

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

ALBERT ABRAMS, A. M., M. D., LL.D., F. R. M. S.

Editor

HARRY W. WIRKLICH, Ph. G., Ph. C., M. D.
(Columbia University)

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WORKS BY ALBERT ABRAMS

A. M., LL. D., M. D., (University of Heidelberg), F. R. M. S.
One-time Professor of Pathology and Director of the Medical
Clinic, Cooper Medical College (Medical Dept. Leland
Stanford Jr., University).

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**Dr. Albert Abrams in the Park, accompanied by
Dr. Fred E. Moore -- May 1923**

Physico-Clinical Medicine

AND

CLINICS OF DR. ALBERT ABRAMS

All the subject-matter of Dr. Abrams in this Journal refers to his original research work. Citations from other sources will be duly accredited. 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 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.

We invite and encourage articles on ERA but do not necessarily hold ourselves responsible for the ideas contained therein.

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SAN FRANCISCO, CAL.

ANNOUNCEMENT

Beginning June 1, 1924, the rates for subscription to Physico-Clinical Medicine and Clinics of Dr. Abrams *were 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."

WITH DOCTOR ABRAMS IN THE PARK

By **DR. FRED E. MOORE**
San Francisco

In modern human life with its all-absorbing activities it is so easy to forget benefactors and great leaders that I feel I wish to keep fresh before you the memory of our wonderful teacher, Dr. Albert Abrams, who proved himself to be a most unusual man. His personal characteristics are so little known to the world that I feel constrained to attract attention to the inherent worth of his character, the magnetism of his personality, the simplicity of his heart and the force of his ever active brain.

This man, so strenuous during his every waking moment, found opportunity for brief periods of relaxation. One thing which refreshed his weary nerves was to step across the street from the College to the Park, and there sitting on the bench or occasionally stretched full length on the grass he would talk according to his moods. At one time something would attract his attention to the peculiar shape of a growing branch on a bush or tree and he would try to figure out why it was so. If there was a peculiar overgrowth, he would say, "That is an evidence of foreign development similar to the pathological process in the human body. If we would take that to the laboratory, we would find by the Electronic Reactions that it was a departure from the normal. Everything displays its individual radioactivity, and disturbed processes in tree growth manifest a recognizable difference, as I have observed by ERA methods, quite similar to what we find in the human. It only goes to show the immutable laws of nature which rule all being. Metal, wood, stone, everything has its own individual manifestation. No matter what a man believes in regard to the hereafter, it makes us bow in humble acknowledgment of the great Creator of it all."

Another day as we sat there on the Park bench perhaps an individual would attract his attention as he passed along the street, and he would say, "Aren't human beings funny? Notice the look upon that man's face; see the lines of mirth. He is thinking about something agreeable. He is putting into use only eight particular muscles of his face instead of eighteen

which would be called into action if he were in a state of anger. You notice his head is up and he looking as though in a state of anticipation. There is an example of a man in a different mood following him. He is dogging along as though he had to walk but didn't wish to, going some place where he does not want to go. You see he has a drooping attitude, while the man ahead of him is all alertness. It is simply a little lesson in life, and if all the world could grasp the import of hope and faith and put it into practice, what a wonderful old world this could be."

He would continue his comments along this line. "Somehow I feel a great sympathy for the fellow who is looking downward. Often it is because he is a sick man. Nothing influences our outlook on life as does the state of health. A man may have a million dollars, and because his digestive apparatus will not take care of the simplest foods without depressing effects he becomes a pessimist and loses the ambition which, if he experienced health, might make him attain great heights. The healthy chap with far less ability will, if he has a fair amount of vision, accomplish things which attract the attention of the community. You never know what influences in the life of men are shaping towards success or are creating in them a sense of failure.

"The physician does not often realize what a large part he plays in the lives of men. For this reason it is his duty to be ever sympathetic and to take a real interest in his patient. It should be his responsibility to see that his patient secures every benefit which as a physician he can bring about. Some doctors are constantly encumbered by social duties. Another one hurries through his work in order to meet his opponent on the golf course. A researcher gives scanty attention to the details of practice. The doctor who usually does the most for his patients is one who does not overlook the value of sympathy and interest in the welfare of his patients.

"Did you ever notice how physicians like to be thought of as researchers? My definition of a researcher is a man who just digs and digs without thanks and usually with condemnation and then has the courage to stand up for his findings whether they are endorsed or not. The man with natural research ability is the only one that gets very far. It is a case of

being born not made. Each of the professions has approximately only a handful of real researchers. Did you ever see one of the typical born researchers? He is usually a retiring, modest man who prefers to remain in the background rather than to rush before the public seeking to make an impression. He makes sure of his discoveries and becomes thoroughly convinced of them before he permits them to be released. The world finally reads about him and pictures him as an Apollo or the type of some distinguished senator they have in mind, while in truth he is one whose eyes you may not be able to see because of thick lenses; his trousers may be frayed around the bottom, and his shoes have not had a shine for a month. But he is the producer of real things for the betterment of the world, and all glory go with his avocation."

These little jaunts to the Park usually came after a morning of strenuous work in the Clinic when he would say, "Come, Fred, I am tired. Let us go over to the Park and get a breath of air before we lunch." As he passed through the gate leading to the entrance of the Clinic, old Laddie would be lying stretched out in his usual place and Doctor Abrams would immediately begin talking to him and petting him. He would say, "Nice Laddie, nice Laddie, you are a good dog. You understand, don't you?" Laddie, who is well known to those doctors who have attended Doctor Abrams' Clinic, would get on his feet with anything but agility, for he is an old dog, and as Doctor Abrams kept talking to him Laddie would gradually work up a spirit of activity and looking up into Doctor Abrams' face would gurgle and half bark as though he were trying to tell him that he did understand.

When we arrived at the accustomed bench seat, there would be Laddie laboriously trailing behind, and the next thing his head would be resting between Doctor Abrams' knees looking understandingly up into his face. The man who understood all living things would say, "Well, Laddie, you have lots of traits that most human beings don't possess. When it comes to loyalty and sympathetic understanding, you surpass most of them. You can't talk much, but if you only could you would say a lot and it would not be the usual jumble we have to listen to. When it comes to undying friendship, you have them all beat, and to think that you are only a dog."

It was on a park bench on the opposite side from the College, high up and overlooking beautiful San Francisco Bay and away across many miles to Belvedere nestling in the beautiful hills on the opposite side, that Doctor Abrams one day told me of the first actual evidence he had that energy emanated from a mass of diseased tissue. He said it was long before he brought out his present ERA diagnostic instruments. He was in his laboratory with several doctors standing around while he percussed over an abdomen, trying to figure out the significance of the varying sounds. Those who were familiar with Doctor Abrams' work over a period of many years realized that he was one of the greatest percussors the world has ever known. His expertness in this regard was almost beyond compare. This together with the perfect attunement of his ear made it possible for him to differentiate the sounds he brought out.

As he continued to percuss this abdomen, he observed a new experience. He was getting sounds that he knew could not be present from any abnormal mass within the abdomen. He called the visiting physicians' attention to it and worked on. None could account for it. Finally he took a mental inventory of everything within sight and wondered if there could be an outside influence. His eye espied a jar containing a large cancer specimen on the table near at hand. He said to one of the doctors, "Please remove that from the room." All took it as a joke, but he insisted that he meant it. After its removal he continued his percussion, and lo and behold the confusing sound was no longer present. He was like a boy in his joy over it, for he realized the incident possessed significance. He tried it out several times, bringing the specimen back to the table and then removing it from the room. Each time he had the same experience.

From this small beginning, with all his research work stimulated by his qualities of genius, he finally developed the acutely attuned instruments which gave definiteness and accuracy in his diagnostic pursuits of the Electronic Reactions of Abrams.

Let us never permit the gifts and the unselfish efforts for the welfare of humanity of the great Albert Abrams to become less dim.

FIRST HAND OBSERVATION

(This frankly stated letter by one of the most prominent physicians in the practice of ERA should attract the sincere interest of all.)

Dr. Fred E. Moore,
President, College of Electronic Medicine,
2151 Sacramento Street,
San Francisco, California.

Dear Dr. Moore:

Since leaving San Francisco, I have given the College situation considerable thought, and it is impossible to convey the state of affairs that exist there. My eyes certainly have been opened to the critical state the College is passing thru. If we could all realize the legal battle that the trustees and attorneys are waging to preserve the College, we would all get behind them and help them, for it must be proven that all Oscilloclast rentals (royalties) that were paid monthly during Dr. Abrams' lifetime were donations to the College. Unless this is proven in the coming legal fight, the outlook for a continuance as Dr. Abrams would have it, is very dark indeed.

One can hardly see or understand how an institution fighting to have its existence and whose main ambition is to investigate new ideas in medicine and all new thoughts for alleviation of sufferings can possibly have any opposition. Yet such is the state of affairs in San Francisco.

I feel it is the duty of every man in the field to assist to his utmost ability, morally and financially, in rescuing the College from its present predicament and help make an institution for the good of humanity and a foundation as solid as the Rock of Gibraltar for the men in the field.

In the perpetuation of the ideals of the ERA and for the carrying out of the human and noble work of our dear master, Dr. Albert Abrams, we should do all in our power to assist those fighting for us and our existence in San Francisco.

Faternally and cordially,

ROBERT ROSEN, M. D.

Detroit, Michigan—June 24, 1924

**ADDRESS OF DR. ALBERT ABRAMS AT THE
FIRST INTERNATIONAL ASSOCIATION
CONVENTION OF ERA, CHICAGO,
AUGUST, 1922**

(I am unable to find that this address has ever been published. It contains so much of value I feel you should have the privilege of reading it. You will note that the late deplored President of International, Dr. J. Goodwin Thompson, presided at this Convention.—Dr. Moore.)

President Thompson: I want to extend our thanks to Dr. McManis for the able way in which he has spoken, and shown you how you can carry out these different methods of the ERA. It is very essential from everyone's standpoint that you get these down, as I have said time and again, at your fingers' ends.

I wish I had the power of oratory and the insight into human nature that is portrayed in certain individuals along certain lines by which we have tried to travel scientifically, arriving not at the goal. We are only traveling along the road to reach that goal. There are certain ages that seem to produce certain men. As the old saying is — as the time advances a man appears to take his place in the line.

Along this track, this scientific road, today we have with us such a man, a man that has blazed the trail, so to speak, into the new field of scientific medicine, a man that has taken medicine out of the old standard guesswork, and has put it on a scientific basis. We are now in a position to measure, as it were, the different processes where we can go on to an ultimate cure and in going on to that ultimate cure we have to know the diagnostic line or the diagnostic end of it. He has given us such a means. He has gone back, not to the present generation, but he has gone back to your ancestors. He has dug up the dark corners of civilization, so to speak, and has put them before you. Every one of you who has been out on the Pacific Coast knows that we have such a scientist, such a man, who is beloved by us all. Now we will hear from that man, Doctor Albert Abrams .(Tumultous applause, all rising.)

Doctor Abrams: When they gave me this badge I didn't know whether it was a badge or a napkin, or whether I was entertaining a Hibernian Association or something else.

I was listening to the remarks of the President, saying such pleasant things about me that I felt rather timid about addressing the Association. It was only this afternoon that I learned that I was scheduled for an address — Diagnostic and Therapeutic Technique. I think it would be far better were I to comment on some of the papers and addresses this afternoon.

Primarily I wanted to take up the subject of Doctor Palmer's address with references to the use of the Oscilloclast. I want to emphasize one thing; that is the fact that the over-enthusiasm of the votaries of these methods may or may not be harmful.

It is an explicit understanding among all patients coming to the office — in fact we have placards distributed over the laboratory saying that nothing of any kind is promised, and a guarantee of a cure is never made. Perhaps it is better for you to possess this enthusiasm on the principle that one man's calomel is a little bit better than another man's calomel. It is always the man behind the gun. You have noted there in my laboratory sufficient evidence to know that you communicate your own vibratory rate, your own faith in a thing, to the patient. If you have no faith in the apparatus which you use the patient will have no faith, no effect.

Now, that is a primary principle in psycho-therapeutics. So perhaps your over-enthusiasm, if moderated, may be of great advantage in the treatment of your cases.

With reference to the use of the Oscilloclast, there has been some misapprehension promulgated by several of the disciples of these methods.

First of all, it is contended that a treatment no longer than one-half hour should be given. That is absolutely erroneous. It is like bailing out a boat. If you permit any water to remain and don't continue your bailing process that ship is going to sink.

You have all had your experience in treating Neisserian infection. If you allow one germ — we say "germ", we will use that because that is customary — to thrive on a certain sub-soil, if one germ remains, it is going to light up the entire

process. It is like the drop of water which pierces the rock, not by the force of its blow but by its frequency.

There are men using these methods who keep their patients under treatment for at least twelve or fifteen hours and then dismiss them.

One individual yesterday made a statement that the average individual will ask, for example, about syphilis, "How long will it take to cure me?"

Now we never speak of cures. It is unethical to speak of cures. We will say "symptomatic cures." How long will it take? One gentlemen said -- I think it was Doctor Tuttle who said, "One ohm an hour the reduction may be." So that if you have a patient with syphilis measuring thirty-six ohms, thirty-six hours would, on an average, be consumed in ridding the patient of the blood reaction.

Now, I was over-enthusiastic when I began this treatment for syphilis and expected results which were based on what I believed was my honest conviction, but after the lapse of time I found that there was a hidden reaction which we called cryptogenic reaction, where the spirochaetes lurk in certain recesses or dark corners of the body. We have a method for detecting that, a definite reaction. This may consume several months before the patient can be gotten rid of this cryptogenic reaction. If you get your case early enough, in the very early stages, as a rule two or three weeks will suffice for the treatment of the case. When I say "suffice for the treatment of the case" I am not reckoning out by the electronic reactions. I am reckoning the result by the return of lost reflexes, which is the clinical evidence, now in possession of official medicine, in recognizing the benefit received in the treatment of syphilis. I would advise you, under all circumstances, to adhere to the official methods in the sense of the interpretation of results and not cling solely to the results of the electronic reactions. I trust I have made myself clear to you.

Another fact which is important is this: you know in the pursuit of new methods you are awakening antagonism on the part of the official pursuers of medicine and the use of the word "syphilis" is one that conveys a definite amount of opprobrium, and unless your diagnosis is confirmed by what is known as the Wassermann reaction your diagnosis passes into

the discard as far as its official recognition is concerned. Therefore we never use the word "syphilis." We speak of acquired diminished resistance, of congenital diminished resistance. That thing is clear?

Now then, with reference to the use of the Oscilloclast, you may use it on the brain without fear. Many people, many of the votaries who watch this thing more closely than I, inform me that these men sometimes after several hours of such treatment, get what is known as anaphylactic reactions, that the patient experiences a sense of lassitude, "they are all in", or phrases of that kind to describe the action of the Oscilloclast. You must use your own individual judgment in matters of that kind. But as a rule we don't limit ourselves as far as time is concerned in the use of the Oscilloclast.

Another error that has gone forth is this: you know that the Oscilloclast is supplied by triple rheostats, each one associated with a binding post. Here are your numbers, etc., etc., etc., etc., (illustrating on blackboard). Now then, some claim that you cannot use more than one rheostat at one time. That is absolutely ridiculous.

For instance, if you take that chandelier. You have the supply of current. You may put three distinct globes on that particular chandelier. But you cannot lead off from the one globe two wires. Is that clear? In other words, the current is not diminished if you use three separate rheostats, but if you use one number with two wires you are going to diminish in proportion the intensity of the current. Therefore, you may use three numbers at one time.

Now, there is a little attachment that is used. Say you want three numbers at one time. Here is your electrode. Here is a little attachment that fits into the handle of the rheostat, three holes, to permit the attachments here, here and here. You may use three numbers at one time.

Doctor Norman T. Johnston conveyed to me a matter of great importance in the treatment of cancer. He obtains better results and quicker results if he uses all three sixes at the same time. You can readily understand that, can't you? Bear that fact in mind.

There have been a number of imitations, as there always are with different instruments. We are laboring in the in-

terests of humanity. If another man gets a better instrument out than the Oscilloclast I want him to get it out (applause). I hail it with delight, and I want you all to work with that object in view, to get a better instrument. But my instrument is only limited to those who know how to use it. They want it.

It reminds me of a story told the other day by Doctor Cave, which I think is the most apropos story I have heard in a long time.

Two farmers were sitting on a bench watching a locomotive go by. A dog was yelping at the locomotive and was pursuing the locomotive. The one farmer said to the other farmer, "I wonder whether that dog will overtake the locomotive." The other farmer said, "That is not what is bothering me. What is really bothering me is this: what will the dog do with the locomotive when he gets it?" (Laughter and applause.)

Now then, similarly, what are you going to do with the Oscilloclast when you get it if you don't know how to use it?

I committed the mistake of allowing one of my untrained doctor friends to have an Oscilloclast. I said, "You don't know how to use it, but as a matter of friendship you may have the instrument." Now I hear that he is condemning the Oscilloclast. My friend may continue knocking. I have had plenty of knocks in my lifetime, but without knocks I don't think I would have had any inspiration for what little work is being done now. So knock. The Anvil Chorus is the most familiar tune to me and the most agreeable one.

We have emphasized now two things: first, the duration of treatment is not sufficiently considered. Good results are in direct proportion to the duration of the treatment.

We have emphasized two facts, at least, what I consider facts. First of all, the fact that the duration of time is of great moment. Secondly, you can take your leads from three separate rheostats, but if you take from two numbers of one rheostat you are diminishing your current in that proportion.

Now what other question bearing on the use of the Oscilloclast would you like to ask?

Doctor Rosenthal: Doctor Abrams—

Doctor Abrams: My friend Rosie. (Laughter.)

Doctor Rosenthal: If you have a patient that has a diminished resistance, whether congenital or acquired, it does not make any difference which?

Doctor Abrams: That does make a great deal of difference to the patient.

Doctor Rosenthal: He has strep. of the sinuses and he has staph; what do you use?

Doctor Abrams: You say he has the king of all diseases and he has strep. and he has staph. You use for the syphilis three. He has strep. You use two here. He has staph. You use one there.

Member Doctor: All to the spleen?

Doctor Abrams: No, there is where you are mistaken. In the first place when you treat strep. infection, as a rule, you treat it locally, so that in sinus affections if you treat the case you treat locally. But we have found in some cases marvellous results — when I speak of “marvellous results” it is only a matter of comparison — where sinuses have been discharging for years, and you put on your Oscilloclast, give them the treatment, in pursuance to the theory involved, and the discharge ceases in a little while. But there are cases which are resistant and we have found that over those sinuses there is usually a reaction of staph. and always a reaction of congenital syphilis. So that you would use then all three numbers in the treatment of this local affection. For instance, where the foci of suppuration are distributed all over the body. You have not the time in a case of that kind. You would strike your seventh cervical spine to dilate the spleen, the second dorsal spine to maintain the enlargement of the spleen, and then you would treat at these numbers over the spleen. That is clear?

Lately we have found that better results are attained in the treatment of syphilis by first of all concussing between the third and fourth dorsal spine, so as to enlarge the blood vessels and to distribute the spirochaetes. Is that clear? Then strike your seventh cervical spine. Then strike your second dorsal spine.

Doctor Palmer in his excellent address, and indeed it was an excellent one, spoke of the results he obtained in certain cases of blindness. It happened that heretofore I had a uni-

directional mind. I was like the man seeing the fly on the child's head and asking for a hammer. (Laughter.) Now then, we found in these cases of blindness, due to syphilis, and they are usually due to that, the fact that what we got was the peripheral reaction of syphilis. We did not look far enough. **But in the visual centers in the occipital lobes on either side there is a marked reaction to syphilis, so that you treat the center, in addition to the periphery.**

A woman came the other day from Georgia. Her sight was not entirely destroyed. Five days' treatment in the occipital region permitted her to see the numbers over a garage door.

Then again a man who was blind, the blood had been sent in to us from Paris, France, came over to see me. I treated him for two weeks and there was no apparent benefit. He contended that he saw black objects on a white background. So he had a few days' treatment on the occipital lobes.

Treat the center in addition to the periphery. We used the flashlight — what are you laughing at?

Doctor Stout: I am laughing at his seeing the flashlight in the back of his head.

Doctor Abrams: We have two eyes, an objective eye and a subjective eye. As the psychologist says — we perceive with our objective eye and we apperceive with our subjective eye.

They use as a familiar illustration a man going out hunting, seeing a beautiful bird. "What a beautiful bird of prey." The woman regards it as a beautiful ornament for her hat. The painter regards it as an orgy of colors.

He saw the flashlight. He could tell when it was on and when it was off. The last day in my class he saw it at a distance of twelve feet. He could tell when I put it on and he could tell when I switched it off. These cases come to us in an advanced stage. That is a thing I want you to bear in mind — treat the occipital lobes, the center of vision.

I have found the same reaction over the centers of hearing as well as in the periphery. Heretofore we have been only treating the periphery. We have not considered the center. Is that clear to you? I am going to emphasize that fact and I want you to remember it. Now then, any questions on the Oscilloclast?

Member Doctor: I have read in the Journal a few times that we should be careful about over-treating the patient. With the same vibratory rate with which we subdue a disease, the same energy will cause a disease again. Like can cause like; like can subdue like. I want to know how we can tell if the disease is gone.

Doctor Abrams: I understand your question to mean this, Doctor. One doctor wrote to me he had helped an epithelioma, but that it had occurred again. A cancer then started. I then started to find out — it is presumed that the men using the Oscilloclast know how to make reactions. The presumption is when the reaction of cancer is destroyed they cease the treatment. Assuming that you know how to make the reactions — we found if you take a rate six here and put it on the skin you get a cancer reaction. Is that clear? If you take a horse-shoe magnet and immediately run it over the skin, that reaction is at once destroyed. Therefore, if you have any reason to believe that you are over-treating the case, throw in the neutral treatment of a horse-shoe magnet.

Member Doctor: Before or after?

Doctor Abrams: Oh after; not before.

Member Doctor: How about an Oscilloclast in the same polarity as the disease?

Doctor Abrams: Doctor Palmer made that clear to you. As far as the use of the galvanic current is concerned that is all well and good. You can reverse the polarity, but you have to bear in mind the very moment you do it your plugs have to be in one position. You find a mark for the plug. Pay no attention to that polarity because that is purely a theoretical proposition. We have gotten our results without that. Perhaps you may get better results with it. I don't know.

Member Doctor: In treating over the occipital lobe for blindness how long do you treat?

Doctor Abrams: You have heard me say before, the results of the treatment are in direct proportion to the duration of treatment.

Go ahead, Rosie.

Doctor Rosenthal: After the malignancy is destroyed in cancer what shall we do with the spore formation?

Doctor Abrams: What do you know about spores? That is a matter of theory, sir. Spores are only the known microscopic evidence, or at least, the microscopic and the most resistant. The bacteriologists recognize spore formation. Spores will give you the formation of cancer. If there is no reaction there are no spores. You are dealing with theory, sir. Don't go into that subject. It is bad enough as it is. Next question.

Member Doctor: In one of my cases that I have been treating I got a luetic reaction in the jaw. She had some bridgework in the jaw. It caused great pain. Was that due to the plate and the metal?

Doctor Abrams: That is a thing we know very little about, Doctor. First of all that rate three may have inspired the streptococci resident in the mouth to have increased. There are two rates that you must remember. We have constructive and destructive rates. Now, there are some rates which will simply encourage the bacteria or the formation of strep. Do you see? Other rates will destroy it. But that is getting into a problem that awaits further experience.

Member Doctor: I had treated for the strep. previous to that until I got no reaction and I was treating her while she had the bridgework in her mouth.

Doctor Abrams: What you are using here is a particular form of high tension current and you know there is nothing in the world that conducts so rapidly as metal. Gold is a rapid conductor and the gold may have irritated the pulp. It was not of long duration, was it?

Member Doctor: The pain? Yes, it was for days.

Doctor Abrams: How did you get rid of it?

Member Doctor: I stopped giving the three rate.

Doctor Abrams: That is good. Fine. You note that therapy is also as beneficial when you use it as when you do not use it. Use your discretion. Good. What is next?

(TO BE CONTINUED)

In Memoriam

DOCTOR ALBERT ABRAMS

Master Physician, Scientist, Genius and Humanitarian

1863 -- 1924

(This beautiful poem flows from the heart of one of Dr. Abrams' most devoted disciples, Dr. Ivar Janson of Seattle, Washington)

Fallen the chief, and numb with pain
 We stand beside the flowered bier,
 Dust has returned to dust again
 And Death mocks but the falling tear.
 In us Life's ecstasy and thrill
 But He lies mute, serene, and still.

Always so hard to understand
 The 'Finis' written on the door,
 The quietude of busy hand
 The vibrant voice hushed evermore,—
 For in us flows Life's scarlet thrill
 But He lies mute and cold and still.

Master, I hungered and you gave
 From the great wisdom of your store
 The nourishment my mind did crave,
 And red wine from the jug did pour.
 I was much wearied, you renewed
 The zest that weariness eschewed.

Master you taught our vaunted sense
 Is limited with crudity,
 That preconceptions dull and dense
 Veil visions with obscurity,
 That self and all of dust and stone
 Are vibrant with God's monotone.

Children of Earth, the stars of space
 And all the great and minute things
 Are gems of the Creator's face,—
 That thoughts have widely spreading wings,
 That evanescent mind is real
 As stuff that into forms congeal.

The Babylon of all concrete
Is builded with rare building stones
And multicolored garments fleet
Thru gay streets that the substance owns,
A whisper from the desert comes
And all is dust of weight and sums.

All into dust and less than dust, —
Yet out of dust there grows the spire,
The lips that bud to kiss and lust
And lutes that murmur their desire,
A city by a Deathless sea
Holding its court and revelry.

A little, little space is ours
And in a little grove we dwell
And label thence the dancing hours
And paint our heaven and our hell,
Create the image of some God
To rule and judge the steps we plod.

A little, little span we hold
And strut upon our little sphere,
With little knowledge vain and bold
We boast a bit — and disappear,
Measure and count, — and count and weigh
With senses shut in by the clay.

Hungrily my fingers stray
Upon Life's staff of harmonies,
Within a narrow scope I play
My idle dreams and rhapsodies,—
But stretching on above — below —
Wide notes of the Eternal flow.

But reaching on before and hence
Rivers of the Eternal flow
In tempos of Omnipotence
And strains of vastness gleam and glow
Pallid across the face of Death—
But singing in the new-born's breath.

My idle fingers stray in dreams
And grope upon this key and that,
For here Existence ends it seems
And there the gate I entered at,—
Between two points, assert my sense
Here one appears — to vanish hence.

After the turmoil of the day
When keen has raged the strife and stress
How sweet the weary head to lay
Upon the couch 'Forgetfulness',
How sweet to hear the vesper chime
Calling to rest the master Time.

Ardour and pitch and self relax
Into the arms of utter sleep
With the Eternal blend and wax,
Dissolve within the boundless deep,
Give all the sentient years away
To whence they came and where they stray.

Relinquish eagerness and zest
And all that mattered, unto where
It matters not, — the Host of Rest
Welcoming all you were and bear,
And with the welcome of his kiss,
Granting repose and dreamless bliss.

June, 1924

IVAR JANSON, M. D.

COLLEGE POLICIES

You will notice that the preliminary announcement of subject matter of the Journal and other announcements supplying information to ERA physicians, also the list of equipment for sale, have been rewritten and brought up to the minute. We seek articles for our Journal especially along scientific lines, and you are encouraged to submit same.

NEW REAGENT Several changes have been made during the past month for the betterment of the work at the College. We have secured the services of Ivar Jenson as the Reagent in our Clinic, replacing two reagents we were using. Mr. Jenson, who has a mechanical bent and is familiar with the Abrams instruments, is able to keep the instruments at the College in good condition. He also served as reagent to Doctor Abrams over a period of a year.

NURSES We have rearranged the services of our nurses at the Clinic so that we were able to release one nurse and thus lessen expenses without decreasing the efficiency of the services.

PRICE OF MICRO-OSCILLOCLAST REDUCED The price of the Micro-oscilloclast is reduced from \$34.65 to \$30.00, the same price as the Reflexophone. One or two mechanical changes have been made in the instrument which insures its efficiency.

BOOKS OUT OF PRINT A number of Doctor Abrams' books written during the past twenty-five years are out of print. Some of these will no doubt be republished after the Board of Trustees secures the use of the College Trust Fund. We realize that any books written by Doctor Abrams which show the development of his thought leading up to the discovery of ERA should be published for the edification of all ERA physicians.

EXPENSES OF WITNESSES PAID The expenses of the witnesses invited to appear at the Jonesboro trial last January and which were assumed by Doctor Abrams personally have been

paid during the past month out of our present College funds. This amounted to quite a sum, but it was decided that it was hardly just to ask these ERA physicians who advanced their money and expended their time to await the outcome of such claims as they might make against the private estate of Doctor Abrams.

VACATION FOR COLLEGE EMPLOYEES We are granting a vacation of two weeks to all the good workers who have been in the employ of the College for a year or longer, believing this inspires better service and at the same time impresses each worker with our personal interest in his welfare.

EXPERIMENTAL WORK We expect Doctor Jarvis to have something more of interest to publish before long in the line of frog leg experiments. He is also working to improve the Oscilloclast.

PURCHASE OF EQUIPMENT The past month the College was authorized by the Court to purchase outright from Hoffmann & Company all of the Oscilloclasts and such equipment, as the operating connection with that firm has been discontinued and we have a new factory connection. In justice to Mr. Hoffmann I wish to say that he has always worked with a splendid spirit of cooperation in College matters.

I have given you the above data that you may keep in touch with the accomplishments at the College, knowing that thereby you will realize it is my purpose to acquaint ERA physicians with all facts which it is my privilege to release.

LITIGATION Next month I hope to make a report of the litigation up to date, and I am glad to assure you as time goes on that I feel most optimistic of the outcome.

DR. FRED E. MOORE, *President*

LEST WE FORGET

(A Tribute to Doctor Abrams by Dr. Fred E. Moore at the Banquet of the Middle States Society, May 20, 1924, Kansas City, Missouri.)

Mr. Toast-Master and Fellow Physicians of the ERA: It is a happy privilege I have to-night to say a few words in honor of beloved Doctor Abrams. He whom we all delight, and have delighted in the past, in calling the master was with us only a few months ago, and many of you were present in San Francisco last September when, with several hundred around him who practice the Electronic Reactions of Abrams, he was told by word of mouth how much we loved him and honored and respected him, and how much we believed in the great gift he had made to humanity.

At that banquet we pledged our everlasting fealty. We assured Doctor Abrams that we would stand together as one man; and now it is up to us to demonstrate that purpose.

Here in Kansas City we are meeting for a few days trying to solve some problems, both scientific and of an association nature, full of hope that this great work may progress and not be too much retarded by the deplored death of this wonderful man.

To me has fallen a responsibility, the stupendous nature of which I can assure you is fully realized; but because I am only too willing to give of the energy, of the sincerity, of the full purpose of my life, you have the assurance that I will devote every talent I possess in the effort to carry on.

Doctor Abrams was the little giant. To me he was the most lovable man that I have ever known. In the classroom he sometimes seemed severe, but with that winsome smile and that pat upon the shoulder to offset any word which had seemed harsh he always won back the doctor who at the moment might have felt a little disturbed. To watch him in the Clinic was an inspiring sight. We saw a man of the greatest intensity; we heard the expressions from a mind whose knowledge was so exhaustive, so far reaching, and still so simply stated that we marvelled.

It is only a few months now since the great Doctor Abrams was taken from us. At first it seemed as though we could not go on; everything was in a chaotic state. But we know that a truth such as underlies the Electronic Reactions of Abrams must live and cannot die. We take pride in calling ourselves the disciples of this great man, and I am sure that those of us who had the privilege of sitting under him consider it the greatest of our lives.

I want you all to realize how happy we should be to have the opportunity of living this particular year and of assuming the burdens made necessary by the death of Doctor Abrams. I trust that in the coming year many of the difficulties surrounding the College which he established and the great trust fund which he so carefully safeguarded and which was largely contributed by the doctors here and the ERA physicians of the world, I trust that this fund may be definitely and decidedly retained by the College Board, as was intended by Doctor Abrams.

The suits surrounding the College at present do not dishearten us too greatly, for we believe this man was created by the Almighty to bring a message of comfort to all humanity and to provide a practical release from many diseases. So we feel full of faith and hope, and believe that right will prevail; and it is my great hope that before another twelve months pass we shall have complete possession of that which he accumulated from the various contributions for a public charity and be in a position to promote the development and perpetuation of his work.

It was also my privilege to be with Doctor Abrams in his last days, and there I recognized a great lonely soul, a man who had given his all to the world. He was unselfish as could be, for he who gives his life makes the greatest possible gift. He wore himself out in the work relentlessly that we might have the privilege of absorbing from his knowledge and that the benefits to humanity, for which he so lovingly strove, might forever become a fact.

Doctor Abrams was lovable; he was a great genius; he was honorable in the extreme with noble instincts; a modest man, a gentle soul, and devoted to the welfare of humanity.

PRELIMINARY REPORT ON THE ABRAMS METHODS OF DIAGNOSIS AND TREATMENT

By CORA SMITH KING, M. D.

Washington, D. C.

(Continued from June Journal)

Chronology of the Investigations and Experiments

March, 1921: *Sent first blood specimen for diagnosis by ERA.* In discussing an obscure case in which I had been unable to arrive at a satisfactory diagnosis, Dr. Elnora C. Folkmar suggested having a blood test made by the Abrams method, and named an accredited student of Dr. Abrams. I sent the blood without any diagnosis or history. The report came back "carcinoma of the alimentary tract." As my patient had severe abdominal symptoms and as she had given me a family history of several near relatives in her own and in the preceding generation dying of abdominal cancer, I was very much impressed. However, careful x-ray survey of the case covering a period of three days was reported "negative." The patient did not improve under internal medication nor under diathermy, and at last submitted to an operation. No carcinoma was found, but gallstones were discovered and removed, and the patient's symptoms abated. In this case, neither the electronic diagnosis nor the x-ray had disclosed the gallstones. Yet the ERA had acquitted itself better than the x-ray, for the x-ray report was entirely "negative" while the ERA had disclosed a cancer strain in the blood, affecting the alimentary tract. This diagnosis impressed me deeply, because (1) *the gallstones were a marked source of irritation;* (2) *the trouble was in the alimentary tract.* Had the diagnosis been worded a little differently, it would have covered the case, as, for instance, "The trouble is in the alimentary tract and shows a high degree of irritation with a cancer strain in the blood indicating the possibility of malignant growth."

This patient surely had a cancer strain in her blood, as her mother died of abdominal cancer, her mother's sister died of abdominal cancer, and two or three cousins on her mother's

side have died of abdominal cancer. Her first cousin, a patient of mine, was operated in 1915 for hystorectomy, the abdomen being carefully explored at that time. The uterus was retroflexed and prolapsed; there was a general enteritis, the veins of the intestinal peritoneum looking like coarse, dark red embroidery. There was no evidence of cancer in the liver or elsewhere. The cousin made a good recovery, *but five years later died of carcinoma of the stomach and liver.*

In discussing the relation of gallstones to cancer in a medical meeting, one surgeon said bitterly that his mother had had gallstones, had not been operated upon and had later died of cancer of the liver. Another doctor rejoined that a patient of his *had* been operated for gallstones but had, nevertheless, died later of cancer of the liver. Considering all these facts, the ERA diagnosis on my first case is not wholly to be despised. *It may unfortunately prove to be a prophecy to be fulfilled a few years hence.* It illustrates the value of the Abrams diagnosis and also the inadvisability of taking it too literally.

CITATION

Japan Medical World, Tokyo, November 1922, "Artificial Production of Tumors in Viscera", by Y. Kazama. "He has succeeded in producing adenomatous cancer in the gall bladder of guinea pigs. When the surface of the mucous membrane of the stomach, urinary bladder or gall bladder of the rabbit or guinea pig is mechanically or chemical irritated, or both combined, for a certain period of time, there form polypoid, papillomatous adenomatous growths or even adenoma or adeno-carcinoma at the places where the stimulation was applied the most. Metastases form from the malignant new growth."

December 1921—I observed these good results:

CASES

(1). My own mother who was very feeble and helpless with diabetes (5% sugar) and with rheumatism of teeth origin. She was treated with disks on the spleen, the occiupt, the pancreas and the liver. Adjuvant treatments were also used. The sugar disappeared from her urine, her joints limbered up, and she is

living and happy today, at 78 years of age. We are able to keep her practically sugar free by diet and hygiene. At times a trace of sugar reappears. A few treatments on the Oscilloclast, disks over the spleen and the pancreas, make her clear again.

(2) An osteopathic physician who had in her shoulder a severe neuritis of sinus origin. She was treated with disks on the spleen, the shoulder and the sinuses. She was cured of a very profuse, green discharge from the nose and of her severe neuritis in the scapular region.

The remarkable response of these cases to the treatment encouraged me to use it in other chronic cases.

I have no skill in percussion and would never have taken up the diagnostic work if I had been obliged to use percussion. However, as soon as the glass rod or ebonite rod was introduced to elicit the reactions through electrostatic phenomena, by friction of the rod over the areas, I found the method in line with my previous training in electrotherapeutics and I began diagnosis by the Abrams method.

October, 1922. Paper entitled "Homeopathy Electrified" (i. e. likes are cured by likes in this type of electrotherapy as well as in drug therapy) read at Trenton, N. J., before the Eastern Homeopathic Medical Association, Bureau of Electrotherapy. This paper was *a report of some cases diagnosed and treated by the Abrams method.*

December, 1923. 1172 *blood tests have been made in the past sixteen months*, all but about two hundred of these tests being for my own patients.. The 1172 tests represent on an average of 3 tests for each person, consisting of the original study of the blood and 2 retests to gauge progress. The number of patients studied by the ERA is 365.

Blood Specimen of Miss L. S. for Dr.—, Philadelphia

History accompanying specimen: "Loss of weight for 2 years. Very nervous. No appetite. Sleep poor. Distress and pain in appendix region and in right ovary."

The very succinct history sent with this specimen coincides remarkably with the blood findings. There is a marked reaction of streptococcus (pus) in the entire right side of the

abdomen equally strong over the appendix and over the right oviduct.

There is also a reaction of strep. to the sinuses especially to the left ethmoid and left antrum. The kidneys and the teeth also react to a less degree.

Another potent factor in this case is malaria, reading 9 points. This patient must at some previous time have had, or now has, a malarial infection. At any rate, the blood carries a heavy strain of malaria.

The heart also shows the depression that goes with a general streptococcus reaction.

Underlying all this is diminished resistance, an hereditary weakness affecting especially the nervous system including both the brain and the spinal cord.

As the bones and joints appear under 3 separate reactions, one including the deposit of fibrous tissue and the other a pelvic infection, it would not be surprising if this patient some times suffered from stiff and painful joints.

If the abdominal infection is merely of an inflammatory nature without abscess formation, I believe the Oscilloclast alone will remove the soreness and will build up the patient markedly. A course on the Oscilloclast will benefit this patient's general health and digestion.

Of course, if there has been any contamination of the blood, it changes the specimen so that the reading is correspondingly off.

CITATION

Dr. W. E. Boyd, a highly educated British homeopathic physician of Glasgow, Scotland, has done careful experimenting with the Abrams diagnostic outfit. He says:

"The Abrams reflexophone was investigated and it was an inductance, in spite of the method of non-inductive wiring used by Dr. Abrams. The sequel to this discovery was that the *Abrams instrument, in conjunction with the human body, is simply a wireless instrument.*" (From January 15, 1923, Homeopathic Recorder of Phila.) Dr. Boyd says that the reflexophones, in blood tests by the ERA, do not measure

“ohmage” but merely the number at which the disease wave “tunes in.”

Dr. Abrams claims that the blood, in common with all substances, is radioactive. Attention is called to the article, “Is Radiation Matter”, by Prof. Arthur H. Compton, in *Science*, January, 1923. Commenting on this article, W. Franklin Baker, M. D., in the May, 1923, *Journal of the American Institute of Homeopathy*, says: “Our methods of proof have been crude and limited, for under all observers only thirty-six bodies have been known to be radioactive, i. e. having the power to project rays of luminosity visible to a sensitized medium.

“Further investigations are leading us to believe that all substances are radioactive, but the difficulty lies in our radio transmission, in receiving and detecting apparatus. Some of these effects we can translate into terms of heat and light and others we designate as ‘radio impact’. He (Dr. Compton) says there is no essential difference between matter and radiation.”

The Abrams Oscilloclast

The Oscilloclast consists of an arrangement of coils, condensers, resonator, a device for making and breaking the current and 3 dials, each having 12 buttons numbered from 0 to 11. These buttons are wired so that the Wheatstone bridge (Leeds and Northrup type S testing set) measures 100 ohms from the button to button as follows, giving the measurement of one dial which is practically a duplicate of the other two:

Button No.	0.....	2106	units
“	“	1.....	2203 “
“	“	2.....	2303 “
“	“	3.....	2402 “
“	“	4.....	2499 “
“	“	5.....	2598 “
“	“	6.....	2698 “
“	“	7.....	2795 “
“	“	8.....	2894 “
“	“	9.....	2993 “
“	“	10.....	3090 “
“	“	11.....	2109 “ (Same as “0” Button)

This machine has been inspected by scientists from one of the large scientific organizations with laboratory headquarters in Washington, D. C. I am not at liberty to use the names in this statement but will give the names personally to anyone desiring to check this up. The report made by these scientists was that the machine is cleverly designed; that it delivers a small amount of high frequency current; that the proof of there being a current delivered is that the hum is audible through a radio receiving set attached to the Oscilloclast.

Tests of the Current Delivered by the Oscilloclast

1. If the ear phone such as is used in a radio set is connected to the Oscilloclast, while it is in action, *a distinct hum can be heard interrupted by the vibrator. This proves that a current of some kind is passing.*

2. If the Oscilloclast is turned off at the switch of the machine, the vibrator stops but *a hum can still be heard, continuous but not so loud.*

3. If the key at the wall socket to which the Oscilloclast is connected is also turned off, the Oscilloclast switch still being off, *a hum is still heard.*

4. If the cord connecting the Oscilloclast to the wall socket is detached completely, *there is no sound.* From this it would appear that the electromagnets in the Oscilloclast are so sensitive that they can pick up a current from a leakage through the two switches, even when these are supposedly turned off.

5. A patient being put into the circuit by holding one cord tip of the ear phone between his thumb and finger while he is insulated and under treatment on the Oscilloclast, the other tip being similarly held by the operator, who is not insulated, *the hum interrupted by the kick of the vibrator can be distinctly heard through the patient.*

(TO BE CONTINUED)

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: Sanitation is nothing but cleanliness grafted on lousiness. It is sanitation rather than any particular advance in medical knowledge that is responsible for the decrease in epidemics of yellow fever, malaria, and so on.

Visit of Sir Conan Doyle

Sir Conan Doyle was here yesterday afternoon for a private demonstration and I showed him my radio apparatus. He was much impressed by the experiments tracing a part of a dead plant, etc. I do this as a relief from the daily grind. Of course that is why people say such things are crazy because the world is not ready for it yet. There are things that can not be understood by the average person; but I am so constituted that I have to give out what I consider true. However, there is a time for everything, and the time is not ripe for some things to be given in advance of the times. And then too, I can say certain things because people say I am crazy and a fake anyway; but you men can not afford to go into these bypaths of research. Stick to your blood examinations and you will be doing well. Later on, after you have mastered that you can branch out. The trouble is that some of the men think they know everything and can improve on this work when in reality they do not know even the basic principles. But that is always the way with every new thing that comes along. I admit that comparatively speaking it is in a crude stage. Some one will come along who will improve it; but the basic principle will remain the same.

Experiment with Radio — Sounds Recurring at Definite Intervals

We have discovered an interesting phenomenon in working with the radio instrument. We find that the radio makes a certain sound at definite intervals when the different pathological

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specimens are put up to it. The radioactive explosions occur definitely at each definite interval. With Carcinoma the sound occurs every four seconds; with Syphilis every forty seconds. With oil there is a continuous explosion, a sort of hum or buzz. We took the Oscilloclast and set it at rate 5 and placed the electrode from it near the Carcinoma specimen and held the antenna from the radio instrument up to the specimen and the explosions went on just the same. We set the Oscilloclast at rate 6 and the explosions ceased. I simply imposed on that rate a rate similar to itself. If you take one ray of light, you get the light; but if you take another similar ray and by means of a special apparatus throw it upon the one ray of light, instead of increasing the light there is only darkness.

Theories and Facts

One doctor suggests a method of treatment with intervals of rest. That does not appeal to me. We have not found in our experience that such a method is beneficial. Theories are of no value unless they accord with facts. If the facts do not accord with the theory, you will have to change the theory, not the facts. Theories are only a working hypothesis, and as we progress in our knowledge of truth and the facts of nature we have to abandon the old theories and make new ones to fit the facts. For, instance, the old atomic theory has had to be modified since the discovery of electrons.

**Importance of Treating the Spleen—
Racial Purification**

You are often asked why we lay so much stress upon treating the spleen. The spleen is the anti-body producing organ. It is the drugstore of the body and provides nature's remedies for diseased conditions. But the difficulty is that it is kept so busy fighting Syphilis that it has no time to fight anything else. Once the system is cleared of Syphilis, of Diminished Resistance as we prefer to call it, the spleen could take care of the minor conditions and establish health throughout the entire body. That is why it is so important to treat the children and get their blood cleared before there has been an opportunity for tissue changes to take place. It is my hope in the new College to establish free

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clinics where children can receive this treatment free or at a nominal cost. Then racial purification would become a reality.

Carcinoma, Digestive — Area of Pallor on Abdomen of Reagent

Give me the first specimen. Did you test out the instruments? How are his reactions? Hand me the letter, please. "Man treated three months ago. Bothered with heavy layer of fat about abdomen. Patient says, 'I have been doing excellent work.' Patient had nervous breakdown some years ago; went to pieces. Recovered over two years' time. Marked anemia. Color test 90; blood count nearly normal now. Lack of strength; able to work only two hours a day. Had one month's treatment; marked improvement."

Set it at 49, Doctor. No sex reaction; human blood. Put it at 50 for Carcinoma. **Carcinoma is present.** Where is it? It is digestive, small intestines. You can see the area of pallor around the navel. Can you see it, Doctor? It is very marked. Of course some people expect a bomb to go off, but this is plainly to be seen when you know what to look for. Hurry up, Doctor, 56, is it metastatic? No, fortunately it is non-metastatic. We have to measure it. It is 4 ohms. Try 5. Check up that way to be sure. Make a record that it measures 4 ohms. See if there is any Acquired, 55. Negative. Look for 57. It must be present or there would be no Carcinoma. Congenital; present. Measure it. It will be low, Doctor; the patient has been treated. You don't think or remember what the history said. It is also 4 ohms. See if there is any Tuberculosis; negative. Strep; 60; no reaction. Write to the Doctor: "Would suggest that you make Congenital negative by further treatment. Treat area marked on abdomen at rates 6 and 3."

What is the next case? Open the door wide, Doctor. Let us have some fresh air. Be careful how you handle those specimens. Don't cough over them. You might get some droplets of saliva on them and contaminate them with your own reactions. You have to watch all those little details and see that nothing happens to interfere with the reactions. You will all make enough mistakes without making any avoidable ones. His reactions are r.t very good. Let me have the rod. What kind of soap have

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you been using? Give me the ether. I will have to clean his abdomen. I have to do everything, it seems. Don't light the lamp yet. I wonder how you can put up with me at all, Doctor; but if you had as many things to disturb you as I have you would have a rotten disposition too. Now give me the card, please.

Tuberculosis, Right Kidney

"Woman, age 59 years; married. Attacks of pain in upper right quadrant of abdomen radiating to the right shoulder. Must take morphine; also pain in region of kidneys. Urine examination; offensive odor and numerous pus cells." We will see what we find. Are you ready, Doctor? Is it at 49? All right. It is human blood. Set it at 50, Doctor, please. You know we always take that first. No reaction. We will run the gamut. 58, Sarcoma; no reaction. Try Tuberculosis, 42. Yes, **Tuberculosis is present**. Where is it? **It is genito-urinary; right kidney, not bladder**. We will check up on her when she comes in. Let's see what it measures. Three ohms; try 4. Put it down, Tuberculosis; right kidney; 3 ohms. Is there any Strep.? Is it exactly at 60, Doctor? Good. Do you all hear it? Strep. is present. Where is it? It is also genito-urinary. Is there any Acquired. There is no 55. Put it at 57, Doctor, for Congenital. Reaction of Congenital is present. Measure it. Set it at 39. It is 38 ohms. Have the patient come in. (Patient comes in.) On what side do you have the pain?

Patient: On the right side.

Doctor Abrams: Go over the region of the bladder for 42. Don't let me know where you are. There is no reaction. Now go over the kidneys. Pull down the curtain to shut out the personal equation. Stop. Where are you? Right kidney. Go over the left again; no reaction. **Treatment:** S S 3. Paint lumbar region with gamboge. Rates 5 and 3 over the right kidney and one cord at rate 3 over spleen. There is also a reaction of pus from the right kidney, but I think it will yield to the treatment. Is there any blood in the urine?

Patient: No.

Doctor Abrams: Do you have much pain there?

Patient: At times.

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Doctor Abrams: All right, little lady. That is all for to-day. I think we will be able to relieve that condition. Just have a little patience and we will do the best we can. (Patient goes out.) We will have a little recess now, gentlemen. Now you can all smoke and I am sure you won't be sorry. Open the doors and let in plenty of fresh air. I will be back in a few minutes. You can examine the arrangement of the instruments but don't handle anything. This is very important, for the correct diagnosis of the patients depends upon it. Study these things out; make a diagram. That is the way to impress it on your mind. It looks easy to see me doing it but when you get home and start working, you will find it is quite a different proposition.

The amount of my correspondence is enormous. I think all of the cranks in the country write to me. And there are always people writing to me wanting me to endorse certain remedies or methods of treatment. If it was just a question of making money I could make hundreds of thousands of dollars by merely allowing my name to be used in this connection; or even if I would give it my sanction without my name having to appear with it. But this of course I can not do, even though there may be genuine merit in it. Yet I am always accused of commercializing my work. If it were merely a matter of making money, I could make a great deal more than I do. But I am concerned only with developing my work and accumulating funds so that it may be carried on properly and be self-supporting. I can not use my private means for this; it must come from the revenue obtained from the Oscilloclast rentals, blood examinations, and other sources and donations. I personally would prefer to give up my practice and get out of all this routine and daily grind, and sometimes I feel tempted to do so. I can't keep this up forever. I have to do everything. Oh hell, what's the use! But I suppose I'll keep on until I drop.

Sarcoma, Digestive Tract — Pain in Inguinal Region

But we can't talk all day or we never will get done. Give me the next case, please. "Man, 46 years of age. Pain in right inguinal region, dull aching in character; not constant. No relation to urination. Urine examination negative. Examination

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for hernia negative. Lost 15 pounds in past year; believes loss due to diet. No pep."

Are you ready, Doctor? 49; that's correct. You are really doing very nicely. You see, gentlemen, I do give him credit and am pleasant to him sometimes; but there are always a few thorns in every bouquet that I hand out. It doesn't do to have a person get too sure of himself, you see. In the intensity of my work I become so absorbed in trying to work out some problem that I am not conscious of what I am saying to the person assisting me; I am only interested in getting results. It would make no difference who it is; I am no respecter of persons in my work. But there is nothing personal in it. I don't mean anything by it; so you mustn't mind when I jump on you. But the Doctor understands. He smiles and then what can I do?

Very well. 49. Male reaction. Set it at 50 for Carcinoma. Get it exactly on the line, Doctor. How many times must I tell you that? There is no reaction of Carcinoma. Look for Sarcoma. That is what we find. **Sarcoma is present.** Where is it? It is in the **digestive tract.** You can see the area of pallor very plainly right here below the navel above the pubis. He may have no symptoms of bladder trouble. The pain on the right side may be a purely reflex phenomenon.

I have told you to read Mackenzie's book on Symptoms and their Interpretation. It is probably the best book on that subject. He makes divisions of different sensibilities or sensations of the nerves, epicritic or superficial, and so on. It is a book you should all read and study. A physician must be ever alert and observing and be able to correlate all his findings into a perfect whole. As I have said so often, **it is more important to know what patient a disease has got than to know what disease a patient has got.** Each case is individual in itself; and there is nothing so small that may not have a meaning of great import. Cultivate your powers of observation every moment of your life, for they can be developed.

Wait a moment, Doctor. We have not measured the Sarcoma. But you had not forgotten, had you? That is good. He is beginning to remember. It is 8 ohms; try 9. Put it down on the card. **Sarcoma; 8 ohms.** Be sure to write it so I can read it.

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Is there any Tuberculosis? Is it at 42? There is no reaction. See if there is any Acquired. Nothing. Now we will look for Congenital which is sure to be present or we could have no reaction of Sarcoma. Do you all hear it? What does it measure? Stop. Congenital D. R; 38 ohms. Have him come in. (Patient comes in.) How long have you had this pain?

Patient: About four or five years.

Doctor Abrams: Have you lost your pep?

Patient: Yes, I have somewhat.

Doctor Abrams: We will see if we can't help you to get it back again. Go over his abdomen for 58. Are you ready? Don't let me know where you are. Stop. Mark it. You see the reaction is present where we found it on the subject. Let me palpate it. Yes, I can feel it. It is about the size of a large walnut. One or two of the doctors may palpate it. Do it gently as though you feared to press in. Look, Doctor, see how I do it. You can do it your own way when you go out, but please do it as I do while you are here. You will find you will be able to palpate much better by this method. **Treatment:** Two cords to area on abdomen at rate 3 and 3 to the spleen. Paint with mercurochrome. That is all, my friend. I think you are going to get back some of your pep.

Tuberculosis, Digestive and Pulmonary — Position of Patient's Arm in Percussion

Give me the next case, please. Open the door, Doctor. "Man, age 36 years. Had influenza in 1918. Pain in chest; occasional cough; at times coughs up some blood bright red and frothy. Shortness of breath; temperature at times. Lost 10 pounds in one year. No blood in urine. Frequency of urination."

Of course clinically the case suggests Tuberculosis, but we will see what we find. Never anticipate a diagnosis. If you have your mind made up to find a certain condition, you will find it. First give me 49, Doctor. There is a male reaction. Carcinoma; negative. Sarcoma; negative. Put it at 42 for Tuberculosis; reaction is present. Where is the Tuberculosis? Digestive and lung. Measure them both, Doctor. The lung measures 7

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ohms and the digestive 3 ohms... Localize it with the P D reaction; outer portion of right apex, subscapular region. Is there any Acquired? No reaction. Try 57. Congenital is present; 37 ohms. Have him come in. (Patient comes in.) Every organ in the body is modified by the position of the arms. When you percuss the lungs, the patient should extend the arms and not have them folded on the chest as is usually done. Let me go over his lungs. You see the reaction is present where we found it on the subject. In that way you can check up on yourself. **Treatment:** Paint abdomen and chest with gamboge and three cords at spleen at rate 3. It will take at least 4 weeks.

Remove Pathological Specimens from Diagnostic Room — Experiments before Conan Doyle — Sanitation of the Future

It is most important not to have any pathological specimens in the room where you are making blood examinations. I illustrated to Conan Doyle a remarkable thing. You can induce magnetism in another object from a magnet. We find by the radio instrument that the disease energy can be transferred from the specimen to another object by contact. For instance, we first got the reaction of Carcinoma from the specimen in the bottle. Then when the specimen was removed, we got the reaction of Carcinoma over the spot where the bottle was standing. Rubbing it would not remove the reaction, but after we had passed the horseshoe magnet over the spot on the table we could no longer get the reaction. Evidently the magnet rearranged the position of the electrons. I showed this to Conan Doyle and he was very much impressed. We repeated it over and over again and each time the radio approached this spot it would howl just as it did when the Carcinoma specimen was put up. All this is very suggestive. The sanitation of the future will consist of depolarization or demagnetization by means of a giant magnet.

Lecture on Following Day

Good morning, gentlemen. I haven't time to be courteous. You have no idea how many things I have to disturb me. I am getting letters and communications all the time of all kinds. I have to put in my time at such work instead of experiments and research. Are you all ready? Be sure to test out all the cords. Give me the first mail specimen, please.

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"Man, age 85 years. Three years ago lost eyesight. Weak heart. Otherwise well." Set the instrument at 49. Human blood; male reaction. Run the whole gamut. Try 50 for Carcinoma. No reaction. Set it at 58 for Sarcoma, Doctor. Let us take our time. His reactions are not very good. What have you been doing to yourself? His reactions are always worse after he has rested for awhile. I will have to use the rod. You must clean your abdomen. What kind of soap have you been using? I wish you would do me the great kindness to use some other kind of soap. Give me the cotton. You must clean off all the oil from the skin. Then have the rod well warmed. Run it lightly and continuously over the abdomen. There is a technique in the use of the rod. If you hesitate, you can get a reaction anywhere.

Now, we will see if there is any Sarcoma. No, it is negative. Try 42 for Tuberculosis. There is no reaction. See if there is any Strep. Negative. Well, we will be sure to find something; it is a poor doctor who can find nothing the matter with a patient. **Try Acquired D. R; 55 is present.** What strain is it? It is the eye strain. Check up on yourself. Try the E D reaction. Don't be too sure. We have five different reactions, so it is possible to check up in different ways. You can't be too sure. **Treatment:** SS 3 and rate 3 locally to the eyes.

Congenital D. R. — Deficient Treatment

Give me the next mail specimen. This is a reexamination. "He had Congenital D. R; 42 ohms. Strep; right ethmoid and teeth. Has had three months' treatment with ERA. Had two and one-half hours' treatment daily. Looks greatly improved. Feels a little better. Still miserably nervous."

Set it at 49, Doctor. Human blood; male reaction. Try Congenital D. R; reaction present. Three months' treatment and Congenital still present shows deficient treatment. What does it measure? One ohm. See if there is any Strep. Negative.

Write to the Doctor: "Reaction of Congenital D. R. should have disappeared after this length of treatment. Perhaps the interruption in treatment permitted the spirochetes to grow." It is like bailing out a boat. If you don't continue, you will not get results. "Tell the patient that after the cause is removed,

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effects still remain. Await results. Polish contacts of your Oscilloclast."

Use of Depolarizer for Fatty Tumor — Danger of Overtreatment

Next. Let us go on with the mail specimens. Hurry up. Give the letter to me now. Open the door, please, Doctor. Don't make me have to ask you each time. Thank you, Doctor, you are doing very well, but you know when I hand a bouquet to anybody I always have a few thorns in it. "Married woman. Fatty enlargement of breast. Do you think size of breast could be reduced?"

First we will see if any reaction of Carcinoma is present. Set it at 50, Doctor. Be sure you get it exactly on the line. There is no reaction. Try Strep; negative.

Write to the Doctor: "Fat breast can be reduced by using Depolarizer for five minutes each day. Try it on one breast first and use the other one for comparison. Use the rate for fat which is V R 1."

It is possible to overtreat. If you put rate 6 from the Oscilloclast on the normal skin, you get the reaction of Carcinoma from the treated area. But if you use a horseshoe magnet over the area after treatment, in case the reaction is negative, you do no harm. In any inanimate object the arrangement of the electrons can be changed. The horseshoe magnet throws out neutral energy. The energy of my right hand is positive and of the left hand is negative. It is the opposite in a female.

Experiment with Pith Ball Showing Polarity of Energy from Hands

Get the pith ball and charge it. First rub the hard rubber rod with a piece of steel wool and then you can charge it more easily. That is something I learned only after long experimentation and wasting much time trying to charge the rod. I do not know just what happens but evidently the steel wool removes something from the rubber rod that interferes with charging it. After you rub it briskly a few times with the steel wool you charge the hard rubber rod by beating a cat skin vigorously with the rod or rubbing it with wool. Somebody please hold one end

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of the cat skin so he can charge the rod. Here, let me have it. You have to use some energy. Don't go to sleep at it. You never would get it charged that way. Now hold it near the pith ball which is suspended by a silk thread to a rubber rod. The end of the rubber rod on which the pith ball is suspended is wrapped with rubber tape to prevent the charge from leaking off. The pith ball is not a toy but a scientific instrument. It is really a most delicate electroscope. It is difficult to charge it on a damp day. In electrostatic work everything must be warm and dry. Now it is charged. The energy from my right hand is positive and therefore should attract the pith ball. The finger tips should be held close together and held near the pith ball without touching it. You see when I hold my right hand near it, the pith ball is attracted and the left hand repels it. The energy from my left hand is negative and repels the pith ball. If the pith ball is between the finger tips of the two hands, the pith ball moves to and fro because the two hands form a neutral energy.

Experiment Showing Energy from Horseshoe Magnet is Neutral

Now let us try a horseshoe magnet. Hang the pith ball between the two ends. You see the pith ball moves to and fro, showing that the magnet has neutral energy.

Use of Different rates from the Oscilloclast at the Same Time

When using two or more rates from the Oscilloclast, use the triple conductor. Three rates may be used at the same time. It is like multiplex telegraphy. Many messages can be sent synchronously over the same wire without interference. Use three cords at the same rate if you want to intensify the effect.

Sarcoma, Brain

Give me the next specimen or we will never get through this morning. That is a reexamination so it won't take so long. "Married woman. She had originally Sarcoma of the brain; left parietal region; 7 ohms. Strep; right ethmoid and right antrum." They don't say whether she has improved or not. We will see how the blood condition is. Are you ready?

Now, Doctor, you should know by this time that we always

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examine first for human blood. Yes, I see you are all ready. That is good. It is human blood; female reaction. Look for Carcinoma; no reaction. Let us take our time. See if there is any Sarcoma. I get no reaction. Is there any Cryptogenic Syphilis? Put it at 45. Negative. Put it at 60 for Strep. I can get no reactions. She has evidently had very effective treatment. Let us hope the results as far as the patient's symptoms are concerned are proportionately good.

Pain Reaction — Gall-stones

What is the next case? Let me have the card. "Unmarried woman, age 34 years. Always suffered from colisepsis. Now she has pains localized in gall-bladder region extending to back." In the event we find the blood negative, we can make a reaction of pain on the patient. You need not ask if the patient has pain or where; you can localize it by setting the instrument at rate 20. A reflex pain gives no reaction but a pain at its source gives a reaction. Having traced it to its source, you can localize the trouble. Her liver is very tender, probably due to colisepsis.

Set it at 49, Doctor. There is a strong female reaction. Test out at 49 for two reasons; first, to try out the subject's reflexes; and second, because many nervous conditions are due to reversal of sex. We will run the whole gamut. Carcinoma; no reaction. Put it at 58 for Sarcoma; negative. Tuberculosis, 42; no reaction. See if there is any Strep. I can get no reaction. Try Colisepsis; reaction present. It is a very difficult thing to get rid of. See if there is any Congenital Syphilis; she has had treatment so it will be low. Yes, it is still present. Measure it. Stop. It is almost gone; it is only one twenty-fifth of an ohm. Have the patient come in. (Patient comes in.) Do you have pain at the present moment?

Patient: Yes, I do.

Doctor Abrams: Don't tell us where it is. Take the blood out and set the instrument at 20 for pain. Pull down the curtain and don't let me know where you are. Stop. Let me see where it is. The reaction is present over the gall-bladder. Is that where you have your pain?

Patient: Yes, it is.

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Doctor Abrams: Set it at 60 and look for Strep. over the gall-bladder; no reaction. Let us see if we get the reaction for gall-stones. Stop. Try it again. Yes, I get the reaction. Try E D reaction for gall-stones. Check up on it. All right, Doctor. Mark the area and use rate 4 for gall-stones. I don't know what results we will get, but we can try. That is all for to-day. Next specimen. Open the door, please. Give me that mail specimen; don't touch it with your fingers.

Sarcoma, Bone

"Man; complains of pain in back, hips and legs. Frequent urination. Left hip joint ankylosed; one leg shorter than the other. Patient has had tuberculosis in left hip joint; ankylosed left leg one inch shorter than the right."

Are you ready, Doctor? 49, correct. You are beginning to think. Human blood; male reaction. Is there any Carcinoma? No reaction. Try 58, Sarcoma. Yes, he has Sarcoma. Where is it? Bone. Is it metastatic? No, it is non-metastatic. We haven't measured it yet, Doctor. Stop. Check me up. It is 4 ohms. Try 5. Four ohms is correct. He has had Tuberculosis. Let us see if there is any present. Set it at 42; no reaction. Try for 55; no Acquired. 57. Doctor; that's good; you are doing very nicely. Congenital Syphilis is present. What does it measure? 36 ohms. No, we are not through yet, Doctor. No one pays any attention. We haven't localized the Sarcoma yet. Set it at 58. Get the cord, Doctor. Go over both hips. Don't let me know where you are. Stop. We get the reaction for Sarcoma over the left hip. Set at 42 and see if there is any Tuberculosis there. Take your time. There is no Tuberculosis present. **Treatment:** S S 3 and rate 3 over left hip.

Severe Pain in Spine — Carcinoma, Bone

Hurry up; we will never get done. Give me the next case. It's a reexamination. All right. What's the history? "No. 179. Married man; age 30 years. About 4 months ago, while lifting a piano, felt something snap in lower part of back. Paid no attention to it until one month later when he felt severe sharp pain in back radiating down left thigh to knee. Can not sleep at night due to pain. Made worse on getting up after sitting for a while.

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Pain gradually disappears after walking around for a while. Numbness along thigh. X-ray showed nothing. Put in plaster cast at University Hospital for two weeks; no relief. Tried Osteopathy and Chiropractic; no results. Lost 25 pounds in four months."

What did we find at the first examination? "May 21, 1923: Carcinoma; 7 ohms; bone; non-metastatic. Congenital D. R; 30 ohms. Reaction of Carcinoma over painful area in back: rate 6, two cords, and one cord at rate 3 on spine." Have him come in. (Patient comes in.) How are you feeling?

Patient: I feel 100 per cent. better. After the first treatment I slept 8 hours and after the second treatment I had to be waked up. My pain is much less. I have had 10 treatments now.

Doctor Abrams: That's fine. I am very glad to hear that. Keep right on with your treatments and we will go over you again in a few days.

Epithelioma — X-Ray Burns

What is the next case? It is No. 224. Oh, yes, it is the lady with the x-ray burns on her feet. We want to go over her again just to be sure, because she had some ointment on the wounds. Have her come in. (Patient comes in on crutches.) This little lady was treated for so-called ringworm by the x-ray with the result that she has these terrible burns on her feet. Try 35 for epithelioma over the lesions on the feet and hands. Stop. There is a reaction over the lesion on the feet but not over the hands. Now, try for Tuberculosis; go over the feet first. I get no reaction. Now, go over the hands. Stop. Check me up. There is a reaction of Tuberculosis over the lesion on the hands. Now, try the reaction for x-ray burn. Yes, you all hear that. I don't know what results we can get in this case. We never promise anything. **Treatment:** Paint lesion on hands with gamboge and paint the lesions on feet with Congo Red and treat the feet at rate 6 and 3. In the event we get rid of all reactions, then we can consider having skin grafted if necessary.

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Dementia Paralytica — Acquired D. R; Reaction over Forehead

There is a new patient waiting there. Give me the card, please. "No. 226. Man, age 36 years. Examined recently in Stanford Clinic. Demented condition due to brain lesion." There should be places in institutions for such cases. "Had nervous breakdown about three years ago and first noticed slight tremor of hands three months later; left side paralyzed. A short time later, patient fell down and injured forehead. Speech not distinct. Had 12 salvarsan treatments." We examined the blood here recently by mail and found Acquired Syphilis measuring 35 ohms. The lesion was located on the spine. It is probably Dementia Paralytica.

Invariably in Paresis you find the lesion in the frontal lobe. In probably fifty per cent. of the cases there is remarkable improvement. In order to get results in these cases you must treat locally as well as generally. Use two cords at rate 3 over the local lesion and one cord at rate 3 over the spleen. Have the patient come in. (Patient comes in; talks continually to himself in a low mumbling tone.) Lead him over there, please. Now, just keep quiet, please; don't talk. Go over the forehead for 55. Don't let me know where you are. Reaction of 55 present over forehead. I must have at least four weeks to see a change in his condition. (Patient goes out.)

Those are very pathetic cases. They can do nothing for them in the ordinary institutions. Insanity offers a big field for ERA work. The asylums are nothing but living tombs. They can not diagnose and treat such cases by the regular methods; but the time will come when machines will be installed and these unfortunates will be given a chance to get well.

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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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