

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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Founded and Edited by
ALBERT ABRAMS, A. M., M. D., LL.D., F. R. M. S.

Associate Editor
HARRY W. WIRKLICH, Ph. G., Ph. C., M. D.
(Columbia University)

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WORKS BY ALBERT ABRAMS

A. M., LL. D., M. D., (University of Heidelberg), F. R. M. S.
One-time Professor of Pathology and Director of the Medical
Clinic, Cooper Medical College (Medical Dept. Leland
Stanford Jr., University).

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

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded 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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THE CLINICS OF DR. ALBERT ABRAMS
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ANNOUNCEMENT

We have changed the plans announced in our last issue and are making the subscription price \$12.00 for the six months ending January, 1924, hoping to be able to reduce the price thereafter. This is all original material and is very expensive to compile but if the present response continues we should be able to make a reduction in price. We are offering you this invaluable service and are depending upon your hearty support and cooperation.

We aim to make this magazine of increasingly practical value to every E R A physician, keeping him informed of the latest developments in Electronic Medicine and at the same time preserving the distinctive inspirational value of the Clinics. Daily records are being kept of the Lectures and in the future cases will be numbered and followed up wherever possible.

Experiment with Oscillophone on Use of Horse Shoe Magnet

Let us see if we can tell by the use of the oscillophone what the effect of the horse shoe magnet is. Many mistakes are made in diagnosis because if you have tuberculosis and staph. in the same blood specimen one will destroy the reaction of the other. It is the same way with colon bacillus and syphilis; one interferes with the reaction of the other. A great hardship would be made in diagnosis if in the event syphilis is present you do not get it because the colon bacillus is present. We found empirically that if a horse shoe magnet is suspended over the reagent's head these reactions will not interfere with each other. It is available for all except the E D and P D reactions. We will test it out on the oscillophone. First get the reaction for syphilis by putting up a specimen of syphilis. Then put a specimen of colon bacillus beside the specimen of syphilis. You see that the reaction of syphilis is destroyed. Now suspend a horse shoe magnet over the oscillophone. The reaction of syphilis is now restored. I know that I must have made repeated mistakes by not knowing this. Put up specimens of tuberculosis and staph. First get reaction of tuberculosis; put up staph. and there is no reaction of tuberculosis. Hold the horse shoe magnet over the oscillophone and you get the reaction of tuberculosis. This is very important; I can not emphasize it enough.

—○—

Vibrations are qualitative not quantitative.

—○—

Somebody once said that the ignorant listen with their mouths open and the educated listen through the key-hole.

—○—

Reactions from Saliva.—An article appeared in the London Truth which stated that Doctor Boyd made his reactions from the saliva. There could be nothing worse in the world than that because you have the saliva in the warmth and darkness of the mouth which forms an incubator for all organisms. You can see how erroneous such observations would be.

—○—

Carcinoma of Small Intestines—Indigestion and Palpitation.
Specimen.—Man. 49 hours of E. R. A. treatment. Originally carcinoma; non-metastatic; 9 ohms; located in small intestines and duodenum. Congenital D. R; 38 ohms. Not much improvement; indigestion and palpitation worse. Fear some trouble with nose and throat. Let us see what he has. Carcinoma is still present; 1 ohm. Congenital D. R; 1 ohm. Strep. present; left frontal, left ethmoid and left antrum; right

the left side. I was born with my heart on the right side. Look at the x-ray pictures and you will see that. Excuse me, I am going home." These were the leading men of San Francisco, and we have some very prominent men here who have a national reputation.

Acquired D. R.—Rheumatism. Clinic Case.—New patient. Man, 59 years of age; married. Very powerful man until ten years ago when he got rheumatism. Had inflammatory rheumatism twenty years ago. Contracted lues ten years ago; gonorrhoea twenty years ago. Wassermann test positive. Has had salvarsan treatments and mercury. I am going to look for only one thing. The reagent is very dull so that I could not use percussion, therefore I will purposely show you how you can use the rod or the lung reflexes. Carcinoma; sarcoma; negative. Strep; sinus. Acquired D. R; 37 ohms. Check up on that; correct. Neisserian; negative. (Patient comes in) Are you suffering very much from rheumatism?

Patient: That depends on what you call rheumatism. If you call it a symptom or an effect, I am. (Patient limps in with cane)

Doctor Abrams: We will use the oscillophone. Go over the sinuses for strep; both antra, both ethmoids and left frontal. Take a reaction over his leg and see what is the source of his trouble. The pain runs down from hip to knees. There is no strep. infection there. Try Acquired D. R; no reaction. Go to the spine and we will get it; yes, you could not mistake it. The trouble is largely that one condition. I think there can be considerable improvement. How much amelioration you will find in your walking I do not know. The joints have never been affected. He is to have general treatment.

Diagnosis by the Sphygmomanometer.—You may have recourse to other methods for your diagnosis, among which is an old method that I first used about fifteen years ago. Get the blood pressure instrument. Note that with the sphygmomanometer there is an oscillation of the needle corresponding to the systole and diastole of the heart. Reduce it to its maximum oscillation. The vibratory rate of carcinoma is 50. I will have the reagent put a specimen of carcinoma in his pocket and I will attach the blood pressure instrument. Put the rheostat at say 54 and gradually reduce the ohmage until you come to the vibratory rate of carcinoma which is 50. Put the electrode over the heart of reagent and have him keep perfectly still and close his eyes. Clamp the instrument to prevent any leakage. When you get to 50 there will be a slight fall and then a rise, the rise in proportion to the malignancy. Of course it is not a bomb going off but it is very perceptible.

Acquired Lues—Difficulty in Breathing—Lung Reaction of Colic-epsis—Use of Pith Ball. Clinic Case.—Married woman, age 56 years; two sons. Difficulty of breathing and nervousness. Deaf. No organic trouble. Chronic nervous cough. Pain in back of head. Gasping spell followed by cough that interferes with talking. Has spells of great de-

pression. Carcinoma; negative. Sarcoma; negative. Tuberculosis; negative. Strep; present; sinus and right tonsillar region. Try colisepsis; present. I will show you the reaction of colisepsis in the lung. It is very important to remember that, because many patients have an area of dulness at right apex due to an atelectatic condition. If the x-ray man were to examine a patient with colisepsis he would say that he had tuberculosis, but if we would turn or short-circuit the patient the shadow in right apex would disappear. Acquired D. R; present; cerebrospinal strain; 39 ohms. That explains more, but be very sure. Try all the reactions and check up on it with the rod. I should get the reaction when he gets to 55. I may make a mistake because the reaction is a little tardy in coming. Correct. Let us have the pith ball. You see the pith ball pulls in at 55. We are taking advantage of the fact that these reactions are electrostatic phenomena in experimenting with the radio. (Patient comes in) Locate the strep. in the sinuses. After we have located it, then do it objectively so as to exclude the personal equation in matters of this kind. Present in right antrum and left tonsillar region. Get me the pith ball. If our findings are correct, we should get the reaction when the doctor gets over the right antrum. The pith ball is as exact as the most scientific instrument because it is a scientific electroscope. It will confirm all your reactions, however crude it is. You see it does pull in. Test out her reflexes. The patellar tendon reflex is much exaggerated. There may be a disparity between the two. No, they are equally marked. Close your eyes, put the toes together, put head way back and stand perfectly straight. There is a slight Romberg present. The tardy reaction of the pupils is always present in these cases. There is absolutely no reflex whatever. Have the kidneys been examined?

Patient: Yes and they were found all right.

Doctor Abrams: Do you have palpitation of the heart?

Patient: I have quite a rapid pulse at times.

Doctor Abrams: The average physician would say that this is an hysterical condition, but it is not. There is no tumor or anything of that kind. It is purely a nervous condition and we believe that we can better it. Is your eyesight failing?

Patient: No, it is normal for a woman of my age. (Husband says it is failing a little)

Doctor Abrams: Do you have any rheumatism?

Patient: No.

Doctor Abrams: She is to have general treatment and rate 2 over right antrum and left tonsillar region. Have her come in again in about 10 days. We hope to begin to get some results. Positiveness is a good thing, but with some people a man who is too positive might be discredited.



Proper Method of Concussing Spines—Reaction to Stimulus.—When you concuss the spines, use a narrow edge and do not strike them as if you were doing carpenter work. Use the lightest blows imaginable, because it is a physiological law that the reaction to a stimulus is always

twenty times as great as the force of the original stimulus. If I were to irritate a muscle with a certain amount of current or let a weight fall on that muscle, say a gram weight, the reaction or force of contraction would be equal to twenty grams.

High Blood Pressure and Acquired D. R. Clinic Case.—New patient. Man, 69 years of age. High blood pressure; headache. We examined the wife's blood yesterday and found practically a condition of locomotor ataxia. He is 69 years old. Carcinoma; negative. Sarcoma; negative. Acquired D. R; present; cerebrospinal strain; 39 ohms. Check up on that with the other reactions. (Patient comes in) Is your eyesight good?

Patient: It never has been good.

Doctor Abrams: Take his reflexes. Very tardy reaction. Try the pupils. The reaction is barely perceptible. There is a partial Argyll-Robertson. He is to be referred to a physician in his city.

Sarcoma—Bone. Clinic Case.—New patient. Man, 58 years of age. Pain in right leg. Physician made an x-ray diagnosis of growth of bone. Fatty tumor cut out of left side of abdomen. Carcinoma; negative. Sarcoma; present; bone; non-metastatic; 7 ohms. Acquired D. R; negative. Congenital D. R; present; bone strain; 37 ohms. Tuberculosis; negative. (Patient comes in) You have trouble with your leg. Purposely I do not want to see where it is and we will go over it and see if we can find it. We get a reaction of sarcoma over the right leg on the right side. Now expose the leg. Is that where the x-ray found it?

Patient: Yes, that is the place.

Doctor Abrams: I can not see or feel anything. We know what is wrong and we want to try to help you. You will have to come every day for about two weeks or more. You can not afford to leave a thing like that go.

Patient Checks up Previous E. R. A. Diagnosis—Emaciation Only Symptom. Clinic Case.—New patient. Woman, 39 years of age. Evidently she has gone to another E. R. A. doctor and now she wants a confirmation of the diagnosis. We will see what we find and then we will see what she has to say. You have to be very careful. Who knows but what this woman has been sent here as an emissary to get a diagnosis? Remember that you are not going to have easy sailing at first. Carcinoma; present; non-metastatic; 4 ohms; digestive. Tuberculosis; 1/25 of an ohm; pulmonary. Strep; present; sinus and right tonsillar region. Acquired D. R; negative. Congenital D. R; present; 0/25 of an ohm. Look for pregnancy; negative. (Patient comes in) Go over her sinuses. Strep; present; right frontal and right antrum. Go over those sinuses without my knowledge and see if I get a reaction when you come to them. Correct. Go over the apices of lungs; 42 is present in right lung. Have you lost in weight?

Patient: Yes, I have lost lately.

Doctor Abrams: Have you had treatment?

Patient: No. I had my appendix out some years ago.

Doctor Abrams: You are worried about your condition.

Patient: Yes.

Doctor Abrams: Is there any tuberculosis in your family?

Patient: No. I am just getting over a severe cold.

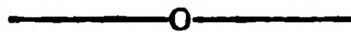
Doctor Abrams: The only symptom you have is loss in weight.

Patient: Yes.

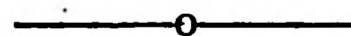
Doctor Abrams: Did any doctor tell you about yourself?

Patient: Yes, a certain doctor using your methods told me that I had a syphilitic condition of bovine origin.

Doctor Abrams: He was absolutely right in his diagnosis, but there is a little condition that causes your emaciation. Mark abdomen and treat locally at 6 and 3 and S S 3. You should begin to pick up very soon.



Pain in Hips and Head—Malarial Infection. Clinic Case.—Reexamination. Man. First examination we found Congenital D. R; 5 ohms. Strep. of right antrum and right mastoid. Patient feels no better generally. He still has pain in hips, knees and in head. Has had no general treatment; just treatment for the sinus trouble. (Patient comes in) We know you would not complain unless there was a reason. What is the trouble?



Patient: This last week the pain on top of my head and in hips has been no better. The first week I felt a little better. It seems like bumps come out on my hands and blisters come in my mouth.

Doctor Abrams: How old are you?

Patient: I am 34 years old.

Doctor Abrams: Go over everything. Carcinoma; negative. Sarcoma; negative. Tuberculosis; negative. Streptotoxemia; negative. Acquired D. R; negative. Congenital D. R; present. When you are in doubt about diagnosis, always look for malaria. It is present. Try splenic reaction; correct. That is the only thing I can find with him. We have always identified metastasis with carcinoma and more recently with strep. infection, but we should realize that the plasmodia of malaria or the toxins of malaria may go anywhere in the organism. Do you ever feel chilly followed by fever and sweating?

Patient: At times when I have these attacks.

Doctor Abrams: Go over his hip for malaria. See if I get the reaction when you get over the hip. Correct. Go over his frontal sinuses and see if this pain is not due to plasmodia infection. Reaction of malaria is present. Stop treatment for 2 weeks. Get 5 grain capsules of quinine and take one after each meal. If you have any ringing in your ears, do not take the third one. Report to me in about 2 weeks.

Strep. Infection of Longitudinal Sinus. Clinic Case.—New patient. Man, 70 years of age. He has periodic attacks of conjunctivitis and pain in eyes. (Patient comes in) Tell us about yourself.

Patient: Another E. R. A. doctor examined the blood and said I had 42 ohms of Congenital syphilis. I had 38 treatments and the reaction was found negative. Two weeks later it was still negative. For the last year off and on I have had what I thought was neuralgia in my head. I had been wearing some bifocal glasses. I had my eyes examined a year ago and the oculist said that the eyesight was coming back so that it would be normal. I am 70 years old.

Doctor Abrams: He is very active for that age. Try for strep. over the sinuses; present; right frontal. Go over the top of the head. He may have an infection of the longitudinal sinus above the frontal sinus; present. Go laterally and as soon as you go to the top of the head we will get the reaction. I once had a case of a woman who was suffering intolerable pain involving the longitudinal sinus. After four days the pain disappeared. He is to be treated at rates 2 and 4 over site of lesion.

Doctor Abrams: Specimen.—Woman, 36 years of age. Three years ago developed stomach trouble, more or less pain and tenderness in epigastric region; constipated and losing in weight. 49. No sex reaction. Human blood reaction. She is losing in weight. Always remember that when a person above the age of 40 suddenly develops dyspeptic symptoms, you must always suspect a formation of a growth. Similarly, if epilepsy develops after 50 years, you must suspect acquired syphilis. **Carcinoma** is present; digestive; small intestines; **duodenum**. You can see the vasomotor phenomenon, the pallor. Then if you have any doubt about the area, try the test for **hyperalgesia**.* **Carcinoma** is non-metastatic; 9 ohms. Acquired D. R; negative. Congenital D. R; present; digestive strain; 40 ohms.

Importance of Faith.—All the diagnosis in the world without the proper man behind the gun will bring no results. If the patient has faith, whether it is in the bones of a saint or what not, it does not matter as long as the patient believes. I never believed in psychotherapy before. Now by the aid of these reactions science is able to show that a patient can inhibit a reaction by virtue of his will.

More Pronounced Vasomotor Phenomenon in Sarcoma. Specimen.—Man, 45. Blood pressure systolic 117, diastolic 70. Drinks a good deal of coffee. Herniotomy on right side. **Carcinoma**; negative. **Sarcoma**; present; digestive tract; non-metastatic; 8 ohms. Go all over his abdomen. Remember that it is possible for two tumors to coexist.

*When pallored area of reagent is stroked with a piece of absorbent cotton, reagent feels it more distinctly than the surrounding area. In this manner you can map out the borders of the malignant area.

You can see the pallor over the area very distinctly. Sarcoma comes out very much better as a vasomotor phenomenon than anything else. You have to see it in subdued light. Tubercuosis; negative. Strep-totoxemia; present; left antrum. Acquired D. R; negative. Congenital D. R; present; 39 ohms.

High Blood Pressure.—I had one of the first blood pressure instruments in the country. I read, of course, of the question of hypertension and that a patient with a blood pressure above 250 will die. I found such a blood pressure and in my pride of knowledge told the family that this man was sure to die. For the last twenty years I have had to dodge this man who is still alive. You see we take to ourselves the responsibility of faulty statements when it is really a deficiency in our art. I was merely saying what I had been taught in the textbooks. As a matter of fact too much stress has been laid on this question of high blood pressure.

The Truth About E. R. A.

Dr. Abrams and the Electron Theory.—William F. Hudgings who has done so much to popularize the Einstein Theory has essayed a booklet on the above subject. In my opinion it is the best popular exposition on the subject of the Electron Theory extant.

He impartially investigated the Abrams' method and expatiates fully on the same.

The cost of this booklet is 25 cents and may be purchased from the New Century Co., 55 Liberty St., N. Y. City.

What is truth? Truth is real, it admits of no deception; truth is that which it is represented to be, a conformity to reality.

The whole universe is a system of constant and invariable truths, each tending to make the other the more apparent.

Truth then, reduced to a scientific axiom is: **"That which is absolutely proven to be true by the result obtained in the operation of Truth."**

Truth is so obscured by the meshes of error and the mists of prejudice, that a preliminary to all research is couched in the idea that "straws swim on the surface but pearls lie on the bottom," and it is only by the most vigorous and persistent exertion and closest scrutiny that the human mind becomes the possessor and demonstrator of a new discovery of truth.

He that establishes one truth or fact uproots a corresponding error, and thus contributes in a two-fold manner to the general well-being of his fellow-men.

Franklin caught and chained the lightning, Morse employed it in transmitting thought, after he was denounced "**insane**" on the floor of Congress when he solicited aid of that august body, to demonstrate the truth of his discovery.

Cyrus Field contracted old ocean's bounds by submarine communication, and, today the magnetic telegraph with its fingers tipped with fire, reaches all parts of the civilized world.

Bell with his telephone proved that the sweet tones of the human voice need not be—"wasted on the desert air"—but carried to cheer the absent one with a precious consciousness of near proximity.

Marconi has demonstrated the reality of speech by radio waves.

We may well exclaim with the great philosopher "The World Moves."

Doctor Harvey was persecuted and called "**insane**" when in 1728 he wrote his celebrated treatise on the circulation of the blood, declaring that the veins and arteries of the human system contained blood instead of air, and thereby laid the foundation of modern medical science.

But it remained for Doctor Albert Abrams of San Francisco to heed the S. O. S. of humanity with its 80,000 victims dying annually of cancer, and to discover and demonstrate the truth of Electronic Reactions in proof of the vibratory rate of the blood in health and disease.

The law of vibration obtains throughout the universe.

Astronomy demonstrates the accurate measurement of the heavens, the distance of the planets and stars in space, by vibratory rays of light.

That the most subtle and fatal diseases that afflict the race, are correctly diagnosed and eliminated from the blood by a corresponding electronic vibration of energy, is an **established fact**; attested by hundreds of well and happy human beings who's lives were despaired of by some of the world's ablest medical practitioners. Dr. A— is styled "**insane**," which term is applied (it would seem) to all of the world's benefactors.

Perhaps it takes an **insane** individual to arrive at the truth? For this reason so many the world calls sane are just intended to fill up the ranks.

"Truth forever on the scaffold—
Error ever on the throne."

More especially have those a claim to a higher place on the world's roll of honor who have demonstrated practical truths and discoveries useful in the preservation of life and relief of the sufferings of mankind.

We are told that certain wise-acres dissected the mechanism of Dr. A's. invention, the Oscilloclast and pronounced it a "**Fake**"!

The little girl tore her doll to pieces to see **what it was made of** and to find wherein lay its charm, a moment later she ran to her mother crying she'd "**got saw-dust in her eyes.**"

Brain-muddle likewise obscures and prevents scientific vision.

The ordinary mind cannot fathom the fineness and magnitude of E. R. A.

To form a faint conception of Dr. A's. achievement, it were well to first briefly consider the component parts of matter as applied to the universe as a whole, the planetary system, of the human body. Science tells us the **cell** is the foundation of all material existence.

Cells are made up of atoms, a cell is composed of thousands of atoms, each infinitely small and each, a great distance from all others.

By itself, each atom is an entire universe, composed of several **million** electron-stars. Each atom is but one hundredth of one millionth of one inch in diameter, and the electron is fifty thousand times smaller than the atom.

The human cannot grasp this! It is part of the infinity of God! "The finite cannot conceive the infinite."

A cell is a universe of billions of atoms. Within the atoms there is only energy space. The electron then, is "**a whirling role of energy in space.**"

How this energy is acted upon and changed from a diseased disordered rate to the vibration of health, constitutes the secret of Dr. Abram's fertile brain.

Deep within the hidden realm of the super-conscious where en-matrixed thought is all-fecund, was birthed this wonderful discovery for the healing of the multitude.

"The **greatest discovery** of this, or any other century."

As we rise in the scale of intelligence will higher methods of prevention and cure prevail?

The ancient pill-bags, with their huge nauseous doses that were usually poured down the throat of some little sufferer, while hands and feet, nose and breath were silenced from rebellion, have been relegated to the shades, along with most of the victims of the pernicious practice of that period; while the celestial remedies of air, light, water, electricity, etc., are adopted.

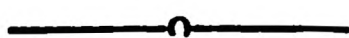
Mercury, the one-time universal cure-all of the medicos is today considered a "dangerous drug"; no longer the poor patient, parched with fever is denied a drink of water, ice has been found to be **beneficial**, and the ice pack is liberally used.

All Hail! to the Era of Mind! God-speed Dr. Abrams and his hosts of pupils and co-workers in the alleviation of sick and suffering humanity.

Let those who would scoff reflect that the wise meditate—where fools incline to ridicule.

For the truth and the right,

(The foregoing was forwarded by a physician, a patient of Dr. Heisley who was cured by the E. R. A. after the conventional methods had failed. H. W.)



Translation

The following article appeared in the "Pelotazos" shortly after Dr. Abrams' visit to Mexico.

"The discussed—for some time will be—Dr. Abrams, responding to a cordial invitation extended him by prominent members of the Mexican government, who made a visit to the city of the Palaces.

Dr. Abrams spent those days very pleasantly, being entertained and treated with very much attention by his revolutionary colleagues, I say colleagues because Abrams, scientifically speaking, is also a revolutionist.

But in the attempt to explain in public his revolutionary curative method it happened, a number of students, under the leadership of Dr. Angel Brioso Vasconcelos, professor of some insignificant school of equitation*, began to kick in such a manner that it was necessary to suspend procedures.

Already Dr. Abrams has gone. And when he tells his impressions it is almost certain that the prestige of those students and the Mexican professor will not hold a favorable place in his mind, because frankly speaking, the spectacle showed nothing that was uplifting.

It is going to be difficult in the future to persuade any person of knowledge to lend himself to give conferences in Mexico, unless it is guaranteed that all BRIOSOS, are bridled with curbed bits.

It is vain that the reactionaries of the Medical-Body vociferate against the curative system of Abrams; because, as I have said on other occasions, Against deeds, the arguments of a bad doctor are worth nothing. What they should do is resign and devote themselves to study that which they do not know; because they already know, their argument serves them nothing but to bore suffering humanity"

J. Ballina, M. D., Mexico City.

(*It is alleged that he is the agent in Mexico, of an American preparation of Salvarsan and feared and resented the rapid spread in Mexico of the "Abrams Method" (philis.)

Calibration of Instruments used in Electronic Work

(Manufacturer's Statement)

When the Oscilloclast and Diagnostic Set were first designed a thorough clinical test was undertaken to find the limit of error in the coils, which would still produce the required vibratory rate. Thorough tests showed that if the resistances of the coils were held to within two (2) per cent, plus or minus, of the specified value, they would faithfully reproduce the required vibratory rate. Therefore, the resistances are "accurate" if they conform to the standard as specified above.

It is interesting to note the definition of "accuracy" as given in the Standard Dictionary. "Accurate: conforming exactly to the truth or to a standard."

It is, perhaps, unfortunate, that the term "OHM" was used as the unit of measurement in electronic work. The result of this is that too great stress may be laid on small and entirely negligible inaccuracies. Each instrument is designed to produce the same vibratory rate as every other instrument, and in order to do so it is necessary and sufficient that the resistances conform to a **standard**, that is to say, they should not differ from the exact value by more than a certain specified amount, high or low. It is not alone impossible of attainment, but also entirely unnecessary for the resistances to be **exactly** the specified ohmage, in order to produce the correct vibratory rate.

For some time we have been conducting a very thorough investigation into the subject of calibration of Reflexophones, Portable Oscilloclasts and Units. We have carefully measured every instrument that has been returned from the field for alleged inaccuracy, and in addition, every instrument that was readily obtainable, including a great many picked at random from our stock.

Firstly, taking up Portable Oscilloclasts and Master Machine Units, we can say definitely that we have not yet found a **single** instance where the inaccuracy exceeded the allowable limit. It is true many Oscilloclasts have been returned to us with burned out coils. They would, of course, be ineffective, but on the other hand this condition can readily be ascertained by the usual tests. Burning out is **due to gross negligence**.

Each coil of the Oscilloclast and Master Machine Units is individually measured and adjusted until it is within the allowed limits, plus or minus. As can be readily understood there is no such things as **absolute** accuracy, all that can be obtained in practice and also all that is necessary is that a resistance be accurate to within a certain limit under or over the ideal. Even in a resistance of the very highest precision, such as the Primary Standards prepared at a cost of thousands of dollars, there is always some deviation from the exact value.

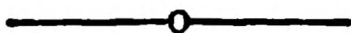
In ordinary commercial "Precision" resistances the allowed error varies from one-half of one per cent to a quarter of one per cent. In

ordinary measurements with a Portable Wheatstone Bridge, the error of measurement is about one-half of one per cent.

As regards Reflexophones, we regret to say that we have found errors in some of the older instruments, which have been in the field some time, and further, we have found that it is very difficult to avoid errors due to the additional resistance at the switch contacts with the old type Reflexophones. We have, however, made the rule, irrespective of how long the Reflexophones have been in service that we will recalibrate them free of charge, provided, they are shipped prepaid to our factory at 145 Hyde Street, San Francisco, California. On return they will be accompanied by a calibration certificate.

However, it is our earnest recommendation that Reflexophones sent back for recalibration, be, at the same time reconstructed according to our improved design. The improvement consists in large flat face contacts and a special multi-leaf switch, the combination of which reduces to a negligible quantity the error due to the switch contact resistance. For this rebuilding we have been charging our actual cost with no profits added, which is \$3.00 a Reflexophone.

It is to be understood, however, that this rebuilding is optional, and there will be no charge whatever made for the recalibration alone.



Miscellaneous

The Cult of Abrams.—Discussion of the "Cult of Abrams" brought a near record attendance to the last spring meeting of the Milwaukee County Medical Society held at Hotel Pfister on May tenth. Dr. Arthur Cramp, director of the Propaganda Department of the A. M. A., presented this subject, aided by lantern slides, tracing the history of the cult.

Following the program, upon motion of Dr. G. E. Seaman, the society adopted the following resolution:

"Be it resolved, That the entire Abrams' method is such a palpable fraud that this Society considers it beneath its dignity to appoint a committee to investigate it, and that the pursuit of the Abrams' method on the part of any member of this Society shall be considered inconsistent with membership in the Society."

Now, the A. M. A. will be permitted to investigate when their statistics are recruited from natural causes; when the pathological museum will be ignored as a criterion of successful medical practice; when cured patients and not cemeteries shall be adduced as evidence of medical efficiency; when drug and surgical trusts no longer dominate the A. M. A.; and when life shall be humanized and not commercialized.

Mitral Stenosis.—Sir James Barr, C. B. E., D. L., M. D., Ll. D., F. R. C. P., F. R. S. E., in the New York Medical Journal and Medical Record, May 16, 1923, contributes an interesting and valuable article on this subject. He refers to the observations of Albert Abrams respecting the percussion note over the cardiac area to obtain the size and position of the whole heart. Patient stands on grounded metallic plate facing west with the hands and feet well apart. He observes, "A great many medical men are like the Yankee who did not know anything about measles but was death upon fits. So they may not attempt to prevent the rheumatism or endocarditis and when it later occurs they are all alert and quite prepared to give you a learned disquisition on the treatment of these two complications." He suggests the use of cardiac tonics only when there is cardiac failure and their use should be discontinued when they have served their purpose.

Flies and Colors.—Sir James Barr of Liverpool, England, presented the following contribution to an English medical journal:

"The contribution on the above subject by your scientific correspondent in your issue of June 19th, is extremely interesting and instructive, but to those acquainted with the writings* of Dr. Albert Abrams of San Francisco it is somewhat belated.

"Your correspondent correctly points out that 'Darwin, Lubbock and other naturalists have proved abundantly that many kinds of insects, especially bees and butterflies, have a colour sense and a colour preference,' but he seems to think that a sense of smell and temperature may have a more attractive or repelling influence. After all, are not the

questions of the sense of colour, smell and taste merely the impressions made on our receptive organs by ethereal vibrations? Those who accept the vibratory theory of light enunciated by Dr. Thomas Young, and I think the majority of physicists do, then the various colours of which light is composed are merely questions of different wave lengths. If you revert to the corpuscular theory of Newton, then, I suppose, in the present electronic age you must consider colours as different velocities and vibrations of electrons. Colours are not inherent in any substance, but depend on its capacity to absorb and reflect the different ethereal waves of light which strike it. In **absolute** darkness there may be no waves to reflect, but what is absolute darkness to an insect must be difficult to determine, and whether those provided with eyes can work under such conditions. The range of vibration between the red and violet, perceptible by the human eye, is not more than a tenth of the solar spectrum.

“As to how ethereal waves or electronic vibrations affect insects through their senses of sight, smell, taste or temperature is very indeterminate, but perhaps guided by instinct they follow a course more to their advantage than that pursued by reasoning beings.

“A few excerpts from Abrams’ writings may be interesting: ‘The nerves of taste and smell must be endowed with specific electrons which are attuned to different vibration rates, hence the differentiation of taste and smell like the differentiation of colour.....Colour influences the transmission of **psychic energy**, as can be noted when the person engaged in thought holds large coloured sheets of gelatine in front of the head. Green and violet obstruct the passage of the energy, whereas blue and notably yellow intensify the action of the energy as revealed by the intensity and duration of the stomach reflex.’ He has also shown how colour influences sexual polarity, and how a galvanic current passed through the head influences the senses of light and colour perception, taste and smell.

“ ‘The influence of colours on the individual may be determined. Red (bright) on the head increases the rapidity and amplitude of the needle deflections, whereas yellow on the head reverses the polarity of the male and female.....

“ ‘The energy discharged from plants is likewise magnetic, and it can be shown that some colours thrown on the plant will so modify the polarity that the plant energy previously attracting the needle will repel it, or vice versa.....

“ ‘Colour is one of the greatest contributions of nature to man. This is true not only in the aesthetic, but also in an utilitarian sense. The fly abhors blue, and this colour may be used with advantage in the elimination of the house fly as a disseminator of disease. The Anopheles mosquito eschews yellow.’

“The whole subject is still in its infancy and as your scientific correspondent says, there is ample scope for numerous investigators.”

*Progressive Spondylotherapy, 1913; New Concepts in Diagnosis and Treatment, 1916; Physico-Clinical Medicine, September, 1920.

Spondylo-Diagnosis and Spondylo-Therapy, Revue de Pathologie Comparée et d'Hygiène Gènerale, June 5, 1923.—Dr. Jules Regnault in this extensive article directs attention to the new analgesia spondyloscope. He also refers to Jaworski, Auburg and LeBon as well as Dr. Le Prince, all of whom have by x-ray methods and otherwise confirmed the spinal reflexes of Abrams.

Doctor Abrams.—Doctor Abrams has just returned from Mexico City where he was the guest of the Mexican Government. In that city he gave public demonstrations of his methods by radio diagnosis and otherwise, which have been incorporated in the archives of that Government.

Burnett—Timken Research Laboratory, Alpine, New Jersey.—Dr. and Mrs. J. C. Burnett have established this research institution which is designed to do great work in the field of science. In a communication to the American Osteopathic Association, July 2, 1923, a report was presented incorporating perfected instruments which were capable of detecting two forces emanating from the oscilloclast. These instruments show a radioactive wave force emanating from the single electrode of the oscilloclast which can be detected and read upon an instrument, although the patient on whom the oscilloclast is applied may be standing from three to eight feet away from the detector. The detector is also so arranged that it is possible to tune out the waves from the oscilloclast.

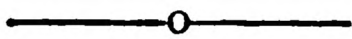
Cause of Cancer.—Dr. Donald C. A. Butts, a physiological chemist of the state department of health and working at the University of Pennsylvania, declares that cancer is caused by an excess of positive electrons or energy. In cases of tissue irritation a positive charge has been induced. He finds that when the electrons are in a state of equilibrium the tissues are normal and that the disturbed normality is the beginning of cancer development. This is practically old stuff and was fully described in the first edition of Doctor Abrams' *New Concepts in Diagnosis and Treatment*.

Should Harley Street Tell?—The London Daily Graphic of Wednesday, June 27, 1923, is very much concerned about the oscilloclast. It proceeds: "Harley Street, knowing that three separate London doctors have returned with the mechanism—and also the experience to use it,—now splits into two, those who consider that the news should not be given out until there are enough machines to cope with the great demand, and those who assert that the wonderful tidings should be spread broadcast." These London physicians have just returned from San Francisco after spending several weeks at Doctor Abrams' Laboratory.

Recent Research on the Relation of Certain Electro-Physical Phenomena to Homeopathy with Special Reference to the Work of Doctor Abrams of San Francisco, being a Paper to the British Homeopathic

Congress, London, June 30, 1922, by W. E. Boyd, M. A., M. O., Ch. B., Glas., reprinted from the British Homeopathic Journal, October, 1922.

The previous contribution of Doctor Boyd has been referred to in this Journal. The present one is a continuation of the research work done under the auspices of the Beit Research Fund of the British Homeopathic Association. Doctor Boyd has been fortunate in obtaining the aid of various institutions of learning in pursuing his investigations. Heretofore Doctor Abrams had to undertake all his investigations without aid of any kind. In fact when he solicited the aid of an institution, every possible obstacle was thrown in his way. This is a very sad commentary on the so-called institutions of learning in America in comparison with those of Great Britain.



CARCINOMA—PANCREAS

Clinic Case.—Woman; married; age 49. She has eight children living. She has had stomach trouble for years; occipital headaches radiating to bridge of nose. Blood pressure 180; systolic; 100 diastolic. Gall-bladder trouble 20 years ago. Many colds. Vision of right eye almost gone for 20 years. Life is a battle, isn't it? Is it worth the game? Nature makes it so by planting within us the law of self-preservation. Medicine was all "guesstimation" instead of estimation before these methods. We are going to improve upon them and have new suggestions and new ideas. Every day a new idea suggests itself to me. I try it out and drop it; it may have value or it may not. Do not suppose that we are going to keep on with this method of percussion. There will be an instrument that will do all this. Let us see what is the matter here. Carcinoma; present; digestive; pancreas. It is non-metastatic; 8 ohms. When the pancreas is involved you always have to think of the possibility of sugar in the urine. We will see if she has any symptoms of diabetes. Sarcoma; negative. Tuberculosis; negative. Streptotoxemia; negative. Acquired D. R; negative. Congenital D. R; present; 38 ohms. We have not explained the occipital headaches. These may be due to a cervico-occipital neuralgia or a strep. infection. Try strep. again. Yes, it is present in the sinuses. Have patient come in. (Patient comes in) Tell me, my little lady, do you pass large quantities of urine?

Patient: Yes, I do.

Doctor Abrams: You see, gentlemen, I told you that might be the case. Was your urine ever examined for sugar?

Patient: No.

Doctor Abrams: Do you have any itching anywheres?

Patient: Yes, at times.

Doctor Abrams: You can direct your inquiries so as to answer any question to your own satisfaction. As I told you, she might have such findings. I made the questions correspond to my preconceived idea. How is your appetite?

Patient: At times I eat a good deal and at other times not.

Doctor Abrams: At one time a man who had no symptoms at all went to 20 different doctors. All he told them was that he had an uneasy sensation in his abdomen and nothing else. He went to 20 different doctors and received 20 different diagnoses, all based upon the patient's description of his condition. This wide variation in diagnoses does not discredit medicine, but if we make one or two mistakes the whole thing is condemned. We are going to treat her in accordance with what we have found and in all probability she will have relief. But we never promise them anything nor do we tell them what is the matter. The patient must be like a passenger on a vessel; trust himself to the captain to take him where he wants to go. They accuse me of trying to frighten patients. That is not true. We require all their mentality and hope, to help us in getting results. Your results will vary according to the confidence you have in your methods. You notice the pallor over the site of the lesion; it is very pronounced. Do you like fatty foods?

Patient: I don't know.

Doctor Abrams: It is said that man will attain the highest degree of civilization when he no longer is a stranger to his sensations; but that is not true. A man with a normal heart is not conscious that he has a heart. Let him once know that he has a heart or that he has a stomach and he is sick. Your suggestions to your patient are important. It is a question of ingenuity. Very few men possess that. Abernathy said to read Don Quixote, not medicine. If I were asked what was the best training for a man who wished to study medicine, I would say that first of all he should be a detective. Then nothing will escape him. More mistakes are made from want of looking than from want of knowing. A man once came to me with what he thought was a trouble in the heart. Many people are possessed of the idea that they have some certain trouble. I could find nothing in the heart, but I could not convince that man that he had no heart trouble. I was then in a six story building. I said to the man, "Come with me." I made him climb with me the six flights of stairs. I was puffing when we reached the top but his heart was beating perfectly. I then said to him, "My friend, don't you know that if you had heart trouble, you would be puffing and your heart would be pounding at a terrible rate? If you really had heart trouble, would I committ the error of putting you to the strain of running up these stairs?" He admitted the truth of this and from that time, he had no further trouble.

Another man came to me with heart trouble. For him I could do nothing. He left me and I had not heard from him for a long time until one day I was told that he was well. Then I found that he had gone to a quack doctor who had given him some capsules of methylene blue. The doctor said to the man, "You have trouble in your heart caused by poisons in the blood. We are going to eliminate these poisons through the urine. You will see that at first the urine will be quite blue; gradually the urine will get clearer and clearer and finally it will be quite clear and you will be cured, for the poison will all be gone." What the doctor did was to give diminishing doses so that the urine became clearer and the patient thought that the poisons had been eliminated from his

blood. To show the effect of the mind on the body, as a matter of fact the patient was completely cured in this manner. It is also possible to inhibit pain by the influence of the mind.

Here in this region above the navel I should get a dullness. Let us try 50. Correct. Mark it. Treat there at rates 6 and 3 and general treatment at rate 3. Paint abdomen with Congo Red. Go over the sinuses for streptotoxemia; left frontal. It is not the teeth because she has no teeth. Strep. also present in left antrum. These are to be treated later. In the presence of two things always treat the most important first.

Hodgkin's Disease. Clinic Case.—This is a case of a little boy 6 years old. He is from Chihuahua, Mexico. That reminds me of an experience a man told me. He had intense rheumatism and had travelled all over the United States and had gotten no relief. It was suggested to him to go to Chihuahua. Three of those Chihuahua dogs were bound to his body. They were taken off stiff and had to be killed, but the man was cured. Then I began to consider and investigate. The walls in houses occupied by cancer patients will give a reaction of cancer. The energy is transferred by induction. Similarly, the energy from this individual passed over to the dogs. In many instances husband and wife will both have cancer—what is called cancer à deux. Both my wives died of cancer. I can not get cancer because I am immune. At one time a young woman who had married an old man came to consult me and complained that she was exhausted in the morning when she got up. I measured the energy from her finger tips when she was away from her husband and also measured it in the morning and found in the latter case it was one-half of what it was when she was not with her husband. When she slept alone she had the normal amount of energy in the morning. Everything travels along the line of least resistance. Old age likes youth. There is nothing chimerical about it. Many things that we regard as apochryphal are all reality. We are all transformers of energy. One of the fundamental laws is that man is only a transformer of energy.

This is a case of a little boy with enlarged cervical glands accompanied by a temperature ranging from 100 degrees to 104 degrees. Spleen enlarged. 49. Male reaction. Carcinoma; negative. Sarcoma; present. Evidently a case of Hodgkin's Disease. Lymph gland strain; 1 ohm. Streptotoxemia; present; left tonsillar region. Acquired D. R; negative. Congenital D. R; present; 22 ohms. Congenital Neisserian, 52 and 24; present. Try 48; present. In a case like this, we are not going to treat anything specifically. We are going to treat the general condition. Use at the spleen rates 3, 4 and 5 so as to wipe out that soil condition. Then see if the glands will not go down. Get the boy in. (Patient comes in) Take a reaction of 58 over the gland; present. I would treat the boy generally. Then in about three weeks if the glands do not go down of their own accord, we will treat locally. Give him two hours a day treatment.

Syphilis—Soil for Malignancy

Specimen.—Woman; 60. This is a complicated case. In 1910 she had a hysterectomy. Since then she has not been able to step up or pick up anything. In 1922 veins removed in both limbs; now soreness in both thighs and hips. Limbs below hips numb. Rheumatic trouble in 1910. Ulcer on right ankle for 5 years. What does the hysterectomy suggest? Malignancy. What means would you take to prevent the formation of malignancy following an operation? Just the removal of the soil condition. Surgeons who do that before an operation always get better results. The wounds heal better and the after symptoms are less pronounced. Why is it that cancer is so frequent but the patient complains of no symptoms? Because the visceral peritoneum has absolutely no sensory nerve fibers. He only has pain when the parietal peritoneum is involved. How do we recognize cancer? It gives off radioactive energy. If you conduct it to the very sensitive electroscope, you can determine its polarity; you will see the leaves move every time you come to the vibratory rate. All energy is convertible. It is radioactive in the sense of giving off radiant energy as the sun does. It is related to it but is not the same as the radioactivity of radium. We recognize it by detecting a process, not a structural change. Our processes are dynamic, not static. In the early days in Berlin and Vienna I saw frightful cases of syphilis mutilans. You do not see them any more. Why is it? It is not on account of our improved methods of treatment of syphilis. The treatment is no more effective today than it was in the days of Paracelsus who first recommended the use of mercury. It may be that we have a masked form or a hidden cryptogenic variety.

Salvarsan Treatment.—Ehrlich was a former professor of mine. When he first brought out 606 he gave me all the privileges of studying it. I saw the remarkable effects which were almost immediate. I went over to Paris and I saw the most alarming conditions resulting from the use of it. I communicated this fact to them and they said that faulty technique had been employed. Perhaps that was true. I was afraid to try it. When I returned to America I brought \$1,500 worth of stuff with me, salvarsan, apparatus, etc., but I was afraid to use it. This I had gotten from Ehrlich himself, so I knew it was all right, but still I would not use it. I gave it to one of my friends who was a specialist in that line. Three days later he called me in consultation because a man to whom he had given the salvarsan had gotten a paralysis from the use of it. The first effects are marvellously quick; the after effects are never taken into consideration. You get arsenical poisoning later in many cases. Medicine is a very dangerous thing and we do not realize it. Meddlesome therapeutics is a very bad thing indeed. It is like the reports of victory. Follow cases up and see results which are frightful. Your objective evidence of betterment from salvarsan or any treatment is the return of reflexes. We find the reflexes return from E. R. A. treatment in many cases. We had a case of a man who had all kinds of treatments for years. He had lost all the reflexes. After three weeks the patellar reflexes came back in the leg. The Argyll-Robertson was restored.

We will now return to the case of the woman we were examining. 49. No sex reaction. Carcinoma; negative. Sarcoma; present; pelvic cavity; right side; non-metastatic; 8 ohms. Tuberculosis; negative. Streptotoxemia; present; sinus. Acquired D. R; negative. Congenital D. R; present; 37 ohms. Locate the carcinoma; present on right side of pelvic cavity. Streptotoxemia in right ethmoid.

PROGRESSIVE MUSCULAR DYSTROPHY

Clinic Case.—Man; 29. Muscular atrophy; not congenital but beginning to progress. Abnormally strong until the age of 14 years. Father and two brothers and father's uncle have similar history. All of the children overworked when young. All physicians say that case is unique; astonishes medical profession. They say they can do nothing. This is not an uncommon condition. It is evidently familial in character. Whether it is primary or secondary is of no moment whatever. The whole thing is simply this; we can do absolutely nothing for these cases. We had one man here who had walked across the continent to see me. His muscles were all atrophied. He had been at Johns Hopkins and all over. We gave him general treatment. We went over the spinal lesions particularly and treated them locally. We found a reaction of Congenital D. R. It is only a type of that. When he came the biceps were absolutely flaccid. What was the result? When he left he had muscles in his arm. He is working now. We improved the condition fully 50 per cent. If the degenerative changes have occurred in the anterior horns of the grey matter, you can expect no changes, particularly if there are changes involving the lateral columns of the cord. Carcinoma; negative. Sarcoma; negative. Acquired D. R; negative. Congenital D. R; present; cerebrospinal strain. It is usually of high ohmage; 42 ohms in this case. We ought to be able to get a definite strain for this, but I do not have time to go into that. Have the man come in. (Patient comes; walks with difficulty) Where is the atrophy largely?

Patient: In the arms and in the thigh.

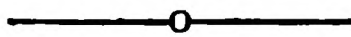
Doctor Abrams: We would expect to find the lesion, particularly in the arm region from the 4th cervical to the 2nd dorsal and lower down in the cord. My dear man, there is nothing remarkable about your case. It is not common but it is not uncommon. You have a certain type of muscular atrophy. It may come on early or late in life. It was not caused by hard work. There are adolescent and juvenile types. Go over the spine. You will probably find a point in the lumbo-dorsal segment of the cord on account of the atrophy of the thigh muscles. Put one instrument at fifty-seven and the other one at forty-four. If reaction any place on the spine. Mark the area on the spine. It will take at least three months to be able to see what we can do for him. But we are going to stay the process of the disease, if that is of any moment to him. Use rate 3 over lesion and general treatment at rate 3. In a case like that we make no charges for we can promise no results, but we do not want to refuse him the chance.

Acquired D. R.—Check up with the Five Reactions.—Specimen.—Man, 50 years of age. Blood pressure is low. 49. Male reaction. Carcinoma; negative. Sarcoma; negative. Tuberculosis; present; pulmonary; 16/25 of an ohm. Streptotoxemia; negative. Acquired D. R.; present; cerebrospinal strain; 40 ohms. Never rely on one reaction alone for Acquired D. R. or you will get into trouble. Check up on all five reactions to be sure.

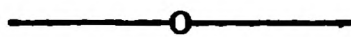
Dysmenorrhea and Congenital D. R.—Electrode in Vagina—Neisserian Infection. Specimen.—Female, 22 years of age; suffering from dysmenorrhea for the past 5 years. Both tubes are sensitive and enlarged. The physician wishes to know if it is best to insert electrode into vagina or not. He does not say if she is married or single. Carcinoma; negative. Sarcoma; negative. Tuberculosis; negative. Streptotoxemia; present; not tube or pelvic cavity. It is in sinus and left tonsillar region. We find in many cases of dysmenorrhea Congenital D. R. of the uterus, in which instance you treat over the uterus. Acquired D. R.; negative. Congenital D. R.; present; uterine strain; 38 ohms. Gonorrhoea; present. Let us go over all the reactions. It is pretty dangerous to speak of gonorrhoea in a woman. Write to the Doctor: "There is no objection to the use of the electrode vaginally as well as abdominally. The nearer one approaches the lesion the better the results. We get a suspicious reaction of Neisserian which I wish you would check up. In addition to S S 3, use rate 4 over abdomen or vaginally or both and supplement treatment with tampons of magnesium sulphate. We find this destructive to Neisserian."

Acriflavine—1 to 1000 sol.—Use in Gonorrhoea—Test to Determine if it is Destructive to Tuberculosis—Polarity.—Acriflavine is used in cases of gonorrhoea. In 65 per cent of acute cases you can stop the discharge in 6 or 7 days. One of the physicians has written me that it is destructive to tuberculosis. It is colored; therefore we will have to wrap up the bottle so that the light can not strike it. Get a specimen of tuberculosis. Here is the general process. First get the reaction of tuberculosis at 42. You can not use it at zero because the polarity may destroy it. You put along side the bottle of tuberculosis the bottle of acriflavine and see if the latter destroys the reaction. Mercury will destroy the reaction of syphilis and quinine of malaria. In this way you can determine how drugs are beneficial. **Polarity** does not work at the vibratory rate with reference to drugs. At zero it will. Give me a bar magnet. How do you test out a magnet? If it is positive, it will repel the positive pole of the compass. The European magnets are marked differently from the American magnets. Now get the reaction of tuberculosis from the specimen. Hold the bar magnet toward the area on reagent and you will find the reaction of tuberculosis is destroyed by both the poles of the magnet. Now let us test out the acriflavine. Wrap it up in order to hide the yellow color. The Doctor is correct; it does destroy the reaction of tuberculosis, but I will stick to gamboge at present because it has given me results.

Oscilloclast and Electrical Current—Bright's Disease not a Disease Sui Generis. Specimen.—Reexamination. Man. History of chronic nephritis. Occasional acute disturbances. Hemorrhages from right kidney. At present urine loaded with albumin; some blood. Indications of auto-intoxication. He has been having two hour treatments each day. The physician wishes to know if E. R. A. would cause kidney irritation as electricity sometimes does. We found originally sarcoma; non-metastatic; 8 ohms; right kidney region. Bovine syphilis; 34 ohms. Strep; right tonsillar region. Try Sarcoma; negative. Congenital D. R; present; 0/25 of an ohm. Strep; still present; right kidney. Write to Doctor: "The oscilloclast delivers no electrical current, as you should know, but merely an electromagnetic energy at definite rates. Hence the question of electricity being harmful does not enter into consideration. Bright's Disease is not a disease sui generis. You must study the reactions of the kidneys. These diseases are not diseases in the true sense of the word but are effects. That is what I am trying to teach and preach. As a rule Congenital D. R. is at fault. Treat right kidney now at rates 2 and 1 only for strep. and staph."



Physician's Fee.—The patient often questions the amount of your fee and calls it excessive. I always tell them the story of the man who went to the dentist and was charged five dollars for extracting a tooth. The man said, "That is too much for only five minutes' work. I went to a dentist last week who took an hour to extract my tooth and dragged me all around the room, and he charged me only fifty cents." What the patient pays for is exactitude, not experimentation. There was a leakage in the plumbing at the Waldorf Astoria which nobody could repair. Finally one plumber repaired it and charged one hundred dollars. They asked him for an itemized bill. He sent the following: "Time and material, one dollar. Knowing how, ninety-nine dollars. Total, one hundred dollars."



Use of Violet Colored Flannel for Rheumatic Pains. Specimen.—Reexamination. Married woman. Last examination Congenital D. R. and Carcinoma measured 9/25 of an ohm. She is feeling fine until yesterday when she had shooting pains down the arms. She had both breasts removed and large amount of tissue removed. Could this cause the pain? Frequently these pains survive an operation, and we find that violet colored flannel will prevent the parts taking up the positive ions in the air. Carcinoma, Sarcoma, Tuberculosis, Strep., and Cryptogenic D. R. are negative. Write to Doctor: "As the reactions are all negative it is fair to conclude that no malignancy exists and that the pains are climatic. They may be partially controlled by the use of violet colored flannel worn over the affected parts. See New Concepts." We took rheumatic joints and found that the joints took up the positive ions. We found that violet colored wool prevented the taking up of the ions. It is perfectly reasonable and clear. It may be necessary to dye the flannel to obtain the proper color. Cotton material will not serve the purpose.

Sarcoma of Bone—Acquired D. R. Specimen.—Man, 49 years. Complains of pain radiating from the post-nasal space on the left side to the middle ear and down along the uvula and whole left side of head. Loss of sense of smell and taste. That is a very suspicious sign of acquired syphilis. Carcinoma; negative. Sarcoma; present; bone; non-metastatic; 7 ohms. Acquired D. R; 40 ohms. Check up to be absolutely sure. Strep; right tonsillar region. A deep breath taken by the reagent will cause the splancho-vascular reactions to disappear. If he lets his breath out it always accentuates the reactions. Go over the head slowly for sarcoma; I want to be sure it is not of the brain. It is on the left side of the face. Use small pointed electrode and define it exactly. Location of lesion: opposite the root of the first and second bicuspid and first molar on the upper left side.

Neisserian Infection—Corneal Ulcers. Clinic Case.—Reexamination. Man. We got a reaction of Neisserian in the Prostate and left eye and strep. in the left eye. (Patient comes in) Is there any change in the vision?

Patient: Yes, a slight improvement.

Doctor Abrams: Tell us about your eye.

Patient: I had corneal ulcers. The cornea was cracked. The conjunctiva was removed and the cornea was curetted. Since then I have had recurrent corneal ulcers.

Doctor Abrams: I assume that it may be due to strep. infection. I want to remove this infection so as to offer possible hope of nonrecurrence. Go over his eyes and sinuses for strep; negative. See if Neisserian is present; eyes negative; present in prostate. There is a faint reaction in prostate. I think we can aid matters very materially if this is massaged very gently every other day.

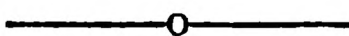
Sarcoma of Spine—Sciatica. Clinic Case.—New patient. Married man, 41 years; one child. Neisserian many years ago. Sciatica of the left leg. No lues; Wassermann negative. I find that about 50 per cent of the cases of sciatica are due to a sarcoma of the lumbar or sacro-iliac region. There is no sex reaction. Try the E. D. reaction; sometimes you will get it with that when you can not with the other; negative. There are neutral individuals. Carcinoma; negative. Sarcoma; present; bone; non-metastatic; 5 ohms; from about 5th to 3rd sacral spine. We should find this lesion in exactly the same place on patient as we do on the reagent. Acquired D. R; negative. Congenital D. R; 37 ohms. Strep; negative. If your hearing is not good, take a stethoscope and place it over the superior spine of the ilium. (Patient comes in) How long have you been suffering from this sciatica?

Patient: About 5 years. It is getting worse all the time, but the x-ray shows nothing.

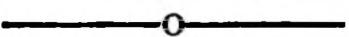
Doctor Abrams: Locate it on the spine and mark it. How does that correspond with what we found on the reagent? It is the exact location. Have you pain at the present moment?

Patient: I have a dull pain.

Doctor Abrams: Set the instrument at the V. R. for pain which is 20. A reflex pain will not give a reaction, but as soon as we come to the site of the lesion we will get a reaction. Go over both legs, run down the sciatic nerve, because a reflex pain gives no reaction. Reaction present when electrode is over lesion on spine. The x-ray would not show anything because there is not enough contrast to show a shadow. In these cases you can often give almost immediate relief by freezing the spines without treating the cause. Treat with rate 3 over spine, also rate 3 over spleen.



Psychotherapy and the Power of Faith.—Before I had these methods I often cured these cases of sciatica by simply freezing the spines. I ask myself now how I got results. Did they get well psychotherapeutically? I am inclined to think they did. I apparently cured them. Could it have been that they had faith in my methods and they cured themselves? Therefore I contend that if you have no faith in a thing, do not use it, for you will get no results. The results you get will correspond to your faith in yourself and your methods. I did the first x-ray work in this country and had examined a patient for another doctor. The woman was suffering considerable pain and palpitation of the heart. I found dilatation of the left ventricle and slight dilatation of the aorta. I met the doctor three weeks later and asked him how the patient was. He said, "That woman thought you had given her a treatment. She has been well ever since." There were all the psychic effects of this mysterious instrument which impressed the patient and brought about a cure. I once perscribed a purgative and a hypnotic for a patient. He took the purgative by mistake to induce sleep and he slept well. For ten years he continued taking that and got double action.



Intestinal Tuberculosis—Percussion—Use of Truss on Reagent.
Specimen.—Man, 34 years. Complains of occasional digestive and intestinal disturbances. No one can diagnose case. Male reaction. Try it with the rod. The majority of men can not percuss because it requires two things, the dexterity of percussion plus the delicacy of the ear. Not every man can be a telegrapher or a musician. Warm the rod and use it uniformly. This man has intestinal trouble and they are unable to find the cause. There may be a mechanical trouble there. He might have a thrombosis of the blood vessel or Meckel's diverticulum. We could not possibly diagnose that by this method. You can not do it now, but I think the time will come when you will be able to do those things also. Carcinoma; negative. We would not expect it in a young man. Sarcoma we might suspect, but we do not get it. Tuberculosis; intestinal; 3 ohms. It is usually at the great omentum. You can see it outlined. Congenital D. R; 36 ohms. You have to think of appendicitis. Strep; negative. If you use a truss on the reagent's abdomen to compress it, be careful that it is all rubber and has no iron about it.

Carcinoma of Larynx—Acquired D. R. Specimen.—Man, age 37 years. Has hoarseness; irritation in pharynx and larynx; has to cough constantly. Does not look tubercular but may have tuberculosis of larynx or pharynx. Carcinoma; non-metastatic; 4 ohms. He suspects tuberculosis; it is negative. Pay no attention to what anyone says but depend on your findings. If you are in doubt, get a tuberculosis specimen to check up on it. Don't be too sure about anything. Acquired D. R; present; 39 ohms. It may be on a syphilitic basis which is true of many of those carcinomata. Go over the larynx for carcinoma; go away and as soon as you arrive at the location I am supposed to tell you; correct. See if Acquired D. R. is present over larynx; negative. You will get a reaction only over an active lesion.

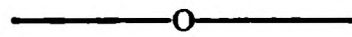
Metastatic Carcinoma of the Spine. Specimen.—Married woman; age 46. Great deal of pain in back of head and neck following operation for goitre. Flesh along spine and across shoulders is sore. Both breasts have been removed. I wrote this physician that the first specimen sent showed animal contamination and therefore was not examined. I asked him to send another specimen with signed statement that it was human blood taken by himself. He writes, "The only way in which I can explain animal contamination is that I cleaned the finger with alcohol before taking blood. I assure you it is human blood." 49. Human blood; no sex reaction. Let the breath out to accentuate the reactions and I get sex reaction; breathe in the usual way and I do not get it. Carcinoma; present. Is it bone or breast? Set one instrument at 22.* It is not breast. It is carcinoma of the bone; metastatic; 8 ohms. Strep; right tonsillar region. Acquired D. R; negative. Congenital D. R; 40 ohms plus. Go along the spine. There must be a metastasis there. Location of lesion: from third dorsal to tenth dorsal spines.

Tuberculosis of Eyes. Specimen.—Boy, age 10 years. Handicapped since birth with poor eyes. He has been to all kinds of specialists. Hope that E. R. A. will do much to give him better vision. Carcinoma and sarcoma; negative. Tuberculosis; present; eye strain; 2 ohms. Of course all the treatment in the world would do no good unless you treat the eye and get at the basic condition. Strep; right tonsillar region. Acquired D. R; negative. Congenital D. R; 24 ohms. Test out the eyes for tuberculosis; note that the reaction in left eye is less pronounced than in right eye. You can tell that by holding the electrode away from the eyes and see how soon you get the reaction. Use S S 3 and rates 3 and 5 to the eyes.

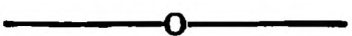
Why Reagent Must Face West.—This is a very simple matter in physics. Take an ordinary bar of iron and a compass. If a thing is polarized, one end will attract and the other end repel the same pole

*V. R. Carcinoma breast, 22.

of compass needle. Imagine that this bar of iron is made up of little molecules; as soon as you magnetize them they all face in one direction. This, of course, is only a theory. Put iron bar up to compass and you will see that one end of bar attracts the needle and the other end repels; like repels and unlike attracts. We are going to demagnetize it by putting it **east** and **west**. To facilitate the taking up or loss of the earth's magnetism strike the iron bar with a hammer to agitate the molecules. It will become demagnetized of its own accord if you leave it lying east and west long enough. Put the iron bar up to the compass needle and you will find that both ends act the same way (attract needle) because it is depolarized. Now put the bar of iron north and south and it will become polarized; strike it with the hammer in order to hasten the process. Put up a specimen of strep; that has a negative polarity. Put up a positive pole and it will destroy the reaction. The polarity of the earth's magnetism is lost when the bar of iron faces east and west. If I put it north and south, one end will attract and other end will repel because it is polarized, but it can not be polarized when it is facing east and west.



So-Called Pernicious Anemia—Metastatic Carcinoma of Pancreas.
Specimen.—Man, 58 years. Has been having pernicious anemia over a year. Strength is failing. I find that pernicious anemia is usually a cancer somewhere in the body that has not been detected. Carcinoma; digestive tract; metastatic; 11 ohms; pancreas. That man is in a bad condition. Pernicious anemia has a distinct reaction which is here in the flank. The potentiality is always below one ohm and you get a reaction over the spleen. We do not get it. Acquired D. R; negative. Congenital D. R; present; 37 ohms. Write to Doctor: "This is an advanced case and I very much doubt whether you can do the patient any good. At least try."



Diarrhea—Carcinoma of Colon. Clinic Case.—New patient. Married man, age 45 years. Had gout some years ago. Dysentery some years ago. Present condition, diarrhea; weak and losing flesh. No operations. Anemia. 49. Male reaction. When a man over the age of 30 or 40 suddenly begins having diarrhea, always think of cancer. Carcinoma; present. Any child could detect that. Any part of the digestive area may be utilized for eliciting dulness. Diarrhea is usually in the colon. Carcinoma; digestive; colon; splenic flexure; non-metastatic; 8 ohms. Congenital D. R; 30 ohms plus. Malaria, rate 32; negative. Tuberculosis; negative. (Patient comes in) In order to corroborate our findings we are supposed to locate this on the patient at the splenic flexure of the colon. You will probably be able to feel something there at that particular point. How is your diarrhea now?

Patient: The last few days it has been a little better.

Doctor Abrams: Here is the report the patient brings from one of our leading orthodox clinicians here at the University of California. "Patient came here complaining of attacks of weakness and diarrhea. Has lived in the Orient since age of 20, mainly in China. Weight at

onset of symptoms 200 pounds; at present, 137 pounds. Examination showed tongue markedly enlarged. No stomatitis. Spleen not felt. Achilles reflex absent. Patellar reflex obtained with difficulty. Sensation normal. Through sigmoidoscopy rectal mucosa smooth and pale. No enlargement of spleen found after filling stomach with barium. Stools 2 to 6. Test for occult blood; negative. Much undigested fat and meat fibers. No typhoid by culture. Urine negative. Blood showed marked changes. History is that of sprue. Blood transfusions are in order. Splenectomy may be necessary in the future." Set instrument at 50 and go over abdomen slowly; reaction present. See if we get any reaction of amoeba over his abdomen; negative. I can feel the mass very distinctly; it is about the size of a pigeon's head. The way to feel it, is to palpate superficially. This only illustrates what I have told you repeatedly that the clinician can find it if he knows where it is. It is not hard to find a needle in a hay stack if you know where to look. In this case a child could feel it, but one of the best diagnosticians in the country failed to find it because he did not know where to look. Treatment rate 3 to spleen; 6 and 3 locally; mixture antimalignans. Paint abdomen with Congo Red. I hope you will improve. Your strength ought to return, though there may be some diarrhea on account of the changes that have occurred. Conserve your strength as much as possible. Make the rest more than equal to the expenditure of force. Take as long treatments as possible.

Experiment with Mica Rod.—If you are not an adept at percussion, use the rod. In the list of conductors, the least conducting is dry air. That is one of the laws of electrostatics. Next to air, glass is the least conducting. We have experimented with rods made of everything except mica; now we will try that. It is not good, but at least we have tried it. Hard rubber is not good compared to glass, but in hot weather you have to use rubber because glass is too sensitive.

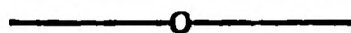
Tuberculosis of Kidney—Education of Bladder. Clinic Case.—Re-examination. Unmarried man, 27 years. Can not hold urine. Left elbow bad. First examination tuberculosis; left kidney. Congenital D. R; 38 ohms. Congenital D. R; negative. Tuberculosis; present. (Patient comes in) Your color is better. Tell me about your condition. How often do you urinate?

Patient: From half an hour to every fifteen minutes.

Doctor Abrams: Did you try holding it back? You must educate your bladder to hold the urine. You do not give it a chance to dilate. Take your watch and when you have to urinate, wait ten seconds at first; then twenty seconds, and so on. Report to me in the course of a week and go on with your treatments. He is looking much better. Don't you have more pep ?

Patient: Yes, I do.

Theory of Relativity.—Everything is relative. The average person can not understand Einstein's theory because every individual has a preconceived picture in his mind and can see nothing else. Poincarè, the great mathematician of France, says, "Supposing I promise to meet a friend at the Pantheon to-morrow. To-morrow the Pantheon in relation to the sun may be quite a distance away. Abstractly I will meet him at the Pantheon, but concretely I am not meeting him at the same place." Two trains running along at ten miles an hour do not cover that distance in reality except in relation to two points on the earth, but the earth is moving all the time. The average physician can not grasp our methods because he does not have such a mental picture. We are all children; we are all ideographic; we have pictures of ideas.



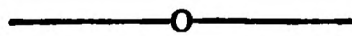
Strep. Spine—Strep. Appendix. Clinic Case.—Reexamination. Young man came here from the Mayo Clinic where he had been diagnosed as having tuberculosis of the spine. We never found tuberculosis, but found strep infection. He is having pain in back and hips. In the beginning I told him that as the muscles become more limber he will have more pain. He has more movement of the back. Where does it hurt you?

Patient: It is not a definite pain but it hurts me across my back and hips when I cough or I stand up.

Doctor Abrams: Are you losing in weight?

Patient: Yes.

Doctor Abrams: We found strep. infection of appendix and back only. Strep. had entirely disappeared at one time. Go over his back again and see if we can find anything. Tuberculosis is entirely ruled out, but we will look for it. Give the reactions time; I do not want to hurry it. Tuberculosis; negative. Carcinoma and sarcoma are negative. Strep; present; appendix. I am going to show you how to empty appendix. Concuss 10th dorsal spine. First go over appendix with pointed electrode and mark it. Then concuss 10th dorsal spine and go over appendix again at rate 60 for strep. You see that it clears up. If you hit the second lumbar spine, it will fill up again. We have shown that by the x-ray. You see how painful the appendix is when I press on it. Congenital D. R.; Neisserian; and Malaria are all negative. He is to have S S 4 and 2 cords at rate 2 at spine. Concuss 10th dorsal spine three times a day.



Gall-Stones. Clinic Case.—Reexamination. Woman has pains in shoulders. She had carcinoma when she first came. Carcinoma and sarcoma and Congenital D. R. are negative. Cryptogenic D. R.; present. Strep; right tonsillar region. (Patient comes in) Do you have pain in your shoulders?

Patient: Yes, in my right shoulder.

Doctor Abrams: We can not correct structural changes, you know. Let us find the source of the pain. Strep. is not present over right shoulder. Go over the abdomen; wherever the origin of the pain is we

will get the reaction. It is in the gall-bladder. Set instrument at rate for gall-stones, rate 20; present. The reaction for gall-stones is the same as for cholestrin. Use rate 2 on right tonsillar region and give her *Pillula anti-cholelithiasis** for the gall-stones. This may act on the bowels; if it acts too harshly, take less of it.

Patient: I was at the Mayo Clinic for a week and they could find nothing wrong with me and yet I had all these pains.

Specimen.—Man. Suddenly had pains in sub-occipital region. Improving slowly, but he is not able to be out of his room yet. We found originally sarcoma of the brain. Today's examination shows sarcoma, Acquired D. R., Congenital D R., tuberculosis, malaria and strep. negative. Cryptogenic D. R; present. He must continue S S 3.

Sarcoma of Brain—Heredity of Malignancy. Specimen.—Son of previous case. When 6 years of age had hip hurt and in cast for 12 weeks. Carcinoma; negative. Sarcoma; present; brain; 2 ohms. You see it is the same strain as the father's. When we speak of the heredity of malignancy, it means merely the heredity of syphilis. When Congenital D. R. is inherited, they all have the same strains. Congenital D. R; 13 ohms. Go over hips for sarcoma; negative. Sarcoma; present; brain, occipital region. It is just where the father had it. Use S S 3 and rate 3 to occipital region.

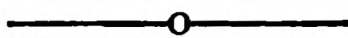
Lung Abscess—Strep. and Tuberculosis. Specimen.—Male, 45 years of age. Injury in automobile accident three weeks ago. Fractured second and third ribs; puncture of lung tissue causing pulmonary hemorrhage. Recovery uneventful until five days after injury when he developed traumatic pneumonia on the right side. He is running a temperature from 100 degrees to 102 degrees. Suspect abscess in lung or liver. Promptness is necessary because the man is very ill. Here we will have to be very careful. Carcinoma, sarcoma and Acquired D. R; negative. Tuberculosis; lung; 2 ohms. Strep; lung or pleura. Congenital D. R; 38 ohms. Give the P D reaction of strep. I want to see where that abscess is. Let the breath out. Get the pointed electrode and check me up on it. Strep; right lung. How does that correspond with my

***Pillula Anti-cholelithiasis.**

Salicylic acid	02 gm.
Sod. oliabe	08 gm.
Sod. stearate	04 gm.
Phenolthalene	01 gm.
Mentholated camphor	03 gm.
Ext. glycerrhiza q. s.	

Met frai un pill. Take 2 pills twice a day followed by one-half pint hot water. Drink it slowly. Keep it up for one month, then follow it by one pill once a day.

area marked? Correct. See if there is any tuberculosis over that area in lung; present. Strep; negative over liver. Write to Doctor: We find no reaction of strep. in liver nor base of lung, but a strep. and tuberculosis reaction in the right intrascapular region beginning at the 2nd dorsal and terminating at the 7th dorsal spine. It is bounded to the left by the spine and on the right by the vertebral border of the scapula. The presumption is that you are dealing with a lung abscess. Use 3 cords at rate 2 locally."



Hemorrhages of Right Eye—Acquired D. R.—High Blood Pressure. Clinic Case.—New patient. Woman, 73 years; married; two children. Hemorrhages of right eye; high blood pressure. Troubled with gas. 49. Sex reaction present even at that age. Carcinoma; negative. Sarcoma; digestive; 7 ohms. Acquired D. R; 38 ohms. Check up with the other reactions. (Patient comes in) How long ago did you have this trouble in your eye?

Patient: Six months ago.

Doctor Abrams: Has that caused any defect in your vision?

Patient: Yes, it has caused a blurring

Doctor Abrams: Was there any injury?

Patient: No.

Doctor Abrams: Is your left eye all right?

Patient: Yes.

Doctor Abrams: How about your blood pressure?

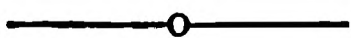
Patient: It has been as high as 300 but now it is probably about 260. It has been reduced by baths and living on milk for two weeks. I lost 18 pounds and my blood pressure came down to 200, but it never would stay at 200.

Doctor Abrams: Take her blood pressure. It is 240. I had the first blood pressure instrument on the coast which I had gotten from Paris. Did they find albumin in the urine?

Patient: No.

Doctor Abrams: Of course what we will look for is 55. Reaction of 55 over both eyes, less pronounced in left eye. As soon as she has general treatment the other condition will improve. We know there is a condition that has to be remedied without the promise of any definite results. There is a possibility of correcting the condition or at least of maintaining the present eyesight and preventing the development of other conditions. We usually do get down the blood pressure 20 or 30 mm. of mercury within a week. My experience is that it does not go down much more. She is to have the saturated solution of iodide of potash, ten drops after each meal. If this spoils your stomach, stop it. It is the most efficient simple agent that we can use. In the course of ten days we will take the blood pressure again. This lady is remarkably young looking; she does not look more than 55 years of age.

Reducing High Blood Pressure.—If you attempt to reduce high blood pressure by artificial means, you get bad results. I remember once at Stanford University a man came in with high blood pressure. I reduced the blood pressure, but he developed symptoms of uremia and died. It must be done naturally. Amyll nitrite will reduce blood pressure, but you are always taking risks. It must come down naturally by reducing the causal condition. I know in my lifetime I have done a good deal of harm by following the books.



High Blood Pressure—Acquired D. R.—Carcinoma of Stomach. Clinic Case.—New patient. Man, 61 years, married, no children. Mastoid operation. High blood pressure. Catarrh. Very nervous. Carcinoma; digestive; stomach; pylorus; non-metastatic; 11 ohms. That is the first cancer of the stomach we have had in a long time. Acquired D. R; cerebrospinal strain; 36 ohms. Check up on that. (Patient comes in) Have you any digestive disturbances?

Patient: Yes, I have some gas occasionally and some pressure after eating.

Doctor Abrams: Have you lost in weight?

Patient: No, I have gained in weight.

Doctor Abrams: How is your eyesight?

Patient: It is always good except for nearsightedness.

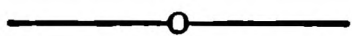
Doctor Abrams: Is there any difficulty in walking or headache?

Patient: No. I am very nervous, but it does not keep me awake at night. My blood pressure is 170. The last urinary examination was negative.

Doctor Abrams: What is your main trouble?

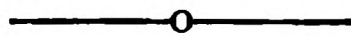
Patient: Nervousness and hypertension which they found in Mayo's Clinic. The blood tests were all negative and the Wassermanns negative.

Doctor Abrams: Go over abdomen for 50; present over stomach. Check me up. Step up the energy and let breath out. Test the pupils. Slight reaction in right eye; none in left eye. Let us see if we can cause it to return by the blue light. It contracts and then stops. This is the most trustworthy evidence of 55, outside of the reactions. It is strange he has had no dyspeptic symptoms to amount to anything. Strep; left ethmoid and left antrum. If you pursue this treatment, I am sure you will be better.

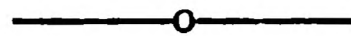


Metastatic Carcinoma—Preparation of Reagent—Effect of Touching Feet to Reagent's Feet. Specimen.—Married woman; vaccinated; abdominal operation, ovarian cyst removed twenty years ago. Pain between shoulders and left ovarian region. Lump over anterior border of each axilla about size of lemon. The pathologist must also be a good pomologist because he always uses fruits to designate the size of a growth. She has occasional pain in left side and around left hip. The first duty is to find the lower border of the liver. Then go over abdomen and see if it is clear, because reagent may have strep. infection which would show on him at once. How do I get rid of it? Concuss 7th cervical and 2nd

dorsal spines. If I touch one foot against reagent's foot, I exaggerate the reactions. If I touch both feet, I destroy the reactions. Carcinoma; pelvic cavity, left side; metastatic; 9 ohms. It was the left ovary that was removed. It is metastatic; is it bone? Yes. In all probability the spine is affected. Congenital D. R; 8 ohms. He has probably been treating her. Carcinoma; left side pelvic cavity and from 2nd to 6th dorsal spines. Write to Doctor: "No results may be expected unless several all night treatments are given. Treat left side of pelvic cavity, the site of primary lesion, as well as site of secondary lesion, from 2nd to 6th dorsal spines. Use rate 6; two cords on one electrode for pelvic cavity and one cord for spinal lesion. Later use S S 3. Condition prognostically not good."



Neurasthenia—Location of Human Blood Reaction. Specimen.—Re-examination. Man. Carcinoma was present; 13 ohms; non-metastatic; digestive; colon, sigmoid flexure. He has neurasthenia, subject to nervous and mental depression. Throat irritation. Has been having treatment to occipital region. Some improvement but still has periods of depression. First get human blood reaction at 49. It is located in the right inguinal region close to Poupart's ligament about 9 1/2 cm. to the left from the right anterior superior spine of the ilium. Carcinoma and Congenital D. R; negative. Cryptogenic D. R; present; cerebrospinal strain; 9/25 of an ohm; occipital region. In these cases of neurasthenia, if you treat the localized region you get results. Write to Doctor: "You have eliminated the chief condition, carcinoma. The cryptogenic reaction of brain is located in occipital region. Use rate 3 here after depolarization."



Ulcers on Leg—Tuberculosis of Bone. Clinic Case.—Reexamination. Married woman; came here about one month ago. She had two abscesses on left leg of 15 years' duration. She had milk leg 28 years ago after childbirth and septic poisoning ensued. It has been broken down for the past 15 years. There are two large open wounds. Had tried everything, x-ray, and skin grafting, without relief. We found tuberculosis of bone and Congenital D. R. She has been having general treatment and rates 3 and 5 over ulcers. She has had considerable pain there. (Patient comes in) How has it been lately?

Patient: The pain has been a little less. The wound does not seem to be any better.

Doctor Abrams: I can see that it is beginning to fill up. It shows some granulation tissue. It looks better. I think it is going to heal.

Patient: I am feeling better.

Doctor Abrams: Cryptogenic D. R. is present. Keep on with the same treatment. Lie down during the day with your foot elevated.

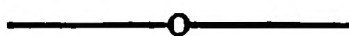
Patient: I went to bed at one time and got up about healed.

Doctor Abrams: It should heal up. Keep off your feet all you can.

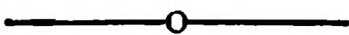
Pulmonary Tuberculosis. Clinic Case.—Reexamination. Boy, 14 years of age. He came here with tuberculosis of the lungs and was in a very bad condition. We found pulmonary tuberculosis; 6 ohms. The last examination everything was negative and he was told to return in a month. He has a good appetite; has gained 4 pounds since he left; no cough or temperature. (Patient comes in) You look pretty well, my boy. How old are you?

Patient: I will be 15 years old in two months.

Doctor Abrams: Always before dismissing a case, take the E D reaction. The boy's blood should be absolutely free. Tuberculosis; Congenital D. R; Cryptogenic D. R; negative. He is absolutely free from tuberculosis now and should not have a recurrence of this trouble. To make assurance doubly sure, have him live outdoors and sleep in the open air.



Instrument Set at Zero to Ascertain Unknown Condition.—Amoeba. Clinic Case.—Reexamination. We have a peculiar condition in this case. This lady was operated on at the Mayo's Clinic for duodenal ulcer; they found no cancer. We got a reaction of carcinoma when she came which is negative now, but she has distinct lumps which you can feel in the abdomen. She has pain running from the back to the front. I find her spleen very much enlarged and these lumps which are very painful. We attributed the trouble to adhesions. I am going over the blood very carefully again. If you are in doubt, always get a specimen. Carcinoma; sarcoma; negative. There is no malignancy. Tuberculosis; strep; Acquired D. R; Congenital D. R; Cryptogenic D. R; malaria; psora; negative. Put it at zero and see if we can get any area of dulness. You do not know what you are dealing with, so anything will come through at zero. There is a very pronounced reaction here; shortcircuit and it clears up. What is it? Amoeba comes in that area; V R 23; reaction present. Check up with E D and P D reactions. In the P D reaction for Amoeba the dulness is at middle vertebral border of left scapula. Always have reagent let out his breath for P D. Her stools should be examined for amoeba. In the meantime treat her for that condition. (Patient comes in) Localize the reaction in abdomen. Go over spleen; negative. Treat over liver region where it is marked at rate 1.



Congenital D. R.—Lung Strain—Tuberculosis and Strep. of Lung. Specimen.—Bronchial trouble for twenty-five years. Raises from 6 to 8 ounces of heavy sputum daily. No history of tuberculosis. Never vaccinated. Strength not good; digestion good. Man, 29 years of age. Carcinoma; sarcoma; negative. Tuberculosis; present; lung; 7/25 of an ohm. Malaria; Acquired D. R; negative. Congenital D. R; present. He has never been vaccinated, consequently it must be human. Put it at 20 (vibratory rate for human hereditary syphilis); present; 16 ohms; lung strain. Area of lung dulness on the right side of vertebral column from 4th to 6th dorsal spines. Tuberculosis and strep. at same area. Treat at rates 3, 5 and 2 over lesion and S S 3.

Acquired D. R.—Enlargement of Aorta. Clinic Case.—New patient. Married man, 69 years. Had two major operations for duodenal ulcer; no results. Went to Battle Creek and had duodenal feedings; that cured him. Now complains of heart trouble and weakness; pain and swelling in legs. High blood pressure. Had hemorrhage in brain. Carcinoma; negative. Sarcoma; digestive; left of navel; 3 ohms. Acquired D. R; cardiovascular strain; 37 ohms. Check up on E D. (Patient comes in) Go over aorta for 55; present. You do not have to utilize the reaction of the aorta to measure out its size; you can use 55. Aorta is enlarged; it measures 8 cm. across. There is only a slight enlargement of the heart. I think you are going to be helped. I would not say so unless I really thought so, but I think you can be improved very considerably. Write to the Doctor to whom he is referred: "Patient has reaction of sarcoma. This is slight and may yield to the elimination of Acquired D. R. by S S 3. In addition, give him concussion of the 7th cervical and 2nd dorsal spines several times a day. Concussing the 7th cervical elicits the reflex of contraction of the heart and aorta. Use 3 locally over aorta after depolarization. Send blood again in about 4 weeks."

Epileptiform Attacks. Clinic Case.—Reexamination. Girl 17 years; has attacks epileptiform in character. Usually come on in morning and last three minutes. Three years' duration. Some grand mal attacks lately. Is conscious when jerking. Has brother with mild petit mal, Jacksonian. Leucorrhoea and pain with colds. We got a reaction of sarcoma of brain; 3 ohms. Congenital D. R; 27 ohms. Strep; left antrum. Sarcoma; Congenital D. R; strep; Congenital Neisserian; negative. Cryptogenic D. R; present; brain. Psora; present. (Patient comes in) Go over head where we got reaction originally; negative. Cryptogenic D. R; present; right side of head. Go over appendix for strep; negative. We got a reaction there before, but now it is all clear. How is the pain in your head?

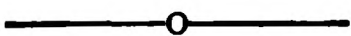
Patient: I don't have it all the time, but sometimes it is very sore.

Doctor Abrams: Look for staph. in the sinuses; present; both antra. Treat head at rate 3 and spleen at 3 and 5. Give an hour's treatment at spleen and one hour at both antra at rate 1. You are going to get better. (Patient goes out) Those epileptiform cases are pretty difficult to deal with.

Influenza—Method of Ascertaining Whether General or Local Treatment is Required. Clinic Case.—Reexamination. Woman, complains of headache and soreness in throat. There was strep. in left antrum. Try strep; negative. Staph; negative. The only thing remaining is influenza bacillus which may locate itself in the sinuses. V R of influenza is 38; present. (Patient comes in) Go over sinuses for influenza; negative. Present over forehead. I want you to get treatment for influenza at rate 5; otherwise you will be all in for a long time.

Patient: I have neuralgia in my face just lately.

Doctor Abrams: Very frequently the question arises whether or not you should treat locally or whether the general treatment is sufficient. How are we going to show that? We got a reaction of influenza over the forehead. First get the reaction of influenza over forehead. Then concuss the 7th cervical spine and take reaction again over forehead; in this case you find it is gone, which means that the general treatment will suffice. If the reaction still remains after concussing 7th cervical, local treatment will be required. That is an important point. It is the same with any disease.



Carcinoma of Small Intestines—Indigestion. Clinic Case.—New patient. Married woman, 53 years of age; one daughter. Ovaries removed about twenty years ago. • Fibroids removed. Indigestion and nervousness. What are we going to find? It is a law that after every abdominal operation we find some form of malignant reaction. Carcinoma; digestive; small intestines, to the left of navel; non-metastatic; 10 ohms. Congenital D. R; 34 ohms. (Patient comes in) Do you feel in any way that you have lost your grip?

Patient: No.

Doctor Abrams: Why did you come?

Patient: I have indigestion.

Doctor Abrams: Have you sought relief and could not find it?

Patient: No.

Doctor Abrams: What have you done for your condition?

Patient: I have dieted a little bit.

Doctor Abrams: Go over abdomen for 50; mark it. Let me palpate it; you can feel it very distinctly. She is very cachectic. Write to Doctor to whom she is referred: "Use S S 3 and 6 where marked on abdomen. Paint abdomen with Congo Red."



Acquired Syphilis. Specimen.—Man, 55. He is getting paralyzed. Paralysis has invaded both hands, face and pharynx. Three years ago he suffered from encephalitis lethargica and when he was convalescent he began to suffer from the first effects of paralysis. The doctor sending the specimen says that his diagnosis is paralysis agitans. It is bulbar paralysis. It may be that he has a lesion in the medulla oblongata. Paralysis is not associated with paralysis agitans; tension and immobility are present but not paralysis. The clinical diagnosis is labiolaryngeal paralysis, but that does not explain the paralysis of both hands. He may have a combination lesion there at the base of the brain which lesion may be a tumor. We will see. You have to know your medicine to make diagnoses. You can not encompass it otherwise. Carcinoma; negative. Sarcoma; negative. That rules out paralysis agitans. Tuberculosis; negative; Streptotoxemia; negative. Acquired D. R; present; cerebrospinal strain. Let us check up on that and go over all the reactions. Everything must correspond. It measures 43 ohms; that is a very high ohmage.

Localize the lesion. It will probably be in the suboccipital region. Go somewhere else at first. I get the reaction in that region. Write to Doctor: "Lesion in sub-occipital region. Paralysis agitans is excluded because there is no reaction of sarcoma. The irregularity of symptoms suggests 55. Use S S 3 and apply rate 3 locally after depolarization to the sub-occipital region. Treatment must be continuous, perhaps over night. Let patient lie on a mattress with a rubber mat under it. Any metal will take up most of the energy. Do not expect complete restoration; structural changes may have taken place."

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