

Physico-Clinical Medicine

AND

CLINICS OF DR. ALBERT ABRAMS

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

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THE CLINICS OF DR. ALBERT ABRAMS

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WORKS BY ALBERT ABRAMS

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

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

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. H. W. Wirklich, associate of the late Dr. Albert Abrams, will continue the monthly instruction in "Electronic Medicine".

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AN ACCOUNT OF DOCTOR ABRAMS' LAST TWO DAYS IN THE CLINIC

(Although Doctor Abrams was suffering with a severe cold and was really too ill to work, he insisted on continuing his examinations in the Clinic against the advice of friends and physicians. When Doctor Abrams entered the Clinic Friday morning there was a discussion among the doctors about the method of treating asthma and instruction was given to concuss the 5th and then the 4th cervical vertebrae to relieve bronchial asthma and the 7th cervical vertebra to relieve cardiac asthma. Doctor Abrams sat down a moment and listened to the instruction and then said they could try the experiment upon him, as he had had difficulty in breathing the preceeding night.)

DOCTOR ABRAMS: (To Doctors in the Clinic.) First listen to my breathing and then concuss the 5th and 4th cervical vertebrae. There is no difference noticeable. Now try the 7th cervical. I can feel that that relieves it somewhat. It must be of cardiac origin, but there is nothing wrong with my heart. We can test out the heart capacity in a moment. I will show you how that is done. It is the most accurate thing imaginable; more accurate than all the heart tests. The vibratory rate for the normal heart is 2. Have the patient grounded, facing west with arms out; set instrument at rate 2 and measure the amount of energy; $4/25$ of an ohm shows a normal heart capacity. If you wish to take a reaction upon yourself, use an ordinary telephone condenser, as I will show you. First discharge any energy that may be contained in it by touching the two electrodes together. Then stand grounded, facing west with arms out and have assistant hold one electrode from condenser over the heart region for several minutes. This condenses the energy and retains it indefinitely if it is not discharged. Do not let the two electrodes from the condenser touch each other or you will discharge all the energy and can not get reaction. Now take the lid off the dynamizer, set it on edge on the table near the electrode from the condenser. Set the instrument at rate 2, the rate for the normal heart, and measure the ohmage; it measures $4/25$ of an ohm. That shows that my heart capacity is all right.

There are some important cases here that I want to examine

to-day. I have told these patients I wanted to see them again before I leave for the east, as I intend going next Tuesday.

This is a case (No. 152) of a married woman, age 31 years. One boy living and well. Since November, 1922, noticed a mass in the left breast about the size of a small marble. It gradually grew larger until when she first came here it was about the size of a hen's egg. No loss in weight; appetite good. No pain. Mass is irregular in size and shape. Skin slightly movable over it but in some places is attached to it.

May 11, 1923. First examination. *Carcinoma; non-metastatic; left breast; 7 ohms....Congenital D. R.; 37 ohms.*

June 5, 1923. Carcinoma and sarcoma; negative.

August 9, 1923. Carcinoma; Sarcoma; Congenital D. R.; Cryptogenic D. R.; negative.

December 18, 1923. Carcinoma, Sarcoma, Strep., Staph.; negative. Death reaction present in left breast. As I have explained to you before, the devitalized tissue in the breast forms a fertile field for mixed infections. Even though the reaction of carcinoma and sarcoma is negative, the tissue which has broken down we have not been able to restore to normal vitality. My advice sometime ago was to have the breast removed by thermo-cautery, not by the knife. However, the little lady objected so much to the removal of the breast that we have tried every method possible, even using an electro-magnet in an effort to restore vitality to the tissues.

December 27, 1923. Left breast removed by thermo-cautery.

January 4, 1924. To-day's report. Patient feels quite well but a little weak. She is present and will come in for examination. We will first examine the blood and see if there is any carcinoma reaction present. Carcinoma; Sarcoma; Cryptogenic D. R.; negative. (Patient comes in.) It is remarkable how well and strong she is only eight days after the removal of the breast. Everything is absolutely negative, so you need have no more worry. Will you kindly expose the breast? This is a beautiful piece of work. I will have Dr. Jarvis explain the method to the class.

DOCTOR JARVIS: Doctor Percy of San Diego worked out this method and was at first opposed by the profession, but now it is in general use. The method is to make no incision with the knife at all. You dissect with cautery so hot that it will melt fat, but so cold that it will not incinerate the tissues. There is no change in the color of

the tissues after using it. One can remove all fat from a vein or artery without doing any harm to the vein or artery. The index for the degree of heat is to melt fat but not to cauterize the tissues. An electric current is used with thermostat. In uterine cancer, for instance, one can get fairly good results by simply baking the tissues. The cancer cells seem to be killed at one and one-half centimeters around the thermo-cautery. The advantage is that it kills the cancer cells within the radius named and in no case will it spread the disease. The healing process is apparently very rapid and the possibility of infection is almost reduced to nothing. One doctor in Chicago had a series of cases of carcinoma of the tongue, many almost hopeless, and he got 80 per cent. results after five years. This patient whom you have just examined was operated just a week ago to-day and now she is able to walk into the Clinic. You could not get such results with surgery alone. This patient was walking around and was apparently as well as to-day two days ago. It is evident that after the blood condition is cleared up by the use of the Oscilloclast, the patient is better able to withstand the operation and recuperates very much more rapidly. Examination of the tissues microscopically showed cancerous appearance. The operation was quite extensive.

DOCTOR ABRAMS: What is the special name for this method of cautery? It should have a name. You might call it thermo-dissolution, but that would hardly do, as they might think it referred to the dissolution of the patient. You can all see the advantage of Oscilloclast treatment before performing any necessary operation. Many of my men report much more rapid healing and convalescence in their surgical cases where the Oscilloclast treatment is given previously. No more treatment is required in this case. The patient is to go home and rest and return later on for reexamination.

This patient (No. 819) is a married woman age 54 years; married 24 years. No children; no miscarriages. Eight years ago began to have lumbago which became worse in March 1923. Sciatica began in September, 1923; limped since October, 1923. Sleeps only fairly well. Good appetite. Urine negative except for little colon bacilli. Costive. Migraine at irregular intervals. Teeth x-rayed and found negative. No Wassermann test made. Piles and warty growth in vagina removed in 1908. Tonsils removed in 1921. Pain practically constant and is severe. Is merely ameliorated by taking aspirin constantly.

December 27, 1923. First examination. *Sarcoma; present; non-metastatic; spine, lumbo sacral region; 5 ohms; Congenital D. R.; 8 ohms.* Strep; Staph; Tuberculosis; negative.

January 2, 1924. Carcinoma; negative. *Sarcoma; present; 5/25 ohm at a point on spine higher than before.* You will see the necessity of waiting a sufficient length of time after all-night treatments.

January 4, 1924. We will see what we find to-day. *Sarcoma; negative. Cryptogenic D. R; negative.* (Patient comes in; is able to walk very much better but still complains of pain.) Even after a reaction may be negative, you can not expect a complete cessation of all the symptoms. After the removal of the cause, if too much damage has not been done, there should be a gradual disappearance of much of the pain and distress, but we can not promise anything. We will have an x-ray picture taken. It may be purely a mechanical disturbance which this treatment would not remedy. Have a picture taken of the lower part of the spine including the pelvis. After removal of the cause it may take weeks before there is complete recovery.

I am going to take a reaction of myself and see if I have pneumonia, for I have all the classical symptoms. I do not get a reaction of pneumonia but I get a reaction of influenza. That is evidently what is the matter with me.

DR. ABRAMS' LAST DAY IN THE CLINIC

DOCTOR ABRAMS: (In reply to inquiries about his health.) I am feeling better than yesterday morning. I took an all-night treatment on the Oscilloclast for Influenza. Yesterday morning I had all the classical symptoms of pneumonia. I have to keep on working. I am so constituted that even if I knew I would die the next moment and I had some interesting experiment that I was working on, I would continue with my experiment. Death means nothing to me. As Victor Hugo said, "It is nothing to die, but it is frightful not to be able to live." I have never been able to have a good time and enjoy life like most people. To travel, to see beautiful scenery, to play golf -- all that means nothing to me. (He was asked if he did not take his pleasure in his work.) Yes, it is true that when I have

some special problem or experiment I am absorbed in that and of course I am always enthusiastic about my work, although I find the routine of blood examinations very exhausting and tedious. The thing that has given me the greatest pleasure recently and about which I was really delighted and enthusiastic was the experiment made with the radio instrument and the frog legs by means of which we were able to make tracings of the various disease energies. These were shown in recent Journals and were called Eragrams. That gave me a real interest in life and I was very enthusiastic about it.

This is a mail specimen. Married woman, age 42 years; from a family of bleeders. In her two confinements nearly lost her life. Always had profuse menses. Two years ago she was very irregular, sometimes two months apart. One year ago flooding occurred for two or three days for two or three hours at a time; then it would cease a few days. Tannates hydrastin and ergotin every two hours failed to relieve at all. Intrauterine positive galvanism was used and the flowing stopped for three months, when upon lifting a ten pound weight it seemed to bring it on again immediately. She was then given a formula of mammary substance, ergotin and total pituitary gland, and was made to rest. This stopped it again for three months from July to October, 1923. Since October 21 she has flowed every 23 or 24 days but much less flow. Always constipated. Flow is present at this writing. Pulse 100, easily compressed. Respiration 18. Blood pressure 110. No pain except backache. No headache. Color better and feels better than for year. Nervous and depressed.

It is often supposed that hemophilia is present only in males and is transmitted by females; but this is not always the case. I have seen many cases of hemophilia in females. It is merely a question of Congenital D. R. localized in the uterus. The blood vessels are made permeable by virtue of the syphilitic infection. I can recall one instance of a woman bleeding, and treatment over the uterus at rate 3 for the Congenital D. R. corrected this condition.

We will see what we find in this particular case under examination. *Sarcoma; present; uterus; 5 ohms.* Tuberculosis; negative. Acquired D. R; negative. *Congenital D. R; 33 ohms.* Although we find it to be a uterine strain of Sarcoma, we will localize it in order to be sure. I will use the lung reaction so that I can not tell where the assistant is localizing it. Reaction of Sarcoma is present over uterus. Try the S V reaction; Sarcoma present. Write to the Doctor: "Reaction suggests uterine sarcoma. Treatment S S 3

as well as two cords at rate 3 over uterus. Treatment must be of long duration." That supposed case of hemophilia is nothing else but sarcoma of the uterus. The proof will be the results.

I want to see the x-ray pictures taken of the spine of the patient (No. 819) who was in yesterday. This picture was taken after we had gotten negative reaction for sarcoma. Go over the picture for sarcoma. Stand on the ground plates, holding the x-ray picture facing west and pass the electrode near the picture without touching it. Sarcoma is negative. Try strep; negative. Try staph; present over lumbo-sacral region where patient has pain. The staph. is of dental origin. Go over the patient's teeth and locate those that have staph. infection. The central incisor was pulled out fifteen years ago and the root canal filling left. You can tell if a tooth is dead very quickly. If you put a galvanic current over the tooth ordinarily you will get a sensation, but over a dead tooth you get none. Another way of telling is to strike the tooth with a piece of metal. Go over the area on the spine of patient for staph. You see we get the reaction of staph. when he arrives at that area. Carcinoma, Sarcoma, and Strep, are negative. Treat over the spine at rate 1, all-night treatment. (To the patient.) I made a special effort this morning, although I do not feel like working, because I wanted to examine the x-ray picture and check up, as this will probably be my last opportunity before I go east. How are you feeling?

PATIENT: I am feeling better and can walk better, but I still have pain. I have to take aspirin to enable me to step on my foot in the morning when I get up. My legs still have a numb sensation but I am able to sit with greater comfort than before.

DOCTOR ABRAMS: Of course you must realize that you have been under treatment for only a few days and can not expect the symptoms to subside immediately. You know that if you press upon the elbow it will cause the hand to go to sleep and the sensation will remain for some time after the pressure has been removed. You have had a pressure upon the nerves and we have endeavored to remove it, but it has been of such long duration that it will take some time for the symptoms to disappear. My belief from experience with similar cases is that the improvement will be gradual and constant. Do not get discouraged if there is an occasional relapse due to weather changes or fatigue. Your organism has formed certain habits that have to be entirely changed, and that requires a little time

and patience. It is a real pleasure to treat some patients, for they respond at once. I sometimes think we make a mistake in not assuring them of recovery, for the suggestion that they are going to get well is half the battle.

I will examine no more patients except my friend, Mr. W. He is so patient and has stuck by me so faithfully. This gentleman came here from the east with a carcinoma of the tongue. He was in such a desperate condition that the physician there did not want to undertake the case. For me it does not matter so much if I do lose some desperate cases, but my men can not always afford to do so. Of course they come here from all over in the very last stages, and we can not refuse to do what we can for them. And in some cases we are surprised ourselves at the results. It is a physician's duty to do all in his power for his patient even at the risk of affecting his own reputation. You must be careful, however, and explain to the relatives, if not to the patient, that you can not promise results and are doing it only as a last resort. Otherwise you will be accused of taking patients whom you know you can not cure in order to get their money.

(Patient comes in.) This patient came suffering with atrocious pain from a large lesion on the tongue. He could scarcely speak or swallow. We got a reaction of metastatic carcinoma; 12 ohms; at first and treated this. After this reaction was negative we got a reaction of Acquired D. R. and have been treating that. It has been one of the most stubborn cases I have ever had. He has been treated directly on the tongue with a small electrode coated with black lacquer on the back. No cotton was used, as the saliva furnished sufficient moisture. He has had all-night treatments on the Micro-oscilloclast and also treatments of shorter duration. The reaction for carcinoma and Acquired D. R. has been negative for some time, but recently he has been having staph. infection which extended into the glands of the neck. That is a very difficult condition to deal with. I have had him use a mild solution of methylin blue, which is destructive to staph., directly on the tongue and that has seemed to be of some benefit. He has also been treated at rate 1. He also uses a solution of orthoform applied to the tongue to relieve the pain. He had to use morphine for some time but he has discontinued that. He is looking better and has a better color. I want to see the tongue. It is looking better to me. We will take a reaction and see what we find. Hold the tongue close to the side of the cheek and hold electrode

over the cheek. Staph. and strep. are negative. How is the swallowing. (Patient states that it is painful to swallow but that he was able to eat an ordinary breakfast that morning.) That is very good. That is more than I ate. Keep right on. (Patient goes out.) That is a desperate case, but he is better at present, though we do not know yet whether he is off the rocks.

(After repeated urging, Doctor Abrams finally agreed to go upstairs to bed, although he protested against stopping his work.)

All right, gentlemen; but I feel that I owe it to the doctors here to keep on with my work since I have to go away next week. I will go to bed, although I do not really need to, and rest over Sunday to be ready for the trip.

Clinical Lectures

OPACITY OF VITREOUS OR AQUEOUS HUMOR

Opacity of the vitreous or aqueous humor of the eye may be due to strep. or staph. infection which the oculist is usually unable to determine.

HYSTERIA

I do not recognize hysteria any more as a disease in itself because there is always a condition underlying it. It is merely an emotional reaction to a cause. To me it is a word employed by the diagnostically destitute.

FREEZING TO RELIEVE POST-DENTAL PAIN (ETHYL CHLORIDE)

For post-dental pain, relief can sometimes be given by freezing over the spot where the second occipital nerve comes out from the spine. It is the largest posterior division of any of the spinal nerves and is the most convenient to use. It is not an entirely pleasant procedure. There is at first a feeling of cold and then a

stinging sensation. After the area is frozen, press upon the spot to get the excessive blood out of the tissues which enables one to reinforce freezing.

NECESSITY OF EMPLOYING VARIOUS METHODS OF HEALING

Naturally no method can encompass everything. You have to use every method at your command. If the patient does not improve under ERA treatment, you will have to use other methods. It is necessary to employ good judgment in the selection and use of different forms of treatment, for an injudicious mixture of different methods and modalities may nullify any good effects obtained.

LOCATION OF STREP. REACTION IN ABDOMEN

To determine the presence of pus in the abdomen, set the instrument at 60 and then proceed to go over the abdomen, either by percussion or by the glass rod. A reaction will be obtained wherever the pus is located.

TO DETERMINE THE PRESENCE OR ABSENCE OF AN ORGAN

You can determine the presence or absence of an organ by taking a reaction at the normal rate for that particular organ, and in that way ascertain whether it has been removed or not. I was lecturing at one time in Los Angeles and making examinations. A physician said to me, "I would like to have you examine this man's kidney." The patient was behind a screen so that I could not see what was being done. I said, "I get no reaction of a kidney." Then they told me that the kidney had been removed.

USE OF ELECTRO-MAGNET FOR X-RAY WOUNDS

Over dead tissue you get the necrobiotic reaction, or the death reaction of 54. X-ray wounds that fail to heal can sometimes be made to heal by the electro-magnet suspended over the parts so that the

poles are close to the wound and pointed directly toward it. An ordinary horseshoe magnet is employed. We used a direct current to charge it. If you do not have a direct current, you can use a storage cell.

REPORT OF DOCTOR POTTS

Doctor Potts, while visiting the Clinic, reports her results in treating a case of epilepsy. This was a boy, 24 years of age, who had suffered with epilepsy since he was 7 years of age. He was confined in the Asylum at Stockton as a very violent patient. He had *petit* and *grand mal*. He would have very severe nervous attacks of a violent and destructive nature. When he first came for treatment he would have several during the night. He began treatment in June, 1923. Congenital D. R. and Sarcoma of the brain located back of the ear and in the lower part of the head were found. After treating him, his attacks became very much less and he was almost normal for two months. Then he began having nervous attacks again closer together but not quite so severe. He had three attacks of convulsion a week. A very marked reaction of sarcoma was found over forehead and top of head. He was treated in this region with the Oscilloclast and some improvement was noted. He had been unable to sleep and had to take veronal. After an all-night treatment on the Micro-oscilloclast he was very sleepy. He has had two all-night treatments on the Micro-oscilloclast and he is so much improved that he does not seem to be the same boy. Only two weeks have elapsed so that it is not sufficient time to judge, but at least there is indication of improvement and reason to hope for definite results.

Doctor Potts has also brought with her as a visitor to the Clinic a young woman who has been so much benefited by the ERA treatment under Doctor Potts that she wishes to express her gratitude and would be glad to tell of her case if desired. The following is a brief *rèsumè* of the case. The young woman, unmarried, age 25 years, was under a nurse's care and had to be watched constantly because of her mental condition. She had no violent tendencies toward others but made many efforts to commit suicide. She was for a time in a private sanitarium, but the physician in charge said she would have to be sent to an asylum as he could no longer keep a patient of that type. The patient states that she had a terrible

pressure on the brain, a severe pain and sensation of torment that never ceased while she was awake. She also felt that she was not like other people and had no feeling of affection toward her own family. She had no hope and wanted to die. She attempted suicide at various times. At one time she drank a bottle of lysol and went into coma and it was thought she would die. The first examination showed high grade Congenital D. R. localized on the left side of the brain. There were no attacks of epilepsy. The first treatment was given in October, 1922, fourteen months ago. On December 13, 1922, the depolarizer was used for the first time, the doctor being unable to obtain one previously. This was used for three minutes on the head. Immediately after the use of the depolarizer, the patient said, "My human affections have returned." And since that time she has been in perfect condition mentally. The patient recalls very clearly the misery and suffering which she had undergone and is intensely grateful for the wonderful results she has received from the Oscilloclast treatment.

CHOREA AND STAPH. INFECTION

The patient whose condition has been described above is apparently in normal health except for Saint Vitus Dance, which has been present since childhood. The condition is not very pronounced, but the patient states that the involuntary twitching of the head is quite exhausting to her physically. I have not had occasion to examine many cases of chorea. In the case of a boy, age 6 years, who came to the Clinic we found staph. infection over the region of the cerebellum. The boy was treated at rate 1 over this area and some improvement was noted; but it is impossible to generalize from a few cases. We will see what we find in this young woman. *Staph; present over region of cerebellum, of sinus origin, left ethmoid.* That is interesting because the pathology of chorea is unknown. The patient has a staph. infection of the left ethmoid and with it is an infection of the cerebellum. It may be possible to get rid of that condition. Treat back of head all night and left ethmoid at rate 1.

DEMENTIA PRAECOX -- NEED FOR TREATMENT OF THE INSANE

Some years ago a boy came to the Clinic with Dementia Praecox. He had been confined in an asylum, but the mother heard of this work and brought him here for examination and treatment. He was so violent that it took three men to bring him. We gave him treatment and got partial results until I insisted upon all-night treatments. In four weeks he was apparently well, but I was still doubtful because the case had been given up as incurable. To-day he is perfectly well and manages a large business. After he had recovered, the other physician said that there had been nothing the matter with him. It is considered quackery when you cure a patient. In Vienna they used to say that when you attempted to cure disease you enter into the domain of quackery. As I have cited to you so often, Skoda said that you may diagnose disease, you may describe it, you may even get a grasp of it, but you must never attempt to cure it. That is "scientific" medicine. It is a deplorable state of things, and also an admission that you can not cure disease. Insanity is the most fruitful field for work that there is, but the difficulty is that there will be opposition from the orthodox medical world. They have the idea firmly rooted that once insane, always insane.

SUN'S RAYS AND TUBERCULOSIS -- OPPOSITION TO ORIGINAL RESEARCH

Medical Practice is the biggest trade union in the world. I was at one time actively engaged in the study of tuberculosis and was connected with what is now Stanford University. I took cultures of tubercle bacilli and planted them in animals with a view of distributing the tubercle bacilli. To my amazement, I found when I threw the sun's rays on the inoculated animals the bacilli would not grow, while the other animals succumbed to tubercular peritonitis. I tried to find how far the sun's rays penetrated the body and I found that it was quite a distance. The head of the department, however, was opposed to my original line of research and said, "You are going to bring this university into disrepute." I replied that rather than have my line of work interefered with I would leave the university. I published my article describing the results of my research and experiments in September, and in March of the following

year Finsen published an article describing similar work. Finsen received the Nobel Prize, but mine was the original work upon the effect of the sun's rays on tuberculosis.

EARLY DIAGNOSIS OF SARCOMA -- LIMITATIONS OF OSTEOPATHY AND ERA

One case of special interest is a patient who came here with pain and pressure in the back of the head. He had been to several osteopaths and they all found trouble in the spine but were unable to relieve him. We found a reaction of sarcoma in the upper portion of the spinal cord. We also had an x-ray picture taken and got the reaction of sarcoma from the same region in the picture. We treated him locally for the sarcomatous condition with all-night treatments and the man says he is seventy per cent. better. The ERA practitioner is better equipped to tell you the nature of the condition and diagnose it than the regular medical man or the osteopath, for the latter wait for something tangible and in some cases by that time the patient is ready for the morgue. In spite of the good results obtained by osteopathy, its field is limited. The ERA is also limited, for no one method encompasses everything. There is good in all methods. One who does not recognize that is narrow minded.

CONTROLLING UTERINE HEMORRHAGE

In the case of uterine hemorrhage due to fibroma, it is advisable to concuss the second lumbar vertebra several times a day.

ACCUMULATION OF ENERGY IN SPLEEN AFTER ALL-NIGHT TREATMENTS -- GROUNDING OF SPLEEN

After an all-night treatment, the energy accumulates in the spleen and will temporarily destroy the reaction of the condition for which the patient is being treated. It is wise, therefore, to let two or three days elapse before another reexamination in order to be positive that the reaction is really negative. If it is necessary to reexamine at once, the spleen should be grounded, so that all the energy is carried away. This is accomplished by applying the electrode at

tached to one end of the cord to the spleen of the patient who is grounded, facing west with arms outstretched. The second electrode attached to the other end of the cord is placed upon one of the ground plates on which the patient is standing. The electrodes should be held in this position for three or four minutes.

REACTION OF PAIN -- DETECTION OF REAL OR FICTITIOUS PAIN

As I have shown you repeatedly, it is possible to determine if a patient is suffering real physical pain and to trace that pain to its source. Sometime ago there was a lawsuit. A woman was injured and they wanted expert evidence. This woman claimed to be suffering excruciating pain. Just at that time I was beginning to make my reactions. I could find no evidence of pain and said it was fictitious. Naturally the lawyer was very indignant, but I could not testify to anything I did not believe. Later it came out that the woman was a malingerer, and the husband complimented me on diagnosing the condition.

NATURE OF ENERGY

Energy is a question not only of rate but of polarity. When you have a negative attitude, you are throwing out a neutral energy which tends to have a nullifying effect upon a positive energy.

RATE 54, DEATH REACTION, TO DETERMINE NECROSIS OF BONE

One patient who recently came to the Clinic was told that the bone in his nose was decaying. In order to determine whether a condition of necrosis was present the instrument was set at rate 54, which is the death rate, and a reaction was obtained over the nose.

NEISSERIAN INFECTION OF BREAST -- GONOCOCCI CAN INVADE ANY PART OF BODY

A patient in the Clinic recently, a married woman, age 35 years, complained of pain in the breast. No reaction of carcinoma, sar-

coma, syphilis, strep. or staph. was obtained. The patient, however, had a Neisserian infection, and a reaction of Neisserian was obtained over the painful area on the breast. A reaction of pain was also found over this area. It is a fact not generally recognized that the the gonococci can invade any part of the body. It is known that the gonococci are found in the joints; and a gonococcic endocarditis is recognized; but you would be ridiculed at suggesting that this infection could invade the breast. The Neisserian reaction was found present over the pelvic cavity and also over the breast. Neisserian reaction is one of the most stubborn conditions to get rid of; it is necessary to have all-night treatments. In this particular case it is important to treat locally as well as on the spleen and clear up the condition to avoid danger of the heart becoming affected.

EXPERIMENT TO FIND DRUG TO NULLIFY REACTION OF TARTAR

This is an experiment to find a drug to destroy tartar which had formed on the teeth of a patient. Care was taken to get no saliva when the tartar was removed. The specimen of tartar was placed on a clean piece of paper. The lid was taken off the dynamizer and set on edge near the specimen. When you do not know the vibratory rate, you set the instrument at zero. This specimen is from a male patient, so I get a male reaction. I get an area of dullness just below the navel. Now we will put up specimens of various drugs and see which one destroys the reaction. Congo Red when placed beside the specimen of tartar does not destroy the reaction obtained on the abdomen of reagent just below the navel. Gamboge, as you see, does destroy the reaction obtained from this specimen of tartar from this particular patient. You could then try the experiment of painting the inner surface of the teeth with a weak solution of gamboge to determine if it would stop the formation of the tartar. In any case it is a perfectly harmless procedure. This experiment demonstrates to you the method used to find a drug to nullify any particular reaction obtained.

APPLICATION OF DYES TO AVOID SKIN IRRITATION

Occasionally you will find that a patient is susceptible to dyes on the skin. In such cases, when an irritation is produced, it is

wise to protect the skin by a piece of gauze so that the dye will not come in direct contact with the skin. Then dip a piece of cotton in a saturated solution of the dye and allow the cotton to dry; place this piece of cotton over the gauze-covered area which is to be treated and apply it with a gauze bandage. If it is not convenient to use it during the daytime, it can be used during the night in the interim of treatment. It is not absolutely necessary that they be applied directly to the skin if this causes irritation.

METHOD OF TREATING EAR

When treating the ear, place a piece of cotton moistened with salt solution inside the ear and covering the external ear. Over this place a small round electrode. In this way the energy from the Osciloclast is conveyed directly to the ear.

Correspondence

(TRANSLATION OF LETTER)

Celaya, Mexico
January 30, 1921.

To the esteemed family of the deceased and eminent
Doctor Albert Abrams

Respectfully:

With sincere sorrow I have learned through the press, that the eminent Dr. Abrams died of an attack of pneumonia, and truly I have felt the loss of a man of such great value as the said doctor.

Through the medium of these lines, may his estimable family accept my most sincere condolence while I have the honor of signing myself your affectionate and attentive servant.

J. Malda

AUTHORS' CLUB

(Founded 1891: Re-constructed 1908).

2 Whitehall Court,
London, S. W. I.
February 4th, 1924

The Executors of the late Dr. Albert Abrams,
2151 Sacramento Street,
San Francisco, U. S. A.

Dear Sirs,

I have just seen by the newspapers an announcement of the death of Dr. Albert Abrams, who was elected a member of this Club in 1912. At the next meeting of the Committee a formal resolution of sympathy with his next-of-kin will be passed, and I beg that you will convey this expression of our sorrow in the right quarter.

I am, dear sirs,

Yours faithfully,

ALGERNON ROSE

Hon. Secretary

February 5, 1924

To the Fellows of Electronic Medicine:

Some time ago I read an article in one of our journals of electronic medicine to the effect that it made no difference in treating on the oscilloclast which way the prongs were inserted in the wall plug.

In this connection I wish to go on record as taking exception to this statement and will cite the following case to substantiate my contention.

On the 10th day of July, 1923, Mr A. F. D———, of Levasy, Missouri, came to my office for consultation and advice relative to his health and the different members of his family.

At this time I took a specimen of his blood and of the different members of his family. The examination showed that he had an abscess of the first lower molar on the left side and it also gave a reaction for carcinoma of less than 1/25 ohm.

Thinking that this latter finding amounted to nothing more than an irritation I directed him to go to his dentist and have his tooth pulled. The dentist however had an X-ray made which confirmed the diagnosis and then had the tooth pulled.

As time went along, the jaw did not heal and the dentist and myself were able at different times to extract small pieces of the bone, which shedding of bone increased rather than decreased.

Some three or four months after the extraction of the tooth, he returned to me and I observed a large papilloma which had made its appearance on and in the gum where the tooth had been and I proceeded to destroy the same with an electro-cautery. I did this four different times at intervals of two to three weeks and after each cautery the growth promptly re-appeared and the last time the growth came back it had the appearance of a cauliflower with a lot of branching tendrils and there was a hole in the jaw of the diameter of a twenty-five piece.

I took another blood specimen and found that it gave the reaction of 2 ohms sarcoma and 3 ohms carcinoma, which finding was confirmed by another laboratory.

On December 24, 1923, I started to treat this growth with the oscilloclast and gave him one hundred eight hours treatment between the above date and including January 12, 1924, which was the date of the last treatment. Each of these treatments ranged from four to twelve hours in duration.

The point that I wish to bring out is this:

That on January 8th I had this growth removed, the hole in the jaw filled in, and healed until there was a small place no larger than a fly speck that was not healed when I started treatment on the morning of this day. I thought to myself, I will give him a good treatment and cure him to-day and gave him an eight hour treatment and expected confidently that on the following morning he would be well, but on the morning following I was greatly surprised and chagrined to find that the ulcer had increased to the size of a pea and looked very angry.

The thought struck me that he had been over-treated and the way to overcome it would be to reverse the polarity of the machine, which I proceeded to do and gave him twelve hours continuous treatment, at the end of which time the ulcer was faintly discernible and on the following morning, January 13, 1924, the ulcer was completely healed, and is healed to this day.

Electronically yours,

H. R. GOSHORN

CLINICAL LECTURES (Continued)

Clinic Case. No. 710. Married man; age 49 years. Three children. History of duodenal ulcer. X-ray examination shows hyperperistalsis at times; marked spasm of the duodenal bulb which is constant. The bulb was watched in the fluoroscope for at least ten minutes and never visualized as normal. Four radiograms were taken of the bulb in the upper right position and this part was not seen at any time; also lateral views were taken and same condition seen. Stomach is emptied in the usual eight-hour time. Twenty-four hour examination shows caecum greatly ptosed, falling into the true pelvis, and rests against the ampulla of the rectum. The appendix was filled for 48 hours. Conclusion; chronic appendicitis; although no filling defects were seen in the bulb, the radiographical findings are those of duodenal ulcer. Vomited and passed blood by rectum. Slight bleeding piles. (Patient comes in.) What are your principal symptoms?

Patient: Pains in the lower abdomen that come on usually four hours after eating. I have gas continuously. I had a hemorrhage thirty days ago and lost twenty pounds in weight.

Doctor Abrams: Was an operation ever suggested or performed?

Patient: Yes, in 1917, the doctor said it would be advisable to make an opening in the stomach, but I have never had an operation of any kind.

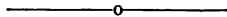
Doctor Abrams: If the patient will kindly go outside we will see what we find in the blood examination.

Carcinoma; present; stomach; non-metastatic; 8 ohms.

Congenital D. R; 30 ohms plus.

Strep; present.

A large percentage of cases of ulcer of the stomach terminate in carcinoma. (Patient comes in.) Go over the abdomen for 50; reaction present above navel to the right. You can not expect an entire recovery from his symptoms. The damage has already been done. The thing is to try to keep him alive and prevent the development of this condition. He is to have one cord at rate 3 to the spleen and one cord at 6 and one at 3 to the abdomen. He is to have two all-night treatments. Allow one day to elapse after the second all-night treatment before another examination. Then we can examine and see if there is any ulcerated point and put him on a milk and egg diet and let that heal.



ENLARGED JOINTS -- STAPH. INFECTION

Mail Specimen. Married woman, age 63 years. History of exophthalmic goitre cured by absorption. Now has rheumatic gout in hand; nodes on all first joints; can not close hands. Beginning paralysis in hands and arms.

Congenital D. R; present; 29 ohms.

Staph; present; both antra and left tonsillar region.

Go over joints of fingers and see if the reaction is that of **staph.** Yes, that is what we find. Strep; Neisserian and Tuberculosis are negative.

Treatment: Rate 1 to area of joints and to both antra and left tonsillar region. Cases of this kind are desperate.

SARCOMA OF LIP

Clinic Case. No. 713. Man; married; age 65 years. Had indigestion; otherwise well until two years ago when he noticed some trouble on lower lip. Had six x-ray treatments, 15 months ago. No spreading. Feels more irritated. He is inclined to insomnia. Has had no radium treatment.

Sarcoma; present; non-metastatic; 6 ohms.

Congenital D. R; present; 30 ohms plus.

If the sarcoma is metastatic, there might be some involvement of the glands. If it is non-metastatic and the glands are enlarged, you would expect strep. or staph. infection, because the tumor is so much dead tissue and would invite infection. (Patient comes in.) There is nothing to be seen; only a slight enlargement. There is no enlargement of the glands. Go over the lip; the mass is inside the lip and is not visible. Reaction is present over the lip but not over the gland in the neck. We can not remove the mass but we can render it innocuous. We should be able to do it in about ten days of treatment. There is nothing to worry about. Use three cords at rate 3 to the lip.

ANEURISM -- ACQUIRED D. R., CARDIO-VASCULAR STRAIN

Clinic Case. No. 711. Married woman; age 58 years. Had one child when married one year, followed by three miscarriages. Was well after child was born, when she began to have indigestion. Has headaches, constipation and piles. No loss of weight. Aneurismal bruit over right carotid region. Some cough. Headaches worse over region supplied by left occipital nerve. Sleeps poorly. Urine of low specific gravity; otherwise negative.

When a person has an aneurismal bruit over the carotid and it enlarges and there is a cough, you always suspect aneurism. It is very common, but is usually unrecognized. I perhaps have seen more cases of aneurism than any other man in the world. By my method of concussion of the 7th cervical spine, followed by concussion of the 2nd dorsal, remarkable results were obtained in many cases. In some instances it seemed almost miraculous. By results I mean that the symptoms were relieved and the patient able to live and continue his work in

comfort. Of course the size of the aneurism was not appreciably reduced; and the patient was warned to avoid over-exertion. In 98 per cent. of the cases the cause is syphilis, but any organism can invade the arterial wall. We will see what we find in this case.

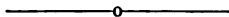
Acquired D. R; present; cardiovascular strain; 30 ohms.

(Patient comes in.) What is your chief symptom?

Patient: My chest is very sore and I have a choking sensation. I have difficulty in breathing and also a cough when lying down.

Doctor Abrams: Go over the apex of heart for Acquired D. R; negative. Go over the base of heart and the aorta; reaction of Acquired D. R; present. Take the pointed electrode and mark the border of the aorta. You will see that where we get the reaction of Acquired D. R. corresponds to the border of the aorta.

Treatment of these cases consists of concussion of the 7th cervical and 2nd dorsal spines several times a day. One cord at rate 3 on chest over the aorta and two cords at 3 to the spleen. I think we can benefit this condition.



LARYNGITIS -- TUBERCULOSIS OF LARYNX -- LOSS OF VOICE

Clinic Case. No. 716. Unmarried woman; age 30 years. Throat trouble began 12 years ago when patient lost voice entirely. Could not speak above a whisper. This condition was preceded by symptoms of laryngitis lasting one week. Periodically once a year for a week would lose voice. Urine negative. Patient very nervous; gets severe headaches and throat seems to close up. The headaches may last for one day or as long as the throat trouble. This sounds like a case of hysterical aphonia. Of course I do not recognize hysteria any more as a disease in itself. There is always some basic condition causing the trouble. The term hysteria is merely an admission of our ignorance. Many cases of laryngitis are of tubercular origin. She complains of headaches when the throat closes up which might be due to carbonemia because of the diminished blood supply. We will see what we find in the blood.

Tuberculosis; present; larynx and lung; 18/25 ohm.

Congenital D. R; present; 30 ohms plus.

A mere invasion of tuberculosis which is very slight and may not be apparent anatomically by the laryngoscope, will be sufficient to cause such a condition. (Patient comes in.) Is your voice hoarse at times?

Patient: Occasionally in the interim.

Doctor Abrams: Have you had any night sweats?

Patient: Yes, last winter when I had a cold for four months. There is a tightening in my throat and I have headaches when I have a cold. I do not have much pep.

Doctor Abrams: Go over the larynx for 42. Reaction present over larynx and left apex of lung. She is to be referred to another doctor.

Treatment: Paint chest and larynx with gamboge and S S 3. Sleep out of doors and live out in the open air as much as possible.

ACQUIRED D. R. -- ILL EFFECTS OF SPINAL PUNCTURE

Clinic Case. No. 718. Married man; age 57 years. About 4 years ago began vomiting with no known cause. Wassermann quadruple plus at that time. Improved gradually under ERA treatment with another doctor and feels like a new man. The present complaint is loss of sexual desire. This condition appeared after a spinal puncture was made. At the last test the Wassermann was negative. Still no improvement in desire.

Sarcoma; present; digestive; non-metastatic; 3 ohms.

Cryptogenic D. R.; present; spinal cord; 4.25 ohm.

(Patient comes in.) Tell us about your symptoms.

Patient: Four years ago I began vomiting and the doctor said I had high blood pressure. I did not get any better. A Wassermann was made and found positive, and I was given 606. They used the spinal puncture, and the day afterward I could not urinate. They punctured something there, as the doctor confessed afterward. For two weeks they had to use a catheter. Since then I have not been able to have sexual intercourse. I have had 90 ERA treatments in all. Then I went to a serologist and he said the Wassermann was negative.

Doctor Abrams: Go over the spine for Acquired D. R. Reaction present over the 7th to 9th dorsal spines. The lesion of sarcoma in the abdomen is right above the symphysis pubis.

Patient: That is the same region in the spine where the puncture was made.

Doctor Abrams: This patient is to be referred to another doctor. Write to this doctor: "Examination of Mr. . . . shows a moderate reaction of Cryptogenic D. R. measuring 4/25 of an ohm, located in the spinal cord between the 7th and 9th dorsal spines. There is a slight reaction of 3 ohms of sarcoma just above the symphysis pubis. I believe that three cords at rate 3 to the spine will improve the condition about which he now complains. He needs no treatment to the spleen because his blood is negative."

PAIN IN ABDOMEN -- CARCINOMA

Clinic Case. No. 715. Married woman, age 42 years. Married 23 years. With the exception of constipation since childhood was well until last child was born in 1906. Uterine prolapse; epigastric pain sometimes relieved by eating; general abdominal discomfort. Rectum at times sore and itching. Considerable pain in abdomen just above pubes. Pain in lower lumbar region. Rapid dyspnea on exertion. Excessive amount of gas in stomach. Urinates frequently during the day and once or twice at night.

Carcinoma; present; digestive; small intestine; duodenum; non-metastatic; 8 ohms.

Congenital D. R.; 30 ohms plus.

Strep; negative.

(Patient comes in.) What are your present symptoms?

Patient: I have a great deal of pain in the lower part of the abdomen.

Doctor Abrams: Go over the abdomen for 50. It is negative in the abdomen but present in upper part of abdomen.

Treatment: Paint abdomen with Congo Red. S S 3 and two cords at rates 6 and 3 to abdomen where marked. She is to have all-night treatments.

DIGESTIVE DISTURBANCE -- CARCINOMA, SMALL INTESTINES

Clinic Case. No. 712. Married woman, age 35 years. Father died of cancer of the face. Has been very weak from infancy. Inflammatory rheumatism when young. Operated on for chronic appendicitis in 1910. X-ray shows spastic colitis. Splanchnoptosis marked. Marked hypothyroidism. Anal fissure present; considerable disturbance when bowels move. Wassermann negative. Pupils sluggish.

Carcinoma; present; digestive; non-metastatic; 8 ohms; small intestines. You can see the pallor above the navel.

Congenital D. R; 30 ohms plus.

(Patient comes in.) Do you suffer in your digestive tract?

Patient: Yes, very much. There is soreness present all through the abdomen.

Doctor Abrams: Will you kindly lie down so that I can palpate it? You can feel the mass very distinctly.

Treatment: S S 3 and rate 6 and 3 to the abdomen where marked. We should be able to give some relief.

STAPH. INFECTION OF TOOTH -- ACQUIRED D. R.

Clinic Case. No. 670. Man, age 28 years. Well until July, 1920, when there was an acute infection of the left upper lateral incisor. This was incised and pus drained. No trouble until November, 1922, when discomfort was noted at irregular intervals. Amoeba found in stools. Has lived in China. Treated with Emetin and has had three intravenous injections of salvarsan. Stools said to be negative in 1922. Complains of lack of pep. Has lost 15 pounds in weight.

Acquired D. R; present; 31 ohms. Try the ED reaction to be sure. Always check up with the different reactions in order to be absolutely sure.

Look for Amoeba. The vibratory rate is 23. We get no reaction. Strep. is also negative. Try **Staph.; present.** (Patient comes in.) Why did you have an x-ray picture taken of your teeth?

Patient: To find out if there was any trouble there.

Doctor Abrams: Go over the x-ray picture of the teeth for **Staph. infection.** Take the pointed electrode and go over each tooth. You see we get the reaction of **Staph.** whenever we come to that one tooth. Argyll-Robertson is present in both eyes. How is your eye sight?

Patient: My eyesight is pretty good. I am not suffering especially but have loss of pep.

Doctor Abrams: The knee jerks are exaggerated.

Treatment: He is to have S S 3, three cords at rate 3 to the spleen. Afterward he can have treatment to the affected tooth.

METASTATIC CARCINOMA OF JAW -- (SECONDARY INFECTION)

Clinic Case. No. 550. Man, age 74 years; married 45 years. Seven children; all well. Has always been well until present illness which began 12 years ago. Induration on lower lip noted; operated on in 1913. No trouble for two years. Recurrence and second operation with wide excision in 1918. Second recurrence. Finally went to a woman cancer specialist in 1919; thought he was cured. In January, 1923, he had influenza, after which time a node under the jaw was noted. High frequency current was used for three weeks without result. Aortic regurgitation marked.

First examination; September 28, 1923. **Carcinoma; present; metastatic; left side of jaw; 7 ohms. Congenital D. R.; present, 32 ohms plus.**

Massive treatment was given and examination two weeks later showed all reactions negative. He returned to his home in a neighboring city, and his physician has sent a specimen of blood for reexamination with the following report. "He was very weak after riding home and the mass seems to be enlarging. The mass has continued to grow and now it is twice as large as when he was in the Clinic over a month ago. It interferes with his swallowing. Sleeps poorly. Heart and lungs in good condition. Physician gives no hope for more than a few days but vitality is good and it looks like he might live for a month or two."

We will find out if there is any carcinoma or sarcoma. If not I would suggest to puncture it. Carcinoma and sarcoma are negative. **Strep; present; over left side of jaw.** Write to the Doctor: "No reaction of malignancy. Only Strep. Try an exploratory puncture for pus; if present, incise. Several punctures may be necessary." The devitalized tissue formed by a malignant growth forms fertile field for infection. This was a desperate case of metastatic carcinoma with a huge mass on the jaw which some of you may remember seeing in the Clinic. Those metastatic cases are very difficult to deal with. We can not promise results. All we can do is to do the best we can, and in some cases we seem to get results, if the case is not too far advanced.

OESOPHAGEAL STRICTURE -- SARCOMA -- ACQUIRED D. R.

Clinic Case. No. 552. This gentleman came here seven weeks ago with oesophageal stricture. He had great difficulty in swallowing. We first found a reaction of sarcoma and treated him for that and got

rid of that reaction. Of course such a stricture can not get completely well. It has been a difficult case but the patient is much improved. (Patient comes in.) How is the swallowing?

Patient: I have much less difficulty in swallowing. I could scarcely swallow water when I first came and was suffering a great deal and getting very weak.

Doctor Abrams: Have you gained in weight?

Patient: I have not gained much in weight but I am getting stronger.

Doctor Abrams: After there has been such a great loss in weight it is difficult to regain it. The important thing is that he is able to swallow better and is getting stronger and is free from pain. He was in an atrocious condition when he came here. We will see what we find in his blood. Cryptogenic D. R; negative. When that reaction is negative there can be no malignancy present, nor tuberculosis. Try Staph; negative. He complains of a soreness in his neck. Go over the area for Staph. just to be sure. As a rule if you don't get it in the blood, you don't get it locally. Staph. and Strep are both negative. He lives in the east and is anxious to return home. The only thing that might be done is to introduce a sound under x-ray after he gets home. This must be done very carefully. It is the only thing I would suggest. Write to the Doctor: "Mr. . . is evidently somewhat better. All evidence of pathology is extinct as far as I can determine. The only thing that I would suggest, and that only in the event of necessity, would be to have a gullet sound introduced in front of a fluoroscope." I think the condition will continue to improve gradually, if you are very careful to masticate your food until it is a liquid before you swallow it. If you swallow large pieces of food, there is danger of producing a spasm of the oesophagus, which is a very difficult condition to treat. Are you able to take sufficient nourishment now?

Patient: Yes, I am able to eat practically anything now, except I have difficulty in swallowing mashed potato. I chew everything very thoroughly and have the meat ground up. I can say that when I came here I was ready to step into the grave. This was my only hope. There is no way in which I can express my gratitude, but I will gladly sign my name to a report of my case and tell what Doctor Abrams has done for me.

SARCOMA OF BRAIN -- EPILEPSY

Clinic Case. No. 719. Woman, age 27 years; married 6 years. Three boys; all well. Trouble began when she was carrying second child and became worse in pregnancy. Fell when 9 years of age and struck left occipital region. Has attacks of momentary unconsciousness; does not fall. Pupils almost fixed. Nearsighted. Occasionally a mild indigestion. Heart negative. Sleeps well. Splanchnoptosis; relief when abdomen is supported.

Of course this case suggests petit mal. With reference to epilepsy, as far as our present knowledge goes it is no greater than it was at the

time of Hippocrates two thousand years ago. The bromides are most effective in curing attacks. Then came luminol. Statistics show that while luminol is more effective temporarily than the bromides, after a surcease of its use the attacks become worse than before. Then surgery came into vogue, and decompression or removal of the pressure on the brain was heralded as bringing wonderful results. That is all well and good in the event that there is pressure or a lesion of the skull. It is wise to have an x-ray picture taken.

REACTION FROM X-RAY PICTURES OF EPILEPTICS

When I was in Mexico last summer one of my disciples called my attention to a thickening of the skull which I found was eccentric hypertrophy to relieve the pressure. We took reactions directly from the x-ray pictures and found a recation of sarcoma present over the forehead and top of head. It is probably not a real sarcoma but only an increase in the neuroglia. We have not treated enough cases to tell how much we can benefit the patient.

EPILEPSY AND METABOLISM

Every case of epilepsy is not necessarily a lesion in the head but it may be a reflex disturbance. Probably one of the most memorable works being done is by an Italian on metabolism. He believes that epilepsy is associated with acidosis.

We will see what we find in an examination of the blood of this patient.

Sarcoma; present; brain; 4 ohms.

Strep; present; teeth, upper right side.

Congenital D. R; present; 30 ohms plus.

(Patient comes in.) When did these attacks begin?

Patient: When I was carrying my second baby four years ago.

Doctor Abrams: Have you any difficulty in your vision?

Patient: I am nearsighted.

Doctor Abrams: Do you have any numbness in the hands or legs or any pain in your head?

Patient: No.

Doctor Abrams: Do you lose consciousness?

Patient: Yes.

Doctor Abrams: How frequently?

Patient: Sometimes two or three times a day. Last week I had one attack on Sunday, Monday, and Tuesday.

Doctor Abrams: What do they call these attacks?

Patient: Fainting spells.

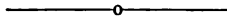
Doctor Abrams: Go over the head for Sarcoma. Reaction is present two and one-half centimeters forward from the left ear and one centimeter up on the left side.

ACQUIRED D. R. -- CARDIVASCULAR STRAIN -- PARALYSIS

Clinic Case. No. 721. Unmarried man; age 52 years. Gas in stomach and constipation from 19 till 40 years of age. No trouble of which he was conscious until March, 1923, when there was a paralytic stroke. Right leg drags and there is slight difficulty in talking. Mind is not as clear as he feels it should be. Blood pressure in May, 1923, was 240. This patient came to me ten years ago before these methods were perfected and I found that he had Acquired D. R. and advised treatment. He would not believe me then and refused to take treatment. If he had done so he might have avoided this stroke. His pupils are absolutely fixed. Urine negative except for a few hyalin casts. Slight water hammer pulse. Pulse 48. His blood pressure at the present time; systolic, sitting, 178 and standing 186; diastolic, sitting, 118, and standing 122. Pulse sitting 48; standing 62.

Acquired D. R; present; 32 ohms; Cardiovascular strain.

Treatment: Three cords at 3 to the spleen. Later on he can have treatment over the heart.

**PLEURISY -- PAIN IN TIBIA -- TUBERCULOSIS, BONE AND LUNG**

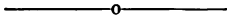
Clinic Case. No. 722. Age 47 years; married 15 years. Two children, both well. Pleurisy in 1914 which followed sciatica in 1913. Sciatica lasted 8 weeks. Pleurisy lasted only two months. Eyes have given trouble for the past year. Pain in inner part of head of right tibia which began in May, 1913, with an acute arthritis and swelling. There is still thickening of the bone and periosteum. His memory is not as acute as formerly.

Tuberculosis; present; bone, 3 ohms; lung, 1 ohm.

Congenital D. R; present; 30 ohms plus.

(Patient comes in.) Go over right leg for 42; reaction present.

Treatment: Two cords at rate 3 to spleen and one cord at rate 5 to right leg. Paint right leg and chest with gamboge.

**CIRCULATORY TROUBLE -- PAIN IN BACK -- ACQUIRED D. R.**

Clinic Case. No. 724. Woman, age 62 years; married 27 years; widow for 12 years. Had one child; one miscarriage. Soreness in right breast. Throbbing in lower end of back. Pupils small and fixed. Circulatory trouble for 6 years. Blood pressure systolic, 240. No trouble with urination during daytime. In 1921 was in bed for 4 months; no particular difficulty; just unable to sit up. Inflammation of the bladder in 1921. Myocarditis.

Acquired D. R; present; 33 ohms. It might be a gumma of the breast. We have had a number of such cases which have cleared up (Patient comes in.) Which breast hurts you?

Patient: There is soreness in the muscles of the right breast. My greatest trouble is an aching in the lower part of the back. My eyesight is good for a woman of my age.

Doctor Abrams: You can get the reaction of Acquired D. R. over the P D area for that condition on the patient. That is a good way to check up to confirm your diagnosis. The patellar tendon reflexes are normal. Argyll-Robertson present.

Treatment: Three cords at rate 3 to the spleen before anything else is done. We will see if the blood pressure goes down. As a rule you can get it down 10 or 15 mm., and they will go along very comfortably with that blood pressure for sometime. She is a remarkably young looking woman and should respond very quickly to the treatment.

SARCOMA, BRAIN -- ATTACKS OF SO-CALLED EPILEPSY -- INJURY TO HEAD IN CHILDHOOD

Clinic Case. No. 757. Married man, age 23 years. Was well until 1916, at which time epilepsy began. At first the spells were six months apart. During the last year has had them every two or three weeks. Has two or three separate spasms with each attack; aura two or three minutes before. Injury to left frontal parietal region; no plate inserted. Attacks last five minutes; thirty minutes after attack he feels all right. Left pupil smaller than right.

Sarcoma; brain; 4 ohms.

Congenital D. R; 30 ohms plus.

Go over the head for sarcoma in the region over forehead and top of head where we find the reaction in cases of true epilepsy; no reaction is obtained. **Reaction of sarcoma present** on right side of head 4 centimeters up from the middle of the supraorbital ridge. It is evidently not a genuine case of epilepsy but is simply due to a formation of a growth, probably as the result of his injury. (Patient states that he has tried everything without relief; he gave up medicine because it gave him no help. He had injury to left fronto-parietal region when four years of age; depressed fracture; bone removed but no plate inserted. No other operations.) Heart negative. Pupils sluggish.

Treatment: Two cords at rate 3 to the spleen and one cord at rate 3 to region over brain.

We can not promise anything definite in regard to attacks, but there should be an improvement in his condition. A physician visiting the Clinic reported good results in a case of epilepsy treated by him with the Oscilloclast. The patient who formerly had severe attacks every month is now free from attacks. At the period when he formerly suffered from the attacks he experiences only a slight sensation that passes away immediately. The men in the field report remarkable results in some cases, but I personally have not had enough cases and it has not been over a sufficiently long period of time for me to be able to make any definite statement in regard to results.

CARCINOMA, COLON

Clinic Case. No. 640. Married woman, age 60 years. Fistula in ano and piles in 1918; operated. Pains up in rectum. Thinks there may be cancer. Everything is worse in morning. In February, 1923, gall-bladder and appendix removed; no improvement. No loss of weight. Chief trouble in rectum and legs. Considerable gas in stomach and abdomen. Pain in legs, back and abdomen disturb sleep. Appetite fair; urine negative. Bowels very active; feces are packed in rectum where most of the pain is located. Severe occipital headaches.

First Examination: October 24, 1923. **Carcinoma;** non-metastatic; digestive; colon, sigmoid flexure and splenic flexure; 8 ohms. **Con-genital D. R;** 30 ohms plus.

December 12; All reactions negative. **Present Report;** Patient states that she feels one hundred per cent. better in every way but still has some pain in rectum and epigastric distress.

Naturally after such a condition there will be some distress and mechanical disturbance. I would advise high enemas twice a week and keep the bowels perfectly clean. No more treatment is necessary. Come in in about one month to check up again.

Miscellaneous

DR. MAYO SEES NEW MEDICAL DOCTRINES

One of Famous Brothers Predicts Future Discoveries in Connection with Electrons

An immense upheaval in the accepted medical doctrines is coming in the near future as a result of the study of minute organisms, invisible even under the microscope, according to Dr. William J. Mayo, member of the Mayo Brothers' Clinic at Rochester, Minn., and one of the most famous surgeons in the country. Dr. Mayo spoke before the Kiwanis Club at noon. It was the first time he had ever spoken before a civic organization, he said, though his brother, Charles Horace Mayo, is a frequent speaker at such gatherings.

He said:

Medical science is on the verge of some marvelous discoveries in biophysics. We have studied nearly all that can be seen with the eyes and through the microscope, and are just beginning to understand the action of the minute organisms which are beyond the range of sight.

The effects of these organisms on the kidneys, liver, and spleen and on human digestion and human life in general are of most importance. We have barely begun to realize just how large a part they play in life, and as our knowledge grows we will see an immense upheaval in the doctrines we have held for years.

Dr. Mayo explained how, with the aid of the X-ray the smallest organisms, too small to be seen or to be affected by gravitation, can be studied and analyzed. He has devoted considerable time of late years to the study of these minute organisms.

"The field for research along these lines is immense", he said. "We are just beginning to realize how vast it is and how much can be explained by the action of the atom, the electron, and other minute bodies."

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The ERA motto is "Carry on Together for the Cause" — the great work for which Dr. Albert Abrams labored and lived and died. The *Journal of Physico-Clinical Medicine and the Clinics of Dr. Albert Abrams* will continue as the official organ of authoritative ERA methods and practice as worked but by Doctor Abrams. Fortunately all of the Clinical Lectures by Doctor Abrams, all of the blood examinations made by him and patients examined, descriptions of his interesting experiments and pains-taking research work for more than a year up to his last moments in the Clinic have been faithfully recorded daily. Selections were made from this invaluable material for publication in the Journal each month, but most of it has not yet been published. Although his voice is now silent, the Journal will continue to carry the message of Doctor Abrams, the very words he himself spoke while engaged in his final life's work in the Clinic.

The ERA physicians have been enthusiastic over the Journal's invaluable service to them in the past. We intend to continue this service and make the Journal of increasing practical value in their daily ERA work. We invite physicians to make use of the Open Forum to exchange views, discuss problems and report cases of general interest.

To ERA Physicians—Be sure to renew your subscriptions. You need the new Journal as never before, and every back number is valuable as an ERA book of Reference. The subscription price of the Clinics of Dr. Albert Abrams has been 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 the Clinics of Dr. Albert Abrams.

OFFICIAL ERA DIRECTORY—We find there is an increasing number of inquiries in regard to ERA work and practitioners. Place your name and announcement in the Official Directory for ERA Physicians in the Journal where it will reach a growing number of those interested in ERA work. For the small sum of \$5.00 per month you can have one-sixth of a page, or an entire page for \$25.00 per month. Checks made payable to Clinics of Dr. Albert Abrams. Send in your card at once and have your name appear regularly in the Journal.

In the name of our beloved master, Dr. Albert Abrams, we seek your cooperation in carrying on the great work for which he gave his life in the performance of duty. DR. H. W. WIRKLICH, *Editor*

New Additions to the Atlas

TO ALL ERA PHYSICIANS:

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

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

Atlas Service

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

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.

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