

Physico-Clinical Medicine

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

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No. 3

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

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CLINICAL LECTURES BY DR. ALBERT ABRAMS

January 15, 1923.
Stenographic Reports

Blood Specimens—Radium and X-Rays—Sex Reaction—
Percussion and Rod — Ohmage — Argyll - Robertson
Pupil — Diabetes — Alcohol and Blood Specimens—
Glasses—Laparotomy—Tonsillar Infection.

Blood Specimens Gentlemen, we have here a specimen of blood received from Mexico City purporting to be human blood. We note that this blood gives no reaction of human blood. In fact, you will note that the reaction is that of animal blood, specifically the blood of a dog. Do not

permit yourselves to be led into a trap by unscrupulous colleagues who instead of investigating pursue the method of indirection in their attempts to put obstacles in your path. Should you make any blood examinations, be sure to obtain from the physician, if he is sincere, a written and signed statement to the effect that the blood was taken by himself and that the blood was human blood. If then he has perpetrated a fraud, have recourse to the Latinism, "Falsus in uno, falsus in omnibus."

Learn the lesson that alcohol used on the ear prior to the extraction of blood will vitiate sex reactions and the reactions of human as well as animal blood.* It is the custom in our laboratory to rub the ear thoroughly with cotton and to use alcohol only after the blood has been obtained on the blotting paper for purposes of examination.

**Radium
and
X-Rays**

This is a case of carcinoma. The patient has had x-ray and radium treatments. He has had throat trouble for six months. He has had eleven deep x-ray treatments. My experience with the use of radium and x-ray is as follows. You may have immediate results, but the remote results are invariably bad. It has been shown that the tissues are devitalized by the use of the two remedies previously mentioned and that the phagocytic ability is destroyed. You are then practically dealing with dead tissue and its revitalization is perhaps one of the most difficult tasks which we must encounter. I am endeavoring to note whether we can restore this devitalized tissue by means of the oscilloclast.*

**Sex
Reaction**

This next case has been called carcinoma. The trouble started with deafness in the left ear. He has lost thirty pounds in weight. The first duty is to determine the **sex reaction** for three purposes. First, to note whether the reactions of the reagent are satisfactory; secondly, to determine whether or not the specimen is fictitious; and thirdly, to determine whether or not alcohol has contaminated the specimen. You no-

*The syphilitic reaction is also destroyed. When a blood specimen has been contaminated by alcohol, you may elicit the specific reaction of the latter (see atlas.)

*The death reaction is destroyed with the oscilloclast at zero.

tice that there is no sex reaction, but if you put your rheostat at 25, for the female and 15 for the male, you may obtain a sex reaction when it is absent at 49.

**Percussion
and
Rod**

You will notice that percussion is very unsatisfactory; therefore we use the rod. In using the rod it must be warmed. It must be passed over the skin continuously without hesitancy and in different directions. You must be grounded or otherwise you will get no reactions. You notice that with the rod you get a distinct sex reaction. Always check up by short circuiting, which means placing your fingers on either side of the median line of the body or bringing both feet in contact with your reagent.

Ohmage

We are searching now for **carcinoma**. You place both rheostats at 50 and you note no reaction of carcinoma. Sarcoma, 58. No reaction. Acquired syphilis, 55—you notice a reaction. Now, let's check up and get the E D. reaction. All reactions must correspond. Ohmage.* Prior to determining the ohmage, get rid of the holdover reaction by short circuiting and then proceed to measure. Remember that the reactions take about 6 to 8 seconds. It is simply a luetic condition of the throat. See tuberculosis, 42. No tuberculosis. Get the man in.

I want to see if this is a **diabetic strain**. We often have a diabetic strain in these cases. Leave it at 55. We want to see if it is a diabetic strain; if it is, we will have a reaction here. I don't get it. Strange. Let's see if we can do it by percussion. Yes, we have a diabetic strain. Short circuit and it disappears. Now we want to be convinced that it is not a cancer. (Patient comes into Clinic).

All right, which side of the throat is it? Nobody has ever said that this was a cancer? They merely suspected it. Have you any difficulty in swallowing? What does your difficulty consist of?

*Ohm is the unit of resistance which an electric current offers to the flow of an electric current. A circuit which allows one ampere (unit of flow of electric current) to flow through it at one volt (unit of electric pressure), is said to have 1 ohm of resistance. The term ohm used by Abrams is not used in its electrical sense. To conciliate physicists who object to its use, ohms may be referred to as "**Abrams' Units**".

Patient: I can't hear.

Doctor Abrams: All right put it at 50. No reaction. Now put it at 55. We should get a reaction. We get it. You see what he has is not a cancer. That should be amenable to treatment. We ought to see some results in about two weeks. We should not expect immediate results.

The man who was here from Canada had a cancer of the throat and had difficulty in swallowing. Now he can eat solid food.

**Argyll-
Robertson**

Now take this patient's pupillary reaction. The first thing you have to do in these cases of suspected 55 where the Wassermann reaction has been taken and found negative is to make an examination of the pupils of the eye and note if an Argyll-Robertson is present. Note that an Argyll-Robertson pupil is usually only considered as such if it doesn't respond to light. We speak of a partial Argyll-Robertson. A normal pupil will contract any number of times; the partial Argyll will respond perhaps once or twice and then cease to respond. Hold the light some distance from the eye. Note that in these cases, if due to 55, the pupillary reaction is restored by two methods of procedure. First, the use of blue light thrown into the eye for about 30 seconds; second, by concussion of the seventh cervical spine which forces the toxins into the spleen.

Of course, in these cases you are dealing with the effects of the x-ray which is a very nasty proposition. You may stop all of this, but the effects can not be avoided.

Diabetes

In all cases of diabetes you must treat the general condition.* Treat the pancreas at rate 3 and also the medulla oblongata at rate 3. It may be that the liver in many of these instances must be subjected to treatment at rate 3. I have not investigated these cases sufficiently to determine whether this is the case. In some cases my results have been brilliant; others have been absolute failures, perhaps owing to the fact that I have not entirely encompassed the situation, that is with reference to the liver. It is impossible to do everything at once.

*SS,3.

**Alcohol
and
Blood
Specimens**

Now we are going to take the alcoholic specimen and note whether the reactions are vitiated. His reactions are not particularly good. All these things will be obviated by the use of radio. The personal equation will be absolutely eliminated. We will use the S. V. reaction. You will notice that there are no reactions—all vitiated. Put 49 on again. Even the reaction for human blood is vitiated. How can we tell whether the failure is due to the use of alcohol or not? We set it at the vibratory rate for alcohol which is 3 and the area is right here and the E. D. area is over here. You see you get the alcoholic reaction. Short circuit to be sure. It is absolutely smooth.* This is an electrostatic phenomenon. There is no reaction here. Now, switch to E. D. and notice what occurs. So you see you can tell whether alcohol has been used. The alcohol vitiates the reactions of animal blood as well as human blood. You can tell by the reaction from the blood if the person is suffering from alcoholism.

This is the case of a man from Denver, Colorado. He wants an examination before he goes home. He had increasing deafness, right ear worse than the left; severe neuritis of the right shoulder; bad teeth; tonsils out; constipated. Examination showed **carcinoma**, 8 ohms, non-metastatic, of the right shoulder; acquired syphilis, 39 ohms; streptoxemia of the antrum which is still present. Hearing very much improved; right arm is numb; slight pain in the right shoulder. We want to see if the lues is gone and also the carcinoma and strep. If it isn't, we will refer him to one of the men in Denver. Try 45. Remember that the **cryptogenic reaction** is the slowest of all the reactions, so you must give at least 30 seconds for the appearance of the reaction. Cryptogenic is negative. As long as cryptogenic is negative you can't have a cancer reaction. Try 60. Strep is still present. Check up on yourself. Take 10 seconds for a reaction. The strep is in the sinus. He will have to be treated for that.* Carcinoma negative; sarcoma negative. Get him in here. Let us go over his sinuses and check up on ourselves. (Patient comes into Clinic.) If you examine his face, you can see the disparity in the size of the two sides of the face. You will notice here on the left side that skin is in-

*Rod used.

*See lecture on Cryptogenic Neisserian infection.

filtrated. You probably have pus there in the antrum. You better stay here a little while yet.

Now then, gentlemen, put it at 60. Do these things objectively. Go over all the sinuses. Right frontal—no reaction. Left frontal—no reaction. Right ethmoid—no reaction. Left ethmoid—no reaction. Right antrum—yes. Left antrum—nothing. Go over the sinuses again and check up on me. Don't let me know where you are. I should get it over the right antrum when he gets there. There you are. Correct. That is the way you do the thing. Try the ear. Which is the bad ear? The right ear. No strep infection. He lost his hearing before he ever came here. As soon as he gets to the sinus you will note the reaction. Now he is there. Correct. He must have his antrum treated here. Stop all other treatments and concentrate on the right antrum at rate 2. Treatment must be continuous. It is like bailing out a boat.

This man is from Kansas City and he came here in a bad condition. He was paralyzed in the entire right side and is still. When a patient comes, never promise anything. We never even mention his disease. On last examination there was 5 ohms of carcinoma. He is a man of 72 years of age. We will have to use the rod in preference to percussion. First give me 49 to try out the reflexes. This is the female side—no reaction; male side—reaction.

(To a doctor.) Have you ever tried using a rod? Sit down and try it. Do it deliberately and continuously. Press in with the rod a little more. Short circuit. Good. Take your finger off and see if you get it. Take your feet off the ground plate and see if you get it. Don't hesitate. You seem to get a reaction? Then you don't use the rod correctly. Go ahead. You are letting the rod slide along the surface. Don't hesitate. Not so fast, but continuously. Now put your feet on the ground plate. You get the reaction now. There is a technique to it.

Glasses

Reaction of 55—negative; 45—negative; 60—still present, sinus. Get him in. In making reactions from the patient always see that the glasses are removed or otherwise **short circuiting** ensues and no reactions can be elicited. The arms of patient on whom the examination is made should be extended and the patient must face the **geographical west** with feet on **ground plates**.

Are you ready? Right frontal—no reaction. Left frontal—no reaction. Right ethmoid—no reaction. Left ethmoid—no reaction. Right antrum—no reaction. Left antrum—reaction. Be sure that you exclude the region of the teeth by noting whether the sinus reaction is present, which it is in this case. Patient to be referred to another doctor and advised to have ten more treatments.

This is a case of a lady from Washington. She is 50 years of age, married and has three children. She has **cardiac palpitation; vertigo; nausea; pain in the liver region; right ear deaf.** Laparotomy 25 years ago. Ten years ago had cholelithiasis. Everyone sees what they are looking for. The other day I was watching the crowds on Market street and what I pathologically visualized was a lot of perambulating syphilis. What a look everyone had! You know people will stand for nonsense a little while, but not all the time. They want results, they don't care whether it's a witch doctor or Voodooism or what it may be. People are getting tired of getting no relief. My definition of classical medicine is attempting to make a diagnosis and awaiting the autopsy for its confirmation.

Laparotomy This is the case of a woman who has pain in the liver. Gentlemen, you know that every **laparotomy** is followed by either **carcinoma** or **sarcoma**. Why? Because it is generally conceded that **chronic irritation** is the source of cancer. Take delicate tissues like the peritoneum; you tear them, pull them, mutilate them in your surgical operation and then leave them over to the tender mercies of adhesions. We find that every case of laparotomy is followed by sarcoma or carcinoma. This only means that sarcoma and carcinoma are not the awful things that we have always considered them to be. The surgeon's conception of a tumor is a mass. We are able to detect this condition in its incipiency before a mass is apparent. We had a series of nine cases in a single day on each one of which we felt a mass or tumor upon palpation, after the diagnosis was made and location determined.* Could that bring conviction to the mind of man? Sometimes. But some of them thought I had something concealed up my sleeve.

*Palpation of an abdominal tumor is easy if you know where it is. If you do not, it is like looking for a needle in a hay stack.

Let us try the other subject. His reflexes are fine. This device on his head is one of the greatest conveniences I have ever seen. Doctor Wirklich conceived this thing for the head in addition to his singing. Rokitansky who was a very famous pathologist had two sons, one a physician and the other an opera singer. When asked how they were, he replied, "One heals and the other howls." Poor fellow, I fear he had very little sense of music.

Give me 49. No sex reaction. Turn it to 25—slight reaction. Put it at 49 again to get the human blood reaction. Short circuit—it disappears. 50—carcinoma. Where is it? Digestive—32. 22—small intestine. Where is it located? Down here. That is where we are going to feel the tumor. If you will watch this thing very carefully, you will see a distinct pallor peculiar to this condition. You will see the outline of the tumor. Now I can see it definitely. In the hyperalgesia that is associated with the site of the tumor have the subject close his eyes and note the increased sensitiveness when we arrive at the tumor area. Is it metastatic? Non-metastatic. Ohmage? By ohmage we mean the severity of the disease; we speak of it as potentiality. Higher. Nine ohms. Is there sarcoma? For they may coexist. No. Tuberculosis? No. Streptotoxemia? Yes, left tonsillar region. Never speak of tonsil but of tonsillar region, because the tonsils may have been removed but the peritonsillar tissue remains and harbors strep infection. We find strep infection in fifty per cent of the cases where tonsils have been removed.

**Tonsillar
Infection**

—o—
January 18, 1923.

Hereditary Gonorrhoea— Thyroid— Pneumonia— Eye Lesions— Arthritis— Hypnotism— Thyroid— Otorrhea— Homosexuality—Cryptogenic Tuberculosis.

Gonorrhoea The hereditary nature of syphilis is recognized, but like credit has never to my knowledge been given to gonorrhoea. Dr. F. F. Strong, of Hollywood, directed my attention to the fact that many cases of **sinus infection** failed to respond to treatment with the oscilloclast at rate 2 but when he used rate 4, which is the best destructive rate for gonorrhoea, the sinus infection cleared up after a few treatments. He further observed that, from the sinuses involved one could elicit a reaction of

Neisserian infection. In the investigation of these observations it was found that many individuals who showed either streptococcic or staphylococcic infection would also give a reaction of cryptogenic Neisserian. We shall specify hereafter this condition as either **Acquired** or **Congenital N.** Practically every individual in whom the reaction of staphylococcic or streptococcic infection was elicited also gave the reaction for cryptogenic Neisserian. This is demonstrable as follows in the blood examination.

One rheostat is placed at 52 and the other at 24 which is the vibratory rate for cryptogenic Neisserian. The E. D. reaction is best. The S. V. area corresponds to the S. V. area of tuberculosis. Our observations show that, individuals whose blood will destroy the reaction of either staphylococcic or streptococcic infection give no reaction of cryptogenic Neisserian. The contrary condition is evident. Many lesions like the lesions of locomotor ataxia, tuberculosis, gum margins in **pyorrhea**

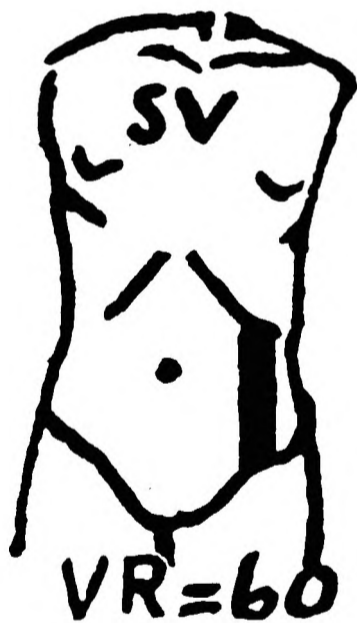


Fig. 4—Neisserian strain of streptotoxemia.

and sarcoma will give a reaction of Neisserian. In such instances over a lesion the rheostats are placed at 52, the vibratory rate of 24 being unnecessary.

Gonococci

Bacteriologists do not concede that gonococci form toxins, but this observation is due manifestly to incomplete methods of technique. Thus it has been found that, individuals with old prostatic trouble in whom gonococci are not demonstrable, after prostatic massage

give a toxic reaction of Neisserian. It is furthermore conceded by bacteriologists that, after the lapse of two or three years gonococci disappear and that the persistence of a discharge is due to the presence of other micro-organisms. Hence in the treatment of gonorrhoea one should remember to employ not only rate 4 but also rates 2 and 1 if strep and staph infection are present.

This entire question of Neisserian heredity is one of great import, at least theoretically. As yet we have no evidence to show that the elimination of this Neisserian infection is in any way productive of good results; but reasoning by analogy and knowing what can be done with diseases after eliminating congenital syphilis, it is imperative that after the usual method of concussion and the employment of splenic sterilization at rate 3 for syphilis we should also employ concurrently rate 4 for cryptogenic gonorrhoea.

Thyroid

I have found that many cases of streptococcic infection are associated with hypothyroidism. Whether or not feeding with thyroid substance will be productive of good I do not know. In examining blood for strep at 60, the Neisserian S. V. strain is shown in Fig. 4. A blood specimen yielding no hereditary Neisserian, will destroy the pneumococcus reaction possibly by de-neisserianizing the human we may find the solution of curbing the mortality rate of pneumonia.

Pneumonia

Epilepsy

5-6 cm. above left ear, we may elicit in addition to the reaction of cong. lues, also a Neisserian. This is equally true in **Psoriasis**. Perhaps this may account for my non-uniform results in the treatment of these affections.

Before concluding this lecture, permit me to dwell on the necessity of eliminating hereditary Neisserian, which is a more difficult task than the elimination of congenital lues and to emphasize the importance of heredity in pathology. "The Gods visit the sins of the fathers upon the children". "That we are omnibuses in which all our ancestors ride and that the life of each individual, is, in some real sense, a continuation of the lives of his ancestors. Most diseases can be cured if taken in time, but some of them should be taken 300 years before the patient is born."

Eye Lesions

This is an eye case. His eyesight was failing and he had ocular atrophy when he came. We have not been able to give him much improvement. We have attempt-

ed to dilate the retinal bloodvessels. In the treatment of ocular troubles diagnosis by the electronic reactions suggests that more can be done by these methods than can be accomplished in the conventional way. This is borne out by the fact that patients who have received no improvement from other sources have shown in some instances decided improvement and in other instances no improvement at all. The reason for the latter is because they come to this Clinic in a very advanced stage. In the majority of instances we find congenital syphilis or acquired syphilis present. Even though the cause of the ocular condition is removed, yet the vision may show no improvement. This is evidently due to the fact that there is an **optic atrophy** and we are dealing with effects and no longer with causes. In such cases it would seem advisable to use the oscilloclast over the eye at the scar tissue rate, zero or 11, after all pathological lesions have been eliminated, preceding the use of the oscilloclast with **depolarization**. Depolarization may be applied directly to the eye without injury. It is always wise in these cases to search for a possible lesion of lues in the **visual center**. An additional measure of relief is to dilate the **retinal blood vessels**. It can be shown with the ophthalmoscope that, if one stimulates the area between the 3rd and 4th dorsal spines either by concussion or intermittent pressure, the retinal blood vessels dilate. One should look for all forms of infection.

In this case we are just examining we found acquired syphilis. We didn't look for gonorrhoea. I am going to look for it now. Send him in. (Patient comes in.) Look for cryptogenic lues first. Try the right eye—none. The left eye—none. Now try 45 (cryptogenic lues) over the eye, which I have never done before. Not present. Try 52, E. D. over eyes. Left eye—none. We get the reaction. In this patient who has shown no marked improvement in visualization, we find over both eyes a reaction of Neisserian. We shall now use rate 4 over both eyes and determine what the results will be. Don't give up yet, my man. I have something else in store for you.

Arthritis Deformans **Doctor Abrams:** Dr. E. F. Jones of Oakland, wishes to make a report.

Doctor Jones: You may be interested in hearing about a case of **arthritis deformans** that came to me a short time ago. This was a lady 62 years of age who

had suffered from this condition for 11 years and had been in pain most of the time. She had tried everything but had gotten no relief and just tried the Abrams methods as a last resource. After 2 weeks' treatment she was free from all pain. This treatment consisted of the oscilloclast at rate 3 on the spleen and rate 3 on the joints. During the first three days I applied rate 3 on the spleen and rate 2 on the right tonsil and rate 3 on the right knee. There was a great deal of running off of the bowels for the first three days. No medicine whatever was taken. The pain left the right knee entirely and it went down to almost normal in size. The pain in the rest of her joints was improved 50 per cent. The second week she took two hours' treatment at one time. At the end of the second week she sent for me because she had a cold and because, as she said, she was numb all over. What she meant by the numbness was that she had not had any pain. Then she showed me how she could open and shut her hands. She said, "I have not been able to move my hands like this for two or three years." The examination of her blood at the Clinic showed strep of the right tonsil, congenital syphilis, and that was all. Doctor Abrams did not believe that the tonsils were implicated in the joint condition. She is very much better in every way.

This is a case of a lady in general rundown condition and growing deafness. We have found that cryptogenic Neisserian is almost as frequent in every strep case as congenital syphilis and we use rate 4 on the spleen for this, so that you may use a combination of rates 4 and 3. We will investigate this case and see if it is present. Sarcoma—present and non-metastatic. Ohmage—7 ohms. Locate it. The descending duodenum, to the left of the navel. That is the place where we usually get it. Streptotoxemia—present. Sinus, left antrum and left tonsillar region. In every case of strept infection we get the reaction of cryptogenic Neisserian. Try 52 and 24. Cryptogenic N. is present, that means cryptogenic Neisserian. We have never been able to sterilize the body against strep and staph infection and I never knew the reason why. It is possible that the solution will be found in deneisserianization.

Thyroid

Dr. G. Airey of Salt Lake City, in attendance at the Clinic, mentions a case of enlarged thyroid which did

not respond to treatment until the Neisserian rate 8* was used, when the gland rapidly receded in size.

Dr. E. F. Jones of Oakland also finds rate 8 more effective for gonorrhoea than rate 4.

Doctor Jones: I find that by the methods of Doctor Abrams I get much better results. It is very much easier and quicker than drugs. Pills are antiquated. The patients do not want them any more. But you have to use them just the same in conventional practice.

Patient

Doctor Abrams: It is more important to know what kind of a patient a disease has got than to know what kind of a disease a patient has got. We have shown repeatedly that the mind can cure not only functional but organic diseases. This is a demonstrable fact and not one that is the subject of argument. If you have faith in your own methods you get better results than if you are lackadaisical and have neither interest nor confidence in your work. The following are the observations of Doctor Jones.

Doctor Jones: I tell my patients that it would be better and they will get quicker results if they have faith in the treatments, but they will get well anyway without faith. Some of them come and say they have no faith in the treatments at all. I think practically all of them have either gotten well or have improved. They would have gotten well if they had continued, but some have not continued long enough.

Hypnotism

Doctor Abrams: It is a strange thing, the different view points, especially that of scientists. Many physicians attribute the results we get here to the action of **hypnotism**. When the phonograph was first demonstrated before a body of scientists in France, a learned scientist said that the results brought about by the phonograph were due to ventriloquism. The most obnoxious of all men in commenting on new things is the so-called pre-conceived scientist. I have quit replying to my critics. It is no crime to be called a quack; the calamity consists in being one. The greatest victor is he who overcomes his enemies without a blow.

Otorrhea

Here is a case of a man who is gradually going deaf. The ear discharges. This is an instance where you could use the gonorrhoeal rate locally, 4 as well as 2

*8 and 4 are destructive Neisserian rates. Both numbers may be used concurrently.

(strep), for the cryptogenic Neisserian. Treat it locally at rates 4 and 2. I think we are going to get better results. Evidently the soil of syphilis doesn't have anything to do with strep infection.

Homosexualist

This is a case of a woman married 12 years. No children. Has had nervous prostration. Wonders if there is an underlying cause for having no children. Try 49. We get a **male reaction**. She is evidently a homosexualist. No doubt this has something to do with her not having children. There is a psychic reason underlying it. She probably finds no pleasure in the conjugal relation and therefore does not conceive. You have to approach a patient very delicately in a matter like this. There is usually a high ohmage of **congenital syphilis**. When this is removed, it very often happens that the normal sex reaction will be restored.

I had a case of a lady, a married woman, who was a homosexualist. In talking with her, I said, "You are not happy with your husband, are you?" She said, "No, I am not." She said that he was a good husband and as kind to her as he could possibly be but that many times she had wanted to separate from him. I frankly told the husband that he was repulsive to her. She said she wanted to separate from him for a while until she got better and I told her I thought it would be wise. There are many cases like this. The woman prefers an effeminate man, one who resembles her own sex. One must handle such cases with great care.

Cryptogenic Tuberculosis

This is the case where tubercle bacilli were found in the sputum and I can get no reaction for **tuberculosis**. At the last examination congenital syphilis and strep were present. Try tuberculosis. I can't find any tuberculosis. Let us be sure. Take the rod. No, I can't get it. We have had that occur several times where they will find tubercle bacilli in the sputum but no reaction for tuberculosis can be elicited. There are called non-viable tubercle bacilli. The only way is to make cultures and inoculate some guinea pigs. The patient is not losing any weight. The cryptogenic T. B. reaction is present (on rheostat at 42, and the other set at 49). Never neglect this reaction before dismissing a patient. If both rheostats are set at 42 (T. B. vibratory rate), and a tuberculous reaction is taken with a known culture tube, the reaction is at once vitiated, if a staph culture is placed in proximity to the first tube. Strep does not act similarly. Using the rheostat rates (42 and 49), staph will not destroy the T. B. reaction.

A FEW CASE REPORTS

Amon Thatcher Noe, M. D.*

Pacific Grove, Calif.

**Inoperable
Carcinoma**

"I am sending you a report of a case that I feel should be presented to the profession.

Mrs. J. B. G., Salinas, California, age 54, was taken to the Jim Bardin Hospital in Salinas on the 18th of December 1922, suffering from a stoppage of the bowels. She was enduring intense pain, with vomiting, and distention of the abdomen, with gas.

Enemas and cathartics, at home, and, in the hospital, proved disappointing. So the physician in charge called in a consultant, and an operation was decided upon. This was performed on the 19th of December. They found a cancerous mass enveloping and stricturing the bowel, and spreading through the abdominal tissues. It was inoperable, and she was sewed up, and left to die. The physicians in charge informed her husband she could live only a few days, and that there was nothing known to science that could save her.

Dr. Noe of Pacific Grove was called in, December 27th, and a blood specimen was taken, and E. R. A. reactions verified carcinoma of the bowels, with 13 ohms of resistance. He as once applied the Oscilloclast on 3 over spleen, and electrode over carcinoma area on 6, continuously for forty-eight hours, after which gas began to pass. He then applied the Oscilloclast on spleen and cancer areas, for two hours alternating through the day for four days, when, by enema, a little fecal matter passed.

The patient so much improved that she was moved to Pacific Grove, notwithstanding the prognosis of her former physicians that death, en route, was positive.

The journey was easily and successfully accomplished

*Dr. Noe presents this case report in no sense suggestive of permanency but only to emphasize the immediate and perhaps only temporary results of the treatment. Dr. Lamar Tuttle of New York, reports similar results in an inoperable cancer case. The case was reported as inoperable at Mayo's. Patient has returned to work, free from symptoms and has gained over 30 pounds (Report, February 7, 1923).

by ambulance, and the patient feeling fine. She was installed near Dr. Noe's office, with a competent nurse, where the work was continued. Three days after arrival her bowels began to move naturally, and at this date have improved so rapidly that no sign of growth is discoverable. She is sitting up, and walking about, and says she feels like a million dollars.

Dr. Noe has discharged her and she is leaving for home in Salinas, sitting by her husband at the wheel of his standard Studebaker.

If this is not a modern miracle, what is it? And is not the name of Albert Abrams to be honored, and loved in the land, with the praise and thanksgiving, due a genius of medicine.

Jan. 24th, 1923—Telephone message. 'Bowels moving regularly and walking every where she wants to go, and feeling fine' ”.

The above is a correct statement of facts and affidavits are made by the patient and others.”

—o—
P. B. Roper, M. D.

New York

Sarcoma

Girl, 21 years of age, weighing 90 lbs, and having (as diagnosed by the physicians in Boston, Sarcoma).

Physicians could do nothing for her, and I concluded that even after an operation, she would be probably buried in a few weeks. Upon her relatives' recommendation of Dr. Collins*, she was diagnosed by Dr. Abrams (blood specimen sent), Sarcoma of the left knee. After six weeks treatment she was feeling much better, and could stand on one leg, without any pain. A few months later, I saw her, and she was enthusiastic in her realization of the method which had completely cured her.

—o—
J. E. Leadsworth, M. D.

Los Angeles

**Pernicious
Anemia—
Carcinoma**

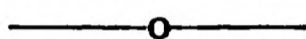
Case of a lady who had served as a nurse in the Boer war.

Several of the physicians in Los Angeles had told her that she had pernicious anemia, also (probably) carcinoma of the uterus. She had flowed for 4 months steadily. A blood diagnosis of the case by Dr. Abrams con-

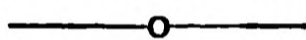
*Linesville, Penn.

firmed the diagnosis of pernicious anemia, and a carcinomatous reaction from the spleen and of the uterus. The doctors had told her that she could take a chance, of lying for months with transfusions, and perhaps in time they would operate. She decided to try the Oscilloclastic treatment. We began treating her, and from the first treatment she never flowed one drop. I treated her over the uterus (6) and over the spleen (3).

Color which at first was very pale, is now good, and she had gained three or four pounds. Can take a hike up the mountains, and enjoy it. She now does things that she never did before.



Carcinoma Case of a woman, having a carcinoma of the uterus. The odor was offensive, in fact was so unbearable that the nurses could hardly be persuaded to stay in the room with her. Discharge from the vagina was irritating. Inside of three months all of the odor had disappeared, and the discharge had stopped. Patient had gained thirty pounds. Treatment was intra-vaginally, and over the uterus. Also, general treatment (S. S. 3). Patient feeling as well as she ever had in her life before.

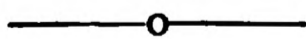


E. L. Burch, M. D.

San Jose, Calif.

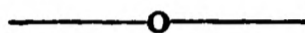
**Acquired Syphilis—
Congenital Lues** Case of man whose toes on right foot were amputated some two years before. Pain in this foot had been severe and constant for six years. Two large sores on the foot had refused to heal since the toe amputation. Pain was so intense that dressings had to be done every one or two hours during the night for the past two years.

Diagnosis was made by the Electronic Methods, of Acquired Lues, cerebral strain, from an infection in the hand. Treatment over the spleen with the oscilloclast has reduced the pain until the last three weeks he has had absolutely no pain and one of the ulcers has completely healed, while the other is granulating from the bottom and shows every indication of complete recovery within a few weeks. Patient looks and feels like a new man.



Lues Case of child, age 6 years. Under the care of a leading child specialist the past three years and had not tasted milk for three years. Diagnosis by electronic methods showed acquired Di-

minished Resistance from a lip infection, and a very high ohmage. Treatment with the oscilloclast from four to six weeks brought the weight of the child up from thirty six pounds to fifty two pounds. Child is full of life and pep. Diet was increased after the second week. When discharged the patient was on a general diet, and had been for three weeks. Diagnosis was verified by family history and previous history of the case.



H. G. Nyblett, M. D.

Calgary, Alberta, Canada.

**New
Test**

“A confirmation of a finding when using a new test is always satisfactory.

On January 30, 1923, I was called out to see a young woman, who had, the night before severe abdominal pains and vomiting, with a very high temperature and irregular pulse. There was a pus discharge from the cervix, and typical septic peritonitis.

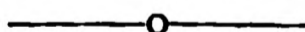
Blood test by the E. R. A. showed strep of lungs and pelvis, colisepsis, and pregnancy. Swab from the cervix was sent to the laboratory, which was negative for strep but on culture showed colon bacilli only.

I had, of course, to wait two days for the report. She died on the fourth day. Pus from the abdomen showed only streptococci. Two cultures were made by different bacteriologists. At the post mortem, examination was made, and seemed to give no evidence of pregnancy, but a more careful examination showed a very small placenta, with no fetus.

The interesting point is that the E. R. A. gave the diagnosis quicker than was done by the laboratory, and it gave a complete diagnosis of the findings, which neither of the bacteriological findings gave.

One showed only colon bacilli, and the other only streptococci.

I thought this would be of interest to you.”



E. F. Jones, M. D.

Oakland, Calif.

Carcinoma— “Male, age about 65 years.

**Acquired
Syphilis** He had been under treatment three months in San Francisco for carcinoma. Came to me one month ago last Friday, December 12, 1922, in acute distress. Had not been able to eat or sleep for many days and nights.

His weight at that time was 100 lbs. Intense pain and tenderness over abdomen, and his sight was so poor that he had to be led by his wife. Specimen of blood examined by Dr. Abrams showed 9 ohms carcinoma of the intestines, also diminished resistance. In ten days after treatment on the oscilloclast, the man could see well enough to come alone to my office without assistance of any kind. In two weeks he could read large print in the newspapers."

January 12, 1923, he weighed 150 lbs, could eat anything and sleep comfortably all night. Had no pain whatever, and has gone back to his ranch to work.

—o—
P. C. Jensen, M. D.

Manistee, Mich.

**Primary
Syphilis**

Case of a large Hunterian chancre on penis. Under ordinary treatment, it would take from 4 to 8 weeks for its disappearance. Eight treatments with oscilloclast (local and splenic sterilization) healed the chancre.

—o—
CORRESPONDENCE*

"Dear Dr. Abrams.

It is necessary, in scientific investigation, first to know a fact and next to state it accurately and clearly—which means, clear to the other fellow.

You have discovered a considerable number of new facts, and have formed them into a system of diagnosis which is of supreme value.

You have also made praiseworthy effort to minimize the coinage of new terms to represent these facts. The term 'Electronic Reactions' is in my opinion well chosen. So is the term 'Strain' as representing the type of infective condition.

I append some suggestions for improving a few terms, which will make the whole subject clearer to men of scientific turn of mind who are reasonably anxious to look at it fairly and squarely.

Yours very sincerely,

T. P. Hall."

—
*Dr. T. P. Hall, Vancouver, B. C., is equally distinguished as a physician and physicist and his suggestions subsequent to a prolonged sojourn at the Abrams' Laboratory are worthy of consideration.

- No. 1.** "Replace the term "Human Energy" by "**Vital Energy**" and "**Vital Force**".

You find this energy in animals and even in plants. The word 'human' is then too limited, when there is a word that better covers the field.

If this force is found in a magnet it is yet characteristically vital in all its manifestations.

In my opinion you are dealing with "nerve energy," but I prefer the term 'vital' as more fully expressive.

- No. 2.** Abolish the word "ohmage". Replace it by '**Activity**'.

Resistance and Resistivity, and these only, are measurable in ohms. To express potentiality or activity or intensity or virulence in ohms is worse than coining a new term. As well speak of walking at the rate of 4 pounds per hour, or of building a wall 17 horse-power high, or of lifting a weight of 23 minutes.

So we might write 'Streptotoxemia, activity 3', not 3 ohms, but 3 on a scale which is as yet purely arbitrary. We get 3 ohms during the process of finding the activity, but it is a mistake to state that as our results.

In measuring the force of gravitation at any point the process used is to find the length of a pendulum beating seconds at that point. But no one would think of reporting his results. Force of gravitation at Exville is 101.345 cm.

But one calculates from this what the force is in dynes and so states it.

This is most important if we are to avoid the appearance of ignorance and absurdity in our statements of results.

- No. 3.** Use the term "**Degree of Abnormality**" for congenital syphilis.

It was a marked improvement when the word 'syphilis' was dropt, but an adequately expressive term is needed in its place. Its virulence will be well expressed by a number under the word 'activity'.

- No. 4.** In reporting a diagnosis use the word "Trend" in all cases in which it is probable that no pathological lesion will be found.

A pin scratch may give the same kind of reaction as a carcinomatous tumor; but that does not justify us in calling a pin scratch a carcinoma, or a carcinoma a pin scratch."

REPLY

- No. 1.** Logomachy, suggests a contention in words, for after all is said, if the facts do not conform with theories, then theories must be altered to conform with facts.
- The theory of vitalism has been abandoned to the discomfort of theologians, for it was repugnant to the latter to concede that the forces resident in the human corresponded with those governing the inanimate world. The term hylozoism embodies the scientific conception that all nature is alive, hence the necessity of differentiation. To refer to human energy is no less inapplicable than to differentiate heat, electricity, magnetism or gravitation which are all interconvertible forms of motion.
- No. 2.** In my book "New Concepts in Diagnosis and Treatment" (page 44), the following statement is made, "We are constrained to employ electrical terms and methods of mensuration until our knowledge of this form of energy (human) is better understood. From the viewpoint of the utilitarian, the latter subserve our purpose." We can measure activity of disease in ohms. If so, why should we employ meaningless numbers. Here the burden of proof must be borne by theorists who must show that disease cannot be calibrated in ohmage. One physicist suggests that the units of resistance be called "Abrams units".
- No. 3.** The word syphilis has been expunged in our *termini technici* and substituted by acquired or congenital diminished resistance.
- The term "activity" is less suggestive to the physicist than the word potentiality. To the physicist the term potential means the energy of an electrical charge measured by its power to do work, or transposed pathologically, to do harm.
- No. 4.** The essential value of the electronic reactions is in the early recognition of disease. When tumor formation has occurred, the patients' consignee is the pathologist and not the clinician. If a reaction of cancer is elicited, it is not a "trend" but only cancer and nothing else.
- We have in our repeated writings qualified our meaning as follows:
- Any reaction of cancer under 1 ohm should be regarded as an "irritation" but should the ohmage in-

crease, it signifies that the lesion may eventuate in tumor formation. After this manner we recognize the frontier symptoms of disease.

Murray and Woglom have shown that irritated tissues transplanted into an experimental animal (autoplasty) may give rise to metastases. Thus tissues already malignant give no histological evidence of malignancy.

PROGRESSIVE ELECTRONIC MEDICINE

Blood Specimens Physicians are cautioned not to use alcohol on the ear before puncturing the skin insomuch as it will viti-ate many reactions. It is better to clean the ear thoroughly with dry cotton before the puncture is made.

Streptococcic Infection* Measurements at Doctor Abrams' Clinic show that in most instances there is an insufficiency of the thyroid gland and it is suggested that thyroid in small doses be given to obviate this tendency.

Attention is directed elsewhere in this issue to the Neisserian soil present in streptotoxemia.

Glasses Physicians are cautioned in making the E. R. A. to remove the glasses from the reagent as well as the patient insomuch as short circuiting ensues by the metallic frame. A watch chain acts similarly.

X-Ray and Radium Burns It is suggested that rate zero on the oscilloclast be used for the treatment of wounds ensuing from the use of these modalities.

Constipation One of Doctor Abrams' disciples recommends the use of rate 3 over the liver for the treatment of this condition. He attains uniform good results. Perhaps the elimination of lues, enhances the functional activity of this organ.

Anesthesia It is suggested that dentists, as well as physicians employ the oscilloclast for this object, by using **three** binding posts at rate 7. The cords may be attached by aid of a triple connector to the electrode, which is applied in the usual region for anesthesia; at the hair line for

*Many physicians err in citing their ohmage of pus. Pure pus never yields a potentiality in excess of 4 ohms.

all parts below the head, and in the sub-occipital region for trigeminal anesthesia.

Diagnostic Radiophony On the completion of his radiophonic apparatus, Dr. Abrams contemplates a visit to Europe, for the purpose of demonstrating the apparatus in question. The apparatus will absolutely exclude the personal equation in diagnosis and suggests avenues of research in practically every field of science.

A New Pulmonary Sign Tentative investigations show that the lower lung border descends in an irregular way in different diseases, whether on the patient (auto-electronic diagnosis) or when energy is conveyed to the P. D. area. See Fig. 5.

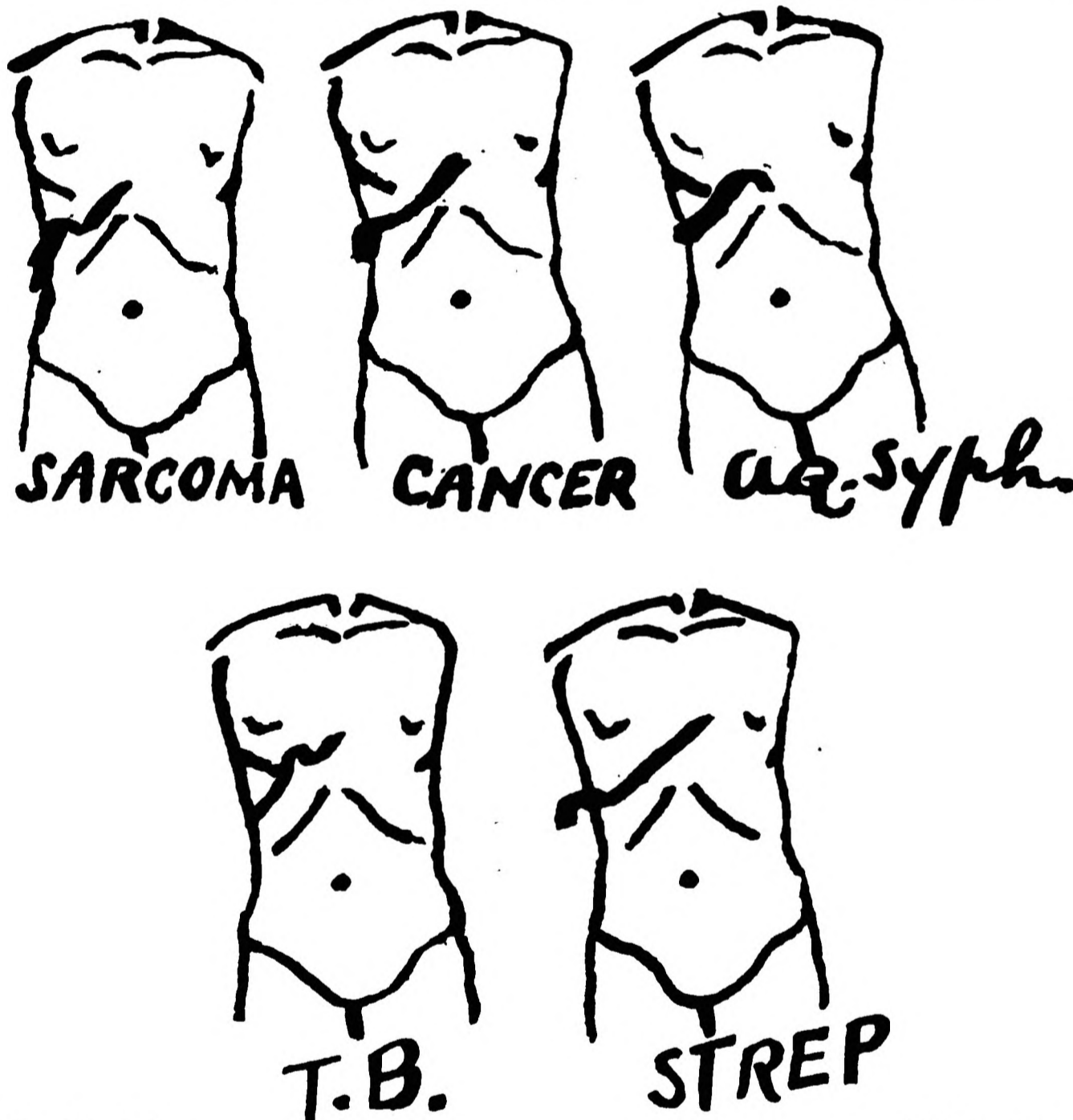


Fig. 5—Showing retraction right lower lung border (light percussion); in **Sarcoma**, nipple line; **Carcinoma**, ant. axill. line; **Acquired Syphilis**, right sternal line; **Tuberculosis**, parasternal line; **Streptococcal**, poster. axillary line.

Syphilis Insontium Innocent syphilis is of frequent occurrence. To determine that it is innocent, one may have recourse to the reflex of defloration. In the male and female, using

rate 49 (human reaction) with one rheostat and with another rheostat, at rate 12, a married individual yields a reaction as shown in Fig. 6. If the individual is not a virgin, and unmarried, a reaction is elicited at 17. This observation is tentative.

Site of Lesion

The fact has previously been recorded that, at the site of a lesion the latter is circumscribed in reagent and patient by pallor of the skin. The borders of this vasoconstrictor sign show hyperalgesta (cotton best). If the area in question is gently stroked with cotton, a goose-flesh (cutis anserina) appearance is observable followed by skin hyperemia.

Definition of Areas

If the finger is **very lightly** applied over the skin of the reagent, one may be able to elicit the areas with nearly the same precision as can be done with a glass rod.

Pituitary Gland

The reaction from this gland may be elicited on either side close to the internal canthus of the eye and measures in the norm about 7-25 of an ohm. The destructive rate is at 4 of the oscilloclast.

Stammering and Stuttering

Many ingenious theories have been invoked in explanation of these anomalies of articulation. It is suggested that search be made for cortical lesions of congenital syphilis, notably over the speech center and if found, to treat locally at rate 3 after depolarization.

INVESTIGATION OF A REMEDY FOR MALIGNANCY

Forbes Ross, M. D., now deceased, a former eminent London physician until he had the audacity to recommend a remedy for malignancy made use of the following prescription:

Potass. citrat.
 Potass. hypophosphiteof each, 3 drams
 Ferri et ammon, citr.12 grains
 Potass. iodid $\frac{1}{2}$ dram
 Tinct. strophanth.
 Tinct. nux vom.of each, 1 dram
 Syr. aurantii1 oz. and $\frac{1}{2}$
 Aquae q. s.6 oz.
 Tablespoonful in water 3 times a day.

Evidently the addition of the cardio—tonics is to off-set the depressing effects of the potassium salts on the nervous and circulatory systems.

From trustworthy evidence, the writer ascertained that the prescription in question was not only useful in many instances of destroying malignancy but also in dissipating the tumors. It is suggested that the prescription in question be used in association with the oscilloclast.

Employing my diagnostic radio-phone (although the usual methods of the E. R. A. are equally effective), it was found:

1. Potass. cit. destroys reaction of carcinoma but is without effect on sarcoma.

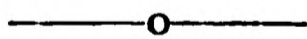
2. Potass. iod. destroys carcinoma reaction but not sarcoma.

3. Iron and ammon. citr., is destructive to carcinoma but not to sarcoma.

4. Potass. hypophos., destroys reactions of carcinoma and sarcoma.

5. A combination of all destroys reactions of both at a distance of 52 inches.

Any one witnessing these spectacular demonstrations with the radio apparatus could not possibly doubt the principle of like curing like by like destroying like. Thus, and thus only, can the great truths of homeopathy become renascent. The renaissance of the latter predicates its extra-academic origin for, if sincerety is given expression, the greatest enemy of homeopathy is the homeopath himself. The most vicious assailant is the renegade who has been lured and engulfed in the vortex of mass medicine which finds justification for existence in might but not right.

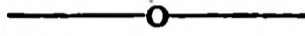


Anaphylaxis My radio apparatus furnishes a clue to the understanding of this phenomenon. Before the drug endowed with destructive resonance to the cancer is placed before the latter, the specific cancer reaction is expressed by detonations at specific intervals (every 4 seconds). These detonations cease as long as the drug is in juxtaposition to the cancer but recur when the drug is removed. Immediately after removal of the drug, the detonations for a limited period of time are louder than before.

The alternate detonations of matter are in the nature of charge and discharge and represent the safety valve

of energy. Suppressed by the drug, the energy accumulates and is discharged with increased force after removal of the drug.

Thus, may we explain anaphylaxis substituting in our conception for the pent up energy, the aggravated symptoms.



REVIEWS

Ernest A. Hall,

Victoria, B. C., Canadian Journal of Medicine,
December 1922.

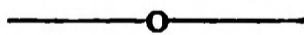
**Let Us
Awake**

"Three years ago I picked up a book written by Dr. Abrams, of San Francisco, and, after a cursory glance, I threw it down as the vaporings of a fanatic.

A few months ago I again looked at this book, only to be convinced that this man had, or thought he had, something which the average medical man had not, and something which I, at least, was ignorant of.

I soon found myself in San Francisco, dominated with the spirit of investigation, and determined to preserve the "Missouri" attitude until convinced. Here I found the surprise of my life; medical practice, based on a scientific basis, and made so plain that the way-faring M. D., though a fool, need not err therein.

I found the occult being de-occulted, and the mysteries of the past stated in terms of the scientific accuracy of the present. I found disease recognized before it became disease, according to our cruder methods of thought, as well as so considered incurable cases responding to Dr. Abrams' system. I found some seventy enthusiastic medical men and women representing every State in the Union crowding the clinic, watching and taking part in the most unique and marvellous methods of diagnosis ever presented to the profession."



MEDICAL REVIEW OF REVIEWS

January, 1923.

Editorial

"Still another new teaching that is beginning to stir medical ranks is the Electronic theory of Abrams with its striking novel methods of diagnosis and of treatment. This is meeting with a reception varying from absolute acceptance to total rejection. If it is what its discoverer claims, it is the most revolutionary and the most important discovery that has ever been made in

connection with the science of medicine." "A few are studying it with more or less open mind and others look upon it as pseudo—scientific clap-trap, and one of the most blatant frauds that has ever been inflicted on a suffering profession."

—o—
J. H. East, M. D., J. A. M. A. A.

July, 1922.

Observations "First, was to meet a very earnest investigator who accepts nothing for a fact until he has proven it out from every angle beyond the shadow of a doubt.

Second, was to see a man whose interest is in humanity, whose one aim was to devise ways and means whereby he could relieve mankind of the Great Destroyer of Life and Happiness.

Third, to see a man who can translate vibrations and pitch into a perfect diagnosis and by educated touch and by percussion can pick up the vibratory rate of disease from which the patient suffers either through the reagent or from the patient direct.

Fourth, having determined the vibratory rate of the disease in question, be it lues, carcinoma, sarcoma, tuberculosis, or dementia-precocx, you see this master mind tell how to relieve the sufferer and restore him to health and happiness.

I had the pleasure of knowing Doctor Albert Abrams since 1913. Having first seen him demonstrate Spondylotherapy and convinced that he had the right idea of life and the cause of disease I have been a follower of his teachings ever since, and have never regretted a moment's time spent in the study of the wonderful truth he has evolved and demonstrated to the world.

Now that Doctor Abrams has originated a method of passing the destructive rate of disease to the body so that it is absorbed and the disease dissolved and eliminated, I feel prouder than ever to be a follower of this great evoker of truths through the accuracy of diagnosis and mathematical measure of treatments.

I have seen college professors who were prejudiced against the work and against the doctor also, come to the clinic with the intention of criticising but when they watched Doctor Abrams work out the Electronic Diagnosis they were convinced of the truth in it and had the dogmas and superstitions wiped from their mind."

PSEUDO—SCIENTISTS AS CRITICS

Dr. J. W. King, Bradford, Penna.

This is a reply to one De Kruif, and represents so much wasted energy on one unworthy of it. This is the same individual whose article is solicited to be read by Dr. Geo. M. Laughlin, of Kirksville, Mo., in a card to the osteopathic profession. He pays a higher tribute to De Kruif by so doing than to the osteopaths who are referred to by De Kruif as "unscientific gentry" and "bone punchers". This masterly contribution of King is worthy of a better cause. The men to whom he refers as so-called medical arbiters particularly one is so reeky with malodor that, the mere mention of his name is one of the deplorable tragedies of American medicine.

DRUG POTENCY AND DR. ABRAMS

W. E. Boyd, M. A., M. D. (Glasgow University)—Homeopathic Recorder, January 15, 1923.

For about two years, Boyd investigated the potency question under the "Beit Research Fund".

"The conclusion is that the homeopathic world is indebted to Dr. Abrams to an enormous degree for his most wonderful discovery of the use of the human subject" in the detection of emanations.

Boyd's contribution must be accepted with reserve as his conclusions are faulty from a technicians viewpoint in his endeavor to launch a new apparatus without a thorough understanding of the Electronic Reactions.

Dr. Boyd, however, deserves great credit for having at least investigated the methods which is a hazardous thing to do in the present chaotic state of organized medicine.

WHY? THE ELECTRONIC REACTIONS OF ABRAMS

W. S. Secrest, M. D., Salt Lake City. Medical Summary. January, 1923.

Secrest cites many cases showing results achieved by the E. R. A. He deplores the bitter fight now raging against the methods by organized and political medicine. He forgets that this is necessary as some one has said, if they do not, "the followers of the E. R. A. will be the pall bearers of the A. M. A". "I am perfectly happy", he concludes, "that I can now do something for millions of sufferers."

MISCELLANEOUS

B. W. Swayze, M. D.

Extract from the Philadelphia Ledger, November 10, 1922.

“My patrons during the three years I have been using the E. R. A. (Electronic Reactions of Abrams) are so grateful for their virtually permanent relief from conditions that previously simply have recurred that they can not stop talking about the things the E. R. A. did for them. Critics to the contrary, the public have some sense and reasoning powers and if they can not get health results in the universal methods used they find at once results in the E. R. A., and believe me, they are finding them.”

Dr. William Wolfram, Cincinnati, Ohio.

Extract from an address (stenographic report) delivered in Boston, Massachusetts, October 8, 1922.

“I went to Doctor Abrams as a sceptic but I did not go with scorn, and now I am devoted. Why? Because he produced results that I do not believe could be secured by any other method of diagnosis. I don't mean to say that he produced 100 per cent good results in diagnosis, but I have not found 5 per cent of errors in his diagnosis covering hundreds of specimens, and surely those of us who are scientists will allow 5 per cent of errors. I sent no case history with the blood specimens and no information of any kind. I used no name. I used code numbers made up differently and sometimes an initial and a street address and sometimes an initial and a telephone number, but ruling out all probability of Doctor Abrams through any of his colleagues in San Francisco finding what was wrong with my patients.”

Dr. J. W. King, Bradford, Pennsylvania.

The next course at the Bradford Branch College of Electronic Medicine begins February 1, 1923, and continues four weeks. In his announcement, Doctor King makes the following statement:

“An unscrupulous circular is sent out announcing a course of the E. R. A. at Pittsburgh, Pa., and Chicago, Ill., in the near future and conducted by a former pupil

of Dr. Abrams' who had only recently finished (Sept. 1922) the prescribed Course and through his manager is giving out misleading statements. He is not authorized to teach the E. R. A. nor is he qualified to teach the work in the short experience he has had. It is also untrue for this concern that the **complete** work can be taught in two weeks. For your information any one taking the unauthorized work cannot be supplied with Dr. Abrams' outfits. The statement that these things will be promptly furnished might mislead in conveying that the diagnostic and therapeutic outfit of Dr. Abrams would be furnished. Nothing of the sort. The machine for treatment purposes furnished by others than Dr. Abrams is a **dangerous** machine (see December Journal Physico-Clinical Medicine, Abrams) to use. It is an infringement on Dr. Abrams' Oscilloclast and makes the purchaser liable to a suit. I am in possession of a letter from one user of the counterfeit machine which does not speak well for the machine, namely;

"The machine works very fast with a high Ohmage of Lues, but is too harsh for a weak patient or when the Ohmage is about all reduced it makes the patient very nervous. For other diseases than Lues, I did not get any good results at all with machine and am going to get rid of it as soon as possible. Have ordered an Abrams Master Machine.'"

**Delinquent
Subscribers** Many physicians who fail to receive this Journal have been negligent in paying their subscriptions despite repeated demands to do so.

—○—
Dr. F. F. Strong,

—
At the City Club of Los Angeles,

—
January 16, 1923.

**City
Club** This scientific authority presented the "Abrams' methods", despite the most intense antagonism on the part of the medical profession. His address was received with great applause, and he acquitted himself in a manner most creditable to the Electronic System of Medicine.

Electronic Theory Dr. William J. Mayo asserted (St. Paul Pioneer Press, December 6, 1922) in emphasizing the new trend science will take. "There will be a deviation in study in the large pathological lines from cases that even the laity can see and understand. An advance will be made along the lines of molecules and electrons, and along the lines of physics." Now appears, Dr. C. Field, Director, Radium Institute, New York, with a contribution (N. Y. Med. Jour., February 7, 1923, "An appreciation of the Electronic Theory."

Prize Essay Doctor Abrams announces a prize of \$250 yearly for the best essay on some subject dealing with Electronic Medicine. Preference will be given to the essay embodying some new feature in electronic diagnosis.

Certificates of Attendance These will be issued to future attendants at Doctor Abrams Clinic provided that at least 70 per cent of questions relating to electronic medicine are answered. A nominal charge of \$5.00 will be made for each certificate, which should be made payable to the "College of Electronic Medicine", as a donation.

Dr. J. H. East This Denver physician has established a sanatorium which will be used exclusively for electronic diagnosis and Abrams' treatment for tuberculosis. He will retain his laboratory at 1648 Tremont Street, Denver, Colorado, for treatment.

Judge James I. Ellman,
Detroit, Mich.

Extract "Ridicule relative to Doctor Abrams' methods does not help to enlighten the layman who is seeking for light. The writer had the good fortune to see demonstrations in diagnosis. He assisted in some of them. He has tried to see if he could check up the results claimed by the physician and he was frank to say that he was very pleasantly surprised."

Dr. Mather Thomson

This eminent physician of London, England, is now located at 1 Ennismore Gardens, S. W. 7, and is authorized to represent Doctor Abrams' methods in his city. He is fully qualified to execute the methods in question.

Electronic Institute and Clinic This institute has been established for electronic diagnosis and therapy (Abrams) at 641 South Vermont Avenue, Los Angeles, California. The following are the members of the staff:

Carl E. Conn, M. D.
 Leo Bigelman, M. D.
 Robert Kirshner, D. D. S.
 Annette E. Hess, D. D. S.
 Mary Louise Powell
 Frances Marian Boon

December, 1922, Class

“Doctor Abrams:

As the Class Representative, I am commissioned by them, on this, your Birthday, to wish you many happy returns.

We also desire to say that after having witnessed the marvelous demonstrations in this Clinic performed by you, we consider you to be the greatest man of the Medical profession living today.

Not only the greatest scientist, but the greatest benefactor of the suffering human race.

We know that monuments are usually built to men of genius and ability after their death, but we as your pupils and disciples, do not desire this to be so in your case, so on behalf of the December 1922 Class, we wish to show the love and esteem in which we hold you, on this your Birthday, while you are still living, by this small gift, which I now have the honor of presenting.”

R. A. Gamble,
 Class Representative,
 Petersburg, Virginia.

DR. PHILIP SHEPPARD

(This physician's license was revoked by the “Massachusetts State Medical Board”. The following are a few extracts of the opinion of Harry Gottesfeld, Esq., Attorney and Counselor at Law, bearing on the revocation in question. Editor.)

“No tribunal, no board, no commission, has the right to disobey the law. NO BOARD CAN BASE ITS DECISION ON IMPROPER, INCOMPETENT, ILLEGAL EVIDENCE. If the law were otherwise, if a lawyer's license or a physician's license could be revoked upon improper or incompetent illegal evidence, no lawyer's, no physician's professional life would be

safe,—it would be at the mercy of suspicion, rumor, whim, prejudice. Inferior boards are bound by the law.

THIS IS A LAND OF LAW, A GOVERNMENT OF LAW, AND NO MAN CAN BE DEPRIVED OF HIS RIGHTS CONTRARY TO LAW.

The general trend of the decisions in all the states, whenever any question in reference to schools of medicine has been before the court is to avoid recognizing any particular system or school. The theory of the New York court upon this subject is expressed by an opinion in the case of

Corsi v. Maretzek, 4. E. D. Smith, 1-5.

Judge Daly wrote the opinion, and, among other things, he said:—

“The system pursued by the practitioner is immaterial. The law has nothing to do with particular systems. Their relative merit may become the subject of inquiry, when the skill or ability of a practitioner in any given case is to be passed upon as a matter of fact. But the law does not, and cannot, supply any positive rules for the interpretation of medical science. It is not one of those certain or exact sciences, in which truths become established and fixed, but is essentially progressive in its nature, enlarging with the growth of human experience, and subject to those changes and revolutions incident to any branch of human inquiry, the laws of which are not fully ascertained. The labors of the anatomist, the physiologist, and the chemist have contributed an immense storehouse of facts; but the manner in which this knowledge is to be applied in the treatment and cure of diseases has been, and will probably continue to be open to diversity of opinion. No one system of practice has been uniformly followed, but physicians from the days of Hippocrates have been divided into opposing sects and schools. The sects of the dogmatists and the empirics divided the ancient world for centuries, until the rise of the methodics who, in their turn, gave way to innumerable sects. Theories of practice, believed to be infallible at one age, have been utterly rejected in another. For thirteen centuries Europe yielded to the authority of Galen. He was implicitly followed—his practice strictly pursued. Everything that seemed to conflict with his precepts was rejected; and yet, in the revolutions of medical opinion, the works of this undoubtedly great man were publicly burned by Paracelsus and his disciples; and for centuries following the medical world was divided between

the Galenists and the Chemists, until a complete ascendancy over both was obtained by the sect of the Vitalists. This state of things has been occasioned by the circumstance that medical practitioners have often been more given to the formation of theories upon the nature of disease and the mode of its treatment, than to that careful observation and patient accumulation of facts, by which, on other sciences, the phenomena of nature have been unravelled. I am far from undervaluing the great benefits conferred upon mankind by the study of medicine, and have no wish to minister to any vulgar prejudice against a useful and learned profession, but it is not to be overlooked that, as an art, it has been characterized in a greater degree, by fluctuations of opinions as to its principles and the mode of its practice than, perhaps, any other pursuit. That it has been distinguished by the constant promulgation and explosion of theories, that it has alternated between the advancement of new doctrines and the revival of old ones, and that its professors in every age have been noted for the tenacity with which they have clung to opinions, and the unanimity with which they have resisted the introduction of valuable discoveries. They still continue to disagree in respect to the treatment of disease as old as the human race; and at the present day, when great advances have been made in all departments of knowledge, radical and fundamental difference divides the allopathists from the followers of Hahnemann, to say nothing of those who believe in the sovereign instrumentality of water.

“In fact, nothing comparatively is known of the philosophy of disease. Its eradication or cure, where the result of human agency is, in the great majority of instances attributable rather to the careful observation, judgment and experience of the particular practitioner, than to the application of general or established methods available to all. The popular axiom that “doctors differ” is as true now as it ever was, and as long as it continues to be so it is impossible for the law to recognize any class of practitioners or the followers of any particular system or method of treatment, as exclusively entitled to be regarded as doctors. In adverting to the conflicting views and differences of opinion that exist and have ever existed in the practice of the healing art, it is not to call in question the value of learned, skillful and experienced physicians, but merely to show the error of attempting, in the present state of medical sci-

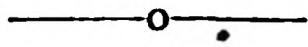
ence, to recognize as law any one system of practice, or of declaring that the practitioner who follows a particular system is a doctor and that one who pursues a different method is not." •

The practice of medicine has been defined in our law dictionaries, a definition which has been accepted and quoted by the courts, as follows:—

* * * * * (1) To open an office for the practice of medicine; or (2) to announce to the public or to any individual, in any way, a desire or willingness or readiness to treat the sick or afflicted, or investigate or diagnose, or offer to investigate or diagnose, any physical or medical ailments or disease of any person; or (3) to suggest, recommend, prescribe, or direct for the use of any person any drug, medicine, appliance or other agency, whether material or not material for the use, relief, or palliation of any ailment or disease of the mind or body, or the cure or relief of any wound, fracture, or bodily injury or deformity, after having received or with the intent to receive therefor, either directly or indirectly, any bonus, gift, or compensation."

You will note that under that definition a physician has the right to use **any means that to him may seem of benefit to his patient** or material for their "relief or palliation of any ailment or disease of the mind or body, or the cure or relief of any wound, fracture, or bodily injury or deformity, after having received or with the intent to receive therefor, either directly or indirectly, any bonus, gift or compensation."

The usual way in which the question of method or treatment is determined by our courts is in the civil liability of the physician or surgeon in an action against him for malpractice. There the question of skill is the important point involved."



PROTECTION TO LESSEES OF OSCILLOCLASTS

In the last number of the Journal mention was made of the fact that the PHYSICO CLINICAL COMPANY was taking the necessary steps to protect **legitimate lessees** from imitation Oscilloclasts which had appeared on the market.

While suits have been brought under the doctrine of Unfair Trade, we are now glad to state that vigorous action can now be taken under the Patent Laws, in view of the fact that the first patent of the many pend-

ing applications on the Oscilloclast has now been issued. It is expected that within the next few months the complete series of patents will be issued and the problem of protecting legitimate users will be much simplified.

Attorneys have been instructed to repossess all oscilloclasts in the possession of lessees who are using equipments not authorized by the "College of Electronic Medicine" and no patients will be recommended to them. Our factory can now make almost immediate shipment after the receipt of orders. Plans are now being formulated to inform the public relative to the authorized and honest E. R. A. practitioners.

Physico-Clinical Co.

OBSERVATIONS OF DR. STRONG

**An
Extract**

(To those who apply to us for treatment:—Please read carefully, and if you decide not to become one of our patients, return this letter, as we are not yet ready to have it "broadcasted").

The Abrams' system of diagnosis and treatment is so revolutionary that it naturally can be understood only by those who are unprejudiced seekers of the Truth, and have actually studied the methods in operation or seen the results in cases pronounced incurable by recognized diagnosticians in the Medical profession.

There are several sources of attack upon Abrams' methods:—namely,

1. The ignorant masses, who always oppose what they cannot understand.

2. The "orthodox" School of Medicine, who honestly believes the Abrams' methods unsound because the latter do not as yet lend themselves to the tests accepted as reliable according to the canons of "Regular" Medicine.

3. A few virulently hostile former pupils of Abrams whom he has discredited because he found them misrepresenting or misusing the methods.

4. Because of many students of Abrams' methods who are using them (a) for purely mercenary ends; (b) who are not competent to use them, or (c) who are employing inactive imitations of Abrams apparatus.

5. Because all cases do not recover. The Abrams' method is not a "cure-all", and in many cases the disease has destroyed the natural tendency toward re-

covery—(the “*Vis Medicatrix Naturae*”)—in the absence of which no system of cure can be expected to succeed.

6. Because we continue to live unnaturally after being “cleaned” by the Abrams’ system.

7. Because physicists say the methods are not scientific. Their objections are honest and pertinent from their view point, but will soon be answered when the newly-discovered Abrams’ radio-diagnostic system is released, for this makes diagnosis absolutely accurate and entirely eliminates the personal equation. I have personally seen it in operation.

8. Because some people die who have had the Abrams’ treatment. The “electronic system” is not destined to give us “immortality in the flesh”. Death is, or should be, as natural and painless as birth. We are only transient pupils in this earth-school of Life.

9. Because the mental attitude of many patients is either hostile or skeptical. This inhibits the action of the electronic treatment at least thirty per cent. We have determined this fact by hundreds of tests—while a receptive attitude hastens its action. Thought is a very real power for good or ill.

10. If you continue to misuse your physical forces, the benefit of the Abrams’ treatment will be transient. We are only stewards of the Life Forces.

We earnestly request all our prospective patients seriously to ask themselves this question: “If I am benefitted by the Abrams’ treatment, what use will I make of the added health or years of Life? Will I use this to help humanity or dissipate my forces in the search for personal pleasure?” If you honestly cannot feel that your motive is relatively unselfish, please go elsewhere for help. We feel that we have no right to treat you under such circumstances.

11. Do not judge the Abrams treatment by hearsay evidence, either for or against. Find if you can, some qualified M. D. who has spent at least a month in Abrams clinic and can give you first-hand information.

12. Do not think that no effect is being produced because you may be one of those who feel no sensation whatever during the treatment. While primarily generated by a commutated charge “kicked” through a wire, the electrical force used is small, and has no more relation to the vibratory rates which give the indicated healing vibrations,—(destroying disease through the

principle of similar and opposite vibrations)—than a stick used to periodically strike a series of tuning forks, has to the pitch of the vibrations given out by the latter.

Physicists and biologists are unable to detect the great number of vibratory forces constantly passing through the nerves of a living organism, nor are you able to sense as objective your own nerve and thought currents. Yet they are quite as real as light and heat,—only the laboratory instruments of modern science are not yet sufficiently delicate to register them.

We believe the Abrams' methods when fully perfected are destined to largely regenerate humanity. Healthy people are happy, and happy people do not fight. Health promotes a spirit of Brotherhood and co-operation.

Most of Abrams' money and that of many of his pupils and patients will be left for the establishment of free clinics in all the larger cities for the electronic treatment of the poor. This will put an end to the accusation that "the whole Abrams business is a 'graft' "!

Truth will ultimately prevail.

Yours for a healthier, cleaner and better Humanity,
Frederick Finch Strong, M. D.,
1827 Gower Street,
Hollywood, California.



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