

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

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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.

CLINICAL LECTURES BY DR. ALBERT ABRAMS

SEPTEMBER, 1923

REACTIONS FROM RADIOGRAMS**EPILEPSY**

When I was in Mexico City Dr. Erasmo Gonzales Ancira directed my attention to the fact heretofore unknown in medical literature that radiograms of the head in epilepsy showed a decided thickening of the bone of the skull, specifically located in the region where we find a reaction of sarcoma in cases of epilepsy, viz., the forehead and area on top of head on a line drawn from the back of ear.



Reaction of sarcoma in cases of epilepsy

My results in epilepsy have been only moderately good, perhaps owing to the fact that I did not recognize this sarcomatous reaction. It must be understood that the sarcomatous reaction means only an increase in the neuroglia located in this specific region.

Dr. Gonzales supposed that the cause of the epilepsy must be resident in the bone, but we have found that an x-ray picture will give the same reaction as will the blood itself. Why this is true would lead to too much speculation; consequently we accept the thing merely as a fact.

I will take a reaction from these radiograms which I brought from Mexico. These are cases of epilepsy and you can see the thickening of the skull over the specific region mentioned. Do this behind the screen so I can not see where you are. As soon as I come to the surface of the brain I will get the reaction.

It is practically an eccentric hypertrophy of the bone to relieve pressure of the brain, the same as you will have in the bladder. There are

two forms of hypertrophy, eccentric and concentric; the eccentric increases the size of the cavity and the concentric decreases the size.

In epilepsy the reaction of sarcoma may not be in the blood but may be found locally over the brain.

Carcinoma.—So-called Pernicious Anemia.—Specimen.—Married woman. Has been treated for pernicious anemia; made material improvement. Age 37 years. Does not gain strength rapidly; about ten pounds underweight. Discomfort in stomach and bowels and area of left kidney. Ravenous appetite at times; food between meals relieves gnawing sensation. Much gas. Has been having E R A treatments. Many cases of so-called pernicious anemia are only cases of latent carcinoma. Carcinoma; digestive; non-metastatic; 4 ohms. If it is pernicious anemia, we usually find reaction of carcinoma under 1 ohm. The center of area of dullness lies 7 cm. to the left of navel. I do not get it. If it is a case of pernicious anemia, the spleen always gives reaction of carcinoma. Spleen is negative. Strep; right antrum and left tonsillar region; not appendix, teeth or gallbladder. Congenital D. R; 5 ohms. Write to Doctor: "I do not regard this as pernicious anemia insomuch as spleen gives no reaction of this condition."

Acquired D. R.—Sarcoma of Spinal Cord.—Specimen.—Married woman, 76 years. For 3 years has been losing use of arms and shoulders, the right one first and now can not raise the left one. Frequent severe pain in all parts of the body caused by what she calls knotting up of the muscles. Let us see what we find; we have to give our findings whether right or wrong. Here is a woman 76 years of age with a strong female reaction. Carcinoma; negative. Sarcoma; spinal-cord; non-metastatic; 5 ohms. Tuberculosis; negative. I do not pay any attention to respectability, for there are so many innocent ways of getting lues. Acquired D. R.; 38 ohms. Check up on that. It is a pretty dangerous thing to say, but that is what I find. Locate sarcoma in the spine; lesion opposite first, second and third dorsal spines.

REPLY TO LONDON "TRUTH"

Quoting Dr. George S. White

I never answer critics. I treat them with the conspiracy of silence. Here is a communication from London "Truth" of March 21, 1923. This writer says that Dr. George S. White of Los Angeles sent him one of his lectures from which the following is an abstract:

"Probably the most flagrant faking is done by some few 'laboratories' conducted by registered M. D.'s which purpose to diagnose diseases by means of energies taken from the blood..... A physician told me how he

had been sending drops of blood on blotting paper or parchment (sic) paper to one of the laboratories for tests.... I saw that this man was honest, but that he was being imposed upon; as he seemed quite elated that the diagnosis agreed with his, I told him I would give him three samples to send to this place and have tested."

This Dr. George S. White goes on to say that these samples of blood were sent to the laboratory and that the blood was taken from his chickens and that all varieties of diseases were found. This report has been circulated a number of times by this Doctor White; but at that particular time when he claims to have sent blood samples here no blood samples whatsoever were received from Los Angeles. That fact our records show and they are absolute.

The writer in London "Truth" continues: "Dr. White, it will be seen, is a bit of a wag. In using ridicule as a test of truth he has certainly got home. It appears, however, from my information that he is himself the inventor of some rival method of diagnosing disease by color tests which has also yielded surprising results measurable in dollars. In order to make the story complete, we ought to have a diagnosis of some of Abrams' poultry by the White color process. As a matter of fact, White is careful in this narrative not to mention Abrams or anyone who can be identified except himself. His amusing tale rests, therefore, solely on his own word and that is the word of a doctor who inferentially dubs a rival practitioner a 'faker' while guarding himself against being called to account for his attack. This seems to discount White's tests almost as much as it discounts Abrams'".

This man White was one of my first students. He came here from New York and was under my tutelage for about three weeks when to my utter amazement I found he was circulating unethical literature describing a proprietary remedy of his own called the Valens Compound. He had also made unethical proposals to several of my friends and they approached me with the statement, "You can not permit yourself to have as your student a man of that type."

I said to Doctor White, "I hear you are circulating the Valens Compound. This is the expression of an advertising quack. My methods must be conducted ethically. I fear you will not do so; therefore you must not continue any longer as my student."

On leaving me, he said, "I will get even with you by some means, fair or foul." He immediately made the statement that he had taught me my methods and that I had stolen them from him, forgetting that he had written several articles in the American Journal of Clinical Medicine saying that I was the first man to discover these methods and was the first man to use color in the diagnosis and treatment of disease. This he forgot about, and yet he proclaims that he is the discoverer. Heretofore I have never answered such attacks, and I make this statement merely to show the nature of the criticism quoted in this article and the percentage of like malicious criticisms.

Acquired D. R.—Degeneration of Retina—Specimen.—Reexamination. Married woman. Last examination showed Acquired D. R; 38 ohms; over right eye. According to eye specialists she has degeneration of retina. Has had 85 treatments and claims no improvement. Acquired D. R; negative. Cryptogenic D. R; 6/25 ohm; left eye. After you get through and you find no reaction, you have done your duty. Then you can use scar tissue rate. Write to Doctor: "Continue treatment to left eye, reaction still present. Treat right eye at scar tissue rate. Treatment only removes cause, not effects."

Skin Eruption.—Sarcoma and Colisepsis.—Specimen.—Reexamination. Woman, 36 years. Bad skin eruption which has not yielded to our treatment. Enlarged thyroid. Had he told me where the eruption was, it would have aided me materially in my diagnosis. Carcinoma; negative. Sarcoma; digestive; non-metastatic; 4 ohms. You can see it around the navel. Where the whiteness is more intense is the location of the tumor. Acquired D. R; negative. Cryptogenic D. R; present. It has to be present or you would not have sarcoma. Congenital Neisserian; Psora; negative. Look for colisepsis; sometimes that may cause itching; present. Write to Doctor: "There is a marked reaction of colisepsis which in addition to the presence of sarcoma may account for the eruption. Attempt a reaction of the skin eruption for both sarcoma and colisepsis." In that way he will be able to ascertain the cause. In many cases of skin eruption you get the reaction of sarcoma or carcinoma.

ACTINOMYCOSIS OF BREAST

(See June Journal)

Sometime ago a woman came here with a most malignant looking breast. It appeared to be either carcinoma or sarcoma, but my repeated tests showed absolutely no sign of malignancy. Doctor Samsom of Santa Cruz who sent the specimen is a graduate of Holland University in Leyden and a man very eminent in his line. I said to him, "I can find no reaction for carcinoma or sarcoma but my advice is to have the breast removed in order to solve all doubts. My tests may be wrong but I can not find malignancy." I got the reaction of actinomyces of the breast, a very rare condition. I asked the doctor to make the examination for ray fungus and he wrote that he could not find it. I was disconsolate and said, "My diagnosis was wrong."

This morning I received a letter from him to this effect: "After first examination of Mrs. J's breast I had it again examined and sent a more copious supply. The result is now positive and so it appears to be according to your diagnosis actinomyces."

I asked the woman if she had ever been around cattle and she said she had been on a cattle farm.

I found no reaction of carcinoma or sarcoma and I put the instrument at zero and we got a dullness. Then I looked over my records and got a definite reaction of actinomycosis. In looking at this breast which was in terrible condition anyone would have said that it was carcinoma or sarcoma. If you had seen lumpy jaw you might have thought of that. We are using rate 5 with a view of determining what would be the result.

SKIN ERUPTIONS DUE TO TOXINS OF CARCINOMA OR SARCOMA

We identify skin eruption with blood disease but sometimes the toxins of carcinoma and sarcoma are absorbed. These toxins cause itching and also eruption because the eruption is simply due to the removal of toxins from the blood.

REACTIONS PRODUCED BY INDUCTIONS — HYPNOTISM

You can influence a person by induction. I will show you in this experiment. From the reagent you get a male reaction. Now have one of the ladies come here and face west. Have one of her fingers in contact with his body. Stand back of him so I can not see. I will tell you when she takes her fingers off. Correct. I got female reaction when she put her fingers on reagent's body. Similarly one day we got a succession of carcinoma reactions which we could not explain until I found that one of the doctors sitting near me gave a carcinoma reaction. I had him sit in the back of the room and had no further trouble.

To me everything is of importance in this world and worthy of investigation.

POLARITY—Energy From Finger Tips

Everything in nature has polarity. Nobody imagines that there is energy coming from the body all the time. The East Indians speak of this energy under different names. We will test it out with the pith ball. From my right hand the energy is positive; it attracts the pith ball when charged negatively. But the true test of electrification is repulsion. My left hand will repel the pith ball. The first tendency is to attract and then it will repel. If I put the finger tips of both hands close together the energy is neutral and the pith ball will shoot to and fro, as you see. With the two palms of the hands together the energy is positive and negative and the pith ball will shoot the other way. You can test out the polarity of pathological specimens in the same way.

TUBERCULOSIS — LOW BLOOD PRESSURE

Specimen.—Man. Has vertigo; low blood pressure. Fifty years of age. Weight 230 pounds. Carcinoma; sarcoma; strep; negative. Tuberculosis; lung; outer portion of right apex; 7 ohms. Congenital D.R.; 38 ohms.

CARCINOMA OF PANCREAS

Clinic Case.—New Patient. Woman, 57 years. Digestive disturbance; gas formation; food ferments. Hyperacidity. Gastro-enterostomy in 1918. Can not gain in weight or strength. Partial hysterectomy and rectal fistula removed. And yet they will keep on operating. It is like patching up a rotten building. You have to get at the foundation, at the root of the trouble. You can not have an abdominal operation without a malignant reaction afterwards. The fact that it may remain latent only shows the defensive mechanism on the part of the organism; but let the system become depleted and it lights up. It is an abdominal volcano ready to erupt at any time. Carcinoma; digestive; pancreas; non-metastatic; 10 ohms. That is a pretty high reaction. Carcinoma of the pancreas makes a very troublesome carcinoma. Fortunately the majority of cancers are not metastatic. Congenital D.R.; 38 ohms. (Patient comes in). In order to confirm our diagnosis we must find the lesion located in the same place on the patient. In many of these cases when it is above 5 ohms we can by palpation discover a mass or tumor. I can feel it but it is very difficult on account of the pulsation of the abdominal aorta. General treatment and 6 and 3 to area in abdomen. Paint abdomen with Congo red.

METASTATIC CARCINOMA

Clinic Case.—New patient. Married woman, 50 years. Pain in back, knife-like in character; indigestion. Abstaining from food relieves pain. Sharp pain in right groin. Was told that uterus, tubes and ovaries were inflamed. The reagent is so dull that I have to use the rod. Of course I am accustomed to percussion and naturally prefer that. Some of the men are using the rod exclusively because it requires less proficiency. Carcinoma; pelvic cavity, right side. The pain that she has in her back may be metastatic in character; if it is, we can tell. Yes, it is metastatic; 10 ohms. Congenital D.R.; 30 ohms plus. I will show you approximately where we will get the reaction on the patient. Reaction of carcinoma at 7th dorsal spine opposite inferior angle of scapula; also at 4th lumbar spine. (Patient comes in). Go over pelvic cavity; try to fool me. Reaction on right side. She has pain radiating from lumbar region down to hip. Reaction from spine over areas corresponding to those found on reagent. Treat spine at rate 6 and 3 and general treatment. You want to get at the basic condition when it is distributed throughout the body. Also treat right side of pelvic cavity at 6 and 3. (Patient goes out). These cases go very badly. I have not had much success with them. I have not tried mixture antimalignans long enough to know what results we may get from that. We get these cases when they are very far advanced.

HYPERTHYROIDISM—MISCARRIAGES—Uterine Strain of Congenital D.R.

Specimen.—Married woman. Appearance shows slight goitre. Wants to know why she can not bear children. She has had two miscarriages;

has one child. Wants to know why neck becomes reddened; appears to be thyroid; exceedingly nervous. I never attempt to find hyperthyroidism from the blood. You have to examine for that locally. The best treatment in the world for that is concussion of the 7th cervical spine. She has had an appendectomy a year ago. Carcinoma; digestive; small intestines, appendix region; non-metastatic; 3 ohms. The ohmage is low, but it is young yet. The carcinoma is usually around the site of the operation or of the incision. Congenital D. R; 40 ohms. In cases of miscarriage there is a uterine strain of Congenital D. R. It is very important to know that. There was one woman who came here who had aborted any number of times. I told her nothing could be done. Then I discovered that this condition could be cured by treating locally over the uterus for Congenital D. R.

CARCINOMA OF PROSTATE—Diagnosis Made From Handwriting

Clinic Case.—Married man, 62 years. Has been in ill health. Wife feels he is not well but he does not want to have his blood examined so she has given me the handwriting. There is nothing hidden that shall not be revealed. Male reaction. Carcinoma; genito-urinary; prostate; non-metastatic; 4 ohms. It is usually below 5 ohms in the prostate. Congenital D. R.; 30 ohms plus. Get your cord and examine the prostate. It may be in the kidneys; I am only assuming that it is in the prostate. Carcinoma; present over prostate; negative over kidneys.

MAGNET OBTVIATES ERRORS DUE TO SHORT-CIRCUITING OF PATIENT

Short-circuiting on the part of the patient by glasses, jewelry crossing the median line, corsets, artificial dentures and permanent bridge-work in the mouth may destroy the reactions, but with magnet suspended over the head of reagent such errors may be obviated.

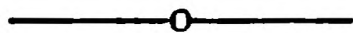
REPORT OF PATIENT VISITING CLINIC—HEMORRHAGE IN RETINA

Doctor Abrams: We will be very glad to have this gentleman tell us of his experience with the E R A treatment.

Patient: I had been to every oculist in the country because I had hemorrhage of the retina. I could not see to read or to get around by myself and had not been able to practice my profession of law for many years. I had had diabetes for years and was a physical wreck. I thought I had no chance on earth. When I heard of these methods I had no faith in them whatever but I finally decided to have an examination. Twelve days ago I went to this doctor. He gave me an examination and told me some very sad truths and I took a chance. At that time I had a breaking out on my face; within a week it had disappeared. I began to notice that I could see a little and that I could read signs that I could not do before. For the

first time in many years I travelled up here alone on business from Los Angeles in an upper berth. Before the treatments I could not read and could not make my way down town and was terribly depressed. To-day I am back to my old mental calibre and to my old mental stamina. I am going to be absolutely cured. This doctor has a hundred patients and all are improving. I watched them carefully. I saw a man who had had cancer on the ear for years. It was a miserable looking thing and he was a tottering wreck. It has healed over and the man is in pretty good shape with a good chance of recovery. I feel that if a thing is true a gentleman should tell about it; it is his duty. I can now read print which I could not do before. A specialist of eye diseases said that I had either been drinking too much "hooch" or was syphilitic or had diabetes. He said, "Go to your doctor and have constitutional treatment," but it did not help me. This eye specialist now sends his patients to this E R A doctor for diagnosis. I am very grateful for all the Abrams method has done for me and for making it possible for me to return to my profession. I am attending to business now for the first time in ten years. I have a good record in law and have relatives who are prominent in the legal profession.

Doctor Abrams: My critics attribute my results to a species of hypnotism or suggestion, but here is a gentleman who had no faith but has gotten cured. The physician from whom this gentleman took treatment had an interesting personal experience with these methods which led to his taking the course. His daughter had a tumor of the breast and I found that it was cancer. I said to him, "Go and have this breast removed." He said, "No, I am not going to have any operation. Why don't you try your treatment?" This was in the early days of these methods. I said, "My method of treatment is not official; it may be years before it is recognized. If anything should happen to your daughter, you would never forgive me." He said that he would never have the breast removed and insisted on trying this treatment. In two weeks the tumor was removed and she has been well ever since. As a result, the physician took the course.



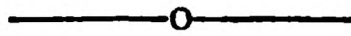
DULLNESS AND TYMPANY, ELECTRIC PHENOMENA—USE OF GLASS AND RUBBER RODS

You can not have a phenomenon in nature without an electric change. The intestines are filled with gas. We will say that the walls are tense and the tenseness creates a positive charge. Release that charge by putting a negative charge in front of it. In cases of tenseness of the abdominal walls the dullness is due to the excessive formation of gas. Sometimes by taking a negatively charged rubber rod and running it over the abdomen, you convert the dullness into tympany. It is possible that this gas formation is due to an excess of positive charges and you neutralize it.

Two Englishmen named Baines and Bowman wrote a most remarkable book called *Electrobiology*. Unfortunately their apparatus had to be away from all currents of electricity, so that it was difficult to carry on experiments with it. They healed wounds by using a dielectric. This discovery

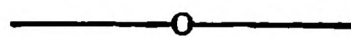
we have just made recalls their work. Some day someone will invent some sort of a screen and put the patient in a dark room and by means of some chemical will make the various diseased areas luminous.

Tympanites is an electric phenomenon. If one takes a rubber rod and charges it negatively by rubbing on wool or catskin and runs it over the abdomen, you release the positive charges and convert dullness into tympany. The opposite effects are noted with a positively charged glass rod. This opens up a big field in medicine.



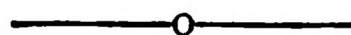
LUMINOSITY

Luminosity and fluorescence are only a question of reducing the frequency of certain rays so that they become visible to the human eye.



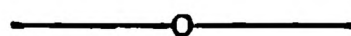
CARCINOMA, COLON — MUCUS COLITIS

Specimen.—Man. Eats well; sleeps well; tires easily; suffers from pain in the region of the rectum on the right side. Has considerable eruc-tation and flatus. No abdominal operation. Considerable pain in region of liver. Has had mucus colitis. Carcinoma; digestive; colon; extending from median line to splenic flexure; non-metastatic; 9 ohms. Tuberculosis; negative. Strep.; right tonsillar region. Congenital D. R.; 38 ohms.



ACQUIRED D. R. — FAILING EYESIGHT

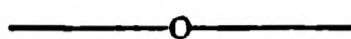
Specimen.—Married woman. Right ovary and appendix removed; left breast removed two years ago. Constant pain in joints and muscles. Eyesight failing. Carcinoma; digestive; small intestines; non-metastatic; 9 ohms; breast not involved. Tuberculosis; negative. Strep.; right tonsillar region. There was something in the history that suggested syphilis. What was it? Eyesight failing. Acquired D. R.; eye strain; 38 ohms. Check up on that with the other reactions. Use S S 3 and 3 to both eyes.



TUBERCULOSIS — MASTOID INFECTION

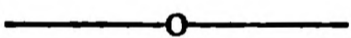
Specimen.—Unmarried woman. History of discharge from ears following scarlet fever when a baby; unable to be cured. Both tonsils removed three years ago; said to be infected. Autogenous vaccines greatly reduced strength. Pain in joints and muscles. Looks well. Patient says she has had many physicians treat her. In cases of this kind you get at the constitutional condition. Carcinoma; sarcoma; negative. Tuberculosis; bone and lung; bone; 8/25 ohm; lung; 2 ohms. Congenital D. R.; 39 ohms.

Strep.; ear. Psora; present. Congenital Neisserian; present. Locate tuberculosis of bone. Go over ears and mastoids; reaction of tuberculosis over right mastoid. Write to the Doctor: "It would be advisable to treat soil conditions, Congenital D. R.; Congenital Neisserian and Psora, at rates 3, 4 and 5 on spleen. After thorough S S it would be advisable, in the event discharge were not benefitted, to treat ear locally at rates 2 and 4. Treat right mastoid at rate 5. Saturate piece of cotton with gamboge and place it in ear." You can not get results unless you first get rid of the constitutional condition. It offers the only hope.



REACTION OF MORPHINE FROM BLOOD

Specimen.—Man. The physician who sent the blood found Congenital D. R.; 38 ohms. Tuberculosis; 5 ohms; apex of right lung and also spot in left lung. Strep.; right kidney and bladder and right antrum. Urine shows some casts and albumin. The patient's father fears he has morphine habit and wants to know if he has acquired that habit. You have to be very careful about accusing a man of being a morphinefiend. The V R of morphine is 4 and 56. Give me V R 56; reaction of morphine is present. Carcinoma; sarcoma; negative. Tuberculosis; lung; 4 ohms: Congenital D. R.; 37 ohms. Strep.; both tonsillar regions. Write to the Doctor: "There is a suspicious reaction of morphine from the blood specimen. I would not insist on this reaction alone as evidence of drug habituation, but it is suspicious."



ASTHMA — ACQUIRED D. R.

Clinic Case.—New Patient. Woman, 45 years. Asthma for 20 years. Attacks worse last 6 years. Difficulty in breathing all the time. Lost some weight. Appetite good. Dyspnea on least exertion. As a rule when there is dyspnea on exertion it is cardiac asthma. Carcinoma; sarcoma; negative. You always find some tuberculosis in cases of asthma of long standing. Tuberculosis; lung; 1 ohm. That does not mean anything. What you must look for especially is acquired syphilis. Acquired D. R.; cardiovascular strain; 37 ohms. She will probably have a dilated aorta. You need look for nothing else. Your first duty is to get rid of syphilis. (Patient comes in). Have you any difficulty in breathing?

Patient: Yes, I have most of the time.

Doctor Abrams: Have you had any miscarriages?

Patient: No, I have two grown children.

Doctor Abrams: Concuss the 7th cervical spine and see if there is any improvement in the breathing; concuss the 2nd dorsal to fix the reflex. It seems to accentuate the difficulty in breathing. Now I will try concussion of the 5th and 4th cervical. That does not modify the breathing. Try 7th cervical again; there is no modification in the breathing. Go over her sinuses for strep. Sometimes an infection of one of the sinuses by irrita-

tion of the trigeminus will affect the vagus and cause asthmatic attacks. Strep.; right antrum. How many years have you had this trouble?

Patient: I have had it during 20 years but not all the time.

Doctor Abrams: Let us test out the efficiency of heart. Normal heart measures 4/25 ohm. Set instrument at rate 2; left ventricle measures only 0/25 ohm. Pulse is very feeble. Try concussion of 7th cervical and 2nd dorsal 4 times a day at home for one week before beginning treatment.

(Clinical Lectures Continued on Page 20)

THE UNIFORMITY OF LIFE REACTIONS

W. Dwight Pierce, Ph. D., Consulting Biologist, San Mateo, California*

This is a wonderful Universe in which we live,—a Universe acting as a Unity under a Unity of Direction, and composed in its ultimate nature of a Unity of Matter.

Dr. Abrams and I have been looking at two phases of the same thing and for many years our respective sciences have failed to recognize the fact that we were dealing with kindred phenomena. Permit me, therefore, just as briefly as I can, to summarize the thoughts which now actuate my work, without going into detailed discussions, which would fill volumes.

Our Universe is a unit. We know of no other, for we cannot even measure or compute the bounds of this one. Our ability to describe the Universe is insufficient, but we have set down what might be called three dimensions, to describe it:—time, space and the ether. We can conceive no limits for any of these dimensions, but by and in them we measure everything we know or sense.

Within and measureable by these dimensions we conceive of two things, matter and energy, and as we analyze these we find that matter is exclusively composed of those ultimate particles, which we call electrons, and that energy is an attribute of these same particles. Matter is everywhere and energy is everywhere, and both, whether identical or two phases of the same thing, act at all times and in all places under uniform and stable laws, which indicate a positive Law Maker and Director.

When we look at matter we view it in three physical states, called solid, liquid, and gas. These are merely different densities of the same groupings of electrons, manifesting consequently different rates of vibration of the constituent electrons. By means of properly applied energy these physical states are interconvertible.

But matter displays many types of energy, which we variously call sound, electricity, magnetism, radio, heat, light, x-ray, chemical, life, thought, gravitation, solar energy, etc. All are attributes of the electrons,

*Dr. Pierce has an international reputation as an entomologist.

and apparently all are interconvertible, therefore merely different phases of vibration, differing in wave-length, frequency or velocity.

We also classify matter as organic and inorganic. I prefer to think of it as organic and inorganic life, and to recognize three kingdoms of visible life, two organic,—plant and animal; and one inorganic,—chemical or mineral; believing also in the existence of invisible life. Essentially they are all unity, though constructed of different groupings of the electrons. The same elements constitute all.

We can recognize similar reactions to the stimuli of all types of energy, on the part of all three visible kingdoms. Therefore we can classify all reactions in a single unit system.

If we take any type of energy, we may recognize on the scale of velocity, or on the scale of frequency of vibration, a wave form or rhythmic type of reaction. The crest of the wave is the point of greatest vitality and energy; the trough is the point of least vitality and death. Thus for example, passing from infra-red to ultra-violet, we find each extreme deadly, and as we come nearer the center from either direction we successively encounter zones of anesthesia and sleep; pain, stifling and sluggishness; and maximum activity; which latter occurs for man in the green portion of the spectrum. We may describe these same zones for all other types of energy.

But we may also describe such a curve of life and death in terms of volume at any velocity and frequency, of any type of energy.

This means that death may be caused by sound, electricity, heat, light, x-ray, chemicals, etc.; that anesthesia and sleep may be caused by the same types of energy; that for each there exists a happy medium of greatest efficiency for each species of living thing and for all inanimate matter likewise.

It means that the field of therapy is as wide as the field of electronic vibration, which is as wide as matter and energy.

Just as each simple elemental atom has its inherent rate of vibration and consequently its inherent response to stimuli of energy, so has each molecule, each cell and each organism its inherent rate of vibration, and its inherent response to stimuli of energy. This is because the atoms, molecules, cells, and organisms differ from each other only by virtue of the different arrangement, number and bonds of attachment of the component vibrating electrons.

All life is derived from antecedent life. The constituent cells of the organism are all offspring of the parent cell of the organism, all inheriting its tendencies, all tied to it by sensitive bonds of communication, and all acting as unity to outside stimuli.

Inasmuch as energy is the unfailing attribute of the electron, we find all matter possessing energy, and each type of matter possessing its characteristic energy, and so to that energy inherent in the living organism we may give the name Vital Energy. It is radiant, and powerful, and leaves its impress on all matter about it, just as do all other types of energy.

We must therefore consider that all types of energy affect and modify all other types of energy and all types of matter; and so we do not fully

grasp a situation, if we measure, for instance, the effects of temperature on a body, and ignore the coincident influence of light, humidity, pressure, electricity, chemicals, gases, thought, vital energy, etc.

Therapy, therefore, must consider the reaction not only of the disease germ or activating body, but also the reaction of the patient to all surrounding conditions of matter and energy. The patient must be surrounded by favorable conditions of air, heat, moisture, pressure, light, and vital energy, and be given favorable food. But more than that, he must be placed under those favorable conditions, which are least favorable to the disease activating body.

Having these principles in mind we can understand how Dr. Albert Abrams obtains a characteristic reaction for the human race, as well as for each individual, and each organ of the body; how he determines the presence of foreign bodies with their characteristic reactions; and finally how he kills these bodies by giving them an overdose of their own vibration.

It is only when one gets a conception of all nature as unity; of all things, whether animate or inanimate, reacting uniformly and rhythmically to all external stimuli; and of the rhythmic harmony existing throughout all the Universe, that he can get the proper perspective for his own work. The physician can learn from the chemist, the metallurgist, the electrician, the entomologist, and each of them can learn from each other, if they are alert and grounded on broad principles of training.

So long as each profession and science holds itself aloof from its fellow professions, so long shall progress in each be retarded.

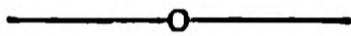
When a botanist learns of a certain effect of sunlight on germination of plants he gives to the world data, which can be used by everybody. If a series of definite reactions are proven for an insect or a slug, there is a lesson for medicine, for botany, for animal husbandry, and even for metallurgy contained in the findings of the entomologist.

For example, in 1907 it was my fortune to discover the thermal scale of reactions of the cotton boll weevil. Not until 1917 did I realize that humidity manifested a similar scale and that the two must be considered in combination. Then the application of zones of life for human beings, as well as all types of plants and animals, became apparent. But not until 1922 was I able to state that pressure, and atmospheric gases could be zoned, and this year it has become apparent that all external stimuli whatsoever may be zoned from death, through anesthesia, sleep, algesia, and noxelia to activity, and on to death. And the lesson was not learned until the field of metallurgy, the practice of medicine, the art of floriculture, agriculture, chemistry and physics had been canvassed. Each added its share and now no bulletin arrives, but that it contains confirmatory data, although the respective writers may not have understood the significance of the phenomena which they described.

Nothing could be more important in therapeutics than the establishment of the fact of the uniformity of reactions of all matter and all life to external stimuli, each type of body having its characteristic rate and zone of reactions.

The human body is what we are primarily concerned with. It has its normal human rate, which characterizes and separates it from all other species rates, but each individual differs characteristically within the human rate, because of its slightly different inheritance and acquired tendencies. Our body is composed of chemical substances, native cell bodies, and foreign plant and animal bodies. All have their characteristic rates of vibration and reaction. When these foreign bodies are antagonistic to the human cells they set up a disharmony, which breaks down the cell resistance. If we can reverse this and set up a vibration harmonious to the human but inharmonious to the intruder, we may be able to break it down or wear it out.

That is what the allopath and the homeopath do with chemicals, what the osteopath and chiropractor do with nerve vibration, what the electropath does with electricity, what other specialists do with x-ray, ultra-violet, infra-red, heat, mechanical vibration, food, thought, prayer, etc.; and we at last perceive that we have the entire range of known vibrations to draw from in our search for those which will be harmonious to the characteristic vibration of the patient, and yet deadly to the destructive organism. Modern medicine has the whole range of chemistry and physics at its disposal, but it must understand the fundamentals in order to utilize any of them.



DEPOLARIZATION OF DYNAMIZER



Sometime ago Mr. Upton Sinclair tested several of my disciples with a view of determining whether or not they could get repeated reactions from two different specimens without a knowledge of what the specimens were. Several men were tested, not any of whom do I credit with any special degree of ability. The result was that one of the men would get about 50 per cent. of failures in the examinations. Then Mr. Sinclair, in his desire to propagate these methods and hoping for greater accuracy in the same, went to others. One of my former disciples succeeded in getting 87 per cent. of correct diagnoses by the repeated examination of specimens. Mr. Sinclair concluded that the best results were obtained when the specimens were put in separate dynamizers and switching them around without knowing which was which.

For many years I have cautioned my men that the skin acted as a condenser of energy and that if several examinations were made in rapid succession without depolarizing the skin on the reagent's forehead or dynamizer, the reactions would persist and confuse you. We found evidence of this as follows: If we took a specimen of carcinoma and placed it on any inanimate object and then ran over this area with a radio apparatus which excludes the personal equation, we invariably found that we got a reaction of carcinoma or of whatever pathological specimen had been used

at the exact spot where the specimen had been located. But if we immediately ran over this area with a horseshoe magnet, we would destroy the reaction at once. In other words, we rearranged the electrons in that particular spot. I shall show you later that definite graphs—metaseiograms — distinctive to all matter may now be secured.

When I recently returned from Mexico, I made here in one afternoon fifteen examinations in rapid succession without any mistake. I asked Dr. Wirklich to go over specimens that way and he made two mistakes out of fifteen (the first ten correctly) which is not bad. Expectant attention in experimentation is a very difficult problem. When you are subjected to tests such as proposed, you are not master of the situation. Any scientific experiment can be negated by an attitude of mind in a state of expectant attention. The problem is a serious one and we must minimize our mistakes. We find no consolation in observing that progress is a series of negations and we are advancing because we are not sure of things. Mr. Sinclair noticed that errors were less frequent when two dynamizers were used.

We found in our experiments that after a specimen is put in the dynamizer the reaction will persist for 15 seconds but as a rule with a powerful horseshoe magnet (magnets must be recharged) we can dissipate the reaction at once. In order to obviate the possibility of a reaction persisting, we found that by using an electromagnet as a depolarizer and running it over the inside and lid of the dynamizer, it would immediately nullify any reactions that persisted. Since then we are using that instead of the horseshoe magnet.

If, however, you use this electromagnet (depolarizer) over a specimen, you will destroy the reactions for half an hour, perhaps longer. Therefore, the method is this: Keep your electromagnet away from your subject (and do not allow him to handle it) and from dynamizer containing specimen; disconnect it when not in use. Prior to putting in specimen depolarize dynamizer and lid with electromagnet and then use horseshoe magnet only for depolarizing specimen with a view of removing any possibility of the effects on the specimen of the electromagnet currents of the earth. Depolarizer should also be passed over diagnostic apparatus.

I am exceedingly grateful to Mr. Sinclair for having directed my attention to this matter, for it is only by a summation of the little things and their elimination, that you gain perfection in anything. The depolarizer used in treatment may be employed for the purpose above cited.

E. R. A. PHYSICIANS

*Your presence is respectfully requested at
the laying of the Cornerstone Ceremonies
of the College of Electronic Medicine
Blanche and Jeanne R. Abrams Memorial Foundation
on the twelfth of September
one thousand nine hundred and twenty-three
at half after three o'clock
Ten sixty-seven Sutter Street
San Francisco, California*

**BABY WORK'S ORACLE — DR. C. A. SHOEMAKER
LINCOLN, NEBRASKA**

Dear Doctor Abrams;

I am Baby Work whose blood you examined April 27, 1923. I weighed $7\frac{1}{2}$ pounds when I came here. Had many convulsions, as many as 74 a day, since I was a month and six days old and I now weigh $18\frac{3}{4}$ pounds. I was in the Child's Hospital of Denver for two weeks. They x-rayed my head many times; many specialists have seen me, one coming a thousand miles. They all pronounced me hopeless and sent me home to die. My home physician wrote to Dr. Shoemaker and he had him send him some of my blood and the Dr. answered and said he thought I could be helped, so I arrived here as a practically dead baby on April 12, when the treatments were started immediately. I could not move my lower limbs at all; could make no noise; could only swallow a few drops of beef tea at one time and egg albumen. Now I can kick as hard as any baby of my age and am beginning to sit up alone; can take my regular feeding of full amount, sleep well and enjoy my playthings. All this in four months from a skeleton to a baby $18\frac{3}{4}$ pounds. When I get so I can talk I will tell the world this result is all due to Dr. Abrams' treatments. My mother is telling every body now at Holyoke, Colo. and Denver. Hope I will be able to write to you some day my self, Doctor. We all thank you for discovering such a wonderful treatment.

Sincerely,
Baby Work.

ABRAMS HOSPITAL TO BE BUILT IN TULSA OKLAHOMA TO COPY MAYO PLAN

A hospital and sanitarium similar in many respects to the famous Mayo brothers' institution at Rochester is to be established in Tulsa.

Instead of surgery, however, the local project is to introduce and use the Electronic Reactions of Abrams.

Doctor Douglas, who is associated with a number of other local physicians who have mastered this treatment, said the undertaking has been fully financed by oil men of Tulsa and nearby cities, whose families have experienced cures by the Abrams treatment. However, he declined to divulge their names, explaining they desired to keep their identity a secret. One of them, he said, is a Sapulpa oil man whose wife was cured of cancer after all other methods had failed.

Among the physicians connected with Doctor Douglas are Dr. F. G. Bubeck, and Dr. J. U. Puckett, besides a number of E. R. A. experts in neighboring cities.

THE PHILADELPHIA SCHOOL FOR NURSES and THE CENTRAL HOSPITAL OF PHILADELPHIA Chestnut and 23rd Sts., Philadelphia, Pa.

The only hospital in Philadelphia equipped to give the Abrams Electronic Treatment.

Equipment provided by Eugene Underhill, M.D., and the treatment applied under his personal supervision.

EFFECT OF DEPolarIZER ON LIPOMA

Letter from a Patient.—"I am writing you at this time, thinking you might be interested in the history of what Dr. Clara Stone of Los Angeles has done for what she called a fatty tumor on the back of my neck. At the age of 17 years I had boils on my neck and after treatment they healed, leaving a scar. After 2 years another boil started in the same place and soon developed 5 distinct heads and when they broke and finally healed it left a hard bunch 2 inches across and 1 inch thick. I began a course of Abrams' treatments and Doctor Stone tried the depolarizer on it. The depolarizer was used about 8 or 10 times and now it is about the size of a small marble. I am in my sixtieth year. I have no pain and work hard every day. Feel at liberty to use this letter as you wish."

BOSTON COLLEGE OF ELECTRONIC MEDICINE

Boston, Massachusetts.

July 27, 1923.

Resolutions: WHEREAS—We, the undersigned members of the first class of the Boston College of Electronic Medicine, under the able and enthusiastic leadership of Dr. Francis T. Davies, have completed our course of instruction in E. R. A.; be it

RESOLVED—That we are indelibly impressed with the remarkable accuracy of electronic diagnosis and the demonstrated results of electronic treatment, and we are convinced of the unparalleled therapeutic value of this revolutionary system of healing; be it further

RESOLVED—That as a result of the efficient and painstaking instruction at the hands of Dr. Davies we are entering the practice of Electronic Medicine, as expounded by that immortal genius—Dr. Albert Abrams, with the utmost confidence and assurance that we will henceforth be of greater service to humanity than we have ever been before in our practice of the healing art; be it further

RESOLVED—That a copy of these resolutions be forwarded to Dr. Abrams at San Francisco.

Signed:

J. I. Greene, M. D.
Waldo Horton, M. D., D. O.
Frank A. Mack, M. D.
S. Foster, M. D.
G. W. Estey, D. O., M. D.
Chas. Grapek, M. D., D. O.
Nettie A. Bolton, M. D.
W. M. Kingman, M. D.
Bertha E. Carter, D. O.

WASSERMAN FAST REACTIONS

Extracts from current, medical literature.

“The Four Plus Wasserman”—D. M. Kaplan, N. Y. M. J. 105:728, Apr. 21, 1917.

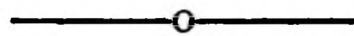
“In the Wasserman fast patient, the guide to cessation of treatment should be chiefly clinical findings and the four plus should be left alone. It resolves itself into the question, is it safer to allow the patient to keep his temporary clinical improvement and his positive Wassermann or by subjecting him to intensive salvarsanization, succeed in removing his four plus Wassermann and expose him to the additional danger of a low grade arsenical intoxication?”

"A Positive Wasserman Test in Non-syphilitic Patients after Intravenous Therapy."—Strickler, Munson and Sidlick, J. A. M. A. 75:1488, Nov. 27, 1920.

"In the syphilitic clinic at the Philadelphia Polyclinic Hospital, it was a fairly common observation to see a certain number of the patients clinically well, yet serologically presenting strong and moderately positive reactions, and all this in spite of an energetic arsphenamin treatment."

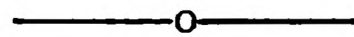
"We are convinced, with Udo Wile, that 'in the presence of intensive therapy, a positive test does not necessarily mean living spirochetes and potential syphilis, any more than a positive tuberculin test in an individual who has had tuberculosis would indicate the presence of living tubercule bacilli.' "

"We submit that serologic and clinical cures are not necessarily parallel. Energetic treatment that is directed toward the end of attempting to make a persistent positive reaction negative may not only be useless but also misdirected."



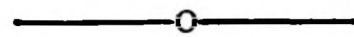
"The Wassermann Test and Its Interpretation."—R. L. Kahn, J. Lab. and Clin. Med. 6:579, July 1923.

"In the so-called 'Wassermann fast' cases, however, where the Wassermann reaction is persistently 4 plus, the primary aim should be to clear up the clinical symptoms and to institute further treatment only after considerable periods of rest."



"Interpretation of Results of the Wassermann Reaction."—Bacteriology and Haematology, 6th edition, W. D'Este Emery, Phila., P. Blakiston's and Co., p. 129, 1921.

"In some late cases (never in early ones) the reaction remains positive in spite of the most vigorous and prolonged treatment."



CLINICAL LECTURES

(Continued from Page 12)

ARTHRITIS DEFORMANS — STREP. INFECTION

Clinic Case.—Reexamination. Married woman, age 60. Arthritis deformans; pains in both hands. Operated on for tumor and pregnancy discovered. Following operation pains in joints began. Feeling of discomfort in epigastrium. X-ray at Mayo's Clinic showed adhesions. Our first examination showed sarcoma; 2 ohms; non-metastatic; digestive. Strep.; both tonsillar regions and left antrum. Congenital D. R.; present. Let us see if sarcoma is present; negative. Congenital D. R.; negative. Crypto-

genic D. R.; present. Strep.; sinus and both tonsillar regions. She has not made much improvement. (Patient comes in). We find no more trouble in your abdomen. What is the trouble?

Patient: I have pains in the joints. My abdomen is all swollen.

Doctor Abrams: There is no fluid in the abdomen; it is all gas. You must get a proper abdominal support. Go over sinuses for strep.; right antrum; both tonsillar regions. Go over the worst joint; strep. in knee of right tonsillar origin. In a case of this kind we will disregard the sinus because the chief thing is the right tonsillar region. The tonsils have been removed but the infection is present in surrounding tissue. Use two cords at rate 2 and one cord at 4 over right tonsillar region.

CATARACT — CONGENITAL D. R.

Clinic Case.—New patient. Man. Cataracts. Vision all gone in right eye. Little lump in epigastric region; noticed for past six months. Similar mass on elbow disappeared spontaneously after three months. Carcinoma; sarcoma; negative. Congenital D. R.; 39 ohms; eye strain. One of my men claims to have cured cases of cataract. Personally I have not cured any; I have treated two cases only. It will do no harm and it is worth the trial. (Patient comes in). He is absolutely blind in one eye. Go over right eye for Congenital D. R.; present. Try Neisserjan; negative. He is a very healthy man. Have you ever had any injury to that eye?

Patient: Not that I know of.

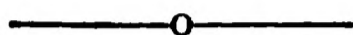
Doctor Abrams: Use rates 3, 8 and 11 over the right eye. He refuses to be operated on, so we will give this a trial. Rate 3 is for Congenital D. R., the basic condition; rate 8 for calcium salts; rate 11 for scar tissue. Try it for ten days and see if there is any change.

TUBERCULOSIS — TYPHOID REACTION IN BLOOD

Specimen.— Man. Some years ago, following an attack of typhoid, had axillary gland removed. Later on osteomyelitis developed in the right humerus. This also was operated on 18 months ago. Discharge ever since from this arm in four or five places. Underweight. Later pulmonary tuberculosis developed. This physician says, "I have found Acquired D. R.; 37 ohms; result of vaccination. Tuberculosis; 6 ohms. Strep.; in right antrum." Carcinoma; sarcoma; negative. Tuberculosis; bone and lung; 1 ohm. Acquired D. R.; 35 ohms. Check up on that. You also have to think of the typhoid bacilli. They will lurk in the organism for a long time. V R of typhoid is 23; present. He has trouble with the right humerus. See if tuberculosis is in that region; present. Try typhoid over right humerus; present. Write to the Doctor: "Evidently you made a mistake in referring acquired syphilis to vaccination. Your first duty here is to give patient SS 3 and 10, which is the destructive rate for typhoid which we elicit in the blood. Treat right humerus at rates 5 and 10 at the same time that you give S S 3 and 10, or later."

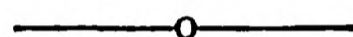
METASTATIC SARCOMA

Specimen.—Married woman, 26 years. Stomach complaint for many years. Masses can be felt in abdomen on examination. Carcinoma; negative. Sarcoma; digestive; metastatic; 9 ohms. Acquired D. R.; present. Try E D reaction and be very sure of it.



NEURASTHENIA

People with neurasthenia should avoid sunny places and seek the woods or shaded localities. We have found that the output of human energy is greater in the sun's rays. Therefore a neurasthenic likes gloomy weather.



CARCINOMA, COLON — ANIMAL CONTAMINATION

Specimen.—The doctor got a reaction of carcinoma of the gall-bladder region. He wants to be sure of his diagnosis. We returned the former specimen he sent because we could not get human blood reaction. In this case he says that the specimen was taken by himself from patient. We once had a specimen sent here from Florida which gave reaction of animal blood. I returned the specimen with the statement that it showed animal contamination. The doctor who sent it could not explain this contamination until he discovered that the filtering paper he had been using had a bug crushed inside of it, which was sufficient to contaminate the reactions. 49. Male reaction. There is a distinct reaction of human blood. Check up on it with the E D. I have no hesitancy in examining it. Carcinoma; present; digestive; colon. You can see the pallor. I can get no reaction with the rod. Rub over the abdomen first with a stick of black sealing wax warmed and then the glass rod seems to work better. It is non-metastatic; 7 ohms. Acquired D. R.; negative. Congenital D. R.; present; 41 ohms; cerebrospinal strain. Streptotoxemia; negative.



Reaction from Photograph.—This is a photograph of a young man confined in an insane asylum at Stockton. I want to see if we can get a reaction of acquired syphilis which was contracted prior to that. Just as the emanations from the finger tips in hand writing will give a reaction, so the radiations coming from the face when the photograph was taken will give a reaction. Cover the photograph with a clean piece of paper and depolarize it thoroughly with the horseshoe magnet because it has been handled by many people. Let us see what we get. 49. Male reaction. Acquired D. R.; present. He had syphilis but never had been treated for it. Check me up; try to fool me. Go away from the photograph and then come back. Take the pointed electrode and as soon as you come to the same spot, see if I get the reaction. You can see I get it. Let us try the

pith ball so as to cut out the personal equation. I will show you that the photograph and the handwriting are just as good as the blood for reactions. You see that the pith ball pulls in when he gets to the photograph. Now I want to see the possible age of that individual. Leave the instrument at 49 and measure out the ohmage. It is $17/25$ of an ohm. Let us see where he is. He is up in Stockton. That is east of here. Keep the electrode away from the picture but go over the map and when we get where he is I should get the reaction. You see we get the reaction directly over Stockton. The distance is 55 miles for every $1/25$ of an ohm. I will try to measure the distance. It is $2/25$ of an ohm. That is 110 miles from here which is approximately correct.

STREP — INFECTION

Specimen.—Reexamination. Man. Soreness in cervical lymphatics; also some draining from fistula just medial to the upper left molar. 49. Sarcoma; negative. Congenital D. R.; negative. Cryptogenic D. R.; negative. Streptotoxemia; present; teeth and sinus. Go over the sinuses. Streptotoxemia is present in both antra. Write to Doctor: "Both antra show strep. infection. We have lately been treating these cases at rates 2 and 4 for strep. as we find Congenital Neisserian to be the basis of strep. infection."

ACQUIRED D. R.

Clinic Case.—Reexamination. Man. We found originally carcinoma; digestive; 9 ohms. Acquired D. R; 38 ohms. Carcinoma; negative. Sarcoma; negative. Acquired D. R.; negative. Cryptogenic D. R.; present. Leave it at 45 and let us see where it is. It is in the digestive tract. Have the patient come in. He is perfectly well. (Patient comes in). We will go over his abdomen and find a lesion of 55. He complains of some pain in his stomach but says he is much better generally. Show me where you have the distress. Set the instrument at 55. Even though you get reaction of Cryptogenic D. R., over a lesion you will get a reaction of Acquired D. R. Is that the spot? Mark it. Treat him locally where marked at rate 3 and general treatment at rate 3. It takes a long time to get rid of Cryptogenic D. R., but when you are rid of it you are rid of it.

Patient: I am feeling better generally. I am not so nervous; I have more pep and more life.

STREP. INFECTION OF GALL-BLADDER

Clinic Case.—This is an unmarried woman, age 34 years. She complains of pain in the gall-bladder region. First fortify the reflexes of the subject by hitting the 7th cervical and 2nd dorsal spines. See how much better that is now. Carcinoma; negative. Sarcoma, negative. Tuberculosis; negative. Streptotoxemia; present. It is either gall-bladder or teeth.

Put it at 25 for the teeth; negative. Try gall-bladder, 25; present. Let us see if there is anything in the pelvic cavity; negative. Have her come in. (Patient comes in). First let me see Congenital D. R.; it will be low as she has had treatment. It measures 1 ohm. We will see if the little lady has pus in the gall-bladder and gall-stones. Put the electrode over the gall-bladder. Streptotoxemia is present. Mark it. Let us see if there are any gall-stones. The vibratory rate is 20. No, there are no gall-stones. See if there is any pus in the pleural cavity. No, there is none. The pain is all reflex. Lie down, please. You see, pressure over gall-bladder region reproduces that pain in her side. Use rates 2 and 4 over gall-bladder.

METASTATIC CARCINOMA, PELVIC CAVITY

Clinic Case.—Reexamination. Married woman about 40 years of age. We found a metastatic carcinoma of the pelvic cavity. She had been at Mayos' and they wanted to operate. The reaction at that time was 13 ohms. Congenital D. R; was 40 ohms. It was an inoperable case. She was first examined 2 months ago. She looks pretty well now. Carcinoma; still present; 2/25 of an ohm. Let us see if it is still metastatic. Yes, it is still metastatic. It is strange that it has not gone down. Streptotoxemia; present. She has trouble in her ear and can not hear very well. Have her come in. (Patient comes in). You are almost normal, but not quite. You will probably need about 10 days more treatment. How are you feeling?

Patient: I feel better.

Doctor Abrams: How is the hearing in your ear?

Patient: Not very good. I feel much better now than when I came.

Doctor Abrams: Of course, you understand that the tumor may not disappear, but we will deprive it of its malignancy. Go over her ears for strep. It is present in right ear. As soon as he shifts from left to right ear I get the reaction. Have her treated at rates 2 and 4.

STREP. INFECTION OF SPINE

Clinic Case.—Reexamination. This young man had been diagnosed at the Mayo Clinic as having tuberculosis of the spine. We could never find tuberculosis, but we got a strep. infection of the spine. (Patient comes in). What is the matter now?

Patient: I have pain in the hips and constipation.

Doctor Abrams: You have more movement and for a while the pains will be worse. You can bend better than you did. The muscular spasm is less than before. Let us go over everything. I want to get him well if I can. How old are you?

Patient: I am 28 years old.

Doctor Abrams: Carcinoma; negative. Sarcoma; negative. Congenital D. R; negative. Cryptogenic D. R; negative. Malaria, 32; still present. He must continue taking quinine. Tuberculosis; negative. We have

never been able to get tuberculosis. Streptotoxemia; present. I can not get a good reaction with the rod. Take a little ether and clean the skin. Fat intereferes with the reactions. Go over the appendix region. I get a reaction of strep. there. He did not have this before. Go down his back where he has pain and see if there is any strep. reaction. Yes, there is a strep. reaction present of appendix origin. See that his 10th dorsal spine is concussed three times a day to empty the appendix, and treat him locally at rates 2 and 4. Let me see if there is any Neisserian; no reaction. See if his appendix is tender when I press on it. There is very slight pain present.

REACTION OF STEEL FOUND BY DOCTOR BUBECK, TULSA, OKLAHOMA

During the war it was necessary to determine a reaction for steel and we found a definite reaction for it. Doctor Bubeck of Tulsa, Oklahoma, in examining a patient found that a reaction of steel was elicited in the lower portion of the pelvis. He found that this woman had previously undergone an operation. The x-ray located a needle in the same position in the region of the bladder where he had found it upon his examination. The woman was operated on and we are yet to hear the result of this operation. She had a cancer and was in everyway better except that she had sticking pains, and he got this reaction of steel.

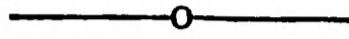
ACQUIRED D. R. — METASTATIC CARCINOMA

Specimen.—Man 66 years old. Has had an abdominal operation; gall-bladder and appendix removed. Is constipated; has hyperacidity and gas. Tires easily. Fair appetite; sleeps poorly; loss in weight. Every muscle aches. Case diagnosed as neurasthenia. He has had 2 positive and 3 negative Wassermanns. Exposed in 1895; had 2 or 3 chancres; apparently cured. Attack of gout every 10 years. What is the difference between rheumatism and gout? Put your finger in a vise and turn it until you can't stand it any longer—that is the pain of rheumatism. Give it one extra turn—that is the pain of gout. It is said that there is a pleasant way of getting it but no pleasant way of getting rid of it. We will see if that man has had syphilis. Carcinoma; present; digestive; gall-bladder region; metastatic; 7 ohms. Acquired D. R.; present; 37 ohms; cerebrospinal strain. Take an E D reaction; present.

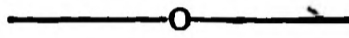
See June Number

Use of Magnet.—Unfortunately there are many reactions that are in conflict. For instance, the presence of colisepsis will destroy the reaction of syphilis when both are present at the same time, and conversely. In other instances, the presence of staph. will destroy the reaction of tuber-

csulosis, and vice versa. We found empirically that if a horseshoe magnet is suspended over the head of the subject these interferences do not occur. This holds only for the S V, the splenic and the solar plexus reactions. With the E D and the P D you cannot use the magnet.

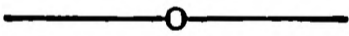


Reaction from Signature. We are going to take a reaction from the signature. 49. Female reaction. This patient was treated here for carcinoma and everything was found negative. Another E R A doctor told her the reaction had returned and I am going to examine to see what we get. I have never seen a case where I am careful about getting rid of the Cryptogenic D. R. that it has ever returned. When the Congenital D. R. is wiped out there can be no cancer. Carcinoma; negative. Cryptogenic D. R.; negative. There is absolutely nothing there for her to worry about.



CARCINOMA, PELVIC CAVITY

Specimen.—Unmarried woman. Some internal trouble. A surgeon advised an operation; she is anxious to avoid knife. 49. Female reaction. Carcinoma; pelvic cavity; non-metastatic; 8 ohms. Tuberculosis; negative. Streptotoxemia; right tonsillar region. Acquired D. R.; negative. Congenital D. R.; present; 38 ohms. Let me see on which side of the pelvic cavity the carcinoma is. It is on the left side.



SARCOMA, BONE

Clinic Case.—Man. 49 years. Married. Has had catarrh for a year; frequent colds for a year. Present cough continuous for the past year. Apparent obstruction in trachea and large bronchi. Pain in right iliosacral region. You will find the reactions always more pronounced at the end of expiration. Carcinoma; negative. Sarcoma; present; bone; non-metastatic; 7 ohms. Tuberculosis; negative. Acquired D. R.; negative. Congenital D. R.; present; 39 ohms. Have him come in. (Patient comes in). Will you kindly expose your chest? Your trouble consists of what? Tell us briefly and explicitly.

Patient: Bronchial trouble.

Doctor Abrams: The lungs have no sensory fibers, so that the only sensation is when it reaches the larynx. Consequently they will refer it here and there. Have you any difficulty in breathing?

Patient: Yes.

Doctor Abrams: How long have you had this trouble?

Patient: About 2 years.

Doctor Abrams: Were any tubercle bacilli found?

Patient: I don't know.

Doctor Abrams: Do you have any night sweats?

Patient: No, I just have a dry hacking cough that I can't get rid of. It is getting worse.

Doctor Abrams: When there is difficulty of breathing associated with cough and no apparent sign, you must think of a possible pressure. Was there any injury to chest?

Patient: No.

Doctor Abrams: Do you have any pain in your chest?

Patient: Occasionally I have a little pain.

Doctor Abrams: Look at his chest. You will find a depression at the lower part known as the intrasternal fossa due to lying in utero with either the neck or the head pressing against the lower portion of the sternum. That would mean nothing. I can see a swelling or at least a protrusion at the second rib. It is a mass; you can almost outline it. Set the instrument at 58 and go over his chest. Go from below up. Mark it. Go from the trachea down. Mark it. You must be careful that it is not the aorta. You don't know how much of that is the heart, but you can tell from experience that the heart does not give that degree of dullness. Does that hurt when I palpate?

Patient: No.

Doctor Abrams: See that white ring on his face. That is suggestive of 58. Now you can see the pallor over the area on his chest. I will outline it with a pencil. Let us see how that corresponds with our reactions. Correct. Try the hyperalgesia over that area. Give me a piece of cotton. (To the patient). Tell me when it gets a little more sensitive when I touch you with the piece of cotton. Close your eyes and pay close attention. It is practically the same place. Charge the rubber rod, first rubbing it with a piece of steel wool, and attract a piece of thread to the rod. The thread can touch the skin a hundred times without having to be recharged as with the pith ball. See, it pulls in right over that area. Mark it and have it treated. The chief thing is to get relief. Give mixture antimalignans. I hope you get relief.

RHEUMATOID ARTHRITIS

Clinic Case.—Man, 43 years of age. Has had rheumatoid arthritis for 3 years; getting worse right along. Operated on for double hernia 8 years ago followed by phlebitis. Carcinoma; negative. Sarcoma; negative. Remember, there can be a tubercular arthritis. Acquired D. R.; negative. Congenital D. R.; present; 38 ohms. Streptotoxemia; present. Despite the fact that the tonsils were removed it is present in right tonsillar region. It is also in appendix region and sinus. Always in these cases remember gonorrhoea. Put both instruments at 52; reaction present. Have him come in. (Patient comes in on crutches). You have a pleasant smile on your face despite the fact that you have trouble. That is the spirit that will get you well. Where are you crippled the most?

Patient: Every joint in my body, but my knees and elbows are the worst.

Doctor Abrams: Go over his sinuses and tonsillar regions, even though tonsils have been removed. Streptotoxemia is present in both antra and

right tonsillar region. We will see if the joints give a reaction of strep. and from what source. Go over left knee; reaction of strep. of sinus origin. You have to think of the teeth. It is not the teeth. What good are you going to do this man? All you can hope to do is to remove the source of infection. In this case you would give him general treatment. We are going to get rid of the pus in the sinuses. Have you had any trouble with your appendix?

Patient: No.

Doctor Abrams: Treat both antra at rates 2 and 4. Paint joints with Congo Red * so you will get the effects in the interim of treatment. After infection is removed, massage should be attempted but not before. Don't have them manipulated, for it will simply spread the infection all over the body. Use rates 2 and 4 over spleen. They have taken everything out but your sinuses; they couldn't take them out very well. We will refer him to a doctor in his city. Let me hear how you get along.

CARCINOMA — GALL-BLADDER REGION

Specimen.—Woman about 60 years of age. Head sore; ears full; occasional boring and gnawing pains. She has had E R A treatment. Carcinoma; present; digestive; gall-bladder region; non-metastatic; 9/25 of an ohm. Congenital D. R.; negative. Cryptogenic D. R.; present. Strep-totoxemia; present; left antrum.

ACQUIRED D. R. — AORTITIS

Clinic Case.—New Patient. Man, 33 years of age. There is pressure in chest; has had it for 4 years. No venereal history. He had suppuration of antrum and tonsils were removed; operation done in Europe. Has shortness of breath. This man has oppression in the chest. The first thing that we look for is Acquired D. R. The possibility is that he has an aortitis. Of course typhoid bacilli or colon bacilli could get in the blood vessels, but first we will rule out one thing. Look for Acquired D. R; it is present; 37 ohms. (Patient is physician in Clinic). Don't get frightened; a large proportion of physicians who come here are infected and do not know it. It is better to find it out and get rid of it. I will tell you how long ago you acquired it. Put the instrument at 55. He acquired it from a male source. Fully 40 per cent of the doctors coming here have been infected from a patient. Measure it out; 19/25 of an ohm. You got it about 8 years ago. Now put on the bifurcated cord and I will show you on what place you contracted it. Go over his lips first, using the big electrode over the mouth. There is no reaction. Clean off the electrode with clean cotton. Take the right hand, palmar surface; negative. Take the back of it, negative. Try the left hand; palmar surface. I get the reaction. Now go over the

*Congo Red also destroys the reaction of strep.

fingers. Reaction over middle finger. I look for a scar on that finger. Yes, there is a very plain scar. Do you remember whether you had a sore there 8 years ago that would not heal.

Patient: I do remember that I cut myself while operating on patient in hospital and my finger was a long time in healing.

Doctor Abrams: Look on his face and you will see the characteristic mark or pathogram. It appears on the arm too and looks like a dumb-bell. Go over the aorta at rate 55. I get a reaction. He has an aortitis luetica. Treatment at spleen at rate 3 and over aorta at 3. Have his 7th cervical and 2nd dorsal spines hit several times a day at home. It is better to know what is the matter; we are always living in an atmosphere of delusion.

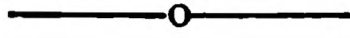
SARCOMA, BRAIN — SPEECH DISABILITY

Clinic Case.—Reexamination. This is a widow, age 80 years. She came here about a month ago with speech disability which she had had for 3 weeks. She can say some things but can not continue; can not write continuously. History of fall on head 5 years ago. She had two weeks' treatment under an E R A doctor 3 or 4 months ago. At first examination we found sarcoma; brain; 4 ohms; 7 cm. directly above top of left ear. Congenital D. R.; 7 ohms. At the last examination 2 weeks ago we found the sarcoma measured only 9/25 of an ohm. She is about as vigorous a little woman for her age as you ever see. She would pass for a woman of 65 years. We have not done her much good, so we have advised her to have no more treatment. Give me sarcoma; negative. Congenital D. R.; negative. We have done our duty, but you can not expect to resuscitate the dead. She suddenly lost her speech and the only thing we could find was sarcoma. There is a possibility that she may recover her speech. There is nothing more to be done from my viewpoint. She is such a very wonderful little lady that I wish we might help her. Her daughter says that the mother managed to make her understand that she would rather die than to go on that way. (Patient comes in.) My dear little lady, the cause is removed and you are going to speak again, but you must have patience. Come in again in a couple of months. I can see a little change for the better in her condition. She is going to continue to improve gradually.

PARALYSIS AGITANS — ENLARGED THYROID

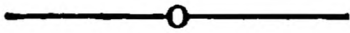
Specimen.—Woman, 56 years of age. Paralysis agitans; enlarged thyroid; neuritis of the right arm. She has been under oscilloclast treatment for one month. Neuritis very much improved. Thyroid has diminished in size. She can now sleep all night. Tremor in arms and legs will not yield. Carcinoma; negative. Sarcoma; present. We find it in all cases of paralysis agitans. It is in the brain; 3 ohms. Acquired D. R.; negative. Congenital D. R.; negative. Cryptogenic D. R.; present. Streptotoxemia; present; sinus. Let us locate the sarcoma. In paralysis agitans it is in either one

or both parietal regions. Go over the head; reaction of sarcoma is present in left parietal region. Go over sinuses for strep; right ethmoid and right antrum. Write to Doctor: "We are now using rates 2 and 4 for treatment of sinusitis."



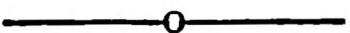
CARCINOMA — PELVIC CAVITY

Specimen.—Married woman. Was a case of carcinoma; 7 ohms; non-metastatic; left side of pelvic cavity. Congenital D. R.; 38 ohms. 49. No sex reaction. Human blood reaction. Carcinoma; present; 16/25 of an ohm. Check me up. Be careful, gentlemen, to use light percussion. Congenital D. R.; negative. Cryptogenic D. R.; present. Let us measure it. You will probably find it the same as the carcinoma. Yes, it is 16/25 of an ohm. All these diseases have a soil; eliminate the soil condition and you will get rid of the disease.



SARCOMA — PERCUSSION

Specimen.—Married woman. She has undergone an abdominal operation. She is nervous; also has bad eye. He does not say which eye. She has had this eye condition for over 3 years. Write to Doctor: "You would aid me very materially if you would specify which eye is bad." In percussing, always remember to imbed your finger. The lighter the percussion the better the ensuing sound. Percussion is a combination of two things, vibration of the abdominal wall plus the vibration of the air in the intestines. The students are making too many mistakes; let them use the rod and exclude percussion. Carcinoma; negative. Sarcoma; present; digestive tract; non-metastatic; 7 ohms. You can see the pallor and get the hyperalgesia. Where the pallor is greatest is where the tumor is; the rest is infiltration. Acquired D. R.; negative. Congenital D. R.; present; 34 ohms. Streptotoxemia; present; left tonsillar region. Always in a woman think of the pelvic cavity. I get nothing. Tuberculosis; negative. let us get to the eye. We do not know which eye and do not know what to look for. Try strep. over right eye; negative. Left eye; negative. Try sarcoma over eyes; negative. Let us try colisepsis, 6; I get nothing. Try Neisserian, 52; negative. Let us look for Congenital D. R. Left eye shows a marked reaction of Congenital D. R.



STREP. INFECTION OF SPINE

Specimen.—Woman, 60 years of age. She has suffered 3 or 4 years with painful spine. Very tender; most pain just above and through hips. She has been treated for several months for adiposa dolorosa. The cause of this disease is unknown; it is supposed to be due to neuritis. It is simply growths of fat which are sensitive to pressure. Dercum of Philadelphia first described it and it is called Dercum's disease in deference to him. Whether she has that or not is a question. (The patient's physician who

is in the Clinic says that patient had nothing but contracted muscles. Has had large doses of hormotone. Looks fine and apparently normal but can not walk.) Some diagnoses remind me of what Cuvier said in regard to the definition of a lobster that it was a red fish that walked backward. Cuvier said, "The lobster is not a fish; it is not red; and it does not walk backward; but in all other respects the definition is quite correct." 49. No sex reaction. Carcinoma; negative. Sarcoma; negative. Tuberculosis; negative. Streptotoxemia; present; sinus. Acquired D. R; negative. Congenital D. R; present; 15 ohms. She has a very low ohmage. What she may have is what is known as fibrositis nodosa, nodules in the skin in which the muscles become little nodules. She may have foci of streptotoxemia. Locate it in the sinuses; it is present in both antra. Go along the spine; strep. is present of sinus origin. The whole spine is occupied by strep. First of all we find that Neisserian infection is hereditary and is the soil for strep. infection. Treat this case at rates 2 and 4 at the spleen and at the sinuses. After this is removed and you find a negative reaction, treat the spine locally if necessary. An arthritis deformans of spinal origin always has a beginning. You do not want to wait until the trouble eventuates in something.

Lung Efficiency.—The question of lung efficiency is most momentous. Many years ago when the x-ray first came out I attempted to study different devices for breathing. My indication was the different degree of transparency of the lung to the x-ray. As the intake was diminished it became less translucent. We tested different respiratory methods. Osler, for instance, recommended after tapping the pleural cavity to inflate the lungs by blowing from one Wolf bottle to another. I found under the x-ray that it contracted the lung. If Osler had percussed the lung he would have found the method very inefficient.

New Ideas in Health Seeking.—We have people coming here who have new ideas. These various methods of healing have arisen because of the neglect on the part of general medicine. The trouble is that many things are carried to extremes. What we are attempting to do is only a small part. Medicine includes everything. We are approaching health from the angle of clearing the soil. Diet is all right, but why make eating an unpleasant thing? We should eat to ingratiate the sense of taste, not science. The American does not dine, he eats. They make a hardship of eating. After a while they will prove that even food is poisonous. All paths are leading toward health or there would not be so many paths—homeopaths, allopaths, naturopaths and osteopaths. I told Luther Burbank that all the osteopaths hated him because he invented the spineless cactus. They were afraid he might invent a spineless man. You know they define a spondylotherapist as a man who knocks you when his back is turned.

CONGENITAL D. R. — EYE

Clinic Case.—Reexamination. Woman, 59 years of age. Stomach trouble for years; occipital headaches. Right eye vision almost gone for 20 years. When she came we found she had carcinoma; non-metastatic; and streptotoxemia; left antrum. At the last examination carcinoma was negative. Congenital D. R. measured 7 ohms. Streptotoxemia of the left antrum was still present. She is much better generally. She has backache burning in character and heart burn; was told that she had chronic gall-bladder trouble. She has had 19 treatments here; wants to go away and continue treatment elsewhere. We will see what we find now. Carcinoma; negative. Sarcoma; negative. Cryptogenic D. R.; present. (Patient comes in). What is the trouble with your eyes?

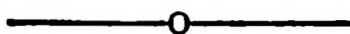
Patient: No doctor ever found out what is the matter.

Doctor Abrams: Did they ever examine it with an instrument?

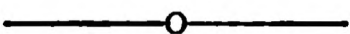
Patient: Yes, they did. They called it keratitis.

Doctor Abrams: Go over her right eye for strep. It is clear. Give me staph; negative. Congenital D. R.; present. Try the other eye; it is negative. As soon as we switch to the other eye, we get it. Write to the doctor to whom she is to be referred: "All we find at present is Cryptogenic D. R. and a reaction of Congenital D. R. in the right eye. An attempt should be made to treat this condition." (To the patient). Your growth that you had when you came here is gone now.

Patient: I feel much better and my eye is better since taking treatment.

**SARCOMA, LIVER**

Specimen.—Woman, 61 years of age. Her health began to fail 2 years ago. Two months ago a surgeon said she had gall-stones and an operation revealed cirrhosis of the liver but no stones. The wound is entirely healed. The cirrhosis of the liver was of hypertrophic form and surgeon said he suspected a cancerous complication. 49. No female reaction but there is human blood reaction. Carcinoma; negative. Sarcoma; present; digestive; non-metastatic; 8 ohms. Congenital D. R.; negative. Cryptogenic D. R.; present. Look for streptotoxemia; present in left tonsillar region. See if the sarcoma is in the liver. Yes, it is. Write to Doctor: "We elicit a reaction of sarcoma in the right lobe of the liver. You may try rate 3 locally as well as S S 3."

**TUBERCULOSIS — PLEURISY**

Clinic Case.—New patient. Man, 42 years of age and married. Had lung trouble 3 years ago and was treated here. Was discharged after 3 months' treatment. Was all right until one and a half years ago when he had an attack of pleurisy. He has irritation of throat with cough; mucus colitis. At that time 3 years ago we did not get rid of the Congenital D. R.

and there would be recurrence. Carcinoma; negative. Sarcoma; negative. Tuberculosis; present; 15/25 ohms. Congenital D. R.; present; 7/25 of an ohm. See where the tuberculosis is and you will see that it corresponds exactly to our findings when he comes in. (To the subject). Let your breath out so we can get the contrast. It is in the suprascapular region, right side. Have him come in. (Patient comes in). You are sick again?

Patient: I had another attack of that pleurisy.

Doctor Abrams: The trouble is that you are in the store all the time. The trouble doesn't amount to very much; there is just a little bit. I remember him; he was a very grateful patient. He had pleurisy. Since you were here we have made a great many advances, but you must live in the open air. He is short of breath.

Patient: I have been pretty well for a year and a half.

Doctor Abrams: What has been done can be done again. We will get you all right. We will find the dullness on him. Don't find it in the usual way by having him fold his arms but by extending arms and having patient face west. There are two spots here, but you could not get them with his arms folded. He is to have his chest painted with gamboge and is to be treated locally where marked over apex of right lung at rate 5 and general treatment with rate 3 at spleen.

ACQUIRED D. R.

Clinic Case.—New patient. Man, unmarried, and 26 years of age. Wasserman test negative. No venereal disease. The fact that Wassermann was taken makes it look suspicious. He complains of bad heart; poor digestion; nervousness; insomnia. He has pains between shoulders; general rundown condition. Loss of weight and strength; hot flashes. Male reaction. Acquired D. R; present; cerebrospinal strain; 39 ohms. Check up on that. Take the E D reaction; present. Now try the splenic reaction; it is present. That Wassermann does more harm than good because it is not dependable and the cases are not treated. Try the solar plexus reaction; Acquired D. R. is present. That is the best of all, as a rule. There is no use going any further; that is what is the matter with him. Have patient come in. (Patient comes in). You do not have much the matter with you.

Patient: Well, I don't know.

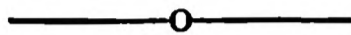
Doctor Abrams: Test his pupils. There is a partial Argyll Robertson present. How long have you been in this condition?

Patient: About 4 or 5 years.

Doctor Abrams: Have him stand on a rubber mat and face west and you see the pathograms on his face. Give him general treatment at rate 3 on the spleen.

ACQUIRED D. R.; — HIGH BLOOD PRESSURE

Specimen.—Man 63 years of age. Has headache and burning sensation in stomach; eats very little. Diagnosed as high blood pressure. Carcinoma; negative. Sarcoma; negative. Tuberculosis; negative. Acquired D. R.; present; digestive and cardiovascular. That accounts for his high blood pressure. Check up on that. Correct. 38 ohms.

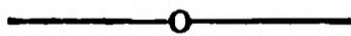


Specimen.—Married woman, 60 years of age. Looks like pernicious anemia. Treated by E R A methods; wishes diagnosis. Has urethral caruncle quite angry and large. Had no operation. There is no sex reaction. You almost invariably get a sex reaction in a man, but not in a woman. Carcinoma; negative. Sarcoma; present. In thousands of cases I have never known it to fail to find carcinoma or sarcoma reaction after an operation. It is non-metastatic; 6 ohms. Where is it located? Get the cord and locate it. It is in the uterine region. Acquired D. R.; negative. Congenital D. R.; present; 13/25 of an ohm. She has been treated.



TUBERCULOSIS, INTESTINES

Specimen.—Woman; single; 35 years of age. She ran a temperature of 100 degrees for a year. Has headaches. She has had many examinations; no one made a diagnosis. X-ray of chest negative. Menstruating regularly; no cough; something of an invalid. 49. No sex reaction; human blood. Carcinoma; negative. Sarcoma; negative. Tuberculosis; present. Where is it? Is it intestinal? Yes, it is in the intestines. The intestinal tuberculosis is low in ohmage. It measures 2 ohms. Strep-totoxemia; present; sinus. Acquired D. R.; negative. Congenital D. R.; present; 38 ohms. See which sinus is involved; left frontal and right antrum. That would explain the temperature, but the intestinal tuberculosis could do that also.



MALARIA

Clinic Case.—This woman was examined here 2 years ago. Our diagnosis was carcinoma; non-metastatic; 9 ohms. Congenital D. R.; bovine; 35 ohms. Radium has been used on the back for cystic tumors of ovary. When patient leans back now she has a tenderness; uncomfortable feeling in left pelvic region. She has slight yellowish discharge from the vagina. Carcinoma; negative. Sarcoma; negative. Tuberculosis; negative. Strep-totoxemia; negative. Acquired D. R.; negative. Congenital D. R.; negative. Cryptogenic D. R. may be present. No, I do not get it. Let me try the P D reaction of carcinoma so as to be absolutely sure that there is nothing there. I get nothing. Sarcoma is also negative. I can find nothing.

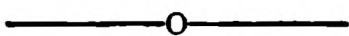
ing. Send her in. (Patient comes in). Let us look for malaria; present. Let us go over the different reactions of malaria. Yes, that is what is the matter. Do you get feverish or chilly?

Patient: I tire very easily.

Doctor Abrams: All I can find is malaria. That is easily cured. You can take quinine for that. Take 5 grains of quinine three times a day. If that is too much, take only twice a day. Keep that up for about 20 days. You will see that your pep will come back again.

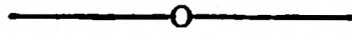
CARCINOMA SPLENIC FLEXURE COLON

Clinic Case.—New Patient. This is a man, 67 years of age. Occasional dizzy feeling. Three to four attacks a year; lost 15 pounds a year. Frequency of urination; twice during night. No headaches; no disturbances in vision; diminished hearing in left ear. What does that sound like? He has digestive disturbances beginning late in life. Carcinoma; present; digestive; splenic flexure of colon; non-metastatic; 9 ohms. Acquired D. R; negative. Congenital D. R; present; 38 ohms. Have him come in. We are supposed to find a reaction on him in the same location as we found it before he came in. It doesn't amount to anything but should have treatment. Give me 50 and go over the abdomen. Correct; mark it. Lie down, please, and let me palpate it. I find it right here. You can feel it distinctly. Don't press in hard; just palpate superficially. He is to be referred to a doctor in his city. He is to have general treatment with 3 at spleen and 6 and 3 locally. Paint abdomen with Congo red.



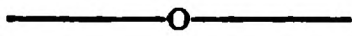
Muscular Atrophy. Renal Calculus.—**Specimen.**—Man, 46 years. Progressive muscular atrophy starting December, 1921, affecting both hands and both legs; right side more than left. Commencing to affect breathing. X-ray shows stone in right kidney. This we have nothing at all to do with. Write to Doctor: "We are ignoring the stone localization insomuch as the real condition pertains to the muscular atrophy." Carcinoma; sarcoma; tuberculosis; negative. Strep; present; left tonsillar region. Think of the streptococci getting into the spinal cord. You must think of everything. Of course that would prove nothing because wherever you have an irritation every organism in the body is attracted to that particular part. Acquired D. R; negative; Congenital D. R; 42 ohms; cerebrospinal strain. It has commenced to affect his breathing consequently you must think of a lesion in the medulla oblongata. It is a bad thing. Congenital D. R; present over suboccipital region. Localize it on the spine. Naturally any part of the spine will give you a reaction for syphilis but we have to set the instrument at a rate beyond 42 ohms to find an active lesion; present over cervical and lumbar enlargements of the cord. Let us see if we get a reaction over the right kidney

of a stone. A stone may be composed of several things, but we will look only for uric acid, V R 8; present in right kidney. Write to the Doctor: "Treat medulla oblongata and sub-occipital region at 3, also the cervical and lumbar enlargements of spinal cord at 3 and S S 3. The case appears a desperate one. Do not be too florid in your prognostication."



MUSCULAR ATROPHY — CAUSE AND TREATMENT

This case we have just examined reminds me of a boy who came here with muscular atrophy. His biceps had wasted away but after treatment they were partially restored in volume and he was capable of doing things that he had not been able to do for years. We gave him general treatment and local treatment at the exact site of the spinal lesion. I used to be with Erb in Heidelberg where there were more cases of this kind than anywhere else in the world. All he could do was to make a diagnosis. There are all kinds of theories as to the cause of this condition but they can be ignored. What we find is congenital syphilis with local lesion over the spine. Of course if the lesion has destroyed the tissues, little or nothing can be done. Lesions are of two kinds, irritative or destructive. At first you have an active cause and by removing that cause you can restore function.



Epilepsy.—Sarcoma, Brain.—Specimen.—Man, 33 years. Present complaint began at 7 years of age. First noticed numbness in right leg and side which crept up right leg and extended all over right side of body. Epileptic convulsions began in January, 1915; Jacksonian type; followed by marked weakness of affected parts which recovered strength in a few days. Right side now permanently weak. Headache follows convulsions. No history of traumatism. We would expect to find a cortical lesion on the left side in the psychomotor area. As a rule in these cases we find a lesion of syphilis, either acquired or congenital, or possibly a tumor. That is what you have to think of in these cases. Neurologic surgery may boast of its triumphs but in my early career every case that I knew of that was operated on died. In one case that I know of a tumor was removed from the spinal cord and the patient recovered. I was called on to make a diagnosis and I found a lesion of the spinal cord. That was 18 years ago. I am giving only my own personal opinion which may not amount to anything, but it is over a long period of time. Carcinoma; negative. Sarcoma; brain; non-metastatic; 4 ohms. Congenital D. R; 41 ohms; brain strain. The only advantage of sarcoma is that the treatment rate is the same as that for syphilis, which is rate 3. Locate sarcoma; site of lesion in brain is 7.5 cm. above top of right ear. How can we account for the fact that he is weak in the right leg? In the pyramidal tract two-thirds of the fibers cross over from the right to the left side

and one-third passes down to the right side. There are a lot of things in brain lesions that we do not understand. Charcot used to teach that the site of the lesion is more important than the character. We know just the opposite now. The character of the lesion is more important than the site. There is a complementary value in knowing both but except for the fact of knowing where to localize the treatment it is more important to know the character of the lesion. Treat the lesion on head at rate 3 preceded by depolarization and S S 3.

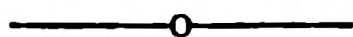
ACQUIRED D. R. — SARCOMA, TESTES — ERRORS IN DIAGNOSIS

Specimen.—Man. Had operation last year for hydrocele. Seems to be healthy except testicles are three-times normal size. This physician's diagnosis is as follows: "Tuberculosis, 4 ohms. Acquired syphilis, bovine type. Sarcoma; 40 ohms." Write to the Doctor: "There is no bovine type of acquired syphilis; this term belongs only to congenital syphilis, rate 57. Sarcoma, 40 ohms, is absolutely impossible. Your patient should have been dead before this letter reached me. I am sorry, but this is not said in a spirit of resentment, but it is regrettable that my men are not better acquainted with my work. Inasmuch as we assume responsibility for referred patients, we expect you to forward primary blood specimen with history so that we may check findings." The diagnosis of sarcoma, 40 ohms, reminds me of the story of the medical professor who asked one of his students what was the dosage of croton oil. The student said, "One teaspoonful." After an hour or more the student said, "Professor, I would like to change the dosage of the croton oil." The professor took out his watch and said, "I am sorry but your patient has been dead fully one hour." Would a college be discredited because its men make errors in diagnosis? Of course not, for no one is infallible. I make mistakes myself, but we want to minimize our errors as much as possible by care in checking up on diagnoses. Carcinoma; negative. Sarcoma; genitourinary; non-metastatic; 5 ohms. Tuberculosis; negative. Acquired D. R; 14 ohms. Check up that to be sure. Set instrument at 55 and go over the testicles; reaction present. Put instrument at 56 and you get no reaction. That is the way you test out your rheostats. Sarcoma; present over testicles. Use S S 3 and 3 over testes.

AVOID PUBLIC DEMONSTRATIONS OF METHODS

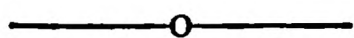
On applications must be written, "When a physician is admitted to this course, he must sign a statement that he will not give any demonstration until after one year of investigation of these methods and then privately submit to tests with different known specimens." When I began my early

work I would make a diagnosis from known specimens which I had secretly marked. Then we would shuffle these specimens and I would have to get the same diagnosis. That is the way you should all practice to gain perfection in diagnosis. Do not submit to tests which may discredit both you and your methods.



TUBERCULOSIS REACTION OVER FORMER SITE OF SARCOMA— FAULTY TREATMENT

Specimen.—Reexamination. Woman, 47 years. We found sarcoma; 7 ohms; non-metastatic; digestive. Congenital D. R. was 39 ohms. She has had 63 hours' treatment at rate 3 over spleen and digestive organs. Still has pain coming on at night and general weakness. Sarcoma; carcinoma; negative. Tuberculosis; digestive; 3 ohms. Congenital D. R.; still present; 1 ohm. We will probably find the tuberculosis situated at the same site as sarcoma to the right of the navel but I do not know. Yes, it is in the same region. If the treatment for Congenital D. R. had been properly given there should have been a reduction of one ohm an hour. Consequently his treatment has been faulty. That refers to the blood reaction only, not to the cryptogenic. Many men use three or four cords to one binding post. Write to the Doctor: "Location of tuberculosis at same site as sarcoma which is now negative. Am surprised that blood reaction of Congenital D. R. has not disappeared. There is usually one ohm reduction for every hour of treatment. Mark spines correctly. Use one binding post to each cord. Duration of treatment should not be less than one hour."



SINUS INFECTION — SITE OF PAIN LOCATED BY REACTION

Clinic Case.—New patient. Man. Has catarrhal condition of nose; itching on ear. Denies venereal and no operations. Carcinoma; sarcoma; tuberculosis; Acquired D. R.; negative. Strep.; sinus and left tonsillar region. Congenital D. R.; 25 ohms. Congenital Neisserian; present. (Patient comes in). You are a very healthy man with the exception of a sinus infection. Go over sinuses for strep.; both ethmoids and left antrum; left tonsillar region. Be sure it is not the teeth; negative. (Patient says he has toothache). This gentleman has the toothache. I will show you which tooth is aching. Set instrument at rate 20 for pain; a reflex pain will give no reaction. That is the exact spot. This will bring more conviction to your patient than anything else when you can tell them where their pain is without being told. This gentleman has pus in his antrum that circulates through his system. He can not help but feel depressed. You

can see that the left side of his face is swollen and you can feel the edema; it is all infiltrated with pus. You can not let that go or you will get rheumatism all over your body. Treat at rates 2 and 4 over sites of strep. infection and S S 3 and 4. Let me see if I can relieve him of his pain. I will find the tender spots in the spine and freeze them with ethyl chloride and sometimes it will influence the pain. (Patient says that the pain is relieved.)

SARCOMA, BREAST — PAIN IN SHOULDER

Clinic Case.—Reexamination. Married woman. Right breast had been operated on for carcinoma. We found sarcoma of right breast; 7 ohms. She wants to go home. Has good appetite. Pain in right shoulder. Carcinoma; sarcoma; negative. Do not dismiss a case until you are absolutely sure that the reactions are negative. Congenital D. R. and Cryptogenic D. R.; negative. Consequently she can not have a sarcoma. Take E D reaction to be sure. (Patient comes in). That reaction in your breast is all gone. You will have a little pain because scar tissue has formed and during weather changes you may feel it. In the course of a couple of months it would be a wise thing to have your blood sent in again. I can assure you that the cause is gone, as far as it is humanly possible for me to say.

CARCINOMA OF STOMACH

Clinic Case.—Reexamination. Man, husband of previous patient. Had pain above navel for two years; no vomiting. Heart burn, sour gas eructations relieved by soda. No pep. He is now feeling better; slept for two nights without disturbance; has not done that for two months. Still has some pain in epigastrium. We found carcinoma; 8 ohms; stomach. In 80 per cent. of the cases you can relieve the dyspeptic symptoms. Carcinoma; negative. (Patient comes in). Your color is better.

Patient: I am feeling better.

Doctor Abrams: You may have a little distress but the trouble which you had is all gone as far as any tumor development is concerned.

ESTABLISHMENT OF THE PRINCIPLES OF E R A

What I want to do in this work is simply to establish a principle. The more things I can find out the better it pleases my temperament. I am not concerned in working out all the details. The telephone was first

exhibited by Alexander Graham Bell in 1876 and you see how many years it took to perfect it. The Wright Brothers merely demonstrated a principle when they first began to fly. The helicopter remains up in the air only a few minutes but it demonstrates a principle. These methods are crude at present but the basic principle is there and they will be perfected in the future.

EXPERIMENTS SHOWING ELECTRONIC DISEQUILIBRATION

With right foot of subject grounded and left foot insulated and electrode touching the ground plate (two electrodes are connected by a wire) and the other electrode applied to tips of fingers of the right hand, the pulse slows down and often becomes imperceptible. If the electrode is applied to the tips of fingers of the left hand, the pulse picks up and increases in rapidity.

I am wondering if all these changes that occur are really not purely a matter of electrons either increased or decreased. Learn this fact: Everything is merely a matter of electrons, meaning that one object in nature is distinguished from another object by virtue of the number and arrangement of the electrons. A chair is apparently an inanimate object simply because the electrons are neutralized and at rest. Disturb the electrons and you develop an electric energy. When a body has a deficiency of electrons, we say that it is positively charged. If it has an excess of electrons, we say that it is negatively charged. When it is in a state of equilibrium, we call it isopolar.

If an abdomen is dull with excessive gas and we charge it negatively, we reduce the dullness. On the contrary, if we take a positively charged rod and run it over the abdomen, we increase the tone.

The right hand and foot of a normal male is positive. A battery or dynamo discharges from the negative ends and takes up with the positive ends. When I ground the right hand of the subject, I take the electrons into the ground and the pulse is diminished. On the contrary, if I ground the left side of the body, the rapidity of the pulse is increased.

Let me see if there are any vasometer changes in the subject, any change in the color of the face. I am not sure. We will follow that out later.

Sometimes the female reaction comes out better, when the left side of the abdomen is dull, by having the subject put the left foot on plate and the right foot insulated. (Purely tentative).

We got a male reaction when the right foot of subject was grounded and the left foot insulated. (Tentative observation).

TENTATIVE OBSERVATION ON ANEURISM

If the finger tips of the left hand of the patient are grounded, the aneurism is reduced in the male. On the contrary, if the finger tips of the right hand are grounded, the heart and aneurism are enlarged.

INTERMITTENT CLAUDICATION — ACQUIRED D. R.

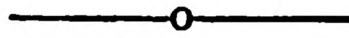
Specimen.—Man. Occasionally constipated. Attacks of stomach trouble when bowels are not normal. Gets so he can not keep water in his stomach. Loses weight during attacks but gains again. No pain. Condition diagnosed by some as intermittent claudication. Feet become white and cramped. Can not walk more than block. He is 48 years of age. Intermittent claudication is due to an arteriosclerosis of the arteries of the legs. The blood supply is diminished to the parts and in these cases you feel no pulsation. You usually get the reaction of syphilis although other organisms may be implicated. The question in these cases of intermittent claudication is whether it is spinal or peripheral, but some think it is due to a spasm of the blood vessels of the cord. Carcinoma; negative. Sarcoma; spinal cord; non-metastatic; 4 ohms. Acquired D. R.; 39 ohms. Syphilis is the most frequent cause of this condition. Locate sarcoma in the spine; from 10th dorsal to 3rd lumbar spines. I believe that both conditions contribute to this complaint. Give S S 3 and treat locally on spine at rate 3.

TUBERCULOSIS AND STREP. INFECTION, APPENDIX REGION

Specimen.—Married woman. Tuberculosis was diagnosed in both lungs in 1921. Operated on for appendicitis in 1922. Never healed; discharges a little pus all the time. Patient is 30 years of age. This reminds me of a case of a man in whom I diagnosed strep. of the appendix from his blood. As he came into the room he heard me make this diagnosis and laughed. He said, "My appendix was removed four weeks ago." I looked at the wound and found a little pus coming out of it. You should always speak of appendix region, not of appendix. Carcinoma; sarcoma; negative. Tuberculosis; intestinal and lung. The intestinal measures 5 ohms; lung measures 4 ohms. Set the instrument at 37 and see where the tuberculosis is located; it is in appendix region. Congenital D. R.; 38 ohms. Strep.; present in region of appendix.

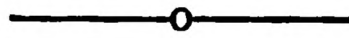
TUBERCULOSIS — CHRONIC DIARRHEA

Clinic Case.—New patient. Woman, 39 years. Has had chronic diarrhea for the past 25 years. Attacks every two or three weeks; last two to ten days. Ten stools per day at times bloody, some pus and mucus. No parasites or bacteria. Depressed and nervous; bronchitis and asthma. Carcinoma; sarcoma; negative. Tuberculosis; digestive; intestinal; 4 ohms. Strep.; negative. Acquired D. R.; female origin, probably accidental; 41 ohms. I will speak to patient privately. Give general treatment, S S 3, and paint abdomen with gamboge.



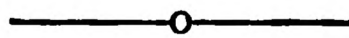
ACQUIRED D. R. — LOCOMOTOR ATAXIA

Specimen.—Married man. Rheumatism since 14 years. The doctor's diagnosis is locomotor ataxia. Has had several injections of salvarsan. Some positive Wassermanns and some negative. Carcinoma; sarcoma; negative. Acquired D. R.; present; cerebrospinal strain; 39 ohms. Check up on that to be sure. It is enough to treat that condition first.



EXOPTHALMIC GOITRE

Specimen.—Woman, age 38 years. Exophthalmic goitre, toxic type, bilateral. Carcinoma; digestive 5 ohms pancreas; metastatic. Sarcoma; negative. Congenital D. R; 38 ohms. Tuberculosis; lung; 2 ohms. Write to Doctor: "Chief duty would be to get rid of Congenital D. R. Usual treatment for exophthalmos after you have rid patient of soil condition."



METASTATIC CARCINOMA

Specimen.—Woman, age 60 years. Operation for appendicitis and curettement. Patient has acute indigestion; pain in breast more severe on right side; radiates through to spine; excruciating at times. That would make you think of metastatic carcinoma. Attacks in chest from injury from fall; lump comes on at times and has never entirely disappeared. Carcinoma; breast and digestive; small intestines, around navel. It is metastatic, consequently it may be a spinal condition. The digestive carcinoma measures 10 ohms; right breast measures 6 ohms. Go over right arm pit; reaction of carcinoma present. You will probably find that it has

gone to the spine, reaction present; 4th dorsal. Those are very bad cases. Congenital D. R.; 38 ohms. Write to the Doctor: "Reaction of carcinoma at spine around 4th dorsal vertebra, metastasis. Case prognosis bad. Try anti-malignans mixture." If you could only get those cases-early enough. You can do nothing when they are so far advanced; they are doomed.

SARCOMA

Clinic Case.—New patient. Man, 45 years. General weakness; pain in epigastric region. Comes on when patient gets coughing spell; usually followed by vomiting. Carcinoma; negative. Sarcoma; 2 ohms digestive; non-metastatic; around navel. Tuberculosis; lung; 2 ohms. Acquired D. R.; 1 ohm. He has been having E R A treatments. (Patient comes in). Do you have much of a cough?

Patient: Yes.

Doctor Abrams: Do you have any trouble with your digestion?

Patient: Not unless I start coughing.

Doctor Abrams: Do not be worried about your condition. There is no need for that. Do you have difficulty in walking in the dark?

Patient: I have a bad eye. I got a piece of steel in it, but the steel was taken out.

Doctor Abrams: Locate 58 on the abdomen. Let me palpate it. You can feel the pulsation of the aorta which may mislead you, but you can feel the mass very distinctly. (Patient goes out). Write to the Doctor who referred him. "This patient is referred back to you. We examined him with the understanding that he had received permission from you. The sarcomatous reaction is pronounced and tumor can be felt. He has in addition tuberculosis which is minor in character. Paint chest with gamboge. Concentrate on S S 3 and 3 locally to abdomen."

SARCOMA

Specimen.—Man, age 51. Has bilious spells followed by erysipelas in the ankle and leg; was affected four times last year. You would look for strep. somewhere. What association would these attacks have with the bilious spells? You can call a thing by a name but it may not be correct. Define what you are talking about. Definitions are very awkward and very difficult. Plato gave as a definition of a man, "A biped without feathers." One of his students pointed his fingers at a featherless hen and said,

"Behold the man of Plato." Erysipelas in the leg is very uncommon unless associated with strep. infection. Such a condition might be due to varicose veins or some infection induced by scratching. Carcinoma; negative. Sarcoma; digestive; non-metastatic; 7 ohms. You can see the pallor. Tuberculosis; negative. Strep. right tonsillar region. Congenital D. R.; 39 ohms.

STREP. INFECTION, SINUS

Specimen.—Man. Has had 8 ohms of carcinoma; non-metastatic; small intestines. Strep.; both tonsillar regions. Congenital D. R.; 37 ohms. He complains of a great deal of trouble in larynx; probably the same trouble as he had in sinus. We will see what we find. Carcinoma; Congenital D. R.; Cryptogenic D. R.; negative. Strep.; left antrum and right tonsillar region. Go over the larynx. Of course we can not get tuberculosis if we were correct in finding no reaction of Cryptogenic D. R. The larynx shows no strep. reaction.

ACQUIRED D. R. — ANEURISM

Clinic Case.—New patient. Man, 49 years. Palpitation; difficulty in breathing. Sensation of suffocation; can not get air in or out of lungs. Slight noises when attacks let up. Feeling of impending death during attacks; no pain. What would you think of? You might think of angina pectoris or decompensation. The most frequent thing would be valvular heart trouble. How would you treat a heart to get the most immediate results? By concussion of 7th cervical and 2nd dorsal spines. Carcinoma; sarcoma; tuberculosis; strep.; negative. Acquired D. R.; present; cardiovascular strain; 41 ohms. Check up on that with E D reaction. (Patient comes in). How long have you had this difficulty in breathing?

Patient: I do not have it all the time; only when I exert myself.

Doctor Abrams: I want to see if there is any enlarged aorta. Yes, there is a dilatation of the aorta. You can accentuate that by having the patient lean forward while you percuss him. How can you tell that it might not be a consolidation of the lung? You can tell by concussion of the 7th cervical spine. Hit it. You see that contracts the aorta, but it will return in about a minute. If you concuss between the 3rd and 4th dorsal, you will dilate it. He has an aneurism. In a case like this you can promise the man relief. These cases were all doomed before I found out

about the 7th cervical. I found this out by the use of the x-ray, but I never expected such good results. Did you ever have the x-ray used?

Patient: Yes, they took x-ray pictures.

Doctor Abrams: What did they say?

Patient: They said there was a growth of some kind around my lung.

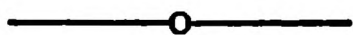
Doctor Abrams: Do you have any pain in your chest?

Patient: No.

Doctor Abrams: I have seen a great many of these cases but I could hear a bruit in only a small percentage of them. You get a very slight systolic murmur over the aorta in this case. It is not a heart condition. Are you married?

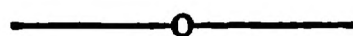
Patient: I am a widower with three children.

Doctor Abrams: Go over the aorta for 55; reaction present. You will get relief from this treatment. We had a man come here from Alaska with difficult breathing from this same trouble and he is already 50 per cent. better. This patient is to have general treatment, S S 3, and locally at rate 3 over the aorta; concussion of 7th cervical and 2nd dorsal spines 3 or 4 times a day at home.



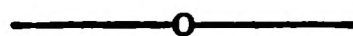
DEFINITION OF ANEURISM

The best description of an aneurism is that there is a feeling as if there were two hearts in the same chest.



USE OF GLASS ROD

When making a diagnosis with the rod, use the extreme end of the rod because in static charges you get more at the end.



DEMONSTRATION OF ELECTRIC CURRENT OVER HEART

To demonstrate an electric current over the heart: Have subject face west, arms out, and you can pick out the border of the heart with the pith ball. Let me show you another way. Get me a piece of sealing wax. We make what is called a proof plane. It is nothing else but a piece of metal—a coin—attached to a non-conductor—a rubber rod. Fasten the coin to the rod with the piece of sealing wax. Put it over the heart. If

this is negative electricity, which it is not, it should be attracted. Take a glass rod and charge it with silk. Charge the pith ball with glass rod.

Every phenomenon in nature is not only a matter of vibration but it is also a matter of electrical disturbance. Every stimulus, no matter what it is, will always produce a galvanometric action. If you stimulate a muscle, you get a galvanometric action. The response to stimulus is a current, however, minute. When we convey energy from the blood, we convey a stimulus and we have a very minute current.

If I am right in my theory, that it is a positive charge from the heart, it should repel the pith ball. The border of the heart gives a different charge than does the center. The only sign of electrification is repulsion, not attraction. You see it does not do it. I have never tried it before. The earth is negatively charged and the atmosphere is positively charged and the current tends to go to the earth.

Now charge the electroscope with the glass rod. Like charges cause it to be repelled. Now I will put the proof plane over the heart without touching the skin and will hold it up to the pith ball. Yes, there is a little repulsion. If I touch the skin, the charge is carried into the ground.

All of these areas are electrostatic in character. We want to attempt to feel the electricity, which you can do by the rod in the usual way, or by the method of using the finger whereby you can feel retardment of the finger.

Put a specimen of carcinoma in the pocket of the subject. By induction it produces the same reaction as if he had carcinoma. The subject puts the specimen in his pocket and holds the one end of the statophone and I can hear a hum through the ear piece. I can feel a sticking when I rub my finger over the area. When I moisten the skin over the area, I can hear nothing. Everything must be absolutely dry. The subject has to stand on a rubber mat. Take a glass rod and the energy is conducted better. You do not have to heat it; it sticks right away.

In making these reactions with the statophone, one may outline the organs; viz., the border of the heart and aorta; border of liver, spleen and kidneys.

(The above are the first tentative observations)

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OSCILLOCLAST DEPOLARIZER

Used only on A. C. Not to be used when patient is connected with oscilloclast; use must precede latter. Action similar to demagnetization whereby a magnet is deprived of its power. Used for 3 minutes over a lesion or spleen for splenic sterilization after which, oscilloclast is applied in the usual way. A material aid to oscilloclastic treatments and shortens their duration. Price, \$27.50

OSCILLOCLASTOPHONE

Simple contrivance with hand and telephonic ear-piece enabling one to hear oscilloclastic current, flowing through patient's body. Rod of hand-piece is applied to any part of patient's skin. With an A. C. supply to oscilloclast, periodic surging sounds are heard; with D. C., fainter sounds like tick of a watch. If sounds are not heard, oscilloclast is not properly connected with main current, then reverse plug. Patients can also hear current flow; a matter of importance when some patients must be convinced that they are getting something. Price, \$12.50

WIRKLICH-PFLUEGER HEAD-GEAR

Worn on reagent's head. By a switch, one may change energy input to SV, ED, or PD reaction without holding or changing an electrode. Described in Physico-Clinical Medicine, Dec. 1922. Price, \$7.50

SUSPENDED MAGNET

This is suspended over center of re-agent's head. When staph are present with tuberculosis, latter reaction cannot be elicited and vice versa. In colisepsis, the reaction for lues may not be evoked. Similarly drugs and dyes may destroy many reactions. These deterrent factors in E. R. A. may be obviated by this contrivance. Available for all reactions, excepting ED and PD. Price, \$2.00

STATOPHONE

Described in Physico-Clinical Medicine, June, 1923. Price \$30

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