

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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WORKS BY ALBERT ABRAMS

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Physico-Clinical Medicine

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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.

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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."

DOCTOR ABRAMS -- THE MAN

By

DR. FRED E. MOORE, President

College of Electronic Medicine,

Blanche and Jeanne R. Abrams Memorial Foundation

(Presented on the Program of ERA Post Graduate Course, at McManis Branch, College of Electronic Medicine, Kirksville, Missouri, May 22-24, 1924)

It is my purpose to give you an intimate picture of Dr. Albert Abrams that you may know more of this truly unusual man. That he was a great genius needs no emphasis on my part, but it is my wish to speak to you concerning the lovable, simple, interesting, humorous, sympathetic, intense and honorable traits in the character of Doctor Abrams.

Many of those who were trained in his Clinic over a month or so of time knew the discoverer of Electronic Reactions only in the intensity of his work. Friend and foe alike saw in him a man utterly oblivious to outside influence and one wholly engrossed in the examination and care of his patients, the training of his students and the researches from his ever-delving mind. How often we have heard Doctor Abrams say, "A problem solved is a problem dead. I lose interest in it and immediately start seeking after something else." He told me he had been that way throughout the forty years of his professional life. Routine practice did not interest him unless he could be seeking new things and having new experiences.

During the six months time I spent in the Clinic, he seemed to be almost unconscious of the presence of a student body, and his moods were as free in expression as though he were working in the laboratory alone, sometimes annoyed and fretful and again in an exalted, happy state of mind with everything going to his liking. When he was sitting in his diagnostic chair with his mind completely centered upon his work, the student body often thought him severe in his quizzing and sometimes impatient way of demanding ready answers. But Doctor Abrams took his work seriously, and if the student did not grasp his teaching he did not hesitate to let him know that he

must understand properly if he hoped to be a success in his work. He showed his interest in the students by the pleasure he manifested in those doctors who remained several weeks or longer over the required time in order to become better grounded in the work.

No harsh word by Doctor Abrams ever meant a spirit of unkindness, for countless times we heard him apologize, or stepping over to the doctor he would give him that most winsome of smiles and pat him on the shoulder.

Never anywhere throughout my life have I seen a physician handle patients with more perfect poise than did Doctor Abrams. He could be in the midst of a heated argument with some doctor and immediately upon the entrance of a patient he would become calm and serene and throw his complete concentration upon the case. First he would place the patient at perfect ease and win his confidence. He would show the most intense interest in the welfare of that patient and would listen in sympathy to his recital of difficulties. He had the art of satisfying the patient and without any loss of time handled the case constructively and definitely. If the doctors in the Clinic failed to grasp ERA work as successfully as would be desired, their time was well spent and it was a rare lesson in the contact of physician with patient to observe Doctor Abrams day after day win the confidence of patients of every type, a problem which interferes with the success of the average physician.

Doctor Abrams with his trip-hammer brain could not find workers to keep up with him, so in intense moments he was what you would call a driver and his assisting physicians, nurses and stenographers all had to feel the whip of speeding up action. A few moments later would come the wonderful smile and perhaps he would say, "I do not see, my dear doctor, how you put up with me. I can't seem to help it but I do not mean anything unkind by it."

The general impression exists throughout the ERA world that Doctor Abrams, because he had a financial competency throughout the most of his professional life, had nothing to overcome or worry about. It is true that most physicians are forced to give too much thought to their incomes which, in the majority of instances, intereferes with completely devoting

their thoughts to progress in the development of their work. But no one could have had greater worries and anxieties than Dr. Albert Abrams. Always a researcher, he never separated himself from the engrossment of such activities. His mind never seemed to be at rest, and he is an example of how little a part in the real happiness of life monetary returns are a factor. Service, service service — that was what he was giving all the time, and still he seemed to be entirely innocent of realizing it. He felt impelled to delve, to hunt, to develop, and freely gave us, his disciples, the benefit of his findings.

Once in a while the humorous side of it would appeal to him and we would hear him say: "Doctors, my work sometimes reminds me of the two hens, one blind and one that could see, hunting for worms in the garden. The blind hen did all the scratching and the hen that could see picked up all the worms." We all realized that most of us could not help in his research work but we were all happy to utilize what he found to be of value.

It may truly be said that Doctor Abrams won his laurels through his own efforts. As a young man studying medicine at Heidelberg, he was limited to forty dollars a month, and he told me of many times being without money. It required all of his resourcefulness and self-sacrifice in order that he might finish his course. He would put on a good front and keep his troubles to himself and by his rare personality win the kindly interest of those from whom he needed confidence. He could not afford to buy all the books he needed, but he always managed to find some student who wished to loan him whatever books he required.

As an evidence of the difficulties he had to undergo and his resourcefulness in surmounting them while at Heidelberg, I might tell of an experience he had with his one suit of clothes. He had been so unfortunate as to suffer a rude tear in the trousers. His laundry woman happened to call for the weekly package and he conceived the idea of having her take the trousers home, repair same and return them at a given hour. This she failed to do, and as he had no way of communicating with her, he decided he must find a way to go to her and secure those trousers that he might meet an engagement he considered most important. He took a large bottle of ink and

dyed his full length underwear. Then donning his coat and vest, he hurried down back alleys and finally claimed the necessary apparel.

After he finished his course at Heidelberg, he spent a year or longer in other European clinics. One of the friends of those early college days was the famous surgeon, the late John B. Murphy, another man who reached the pinnacle of success.

Throughout his professional career Doctor Abrams became a great traveller, and the Clinics of this country and Europe became almost a yearly habit with him. Even unfriendly tongues must acknowledge that Albert Abrams was ever seeking to progress and gain more knowledge. His wonderful brain sorted out in an orderly way all that was of value and eliminated the useless observations.

Doctor Abrams was one of the best read men in the country, and a few there were who showed such a retentive memory. For him to read and record a thought was to have it ever ready to make use of at the psychological moment. This made him a most interesting man under any and all circumstances. He could always find something in common with each individual and he always sought more knowledge from the experiences of others.

Doctor Abrams put into practice the admonition not to let the left hand know what the right hand doeth, and many were his acts of kindness and gentle consideration for needy ones, the real acts which place one's name in the great Book of Life. He loved little children, and often I have seen him stop a poor waif, talk with him a few moments, pat him on the head and hand him a quarter. Then again it would be a child well-groomed whom he would question and exercise its little brain, sending it along with a gracious smile of understanding. A lonesome hound dog would just as quickly attract his attention, and he would talk to it soothingly so that it would come and crouch at his feet while he petted it. A confused elderly woman or a blind man seeking his way would immediately have his attention.

Doctor Abrams loved the simple things in life. It relaxed and entertained him just to walk down town and look in the store windows. It often kept me busy to keep track of him.

Suddenly I would find he was twenty feet behind me oblivious of my existence and studying something which attracted his attention in the window of an interesting shop. Again he would suddenly say, "Let's go in here a minute," and would spend a half hour in a radio shop or a hardware store looking for little things he wanted in his laboratory.

In the home Doctor Abrams was in his element. As an entertaining host he could not be surpassed. All who had the privilege of enjoying his gracious hospitality under these circumstances will hold the experiences in fond memory. He usually ceased work Saturday noon, and then he would go to his unique, homelike, and attractive bungalow over the sea near the Golden Gate. He usually reserved that time until Sunday at one, when his guests arrived, for a period of relaxation and quiet, but always his mind was working, and usually at those times when I had the privilege of being there I would find him going over some manuscript, or he would at once start to discuss some angle of ERA work.

However, with the arrival of guests he relaxed in true European fashion and usually for an hour and half or more we would sit around the table and visit over world-wide topics or travel, or perhaps discuss writers and men in the public eye. It was a mental feast to listen to this well read and interesting man and enjoy the deductions he made. About five o'clock we would all drive back to the city together and leave him at his Clinic home.

Doctor Abrams was not a seeker after amusement. He occasionally attended the theatre, but rarely on his own initiative. His habits of life were very regular. His bump of detail was enormous. Things had to be done on time and definitely accomplished. If he had been out in the evening, he always tried to return home by nine-thirty. If he did not rest well, he thought nothing of getting up two or three times during the night and going to his laboratory to work out some problem he had in mind. It was no unusual thing for him to be there at work at five A. M. He was at his desk by 7:00 or earlier. He dictated his letters between 8 and 9. At 9 o'clock to the minute he walked into the Clinic, and he expected all of his assistants to be at their post of duty ready for an immediate start of the day's work. He worked feverishly until

about one o'clock with only a couple of breaks of ten or fifteen minutes. He usually had some friend at lunch in his apartment above the Clinic. It was my privilege often to spend that noon hour with him. He rarely talked shop at that time, but would visit about things in general. Lunch over, he would excuse himself and go to his room for an hour of rest and reading; then back to the office desk for a little while, with the remainder of the afternoon and often part of the night spent in experimental work in his laboratory.

The epigrammatic side of Doctor Abrams brought relaxing moments for all his student doctors. Some of you will recognize the following:

"By everyone and by every method mistakes are made. Even instruments make mistakes". Then he would say, "He who makes no mistakes makes nothing else."

"We call spiritual the things we can not sense, but remember that often the material is present but we do not sense it."

"There is a fashion in drugs like a fashion in dress. The world acclaims a drug, and a few years later it has become practically unknown."

"No cremation for me. The A. M. A. has roasted me enough over the coals."

"Science is a terrible thing in the fact that it tends to rob a man of his spiritual faith and hope."

"A Jewish boy squirmed when the Doctor accidentally touched him under the arm. 'Are you ticklish?' 'No, Yiddish.'"

"Fools and children always speak the truth; also those with a limited vocabulary who do not know many words."

"The day of the specialist is the day of therapeutic nihilism."

"Do not be like the man who saw a fly on the baby's head and asked for a hammer. All he saw was the fly and not the baby."

"Keep your mind active until you die. Lack of occupation is not rest."

“Think of the other fellow in the same sense of expenditure as you do for yourself.”

“Morse said, ‘Send it by telegraph’. Remorse said, ‘Send it by writing.’”

“Hell hath no fury like a physician scorned. He will forgive anything except for you to cure his patients.”

“Diagnosis is usually a matter of ‘guesstimation’, not estimation.”

“A critical mind is impervious to a decidedly new idea.”

“I have no right to cure a patient; the doctors say it is quackery.”

“It is the man behind the gun who counts; the man who commands confidence and has faith in what he is doing is the man who gets there.”

“Truth will rise even though the heavens fall.”

“If God had ever mixed up with medicine he would have destroyed the A. M. A. long ago.”

“No one ever got in trouble by saying too little; so it pays to keep the damn mouth shut.”

I am sure these epigrams by Doctor Abrams bring him vividly before you as he gave you a moment’s relaxation from the intensity of his work.

The following comments which I have heard him make will also revive his memory.

“The time will come when a man will be quite like a clairvoyant and he will sense vibrations just as an animal does; and he will carry something in his pocket to counteract the vibrations of disease.”

“The spirit of the age is radio and we can use radio in diagnosis.”

“Fairly certain of results, give one thing, and never prescribe more than one remedy at a time. It is right or it is wrong.”

“In the old methods of practice I felt I was taking money under false pretenses. I would never go back to the old methods exclusively. Now I know what I am doing and work definitely on disease.”

“The blood is only the mind in solution, and the blood reveals everything. The only limit is our ability to make all the findings.”

In giving you this word-picture of the more personal side of our beloved Doctor Abrams, I will be satisfied if it alone serves to increase the loving memory in which you hold him and if it stimulates a continually growing sense of loyalty to his College and the work which we must now all carry on. Let us hew to the line and work with the same courage and self-sacrifice which was manifested in the life of this great scientist and humane man. Remember, it must be placed above all selfish interests, for as Doctor Abrams often said:

“All things are providential. It is the greatest good to the greatest number, and the individual can not be the one to receive consideration.”

The Middle States Society Convention

and

The McManis Post Graduate Meeting

The gathering of hundreds of ERA physicians to absorb the inspirational programs and the practical work of these two great meetings was a milestone in the history of the Electronic Reactions of Abrams. Here we found earnest doctors seeking all they could find in the advancement of the work. The interest was shown by their constant attendance during the full programs of the week of May 19. Much credit was due Dr. Guild and his co-workers for the three splendid constructive days covered by the Convention in Kansas City, while to Doctor McManis was shown due appreciation for the practical work demonstrated during the three days' post-graduate course at Kirksville, Missouri.

Outstanding men in the profession were present, each giving from the fund of his experience with ERA. The programs ranged all the way from exhibits of ERA literature to new developments in technique, and from the Cancer Digest to ERA in relation to rectal trouble, and to ear, nose and throat considerations. Interesting experiments and tests with the Abrams Oscilloclast came up for due consideration, as did also the realization of Doctor Abrams' fondest desire (to diagnose and treat disease by wireless). From Phototherapy and its relation to ERA to a discussion of the College Situation, also gives a general idea of the scope of the Kansas City Convention program.

This, the first large sectional convention since the death of our revered and beloved Doctor Abrams, gave expression to our love and appreciation of him in the Memorial Service which was the first number on the program in Kansas City following the invocation and addresses of welcome and response. The undersigned had the honor of presiding over this hour. Dr. Robert Rosen of Detroit presented "Dr. Albert Abrams, the Man of Vision." Dr. Francis A. Cave, of Boston discussed "Dr. Albert Abrams, Scientist and Discoverer." Dr.

Ellen Barret Ligon of Mobile, Alabama, spoke on "Doctor Abrams, the Great Personality." To Dr. H. E. Palmer of Dayton, Ohio, fell the privilege of emphasizing "Doctor Abrams, the Lovable Man." Eulogies to Doctor Abrams were also given at the banquet and at the public meeting where some fifteen hundred were present.

At Kirksville, Doctor McManis kept ripe the memory of Doctor Abrams by starting his program with "Dr. Albert Abrams, the Man." which it was the privilege of the undersigned to present. We could not forget Doctor Abrams if we would, for such a potent spirit as his life work in ERA will ever reflect, must always be present with us.

Doctor McManis and his Staff displayed, by the practical work they presented, the high class progress they are making in the field of ERA. On his program he had listed such subjects by visitors as "ERA in Children's Diseases", "Water as a Vehicle for ERA Tests," "ERA Efficiency," "Blood Building in Electronic Medicine," "Studies in Carcinoma," etc. His banquet was a great credit to him with fully three hundred present. In addition to the addresses given at the public meetings both in Kansas City and in Kirksville, the audiences were much impressed and enlightened by the illuminating talks given by Doctor J. C. Burnett in throwing the films on the screen of the radio waves emanating from the Abrams Oscilloclast, a remarkable result of extended research work, and the discussion in a practical way, by Dr. Jean DuPlessis, of what comes out of the Abrams Oscilloclast with demonstrations to prove that it is in no way inert.

We were surrounded by presidents of ERA societies from all over the country, but the outstanding ones were Dr. W. A. Guild of Des Moines, President of the Middle States Society, and Dr. Francis A. Cave, the untiring president of the American Electronic Research Association.

It is fitting here that we show the understanding among all of our ERA organizations in the Resolutions which were passed at the Middle States Society of Electronic Medicine Convention in Kansas City.

"That we endorse and adopt the American Electronic Research Association as our representative national

organization and urge that all of our members at once become members of the said national organization, to the end that we may establish a united profession under one centralized and intelligent leadership."

Another paragraph in the same Resolutions showing this spirit of cooperative work reads as follows:

"We furthermore respectfully suggest that beginning May, 1925, the solicitation of memberships in this Society be limited to those residing within the middle states; and further, that all Electronic physicians residing in other districts and belonging to the American Electronic Research Association be invited to attend conventions of this society as its guests upon payment of a nominal fee consistent with the expenses of the convention. The above suggestion is offered with the provision that no Electronist be accepted as a member of the American Electronic Research Association unless he is first a member in good standing of his local or sectional organization."

Now comes the confirming paragraph which will keep our ERA organizations at an elevated standard with all societies making the same requirements. It reads:

"We recommend that the constitution and by-laws of this Society be so amended as to limit its membership to licensed doctors, holding the degree of Doctor of Medicine, Doctor of Osteopathy, Doctor of Dental Surgery or Dentistry, who have had a recognized course of instruction in Electronic diagnosis and treatment."

It may be well understood that the undersigned was greatly heartened by the paragraph which follows:

"That we fully appreciate the honesty, sincerity, and personal integrity of Dr. Fred E. Moore, President of the College at San Francisco, in his efforts to perpetuate the ideals of our late beloved master, Doctor Albert Abrams, and we likewise appreciate the difficulties involved in the administration of the affairs of this College, and we offer to him our united sympathetic and loyal support in the advancement of his policies as expressed at this Convention."

The next great Convention which you will all have the privilege of attending will be that of the American Electronic Research Association in Chicago the latter part of September. I hope you may conceive the great uplift and the great stimulation to your ERA work which you will receive if you will attend this meeting. I believe it will be a meeting of fully a thousand ERA physicians from all over the world, and as we are making history rapidly it will serve to bring you up to date in imperative matters involving your welfare and success in ERA. At that time I have no doubt I will also be able to present further things of great encouragement in the College situation. There is no question about the outcome, the progress and the growth of ERA if we will stand together as one man, consisting of the College at San Francisco, its branches, and the ERA profession as a whole. We have only one purpose, to serve you and to serve you well. Command me in any matter in which I may be of service.

FRED E. MOORE,

2151 Sacramento Street,
San Francisco

Unforeseen Events Often Happen

By

J. W. KING, M. D.

President Emeritus of the Mother College of Electronic Medicine,
Blanche and Jeanne R. Abrams Memorial Foundation,
at San Francisco, California

Dean of Branch College of Electronic Medicine, Bradford, Pennsylvania

It happens in the course of human events that many unforeseen things arise. They have their advantages and disadvantages and the many disappointments with which one must put up. One was my inability to be present with you in the Post Graduate Course of the ERA which our genial friend, Dr. McManis, and his staff are now conducting for your benefit. Owing to my sickness I am unable to be with you. This was an "unforeseen event" when I wrote Dr. Pearl sometime ago that I would come to Kirksville. The anticipation was keen to

meet a good bunch of electronists. My consolation consists in the thought that in the absence of the flesh I am with you in spirit. I feel that every one who is in "dead earnest" to firmly establish the ERA for the sake of humanity should do every thing not to allow the other fellows to retard advancement. Efforts to thwart us must not cause a stampede among us as the following narrative is a common feat in men:

Paris, Oct. 30th, 1922.—While a flock of two thousand sheep were being driven from their mountain pasture lands to their winter quarters at Trenar-d'Oisans, near Grenoble, the rams, frightened by a dog, leaped over a precipice into a ravine. The whole flock followed their leaders. A large number of them were crushed to death on the rocks below, and many others were buried under their fellows and died of suffocation.

A statistician has said that only three per cent. of all physicians do their own thinking. If such is the case, we fear very much that ninety-seven per cent. of our profesional brethern are going to fall over the precipice of Ultra-Conservatism under the leadership of a few old rams!

Be not led, like the sheep, by the buck! Cut loose from medical-politicians and their followers.

During the conference of the trustees at San Francisco a few weeks ago, the "die was cast" by Drs. Burnett, McManis, and yours truly, of the East, with the assistance of the several ones on the Pacific Coast, when we elected Dr. Fred E. Moore of Portland, Oregon, President of the College. Though in ill health, I went to San Francisco to attend the trustee's meeting because it was pointed out to me that I was highest in authority of the Institution, as President *pro tem*, therefore, my presence was imperative. I had previously resigned as Vice-President and trustee owing to ill-health but others of the trustees plead with me to rescind my previous acts as they were not in force until a regular meeting could act in the matter. It was felt I should reconsider the matter as the College faced a critical situation, and because of my close association with the late Dr. Abrams as one of the very first in ERA work, as a

practitioner, and my five years service as teacher, it might cripple the Cause if I did not yield to their appeal. I recalled my resignation and went to San Francisco and acted in my official capacity until the proper time, when I resigned as Vice-President. Then was the time to elect the President, and we believed that in Dr. Fred E. Moore we would not make a mistake in placing him as the President of the College. Dr. Moore's selection to this exalted position came about, and likewise was an "unforeseen event," up to a few hours before his election to the Presidency. He was a visitor at San Francisco with us, and our interests being common, we talked over matters for the welfare of the College. It required a man of ability who would have to become a resident of California *at once*. None being immediately available who could so ably fill the position, Dr. Moore was persuaded to become its chief. He was reluctant to accept the Presidency, having interests elsewhere which made it difficult to make the change. But we assured him that we would do everything to help him in the administration of his office. And then he accepted the situation. The salary offered him was \$1500 a month less than he was making at his Sanitarium at Portland. Later, selfish interests accused us of having voted large salaries to the President, and Drs. Wirklich and Jarvis of the Clinic Staff. (The latter ones had already had their salaries fixed by Dr. Abrams before his death, which the trustees did not deem wise to change.) One not knowing the amount of services these men must give to the Cause have no business to criticise our endeavors to try and make the College a success, and that cannot be done on measly salaries. We, the trustees, feel that if any others could do better than was done — when all was chaos — pray, remove us and elect others. With me, it was a great sacrifice to go to that meeting of March 18th. It was the cause of my breakdown upon my return home. Its incipieny was started at Jonesboro, Arkansas, where electronists had gone January 14th, to defend Dr. Lecocq. Our leader, Dr. Abrams, having died the day before the trial, made it very hard to bear up under this bereavement. Heaped upon this sorrow was the death of my friend, a few weeks later, that pioneer in the work, Dr. J. Goodwin Thompson of Oakland, California. And my own bereavement, my Mother's death, a few weeks ago, just simply

put me out of business. A severe attack of grippe, quinsy, ear-ache, and hiccoughs was not an enjoyable matter with me for the past month or so and from present indications it will be several weeks before I am restored to health; hence, these conditions militate against my being present with you.

About so often the press, physicians and laymen misrepresent things. I think it appropriate here to give the following as a matter of record, and it too may be of interest, because there are now conniving selfish interests at "work," claiming that Abrams was not the originator of the ERA. We must not allow this to get a footing. We *must* give credit where credit belongs. There is too much twisting of things and facts in mundane affairs. Notable among these are a few things belonging to the men of the South. Too many of these departed ones are practically unknown to-day among many in the rank and file of the medical profession and I cite the following which I read in a Medical Journal a few weeks ago:

How many people know that a Mississippian, Langdon C. Garland, former chancellor of the University of Mississippi and Vanderbilt University, discovered the x-ray and demonstrated them to his class in physics at Vanderbilt long before Crookes, the Englishman, or Roentgen, the German, made known their discoveries?

We have heard of late a great deal about original work in regard to the mosquito theory. Do you know that Dr. J. Nott, Mobile, Ala., published an article, "The Origin of Yellow Fever," in the New Orleans Medical and Surgical Journal in 1848 in which he accused the mosquito of the crime of being the vehicle for the transmission of the disease?

It was only recently that a few people know that Crawford W. Long used sulphuric ether in Jefferson, Ga., March 10, 1842 — later the credit went elsewhere.

It was Dr. Charlot (Louisiana physician) that proved what the heart was doing during the period of rest.

How many people who use ice every day ever think or know about its discoverer, a poor country Florida physician, who used the method to allay fever in his

practice. Florida has placed his statue in the Hall of Fame, Washington, D. C.

Kentucky clannishness and sense of justice, has been the cause of everyone knowing about Ephriam McDowell. And who is not proud of J. Marion Simms, a Georgian product?

Even the knowledge concerning drugs "just as good" was born of the South's necessity during the Civil War and Reconstruction.

During the World War we heard a great deal about the heroic and noble work of the Red Cross. Do you know that Virginia's distinguished surgeon, Dr. Hunter McGuire, originated the idea and placed in the field an organization exactly similar in regard to functions as the Red Cross, and before 1862 General Beauregard ordered the release of surgeons captured and General Braxton Bragg that of ministers of the Gospel? This fact is substantiated by surgeons who are members of the Medical Officers of the Army and Navy of the Confederacy Association.

Every State in the South has contributed some man or some thing to the glorious record made in America. Some works and deeds are almost unknown, — in the case of the first hysterectomy, which according to Dr. Ernest Lewis, of Tulane University, was performed by one of Napoleon's former surgeons in Louisiana, unfortunately he does not remember his name; the historian of the past has been too negligent.

In this day and time, when educators seem to have the idea that ability is created in largely endowed institutions of learning and man's mind is something that can be developed in any fashion desired, it is well to read the history of those who were denied so-called advantages, in some instances, who gave the world its greatest blessings.

We electronists must demand our right to the credit for having started this work in its infancy and not later have this matter twisted about and transformed to future gentry as happened so often in the past, and as just cited happened to the

pioneer men in the medical profession in the South who for the most part are now forgotten, their handiwork having been gobbled up others who arrogated it to themselves.

With regrets that I cannot be present with you, I am

Cordially and fraternally,

May, 1924

J. W. KING, M. D.

(This paper was read at the McManis Post Graduate Meeting, May 23rd, 1924)

College Policies

It is our sincere purpose to do everything we can to bring the graduates of the College of Electronic Medicine in San Francisco and the Branch Colleges into close sympathy with our efforts for ERA as a whole. We desire a harmonious understanding with the doctors in the field to the end that we may enjoy their patience and confidence during the coming months while we are gradually bringing about such changes as will solidify this relationship.

THE There was considerable criticism of the former
JOURNAL cost of subscription to the Journal of Physico-Clinical Medicine. Beginning June 1, 1924, the subscription price will be \$3.00 a year. This places it within the reach of every Abrams graduate, and as the publishing of a journal is rather an expensive business we hope you will send in your subscriptions promptly and help us in every way that you can to make the Journal a huge success.

You realize, of course, that in this Journal alone you secure the original lectures of the great master, Dr. Albert Abrams. Throughout the year you will find many pages in each number devoted to his lectures and examinations which have never before been published. These were taken during the last year of his life by the secretary who was constantly in his Clinic and recorded everything verbatim. ERA is so young that there is not much thus far in textbook form, so you

must depend upon these Journal records to secure the teachings of this great man. A layman who is supporting ERA work recently wrote us renewing his subscription. He said, "The rates are nothing considering the inspirational, unique and unequalled information mentioned therein."

It occurs to me that your interest in the Journal will be greatly enhanced if you will send in a report of some especially interesting case or some particularly helpful observations that would be beneficial to the men in the field.

BLOOD TESTS Our Clinic may be of great help to you in the examination of blood specimens regarding the diagnosis of which you may be confused or feel desirous of confirmation. Doctor Wirklich, as you know, is in charge of this part of the work, and his skilled services should be of much value to you. Just send these specimens with case histories to the College of Electronic Medicine, 2151 Sacramento Street, San Francisco, and they will be given prompt attention and duly reported with care. The cost for the primary examination is \$10.00 and for reexamination of further specimens from the same case \$5.00 each. Kindly always attract attention to the case number, name of patient and the date of previous examination. I feel convinced that this department of our work may be of the greatest service to you.

REFERRED PATIENTS I wish to make it a matter of record that while the former contributions to the College Trust Fund from doctors who sent in a portion of the fees received from referred patients was greatly appreciated, I desire to impress on all ERA physicians that we no longer encourage this idea and are only too happy to refer patients when the opportunity presents itself.

DR. FRED E. MOORE, *President*

Prognosis

By

DR. CHARLES J. PFLUEGER

(Address given before the Meeting of the Electronic Society of Southern California, May 8, 1924, Los Angeles, California)

What I want to stress more than anything else in my talk to-night is not so much prognosis as the need for a complete physical examination from all angles that will have a bearing on prognosis. I wish to emphasize this because of the criticisms of ERA work; no one can afford to neglect a single angle that may help him to avoid criticism of ERA.

Results can not be expected from patients whose blood is below a certain specific gravity. A favorable prognosis can not be made in cases where the blood is below a certain percentage of mineral content. If the mineral content of the blood is the carrier of nerve impulses, you can not have good nerve impulses if this content is lacking; and without good nerve impulses, you can not have health in the tissues and organs of the body.

In my work in tuberculosis some years ago, we found these facts: That no blood with the specific gravity of less than 1.050 gave expectation of life. At 1.051 you had not to exceed ten per cent. of life. As that went up to 1.055, corresponding to seventy-five per cent. of hemoglobin, you began to get expectation of life of fifty per cent. The nearer 1.060 you had, the greater the expectation of arresting the disease.

In carcinoma you can get a lower specific gravity, as low as 1.040, and still have some hope of getting results, by combining ERA and other methods. Below that, the patients can not live. Your long drawn out cases are likely to have a lower specific gravity.

I have been asked at different times how to prepare the solution to take blood specific gravity. You can use chloroform and gasoline or chloroform and kerosene. You add the chloroform and gasoline until with the urinometer you have a specific gravity of 1.050 to 1.055. Tap the finger after

puncturing and get some drops of blood into the mixture. Stir it and notice if the blood stays in globules, small or large. If the blood breaks up into small globules, that man is ill. If the globules stay large, it is a better indication. If the globules come to the surface, you need more gasoline; if they go to the bottom, you need more chloroform. Continue with more chloroform or more gasoline until the blood globules neither rise or fall in the mixture; then read the specific gravity on the urinometer scale. A little practice will demonstrate this method better than a long description.

These findings have meant as much to me as, or even more than, the percentage of hemoglobin. So in the entire physical examination, I believe that in taking the Tallquist, blood count, blood specific gravity, urine analysis and complete physical findings from *all angles* the better report you can give the patient as to what you can do.

Take, for instance, tuberculosis with or without pus. In any case of tuberculosis with no pus the prognosis is good no matter where it is or how severe. With pus, we all of us know that it is one of the cases that none of us want.

You will be interested in learning in this connection that Chester Conklin is again proceeding with his plans with Doctor Snell of opening up a Tuberculosis Sanitarium on the Mojave Desert on the ERA plan, combined with fresh air and rest, on a very low price basis, where I feel all cases with pus should be sent, because the chances are not good in ordinary office treatment.

The highest ohmage in tuberculosis that I have seen get well was sixteen. I remember that Doctor Abrams said the case was hopeless and that nothing could be done. The patient did not look very sick so he went over the blood a second time to make sure of the ohmage. However, she went along very nicely and is in good shape to-day. Ordinarily, in tuberculosis, you make the classification *with* or *without* pus and not as to ohmage.

In carcinoma, you have incipient at one to five ohms; mild, five to nine; and advanced, nine to twenty-six, which latter is possibly the highest I have ever seen. The highest I have ever seen get well was sixteen. This patient, because

she did not pay her bill, now says she never had carcinoma. Moral: People appreciate what they pay for. In the incipient cases, there is simply chronic irritation. In cases measuring from five to nine ohms it is early carcinoma, and you may or may not find a mass. At nine ohms, you should have an organized mass.

With all patients it is best to measure the ohmage from the individual, if in doubt. Never discharge a patient without measuring locally from the individual because reactions are all higher from the individual than from the blood. Carcinoma, sarcoma and tuberculosis should average about three units of intensity higher from the individual than from the blood; this is true especially at the beginning of treatment.

I would classify sarcoma on a lower scale than carcinoma. Incipient, one to three ohms; mild, four to seven; advanced, seven to twenty. Sarcoma does not always mean malignancy some of the incipient cases might be called injury. At four to seven ohms they may become malignant. To my knowledge, I have never seen a metastatic sarcoma get well. You may have had a different experience. In carcinoma I have seen metastatic carcinoma become non-metastatic and finally disappear entirely. With sarcoma I have never had that experience.

Strep. belongs to the type that is not fatal ordinarily, but it is the hardest thing I know of to get rid of, and a little later I will show you some of the reasons for this difficulty.

Staph. I believe is ordinarily simply a scavenger for strep. However, like colon bacillus, it can run wild and cause a lot of harm. Doctor Abrams showed that staph. destroyed strep. reaction.

Cryptogenic Variations

Doctor Chapman in his talk to-night mentioned some of the work Ellis in Chicago has done. Ellis said in effect this: that our methods with the reflexophones are not sensitive enough; when we call a patient negative we have removed from twenty to forty per cent. of the disturbance. If the patient has sufficient iron content in the blood and resistance, he can get well; but he claims that we were never able to measure complete destruction of the disease. I wondered if he was correct.

We began to investigate from the point of cryptogenic rates. Take, for instance, 60--52 the cryptogenic rate for strep. Patients may have cryptogenic varying from a small number to a large number, and Ellis said we never hit the top of the wave when we measured strep. Cryptogenic strep. varies from several to 28 units in my experience. I had a case of cryptogenic carcinoma, 50-35, which showed 13 active and 23 cryptogenic. I advised against taking the case. One tubercular patient showed 18/25 unit active with 8 units cryptogenic. One patient showed 29 units of cryptogenic tuberculosis.

While this is true of these conditions, it is more or less true of all cryptogenic rates. 57-45 also shows a great difference over the 57. The 57-45 is frequently above the 60 units of our rheostat (if taken on first examination). Now you see why strep. and other reactions may be so hard to get rid of. Low cryptogenic cases respond rapidly; high cryptogenics slowly or not at all.

I wish to call your attention to one very important point in any prognosis. Your pulse-respiratory ratio should lie between 4 to 1 and 5 to 1 for best results. If the ratio is above or below and remains there, prognosis is always bad.

Diseases with Bad Prognosis

I want to name a few of the diseases, of which I feel the prognosis is bad. *Asthma* is one. The only cases where I have seen good results in asthma is where acquired syphilis is present or where asthma has not existed for a long time or where there is a removable cause and no marked lung changes. In one family every member got asthma at the age of one year, after leaving the breast and being put on cow's milk. That was early in life and only milk and cow products produced the asthma. Later, dust caused the asthma. ERA work would be useless because the lung responded to too many things.

Another disease with a poor prognosis is *epilepsy*. We know that it comes and goes and gets well sometimes without any known cause. With ERA I have found very unsatisfactory results.

Arthritis Deformans. In early cases, we get very nice results; in advanced cases, only a very small percentage of recovery.

Insanity. The two types which I feel should be left alone are dementia praecox and paresis. You can get only a mild improvement. In acute manias I think you can get very wonderful results, but they are hard to handle because most physicians have few facilities for this; it does, I think, offer a big field if we had access to these cases. I believe Doctor Potts at Santa Cruz has had some nice results.

After your first examination, your cryptogenic should show a greater drop than your active if your prognosis is to be good. We had as a patient a man who had previously had a gastroenterostomy. He had had ERA treatment for carcinoma before coming to us and was declared negative and later it again was found positive. We examined the blood and also found it positive. I said, "Why not let us find out everything that is the matter with you?" After going over him carefully, we removed three teeth and treated him for an ulcer in the rectum. He gained a number of pounds and is playing golf every day. *A thorough physical examination may furnish the key as much as the ERA findings.*

Dr. Albert Abrams in Routine Laboratory Examination

By

DR. FRED E. MOORE,

*For the Standardization Committee
of the American Electronic Research Association*

(Published herein by permission of the Chairman, Dr. C. C. Reid for the benefit of those who may desire the information.)

I have been requested to give a detailed account of Dr. Abrams' procedure in his examination work in the Clinic as carried out during his lifetime. I have made a connected story of it, although it is an accumulation of his instructions and comments as made from day to day on various phases of the work.

Dr. Abrams entered the Clinic at 9 A. M. promptly. His first query was: "Has the reagent been concussed" How is his abdomen?" His next query, "Have all the cords been tested? Did you test each unit on the reflexophones to make sure our instruments are in order?" Then with his reagent before him he would percuss carefully over the entire abdomen, mark the outline of liver border; make sure the abdomen was not too resonant from presence of gas and if so he would request his assistant to manipulate the reagent's abdomen for the purpose of moving the gas and thus make his percussion sounds dependable while examining the blood specimens.

"Now we will have the first specimen in the mail. Let me see the letter from the doctor.", Then he would read it to the class. "I see he says he took the blood specimen and used no alcohol on the ear before puncture was made. This is very important as I have found that alcohol vitiates the blood. We only examine blood which has been taken personally by an ERA physician in good standing. All right we will examine it.

"Is it human blood, 49? Yes. Set the instruments at 50; it is negative. 58, yes; positive reaction. Is it metastatic, 58-38? No. What is the ohmage? Start with 7 ohms, No. 6? Yes. Where is it? Is it digestive, 58-17? Yes." Continuing percussion, "Here it is, small intestine. Should get a good result in this case. Is it acquired diminished resistance, 55? No. 57? Yes. Measure it; start at 35 ohms, come down gradually. Stop. It is 33 ohms. Take this (addressing Clinic secretary). Give the doctor our findings. Treat as marked on chart enclosed. Use rate 3 to spleen, two cords at rate 3 to abdominal area. Be careful in concussion and depolarize before treatment. Use great care in marking the vertebrae and the spleen. This is enough to treat at the present time. After 58 is negative, send another specimen and I will examine for other things which may be present. Remember no method is infallible and you should correlate your findings with other methods." Then to the class he would remark, "Treat one thing at a time; most doctors make the mistake in using my methods by treating several various diseased conditions at once or in changing the treatment every few days.

"Here, doctor, (addressing assistant) you must be careful, don't you see you have laid the forceps on the table?

Take your horse-shoe magnet and depolarize those forceps. When not using forceps always place them on the horse-shoe magnet. That is the great depolarizer. My dear doctor, don't do that, you let your fingers touch the plates in the dynamizer where the blood specimen rests. You must know that fats from your fingers or other contamination by your touch may interfere with the accuracy of the energy given off by that blood specimen. Here, give me the forceps." Dr. Abrams would then take the top from the sterile cotton jar and catching a little cotton in the forceps, he would carefully clean the dynamizer plates.

"Now depolarize with the electric depolarizer (same as used in treatment). We doubt if the horse-shoe magnet is powerful enough to completely depolarize the instruments so we use this electric depolarizer in order that the energy from the previous blood specimen may be completely removed and not cause inaccurate findings in the examination of the specimen that follows. You can not be too careful in this work. We never know but that the slightest deviation from routine carefulness may spell error in our diagnosis. It's a serious business, doctors, and we must overlook no details. Some doctors take all kinds of liberties in changing my methods and then wonder why some other doctor finds a different diagnosis. They also wonder why their patients do not get better results. I tell you, gentlemen, you can not be too careful.

"Bring in the known specimen for Sarcoma. Doctor, do not hold it that way, just catch your little finger around the sealed cork. Now hold it near the post on the dynamizer, or a better way, lift the lid off and face it on its side on the table toward the known specimen as it rests on the table. All right, I get the reaction. Now take that specimen out of the room entirely. Never have those things near your instruments. Now depolarize the dynamizer lid and reflexophones with the electric depolarizer, but do not use it over the blood specimen. You will only use the horse-shoe magnet on the blood specimen, but make use of the electric depolarizer before you place the specimen in the dynamizer. I can not make these matters too clear. Even then ERA physicians fail to carry out my instructions and blame me and my methods because, by their own careless way of doing things, they fail to secure

accuracy in diagnosis and good results in the treatment they specify. Watch the details every moment. Do not let your reagent touch the electric depolarizer. It is better to have an assistant handle it, but if the doctor has no assistant, then he can do the depolarizing of the instruments fairly safely by carefully holding the depolarizer in one hand so that it is directed away from himself.

“Now a word about properly taking the blood specimen. Do not butcher your patients. Three or four drops are enough. We now apply absorbent paper held in forceps and then with two forceps we fold the specimen within another paper to fit the dynamizer plates and place it in a little envelope on which the patient (not the doctor) has written his name and the date. At no time do the fingers ever touch a blood specimen. The careful doctor now sterilizes his stiletto and places it with the two pairs of forceps across the horse-shoe magnet he keeps for that purpose on a tray. In preparing our patients to take the blood specimen we have the patient stand facing west with arms extended from the sides in a darkened room, for, as you know, light destroys reactions and we can not be too careful. Also the patient has been covered with a sheet if adorned with bright colors, while glasses, watch, chain, etc. have been removed. After we have carefully cleaned the ear with sterile cotton we apply the stiletto which has been sterilized in alcohol and burned in the flame.

“This horse-shoe magnet hanging two inches over the head of the reagent with one leg on either side of the median line serves to accentuate all the reactions except E. D. We draw it aside and don't use it for E. D. reactions. We use it almost entirely for S. V.

“Here are some points you physicians must familiarize yourselves with in order to properly set up instruments in your offices. The reagent stands on these metal plates (can use zinc) which are facing the geographical east and west. I have my right foot on the plate, against his left foot. You will note the metal plates on which the patient stands for checking up the examination and for localizing after the blood specimen has been removed from the dynamizer, are parallel to the reagent's plates and like the reagent, the patient stands facing west. The cord connections run from the dynamizer

to each of the patient's plates and may be soldered there. Or a bifurcated cord from the dynamizer may be used and the other end of cord may be attached to a large round electrode resting across the anterior ends of the patient's plates. Then let a cord connecting with the posterior ends of these plates run to the wall and along wall to a water pipe or to the drain pipe of a radiator which often gives good grounding. Some prefer to run cord through a metal rod driven four or five feet into the ground. Likewise run a cord from the reagent's plates attaching, if possible, the distal end to another pipe. The reagent is connected by the electrode at his forehead with the end of the reflexophone next to the examining physician, and you have the circuit complete.

"It is important also to pay attention to the position of your instruments on the table. My instruments here follow a direct line away from me. First there are two reflexophones, then the rheostatic dynamizer and at the other end of the table the dynamizer. I found the importance of the blood plates of the dynamizer facing east and west emphasized recently when I was in Mexico City. I could get no reaction, so I studied the set-up plan and noticed the dynamizer had accidentally been turned to face north and south. I corrected its position and had no more trouble.

"You have noticed I am particular to see that my assistant keeps his body away from the reflexophones while he is setting them at the rates I desire and while measuring ohmage. We never know what influence the energy from our bodies may have on this work, so remember to keep your hands, arms and bodies away from the instruments as much as possible. Your assistant should set the reflexophones and then draw his hand away. Do not work in crowded quarters. Have your patient's plates far enough away and back of the reagent's plates so that they will not be pointing their arms directly toward each other.

"Never touch the anterior surface of the examining electrodes with your fingers. If you inadvertently do so, take some sterile cotton in the forceps and go over the face of the electrodes carefully. Do not set your electrodes face down on the table. Always have them lying on their sides and where they will not be contaminated. Never touch the patient's skin with electrode point or surface, for this also contaminates

and interferes with accurate findings in the examination which follows. We insulate with Jap-a-lac the back of all electrodes.

“Concuss your reagent at the seventh cervical and second dorsal most carefully once an hour; use thirty taps on each. You can not get results in this work unless you concuss the correct vertebrae and then mark the spleen properly. See that your reagent lives a regular life and secures plenty of rest. Make sure he has a daily bath and that he carefully removes the soap from the abdominal surface. He should rinse thoroughly, otherwise, in using rod it may stick when you have no real reaction. Say to yourself, is the reagents abdomen absolutely clean, is he perspiring and thus interfering with accuracy; are the rods clean; are my own hands clean so that, in short-circuiting, fats or contamination from my fingers do not make the abdomen sticky? It is a good plan to have a half dozen or more glass rods carefully washed and rinsed daily, then if you are in doubt of reactions, you can change to a clean rod and prove or disprove them.

“With unlimited care in every detail, associated with the proper examination of the blood specimen, you will remove many doubts you may have in your diagnostic work and will be gratified and rewarded with the results of treatment being satisfactory because of the consequently greater accuracy in your diagnosis.”

May 19, 1924, San Francisco

The Butler Case

The case report of Mr. M. D. Butler of Aberdeen, Washington, with photographs showing the remarkable recovery under ERA treatment, presented in the May number of Physico-Clinical Medicine, was not duly credited to Dr. LeRoy Smith, Welsh-Richard Building, Aberdeen, Washington.

Doctor Smith secured splendid results in the ERA treatment of this case, and since he used the foresight to obtain photographs both before and following treatment we have

clean-cut evidence which anyone can visualize by studying the pictures. We have here convincing proof that the energy of disease emanates from the blood and that results from treatment are obtained by tuning into the diseased area at the proper rates on the Abrams Oscilloclast.

Preliminary Report on the Abrams Methods of Diagnosis and Treatment

By

CORA SMITH KING, M. D.
WASHINGTON, D. C.

1. INTRODUCTION

(a) *Need of an Open Mind.*

(b) *Need of means for early diagnosis.*

When asked by an English scientist what he thought when he saw the first roentgen ray picture, Roentgen answered: "*I did not think, I investigated.*" (Journal of the A. M. A., April 7, 1923.) It was in this spirit that I investigated the Abrams methods of diagnosis and treatment.

Our first consideration should be, *do the phenomena take place?* Does the method prove of value? If so, the explanation of *how* it acts can be deferred.

CITATIONS

From President's address by Dr. W. J. Blackburn,
Dayton, Ohio, of the Miami Valley Homeopathic
Medical Association, November, 1921.

"The business of the physicians is to cure the patient
if he can, and if he finds a remedy that does the work

the patient will forgive him if he cannot thoroughly explain the laboratory findings as to just how it did it."

Dr. Ray Lyman Wilbur, President of the A. M. A., at the recent San Francisco meeting, speaking of the education of the young physician, says:

"His preparation must be forward looking although grounded in the best that time has brought to his profession. The faculties of medical schools should be fully conscious of the changes that have come and are coming to medicine."

From an article in the *Journal des Practiciens*, September 15, 1923, on "Basic Studies in Physiology, Pathology, and Therapeutics" by Jules Regnault, Touloun, France:

"The body should be no longer regarded from the viewpoint of the cell theory but from that of the electronic theory, for by this method only can we anticipate the organic lesions which as a rule are preceded by dynamic disturbances. In other words, one is constrained to study the human body not as a structure but as a process."

From an address by Dr. MacLeod, associate of Dr. Banting, reporting on the discovery of insulin before a convention of physicists and chemists in Chicago, reported in the *New York Times* of December 30, 1923.

"Advancement in scientific knowledge is comparable with that of any army against a strongly entrenched and powerful enemy. The enemy is composed of the forces of ignorance, prejudice, and superstition."

There have been brought to the attention of the profession many methods of diagnosis, each with some points of value, none of universal application. Some diagnose by the skin, some by the iris, some by the hand (see editorial *Journal A. M. A.*, Dec. 22, 1922), some by the features and expression of the face, some by the tissues involved in the lower orifices, some by mensuration of the torso, etc.

No doubt every portion of the body, as the thumb or the nose, holds the entire record and the prophecy for that individual, if we could but read it.

Diagnosis is not a simple matter — there are many factors to be considered. A man may have, let us say, pulmonary tuberculosis. But that does not fully state the case. Why has he tuberculosis? What is the underlying constitutional weakness? Is it an attenuated strain of congenital lues that invites also the accompanying strep. and staph, and other infectious organisms into the lungs, intestines or genito-urinary tracts?

CITATION

American Physician, December, 1922, in an editorial, quotes L. Paneth from a German Journal as saying that *infectious diseases are seldom pure units, but represent a combination of biologic units*. The editor adds, "Experience has served to confirm us in the view that mixed and cross infections are common, not only in tuberculosis, but also in other infectious diseases."

The most promising trend of modern research in diagnosis is in the blood. Blood chemistry is taught in the medical schools and is featured in medical magazines. The interesting statistics compiled by these research workers emphasize by comparison the value of Abrams' method.

CITATIONS

It is reported that the chemistry of blood shows, in a high blood creatinin, a serious renal prognosis.

Dr. Corpor, Gauss and Rensch in the September, 1921, Review of Tuberculosis, state that study of the blood as to carbon dioxide content gives an index of the resistance to tuberculosis.

Dr. C. D. Collins, of Chicago, in the May, 1922, number of the American Journal of Clinical Medicine, recommends the red cell resistance test taken in connection with the differential count, not only in detecting syphilis in which he considers it far superior to the Wassermann, but also in diagnosing other diseases.

Dr. A. E. Hinsdale and Dr. Anson Brown reporting original studies conducted in the research laboratory of the Ohio State University, say that long before renal

disease is developed, there are changes in the blood that forewarn them, the blood showing a watery condition of the serum and plasma in advance of oedema and characteristic of it. In a further report on blood chemistry in Chicago, at the 1922 meeting of the American Institute of Homeopathy, Dr. Hinsdale stated that *first tissue to show pathology is the blood*; that the blood will show the changes characteristics of pneumonia before the pneumonia has developed, and that there are as many different blood pictures in pneumonia as there are types of that disease. This is clearly in line with the electronic studies of the blood, as devised by Dr. Abrams.

DIAGNOSIS OF THE INCIPIENCY OF DISEASE.

The student of chronic diseases has been accustomed to classify patients by diatheses, that is, into certain groups that have predispositions to develop along definite lines. Thus we speak of the tubercular diathesis, the cancer diathesis, etc. The dearest wish of the physician should be to discover, if possible, these tendencies before the demonstrable lesion has developed and to prevent its development by reinforcing the vital forces of the patient. That is what electronic reactions appear to do in diagnosis and the Oscilloclast in treatment.

CITATION.

In the American Review of Tuberculosis, August, 1921, Drs. Baldwin and Gardener say: "The majority of individuals who are to develop pulmonary tuberculosis for the first time after the age of 20 have already acquired it to a degree. Were it possible to discover these potentially diseased cases, who may or may not break down, we believe there would be but a small percentage not accounted for among the victims of tuberculosis in civilized countries."

For a long time we have heard of the pre-tubercular stage and now the literature shows that consideration is being given to the stage of low resistance as a preliminary to the development of other diseased conditions such as cancer. In the Illinois Medical Journal, 1921, F. D. Moore assembles the

evidence of the existence of the pre-cancerous stage. He recites a long list of irritations and calls them "a fertile soil," that "the unknown factor" may stimulate to rapid carcinomatous growth. Dr. Moore then suggests early surgery to remove all these irritated areas. It apparently does not occur to him to find "the unknown factor" that stimulates these places to unhealthy cell proliferation. Comes now Abrams and says that the unknown factor in chronic disease and the unfailling foundation for either tuberculosis or cancer is syphilis.

(TO BE CONTINUED)

Microscilloclast of Dr. Albert Abrams

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

PRICE \$34.65 F. O. B.

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

PHYSICO-CLINICAL CO.

2151 Sacramento Street - San Francisco, Calif.

Clinical Lectures of Dr. Albert Abrams

The following pages are given verbatim that the force and spirit of Doctor Abrams' work may be brought to you as he expressed it.

DOCTOR ABRAMS: Have you tested out the instruments? Good. Let's try out his reflexes. Did you concuss the 7th cervical and 2nd dorsal? That's right. You are learning, doctor. You see I always mark out the lower border of the liver. Why do I do that? Who can tell me? That's correct. In order that I may not confuse the liver dullness with dullness caused by disease. I mark it with a soft pencil. Where is my pencil? Somebody is always taking my pencil. Please leave it in that place so I will know where it is. I can't waste time looking around for things. The size of the liver varies greatly, depending upon whether the individual has eaten recently, and so on. His reflexes are not as good as they might be. What did you eat this morning? The same as usual. He always says that. But he is a very good boy. You see he smiles and then what can I say? Not so much noise, gentlemen. You know when I talk no one else is supposed to talk. We must have absolute quiet during the examinations or you can not hear the sounds. Give me the first mail specimen. We can't waste so much time. Are you sure the head-piece is on correctly. That's right. It is very important to have it adjusted properly. I can tell you these things a thousand times and still you go on just the same and pay no attention. Oh hell, what's the use! Give me the history.

CARCINOMA -- NECESSITY OF MAKING TEST FOR HUMAN BLOOD

This is a reexamination. "Unmarried woman; patient says treatment marvellous. Pains almost subsided. Sleeps like a baby. Spirit buoyant." We found Carcinoma in the

CLINICAL LECTURES OF DR. ALBERT ABRAMS

original examination. The last examination it measured 5/25 of an ohm and Congenital measured the same, 5/25 of an ohm. We will see what we find to-day. 49, Doctor. It is human blood. Do you all hear that? As I have told you a thousand times, always test out for human blood, first to see that it is a genuine specimen and also to test out the subject's reflexes. You can't be too careful. Is there any Carcinoma left? Is it at 50? There is no Carcinoma. Try 57, Congenital. Negative. See if there is any Cryptogenic present. Set it at 45. Yes, there is a recation of Cryptogenic. Measure it. It measures 2/25 of an ohm. Try 3/25; check me up. Put down 2/25 of an ohm of 45. It is necessary to wipe that out so that there may be no return of the Carcinoma. No Syphilis, no Cancer. Remember that, gentlemen. Next.

CARCINOMA, PELVIC CAVITY – HEMORRHAGES ORTHOFORM TO RELIEVE PAIN

Another reexamination. "Has had 28 treatments. Case of Carcinoma of the pelvic cavity, 9 ohms. Radium had been used. Treatment was S S 3, rate 6 locally and rate 3 at vagina. The first week the treatments were from 12 to 24 hours each; later 6 hours. The last 48 hours two hemorrhages followed by continuous bloody discharge. Tumor mass smaller. Fistula in vagina wall."

49. There is no female reaction but I get the human blood reaction. Set it at 50, Doctor, for Carcinoma. No reaction. Try 57. No Congenital. Is there any 45? Negative?

Write to the Doctor: "For hemorrhages try concussion second lumbar spine several times a day. To relieve pain, dust wound with Orthoform new. Sometimes Orthoform will make the wound surface unhealthy, but no harm will ensue provided the wound is cleaned carefully so free drainage can be established."

If you want to relieve pain, there is nothing in the world better than Orthoform new dusted on the surface of the wound. The only danger is that it may cake on the surface of the

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wound, but if you keep it clean the Orthoform will anesthetize the part for 48 hours. It is really a remarkable thing, absolutely non-toxic. If you have an ulcer of the stomach, you can tell by giving 4 or 5 grains. On an unabraded surface it has no effect. Door, please. Next. Don't handle the specimen. Nobody pays any attention. I know you say you are careful, but you don't realize the importance of all these little things.

**CARCINOMA, INTESTINES — REMOVAL
OF APPENDIX**

Hurry up. Give me the letter to read while you get the specimen ready. "Man, age 67 years. Has been in poor health for the past year. Nervous breakdown; indigestion; loss of appetite. Barium test shows appendix open; food going in and out of the appendix. One specialist said that at his age the appendix should be obliterated." I suppose he means that it should have been removed by this time; there has evidently been a great oversight on the part of the surgeons. When a man goes to a physician and complains of pain in the abdomen, the physician thinks it may be appendicitis. If it is a surgeon, he knows it is appendicitis.

**DEPARTMENT IN COLLEGE FOR INVESTIGATION
OF NEW IDEAS**

When a man begins to complain of digestive symptoms at that age, you always think of Carcinoma. The race is being decimated and nothing is being done. It is a terrible thing, and yet anyone who attempts to do anything out of the beaten track and endeavors to find and remove the cause of cancer is at once branded as a quack without investigation. Unless the advance comes along regular channels, it is not accepted; and yet you will find that progress has never been made in that manner in any field. A few who think have branched out and made new discoveries which the world at large has been re-

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luctant to accept. In the end truth will prevail, but the pioneer has a difficult road to travel. No doubt it is a wise provision that the mass of men are conservative, or otherwise people would become too credulous and take up with every notion that comes along. By this method nature maintains a balance. However, it is my belief that we are a part of nature and can therefore in some measure consciously aid in the working out of the laws of nature, and thus aid in the betterment of humanity. It is with this purpose in mind that it is my intention to have a department in our new College where new ideas can be investigated and encouragement given to those who have really original ideas and are trying to work them out. But all this is a digression. We must get to work or we will never get done. Close the door, please. Shut it in its entirety. Light interferes with the reactions.

49, Doctor. Human blood; male reaction. *Carcinoma; present*. Where is it? *It is digestive..* You can see the area. *Small intestines; around the navel*. Can you all see the white area? Yes, you can see it quite plainly when you look carefully. Is it metastatic? No, fortunately it is *non-metastatic*. Measure it. *It is 9 ohms*. Set it at 60 for Strep. No reaction. Try 55, Doctor. There is no Acquired. We are sure to find 57 or there would be no Carcinoma. *Congenital; present*. Get the ohmage, Doctor. 38 ohms; try 39. Always check up that way. 38 ohms is correct. Did you make a picture showing the location of the Carcinoma? Let me see it. Yes, that is correct. We always send a picture showing location of the area of the diagram so that they wall know exactly where to treat. *Treatment* would be rates 6 and 3 locally to this area and S S 3. Next case or we will never get done. Aren't there some new patients waiting there? Open the door, Doctor, so we can have some fresh air while I read the .history.

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**CARCINOMA, SMALL INTESTINES
USE OF ROD**

Give me the card, please. This is a new patient. "No. 216. Married woman, age 60 years. Extremely nervous; at times gets attacks of pain in epigastric region, lasting a short time. Easily tired and exhausts rapidly. Had vaginal hysterectomy 20 years ago. Present weight 130 pounds; normal weight 150."

His reactions are very poor. Give me the rod. I couldn't tell by percussion. Where's my cotton? The skin of the abdomen has to be warm and dry and the rod has to be heated in a flame. Merely rubbing the rod does not always warm it sufficiently. Keep the flame of the lamp away or it will ionize the air and interfere with the reactions. You must remember that these reactions are electrostatic phenomena. In electrostatics everything has to be warm and dry to get good results.

First try 49, Doctor, even though we know the blood was taken here and is human blood. You see I get the reaction all right with the rod, but I could not tell by percussion. Set it at 50 for *Carcinoma; present*. Can you see the rod stick? There is a technique even in the use of the rod, although it is comparatively simple. You must not hesitate when you run the rod over the abdomen or you can get a reaction anywhere. Run it in different directions; use a firm, even pressure and don't hesitate anywhere. You must never anticipate a reaction. Check up in every way possible. Where is the *Carcinoma? It is in the small intestines. It is non-metastatic; and measures 8 ohms*. There is a decided chance for this little woman to get better. She may have something else quite different, but in the presence of a thing of this kind, get rid of it first and disregard everything else. We will see if there is any 55. No reaction. Congenital D. R; present; 38 ohms. Have her come in. (Patient comes in.) There is nothing to be afraid of, little lady. Nobody is going to hurt you. Go over the abdomen for 50. Are you all ready? Pull down the curtain to shut out the personal equation. Stop. Mark it.

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Check me up. Correct. The patient is to be referred to another doctor. There is something there that can be corrected. We are going to try to restore your pep. That's all. Next.

SARCOMA, BONE — PAIN IN GROIN AND HIP

This is a reexamination. Give me the history, please. "No. 164. Married woman; age 39 years; no children. In October, 1922, had operation; tumor of ovary removed. Then had dull pain in left groin to hip. Operation gave no relief. Urine examination negative. Feeling of pain in nature of dullness like sleeping sensation. Appendix removed. Eyesight good. Two positive Wassermanns."

First Examination; Sarcoma; present; bone; non-metastatic; left hip; 10 ohms. Congenital D. R; 30 ohms plus. Treatment: Three cords at rate 3 to left hip; paint with mercurochrome. Anti-malignans Mixture.

Let us see what we find to-day. She has had about three weeks' treatment. *Sarcoma is still present. Measure it, Doctor. It is one ohm; try 2 ohms. One ohm is correct. Congenital D. R; present. Today's report: Dull aching pain in left groin radiating from hip bone. Generally feeling much better.*

In treating Sarcoma of the bone, bombard it from front and back. Have her come in. (Patient comes in.) How are you feeling?

Patient: I am feeling very much better but there is a dull pain in my left groin.

Doctor Abrams: From our viewpoint the condition is 90 per cent better. Go over the left groin for 58. I get no reaction of 58 present over left hip. Keep right on with the treatment. I am glad you are better. There is still a slight remnant to be cleared up.

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HIS BUSY LIFE

What is the next case? It is a reexamination. You know I can't keep this up all day. It is enough to wear a person out. All right. It is easy for you so you can smile. I have been working since 5 o'clock this morning. I thought of something I wanted to try out in the laboratory and I came down at 4 o'clock. I had an experiment in mind and I couldn't find anything and I was ready to damn everything. But that is the way I am constituted. The other afternoon I happened to go to the Orpheum to try to escape some of my worries. It is very seldom that I do go out that way; and while sitting watching the performance an idea occurred to me and I could hardly wait till I could get back to the laboratory to experiment. I find my joy in the pursuit. To me a problem solved is a problem dead. I no longer have any interest in it and want to seek something new. Don't close the door, Doctor. We need all the fresh air we can get. Give me the history, please.

ACQUIRED D. R. — APOPLEXY — PARALYSIS

"No. 119. Man; age 46 years; married; five children, two boys, three girls, all living and well. About two years ago patient had apoplectic stroke and right half of body was paralyzed. Has aphasia and agraphia. He improved gradually. Six months after illness had four plus Wassermanns. Had same antiluetic treatment at that time. At the present time he can pronounce about one hundred words."

First Examination; Acquired D. R.; 38 ohms Cerebrospinal strain; left side of head extending over to the right over top of head.

We will see what we find to-day. He has not had quite a month's treatment. Set it at 45, Doctor, and see if there is any Cryptogenic. There is no reaction. Try *Scar Tissue*. *Reaction present.* Go over the head. The scar tissue is difficult to get rid of. We have not perfected our methods sufficiently to dissolve it; but this will be done in time. *Scar*

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Tissue is present over the forehead. Treatment: S. S. 3 and rate 3 to the forehead. He is much improved and can say twenty-five wordsmore.

FAITH AND RESULTS

In cases like this we can not promise anything, but even in these apparently hopeless cases we often do get results. Patients prefer to be cured without theory rather than to be theorized to death. If a man does not believe in what he is doing, he can get no results. Faith is belief without reason. It is in the heart of every man. It is intuitive.

CARCINOMA, BREAST

What is the next case? Another reexamination. Give me the history, please. No. 152. "Married woman, age 31 years; one boy, living and well. Since November, 1922, noticed a mass in left breast about the size of a small marble which gradually grew larger until at the present time it is the size of a hen's egg. No loss in weight. Appetite good. No pain. Mass is irregular in size and hard. Skin slightly movable over it but in some places it is attached to it."

First Examination: Carcinoma; left breast; non-metastatic; 7ohms. Congenital D. R; present; 37 ohms. Treatment has been S S 3 and rates 6 and 3 to left breast.

She has had about three weeks' treatment. *To-day's report: Feeling generally much better.....Mass in breast gone down slightly.* Put the blood in and we will see what we find to-day. Set it at 50 for Carcinoma. No reaction. Try Sarcoma; negative. Have the patient come in. (Patient comes in.) There is no longer any reaction of a growth in your breast. Go over the patient's left breast for 50. Pull down the curtain so I can not see what you are doing. I get no reaction. If you can't find it in the blood, you can not usually find it locally. There is nothing to worry about any more, little lady. Come back in two months to check up again.

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**REASON FOR BRINGING OUT SPONDYLO-
THERAPY — OSTEOPATHY — LIMITATIONS**

There is a new case there. Please give me the history card. Open the door, Doctor. It does no harm to have the light now. No. 231. "Unmarried woman; age 40 years. Pains in joints all over the body. Also pains in back of neck. Osteopathy gave no relief." The reason I brought out Spondylotherapy was because my patients were getting results from Osteopathy. In my study of the spine I found out things I never knew before. I saw good in Osteopathy. But there are limitations in everything. You can not encompass everything in one class of medicine. You can not get relief from rheumatism except by finding the focal infection. They remove the tonsils but the infection often remains in the paratonsillar tissue.

**PAIN IN JOINTS — STREPTOTOXEMIA,
SINUS ORIGIN**

Let us get on with this case. Close the door, Doctor. Hurry up. We can't take all morning to do this, you know. Are you ready? 49. Human blood; female reaction. Carcinoma; negative. Try 42. Tuberculosis; negative. Look for Strep. Have you set it at 60, Doctor? That's correct. Let us take our time. *Streptotoxemia; present; sinus*. In a woman think of the Fallopian tubes; negative. Acquired, 55; negative. Set it at 57, Doctor, for *Congenital; present*. What does it measure? 30 ohms plus. That is sufficient. We have to get rid of it anyway. She has pains all over the body. Look for Neisserian, 52. I get no reaction. Have her come in. (Patient comes in.) Don't get frightened, little lady. We are going to try to find out what is the matter. How long have you been suffering from this pain?

Patient: About a year in my arm. Now my hand and shoulder hurt me.

Doctor Abrams: Is it getting worse?

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Patient: My arm is getting better but it circles around down to my knee and up my neck.

Doctor Abrams: We find she has pus somewhere in the sinus. Two things are discoverable. First, is there any Strep. infection of the joint? Then find the joint and the Strep. and you can tell where the Strep. comes from. Take the worst joint. Go over the left shoulder. Pull down the curtain, Doctor. Don't let me know where you are. Are you ready. Don't keep me percussing all day. Stop. Where are you? The left shoulder. Try again. Check me up. Correct. *Strep. reaction from left shoulder of sinus origin.* Now go over the sinuses. *Strep. reaction in right antrum.* Sometimes by treating the source of infection you remove the focus but not the trouble in the periphery. Treat the right antrum with three cords: one cord at rate 2 for Strep; one cord at rate 1 for Staph; and one at rate 4 for Congenital Neisserian. That is all, and I wish your pleasant smile would win your cure.

CLINIC FOR BLIND — CASE OF OPTIC ATROPHY ACQUIRED D. R; VISUAL CENTER

What is the next case? Aren't we about through? This work is very exhausting, gentlemen. It isn't that I get tired; I get bored, and that is worse. This is the same old thing over and over again, while I want to be in search of something new. However, I have to keep on with it for the sake of my men. I want to get relieved of this and do nothing but research work, but until I get the College established I have to keep on. This is that poor man who is almost blind. We haven't been able to do much for him, but we have done the best we can. It is the worst thing in the world to lose one's eyesight, so I want to do what I can to help these poor unfortunates. They always get first consideration and I have given instructions that lack of funds shall not interfere with their getting treatment. I hope in the new College to have a free clinic for just such cases.

What is the history? "Married man; age 39 years; no children. Optic atrophy. Previous examination by an ERA

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doctor." He came here four months ago and we found *Sarcoma; and Acquired D. R; 37 ohms*. Later we found *Tuberculosis present in both eyes; 3 ohms; ocular strain. Cryptogenic Syphilis and Cryptogenic Neisserian; present*. Then we found Tuberculosis negative. (Patient comes in.) I don't want him to go home without feeling that everything has been done for him. His wife says that there has been some improvement. (To the patient.) Have you noticed any improvement? Tell the truth.

Patient: No, I haven't.

Doctor Abrams: Well, that is what we want to know.

Patient: I have had an operation on my head in Lane Hospital. They said I had depression on the nerve.

Doctor Abrams: Go over his eyes for Acquired D. R; Set it at 55, Doctor. Try both eyes. I get no reaction. Now, go over the visual center on occiput for 55; reaction is present. Not that this will give him relief, but we have to give him every possible chance. Measure it. It will be low. 5/25 of an ohm. Let us see if there is any Sarcoma. It is negative. As long as that other reaction is present, you are not justified in dismissing this man. We at least must remove every possible source of trouble. *Treatment: Rate 3 over the visual center.* Make a picture and mark it on the card. Let me see it. That is correct. All right, my man. Don't give up yet. He is smiling. You can still find much to be cheerful about, can't you? That is good. Help him out, please. That is all for to-day, gentlemen. Is it beginning to seem clearer? It takes a little time to grasp it and it requires practice, but you will get it if you keep right at it all the time.

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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 out by Dr. 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 painstaking 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.

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DR. H. W. WIRKLICH, Editor

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