

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

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THE CLINICS OF DR. ALBERT ABRAMS

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San Francisco, Cal.

WORKS BY ALBERT ABRAMS

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SAN FRANCISCO, CAL.

In Memoriam

Our hearts are crushed with sorrow, at the unutterable loss of our Leader, our Master, our Friend.

Dr. Albert Abrams was a genius of the first magnitude and his untimely passing is one of the severest shocks that the world has had to withstand.

His host of friends all over the world will mourn his going as will thousands of those whose frail bodies he has devoted his life to restoring to health and who have wept tears of gratitude for his kindness to them.

But most bereaved of all must be his staunch disciples and co-workers — those who have stood by the master, eager and willing at all times to aid in every way possible in expounding to the world the truths which the brain of the inimitable leader discovered. We have lost the love and guidance of one of the great men of the world, but we can show our love and reverence most, as he would wish, by tremendously augmenting our efforts to carry on the wonderful cause to which he, in utter disregard of self, became a martyr.

The memory of Dr. Albert Abrams will be revered as that of few men past or present.

“CARRY ON”



IN the history of human progress, the outstanding factor is man's insistant urge toward freedom. From the remote past to the present day we have overwhelming evidence of man's constant and bitter struggle to cast off the bonds of ignorance and servitude.

It is a strange contradiction in human nature that while the general tendency of the mass is toward enlightenment and freedom from the slavery of ignorance and old tradition, there is ever present the reactionary human element, that strives with every available weapon and argument to restrain the aspiring impulse toward knowledge, especially when that knowledge means emancipation from bondage, either mental or physical.

Against the arrayed forces of ignorance, hatred, superstition and bigotry the great benefactors of humanity have steadfastly refused to give ground, fighting with a fine courage born of the desire to aid their fellow men. The world's most colossal figures have been martyrs to the cause they championed. Lincoln, Jeanne d'Arc, and Alexander II, freed millions from political slavery. The name of Dr. Albert Abrams, the greatest emancipator of human ills and suffering, will ring through the ages, because he so unselfishly and constantly served his fellow beings.

Those of us who have had the privilege and opportunity of working with the late Dr. Abrams, know that his mighty aim was to free mankind from physical bondage, the terrible bondage of pain, sickness, and suffering, and now the task which confronts us, his earnest disciples, is to courageously bear aloft the banner which he relinquished only in death, and to perpetuate the name and work of our beloved leader, Dr. Albert Abrams. He has made the supreme sacrifice of his life in consecrated devotion and service to humanity.

The future of ERA depends wholly upon us. Can we meet the requirements of the situation? I believe that we can and will. We know what Albert Abrams would have accomplished had he lived, so like a faithful army we need only to stand solidly shoulder to shoulder, actuated by one purpose and ideal the carrying out of our leaders plans.

Many times in the fast few months Dr. Abrams has spoken to me of his hopes, anxieties, and wishes regarding ERA and

because of my close association with him, I feel deeply the personal sense of loss in his untimely demise, and a fervently sincere desire that at this crisis we put aside all personal opinions, differences, and dissensions within the ranks of ERA and unite our efforts toward reaching a common goal—the completion of Albert Abrams' great work.

As you know there is at this time a suit pending in the Arkansas courts against a practitioner of ERA, and also an attack is being made upon us by the Ohio State Medical Board. The strain and worry of these things lessened Dr. Abrams' resistance and contributed to his death and it is this opposition, based upon abysmal ignorance and prejudice, which we must combat with all our energy, intelligence, and singleness of purpose.

As ERA practitioners we know that history is but repeating itself, that every new discovery, invention, or idea in the field of science has been greeted with derision or denial by reactionaries with one-track minds. Columbus was ridiculed; Bell declared insane because of his telephone idea; the inventors of the aeroplane and wireless regarded as hopeless maniacs, and as recently as 1846 in our own field of medicine, the first users of anaesthetics were condemned by the reactionaries of their day.

We who have studied in Dr. Abrams' Clinic and have seen the application of ERA and its truly miraculous results cannot doubt the evidence of our own eyes and ears. No amount of denial by our foes will ever change the fact of what has been and is daily being accomplished by ERA.

The world over, sick and suffering people wait, in hope or despair, for help, and in ERA we have the means of bringing the priceless blessing of relief and healing. The tremendous responsibility which rests upon the followers of Dr. Albert Abrams is to labor in the interest of humanity and in this dark hour of bereavement let us put aside for all time all personal considerations and solemnly determine that the permanent establishment of ERA is our life work, and with that end in view, all unite and cooperate to confound our foes, to demonstrate the glorious truth of Dr. Abrams' discovery and to win the world's unanimous recognition of this modern miracle, the Electronic Reactions of Abrams.

HARRY W. WIRKLICH, M. D.

Associate Editor

TELEGRAM RECEIVED JANUARY 15, 1924

Jonesboro, Arkansas,
January 15, 1924

Dr. Fred Moore,
2151 Sacramento St.,
San Francisco, California.

Judge instructed Jury for acquittal of defendant, splendid.
Dr. J. W. King suggests the following to be read at funeral
service:

IN MEMORIAM

*Go on wondrous work
The Master now is sleeping
Truth seeks a witness
Stand thou in his place
Truth puts his spotless armor in thy keeping
When craven mongrels would his work deface
Go on wondrous work
Though power and place condemn thee
Thou art not alone, thou canst not single thee
For when the many their might condemn thee
One truth and God are truths majority.*

Signed: DR. J. W. KING
DR. J. V. McMANIS
DR. H. E. PALMER
DR. EUGENE UNDERHILL
DR. C. A. STOUT
DR. J. H. EAST
DR. C. F. ELLIS
DR. CORA SMITH KING
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DR. JEAN du PLESSIS
DR. J. N. WAGNER
DR. R. M. THOMAS
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SENATOR T. A. TURNER
SENATOR AYLMEER FLENNIKEN
MR. HENRY E. SAMPSON
MR. A. D. RISDON

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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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.

Preliminary Report on the Electronic Reactions of Abrams.

By

Robert Rosen, M.D.

I approach the subject with a great deal of hesitation and misgiving. I want to be as fair as possible, not only to the science of medicine that has given me everything worth while in my professional knowledge and standing, but also to the work of a man who holds out some added hopes to suffering humanity.

I am going to tell you how I became interested in the work of Dr. Abrams; why I became interested; what some of the discouragements were; how I hesitated before venturing inquiry into what seemed a forbidden field; and what discoveries I have made within that field. You will be able to draw your own conclusions as to how far I was justified in this undertaking.

I little over one year ago the name of Abrams was unknown to me. I recall seeing his name in a newspaper which stated that he had been asked to determine the parentage of a child from a few drops of blood. My astonishment at this and other similar incredible claims equaled yours. I immediately dismissed the matter from my mind, without any thought of investigating it. For I had never heard the name of Abrams during my medical course nor in my brief professional experience. Several months later my attention was again attracted to the work of Dr. Abrams by an article appearing in the press. By this time my curiosity was piqued and I thought I would make inquiry about him. I asked several of my confreres what they knew about this man and his theories and the usual response was, "Don't know a thing about him. What do you know about it?" Then I heard of cases under treatment by his method. A physician, whom I knew well, and whose training justified the belief that he would not easily be influenced, began talking to me about this man's theories. He recited to me some claims of marvelous cures. He showed me reprints of articles that had appeared for several months in "Pearsons", a New York lay magazine.

I read these articles and began to feel that there must be something at least worth investigating in all of these unusual claims.

Again this physician informed me of the wife of a physician who had apparently been saved by this treatment. By the X-ray she was diagnosed as having a tumor of the hip. She did not respond to the ordinary therapy, which included radium and X-ray. By the Abrams' method she was diagnosed as having a tubercular hip. After ten treatments by the Abrams' method she began improving. Previous to this time she suffered excruciating pain, could not sleep, was unable to get around and was a total wreck. I happened to know this physician who,

I learned, was not himself an Abrams' disciple, and knew little or nothing about the theory. I called him on the phone, his wife answered. She very graciously verified the fact that she had had no hope until receiving so-called Abrams' treatment.

We decided to get to work. We collected all the articles dealing with the work and abstracted them; we did extensive reading and some experimentation. We found Dr. Abrams' book on "Spondylotherapy"—the treatment of disease thru the spine—and devoured all we could about this man, his theories and methods.

We obtained pathological tissues of various organs of the body and pathological blood specimens from patients who had been positively diagnosed, and designated them by a number whose correspondent was entered into a book. These specimens were to be submitted to the Abrams' diagnostic test without any accompanying history. There were some forty specimens thus collected by us from hospitals, sanitariums and private patients. It was also decided that our investigation would be much facilitated if we became associated in our work. We did so. It was also decided that my associate should proceed to San Francisco to make a first hand investigation there. He left in November, 1922. While there he met, among others, Dr. T. Proctor Hall of Vancouver, British Columbia (I shall have occasion to refer to him again), who came to San Francisco for the same purpose. These two men worked together. They watched Abrams at work for some thirty days. They saw a radiologist, and under the X-ray observed some of the reflexes of Abrams. They also stripped to the waist and acted as subjects, the better to discover the hidden weaknesses or fraud in the theory.

In view of the fact that my former associate abandoned the Abrams' work shortly after his return to the city, it may perhaps interest you to hear what he said about it while it was receiving his minute personal observations, particularly because he states the facts more graphically than I can. I shall only give excerpts from some correspondence containing his fresh impressions at the clinic. It will also give you some inkling of the personality of Dr. Abrams:

"November 21, 1922.—If it were not for the myriads of patients that claim miracles, I'd quit now, but I am 90 per cent. sure he has something in spite of it all.

"Let me tell you something, Bob, there is no doubt in my mind about results; goodness, he makes blind people see, cures paralysis agitans (these I have seen).

"I am telling you that he is the devil incarnate himself. He has mechanics and electricians and he simply tells them what he wants. His motto is 'Nothing is impossible'. For example, last Monday he got an idea that he can make his reactions by radio, so he got one of his electrical engineers who is supposed to be an expert on radio, and told him he wants a radio set up, so they set it up. * * * I saw him dance all over the laboratory saying, 'He's got it.' He said to his engineer, whose name is O'Connor, 'O'Connor, I want you to make this change of tone more perceptible.' And

O'Connor said, 'Don't think that's possible.' And Abrams answered: 'Nothing is impossible, damn it. Go home and don't go to bed, stay up all night and think, think until you have solved it.' The engineer told me that Abrams will call him up every hour of the night asking him if he has solved it. * * * During the experiment he asked the engineer if he knew the wave length of the sound and the engineer answered he didn't know and I didn't know how it's possible to measure waves of electrons on cancer. Abrams answered, 'Damn it, do it, everything that the mind conceives is possible.'

"Now listen, Bob, I've decided it's O. K. so far only from the observations of the treatment and not from my specimens."

Imagine my interest when I received the following telegram on November 24, 1922:

"Dear Bob: My specimens diagnosed 100 per cent. perfect by Abrams' method."

And again, when on December 1, 1922, he wrote:

"For example, he makes a diagnosis of sarcoma of right shoulder. He gets the patient in and he is separated from Abrams by a curtain and Abrams turns his head in the opposite direction, shuts his eyes and one of the pupils (I did it a dozen times) points an electrode, and when he gets to the right area he says, 'Stop, there it is.'

"So there is no doubt he is sincere, and that he really believes in his discovery.

"As to the treatment, the people that come here—many of them show miraculous cures, others any psychotherapy would cure.

"One thing Dr. Hall and I are absolutely sure (remember Dr. Hall is rated as one of the best physicians on the American continent), we are certain that spondylotherapy is a wonderful therapeutic measure because he has verified it in Canada on 500 patients and showed me the proofs. Besides we went to an X-ray laboratory and I undressed. He put mercury near my spleen and the fluoroscope showed my spleen became larger and became normal in two minutes; also if he hit my seventh cervical vertebra the same would happen * * * also the heart reflex. That's absolute because we saw it under the fluoroscope."

And on December 4, 1922:

"You ask me what it is and I still honestly and candidly say I don't know. If I were absolutely convinced that it is a fake, I would have left a long time ago.

"Dr. Hall, who is an M.D., Ph.D. (Physics), L.L.D. and M. D. and is Professor of Physics, can't decide. * * * By the way, I had a specimen of a lady who had cancer of the uterus, (Dr X's case in Grace). I had this specimen examined by one of his assistants. I did not tell him anything and he diagnosed female, cancer of the uterus. Now, there you are. How in the world can you tell unless you are a genius like Abrams, whether he is a fake or not?"

And on December 5, 1922:

"I was invited tonight to Dr. Abrams' experiments. Dr. Hall and I were the only ones. He gets out a new idea every day. There is one thing, Bob, I am absolutely sure of and that is the sincerity of the man. Whether he is on the right track or not, I can't say, nor can anyone unless they prove it by pathological specimens. * * * As to getting results, I'm sure I see many results. What they are due to I do not know."

These are parts of the report of my former associate. On his return we began to check up. We were fortunate in obtaining the services of a radio expert who offered to collaborate with us in testing the diagnostic apparatus. Though crudely constructed, the wheatstone bridge found it registering ohmages with satisfying accuracy. We fitted up the diagnostic room fully in accordance with directions. We obtained known specimens and bacterial cultures. Several reagents (subjects) were tested until a young man of about 21 was selected. Then we began investigating on these known specimens and later we took blood from patients whom we had diagnosed. It seemed to me that the possibilities of error in the diagnosis were very great. So many factors seemed to interfere with the reactions and I obtained so little definite information as to the causes of things, that I decided to make a personal investigation at San Francisco. Before doing so I interviewed Dr. Cabot at Ann Arbor who advised me not to waste any time investigating this method. Undismayed I went to see the chairman of the Public Health Committee of which I was then a member, also Dr. Donald, president of our organization, and asked them if it would be advisable to investigate and they both saw no objection to a personal investigation. I promised to report and left for San Francisco on January 19, 1923. The first day of my clinic I received the following wire from my associate:

"Owing to great pressure I must give up. Would advise you to do same. Guide yourself by your own conscience."

It is obvious why my former associate abandoned the Abrams' method, and we will not refer to it again. But right here, it is interesting to note that Dr. T. Proctor Hall of Vancouver, British Columbia, referred to in the correspondence, read a very favorable report before the British Columbia Academy of Science on April 27, 1923. Let me quote from his report:

"My brief experience with the Abrams treatment justifies the high expectations I had formed as the result of my visit to San Francisco. Dr. Abrams has proved the efficiency of electronic treatment when it is applied on electronic principles and no one can set a limit to its application."

It might interest you at this point to hear the report of the committee appointed by the Homeopathic Society to investigate the Abrams' theory. I quote from the issue No. 10 of the Homeopathic Recorder of October 15, 1923:

"We have demonstrated that reactions of a very delicate character can be induced by means of the blood of an individual that is brought into relation with another person provided certain conditions are established. From this we deduce that some sort of energy is given off from that blood.

"We believe that this energy represents both pathological and physiological processes in the individual from whom the blood is taken.

"We believe that more or less accurate deductions can be made as to a diagnosis of the conditions from which the donor of the blood suffers and that these conditions can be quite accurately located.

"We have demonstrated that these reactions can be utilized in selecting curative measures.

"Much has been said about the commercial side of Abrams' work as it is being promulgated. This committee feels that the discussion of this phase of the subject is outside its province.

"In conclusion: Your committee feels justified in reminding you that, in physical science, what yesterday seemed impossible is today commonplace. The phenomena of these reactions constitute a new field of medical research.

Respectfully submitted,

EUGENE UNDERHILL, M.D.,

HENRY BECKER, M.D.,

HARRY B. BAKER, M.D.,

BENJAMIN C. WOODBURY, Jr., M.D.,

HARVEY FARRINGTON, M.D.,

GUY BECKLEY STEARNS, M.D., Chairman."

DR. ABRAMS' CLINIC

When I arrived in San Francisco I first called to see the well known Dr. Vecki, but he was not in. I then saw a practitioner of the Abrams' Method and watched him at work. While not impressed with his diagnostic ability, yet he seemed to obtain some surprising results. I had occasion to see some of his patients, their history, X-ray plates and the diagnosis made by their former physicians, some of the best in the state, and compared them with the newer diagnosis. I shall not burden you with a report of these.

On January 24th I called to see Dr. Abrams. I was admitted to his office without formalities. He asked me, among other things, what they thought of him in the east and whether I had read the A. M. A. criticisms. He then invited me to the clinic. I was ushered into a crowded room. It faces east and west. It is about 30 by 20 and can accommodate approximately 30 to 40 people. On a couch in the back of the room was a young man stripped to the waist having his abdomen massaged. He was the subject or reagent to be used in connection with the diagnosis. Dr.

Abrams sits in an elevated platform facing east with two grounded galvanized iron plates, one for each foot. One of the plates is covered with a rubber mat to insulate that foot and prevent short circuiting. In front of him, facing the geographical west, is the reagent, standing also on a platform about a foot higher, and this is also provided with two plates grounded to the water pipe. The subject is stripped to the waist with the right arm across the abdomen. On his head is the head-gear from which a wire runs to the last rheostat on the table. To the right are two tables containing several small boxes of different shapes; they are called dynamizer, rheostatic dynamizer and two reflexophone boxes. These are manipulated by an assistant who sits at the table. These tables are insulated by glass and rubber fibre. The room is dimly lighted during a reaction. After each test the window shades are raised and the door opened, and rest is allowed for a few minutes. Then the assistant hands Dr. Abrams a letter from some doctor,—with a history of the case. The assistant places the blood which is on a clean piece of filter paper folded in tissue paper, in the dynamizer; he holds a horseshoe magnet over the blood, then the lid is closed and the magnet is passed over the dynamizer, the reflexophone boxes and cord.

“Come— Sh! Sh! 49,” says the doctor, and the day’s work has begun. The assistant sets the reflexophone at the number of units called. Dr. Abrams percusses certain areas on the abdomen of the reagent (areas determined by him as specific for certain diseases, each of which he claims has its own definite vibratory rate). After a few taps he says, “Female, get it? When in doubt, short circuit and try entero-diagnostic area. There, that’s better. 50 next.” That is the rate for carcinoma. “No”, he says and calls for “58—positive (Sarcoma). You see he is treating her for Neisserian infection and she has sarcoma. (This was a case sent by a physician who is a graduate of Edinburgh doing ERA.) What is it—uterus, get it—pelvic cavity—38 (this is the vibratory rate for metastasis). No, not metastatic.”

He next calls for units (i. e., measures the virulence of the condition). “Seven units. 42 next (the vibratory rate for tuberculosis), negative. 55 (vibratory rate for acquired syphilis), negative. 57 (vibratory rate for congenital syphilis), positive—how much? 37 units. Where? Central nervous system.” In Dr. Abrams’ experience the laboratory tests for congenital affections are unreliable. The certainty of the electronic test he claims enables him to conclude that practically every parent with syphilis communicates the disease in an attenuated form to the progeny. In cases that show no sign of syphilis but have a single obscure symptom which may cause more or less invalidism he has obtained the reaction for hereditary syphilis. He claims to have demonstrated the transmission of syphilis to the fourth generation, and says, “Syphilis may sleep but it never dies.” Here we may also mention the wisdom of the late beloved Dr. Osler who said, “Know syphilis in all its manifestations and all else clinical will be revealed unto you.” To continue with the examination, Dr. Abrams says, “Come on 52—Neisserian infection there, get it, right side pelvic cavity. Next, 60 (vibratory rate for streptotoxemia). Now let

us localize." The vibratory rate is set at the number corresponding to the disease and the exact location of the disease is determined and marked with stains.

Next the patient is brought in, the blood specimen is removed from the dynamizer, and cord attached to it, at the end of which is an aluminum electrode. The assistant places it close to the patient's body, who is seated facing the geographical west on the grounded plates. The doctor locates the areas of the disease on the reagent, regardless of how often the assistant tries to confuse the areas. When the proper place is reached the doctor calls, "Stop. Now get three different points," and he outlines on the patient the same area of the disease that he did on the reagent.

The next patient was one complaining of pain in stomach and cough. The same procedure is gone thru. In this case the chief reaction is 58—Sarcoma positive. He says, "Where?" He percusses above Poupart's ligament on the left side, gets dullness and says—"Digestive—38, non metastatic, units 7. Now we'll use the rod to check up on ourselves." The glass rod sticks where the area is reached—the same area that emits the dull note. This demonstrates that the glass rod reaction is dependent on an electrostatic phenomenon. He runs the glass rod thru an alcohol flame, rubs it on his elbow, feels to see that it is not too hot, then runs the rod over the reagent's abdomen. The rod sticks. "Now we'll show you the disease on the abdomen", and he slaps the reagent's abdomen lightly and a paleness is seen to appear on the skin around the umbilicus. This he calls pathoscopy.

And so the clinic continues. In one case he showed how an Argyll-Robertson pupil was made to respond to light when a blue light was first thrown into the eye for a few minutes, providing the nerve was not completely degenerated. This work continued until 12:30.

At four o'clock in the afternoon the doctor demonstrated to a few visitors a new apparatus called the "Radio". This, he claims, will do away with the necessity of the reagent and so eliminate the personal equation. He has the reagent hide a bottle of cancer on his person and, using the electrode, moves it slowly over the reagent's body and when he reaches the hidden specimen the radio emits a tone every four seconds at the vibratory rate for cancer. Then he asks one of the pupils to hold the bottle anywhere against the blackboard while he is out of the room and he agrees to find it on his return. To our amazement he does. "Now to show you that this cannot be erased." With an eraser he smears it over the blackboard. In going over the smeared area on the blackboard with the electrode the radio spoke again as before as soon as the outer edges of the smeared area were reached. He then runs a horseshoe magnet over the same area and runs the electrode over it again but this time the radio is silent. He says the magnet apparently depolarizes the area so that the cancer electrons were changed or nullified.

We leave the clinic. We are in a daze at what we had just witnessed. Then comes the question: Was all of this a trap or fraud or perhaps a chance coincidence or relationship? Possibly. But there were some things that could not be explained. The phenomena of the glass rod.

How about pathoscopy and the radio? How about the repetition of the phenomena? And the fact that this is repeated more than 50 times daily with slightly new variations occasionally and with no effort to conceal anything, repeated over and over again with emphasis and questions to the class, leaves a strong impression! This impression becomes still further enhanced when a number of the students, after a little practice, seem to be able to secure the same reactions. It becomes necessary at once to discount the idea of fraud.

Dr. Abrams voices the opinion that "the actual enucleation of the electronic theory by Thompson forty years ago in its explanation of matter is perhaps the greatest contribution ever made to scientific knowledge. Physical science, by reason of the universality of its laws, denotes every phase of medical research and the human must not be segregated as something apart from other entities of the physical universe." He shows how the electronic theory of matter has replaced the atomic theory and says that "**Electronic diagnosis is not a single discovery, but embraces the entire field of diagnosis.**"

"Electrons.—These units of our organism are charges of electricity in their incessant activity. They produce the phenomena known as radiation. Radio-activity is a universal property of matter when the human reflexes are employed for its detection." This is the basis of the Author's method.

The Electronic Reaction of Abrams (E R A) are methods to determine the vibratory rates of all radio-active substances but more especially of human diseases, using the visceral reflexes of Abrams, the reflexophone and other apparatus.

The electronic theory demonstrates the electrical nature of matter and that radio-activity is a universal property of it, i.e. matter is continuously giving out radiant energy not necessarily of the Alpha, Beta, or Gamma type, but radiations which are electronic in origin, characteristic of the particular kind of matter according to the number of electrons in each atom. Dr. Abrams finds characteristic radiations from the blood of man, animals, chemicals, plants, and thoughts as well as for disease.

Dr. Crile in his London address considers the human body as a store house of electricity. He regards the brain as the positive pole and the liver as the negative pole and the central nervous system as the connecting wires. He believes that his discovery may revolutionize the practice of medicine. This shows the trend of medicine today.

All matter consists of electrical energy. Matter is composed of elements which are divided into molecules. Each molecule is composed of atoms which in turn are subdivided into millions of minute electrical charges called ions. The proton is the positive charge while the negative charge is called the electron. The latter revolves around the former. **This motion within the atom gives rise to emanations which are characteristic of the different forms of matter.**

The electron is the smallest entity and is one thousand times smaller in mass than the smallest atom. Electrons are electrical charges which

revolve around a central nucleus, and some are thrown off into space. It is this phenomenon that is known as radio activity and gives each substance its vibratory rate. **The Electronic Reactions of Abrams are based on the principle of vibratory rate of matter as determined by the reflexes of Abrams.** It is an old concept in a new guise. We accept things that our senses are conscious of; thus we accept the Radio whose infinitesimal vibrations can be heard all over the world only by proper tuning in; whereas an earthquake may occur or a cannon may be fired a few hundred miles away without our perceiving it. How much more powerful then are these insensible radio waves than the audible forces! We are just beginning to realize the importance of radio waves. **The Electronic Reactions of Abrams are based on the same principle and to understand it, all that is necessary is to tune in.**

F. G. Ellis, an electrical engineer, claims to have succeeded in measuring the wave length of seven different diseases. If true, the importance of this at once becomes apparent. It places electronic medicine on a scientific basis and opens up a vast field for scientific investigation.

The basis of the Electronic Reactions of Abrams is dependent upon the reflexes discovered by him. A reflex, as we all know, is an involuntary response to an external stimulus. Dr. Abrams has shown that the spinal cord is composed of millions of nerve fibres which respond to definite vibratory rates and that these vibratory rates are automatically sorted out and appear on certain anatomical areas in the form of dull areas revealed either by percussion or by a stickiness of the glass rod to these same areas, thus revealing the diseased processes. The severity or potentiality of each disease is measured in Abrams' units. An Abrams' unit is equivalent to the amount of electronic energy that is necessary to overcome the resistance of 39 inches of copper wire No. 4 gauge.

In making these reactions it was noted that the reagent faced the geographical west. The reason for this becomes more obvious when the following experiment is performed. With a magnet one may magnetize magnetic material. This is known as induction. The greatest magnet, the earth, can by induction convert iron or steel into a magnet. As an illustration of terrestrial induction, take an ordinary stove poker or iron rod, hold in the direction of east and west. Both ends will attract either end of a compass needle. This shows that the poker is not polarized. Now holding the poker in the north-south direction it will become magnetized with the distinct north and south poles; it will repel the north pole of the compass at one end and attract at the other. If the poker is again turned in the east and west direction both ends will attract both ends of the compass needle, showing that it is again non-magnetic or depolarized. The effect of this induced action of the earth is increased by holding the poker north-south and striking a few sharp blows with the hammer. This shakes its molecules and enables the induced force of the earth's magnetism to turn them more easily in the north-south position. With the compass, the poker will be found to be permanently magnetized. To demagnetize it, hold it at east-west position and hit it again a few sharp blows.

Physicists do not know, but it can be shown by the electronic reaction that the identity of matter, i. e. the arrangement of electrons, is not only a question of vibratory rate but of polarity as well. It has been found empirically, that the earth's magnetic flux is without influence on the energy polarity if the reactions are elicited when the reagent faces the west; hence the reagent faces the west.

By the polarity of a disease is meant that the radiant energy of each disease has a distinctive polarity which is detected by holding a bar magnet about four inches away from the area of ventral dullness. If the dullness is intensified with the positive pole (N) and disappears with the negative pole (S), the polarity of the energy is positive. If the reverse is true the polarity is negative. If it persists with both poles, it is positive and negative and if it is dissipated by both poles it is neutral. This Dr. Abrams calls "Isopolar".

The oscilloclast was designed by an expert engineer for the application of his principle, "Similia similibus curantur", i. e., like destroys like. Dr. Abrams cites the fact that every object has a definite period of vibration and if we bring an object with a similar vibration near it, it is set up in vibration. This vibration of the object may attain such magnitude as to fracture and utterly destroy it. He cites Caruso's method of tapping a wine glass to get its pitch and by singing that note into the glass shatter it. This he claims is what happens when we impose upon the disease its own vibratory rate. This is intended to be the basis of the oscilloclast. It has a dozen different rates with which to treat disease. To determine which rate to use it is necessary to place the blood or tissue or substance to be tested in the dynamizer and obtain the specific reaction on the reagent. The oscilloclast is then started and an electrode attached to one of the units is brought near the dynamizer; the different rates are then tried out and the one which will dissipate the reaction is the destructive rate for that particular disease or substance. Abrams claims to have found that certain drugs that are used as specifics in the treatment of certain diseases show the same vibratory rate, e. g., the vibratory rate for quinine is the same as that for malaria. The same is true for mercury and syphilis, etc.

In view of the fact that the criticism has been made that the oscilloclast yields no energy, I availed myself of the services of an expert radio engineer and we found the following:—

1. a. Voltage supply to the oscilloclast under test 125 D. C. (Using a Weston voltmeter model No. 280).
 - b. Voltage output from the oscilloclast, volts 125 pulsating.
2. a. Current taken by the oscilloclast 0.1 of an ampere steady current.
3. a. Potential across current breaker brushes of the oscilloclast, volts 3.5.
4. a. Testing each unit with a West milammeter of every adjustment we get the following:

Unit.	On Large Brushes	On Both Brushes
	Amperes.	Amperes.
1	0.005	..... .010
2	0.004	..... .008
3	0.0025	..... .00425
4	0.0015	..... .0035
5	0.00115	..... .00275
6	0.00075	..... .002
7	0.00070	..... .00175
8	0.00065	..... .00170
9	0.0006	..... .0016
10	0.0005	..... .0014
11	0.0125	..... .025

From this we can see, that the oscilloclast not only takes in 125 volts, but that the output is the same. These current readings are obtainable from the unit when the electrode, normally applied to the patient, is grounded. This indicates that various potentials of oscillating current or pulsating energy are actually applied to the patient during the progress of the treatment, according to the adjustments of the units. Hallberg of Burnett-Timken Research laboratories, by the construction of a new galvanometer, found that the energy delivered at the electrode is $8/1,000,000$ volts and $1/10,000,000$ amperes.

DISCUSSION

I have tested out the Electronic method on some two hundred people. Of these many were cases that were hopeless as far as our present methods were concerned. They had been to the best clinics in the state and country without any apparent benefit, and if only a few of these had responded to the methods instead of the comparatively large number that did, the Abrams' method would commend itself to further investigation.

In conclusion it can be said that this method of diagnosis and treatment has proven of value in the treatment of the sick. It is not a panacea for all ills, as some claim, nor is it worthless as claimed by those who know nothing about it.

Much of the criticism directed against the method is warranted by reason of the claims of certain practitioners that this method is so revolutionary that they may safely forget and discard all previous medical knowledge; whereas in reality it is evolutionary and not revolutionary in character, and must be used in connection with general medical knowledge. The better prepared a man is in medicine, the quicker he will understand this method and learn to apply it more thoroughly.

This work is in its infancy. There are researchers in the field seeking to isolate the factor responsible for the results obtained, other than the one attributed, mainly the psychic one. It is hoped that the Electronic method will combine most of the advantages of radium, X-ray,

Finsen lights, high frequency, etc., without some of the dangers attending the use of these.

An impartial view of this system lends itself easily to the criticism that the use of a human subject upon whose abdomen the reactions appear, is susceptible to much uncertainty and possible danger. One must be constantly on the alert to insure the condition of perfect health on the part of the subject. There must be no bodily disorders; he or she must not overeat, and must not be over-worked, otherwise the reactions are untrustworthy. The elimination of the human subject as part of the diagnostic system will also eliminate much that is doubtful in the work, and place it on a sounder basis for the average practitioner. But where can we find anything as sensitive as the human reflexes?

1. It has been noticed that the rest that the patient received during treatment was very beneficial.

2. In a few cases of acne vulgaris this disappeared while patient was receiving treatment for a different condition.

3. Several patients that we felt had not been helped at the time of treatment returned several months later to inform us of their remarkable recovery after discontinuing treatment.

4. In certain cases where an improvement was noticed up to a certain degree we failed to notice any further progress beyond that point, and in some cases they reverted back to their original state.

To obtain definite information of the results obtained in the cases treated by this method, a questionnaire was sent out to 85 of these patients who had discontinued treatment for a reasonable length of time.

This is the letter and questionnaire sent out:

My Dear Mr. Johnson:

I am anxious to determine from any of my patients if and to what extent they have received any benefits from the Abrams' Electronic treatment.

For that purpose I am enclosing a questionnaire and return envelope which I would thank you very much to fill out and return at your earliest convenience.

You will oblige me if you will write me frankly and fully your views.

Gratefully yours,

ROBERT ROSEN.

1. Name? Address?
2. What was your complaint when you first consulted Robert Rosen?
3. How did you come to take up the Abrams' Electronic treatment?
4. How many physicians did you see before taking up this treatment?
5. When did you take up this treatment?
6. When did you discontinue this treatment?
7. Why did you discontinue this treatment?

8. How many treatments did you have?
9. Was there any improvement after treatment and to what extent?
10. Remarks:

Of these only thirty replied, twenty-two claiming improvement and what seems miraculous cures. Eight saw no improvement. From this small series of cases, the limited response and the short space of time that has elapsed since the discontinuance of treatment we can draw no definite conclusion at this time, but feel justified in continuing the investigation.

Investigation is going on. A national research laboratory for the investigation of the electronic method has been established by a national organization of the men using this method. Many new discoveries are anticipated. The workers in this research laboratory are to be selected from among the foremost scientists of the country. Let me close with the words of Herbert Spencer: "There is a principle which is a bar against all information, which is proof against all argument, which cannot fail to keep a man in everlasting ignorance, that principle is condemnation before investigation."

Dr. Rosen has done notable research work at Johns Hopkins Medical School, with which he was formerly associated. He frankly stated on his arrival in San Francisco that the object of his visit was for investigation and not for the purpose of adopting the methods. Every privilege was accorded him for such investigation. The foregoing communication was presented to his Medical Society. The following resolution had been adopted by the Wayne County Medical Society, Dec. 17, 1923:

"It is the sense of the Wayne County Medical Society that the Abrams' Method of diagnosis and treatment is inconsistent with the principles of the practice of medicine and has been shown to have no scientific basis. Opportunity has been offered at different times to those using the Abrams' Method to test its value or support its extravagant claims. These offers have been refused.

"The council considers that physicians practicing this method for gain are not eligible for membership in this Society and its members shall cease using it, or be dropped from membership in the Society."

Dr. Rosen's reply to the investigating committee is as follows:

Dec. 7, 1923.

Dr. Herman H. Sanderson,
Chairman of Investigating Committee,
1337 David Whitney Bldg., Detroit, Mich.

My Dear Doctor:—

I came before the Council last week and frankly told all I have learned about the Abrams' Theory. I brought with me reports of

the patients sent in reply to a questionnaire. These showed both favorable and unfavorable results. I believe I have made it clear that this whole theory is in its infancy, and I stated that I do not deem myself so proficient that it could be said that the system has reached scientific accuracy so that any investigator using the method could submit to specific tests successfully.

I presented, in other words, what I termed it—a preliminary report. I understand that you are now endeavoring to have me submit to certain tests that are now in the process of preparation. I have given the matter much consideration and I reiterate now that I see no advantage to the association to which I belong to stake the value or uselessness of the entire theory upon my poor ability to meet the conditions of the tests.

I almost feel like asking if you think there is a single individual of any standing in our profession who would stake his own reputation or that of his particular school or his specialty upon the results of his own diagnosis even where he has weeks in which to study the actions of the patient and has the clinical tests in addition. What right then have I to stake my own reputation and particularly that of the entire theory upon a test requiring me no doubt to diagnose disease in the absence of the patient, from a simple blood specimen and without an opportunity of checking up my findings by a clinical examination or a view of the patient? Would it not be sheer folly on my part to attempt to do so? The fact that some men have tried to do so does not change the situation.

Understand, gentlemen, that I do not now say and cannot foretell if within six months from now I shall not feel safe enough to submit even to such a test, ridiculous as it is, or entirely discard what I have investigated. But I have not the right to do so now.

I intend to continue still further the investigation of this method with all the resources at my command. And when I can definitely serve the profession with a knowledge of its weakness or its strength I shall, if permitted, report my findings in a more definite form.

I can do no more. I trust you do not expect more.

(Signed) ROBERT ROSEN

(The most vicious methods are being pursued to discredit the Abrams' Methods. A recent favorite method is to approach an Abrams' disciple and persuade him to sign an affidavit, noles volens, under threats of expulsion from his society or exclusion from a hospital, that he has had no results from the methods in question. Tests such as are proposed, which have been made repeatedly, are of little value. If the results are correct they will, with a biased mind, be attributed to chance or legerdemain. The only correct procedure would be for a group of investigators to study the methods and formulate their own conclusions.—Editor.)

ETHERIC VIBRATIONS

Everything in Nature is in a state of vibration and there is apparently no limit to the different kinds and frequencies of these vibrations. Some of these vibrations are directly perceptible to our sense organs; others to instruments, and still others to photography, fluorescence, etc.

Other kinds and frequencies of vibrations have hitherto escaped recognition until the discovery of the Abrams' reflexes.

The latter have received universal recognition but the only mooted point resolves itself into whether these reflexes are available for the detection of vibrations which elude investigation by the limited methods used by Millikan and other physicists. Hitherto, medical progress was dependent on the aid furnished by the sciences, medicine yielding little or nothing to advance the latter. To reverse this order of things may appear repugnant to the physicist but the latter must eventually yield to evidence.

We are constrained to study natural phenomena with humility, not knowing when some new discovery will reveal to us hitherto unrecognized vibrations.

There is a conflict between atomics and energetics.

This conflict concerns itself with whether the atomic hypothesis shall dominate the physical sciences or whether matter is only a manifestation of electrical energy.

Our knowledge of the external world is derived through sense-organs by certain forms of energy. Le Dantec observed, "To find an impersonal method of measurement is to found a science."

"Seeing is believing," hence the visualizing tendency in human nature.

The diagram of C. W. Robbins here shown, of etheric vibrations, shows a velocity in the ether when unretarded of 309,000,000 meters, or about 186,000 miles, per second.

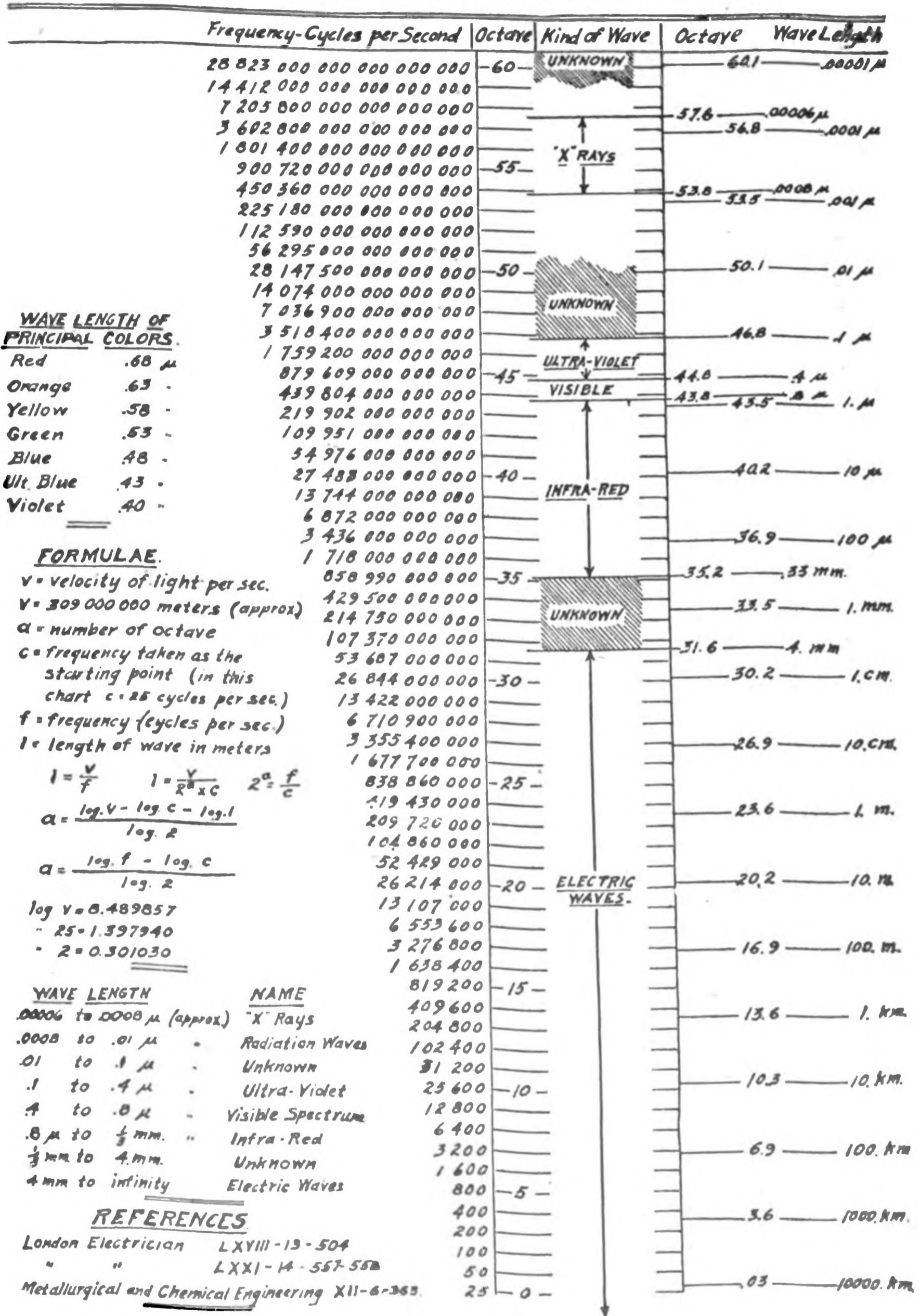
The list is divided into octaves, the vibration frequency per second at any octave being twice that of the preceding octave and one-half that of the octave following. The numbering of the octaves is essentially arbitrary.

The vibration rates extend into infinity and there is no reason to believe there is any limit.

In the chart, the length of any wave multiplied by the frequency per second equals 309,000,000 meters.

Sight detects only a little less than one octave and these vibrations are limited to the visible spectrum (red to violet), hence the fallacy of saying, "Seeing is believing".

SPECTRUM OF ETHER VIBRATIONS.



WAVE LENGTH OF PRINCIPAL COLORS.

Red	.68 μ
Orange	.63 "
Yellow	.58 "
Green	.53 "
Blue	.48 "
Ult. Blue	.43 "
Violet	.40 "

FORMULAE.

v = velocity of light per sec.
 v = 309 000 000 meters (approx)
 a = number of octave
 c = frequency taken as the starting point (in this chart c = 25 cycles per sec.)
 f = frequency (cycles per sec.)
 l = length of wave in meters

$$l = \frac{v}{f} \quad l = \frac{v}{2^a \times c} \quad 2^a = \frac{f}{c}$$

$$a = \frac{\log v - \log c - \log l}{\log 2}$$

$$a = \frac{\log f - \log c}{\log 2}$$

log v = 8.489857
 - 25 = 1.397940
 - 2 = 0.301030

WAVE LENGTH	NAME
.00006 to .0008 μ (approx.)	"X" Rays
.0008 to .01 μ	Radiation Waves
.01 to .1 μ	Unknown
.1 to .4 μ	Ultra-Violet
.4 to .8 μ	Visible Spectrum
.8 μ to 1/2 mm.	Infra-Red
1/2 mm to 4 mm.	Unknown
4 mm to infinity	Electric Waves

REFERENCES

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 " " LXXI-14-557-558
 Metallurgical and Chemical Engineering XII-6-363.

Correspondence

C. P. BRYANT, M. D.
Cobb Building—Seattle

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

December 21, 1923

My dear Dr. Abrams:

I thought one of the most gratifying greetings that I could send you for Christmas would be a brief description of the X-ray pictures which I am sending you under separate cover.



Fig. 1.—Note defect in filling of colon before treatment.

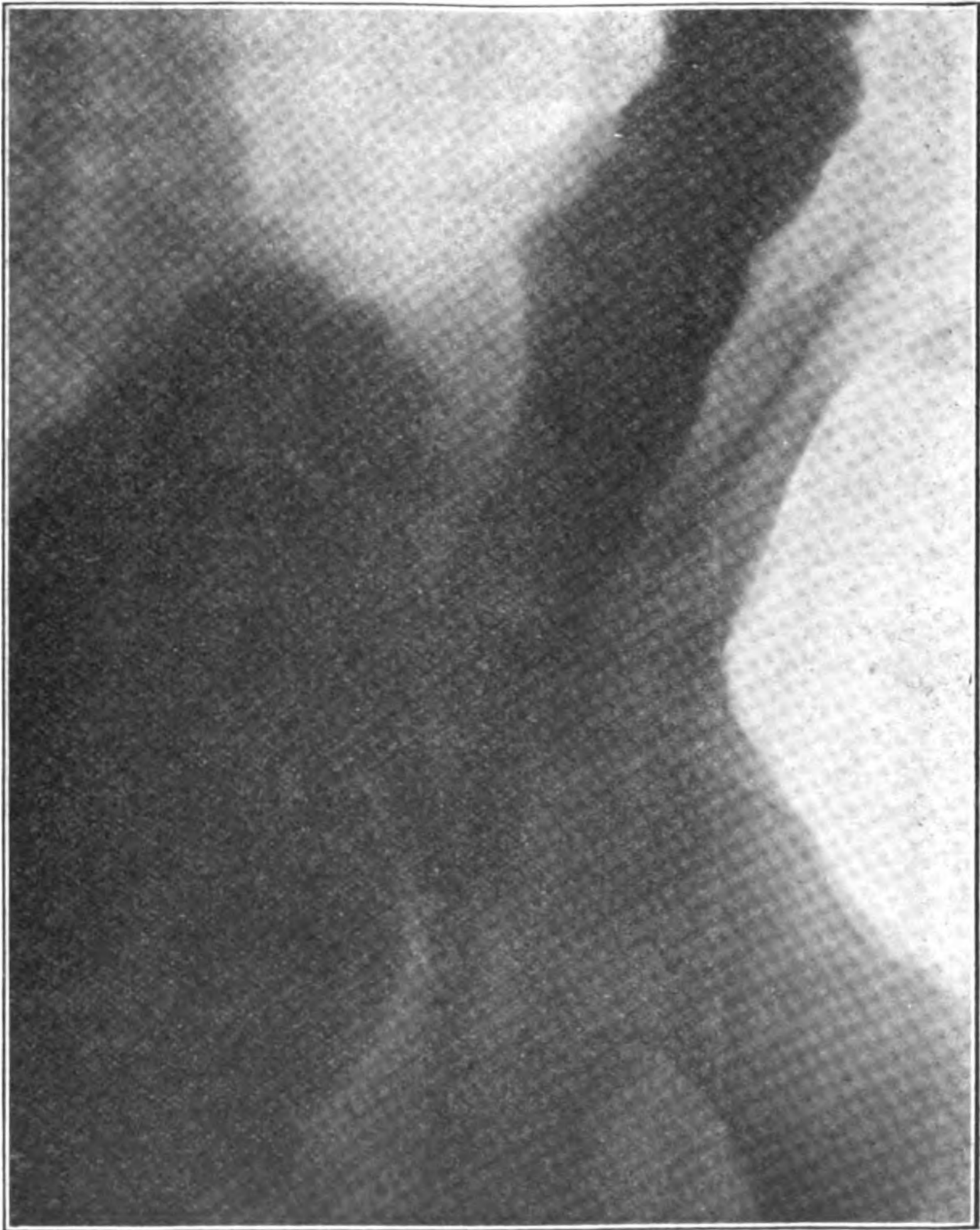


Fig. 2.—Picture taken after treatment.

The findings show no defects in stomach or small intestine, the first filling defects being evident in the lower end of the descending colon, the right iliac arm of the sigmoid flexure, as well as part of the beginning pelvic sigmoid flexure. The obstruction to this part of the colon and sigmoid is almost complete. Vomiting had already begun and was of a fecal nature. Hemorrhages were frequent and severe and the pain was intense. The patient had lost 35 pounds and was so weak that it was necessary to help him to the Clinic.

After six weeks' treatment the second picture was taken (October 3, 1923). The findings were all very evident. There is no filling defect either in the colon or the sigmoid. The patient has gained 35

pounds and is entirely free from pain and no hemorrhage has occurred since the first week of treatment. The patient is entirely normal as far as is possible to detect. In spite of the fact that the patient is 74 years of age, he has entirely recovered his old vigor. All traces of pallor have disappeared and a normal ruddy complexion, which has been characteristic through life, has returned. The patient has a very healthful appetite and sleeps well all night.

The first picture was taken by Dr. O. F. Lamson of Seattle (formerly of the Mayo Clinic). The last one I took myself.

This is not the only great victory I have had through your work, but such miraculous cures as these should make the name of our great benefactor, Dr. Abrams, immortal.

I have thought many times of the great honor done Dr. Banting and while he has accomplished much toward the relief of the suffering diabetic, your work means so much more in that it offers the possibilities of permanent cure.

I am making careful records and taking X-ray pictures of all patients under treatment where such pictures are practical and am using a Stereoscopic camera for tumors on the external surface of the body and I believe that if the case demands I can produce incontrovertible evidence of the marvelous discovery you have made.

With every good wish for your happiness and with a prayer that you may be spared to us to further the noble work you have started, I am ever

Your grateful student,

(Signed) C. P. BRYANT

FURTHER CORRESPONDENCE, SCIENTIFIC AMERICAN

Mr. Austin C. Lescarboursa,
Editor, "Scientific American,"
233 Broadway, New York, N.Y.

Dear Mr. Lescarboursa:

When you undertook the investigation of the "Electronic Methods," you did so of your own volition and employed, contrary to my advice, which you solicited, an individual who is not one of my accredited practitioners and who is not conversant with the E R A. The report of his findings was published in your magazine.

This report was utilized to the full by our adversaries to belittle the E R A.

Aside from the fact of which I shall not avail myself, I am the challenged party, and possess the right of choosing my own means of defense, a defense which is just and legitimate. I have already explained in detail in a previous letter why the investigation which you suggest—

examination of submitted blood specimens—is not a proper test because correct electronic diagnosis cannot agree with the accepted incorrect clinical diagnoses.

The average clinical diagnosis groups symptoms under the caption of a name and ignores the causative factor. It is based on structural changes and therefore does not recognize disease in its incipiency. Electronic diagnoses are based on processes, regard symptoms as a defensive mechanism, and ascertain the causation of disease. In the December journal which will be forwarded to you, you will note graphically by the ERA the moment a cancer commences. Syphilis is recognized as the most frequent cause of disease and the accepted test is the "Wassermann". This test is negative in at least fifty per cent of the cases of tertiary syphilis and is positive in thirty per cent of the cases where there is no syphilis. There is only one chance in five that a blood specimen submitted to ten serologists will result in an agreement.

Jarvis, formerly of the Pennsylvania University, has several years ago checked up the "Electronic Reactions" for syphilis with the "Wassermann" and has shown conclusively the superiority and reliability of the E R A. When the X-rays were employed in medicine, it was believed that the acme of diagnostic refinement had been attained, but hearken to the threnody of Ochsner, a prominent Chicago surgeon. He cites many instances where radiograms furnished so-called evidence of diseased appendices, yet at the operation they were normal. Then again, other radiologists declared the appendices were normal, yet, in the operation, they were diseased. The fallibility of the pathologist is acknowledged. Not even the ocular evidence of the surgeon at the operation is trustworthy. I could cite many instances of patients now cured, whose abdomens were opened and then closed for supposed cancer. In these cases, the ERA showed syphilis. The ERA may show gonorrhoea, yet this could not be shown by the pathologist, who bases his findings on organisms. He cannot demonstrate the toxins which the E R A. do

I shall be grateful if posterity recognizes "Electronic Medicine" as scientific anarchy in its efforts to destroy medical chaos. In the present parlous state of our art, we are constrained to regard any method which will humanize medicine, prevent and cure diseases as the only criterion of its efficiency. This is what I have called pragmatism.

The medical pragmatist asks only for results and ignores that stupendous superstructure which poses as classical medicine.

Your several letters suggest that I show no fervid willingness to cooperate with you. This impression is erroneous.

Cooperation connotes a favorable mutual understanding. My original article on the ERA several days ago in our leading medical publication "International Clinics", was the usual ethical method of announcing a new discovery.

No criticism was engendered until cured patients threatened the security of the physicians' practice and then, and then only, was antagonism aroused toward my methods throughout the world.

This meant a prodigious correspondence to which I was unable to reply and I sought the path of least resistance pursued by other innovators, viz., to ignore my critics.

To have done otherwise would have prevented me from placing the ERA on a scientific basis. This has already been accomplished after time-consuming effort at the expense of my health, in a partial manner but not to my entire satisfaction.

Were I to submit myself to the innumerable tests proposed, my work would never be completed. In addition to all this, I am confronted with a more serious problem, the defense of ERA practitioners, unfavorable legislation, etc., which threaten the destiny of the ERA.

All this and more, necessitate my early departure for the East, at which time I shall place my methods before unprejudiced scientists in the same way as other innovators have done.

In the meanwhile, and until January 1, 1924, my former invitations are repeated, viz., to send one of your representatives to San Francisco as my guest to whom I shall extend every possible courtesy for investigation despite the urgent importance of other matters already referred to in this letter.

Would you, as an evidence of your sincerity publish the enclosed report by representative men of an "International Organization"* fully competent to act as investigators and who have already done what you are now attempting to do?

Yours cordially,

(Signed) ALBERT ABRAMS

*Report of investigation of ERA by International Hahnemannian Ass'n.

January 7, 1924

Mr. A. C. Lescarboursa,
Editor, Scientific American,
233 Broadway,
New York, N. Y.

Dear Mr. Lescarboursa:

I am in receipt of your letter of December 29th and have given it considerable thought. I am writing this on the eve of my departure for Arkansas to defend one of my practitioners.

I notice by the newspapers that an attack will be made against my practitioners in Ohio. I feel that before I do anything else, my primary duty is toward my disciples.

I understand that a committee was organized with Dr. DuPlessis as chairman, to cooperate with you. Now I feel before I can make a more detailed reply to your letter regarding your requests to make tests, that in all fairness, I must first consult with them as to their plans and ideas. After such consultation I shall further write you regarding that phase of the matter.

Regarding Dr. Joslin. Dr. Joslin has never taken a complete course in ERA; he is not listed as one of our graduates, nor has he a certificate of attendance at one of our authorized schools. He has, I am informed, none of our instruments at present and in his tests for you he did not use any of our instruments. Furthermore, you were advised of these facts and I naturally felt somewhat disappointed when you published the results of his purported tests. On the other hand, when I requested that you publish a report made by an official committee of a Medical Association or by men who have a reputation for being leaders in their particular branch of medicine as an offset to the report published of the purported test of Joslin, you tell me it is unjust. You tell me that you have adverse reports of other men, but I am quite positive you have no adverse reports made of this method by a real honest-to-goodness scientific body who have honestly endeavored to get at the real merits of this method. You must remember that I have tried to point out to you on numerous occasions, that a test of this method cannot be compared with clinical findings and a committee of men before they can appreciate a test, must qualify themselves as to the basic principles of my method so that they can appreciate what we are endeavoring to show them by our tests and what we find in such a way that after we make a test of blood, they themselves can sit down and repeat that same test with similar findings. Now don't misunderstand me. I am not refusing to convince you or any of your committee as to the merits of my work by suitable demonstrations and as soon as you and I can get together and personally discuss the situation, we will make suitable arrangements for such demonstration. But I must insist that you come to me as I come to you, with clean hands. Your first article has done my men and myself a considerable injustice which should be remedied.

I differ from you about the view you take in regard to your visiting my laboratory. I feel that by such a visit you and your committee who may come here, will get basic knowledge of my methods so that they will be enabled to make an intelligent investigation. Remember I have always taken the position of welcoming sincere and scientific investigators and a like invitation to you is in accordance with my custom. Here, I do my work with my instruments and results of research work within easy reach.

Distance should mean nothing in an investigation of this type. The International Hahnemannian Association sent two of their committee to San Francisco to stay with me for two months, but I hope I will soon have the pleasure of having a personal conference with you when all these matters can be finally discussed and adjusted. I also feel that before anything else is accomplished that the International Hahnemannian Association report, which is official, should be published in the next issue of your paper.

By reason of new angles in the Ohio matter, I have postponed my trip abroad and I will probably not get to New York until some time in the Spring.

Trusting that I have made my position clear to you, I am,

Sincerely,

(Signed) ALBERT ABRAMS

CORRESPONDENCE RE INTERNATIONAL ASSOCIATION

Dr. Albert Abrams,
2151 Sacramento Street,
San Francisco, California.

Dear Doctor:

Just received your letter asking for an expression of my views as to the International Association.

Dr. Abrams, you are my leader. I am not interested in these side shows. Those mushroom defenders of ERA do not appeal to me. You are the Father of the new Science; it is yours. You are the natural one to lead on to victory in its defense.

Doubtless some of the people who are trying to create a new leader have had a beautiful vision of forty or fifty thousand dollars of defense money floating into their hands.

It is a great injustice to you, too, for the leaders of the American Electronic Research Association to try to put such a proposition over. United we stand, Divided we fall.

Surely there will be no lack of Defense money. But, we must have Dr. Albert Abrams at the head of our Defense Army or we fail.

(Signed) F.....

Dr. Albert Abrams,
2151 Sacramento Street,
San Francisco, California.

Dear Dr. Abrams:

I have referred to these matters in a general way in personal communications to you, but I wish to record here very definitely my entire sympathy with the plan of perpetuating the International Association for the Advancement of Electronic Medicine. I deem it essential for the welfare of ERA and for the advancement of the work which you discovered and to which you are giving your every thought and your entire energy in developing.

E R A very much needs a national organization with which you may work in entire sympathy and thru which you may find an avenue for protecting its interests.

To pull in harmony thru such an organization should be considered a splendid privilege by all E R A physicians who have the right to seek membership therein.

It is my hope the International may attain the position it is capable of in the welfare of ERA and bring its members into a closer bond with you who have done so much as a benefactor to the world, and who have made it possible for ERA physicians to be in this wonderful work.

Sincerely,

(Signed) FRED. E. MOORE

Read in Portland, Oregon, before an educational body
by a patient of Dr. Fred. E. Moore.

OPPORTUNITY UNCLAIMED.

A rosy light filled the room; gradually the outline of St. Peter became discernable. Impelled by some strange power, I stepped forward. St. Peter's glance, as he turned to me, was grave, yet kindly. At last he spoke: "So you are the person who refused the gift of a million dollars because you didn't wish to be troubled with the responsibility its acceptance involved!" Reluctantly I nodded my head, for who would attempt to deceive the "keeper of the gates"? He arose and beckoned me to follow. We boarded a waiting aeroplane. At a word from St. Peter the flying machine shot out through space. In a few minutes we landed in the midst of a group of magnificent buildings perched on a mountain peak. Directly we entered the main building without any formality. A white robed attendant conducted us through the waiting room of the children's hospital. At a sign from St. Peter we were ushered into another room. Here a white-haired physician sat behind a screen. Before him on a low table were what appeared to be several electric tuning devices. A little child was brought in and placed on the table which was connected with the wave-controlling equipment under the control of the doctor. This machine was set at a certain figure, and the attendant moved the sensitized detector over the body of the child. Several numbers were tested, then we heard a sharp click, which indicated that the nature of the child's affliction had been determined. A number was written on the back of the patient in purple ink. After having observed this process for a short time, we passed on into the healing ward. There were no odors of drugs nor signs of surgery here. The electric swinging beds, carrying wave impulses, cured the patients while they slept. From this room we passed on into the sunning laboratory where happy children, almost restored to health, were busy playing games. Impulsively I exclaimed, "How wonderful! What did it cost to put this system into operation?" My guide replied, "Less than one million dollars, endowment fund and all." My dejected aspect was an emphatic gesture of despair. "Full realization of what you might have done with it, is your punishment for not having accepted the million dollars," was St. Peter's verdict.

THE SO-CALLED IMPOSSIBLE

A recent contemporary regarded as a great "coup de plume" is citing Millikan who questioned the propriety of using the term "Electronic" relative to Dr. Abrams' methods.

Before us is the remarkable book, "The Dance of Life", by Havelock Ellis, who in his chapter on the "Art of Thinking" observes as follows:

"It has often been pointed out that the imaginative application of science—artistic ideas like that of the steam locomotive, the flying machine heavier than air, the telegraph and telephone and many others—were even at the moment of their being achieved, elaborately shown to be 'impossible' by men who had been too hastily hoisted up to positions of 'scientific' eminence."

Clinics of Doctor Albert Abrams

CARCINOMA, TRANSVERSE COLON—GLAUCOMA, TUBERCULOSIS OF EYE

Clinic Case. No. 737. Married woman, age 64 years. Widow; husband died of cancer. Has had mucus colitis for many years. Costive all her life. Had rectal trouble for many years. Gas in stomach and intestines. Worse in the past year. Eyesight failed the past three months. Glaucoma in right eye. Excessive pain in right eye and temple. Slight mitral murmur. Pupils fixed.

Carcinoma; transverse colon; non-metastatic; 9 ohms.

Congenital D. R.; 25 ohms.

Tuberculosis; left eye.

We would expect to find the location of the carcinoma around the colon; it should be large enough to palpate at 9 ohms. The surgeon does not find it because he does not know where to look. We usually get a reaction of tuberculosis of the eye in glaucoma. (Patient comes in. She states that she has no vision in the right eye but can see some with the left eye.) A reaction of tuberculosis is present over the left eye. We will do what we can to save the vision of the left eye but we can do nothing for the right eye. Sometimes when the condition is not too far advanced and the pressure within the eye is not too great we are able to get results by treatment at rate 5. The condition in the abdomen would account for her digestive symptoms. As confirmatory evidence you can palpate a mass about the size of a small orange. I can not promise removal of all the symptoms because there is a mechanical condition present which we can not remove, even after all reactions become negative.

Treatment: Rates 5 and 3 to the left eye and rate 6 to area marked on abdomen. General treatment over spleen is to be given later, i.e., about two weeks after above treatment.

CARCINOMA, BREAST

Clinic Case. No. 640. Unmarried woman, age 46 years. Lump in left breast for one year. Has had two lumps in right breast for fifteen years; much smaller than when first noticed. Easily exhausted on least exertion. Appetite good; no loss in weight. Extremely nervous. No abdominal operations.

First Examination; Carcinoma; non-metastatic; right breast, left armpit and upper part of breast; 9 ohms. **Congenital D.R.;** 30 ohms plus.

Re-examination (2 weeks later); Carcinoma; 5 ohms. **Congenital D.R.;** 21 ohms.

Treatment: One cord at rate 6 to right breast and rate 6 to left armpit and S S 3.

December 3; Carcinoma; negative. **Present report:** Patient feeling very much improved. Pain very much less. Feels much stronger generally, and does not tire so easily. She is to discontinue treatment and report in a month.

CARCINOMA AND TUBERCULOSIS, GENITOURINARY

Specimen. Man, age 52 years. Apparently in perfect health. In May, 1922, he noticed a red pimple on prepuce. On January, 1923, he was circumcised. Ulcerated surface on penis the size of a pea. Examination of pathological specimen diagnosed as cancer. In February, 1923, he was given X-ray and radium treatment. In May an E R A physician diagnosed the condition as tuberculosis and Congenital D.R. but no carcinoma. He treated the luetic infection until he got no reaction and at the same time treated local tuberculosis until there was a disappearance of that reaction. Also treated for strep. Superficial ulceration remains. No soreness or pain.

Carcinoma; genitourinary; non-metastatic; 5/25 ohm.

Tuberculosis; genitourinary.

Cryptogenic D.R.; 5/25 ohm.

Treatment: Continue S S 3.

METASTATIC CARCINOMA

Specimen: Patient looks and feels very much better. Complains of some indigestion and pain in intestines but is generally improved. **Carcinoma** was present in right side of pelvic cavity and left hip; metastatic; 6 ohms. **Congenital D.R.** was 23 ohms. To get results all night treatment was advised to pelvic cavity and left hip at rates 6 and 3.

Carcinoma; negative.

Congenital D.R.; 2/25 ohm.

Strep.; appendix region.

Writes to the Doctor: "I did not expect such excellent results but patient still has 2/25 of an ohm of Congenital D.R. and strep. of the appendix region. Concuss over 10th dorsal spine several times a day to empty appendix and treat locally over appendix region at rate 2. Continue S S 3."

SARCOMA, TONGUE

Clinic Case. No. 687. Married man, age 51 years. Two children, living and well. Throat and tongue constantly feel astringent; gets relief by rolling tongue in mouth. On the back part of tongue there is a slight dilatation of the vein which bothers patient a great deal. Not much salivation. Does not interfere with taking of food. Denies syphilis. No

abdominal operations. Had infected right hand and as a result got contraction of all the fingers. Urine negative.

First Examination; Nov. 20. **Sarcoma;** non-metastatic; tongue; 3 ohms. **Congenital D.R.;** 30 ohms plus.

Dec. 15; **Sarcoma;** 4/25 ohm. **Congenital D.R.;** 3/25 ohm.

Dec. 26; **Sarcoma and Cryptogenic D.R.;** negative.

Present Report: Feels easier in his mouth; tongue seems to fit better. No perceptible change in size. Feels easier after eating. He has a condition of macroglossia. He can talk much better; he formerly mouthed his words. His brother died of cancer of the tongue, so naturally he was worried. Patient says that there is an apparent dryness over the root of the tongue and palate. You can readily understand that those papules furnish mucus in the normal state and that the secretion may be absent. I would suggest using a solution of gum arabic; that will give the sense of lubrication which is absent.

Treatment: He has been having 3 cords at rate 3 to back of tongue and later had rate 3 to the spleen. Alum powder was at first applied to the tongue and later the tongue was painted with tincture of myrrh which seemed to cause less irritation than the alum. He is to discontinue treatment and return later for reexamination. Other physicians advised an operation but he refused to be operated on.

CARCINOMA AND STREP., APPENDIX REGION

Clinic Case. No. 743. Married man, age 38 years. Indigestion with gas in stomach. Costive his entire life. Tired all the time. Pupils very sluggish. Heart negative. Considerable insomnia. Three children, all living and well.

Carcinoma; small intestines; non-metastatic; 9 ohms.

Congenital D.R.; 23 ohms.

Strep.; appendix region; 6/25 ohm.

(Patient comes in. Says that he has been to at least 400 physicians in the course of his life and received very little relief of a permanent nature.) It is no wonder that patients get disgusted with medicine and seek relief wherever they can find it. We find a definite condition here; there is a reaction of 50 over the appendix region and strep. is also present over that region. You can feel a mass in that area. He is to be referred to another physician. I think he should get relief from some of his symptoms although he can not expect to get rid of the mechanical disturbance which is probably causing the constipation. Patient complains of attacks of palpitation which come on after eating. This may be due to pressure from gas, for there is no heart trouble present.

ACQUIRED D.R.—RETURN OF PUPILLARY REFLEX

Clinic Case. No. 672. Married man, age 47 years; married 16 years. No children. Well till 7 years ago when teeth began to loosen. Roots were than scraped but teeth became worse. Has no symptoms

except those referable to teeth. Pupils are fixed. Pulse high tension with beginning atheroma. Bowels all right. Sleeps well. No indigestion. Never took treatment for anything except teeth. Always sparing in diet.

First examination; Nov. 20, 1923. **Acquired D.R.;** 37 ohms; present in gums and teeth. Argyll Robertson present in both eyes.

Dec. 21; Cryptogenic D.R.; present.

Dec. 28; Cryptogenic D.R.; negative. **Present Report:** Patient states that he is feeling fine; very much better than when he first came.

In some cases after E R A treatment there will be a return of the pupillary reflexes. Sometimes it occurs immediately after treatment and in other cases it may take several months. In this particular case you see that the pupillary reflex has returned in the left eye, but the right eye is practically fixed. That is a very good indication of the results of treatment. **Treatment** has been three cords at rate 3 to the spleen after concussion. He is to return again in a month to check up.

ACQUIRED D.R.—SARCOMA—STREP. INFECTION OF KIDNEY

Clinic Case. No. 746. Married woman, age 37 years. Married 17 years. Well until 1918 when she had severe pain in right kidney region. The kidney was removed in July, 1923, and found tubercular; also contained a stone. Now she has occasional indigestion and gas in stomach and intestines. Appetite good. Gained in weight from 122 pounds to 163. Dyspnea and precordial oppression on exertion. Pain and numbness in joints of arms and legs in the morning. Heart shows slight myocarditis. Usually passes urine every hour during the day; once only at night. Albumin triple positive in urine. Casts and sugar absent; leucocytes and erythrocytes absent in urine.

Sarcoma; digestive, to the right of navel; non-metastatic; 7 ohms. You can see the area of pallor in that region.

Acquired D.R.; 35 ohms.

(Patient comes in. States that she has an aching in fingers. Left kidney was removed and they claim that X-ray showed some pus in the right kidney. Eyes do not swell. Feet swell at times when she walks much.) We will go over the right kidney for strep., for the most important thing is to keep the right kidney in good shape. **Strep.;** present in right kidney. You can measure out the functional activity of the kidney and determine its ability to perform its work. The functional capacity of the normal kidney measures from $6/25$ to $11/25$ of an ohm. The functional capacity of her right kidney measures $8/25$ ohm. She has sufficient kidney capacity to perform its work. The patient states that the kidney function has been better since the left kidney was removed than before.

Treatment: In a case like this where there are so many things the matter with the patient it is necessary to use judgment and treat the most important things first. She is to have two cords at rate 3 over the spleen

and one cord at rate 2 over the right kidney. After two weeks' treatment the sarcoma will probably recede of its own accord. If it does not, local treatment can be used later and the abdomen can be painted with mercurochrome in the interim.

EPILEPSY—SARCOMA, BRAIN

Specimen. Man, age 48 years. Has had epilepsy for eight years. Seizures were two months apart. They are very severe and he now has them every few days. Does not fall or bite tongue. Has been in several railroad wrecks; not hurt seriously. Worried over death of wife. Epilepsy usually begins at an early age. When it begins late in life one usually thinks of acquired syphilis or possibly a tumor of the brain. If it is a case of genuine epilepsy, you will get a reaction of sarcoma over the forehead and top of the head. The reaction may be local and not in the blood. The famous Trousseau always spoke of epilepsy, migraine and asthma as a trinity of conditions. We have been able to confirm this observation, for we find the reaction of sarcoma over the forehead and top of head in every epileptic, asthmatic and migraine patient we have had.

Sarcoma; brain; non-metastatic; 4 ohms; right side of frontal region close to hair line. This is not a true case of epilepsy. The patient should be able to get some help.

Congenital D.R.; 32 ohms.

Treatment: Two cords at rate 3 to the area on head and one cord at 3 to the spleen after concussion.

METASTATIC CARCINOMA, DIGESTIVE AND BRAIN

Specimen. Man, age 51 years. Has been well and especially strong. Typhoid when 18 years of age. One year ago developed considerable stomach distress. Sour stomach. Abdomen tense with gas. Six months ago developed a severe headache which continued night and day. Pain at vertex. Difficulty with locomotion. Weakness of knees and shaking in both legs and arms. Walks with a cane; tottering gait; hesitant in taking steps. Can not walk in the direction he wishes to go. Patellar tendon reflexes exaggerated. Ankle clonus. Babinski absent. No Argyll-Robertson pupils. Protruding tongue swings to right side.

What would you think of in this case? The possibility of malignancy must be taken into account. Persistent headache is suggestive of a metastatic condition. You also think of locomotor ataxia, in which case you would find acquired syphilis. Fournier in Paris said that fifty per cent. of the cases with undoubted syphilis never knew they had it. The reason is quite evident. In the early days syphilis occurred in very terrible forms but now it is very slight and very common.

Carcinoma; metastatic; digestive; 7 ohms; brain; 5 ohms.

Congenital D.R.; 32 ohms.

Write to the Doctor, "This is a desperate case. It is a case of cerebellar ataxia. Nothing can be expected unless the patient receives several all-night treatments or all-day treatments. Use two cords at rate 6 to left suboccipital region and one cord at 6 to duodenum. Effort should be primarily concentrated on the brain and the first treatment should be three cords at rate 6 to that region, and later rate 6 to the duodenum. Still later, if there is any improvement, treat at rate 3 over the spleen."

METASTATIC SARCOMA OF BONE—TUBERCULOSIS OF BONE

Clinic Case. No. 750. Unmarried woman, age 23 years. Strabismus when 7 years of age. Pains in right hip and side for the past 4 years. Violent headache for the past 6 months. Violent ache in right hip from early childhood until 11 years of age and then no trouble until she fell 4 years ago striking on buttocks; trouble in sacrum since. Discharging sinus over sacrum. Hypernephroma of the right side.

Sarcoma; bone; metastatic; 8 ohms. That is evidently a bad case.

Tuberculosis; bone; 2 ohms.

Congenital D.R.; 41 ohms. That is the highest reaction I have had for a long time. It is of human origin.

(Patient comes in. She is a healthy-looking young woman about 6 feet tall. She states that there is a continuous discharge from the right hip. Says that she would consider herself well except for the discharge from the hip and the pain.) Reaction of sarcoma is present over right hip. The whole question is to get rid of the soil condition. She should get much improvement. That does not mean, however, that S S 3 will stop the discharge. There may be a strep. infection present, and strep. has a different soil condition from the sarcoma.

Treatment: All night treatment at rate 3 to the spleen, 3 cords, to remove the soil condition. Later she can have local treatment.

CARCINOMA AND SARCOMA, BREAST

Specimen. Unmarried woman. On May 16, 1923, examination by an E R A physician showed carcinoma; 13 ohms; metastatic; left breast. Sarcoma; 12 ohms, involving wall of uterus. Tuberculosis; 19 ohms; joint and genitourinary. The ohmage reduced after treatment. In May the left breast enlarged considerably, showing evidence of opening. In November a specimen sent to a pathological laboratory was reported to be mixed cell sarcoma. Two months ago the patient was in a very critical condition. Since then there has been marked improvement although she tires easily and is inclined to sleep a great deal.

Carcinoma; non-metastatic; left breast; 2 ohms; right breast; 10/25 ohm.

Sarcoma; non-metastatic; left breast; 2 ohms.

Congenital D.R.; 2 ohms.

Strep.; left breast.

Write to the Doctor: "It is suggested that an all-night treatment be given or two all-night treatments, with a view of overcoming the malignancy. We have found, as in this instance, that malignant tissues often become a soil for strep. and staph. infection. At the present time it appears advisable, after malignancy is eliminated, to have recourse to surgery, amputation of the breast only and not the Halstead operation, owing to the non-metastatic condition. It is assumed that if there is any swelling of the axillary glands it may be due to either strep. or staph. infection. If patient is averse to surgery, give all-night treatments at rates for strep. and staph. to the breast."

ACQUIRED D.R.—CARCINOMA

Specimen. Married woman, age 31 years; married 9 years; 1 child. Has complained more or less all her life. Emaciated; appetite fair; fatigues easily.

Carcinoma; colon, extending from splenic flexure to sigmoid flexure; non-metastatic; 8 ohms.

Acquired D.R.; 32 ohms.

STIFFNESS AND PAIN IN KNEE—ACQUIRED D.R.

Clinic Case. No. 706. Married woman, age 70 years; widow; husband died of typhoid fever. Pain in right knee; began 20 years ago; much worse past 2 years. Marked dyspnea past 12 months. Marked aortic regurgitation. Insomnia. Urinates frequently. Urine negative. Joints thickened. Knee jerks almost absent. Pupils small and fixed. Recently hard of hearing; worse in left ear.

Acquired D.R.; 39 ohms.

(Patient comes in; walks with a cane but is very active for her age.) Go over right knee for 55; reaction present. Left knee; negative. It may be a gumma.

Treatment: Two cords to spleen at rate 3; one cord to right knee at rate 3. Use inunctions of H G over joint at night to be kept on until morning and renewed each night. Unguentum Hydrag., 50 per cent.; 3 oz. for external use. In that way you get effects during the interim of treatment and there is no question but that it is of value.

TUBERCULOSIS, LUNGS AND LARYNX

Clinic Case. No. 608. Unmarried man; age 25 years. Well up till 1919. Had neuritis. Influenza in 1920; one month after had pain on left side from 3rd to 8th ribs. Has had trouble ever since with an irregular

recurring cough. Lost 12 pounds in weight. Sleeps poorly. Appetite poor and irregular.

First Examination: Tuberculosis; 4 ohms; lung, left pleural cavity and larynx. **Congenital D.R.;** 30 ohms plus.

Treatment: Chest and larynx painted with gamboge. Three cords at rate 3 to spleen after concussion.

Re-examination, 3 weeks later: Tuberculosis; 9/25 ohm. **Congenital D.R.;** 9/25 ohm.

Present Report: Sleeps better; appetite better. Gained 5 pounds in weight. Cough not all gone but better.

The patient is improving but there is still a slight reaction of tuberculosis. He is to continue the same treatment and the chest and larynx are to be kept painted with gamboge. As the reaction for Congenital D.R. disappears the tuberculosis also goes down in proportion.

ANGINA PECTORIS—AORTIC DILATATION—ACQUIRED D.R.

Clinic Case. No. 707. Married woman, age 52 years; married 26 years. No children. Angina pectoris noticed about one and one-half years ago. Last attack about 25 minutes before coming in for examination. Emotional excitement aggravates condition. Never well since influenza five years ago. Tires very easily; no pep. Digestion very poor; much gas. Lost 14 pounds since February, 1923. Had fever of 100° to 102° nearly all of 1921. Obstruction in sigmoid flexure which she believes causes constipation. Blood pressure, sitting; diastolic, 90; systolic, 139; standing; diastolic, 102; systolic, 142. Pulse, sitting, 80; standing, 84. Urinates frequently. Urine negative except specific gravity 1005. Has had E R A treatment with some relief.

Cryptogenic D.R. (Acquired); present; cardiovascular strain; 3/25 ohm.

(Patient comes in.) Go over the heart for 55; reaction present over base of heart. I want to see if the aorta is dilated. I will use the Ampli-Statophone on the patient. She is grounded, facing west with arms outstretched, and holds one cord from Ampli-Statophone in her hand. I will hold the other cord from the Ampli-Statophone in my hand and go over the region of the aorta with my shellac-covered finger. The left side of the aorta is dilated but the right side is perfectly normal. Much of her difficulty is due to this dilated aorta. She is to have two all-night treatments and is to be concussed at 7th cervical and 2nd dorsal several times a day at home. She is to have 3 cords at rate 3 over base of heart. I think her condition should be much relieved.

ACQUIRED D.R., SPINAL STRAIN—SPINAL PUNCTURE

Specimen. Man. Very seriously injured a year ago in an automobile accident, sustaining fracture at base of skull. Spine also badly injured. Has had many months of E R A treatment. Was much better

until he had a series of forced physical examinations; spinal puncture upset him completely. Has pain in head and spine. Has screeching, roaring noise through occipital area. Falls at times. Has to pull himself up after sitting. Disposition changed. Averages 4 hours of E R A treatment a day.

Acquired D.R.; cerebro-spinal strain; 25 ohms; left parietal region.

Treatment: Concentrated effort should be made to get rid of the reaction of Acquired D.R. Use 2 cords at rate 3 over the spleen after concussion and one cord to left side of head at rate 3. No doubt there are lesions in the spine but these will be sought for later when blood reaction proves negative.

Miscellaneous

DIFFERENTIATION OF REACTIONS OVER BORDERS OF ORGANS AND PATHOLOGICAL AREAS

With the shellac-covered finger you can mark out practically every organ with the Ampli-Statophone, provided the patient is grounded and facing west. The reaction disappears as soon as patient turns from the geographical west. The skin must be warm to make the reaction come out distinctly. If you short-circuit, the reactions disappear. Every organ has an electric field around it. You can feel a distinct retardment of the finger at the border of the organ, but if the hands of reagent are held at the side you do not feel it. The electronic reactions over the pathological areas continue even with the hands at the side although they are not so pronounced as when the arms are extended. Avoid confusing the reaction of the border of the stomach with any other reaction by having the reagent hold the left arm close to the side. In the latter case, with the left arm at the side, the reaction of the border of the stomach can not be obtained but the reactions over the pathological areas persist.

EXPERIMENT TO DETERMINE IF MORPHINE DESTROYS REACTION OF ACQUIRED D.R.

First a specimen of Acquired Syphilis is put up to the Dynamizer and the reaction obtained. Then a specimen of morphine is placed beside the specimen of Acquired Syphilis and the reaction of the latter is still obtained. This demonstrates that morphine does not destroy the reaction of Acquired Syphilis. I wished to make this test in order to be sure if the blood condition of one of the patients in the Clinic was truly negative or was influenced by the use of morphine. This patient came here suffering from a metastatic carcinoma of the tongue. Treatment at rates 6 and 3 directly on the tongue destroyed the reaction of carcinoma but the wound was slow in healing and was very painful. A reaction of Acquired

Syphilis was obtained over the lesion and treatment at this area at rate 3 is causing gradual improvement. It has proved to be a very painful and persistent condition. While the patient was under the influence of morphine a negative reaction of Acquired Syphilis was obtained. This experiment shows that the reaction of Acquired Syphilis is unaffected by the use of morphine.

TREATMENT OF DRUG ADDICTION BY E R A METHODS

A physician writes to me enquiring what can be done for drug addiction by the E R A methods. I have treated drug addicts in the past by every available method with very little result. It is hard to get rid of the terrible pain. By the use of the Oscilloclast it is possible to produce from sixty to one hundred per cent. of analgesia. There are a few individuals who do not respond as readily as others. By the use of the Microscilloclast you can increase the efficiency of the Oscilloclast twenty per cent. What I would suggest in the case of drug addiction is to put the patient under the analgesic effect of the Oscilloclast, hoping in that way to destroy the intense craving for the drug.

WIRELESS CONTROL AT A DISTANCE

At the present time it is possible to move vessels by wireless at a distance. Recently in Paris a mechanical engineer said to a scientist that he could stop any automobile that was driving along the street. The scientist said that it was impossible; however, he requested him to stop a certain automobile. The machine stopped immediately and the chauffeur was unable to find any reason for the sudden halt. The scientist was still unconvinced and asked the engineer to stop a large truck, with the same result. Therefore, you see that the word "impossible" no longer has a place in the modern vocabulary.

REACTION OF CONGENITAL D.R. OVER DEPIGMENTED AREAS

In Berlin, Levin would often detect acquired syphilis in women by the depigmented spots on the neck. Fournier in Paris often called my attention to little white spots over the body in congenital syphilis. We find that we get a reaction of congenital syphilis over these depigmented spots.

THE APPENDIX AND SURGERY

Ochsner at the Congress of Surgeons reported a series of cases in which radiologists reported absolutely diseased appendix. He operated and found every one normal. Then he presented another series of cases

where the pathologist said they were normal and clinical symptoms showed they were not. He operated and found every one diseased. Medicine is in a most deplorable condition and yet the medical world will not realize or admit it. Let any man come with any new idea and it is at once rejected.

PRESCRIPTION FOR INHALATION TO RELIEVE OBSTRUCTED BRONCHIAL TUBES

It often happens that after the reaction for tuberculosis has gone there will still be an accumulation of mucus in the bronchial tubes and the patient will have to cough and clear his throat. To relieve this condition the following prescription is often helpful for inhalation:

Menthol 2 drams
Tincture Benzoin 6 ounces

For external use. A teaspoonful in one pint of boiling water for inhalation several times a day.

REPORT OF CASE OF CARCINOMA OF STOMACH

Dr. A. S. Murphy, of Vancouver, B.C., reported the following case. The patient, a man, had attended Mayo's Clinic and was operated on there. They found carcinoma of the stomach and bowels so extensive that they closed him up and told him to return home and take as much morphine as he needed to keep him comfortable. He took seven to eight grains of morphine a day. He went to see Doctor King, of Cloverdale, B.C., who had taken the course with Doctor Abrams. The patient asked Doctor King if one treatment would cure him. The doctor said, "No, it will not cure you but it will help you." He gave him one treatment and the patient went back to his work and has been working continuously at half time for the past fifteen months. He has had only this one treatment but is now going to take a course of treatment.

Another case reported by Doctor Murphy is of a man who had been operated on by a surgeon in Vancouver, B.C. The surgeon found carcinoma of the liver and closed him up and sent him home to die. The man went to Dr. T. P. Hall, who treated him for three weeks and now he is as well as a boy. This was about three months ago.

Doctor Murphy also reports a case of a man who had been ill for ten months with tuberculosis of the kidney. He was unable to do any work. He was taken to a hospital and the ureters were catheterized. He was told he had tuberculosis of the kidney and was advised to have it removed. He went to Dr. T. P. Hall and after three weeks' treatment the kidney was as good as it ever was. For the last fourteen months the man has not lost a day of work.

GROUND PATIENT WEARING RUBBER SHOES

When a patient is wearing shoes with rubber soles, place a piece of metal from the top of foot to the metal plate on which he is standing. In that way the patient is grounded and there will be no difficulty in getting the reactions.

STREP. OF APPENDIX

In looking for strep. of the appendix, always check up by putting one instrument at 60 and the other at 6. If the reaction for strep. measures more than 1 ohm, it is a surgical case. Do not temporize with such a case. If it is below one ohm, concuss the 10th dorsal vertebra several times a day to empty the appendix and treat over appendix region at rate 2.

LEUCORRHEA

We know practically nothing about the whole question of leucorrhoea. It is purely a symptomatic condition. It may be vaginal, uterine or vulval; from the tenacity of the discharge you differentiate the source, and also by microscopical methods. Some interuterine condition, like a polypus or fibroid, may be a contributing cause, but it seems to be a physiological condition existing before and after menstruation and is attributed to the congestion of the parts at that particular period. In examining a certain specimen of leucorrhoeal discharge in order to determine the cause, if possible, I was unable to elicit any definite reaction. All the blood reactions of this particular patient were negative but the discharge still persisted, and I was unable to obtain any reaction therefrom. Any secretion of the body will give the same reactions as the blood. The reason the blood is better is because it is less susceptible to contamination.

PERSONAL EQUATION AND THE AMPLI-STATOPHONE

The lighter the touch of the finger on the abdomen in the use of the Ampli-Statophone, the better the reaction. The movement of the finger must be continuous without the slightest hesitation. If the finger

is allowed to pause for an instant in the unconscious anticipation of a reaction at a given area, a reaction can be obtained even if it is not present. It is impossible to eliminate the personal equation in any work or experiment, but if care is used to keep the finger moving continuously the personal equation seems to be eliminated in the use of the Ampli-Statophone. It is apparently impossible to modify it or obtain a reaction by varied pressure of the finger when the reaction does not exist. It is important to keep a sufficiently thick coating of shellac on the finger and to keep the finger moving lightly at uniform speed. It is more definite than percussion, which is only for the expert, and has a great psychological effect on the patient.

EPILEPSY

Epilepsy has worried me a great deal and I have given the subject much consideration. At Stanford University I conducted the Neurological Clinic and saw many such cases. I never did anything for them except symptomatically by the use of bromides. Luminol had quite a vogue but some claim that it is less efficacious than the bromides and more and more of it has to be used. By these reactions we find in true epilepsy a sarcomatous reaction over the forehead and top of the head. This reaction may not be present in the blood. I have not treated enough patients to know what results can be obtained by treating this condition locally. This reaction does not mean necessarily a sarcoma in the real sense of the word but may be an increase in the neuroglia and does not show in the X-ray pictures. However, from an X-ray picture of the head of an epileptic the same reaction can be obtained as from the individual patient. This simply gives additional confirmatory evidence and permits a definite localization of the lesion. I would suggest that all such cases be examined for sarcoma in this region and treated locally at rate 3 if this reaction is obtained.

There is a differentiation between true epilepsy and epileptoid forms. In Jacksonian epilepsy an irritation of the cortex of the brain will produce an attack. The patient does not lose consciousness but there will be a tremor in the region of the body corresponding to the part of the brain that is affected. Baines and Bowman, two men who have done original research work along lines similar to these methods, conceived the idea that in epilepsy there was a summation of stimuli which would eventually form a charge like a storage battery, and suddenly when it became overcharged it would seek to find a vent, with the result that there would be an epileptic attack. In our treatment we have cut the attacks down very materially, but as far as absolute cures are concerned, I can not make any claims. Baines and Bowman brought out a book in which they explained their methods, which were along the lines of our methods, only their index was a galvanometer. Their work was derided, but now it is being taken up very seriously. During the war they found that the reason wounds would not heal was on account of an excessive charge of

electricity in the part. By covering the wounds with a non-conductor, the wounds healed very rapidly. The British Government ignored their work at first, but at last they succeeded in getting the method utilized and wounds were found to heal in a remarkable manner.

SARCOMA OF LUNG FOUND IN GASED INDIVIDUALS

In many individuals who were gassed in the war we find a reaction of sarcoma of the lung. Many of them have been treated for tuberculosis but without benefit. We find that they get remarkable results when treated locally at rate 3 for the sarcoma.

CAMPAIGN NECESSARY FOR EARLY DETECTION OF TUBERCULOSIS

We are always talking about a campaign for educating the public in regard to tuberculosis. The campaign should be conducted to educate the physician in the early detection of tuberculosis in order that patients might have the benefit of early treatment for this condition. Most physicians constantly percuss with the arms of the patient folded. Some years ago I brought out an article in the British Medical Journal showing how the borders of organs will be modified by having the arms folded. With the arms of the patient folded, the physician will not get the early dullness in tuberculosis and he tells the patient that the lungs are in perfect condition. If you percuss the lungs with arms extended the border of the lungs recedes about two inches. Have the patient face west with arms extended forward away from the body but not held in a position to bunch the muscles of the shoulders. It is the same way with the heart. When the arms are extended the heart will recede and when the arms are folded the heart will dilate. The size of an organ is entirely dependent on its tone. A flabby muscle, for instance, occupies more space than if it is firm. Your only evidence in percussion is the contrast between resonance and dullness. If you have the arms folded, the lungs become dilated and the contrast between dullness and resonance does not become evident. This apparently simple observation is of the utmost importance to remember and put into practice in your examination of patients.

RESPONSE OF METALS TO STIMULI

In developing the Oscillophone, I looked up all the literature to explain why metal should respond to different kinds of stimuli. I could find nothing except an article of Claude Bernard's on the irritability of metals and also the work of Bose, the Hindu scientist, whom I consider

the greatest man in the world to-day. By his delicate instrument, the Crescograph, he demonstrated that metals and plants respond with the same curve to the same stimuli as do animal tissues. Bose's assistant visited my Clinic not long ago and intended to remain for some time but was called back to India. There is much to be done to perfect our instruments; it will take twenty years to make them exact. But the principle is established and it is only a matter of time until the details are perfected.

LOCATION OF THE MIND

We must never forget that the blood is nothing but the mind in solution, as I have so often said. When we locate the mind in the brain alone we are making the greatest mistake in the world. I would rather trust to the intelligence of the salivary glands than to the secretion of thought of most people. You can at least depend upon the response of the salivary glands, but one can never be sure of the response of the individual's conscious mind.

ARGYLL-ROBERTSON PUPIL

While the Argyll-Robertson pupil is found in congenital syphilis, it is never as marked as in acquired syphilis. In the pre-Wassermann days in Heidelberg, I was with Erb, the most prominent neurologist of his time, and he considered the fixed pupil as indicative of acquired syphilis. A disparity in size between the pupils was also considered characteristic.

TREATMENT OF NEISSERIAN INFECTION

Eosin has the same destructive rate as Neisserian. Drugs act by virtue of a similar vibration. In the interim of treatment you can paint the part with eosin. Safranin is good but eosin is better. When I was practicing legitimate medicine I have seen cases of rheumatism in consultation which have gotten completely well after the use of eosin. Probably the best thing for Neisserian infection is magnesium sulphate. Compresses of magnesium sulphate can be used at night, and also tampons of the same where indicated.

THE CRIMINAL IS POTENTIALLY SICK

Every criminal is potentially sick. You will usually find some part of the brain affected by either congenital or acquired syphilis. You can pick out every center of the brain with the pith ball. We did this at one time among a large group of prisoners. There are about twenty centers that I have picked out.

VOMITING OF PREGNANCY

If a patient vomits constantly, my suggestion is to have the patient take food and immediately concuss the fifth dorsal vertebra which empties the stomach. That is one of the most important things imaginable in the treatment of the vomiting of pregnancy. How did I discover this? I was called to a woman who was vomiting constantly and could not keep any food on her stomach. I had her taken to an X-ray man, filled her stomach with bismuth and concussed different vertebrae while using the fluoroscope. When the fifth dorsal vertebrae was concussed, the stomach emptied in one minute and a half. The patient immediately gained in weight and went to full term without any difficulty. For the vomiting of pregnancy I know of nothing that can equal this method, and many of my men have had the same results.

DANGER OF SPREADING INFECTION BY TALKING OR COUGHING

Avoid talking into anyone's face or permitting anyone to talk into your face. Also avoid talking close to the diagnostic apparatus, or coughing over it. I will show you in a graphic way the fine spray of droplets which is given off from the mouth. Smoke a piece of plain white paper over a piece of burning camphor. Hold this at a little distance from the mouth while talking in the ordinary way or coughing and you can see these droplets on the smoked piece of paper. You must be especially careful about talking over the specimens of blood or the diagnostic apparatus in order to avoid contamination. The saliva contains all the organisms in the body. Therefore protect your specimens from all such contamination.

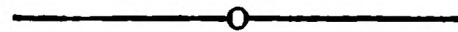
ELECTRONIC DEFINITION OF A TUMOR

What is a tumor from the electronic standpoint? It is nothing but ether bound with electrons. This is true of any form of matter.

THOUGHT FORMS

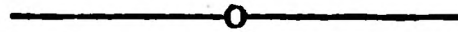
Experiment to show how energy can be condensed. One of the physicians in the Clinic, whom I have indicated, is to conceive a picture in her mind, draw it on a piece of paper and let no one else see it. Now I will take an ordinary telephone condenser with two metal electrodes leading from it and I will hold one electrode from condenser over the forehead of the individual who has drawn the picture. She is grounded, facing west with arms outstretched. She is to think intently of the picture in her mind for a few moments while the electrode is held over her forehead. Another individual has been selected to whose forearm

this picture is to be transferred. The young man stands on a rubber mat, facing west with arms outstretched. The electrode from the telephone condenser is held for a few moments over the pulmodiagnostic area on the head while the arm is exposed. You can see a white area beginning to form on his arm. It is diamond-shaped, which corresponds to the diamond-shaped outline which the physician drew on paper and held in her mind as the picture to be transferred. You can all see it plainly. It is not necessary to have a subdued light. This experiment merely demonstrates that the energy of thought is real and material and can be condensed and transferred so as to be visible to the eye.



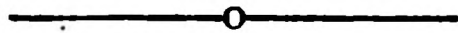
STRAINS OF STAPH.

All the staph. strains have the same position as the strains of strep.



MOMENTUM OF A BODY WEIGHING ONE GRAIN MOVING AT VELOCITY OF LIGHT

A body having the weight of one grain and moving with the velocity of light possesses the momentum of a cannon ball weighing 150 pounds and moving with the velocity of one thousand feet a second.



INVESTIGATION OF THE MOON'S SURFACE

Professor William F. Pickering of Harvard, one of the world's greatest astronomers, contends that, contrary to the usual belief that nothing can live on the moon's surface, life is more easily traceable on the moon than on Mars. Pickering claims to have seen vegetation on the moon's surface. The reactions of Abrams, by aid of his reflexes, enable one to investigate practically every field of science. By the Abrams' Reactions one can show the radiations of vegetation and water on the surface of the moon. Thus for the first time in the history of the world, medicine is able to contribute to the aid of other sciences instead of continually accepting aid therefrom.

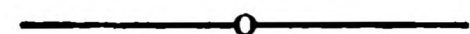


BEGINNING OF LIFE

Every human being's life begins as a single cell only $1/125$ of an inch in diameter, yet here is condensed the legacy of parentage and ancestry. Therefore it need not seem strange that we can detect so many conditions from a drop of blood.

WHAT IS CONDUCTED FROM THE BLOOD?

Not radioactivity because radioactive particles are not conducted by wire. What is conducted is the energy produced by the vibrating electrons on the surrounding ether. The human voice is not actually carried over a telephone wire. What is carried is an energy from the vibrating disk of the transmitter which is excited by the vibration of the vocal cords. This vibratory energy travels to the other end and reproduces a similar effect in the receiving disk.



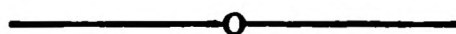
THE SPECTROSCOPE

The fundamental problem of astronomy is to determine the nature and composition of celestial bodies. These bodies can not be brought to the laboratory for analysis but the energy which they emit (light and heat rays) may be investigated by the spectroscope, and the knowledge thus furnished is as accurate as if a sample from a distant star were tested with some chemical reagent. With the spectroscope, which consists practically of a prism, a ray of light is broken up into definite wave lengths. By aid of this instrument we have been able to study the different chemical elements in distant planets. Practically every element in the sun corresponds to those we have found on earth.



REACTIONS FROM X-RAY PICTURES

To understand why reactions may be obtained from X-ray pictures we must know that the X-ray acts like wires in transmitting the radiations of disease to the photograph, just as sound waves are conducted by light in the Photion of DeForest, a camera that records both action and speech.

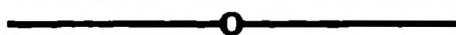


WAVE MOTION

Wave motion is the natural method for transferring energy. Here is a vibrating tuning fork to which two strings are attached and the ends made fast to a rigid object. When the prongs of the fork are moving in exactly opposite directions, the waves are destroyed. All things and phenomena in nature are dependent on matter in motion or vibration, and energy is employed to designate the modes of motion in the universe. All matter is radioactive, but science has revealed radioactivity only in elements of high atomic weight. According to physics, moving particles must emit energy. Owing to inability to detect this energy, it is spoken of as stationary or non-radiant. By aid of the sensitive human reflexes which are more sensitive than any scientific instrument available it is possible to detect and measure various forms of radiant energy.

CANCER AND RADIUM

We are confronted with the bewildering information that in this country there is a mortality of at least 90,000 deaths each year from cancer, an increase during the last two decades of over 32 per cent. Despite the fact that the Crocker Research Laboratory of Columbia University announced that no cures were effected, radium is still being used. It may in extreme instances in large doses reduce the rate of the growth, but later the growth continues and destructive changes in the tissues are induced which are worse than death. By its use you are handling a dangerous sword. The alpha or positively charged rays of radium have a very feeble penetration and they constitute over 95 per cent. of the energy evolved from radioactive substances. It has been shown by our experiments that cancer yields a positive energy; therefore it is reasonable to suppose that theoretically at least the use of radium serves only to increase the growth of the cancer.



ARRANGEMENT OF ATOMS

It is not only the number but the arrangement of atoms in a given molecule which determines its characteristics. Chemically the diamond, lampblack and charcoal are identical; it is only the grouping of the atoms which determines the brilliancy of the one and the lack of lustre of the others. Oil of roses and coal oil are likewise identical in chemical composition; it is only the difference in the arrangement and rate of vibration that determines the odor of each.



ASTOUNDING RESULTS OF REGULAR VIBRATORY IMPULSES

Knowing the vibratory rate of a disease, with a like rate one can annihilate it. Impulses occurring singly or at irregular intervals yield no visible effects but when regular the results are often astounding. The rattling of church windows by air waves from the particular pipe of an organ; a bridge strained or broken by trotting horses or the regular tramp of soldiers; the vibration of large buildings by the rumbling of a cannon over a pavement; the vibration of a factory to a dangerous degree by its machinery; the dangerous shaking of a mill by air waves from water falling over a dam are common examples of the potentiality of regular or harmonious vibrations. It is said that with suitable appliances one can break an iron girder by pelting it with pith balls. A tuning fork is unresponsive to the most violent explosion, yet it will vibrate to an imperceptible sound from a tuning fork in resonance with it. This means that when a sounding body is near another that has the same rate of vibration, the waves from the first will set the second body in vibration.

Vibration is the product of energy in motion. To us it is most evident in sound and color. **Color is sound made visible and sound is color made audible.** The trumpets blown in unison by the followers of Joshua overthrew the walls of a fortified city; the sounding of trumpets at a definite pitch caused the electrons of the walls to respond, with the consequent destruction of the walls.

The molecular arrangement of the electrons composing steel can not be modified by any force however tremendous; yet the mere action of a magnet will so turn them as to induce magnetic properties.

ONE UNIVERSAL LAW

There is one universal law in nature, and diseases common to man are also present in the vegetable and mineral kingdoms. Iron rust gives a reaction of cancer. In plants and flowers we have all kinds of reactions similar to those in disease. There is such a thing as cancer of plants, as I have shown you.

SOUND, LIGHT AND HEAT WAVES

Every phenomenon in nature is merely a question of a definite kind of motion or vibration. When the aerial waves are more than 36,000 vibrations per second, the ear cannot recognize sound. With 1,800,000,000 vibrations per second we perceive the sensation of heat. When the vibrations are 462,000,000,000 per second, we perceive the sensation of light. As the vibrations gradually increase, the eye perceives one color after another until violet is reached with 733,000,000,000 vibrations per second. The eye is sensitive to electromagnetic waves of lengths between .00004 cm. and .00008 cm. Anything below the one limit or above the other is invisible. The nerve of vision, only two-fifths of an inch in diameter, contains five hundred thousand to two hundred thousand perfectly insulated fibres. Sound waves, heat waves, radio waves and light waves are all of the same order; the only difference is in the wave length. The radio waves are long and the light waves are short. The human ear can not hear below 16 vibrations per second and not higher than 36,000 vibrations per second. Certain animals can hear above and others below that scale.

PHOTOGRAPHING THE PATH OF FLIGHT OF AN ATOM

A great triumph of photography is that of securing accurate pictures of the path of flight of single atoms. An atom is so small that it takes one hundred million atoms to make a line an inch long. Formerly an atom was supposed to consist of a single particle without structure. Now it is considered practically a miniature solar system with a central sun called a nucleus and a system of planets rotating around it. Each of these planets is a negative electron.

ELECTRONIC CONCEPTION OF CANCER

The electronic conception of cancer is as follows: The units of cells are charges of electricity known as electrons. What we call mass, like a cancer, is only a matter of positive and negative electrons plus ether. The atoms of a cell are electrically balanced, but when they are irritated there is an escape of negative electrons giving the cancer a positive reaction. The disturbed placidity of the spheres has invited chaos, and the riot ensuing among the positive electrons suggests unrestricted growth of cells, or cells gone mad.

SCIENCE AND MATHEMATICS

A science is gauged by the amount of mathematics it contains and when one can neither measure nor express knowledge in numbers, such knowledge is not scientific.

INCREDIBLE FACTS

It is almost incredible that by the disintegration of one gram of hydrogen, sufficient energy is liberated to raise one million tons to a height of three hundred feet.

When you hear a small katydid half a mile away, it means that this little insect, by rubbing its legs and wings together, is able to shake a cubic mile of air. A cubic mile of air weighs more than six million tons.

An aeroplane moving with the speed of light could encircle the earth 444 times in one second.

OUTLINING LIVER BORDER WITH AMPLI-STATOPHONE

When the abdomen of the reagent is too dull to use percussion, it is wise to go over the abdomen with the Ampli-Statophone and outline the liver, in order to avoid the danger of confusing liver dullness with the dullness of pathological areas.

HERNIA

We find in every case of hernia a reaction of Congenital D.R. at the opening. A case of double hernia that recently came into the Clinic was operated on several years ago by one of the best surgeons in the state, but it broke out again three months after the operation. If you attempt to repair tissues that are imperfect, they will break down. If the reaction for Congenital D.R. had first been removed, the operation would no doubt have been successful. A number of my men have reported remarkable results by simply treating the soil condition. In the case mentioned above no reaction of Congenital D.R. or Cryptogenic D.R. was obtained in the blood but a local reaction was found over the opening of the hernia on the right side. We will attempt to strengthen the tone of the tissues by treating locally at rate 3.

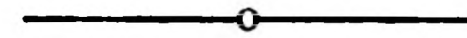
**RESULTS NOT ALWAYS UNIFORM IN ADVANCED
CARCINOMA OR SARCOMA**

There is one baffling problem which we have not yet succeeded in solving and that is that in some of the advanced cases of carcinoma or sarcoma we are not able to get results even after the reactions are negative. We find in some instances that the patient continues to go down hill after all pathological reactions have been removed. There is some condition back of this which we have not been able to find.

**EXPERIMENT WITH RADIO INSTRUMENT TO LOCATE
INFECTED TEETH**

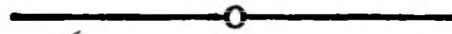
Patient has infected tooth. Radio instrument is set at proper rate and a specimen of strep. is put up in order to get the strep. reaction. No reaction of strep. is obtained over the teeth but a reaction of staph.

is found over two teeth. You can hear the sound only over these two teeth which have been causing trouble, and at the same time you can distinctly see the galvanometer move. Thus you can check up your diagnosis by two senses, sight and hearing. Always treat infected teeth for strep. and staph. at rates 2 and 1 to be sure of getting results. The patient has been taking treatment for Congenital Neisserian but it is evidently not completely wiped out. It is very difficult to remove this soil condition.



ULCER OF STOMACH

In suspected ulcer of the stomach, always look for a strep. reaction over the stomach area and then localize it.



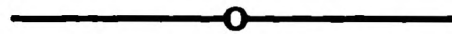
SLIGHT CURRENT OF ELECTRICITY SOMETIMES PERCEPTIBLE WITH AMPLI-STATOPHONE

When there is a new battery in the Ampli-Statophone, the examiner can feel the current of electricity with the fingers when he arrives at the pathological area. The reagent can also feel the current.



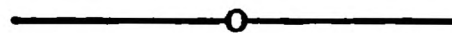
PAINFUL MENSES—UTERINE STRAIN, CONGENITAL D.R.

In many instances of painful menses we get a strain of uterine Congenital D.R. In such cases you should go over the uterus and localize the Congenital D.R. and treat at rate 3 over that area. Also treat systematically at rate 3 over the spleen. Frequently the symptoms abate after a course of such treatment.



POSITION OF REAGENT'S ARMS AND AMPLI-STATOPHONE

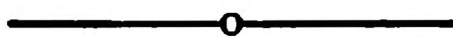
When the Reagent holds his arms down at the side during the use of the Ampli-Statophone, the reactions from the border of organs are destroyed but not the electronic reactions.



DIABETES AND INSULIN

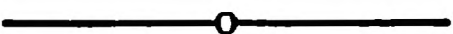
I have observed that when new remedies are first introduced there are frequently some brilliant results at first, but they do not seem to

stand the test of time. There are remarkable claims being made in regard to insulin, but it is really a treatment of symptoms and does not get at the cause of the trouble. I had the opportunity of working with Langerhans in Berlin, so I was able to study these islands and the structure and condition of the pancreas. One patient recently in the Clinic was a young man of 30 years who had developed diabetes, with sugar in the urine and all the classical symptoms. He had taken insulin without any results. We found a reaction of Congenital D.R. over the pancreas and treated him locally at rate 3 as well as over the spleen at the same rate. After three or four treatments on the Micro-Oscilloclast the sugar had entirely disappeared from his urine and now, after a lapse of four months, it has not returned and he is feeling perfectly well. He had been going through a period of great nervous tension and worry, which may have induced the onset of this condition. In a certain percentage of cases I have done no good by my methods of treatment. Perhaps those cases would receive benefit from insulin.



SHORTCIRCUITING

Short-circuiting by touching the feet of the reagent is the best method to insure a rapid return of the reaction when examining with the Ampli-Statophone.



THREE METHODS OF IDENTIFYING REACTIONS

By the use of the Ampli-Statophone you have three methods of detecting reaction: 1. Feeling of the current with the finger. 2. Retardation of shellac-covered finger. 3. Interruption and intensification of sound.



ANGINA PECTORIS

In cases of Angina Pectoris you must remember that there may be a coincidental dilatation of the aorta. Unless you are able to diminish the size of the aorta you will have a continuation of the symptoms.

DANGER FROM SPINAL PUNCTURE

In several cases recently coming to the Clinic there has been a history of ill effects following spinal puncture. If you insert a needle into the spine you will frequently set up a disturbance even in normal individuals. I have seen one case of paralysis in a perfectly normal person following spinal puncture. Very often they suffer for days from the disturbing effects even when there is no permanent damage. Spinal puncture is by no means a harmless proceeding. Much has been said against meddling midwifery but meddling diagnosis is a great deal worse. While we recognize the dangers of injudicious therapy we never stop to think of the dangers from harmful methods of diagnosis. If the physician is unable to relieve the patient, he at least owes it to him not to cause injury in his efforts to diagnose the complaint.



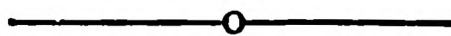
PERNICIOUS ANEMIA

In cases of pernicious anemia, as I have frequently stated, you must think either of a latent carcinoma somewhere in the body or of a carcinomatous reaction from the spleen, usually below one ohm. Also in these cases of pernicious anemia where there is a dissolution of blood corpuscles, you must think of strep. or staph. infection, both of which have hemolytic properties, and also malaria. There are many cases of larvated malaria without the classical symptoms.



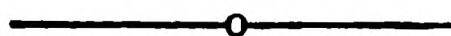
ADENOMA

A physician has written in to inquire the Vibratory Rate of Adenoma. We have no reaction for Adenoma. It is only when tissues change from normalcy that we ascertain the reaction.



APOPLEXY

In my experience in blood examination I have never seen a case of apoplexy in my life in which I have not found Acquired or Congenital D.R. Of course in those cases the damage has already been done. All you can hope to do is perhaps to ward off another attack and by removing the basic condition enable nature to repair the damage in some measure.



STREP. INFECTION OF HEART

Some of the heart lesions due to strep. infection, if not too far advanced, may be corrected by local treatment over the heart at rate 2.

New Additions to the Atlas

TO ALL ERA PHYSICIANS:

You can now have your Atlas brought up-to-the-minute by a set of the new Atlas Additions. These contain all the new strains and rates with charts showing the areas, and much classified information that will be invaluable to all ERA physicians. The material is arranged alphabetically in loose leaf form ready to go into the Atlas. The price of Atlas Additions is \$4.00.

We can also furnish a set of General Notes on Atlas paper. These Notes contain the general principles of Electronic Diagnosis and Treatment and latest discoveries up-to-date, with the information classified and condensed and made readily accessible for use in your Atlas. There are 24 pages in the General Notes. The price is \$2.00.

If you want the combination set of the Atlas Additions and General Notes, please send check for \$6.00 to *Clinics of Dr. Albert Abrams*, 2151 Sacramento St., San Francisco, Calif. We know every ERA physician will be delighted to obtain this up-to-date material in convenient form for daily reference.

Atlas Service

Hereafter all additions to the Atlas will be published in the Journal. Those who desire these additions on loose leaf pages to fit the Atlas may obtain this service for \$2.00 a year, payable to *The Clinics of Dr. Albert Abrams*. A sample loose leaf page is enclosed with this Journal.

NEW APPARATUS

Ampli-Statiphone of Dr. Albert Abrams

This is the perfected statiphone enabling one to dispense with ear-pieces and making the ERA audible to everyone in a room instead of to the examiner only. It so simplifies the reactions that even a tyro can elicit them because percussion-skill is unnecessary. It minimizes the personal equation to a degree heretofore unattainable. In addition, one may map out organs, heart, aorta, liver borders, spleen, kidneys and site of appendix with incredible accuracy. With the arms of the patient extended from body, the lower stomach-border may be defined. The only care necessary in the use of the apparatus is to replace the dry cells occasionally and these are procurable everywhere. Full directions are sent with the apparatus.

PRICE \$67.50 F. O. B.

Microscilloclast of Dr. Albert Abrams

This attachment used in connection with the Oscilloclast enables one to increase the efficiency of the latter fully 100%. Thus in syphilis, the reactions which are usually negatived in from four to eight weeks may become so after several days treatment. One uses the usual number on the Oscilloclast and carries the energy with a cord to the microscilloclast which is set at a definite rate for each disease. From the latter the energy is conveyed to the patient in the usual way. The best results are attained when three cords from the binding posts of the oscilloclast are used and connected to the microscilloclast with a triple connector. This is advisable insomuch as only one oscilloclast rate can be used with the microscilloclast. Its use is indicated in desperate cases and in those requiring immediate relief. For this reason several microscilloclasts should be ordered.

PRICE \$34.65 F. O. B.

Sale of apparatus interdicted to those using "boot-leg" apparatus.

PHYSICO-CLINICAL CO.

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PRACTICAL COURSES IN SPONDYLOTHERAPY AND ELECTRONIC DIAGNOSIS AND TREATMENT

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