

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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WORKS BY ALBERT ABRAMS

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

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ANNOUNCEMENT — OPEN FORUM FOR ERA PHYSICIANS

The Journal will conduct an Open Forum for the service of ERA practitioners wherein they will have the privilege of reporting interesting cases and exchanging views on methods of obtaining results. Space will be given for the publication of reports of cases that will be of general aid and interest to the men in the field and any findings or discoveries of especial value.

The subscription price of the Clinics of Dr. Albert Abrams will be reduced to \$8.00 for six months, beginning January, 1924. Back numbers of the Clinics from June to December 1923 inclusive, can be obtained for \$6.00. Checks made payable to Clinics of Dr. Albert Abrams.

COURSES IN SAN FRANCISCO

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

Radiobiograms

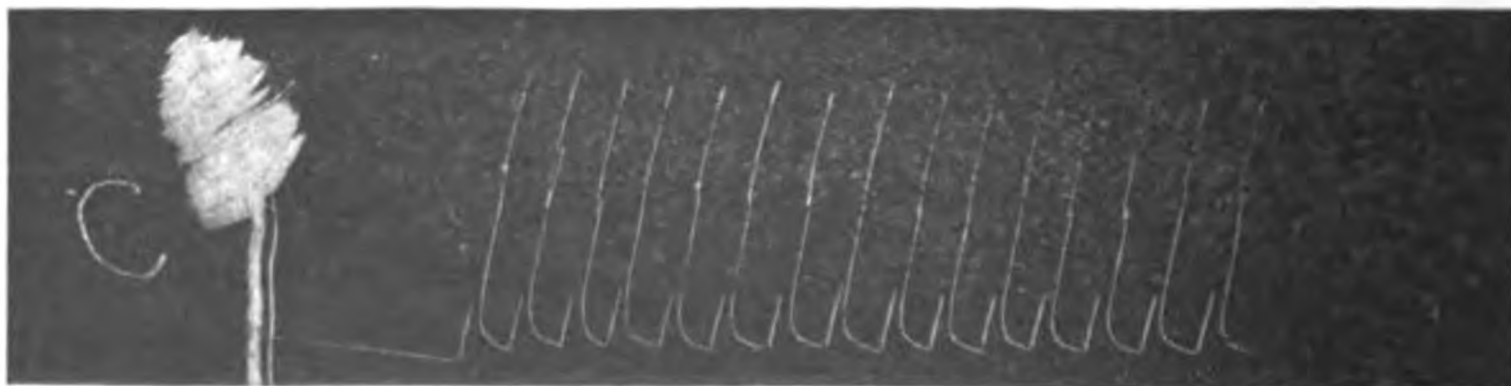
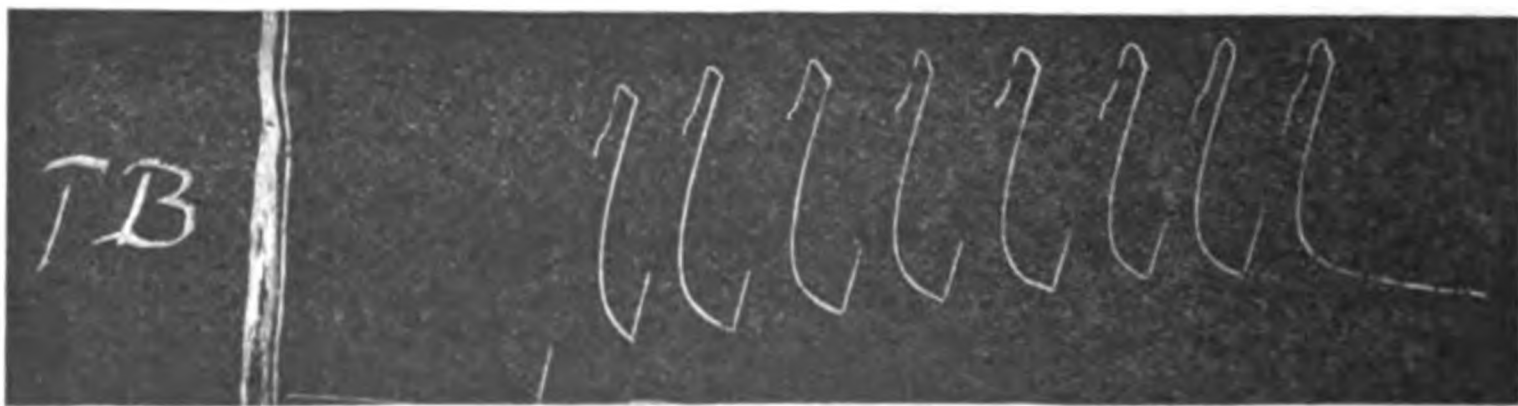
Abstract of Lecture by Dr. Abrams, Oct. 31, 1923.

It has always been my ambition, which I believed would never be realized, to make a graphic record of different kinds of energy. What induced me to start the experiments was the unfavorable report of Silvanus Thompson, one of the most noted physicists in the world. In his book, *Elementary Lessons in Electricity and Magnetism*, on page 238 in a footnote he makes the statement that "If a common garden snail is set to crawl over two copper wires which are then placed in contact with a feeble Voltaic cell it immediately announces the establishment of a current by a similar contraction."

Commenting on this he says, "It will hardly be credited that a certain Jules Alix once seriously proposed a system of telegraphy based on this physiologic phenomenon."

This very attitude prompted me to proceed with my work, and on October 30, 1923, we succeeded in obtaining what I call Radiobiograms, utilizing for that purpose a nerve-muscle preparation of a frog. By these means we also noted the time intervals of the radiations as well as the duration of sound. It shows that a frog's muscle responds always in the same way to the same kind of energy.

I shall show you the experiment but, before so doing, let me demonstrate with a blood specimen showing cancer, the action of the energy on a galvanometer. Note at definite intervals of time which are invariable the needle deflections on the galvanometer which are synchronous with the sounds.

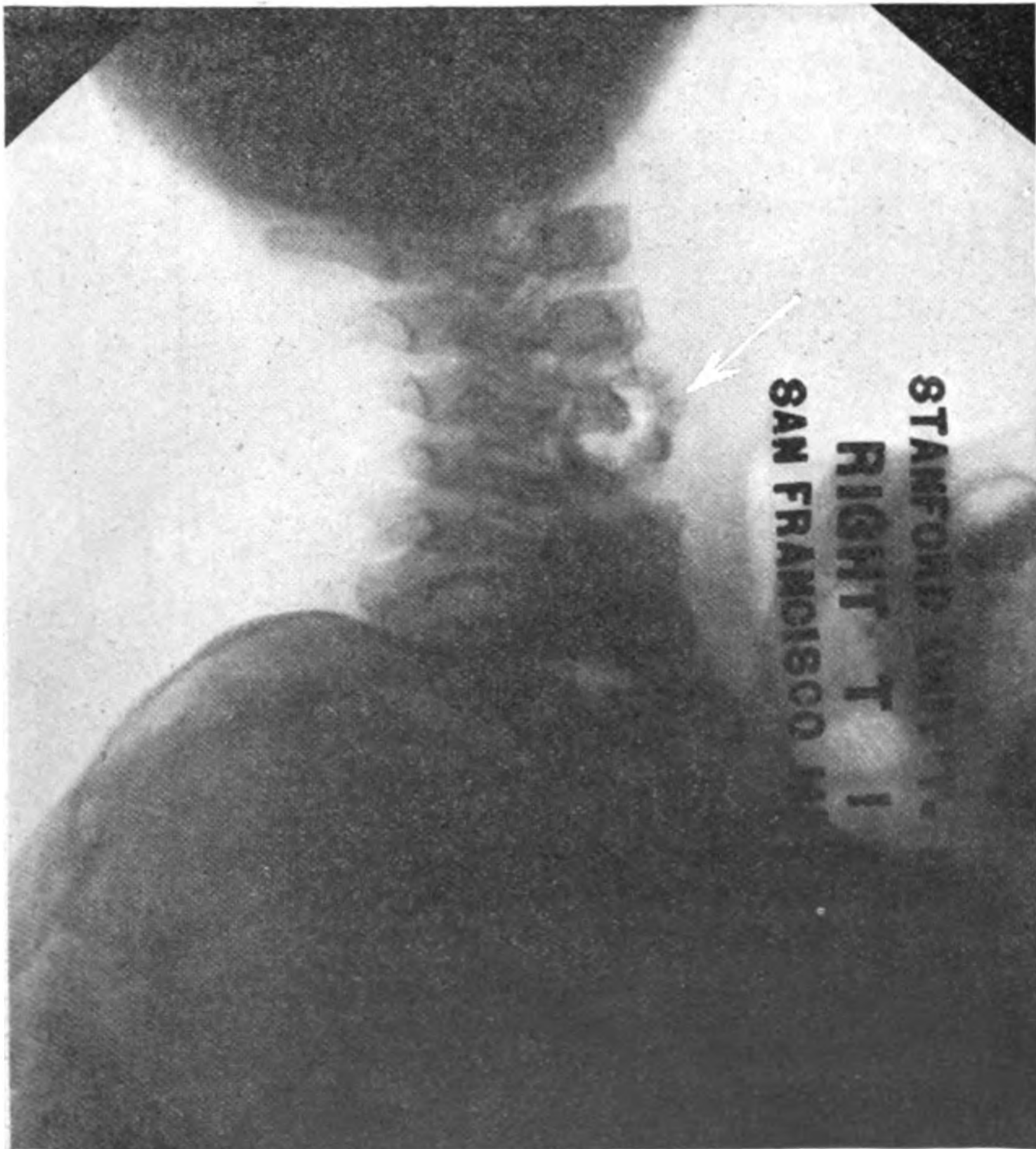


Showing radiobiograms of tuberculosis (TB) and cancer (C).
In future tracings a time record will be made.

Reports of Physicians

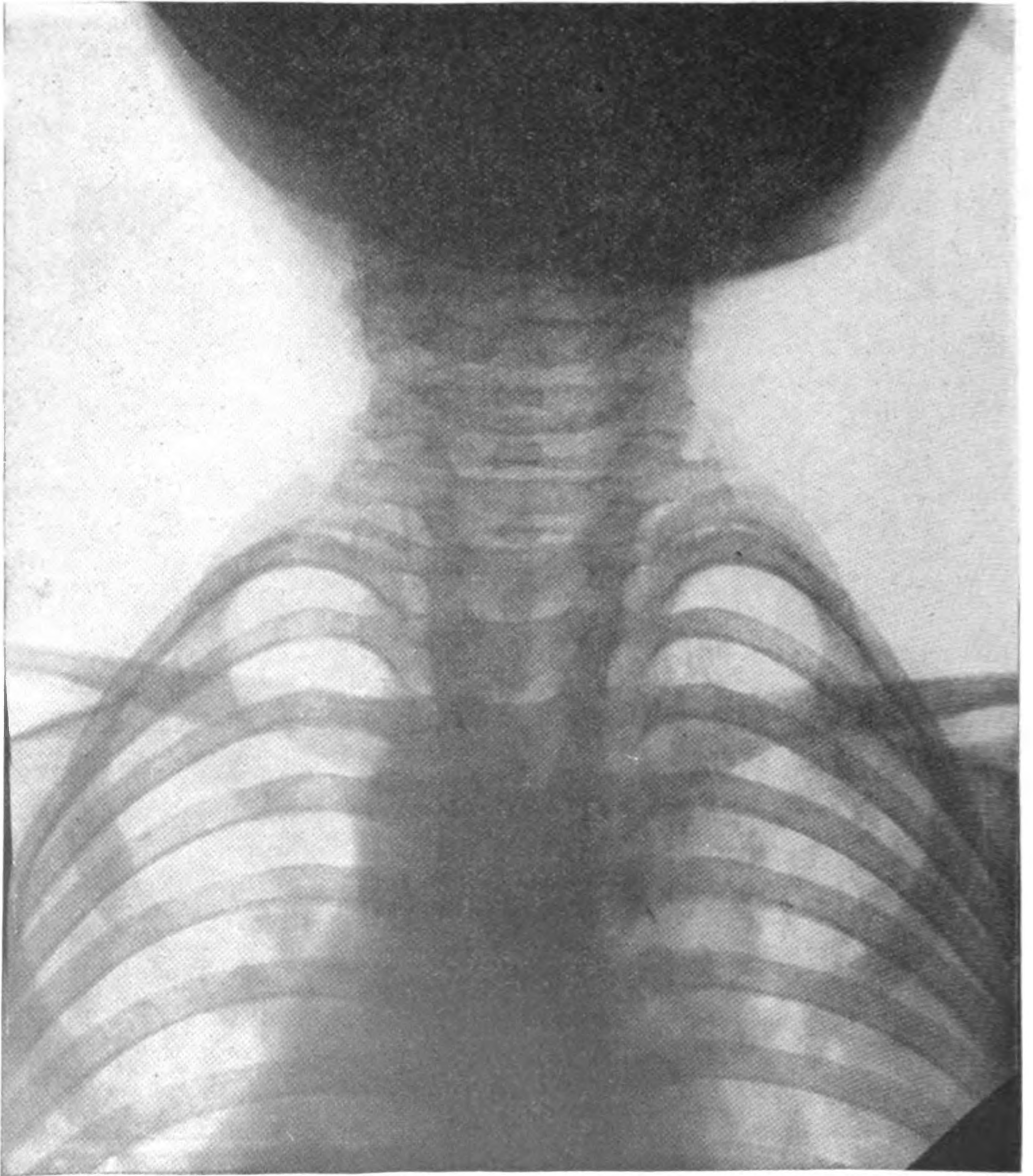
REPORT OF DR. G. A. ESTERBERG—TUBERCULOSIS OF SPINE.

The patient, a boy three and one-half years of age, was diagnosed and treated by Doctor Esterberg of Santa Cruz, California, and a report of the case was given in the Clinic along with X-ray pictures taken before and after treatment. The boy was diagnosed at Stanford Hospital as having tuberculosis of the spine and an X-ray picture was taken at this Hospital on May 23, 1923, which showed a lesion at the third and fourth cervical vertebrae. No hope was given by the physicians at Stanford Hospital; the only thing offered was surgery. The parents decided to



Before treatment with oscilloclast. Note lesion between third and fourth cervical vertebra.

try E R A treatment and brought the child to Doctor Esterberg who confirmed the diagnosis of tuberculosis of the spine. The child was desperately ill and had to be carried to the office for treatment. He was treated from June 1 until October 1. Rates 3 and 5 were used over the lesion. He is now able to run and play and appears entirely well. All the reactions are negative and an X-ray picture taken at the expiration of his course of treatment shows absolutely clear. An examination was made in the



After treatment with oscilloclast. Lesion entirely gone.

Clinic directly from the radiograms by Doctor Abrams. From the first radiogram the reaction of tuberculosis was obtained in the region of third and fourth cervical vertebrae. From the second radiogram taken after four months of treatment no reaction of tuberculosis could be elicited. Before attempting to take a reaction from an X-ray picture, it must be thoroughly demagnetized with the horseshoe magnet. The assistant stands on ground plates and holds X-ray picture facing west. The fact that reactions can be elicited from X-ray pictures is considered a very valuable discovery by Doctor Abrams which will be a great aid in confirming a diagnosis and in localizing a lesion.

REPORT OF CASE OF DR. FRANCIS T. DAVIES — CARCINOMA OF STOMACH.

Dr. Francis T. Davies of Boston, Mass., reports the following case:
Statement: Mr. Joseph Huard, Age 60, Manchester, N. H., August 30, 1923.

My health was very good until twenty years ago when I began having trouble with my stomach. One or two hours after eating, there developed a burning sensation, and much gas. This condition has continued for the last twenty years giving considerable distress.

Last November I had pneumonia and was quite sick. After recovering, the stomach condition was worse; nausea and vomiting developed and I could not retain food and the pain was so great it interfered with my sleep. The doctors I consulted prescribed various remedies but failed to give any permanent relief. During this time I lost forty pounds in weight, from 160 to 120 pounds.

My stomach was x-rayed at the Notre Dame Hospital in Manchester, N. H., July 1st, 2nd and 3rd. July 5th I was operated upon at this hospital. After the operation the surgeon told me that I had cancer of the stomach; that he had examined it carefully but did not remove it; it was larger than his two fists, and weighed more than two pounds; and also that nothing could be done to prolong my life. He informed my wife that I could not possibly live over four months.

After leaving the hospital I heard of a case of cancer of the stomach which was treated by Dr. Francis T. Davies of Boston. The patient had regained his health and was back at work. Without delay my wife and I went to Boston and consulted Dr. Davies, who is using the Abrams Method of treatment.

Dr. Davies tested my blood and on the same day I began treatment. This was on July 31st. After I had had three treatments I noticed definite improvement in my condition and have steadily gained in strength and weight and am now free from all pain. I have had fourteen treatments by the Abram's Electronic Method and feel better than I have in years.

I am very grateful for the great benefit received from this treatment and I hope that this statement of my case may be used so that others suf-

fering from stomach trouble as I did will investigate and get relief as I have.

Signed: Joseph Huard.

In regard to this case, Doctor Davies states that his diagnosis was 18 ohms of carcinoma of the stomach. There was a palpable mass in the abdomen which was reduced fully one-half in size. The ohmage of carcinoma went down to 6-25 in 14 treatments of one-half hour each.

ACQUIRED D. R. IN CHILD—REPORT OF CASE OF DOCTOR WOLFRAM.

Some time ago Dr. William Wolfram of Cincinnati sent me a specimen of blood without any history in which I had made a diagnosis of acquired syphilis. Later I received a telegram from him telling me that I had made a grievous error in diagnosis; that the patient was a girl of twelve or thirteen years belonging to one of the best and wealthiest families in the United States. I went over the blood again very carefully and told him that I had made no mistake as far as my reactions were concerned. I told him that the site of inoculation was on the left side of lower lip and told him to look for a scar. They found a scar and on the strength of that the family brought the girl out to the Clinic. I had said that it was about five years ago that it had been acquired. Then the mother said that she recalled that they had had a nurse at that time who had been dismissed because of suspicious symptoms in the throat and mouth. This girl had all the symptoms of locomotor ataxia and it was so diagnosed by other physicians. She had Argyll-Robertson pupils and her vision was somewhat obscured. The girl got well and regained her eyesight perfectly. Always remember that age is no bar to acquiring syphilis.

POTTS' DISEASE—REPORT OF CASE BY DOCTOR GOFF OF TACOMA.

"The history of the case is as follows. Mrs. G. had been in our public sanitarium at Mountain View for 12 months. She was taken out there on a cot and the condition diagnosed as Potts' Disease. The patient had been sent home to die just a few days before I came down to take the case with Doctor Abrams on December 18, 1922. I brought a specimen of her blood which Doctor Abrams examined; he said he would try to tell me what was the matter with her. She had not been without pain for three years and was not able even to turn in bed. Doctor Abrams diagnosed the trouble as tuberculosis of bone or joints located in the spine at fourth to eighth dorsal vertebrae, which was correct. I hesitated to take the case because I thought it was too far advanced. After two weeks' treatment she had absolutely no pain. To make a support for her I took three thicknesses of unbleached muslin, cut a hole in it and laced it in front as a jacket and put cotton inside as a pad. By thus bringing her forward and straightening her up she obtained great relief. After

two weeks she was without pain and could turn in bed which she had not been able to do for a year. I gave her daily treatments for one hour, taking a portable oscilloclast to her home. I thought I would have to lance and let out the pus but this was unnecessary. Strange to say, this disappeared and her temperature went down. She had a temperature of about 101 degrees. I noticed the discoloration was leaving her back and the size was going down. It was very noticeable to everybody and she was feeling very much better. After six weeks I allowed her up and to our surprise she was able to walk to the bathroom and was so strong that she wanted to sit up, but I cautioned her to be very careful. At the end of the seventh week she was out of bed quite a good deal. I was suddenly called to see her because she had difficulty in breathing. I found pneumonia had developed. She had very little resistance and I told her husband that I thought the condition very desperate. I used rate 7 from the Oscilloclast directly over the lungs, both back and front, for two hours. At the end of the second hour she had no pain and was sweating, and she rested well that night. We had a hard fight, but after two months she was able to be out. She then weighed 90 pounds and was feeling so much better that she wanted to go camping, which she did and returned much benefited. Unfortunately upon her return there was a heavy forest fire and the smoke caused the development of a traumatic asthma. I have had a fight for her life ever since. I find that some rates will relieve her for a time. The bowels refused to move and the stomach would close up. What relieved most was to stretch her up a little bit and raise up the ribs."

Doctor Abrams: It is very important to get such results in a case of Potts' Disease which is a very rebellious condition. It is also important to notice the results from the oscilloclast in aborting cases of pneumonia. We do not treat acute cases here but many physicians report wonderful results in pneumonia. The orthodox methods can do as little for pneumonia as they could a hundred years ago. We are absolutely powerless in pneumonia, as far as regular medicine is concerned. You must use massive treatment for pneumonia. Use two cords at rate 7 on the spleen and one cord at rate 7 on the pneumonic lung. We will examine a specimen of blood from the case described by Doctor Goff. You must remember that asthma is only a symptom, not a disease. It is due to an irritation of the vagus nerve, one of the longest in the body. Carcinoma; Sarcoma; Tuberculosis; negative. Strep.; right tonsillar region; sinus. Acquired D. R.; Cryptogenic D. R.; negative. Locate strep. in the sinus; an infection of the sinus could indirectly through the trigeminus irritate the vagus and produce asthma. Strep.; left antrum and right frontal. The only thing to do is to attempt to get rid of the sinus infection and see what the results will be. Asthma is a very difficult thing to deal with.

Miscellaneous

BASIC STUDIES ON PHYSIOLOGY, PATHOLOGY AND THERAPEUTICS.

By Jules Regnault, M. D., Toulon, France.

Translated from *Journal des Praticiens*, September 15, 1923.

During recent times the studies on reflexes have proven of great importance and one is largely concerned with two general conditions, that of vagotonia and sympathicotonia. The neuroses like neurasthenia, epilepsy and others, the nature of which is still unknown, are in many instances consecutive to localized irritation and some of them have been cured by surgical operation.

Vagotonia or sympathicotonia can be augmented or diminished by different medicaments, notably by pituitrin, atropin, adrenalin and pilocarpin. Reflexotherapy, whether it involves the removal of a source of irritation which may be nasal, cephalic, vertebral, ano-rectal, urethral or cutaneous, is often productive of much benefit to the patient. We know that the reflex irritation is conveyed to the center, then shunted and conveyed to the periphery by a centrifugal transmission.

Since we have learned of Abrams' observation we have studied the effects of magnetic influence and particularly orientation on the reflexes. The body is practically, as Abrams has shown, only an electric mechanism. We have observed the following results with the subject facing the geographical west with arms and legs separated from the body and with the feet resting upon ground plates:

1. Action on vagotonia. With a magnetic needle distant 5 cm. from the 7th cervical spine one notices a diminished oscillometric index.
2. When the 7th cervical spine is connected to the earth by means of a little metallic plate through an insulated wire conductor the oscillometric indices are diminished. If one grounds between the 3rd and 4th dorsal spines, inverse results are observed.

The two sides of the body possess different polarities. This may be shown also by the magnetic needle.

Dr. Albert Abrams has shown the exactitude of his electronic diagnostic methods and I have shown his methods, viz., the precocious diagnosis of cancer by the electronic reactions before the Congress of Surgeons in Paris in 1919. The body should be no longer regarded from the viewpoint of the cell theory but from that of the electronic theory, for by this method only can we anticipate the organic lesions which as a rule are preceded by dynamic disturbances. In other words, one is constrained to study the human body not as a structure but as a process. While our investigations are delicate they may be easily produced. All

of Abrams' work on the diminished areas of dullness caused by certain electronic forces is easily demonstrable by percussion which must be executed lightly.

METHOD OF DIFFERENTIATING ANTRUM AND TEETH FOR STREP. INFECTION.

The rate for Strep. of the antrum is 25. Set one rheostat at 60 and one at 25. I will show you directly on the patient with the Ampli-Statophone. The electrode from the dynamizer is placed on ground on which patient stands. The patient holds one cord from Ampli-Statophone and stand on grounds facing west with arms outstretched. An assistant holds electrode from rheostat to psychometric area on patient at a point midway between the navel and the curvature of the ribs in the nipple line. The examining physician holds one cord from Ampli-Statophone in one hand. Using the other hand with finger covered with shellac the examiner rubs his finger with firm and even pressure over the antra and is able to detect the presence of pus very easily and with greater exactitude than with the X-ray. The difference in the sound is unmistakable and can not be influenced by deeper pressure. Care must be taken, however, not to let the finger dwell in any one spot but keep it moving uniformly over the area. It is also possible to locate a strep. infection of any particular tooth by rubbing the finger over the face of patient over the region of the teeth.

THE QUESTION OF ADVICE.

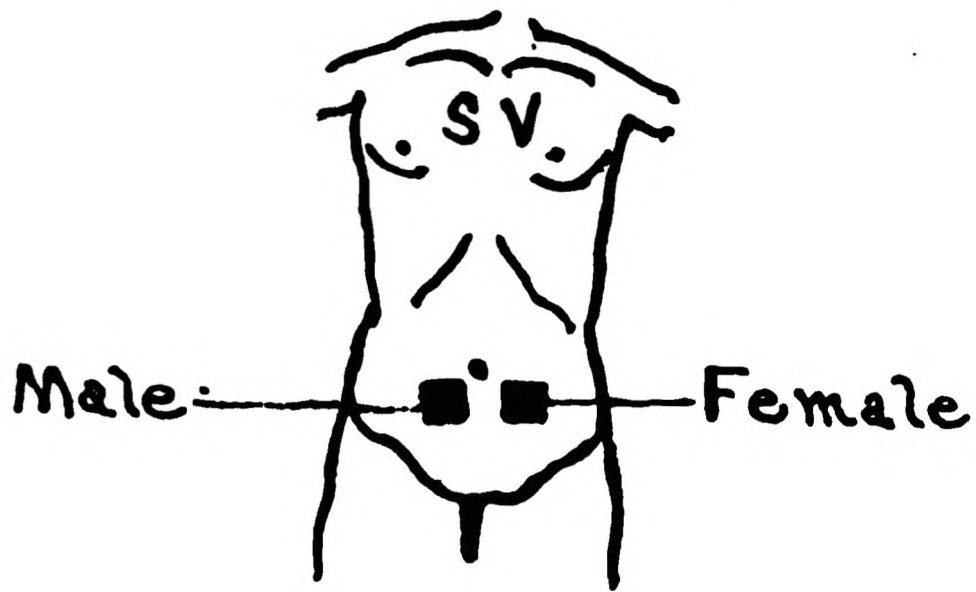
When a person comes to you for advice, find out the kind of advice he wants and give it to him, and as Josh Billings says, "He will think you and him is as big a person as ever lived." My experience is that you must agree with the other individual, provided it is not prejudicial to your ethical conduct.

USE OF DEATH REACTION FOR LOCATING GANGRENOUS APPENDIX.

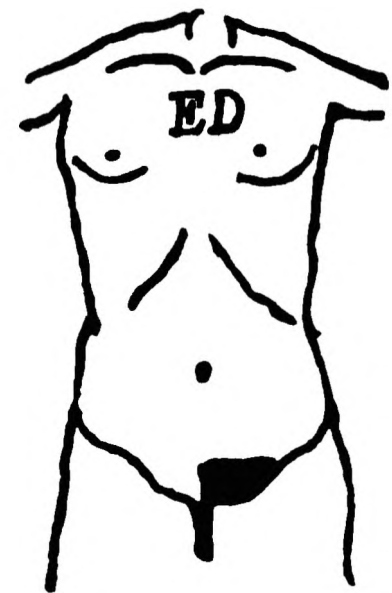
Dr. H. E. Palmer of Dayton, Ohio, has made the observation that a gangrenous appendix can be located by the use of the death reaction over the appendix region. This is a very important diagnostic aid, for a strep. reaction can not always be obtained over a gangrenous area. He has made use of this method successfully in his practice.

Death Reaction — V R — 54

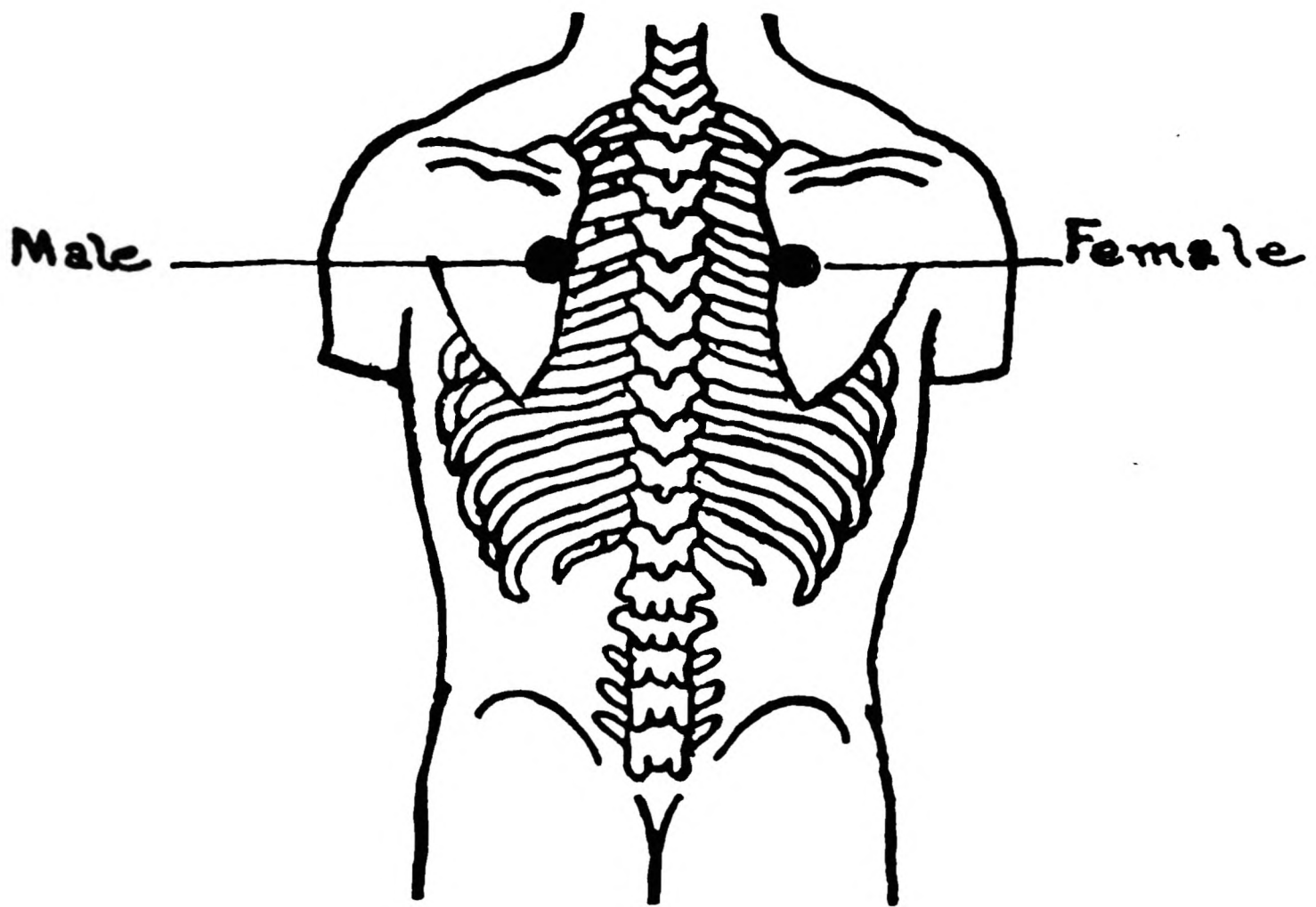
PANCREAS
E D Reaction -- V R -- 9
(See Atlas for S V)



SV Death Reaction



*Insulin gives same re-
action as Pancreas*



PD Death Reaction

STREP. INFECTION OF EYE.

Specimen. Man, 46 years. Troubled with vitreous opacities for the past 3 years. First noticed the trouble beginning to affect left eye three years ago. Then, about one and one-half years ago he began to have an affection of his right eye. He has had no sickness since the diseases of childhood except that he had an attack of malaria in 1898. Since that time he has had two light attacks of malaria. These opacities are movable. Has been to many ophthalmologists and none of them can tell him the cause of the condition or give him any relief. Last summer he had his sinuses X-rayed which showed they were clear. Since that time he has had an attack of the frontal sinus but at the present time he seems to be well. This condition in the eyes has made him very nervous and he says that if he can get no relief he thinks it will drive him crazy in time.

Carcinoma; Sarcoma; Acquired D. R.; Staph.; Malaria; Tuberculosis; negative. Congenital D. R.; 22 ohms. Strep.; right eye of left tonsillar origin. Suggestion would be to give prolonged treatment on both eyes at rate 2 and over left tonsillar region at the same rate.

USE OF ETHER ON REAGENT'S ABDOMEN.

When using the Ampli-Statophone wash the reagent's abdomen with ether to remove fatty deposits which interfere with reactions.

NEISSERIAN INFECTION.

The gonococci are the most persistent of all organisms. Practically no man who has ever had gonorrhoea is ever entirely free from this infection. The germs themselves may not be present but the toxins are there and these are really the dangerous elements which cause all the trouble. I believe that every woman that marries a man with gonorrhoea is subject to that condition; if she escapes infection it is simply due to her natural immunity. It has been said that while syphilis kills its hundreds gonorrhoea kills its thousands. I have thought that the Oscilloclast can not entirely clear up Neisserian infection but I find that if we give long enough treatment we can clear it up.

In a recent case we found a reaction of Neisserian over the prostate. The man complained of frequent urination but he had pain in the left side of his abdomen from the groin extending along the descending colon. We obtained a reaction of Neisserian over the left inguinal region, indicating that the pain was probably due to an extension of the infection to the peritoneum. Treatment suggested was two cords at 4 over prostate and one at 4 over abdomen. In order to get results in such cases it is necessary to give at least 3 hours' treatment a day.

EFFECT OF THE MIND ON REACTIONS AT ZERO AND VIBRATORY RATE.

I want to show you by the use of the Ampli-Statophone the effect of the mind upon the reactions. A specimen of blood is placed in the dynamizer from which we have previously elicited the reaction of carcinoma. The rheostats are set at Zero which permits any energy to pass through. First I will get the reaction of carcinoma in that area, as you can hear. Now I will ask one of the doctors to will with all his might that I do not get a reaction; no reaction is obtained. I can tell the moment he wills, as you can hear for yourself. Have all the class will that I get no reaction; no reaction is obtained. Now I will set the rheostats at the vibratory rate for carcinoma which is 50 and repeat the experiment. You see that it is impossible to influence the reaction by the will when it is set at the vibratory rate. This is very important, for if the reaction could be influenced by opposing thoughts it would make it difficult to be sure of results in diagnosis. When I was just beginning my work and did not understand as much as we do now I would often find it impossible to obtain reactions when there were doubters or sceptics present and I could not understand the reason. Now we know that thought is nothing but another form of vibration and as such can have a definite influence.

**REACTION FORM RADIOGRAM WITH AMPLI-STATOPHONE AS IN AUTO-ELECTRONIC DIAGNOSIS.**

The thought occurred to me that if we can get these reactions on a reagent with the Ampli-Statophone, why can we not get them on the radiogram itself? All you have to remember is that this static electricity, which is supposedly electricity at rest, is nothing but electricity in a state of equilibrium. If two surfaces of any substance are rubbed together, you can always elicit static electricity. We follow the same technique as with an autoelectronic diagnosis. The radiogram is placed in a metal frame which is set upon the ground plates. An electrode from the dynamizer is placed on the same ground. An electrode from the rheostat transmits the energy to the radiogram; the electrode is covered with rubber around the edge so that it does not come in direct contact with the X-ray picture and is held by an assistant. One pole from the Ampli-Statophone is held in contact with radiogram. The examiner must be grounded and hold one pole of Ampli-Statophone in his hand. With his finger covered with shellac in the usual way and with diagnostic apparatus set at proper rates, the examiner moves his finger at uniform speed and pressure over area on radiogram. You can hear the change in the character of the sound when the area is reached. You can get the reaction with the finger covered with shellac irrespective of the Ampli-Statophone. The finger sticks when the rheostat is set at the proper rate. When you shortcircuit by placing one finger on each side of median line of X-ray picture you can not get the reaction. This shows that you can make a diagnosis directly from the X-ray picture itself and is of the utmost im-

portance in diagnostic work. As I have said before, it is a fundamental law in physics that when you rub the surfaces of two substances together you develop two kinds of electricity, positive and negative, and being oppositely charged they attract. We get a reaction from the photographic plate because when we rub over the surface of the plate with the shellaced finger we develop a static electricity at that point; but the differentiation of static electricity has never been known before for the reason that there was no method of using rates,

DETERMINING PRESENCE OF STONE IN KIDNEY BY RADIO INSTRUMENT.

This is a case of a young man who had his right kidney removed some years ago for tuberculosis. He came here about two years ago with pain and bleeding from left kidney. We found tuberculosis and relieved his condition and for eight months he had no recurrence. Recently he has been having recurrent attacks of bleeding. The tuberculosis is negative but we obtained a reaction of uric acid over a definite area in left kidney and I made a diagnosis of kidney stone. An X-ray picture confirmed this diagnosis and a reaction of uric acid was obtained over this area on radiogram. I want to solve this problem if possible and try to dissolve this stone. He has only one kidney so he can not have an operation. We have treated him at rate 4 which is the destructive rate on the Oscilloclast for uric acid but without much results. I want to get a definite rate on the radio instrument for uric acid and see if there is any way we can work out a method of helping him. When radio instrument is placed in proximity to specimen of uric acid there is a sound which is recurrent at certain definite intervals, approximately ten per minute. This shows something that has never before been shown in physics, that radiations are not continuous but are discharged at definite intervals. This is the Planck theory which has never been proven, but here you see the confirmation of it. When the radio is put up to his left kidney you see that I get the reaction for uric acid over one spot and nowhere else. That is where we located the kidney stone. You can hear very distinctly that we get the same reaction over area on kidney that we do over the specimen of uric acid. You can not force the reaction nor get it at any other spot.

GLAUCOMA GIVES REACTION OF TUBERCULOSIS.

Every case of glaucoma that I have ever seen gives a reaction of tuberculosis. The etiology is not know to the oculist. One lady came here who had this condition and had been operated on at Johns Hopkins and had lost the sight in one eye and was losing the sight in the other eye. We got a reaction of tuberculosis and treated this condition. She got fifty per cent improvement and she writes me that she is still continuing to improve.

APPENDICITIS.

If you have a case of appendicitis where the pain is all over the abdomen and you want to localize the trouble, have the patient take a whiff of chloroform and the pain will be present only over the lesion.

TO INCREASE FUNCTION OF PANCREAS.

To increase the functional activity of the pancreas concuss the 10th dorsal spine. We proved by experimental work that the pancreatic secretion was increased after this manoeuvre.

USE OF CONDENSER FOR STORING ENERGY.

An ordinary telephone condenser can be used in making reactions on oneself. By its use you can condense the energy from anything you wish and take the reaction therefrom at any time, provided you do not discharge the energy by letting the electrodes from the condenser touch each other. Before taking the energy from yourself discharge the energy that may be in the condenser. Face west on ground plates with arms out and if a male hold finger tips of right hand to one electrode from the condenser for a few minutes. In order to take a reaction, place electrode from the dynamizer near the electrode from the condenser. This will be found a convenient form of storing energy when it is impossible to take a blood specimen or when it is inconvenient to make a reaction at the moment.

YELLOW CURTAIN NULLIFIES REACTIONS.

Avoid having a yellow shade or curtain near reagent so that a yellow light might be cast on his body. We found once that we could not get a reaction for tuberculosis because of a yellow curtain being too near the reagent. This difficulty was obviated by painting it black. It is only by attention to all these little details that perfection in results can be obtained.

E D REACTION.

When the S V Reaction is exhausted the E D reaction often comes out better.

METASTATIC CONDITIONS.

Cases with metastatic carcinoma and sarcoma are very difficult to deal with. Sometimes all you can do is to treat the general condition by rates 6 and 3 at the spleen. You can not treat all the metastases.

HAY FEVER AND SINUS INFECTION.

Despite the theory of pollenization, every case of hay fever we have found due to a sinus infection. My idea is that the sinus infection sensitizes the nasal mucosa and makes it sensitive to foreign substances such as pollens, etc. Doctor Fowler of Los Angeles finds in conformity with this observation that he has treated a number of cases of so-called hay fever with excellent results. It is wise to treat the sinuses at rates 1 for staph., 2 for strep. and 4 for the Congenital Neisserian which is the soil on which strep. and staph. thrive.

DIAGNOSIS OF CHOLELITHIASIS.

It is very hard to make a diagnosis of cholelithiasis. You can not do it without a personal examination; never attempt to make it from the blood. Make an examination directly from the patient or from an X-ray picture where you can get the position of the gall-bladder which lies on a line drawn from the achromial process to the navel.

TIN FOIL AS AN INSULATOR OF DISEASE ENERGY.

Dr. H. E. Palmer of Dayton, Ohio, reports the observations of Dr. O. O. Sinks of Plainfield, Ohio, regarding tin foil as an insulator of disease energy. He has found that no reactions can be obtained from blood specimens wrapped in tin foil and therefore several specimens thus wrapped can be sent in one envelope. We will experiment with different materials and also with tin foil and compare them. We find that the energy goes through rubber and glass. Therefore so-called insulating material does not inhibit a reaction, but when the tin foil is placed in front of the specimen it will do so absolutely. A hole was made in the tin foil and there was still no reaction. Therefore it seems not to be a question of conductivity but the fact that the tin foil must have in some way absorbed or condensed the energy. This point is of great value insomuch as specimens can be forwarded in the same envelope provided each one is wrapped separately in tin foil.

CARE NECESSARY IN HANDLING BLOOD SPECIMENS.

I can not emphasize strongly enough the necessity of care in handling the blood specimens. We have found by experiments that after handling the bottle containing any pathological specimen the fingers will give a reaction of that particular specimen.

NEUTRAL ENERGY FROM FINGER TIPS.

If the finger tips of both hands are placed almost in contact a neutral energy is developed which destroys the reaction of tuberculosis.

HEALING EFFECT OF HORSESHOE MAGNET ON X-RAY BURN.

Dr. H. E. Palmer of Dayton, Ohio, reports the effect of the horseshoe magnet on X-ray burn. One patient came to him with X-ray burn under the arm which had been distressing her for four months. This burn was produced on the arm while she was taking X-ray treatment for cancer. A horseshoe magnet was suspended over the bed so that the poles were adjacent to the abraded surface. After two nights of this treatment with horseshoe magnet the burn healed up entirely and all pain disappeared. As we have repeatedly demonstrated, the effects of the X-ray burn is to destroy the life of the tissues so that we obtain the death reaction therefrom. Because of this necrobiotic condition it is practically impossible by ordinary methods to get such burns to heal. The horseshoe magnet revitalizes the tissues so that healing can take place. It sounds impossible and fantastic but it is not when you study the body from a magnetic and electrical standpoint. In the future, magnetism, polarity and vibration will be taken into account as healing factors of utmost importance.

MALIGNANCY AFTER ABDOMINAL OPERATION.

I have repeatedly made the statement that every abdominal operation is always followed by either a carcinomatous or sarcomatous reaction. The only thing that might negative a reaction of malignancy after an operation is the absence of syphilis either bovine or human. If the operation has been very recent a reaction might not be elicited.

MALARIA—USE OF PETROLEUM.

Dr. J. T. Sullivan of Canada made the following observation: Dr. Rending, an English physician, reasoned in regard to malaria that if petroleum was effective in destroying the larvae of anopheles in stagnant water it might be equally effective when used for anointing the body in cases of malaria. According to the observations of Doctor Sullivan the results of this treatment were excellent. The action would be largely due to the radioactive energy acting upon the organism.

RECOGNITION OF POLARITY AS AN IMPORTANT ELEMENT IN TREATMENT OF DISEASE.

Dr. Charles F. Stokes, Surgeon General of the United States Navy, in a recent article speaks of selective electronization. He says that the whole question of health is one of electronic equilibrium; that diseased cells always give forth a positive charge. This, of course, we know from our reactions is absolutely wrong. The polarity of the pathological specimen

will vary according to the specimen. Carcinoma is positive, tuberculosis is neutral, strep. is negative, etc. He then attempts to treat with very minute doses of the X-ray, practically employing the same treatment on a less scientific basis than is done with the Oscilloclast. He goes on to say that the universal distribution of radioactive potassium in living cells is very significant. On account of its unit negative charge the B ray electron has a disturbing effect on all systems through which it passes. We know that carcinoma is positive and you are only exciting growth by throwing in rays of the same polarity. The least you can do is to use an opposite polarity. Polarity is a very important element in the treatment of disease. Before the Oscilloclast was perfected we formerly used only dyes in the treatment of carcinoma and other conditions, the dyes having opposite polarity to that of the disease in question. I recall a case which I had seen ten years ago when I was just beginning my reactions. This was a case of a woman with carcinoma of the breast. I sent her to Dr. Charles Levison, Chief Surgeon of Mount Zion Hospital in San Francisco. He operated on this woman. Afterwards I made a reaction on her and found one little spot in the axilla which still gave reaction of carcinoma. I called Doctor Levison's attention to it and he referred to me as being a little unbalanced mentally. Six months later her physician sent me word that there was a development of a tumor in the same place where I had gotten the reaction. She came to me and we found that it had involved all of the lungs. Doctor Levison said that it was inoperable but that he would operate anyway. I said, "No, we will treat her." All I used was eosin which has a neutral polarity. The result is that the woman is alive today and well after a lapse of ten years. Even now we always treat these cases with dyes in addition to the treatment on the Oscilloclast, so that you have the continuous action of the dyes during the interim of treatment.

REACTION FROM SPINE OF CRYPTOGENIC SYPHILIS.

Every part of the spine will normally give the same ohmage of syphilis as does the blood except a local lesion which will give a higher ohmage. However with cryptogenic syphilis you do not get a reaction from the spine except where there is a local lesion present. To locate a local lesion on the spine when reaction of cryptogenic syphilis is present the instrument is set at either 55 or 57, not at 45. In localizing over a cryptogenic lesion always use the vibratory rate of the disease and not the cryptogenic rate.

GRAPHITES DESTRUCTIVE TO SCAR TISSUE.

Dr. Sara E. Wise of Berkeley, California, submits a sample of graphites which she says the Homeopaths use successfully in the treatment of scar tissue. In fact they have noted that among workers in the graphite mines

scar tissue does not develop after injuries. She has noted in her practice that scar tissue would disappear when this preparation was used. The Homeopaths employ the potentized preparation of graphites, using the second or third trituration. If the case is one of long standing it may take several months for the scar tissue to disappear. It is absolutely harmless. A cerate of this preparation is also employed for external use.

Experiment: First we will get the reaction of scar tissue from a scar. As soon as the specimen of graphite is placed in proximity to the scar tissue the reaction for scar tissue disappears. According to my reactions I find that graphites is destructive to the reaction of scar tissue. The specimen used was pure graphites. It might be wise to prescribe it for cases after abdominal operation.

R. Graphite 3 x tablets Zi (1 ounce).

Sig: 2 tablets three times a day dry on tongue. Continue for several months.

R. Graphites cerate Zi (1 ounce).

Sig: Apply locally to scar tissue at night.

NEW RATE FOR SCAR TISSUE—V R — 23

CEREBROSPINAL AND CEREBRAL STRAINS IN SYPHILIS.

With the cerebrospinal strain of syphilis the patient has a tendency to develop locomotor ataxia. With the cerebral strain he may get dementia. When you find the cerebral strain you will find the patellar tendon reflex present.

EFFECT OF BODY CAPACITY.

The assistant holding the electrode over local lesion on patient must stand as far away from the patient as possible. Experiments show that if the assistant stands close to the patient, the assistant's body takes up the energy and it is impossible to obtain a good reaction. Energy will always follow the path of least resistance.

MARRIAGE OF COUSINS.

The following question has been asked: "When cousins marry and the children are demented, is it because of the accumulation of the same kind of congenital syphilis?" The answer is that toxins are added to toxins; thus relationship by consanguinity produces a pathological offspring. When cousins marry they are compounding a felony in pathology.

MALARIA.

Always when you are in doubt about your diagnosis look for malaria. There are many larvated cases which are not detected as malaria.

DANGER OF GIVING THE PATIENT A DIAGNOSIS.

You can not make these diagnoses tally with other tests which we regard as exceedingly faulty. If the patient receives your diagnosis he will combine it with the orthodox diagnosis and think yours is faulty.

AUTOELECTRONIC REACTION WITH AMPLI-STATOPHONE

When using the Ampli-Statophone to make an examination on the patient, place one electrode from the dynamizer to the ground on which patient is standing and another electrode from the rheostat to the psychometric region in the nipple line between the navel and the curvature of the ribs. This will obviate the necessity of placing the electrode at distinct points on the head. This method is also used for general localization, in which case the blood specimen is placed in the dynamizer and the electrode from the rheostat is applied in the region described above, at a point between the navel and the curvature of the ribs in the nipple line.

SHORTCIRCUITING AND AMPLI-STATOPHONE

It is very important to short circuit immediately after getting a reaction with the Ampli-Statophone on account of what we call a holdover reaction.

ELECTRIC DEPOLARIZER AND JEWELRY.

All jewelry should be removed while the depolarizer is being used, for the reason that metal is injured thereby. All materials are composed of electrons and in their movements they create magnetism. One patient while using depolarizer noted that her ear-rings dropped off.

CARE NECESSARY IN EXAMINING REAGENT FOR DULLNESS.

Always check up the dullness on the reagent. Turn him from the geographical west to see if it is due to a reaction or to some mechanical condition—such as, a sudden accumulation of gas, fecal mass, or a full urinary bladder.

EXPERIMENT—EFFECT OF THE MENTAL ATTITUDE ON BLOOD REACTION.

We have proved repeatedly that if a patient holds the thought that he is perfectly well while we are making a local reaction we can not obtain the disease reaction. This thought, however, can not be sustained more

than one minute and a half at a time. Let us find out if there is any effect on the reaction if the blood is taken while the patient affirms mentally that he is perfectly well. Here is a specimen of blood from which we had previously elicited the reaction of carcinoma. I will now have another specimen taken from the same patient with instructions that patient is to say mentally that he is perfectly well while the blood is being taken. I get no reaction of carcinoma from the specimen taken while patient said he was perfectly well. Depolarize the specimen thoroughly with horseshoe magnet and then the reaction of carcinoma can be obtained. This demonstrates the fact that thorough demagnetization excludes the psychic factor in the negation of a reaction.

STREP. REACTION—STOMACH LESION.

In the absence of reaction of carcinoma in stomach disturbance, look for strep. reaction.

DEPOLARIZATION OF MASS AFTER REMOVAL OF MALIGNANCY.

Depolarization may be employed after all malignancy of a tumor has been dissipated. The depolarizer may be used for three minutes at five minute intervals for one hour each day. By this method it may be possible to remove some of the tumor mass.

ANEURISM.

I have perhaps examined more cases of aneurism than anyone in the world and I have never found that aneurism alone will produce a marked difficulty in swallowing.

CARCINOMA.

The unfortunate thing about carcinoma of the bowels is that there is often no warning until it is too late to do anything. A person with tuberculosis of the lungs usually has a cough or some symptom to make him aware of the seriousness of his condition.

REMEDY FOR ASTHMA—NO. 1.

The Nathan Tucker Asthma Remedy, Mount Gilead, Ohio, a patent remedy, I have found gives greater relief in asthma than any preparation I have ever tried. It contains a very slight amount of cocaine, not enough to cause addiction. It is more effective than my own prescription.

REMEDY FOR ASTHMA—NO. 2.

The following is Doctor Abrams' prescription for asthma:

Cocaine—3 per cent solution.

Atropin sulphate, 1 grain.

Sodium nitrite, 8 grains.

Glycerin, 30 grains.

Distilled water, 1-2 oz.

Atomize for 3 minutes in each nostril and inspire deeply to get it down into the lung.

REMEDY FOR ASTHMA—NO. 3.

Dr. J. T. Sullivan of Canada states that he has had great success with the following prescription of Doctor Thomas, an asthma specialist of Pittsburg, Pa.:

Amyll nitrite, 30 minims.

Fluid extract Skunk Cabbage, 3 drams.

Fluid extract Lobelia, 3 drams.

Fluid extract Blood Root, 3 drams.

Syrup Simplex to make 8 ounces.

One teaspoonful before meals, or every 2 hours if necessary.

HYPOCHONDRIASIS.

Hypochondriasis means literally "under the ribs." The patient would complain of tenderness in that region when he would overeat. One doctor has said that there is more hope for the patient in diseases above the diaphragm than below. Take for instance a patient with tuberculosis; he is always hopeful. Many a philanthropic action has been lost through trouble with the liver. The term hypochondriasis is used to conceal the physician's ignorance of the patient's condition.

EFFECT OF SUNLIGHT ON THE SIZE OF AN ORGAN.

In examining for the lower border of the liver we find that when sunlight strikes the reagent the liver is smaller and also the heart. The sunlight evidently imparts tone. When an organ is exposed to light it is naturally endowed with more tone and becomes smaller. In the dark it has less tone and it enlarges.

INHALATIONS OF AMYLL NITRITE AND RESTORATION OF VISION.

When I was at the Salpêtrière in Paris I took some blind patients and gave them inhalations of amyll nitrite and in some cases they could see for five minutes. The amyll nitrite dilates the blood vessels. I have suggested that it be used as gymnastic exercises for training the blood vessels. It may be of assistance in restoring vision.

GROUNDING SPLEEN AFTER OSCILLOCLAST TREATMENT.

We find that when we throw energy into the body it is stored in the spleen for 12 hours or more. If it is necessary to obtain a reaction soon after treatment on the oscilloclast this may be done by grounding the spleen. Place an electrode over the spleen with wire attached to another electrode which is placed on the ground plate. This is applied for several minutes and draws off the energy so that a reaction may be obtained.

USE OF BROMIDE.

In order to bromidize a patient give 30 grains every two hours until he is under the influence of the drug. When the effect has disappeared, repeat the dosage. It produces a sort of intoxication and is the best rest cure for nervous patients.

ELECTRONIC ASEPSIS.

Perhaps one of the greatest faults among students doing this electronic work is the fact that they neglect aseptic methods. They should handle their electrodes and specimens with as much care as the surgeon uses in handling the wounds of the patient. When an electrode is accidentally touched it should be wiped with clean cotton. Always remember that perspiration will carry all the evidence of disease equally as much as do the radiations from the finger tips.

FIRE DOES NOT DESTROY ELECTRONIC REACTIONS.

Dr. W. B. Secrest of Salt Lake City made the observation that after burning a blood specimen the same reaction can be obtained as before. I want to test that out myself. We will divide in half a specimen from which we have obtained the reaction of carcinoma. I will burn one-half of the blood specimen and without my knowledge we will test out the reactions obtained from the two specimens. I get the same reactions from the ashes of the burned specimen. Therefore it seems that nothing

is destroyed. Evidently the arrangement of the electrons and their vibratory rate are not affected by fire as far as these reactions are concerned. This fact would be of great importance in medicolegal work. It refers in all cogency to the matter of deciphering legal documents to determine whether they were written by a male or female or any other characteristics which can be ascertained from the blood.

PRESCRIPTION FOR RELIEF OF PAIN.

The following prescription of Pulv-Antidolorosa is valuable for relief of pain. It is not habit-forming and does not have a depressing effect on the heart. It is sometimes better than morphine for relieving pain.

Caffeine citrate	9 grains
Pyramidon	1-2 dram
Phenacetin	1-2 dram
Sodium Bicarbonate	1 dram
Sodium Bromide	2 drams

Divide into 6 powders. Dispense in bottles because it is deliquescent. Give one powder for relief of pain, to be repeated in half an hour if not relieved.

MEDICINE'S CONTRIBUTION TO SCIENCE.

The fact that we get reactions from x-ray photographs may be explained by saying that energy is carried by the x-rays. This is the first time in the history of medicine that it has contributed to other sciences. Heretofore medicine has received its nutriment from other sciences. With these methods there is no limit to the fields of investigation. For instance, from a photograph of the moon we can discover the constituent elements of the moon better than can the astronomer. In order to see anything with the spectroscope the element must be in a condition of incandescence. A solid substance like iron for instance could not be detected by the spectroscope if it were not in an incandescent state but that could be done by these methods.

ANNOUNCEMENT—Full instructions in regard to the use of Ampli-Statiphone will be given in a circular sent out with the instrument.

CLINICAL LECTURES

by DR. ALBERT ABRAMS

CONGENITAL D. R., CARDIOVASCULAR STRAIN.

Explanation of Inherited Tendency Toward Certain Diseases.

Clinic Case. No. 635. Unmarried woman, age 55 years. Attacks of pain beginning in the region of right antrum and right frontal and travelling all over joints of the body; brought about by fatigue or chill. Attack lasts one day and occurs two or three times a week. Slight trace of albumin in urin. History of Bright's disease in family. No abdominal operation. Operation on right ethmoid in 1918. There is a history of Bright's disease in the family. We find that it is an hereditary proposition caused either by vaccination or human transmission. When you vaccinate you incorporate a bovine syphilis, a very harsh word to the ordinary person but the name of a condition which nevertheless exists. If it is of human transmission there is always a special affinity for definite organs. That is why in some families malignancy occurs, in others Bright's disease, and so on, because that particular strain of congenital syphilis has a predilection for different organs. It is merely a question of selective affinity of a certain strain of spirochetes for definite tissues which has been proved by the work of Rosenau at Mayo's Clinic. Heretofore we regarded germs as a mere generic term and it was not until later that it was found that there are species and sub-species of germs having an affinity for a particular organ. That is why some families die from apoplexy and others from cancer. We can thwart this tendency if we get the individual early enough. In this particular case we will go over the kidneys and see what we find. The mere fact that albumin is present means nothing in itself if the kidney capacity is normal. The opinion nowadays is that renal disease is a disease that begins in the arteries and terminates in the kidneys. In other words, the arterial change is primary and the renal change is secondary.

We will examine this specimen. Carcinoma; sarcoma; tuberculosis; negative. Strep.; right frontal and left antrum. Staph. and malaria; negative. Congenital D. R.; cardiovascular strain; 32 ohms; (**Patient comes in**). Go over the kidneys for 57; reaction present over left kidney. The heart is normal. When I wrote my book on diseases of the heart some years ago I thought I had completed everything. That book is now used as a textbook, but how faulty it is compared to what we know now about these methods. She is to be referred to another doctor. Write to the Doctor: "Everything is negative excepting strep. of the right frontal and left antrum. Tonsils are free. It is suggested that you use rate 2 from the oscilloclast on sinuses at least two hours a day. It is also suggested that you correct hereditary blood condition which measures 32 ohms and direct attention to the left kidney which yields a slight

reaction of Congenital D. R. Note whether treatment causes a disappearance of albumin in the urine." We have done that in cases which were not too far advanced. Of course that seems almost incredible but it is true.

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SARCOMA OF SPINAL CORD—ANESTHESIA IN TOES OF RIGHT FOOT —RESULT OF TREATMENT ON MICROSCILLOCLAST.

Clinic Case. No. 627. Married man, age 44 years. Well until 1918 when shortening of hamstrings in right leg was noticed; pain and drawing intermittent in character. Gained 30 pounds in the last year. Right eye scarred by accident. He comes from the Hawaiian Islands. First examination: October 20, 1923. Sarcoma; spinal cord; 3 ohms. Congenital D. R.; 33 ohms. (Patient comes in.) How many years have you been having this contraction of the muscles?

Patient. For five years.

Doctor Abrams: It is strange that it is intermittent in character. The last case I saw similar to this was a man who came from Mexico. His blood was sent here for diagnosis and we found sarcoma of the spinal cord. He had been travelling about seeking relief for several years; had been to Mayo's and to New York and had consulted all of the most eminent specialists. They had also diagnosed it as a possible sarcoma of the spinal cord but had not been able to give him any relief. He also had a tension in the muscles of the leg which they could not account for; he had a sensation of pain and when he would walk a short distance he would have to stop; he could not mount his horse. The famous Berlin surgeon Krause told him that he would never get well. When the patient came here I located the sarcoma in the cord and he was treated for that condition. He is now completely well and he is able to ride horseback. This treatment will not always cause a complete cessation of all symptoms, especially if the case has been one of long standing where much damage has taken place. How was your condition diagnosed?

Patient: It was called sciatica. I have pain when I walk a great deal and become very tired but ordinarily I do not have much pain.

Doctor Abrams: It is not suggestive of sciatica. Sciatica is only a name. Usually in central affections the sciatica nerve is absolutely painless. Locate sarcoma; second and third lumbar spines. You have no direct pressure there on the spinal cord because the spinal cord proper terminates at about the end of the second lumbar spine. The second and third lumbar spines correspond to the first sacral segment of the cord. There should be an area of anesthesia at the end of the toes in the right foot. Expose the toes and test out the sensibility by touching them lightly with piece of cotton while patient has his eyes closed. You see that sensation is absent in the toes of the right foot but is present in left foot. This gentleman is from Hawaii so I will take a reaction to see if a certain condition (Leprosy) is present. There is a slight eruption on the right leg which would be called a trophic disturbance; we do not

get this reaction; put up specimen to be sure; it is absolutely negative. Try Acquired D. R.; negative. Tuberculosis; present over eruption. Have skin painted with gamboge; that will clear up that condition in a few weeks. Skin tuberculides are very common and difficult to clear up by ordinary methods. He is to have two nights' treatment on the Microscilloclast; two cords at rate 3 on area on spine and one at rate 3 on spleen.

October 23: Sarcoma; negative. Get specimen to check up; we get reaction when specimen is put up to electrode so we know that the reagent's reactions are all right and that there is no sarcoma in the specimen of blood. Congenital D. R.; Cryptogenic D. R.; negative. (Patient comes in.) If there is to be a change in your symptoms it will be a gradual one. All we can do is to remove the cause and prevent the condition becoming progressively worse. Now we will have to leave it to nature to restore it to normal and I am sure you will note an improvement in the symptoms, although we never promise the patient anything. He has had two all night treatments on the Microscilloclast, two wires to the spine and one to the spleen at rate 3. We will take a reaction directly from his spine for sarcoma; negative. Test out the sensibility of the toes on the right foot. You see that the sensation which was absent before treatment has entirely returned to the toes on the right foot. The patient needs no more treatment at the present time. He is to keep us informed of his condition and send another specimen later for reexamination.

ANEMIA, CARCINOMA, PANCREAS.

Clinic Case: No. 639. Married woman, age 48 years. Extremely weak and anemic for the past three years. No hemorrhages of any kind. Lost 8 pounds in the past 8 months. No vomiting; very constipated; mucus colitis. Blood picture does not show pernicious anemia but secondary. Carcinoma; pancreas; 7 ohms; non-metastatic. Congenital D. R.; 24 ohms. (Patient comes in). What are your present symptoms?

Patient: I am feeling very weak and I have a constant thumping in my ears.

Doctor Abrams:.. We find 50 over the pancreas. My advice in pancreatic conditions is to bombard from both the back and front. The pancreas lies nearer the back. She is to have an all night treatment; one cord in back at 6; one cord in front at 3 and 6.

DIAGNOSIS OF PREGNANCY, MALE PREDICTION.

Clinic Case: No. 621. Married woman, age 30 years. No children. Poor appetite; feels nauseated after every meal; does not vomit. Last menstrual period two months ago. Had one day of slight bleeding one week ago. Was examined by one physician and told she was not preg-

nant. Occasional headaches and pain over left iliac bone. No loss in weight. We will examine for pregnancy and also especially for tuberculosis because that will cause cessation of menses. The patient wants us to examine for tubal pregnancy. Carcinoma; Sarcoma; Tuberculosis; negative. Congenital D. R.; 28 ohms. Take rate 35 for pregnancy and check up with the E D reaction. I get reaction of pregnancy with male prediction. (Patient comes in). Take a reaction directly over the uterus for pregnancy; reaction present but not over tubes. In this case I find nothing the matter excepting pregnancy. By these methods with care you can diagnose pregnancy long before it can be done by the former methods. You can get a reaction the day after impregnation. In this case the ohmage is so low that it is probably not more than one month advanced.

SARCOMA—STREP. INFECTION, GALL-BLADDER REGION.

Clinic Case: No. 498. Married woman, age 43 years. Present condition began April 16, 1923. Had burning in stomach followed by pain in left hypochondrium and swelling. Passed pus and blood by rectum. Swelling receded. Pain is now in both sides. Appetite poor. First examination, September 11, 1923: Sarcoma; small intestines; non-metastatic; 9 ohms. Congenital D. R.; 30 ohms plus. October 1: Sarcoma and Congenital D. R.; negative. Cryptogenic D. R.; 2-25 ohm. Strep.; gall-bladder region. October 19; Cryptogenic D. R.; 0-25 ohm. Strep.; negative. Tuberculosis; negative. She has been treated at rate 3 on area of sarcoma and has also had rate 3 to the spleen and rate 2 to the gall-bladder region. Abdominal belt has given relief. Today's report: Feels very well indeed; better than in 3 years; has occasional neuralgic pains in various parts of the body but not as frequent. Occasional gas pains in hepatic flexure. Now we will concentrate with three cords at 3 on the spleen and clear up the blood condition of Congenital D. R., of which there is only a trace.

PERNICIOUS ANEMIA—CARCINOMA, SPLEEN, OF LOW OHMAGE.

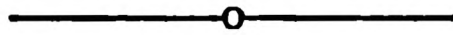
Clinic Case: No. 624. Married man, age 48 years. Never sick until 1910 when he had severe attack of jaundice. Never really well since then. Easily exhausted; can walk only a few blocks. Urinates three or four times at night. Examined at Mayo's; diagnosed as pernicious anemia. Legs swell after standing; better when moving about. Urine negative. Sometimes passes only half an ounce of urine two or three times a day. We find in pernicious anemia that we get a low ohmage of carcinoma, usually not above one ohm, over the spleen. We had one case of a woman who was getting along wonderfully well and was able to be up and around. Then some one told her that this method of treatment was not good and she discontinued the treatment and later died. We usually find some larvated carcinoma of the digestive tract in so-called pernicious anemia. Car-

cinoma; digestive tract; one ohm. Congenital D. R.; 30 ohms plus. Tuberculosis; strep.; negative. (Patient comes in). Have you lost in weight?

Patient: No, but I feel very weak and tire easily.

Doctor Abrams: Go over the spleen for 50; reaction present. He has local Albinism on his arm. I will show you that it will give reaction of Congenital D. R. Go over it without my knowledge and when you arrive at the patch you get the reaction of Congenital D. R. Until these methods were discovered it has never been known why these skin conditions should appear at different places on the body, but it is evidently because the Congenital D. R. provides a suitable soil for their growth.

I think this man can be helped but we never promise anything. He is to have two cords at the spleen at rate 6 and one cord at rate 3.



EX-SOLDIER GASSED IN WAR—SARCOMA, LUNG—ACQUIRED D. R.

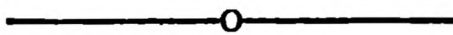
Clinic Case: No. 610. War veteran; age 35 years. October, 1919, began to have cough; lost 30 pounds. Entered Government Hospital in November 1919 and stayed until January, 1922. Appetite poor; considerable pain in both lungs and in back. Chief complaint is weakness. Sarcoma; lung; non-metastatic; 4 ohms. Tuberculosis; negative. We find that the basis of sarcoma of lung in these ex-soldiers is Acquired D. R. We often find this condition after they have been gassed. Acquired D. R.; lung strain; 29 ohms. (Patient comes in). Have you been gassed?

Patient: Yes, a little bit.

Doctor Abrams: Did they find any tubercle bacilli in your sputum?

Patient: Not lately, but they did at one time. I am supposed to be negative.

Doctor Abrams: They are right; we find no tuberculosis but there is a reaction of sarcoma of lung in right scapular region. He is to have one cord at 3 on the spleen and two cords at 3 on the area marked. These cases get along nicely under treatment.



BRACHEAL MONOPLÉGIA—ACQUIRED D. R.

Clinic Case: No. 532. Unmarried man, age 34 years. Pain and swelling in left elbow joint; began 4 years ago with some loss of power in his arm. Now he can not move elbow. He took some E R A treatments but the patient claimed that condition became worse. First examination, September 25, 1923: Acquired D. R.; left shoulder joint. Staph.; right antrum. September 28: Cryptogenic D. R.; 6-25 ohm. Shoulder gives no reaction of Acquired D. R. but left elbow does. October 9: Cryptogenic D. R.; present; spine. He is paralyzed in the arm so we will look for the lesion in the spine. His present report: No pain except over left scapula about the middle of sub-spinous portion. Improvement in move-

ment of left elbow; can pull it to right angle. Color is improved; appetite still poor. He has had rate 3 to elbow, two cords, and one cord at rate 3 to shoulder. (Patient comes in). Does your elbow hurt you?

Patient: Yes, it does when I move it.

Doctor Abrams: It is a bracheal monoplegia. However, he can move his arm much better; he can raise it higher. Go over the spine for lesion of Acquired D. R.; the lesion on the spine corresponds to the bracheal plexus. You must move the arm as much as possible. Give S S 3 and two cords to the spine at rate 3.

ACQUIRED D. R. IN GIRL OF FOURTEEN—ULCERS ON LEG, DEFICIENT MENTALITY.

Clinic Case: No. 420. Girl, age 14 years. Complains of two ulcers on right lower extremity; one on foot for three months, anterior aspect near ankle; has not healed since trouble began. Another ulcer on lower third of leg, outer aspect, well circumscribed. Never vaccinated. Never treated by any other doctor for this trouble. Mentally backward; although 14 years has mentality of 8. First examination, August 11, 1923; Carcinoma; Sarcoma; Tuberculosis; negative. Acquired D. R.; 22 ohms; present over ulcer. September 8: Acquired D. R.; negative. Cryptogenic D. R.; 7-25 ohm. October 9: Cryptogenic D. R.; negative. Psora; negative. Has had rate 3 to ulcer, three cords and also S S 3. Mentality test at University Hospital improved two points after 7 days' treatment. They did not know she had been having E R A treatment. This girl is an adopted child and her foster mother said that she had what was called malaria and that she had an eruption on her body. You see that age is no bar to Acquired D. R. She could not find her way around alone when she first came here and was very stupid looking; now she comes here alone and smiles and talks and shows great mental improvement. Present report: One ulcer has entirely healed and the other is much reduced in size and patient says it is healing; pain and swelling has disappeared. As there is no longer any reaction of Acquired D. R. over ulcer there is no necessity for further treatment. She is to have the leg strapped and return again in a few weeks to check up.

DUODENAL ULCER.

Clinic Case: No. 537. Unmarried man, 30 years. Never sick until stomach trouble began in 1918 when he began to vomit after meals, especially after breakfast. Gradually became worse. Bowels move well and without laxatives. Gnawing sensation in epigastrium, worse if no food is in stomach. Relieved by milk and milk products. Sleeps well; recently had moderate insomnia. Throat very red and congested. Never troubled with breathing or tonsillitis. All signs point to duodenal ulcer. First examination September 25, 1923: Carcinoma; 7-25 ohm; to left of naval;

probable ulcer. Congenital D. R.; 30 ohms plus. Strep.; negative. Tuberculosis; negative. October 12; carcinoma; negative. Congenital D. R.; negative. Cryptogenic D. R.; 4-25 ohm. Strep.; negative; no appendix condition. Present report: Feeling much better; no more throat trouble. Only troubled now by a heaviness in stomach which is present only at times. Patient states that he feels very much better. He has been treated with two cords at rate 3 to abdomen and one cord at rate 6 to abdomen at area to left of navel. He has also had S S 3. He is to discontinue treatment and return in one month for a reexamination.

CONGENITAL D. R.—CEREBRAL STRAIN—MENTAL HALLUCINATIONS

Clinic Case: No. 452. Unmarried man, 24 years. Very anemic; easily exhausted; tires easily. Weight 130 pounds. Became interested in spiritualism and was entirely controlled by it, so much so that his mind almost became unbalanced. His father would like to have him talked to concerning his belief but not to antagonize him. First examination, August 21, 1923: Carcinoma; Sarcoma; Acquired D. R.; Tuberculosis; Staph.; negative. Congenital D. R.; 37 ohms; cerebral strain; reaction present over vertex of head and also over left eye. September 11: Congenital D. R.; negative. Cryptogenic D. R.; 9-25 ohm. September 26: Cryptogenic D. R.; negative. Patient is improving and shows more interest in things around him. His father says he does not talk so much about his belief. October 12: Cryptogenic D. R.; negative. He has been treated with rate 3 on the head and on left eye and also SS 3. (Patient comes in). Patient states that he is feeling much better. His color is better and he smiles and takes more interest in his surroundings. His father thinks his son is practically all right. He is to discontinue treatment and return in one month for a re-examination to check up again.

ACQUIRED D. R. AND MICROOSCILLOCLAST.

One patient who had a reaction of 38 ohms of Acquired D. R. was given an all night's treatment on the Microoscilloclast, the new attachment for the Oscilloclast. An examination was made 24 hours after he had taken the treatment and both Acquired D. R. and Cryptogenic D. R. were found to be negative. It seems that results can be obtained in a few hours with the Microoscilloclast which formerly required several weeks with the Oscilloclast. This will be of great value in desperate cases or in chronic cases which fail to yield to ordinary treatment.

ACQUIRED D. R. — SPINAL STRAIN — PAROXYSMAL PAINS

Specimen. Married man. First examination 18 months ago; Carcinoma; non-metastatic; gall-bladder region; 12 ohms. Acquired D. R.; 38 ohms. He has been much improved with increase in weight. Lately

he has had some paroxysms of pain in gall-bladder region. We will see what we find today. Carcinoma; negative. Acquired D. R.; spinal strain. Write to the Doctor: "The acquired syphilis being of spinal strain suggests that the pains are possibly due to spinal invasion like the gastric crises. After removal of general reaction, send another specimen of blood and I shall attempt localization in spinal cord for further treatment." It is attention to all such little details that brings results.

STREP. INFECTION, RIGHT ETHMOID.—PAIN IN BACK

Clinic Case. No. 467. Married woman, age 52 years. Patient has had E R A treatment elsewhere for 9 months, one hour a day. Improved under treatment. Gained some in weight. General condition stronger. History when first began treatment: Vomiting spells; had to be in bed 1 to 3 days a week; losing weight. Appendectomy and Alexander operation 20 years ago. Present symptoms: Afraid to eat on account of distress which follows immediately after eating; soreness in umbilical region which radiates through to back. Cold sensation from waist down to hips and thighs. Very anemic. First examination in Clinic: August 27, 1923; Sarcoma; present over forehead. Cryptogenic D. R.; present. Strep.; present. Her present weight is 116 pounds. September 18: Carcinoma; Sarcoma; Acquired D. R.; Congenital D. R.; Tuberculosis; negative. Strep.; left frontal sinus and from second to fifth lumbar spine, the region where she has pain in her back. October 15: Present report; Back is better at times; abdominal distress is better; migraine still severe in the morning although it is better. Considerable pain in region of fifth lumbar, but this is also better. (Patient comes in). Do you still have pain in your back?

Patient: Yes, it is worse when I lie down. My eye still swells and I have a little headache in the morning but it is not so severe as it was.

Doctor Abrams: We will see what we find in today's examination. Sarcoma; Carcinoma; Congenital D. R.; Cryptogenic D. R.; negative. Strep.; left frontal. I think that the trouble in the back is due to that infection. Reaction of staph. is negative. Use 3 cords at rate 2 to left frontal. This condition should be cleared up in a few treatments.

STRICTURE OF OESOPHAGUS — SARCOMA — ACQUIRED D. R.

Clinic Case. No. 552. Married man; 55 years. No children. Wife had miscarriages. Has had E R A treatments in another city, beginning June, 1923. Pains in throat for five years. At times can not swallow. Regurgitates food at times. Sometimes he has to use morphine to enable him to get relief from pain and to enable him to swallow. First examination: October 1, 1923: Carcinoma; negative. Sarcoma; 3 ohms; non-metastatic; oesophagus. Acquired D. R.; 2 ohms. October 6; Noted fusiform and expansile swelling along the course of the right carotid artery located at the bifurcation. This is painful and is also tender to slight pressure and

is the point where he locates his greatest difficulty in swallowing. Emulsion of orthoform was prescribed to relieve pain in swallowing. He reports that he has been relieved of pain and slept without morphine, but can not swallow food which he has to masticate. However, he can swallow other foods easily. Reaction of Sarcoma is negative. He has been treated with the Microoscilloclast. October 8: Sarcoma; negative. Scar Tissue; present. October 10: Carcinoma; Sarcoma; Acquired D. R.; negative. Cryptogenic D. R.; present. Tuberculosis; negative. He is to have 3 cords at rate 3 to area on sternum which gives reaction of Acquired D. R. The position of these lesions of Acquired D. R. varies; at one time we got it lower down. It is necessary in such cases to reexamine frequently and localize each time and give intensive treatment. These are difficult cases to do anything for and it is only by such methods that you can hope to give any relief. October 16: Acquired D. R.; negative. Cryptogenic D. R.; present; digestive tract. (Patient comes in). Patient states that he can swallow much better, whereas, formerly there was a large amount of saliva; at present the amount is normal. There is less sensation in the throat and he does not have to use morphine. He considers that his condition is very much better. The reaction is present higher up in his throat. He is to be treated in this region with 3 cords at rate 3. Use microoscilloclast.

October 22: Any results however slight which we have achieved in this case of oesophageal stricture are due to attention to detail. We first found a reaction of Acquired D. R. and Sarcoma. The reaction of sarcoma yielded, but we found on successive examinations a reaction of Acquired D. R. along the oesophagus. One spot would clear up and then another would be found. In other words, the conclusion which we drew from this particular case is that in order to get results from the oscilloclast you must limit its application; it does not diffuse itself. The more accurately you outline the lesion and the smaller the electrode you use, the better the results. This applies with all high frequency energies. In other words, you would concentrate at the area where you get the reaction. Another thing you want to remember in these cases of carcinoma where the patient has lost in weight is that it is very difficult to bring the weight back to normal. The patient states that he is losing in weight but feels much better. His weight was formerly 195 pounds and it is now 134 pounds. He is able to eat three soft boiled eggs and one quart of milk a day and ten or twelve crackers. When he came he states that he could swallow only a third of the food that he took because it would not go down. There was an abnormal flow of saliva, great pain, distress and extreme difficulty in swallowing. He has come a long distance to take these treatments and feels very happy over the results. The flow of saliva is nearly normal; he has no more pain and swallows with greater ease. I would advise taking food every hour of the day but be careful and do not take too big a mass at one time, for that might cause a spasm. Take a reaction directly over his oesophagus for Acquired D. R.; present in an area lower down than at the previous examination. We will keep after it until it is all wiped out. I am going to try out the Homeopathic remedy Graphites for Scar Tissue; three X, one tablet every three hours.

We found in our experiments that Graphites was destructive to Scar Tissue; it is simple and harmless and we will try it after the reaction on the oesophagus for Acquired D. R. becomes negative.

TENTATIVE DIAGNOSIS OF PERNICIOUS ANEMIA—GINGIVITIS.

Specimen. Married woman, age 36 years. Severe case of gingivitis. Dentists say the teeth are all right. Has been treated by many physicians with no benefit. Many are watching to see if E R A will fail also. She has had 42 electronic treatments. She has had two severe illnesses in her life. She has had typhoid fever and later had poisoning from which she nearly died. What could we think of here? In certain cases of pernicious anemia one finds a stomatitis which may precede the onset of the symptoms of pernicious anemia. We will see what we find. Carcinoma; present; 1 ohm; digestive. Reaction is present in right flank which we get in cases of pernicious anemia. Go over spleen for carcinoma; present. Sarcoma; Tuberculosis; Strep.; Congenital D. R.; negative. Cryptogenic D. R.; 16-25 ohm. Write to the Doctor: "I am venturing a diagnosis of pernicious anemia based on my findings plus the only clinical clue you have given me, viz., an unexplainable gingivitis. Do not accept my findings as absolute until you have made a red blood count and a microscopical examination of the red blood cells. My tentative diagnosis is pernicious anemia with carcinomatous reaction of the spleen of low ohmage, which I have found in many of these cases. If you confirm my diagnosis by blood findings, use two cords at rate 6 to the spleen and one at rate 3."

METASTATIC CARCINOMA — CONTRABAND APPARATUS.

Clinic Case. No. 605: Married woman, age 38 years. Three children alive and well. Both breasts removed in 1918. Recently much depressed. Terrible gas in stomach; costive, but not as a rule. She diagnoses her trouble as "too much doctors." She is a daughter of a physician. Never had a Wassermann test. Has lost fifteen pounds in weight during the past few months. This is a case of a patient who went to a doctor who has been using "bootleg" apparatus. At first he used the Oscilloclast and she improved wonderfully. She began treatment last February and after three months on the Oscilloclast she was able to do mountain climbing and considered herself almost cured. Then she was placed on the contraband apparatus and this physician told her that it was better than the Oscilloclast and that he wanted to test it out. The patient stated that she got worse after using this apparatus and feels very angry and disgusted at the outcome. This physician in question was an obscure practitioner until he took up my methods, by which he was rescued from penury and built up a large practice. Not content with this, in conjunction with another physician who had been an assistant of mine he went into the business of manufacturing a rival machine, and I understand his practice has

fallen off to a great extent because his patients have found out that he is not using the Abrams machine. The trouble with the various individuals who are claiming to make improvements on the Oscilloclast is that they do not understand the principles and are not competent to construct such a device and have no means of checking up or testing whether it is effective or not. This patient has had 60 treatments on the contraband machine. We will see how effective it has been in wiping out the reaction of syphilis. Carcinoma; left breast; metastatic; 5 ohms. Acquired D. R.; negative. Congenital D. R.; 14 ohms. (Patient comes in). Have you any trouble with your left breast?

Patient: There is a small lump there.

Doctor Abrams: Do you have any distress anywhere?

Patient: Yes, I have a hard time to get my breath. This trouble has been coming on for a year.

Doctor Abrams: We found a metastatic condition so we will go over her lungs; probably the mediastinal glands are affected. Locate 50; present in left breast and in left axilla; reaction present over chest where trachea bifurcates and in the back in the region of second dorsal spine. Reaction of 50 is negative over abdomen and in right axilla. Do you have any cough?

Patient: Yes, I cough a great deal and have a pain in my lungs like pleurisy.

Doctor Abrams: She has a great deal of rales in her lungs. (Patient goes out). (To her husband) It is a desperate case and I can promise nothing, but do not let her know the condition. We will use the micro-oscilloclast and give all night treatments. That is the only way we can hope to get any results, and even then I can promise nothing. We will use one cord to left breast, one to spine at second dorsal and one to left axilla at rate 6. Later we can give treatment at rate 3. These metastatic cases are very difficult to handle. But we will do all we can.

CONGENITAL D. R.—MASTURBATION

Clinic Case. No. 590. Married man, age 25 years. Never sick until ten years ago when there began to be mental disturbances. Generally sleeps well. Appetite good. Tires rapidly. No indigestion noted. Worried about masturbation. He might masturbate because he has a disturbed sex reaction, but that is not the reason in his case because he has a normal sex reaction on the male side. Carcinoma; Sarcoma; Tuberculosis; Strep.; Malaria; Acquired D. R.; negative. Congenital D. R.; brain strain; 41 ohms. The high ohmage of congenital syphilis would explain the mental symptoms because it is cerebral strain. (Patient comes in; he states that he is a native of Iceland) Have you ever been vaccinated?

Patient: Yes, my arm was very sore and took a long time to heal.

Doctor Abrams: Go over his head for 57; reaction present over left parietal region. We will first give him general treatment, S S 3, with three cords at rate 3 to the spleen. If he does not improve within two weeks, he is to be treated locally at area on head at rate 3.

SARCOMA OF BRAIN—CONVULSIONS.

Clinic Case. No. 591. Girl age 13 years. Influenza in 1918. Had spasms when 3 years of age. During the past two months has had convulsions lasting several seconds. Unconscious during attacks. Tonsils removed in 1920. Pupils sluggish. Sarcoma; brain; 3 ohms; on right side of head above ear. Congenital D. R.; 23 ohms. According to my reactions this is not epilepsy, for I do not get a sarcomatous reaction over forehead and top of head as I have found in recent cases of epilepsy and over radiograms taken of epileptic patients. Sometimes this reaction may not be present in the blood but can be obtained locally. She is to have general treatment, S S 3, and two cords at rate 3 to area on head.

CARCINOMA, DIGESTIVE TRACT.

Clinic Case: No. 592. Man. Had diphtheria which left him partially deaf. Had operation on mastoid which relieved deafness. Mother and one sister died of carcinoma. Has piles and papillae which have troubled him for 8 years. Malaria in India. Quinine by mouth and also hypodermic have not produced any great improvement. Carcinoma; digestive; small intestines; to left of naval; non-metastatic; 9 ohms. Congenital D. R.; 30 ohms plus. Malaria; negative. (Patient comes in) What is your present trouble?

Patient: I have no special symptoms at the present time. I have been having quinine in the vein and also arsenic.

Doctor Abrams: We get no reaction of malaria. Of course the elimination of quinine is very rapid, but one must be careful about examining a patient who is taking this drug. Locate 50 in the abdomen. You can feel a mass in that region in the abdomen. (Patient states that after he had yellow jaundice this region has felt weak and he has had some stomach disturbance).

SARCOMA, DIGESTIVE TRACT.

Clinic Case. No. 595. Unmarried woman, 21 years. Weight 87 pounds. Tires very rapidly. Was in bed 7 weeks on milk diet and gained 10 pounds. Carcinoma; negative. Sarcoma; digestive; below navel; non-metastatic; 7 ohms. Tuberculosis; negative. Congenital D. R.; 22 ohms plus. (Patient comes in). Have you any distress in that part of your abdomen?

Patient: No, I haven't noticed anything. I feel very weak and have no pep.

Doctor Abrams: We know what the trouble is. You can feel it distinctly when you palpate. It is surprising how few local symptoms are present in many of these cases. Use two cords at rate 3 over area marked on abdomen and one cord at rate 3 to spleen. Paint abdomen with mercur-ochrome.

METASTATIC SARCOMA.

Clinic Case. No. 596. Man, age 57 years; married when 43 years of age. Operated on for appendicitis. Five years ago had trouble with sciatica in right leg. Now has rheumatism all over body. Pains in head. Urine, negative. Wasserman, negative. Cystoscopic examination was negative. Carcinoma; negative. Sarcoma; metastatic; 4 ohms; bone. Acquired D. R.; negative. Congenital D. R.; 37 ohms. (Patient comes in) What is your trouble?

Patient: About five years ago I had a slip of the sacroiliac joint and I have had pain down my right leg and in my right shoulder. I have headaches and general depression and have lost ten pounds in the last 18 months. At times the pain is very severe and sometimes there is just a dull ache and numbness.

Doctor Abrams: Go over the right iliosacral region; reaction of 58 present. Go over his head. There is nothing of that kind in the head. That is probably a neuralgia. Look for tender points along the spine. First have the patient relax the head and then search for the painful point along the spine. Then in addition there may be a point of tenderness at the mastoid process and also one at the occipital protuberance. Sometimes by freezing over the painful spinous process you can reduce the pain from which the patient suffers. This gentleman is to have three cords at rate 3 to the right sacroiliac joint.

TUBERCULOSIS FOLLOWING PNEUMONIA.

Specimen. Married woman, age 28 years. Child 3 years. Weight 167 pounds. Had pleuro-pneumonia; not as well since. Diagnosed as tuberculosis of the left lung. If a person has had pneumonia there is a possible tuberculization of that lung. The tubercle bacilli are ubiquitous and are harmful only when on favorable soil. Carcinoma; negative. Tuberculosis; lung; 4 ohms; lower lobe of right lung. Acquired D. R.; negative. Congenital D. R.; 31 ohms. Strep. and Staph.; negative. Paint chest with gamboge and use rate 3 on spleen and two cords at rate 5 to right lung.

ACQUIRED D. R.—TABES DORSALIS.

Clinic Case. No. 256. Unmarried man, age 43 years. Has appearance of man of nearly 60. Tabes dorsalis. First noticed difficulty in walking about 6 years ago. Impaired vision in left eye, began about 4 years ago. At present time he is totally blind in left eye. Has been treated with salvarsan and mercury injections for ten months before coming here. His condition is worse now than before treatment. His last salvarsan injection was ten days before coming here. Wassermann negative. First examination: June 13, 1923: Acquired D. R.; 35 ohms; cerebrospinal strain; present in both eyes and spine. August 25: Acquired

D. R.; negative. Cryptogenic D. R.; present in right eye. This is a very advanced case of locomotor ataxia. The man can walk only with the greatest difficulty with the aid of two assistants. He has been away for several weeks and returns for reexamination. He was absolutely blind in the left eye when he came here and three or four weeks ago he could make out the shadow of his hands with the eye. Report on September 15: Patient much improved since he first began taking treatment. Condition about the same as when he stopped treatment. For three days he had right side paralyzed but it is much better today. Certain home surroundings have aggravated patient greatly. The left eye is worse than it was; for a while it was much better. Impaired hearing in left ear. We have not succeeded in doing very much for this patient but we have tried to do what we can. He has so much faith and is a poor man or otherwise I would not have taken the case. When there has been so much destruction you can not hope to do very much. However, we will go over him again and see what we find. (Patient comes in; walks with difficulty with aid of two assistants). He has great difficulty in walking but he walks a great deal better than when he first came here. He must use the re-educational exercises of Franklin; they will be of great benefit. Go over the spine for Acquired D. R.; negative in spine and also in left eye. Scar tissue; present in spine and in left eye. He was able to see a little bit with his left eye and now he has lost his vision again. He is to have an all night treatment with microscilloclast; two cords at rate 11 to spine and one cord at rate 11 to left eye.

Correspondence

LETTER TO THE PRESIDENT OF THE AMERICAN ELECTRONIC RESEARCH ASSOCIATION.

October 20, 1923.

Dr. Francis A. Cave,
359 Boylston Street,
Boston, Mass.

Dear Dr. Cave:—

The receipt of your telegram was acknowledged and now the receipt of your letter registered October 8th, 1923.

Believe me, when I tell you that I have always admired you for your intelligence and sincerity and do so at the present time of writing. But I believe that you are the victim of people less scrupulous than yourself who are attempting to use you for their own purposes and gain.

The burden of your letter appears to be to upbraid Mr. Gottesfeld. I am quite positive that this is based on hearsay evidence. Mr. "G" is protecting my interests and the interest of E R A and he and I are making continuous fights for the defense and perpetuation of ERA. You must realize that up to the present time every real defensive action, at the cost of many thousands of dollars, has been instituted and carried out by my associates in San Francisco and myself who are helping me to perpetuate E R A . The expenses have all been borne by myself and by Mr. Gottesfeld. For three months he traveled from one state capitol to another, preventing adverse legislation against E R A, while some men in the field and some self-styled friends of E R A were doing everything they possibly could for the sake of money in disrupting and discrediting the method. He has aroused the antagonism of these men who have risen from penury to affluence and now desire to partake of the commercial advantages of the Physico-Clinical Company.

You do not for a moment suppose that I am going to permit after years of work the discontinuance of the collection of royalties on which the new College of Electronic Medicine is dependent. If this state of things continues they will soon be demanding the apparatus for themselves free of charge so that they could make more money, and use as an excuse their cry, "The Cause of Humanity." In this instance let me reiterate, as I have repeatedly stated in my Journal, that to legitimate free clinics conducted by efficient electronic physicians, graduates of my accredited schools, I will furnish free of royalty any of the instruments manufactured by the Physico-Clinical Company.

From accurate data, which I have gleaned, I find that the last meeting of your organization consisted of exploitation of bootleg apparatus by incompetent men. You accuse Mr. "G" of having kept me from attending the convention. Those who have informed you have absolutely misled you. The fact of the matter is he wanted me to go but I was too

busy to leave my work, and, furthermore, I did not wish to enter into controversy with a lot of individuals assembled for commercial purposes.

Mr. "G" is again accused of having associated himself with the Physico-Clinical Company in the matter of apparatus. This matter Mr. "G" has never had anything to do with. It was merely an excuse used by men who were financially interested in the manufacture of "bootleg" apparatus, and who felt that they could not very well attack me personally and therefore, in an effort to discredit Mr. "G", they believed they were hitting directly at the Physico-Clinical Company.

In that connection I regret that in my research work and my attempts to place E R A on a basis that will brook no further question from any source, I was naturally compelled to rely upon paid employees to take care of the business of the Physico-Clinical Company. It was only recently that my attention was called to the cry of so-called defective apparatus. In the presence of a number of physicians I immediately made an investigation and found that in the main the cry really emanated from men who are endeavoring to sell their own wares; that some rheostats had left the factory in a defective condition because of the negligence of one of the employees. That condition was immediately remedied and, on the advise of Mr. "G", we issued a statement that we would exchange, free of charge, any apparatus that left our factory in a defective condition.

For your further information, we are expending a very considerable amount of money in developing apparatus that will make this work more effective and more perfect. We have affiliated with us engineers of the highest efficiency, who are developing the Oscilloclast so that it will give better results. The men in the field do not seem to appreciate it. They are blinded by the claims of physicians and manufacturers whose interest is to place their wares on the market for financial gain irrespective of the merits of those instruments, and it is these bogus instruments and these physicians, some of whom are on your Board of Directors and are controlling the destiny of your new organization, that are doing more to harm E R A and the practitioners who are endeavoring to do the right thing than any other factor.

Here and now let me convey this to your mind: That it would be one of the greatest reliefs in my life if I could throw off the responsibility of the manufacture of instruments, and I would welcome any instrument that would do the work as well as the Oscilloclast if I could be assured of that fact, and that it would not fall into the hands of charlatans, beauty parlors, nurses and barber shops. In other words, that we would have control of it for the benefit of ERA and that some of the profits would go for the perpetuation of ERA.

To date I have tested, and you undoubtedly have done likewise, practically every instrument on the market and found that none of them delivers the goods as well as the Oscilloclast. I have also been informed, and not by Mr. "G", that a scientific committee has reported that fact to the Convention in Chicago.

At the present moment we are making a thorough house-cleaning in the Physico-Clinical Company, and what is more Mr. "G" is helping,

so that there will be no future trouble between them and the men in the field.

You speak of a certain man who professes to give up his "bootleg" apparatus in the event it is not trustworthy. This individual has organized a company for the sale of such apparatus and has, I am informed, placed, together with his colleagues, about twenty thousand (\$20,000) dollars in the enterprise, and has made the statement that it was a much better machine than the Oscilloclast but that he was still experimenting to prove it. You will appreciate that human nature will naturally prevail in making that individual play his interest against the interest of anyone else in securing the endorsement of his products by the association over whose destiny he has a part, whether they have merit or not.

I understand that it was also agreed that the Teachers' Association, which is an independent body, was to constitute your Standardization Committee, and that your Association repudiated that understanding. That information did not come from Mr. Gottesfeld either, but from one of the teachers who has written me regarding same.

Relative to another member, whom you mention, I extended to him all the courtesy that was possible at my office. I gave him extra instruction in certain matters. Then, to my intense amazement, he proceeded to a "bootleg" concern and placed an order for an apparatus about which he knows nothing.

You speak of loyalty to the organization, and, in the same breath, you say that teaching will be done whether the home institution wants it or not.

I have absolute faith in Mr. "G" and shall continue to have this faith until anything is shown to the contrary. If Mr. "G" has acted in a way unbecoming of a gentleman I should like to know these facts and censure him for it. I believe that what he has done was purely in furtherance of what he thought was for the good of E R A, and that fact was demonstrated by his leaving Chicago immediately, at his own expense, for Washington, D. C., and then for Jonesboro, Arkansas, to assist a poor practitioner who was in trouble with the government. That practitioner, I am informed, stated her case to both conventions without assistance, and it is up to me now to defend her, and defend the honor of E R A at God knows what cost. Do you realize that a conviction of this doctor would unquestionably finish E R A, and that when I go to the defense of E R A I know, and feel, that right is with me and that I will win and make it safe for the practitioners to practice ERA?

In view of the fact that you have seen fit to place on the Board men whom I feel are not working for the good of E R A, and whose interest in the Association I believe to be merely for the purpose of their own gain, I feel it is my duty to present my resignation as Honorary President of your Association. I believe Mr. "G" was absolutely right when he referred to certain members as my enemies. Of course, if I am convinced that this Association was organized for the good of E R A and for the welfare of the men in the field, I shall be delighted to withdraw my resignation.

Regarding my position as to the College: There are over three thousand men practicing E R A. There are less than 10 per cent in your organization. You will appreciate that your organization, therefore, represents but one-tenth of the practitioners, and I understand that quite a number of them are not authorized practitioners.

My future work shall be done purely in behalf of men who practice E R A ethically; men, who, like myself, think that E R A should be practiced for the benefit of humanity and not for the benefit of self.

Regarding the College of Electronic Medicine: That institution is dedicated for the good of humanity and there are on its Board of Trustees, a number of practitioners taken from the practitioners at large; men whose character cannot be impeached. They are now representing the sentiment of the general E R A practitioners on that Board. It is ridiculous to ask me, or anyone else, to turn over an institution which is my life work, and my private funds, to an Association who represent, in the first instance, a minority, with members on the Board of Directors whose interests are in conflict to the interests of that institution, and whose spirit has done great harm to E R A.

Nevertheless, my dear Dr. Cave, I want you to feel and to understand that as far as you, personally, are concerned, I have the utmost faith in your sincerity and the utmost confidence in you, but I believe that you have not given this matter the proper thought in the right channels, and I would suggest that you come to San Francisco, if it is possible, where we can both dispassionately discuss the situation as well as the affairs of the College. I am quite confident that such discussion will ultimately mean a united house in behalf of E R A, and in behalf of humanity. You must realize that a house divided against itself must necessarily fall.

Enclosed please find the resignation in question, as I cannot countenance the actions of your organization.

With the best wishes and kindest regards, I am,

Sincerely yours,

(Signed) ALBERT ABRAMS

RESIGNATION

October 20, 1923.

Dr. Francis Cave,
President of the American Electronic Research Association,
359 Boylston Street,
Boston, Mass.

My Dear Doctor:—

In view of the fact that you have seen fit to place on your Board of Directors men whom I believe have interests, contrary to the interests of ERA and to the practitioners in general and men who are antagonistic to my aims for the furtherance of E R A, I feel that I cannot conscientiously lend my name to your organization and therefore resign as its Honorary President.

If you should, at any time, so constitute your organization that it will be a true American association, composed of men whose interests are purely the interests of humanity and the proper furtherance of E R A, and not personal interests, I shall then be delighted to affiliate myself with your organization or any organization under these lines and do what I can for its furtherance.

Sincerely,

(Signed) ALBERT ABRAMS

FURTHER CORRESPONDENCE WITH DR. F. CAVE.

Dr. Francis A. Cave,
359 Bolyston Street,
Boston, Mass.

Dear Doctor:—

I am in receipt of your night letter of October 29th reading as follows:

“Your letter October twentieth just received your information from New England practitioner absolutely without foundation except possibly personal jealousy I am using no Electronic treating machine except Oscilloclast and have never contemplated nor discussed associating myself with either Porter or Rollins for teaching purposes the whole story is manufactured and demands immediate and indignant repudiation am writing kindest regards.”

I am very much gratified and relieved at receiving the telegram.

In furtherance of my letter of October 20th and further justification for my reason in objecting to associate myself with your new organization until such time as its official family is free from those who seek to unconscientiously benefit themselves at the good name and expense of E R A and the good of humanity, I call your attention to Dr. Lecocq's case and to the contents of a copy of a letter attached sent out by the State Medical Board of the State of Ohio.

I am continuously in receipt of letters from practitioners seeking my help to defend them against onslaughts made by different individuals throughout the country.

You will appreciate that defenses of that type, from a financial view point, are exceedingly expensive. Up to the present writing, because of the work of San Francisco in such defenses, there has been no success had on the part of the enemies of E R A.

With the present concentrated effort and with the instruments now made use of by the enemies of E R A, we now have a more serious and dangerous problem to contend with than ever before but we believe that the present effort, because of its concertedness, is the swan song of our enemies. Now to defeat this effort it is necessary that we have the support of all our agencies and of all our men. Toward that end I have been seeking the functioning of the “International Association of Electronic

Medicine" and endeavoring to bring you to San Francisco so that I can secure, in fighting the present onslaughts of E R A, a concentrated support of all its protective agencies. In these efforts there have been numerous attempted frustrations by men whose only aim can possibly be self gain. For instance, one of the directors of your new organization, has done everything in his power and has now renewed his activities in an endeavor to prevent the functioning of the "International Association of Electronic Medicine." His acts and the acts of others are making it difficult for me to organize our forces sufficiently so that we can properly and successfully meet this battle against our enemies. If the efforts of these men who are supposed to be within the circle and who pretend to be friends of E R A, are successful and not enough good men rally around me to help me make this battle for them and for the good of ERA, it is not a very difficult matter to realize what the outcome will be.

I cannot understand the manner of thinking of these men who are, at this more perilous time of E R A, throwing obstacles in my way when the failure of the defense of E R A will strike them as well as the good men who are helping the fight and are doing so for the sake of humanity.

For your advice I would like to call this particular fact to your attention that with very few exceptions, every case of erroneous diagnosis or bad success on the part of an E R A practitioner, is caused by the use of "bootleg" apparatus. Of course these practitioners who are prosecuted and against whom attempts are made, when our investigations show that they are users of apparatus not endorsed by us, we will withhold our support therefrom.

There seems to be another peculiar tendency of some of the E R A men. They contribute most generously to practically everything and refuse and object to contribute to that which is distinctly for the good of E R A. That tendency must be cured and your participation in the defense of the rentals somewhat helped toward that cure.

In closing I would like to say this: That unless all of the agencies for the good of E R A combine at the present with one object in view and that is to assist in working out a proper plan for E R A defense and do it as one unit no matter what merit there is to our system, no matter what good it is doing for humanity, all my attempts and all the attempts and efforts of other men, will be fruitless. Rather than that, the writer will withdraw from active E R A practice and perpetuation and devote himself exclusively to research work for posterity. I do not need to tell you what such action for the present will mean to the practitioners of E R A.

Sincerely

(Signed) ALBERT ABRAMS -

LETTER FROM DR. C. F. ELLIS—FAVORABLE REPORT OF HAHNE-MANNIAN ASSOCIATION.

Eureka Springs, Arkansas.

Dear Doctor Abrams:—

I want to congratulate you on the report of the Committee of the International Hahnemannian Association and its acceptance by the body at Atlantic City at the 1923 meeting.

This is the first really careful, thorough investigation that I know of by a medical body. The Committee was large, well chosen and of men competent and willing to see what was of value in the Abrams' methods of diagnosis and treatment. It worked one year and made a favorable report.

Being an humble follower of Hahnemann, I am proud that this first comprehensive investigation was thorough, favorable and made by a Homeopathic body.

With every good wish for you and your great work, I am

Sincerely,

(Signed) C. F. ELLIS, M. D.

See Homeopathic Record, October, 1923, Page 443.

September 17, 1923.

To the E R A Teachers' Association.

Gentlemen:—

In pursuance of our several conversations and in order to get the matters discussed between us firmly fixed in our minds, it is my understanding that the following conditions shall prevail in the future in furtherance of E R A work.

That all practitioners in the field should be earnestly urged to discontinue the practice of Love and Religious tests; that in the future no reports be made by E R A practitioners in the field until they have had at least Six (6) months practice and no tests, other than ordinary blood tests in their practice are to be made unless they are first submitted to the scientific committee of the College of Electronic Medicine Blanche and Jeanne R. Abrams Memorial Foundation, before any publicity is secured on them.

I shall, in my next number of the Journal, insert a copy of my letter to the Scientific American, a copy of which letter I am herewith attaching for your use and benefit.

I am heartily in favor of service stations and do earnestly urge that every teacher make his headquarters a service station and toward that end, I have instructed the factory here to place a supply of diagnostic outfits in the hands of each teacher, express to be charged to the Physico-Clinical Company, so that they can be exchanged with the alleged defective rheostats in the field.

I have also instructed my factory to place a service Oscilloclast in the hands of each of our teachers so that the practitioner in the field will not be inconvenienced in the event of the necessity of repair to an Oscilloclast. This will be done at the very earliest opportunity.

I have also instructed the office to prepare and get ready certificates for the men who have studied E R A in the authorized branch colleges and upon receipt of five (\$5.00) dollars and proper proof of required study and attendance, such certificate will be mailed to the practitioner.

I have also instructed Dr. Wirklich to publish in the Journal all the investigations made each month.

I am enclosing for your use, a picture of the College which you are permitted to use in any manner advantageous to the College.

In my next number of the Journal there will be an article on "bootleg equipment" and their tests.

I have instructed Mr. Gottesfeld to prepare a prospectus of the College.

I have also instructed Dr. Wirklich to do what he can to bring the Atlas up to date.

I will, as soon as I check up and investigation is completed, have the Micro-Oscilloclast available for the use of the practitioners who have been faithful to the cause.

Dr. Wirklich informs me that there will be a change in the price of the Journal taking effect at the earliest opportunity.

In conclusion, I desire to state I am ready to do everything that is honorable and reasonable to help the practitioners in this work.

Take with you to Chicago my greetings and best wishes for their continued success.

RESULTS

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; general notes, \$2.00. In the near future a prospectus of the College will be prepared.

The subscription price of the Journal will be reduced to \$8.00 for six 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. Back numbers of the Clinics from June to December, 1923 inclusive, can be obtained for the sum of \$6.00 made payable to the Clinics of Dr. Albert Abrams.

(Signed) ALBERT ABRAMS

AN OPEN LETTER FROM DR. ALBERT ABRAMS TO LEGITIMATE E R A PRACTITIONERS.

There has been a reorganization of both the personnel and the work of the Physico-Clinical Co.

It is and always has been my aim to supply to my followers the best instruments Science could design with which to carry on their E R A work. It was only recently called to my attention by some practitioners that they received diagnostic instruments which they allege to be inaccurate. The Oscilloclasts are gauged by biophysical and not electrical methods.

At a conference recently had between the deans of the respective branch schools and myself, that matter and several other matters were taken up and discussed. A copy of my letter to them, as well as several other letters, will be found in this issue of the Journal and I would urgently advise you to read them as they are of much interest to you.

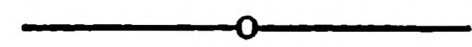
I am devoting the major portion of my time in my laboratory with the only object of improving E R A methods and to place these methods on such absolute scientific basis that there can be no criticisms by the orthodox medical fraternity that E R A will be of the utmost possible benefit to humanity. The results of such experiments and new findings will go only to those who are legitimate E R A practitioners, in good standing.

A recent improvement is the Micro-Oscilloclast. We expect to give soon to the E R A practitioners other very important improvements and new findings with which we are now experimenting.

At the conference had with the teachers it was also suggested that a more liberal lease contract should be placed in the field instead of the old one.

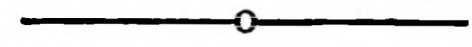
These new improvements and this new lease contract will go to the E R A practitioners who are in good standing, one of the requisites being the payment of rentals to date.

We urge that you fill out the enclosed questionnaire and mail it to us immediately.



QUESTIONNAIRE

1. Do you desire a new lease contract in lieu of your old one containing more liberal terms?
 2. Do you desire a Micro-Oscilloclast?
 3. Do you desire a Statiphone?
 4. Are you a subscriber to Clinics of Dr. Albert Abrams?
 5. Are you a member of any E R A Organizations?
- What are they?



CHICAGO COLLEGE OF ELECTRONIC MEDICINE

Chicago

October 30, 1923

Dear Doctor:—

You are no doubt aware that ERA is being investigated by the Scientific American, the second of a series of articles on the subject appearing in the November issue.

The article begins by stating that the test was made in the laboratory of Dr. X, **an Abrams Practitioner** in New York City. Then follows a description of how completely Dr. X failed to identify bacteriological specimens and in the very last paragraph the following appears:

“Incidentally, Dr. Abrams has written us stating that the doctor with whom we had the test just described, does not represent ERA — the genuine electronic reactions of Abrams.”

(Dr. Joslin, the Dr. X mentioned above, has not had an authorized course of instruction.)

The fact that this statement was not made in the beginning shows a decidedly biased mind on the part of the investigator, which is apparent throughout article. This calls for concerted action by all of us. Although Dr. Abrams, as well as this institution, has offered to co-operate with the Scientific American, it is up to the men in the field to insist that this investigation be **conducted** and **reported** in a fair and unprejudiced manner.

You have a number of cases that received definite benefit from Electronic treatments. As this investigation is going to be continued, we feel the editor should be informed about the good ERA has done. We therefore urge you to ask those of your patients who have been benefited to write at once, stating briefly what has been done for them, addressing the Managing Editor of the Scientific American, 233 Broadway, New York City.

Yours very truly,

CHICAGO COLLEGE OF ELECTRONIC MEDICINE

LETTER TO EDITOR OF SCIENTIFIC AMERICAN

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

Dear Sir:

The receipt of your letter of October 19th is herewith acknowledged.

Your suggestions to submit to blood tests as a conclusive procedure is fraught with many errors.

Notably in the matter of reconciling the average Clinical Diagnoses with the Electronic Reactions. The latter are essentially etiological diagnoses or diagnoses based on the causation of disease.

The average Clinical Diagnoses are based on the existence of a supposed lesion which is expected to be found at the autopsy.

The Electronic Reactions are diagnoses of processes, while the average Clinical Diagnoses are based on structural changes. For this reason, they cannot be expected to agree.

It is conceded that the average errors in Clinical Diagnoses under systems other than that of ERA vary from fifty to ninety per cent. It is quite a different matter whether examinations are made voluntarily or subject to test conditions. The psychological factor is an enormous one, as shown in my journal, which is forwarded to you under separate cover, and will be found on page 9.

I shall, on coming to New York, submit to demonstrations that shall be just and scientific and before bodies who may seek such demonstrations for the sake of science and humanity, so that I may prove the efficiency of ERA.

Since investigations have been begun by your magazine, my methods have been discredited by your first article, in so much as you employed an

individual whom I advised you was not a credited ERA practitioner, and who I am now informed does not use proper ERA equipment but uses instruments designed by himself.

I naturally feel that in all fairness that your investigation should be limited only to those who are accredited men — men who have taken a proper course in ERA and who are trained in its diagnosis and treatment. Men who are not so trained naturally cannot demonstrate its method, for generally speaking, if you seek the advice and treatment of an eye specialist you do not go to a chiropractor. If you are trying to make an ERA investigation you should only go to ERA men for that purpose.

I have also come into receipt of several telegrams from authentic sources, the purport of which is not understandable to me. For instance this is a sample telegram:

“Better not mix up with Scientific American. Satisfied after investigation that they are not on the square.
Signed.”

I will appreciate it if you will advise me the reasons for which such telegrams as I want to believe that your investigation is an honest one and I want to do what I can in helping you make these investigations.

Very cordially,

(Signed) ALBERT ABRAMS

Taken from the Homoeopathic Recorder, October 15, 1923, Vol. XXXVIII, No. 10, pages 443 to 451 inc. — Business Session of the Forty-fourth Annual Convention of the International Hahnemannian Association, July 5-7, 1923.

The final unfinished business from the last session was the report of the committee appointed by the president to investigate and report on the Abrams method of diagnosis and the use of the Oscilloclast in the treatment of ills.

REPORT OF THE COMMITTEE APPOINTED IN 1922.

By the International Hahnemannian Association to Investigate the Abrams Methods of Diagnosis and Treatment.

This committee consists of Dr. Eugene Underhill, of Philadelphia, Dr. Henry Becker, of Toronto, Dr. Harry B. Baker, of Richmond, Dr. Benjamin C. Woodbury, Jr., of Boston, Dr. Harvey Farrington, of Chicago, and Dr. Guy Beckley Stearns, of New York City, chairman. Of this committee, Drs. Baker and Becker had already attended Abrams' clinic and experimented with the methods, and Dr. Woodbury was familiar with the theories as he had previously visited the clinic. Drs. Underhill and Stearns went to San Francisco and during a considerable period of time were in daily attendance in the clinics. While there, with other interested

physicians, they engaged in outside experiments to determine if there was any relation between the reactions of Abrams and the curative remedy.

Mindful of the duty as a committee, all of its members who have done actual experimenting have kept in constant touch with one another by letter and have met in conference, in part or as a whole, several times. In this way each man's experiments have been checked up by all the others. Also, this committee has kept informed regarding the controversies which have found expression in various public prints. Much of the literature in favor of the methods has been highly colored. Some of it, obviously commercial. Notable exceptions are the articles by William E. Boyd, M. D., of Glasgow, describing experiments which he had conducted; the book of William F. Hudgings, an exponent and simplifier of the Einstein theory, and the report of T. Proctor Hall, M. D., to the British Columbia Academy of Science.

On the other hand, in the condemnatory articles beginning with the editorials and pamphlets of the American Medical Association Journal and continuing through the articles in Hearst's International, and in the Dearborn Independent, we have not found any statement which was of value for determining the basic facts. They are highly prejudiced and condemn without evidence.

When this committee began its work, the conservative part of the profession had already become prejudiced against a fair investigation. Partly from natural antipathy to new methods which in any way appear revolutionary in character, but doubtless largely from the fact that the kind of publicity resorted to had tended to throw discredit upon the methods whilst attracting a horde of opportunists who were concerned only with personal benefits. This created an embarrassing situation for the members of the committee, but we determined not to allow this circumstance to hinder in ascertaining and presenting the basic facts to this association.

The original committee has been augmented by associates who have joined in the experimental and practical work. Associated with Dr. Baker have been Dr. C. W. Tabor and Dr. John M. G. Ryland; with Dr. Becker, his daughter, Dr. Beatrice Becker; with Dr. Underhill, his son, Dr. Eugene Underhill, Jr., and George Yale Wilson, electrical engineer; with Dr. Stearns, Dr. W. J. S. Powers, Dr. M. Eltinge Gore, Dr. J. W. Waffensmith and Herbert Morris Pilkington, electrical expert and technician.

Abrams's claims may be summed up as follows:

1. All substances give off radiant energy.
2. The energy from the blood of an individual represents all the attributes of that individual including his disease-processes.
3. Each disease and attribute gives off its own peculiar kind of energy.
4. These energies can be transmitted by metallic conductors, can be differentiated from each other by means of coils of wire having different degrees of resistance and the potentiality of each energy can be estimated by arbitrary units of measurements.
5. Each of these energies, when conducted to a living human subject, causes definite reactions, that identify the energy.

6. The reactions have to do with slight changes in the tone of some of the hollow organs of the body or at least a change that can be detected by delicate percussion, by rubbing the superimposed surface of the body with a glass or hard rubber rod, by a difference of texture of the skin as detected by the fingers and at times by a change in color of the skin over the organs in which the reaction takes place.
7. These energies are of a vibratory character and each disease has its own particular vibration.
8. Certain drugs have a similar vibration to certain diseases and therefore those drugs have a destructive action on the diseases to which they correspond, in accord with well-known physical laws.
9. An instrument called the Oscilloclast has been devised by Abrams and it is claimed by him that this apparatus develops a form of energy having a range of vibratory rates similar to the range of rates inherent in the different diseases of the body.

There is but one way to deal with these claims, namely, personal examination and experimentation.

This committee began by investigating the possibility of obtaining the reactions. In presenting the results, we simply submit the facts without entering into any of the controversies regarding the explanation of the facts.

HOW TO ELICIT THE REACTIONS

The experimenter should have a subject, the healthier the better. It is best to make the first experiment by eliciting the subject's own reactions. To do this, the subject should face east or west, preferably west, because the magnetic or some other directional currents interfere with the reactions when the subject is oriented in any but the east or west position. Also, the room must be in subdued light, the darker the better for a perfect demonstration, although good results can be obtained in a room in daylight with the ordinary gray blinds drawn. Light energy apparently is strong enough to inhibit the reactions. Apparently static influences retard or prevent the reactions, therefore the subject should also be grounded, although the latter is not always essential. Odors and colors also will modify or inhibit them. The subject, properly grounded and oriented, should now stand with arms extended a little from the body and the fingers straight and spread apart. If he brings his hands together, or turns his hands in so that the fingers touch the body, or clenches his hands so that the fingertips point back into the palms, the reactions are dissipated. If anyone else touches the subject so as to short-circuit the two sides of the body, the reactions at once disappear.

Having fulfilled all the necessary conditions of the experiment so far as the subject is concerned, the experimenter now sits in front of the subject and he also should be grounded so as to be in static equilibrium with the subject.

Now begin gently percussing on the abdomen to the left of the navel and below it, working up on the abdomen until a change of note is observed. With a pencil, mark the spot. Do it two or three times until certain of the location of the change of note. Now, turn the subject at right angles; that is, facing north or south and percuss in the same way, and the point of change of note will be found to have changed its position up or down, depending on the condition of the subject. A colored light thrown on the abdomen will change the location of the percussion note. Different medicinal substances held in the hand will do the same.

Instead of percussion, a glass or vulcanite rod can be used. The rod should be firmly rubbed over the area of the abdomen where the reactions occur, always with an even pressure, and a slight sense of resistance is noted almost as though the rod were sticking to the skin. Moisture or fat on the skin will cause the same sensation. To test whether a reaction has occurred, short-circuit the subject by placing two fingertips, one on either side of the median line of his body and if the sensation of resistance of the rod is caused by reaction there is immediately a letting-go, the rod slipping off. If it is due to other causes, the sticking sensation remains.

An experimenter with a delicate sense of touch can observe the reactions by gently drawing the tips of the fingers over the area instead of using the rod.

To determine the different kinds of energy in the blood that is being tested, one must have a healthy subject. For this purpose, many subjects may be tried before a satisfactory one is obtained. In this experiment, the blood is placed in circuit with the ground and certain so-called resistance-coils, each coil having a definite resistance of from $1/25$ to 10 ohms. From this set of coils a wire leads to an electrode which is held on the forehead of the subject; thus, the energy from the blood must pass through the resistance-coils before it reaches the subject. Now, by turning a switch so as to bring a definite amount of resistance between the blood and the subject, say 50 ohms, it will be found that a reaction will occur in a certain area of the abdomen, provided there is present in the blood the kind of energy that vibrates harmoniously with that amount of resistance. Turn away from this number and the reaction disappears.

Now, turn another amount of resistance and keep changing this until a reaction occurs, which will likely be in another part of the abdomen. The resistance-box that has been devised for this purpose measures up to 60 ohms as it is claimed that this represents the highest degree of resistance that is necessary for the differentiation of any of the pathological energies in the blood. By interposing a second resistance-box between the first and the subject, with the second box, seemingly the amount of each of the different energies can be measured.

The term Ohmage has been borrowed from electrical terminology to represent these measurements.

All of the foregoing can be worked out by anyone who will take the trouble to master the requisite technique.

As to the interpretation: It is claimed that every disease "tunes in" through its own particular amount of resistance. In discussing this phase

of this subject, we will, for the sake of brevity and clarity, not use the word "ohms" but merely designate by number the tuning-in place of diseases.

Practically everyone has energy that "tunes in" at 57, so this has been considered as representing a basic pathology on which all other diseases grow. Congenital lues gives a reaction for this number, so the deduction was made that everybody has congenital lues. Blood from a patient who has cancer gives off an energy that comes through at 50, therefore it is deduced that all energy coming through at 50, is either cancer or cancer in its incipiency. Sarcoma energy comes through at 58, acquired lues at 55, streptococcic infection at 60, tuberculosis at 42, and so on through all the different diseases. As far as we have checked up, where one of these diseases is known to be definitely present, an energy does come through at the numbers given, but we also find energies coming through at these numbers where no such diseases can be demonstrated by any other method. So that some may require further proof as to whether these energies really represent these diseases in their incipiency or not. One thing that may be demonstrated is that where there is definite pathology in the individual who supplies the blood, the location of that pathology can usually be demonstrated on the subject.

Putting all these facts together, it requires only a certain amount of good judgment and skill in drawing deductions and correlating whatever other facts are known, to make fairly accurate diagnoses. On the other hand, an immense amount of experimentation should be carried on by a great number of competent observers before many of the claims that are so boldly made should be broadcasted. We would not presume to pass final judgment on these methods of diagnoses, but we do say, however, that at times the findings are startlingly correct.

OF WHAT USE IS THIS KIND OF DIAGNOSIS?

It is this phase that has most interested us and especially if it would help in drug-selection. Last year, Dr. William Becker, of Chicago, demonstrated to this organization differences in potencies of remedies by means of these reactions, and it was largely this demonstration that inspired the appointment of your committee. We have also experimented along this line and verify what Dr. Becker showed last year, namely, that the higher the potency the higher the potentiality of the energy as measured by the resistance coils. More important still, we have found that a remedy which will cure the patient will annihilate or intensify all pathological reactions when it is brought into relation with the patient or with the blood of the patient. Dr. Stearns and his associates have devoted most of their time to developing this line of investigation. Dr. Underhill has made extensive researches tending to show that certain tissue-elements are deficient or out of balance in any given case, and the element found which would cancel most of the reactions when tried out by these methods, he has observed to be the constitutional remedy.

For the lack of time and space, we cannot go into detail about these experiments; moreover, it would be premature because changes in technique

are constantly being worked out. However, anyone in the I. H. A. who is interested is welcome to all the knowledge that we have gained. So much depends upon accurate technique and there are so many possible sources of error at the present stage of our work that we must be extremely cautious regarding any claims we make.

The present necessity for the use of a subject as detector of the energies in the blood makes any absolute standardization impossible. Mr. Pilkington and many inventors throughout the country are working to devise a mechanical apparatus for detecting the energy. Once this is accomplished, none can fortell the possibilities. Only just now, we are in touch with a scientist who has detected the energies, by means of an apparatus which he has developed, and he expects that, within a few months, he will have perfected a detector.

As imperfect as are our present methods, we have been able to work out some remarkable prescriptions -- occasionally finding remedies that have been so poorly proved that they could not have been found in any other way. We have applied this method to those cases on which we have failed by our old method of repertorial analysis and study, and we have checked up on the remedies that we have been able to work out in the old way. It is along this line that Dr. Boyd, mentioned earlier in this report, has done some original work. By somewhat different technique, he has anticipated some of the work that we have done. The same is true of Dr. F. C. N. Schneider, of Peru, Illinois, who, by similar methods, has not only selected curative remedies but also the diet best adapted to patients. This dietetic phase we have not had time to go into.

THE OSCILLOCLAST

The amazing claims made for this apparatus have led us to try it out. The A. M. A. Journal and the Dearborn Independent claim that it is impossible for any sort of known energy to be generated by this mechanism. However, the patients under treatment are benefited in a way difficult to explain from any other standpoint but that they do receive some specific energy. We asked Mr. Pilkington to test out the apparatus and he reports as follows: "At your request I examined the oscilloclast with a view of ascertaining, if possible, whether any current of electricity is in fact inducted into the patient. Briefly, the apparatus above mentioned sets up a pulsation which is supposedly conveyed to the patient by conducting cords. By using a pair of 6,000 ohms earphones in series with the patient, who is insulated, the unmistakable inductance-kick of the iron core electro-magnets was plainly audible at every impulse, which, of course, can only mean a definite stress set up in the patient's body at each and every pulsation of the circuit, whatever may be its characteristics. The principle involved is apparently that of a magnetic stress that is rhythmically interrupted and that produces specific physiological reaction without sensation to the patient."

It is said that there is nothing patentable about the oscilloclast. Other machines have already been put on the market which are said to do equally good work. These are being tried out by reliable physicians.

RESULTS OF THE TREATMENT

We have observed apparent curative effects in some of the most difficult types of cases. We will not burden this report with statistics although we could give a series of a few hundred cases extending back over a considerable period of time. We feel that it is sufficient at this time to report in this general way.

THE COMMERCIAL ASPECT

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

SUMMARY

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

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

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

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

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

Respectfully submitted: ..

EUGENE UNDERHILL, M. D. .

HENRY BECKER, M. D.

HARRY B. BAKER, M. D.

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

HARVEY FARRINGTON, M. D.

GUY BECKLEY STEARNS, M. D. -- Chairman

NEW APPARATUS

Ampli-Statiphone 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.

Microoscilloclast of Dr. Albert Abrams

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