

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
PATHOLOGY OF DISEASE

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Founded by

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Blanche and Jeanne R. Abrams Memorial Foundation

2151 SACRAMENTO STREET

San Francisco, California

WORKS BY ALBERT ABRAMS

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Physico-Clinical Medicine

and

The Clinics of Dr. Albert Abrams

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

Beginning June 1, 1924, the rates for subscription to Physico-Clinical Medicine and Clinics of Dr. Abrams **will be reduced to \$3.00 a year.** It is the policy of the College of Electronic Medicine to make the rates so low as to enable all authorized Abrams' practitioners to become subscribers. _____○_____

COURSES IN SAN FRANCISCO

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

THE COLLEGE SITUATION

DR. FRED E. MOORE, President,
College of Electronic Medicine,
Blanche and Jeanne R. Abrams Memorial Foundation

Read before the Convention of Middle States Society of Electronic Medicine at Kansas City, May 21, 1924.

In coming before you today it is my purpose to state frankly the situation as it exists in order that I may win your confidence sufficiently to enjoy your complete co-operation so that we may mutually work in a constructive manner and thus clear away the countless obstacles in our path. It is my intention to place all of my cards upon the table face up, as this straight-forward way of doing things has never failed me. I refuse to work under the handicap of something to conceal, for concealment not only has an enervating influence but it may possibly consume half of one's brain-power in fruitless effort.

If I may have the confidence of every ERA physician, never a doubt comes to my mind of the satisfactory adjustment of the differences between the College and the doctors in the field. I have written all Oscilloclast users frank letters of information and at the same time endeavored, by stating my position in the whole matter, to establish an understanding which would win your support for my efforts. I realize that without this support, things would seem to be insurmountable.

This is the first opportunity I have ever had to meet hundreds of ERA physicians in group. It is not unlike the first interview of a business man with some individual whom he hopes to interest in an important business proposition. The one interviewed decides to invest his money because he believes in the integrity of the one who is presenting the proposition, for regardless of how promising a venture it may be, the man behind the gun is the deciding issue. I come to you without reservation, for I want you to trust me and believe in my efforts for the welfare of the College and the ERA physicians at large. I do not wish to evade the facts and I have no desire to polish up the truth in hopes of stating a better case than really exists. Like the business man about to make an investment, you have the right, which he claims,

that the man who presents the project must possess more than honesty. He must have those other essential qualities of judgment, an orderly mind, a deductive brain, decision, force and energy. Add poise and the calm consideration of important matters and the requirements are met for a good stewardship of the trust.

I realize these are the requirements necessary, and they are the needs and ideals for which I am striving. Our beloved Doctor Abrams sponsored a great trust which he received from the ERA physicians of the world. This trust fund is now in jeopardy, and you doctors have a right to know the credentials of the man who has been elected to meet the great responsibilities surrounding the presidency of the College of Electronic Medicine. In order that you may judge concerning the qualifications of the President who in a way is representing you at the College in San Francisco, it is only right that the extent of his experience should be stated, so that you may decide favorably or otherwise as to his worthiness in assuming this stupendous task of heading the College work, of carrying on the legal contests to retain the College and of working out the problems between the College and the ERA physicians in the field.

In keeping with this spirit, I briefly state the following facts. My degree is D. O. I am a graduate of the American School of Osteopathy and have had five years' college professional training; also five months in European clinics. My practice covers twenty-five years, the last eight years of which was devoted to sanitarium work. Licensed to practice Osteopathy and Surgery in the State of Oregon; also registered in several other states. Member of Oregon Board of Medical Examiners from 1907 to 1917. Past President of the American Osteopathic Association; four years Director, American Osteopathic Association; Past President, Oregon Osteopathic Association. Entered the College of Electronic Medicine, San Francisco, January 2, 1923, and up to the time of Doctor Abrams' death had six months' training in the Clinic, three months of this time as his assistant.

One of the finest things in life is consideration for the other fellow—to be able to look through his eyes as well as your own, to look at things in the large and on the basis of that which is for the welfare of the whole rather than from the viewpoint of the selfish interests of the individual. Let men strive with a common

interest; let them work together, play together and suffer together, and nothing can seem to break down such a combination. This is exactly the relationship I desire between the ERA physicians over the world and the Abrams College.

Since my election March 18th last, every resource of my mind, all the sincerity in my being, has been devoted for sixteen hours a day to working out College problems, which are also your problems. Do not picture me for one moment as sitting in a comfortable chair, accepting the way of least resistance. Ways must be created to meet the problems, and it is with this understanding that my thought is constantly directed. Could I by my great desire clear away at once those things which have caused estrangement between the College and the ERA physicians, you may rest assured adjustments would immediately take place. But complications do not disappear for the wishing. Things have to be weighed in the balance and those matters which make continuing of the College work possible require first consideration.

Our great need is the moral and financial support of those doctors who have the privilege of accredited identification with the Electronic Reactions of Abrams by virtue of their being graduates of one of the Abrams colleges. The use of the Abrams instruments and the rental contracts entered into during Doctor Abrams' lifetime should now be considered as carrying a sacred responsibility, with the understanding that as soon as the College is retained without question by the Board of Trustees the matter of rentals will be adjusted to the satisfaction of all concerned. At that time, I have no doubt we will be glad to arrive at an equitable arrangement as to the settlement of the rentals problem. This could possibly be accomplished by a committee satisfactory to and representing all the ERA physicians in conference with the Board of Trustees or its representatives. Both the Board and I have a trust to maintain in the matter of rental receipts, and owing to the suits surrounding the College it is doubtful if we have the right to alter the plan of rentals at the present time, even if it were possible to continue the functioning of the College work without this source of revenue.

Owing to the deplored death of Wonderful Doctor Abrams, the College work of which he was the complete unit naturally entered into a chaotic state. Income from practice and teaching suffered an extreme reaction, and so we found ourselves almost

completely dependent upon the income from rentals to sustain the College. It therefore becomes imperative that rentals be continued and that you all arrive at that spirit of responsibility which will inspire you to continue your rentals even at personal sacrifice if necessary in order that the work may survive the trying months which can only be expected throughout this year. The Clinic practice gives evidence of reviving, and it will be our earnest effort to build up all avenues of income in the active work of the College.

In conference with many earnest, self-sacrificing leaders among ERA physicians I have spent intense hours in consideration of the needs these physicians feel are essential to the progress of ERA. With the College immediately retained, I feel sure we could establish at an early date helpful plans for the ERA physicians in their work and the stimulation of renewed interest by the lay public in ERA. In the first place, we would aim at accomplishing those things which would place the practice of ERA upon the high plane of scientific medicine. The College work would direct enlarged activities along the lines of research and laboratory development. The Abrams instruments would be brought to the highest state of efficiency and accuracy. The student body would be built up and former graduates would be urged to return to the College and take advantage of its opportunities.

One plan I would endeavor to see carried out would be the selection of an ERA physician of high standing, well trained and an interesting speaker, who could take the lecture platform, visiting all the large cities of the country probably several times during the year. He would be able to give the public an intelligent idea of the Electronic Reactions of Abrams, could educate them as to the necessity of employing the services of an Abrams graduate if the results are to be judged as a test of diagnosis and treatment by the Abrams method, and so stimulate an increased interest in ERA as to offset the untruthful and damaging attacks made against this wonderful method of relief for suffering humanity. This is one of the same ways of meeting the stigmatizing against ERA and will give the public an opportunity to form its rightful opinion.

It is also our purpose, as soon as conditions permit, to send a capable factory man over the country, visiting the larger centers and inviting those in outlying districts to bring their instruments

to him for observation and such corrections as are necessary ; also to instruct the doctors in the care of their instruments and such other helpful ideas as he may impart.

Thus you will see we have a definite plan of the things we wish to do for the welfare of all ERA physicians just as soon as it is possible to place them in operation. Our limited income does not permit us to accomplish all the things we wish to do at the present time, but at the earliest possible moment you will find we are working out an operative plan.

We have had several requests for a contribution by the College to the Defense Fund of the American ERA but we simply have no funds that can be contributed. It is the purpose of the College, however, to go to the defense of its graduates against criminal suits, but those suits which come under mal-practice naturally fall to insurance companies or personal defense by the individual.

In order that you may know my position relative to the various associations, I am happy to state that I stand definitely for a great national organization which will be the avenue of expression for the men in the field. We have in the American Electronic Research Association the opportunity of developing an organization which may prove of the greatest efficiency and may reflect the policies of the ERA profession as well as become the bulwark of all ERA physicians and a source of solution for the problems surrounding the individual practitioner. I favor the amalgamation of the International Association with the American Electronic Research Association and will lend my efforts to this end. Owing to the difficulties existing between the officers regarding the funds in the treasury of the International Association, immediate consummation of this plan is hardly possible, but I have fond hopes that an understanding will be reached and that this treasury may be conveyed according to the wishes of the members of the International Association. Personally, I greatly hope after accounts are settled that balance of fund may go to the treasury of the American ERA.

I wish to pay my compliments to the splendid work done by the Middle States Society and the several effective and helpful programs which they have already given the ERA physicians the benefit of in their conventions.

I feel it is my duty to emphasize the importance and the great value of the Protective Insurance Corporation in its re-

lationship to all ERA physicians. I have had the privilege of visiting their offices and was impressed by their accumulation of defense material and believe they are the best organization in existence for defending ERA physicians against such suits as may arise in practice. It is money well spent to become a member of this organization and it is also for the welfare of ERA that we support an organization which is in a position to give us proper defense.

In order to enjoy your further confidence, I wish to state that no promises have been made by me to any individual or group regarding any matters connected with the College or my office as President of same. I am standing upon my own two feet, filling my position without fear or favor and with the interest of the College and the ERA physicians as a whole the one thought of my work. I realize that it is the group interests and not the interests of the individual to which I owe my duty, and you may feel sure I will remain faithful to the trust.

In closing, let us think most lovingly of illustrious Doctor Abrams and be most appreciative of the sacrifice surrounding his efforts toward the great College trust fund which it is not only our duty but our privilege to defend and to see that it is forever retained for the humanitarian purpose his vision outlined. His mantle has fallen upon us all, and let us not be downhearted because obstacles are placed in our path. It is in overcoming that we become strong and selfreliant. That which we have to fight for we nurture and love. Service is the watchword if we would reap happiness in life, for without doubt he who serves best profits most. Let us stand shoulder to shoulder and when this trying year is past we will look back upon it with great pride and with the feeling that we have been faithful to our mutual trust.

ERA ASSOCIATIONS ESSENTIAL TO GROWTH

DR. FRED E. MOORE, President,

College of Electronic Medicine,

Blanche and Jeanne R. Abrams Memorial Foundation

Organization is necessary for the development and growth of our professional existence. It is just as necessary for the progress of the individual. No man can live unto himself alone; he must be an active participating part of the whole or else suffer the consequences of rust and decay in his work. It is a common observation that a man who holds himself apart and does not identify himself with association work will, over a period of a few short years, show the deteriorating effect of his policy. It is merely the operating of a natural law that man can not live selfishly, thinking only of those things of self interest, living day in and day out with the cramped thoughts surrounded by his four walls and expect to progress and enjoy real success in life. Just as a man gives in co-operation, in encouragement and in a spirit of interest for the welfare of his brother physicians, will he reap the stimulating effects which reflect in the success of his daily work. He becomes a live one, so to speak, and his patients see in him one who is keeping abreast of the times and one who is improving himself that he may give better service.

The doctor who takes an active interest in his associations, both local and national, and who attends their meetings and conventions is found to be the man who leads in practice in his community. It is for his personal welfare if he will participate in those meetings and not keep his light under a bushel. Many a man holds himself in reserve from lack of confidence when by accepting committee work or a place upon the program, he would find after a few such experiences that he was developing resourcefulness and self-reliance which he did not realize he possessed. All this reacts favorably upon his practice. It brings out latent forces, his growth is apparent and his enthusiasm is infectious. It is a terrible thing to rust, to get tired of one's work, and to make out of it merely a living. God created us with a larger viewpoint, and it is our duty to develop the forces with which we are endowed. The penalty for not doing so is pathetic; we

merely stagnate. We do not come to know the joy of casting our bread upon the waters. We have lost our vision of what really brings us happiness.

All this is directed to show what a man loses by neglect of himself and his opportunities, for I wish to emphasize the usual result of going it alone. There is no question in the world of the great value of membership in our ERA Associations, even though we look at it from the selfish viewpoint of the individual. Without virile associations, I doubt if ERA can greatly thrive. Organization is the watchword in meeting countless obstacles; we see it evidenced on every hand. We have a fight to make in maintaining the entity of ERA, and by dignified constructive efforts our Associations will be able to greatly influence our destinies, will establish beyond question the identification of Dr. Albert Abrams with his great discovery of Electronic Reactions, and will be in a position to help the public differentiate so it will seek the services of a graduate of one of the Abrams Colleges with its standard requirements for the privilege of training by this method, carrying with it the use of the Abrams instruments, rather than the doctor who has not met these requirements, or one who is unable to meet them.

So it is the duty of every ERA physician to first join the American Electronic Research Association as well as his local and sectional societies. The Middle States Society has demonstrated its value as a great sectional association. Its several convention programs have been quite like a practical post-graduate course.

The American Electronic Research Association could easily be doubled in membership if ERA physicians would realize what a factor it is capable of becoming in the general advancement of the work. If all Abrams' graduates will join the American Association, there is no question but that the policies will always be safe and sane. This organization, now in its first year, gives promise of great development, and its influence in advancing and protecting the welfare of ERA will be just in proportion to the type and number of doctors who enter its membership. Public opinion is said to be the court of last resort, and the American Association with all the Abrams graduates in its membership would be a court in which I would have confidence.

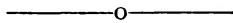
I personally feel that the Colleges and the Associations should be kept apart. The College should not attempt to run the Associ-

ation, neither should the Association dictate to the College. A fine understanding could and would exist. The officers of the College and the officers of the Association should show a disposition to confer over problems relative to the welfare of ERA. This would engender a co-operative spirit, but for either side to dictate would retard the progress of both.

ERA physicians in the field will find an avenue of full expression through membership in the American Electronic Research Association. Their committees and officers will then correlate these ideas, and things will be in tangible form for discussion. The membership fee is only ten dollars a year, and I understand that five dollars at this time will carry new members to the end of the fiscal year in September. Join now and throw your influence towards a large constructive end.

Personally I very much favor the amalgamation of the International Association with the American ERA, and I hope this may be accomplished before the annual meeting of the latter organization. Before Doctor Abrams' death I stood staunchly behind him in his wish to continue the existence of the International Association, but when he was taken away from the helm we found ourselves without a rudder; and only by one unified great national organization may we hope to bring the profession—scattered over the entire country—into one co-operative plan of association work.

I present the olive branch of peace, for as I have stated in previous writings I wish to throw every effort I can toward unification between the ERA physicians in the field and the College of Electronic Medicine at San Francisco. Let us all pull together and what a glorious victory we will have.



REPORT OF CASE—CANCER OF THE FACE

Case report of Mr. M. D. Butler, 505 W. Wishkah, Aberdeen, Washington.

About 2:30 one morning in December, we received a call to come at once, that a man was bleeding to death. Needless to say, we broke the speed limit getting there, and when we arrived

at the patient's home, we found his bedroom looking more like a slaughter-house than anything else. Blood everywhere; the bed was soaked, and so also was the floor covering.

We found a man with a malignant looking ulcer just in front of his left ear, which was spouting blood vigorously. Realizing that something had to be done immediately, we packed the wound tightly with gauze, then gave the man a general anesthetic and tied off a branch of the facial artery. The tissues were so friable that it was hard to make the ligature hold, but we finally got the bleeding stopped, my brother, Dr. C. T. Smith, doing the operating.

The patient then stated that he had first noticed a small pimple at the location of the ulcer about fourteen years ago, and it had gradually developed into the sore somewhat larger than a half dollar, and eaten in to the depth of the bone. It had evidently eaten through the small artery, hence the hemorrhage.

During the fourteen years he had had about all the different kinds of treatment there were. One cancer specialist of Seattle had treated him for four years with the X-ray, which only made the condition worse. He also had some treatment from local physicians with violet ray, which proved even more worthless than the X-ray.

Realizing that this was a desperate case and that something had to be done at once to stop the progress of the cancer, we put him on the oscilloclast and kept him there for five days and nights continuously without intermission. The treatment consisted of rate 3 to the spleen and rates 3 and 6 to the face and cervical lymphatics. He had no other treatment of any kind.

Patient was then taken off treatment for 2 days. Following this intermission he was given 2 all-day treatments and continued with shorter treatments of 2 hours each.

Patient is now well and happy. Says he never felt better in his life.

The first photograph was taken December 29, 1923, immediately following the final day and night treatment and before healing had begun. The second one was taken March 17, 1924. Photos by Flower Studio, Aberdeen, Washington.



BEFORE TREATMENT



AFTER TREATMENT

State of Washington,)
County of Grays Harbor) ss.

M. D. BUTLER, resident of Aberdeen, in the County and State Aforesaid, being first duly sworn, on oath deposes and says:

That he has seen and identifies the photographs hereto annexed marked "A" and "B", and that they are the true copies of his said photograph taken (A' on December 29, 1923, and that (B) the second one was taken on March 17, 1924. That both of the said photographs were taken by Lloyd E. Flower, in Aberdeen, Washington.

That he has seen the report of Dr. Leroy Smith, and that the statements contained in the said report are true and correct.

Further deponent sayeth not.

M. D. BUTLER.

Subscribed and sworn to before me this 5th day of May, 1924.

(SEAL)

PHIL. S. LOCKE,

Notary Public in and for the State of
Washington, residing at Aberdeen.

State of Washington,)
County of Grays Harbor) ss.

LLOYD E. FLOWER, of Aberdeen, County and State aforesaid, being first duly sworn, on oath deposes and says:

That he is a professional photographer, doing business in Aberdeen, Washington.

That he has identified the photograph hereto annexed and marked "A" as the photograph of M. D. Butler, of Aberdeen, Washington and taken on December 29, 1923, and also the photograph marked "B" hereto annexed which is a photograph of the same person, to wit: M. D. Butler, taken by him on March 17, 1924.

That the two photographs are from a negative which was neither retouched or in any manner altered, and that they are good likenesses of the said M. D. Butler on the dates as hereinbefore mentioned.

Further deponent sayeth not.

LLOYD E. FLOWER,

Subscribed and sworn to before me this 6th day of May, 1924.

(SEAL)

PHIL. S. LOCKE,

Notary Public in and for the State of
Washington, residing at Aberdeen.

Clinical Lectures of Dr. Albert Abrams

Give me the first specimen, please. This is a man from Alaska. He is unmarried, age 50 years. "Pain in left thigh radiating to left ankle, constant, aching in character. Sometimes pain in left shoulder. Had similar severe attack 20 years ago when he had to be confined to bed for one month. Has rash over region of right acetabulum itching and bleeding where scratched. Neisserian at 16 years of age. Suspects lues."

First Examination: Acquired D. R.; 35 ohms.

Second Examination (after three weeks treatment): **Cryptogenic D. R.; 6, 25 of an ohm.**

Third Examination (After 5 weeks daily treatments, 1 hour each): Acquired D. R.; negative. Cryptogenic D. R.; negative. Strep.; negative.

Treatment: General treatment: S S 3.

Last clinical report was, "Getting along fine. Rash still present but itching stopped; pain practically gone."

Today's report, "Feeling fine. Was asked to come back in a week to see whether still remaining negative."

Go over the blood and see if there is any Cryptogenic D. R. present. Set the instrument at 45, Doctor. There is no reaction. Have him come in. (Patient comes in.) How are you feeling?

Patient: I am feeling fine.

Doctor Abrams: We find everything negative. You are going away, aren't you? You can leave knowing that you are all right. I am glad you are feeling better.

TUBERCULOSIS, LUNG

Be careful about handling those specimens. Don't touch that with your fingers or you will get perspiration on it and you may get all sorts of reactions. You have to be careful about all those little things or you can't expect to get results. Take the next specimen, please. "Man; taken treatment for part of three different months. Very much improved." He says Syphilis is negative; Tuberculosis is present; 2 ohms.

Now, Doctor, set it at 49. That's right. I see you have already gotten it all ready. Very good. You are learning very rapidly. It is human blood; male. Try Carcinoma. Nothing. Give me Sarcoma. We will run the whole gamut. No Sarcoma. See if there is any Tuberculosis. Set the instrument at 42. Yes, **Tuberculosis is present.** Where is it? **It is in the lung.** How much does it measure? Stop. One ohm. Try 2 ohms. It measures 1 ohm. Is there any 55? No, there is no Acquired. We will surely find Congenital D. R., or otherwise there would be no Tuberculosis. Do you all get it? Put that down on the report. **Congenital D. R.; present, 1 ohm.** See if there is any Streptotoxemia. Be careful, Doctor. You can't get the reaction if it is not exactly on the line. You all hear the reaction. **Strep. is present.** Where is it? **Sinus.** Now, we must locate the Tuberculosis. Get your cord, Doctor. Don't let me know where you are. Stop. Where is it? Apex of right lung. Check me up again. Correct. Now, go over the sinuses. **Strep.; present; left antrum.**

Write to the Doctor: "You speak of Syphilis being negative yet you find Tuberculosis, 2 ohms in your examination. It is impossible to find Tuberculosis in the absence of Syphilis."

REPORT OF VISITING PHYSICIAN

Doctor Beebee of Los Angeles will give us a report of one of his cases. I know the doctors will be glad to hear from you.

Doctor Beebee: "The patient was a girl 20 years old. Double middle ear abscess. One ear had been running since a few month and the other one nearly all her life. Partial deafness. I worked on her two months and a half and the last two weeks there has been no pus from either ear and the hearing is slowly improving.

"Another case was of a woman, age 40 years. Passed the change of life perfectly well. Eight months ago began to have bloody vaginal discharge. I found Carcinoma the size of my fist occupying the cervix, ragged, bleeding, involving base of bladder. It was inoperative. She has had only three weeks' treatment, taking one or two hours a day. Has had no bloody discharge and insists she is getting well. Of course, not much time has elapsed in these particular cases, but it shows what the treatments will do in cases where other methods failed."

(Isn't there a new patient? Why didn't you give me that case before? Well, you did as I told you. Don't pay any attention to what I say. That is just the trouble.) This routine work bores me to death. I am not tired; just bored; and that is worse. But I have to go on with it for the sake of the doctors and for my College. That is the only reason I am working, just to provide means for carrying on this work after I am gone and for treating those who are not able to pay, and to do that we must have money. After all, that is the only real happiness in life, to work for the service of humanity. You will find this to be true as you get older. As you start out in life you naturally want to make money, and that is all right and necessary; but that is not everything. Just acquiring the money is no satisfaction in itself unless it is for a purpose. The work that gives me the greatest joy is my research experiments. That is why I want you doctors to become imbued with the spirit of research so that you may have it as an inspiration for your work as the years go by.

TUBERCULOSIS, LUNG

Give me the next case. This is a new patient. "Man, age 34 years. Has cough; much expectoration; pain on both sides of chest. Subnormal temperature. Lost 15 pounds in one year. Generally tired. Pain in knees radiating to ankles. Appetite fair."

First, we will take 49 just to try out his reactions. Human blood, male reaction. Give me Carcinoma. No reaction. Sarcoma; negative. Try 42, Tuberculosis. Reaction, present. Try it again. Check me up. Correct. Where is it? Lung. How much does it measure? Two ohms. Try 3 ohms. Two ohms is correct. See if there is any Acquired D. R. No.

Congenital Syphilis is present. How much does it measure? Thirty ohms plus. See if there is any Streptotoxemia. I get no reaction of Strep. The Vibratory Rate for Malaria is 32. There is no Malaria.

Don't sit so close to the instruments, Doctor. Keep you body away from them. Even the body capacity of an individual sitting close to the diagnostic apparatus will take away energy. Any metal lying near the apparatus will carry off energy. We will just test that out. Place that metal headpiece near the apparatus and set the instrument at 42 for Tuberculosis and you will see the difference that it will make in the ohmage. First, get the reaction for Tuberculosis. Correct. What did it measure before? Two ohms. Now try it with the metal close to the diagnostic apparatus. What is it now? One ohm. Try it again. Test me out. Stop. What does it measure? One ohm. You see it makes a difference of 1 ohm of potentiality of the energy of Tuberculosis. You must consider metal as a sponge absorbing energy. You can not be too careful of all those little things. They are not little, they are big things. Have him come in. (Patient comes in.) Are you coughing much?

Patient: Yes, quite a bit.

Doctor Abrams: Have you lost in weight?

Patient: Yes.

Doctor Abrams: Go over his lungs. Set the instrument at 42. Don't let me know where you are. Stop. I get the reaction. Now check me up again. Pull down the curtain. We want to avoid the personal equation as much as possible. Stop. Where is it? Let me see. It is in the region of the inferior angle of the scapula. Make a picture. It is slight. There is no Strep. infection, and that makes it very favorable. He is to be referred to another doctor. This man ought to get well very quickly. We can do so much but you have to do the rest. You must live in the open air as much as possible. This is absolutely essential. You must arrange to sleep outside. Paint chest with gamboge and treat locally at rate 5 and give general treatment at rate 3. Don't worry, my man, you will be all right.

—o—

Clinic Case. This is a boy, age 8 years. "Born with large head. At times has involuntary twitching in different parts of the body. Sometimes affects head, shoulders and hands. Teeth very bad and decayed. Child was vaccinated.

Your reactions are very poor. What have you been doing? I couldn't tell by percussion. Give me the rod. The rod is just as accurate but I am accustomed to the use of percussion. See that the skin over his abdomen is perfectly clean and free from grease, or otherwise you can not get the reactions. Where is the cotton? You see how I wipe it off with a piece of dry cotton. Heat the rod in the flame of the alcohol lamp but don't have the flame too close to the subject or you will ionize the air and interfere with the reactions. You must remember all these various details.

You see, I get the reaction for human blood. Do you all see the rod stick? I can feel it very plainly. Male reaction. There is no Carcinoma. Try Sarcoma. No reaction. Set it at 42 for Tuberculosis. No,

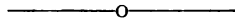
I get no Tuberculosis. Is there any Strep.? No. Try 55 for Acquired D. R. No. Now set it at 57 for Congenital D. R. Yes, Congenital Syphilis is present. How much does it measure? This is a child so it won't be so high. Stop. What is it? Twenty-four ohms. Try 25 ohms. Check me up. Try it again. It measures 24 ohms. See if there is any Congenital Neisserian. No, I don't get any. Look for Psora, 48. Yes, it is present. Try the E D reaction to check me up. Yes, you can see that I get the reaction for Psora. He is to be referred to another doctor.

Treatment: Use rates 3 and 5 over the spleen after concussion.

Have the boy come in. (Patient comes in.) It is impossible to modify the shape of the head. The boy has marks of chicken pox on his face.

Patient's Mother: His teeth are very bad and the doctor said the enamel of the teeth was destroyed by the chicken pox.

Doctor Abrams: All of his temporary teeth seem to be decayed but the second teeth are coming in nicely. I think you will be a totally different boy after having treatment. That is all, my child. You can go now.



SARCOMA, METASTATIC—ACQUIRED D. R.

Have you tested out the apparatus? Good. Always do that before you start in with your work. There may be a broken connection and then you could get no reactions. Did you concuss his seventh cervical? All right; let's get busy. Man, age, 65 years; married. Hay fever and asthma for 20 years; last attack one week ago; lasts usually two to three hours. Dyspnea on least exertion. Neisser. about 40 years ago. Left eye lost accidentally; piece of steel struck it. Constipated. Lost 14 pounds in 4 weeks; appetite fair. Feels generally weak."

First Examination: Sarcoma; present; 4 ohms; digestive; metastatic. Acquired D. R.; 38 ohms. Strep.; present.

Treatment has been: S S 3 and 3 over aorta, two cords.

Today's Report: Pain in left lower chest anteriorly; made worse on coughing.

Put the blood in and we will see what we find. Pull down the curtains; we have to work in subdued light. Set it at 45 and see if there is any Cryptogenic D. R. present. Yes, do you all hear that? Measure it. Stop. What is the ohmage? Damn it, don't keep me percussing all day! It measures 3/25 of an ohm. It is very low. See if there is any Carcinoma. No reactions. Try Sarcoma. There is no more reaction of Sarcoma. Have him come in. (Patient comes in.) Are you feeling stronger?

Patient: Yes, I am much stronger. When I first came I couldn't walk up these hills but now I can.

Doctor Abrams: What is the trouble now?

Patient: I have a pain in my chest.

Doctor Abrams: Let me examine the spine for painful spots. Does that hurt when I press on the spine at that place? Very good. They are to be frozen with ethylchloride and see if that does not relieve the pain.

What he has is intercostal neuralgia. Don't think that you can encompass everything with these methods. You have to employ every means at your command. He is to continue with the same treatment. That's all, my friend. Keep right on. Let me know if the pain doesn't get better.

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EXPERIMENT TO TRACE DEAD—PROOF OF HEREAFTER

Here is an experiment I want to try out. It is not in the course of our regular work, but you gentlemen won't mind, will you? However, I don't advise you to do such things, or they will call you crazy. I am used to being called that so it doesn't matter; I can stand it. But you will be doing well if you get the reactions and occupy yourselves with the blood examinations. Later on, after you have perfected yourself in diagnostic work you can extend your research work. There is no limit to what you can do, as I will show you.

I have always said that I believed that death ended everything and that there was no hereafter, for I am so constituted that I can not accept anything unless I can prove it to myself to my own satisfaction. Here is a little experiment I want to try to see if we can trace the dead or if there is any connection between the living and the dead.

We will try it with a plant. Go outside and get me a plant; anything will do. (One of the doctors brings in a piece of geranium.) Thank you, that is very good. First, I will take a geranium leaf and mash it. We get the death reaction from the leaf after it is mashed. Set the instrument at 54 for the death reaction. Now, don't let me know where you are but when you come to the mashed leaf I should get the reaction. Use the pointed electrode. Stop. I get the death reaction. Was it over the leaf? Correct. Check me up again. You see we get it every time.

Keep the instrument set at 54, which is the death reaction. Put the live piece of plant under the electrode and then move the pointed electrode in any direction. When it is pointed towards the mashed leaf taken from the live plant you get the reaction. It shows, therefore, that you can trace the dead. (Doctor Abrams then takes the handwriting of his wife and gets reaction.) Formerly, I traced it at rate 42 and could get no reaction, but now I get it at rate 54. It changes all my belief, because I always said there was no hereafter. That's enough time to spend on that kind of work; but it just shows the possibilities with these reactions. As I have said before, we are attempting to de-occult the occult and take the mist out of mystery. Now, in the case of the plant, there is evidently still some subtle connection between the mashed or dead leaf and the live plant which death is powerless to destroy. Man, in his conceit, denies the existence of anything he can not understand or explain.

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ACQUIRED D. R.—GASTRIC CRISES

"Man, age 47 years. Has 7 children; 4 boys and 3 girls. Malaria 20 years ago followed by pain in knees and then throughout entire body. Positive Romberg. Denies chancre but had Neisserian. Had gastric crises about two months ago and constriction around waist and vomiting. Re-educational exercises have helped him greatly."

First Examination: Carcinoma; present; 1 ohm; digestive. Acquired D. R.; present; 38 ohms; cerebrospinal. Excruciating pains over entire body, worse over left upper extremity. Can not sleep on account of this pain. Has had it for three days and nights.

Second Examination (after 2 weeks 1 hour daily treatments): Acquired D. R.; 17 ohms.

Third Examination: Acquired D. R.: negative. Cryptogenic D. R.; present.

Today's Report: Feeling much better. Pains in legs are practically gone. Hearing greatly improved but is much impaired.

Is his blood in? We will see what we find today. Set it at 45 for Cryptogenic D. R. **Reaction of Cryptogenic D. R. is present.** Where is it? It is in the spinal cord. Have him come in and we will examine him locally. (Patient comes in.) Go over there and we will go over your spine. Hurry up, Doctor. Don't let me know where you are. Stop. Mark it. We get the reaction in different parts of the spine. He is to be marked and treated locally on the spine at rate 3.

—o—

SARCOMA IN HIP AND ABDOMEN

Give me the next case. "Woman. Injury to right hip. At same time had little mole on side of left thigh." I have told you that moles give the reaction of Sarcoma, of very low ohmage, of course, but they are already Sarcoma. "This mole developed into a lump which was removed and reported to be Sarcoma. After walking patient complains of occasional pains in right hip."

How are her reactions? Give me 49. Human blood; female reaction. Is there any Carcinoma? No reaction. Don't accept any one else's diagnosis; always examine for yourself. Look for Sarcoma. Check me up. **Sarcoma is present.** Yes, where is it? It is **digestive.** Is it **metastatic?** Yes, it is metastatic. The majority of these tumors can be cured if they are localized, but if they are metastatic it is very hard to do anything. We have not measured it yet. **Eight ohms;** try 5 ohms. Eight ohms is correct. See if there is any 55. No Acquired. **Congenital D. R.; present; 38 ohms...** Have the patient come in. (Patient comes in.)

Don't be frightened, little lady. That's good. There is nothing to be afraid of. Which hip is it?

Patient: The right hip.

Doctor Abrams: Set it at 58 and go over the hips. Don't let me know where you are. Stop. Reaction over right hip. Now go over the abdomen for 58 also. Go all over it. Stop. Where is it? Right inguinal region. Mark it. You must have treatment. You can't let this thing run on.

Patient: Is there any cancer?

Doctor Abrams: No, there is no cancer. What you need to do is to take treatment to destroy any tendency to such a condition. There is absolutely nothing to worry about, so set your mind at rest. We need all your co-operation to help us get you well. That is all, so you see we did not hurt you did, we? (Patient goes out.)

You must never tell a patient what is the matter with them. Unless you have your patient's faith you cannot hope to help him very much.

Treatment: S S 3 and rate 3 to right hip and rate 3 to right of abdomen. Paint hip and abdomen with murcurochrome. Give mixture antimalignans. See that she gets the card and is marked properly.

SARCOMA, BONE—PAINS OVER ENTIRE BODY

Next Case. "Married woman; two children. Influenza in 1918; another attack in March, 1923. Pains all over body but worse in left lower extremity from hip to toes; also in lower back; dull aching in character. Constant but made worse on walking or having cold wind strike her. Relieved by warmth and hot applications. Tires easily; no pep."

First Examination: Sarcoma; present; bone; non-metastatic; 8 ohms; from 10th dorsal to 5th lumbar, left side. Congenital D. R.; present 39 ohms.

Today's Report: Pain in back and legs practically gone. More pep.

That is a good report. We will see what the blood shows. Set it at 58 first, Doctor, for Sarcoma. His reactions are not very good so I will use the rod. Who took my cotton? Oh, here it is. Pardon me, Doctor. That's fine. He has the alcohol stove all lighted and ready for me. That's what I like—to have someone think and get things ready so that I don't have to waste a moment. Time is very precious to me, but it doesn't mean anything to these young men. But I have always been that way. Everything had to be done in a hurry no matter how much time I had. I believe I learned the word for "hurry" in almost every language in the different countries through which I traveled. Hurry up, now.

Sarcoma is negative. Is there any Congenital Syphilis? No reaction. Try 45 for Cryptogenic D. R. That is also negative. Check me up again. Correct. What treatment has she been having? Let me see the card. Where is it? That's it, thank you.

Treatment has been S S 3 and rate 3 to the back. The back was also painted with murcurochrome. Mixture anti-malignans. The patient needs no more treatment.

Open the door, Doctor, and we will have a few minutes' recess. Now you can smoke. We work pretty strenuously so we need to stop for a few moments. Don't touch that electrode with your fingers, Doctor. I have told you that a thousand times, but it makes no difference. Oh, hell, what's the use! I could talk my head off and you go on just the same. What goes on behind my back God alone knows! And then the men wonder why they don't get results.

HEMIPLEGIA—ACQUIRED D. R.

"Man; age 50 years. In 1918 Hemiplegia. Almost recovered from paralysis. Wants to be let alone. Doesn't want to converse with other people."

Put it at 49, Doctor, for human blood. It is human blood, all right; male reaction. What do you think of in such cases? Acquired Syphilis. Try 55. You see we get the reaction. But don't be too sure. Try the E D reaction. Correct. Measure it. Put that down, Acquired D. R.; 26 ohms. Don't ever use the word Syphilis or you will get yourself in trouble. Your patient will go right to a Wasserman Laboratory, and then if your diagnosis is not confirmed you may be sued for libel. It is a very dangerous word to use because of the connotation it has in the lay mind. To my mind the Wasserman test is not worth the paper it is written on. Let's see what strain this is? Cerebral strain. Have him come in. (Patient comes in.) Go over his head for 55. Don't let me know where you are. Pull down the curtain to shut out the personal equation. Stop. Check me up. Where is it? **Acquired is at present only over forehead.**

Treatment: S S 3 and two cords to spleen and one cord to forehead at rate 3.

I think that you will notice quite a difference in your condition in three weeks or so. That's all. Next.

WASSERMANN FAST REACTIONS

Extracts from current, medical literature

"The Four Plus Wassermann"—D. M. Kaplan, N. Y. M. J. 105:728, Apr. 21, 1917.

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

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

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

"We are convinced, with Udo Wile, that 'in the presence of intensive therapy, a positive test does not necessarily mean living spirochetes and potential syphilis, any more than a positive tuber-

culin test in an individual who has had tuberculosis would indicate the presence of living tubercle bacilli.' "

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

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

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

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

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

CARCINOMA, COLON

This is a new patient. I want you doctors to listen to the history and try to remember what the main points are. "Unmarried woman; age 53 years. Paralyzed in 1922; lasted three days. At present time patient complains of mucus colitis; frequent bowel movements. General loss of strength; early tired."

First set it at 49. Doctor. Oh! Doctor, Doctor, you didn't put it right on the line. That is all right now, but you must be careful of all those little things. Human blood; female reaction. She has mucus colitis. This mucus discharge from the bowels occurring late in life always suggests Carcinoma of the colon. **Carcinoma is present. It is digestive; splenic flexure of colon extending to sigmoid flexure.** You can see the pallor on the abdomen. We will check up on her when she comes in, but usually we get it very accurate on the subject. Is it metastatic? No, fortunately it is non-metastatic. How much does it measure? Eight ohms. Try 9 ohms. Eight ohms is correct. See if there is an Acquired. No reaction. **Congenital D. R.; present; 38 ohms.** Have her come in. (Patient comes in.) Don't be frightened, little lady, seeing all these strange men. They are all doctors and want to help you get well. That is the proper spirit; just smile and that will be a great aid in your getting well. Have her lie down so that we can take a reaction. You can take a reaction from a patient lying down provided the feet are toward the west. Go over

the abdomen at rate 50. Don't let me know where you are. Stop. Try it again. Let me see where it is. The reaction is present over left splenic region running down a little bit toward the pelvis. Mark it.

Treatment: Two cords at rate 6 and one at rate 3 over area on abdomen. Paint abdomen with Congo Red. Now you may go. That is all.

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TUBERCULOSIS, BONE—PAIN IN FEET

Open the door, please. Give me the history of the next patient so I can read it while you are getting the specimen ready. "Man, age 51 years; married; two boys living and well. Dull aching pains in both feet for past 17 years. Very much worse in last two years. Tonsils and gall-bladder removed. This helped condition somewhat. Tenderness usually located in heels and along tendons, accompanied by inflammatory signs." The cause of this dull pain is what we have to determine.

Carcinoma; no reaction. Sarcoma. **Sarcoma is present.**

It is digestive. Is it metastatic? No, it is non-metastatic. How much does it measure? It is 3 ohms. Try 4 ohms. Check me up. Three ohms is right. But that doesn't account for the pain in feet. Set it at 42. Do you all get that? **He has Tuberculosis; bone.** Measure it. It will be low. Two ohms. Try 3 ohms. Two ohms is right. That is a good way to check up. If you are careful and take your time you will get it right every time. The trouble is that I worked too fast because I have so much to do, but you will find that the longer you work at it the more careful you will become. We haven't looked for Strep. yet. Set it at 60. **He has Streptotoxemia.** Where is it? **Left tonsillar region.** Is it in the appendix? No. Try 52, Neisserian. No reaction. We will run the whole gamut. Acquired D. R.; negative. We will be sure to find Congenital D. R. Do you all hear that? You could not have Tuberculosis or malignancy without Syphilis as a soil condition. Is that clear to all of you? The germs are simply a result and not a cause; they could not live if the soil was not propitious. We haven't found the ohmage of the **Congenital yet.** It is **30 ohms plus;** that is sufficient.

Here we have a case of Tuberculosis of the bone. He has painful feet. When he comes in we will take a reaction from the feet. If we get a reaction of Tuberculosis from the feet, the story is told; but if we get a Strep. reaction from the feet, the story is also told. In fully 50 per cent of the cases in which the tonsils have been removed we still find infection because the paratonsillar tissue has not been removed. Have him come in. (Patient comes in.) You are a very happy looking individual.

Patient: Yes, I am except for my feet.

Doctor Abrams: He is to be referred to another doctor in his city. Have you worn all kinds of arches and braces and shoes?

Patient: Yes, I have.

Doctor Abrams: Which is the worst foot?

Patient: The left foot.

Doctor Abrams: Go over the feet for 42. You see, that is what is the matter. It is present in both feet. Now, let us look for Strep. No

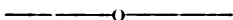
reaction. Try Staph. We want to be absolutely sure. Staph. is negative. In all reason, you wouldn't think that such a healthy individual could have localized Tuberculosis of the bone; but I venture to say that he will walk better in two or three weeks. Have you any Tuberculosis in your family?

Patient. No. An examination of my urine showed sugar, and also in the blood. I have been on a diet and have lost 18 pounds. I seem to get more pain than before.

Doctor Abrams: We find **Diabetes** is due to a constitutional condition. Of course, you know there is a close association between Tuberculosis and Diabetes. And of course this may be a form of Diabetes associated with obesity which disappears under diet. Go over his tonsils for Strep. **Reaction of Strep.; present over left tonsillar region.**

Treatment: He is to get S S 3 and locally to feet at rate 5. Paint feet with gamboge. Also 2 and 4 to left tonsillar region.

I sincerely hope that you will get results.



EPITHELIOMA—X-RAY BURN

Give me the next case, please. Hurry up. "Woman; married; age 42 years; no children. Two or three years ago noticed two lesions on back of each heel; whitish and moist; diagnosed as ringworm. Treated with X-ray for 18 months." Can you imagine treating a ringworm for that long a period with the X-ray? "Resulted in X-ray burn." The results of X-ray burns are terrible. "At present the lesions still persist. The hands are also affected. The condition of the feet is so bad that she has to use crutches."

First, we will get 49, Doctor. Human blood; female reaction. Carcinoma; present. Is it Epithelioma? Set the instrument at rate 35. **No reaction for Epithelioma.** See if there is any **Tuberculosis. Present. Eight ohms.** Is there any **Acquired. No. Congenital Syphilis; present.** How many ohms? Stop. What is it? 35 ohms. Correct. Have patient come in. (Patient comes in on crutches.) Let us see the lesion. How much is due to X-ray burn and how much to the other condition we are going to determine. Why do you use crutches?

Patient: Since the X-ray burn I had a necrotic condition caused by the burn.

Doctor Abrams: Was any tissue removed to determine the pathology? You are a trained nurse, I believe.

Patient: Yes, I am a nurse. No, there was no tissue removed. I was the only one who suspected malignancy.

Doctor Abrams: The question is whether we can heal the X-ray burn. What was the original appearance of this?

Patient: It began with a circular patch on the inner side of each heel two years ago. They took scrapings from it to diagnose it and found

fungus. They call it mycillium, I believe. Lately I have feared malignancy. On the left foot you can see how the lesion first appeared. On the right foot there is an open wound.

Doctor Abrams: There is an ointment on it so we can not take a reaction to determine definitely what it is. Let us take a reaction of the infection anyway. It is not a case of mycosis fungoides. Go over the feet for Carcinoma. There is no reaction. Now try 42. You see we get the reaction. It may be a skin tuberculide. They are treated for eczema and everything else. We will go over it again on Monday morning to be absolutely sure. We have had cases come here that have been all over the country with no relief and they have yielded almost immediately. Did you ever have any Tuberculosis in your family?

Patient: Yes, my mother and father both died of Tuberculosis. I have never had any symptoms. I have always been perfectly well all my life.

Doctor Abrams: That is all we will do today, gentlemen. Have the patient return Monday without any dressing on the foot.

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DR. H. W. WIRKLICH, Editor.

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