.

"So highly do I think of Dr. Abrams, his tactile sense is so highly trained, his hearing so acute, and his judgment so unerring, that I would bet my last sou you can strip him of all else, place him in a vacant room with a sick person, and he will emerge and not only diagnose the patient's disease, but he will

tell the basic condition, locate the organ affected, and make a mighty good stagger at measuring the strength of the disease. Get acquainted with this man and his methods, he will do you good and you will do your patients more good."

Electronic Methods (Henry Lindlahr, M. D., Lindlahr Magazine, April, 1922)—"The crowning achievement of natural therapeutics, the greatest discovery of all ages, is Dr. Abrams' **electronic diagnosis and treatment**. It reduces medical theory and practice to absolutely basic principles and exact science. It enables us to keep track of actual improvement by measuring with exactitude the decrease of disease vibrations in the system. Incidentally, it proves true all the fundamental principles of nature cure philosophy and practice, the reasonableness and efficiency of our methods of diagnosis and treatment."

Electronic Reactions of Abrams (Francis A. Cave, M. D., read before convention, E. O. A., April 28, 1922)—"These reactions unquestionably constitute the most amazing and revolutionary concept in the entire history of medicine. They are based upon entirely scientific fundamentals. Other leading thinkers besides Abrams realize that medical methods are antiquated and out of gear with our present standards of intelligence. He quotes Sir James Mackenzie, who, in his book on the 'Heart,' observes that he hopes that recent pharmacopoeias will be of no more value than a medieval work on alchemy. The same authority in 'The Future of Medicine' says that the study of medicine is pursued on wrong lines and it must be based on natural laws. Abrams has utilized in medicine the laws of physics." He concludes: "The day of 'Electronic Diagnosis and Treatment' is at hand and it cannot be dispelled by unbelief or criticism any more than the ocean can be swept away with a broom."

The Editor regrets that he cannot publish this address in detail. He regards it as one of the most comprehensive yet written on the subject. May he suggest to Dr. Cave that he publish it in book form?

Chronic Diseases: Their Diagnosis by the E R A and Their Treatment (Samuel King, M. D.)—"The patient with the chronic disease has always been a stumbling-block and an insurmountable obstacle to the student of medicine. Searching for a rational explanation for the cause and cure of disease, the medical student is as much an object of pity as the patient himself. Honestly desiring to obtain data whereby he may benefit his fellows by restoring the sick to their normal condition, he is met at every turn by vague conjectures, wordy explanations that do not explain, and a long list of reports and clinical cases that simply show the dense ignorance of the age in regard to the true pathology and cause of disease. It is no wonder that this is an age of medical nihilism and that the regular school is trying to

belittle the study of therapeutics, or else forsaking all the medical lore of the past, and radically going off at a tangent in the use of the highly advertised and heralded vaccines, serums, and intravenous medication without any real knowledge of their therapeutic value, why they administer them, or the after-effects of such oftentimes dangerous medication.

"There never was a period in the history of medicine when the study and employment of accurate and scientific diagnosis and the application of definite medication was so sorely needed as at the present time. The drug-weary and discouraged patients are deserting our patronage by the thousands for the drugless healers whose methods are more scientific and consistent than our own incorrect diagnosis and therefore incorrect drug treatment for their stimulation of the reflexes and certain groups of muscles in the majority of cases is good treatment. We have reached a crisis in our profession and, while we stand unprepared to meet the existing conditions and the urgent and necessary call for better therapeutics, the drugless healers are crowding hard upon our heels. They are like buccaneers in the offing, for while we sleep with a satisfied complacency, they make large inroads into our territory between the setting and the rising of the sun. Not that I have anything against the drugless healers that might not with equal force apply to members of my own school. Many of these drugless healers are honest, earnest men of a high order of intelligence and refinement. Some of these men are warm friends of mine, and they too are satisfied with themselves and their work, they know their failures and shortcomings, and are looking for something better. They are greatly interested in the Electronic Reactions of Abrams, and would eagerly study and learn the same, if the bars were down. To my mind it is self-evident that, as physicians, if we are to retain our position in the medical world, we must be able to do more for the sick during the next few years than ever before. This is a world of class conflicts and competition, and the better man, be he the regular, eclectic, homeopathic, drugless or whatnot, is going to win out, hold the fort and profit by our failures. And this is as it should be. The world loves a man of push and energy and aids him on the road and rejoices in his success."

Sex of Numbers and Sounds (Dr. W. H. Dower, *Halcyon*, Dec., 1921-Jan., 1922)—Odd and even numbers are the mathematics of the sexes, and vowels and consonants are the sexes of sound.

Suspend a negatively charged electrobioscope (pith ball suspended from a glass rod.) On a narrow board, mark the numbers 1 to 9 and on another board vowels and consonants at a sufficient distance from each other and observe the following:

1. Even numbers repel the El. owing to the negative energy.

2. Odd numbers attract (+ energy).
3. Vowels repel and consonants attract.

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

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

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

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

The above is quoted from "Physico-Clinical Medicine," published by Dr. Albert Abrams, San Francisco, Calif.

"During the past few months at the Halcyon Sanatorium Laboratory Dr. Dower has been giving many public demonstrations of electronic fundamentals, and among the experiments tried were those referring to the sex polarity of numbers and which were entirely corroborative of the above. One interesting fact was noted worth mentioning. Among those present at the demonstration was Mrs. Ernest Harrison who had not forgotten her stenographic lore. She requested permission to write down numbers, odd and even, using stenographic characters instead of the familiar numerals. This was done, and whether they were odd or even was known only to herself, Dr. Dower holding the pith ball apparatus near the character. The pith ball was attracted and repelled just the same as when ordinary numerals were used, the characters representing even numbers repelling, and odd attracting, and the same with characters representing vowels and consonants. This would seem to indicate that each number and letter, independent of any symbolic sign that represents it, must release or radiate an energy peculiar to itself and which determines its sex polarity."

Syphilis as the Unsuspected Cause of Disease (B. W. Swayze, Allentown, Pa., Medical Summary, Feb., 1922)—Swayze comments on the frequency of the disease as follows: "No other disease is so like a chameleon as syphilis. There is hardly a disease it may or does not assume the form. In the stomach it shows as dyspepsia; in the joints as rheumatism; in the lungs, tuberculosis; in the kidneys, nephritis; in the liver, sclerosis; in the womb, metritis; in the appendix, appendicitis; in the bladder, cystitis; in the nervous system, neurasthenia and paralysis, etc. So frequently is it the prime or contributing cause of so many other ailments that its detection is a matter of great moment to the afflicted."

Or Dr. William W. Graves ("American Journal Syphilis," July, 1920) who says, in part: "So manifold are the manifestations of syphilis and so widespread is its distribution among civilized

faces of men that the physician is compelled to consider the possibility of syphilis as a causative or complicating factor in almost every individual who presents himself for diagnosis and treatment."

Others make similar statements based upon investigation and experience so that the dictum of Sir William Osler is particularly pertinent when he says: "Know syphilis in all its manifestations and all other things clinical will be made known unto you." Or the simple declaration of another who says: "Syphilis is the father of disease."

Mendelism (The Medical Press, London, March 1, 1922, Sir James Barr)—Sir James is an authority on this subject. He refers to investigations on the behavior of serum and red cells and continues: "Disputed maternity does not often occur, but there have been cases of child-substitution, in which cases these methods would be more scientific, but perhaps not more successful than the crude threat of Solomon. My friend, Dr. Albert Abrams, of San Francisco, has carried blood-analysis on a physical basis much further, and he has given evidence in court in cases of disputed paternity. Of course, this work is, as Dr. Abrams says, open to abuse, and none but the highly trained expert should undertake it. He distinguishes not only between male and female blood, but he has differentiated the blood of sixteen races, and he can readily tell the disease from which the patient is suffering. It is simple enough to tell whether the blood is that of a male or a female. Personally, I have not found any difference between English, Scotch, Welsh or Ulster blood, but the blood of the Sinn Feiner more nearly approaches that of the German. I have no doubt we are on the eve of many further great discoveries, but whether these will increase human happiness or not I cannot say, probably not. If you want to raise an A1 nation, morally, intellectually and physically, you must do so by selective breeding; there is no other way. Those who depend solely on the environment are resting on a broken reed."

Electronic Theory in Medicine (Dr. J. Regnault, La Cote D'Azur Medicale, Jan., 1922)—A school of biodynamics must succeed one of Pathological Anatomy. Owing to the great sensitivity of Reflexes, radioanalysis has been placed on a scientific basis by Dr. Albert Abrams. The views of the latter are being rapidly spread throughout France by Dr. Le Prince. In the "Presse Medicale (Oct. 20, 1920) appeared his first communication. Later, in Marseille-Medical, he communicated his observations on the "Electronic Relations" and referred to observations of Regnault before the "Paris Congress of Surgery," on the value of these reactions in the early diagnosis of cancer.

The Passing of the Specialist (J. W. King, M. D., Bradford, Pa. Reprint J. A. M. A. A., February, 1922—"The old-fashioned diagnosis must go—as the passing of the specialist. He refers to

the improved Auto-Hemic serum treatment, the technique of which has been perfected in a book by Dr. Charles B. Graf, of New York City. Referring to the "Electronic Reactions," he says:

"Dr. Albert Abrams, of San Francisco, California, whom I consider to be the greatest medical scientist of his time or any time, has given the Electronic Theory many tests and his years of labor in this direction are now being rewarded by world-wide recognition. The months that I have devoted to study under his immediate instruction in the two visits that I have made to his laboratory, at San Francisco, during the past two years and my previous study and research work under his direction prompt me to say: that the 'Electronic Theory' is sound; and that the 'Electronic Reactions of Abrams' are sound; the diagnostic methods are accurate and that the oscilloclast destroys abnormal vibrating rates, and brings about cures."

Modern Miracles (P. A. E. Sheppard, D. Sc., M. D., 253 Newbury St., Boston, 1922)—Here the observations of Jarvis are cited bearing on the "Electronic Reactions." No one, considering the advancement made in radioactivity, can doubt its application to medicine. "The methods of diagnosis developed by Abrams are so different from those of the old school of physicians, that these gentlemen may well stand aghast before accepting them."

Marvels of Electronic Diagnosis and Treatment (Abstract of a communication to the New England Therapeutic Society. Chas. H. Kingsbury, M. D., Danielson, Conn.)—The author first describes the "Electronic Theory." By applying this theory to medicine, astonishing revelations have resulted. "This method of diagnosis, if applied in season, positively reveals the facts pertaining to serious disease during the curable stage, a happy state of affairs earnestly sought through all past ages, and which is destined to be humanity's greatest boon through all future time. The scientific importance of Abrams' discoveries transcends all other discoveries." Then follows a description of the methods of diagnosis. Tests show that the electricity always present in a normal person averages a force of about 20 volts and a current of about 100 MA."

"In making the tests (E R A), an electric circuit is established between 'grounds' through which flows a human electric current originating in the subject."

Then follows, the methods of demonstrating "Immunity," "Specific Drug Therapy" and the use of the "Oscilloclast" in the treatment of disease.*

Electronic Reactions of Abrams (B. W. Swayze, M. D., Allentown, Pa. Medical Herald, Feb., 1922)—The motif of this article

* He could without exaggeration refer to the spleen as the graveyard of infections.—Editor.

is stated as follows: "I am moved to write this article because of a marvelous year of experience, in fact, the most satisfactory year of my entire thirty years of professional life; a year that brings me the greatest satisfaction because I can count more actual cures. In fact, as I look back over the past 30 years and recall the thousands of patients to whom I have ministered, I begin to wonder in the light and experience of the past year, just how many of those thousands I have really permanently helped. Abrams' revelations sound like 'fairy tales' and no wonder they are so slow of acceptance."

Electronic Reactions of Abrams in Diagnosis (Sam'l King, A. B., M. D., Warren, Pa. Medical Summary)—The author cites the fact, repeatedly demonstrated, that mistakes in diagnosis among the best physicians may attain a percentage of 57 per cent. "Is it any wonder," he queries, "that people are losing faith in physicians and are turning to drugless healers, until today over 20 millions of our population depend on drugless healing?"

Many remarkable case records are cited, showing results of treatment when an accurate diagnosis is made.

Amelioration of the Human Race (R. de Montigny, La Cote D'Azur, April, 1922)—The author descants on the subject of eugenics. He refers to Upton Sinclair and his "The Book of the Hoop" and the hope for the coming race whereby the Electronic simple enough will reveal certain maladies and that the elimination of the female. Personal immunize the individual. In the same number of the English, Scotch, Welsh, J. Regnault contributes an article on the Sinn Feiner more nearly as. He refers to the method of Gardner no doubt we are on the eve of the electronic method. He regards the but whether these will increase. Regnault refers to the fact that say, probably not. If you want the electronic method to the Paris Con-

intellectually and physically, you must begin; there is no other way. Those on (1921) American Association environment are resting on a broker's object of this association

Electronic Theory in Medicine (Lal methods. The present D'Azur Medicale, Jan., 1922)—A school has been achieved. Those exceed one of Pathological Anatomy. One would secure this volume and of Reflexes, radioanalysis has been placed by the members of this by Dr. Albert Abrams. The views of the spread throughout France by Dr. Le P. Ortner, Chief of the Medicale (Oct. 20, 1920) appeared his first Co., New York, 1922. in Marseille-Medical, he communicated his Luger.

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The Passing of the Specialist (J.

Pa. Reprint J. A. M. A. A., February letter dated March, 1922)—diagnosis must go—as the passing write you of the success I am

having with the E R A and your Oscilloclast. I have found all the diseases, cancer, lues, tuberculosis, streptococemia, etc., and have conquered them. It seems just as easy to treat and cure these dreadful, so-called incurable diseases, as it is to treat measles, mumps, etc. You have taken the "guess" out of diagnosis and made it "positive," and made the treatment of chronic and incurable diseases an absolute success, and made the physician's work a pleasure by eliminating the "doubtful guessing." I cannot think of any greater pleasure than to be able to assure the cancer patients that they will be cured, and to know, down deep in your own soul, that you are telling them an absolute truth. Your method makes it possible to diagnose and cure mental patients before they enter the State institutions where they are KEPT instead of BEING TREATED.* I believe you have made it possible to keep eighty per cent of mental cases out of insane asylums. I do not make the above statements as facts not proven, because they have been verified in my own office by methods of diagnosis and treatment given to me by your able assistant, Dr. J. W. King, Bradford, Pa., and you, Dr. Abrams. I know that every physician who avails himself of your methods and conscientiously follows them, will be just as enthusiastic as I, and will be rendering a service to his fellow men, not surpassed by any man or profession.

"My work has increased until it is impossible to treat all my patients. I make blood tests and have them on a waiting list to be called. I am more than three weeks behind, and the number of patients applying for diagnosis and treatment is increasing each week. Dr. Abrams, MY HANDS ARE UP! No one but you can help me keep up with the treatments.

"The suffering people coming to me are not from Cincinnati alone, but from a radius of five or six hundred miles. Satisfied patients will talk."

* [It is now a generation since Nietzsche questioned the schedules of intellectual values. With my simple method (J., June, 1921) of cerebral localization it can be determined that the criminal is no less insane than are those for whom the term is generally accepted. Insanity, like all the psychoneuroses, are not diseases, but symptoms and are effects of cerebral syphilis. The mental anomaly or the cerebral phenomenon, classified as a neurosis, is syphilogenic and the varying pictures only refer to the variation in implicated centers. Results based on the foregoing conclusions have been phenomenal in some instances. We treat the general condition and then apply the destructive vibratory rate to the center involved in the cerebrum.—Editor.]

Miscellany

A TYPIC COMMUNICATION

Dear Dr. Abrams:—

The articles recently appearing in the J. A. M. A. have aroused a deep interest in your work.

I am forty-two years old, with an excellent training in the best medical centers of this country and Europe, but have been greatly handicapped by chronic arthritis.

I have so far been unable to locate the focus and am now quite crippled by stiffness in hips and spine with muscle pains at times. I am wondering what your methods in both diagnosis and treatment could do for me.

While I am frank to say that your claims seem rather extravagant to me, I am of liberal mind and see no more reason for limitation of discoveries in medicine than in other branches of science. If a simple discovery will make such wonderful improvements in radio why should not some research worker greatly improve medicine? Simply because it does not happen to be made in the Rockefeller Institute is no reason for its falsity—most of our great discoveries in science have been made by isolated workers.

If your work is genuine it will win and independent thinkers of the profession will soon back you.

With a sincere desire to know more of what you have done and are doing, I remain *

Very truly yours,

LETTER OF MR. UPTON SINCLAIR

[A reply anent a criticism bearing on Mr. Sinclair's judgment.—Editor.]

May 10, 1922.

“Editor of ‘The Journal of the American Medical Association’:

Dear Sir:—

I have read your comments upon my letter, in your issue of April 29. I am glad to know you think me honest and sincere and I am sorry you think me voluminous. In this present letter I shall try to avoid the fault.

First, as to my fasting ideas. You imply that I have to retract these; but this is not so. I got well by fasting, and I keep well by fasting when there threatens to be anything the matter with me. Last week I played a tennis match with the champions of the University of Wisconsin, and beat them both in straight sets

* Hundreds of letters and telegrams have been received bearing the same spirit of inquiry and investigation. In consequence of the same, applicants for courses should write in advance of their coming, so that an appropriate time may be arranged for their accommodation.

in one afternoon. These young men will tell you that I really have some health; and I am older than the two of them put together.

Next, as to the matter of diet. In this I was frankly experimental, and my only excuse was that I was experimenting on myself. Everything I wrote on diet was in the nature of a report of experiments; and as a result of the experiments I have solved the problem I set out to solve—that is, I have found out what diet enables me personally to keep well and do my work. I do not think you can fairly quarrel with me for this. Bear in mind—you would never have been able to poke fun at my blunders if I had not been frank enough to report them; something I did for the help of others, and not for my own glory.

And now as to Albert Abrams. You feel that you have answered me when you put my statement into italics and capitals; and with all the honesty and sincerity for which you give me credit, I plead with you to realize that this is not answering my statements. What I have seen, I have seen; and the fact that it is incredible may lead me to pardon your ridicule, but it does not cause me to stop troubling you with my appeals. You are in exactly the same position as the King of Siam, who laughed at travelers who told him that in their country great bodies of water sometimes turned hard, so that men and horses could walk on them. And that is what one expects of a King of Siam, but it is not what one has a right to expect of a king of Science. And so I say to you, you are condemning that which you have not investigated, and in so doing you are hurting a great and noble cause, the healing art. Humbly and earnestly I beg you to stop it. Give Albert Abrams a fair chance to show you what he can do; and then give your verdict.

I will take up just one passage in your comment on my letter—that passage in which italics fail you, and you are driven to use capitals. I wrote as follows: 'Not once, but at least two score times, I have seen Albert Abrams take a blood specimen brought to him, without even the name of the patient, and heard him diagnose cancer or sarcoma, and from the blood specimen locate the growth precisely to an inch. Then I have seen the patient, an entire stranger to Abrams, brought into the clinic and examined, not merely by Abrams, but by a score of other physicians, and the growth found "precisely at the spot indicated".' Now then, you print the words 'precisely to an inch' in italics, and that is all the comment you offer. But, my dear Sir, I saw it; and if I am honest and sincere, surely you must make some other answer! Let me tell you more in detail: it is the commonplace of Abrams clinic for conditions to be described from the blood alone, and then verified upon the body of the patient. It is done not merely for malignancy, it is done for consolidation of

the lungs and for syphilitic scars. It is just as much as a matter of routine as in your office the sending of proofs to the printer. It is done in a dozen different ways, so as to check up the results, and enable the doctors to check up one another. It is done, not merely for the men who are studying in the clinic, but for strange physicians who come in presenting their cards; they are all asked to verify the findings, and I have personally asked many of them if they found what they had been told was there. I have seen a stranger, a visiting physician, told he had syphilis, acquired at the tip of the second finger of his right hand, and heard him admit that he had the disease, and seen his hand examined and the scar observed. I have seen another visiting doctor told that he had TB of the spine, and heard him challenge Abrams to indicate the exact spot on the spine where the extreme pain was felt, and Abrams did it, to the man's very evident consternation. Several times I have seen Abrams mark out a cancer area, using the glass rod on the body of his subject, and had him invite me to take the rod and see if I noticed the sticking of the rod to the subject's skin. I found the reaction so unmistakable that I remarked: 'You can almost pull the subject's skin off.' And then the patient was brought in, and put behind a screen, so that Abrams could not see him, and connected with the apparatus, and Abram's assistant would move the electrode about until Abrams would cry, 'Mark it'; and the electrode would be on the proper spot every time. I have seen that done a dozen times in succession, by way of checking up. I have seen it done with a cancer specimen, and seen it checked up by throwing blue light on the cancer, which destroys the reaction; also by short circuiting the subject, and by twenty other tests which Abrams shows you, over and over again, so as to make sure that you really get the reaction. So patient he is with beginners, and such a tireless demonstrator and experimenter! I have a letter from Sir James Barr of Liverpool, late president of the British Medical Association, telling me that 'Albert Abrams is a genius, born a hundred years ahead of his time.' If I send you the letter will you publish it? And will you write to Sir James and ask him if he finds Abrams' work to be real? He has the apparatus, and does the diagnosing and the treating; and you cannot think him an amiable but blundering intruder, as you think me!

Sincerely,

UPTON SINCLAIR."

TO THE CRITICS OF ABRAMS

The world has chronic critics who deem they are in demand;
They never waste a kindly word or raise a helping hand;
They criticize their fellow man at every turn and post,
Nor deem that in ambition's race they injure self the most.
As many faults with them, perhaps, a neighbor, too, might find,
Were he so base to stoop so low to search the inner mind;
So when one condemns a brother, defend him then and there,
For every life has burdens which kindness helps to bear.

'Tis said that in the gutter God has jewels sparkling bright
That would far outshine the "knocker" if human hearts were
right.

The kindly deeds of many a soul lie dormant in the breast,
Close shackled by environment, by social laws oppressed.
They are waiting, Dr. Abrams, for men like you, who dare
To offer them encouragement to show the stuff that's there.
So when one condemns a brother, defend him then and there;
For every life has burdens which kindness helps to bear.

And those who waste life's better hours, in picking out the flaws
Of those who do not live, perhaps, within their code of laws:
Whose self-love dims his vision of the man who has toiled for
days

To guide aright his brother at the parting of the ways,
Should not be judged too harshly, for they know not what they do;
It only leaves a greater work for greater souls like you.
So when one condemns a brother, defend him then and there;
For every life has burdens which kindness helps to bear.

Samuel King, M. D., B. A. (Yale),
Warren, Pa.

BLOOD WILL TELL

In Nineteen Hundred and Thirty-two
There'll be no notices, "postage due."
In letters, there'll be no, "My Dear Bud."
Because all we'll send is a drop of blood.

The recipient will have his Oscilliphone
And will test the letter, ohm by ohm.
Your frame of mind, your message dear,
Will be to him both trite and clear.

Your very thoughts, no matter what,
Will register positive right on the dot.
The life you lead, the things you do
Will all be found in your blood so blue.

In spite of the fact that the system is great,
There are things in our blood we won't want to relate.
You write to your girl a la Oscilliphone plan,
And she'll find you have "5"* in your prostatic gland.

Just think of the grief such discoveries will cause,
When a mere drop of blood will disclose all your flaws.
You receive such a message from a dear friend at home,
And you discover "55"† of a very high ohm.

There'll be no secret on the Oscilliphone plan,
For we'll have the ohmage of every man,
And the things we do and the things we say,
Will all be known by the Abrams way.

Dr. D. E. PEARL.

*Neisserian.

†Acquired Syphilis.

"GANG" PRACTICE

Excerpts from an address by Dr. Martin H. Fisher, Physiologist, University of Cincinnati, before the "Ohio State Medical Association," May 3, 1922. Commercial Tribune, May 4, 1922.

Gang medicine is rampant in this country.

Physicians don't think for themselves.

This great republic is not free.

People do everything alike—in slavish imitation. It is a sign of stagnation.

There is too much organization which, as John Stuart Mill defined it: "All organization opposes change." Men no longer control the organization—the organization controls the men.

There is an axiom that the great problem is recognition of the problem.

And all this stuff the so-called brain specialists prattle so glibly about. It was discovered years ago by a certain "radical" who was kicked out of the University of Paris because he didn't belong to "the gang."

Yes, we laugh about it now, but——

Dr. Fisher said the profession had lost much because it had refused to take advantage of its opportunities.

Medical Ethics—Health Commissioner Royal S. Copeland, condemning the "code of ethics" of the medical profession, said that publicity, if properly given, "would wipe disease off the face of the earth." Speaking at the bi-weekly luncheon of the Advertising Club at 45 East Twenty-fifth Street, Dr. Copeland said that sometimes he "thanks God that he is not a member of the Academy of Medicine," inasmuch as he would then have to remain silent about disease and its cure.

Blood Examinations (Announcement by Dr. Abrams)—Owing to the enormous increase of blood specimens forwarded to my laboratory for examination, it is no longer possible for me to do this work without sacrificing my research time.

Naturally, I am reluctant to discontinue blood examinations, but I have come to the conclusion that I can do greater service to all by devoting myself to new discoveries and the perfection of my methods. I have, therefore, cast about for some way of reducing the number of blood specimens. There seems to be no practical way, except to increase the price of blood examinations to \$25.00, and of personal examinations to \$50.00-\$100.00. In order to relieve myself of the criticism of charging too much, I have decided to devote all receipts from such examinations toward a fund for the foundation of an institution to teach my methods. I believe that no one who is benefited by my methods will object to paying a larger sum, provided the same is used

in this way.* I am, therefore, proceeding to establish a trust for the handling of this fund. The increase in prices takes effect immediately, and please make out all checks, not to me, personally, but to the "College of Electronic Medicine."

We have been unable to keep up with the demand for oscilloclasts, but are making increased efforts to do so, and you will be interested to know that within the past two weeks we have ordered an increase in manufacturing capacity to four times the present existing capacity.

Dr. H. Dundas MacKenzie (Auckland, N. Z. Letter dated April 4, 1922)—Dr. M. writes as follows: "The oscilloclast is a great blessing to suffering humanity and my prayer is that your good work may long continue. I have been using the oscilloclast for twelve months now, and have examined over 900 people and treated over 500. These have mostly been chronics that had no hope of cure by ordinary methods. Of these, over 94 per cent have been restored to health, which speaks volumes for the value of the oscilloclast as a means of curing the sick. I have had 86 cases of **carcinoma** with three deaths, two discontinued treatment, and one returned after six months for further treatment. Thus I have had 81 cases that are to all intents and purposes well today, and that without operation. I have examined several cases of carcinoma that have been operated on, and in every case there has been a return of the disease. So much is this the case that I am inclined to the belief that operation seldom or never cures carcinoma, and that the so-called cures are cases of localized congenital syphilis. I have had many breast cases diagnosed by the surgeon as carcinoma that gave no reaction of carcinoma, but had a high reaction of **congenital syphilis**, and recovered under treatment at three on the oscilloclast.

"All cases of carcinoma under 7 ohms that have come under my care have so far improved. I give a full hour's treatment every day, and am of the opinion that the results are better than when a shorter treatment is given."

Dr. Mather Thomson, F. R. C. P., has permanently located at 8 Chester Place, Regents Park, London, England. Dr. Thomson is employing and is authorized to teach the Electronic Methods.

Dr. J. C. Burnett has returned to New York after a sojourn of nearly two months at Abrams' Laboratory. He intends to endow a large "Research Institute" for investigating the Electronic Reactions and to extend their scope.

Dr. H. Goehring has returned to Pittsburgh, Pa., after a brief stay in San Francisco. He has, perhaps, the wealthiest clientele in Pittsburgh.

* Physicians are advised not to forward blood specimens to Abrams' Laboratory from July 1 to 15, 1922, owing to Dr. Abrams' absence from the city during that time.

Dr. Elnora C. Folkmar (Washington, D. C.) has forwarded the following letter:

"The co-operation of every member using the oscilloclast is needed to make 'Abrams Day' at the annual meeting of the American Association for Medico-Physical Research a success. About twenty-five members are using the oscilloclast. If each one will write me a letter telling me just what it has meant to them (1) to be able to make the electronic diagnosis, (2) to have the oscilloclast for treatment work, I am sure I will get from these letters valuable information. This will help in making up the program for the day.

"As you will note, Dr. Abrams has been attacked in the Journal of the American Medical Association (March 25). If everyone making the electronic diagnosis or using the oscilloclast will send to me case histories as requested on the inclosed, we shall be able to make a convincing show at our annual meeting and to publish in the proceedings, material which will demand attention.

Please write me any suggestion that you may have for "Abrams' Day," and also suggest, if you can, who should be selected for papers for that day.

"If you are personally acquainted with any user of the oscilloclast who is not a member of our association, will you not personally try to get him to become a member, and will you not try to get him to furnish us with case histories such as I am asking our members to furnish?

"Every follower of Abrams must put his shoulder to the wheel and do his best to make this 'Abrams Day' a success. I count on you."

Oldest Father of 1922 Baby—A news item grants this privilege to James Curtis of Colorado. The age of Mr. Curtis is 69, and the age of his wife, 19 years. A son was born. In sending this news item to Dr. Abrams, Dr. Pitt A. Wade, Canon City, Colo., comments as follows: "Your report of the blood examination, Dec. 8, 1921, stated that the prospective baby would be a male."

Examination Questions—Dr. J. V. McManus, Kirksville, Mo., presented the following questions to his class who have been taking preliminary work in the Electronic Reactions of Abrams. The following were selected from a list of five hundred questions covering the complete works of Doctor Abrams—including physics, static electricity, Spondylotherapy, Electronic Reactions and the practical use of his instruments:

No. 1—Syphilis.

(a) What do you know about its origin?

(b) Its importance as it relates to general pathology?

- (c) Treatment for same without Oscilloclast. With Oscilloclast.
- (d) What is the one main thing to keep in mind in the treatment of this disease in order to make the cure permanent?
- (e) What is the meaning of "Cardio-vascular strain" and where would you expect to find the dark corners in such a condition?
How would you eradicate them?

No. 2—Constipation.

- (a) Tell briefly what steps you would take in the treatment of constipation.
- (b) How would you treat spastic and atonic constipation by concussion?
- (c) What would you look for in mucous colitis? Pruritis ani?
- (d) How would you treat a case of Neuralgia that does not respond readily to the usual methods?
Give technique for same.

No. 3—Spondylotherapy (Concussion).

- (a) Where would you concuss for congested liver? For pain in duodenal ulcer? Gall stone colic? How would you open the pylorus? Where would you concuss for aneurysm?

No. 4—Give three ways of locating the 7th cervical. Give two ways of locating the spleen.

No. 5—What is Spondylography? What is the effect of diminished movement of the spine on the circulation or nutrition of the cord?

No. 6—What is meant by radiation, insulation, induction, conduction, polarity, isoelectric, voltage, ohm and allotropism?

Discuss briefly the electron or corpuscular theory.

No. 7—How would you make a test for hearing? What is the registration in the norm?

No. 8—Describe briefly the technique for making a blood test and set forth the important things that we must watch in making such a test.

Sketch the S V area for carcinoma. Where is the area for the digestive tract and how would you tell whether it is of the small intestine, colon or stomach? Sketch the reflex arc as it relates to the knee-jerk.

No. 9—Suppose you did not know what the destructive rate

is on the Oscilloclast for a certain condition, how would you proceed to find what it is?

Mention a few important things in connection with the use of the Oscilloclast.

No. 10—What is meant by vibratory rate and how does it differ from ohmage insofar as the diagnosis of disease by the E. R. A. is concerned?

What is the V R and D R for Colisepsis, Neisserian infection, Carcinoma, Sarcoma, Typhoid fever, Strep and Staph? Sketch three areas. How would you proceed in making a diagnosis for pregnancy?

The following are answers to several questions by Dr. Arthur E. Breese, one of the students:

1—Syphilis.

(a) What do you know about its origin?

Syphilis is probably as old as life itself. According to Columbian Theory, it had its origin in America, and was transported to Spain by the sailors of Columbus, and spread rapidly throughout Europe. In support of this theory, no literature on Syphilis has been found which dates back further than 1495. However, Dr. Abrams has demonstrated, beyond the question of a doubt, that bones of Egyptian origin (300-1000 B. C.) will give reactions of both acquired and congenital syphilis by the E R A. These tests were made under the most exacting conditions, and the authenticity of the bones was vouched for by the curator of the H. M. De Young Museum, in Golden Gate Park, San Francisco.

(b) **Its importance as it relates to general pathology?**

Dr. Abrams has repeated time and again, "No Syphilis, no disease." Syphilis is the beginning and the end of pathology.

(c) **Treatment of same without Oscilloclast.**

In treating this condition without the Oscilloclast, one should concuss the 7th cervical vertebra, followed immediately by concussion of the 2nd dorsal vertebra.

Concussion of 7th cervical dilates the spleen.

Concussion of 2nd dorsal immediately following, maintains this dilatation for a considerable length of time. This procedure should be repeated three or four times per day. Before each seance, concuss the 2nd lumbar vertebra. Paint area over spleen daily with Congo Red. Radioactivity of latter is destructive to spirochetes.

Treatment with Oscilloclast.

When treating Syphilis with the aid of the Oscilloclast, the 7th cervical should be concussed 90 blows. As follows: concuss

30 blows; rest 30 seconds; concuss 30 blows; rest 30 seconds; concuss 30 blows. Immediately follow this by concussion of the 2nd dorsal, 90 blows in the above manner. Then apply the Electrode of the Oscilloclast over the area of the spleen. The Electrode to be covered with cotton, which has been saturated with a normal salt solution. Turn on current and treat at rate of 3 at least one hour each day, or a longer time if possible. This system of treatment should be kept up until the reaction has entirely disappeared from the blood stream.

(d) What is the one main thing to keep in mind in the treatment of this disease in order to make the cure permanent?

In order to make this cure permanent, it is necessary to eradicate the "Dark Corners" (Cryptogenic Syphilis). Proceed as follows:

(1) Concuss the third and fourth dorsal vertebrae to dilate the blood vessels, dislodge the parasites and throw them into the blood stream.

(2) Follow by concussion of 11th dorsal vertebra to gather the toxins into the spleen. Then treat the area of spleen at rate 3 on the Oscilloclast. Also treat local areas at rate 3. Treat daily until "Dark Corner" reaction has evanesced. This "Dark Corner" reaction appears at Vibratory rate 45.

When treating this condition without the Oscilloclast, concuss between the 3rd and 4th dorsal vertebrae. Follow by concussion of 11th dorsal. About an hour afterwards, concuss the 2nd lumbar vertebra. Treat at least six weeks or until reaction is entirely eliminated.

(e) What is the meaning of Cardio-Vascular strain, and where would you expect to find the "Dark Corners" in such a condition?

The Cardio-Vascular Strain of Syphilis is that strain which primarily affects the heart and the blood vessels. The "Dark Corners" in this condition would be found in the heart and the aorta. E R A may be elicited directly over lesions at 55.

How would you eradicate them?

Concuss between 3rd and 4th dorsal vertebrae. Follow by concussion of 11th dorsal. Then treat over area of spleen, heart and aorta with Oscilloclast at rate 3.

Electronic College of Medicine—The following letter is addressed to lessees of the Oscilloclast, to whom patients are referred:

"Plans have already been made for the establishment of an 'Electronic College of Medicine.' Our present problem is the matter of finance. There is only one way to raise the necessary funds and that is through the co-operation of the physicians who are using the Abrams' methods.

"Dozens of letters are received monthly, asking where diagnosis and treatment may be secured. We ourselves are unable to handle this work, and can only refer the inquirers to the physicians practising nearest them.

"We will arrange to refer these prospective patients to you as they write to us, you to agree to send to the Trust Fund of the Electronic College of Medicine 50 per cent of the fees charged for treatment in these cases. This fund will rapidly grow and permit us to open up branch colleges in strategic points at an early date.

"In making remittance of 50 per cent of fee, kindly make check out to 'Electronic College of Medicine,' and mail to this address: 2151 Sacramento Street, San Francisco, Calif.

"Trusting that you will see the common advantage of this arrangement, we are.

"Sincerely yours,

"TRUSTEES, 'ELECTRONIC COLLEGE OF MEDICINE.'

"San Francisco, March 1, 1922."

Dr. D. A. Stapler, Chief Surgeon to the B. P. S., Paulo, Brazil, was a recent visitor to Dr. Abrams' Laboratory.

Dr. H. E. Palmer, Dayton, Ohio, read a paper on "Abrams' Reactions" before the Dayton Medical Society at its annual meeting, April 17, 1921. On the obverse side of the program appears this significant phrase, "To neglect to employ the known means to restore the sick to health is but little short of crime."

Dr. F. Vasquez Gomez, formerly Vice-President of Mexico and physician for many years to President Diaz, recently contributed a work on the "Electronic Reactions of Abrams" to the National Medical Academy of Mexico.

Boston College and Hospital of Electronic Medicine—After a thorough investigation of the "Electronic Methods," a Boston philanthropist, Mr. Harold Marshall, is about to equip a six-story building and a home as a temporary hospital. Mr. Marshall writes as follows:

"The Physico-Clinical Institute of Boston, of which Dr. F. Cave is president, means to me a clinic and a hospital into which shall come an ever-increasing number of sufferers, and out of which shall go the lame and the halt and the blind, made whole. This is because I am convinced that your work in clinical and therapeutic terms is no less certainly scientific than that of Marconi and 'humanly' of vastly more immediate concern."

A philanthropist in England writes: "Your work places you in a high position as a benefactor of the human race. I have time, money and ability which I look forward to employing in a cause which will be of benefit to my fellows."

National Association of Osteopathic Physicians—Dr. Abrams has accepted an invitation to address this organization at its annual meeting in Los Angeles, July, 1922. Dr. Abrams deems it an honor to appear before this representative body of men.

Dr. Perdue, of Kansas City, has been specially honored to participate, this year, in Rome, Italy, at the Congress for the Study of Cancer.

F. B. Fishburne,* a reputable and well-known citizen of Columbia, S. C., relates his experiences relative to an inoperable cancer from which he suffered:

"I had two operations on glands and two on tongue to remove cancer, during a period of two years. During early stage had radium eight times. Was advised to return to Baltimore six weeks after last operation, which I did. Was told that they would have to use needles (sticking them through my tongue) or would have to put it in the tongue with glass capsules. Columbia doctors did not think case as badly as they did, and advised me to see specialist in Pittsburgh, which I did. He told me he agreed fully with the two Baltimore experts and would go further and say, it had already attacked my tonsils. He said the radium might make a miraculous cure or may cause a quicker demise. I could very well believe the latter, as my experience with radium was very bad, although I had been told when it was first used that when they used it in an early stage it was useful.

"Just prior to my two last operations I had heard of the Electronic method for cancer treatment, but did not have time to investigate; however, with no hope anywhere else, I went to Austin, Texas, then the nearest place Abrams' method was being used.

"As the opinion has been expressed that my present condition is due solely to the last operation, and that the Baltimore and Pittsburgh specialists had been mistaken when they said my case was practically hopeless, I had no claim that I was helped at all. Will only say I have gained thirty pounds, sleep well, haven't a pain, nor is there any evidence of a return of my trouble. However, as so many have asked me about the merit of this treatment, I will state that I saw people with cancer of considerable size that were given the treatment, until the test showed negative, then cancer was cut off and the place healed up beautifully. Again I saw a man about sixty with evidence of several cancers having been removed from different parts and who was there for treatment for internal cancer that the surgeons could not reach on account of being on vital points. This man could get no rest

* This is reproduced from the "Columbia Record," Jan. 25, 1922. Mr. Fishburne received treatment from the late lamented Dr. H. Irvine of Austin, Texas. It is not the custom to reproduce patients' statements in this Journal, but the experience of this patient is of unusual interest.

except when thoroughly doped up on account of terrible pain. He left for home while I was there and told me he had not taken any medicine in a month and had no pain.

"A man with a tubercular bone below the knee, on crutches, went home minus crutches and walked as good as any one.

"I do not blame anyone for being skeptical. Could you blame a man from a barren island if he refused to believe you when you showed him a luscious peach and told him it grew on a hard tree? But if you allowed him to pick one off the tree he would believe, wouldn't he?"

Pathological Specimens for Diagnosis—A Special Diagnostic Set of Ten Specimens, namely: Carcinoma, Sarcoma, Fibroma, Syphilis (Acq.), Syphilis (Cong.), Staphylococcus, Streptococcus, Tuberculosis, Gonorrhoea and Tapeworm. \$10 per set. C. F. Daniell, 2517 Nineteenth Street, San Francisco, Calif.

Announcement—Abrams has heretofore limited his courses and sale of apparatus to ethical physicians in possession of the M. D. degree. In a telegram to Dr. Francis A. Cave, Boston, the following is stated:

"My future course is guided by humanity and not 'ethics.' Therefore, osteopaths (furnishing credentials of having graduated from an osteopathic college) will be accorded all privileges heretofore granted to so-called 'regulars.'"

A Laic Observation—"The new test of vaccine quality invented by Dr. Albert Abrams of San Francisco, California, has produced astonishing disclosures of the falsity of claims that so-called 'standardized' smallpox vaccine can now be relied on as free from infectious diseases, other than smallpox itself, and harmless to use.

"All vaccine submitted to his electronic test shows the reaction of congenital syphilis, most of them clearly indicated tuberculosis infection and many of the samples tested out as infected with other diseases.

"Is it any wonder that so many of our former service men are suffering from tuberculosis and other communicable diseases, when the numerous vaccinations and serum injections which were forced upon all of them are taken into consideration?"

"No one need be surprised if Dr. Abrams, in spite of his established standing, is now repudiated by the medical profession as a faker and quack, where he has had the courage to announce to the world the truth regarding his findings."—The Masonic Observer, February 25, 1922.

Electronic College of Medicine—This college is about to be incorporated and the intention is to grant the degree, F. E. C. M. (Fellow of the Electronic College of Medicine) to all who have duly qualified and have passed a satisfactory examination.

Notice—In order to take care of the tremendous expansion of business, the manufacturing facilities of the Physico-Clinical Company will be at once doubled, giving four times the output obtaining in January, 1922. Further, in order to give better satisfaction to purchasers and to simplify manufacturing, only Universal machines will be furnished after the present stock of other types is exhausted. It is our experience that almost always after purchasing an A. C. or D. C. instrument it is desired later to change it to Universal type. By making only one type the manufacture of Oscilloclasts will be greatly speeded up. Primary payment of Universal Oscilloclast is \$250.

The master machine is now being redesigned and when this work is completed it will be equipped with a vibrator instead of a motor. This will obviate the present delay in furnishing master machines. These will also be of the Universal type. It is recommended, however, that in each case at least one Universal Oscilloclast be purchased before the master machine. Complete dependence should not be placed on one machine, due to inadvertence, lightning, accident, etc.

Caution—It is desired to emphasize the necessity of completely insulating the Oscilloclast and patient as set forth in the directions. Several cases have recently come to our attention in which a cord tip on the Oscilloclast was accidentally allowed to touch a radiator or other ground. This will involve damage to the instrument and may burn it out.

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

California (Provincial)—Drs. J. Walter Gray, L. A. Rinker, J. L. Avey, Frank Farnum, A. T. Noe, J. G. Thompson, L. Dietz, L. P. Shaffer, S. Talbot, E. F. Jones, W. S. Fowler, R. D. Pope, W. Hatteroth, H. Burch, H. L. McCubbin, L. J. Otis, J. R. Leads-worth, F. F. Strong, F. C. Jones, W. Kendrew, W. W. Kapp, J. Mills Boal, V. J. Stack, Folsom; E. Robb, D. Holcomb, H. Attwood, P. F. Haskell, Simons, Tyndall, Buckley, E. Ward.

Illinois—Drs. C. T. Stephan, M. L. Puffer, C. A. Gehrman, V. Lindlahr.

Missouri—Drs. G. W. Carson, E. and J. V. McManis.

Nebraska—Drs. T. E. Sample, J. R. Sample.

Ohio—Dr. H. E. Palmer, L. McGowan.

New York—Drs. O. Kehrlein, P. H. De Kreif (Rockefeller Institute), J. C. Burnett.

Michigan—Drs. E. D. Merritt, W. H. Farnham.

Colorado—Drs. J. H. East, M. H. Beeler.

Connecticut—Dr. A. A. Crane.

Pennsylvania—Dr. H. Goehring.

Virginia—Dr. H. B. Baker.

Texas—Drs. L. Hyde, B. B. Bray.

Nevada—Dr. E. C. Galasgie.

Washington—Dr. P. E. Koopman.

Hawaii—Dr. I. Marelock.

Brazil—Dr. D. Stapler.

Africa—Dr. A. B. Estock.

Sweden—Dr. O. T. Axell.

China—Drs. K. and E. McBurney, H. S. Huang.

LESSEES OF OSCILLOCLAST*

Sir James Barr, England.
 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. (9 machines).
 V. Sillo, M. D., New York City.
 W. F. Becker, M. D., Chicago, Ill. (2 machines).
 E. W. Dodge, Chicago, Ill.
 J. W. King, M. D., Bradford, Pa. (4 machines).
 H. Michener, M. D., Wichita, Kan.
 G. Boericke, M. D., University Hospital, Ann Arbor, Mich.
 M. W. Kapp, M. D., San Jose, Cal.
 J. Du Plessis, M. D., Chicago, Ill. (2 machines).
 P. S. Replogle, M. D., Champaign, Ill.
 C. L. Thudichum, M. D., Los Angeles, Cal. (2 machines).
 F. Schuldt, M. D., Mexico City, Mexico.
 H. E. Palmer, M. D., Dayton, Ohio (2 machines).
 Capt. A. R. Gould, M. D., Washington (2 machines).
 B. W. Swayze, M. D., Allentown, Pa.
 H. A. Hess, M. D., San Francisco, Cal.
 H. G. Nyblett, M. D., Calgary, Canada.
 †B. Tisdale, M. D., Oakland, Cal.
 C. H. Kingsbury, M. D., Danielson, Conn. (2 machines).
 L. H. Dietz, M. D., Oakland, Cal.
 S. King, M. D., Warren, Pa. (2 machines).
 S. F. Meacham, M. D., Oakland, Cal.
 C. Zeebuyth, Portland, Oregon.
 B. Crombie, M. D., Portchester, N. Y.
 W. J. McRoberts, M. D., Hot Springs, S. Dakota (2 machines).
 R. Rice, M. D., Council Bluffs, Iowa.
 C. S. Evans, M. D., Hutchinson, Kan. (2 machines).
 A. B. Collins, M. D., Linesville, Pa. (2 machines).
 W. P. Myers, M. D., Anaheim, Cal. (2 machines).
 C. E. Johnston, M. D., Los Angeles, Cal. (3 machines).
 V. S. Irvine, M. D., Lankin, N. Dakota.
 I. Howard Planck, M. D., Chicago, Ill. (3 machines).
 M. A. Hansen, M. D., Osage, Iowa (3 machines).
 †J. A. Savignac, M. D., Ottawa, Canada.
 M. W. Livingston, M. D., Pittsburg, Pa.
 E. B. Crosby, M. D., Oriska, N. Dakota.

* Terms on which oscilloclasts are leased are as follows: A primary payment of \$200.00, and \$5.00 monthly. Primary payment is subject to change, owing to varying cost of material and labor. Other physicians who have ordered the oscilloclast for DC and AC (below 50 or 60 cycles) must exercise patience before receiving their machines, inasmuch as the latter must be specially constructed. Primary payment on DC oscilloclasts is \$250.00.

- H. D. Schell, M. D., Hamilton, Ohio.
A. E. Persons, M. D., Buffalo, N. Y.
J. R. Leadsworth, M. D., Los Angeles, Cal. (5 machines).
A. W. Buell, M. D., Long Beach, Cal.
H. B. Coblentz, M. D., Washington, D. C. (2 machines).
H. C. Kehoe, M. D., Flemingsburg, Ky.
F. M. Cooper, M. D., Colorado Springs, Colo.
W. G. Doern, M. D., Milwaukee, Wis. (8 machines).
H. W. Fleck, M. D., Bridgeport, Conn. (2 machines).
B. L. Sanborn, M. D., San Francisco, Cal.
C. C. Waltenbough, M. D., Canton, Ohio.
J. F. Roemer, M. D., Waukegan, Ill.
E. B. Taylor, M. D., Huron, S. Dakota.
T. Kendrew, M. D., Indianapolis, Ind.
†G. E. Watts, M. D., Portland, Ore.
E. C. Folkmar, M. D., Washington, D. C. (3 machines).
†A. W. Boslough, M. D., Wausau, Wis..
H. D. MacKenzie, M. D., Auckland, New Zealand.
Sigmar Hilfer, M. D., West New York, N. J. (3 machines).
J. D. Sullivan, M. D., Kenosha, Wis. (2 machines).
H. L. McCubbin, M. D., Sacramento, Cal. (2 machines).
M. S. Hsu, M. D., Woosung, China.
Henry P. Fahrney, M. D., Frederick, Md.
H. M. de Danneville, M. D., New Zealand.
S. Rosenthal, M. D., Aberdeen, S. Dakota (2 machines).
H. Gunderman, M. D., Monango, N. D.
Chinese Government.
F. M. Planck, M. D., Kansas City, Mo.
T. D. Bristol, M. D., Cleveland, Ohio.
C. Conn, M. D., Los Angeles, Cal. (2 machines).
C. F. Ellis, M. D., Eureka Springs, Arkansas (2 machines).
D. D. Hamilton, M. D., Raton, New Mexico (2 machines).
D. E. Murray, M. D., Roanoke, Ind.
†C. E. Cole, M. D., Prairie Du Chien, Wis.
M. McManus, M. D., Denver, Colo. (3 machines).
H. S. Huang, M. D., Shanghai, China (2 machines).
L. H. Butka, M. D., St. Helena, Cal.
†J. C. Anthony, M. D., San Francisco, Cal.
O. M. Hayward, M. D., Chattanooga, Tenn. (2 machines).
†P. G. Smoot, M. D., Maysville, Ky.
W. A. Hanor, M. D., Corning, N. Y.
H. R. Goshen, M. D., Bronson, Kan.
J. E. Johnston, M. D., Pittsburgh, Pa. (3 machines).
†J. R. Mitchell, M. D., Washburn, Wis.
H. Becker, M. D., Toronto, Canada (2 machines).
O. O. Sink, M. D., Smithfield, Ohio.
M. J. Wolf, M. D., Petaluma, Cal.

- Cora Smith King, M. D., Washington, D. C.
†C. M. Moffatt, M. D., Shenandoah, Iowa.
C. M. Cooper, M. D., Bellevue, Ohio.
W. H. Dower, M. D., Halcyon, Cal. (2 machines).
L. S. Brooke, M. D., San Francisco, Cal.
J. H. East, M. D., Denver, Colo (3 machines).
C. J. Pflueger, M. D., Kalamazoo, Mich.
E. F. Pielmeier, M. D., Vincennes, Ind. (2 machines).
†A. W. Hoyt, M. D., New Rochelle, N. Y.
S. A. Lutgen, M. D., Wayne, Nebraska.
†R. L. Crowthers, D. D. S., Caldwell, Ohio.
†J. L. Conrad, M. D., McKeesport, Pa.
Z. L. Baldwin, M. D., Kalamazoo, Mich.
F. Sharp, M. D., Toronto, Canada.
W. B. Ryder, M. D., Long Beach, Cal. (2 machines).
W. B. Secrest, M. D., Logan, Utah.
S. Talbot, M. D., Nevada City, Cal.
†H. Lischner, M. D., San Diego, Cal.
W. Wolfram, M. D., Cincinnati, Ohio (5 machines).
C. A. Stout, M. D., Cincinnati, Ohio (2 machines).
F. Paredes, M. D., Celaya, Mexico (8 machines).
W. A. Klopfenstein, M. D., Detroit, Mich.
H. W. Gates, M. D., Waco, Texas.
W. Kendall, M. D., Ocean Park, Cal.
O. Jones, M. D., Indianapolis, Ind.
M. Thomson, F. R. C. P., Dublin, Ireland, and London, England
(5 machines).
F. Vasquez Gomez, M. D., San Antonio, Texas.
†D. B. Holcomb, M. D., Pasadena, Cal.
D. S. Kanstoroom, M. D., Washington, D. C.
J. V. Malloy, M. D., Denver, Colo.
A. A. Sorensen, M. D., Aberdeen, S. Dakota.
†H. S. Bramble, M. D., Elmer, New Jersey.
S. F. Hsu, M. D., Woosung, China.
†D. I. Cochran, M. D., Hamilton, Ohio.
M. P. Stephens, M. D., Terre Haute, Ind. (2 machines).
Wiley T. Sprague, M. D., Athens, Ohio (2 machines).
†A. S. Main, M. D., Loup City, Nebraska.
W. H. Seymour, M. D., Charles City, Iowa.
J. W. Neptune, M. D., Salina, Kansas.
H. A. Dittmer, M. D., Manchester, Iowa.
P. A. Wade, M. D., Canyon City, Colo. (3 machines).
N. T. Johnston, M. D., Upland, Nebraska (2 machines).
†F. H. Osmun, M. D., San Francisco, Cal.
†O. B. Hicks, M. D., Shreveport, La.
C. H. Lenhart, M. D., Danville, Ill.
Chas. Rosedale, M. D., Boston, Mass. (2 machines).

- M. W. Moulton, M. D., Bellevue, Iowa.
†W. N. Fowler, M. D., Kalamazoo, Mich.
M. L. Geiser, M. D., Keokuk, Iowa.
Ralph A. Manning, M. D., Winchester, Mass. (2 machines).
S. M. Brown, M. D., Boston, Mass. (2 machines).
Francis A. Cave, M. D., Boston, Mass. (15 machines).
Francis T. Davies, M. D., Boston, Mass. (3 machines).
C. Harrison Downing, M. D., Mattapan, Mass.
Edwin Alden Leavitt, M. D., Worcester, Mass.
†H. Scholtz, M. D., Oakland, Cal.
Ethel Lynn, M. D., San Francisco, Cal.
M. L. Puffer, M. D., Downers Grove, Illinois.
S. R. Love, M. D., Deland, Florida.
Dr. J. V. McManis, Kirksville, Mo. (15 machines).
Beatrice Becker, M. D., Toronto, Canada.
L. Rupert, M. D., Florence, Colorado.
Christian Peterson, M. D., Los Angeles, Cal.
T. E. Sample, M. D., Omaha, Nebraska (3 machines).
W. W. Fessenden, M. D., Beverly, Mass.
C. H. Kriz, M. D., Milwaukee, Wisconsin.
†A. I. Arneson, M. D., Austin, Minnesota.
†W. A. Guild, M. D., Des Moines, Iowa.
†Herbert McConathy, M. D., Miami, Florida.
†S. J. Wright, M. D., Akron, Ohio.
R. F. Wallace, M. D., Reedley, Cal.
W. G. Williams, M. D., Exeter, Nebraska.
Frederick Finch Strong, M. D., Hollywood, Cal. (7 machines).
†J. W. Overpeck, M. D., Hamilton, Ohio.
†J. F. Heimbach, M. D., Kane, Pa.
E. Lee Burch, M. D., Watsonville, Cal.
Joseph Hastings, M. D., Santa Barbara, Cal.
G. W. Leech, M. D., Lethbridge, Canada.
H. Lindlahr, M. D., Chicago, Ill. (2 machines).
L. R. Chapman, M. D., Los Angeles, Cal. (5 machines).
D. B. Northrup, M. D., San Diego, Cal.
P. A. Shepard, M. D., Boston, Mass. (13 machines).
L. J. Otis, M. D., Norwalk, Cal.
Dr. O. T. Axell, Stockholm, Sweden.
†Dr. J. B. Buehler, New York, N. Y.
Dr. J. C. Burnett, Alpine, N. J. (2 machines).
†Dr. M. F. Baldwin, Marion, Ind.
†Dr. Mary E. Coffin, Pittsburgh, Pa.
†Dr. W. H. Carr, Holly, Mich.
†Dr. W. C. Douglass, East Rochester, N. Y.
Dr. H. W. Farnham, Detroit, Mich.
Dr. M. Evans, San Francisco.
Dr. W. S. Fowler, Bakersfield, Cal.

Dr. Frank C. Farmer, Pasadena, Cal. (6 machines).
†Dr. C. F. Fletcher, Boston, Mass.
Dr. Harry M. Goehring, Pittsburgh, Pa. (2 machines).
†Dr. John F. Golden, Pittsburgh, Pa.
†Dr. H. V. Hillman, New York, N. Y.
†Dr. E. F. Jones, Oakland, Cal.
†Dr. C. M. Lusk, Houston, Texas.
†Dr. A. T. Molyneux, Jersey City, N. J.
†Dr. J. M. Ogle, Moncton, N. B., Canada.
Dr. R. D. Pope, Long Beach, Cal.
†Dr. G. W. Reid, Worcester, Mass.
†Dr. W. M. Rohrbacher, Iowa City, Iowa.
†Dr. Paul Sinclair, Lincoln, Neb.
Dr. C. P. Shaffer, La Verne, Cal.
†Dr. R. L. Starkweather, Bradford, Pa.
Dr. V. J. Stack, Los Angeles, Cal.
†Dr. Alexander Smith, New York, N. Y.
†Dr. Alfred J. Tarr, Dallas, Texas.
†Dr. Tombleson, England.
†Dr. J. C. Thomas, Kirksville, Mo.
†Dr. L. K. Tuttle, Brooklyn, N. Y.
†Dr. Wm. B. Vande Sand, Bradford, Pa.
†Dr. H. L. Vradenburg, York, Neb.
†Dr. Frederick W. Wilson, Pocomoke City, Md.
†Dr. A. J. Aird, Carterville, Ill.
†Dr. Allen J. Fehr, Malden, Mass.
†Dr. R. W. Frazer, Denver, Colo.
†Dr. W. K. Jacobs, Montgomery City, Mo.
†Dr. Carl Kettler, Washington, D. C.
Dr. B. B. Bray (Dentist), Waco, Texas.
Dr. G. W. Carson, St. Louis, Mo.
Dr. Z. W. McPherson, Dallas, Texas.
Dr. M. H. Beeler, Denver, Colo.

† This mark appearing at the name of the lessee shows that the oscilloclast has not yet been delivered.

2151 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, tone), 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 determine 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 now permit of the localization of lesions. 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. 8, 3rd Edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully 50 per cent, and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916) estimates that 15 per cent of paretics and 70 per cent of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital gives a negative result in from 31 to 50 per cent of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS

* Owing to the many examinations now being made, a brief history of symptoms is necessary.

test, because we treat those who are not syphilitic and fail to treat those who are."

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

NEARLY 100 PER CENT POSITIVE.

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

VECKI.

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

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

FROM ENGLAND.

Sir James Barr, in his presidential address at the eighteenth 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."

"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 anyone else in the present day to resuscitate the lost art of physical diagnosis."

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

"In my opinion he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."—Sir James Barr, Medical Press and Circular (London, England), Jan. 12, 1921.

DIAGNOSIS AT THE VERY BEGINNING.

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

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

"We think Dr. Albert Abrams was the first to utilize colored screens in diagnosing disease."—Geo. Starr White, A. J. Clin. Med., Feb., 1915.

(NOTE—The only object in publishing White's excerpts is to discredit the latter, who, in later publications under new captions, claims priority for Abrams' discoveries and instances his observations on the flight of "homing-pigeons," and other fantastic vagaries in justification of his claims.)

FEEES:

(Which include all diagnostic information necessary.)

Blood examinations, which include tests for all diseases.....\$25.00
Subsequent blood examinations to gauge the course of the disease. 10.00
Examination of patients.....\$50.00-\$100.00

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

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.
Course to physicians on Electronic Diagnosis.....\$250.00

(Limited to reputable physicians in possession of the M. D. degree, or graduates of an osteopathic college. Courses are continuous, but applicants should write in advance of their coming.)

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

To whom it may concern:
This is to certify that
Dr. Albert Abrams has examined ^{for me} by
his new method one hundred sig-
nifican 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.

Harley 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.

DR. GEORGE O. JARVIS

THE SANITARIUM

ASHLAND, OREGON June 15, 1917.

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
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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.

AMON WATCHEE NOE, M. D.
Pacifica Grove, Cal.

July - 27 - 17

Dear Doctor Abram's

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

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

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

Thanking you for past favors I am sincerely yours

A. W. Noe

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Pollomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis
Colisepsis	Leprosy	(Variety)
Carcinoma	Malaria	Sarcoma
Cholelithiasis	Measles	Scarlatina
Chorea	Menstruation	Staphylococccic Infec-
Diabetes	Meningococccic Infec-	tion
Diphtheria	tion	Streptococccic Infec-
Epilepsy	Neurasthenia	tion
Genococccic Infection	Paralysis Agitans	Syphilis (differentia-
Gout	Parathyroid Insuffi-	tion of congenital
Hookworm	ciency	and acquired, and
Hyperpluitarism	Paratyphus	specific strain)
Hyperthyroidism	Pneumococccic Infec-	Teniasis
Influenza	tion	Tetanus
Insanity	Psychasthenia	Typhoid
Paranoia	Pregnancy (prediction	Tuberculosis
Dementia Praecox	of sex)	(Varieties)

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

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

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

WARNING

Many physicians have forwarded specimens of blood to the Physico-Clinical Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchnic reactions. Specimens have been received on colored and 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.

Do not concuss spine before taking blood, nor when the patient has taken drugs.

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

ELECTRONIC REACTIONS OF ABRAMS (E R A)

(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 fifty examinations of the blood for me and all correct as far as I can judge.”

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

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

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

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

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

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

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

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

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

**Practical Courses in Spondylotherapy
and
Electronic Diagnosis and Treatment**

Dr. Albert Abrams will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians and osteopaths can gain admission to the classes, which are limited. The course lasts four weeks, and the fee, in advance, is \$250.00. Applicants may address Dr. Abrams, 2151 Sacramento St., San Francisco.

**Dr. Abrams' Electrodes
for
Electronic Diagnosis**

These consist of three electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

**Ohmmeter
(Biodynamometer)**

Described on page 44, *New Concepts in Diagnosis and Treatment* (Abrams), and in September issue of the *Journal*. Price, \$36.00 with electrodes, express collect.

Dr. Abrams' Reflex Set

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

Dr. Abrams' Electro-Concussor

Described on page 652 in *Spondylotherapy*. In writing, state current available. Price \$120.00 f. o. b. No apparatus sold on credit. Terms cash. Price of other apparatus on application. Physico-Clinical Co., 2151 Sacramento Street, San Francisco, Cal.

