

Physico-Clinical Medicine

and

The Clinics of Dr. Albert Abrams

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

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THE CLINICS OF DR. ALBERT ABRAMS

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WORKS BY ALBERT ABRAMS

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

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

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THE CLINICS OF DR. ALBERT ABRAMS
2151 SACRAMENTO ST. SAN FRANCISCO, CAL.

ANNOUNCEMENT

Owing to unforeseen events Dr. Albert Abrams will not go Europe this year and will continue his courses as heretofore until further notice.

COURSES IN SAN FRANCISCO

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

PROSTITUTION OF SCIENCE.

There is a publication called "Science and Invention", and here is an instance where language was invented to conceal thought, for in the intensity of its zeal to clamor to the multitude, it doles out tons of trash which parades as "Science" and conciliates a vivid and unreliable imagination, dubbed "Invention."

Not content with this prostitution of "Science" and perverted "Invention" they embark on a new career, that of malicious libel in referring to the discoverer of the "Electronic Methods" as a "Modern Charlatan."

It is their "opinion" (Oh! Opinion, what crimes are committed in thy name!) that the oscilloclast is worthless because it yields no appreciable current. Yet this very apparatus in previous numbers of this very publication is cited as a new apparatus for producing painless operations, for which in fact it has been used on many occasions by surgeons and dentists.

They have frequently solicited the advice and published the opinion of "The Modern Charlatan" on several prolix problems. They pursue the same senseless ratiocination as have all detractors in searching for currents and analyzing Abrams' apparatus and methods with that object in view. They evidently do not know or pretend not to know, with the object of bolstering their rancor, that matter radiates high-frequency electrical vibrations which may be tuned in resonance with the animal reflexes discovered by the "Modern Charlatan" and recognized in every modern text book of medicine and proven repeatedly by French and other scientists by aid of the x-rays and otherwise. This "Modern Charlatan" has perfected a radio-apparatus enabling him to prove to the merest tyro all that he claims to do and even more than he does do with the animal reflexes.

This apparatus was recently demonstrated to scientists in Mexico City and the demonstrations have been embodied in the archives of the Mexican Government.

The "Modern Charlatan" has already partially succeeded with the oscilloclast in disintegrating and reintegrating bismuth oxide.

In "New Concepts" cited by the duplex publication they ignored among other things, to avoid shunting their enfeebled cerebration, the following, on page 64, (referring to the new energy of Abrams): "We are constrained to employ electrical terms and electrical methods of mensuration until our knowledge of this form of energy is better understood."

They could easily have duplicated an ordinary radio set for the reception of Electromagnetic waves, its capacity, inductance and groundings to explain the action of Abrams' apparatus. This has been done with the oscilloclast at the Burnett-Timken Laboratories, Alpine, New Jersey, and by Boyd of Glasgow, who employed **real** scientists.

Any sciolist in electricity knows that with only one leg of a light circuit to which the oscilloclast is connected, there can be no current as is ordinarily understood.

Can the Editor of so-called "Science and Invention" impugn character with the same abandonment that he does science? We shall see.

H. W. WIRKLICH

Second Annual Scientific Convention The International Association for the Advancement of Electronic Medicine

Hotel Granada, San Francisco
September 12-13, 1923

RESUME OF PROGRAMME

Wednesday, September 12

10:30 A. M. Registration—There were 150 members registered from all parts of the United States and also from Canada, including the teachers of the various E. R. A. Colleges throughout the United States.

LAYING OF CORNERSTONE OF MEMORIAL COLLEGE

Judge Cabaniss Presiding—Ladies and Gentlemen: As my province is simply to act as Chairman of this meeting, I am spared the necessity of giving you the intense agony of listening to a long speech.

In a double aspect I view this as a most memorable occasion. The stone to be laid in the foundation of the magnificent edifice soon to stand over this ground is doubly significant. First in a somewhat personal and private aspect, as it is being erected by Dr. Abrams as a memorial to his departed loved ones. Second, it is significant and important that the building soon to be here erected will be dedicated to suffering humanity. I say that next to an edifice erected for the worship of God Almighty, whatever the denomination, the holiest and most sacred edifice that the hand of man can erect is anything in the nature of a hospital building. This occasion is finally a most eventful one in that it is to be presided over by a member of the medical profession who though for the time being is not in accord with all his brothers' methods of treatment, may still be described as the Christopher Columbus of the medical profession. He has launched forth on uncharted seas, figuratively speaking, and has not yet struck a rock nor has that for which he stands been shipwrecked.

It would not become me, a layman and unversed in medical lore or skill, to sit in judgment upon issues which divide the medical profession, but nevertheless, I may confidently quote holy words as applicable to the theories held by Doctor Abrams with reference to the treatment of disease. "By their fruits ye shall know them." And already, recent as has been Doctor Abrams' developments along the line of medical science and progress they have borne fruit in the many living witnesses who are the highest testimonials to his professional skill and to the efficacy of the methods of treatment employed by him. Men and women almost without number until recently bedridden and abandoned by others in some instances as beyond medical aid are now walking erectly in all the pride and vigor and strength of restored health.

I have already violated the promise I gave you to speak briefly, therefore I will perform my duty as Chairman of this meeting and introduce to you Doctor Abrams himself.

Doctor Abrams: After listening to the eloquence of my dear and good friend, Judge Cabaniss, it ill behooves me to dwell on the virtue of this work. There are episodes in the history of every man which are pleasant. These I call the altruistic episodes where self is submerged for the good of our fellow beings. I exalt the memory of dear ones. I exalt the memory of wifhood and I exalt suffering humanity, and if by this means we find a simple method of aiding our fellow man we have fulfilled the highest function of altruism.

There is, however, one thing within our ranks and that is dissension. I do not believe that any method has gone forward so rapidly as has ours within the last year or two. As a result of this we have met with the most violent antagonism and we must not disregard these titanic forces which are inveighed against us on all sides. This has been the history of any and every innovation. History repeats itself and this fact is apparent at the present time. But I say to you that life is not for science but science is for life, and the first aim is for results. We care not that the operation was a success and the patient died. We are now awakened to a keen sense of realization by the vox populi. It is the majority, it is the people who will declare themselves respecting the efficacy of a method and no official means can ever wipe out what is regarded as the truth.

I say to you again that a house divided against itself is bound to fall. Many of our practitioners have been rescued practically from penury to affluence, not being satisfied with that, an internal dissension has arisen. One man is offended at the acts of another man. This condition must be thwarted and will be thwarted.

Every effort that has been made in the last ten years of my life has been for only one purpose, to erect a monument primarily for humanity and secondarily with reference to loved ones. This property and the adjoining property have recently been purchased so that if this institution grows we will have the adjacent corner and sufficient means whereby we hope to erect a large building, but it shall be devoted absolutely and only for one purpose and that is for the good of humanity. Not a dollar shall be used for any individual purpose unless it be to endow chairs so that by means of research we can accomplish something for the good of humanity.

No one realizes more than I how difficult it is to receive a new idea. It is at once condemned without investigation. One of the aims of this institution will be to investigate new ideas with reference to medicine. That will be the primary motive. The second motive will be the unfortunate criminal who is now jailed instead of being hospitalized. These methods will be introduced among them with only one object in view, the health of the poor and unfortunate. I thank you all for your very kind consideration.

Dr. Frederick Finch Strong of Hollywood: This is a very much more important event than many of us dream. It marks the first material laying

of a cornerstone of an edifice which is built at the expense of the time, labor, money, sacrifice and energy of one of the greatest living scientists and physicians, our good friend, Doctor Abrams.

In the old days before man began to think, he attributed diseases to afflictions from the gods. He did not know why nor did he know how the disease killed the body. He had instincts but he did not have science. Today we have science and science has told us something of the How of disease but it has not told us of the Why. The How belongs to the domain of science; the Why belongs to the domain of metaphysics—the two great branches which make up human consciousness. To bridge physic and metaphysics is the greatest achievement possible, and I believe that we today may justly call Doctor Abrams the modern Pontifex Maximus, the great bridge-builder, for he has linked up physics with metaphysics in this method of treatment which takes into consideration not merely the solids, liquids and gases of the body but life and consciousness. Therefore it is a great privilege and pleasure for me to speak to you in these brief words on this momentous occasion. I know that however much these methods may be disputed, however much obliquy may be cast on anything of this kind, as is always the fate of pioneers, success awaits it, and I believe that we are standing on the ground which will ultimately be the site of the first great temple to the new science which will free humanity of the future from disease and pain.

Judge Cabaniss: I will next introduce to you a gentleman who is peculiarly at home here and may very appropriately greet you because he has been for many years one of our most highly esteemed supervisors and he also chances to be chairman of the health committee of the Board of Supervisors, so I need not tell you that there is a close relation between public health and the hospital building soon to be erected. I take great pleasure in introducing Supervisor McSheehy.

Supervisor McSheehy: This is an eventful day because we are about to lay the cornerstone of an edifice that really means something to San Francisco. It is wonderful to think what Doctor Abrams is going to do for humanity. After all is said and done, what can any man do except help his fellow man? And when a man is giving up his entire life for the purpose of helping his fellow man, that man should be congratulated. We are here today to pay respect not entirely to this wonderful building about to be erected but to a wonderful man, a man who has given up his life for humanity.

Dr. J. C. Burnett, New York City: This is the beginning of a great era. This stone is the foundation, the beginning of something that will cause humanity in the future to know that Doctor Abrams is one of the greatest men in history because he has discovered a fundamental law. We know now that what he has done is true scientifically. We have proved it. I have done so and many more will do so. There is a great deal of opposition against us but it can not hold because the mass is the supreme factor in this world and they are behind us. We are bound to win because this work is founded upon fundamental law.

Dr. J. W. King, Bradford, Pa.: My heart is so full that I can not express what I feel. Therefore I want to present at this time one of the greatest things that could be presented -- a list of the members of this Association who have registered here. This list will be buried forever in the corner-stone and preserved in the archives of Electronic Medicine.

Moving pictures were taken of Dr. Abrams and the assemblage.

MEETING OF THE TEACHERS ASSOCIATION FOR THE WELFARE OF ELECTRONIC MEDICINE.

It was agreed by the association of the San Francisco College of Electronic Medicine:

FIRST—That all practitioners in the field should be earnestly urged to discontinue the practice of all reactions other than those relating to blood tests. That these tests should not be made for others for at least six months after the E R A practitioner has fully qualified in this work.

SECOND—Any extraordinary findings of E R A practitioners should be first submitted to the Scientific Committee of the College of Electronic Medicine, (Blanche and Jeanne R. Abrams Memorial Foundation) before any publicity is given to them. It was agreed that a copy of the letter should be published bearing on the investigation of the Scientific American. The copy of the original letter has been temporarily mislaid but embodies essentially the following:

To The Editor of the Magazine in Question:

“Dr. Abrams is fully in accord with your investigation and places all the time necessary at his disposal, for such investigation in the San Francisco laboratory. In the event you have no emissary for this purpose, Dr. Abrams will submit to tests or at least demonstrations at your office in New York City, when he leaves for Europe which he contemplates doing in a few months.”

THIRD—Service stations will be established at the headquarters of each school so that diagnostic sets may be placed in the hands of each teacher to be exchanged for alleged defective rheostats, and that express charges will be charged to the Physico Clinical Company. Each school will also be furnished with an extra oscilloclast so that the practitioner in the field will not be inconvenienced in the event of the necessity of repairs to an oscilloclast.

FOURTH—Certificates will be issued for the men who have studied E R A in an authorized branch college upon receipt of \$5.00 and proper proof of required study and attendance. Such certificates will be mailed to the practitioner.

FIFTH—All recent investigations made at the San Francisco Laboratory will be published every month in the journal.

SIXTH—A picture of the College was furnished to the teachers to be used in any manner advantageous to the college.

SEVENTH—In an early number of the journal there will be issued an article on "Bootleg Apparatus." E R A practitioners are earnestly requested not to purchase such apparatus without further advice. People coming to E R A practitioners do so largely for the purpose of having the Abrams Equipment used and any deception on the part of the practitioner may invite legal difficulties.

EIGHTH—All new Atlases will be revised to date. Additional revised pages to date, 34 pages, are now procurable from the Physico Clinical Company at \$4.00. In the near future a prospectus of the College will be prepared.

NINTH—Micro-oscilloclasts which are attachments to be used in connection with the oscilloclast will soon be available for purchase at practically cost price. Recent tests with this apparatus show that one may, within a few hours, accomplish what has been done only after days and perhaps weeks with the ordinary rates.

TENTH—The subscription price of the journal will be reduced to \$8.00 for 6 months beginning January, 1924. The present subscription list does not warrant a greater reduction in the price. Those subscribers who have paid for a full year will be credited with the difference.

ELEVENTH—Everything that is reasonable and honorable will be done to help the E R A practitioners. All royalties paid for the oscilloclasts are immediately transferred as a fund for the building equipment and establishment of a research laboratory in the new College Building.

The Following Matters Were Also Discussed and Approved.

FIRST—No reports are to be given to the patients or copies made therefrom. Patients should not be informed respecting the diagnosis made but should be content with the results of treatment.

SECOND—It is practically impossible to make the E R A findings agree with the findings of the pathologist. The E R A are bio-physical and the pathologist findings necro-physical.

THIRD—If it is necessary to speak of a growth, refer to it as an irritation or inflammation with a tendency toward a growth.

FOURTH—Correlate your E R A findings with your clinical findings. Faith is an excellent commodity in the employment of any method but faith without a modicum of science is of no avail. Faith does not operate with the Electronic Methods in the treatment of insanity and in the diseases of children, and the reports of E R A practitioners in regard to these cases testify to the miraculous results that are obtainable by the use of these methods.

IMPORTANCE OF E R A IN CHILD WELFARE WORK

Dr. Jenette H. Bolles, Denver, Colorado.

Doctor Bolles in her interesting and comprehensive address emphasized the present deplorable physical condition of the school children of this country as revealed by Federal investigation. It is estimated that three out of every four children are suffering from some physical defect which means that twenty-five million children in the United States have their future health and happiness endangered. It is not a question of poverty and neglect but a lack of knowledge of the laws of heredity and health. It is now recognized that a malnourished child has a characteristic history with definite symptoms and pathological physical signs; he is considered a sick child. In the light of the discovery of Doctor Abrams and the application of his theory of race purification, the problem of child health becomes simple and solvable. The clearing of the blood stream and the overcoming of the congenital resistance in children and young people will give such a basis of health that in the future all the so-called contagious children's diseases will disappear. We should endeavor to establish free clinics for the treatment of children and by the use of the Oscilloclast treat them until the conditions are cleared up. In the great privilege granted of demonstrating the theories of Doctor Abrams all E R A physicians will find the satisfaction of real service in relieving the inherited and acquired weaknesses of humanity.

TREATMENT OF NERVOUS AND MENTAL CASES

Dr. Maude Potts, Santa Cruz, California

Doctor Potts cited the history and record of a number of interesting mental and nervous cases treated by her on the Oscilloclast with remarkable results. One case of a girl, 25 years, who was insane. Very talented; educated musically and able to speak four languages. She had swallowed a bottle of lysol but recovered from this. Physicians advised her commitment to Napa. First blood examination showed Congenital D. R., 32 ohms, cerebral strain; reaction above left ear. Treatment commenced October 13, 1922; two hours daily for some time. Commenced with general treatment and then local. On November 7, 1922, the Congenital D. R. was negative; Cryptogenic D. R. was still present. On December 13 the depolarizer was first used. Five minutes after the application the patient said that her human emotions had returned, her hallucination being that she had none. The next day she said she was well, and from that time there has been no return of any mental condition. Equally remarkable results were noted in other cases.

THE WHY OF THE E R A.

Dr. R. D. Pope, Long Beach, California.

Doctor Pope points out that the real Why of the E R A lies in the treatment of the children who in their seemingly healthy bodies carry the soil

condition on which cancer and tuberculosis and other diseases can develop and thrive. Parents and teachers should be made to understand that the seeds of disease that may develop in later life can be diagnosed and foretold by the ERA and in a few weeks' treatment entirely destroyed.

CASE WITH X-RAY FINDINGS

Dr. M. Jacobson, Los Angeles, California.

Dr. Jacobson reports among other cases a woman, age 45 years. Stricture of oesophagus at cardiac end. Advised to be operated but refused. The only thing that could be done was to put her under anesthesia and dilate the oesophagus once or twice a year. E R A diagnosis showed 47 ohms of Congenital D. R. and 5 ohms of sarcoma of the oesophagus. He treated her until sarcoma was negative. Patient gained 22 pounds and is now able to eat any food without difficulty. The x-ray picture taken before treatment showed a very marked stricture of the oesophagus. There is a good deal of dilatation. The oesophagus is straight and not tortuous. No pictures were taken afterwards. The pain entirely disappeared after reduction of ohmage.

SOME OBSERVATIONS ON PHASES OF MODERN MEDICINE

Dr. Ivar Jansen, Seattle, Washington.

Dr. Jansen deals with modern medicine and its present tendency to ultra specialization and complexity. The market is flooded with new drugs, and new discoveries are constantly being heralded while at the same time patent medicines with no greater claims than official remedies are condemned by physicians. This is an age of frenzied surgery. In spite of specialists and laboratory methods, the present day physician has lost much of the trained sense perception necessary in diagnosis. By means of E R A it is now possible to label and understand pathology and recognize it as an effect and not a cause.

THE CLINICAL INTERPRETATION OF ELECTRONIC FINDINGS

Dr. Jean du Plessis.

The greatest problem of E R A physicians today, as pointed out by Dr. du Plessis, is the correct interpretation of electronic findings. They are at the same stage as physicians in general were twenty years ago when they were unable to interpret the chemical and microscopical findings in the urine. The enemies of E R A say that it is easy to make a diagnosis when carcinoma, strep and tuberculosis are found in everybody. By these reactions such an early diagnosis is made that it can not be demonstrated

clinically. However, it is possible in many cases to demonstrate the findings by clinical evidence. As to the infallibility of the Wassermann reaction, published reports show that it may be due to other conditions than syphilis. Recent experimentation at the Mayo Clinic has shown that if a patient has a primary lesion of strep, and a secondary lesion, and if a culture from the primary lesion is injected into a guinea pig, the guinea pig will develop the same secondary lesion. This proves our claim of strains or types of strep. Caution is necessary about dismissing patients. It is wise to have them return in a few weeks to check up and see if all reactions are negative. Care must be employed in the use of terms that mislead and frighten patients.

(Paper read at Second Annual Convention of the International Association for the Advancement of Electronic Medicine, San Francisco, Cal. September 13, 1923.)

For the Good of the Order of E R A

Dr. J. W. King, Pres. of Teachers' Assn, Bradford, Pa.

My close association with you here the past two weeks reached its climax yesterday; which inspired me to write the following:

Yesterday, September 12th, 1923, two notable events were commemorated. In the arts, it was the fiftieth anniversary of the first practical type-writing machine, invented by a mechanical-genius. And the scientific world was informed of the laying of the cornerstone of the **College of Electronic Medicine**. The laying of a cornerstone for a building is ordinarily a common-place affair and is often only on a par with some monuments erected in memory of the dead. But the laying of the corner-stone of the **College of Electronic Medicine** was the noblest deed of all in that it deals with the conservation of life — instead of with past events. This act stamps **A Modernized Medicine**, in an official manner, by supplanting empirical and traditional Medicine with methods which can be demonstrated scientifically. This achievement was the work of a **medical genius**, Dr. Albert Abrams of San Francisco, California, to whom the world is already paying homage. In comparison with all the progress made in the arts, none has the importance of this medical achievement, which is destined to be of service to the health, life and social happiness of mankind.

As a father gives a child through baptism to a life of service with its subsequent release through his severance from it as an individual possession, so the father of Electronic Medicine after dedicating this scientific product to the services of man, has given it to the world, which will in time fully acknowledge it as an incalculable gift. Those of us in close association and work with Dr. Abrams, know the prejudice aroused by the announcement of his System: the mightiest diagnostic and therapeutic method extant in Medicine. Orthodox prejudice, academic traditions, and

commercial interests **combined** have no more effect on the progress of Electronic Medicine, than the old woman who vainly tried to sweep back the waves of the ocean with her broom.

Even among the practitioners of the ERA without full laboratory equipment, the student of the method often marvels at the revelations depicted before him similar to movie-picture productions, but with this distinction: the ERA reveals the **true** life of ourselves, while the film gives us only an artificial state of our social-self. Time is not far distant when Dr. Abrams will throw onto the screen the means whereby afflicted humanity may be helped and will pay more for that than they do to pass the dull moments away among the star-actors depicted on a film.

In a recent address to Electronists, I summed up my relations with the ERA which began in 1913. Four years ago I gave this method undivided attention when Dr. Abrams announced the making of examinations from blood; and my three years' experience in the demonstration of the ERA gave me all the evidence one needs in knowing whether a thing has value or not. With few exceptions the students have been more than satisfied. There are hardly a handful of disgruntled ones among the several thousands who took up the work. The principal cause for dissatisfaction being their disqualification for the work, or else, they expected too much in the curative effects of the Oscilloclast. As to the latter, **let it be understood**, that Dr. Abrams and those informed, relative to the value of the Oscilloclast, never claimed it to be a "cure-all" as our enemies are putting it; nor do they claim that the present machine is the last word in therapeutics; or that the machine could not be improved. Dr. Abrams assures us that will come in time. His recent advance on the improvement of the machine justifies his claim that the Oscilloclast has already been perfected as noted by your essayist recently.

Here and there certain patients were not cured as rapidly as noted in other instances of the many patients recovering in a comparatively short time. When the Auxiliary Attachment to the Oscilloclast was used, all patients, if curable at all, would respond; and their former disease-reactions became normal. Ever bear in mind, that there is always a chance for recovery. It may take a long time but come it often does. I believe that the new invention of Dr. Abrams, the **Micro-Oscilloclast**, will bring that about in a much shorter time than with the Oscilloclast alone. I may be wrong (and who is not wrong at times!) in my claiming that the removal of disease-energy by the Oscilloclast ends physical disaster. This powerful therapeutic agent is always dependable to fall back upon in the event of reinfection. I am comforted with this thought: **what has been done can be repeated.** In Medicine that is Science!

The diagnostic method of Dr. Abrams finds the cause of disease and under proper treatment with the Oscilloclast, the symptoms of many diseases disappear, and the patient remains well. We do not claim that the present machine will cure all diseases. Only those of an infectious nature may be successfully combated at this time.

Relative to the "Mother" College. This movement was begun two years ago. In an address at the Bellevue Hotel, this City, I was invited by the Society for the Advancement of Racial Purification, to give an outline

of the work done and contemplated in the future, in its behalf, by the ERA. In concluding my address, I remarked: "I hope to see the day when a College will be created to carry on the work in an extensive manner and serve as a monument to Dr. Abrams during his life-time and not leave his recognition to the action of posterity." The presiding officer at the meeting agreeably surprised me in announcing, that Dr. Abrams had set aside the sum of fifty thousand dollars as a nucleus to which later concretions would be made. Yesterday, we saw what will follow when we witnessed the laying of the corner-stone of the College of Electronic Medicine. It was the happiest moment of my life to be present and assist in that work.

In a year the College will be completed, and will represent an expenditure of two and a half million dollars. The present beginning involves a sum of from five hundred and fifty thousand dollars to seven hundred and fifty thousand dollars. After the completion of this gigantic diagnostic and therapeutic Temple it will forever be at the service of suffering humanity; often without fee or reward from its beneficiaries. This beneficence has been instituted by the Home College and its Branch Colleges in various parts of the world. Already ERA ramifications are recognized in all parts of the civilized world among scientific physicians. It is the intention of the founder of this Institution to extend its usefulness into fields other than Medicine and thus serve a double purpose. We need contributions for the fulfilment of our objective projects, and as we "make good", these will come from its many benefactors and from philanthropic people.

As President of the Teachers' Association I want to thank you for your hearty cooperation and help in the advancement to its present able state. Dr. Abrams deeply appreciates our efforts in the Cause. We assure Dr. Abrams that the teaching faculty will render all the aid of which they are capable, to give him support even at the risk of their own breaking-down physically or financially. There are many practitioners, too, who are in dead-earnest for the progress of the ERA and they will consecrate **their** all!

We stand today at a point which marks the beginning of an epoch which once more shows that truth must eternally prevail — because the ERA is built on that foundation. In conclusion I am reminded of those beautiful lines of Addison which are appropriate here:

The soul, secured in her existence, smiles
At the drawn dagger, and defies its point.
The stars shall fade away, the sun himself
Grow dim with age, and Nature sink in years;
But thou shalt flourish in immortal youth,
Unhurt amidst the war of elements,
The wrecks of matter, and the crush of worlds.

Miscellaneous

7TH CERVICAL SPINE.

To determine the location of the 7th cervical spine, percuss from below up. The first dull spine encountered is the 7th cervical. It is the first spine that has no ribs attached to it; consequently it is dull.

For instance, if you have a patient on whom you wish to make an electronic diagnosis independent of the reagent. If you have an area of dullness suggestive of a certain disease and you wish to determine whether it is due to disease or fecal accumulation, all you have to do is to hit the 7th cervical spine. If the dullness is due to the electronic reactions, the dullness disappears after concussion of the 7th cervical. The 7th cervical and 2nd dorsal of reagent must be concussed before blood examination of specimen is made.

LOWER BORDER OF THE LIVER.

The next step in the blood examination is to get the lower border of the liver so that the dullness of carcinoma or syphilis will not conflict with the dullness of the liver and cause confusion.

NEW VIBRATORY RATE FOR COLISEPSIS IS 44.

TEST OUT INSTRUMENT.

Always test out the connections on the diagnostic apparatus. Do not let anybody handle the dynamizer. Always have it with aluminum plates running exactly east and west. See that it is thoroughly depolarized with depolarizer before you put in another specimen because the dynamizer is a condenser that will hold the energy; the reactions from a previous specimen may persist and cause errors in diagnosis. In testing out the machine always take each dial separately; if there is any break the light will go out. There is no electric connection from the dynamizer.

ASTHMA—NOT A DISEASE BUT A SYMPTOM.

Asthma is purely a symptomatic condition not a disease sui generis. There is no such thing as disease. What we call disease is nothing else but a group of symptoms, reflex phenomena in response to a cause. A

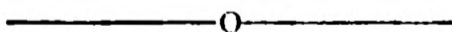
man may have a swollen joint. You say that he has an arthritis. That is only a name. It signifies that something has gotten into the joint. If the joints swell and the muscles stiffen, it is to protect the limb from movement. Disease is only reflex symptoms that form a mechanism of defense; it is an effect due to a cause. That is what we are striving to get at all the time. To call a thing by a name may be art but it is not science.

If you go into the question of asthma you can talk for hours on the subject. It is practically an irritation along the course of the longest nerve in the body, the vagus, running from the head down to the abdomen. Any irritation of that may cause a spasm of the lung unless you have what is known as a status asthmaticus where it continues for three or four days at a time. As soon as you chloroform the patient or drive out the air, the spasm will cease.

I have been endeavoring lately to find out new things, but these new things are of no value unless they bring practical results. In dealing with a case of asthma we do not know what we will find. In the majority of cases that we have examined we have not gotten corresponding results.

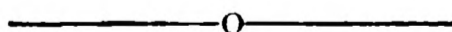
At one time Trousseau, the great clinician, taught that asthma, epilepsy and migraine were allied because all occurred paroxysmally and in the same family.

When we examine the skulls from radiograms of epileptics we find the reaction of sarcoma of the brain. This does not mean a sarcoma in the true sense of the term; it means any increase of the neuroglia of the brain. It may not mean a tumor. In case of asthma take an x-ray picture of the brain. It opens up a new field of investigation. In migraine and epilepsy the area of dullness runs on a line drawn from the back of the ear and embraces the entire forehead; it gives a reaction of sarcoma. Probably that is why I have not gotten results heretofore. In some cases of asthma we have examined we find the same sarcomatous reaction as in migraine and epilepsy and in same area.



CARCINOMA AREA.

In diagnosing carcinoma you can utilize any part of the area of carcinoma. All parts of that area are not normally clear. You can only recognize it by differentiation from dullness to tympany.



DEPOLARIZATION OF DYNAMIZER.

At least a minute must be spent in depolarization of dynamizer. If you put a specimen of carcinoma on a table and leave it for half a minute and then run over it with the radio instrument, you will get a reaction of carcinoma and the reaction will remain for hours until you run over it with the electromagnet (dynamizer). You rearrange the molecules or electrons.

That is how we explain how a person living in a house occupied by a previous carcinoma patient may get the disease. Rubbing will not erase the reaction; it only spreads it. A horseshoe magnet will not always remove it. In using a horseshoe magnet the stronger the magnet the better. It would be a good idea to test the magnet occasionally and have it recharged. Unfortunately there is practically no test for magnetism.

○

SEX REACTION.

Where sex reaction is absent it will often reappear at rates 49 and 14 for female and 49 and 17 for male.

○

SHELLAC ON FINGER.

When saturated solution of shellac in alcohol is applied to palmar surface of finger for making reactions, the arms of reagent must be held outstretched. Retardment is then noticeable over area of disease.

○

CANCER MORTALITY.

If carcinoma continues at the present rate it will decimate the human race. In the last two decades it has increased 32 per cent. It is because we regard cancer as a local affection when it is really a constitutional condition. Cancer has one origin and that is syphilis.

○

REAGENT'S ARM ACROSS ABDOMEN.

The object of putting arm of reagent across abdomen is to reduce the area of resonance. The percussion blow travels and sets in vibration the surrounding area, but you limit that area when you put the arm across.

○

USE OF ROD.

You must run the tube in different directions because the fibers of the skin run in different directions. Go from all angles.

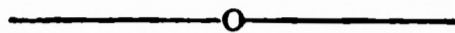
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PHILOSOPHY IN MISFORTUNE.

We can all be philosophers in cases of misfortune but it is usually the misfortunes of the other fellow.

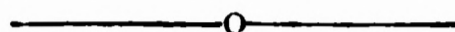
P. D. REACTIONS.

In order to elicit the P. D. reactions it is not necessary to have the patient or reagent face west. The P. D. reaction can be obtained if they face either west or east.



DETERMINING WHETHER LESION IS ON RIGHT OR LEFT SIDE.

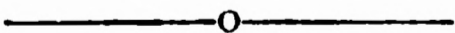
You can tell whether lesion is on right or left side by drawing a straight line from anterior superior spine of the ilium on either side and see on which side you get the reaction.



EXPERIMENT SHOWING DISTANCE AT WHICH REACTION IS OBTAINED

Take off the lid of dynamizer and place carcinoma specimen near the lid set on edge. You see I get reaction of carcinoma. When specimen is taken away I do not get reaction. When specimen is taken outside of room fifteen feet away with door closed and is placed on line directly opposite lid of dynamizer the reaction of carcinoma is obtained. Thus you can see the distance at which you can get reactions by the use of the human reflexes. That is what I want you to understand. In the case of electricity we find that it diminishes in intensity with distance and as you convey the electrical energy it gets feebler and feebler until at a certain point you get no electricity at all. With this radiant energy which we employ here about which we know nothing, we find that it increases with distance; that as you go along the reactions get stronger and stronger, quite the opposite of electricity. This explains the action of telepathy and the thought of another being transferred from a distance.

It is known that one grain of matter travelling at the rate of light, 186,000 miles per second, has a momentum equal to a cannon ball weighing 150 pounds travelling at the rate of 1,000 feet per second. But physicists have not noted any mechanical effects of light, consequently they discredit the powerful effects of light coming at a distance. Light is nothing but an electromagnetic energy. Originally the Newtonian or corpuscular theory prevailed in light, but now we have the undulatory theory that light travels in waves.

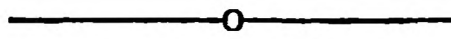


EXPERIMENT SHOWING PERSISTANCE OF REACTION IN DYNAMIZER.

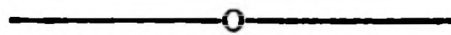
Lid is taken off dynamizer and stood on edge with carcinoma specimen about six inches away from it. Reaction of carcinoma is obtained. Reaction of carcinoma persists on lid of dynamizer fully 7 seconds after the removal of specimen but with depolarization of horseshoe magnet the reaction disappears almost at once.

EFFECT OF MAGNET ON RESULTS FROM COLORED LIGHTS.

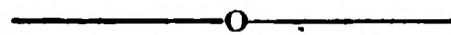
Experiment to show whether horseshoe magnet nullifies effect of colored light thrown on diagnostic instrument. It is found that magnet nullifies reaction of color thrown on it. When magnet is removed, the reaction of syphilis is destroyed when blue light is thrown on the instrument.

**PREDESTINATION.**

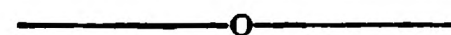
I am a predestinarian first, last and all the time though not in the religious sense of hell fire and damnation. Professor Haldane of Cambridge University said recently that everything is predetermined and that we can not thwart the designs of nature. That is ridiculous because man's genius is only a part of nature. We are a part and parcel of the whole; we are all one continuous whole. Take a plant. You can not separate it from the human. If it were not for the plants we would all die; there would be no oxygen in the atmosphere.

**NECROBIOSIS.**

Every time we have a disease we have a condition of necrobiosis. Then come the vultures which we call germs and they prey upon the organism.

**SHORT-CIRCUITING.**

The body is nothing else but an electrical apparatus. Everything in nature is electrical in character. On one side of the head you have one dynamo and on the other side another. If you take two poles of a battery and unite them, you short circuit them. You diminish the output of energy; the energy all goes on the inside. If you bring the hand together it bridges the gap. Shortcircuiting throws all the energy within and lets nothing escape. Take the pulse of the reagent, one doctor holding one hand and another doctor holding the other. I will put a bar of metal across the median line and you notice a slight inhibition of the pulse.

**AFFIXING PITH BALL TO RUBBER ROD.**

When pith ball is attached to hard rubber rod, rubber tape must be wrapped around one end of rod. Pith ball is attached to rod by silk thread and rubber tape. Otherwise charge will leak off of a terminus or point.

EXAGGERATED SYMPTOMS.

Some people have exaggerated reflexes. Every symptom is exaggerated. That reminds me of the lady who was asked by the doctor to show her tongue. She said, "No tongue can tell what I suffer."

MILLIKAN AND RADIOACTIVITY.

Professor Millikan has just announced what I have tried to show ten years ago that all matter is radioactive.

INTELLIGENCE—NEURONS AND DENDRITES.

Intelligence is not a question of brain size. It is simply due to one thing which I will explain later. If you want to improve the race, you must correct the mental deficiency. The cortex of the brain, the gray matter, consists of four layers microscopically. In one layer you find large cells called neurons, and these neurons interlace with other neurons by means of tendrils or dendrites. The more numerous these neurons are and the more they interlace with each other, the higher the degree of intelligence. In idiocy and in imbeciles the neurons are small and the dendrites do not interlace with each other. There is no net work, consequently they can form no concept by association of ideas. Up to the third or fourth month of the child in utero the neurons stop forming and no new ones are ever formed. The intelligence is fixed; the child is destined to be what it is. What would prevent that? If you want to do any good for that child you have to begin with the mother. Every mother instead of having her pelvic cavity measured ought to have her system examined to see if she is eligible to bear a child.

REPORT OF PATIENT VISITING CLINIC.

This man came here two years ago complaining of excessive vomiting. He weighed only 140 pounds. We found he had carcinoma of the stomach and treated him. Patient says, "Today I weigh 192 pounds and am perfectly well. This was exactly two years ago when I came here. I wanted to visit the clinic and thank Doctor Abrams personally."

REPORT OF PATIENT VISITING CLINIC.

"A year ago last December I was examined by a doctor who said I would have to be operated on very soon for an infected gall-bladder. I waited for a while and kept getting worse and worse, living on milk until

last April when I went into a sanitarium. I weighed 118 pounds then. I had an operation on my nose which had been broken when I was a child. After that I took 18 E R A treatments from one doctor, 3 from another and 5 from another doctor. I had one and one-half ohms of strep. in gall-bladder. I had carcinoma and colisepsis of the ascending colon. Yesterday I showed negative. Now I am gaining 2 or 3 pounds a day and weigh 145 pounds. I have never felt better in my life. It has done a wonderful thing for me. The first treatments I took lasted one hour and one-half. An hour's treatment gave me a headache so I took 45 minutes. When I began treatment I would vomit whenever I ate and would vomit bile. I was as yellow as could be. I can not express my gratitude for what these treatments have done for me."

GLASS ROD AND DULLNESS.

Rubbing a glass rod over abdomen will often clear up a dull abdomen due to gas, so that percussion can be used.

The American Physical Society met at the Bureau of Standards in Washington on April 20 and 21, 1923. Among the interesting exhibits was a new alloy having valuable magnetic properties. It is composed of iron and nickel. The electrical resistance was found to vary with the strength of the magnetic field in which the alloy was placed so that a difference amounting to three-tenths of a per cent. is caused by the earth's magnetic field, the resistance being different in the east and west position from what it is in the north and south. Its electric and magnetic properties are also changed by the application of a lode.

REPORTS FROM PHYSICIANS—TREATMENT OF HERNIA—PILES—VARICOSE VEINS.

Dr. W. S. Fowler of Los Angeles reports a case of a man 86 years of age who had hernia for 36 years. He had always been very healthy until he had been infected by a dentist and a reaction of Acquired D. R. was found. He was treated at S S 3 and rate 3 on the hernia. For more than a year he has not worn a truss at all.

Dr. Bailey of Texas reports a man whose heart action was 24 and who had been in bed for two years who now has a heart action of 68 and is up and around and perfectly well. This man says that his hernia is cured; he has not worn a truss for eight months. He was treated at rate 3 at the opening where the hernia came out.

Doctor Abrams: Nothing is impossible. We have always said that nothing could be done for hernia or piles. Now we have these reports of cures of hernia. One of the physicians in the class has a hernia. We

will take a reaction and see what we find. A reaction of 57 is obtained over the opening where the hernia comes out. The physician says he has been using rate 3 at that site and is improving. Before he began treatment he could not stand on his feet without his truss; now he can go without it for a half hour. There is evidently some weakening of the tissues due to the Congenital D. R. We found previously that over varicose veins we get the reaction of congenital syphilis. The wall is weakened at that place.

TREATMENT OF PILES.

Doctor Abrams: We have always said that we could do nothing for piles. One of my men, Doctor Francis of Lancaster, reports cure of piles by the use of rate 6 for irritation and rate 3 for Congenital D. R. This is worth while remembering and trying out on your patients.

EXPERIMENT WITH AMBER BEADS—EXPLANATION OF FOLK MEDICINE

Dr. E. Ligon of Mobile, Alabama, reports that several of her patients have noted the disappearance of enlarged thyroid by the wearing of amber beads. We will see what effect it has on Congenital D. R. Wrap up the beads so that the color will not affect the reaction. We find that the amber beads destroy the reaction when they are held in front of the specimen of congenital syphilis. Insomuch as practically all enlarged thyroids are due to an invasion of congenital syphilis, it may be possible that the remedial effects are due to this destructive action on congenital syphilis.

Many examples may be cited of folk medicine in which certain methods have proved to be of value and it has been found that the reactions have been subdued by similar means. For instance, Dr. Goshen of Indiana told me that the farmers in his neighborhood in cases of erysipelas pass the tips of the fingers over the face. We know that the streptococcus of erysipelas is negative and that the energy from the finger tips from both hands is neutral, and so it may destroy the reaction of the negative strep. This I have designated polaritherapy. There are people who can stop pain by application of their hands; this occurs and there is no use of denying it.

NEURITIS.

Neuritis of itself is not a disease. Occasionally we find strep. infection, but it is usually due to pressure somewhere on the nerve.

STREP. REACTION.

Whenever the reaction of strep. is below 15-25 ohm you predicate no existence of pus proper but simply the accidental invasion of streptococci.

VARIATION IN OHMAGE.

There are reports emanating from different men pursuing these methods that are conflicting in the sense that they get their knowledge from electricians who deal only with currents as ordinarily understood, not with electromagnetic waves and radio apparatus. These men claim that the difference in ohmage obtained by different men is due to the fact that these doctors have offices in buildings of different heights. Theoretically, and we know it to be true in radio, no matter how far it is from the grounds to the aerials, it makes practically no difference as long as it is not an exaggerated length. The results are the same. In order to corroborate this theory and to deal with practical facts, we took a carcinoma and measured it in the basement and found it measured exactly 7 5-25 ohms. Then we measured it on this floor of the clinic; and under control without my knowledge we found it measured 7 5-25 ohms. Then we went up stairs to the top of the building and it still measured 7 5-25 ohms. My conclusion is that height of the building makes no difference in the ohmage, all things being equal. It is largely, I believe, a question of the individual who is making the examination.

MOTOR ELECTRONIC REACTIONS.

If you embed the finger in the epigastrium over area of carcinoma, for instance, as soon as the instrument is set at 50, the muscles bulge out. Press in firmly and keep the finger embedded. It lasts just for an instant. To get the bulging in palpation in the P. D. area, have arms of reagent held loosely at the side away from the body. It is present in the P. D. area but not so pronounced as in the S. V. That explains why the reagent can feel the reaction himself.

ORANGE COLORED LIGHT DESTROYS REACTION OF PSORA.

Light thrown through orange colored celluloid on an ulcer which gave reaction of Psora destroyed the Psora reaction. Suggestion for treatment: Cover the ulcer with orange colored celluloid and expose it to direct sunlight for a long period. This is the result of only one observation and has not been tried out.

EXPERIMENTS IN GROUNDING.

If a male is standing on the ground plates it will be noted that with the left foot on the ground plate and the other foot insulated, the lower border of the liver rises and the heart recedes. With the right foot on the ground plate and the left foot insulated the liver border descends. This is not so apparent with the heart.

SUFFRAGETTES AND THE CREATOR.

Our conception of a Creator is purely anthropomorphous. Two suffragettes were in jail. One said to the other, "We shall pray to God; perhaps She will hear our prayers."

ENDOWING AN ORGAN WITH TONE.

You give an organ tone by having the patient extend the arms. Put the hands at the side, you short circuit and are endowing the organ with no tone. As soon as you extend the arms, the organ becomes rigid and you can always get a better reaction. The more tone an organ has, the smaller it is. The less tone it has, the larger it is.

Oliver Wendell Holmes said, "I can say anything now that I never dared say before, because I know how to say it."

REPORT OF A PATIENT VISITING CLINIC.

Four years before taking treatment of an E R A physician this lady had been in hospital in Chicago and was told that she could not live three months and that all the organs of the body were involved with cancer. Two x-ray pictures were taken. Was also said to have tuberculosis but was not told what was the matter with the spine. According to the E R A physician she had tuberculosis of the spine. She had 66 E R A treatments with the result that she is better than she has ever been in all her life. She stopped all treatment three months ago.

REPORT OF CASE BY DOCTOR PERKINS, LONDON, ENGLAND— LEUKEMIA.

"In July, 1922, I examined my brother who had been miserable for a long time. I do not believe in treatment of one's relatives, but he was getting no results with other physicians so I examined him. He had been having all kinds of serums and vaccines. I found his spleen enlarged to the size of my head. He was getting worse; could hardly walk and had difficulty in breathing. I knew nothing about E R A methods at that time. I had his blood examined by the usual methods by the very best men in London and they pronounced it leukemia. He had the usual treatment and improved a little. I heard of the E R A methods and sent him to be examined and treated. He has had 21 treatments and has written me that he feels alive and alert and is able to play hard tennis again."

PERNICIOUS ANEMIA.

In every case of pernicious anemia so-called we always get a reaction of carcinoma from the spleen only. It is usually below one ohm. The majority of cases parading under the name of pernicious anemia are nothing else but latent cancer. It is very difficult in some cases to differentiate the blood picture in cancer from pernicious anemia.

INSURANCE CLAIM AND SIGNATURE.

Six months ago a certain claim was presented to an insurance company. They said that they believed that the man was alive but the widow and others claimed that he was dead. I told them the other day to bring me his signature. I examined it and said that the man was alive. I told them to defer payment for a couple of weeks and see if they could find him. Day before yesterday I received word that the man was found.

HISTOMA.

The best word to use to describe the sarcomatous reaction found in asthma, migraine and epilepsy over forehead and vertex of head is histoma. The word histoid is directly limited to normal or natural tissues. A neuroglioma is merely an increase of connective tissue and has the same meaning as glioma.

LECTURES BY DR. W. DWIGHT PIERCE ON LAWS OF NATURE.

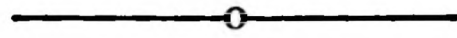
W. Dwight Pierce, Ph. D., Consulting Research Director, a noted entomologist, formerly with the Bureau of Standards, is issuing a series of lectures that are of such scientific interest that they will appeal to all E R A men. He takes up the vibration theory in all its aspects and treats of many subjects of especial value and importance. It is the suggestion of Dr. Abrams that ERA physicians purchase these pamphlets which are thirty-five cents each. "Lectures in Applied Entomology, Series I, No. O (2 parts, 35 cents each), Deals With the Laws of Nature Affecting Life," by W. Dwight Pierce, 138 B Street, San Mateo, California.

POSITION OF DYNAMIZER.

Dynamizer must be placed with aluminum plates running exactly east and west (geographical) or there will be difficulty in obtaining reactions.

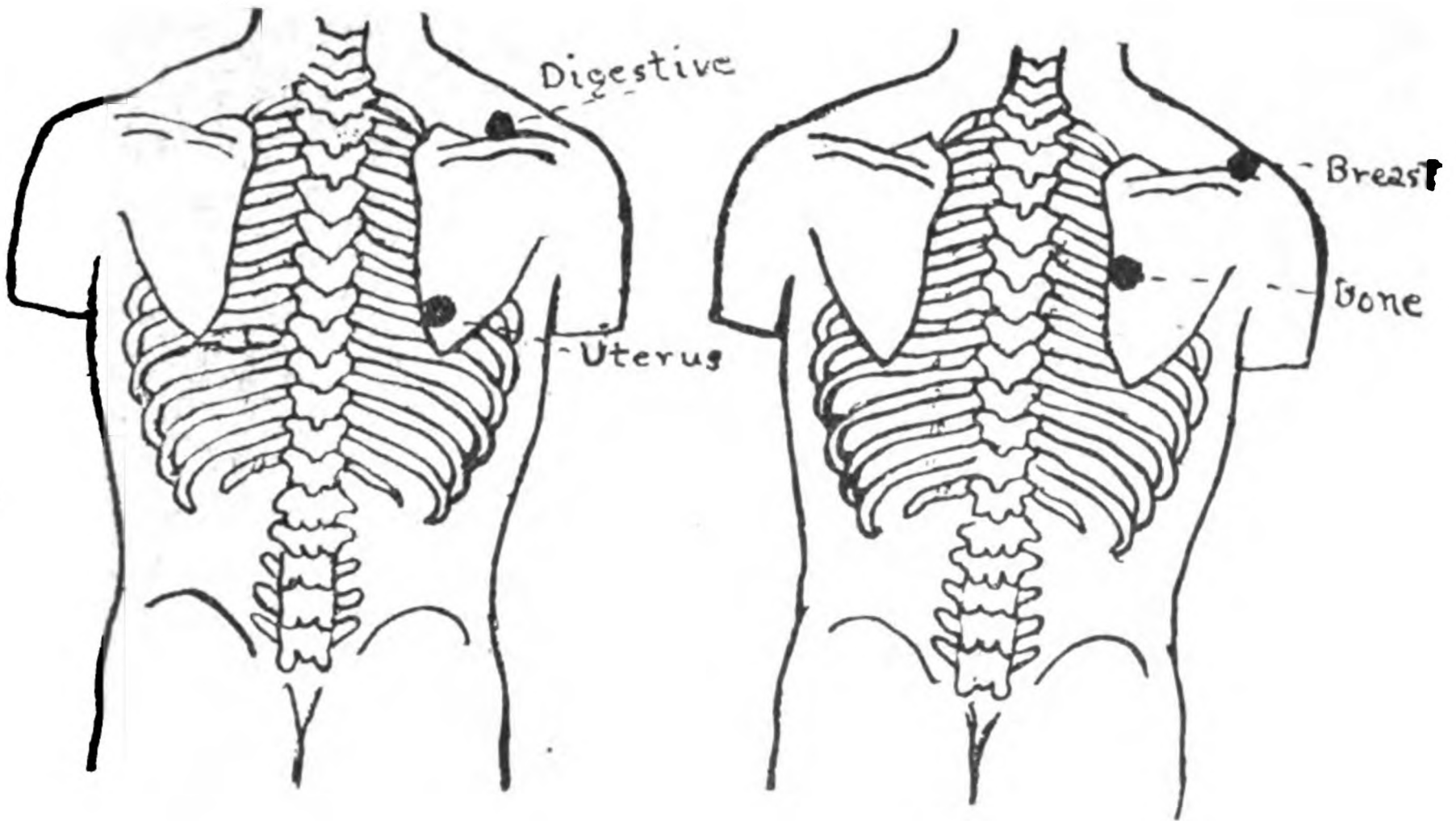
NECESSITY OF DEPolarIZING DYNAMIZER WITH DEPolarIZER.

The inside and lid of dynamizer and outside of diagnostic apparatus must be thoroughly depolarized with depolarizer before placing blood specimen in dynamizer. Avoid having connected depolarizer near blood specimen or it will destroy reactions for a half hour or more. When blood specimen is placed in dynamizer, demagnetize it with horseshoe magnet. It is absolutely necessary to follow this method of electronic asepsis in order to avoid the danger of hold-over reactions in the dynamizer with consequent mistakes in diagnosis.

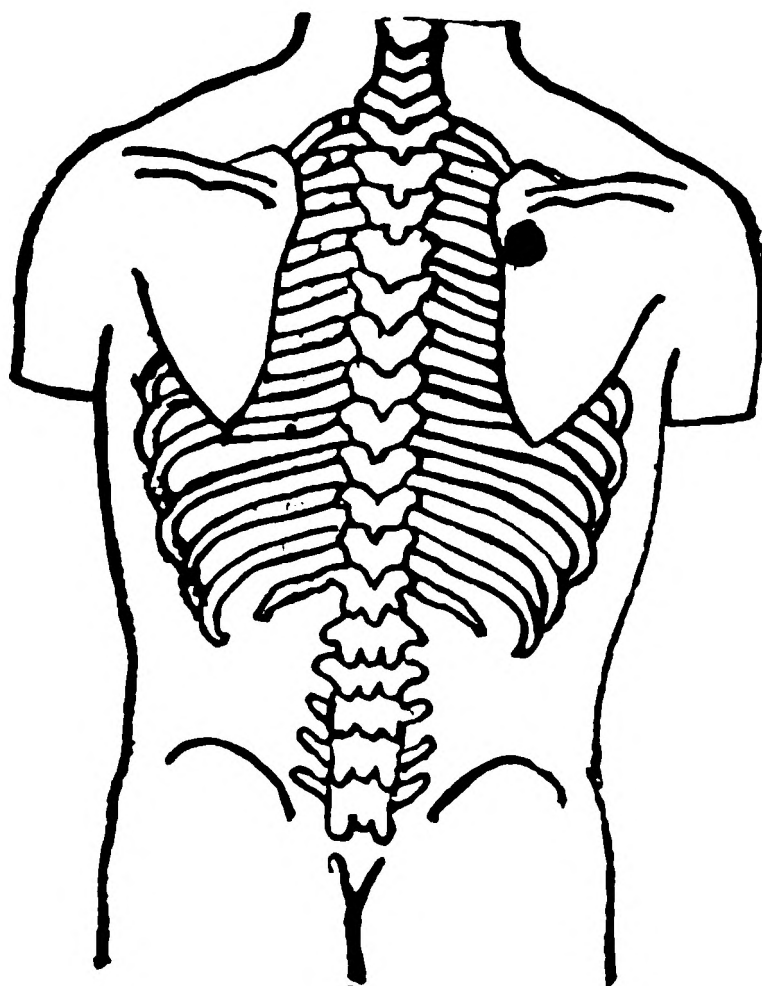
**REACTIONS FROM X-RAY PICTURES.**

It has been found that reactions can be obtained from radiograms. It is therefore suggested that x-ray pictures be used as an aid in diagnosis. The reactions can be taken directly from the pictures. This will aid in confirmation of diagnosis and localization of treatment.

P. D. Reaction — Carcinoma



P. D. Reaction — Human Blood



New Additions to the Atlas

TO ALL ERA PHYSICIANS:

You can now have your Atlas brought up-to-the-minute by a set of the new Atlas Additions. These contain all the new strains and rates with charts showing the areas, and much classified information that will be invaluable to all ERA physicians. The material is arranged alphabetically in loose leaf form ready to go into the Atlas. There are 34 pages in the new Atlas Additions. The price is \$4.00.

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

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

Atlas Service

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

CLINICAL LECTURES

Clinic Case. Married woman, age 56; two children. Difficulty of breathing; nervousness; deaf. No organic trouble; pain in back of head. Gasping spells followed by cough that interferes with talking and eating. Has spells of great depression. The first examination showed strep.; left tonsillar region and right antrum; colisepsis; present; Acquired D. R.; 38 ohms, cerebrospinal strain. At the last examination strep. was negative; Cryptogenic D. R.; 0-25 ohm. This patient has had this difficulty in breathing for more than 30 years. Her friends say she is transformed in these five weeks of her treatment. She has had only two severe attacks. Some patients make medicine a pleasure because they are so re-

sponsive. There are others for whom you can do very little. We will see what we find, as patient wishes to go home. Acquired D. R.; Cryptogenic D. R.; negative. Strep.; right antrum. Congenital Neisserian; present. (Patient comes in) Much of that difficulty of breathing is a matter of habit. Should anything occur when you go home, you can always go to your physician for treatment, but do not let too much be done for you because the real cause has been removed. What you have now is purely a memory condition. Your subconscious mind has gotten into the habit of breathing that way. You can not have a condition of this kind for so many years without having this difficulty of breathing occur. Use a little bromide of potassium; take at least a teaspoonful at a time. Discontinue general treatment and treat right antrum at rates 2 and 4.

CARCINOMA, PROSTATE.

Clinic Case. New patient. Man; 71 years. Hypertrophied prostate; difficulty in urination. Pain comes on just before urinating and lasts during that time. No blood in urine. Lost 12 pounds in 5 months. Urine examination negative. Carcinoma; genitourinary; non-metastatic; 6 ohms. Congenital D. R.; 30 ohms plus. (Patient comes in) You look a very young man. Did they ever examine you for stone in your bladder?

Patient: No, they never did. The physician found prostate enlarged. I have a good deal of pain and have to get up four or five times at night.

Doctor Abrams: Go over region of bladder for 50; negative. Reaction present over prostate. It is important to have patient face directly west when local examination is being made. It will be necessary for you to come here for treatment for at least three weeks. You have a trouble that no massage will help. There is a tendency to a formation of a growth which I want to remove. The symptoms may not entirely disappear, but the danger will be removed. Use rates 3 and 6 to the prostate and general treatment at rate 3.

ACQUIRED D. R.

Clinic Case: New patient. Man, age 43. Frontal headaches radiating to back of head. Periods of depression. Many attacks of malaria. X-ray diagnosis is tuberculosis. Lost 10 pounds in 5 months. Gall-bladder and appendix removed in 1922. Carcinoma; digestive; gall-bladder region; non-metastatic; less than one ohm. Acquired D. R.; cerebrospinal strain; 38 ohms. Strep.; tuberculosis; negative. Malaria; present. Try the solar plexus and splenic reactions for malaria; present. Check up on these reactions for Acquired D. R. (Patient comes in). Have you had your blood examined lately for malarial parasites?

Patient: No, not lately.

Doctor Abrams: Go over frontal sinuses for malaria; negative. Go over head for Acquired D. R.; reaction present over occiput. (Patient says

he has pain in back of head). There is a partial Argyll-Robertson pupil present. The patellar tendon reflexes are slightly exaggerated. No Romberg.

Patient: I am happily married and have one lovely child, but I have these periods of depression and the doctors can not understand what should cause them.

Doctor Abrams: I think we will be able to relieve you. Use two wires at rate 3 at the spleen and one at rate 3 to the back of head.

DEFECTIVE VISION—CONGENITAL D. R.

Clinic Case. Man, 40 years of age. This man came to me in the early stages of my work. Then our methods were very crude and we used the old time oscilloclast. When he came here he had to be guided to the entrance and could not read. He received 20 per cent of improvement and has been very grateful ever since. The doctors diagnosed the condition as detached retina and floating retina and all sorts of things. To me the eyesight is the most precious thing in the world and I would make any sacrifice to help anyone retain or regain their vision. We have improved our methods since he was here and I want to see what we can find in this case now. It has been four years since the patient came here. Then we found Congenital D. R. in the eye. Go over the eyes for Congenital D. R.; present in both eyes. Tuberculosis; negative. I think it is worth the game to give a little time to getting rid of that reaction. Use rate 3 to each eye.

SARCOMA, DIGESTIVE TRACT—ACQUIRED D. R.

Clinic Case. New patient. Man. Headaches above both eyes extending backward to vertex, accompanied by dizziness and a sensation of fainting. Never loses consciousness. Pain in right knee joint made worse on walking. Urethral discharge, whitish and stringy; never found gonococci in discharge. Feces are tarry and contain blood. Carcinoma; negative. Sarcoma; digestive; 9 ohms; non-metastatic. Acquired D. R.; 38 ohms. Check up on that. (Patient comes in) How long have you been ill?

Patient: I have been sick for 35 years.

Doctor Abrams: Go over the abdomen for 58. You see that if I put one foot in contact with that of subject it increases the dullness; if I put both feet in contact, it dissipates the dullness. I can palpate this very distinctly; it is easy to find anything when you know where it is. He is to get general treatment and rate 3 over the abdomen.

DYSENTERY—CARCINOMA, GALL-BLADDER REGION.

Clinic Case. Man, 25 years. Had dysentery in 1918 and 1919 while in the army. They found amoeba and isolated that at University of California Hospital. Treated with emetin; dysenteric symptoms came back every fall. Has four to ten stools per day. Could not find amoeba in last examination at hospital. Gall-bladder removed in 1921. When he came here we found no reaction of amoeba but we found carcinoma; digestive, gall-bladder region; 9 ohms; non-metastatic. He is only 25 years of age but youth is no bar to cancer. His report this morning is that he is feeling generally well; no diarrhea since taking treatment; not so nervous. Carcinoma is still present; 9-25 ohm. (Patient comes in) Have you increased in weight?

Patient: I have gained a pound or two. I find the condition better and am feeling stronger.

Doctor Abrams: Have you any distress in your abdomen?

Patient: No, the tired feeling is getting better and I am not so nervous.

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SARCOMA, BONE—PAINFUL GROWTHS ON FEET.

Clinic Case. New patient. Man; 80 years. Has painful growths on inner side of feet; called bunions and gout. Worse in damp weather. Frequent urination; no pain during urination. Generally well. Carcinoma; negative. Sarcoma; bone; non-metastatic; 8 ohms. Congenital D. R.; 23 ohms. (Patient comes in) For a man of your age you are wonderfully young-looking. Let me see your feet.

Patient: They pain me so I can hardly walk. I have had this trouble for thirty years.

Doctor Abrams: You have never consulted a physician for this?

Patient: No, I never have. I have been too busy and I am going to keep going for a long time yet.

Doctor Abrams: Go over his feet for 58; reaction present. He is to get rate 3 on both feet. Use three cords at one time. Paint with mercurochrome. Are they getting worse lately?

Patient: Yes, they are.

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OSCILLOCLAST IN CONTROLLING PAIN.

Clinic Case. Visiting Physician. "Last December I had influenza and pneumonia. I was in bed ten days; then went to work and was taken down again with another attack. No pulmonary symptoms; severe pain in spine. I was very bad. The insurance agent thought he would have to settle with my family. I have been out of bed about three weeks. I sent the blood here and a reaction of sarcoma was found in sub-occipital

region. The pain in that region was very severe indeed. For three weeks I did not sleep over an hour and a half in 24 hours. I had the oscilloclast going at the rate of 7 at my bedside to control the pain. I was afraid to use morphine." We will go over his blood. Carcinoma; sarcoma; tuberculosis; negative. Strep.; right tonsillar region, right ethmoid and right antrum. He has pain in his heart. Strep. reaction present over heart of tonsillar origin. Treat the sinuses and right tonsillar region at rate 2 and 2 over the heart.

LOCOMOTOR ATAXIA—ACQUIRED D. R.

Specimen. Married man, 38 years. Healthy generally. Has developed loss of power and coordination partially in left leg. Some anesthesia and numbness around waist. Has had girdle pains. Has had some oscilloclast treatment. Wants diagnosis. In these cases of locomotor ataxia you treat not only the general condition but also find the lesion in the spine and treat locally. Carcinoma, sarcoma; negative. Acquired D. R.; cerebrospinal strain; one ohm. If you want to find the lesion in the spine, set the instrument above the ohmage found in the blood, say 2 ohms in this case, because you will get a reaction of syphilis from the spine just as in the blood. Write to the Doctor: "Lesion of Acquired D. R. located from 10th dorsal to 4th lumbar spines. Treat locally at this area using three cords at rate 3."

ARTHRITIS DEFORMANS—NEISSERIAN INFECTION.

Clinic Case. New patient. Married woman, age 48; no children. Arthritis deformans for the past four years getting worse in past four months. Both knees, shoulders and joints. Not much deformed. These are bad cases. Sometimes you find strep.; sometimes Neisserian; and sometimes tuberculosis or syphilis. You can get anything, but the difficulty is to give relief. Carcinoma; Sarcoma; Tuberculosis; Strep.; negative. Congenital D. R.; one ohm; not a joint strain. That is very low ohmage. Neisserian; present; pelvic cavity. (Patient comes in) What joints are affected?

Patient: The wrist joints and fingers and the thumbs and my shoulders. Sometimes I can not raise my arms. I am getting it in my feet and knees just a little bit.

Doctor Abrams: Go over the worst joints for Neisserian. Reaction present over left wrist and left shoulder. Reaction also present on right side of pelvic cavity. Strep.; negative over joints. We are not going to treat the joints individually. Let her get the oscilloclast at rate 4 on the spleen and 4 over right side of pelvic cavity. Use tampons made of epsom salts. Take a piece of cotton, put epsom salts on it, roll it up and sew it together, leaving the string hanging, and dip in glycerine. These are to

be used every night. Is there any painful urination or any discharge of any kind or pain on the right side?

Patient: No.

Doctor Abrams: If the joints become very painful use compresses of epsom salts; or you can wear gloves and put epsom salts in the gloves. Try this for about two weeks before taking oscilloclast treatment. Do not have any teeth pulled or tonsils taken out because it is not due to any strep. infection. (Patient goes out) None of those gonococcic vaccines do any good; protein matter injected gives the same results. Vaccine therapy is not a very wonderful thing. The acute cases of gonorrhoea seem to get well of themselves.

CARCINOMA, BREAST—STREP, INFECTION.

Specimen. Unmarried woman, age 35. Four years ago left breast was removed for carcinoma. Left arm badly swollen. Suffering with pain about elbow and shoulder. Eight months ago right breast removed. Since then suffers untold agony. X-rays used to treat gland on neck which only increased suffering. Carcinoma; breast; non-metastatic; 10 ohms. It is non-metastatic so the swollen gland in the neck must be of strep. infection. Let us prove up that this is streptococcic and not metastatic. Carcinoma is present over both breasts. Strep. reaction under arms. Congenital D. R.; 39 ohms.

LEUKEMIA—SARCOMA OF SPLEEN.

We find in every case of leukemia a reaction of sarcoma from the spleen. We speak of it as malignancy in solution. The blood may show malignancy but no tumor may be evident. Having found the reaction of sarcoma we treat at rate 3. We have had only three cases; two were practically moribund. Two cases recovered; the other one I know nothing about.

SARCOMA

Clinic Case, No. 164. Married woman, age thirty-nine years. No children. October 19, 1922, had operation; tumor of ovary removed. Then had dull pain in left groin running to hip. Operation gave no relief. Pain since three months. Urine negative. Feeling of pain in the nature of dullness, like sleeping sensation. Appendix removed. Eyesight good. Two positive Wassermanns. First examination, May 15, 1923; Carcinoma, negative. Sarcoma; 10 ohms; non-metastatic; left hip. Congenital D. R.; 30 ohms plus. June 5; Sarcoma; 1 ohm. Congenital D. R.; present. June 26: Sarcoma; negative. Congenital D. R.; negative. Cryptogenic D. R.; 4-25 ohm. August 7: Sarcoma; negative.

Congenital D. R.; negative. Treatment has been S S 3 and three cords at 3 to left hip which was painted with mercurochrome. Report of patient's condition, September 24, 1923: Generally feeling fine. Gained 8 pounds. Walks without any pain. Only slight tenderness in left inguinal region. Both heels burning and sore to the touch; also feels nauseated when she presses on the heels. Examination, September 24: Sarcoma; negative. Cryptogenic D. R.; negative. (Patient comes in) We can find no return of that growth. How are you feeling?

Patient: I am feeling fine and I can walk very well now. I have a burning sensation in my heels that nauseates me.

Doctor Abrams: See if there is any reaction of Neisserian from the heels. That often causes pain in abnormal joints. Neisserian; negative. Strep.; present in heels; of right frontal sinus origin. Treat right frontal with three cords at rate 2.

NEURASTHENIA—CONGENITAL D. R.

Clinic Case. Married man, 41 years; 4 children. Treated here for two years off and on. He came here one year ago. He had temperature and pulmonary hemorrhages. We found tuberculosis and treated him and that condition was cured. He had his tonsils removed about 8 months ago against my advice and he has had trouble ever since. We found when he came here this last time: Tuberculosis; 3-25 ohm; Congenital D. R.; 2 ohms; Strep.; right ethmoid and right antrum; Malaria; present; Neisserian; present. At last examination malaria was negative and tuberculosis was negative; strep.; right antrum. He now complains of a thick tenacious mucus which is difficult to bring up; hot flashes across the eyes. He is practically a neurasthenic; he complains of everything. He is running no temperature. Carcinoma; sarcoma; negative. Tuberculosis; negative. I have not been able to find a trace of tuberculosis for weeks. Congenital D. R.; negative. Cryptogenic D. R.; present. Strep.; malaria; negative. Your neurasthenic cases will not get well until you find the lesion of Congenital D. R. in the brain and treat it locally; present over right parietal region. He is to be treated there above right ear at rate 3. A neurasthenic is practically insane in his own peculiar way. Whether you get any results or not it is worth the game to make the effort.

CARCINOMA, COLON.

Specimen. Man, 70 years. Recently had about one good bowel movement per day with some blood. Examination showed no hemorrhoids but enlarged prostate gland. In a man of that age what do you think of? Usually carcinoma of the colon. Carcinoma; digestive; splenic flexure of colon extending to sigmoid flexure; non-metastatic; 11 ohms. Congenital D. R.; 21 ohms.

ACQUIRED D. R.—PARALYSIS.

Specimen. Married woman, 64 years. Four years ago had influenza followed by severe neuritis. Slight hemorrhage of brain which caused slight paralysis. Has shaking of both hands and feet. Unable to use eyes for reading; causes pain in head. Carcinoma; negative. How can you exclude paralysis agitans? If you do not get sarcoma, you exclude it indirectly. Sarcoma; negative. You will probably find that she has acquired syphilis. Tuberculosis; negative. Strep.; left tonsillar region. Acquired D. R.; cerebrospinal strain; 38 ohms. Be very careful and check up, for you may deceive yourself and get the reaction if you suspect it. It is in just such cases where you are most sure of yourself that you must be the most careful. Her failing eyesight and tremor suggest acquired syphilis. In 90 per cent of such cases you find Acquired D. R. and in 10 per cent it is due to a high grade of Congenital D. R. In a case of this kind, in order to get more rapid results, find the lesion on the head and treat there locally. I suppose the time will come when it will be possible to locate the exact site of the local lesion by some instrument placed over the reagent's head.

ACQUIRED D. R.—AORTITIS.

Specimen. Man. Has been treated with oscilloclast, at first with marked beneficial results. Lost five pounds in weight in last two weeks. Complains of smothering feelings; spells come on in evening. No asthmatic or cardiac trouble. No cough but rales in lungs. Tests show improvement in blood condition but symptoms not relieved. Following is the blood analysis of the physician: "Carcinoma, stomach and pancreas. Congenital D. R.; 41 ohms. Tuberculosis; 5 ohms. Has had S S 3, rate 6 at stomach and rate 5 on chest. Age 39 years. Slight oppression in the lower portion of chest." Carcinoma; Sarcoma; negative. Tuberculosis; pulmonary; 4-25 ohm. That will not explain dyspnea. Strep.; right antrum. Acquired D. R.; cardiovascular strain; 8-25 ohm. He may have an aneurism. The cardiovascular strain may measure more; 14-25 ohm. Go over region of heart for Acquired D. R.; negative. Try the aorta; Acquired D. R.; present. Write to the Doctor: "Patient has a probable aortitis and myocarditis of syphilitic origin. In association with S S 3 and 3 to aorta, where we get a reaction of Acquired D. R., use concussion of 7th cervical spine several times a day followed by concussion of 2nd dorsal, or use some digitalis preparation."

SARCOMA, BRAIN.

Specimen. Woman, age 44 years. Extremely nervous; look for brain trouble. Carcinoma; negative. Sarcoma; brain; non-metastatic; 4 ohms. Tuberculosis; negative. Strep.; right tonsillar region. Always in a woman think of strep. of the pelvic cavity; negative. Congenital D. R.; 39 ohms. Locate sarcoma; go all over the head; left side of head 8.5 cm. above top of left ear. Measure the ohmage; it will be the same as in the blood or otherwise you think of a sarcoma elsewhere; 4 ohms. The local lesion cor-

responds in ohmage with the general reaction. For instance, a woman might have a carcinoma of the stomach and one of the breast. If the blood reaction was 9 ohms and the reaction from the breast measured only 4 ohms, you would know there was another carcinoma elsewhere in the body.

SARCOMA, DIGESTIVE TRACT.

Clinic Case. New patient. Man, 34 years. Teaches manual training; is on his feet a great deal. Soreness in epigastrium for past two years; constant; made worse on standing or walking; not when sitting or lying down. Worse after meal; no nausea or vomiting. Injury to abdomen ten years ago. Has had E R A treatment; ohmage goes down but patient does not improve. Carcinoma; negative. Sarcoma; digestive; non-metastatic; 5 ohms. Congenital D. R.; 5-25 ohm. As long as there is any syphilis in the system the sarcoma will grow. (Patient comes in) Are there any dyspeptic symptoms?

Patient: Sometimes after eating there seems to be an aggravated feeling there but no severe pain.

Doctor Abrams: Let us go over the appendix for strep. You can easily find the normal situation of the appendix. Strep.; negative. Locate sarcoma. Treat it locally at 3 and S S 3.

CARCINOMA, OESOPHAGUS.

Clinic Case. Man, 68 years. He came to me several years ago with a carcinoma of the stomach which had been diagnosed by other physicians who advised operation. We used only dyes at that time because we did not have the oscilloclast. We used eosin and he recovered entirely and was able to resume his work. A couple of months ago he noticed a difficulty in swallowing and we found carcinoma of the oesophagus. The reaction from the original site of the obstruction has disappeared; now he feels a slight obstruction at another portion. We will see if there is a reaction of carcinoma there. Carcinoma; sarcoma; tuberculosis; Cryptogenic D. R.; negative. If you deprive a patient of Congenital D. R., you can not have a recurrence of the carcinoma. (Patient comes in) The reactions are all negative. You can go back to work, if you wish. As far as that sensation is concerned, it is evidently irritation from the scar tissue and is a reflex symptom. I think it will disappear.

Patient: When I eat, the food catches in my throat. I notice it only at the evening meal.

Doctor Abrams: You know there can not be a healing of anything without a slight stricture forming. It is more of a spasm than anything else. Take some olive oil with your food. It is not like it was, is it?

Patient: Oh, no. I am very much better in every way. I have increased in strength.

Doctor Abrams: Your color is much better. Come in again in two weeks so as to be sure.

STREP. INFECTION, TONSILS.

Clinic Case. Married woman. She had gangrenous appendix 4 years ago. Phlebitis in left leg; gets black and blue easily. We got reaction of carcinoma of small intestines; 9 ohms. She was dismissed as negative in all respects. Somebody has told her that she has a septic tonsil and must have it removed. (Patient comes in) We do not remove tonsils; that is why my confreres are so kind to me. Look for carcinoma; negative. Cryptogenic D. R.; negative. I have yet to see a recurrence of carcinoma when we were careful that cryptogenic D. R. was absolutely wiped out. Strep.; both tonsillar regions, particularly the right. How are you feeling?

Patient: I am feeling fine; very much better than for a long time. I was advised to have my tonsils removed.

Doctor Abrams: It is fortunate that God has provided us with only two tonsils. We are going to sterilize those tonsils for you, but before you leave, you must have the surface of the tonsils cauterized with silver nitrate so that they will not become reinfected. Go over tonsillar regions for strep. and staph.; present. We will save you an operation and remove the infection more thoroughly than the surgeon does. He does not remove the paratonsillar tissue and the infection usually lurks there even after removal of the tonsils.

TUBERCULOSIS OF KIDNEY—FREQUENCY OF URINATION.

Clinic Case. Ex-service man. Frequency of urination. We found tuberculosis of left kidney. (Patient comes in) How was the frequency when you came here?

Patient: I had to use a urinal all night long. I had to urinate from every five to fifteen minutes; now it is from half an hour to three-quarters of an hour. It has not improved so much during the last three weeks. I had been taking sitz baths and have stopped them now; perhaps that has something to do with it.

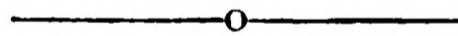
Doctor Abrams: There was pain in region of prostate. How is that now?

Patient: That is very much better. I am gaining in weight also. I notice that there is less sediment in the urine than formerly.

Doctor Abrams: We found tuberculosis of left kidney at last examination. What we did was to treat him for tuberculosis over kidney region. I also told him to train the bladder to retain the urine as long as possible. I told him to take out his watch and when he had a desire to urinate he should hold it back a few second at first, the second time ten seconds, and increase it each time. The bladder gets into a condition known as concentric hypertrophy, the walls thicken and the capacity becomes diminished. You must make the bladder tolerant to urine or the condition will become permanent irrespective of the pathologic condition. Of course when there is an infection it is impossible to retain the urine, but it is largely a habit condition. Tuberculosis; negative. Come back in three weeks. You must show a continuous improvement. If you remain at a standstill you are not improving.

TUBERCULOSIS—ARTIFICIAL PNEUMOTHORAX.

Clinic Case. New patient. Man, 33 years. Tuberculosis of right lung. A pneumothorax was performed in 1919. Catches cold easily, which in itself is a sign of tuberculosis. Impaired vision in left eye. Has had that condition ever since childhood; claims that to have been due to forceps delivery. He has a cough. That might be due to adhesions. The question is: Does this gentleman have tuberculosis? The chief thing is to get rid of the soil condition to prevent it from getting worse. I personally have never seen any good results from pneumothorax operations. Carcinoma; negative. Sarcoma; negative. Tuberculosis; pulmonary or pleura; 4 ohms. Congenital D. R.; 38 ohms. It is lung strain or he could never have gotten tuberculosis. Look for strep. and staph.; negative. As a rule, if strep. is absent, you do not have staph., though we find certain tonsils that have strep. but not staph. (Patient comes in) Let us see how our diagnosis corresponds to that on the patient; correct. Site of tuberculosis; outer portion of right apex and next to spine. The average physician will percuss the patient with the arms folded and he can get no dullness. The arms should be extended. This man should get perfectly well if we get at the soil condition. The tuberculosis does not mean anything. It is all right now and might go on this way for years and not bother him. He does not have the necessary pep. Do not treat him locally. Give S S 3 and paint chest with gamboge. Germs are ubiquitous; they are as necessary to our existence as food. If it were not for germs our cities would be infested with all kinds of putrescent material. If the putrescent material were not there, the germs would not be there. What we are endeavoring to do is to make the soil unpropitious for the germs so that they can no longer thrive thereon.



TUBERCULOSIS—PAIN IN CHEST.

Clinic Case. New patient. Married woman. Ectopic pregnancy in 1920. Left tube, ovary and appendix were removed. Influenza in 1917 followed by pneumonia. Pleurisy twice since then. Pain in side of chest radiating to appendix. Very severe headaches during menstrual periods. No loss in weight. First of all, this case suggests a malignant growth which may remain latent for years. Pleurisy is now acknowledged to be a tubercular condition. Carcinoma; negative. Sarcoma; 9-25 ohm. That means nothing. Tuberculosis; lungs or pleura; 5 ohms. Congenital D. R.; 35 ohms. We want particularly to get rid of the congenital syphilis. (Patient comes in) How are you?

Patient. I am very well but I have a good deal of pain in my side.

Doctor Abrams: Go over lungs for 42; present, base of right lung. Paint chest with gamboge and give general treatment, S S 3. I do not know how much relief of pain there will be. Sometimes you can give relief by freezing the tender points on the spine. The pleura is supplied by the phrenic nerve. Usually you will find on that side of the neck a painful point; by freezing it you can sometimes relieve the pain.

CARCINOMA, DUODENUM

Clinic Case. New patient. Man, 49 years. Stomach trouble, pain in epigastrium. Worse four hours after eating; much gas formation. Occasional vomiting; constipated; no relief from medicine. Can you blame people for seeking every possible relief? I never gave morphine even when I was practicing legitimate medicine. The physician himself is largely to blame for the morphine habit. In fact I think the world would be better off without any physicians. I became so thoroughly disgusted with the practice of official medicine that I gave up my practice and went to Paris to live. I had an enormous consultation practice and my patients got better, but I did not know what I was treating them for. For some reason they had faith and got results. This patient has had stomach trouble for years. Carcinoma; digestive; small intestines, descending portion of duodenum; non-metastatic; 10 ohms. Cancer usually develops in the duodenum because the food stagnates there. Congenital D. R.; 39 ohms. (Patient comes in) We are supposed to find this area on patient to the left of naval. Go over the abdomen and come to that area without my knowledge; correct. It can be felt very distinctly by palpation and is quite sensitive.

SARCOMA

Clinic Case. No. 417. Man. Laparotomy in 1922 for infected gall-bladder but it was found to be all right so they removed the appendix. After that he had a very great deal of pain in the epigastrium. He was suffering terrible pain. On examination we found sarcoma, 12 ohms; quite extensive above the naval. (Patient comes in) How are you feeling? The reaction of 58 is gone.

Patient: The pains are practically all gone now. I have not had any for a month. I feel a soreness in that region. I am feeling generally very good. Some soreness is still present and I have a swelling of the forehead and left side of jaw.

Doctor Abrams: We found strep. of the right frontal sinus and left tonsillar region. Go over the sinuses for strep.; negative in right frontal. Staph.; malaria; tuberculosis and Acquired D. R.; negative over right frontal. Influenza; present in right frontal. Treat at rate 5.

EXOPHTHALMIC GOITRE—CONGENITAL D. R.

Clinic Case. No. 415. This is a case of a man with exophthalmic goitre. Single; age fifty-two years. He had thyroidectomy in 1916. All the symptoms disappeared until June 1923 when palpitation returned. Exophthalmos became more marked. Tremor of hands returned. He had x-ray treatments from February to May 1923. He found his heart weakened by these treatments. First examination: August 10, 1923. Carcinoma; digestive; 1 ohm. Congenital D. R.; 33 ohms. Strep. and tuberculosis; negative. He had general treatment, S S 3 and 3 to the thyroid. He was given concussion of 7th cervical and 2nd dorsal several times a day at home. When he first came here the thyroid activity measured 1—

11-25 ohms. At the last examination it was reduced to 11-25 ohm. The concussion of 7th cervical does more than anything else. It is so simple that its value is not appreciated. In addition to that, treat thyroid locally at rate 3. We always find a reaction of Congenital D. R. over the enlarged thyroid. All the reaction are negative now. (Patient comes in) How are you feeling?

Patient: I am less nervous and my heart is better. There is much less tremor. I have gained five pounds in weight. I feel very much pleased with the results of the treatment.

Doctor Abrams: The tremor is not nearly so marked. The exophthalmos is about the same. The eyes will go back gradually. Continue with your concussion at home. No more treatment here is necessary. Report again in the course of a month. (Examination of patient's heart showed a mitral murmur.)

NEISSERIAN INFECTION—KYPHOSIS.

Clinic Case. No. 163. Man, age 53. He has kyphosis affecting lower dorsal vertebrae. Stiffness in hip. Soreness in spinal column. Two years after trouble began patient began to stoop forward due to soreness in the muscles of the back, and he has that position up to the present time. He also has soreness in hips to the knees. We found Neisserian infection of the prostate and both hips. He came here four months ago. We also found 33 ohms of Congenital D. R. He has had rate 4 on the spleen and on the prostate; also S S 3. Spine and both hips were painted with Congo Red. Today's report: Joints practically all right. He still leans over a great deal. Slight soreness in hamstrings. Prostate gives no trouble. (Patient comes in) Go over the prostate for Neisserian; negative. Put up a specimen to be sure. See if there is any reaction in his shoulders; Neisserian, strep., and staph; negative. Try to stretch your back and stand up straighter.

Patient: I am straightening up. My back is better and my hips are better.

Doctor Abrams: All right, you can go home. There is nothing more to treat. Come back in a few weeks and we will check up again.

SKIN ERUPTION—SKIN TUBERCULOSIS.

Clinic Case No. 180. Married woman; age 36 years. One boy; two girls, all living and well. About 7 years ago noticed rash on left side of chin; slightly elevated; one inch in diameter with an area of erythema surrounding it. Treated with various skin specialists with no results. Lately this condition has become aggravated and spread to upper lips and left side of nose. Treated by lotions, internal medication and x-ray. May 21, 1923, first examination: Carcinoma, sarcoma and Acquired D. R.; negative. Congenital D. R.; 30 ohms plus. Tuberculosis; 1 ohm; skin strain. June 11: Congenital D. R.; 4-25 ohm. Tuberculosis; 0-25 ohm. June 25: Tuberculosis; negative. Strep.; present. July 23: Congenital D. R., Cryptogenic D. R., Strep., and Tuberculosis; negative. August 8: Strep.; right ethmoid

and left antrum. Personal examination shows that eruption on skin is strep. of sinus origin. Report of August 8 shows that skin condition has improved marvellously. Occasionally gets a little eruption on chin but it lasts only a short time. Can now eat all kinds of fruit and butter without causing any disturbance. Treatment has been two cords at rate 5 and one at 3 to the lesion on face. Gamboge was put on cloth and worn at night as a mask. Patient has not been in such good condition for years.

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PREGNANCY—SARCOMA OF BONE.

Specimen. Woman, pregnant 6 months. Suffers a great deal of discomfort in region of the fifth dorsal. Condition better since pregnancy began. Tires easily. Chronic mitral lesion. General health good. We will first get the reaction for pregnancy and then try to predetermine sex. Reaction for pregnancy present; male prediction. Carcinoma; negative. Sarcoma is present in the region of fifth dorsal measuring 3 ohms; the lower lesion in second dorsal measures 1 ohm. Do not attempt any treatment until after pregnancy. You can paint spine with mercurochrome to get treatment for sarcoma.

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REPORT OF TWO CASES BY D. A. STEVENS, M. D., LOS ANGELES.

CASE 1—DEMENTIA PRECOX.

Mr. ——— was committed to the State Asylum at Patton, California, one year ago with a diagnosis by the lunacy commission of Dementia Precox of a violent type. The wife was told it would never be safe to take him out. She succeeded in getting a specimen of his blood and I found:

Acquired D. R.; 47 ohms, cerebrospinal strain, centering in the brain.

Carcinoma; 4 ohms; above the left ear.

My reaction for type of insanity gave Paranoia.

We succeeded through political influence in getting him out on a thirty day parole with agreement to keep him in an institution and under constant male attendance. We treated him with the Oscilloclast, 3 over spleen and liver, 6 over brain lesion for 30 days, getting a negative condition the day before he was to return to the asylum. He reported and took his examination before the commissioners and was pronounced SANE and given a discharge from the institution. His friends and wife say he is more steady and stable in his ways and talk than they ever knew him to be before he became insane. The moral is: Clean the insane up with E. R. A. and the state would cut the maintenance expense of the asylums 50 per cent.

CASE 2—CATARACT.

Lady, 80 years of age. Oculist wanted to operate for double cataract. Could hardly see. Examination showed:

Congenital D. R.; 48 ohms, bovine, ocular strain.

Cataract; 3 ohms. Strep.; general. No operations.

Two months treatment gave negative in all reactions. She went to her oculist and after critical examination he was astounded, stating there was no sign of cataract in either eye; absolutely clear. He gave as his judgment that there would never be any again.

NEW APPARATUS

Ampli-Statophone of Dr. Albert Abrams

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

PRICE \$67.50 F. O. B.

Microscilloclast of Dr. Albert Abrams

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

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

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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 collaepsis, 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

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