

# Physico-Clinical Medicine and The Clinics of Dr. Albert Abrams

A MONTHLY JOURNAL DEVOTED TO THE STUDY OF THE  
ELECTRONIC REACTIONS OF ABRAMS AND THE  
VISCERAL REFLEXES OF ABRAMS IN THE  
DIAGNOSIS, TREATMENT AND PA-  
THOLOGY OF DISEASE

Vol 7

DECEMBER 1923

No. 10

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Published by

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2151 Sacramento St.

San Francisco, Cal.

# WORKS BY ALBERT ABRAMS

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# Physico-Clinical Medicine and The Clinics of Dr. Albert Abrams

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 insomuch 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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To Subscribers in the U. S., Canada, Mexico (6 months subscription) \$12.00  
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**THE CLINICS OF DR. ALBERT ABRAMS**  
2151 SACRAMENTO ST. SAN FRANCISCO, CAL.

#### ANNOUNCEMENT — OPEN FORUM FOR ERA PHYSICIANS

The Journal will conduct an Open Forum for the service of ERA practitioners wherein they will have the privilege of reporting interesting cases and exchanging views on methods of obtaining results. Space will be given for the publication of reports of cases that will be of general aid and interest to the men in the field and any findings or discoveries of especial value.

The subscription price of the Clinics of Dr. Albert Abrams will be reduced to \$8.00 for six months, beginning January, 1924. Back numbers of the Clinics from June to December 1923 inclusive, can be obtained for \$6.00. Checks made payable to Clinics of Dr. Albert Abrams.

#### COURSES IN SAN FRANCISCO

Dr. Abrams will continue his monthly instruction in "Electronic Medicine" until further notice.

## **The Vicissitudes of Truth and the Electronic Reactions of Abrams**

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"Truth like a bastard comes into the world, never without ill-fame to him who gives him birth."

The present day represents an avalanche of discovery in physical science, but medicine still retains its pristine glory unsullied by such discoveries.

Science has its heredity because it is identified with the heritage of its proponents. The astronomer's ancestry were the astrologers; the chemist's, the alchemists; and the physician's and surgeon's, magicians and barbers.

Newton, two and a half centuries in the rear, demonstrated that white was a combination of colors and that the color of objects represented the reflections of some and the absorption of other rays. These facts were, to Newton's regret, a source of interminable controversy and he deplored the publicity which had been given to them. It was most annoying to possess knowledge which was not universal.

Rationality is a human characteristic, but logicity is acquired. Emotionally, we are hundreds of thousands of years old; rationally, we are embryos.

Perhaps no theory in medicine has been more universally discussed than the medical application of the electronic theory. Like all theories, it has its proponents and its traducers, and the latter will briefly occupy our attention.

Just as morality is a question of geography, so is opinion a matter of chronology. Among other factors in the fabrication of opinion is self-interest, and when this is threatened, every weapon of defense, however ignoble, is employed. Medical diagnosis is concededly a failure and medical treatment, a gigantic phantom. Surgery is the refuge of the therapeutically destitute. Life is not for medicine but medicine is for life. Truth in its effort to destroy this medical chaos is in itself liable to annihilation, but it triumphs eventually nevertheless.

It has been the policy of the advocate of the Electronic theory in medicine to abstain from argument with his traducers. Never argue with a liar unless you are versed in the art; you can't not beat him at his own game.

Every man has his own price, the only question is, how much?

From authentic sources it has been ascertained that a million dollars has been appropriated to defeat the Electronic theory, by fair but usually by foul means.

Why? The necessity for surgery will be reduced fully 50 per cent. Drug Stores will become obsolete and patients will be cured.



Medicine is still under the régime of therapeutic nihilism; viz., you may diagnose disease, you may describe it, and may even get a grasp of it, but you must never presume to cure it. Cheap doggerel, satire and untruths have been used with an abandonment worthy of a better cause to defeat the Electronic theory, but investigation has been scrupulously avoided.

Was it not the critic who never read a book before he reviewed it, otherwise he would have been prejudiced?

Was it not Galileo who, in his endeavors to disprove the prevailing theory of the Earth as the center of the Universe, besought a colleague to look through his telescope but the latter refused, fearing that he might believe as did Galileo?

Let us pass in review a few choice morsels of Officialdom. Here is one emanating from Nova Scotia:

Halifax,  
July 19, 1923.

Dr. Barbara MacKinnon,  
Truro, N. S.

Dear Dr. MacKinnon:—

The complaint registered against you by the Colchester Hospital Medical Society was considered at a meeting of the Board held last evening, when I was instructed to inform you that the Board can not countenance the use of the "oscilloclast" by any of its registrants. The board is of the opinion that this apparatus is not constructed on scientific lines, and that the claims made for it are unwarranted. I am directed to state that the board is unanimous in its decision that you should be requested to refrain from further use of this apparatus, and that it is the hope of the Board that your response to this ruling will render further action unnecessary.

Yours very sincerely,  
(Signed) W. H. HATTIE,  
Registrar.

The foregoing supreme arbitrariness has one essential cause, interference with the medical practice of the colleagues of Dr. MacKinnon. It is better to die with medical tradition than to live without it.

Many disciples of the E R A have acquired enormous practices at the expense of their colleagues, and their only recommendation was cured patients.

You can not argue disease into submission and you can not charm ache with words. Anything which will help patients constitutes medical practice.

We shall not discuss the scientific value of the Oscilloclast; that is a fact, not a theory.

Abrams has more recently shown by a series of tracings, which even the most skeptical scientist could not doubt, why the Oscilloclast an-

nihilates disease. Thus, the citation of cures can be eliminated as corroborative evidence.

Hunger annihilates reason and invites prejudice. In a small town not far from San Francisco was a highly educated physician who enjoyed the largest practice. Came to San Francisco an obscure physician from the same town to study the E R A. Returning, the latter acquired most of the practice of the other who possessed a residuum of uncured patients whom he cured. The educated physician exhausted his condemnatory vocabulary respecting the E R A. Evidently the verbiage was inadequate and after studying the E R A, he again came into his own.

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### DAMNANT QUOD NON INTELLIGUNT.

The story relating to an educated physician has its replica in hundreds of instances. Many disciples of the E R A have been recruited from ailing physicians and their families who have failed to receive relief from official sources.

The "Scientific American" is now investigating the E R A. The writer does not doubt its sincerity, but many of the disciples do, judging from the receipt of many letters and telegrams. Certain facts relating to this investigation may be cited.

Physicians were circularized throughout the country directing their attention to the investigation and soliciting their subscriptions which would mean thousands of dollars to the publishers. Yet, when they were invited to send a representative to San Francisco where every possible opportunity would be given to investigate the methods, no advantage was taken of the invitation.

Again, the Editor of the "Scientific American" was earnestly solicited not to select a certain individual to make the tests, for the reason that he was not accredited, that he used methods of diagnosis which were false, and for several other cogent reasons. Despite injunctions to the contrary, this was the very individual selected.

According to the report of the "Scientific American," the tests were failures. Immediately this report was telegraphed throughout the country and couched in language which had essentially one object: To discredit the E R A.

Much more may be said, but with the foregoing data, formulate your own conclusions.

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### THE DISCIPLES OF THE E R A ARE WARNED NOT TO MAKE BLOOD TESTS.

If tests are made, have the **patients** submitted; make your diagnosis and corroborate your finding on the patient. After this manner, the burden of proof will be equally shared.



According to Sir James MacKenzie, 90 per cent of the official diagnoses are wrong. If then, your errors are 89 per cent, you still have one per cent in your favor.

A very specious method of suggesting truth is to suppress it. Here, for instance, in a certain medical journal's editorial, the following example is selected. It relates to Dr. A. Brioso Vasconcelos, Editor of a Mexican medical journal, who challenged Abrams' claims, in consequence of which he was ousted as a member of the Superior Board of Health. This certain medical journal deplores the step taken by the Mexican Government. To this certain "Journal", Abrams is indebted for an inordinate amount of gratuitous publicity and he selects this opportunity to express his gratitude.

This is the same "Journal" with its great accuracy for detail which refers to Abrams' Oscilloclast as a diagnostic instrument; states that Abrams remained only two or three days in Mexico, and makes many other misstatements too numerous to mention.

What was the Vasconcelos incident and who is Vasconcelos? It was at a public lecture given by Abrams at the invitation of the Mexican Government that Vasconcelos, surrounded by a howling mob brought there by himself, arose in the midst of his lecture and demanded in an insolent manner to be given proofs of Abrams' claims. Abrams, despite Vasconcelos' insulting manner, kindly requested him to await a demonstration to be given at the close of the lecture. This did not appease Vasconcelos and he ranted more violently than ever. Fearing that the audience who wanted fair play would do Vasconcelos harm, Abrams brought the lecture to an end.

Later, Abrams learned that Vasconcelos represented in Mexico the certain "Journal" to which reference has been made. That instead of being a representative of the Mexican profession, as the "Journal" asserts, he was a mischief maker and a commercialized ingredient of the profession there, the Mexican agent of an American preparation of Salvarsan. That, judging from the results attained by disciples of Abrams in Mexico who had cured many cases of malignant syphilis by the Oscilloclast, the prestige of his Salvarsan would be endangered. We deeply sympathize with the "Journal" for the untimely fate of this superb gentleman. Much more could be said concerning this delectable personality apotheosized by the "Journal" to sustain its attitude but, O! Hell! what's the use?

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#### FURTHER EFFORTS TO DISCREDIT ERA

Now comes Doctor Millikan, recent recipient of the Nobel prize, who claims in a recent address that there is a misconception concerning the Electronic methods, for the reason that the frequencies of Electrons are billions of times higher than those used in treatments; hence the word "Electronic" in connection with these methods is misleading and unscientific.

Millikan isolated and weighed an Electron and perhaps he is like the mathematician who thanked God that his discovery could be of no practical use to mankind and wishes to accord the same privileges to other discoveries.

Millikan's Assistant was at Abrams' laboratory for several days. He witnessed phenomena but could not explain them, ergo—they did not exist.

Such academic expressions like those of Millikan are known to every successful discoverer. Imagination, like fire, is a good servant but a bad master. When facts do not conform with theories, then theories must be altered to conform with facts.

Logomachy signifies a contention in words. A rose by any other name would smell as sweet. The Pyrrhonians and Sophists are obsolete but their descendants survive in attenuated form. The former were always in search of truth but would never admit they had found it. The Sophists occupied their time in verbal niceties, sententious quibbles, conundrums and enigmas. The following was one of their famous problems:

"When a man says, I lie, does he lie or does he not lie? If he lies, he speaks the truth, and if he speaks the truth he lies."

Let us go back to Millikan. Great physicist as he is acknowledged to be and as we concede he is, he must recognize the fact that one may detect and measure all forms of energy by converting them into electric currents. He can not question that all phenomena in nature are dependent upon matter in motion or vibration and that energy only designates the modes of motion in the universe. Further, that these phenomena are due to the distribution and motion of Electrons. His knowledge of energy detection is that possessed by the average physicist. He knows nothing of the animal reflexes which surpass in sensitivity any known instrument of science and permit of the recognition of many forms of energy heretofore unknown to science. He knows nothing of Abrams' radio apparatus nor his methods of obtaining graphs of different forms of energy.

Millikan's contention that the word "Electronic" should be limited to rate vibration is wrong. It is applicable to any phenomenon and to matter, the ultimate unit of which is the Electron. Every schoolboy knows that Electrons are characterized by the uniformity of their vibrations.

Energy emanates from the Oscilloclast, and until Millikan can measure the vibrations proceeding therefrom, he should abstain from criticism. Which reminds one of the lawyer visiting his client in jail. "They can't put you in jail for your offense." "I'm here, am I not?" replied the prisoner.

Reference has been made to the large expenditure of money appropriated to discredit Electronic Medicine. The money could be expended in a variety of ways. Favorite methods are to subsidize the Press, and it in its turn subsidizes others. It is amusing to see in how many ways animus may be expressed. Here is the American Medical Directory (1923)



and among the list of San Francisco physicians is "Abrams, Albert; not in practice." Very true, not in practice to contribute to the support of the "Journal."

One De Kruif, in Hearst's Magazine, led the onslaught. He was introduced to Abrams by one of his former pupils, Dr. Alvarez. He remained in Abrams' laboratory for about one hour and refused to be shown anything. Any gentleman would have stated the object of his visit.

Next came Morgan, writing for the "Dearborn Independent." Being a layman without credentials, he was refused admission to the Clinic and left vowing vengeance, as it was subsequently learned.

Of the many minor traducers is one Wooley and J. W. Torbett of Texas.

Wooley even wrote a pamphlet condemnatory of the methods. He is to be congratulated for having attained the eminence of a pamphleteer. He was never successful in practice and was forced to occupy some subordinate position at the Battle Creek Sanitarium. After being given gratuitous instruction for several months at Abrams' Clinic and assisted in many ways, he was informed that his case was hopeless and that it was useless for him to continue studying the methods.

Someone once said to a well-known philanthropist, "Walter Jones is saying many unpleasant things about you." "Jones, Walter Jones," the philanthropist replied, "I do not remember having helped a man by that name."

One may profitably recall the Fabulist. "You are always saying something unpleasant about me. Why not say something pleasant?" said the Ass. "If I did so, they would call you the Fabulist and me the Ass."

Abrams has a most pleasant recollection of Torbett. He visited his Clinic about five years ago and remained about two days. He confessed his inability to acquire the methods as he was not an adept in physical diagnosis, an absolute necessity at that time. He requested that he be allowed to send his nurse for instruction. This request was refused inasmuch as instruction was limited to graduate physicians.

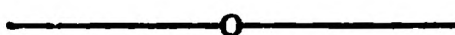
The methods of Abrams were then in their infancy. Fancy anyone discrediting Paderewski as a pianist because they listened to a recital in his youth.

But Torbett must have his fling, and why deprive him of that pleasure? Says Torbett in a recent diatribe; Abrams maintains that the human receptor notably the retina, exceeds the sensitivity of the photographic plate. He may be referred to the epoch-making investigations of V. Henri et Larguier des Bancels (1911, p. 856), who found the retina to be sensitive to an amount of light energy as small as  $5 \times 10^{-12}$  Ergs. This is about three thousand times as sensitive as the most rapid photographic plate.

### CAUTION AGAINST BOGUS APPARATUS AND ADVERTISING

Just one final word to the disciples of the E R A. There are about forty "boot-legging" machines on the market. We are constantly in receipt of letters from dissatisfied patients who have been deceived by the use of such apparatus. They threaten suits. Such action will not only discredit the methods but bring the practitioners into disrepute.

Advertising the methods will violate the Oscilloclast contract, and practitioners are warned to abstain from any unethical methods or their Oscilloclasts will be recalled. This is now being done in several instances. Your most exalted advertisement consists in curing your patients.



### CORRESPONDENCE RE SCIENTIFIC AMERICAN

Again referring to the "Scientific American", the following is self-explanatory.

#### BRANCH COLLEGE OF ELECTRONIC MEDICINE

Dean: J. W. King, M. D.

57 Main Street, Bradford, Penn.

November 10, 1923.

Dear Doctor:—

The following letter was sent to the **Scientific American**, 233 Broadway, New York City, in its investigation of the Electronic Reactions of Abrams, which conducted in its November issue a wrong course in selecting an **unseasoned medium** in diagnosing disease by the Abrams Methods, as the following shows:

Managing Editor Scientific American,  
233 Broadway,  
New York City, N. Y.

Dear Sir:—

Dr. Joslin paid me a social visit of several days at my Laboratory about August, 1922, to get an idea of the new work of Dr. Abrams, informing me that he had had the former work in 1913. Later I learned that he had come to me for the purpose of getting me to get him the Oscilloclast. He saw many examinations made without my previous knowledge of a patient's illness and nine times out of ten, the clinical findings corresponded with the E R A. He also saw many letters coming from physicians for whom I made E R A diagnoses which stated that the patient was either cured or was greatly improved, (later, many of the latter were cured). On Dr. Joslin's last day with me, he got convincing proof of the accuracy of the work, throwing up his hands and exclaiming, "That settles it, I am now out and out for the E R A." Whether he received the regular "training" in the work I do not know. He got none while with me. I did not regard Dr. Joslin competent to make E R A examinations



and later had plenty of information that he could not make these reactions. A telegram just received from Dr. Abrams gives me the information that Dr. Joslin has no Oscilloclast.

Being engaged at a certain work requiring every minute of my time, I am unable to give you names of the many patients I have cured nor copies of many letters I have received from physicians regarding cured patients. It should bring conviction to you that the propaganda published in the Scientific American was unfair because the investigation was conducted by an unauthorized practitioner of the E R A and therefore could not be the genuine Electronic Reactions of Abrams. When one is not thoroughly fitted to do at least seventy-five per cent accurate diagnostic work with the Abrams Methods, he surely is not competent to give scientific demonstrations of the work, and that percentage when compared with that of the "cream of the medical profession" which made fifty-seven per cent inaccurate diagnoses, should be accepted as the better of the two. Expert electronists make over ninety per cent correct diagnoses. My Laboratory is always open to any one wishing a knowledge of the merits or demerits of the work. It is an open institution to all sincere, scientific investigators.

In fairness to Dr. Abrams, may I ask you to publish this letter in your next article dealing with the subject? It should offset false impressions gained from the November issue, "Our Abrams Investigation—II."

Yours very truly,

(Signed) J. W. KING, M. D.

I don't expect they will publish my letter so take this means to supply the information to those on my mailing list.

Bradford College of Electronic Medicine,  
J. W. King, M. D., Dean.

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In justice to the "Scientific American," it pleases us to publish the following from a prominent citizen of Philadelphia.

November 9, 1923.

Dear Dr. Abrams:

"While over in New York last week, I called at the offices of the 'Scientific American', hoping I might have an interview with the Editor who is conducting the investigation of your treatment. My hopes were more than fulfilled, as the Editor gave me an interview lasting practically two hours.

"We discussed your treatment pro and con; he showed me a mass of correspondence, some written on your behalf and others written against you, and I must say I never met a fairer minded, more impartial man than the Editor was.

"I am very much surprised at your not having by now accepted his invitation to come to New York and thoroughly demonstrate to him

and his committee your treatment. He told me of your invitation to go to San Francisco as your guest, which proceeding would of course be very wrong for him to accept, not to mention the fact that he has a committee working with him to make this investigation—it would be impossible for all of them to get away for the length of time it would take to go to San Francisco and return, as well as the time they would have to spend in San Francisco to make the investigation, whereas if you come east it would only mean yourself coming on; and in a few days you could, if you are sincere absolutely, demonstrate your method.

“The Editor told me himself he felt certain that you undoubtedly had opened a new field to medical science, but what it was you had invented, he was absolutely unable to find out so far. One of his great troubles was to find someone who could demonstrate and explain your methods. The first demonstration given them by a doctor in New York was an absolute failure (as you will note by reading the report in their November issue of the ‘Scientific American’) and I must truthfully say it thoroughly disgusted me after I had read it.

“The Editor told me there are three classes of men using your treatment in New York—a few really honest men who have studied it under you, a number who have learned it but have added their own improvements or inventions to it, and finally, a number of unscrupulous men who have half learned it but don’t know and don’t apparently care how they administer it, just so long as they can catch suckers and make money by doing so.

“Now, Dr. Abrams, are you going to do the honest thing? Go to New York, and give a truthful and honest demonstration of your method. I can hardly believe otherwise; it seems incredible to me, with such an opportunity to show the world what you claim can be done, that you won’t embrace this opportunity. This magazine is not like Hearst’s International or Ford’s Dearborn Independent. (I think if they had endorsed you, most thinking people would have done your method). Here is a magazine of the highest standing; its Editor is absolutely impartial—if anything, he leans toward you. What is preventing you from coming to New York? Are you afraid? Are your claims dishonest?

“Perhaps you may say it is none of my business. Well, write to Dr. ————. I think you will, after you hear from him, find out you never had a greater and more enthusiastic rooter than I have been for you. Nearly every doctor in Philadelphia curses me; they have never forgiven me for getting in the state of health I am in now, compared to what I was under their treatments. My case is the talk of the town among the biggest, richest and most influential men in the city. Those are the reasons I am writing to you. I am terribly in earnest and most interested. I want you to come and prove your method. If you are an honest man you will do it.”

Abrams’ invitation to the “Scientific American” still holds. An investigation of the E R A is not a spiritistic performance demanding an assemblage of individuals for the detection of fraud. A single expert suffices. The physico-clinical phenomena are objective and could be re-



peated by the expert. The method of investigation, however, it must be emphasized, is not wholly the prerogative of the investigator. Abrams has submitted to tests too often not to comprehend their import and their limitations.

Abrams' time is very precious. He is busily occupied in perfecting the methods and every moment of his time is so occupied. He can not leave for New York at this time but has written the "Scientific American" that he shall do so later, perhaps in January, where his methods will be demonstrated and explained.

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### MAYO AND MEDICAL PROGRESS

Next on the list is Charles Mayo. In a public address, he refers to Abrams as a Charlatan. It may be known to his contemporaries that Mayo is a surgeon; posterity may forget it. Such is his inconsistency that in public addresses he emphasizes the fact that medicine can not progress unless along Electronic lines and then swats the individual who is endeavoring to make it so progress.

It is deplorable that Mayo should employ his position for such cheap propaganda. Concerning Abrams' methods he knows nothing, but he does know that many patients declared incurable at his own clinic have been cured by the E R A. It is nothing to be called a charlatan; the calamity consists in being one.

In a certain medical monthly, October, 1923, K. A. describes a luncheon where Abrams' treatment was the subject of discussion. The hostess had an inoperable rectal cancer but an Abrams disciple said it was rectal syphilis. K. A. continues that the hostess declared that she was improving and expected through faith in the methods to obtain an ultimate cure. K. A. is not quite positive that suggestion is wholly to blame for the improvement and quotes Osler's reference to a patient with a gastric cancer who lived for over a year after receiving encouragement of recovery. One would really believe that the encouragement of patients is a wicked procedure.

Abrams has shown how the mind can cure not only functional but organic diseases, and the graphic proof which he has for many years striven to attain is at last at his command, as will be shown in the *Eragrams* in this issue.

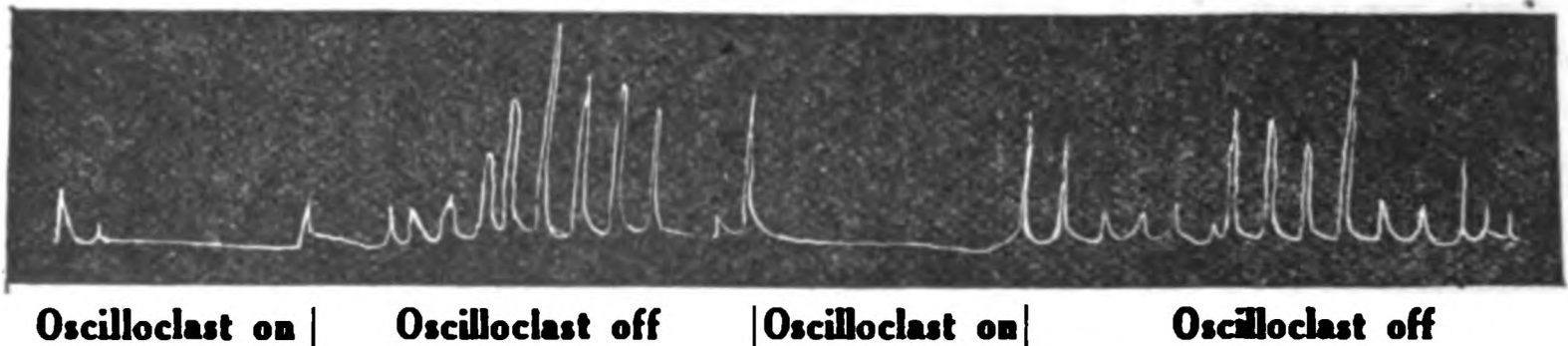
Abrams frequently relates to his classes the incident of a gentleman of prominence who after an exploratory laparotomy was declared to have an inoperable gastric cancer with extensive infiltration. Digestive **syphilis** and not cancer was found by the E R A. Practically all the symptoms subsided by antiluetic treatment. An esophageal stricture in the same patient necessitated a subsequent operation. To the astonishment of the surgeons, the so-called cancers were no longer present, and one of the surgeons, a university professor, declared with enthusiasm that he would present a paper on the **spontaneous disappearance of cancer**. He was quite unaware that this patient had received treatment.

## ERAGRAMS

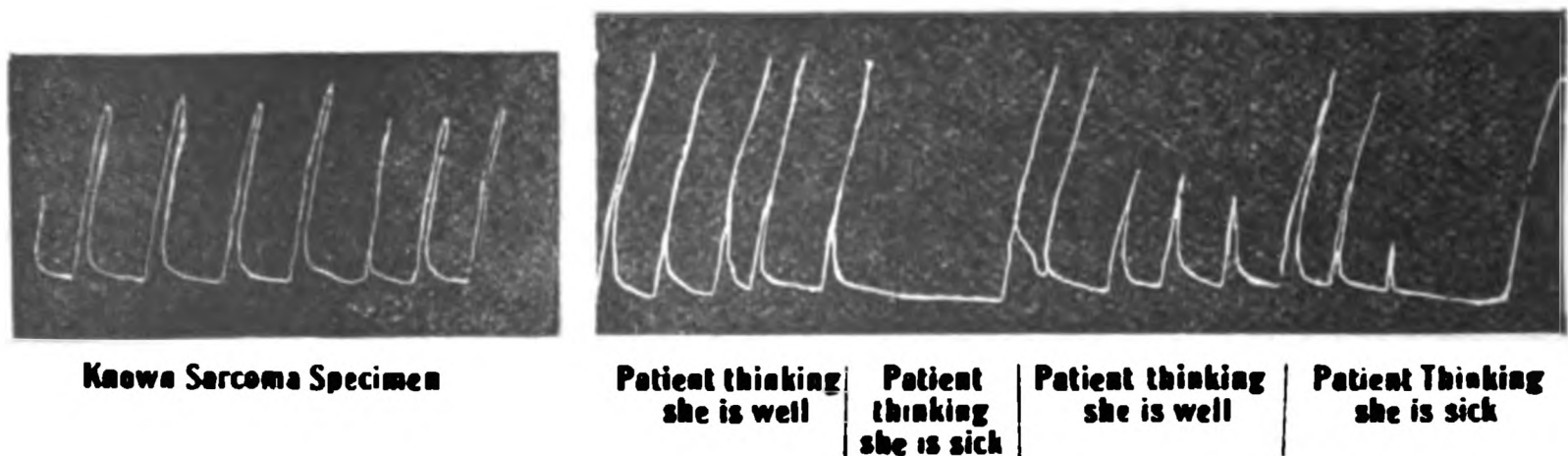
Bearing on the reference to Millikan in the present issue of this Journal and to avoid possible verbal quibbling, the graphs of radiant energy first cited in the last number of this Journal as Radiobiograms will hereafter be specified by the above caption, Eragrams—graphs of the E R A.

Here specific reference is made to a demonstrable proof of the action of the Oscilloclast to controvert Millikan's contention. (See Figure 1.)

Graphs were primarily made of the radiant energy from a cancer. Then the emanations from an Oscilloclast (**O<sub>s</sub>**) at rate 6 were conducted within three feet of the cancer by aid of a cord and electrode. Any other number of the **O<sub>s</sub>** was without effect, and this refers with equal cogency to other graphs of disease. **O<sub>s</sub>, on**, signifies that the electrode was near the specimen, and **O<sub>s</sub>, off**, that it was removed from the specimen. Several seconds elapse after **O<sub>s</sub>** is removed before the curves appear, owing to the hold-over action of the **O<sub>s</sub>**.



**Figure 1.**—Tracings showing the action of the Oscilloclastic energy on the energy of cancer.



**Figure 2.**—Tracings showing psychotherapeutic action.

The graphs (Fig. 2) show how the mind can influence an organic disease. The patient shows a reaction of brain sarcoma. The graphs of a sarcoma specimen are shown by contrast. Note that during



the time the patient affirms **she is well**, the graphs are substituted by a straight line but when this favorable auto-suggestion is released, the graphs recur.

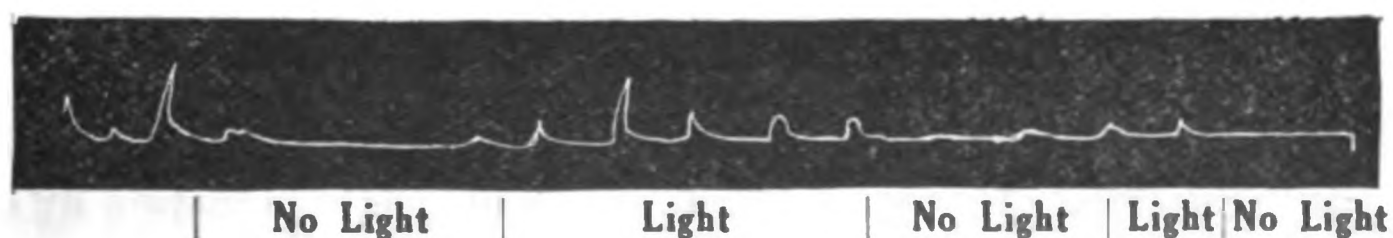
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### NEWTONIAN THEORY OF LIGHT.

Abrams has presumed to investigate the discountenanced theory of light as enunciated by Newton and which is now supplanted by the undulatory theory. It may be recalled that Max Planck of Berlin, about twenty years ago, questioned the wave theory. He believed that light radiated in separate units which he called light quantities (licht quanta) and not like continuous waves. These quanta were thought to be emitted like streams of bullets from a machine gun. No explanation was given by Planck for the quantum theory nor by anyone else, although it is accepted as an unexplained fact.

The Eragraphs appear to show for the first time in the history of science the correctness of the "Quantum" theory and appear to sustain the corpuscular theory of light.

Abrams is indebted to Dr. George Jarvis for his valuable assistance in executing these experiments.



**Figure 3.**—Graphs of a single ray of light which recur at periodical intervals of 12 1-2 seconds. For purposes of comparison, the electrode conveying the light energy to the Abrams' radio apparatus was alternately placed on a line with the light ray and then removed.

**WITHIN AND WITHOUT THE ATOM.****Metaseiograms.**

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Abstract of a lecture by Dr. Albert Abrams.

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When Becquerel in 1896, demonstrated that uranium salts emitted rays continuously without any external influences, a new chapter in physics was revealed. This observation completely revised our views on the constitution of matter.

The popular atom of today is that of Bohr and Rutherford, or is it that of Irving Langmuir, who claims it to be cubical in formation with electrons stationed approximately at the corners of the cubes? Can not the non-mathematical mind bereft of formidable equations with their sextillions of quadrillions approach the question of atomic morphology in another direction? At the present date, the atom is composed of positive charges or protons and negative electrons.

At present, there are 92 kinds (87 of which are known) of matter, therefore there are 92 kinds of atoms. The lightest and simplest form of matter is hydrogen made up of two units of oppositely charged electrons. Uranium is the heaviest with 92 of each. All the atoms are constantly breaking down and these explosions constitute radioactivity, practically a throwing off of protons and electrons.

The number of revolutions of an electron in an atom within the space of time of one second must amount to at least a hundred trillion.

**Electrobiography.** In the September, 1921 number of this Journal, reference was made to this subject and it was shown how by means of charged pith powder, one could outline the organs by aid of the electrostatic properties of the organs themselves.

**Metaseosis.** (G. meta, over; seo, shake, vibration.) In the September, 1920 number of this Journal, this term was used to describe the transference of vibrations. We are all familiar with magnetic induction by which magnetism is transferred to magnetizable substances. We also know radium can confer its radioactivity on other substances.

With our radio apparatus, which dispenses with a human for diagnostic purposes, transferred energy from cancer and tuberculosis as well as other diseases may be communicated to other substances and in this way we explain so-called cancer-houses and danger from other infections to people occupying houses previously occupied by infected persons.

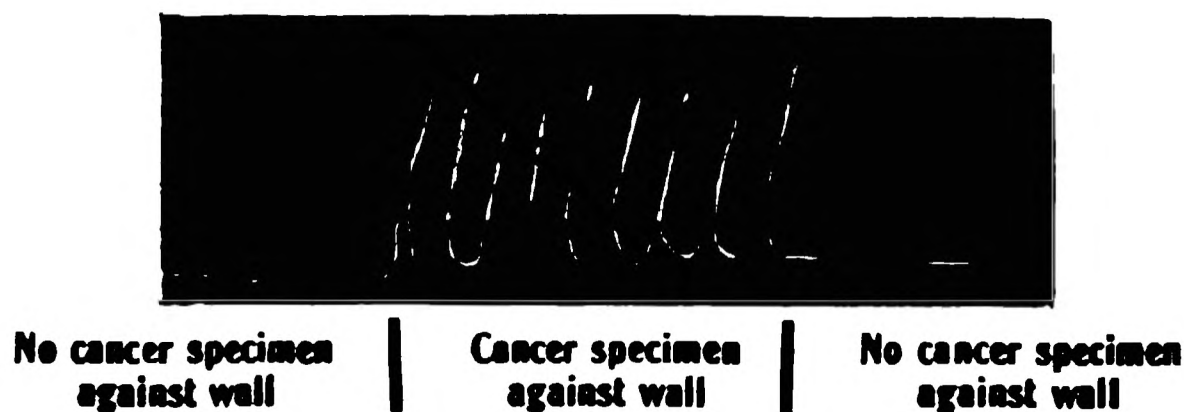
This radio apparatus, by the way, will soon be released to disciples of the E R A. We have hesitated in its release because we wanted to make it fool-proof and easily operated. We are on the eve of so doing.

The accompanying Eragram illustrates the trend of our argument. A cancer specimen is placed in contact with the wall of this laboratory



for a minute. From the area where the specimen was placed, we conduct the energy to our apparatus. Note the typical Eragram of cancer. Place it on another spot on the wall and you get a straight line; return electrode to the original spot and again the Eragram forms.

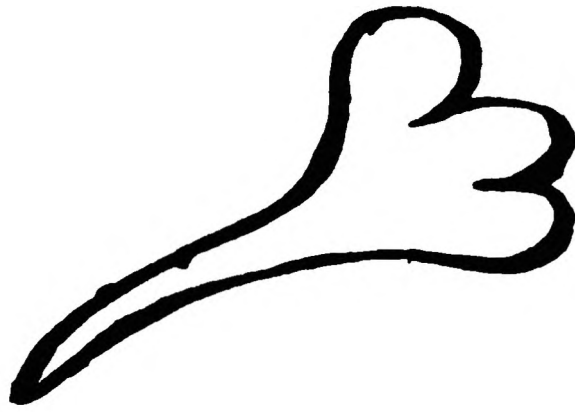
**Fig. 4.**—Eragram of energy from a cancer specimen against a wall.



**Electric Dust Figures.** Electricity creeps slowly over the surface of bad conductors. This distribution is easily shown by electroscopic powders. With a charged Leyden jar make any writing on a dry sheet of glass. Then sift through a bit of muslin, a mixture of red lead and sulphur on the glass. Lichtenberg's figures form. The negative sulphur will be attracted where there is positive electrification and the red settles where there is negative electrification.

**Metaseiograms.** Transference of energy may be shown by a simple method to which I have given a little investigation. Are the figures definite enough to enable us to conclude that they may give us some clue to atomic morphology? Practically any pathological material or in fact any element appears to show a definite picture and by transferring the energy at definite vibratory rates, only the energy thus filtered will show. The method is complicated and I shall content myself by showing you the simpler process, reserving a description of the former until a later time when you are satisfied that you can elicit definite metaseiograms.

Take a sheet of polished hard rubber. On it place for a minute a cancer specimen or blood showing a cancer reaction. Charge lycopodium (in a porcelain jar with a finely perforated aluminum cover) with a negative static charge from a rubber rod. Then sift the lycopodium at a distance from the specimen so as to get an even and barely visible coating of powder on the rubber. Within a half a minute, a figure forms. This figure is destroyed if rate 6 from the oscilloclast is used on the rubber. The figure may reform a number of times after brushing off the powder but a horseshoe magnet run over the rubber surface causes the electrons of the rubber to rearrange themselves in their original formation and no figure can be formed until another specimen is used.



**Fig. 5.**—Metaseiogram of cancer (diagrammatic)

Observe rubber surface from different angles. The metaseiogram is here shown diagrammatically.

## Correspondence

### RE BRITISH EMPIRE CANCER CAMPAIGN

Bagshot, Surrey  
October 18, 1923.

Dear Doctor Abrams:—

Although I have not had the pleasure of meeting you, your name has become a daily household word with my family and myself and therefore I feel I must address you personally by name. I know how keen you are on the E R A treatment and so just write to tell you of my case.

In April last one of our first surgeons pronounced it cancer of the bowel; they had to perform a colotomy but owing to the cancer being also present on the liver would not operate any further. They would not give me more than two or three months to live.

I heard of Dr. Tombleson, also Dr. Mather Thompson (who has been very kind to me) and went to the former for your treatment. The result is a complete success and now after six months according to the opinions of our leading medical men unless something had eradicated the malignancy I must be dead. But it is not so. I am in a perfectly fit condition, leading a normal life and look years younger (I am fifty).

While I was at West Cliff-on-Sea under Dr. Tombleson I saw many effects and cures of cancer and tuberculosis and other diseases that it seemed incredible that the medical world here, as you found in America, won't believe or even come and see.

As an example of how valuable time is being lost, I enclose some correspondence that I have had with The Empire Research Cancer Campaign lately formed. I do wish you would come over again to poor old



England at once and talk to them. They don't deserve it, but we want to be saved. Can you?

Of course I am intensely interested in a work that has saved my life and am trying in every way to make the treatment known, and I must say within the last few days have had one most promising response. We have only about a dozen doctors here. I am in communication with one of our leading East London Hospitals and I have been informed quite independently that if any London Hospital would agree to practice the E R A you would agree with your well known generosity to equip it with your instruments. May I pass this on as a fact?

With sincere thanks to you for your great research and awaiting your reply, believe me,

Yours sincerely,

(Signed) H. G. T.

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West Cliff-on-Sea,  
September 12, 1923.

British Empire Cancer Campaign,  
19 Berkeley Street,  
London, W. 1.

Dear Sirs:—

I should be interested to hear if you have heard of the Abrams' treatment for cancer and if so what opinion you have formed of it.

Yours faithfully,

(Signed) H. G. T.

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19 Berkeley St.,  
London, W. 1.  
September 17, 1923.

H. G. T.,  
West Cliff-on-Sea.

Dear Sir:—

In answer to your letter of the 12th inst. I presume that you refer to the treatment suggested and given by Dr. Abrams of San Francisco, regarding which I have been in communication with a Dr. Jacobs in Austria. It is proposed that as Dr. Abrams is likely to be coming to England before long arrangement should be made for him to meet members of the Executive Council of this Campaign, after which fuller investigation into Dr. Abrams' claims will be possible.

(Signed) Medical Secretary.

West Cliff-on-Sea.  
September 18, 1923.

The Medical Secretary,  
British Empire Cancer Campaign,  
19 Berkeley St.,  
London, W. I.

Dear Sir:—

I am much obliged to you for yours of the 17th inst.

It was of course Dr. Abrams' treatment that I referred to in mine of the 12th and I am more than pleased to hear the Campaign has been enquiring into it and obtaining information as to results from Austria. From the last paragraph of your letter you lead one to believe that enquiries have not been made from those doctors who are extensively practicing the treatment here with amazing results.

I myself have had a seven weeks' course for cancer in the bowel which an eminent surgeon was unable to remove but could only perform a colotomy and after was not able to promise me but a very short time to live. I am now fit and well and the malignancy is entirely gone. I am normal in health and gaining weight, five pounds in ten days. I have been under Dr. Tombleson and have seen case after case of cancer yield to treatment at once and leave cured. This doctor is heart and soul in this treatment and has been for some fifteen months practicing it and uses it with success for other complaints.

When such data are to be obtained in our own country, why in the name of wonder should the Campaign wait an indefinite time for Dr. Abrams to again visit this country?

Dr. Tombleson and also Dr. Mather Thompson in London are constantly exchanging reports of results with Dr. Abrams and receive the Journal periodically.

It is needless for me to add that I shall devote much of my remaining life to bringing before suffering humanity this chance of cure, and I am at your disposal if you should like me to call and see you so that you can see in what state of health I appear.

Awaiting your further reply,

Yours faithfully,

(Signed) H. G. T.

19 Berkeley Street,  
London, W. I.  
September 20, 1923.

H. G. T.  
West Cliff-on-Sea.  
Dear Sir:—

I beg to acknowledge the receipt of your further letter of the 18th inst.

I regret that you should imagine that this Campaign is confining its enquiries in any way, or that it is waiting for Dr. Abrams' visit to this country. A considerable amount of literature and evidence con-



cerning the treatment he advocates has been received and will be subjected to the most thorough and impartial investigation.

At a later date I may have to ask for further information concerning your own case, as you have very kindly offered to supply it.

Yours faithfully,

(Signed) Medical Secretary.

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West Cliff-on-Sea.  
September 21, 1923

The Medical Secretary,  
British Empire Cancer Campaign,  
19 Berkeley St.,  
London, W. I.

Dear Sir:—

I am much obliged for yours of yesterday. I make no apology for writing you again as I feel so strongly that the first cure, or if you like to have it so, the first sign of a cure for cancer has been found in Abrams' method of treatment.

Your letter of the 17th inst. certainly conveyed the impression that the Executive Council were waiting for Dr. Abrams' presence before pursuing further enquiries. I am most pleased to hear it is otherwise.

The Council composed of so many eminent members naturally should be better able to organize its methods of research than one outside, but may I be permitted to urge the immense value of immediate possession of facts from Dr. Abrams by sending out some medical man to see him.

I know for a fact that it is quite problematical if he will come over soon, as he will not do so unless he can bring with him another machine on which he is now working.

My other question in the second paragraph of my letter of the 18th inst. is not answered, viz: Why do you not ask the two leading doctors who are practicing in this country for their results? I know they can give case after case of success. I am checking from some six or eight past patients of Dr. Tombleson their history and state of their present health, which when obtained I will send to you. It may interest you to hear that one of the universities is asking for a paper to be read on the Abrams' method.

Yours faithfully,

(Signed) H. G. T.

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19 Berkeley St.  
London, W. I.

H. G. T.,  
West Cliff-on-Sea.

Dear Sir:—

I have to thank you for your further communication of the 21st inst. and regret that at the moment I have nothing further to add to my

last letter beyond assuring you that this Campaign is taking all necessary steps within its power to investigate every suggestion concerning the cause and cure of cancer that is in any way worthy of serious consideration.

The method adopted to investigate the claims of Dr. Abrams must be left to the decision of the Council of the Campaign which contains many persons quite competent to form an unbiased and authoritative judgment.

Yours faithfully,

(Signed) Medical Secretary.

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(A later observation made by H. G. T.)

The Cancer Campaign have now enquired of Dr. Tombleson in a very half-hearted way and his reply is to come and see; Send me a cancer patient and come and see progress. No response.

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**A SAMPLE OF THE MANY LETTERS WE ARE RECEIVING  
DRS. CHAS. A. & ETTA E. CHAMPLIN**

**Osteopathic Physicians  
404 S. Elm St., Hope, Ark.**

November 26, 1923

Dr. Albert Abrams  
San Francisco, California

Dear Doctor:

A man with the multiplicity of duties that you have constantly before you, I realize, is very busy, but a word of cheer and appreciation is generally welcome.

First,—From your last Physico-Clinical Magazine, Dr. McManis and others have finally arrived at the conclusion that we, as ERA practitioners, are at present up against a dangerous legal suit in Arkansas, at Jonesboro, which, if lost, may prove a death blow to the present practice of ERA.

Second,—That you as the founder of ERA with your resources, are the only person capable of defending your rights and ours against this onslaught which is nothing less than a blow from the A. M. A., working through Governmental Machinery.

Third,—That with this unrest in the National Association over differences of minor importances, we are not presenting an unbroken front to the enemy.



Fourth,—That “imitation instruments” of doubtful value, placed in the hands of the unauthorized practitioners, give cause for criticism and make such investigations as are now being carried on by the Scientific American react against every true ERA practitioner even tho we may give such investigators the benefit of a doubt concerning their sincerity in reaching an unbiased decision.

Therefore, in the face of existing circumstances, considering what you have done for the world in discovering and introducing ERA; the immense amount of strenuous labor you are expending on Research Work in behalf of ERA; and the feeling of pity you have for suffering humanity as well as the love and fellowship I am sure you have for all your authorized ERA students, permit me to express my appreciation of the noble work you have done and are doing for us in enabling us by the use of ERA to cure the sick and relieve the afflicted in a manner heretofore never known to scientists.

I can not but think that soon all your co-workers will be standing together facing duty as you face it in complete harmony for the welfare and perpetuation of the wonderful science—ERA.

With best wishes for the future and thanking you for all past courtesies, I am

Fraternally yours,

(Signed) CHAS. A. CHAMPLIN, D. O.

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**DR. FRANCIS A. CAVE**  
**359 Boylston St., Boston, Mass.**

November 9, 1923

Dr. Albert Abrams,  
2151 Sacramento St.,  
San Francisco, California  
My dear Dr. Abrams

Yours of October 20 duly received and contents carefully noted. It was my intention to respond at an earlier date, but I have been seeking additional data which might give me a better perspective of the situation.

There are several points in your letter which still lead me to think that you are acting under incorrect or incomplete information; and because I believe that co-operation all along the line is the price of successful resistance to the onslaughts of the enemy, I wish to briefly touch upon some of these points and give you the facts as I see them, in the hope that, with fuller information, you will reconsider your decision to resign as Honorary President of the American Electronic Research Association.

I accept at full value your statements regarding your belief in my sincerity and shall endeavor at all times to merit a continuance of such belief.

The Chicago Electronic Convention was held under the auspices of the Middle States Society of Electronic Medicine and had absolutely nothing to do with the newly organized National Association to which I have been elected President — beyond the fact that the latter association was organized during that Convention and by physicians attending same. Under these conditions, you will appreciate the fact that the new National organization had nothing whatever to do with any exhibits of any apparatus whatsoever, and I specifically disclaim for the new association anything whatsoever to do with such apparatus.

Your letter stated, "I understand that it was also agreed that the Teachers Association, who are an independent body, were to constitute your Standardization Committee and that your association repudiated that understanding." I beg to advise you, without any reservation whatsoever, that I knew absolutely nothing regarding any such agreement, neither do I know who was authorized to make such agreements regarding the doings of an organization not yet in existence. Under no circumstances, therefore, can either I or the association which I represent be charged with repudiation of any such agreement.

I have written all of the teachers, expressing my sincere desire to be of the utmost service to them, with a full recognition of the heavy responsibilities which they are carrying, and I mean that to stand exactly as it is worded. (Next follows irrelevant matter which has no bearing on Dr. Abram's resignation.)

My dear Dr. Abrams, you are entirely wrong in your assumption that I have tested out "practically every instrument in the market." I may say to you without reservation that I have tested out no other apparatus whatsoever corresponding to the Oscilloclast or purporting to do similar work. I have used and am now using nothing but the Oscilloclast for these purposes. Furthermore, I have received many letters, asking my opinion regarding other apparatus, and in answering same have invariably urged the physician to go slow, and expressing my belief in your wisdom and ability to produce apparatus of a superior character.

Regarding the physician of Jonesboro, Arkansas, would say that she stated her troubles on the floor of the Convention and was asked to present them in writing for such information and assistance as could be given her by either or both organizations. I have not heard that she has as yet done this and therefore know very little regarding the actual facts involved.

Relative to the member of our Board of Trustees who had expressed his desire to teach electronic methods, would say that he has voluntarily



agreed to tender his resignation as a Trustees should he undertake the work of teaching these methods — a matter on which he is as yet undecided. I may further advise you that, to the best of my information and belief, this particular physician was to a considerable degree responsible for preventing the matter of rentals on the Oscilloclast from coming before the Convention.

I wish to ask you to reconsider your resignation and permit your name to remain as Honorary President of the A. E. R. A. It should be needless for me to say that I shall work to the best of my ability for the very highest ideals in electronic medicine. I want to see your name go down in history for the great scientist that you are; and I cannot help but feel that the world will place a higher valuation upon you as the leader of the inevitable evolution of your methods at the hands of many physicians and scientists, rather than as one who might attempt to personally control all such developments. I want to see the world consider you in the biggest possible way, dear Dr. Abrams, and I shall fight to that end, even in the matter of plainly speaking to you the thoughts that are in my mind. I have no selfish interest in this matter. I shall attempt to be a broad-gauge leader of a profession which the world greatly needs and shall hope for strength and wisdom for that purpose.

I think you will find that the American Electronic Research Association can contribute very greatly to the strength of this movement, and I should greatly regret to see any cleavage in our pitifully small numbers in the face of the enemy.

The College of Electronic Medicine is your dream of years, and a monument to your superior intelligence and industry. I do not see that any organization in the field has the slightest right to dictate to you how you shall handle your own affairs.

I could wish that I might have a personal conference with you in San Francisco, but I do not see how it is possible at this writing. I just wish to state that I will co-operate with you to the very best of my ability, without fear or favor. No man has any strings on me, and I usually do my own thinking.

Whoever advised you that I was contemplating associating myself with two gentlemen barely known to me, for the purpose of teaching ERA in Boston, and furthermore that I was using the Farnham Treating Machine, simply told you things that were absolutely false and without the slightest foundation in fact.

In view of all the foregoing, won't you be good enough to write me a letter, withdrawing your resignation, and let us all march forward to Victory under the great banner of Electronic Medicine?

Sincerely yours,

(Signed) FRANCIS A. CAVE

(This letter should have been published in the November issue of the Journal which issue contained the reply of Dr. Abrams to this communication.)

## Miscellaneous

### BEST METHOD OF PALPATION.

The following method of palpation I learned from Leube, one of the greatest clinicians in the world. Place one hand with the tips of the fingers flat on the abdomen. Then place the finger tips of the other hand immediately above the finger tips of the hand that is against the abdomen, the fingers of both hands running in the same direction. Do not dig in or press hard against the abdomen; feel it as if you hesitated to press in. Run along the line of the abdominal muscles. It is easy to palpate a mass when you have already located it by the electronic reactions, but it is very difficult to find it when you have no idea of its location. It is easy to find a needle in a haystack when you know where it is but it is impossible otherwise.

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### BE CAREFUL TO KEEP INDICATOR OF RHEOSTATS EXACTLY ON BUTTON.

In order to insure absolute accuracy in diagnosis, care must be taken that the indicator of the rheostat is directly on the button, neither to one side or the other, insomuch as the energy may spring the gap and you can not get reaction.

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### AVOID PERMITTING CORDS FROM AMPLI-STATOPHONE TO TOUCH CORDS FROM RHEOSTAT.

Avoid having wires from the Ampli-Statophone come in contact with cords leading from the rheostats or dynamizer on account of the influence of polarity on the reactions. Thus, for example, carcinoma is positive; consequently if you have a negative cord from the Ampli-Statophone approaching the cord leading from the energy, you may destroy the reaction. Strep. is negative; consequently a positive polarity would destroy that reaction. It is consideration of these so-called little things that makes for perfection in diagnosis.

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### DESTRUCTIVE ACTION OF THE LIVER.

Ten years ago I took various bacteria and then drew the energy directly from the spleen and saw what destructive action could be obtained. We found that the liver was the only organ that had destructive action on cancer. We found that the tonsils themselves were destructive to toxins of tuberculosis and also to strep. That is why strep. infection follows removal of tonsils and also why tuberculosis is more frequent



after removal of tonsils. These discoveries have been made and explained ten years ago by these methods. As I have repeatedly demonstrated to you, the same reaction for syphilis is obtained in the blood, spleen, liver and spine. I can readily understand how treatment over the liver might affect the general condition.

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### COUGHING AND ETIQUETTE.

Some years ago I visited the largest tuberculosis sanitarium in Silesia and noted that there was very little coughing. I asked the superintendent if they disciplined their patients and he said that they did. They told the patients that it is just as impolite to cough as it is to scratch in public; and by impressing this point of etiquette on their minds the general amount of coughing was markedly reduced. It is well known that coughing is often a matter of imitation or suggestion, that when one person begins to cough in a public gathering unconsciously the whole crowd begins to cough.

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### MENORRHAGIA DUE TO UTERINE STRAIN OF CONGENITAL D. R.

We have found that many cases of menorrhagia or metrorrhagia are due to a uterine strain of Congenital D. R. Sometimes such cases can be corrected by giving treatment at rate 3 directly over the uterus.

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### DETECTION OF ICTERUS

At one time in Germany there was an instrument called the phonariscop and the method was known as phonariscopy. It merely consisted of identifying early icterus by making the skin anemic. The instrument was nothing more than a plain piece of clear glass which was pressed against the skin or mucous membrane. If there was no icterus present, the skin was white; if icterus was present, the skin was yellowish.

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### TOXIC REACTIONS.

In some cases you will find that the patients feel a good deal worse after treatment. This is because you set the toxins in the body in commotion and distribute them throughout the body, with the result that the patient becomes intoxicated. If this fact is explained to the patients, they will be more willing to put up with this condition. It is wise to

give eliminants at this time to carry off the toxins. When a patient has been sick quite a long time you can not get results at once. You must search for the most important things first and treat them. Later you can consider the minor symptoms that may arise.

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### MALARIA.

When you apply the electrode to the spleen for the treatment of malaria, the patient may feel worse for the time being because by the application to the spleen you cause a contraction of the spleen and an intrusion of the toxins of malaria into the circulation. When I was lecturing in Philadelphia at the Jefferson Medical College I showed them how you can detect malaria by concussing the second lumbar spine which forces the toxins into the blood and may bring on an attack of malaria. We are wedded to the theory that a mosquito bite is essential to the contraction of malaria, but stagnant water will also produce malaria. If you concuss the second lumbar spine the patient will have a distinct chill the next day if the malaria is of the quotidian type.

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### BIOPHYSICAL METHOD OF DEMONSTRATING THE ACTION OF THE OSCILLOCLAST IN THE TREATMENT OF DISEASE.

Unfortunately the men have been led astray by "bootleg" apparatus men to the effect that the Oscilloclast must be tested according to a definite electric calibration. This has absolutely no reference to the efficacy of an Oscilloclast. The only test is the biophysical one, and I will endeavor to demonstrate it to you in the following experiment.

We use a specially constructed radio apparatus and deal wholly with the Oscillophone, a stringed instrument which has been described in a previous number of the Journal. The Oscillophone is a stringed instrument which enables one to detect specific energies just as we do on the human body, but it dispenses with the need of an intermediary.

The indications on the Oscillophone are as follows. At a given point on the scale only a definite kind of energy reacts and only at a definite vibratory rate, just as in our other reactions. When a condensing electrode is passed over the string the energy is conducted to the radio instrument where it is stepped up and the reaction is announced in two ways; first, by a definite sound through the loud speaker; and second, by an increased movement of the galvanometric needle. Thus two senses are employed in the recognition of energy. In this particular experiment in question a known specimen of carcinoma is put up to the dynamizer of the Oscillophone.

One may with the Oscillophone measure out the energy of a disease and many of the strains. There is absolutely no personal equation in-

volved. It is hoped that in the very near future a combination apparatus may be constructed and released to physicians practicing the E R A.

Now we will start the Oscilloclast going. Put up the specimen of carcinoma to the Oscillophone and get the reaction at the definite point on the scale. You can hear it at that point and nowhere else. First set the Oscilloclast at rate 5 and hold it up to the end of the wire. We still get the reaction of carcinoma. Now set the Oscilloclast at rate 6 and in a few seconds the reaction for carcinoma disappears and can not be obtained as long as the electrode from the Oscilloclast set at rate 6 is held up to the wire on the Oscillophone. When the Oscilloclast is set at rate 5 the reaction on the Oscillophone reappears in a few seconds.

As you will note, you can also see a very perceptible movement of the galvanometric needle whenever a reaction is obtained.

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#### **POSITIVE AND NEGATIVE FORMS OF STATIC ELECTRICITY.**

First a glass rod is charged positively by rubbing it with silk and then it is applied to the pith ball, thereby giving the latter a positive charge. When the pith ball positively charged in this manner is held near the border of the heart of reagent who is grounded and facing west with arms outstretched, the pith ball is repulsed. When a rubber rod is rubbed with wool or catskin, a negative charge is induced and when applied to the pith ball, the latter is negatively charged. When this negatively charged pith ball is held near the border of the heart, as described above, the pith ball is attracted instead of repulsed.

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#### **ATTRACTION OF VARIOUS ORGANISMS TO LESION IN THE BODY**

Any lesion will attract any organism to that particular part of the body, so that over a lesion you can get practically any reaction. However, after concussion of the 7th cervical spine, the organisms that have simply been attracted there will disappear for the time being and then you can obtain the original reaction of the lesion. Concuss the second lumbar spine and you cause these germs to be forced out of the spleen and you can obtain the reaction again.

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#### **SPLEEN AND APPENDIX, STOREHOUSES OF HUMAN ENERGY.**

There are certain dynamos in the body. One is the spleen and another is the appendix. They are simply reservoirs for the storage of human energy. This has been determined by experiment. In going over the abdomen for the reaction of human energy, the latter reaction could be obtained only over the above named organs. For this reason the wholesale removal of the appendix is to be deprecated. This operation should be performed only when imperative.



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### CONSTIPATION—ACQUIRED D. R.

A patient in whom we had obtained the reaction of Acquired D. R. gave a history of constipation. Examination was made over the abdomen for Acquired D. R. and a reaction was obtained below the navel to the right. A mass was palpable in this region. It is possible that there is a gummatous condition there. In this case the treatment recommended was S S 3 and two cords to the area on abdomen at rate 3.

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### EXAMINE FOR CORRESPONDING NEOPLASM.

After the removal of a carcinoma or sarcoma, always examine for its corresponding neoplasm. Either one may coexist with the other, or one may succeed the other, if the Cryptogenic D. R. has not been eliminated.

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### AVOID BEDSPRINGS OR METAL DURING TREATMENT.

Energy always follows the path of least resistance. In the treatment of a patient who is bedridden, the use of springs must be avoided, as the metal will carry off the energy from the Oscilloclast. If this is unavoidable, use a double or triple thickness or rubber sheeting under the patient. You can use army cots or cane chairs, but it must also be remembered that any material that is likely to absorb moisture will carry off the energy. This can be shown with the Oscilloclastophone.

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### TREATMENT OF PSORIASIS—PSORA.

One E R A physician reports improvement in a case of psoriasis by treatment at spleen at rate 5. A reaction of Psora was obtained from the blood. Psora is the most rebellious of all hereditary conditions to respond to treatment. It is exceedingly difficult to get rid of this reaction.

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## CLINICAL LECTURES

by DR. ALBERT ABRAMS

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### TUBERCULOSIS, LUNG

**Specimen.** Married man. Not well for a year and one-half. Twenty pounds below weight. Cough and night sweats. Hemoptysis a month ago. Carcinoma; Sarcoma; negative. **Tuberculosis; lung; 8 ohms.** Strep. and Staph.; negative. That makes the case easier. **Congenital D. R.;** 1 ohm. The case has had E R A treatments. Write to the Doctor: "This

is an advanced case of tuberculosis but there appears to be no strep. or staph. infection. The low grade of Congenital D. R. would seem to indicate that the patient has been treated by S S 3. Your essential hope consists in getting rid of the Congenital D. R. and painting chest with gamboge. If case does not improve, local treatment at 5 may be used on the lungs."

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### ACQUIRED D. R.—PAINS OVER ENTIRE BODY.

**Clinic Case.** No. 663. Married woman; age 38 years. Married 18 years; two children both well; one miscarriage. Weighed 110 pounds when married; greatest weight in 1922, 217 pounds; now weighs 191 pounds. Never well; always subject to severe colds; recurrent tonsillar infection. Tonsils removed in 1921; throat still sore at times. When 17 years old began having aching feeling over whole body. Severe headaches began at 14 years especially at menses which were very copious for three months. During the past ten years the menses have been scanty. History of sinus infection for years; pains over whole body; not an hour for 20 years free from pain. Pupils very sluggish. Worst headaches on right side occiput on level with top of auricle. Vaccinated at 6 years; bad infection for months. Abscess in left ear when 8 years old. Wassermann negative. In 1908 operated on for appendix and repair of perineal and cervical tear; results of latter unsuccessful. Exploratory operation at Mayo's Clinic to investigate gall-bladder which was removed in 1920. Troublesome bleeding piles and sharp pain on urination. Has been to Hot Springs and had all kinds of electrical treatments which made her worse rather than better. **First examination:** November 3, 1923: **Sarcoma;** 4 ohms; brain, right side of head. **Acquired D. R.;** 33 ohms plus. **Staph.;** left antrum. Strep.; Tuberculosis; Neisserian; Malaria; negative. She has had S S 3 and 2 cords at rate 3 to right side of head and one cord at rate 1 to left antrum. **Second Examination:** November 15; after 7 all night treatments. Sarcoma; negative. Cryptogenic D. R.; negative. **Staph;** left antrum. (Patient comes in. Complains of very bad headache and has an eruption over the face and entire body which came on over night. Patient can not explain this by error in diet. She is subject to Poison Oak which always recurs after any kind of electrical treatment.) Go over one spot on her body and see if we get the reaction for Ptomaine Poisoning; negative. Now try **Rhus Toxicodendron;** reaction present. The eruption is from Poison Oak. She has not been in the country or near Poison Oak but that condition evidently remains masked in her system until something stirs it up again. **Examination: November 16.** I want to go over this patient's blood again. She has pains all over her body which still persist. The reaction of sarcoma is gone but she still has pain in her head. I want to see if there is a reaction for **Acquired D. R.;** reaction present. You see how important it is to make more than one examination at times. For some reason I did not get this reaction before. Go over her head for 55; reaction present above left ear. How is your eyesight?

**Patient:** My eyesight is all right but I have a great deal of pain in



my eyes when I am in the wind or sun or if I read or go to the moving pictures.

**Doctor Abrams:** Examine her eyes for Acquired D. R.; negative. **Treatment:** One cord at rate 3 to left side of head and 2 cords at rate 3 to spleen after concussion. She is to have two all night treatments. This patient has been everywhere and has received no relief and I want to help her if possible. She has pain in the right side of her abdomen, but we get no reaction from that region. It may be caused by adhesions or some mechanical disturbance.

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### SARCOMA, BRAIN—PERIODS OF DEPRESSION.

**Clinic Case:** No. 696. Married woman, age 59 years. Periodic depression spells. Injury to vertex when 18 years of age. Tuberculosis at 28 years. Perineal repair. Some occipital headaches. Pupils sluggish. Atheroma marked. Mucus colitis. Sleeps poorly.

**Sarcoma;** brain; non-metastatic; 3 ohms.

**Congenital D. R.;** 38 ohms.

(Patient comes in). Where is the pain in your head and how often do you have these periods of depression?

**Patient:** I have pain at the back of my head. I usually have two or three spells a year. I get into an exhilarated condition and probably overdo and bring on these attacks, but I seem to lack balance and good sense.

**Doctor Abrams:** Go over her head for **Sarcoma;** reaction present over top of head. **Treatment:** Two cords at rate 3 to the spleen after concussion and one cord at rate 3 to area on head.

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### CARCINOMA—MASS IN PELVIC CAVITY.

**Clinic Case.** No. 649. Married woman, age 50 years. Three daughters all living and well. Mass in left pelvic cavity for the past 9 months; can be felt through the vagina. Menopause began when 34 years of age. Three weeks before coming here noticed a pinkish vaginal discharge. Mass was operated on through the vagina but not entirely removed. Patient generally feeling good. Had no radium treatment.

**First Examination:** October 29, 1923:

**Carcinoma;** pelvic cavity, left side; non-metastatic; 8 ohms.

**Congenital D. R.;** 22 ohms. Reexamination November 15; after 14 treatments, 3 hours each; **Carcinoma;** negative. **Cryptogenic D. R.;** 1-25 ohm.

**Present Report:** Feeling pretty good; not much pain for the past week. Back much better. She is to continue treatment at S S 3 and should be through treatment in about ten days.

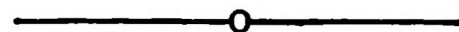


**MIGRAINE—SARCOMA, BRAIN.**

**Clinic Case.** No. 697. Married woman, age 40 years. Severe headaches over right frontal region at times radiating to back of head and neck. Trouble began 7 years ago. Present attacks come two or three times a month. Must stay in bed several days. No relation to menses. First began when 13 years of age and had a period of 8 years without headaches. Pupils sluggish. Urine negative. Knee jerks exaggerated. It may be a case of migraine headaches and in these cases we have found within the last five months that a reaction of sarcoma is present over the forehead and top of head. This sarcomatous reaction may not always be present in the blood but may be found locally. It does not mean that a sarcoma is present but merely that there is an increase of the neuroglia at that particular area. Migraine is very rebellious to treatment and can only be helped by local treatment, not systemic treatment alone. Do not expect brilliant results because you do not get them. It is only recently that we have been able to do anything for such cases. In the past I had practically the largest practice in nervous diseases in San Francisco and I can honestly say that during that time I never cured a case of migraine. Of course I was able to relieve the symptoms to some extent but I was not able to effect a cure. We have not gotten remarkable results with E R A methods. However, in two cases recently the patients have been relieved of their headaches and report continued improvement. We will see what we find in this case.

**Sarcoma;** non-metastatic; brain, over forehead and top of head; 3 ohms. **Congenital D. R.;** 30 ohms plus. **Strep.;** left tonsillar region.

Think of malaria with frontal headaches; negative. Tuberculosis; negative. (Patient comes in. States that headaches began at age of 13 years. Headaches feel like knives running through the head. Has worn glasses since 12 years.) Reaction of **Sarcoma** present over region on forehead and top of head where we have found it in migraine. No reaction of Sarcoma over eyes. Use S S 3 and two cords at rate 3 to the area on head. It is not necessary for the patient to suffer pain during these attacks, for we can provide an anodyne that will relieve the pain without producing any toxic effects. This prescription of Pulv-Antidolorosa was given in the November Journal. I have prescribed morphine probably not more than once in ten years in my practice because I always feared I might engender a habit in the patient, for physicians are largely responsible for the morphine habit.

**STAPH. INFECTION.**

**Clinic Case.** No. 467. Married woman, age 52 years. Has had ERA treatment for 9 months, one hour per day, with another doctor. Patient improved under treatment and gained some in weight and got stronger. History when first began treatment: Vomiting spells. Had to be in bed 1 to 3 days per week. Losing weight. Appendectomy and Alexander

operation 20 years ago. Present symptoms on coming here for treatment: Afraid to eat on account of distress which follows immediately after eating. Soreness in umbilical region which radiates clear through to back. Cold sensation from waist down to hips and thighs. Very anemic. Weight 116 pounds.

**First Examination:** August 17, 1923. **Sarcoma;** present. **Staph.;** frontal and left tonsillar region.

September 21, **Staph.;** present; from 2nd to 5th lumbar vertebrae. **Sarcoma** and **Cryptogenic D. R.;** negative.

All other reactions negative. Patient states that pain in left side of head is practically all gone. Pain over sacral region present at times radiating to both limbs. Some pain over right eye. This patient has been an invalid for years and it takes a long time to clear up all the conditions present, but she is unquestionably better than when she first came.

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#### ARTHRITIS— STAPH. INFECTION—ACQUIRED D. R.

**Clinic Case:** No. 693. Married woman, age 47 years. Worked until February; not able to work since. Married two years. Premature birth by former husband. Had arthritis for 8 years. Pneumonia in February, 1922, followed by increase in severity of arthritis. Operated for uterine fibroid in 1921. Tonsils removed in 1917. Ankles, shoulders and all joints affected. Pulse 117. Wassermann double plus in 1921. Has had two salvarsan injections.

**Acquired D. R.;** present; 26 ohms. It is not a joint strain, so the trouble in the joint must be quite independent of this trouble.

**Sarcoma;** 3 ohms.

**Staph.;** left antrum. (Patient comes in; walks with cane.) Reaction of **Staph.** present over bad joint in left hand of sinus origin.

**Treatment:** S S 3 and two cords at rate 1 to left antrum. Paint joints with methylene blue for staph. infection.

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#### STREP. INFECTION OF BREAST COINCIDENT WITH CARCINOMA.

**Specimen.** Married woman; age 40 years; no children. Menstrual life normal. Two years ago small lump appeared in left breast. One year ago it became painful and began growing. Treated with local application of iodine. In May, 1923, ERA examination showed **Acquired D. R.;** 29 ohms; **Carcinoma,** 7 ohms, left breast; and **Strep.;** 36 ohms. Such a diagnosis is ridiculous, for pure pus gives a reaction of only 4 ohms, but that is the sort of diagnosis that the men are making right along, so it is no wonder that the methods are being discredited. Present



symptoms; Sharp pains; tumor breaking down externally. Treated at rate 0 and 11. The last month the tumor seems to be growing and aches all the time.

**Carcinoma;** left breast; non-metastatic; 2 ohms.

**Acquired D. R.;** 2 ohms.

**Strep.;** present; breast.

Write to the Doctor: "You will note there is a reaction of malignancy. My suggestion would be to clear up same with 6 and 3 on left breast and S S 3. It is impossible when tumor is broken down by strep. infection to cure condition. After the removal of reaction of carcinoma, I would advise the use of thermo-cautery; not the knife. It is ridiculous for my men to find 36 ohms of strep.; pure pus gives a reaction of no greater than 4 ohms."

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### SARCOMA—STREP. INFECTION, HIP.

**Clinic Case.** No. 403. Married man, age 63 years. Pains in back of neck; always stiff and difficult to turn from side to side. Has been present for past 2 years. Pain in left inguinal region; difficult to bend and lace shoes. Otherwise generally in good condition. Contraction of tendons of both hands of 10 years' duration.

**First Examination:** August 6, 1923.

**Sarcoma;** spinal cord; non-metastatic; 4th cervical spine; 4 ohms.

**Congenital D. R.;** 30 ohms plus.

**Strep.;** left frontal and right antrum.

October 29; **Sarcoma;** 6-25 ohm. **Strep.;** left groin and back, of sinus origin.

November 9, **Strep.;** left antrum and left hip. **Sarcoma;** negative.

November 16; **Strep.;** negative. (Patient comes in; states he is feeling better but still has trouble in left hip when he stoops) This patient has had trouble with the hip for so long that there may be adhesions causing this disturbance. We get no reaction there so I would advise him to discontinue treatment and exercise the hip as much as he can without causing pain. Avoid having a masseur for he might do harm.

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### PAIN IN BACK OF NECK—CARCINOMA, BONE.

**Clinic Case.** No. 212. Married woman, age 38 years; 3 girls living and well. Pain, aching in character situated at region of first cervical vertebra radiating to side of neck. Pain is constant during entire day. Sleeps well; appetite good; no digestive disturbance. Tonsils removed and some teeth gone but no relief.

May 29, 1923. **Carcinoma;** Bone, cervical region, non-metastatic; 5 ohms.

November 16: All reactions negative, including colon bacillus. **Present report:** General condition improved. Still feels aching in back of neck; at times it is quite severe; otherwise all right. (Patient comes in; states that



there is still an ache in back of neck, although the condition is much better than when she first came.) Local reactions from neck all negative. This may be a neuralgic condition. First put the muscles in a state of relaxation and sometimes you will feel the muscles bunch up where the trouble is, as you do in this case. We find a tender point in the spine. This is to be frozen every three days until it is better. Of course her pain is much better but naturally she wants to get completely well.

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### RASH ON FACE—TUBERCULOSIS OF SKIN—STAPH. INFECTION

**Clinic Case:** No. 180. Married woman, age 58 years; 3 children all living and well. Thirty-seven years ago patient noticed rash on left side of chin slightly elevated above skin; 1 mm. in diameter and an area of erythema surrounding it. Treated by various skin specialists with no results. Lately this condition has become aggravated and spread up to upper lip and nose on the left side. Treated by lotions, internal medication and x-rays; no relief.

**First Examination:** May 21, 1923.

**Tuberculosis;** 1 ohm plus; skin, over site of lesion.

**Congenital D. R.;** 30 ohms plus.

**Treatment:** S S 3 and two cords at 5 to site of lesion. A cloth mask painted with gamboge was worn over face at night.

June 11: **Tuberculosis;** 0-25 ohm. **Congenital D. R.;** 4-25 ohm.

June 25; **Strep.** right ethmoid. Tuberculosis; negative. Cryptogenic D. R.; negative. Patient's face cleared up better than in years. Patient is delighted with results. The eruption from which we obtained the reaction of tuberculosis has disappeared but there is a slight eruption on the chin which gives a reaction of strep. of sinus origin. We find that sinus infection often does cause pimples to appear on the face and these can be cleared up by treatment of the site of focal infection.

November 16. **Present Report;** Patient has had no treatment for over five months. Entire condition greatly improved. Face has been cleared up entirely until 10 days ago when a slight eruption appeared on nose and chin. Patient desires to know if she needs any more treatment and whether she will get rid of this condition entirely.

**Staph.;** present over spots on skin; of right antrum origin. All other reactions negative.

**Treatment:** Three cords at rate 1 to right antrum.

The patient is looking wonderfully well. This skin condition is very slight and should yield soon to treatment. There is no reaction of the former condition.

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### DIABETES—INSULIN TREATMENT—CONGENITAL D. R., PANCREAS.

**Clinic Case.** No. 701. Married man; age 47 years. Typhoid fever in 1883 and again in 1910 followed by multiple abscesses. Lack of sex

power since 1921. Prostatic trouble in 1922. No Neisserian. Diabetes in May, 1922. Now under insulin treatment. His worst trouble now is a lame back which he connects with prostatic trouble. Lost 20 pounds in one year but has regained 10 pounds since taking insulin. (Patient comes in.)

**Congenital D. R.;** 38 ohms.; diabetic strain. There is an affinity for the pancreas. There is no malignancy or Neisserian.

**Doctor Abrams:** Tell us your experience with insulin.

**Patient:** I had 3 per cent of sugar in my urine. I take the insulin hypodermatically, 1-2 cc. twice a day, morning and evening, and take it every day. I eat an ordinary diet with starches and everything except sugar. The sugar in the urine and the blood sugar are absolutely negative and I feel much better and have gained in weight.

**Doctor Abrams:** I would continue using the insulin if you find it necessary. Of course it is purely a treatment of the symptoms and does not remove the cause. Take a local reaction over pancreas; reaction of **Congenital D. R.** is present. All cases do not respond to insulin treatment, nor do all cases yield to the Oscilloclast treatment. However, we have had a number of cases and other doctors have reported cases which have improved and the sugar disappeared by treatment at rate 3 over the pancreas.

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### SARCOMA, PELVIC CAVITY—BROMIDE AND REST CURE.

**Clinic Case.** No. 576. Married woman, age 41 years; married 18 years; 3 children, one died of measles and one of pneumonia. Billious attack when 9 years of age; and when 18 years old had neuritis and cough. Never sick again until December, 1919, when had severe uterine hemorrhage following long ride. In 1920 curettage advised but it was not performed. Weight increased rapidly from 160 to 200 pounds in five months. In 1922 had attack diagnosed as a cholecystitis; another diagnosis was fibroid of uterus. Automobile accident in August, 1923; no injury, but has been upset ever since and very nervous. Constant pressure on bladder ever since. Mother died of cancer.

**First Examination:** October 8, 1923.

**Sarcoma;** pelvic cavity; non-metastatic; 7 ohms.

**Congenital D. R.;** 31 ohms.

October 19; **Sarcoma;** 3-25 ohm. **Congenital D. R.;** 3-25 ohm.

October 26; **Malaria;** present. Cryptogenic D. R.; Strep; and Staph.; negative. Quinine was prescribed for the malaria.

Feels better except still tired. Sleeps better. All reactions are negative. (Patient comes in; states that she is very nervous and cries over anything.) Discontinue all treatment and use a saturated solution of bromide of potash to quiet your nerves. Take enough to get a sense of lassitude and then stop taking it until you feel the need of it again. Take a rest cure as much as possible. Remain in bed for a couple of days a week until you get thoroughly rested.



### TUBERCULOSIS, SPINE.

**Specimen.** Married man. Had influenza in 1918 from which time he was in a run down condition. Legs gave way suddenly; unable to walk next day. Injured getting to hospital; paralyzed from hips down. X-ray showed trouble with the 5th lumbar vertebra. Bowels paralyzed. Catheter used for the bladder for 7 weeks. Put in a plaster cast; compelled to remove cast in 3 and 1-2 weeks on account of pressure on spine and hips. Four months later x-ray showed firm condition of bone. In April, 1923, was taken to Florida on stretcher where he showed rapid improvement. Commenced to wear steel braces and get around. At present feels pain in cervical and coccygeal region although much improved. Constipated and has bladder trouble most of the time. Most of the difficulty now is dragging of the legs.

**Tuberculosis;** bone; 5 ohms; 6th to 12th dorsal spines.

**Congenital D. R.;** 34 ohms.

**Treatment:** To get results all night treatment if possible. Use one cord at 5 and one cord at 3 over spine and one cord at 3 over spleen after concussion. Paint back with gamboge.

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### TUBERCULOSIS, LUNG.

**Clinic Case.** No. 699. Married man, age 34 years. Has digestive trouble since 1918. Diagnosed in 1918 as cholecystitis. Influenza in 1915; fluid withdrawn. Measles in 1919. Costive his whole life.

**Tuberculosis;** lung, left apex; 3 ohms.

**Congenital D. R.;** 35 ohms.

(Patient comes in.)

**Doctor Abrams:** Have you lost in weight? What is your chief complaint?

**Patient:** No, I have not lost in weight. I have attacks of pain in my stomach and gall-bladder region. I had fluid in my chest in 1915. I do not seem to have much pep.

**Doctor Abrams:** You must live in the open air; open windows are not enough. It is possible to arrange the windows so that your head can be in the open air if you can not have a sleeping porch. Your work keeps you indoors so that you must get as much of the open air as possible. The amount of trouble is very slight. It would probably never gain any considerable headway because he has sufficient resistance, but nevertheless, it is best to get rid of it entirely so that there never can be a revisitation. There is nothing to be worried about. **Treatment:** Paint chest with gamboge and use three cords at rate 3 to the spleen after concussion.

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### TUBERCULOSIS, LUNG AND KIDNEY.

**Clinic Case.** No. 704. Married woman, age 27 years; married 8 years. Well till December, 1922, when pain in left chest and under shoulder



blade was noted. Tonsils and one tooth removed in July, 1923, without benefit. Frequent headaches. Has taken 13 mud baths which made her worse rather than better. Is quite weak. Three or four years ago noticed swelling of face; now slightly puffed. Pupils almost fixed.

**Tuberculosis;** lung and kidneys; 5 ohms.

**Congenital D. R.;** 33 ohms.

(Patient comes in)

**Doctor Abrams:** Have you lost in weight and have you any cough? Do you have any night sweats?

**Patient:** I did weigh 127 pounds and now I weigh 109 pounds. I have no cough but I sometimes have night sweats when I get nervous. I have pains sometimes in my chest and in different parts of the body.

**Doctor Abrams:** Go over the kidneys and lungs locally for 42; reaction present in left kidney and right apex of lung. **Treatment:** Paint chest front and back and left kidney region with gamboge. Give all night treatments if possible. Use three cords to the spleen at rate 3 after concussion. She must live in the open air as much as possible. After removal of reactions for 42 and 57 we will examine for the causes of the pains in different parts of the body. Patient states that some doctors have diagnosed it as rheumatism and as neuritis but she has received no relief.

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### SARCOMA, PELVIC CAVITY—UTERUS.

**Clinic Case.** No. 620. Married woman, age 37 years. Married 6 years; no children. Well until 3 weeks before coming here when she was taken with severe abdominal pains and menses began only ten days after regular period which was much later than usual. Bleeding continued until she came here. Lost 12 pounds in weight these three weeks. Very tender in abdomen. Severe pains every day at irregular intervals, but pain never entirely relieved. **First examination:** October 19, 1923; Carcinoma; negative. **Sarcoma;** pelvic cavity, uterus; non-metastatic; 5 ohms. **Congenital D. R.;** 30 ohms plus. **Strep;** appendix; 15-25 ohm... Tuberculosis; Neisserian; Malaria; negative. October 31: All reactions negative. This is an unusual rapid result. She has had no treatment to the spleen but has had 3 cords at rate 3 over the uterus and has had about three hours' treatment each day. **Present report:** Patient feeling one hundred per cent improved. Bleeding stopped entirely. Soreness and pain entirely gone. Patient states that she never felt better in her life. Before coming here she went to another physician who told her that she had a cancer and would die unless she had an operation. She did not want to have an operation performed so came here to see what the E R A could do for her. It is rather unusual to have the Cryptogenic D. R. wiped out without any general treatment. There is nothing to treat at the present time. She is to return in a month to check up.

### SARCOMA, LUNG—ACQUIRED D. R.

**Clinic Case.** No. 678. Man, age 46 years. Noises in left ear. No impaired hearing. Sexual weakness. Neisserian infection twenty years ago. Urine negative. No syphilis. No abdominal operations. Varicose veins. This poor individual has been reading quack literature and imagines he has everything the matter with him. You all realize the danger of doing this very thing and that even physicians are not exempt from it. However, as I have so often said, no one wants to be a hypochondriac at will. There is always some reason when a person complains, and we will search for the cause in this case. Carcinoma; negative. **Sarcoma; lung; non-metastatic; 7 ohms. Acquired D. R.; 33 ohms.** (Patient comes in.) Do you have a cough and pain in your chest?

**Patient:** I have a cough but no pain.

**Doctor Abrams:** Percuss the patient's lung when he is not facing west and you get an ordinary area of consolidation; have him face west and you get the electronic dullness. When he is short-circuited the dullness disappears over the electronic area. A reaction of sarcoma is present over right scapular region of the lung. Treatment is one cord to right lung at rate 3 and two cords to spleen at rate 3. Paint chest with 1 per cent solution of mercurochrome.

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### CONCURRENCE OF TWO NEOPLASMS.

**Specimen.** Unmarried woman; age 52 years. Operated on for gallstones and 6 months later showed carcinoma of the cervix of uterus. Has been treated with radium and x-ray but trouble still continues. It is a serious case but patient has good appearance and Spartan courage. **Carcinoma; uterus; non-metastatic; 6 ohms. Sarcoma; gall-bladder region; non-metastatic; 6 ohms. Congenital D. R.; 34 ohms.** Write to the Doctor: "Despite the concurrence of two neoplasms, the indication for treatment would be largely one of splenic sterilization at rate 3. An all night treatment for this purpose should be given and later local treatment at rate 6 over the uterus and rate 3 over the gall-bladder region should be employed."

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### TUBERCULOSIS, SKIN—ERUPTION BETWEEN TOES.

**Specimen.** Man. Condition on feet since Spanish War during which time trouble appeared. Feet badly chafed while marching over sand. Whenever the feet get hot they begin to perspire and blisters form between the toes. Before the blisters appear the toes begin to itch. He has had 49 treatments on the Oscilloclast. After 30 treatments the toes cleared up slightly. About two weeks ago the toes began to get bad and now the same condition is appearing between the fingers. In the winter or



cold weather he has no trouble, but as soon as the weather becomes warm the trouble reappears. Carcinoma; sarcoma; negative. **Tuberculosis; skin; 7-25 ohm. Congenital D. R.; 6-25 ohm.** Psora; negative. Go over the feet for tuberculosis; reaction present. Write to the Doctor: "Reaction from the feet suggests skin tuberculosis. Would advise continuing S S 3 until reaction of Congenital D. R. is negative. Paint feet and between toes with gamboge. Use mild solution of the gamboge and dilute it sufficiently so it will not irritate."

### CARCINOMA, COLON—PAINS IN RECTUM.

**Clinic Case. No. 640.** Married woman; age 60 years; one child, living but not well. Fistula in ano and piles; in 1918 was operated on. Pains in rectum; thinks it may be cancer. Everything worse in morning. In February, 1923, gall-bladder and appendix removed; no better; no loss of weight. Chief trouble is in rectum and legs. Considerable gas in stomach and abdomen. Would sleep well if it were not for pains in legs, back and abdomen. Appetite fair. Urine negative. Bowels very costive and feces packed in rectum where most of her pain is located. Severe occipital headaches. Husband alive but not well; age 76 years. **First examination** October 24, 1923; **Carcinoma; non-metastatic; colon, sigmoid flexure and splenic flexure; 8 ohms. Congenital D. R.; 30 ohms plus.** Strep.; negative. Treatment; two cords at 6 to marked area and one cord at rate 3. November 10: No more headaches. Seems to have about as much pain in stomach and rectum. Carcinoma; Sarcoma; Congenital D. R.; negative. Think of an appendicitis; Strep.; negative. Staph.; and Malaria; negative. There is nothing more for which to treat her. There is bound to be a mechanical disturbance after the reaction for malignancy is removed. She is to rest and return later for another examination.

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### SARCOMA, TONGUE.

**Clinic Case. No. 687.** Man age 51 years. Throat and tongue constantly feel astringent. Gets relief by rolling tongue in mouth. At the back of the tongue there is a slight dilatation of the vein which bothers patient a great deal. Not much salivation. Denies syphilis. Had infected right hand and as a result got contracture of all the fingers. Urine negative. No abdominal operations. Carcinoma; negative. **Sarcoma; digestive; non-metastatic; 3 ohms.** Tuberculosis; negative. **Congenital D. R.; 30 ohms plus.** (Patient comes in.) How long have you had this condition?

**Patient:** I have had it for many years. I am well otherwise and have never had a day's sickness except for the infection of my hand.

**Doctor Abrams:** (After examination of tongue) He has an immensely enlarged tongue, a condition of macroglossia. On the upper surface there are some enlarged papillae and there is a very small ulcer on the left side of the tongue. (Patient states that he has consulted several physicians



who did not make a definite diagnosis but advised an operation, to which he would not consent.) An operation would simply spread any latent condition. Even if a section were removed for examination, they could not be positive of getting the particular portion which would show the condition; such a procedure is a biopsy which is merely an autopsy on the living. The trouble is that by the time the condition is recognized it is too late to do anything for the patient. Go over the surface of the tongue from the tip back, using the pointed electrode; **reaction of sarcoma present over the prominent papillae.** He is to have the tongue treated at that particular area with 3 cords at rate 3. We will use a small electrode devised to fit over that particular region. There is no need for worry, as in 8 or 10 treatments we should be able to get rid of the reaction for malignancy. It is of low ohmage at present but it should not be allowed to go untreated.

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#### SARCOMA, BRAIN—PTOSIS, LEFT EYE.

**Specimen.** Man, age 20 years. Complains of muscular weakness of both eyes. Can not turn them to right or left. Has spells of vertigo and headache accompanying them. Slight ptosis of left eye. Six teeth removed and also right tonsil. No indication or renal trouble. Pupillary reactions about normal. Appears to be in good physical condition, except for conditions described. Carcinoma; negative. **Sarcoma; brain; non-metastatic; 3 ohms; right side of head. Strep.; left tonsillar region. Congenital D. R.; 23 ohms.** Localize sarcoma on head; reaction present 4 centimeters above right ear. In these cases of ptosis it is difficult to do anything after the condition has become permanent.

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#### ACQUIRED D. R., CARDIOVASCULAR STRAIN—CARCINOMA, PELVIC CAVITY.

**Clinic Case.** No. 690. Married woman, age 46 years; widow for 15 years. Husband died from tubercular meningitis. One son living. Was never well when young. Repeated bleeding from uterus; 16 years ago uterus operated on. In 1916 tubes and part of right ovary removed. In 1918 operated on for hernia. Felt well until 1921; since that time has had one cold after another. Moderate myocarditis. Rales in left chest. Pain in right shoulder. Some morning nausea. That sounds like a bad history. You can not do much for those cases when the heart is compromised. **Carcinoma; pelvic cavity, uterus; non-metastatic; 9 ohms. Acquired D. R.; cardiovascular strain; 33 ohms.** (Patient comes in) Localize 50 on abdomen; reaction present over uterus. Treatment is one cord at spleen at rate 3 and one cord at rate 3 and one at rate 6 over uterus. In this case there are a great many things the matter with the patient. We will need at least 6 weeks to get results.

**ACQUIRED D. R.—CHOLELITHIASIS.**

**Clinic Case.** No. 497. Married woman, age 44 years; no children. Has not been feeling well since patient had typhoid fever 26 years ago. Always distressed in stomach region; much gas. For the past few years has been subject to vomiting spells which became much worse in the past few months. Also has pain in gall-bladder region radiating to right axilla. Never been jaundiced. Lost about 6 pounds in past few months. Appetite fair; always tired; no pep. **First examination;** Sept. 30; Carcinoma; Sarcoma; Strep; Tuberculosis; negative. **Acquired D. R.; 34 ohms; cerebrospinal strain.** October 30; Acquired D. R.; negative. **Cryptogenic D. R;** present. October 17; Carcinoma; negative. **Sarcoma; brain; non-metastatic; external occipital protruberance. Cryptogenic D. R.; 3-25 ohm. Strep.; 16-25 ohm; appendix.** She has had one cord at rate 3 over area on head; one cord at rate 2 over appendix and one cord at rate 3 over spleen. The 10th dorsal vertebra has been concussed four times daily to empty the appendix. November 13; Sarcoma; Cryptogenic D. R.; negative. (Patient comes in) How are you feeling?

**Patient:** I have had nausea for the last three days but before that I felt very much better. I had trouble with my head so that I would lose consciousness but that has ceased.

**Doctor Abrams:** We no longer get any reaction of sarcoma in the blood but I want to take a local reaction to be sure that it is gone from the head. Set the instrument at V. R. 20 for **gall-stones** and go over the gall-bladder region; reaction present. At present we know of no method available that will dissolve gall-stones.

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**STREP. INFECTION, APPENDIX—CONTINUED VOMITING.**

**Specimen.** Boy; 8 years. Suddenly began vomiting a few days ago; no temperature; no symptoms that offer any clue. Boy had pneumonia several months ago but had recovered from that. Carcinoma; Sarcoma; Tuberculosis; Cryptogenic D. R.; negative. He has had previous E R A treatment. **Strep.; present over appendix region; 6-25 ohm.** Write to the Doctor: "Reactions negative except for strep. of appendix. Would be careful to solicit surgery if necessary, providing clinical symptoms confirm my diagnosis. Later the boy should receive 3 cords at rate 4 to spleen to wipe out the Congenital Neisserian which is the basis of strep. and staph."

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**TUBERCULOSIS, URINARY BLADDER.**

**Specimen.** Reexamination. Woman. Patient feels fine. Entire relief from bladder trouble for two weeks; gaining in weight. Bowels normal with right eating and drinking of water. Patient looking wonderfully well.

Original examination: **Carcinoma; 3 ohms; small intestine. Tuberculosis; genito-urinary bladder.** The Tuberculosis of the bladder while of low grade is very refractory to treatment and demands local treatment. General treatment with rate 3 to the spleen was used without local treatment for the carcinoma. Today's examination shows carcinoma negative and **Cryptogenic D. R. 7-25 ohm.** The general treatment has wiped out the carcinoma. The tuberculosis is also negative. It will be necessary to continue S S 3 to get rid of the reaction for Cryptogenic D. R.

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### INOPERABLE CARCINOMA OF STOMACH.

**Clinic Case.** No. 485. Married man, age 50 years; 5 children. Carcinoma of stomach; greater curvature; inoperable. Diagnosed by surgeon; laparotomy in June, 1923. He was given a couple of months to live. Deep x-ray therapy was used three times; no radium treatment. When he first came here he suffered from a great deal of pain but refused to take narcotics for relief. **First examination:** September 4, 1923: **Carcinoma; 12 ohms; non-metastatic; stomach. Congenital D. R.; 9 ohms.** September 9; after 4 all night treatments with microoscilloclast; Carcinoma; negative. **Congenital D. R.; 8 ohms,** September 22; Carcinoma; Sarcoma; Tuberculosis; Cryptogenic D. R.; Staph; negative. **Strep; abdomen; right of navel.** Patient much relieved of pain; stronger and better color. Patient left for his home in the east to continue E R A treatments with another physician. A specimen of blood sent on October 27 showed carcinoma and sarcoma negative and **strep.** present in abdomen. His physician sends another specimen November 13 and writes: "Since last specimen was sent patient has had five hours' treatment at rate 3 and five hours at rate 2, three cords, on abdomen at area indicated. Since coming home he has gained a total of 7 pounds. However, he did not gain last week. Pain is quite severe; but nausea is somewhat better." **Present examination:** All reactions negative excepting **malaria.** He lives in a malarial region and it is quite possible that he has become infected. Write to the Doctor: "Would advise quinine in large doses, and you may also have the blood examined for plasmodia if you desire."



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TO ALL ERA PHYSICIANS:

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