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In Memoriam

Two years have passed since the deplored death of Doctor Albert Abrams. On January 13, 1924, he laid down his busy life and left his unfinished work to those who had been trained to carry on. These two years have only served to increase the respect and admiration for his memory which, in life, he enjoyed in the class room and clinic.

His engaging personality and his great work have not been forgotten. All those who came in close contact with Dr. Abrams think of him as a ceaseless worker in the unbeaten path. He knew he was making progress, and by his vision and constant application he hoped to have his work quite complete before he died.

Dr. Abrams was cautious, he was serious, he was persistent, he was above discouragement. He possessed the attributes of the scientist and the researcher. He worked for years to satisfy himself that he was right. He suffered attacks from those of unlike mind. He did not stop experimental work to try and quiet those attacks, but only continued with increased energy and concentrated effort.

Because his was a brave spirit and could not be turned aside by ridicule or condemnation, Albert Abrams went on to the end that the world might enjoy the benefits of his discoveries.

It has been said Albert Abrams was a martyr on the one hand of the intolerance of those men who should have been friendly and sympathetic, and a martyr on the other hand of his ideals and beliefs.

That he has been constantly missed, that he has no successor who could follow out the work in mind as could he, the discoverer, goes without saying. The greatest evidence of respect, loyalty and devotion to the memory of Albert Abrams may be found among those Physicians who in practice, experiment, or research are striving to complete the work in accordance with his vision.

FRED E. MOORE.

THE POLARITY QUOTIENT, AN INDEX TO THE PATIENTS' STATE OF HEALTH

LEO BIGELMAN, M.D.
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The fundamental prerequisite for normality in any system is a condition of balance or equilibrium. All forces must balance each other—action and reaction must be equal. Such a state of balance exists in health. Disease therefore must be due to a disturbance in the balance of the system. This is, of course, only a restatement of a fundamental concept.

Balance and unbalance necessarily assumes the action of forces, and the distribution of energy. To have balance these forces must be in equilibrium. When there is a disturbance of balance, one or the other force must be in excess or deficient. The idea of opposing and balancing forces leads to the obvious and inevitable conclusion that these forces must be in their nature positive and negative, with the added conclusion that in a condition of balance or health the positive energy and negative energy are equal in amount. Then, if this factor could be determined in the individual it would give us a direct means of establishing that person's state of balance or unbalance and by correlation with other factors and other reactions establish certain facts about that individual's state of health. And there is a way of doing this.

Everyone is familiar with the fact that the energy taken from the hands of an individual is positive from one hand and negative from the other hand. The right hand of the male has a positive polarity and the left hand a negative polarity. In the female these are reversed, the left hand being positive and the right hand negative. It occurred to us that by taking the vitality reaction at V. R. 49, either in the general human blood area or in the sex areas, preferably the latter, from each of the hands separately, we would discover whether there was any difference in the amount of reaction from each. Since the energy is positive from one hand and negative from the other, this difference, if it existed, would be an indication of the balance of energies within the system. So we proceeded along the following lines.

We took the reaction from the right hand and noted the number of units of energy emanating from it. Then we determined

whether it was positive or negative in character. This is done with the bar magnet, by directing one pole of the magnet to the area in which the reaction occurs. If the energy is positive, the positive pole of the magnet will bring out the reaction and the negative pole will destroy it, and vice versa; if the energy is both positive and negative, neither pole will entirely destroy it, because when one type is neutralized the other still remains; if the energy is neutral either pole of the magnet will destroy it.

So having determined the amount and character of reaction from the right hand, we next did the same thing with left hand. In nearly every instance we found a difference between the two reactions, one was higher than the other, and they were of opposite signs. We next took the reaction from both hands together by pointing the finger tips of both hands coincidentally and from the same distance at the electrode. In doing this, we discovered, that the reaction so obtained was equal to the difference of the reactions obtained from each of the hands separately, and had the sign of the higher reaction, that is it would be negative if the higher reaction were negative, and positive in the reverse condition. This began to look as if we were getting somewhere. There was a difference mathematically determinable and related algebraically, that is, **the difference in the two reactions was really their algebraic sum**, taking the respective plus and minus signs into consideration. Next we took the reaction from the Solar Plexus and from the Seventh Cervical Spine, as these are the places from which the vitality reaction is usually taken. This gave us a startling result. We found that **the amount of reaction obtained from either of these places was approximately equal to one-half of the arithmetical sum of the two reactions from the hands and was iso-polar**, that is, it was both plus and minus in character. Let us state all this in figures.

If the reaction from the right hand of a male was plus 50 units, and the reaction from the left hand minus 30 units, the reaction from both hands together was plus 20 units; and the reaction from the Solar Plexus or from the Seventh Cervical Spine was ± 40 units. Putting it algebraically, and stating a general approximate formula we have the following:

Let A = Energy from right hand.

Let B = Energy from left hand.

Then $(A \pm) + (B \pm) =$ Energy from both hands held together.

And $\frac{A+B}{2}$ = Energy from Solar Plexus or from Seventh Cervical Spine.

Let P represent $(A\pm) + (B\pm)$, then P becomes the difference between the two, which, for the sake of a term, we shall call the potentiality or polarity quotient. This Polarity quotient, as we shall see is apparently of the greatest importance and seems to be the truest index of the patient's actual state of health or disease, and seems to really tell how well the patient feels. We found that in all cases where the patient felt absolutely well P equaled zero. In other words when an individual feels well regardless of any other reactions the polarity quotient is zero, which means that a state of balance exists within the system. Under such conditions, A, B, & $\frac{A+B}{2}$, are all equal to each other, as a matter of course. This is of paramount importance.

The worse the patient feels the higher is P. In very serious cases P is equal to or greater than $\frac{A+B}{2}$. In other words the total reaction from the Solar Plexus or from the Seventh Cervical may be less than the difference between the two hands, which means a very marked state of unbalance. As the condition improves the degree of unbalance decreases. We also found that in greatly debilitated states the positive factor predominated, unless there was a marked nervous irritation, in which case the negative factor predominated. Cases of marked nervous or mental disturbance show a preponderance of negative energy.

Our next problem was to determine these same factors from blood specimens. This was done in the following manner. We first elicited the vitality reaction in the usual way. Then we tried the bar magnet to see what effect it would have on the reaction. We discovered that one pole of the magnet would increase the reaction while the opposite pole would decrease it. Thus if the total reaction were 30 units and we presented the negative pole of the magnet to the area of reaction the reaction would drop to, let us say, 10 units, which would indicate 10 units of negative energy; if we presented the positive pole, the reaction would increase to 50 units of positive energy and the difference would be +40 units. Thus it is seen that this followed the general law established above that $P=(A\pm) + (B\pm)$. When the patient is checked against this the two sets of reactions coincide.

Therapeutically the best treatment rate for the patient is that rate which raises the deficient energy factor. It was found that

in all cases where the patient made satisfactory progress, his treatment did increase the low factor. Increasing the low factor seems to be the most direct way of bringing about a state of well-being, because in that way the tension within the system is released. It is self-evident that if the general vitality reaction is equal to $\frac{A+B}{2}$ that the **apparent** balance which this indicates is achieved at the expense of either A or B. Something is sacrificed. Correct treatment should check this sacrifice. The individual's sense of ill-feeling is apparently caused by this attempt at adjustment. Thus one may see how many people with definite diseases, as disclosed by ERA, may nevertheless feel well, because they have reached a state of balance, a state of internal adjustment. On the other hand people with no particular disease may not feel well, because they lack the balance between the amount of positive and negative energy which the system contains. This may be the result of wrong diet, wrong habits, wrong thought.

Food has a marked effect upon this balance. Some foods are preponderately negative others preponderately positive. As a result the system becomes overcharged with one or the other. The entire condition may be corrected by choosing the foods according to their plus or minus factors. This opens up an entirely new field of research, but barely touched on in connection with this work.

Below we append a series of tests on patients and bloods, with retests wherever possible. Careful study and analysis of this table will show all of the points which we have brought out in this discussion. The energy is classified anatomically and by sign. In the male specimens the first reaction from the right hand is always plus unless reversed, in the female specimens the first reaction, also from the right hand, is always negative, unless reversed. P, or the reaction from both hands together takes the sign of the higher reaction.

Cases No. 13, 14, 15, 33, and 35 are normal. P equals zero, and the individuals felt perfectly well. Case No. 1, was quite sick, improved, then became worse. P shows that definitely, fluctuating from 14 to 7, to 12 to 17. Case No. 16 was very bad; P equals 24, there is almost no positive energy, and the total reaction from the Solar Plexus and from the Seventh Cervical is lower than the Polarity Quotient. It is our observation that the nearer the number of units of P are to the total reac-

tion, the sicker the patient is. When P exceeds the total reaction, the patient is in a very bad condition. As he improves P decreases and approaches zero. Case No. 3, was a bad case that improved. Cases Nos. 8 and 32 are similar to No. 3. Cases Nos. 36, 38, 39, 40, 41, 43, 44, 48, 50, 51, 54, 57 are all very bad cases. The others are less serious in the proportion that P is less than the total reaction from the Solar Plexus or the Seventh Cervical. Cases Nos. 17, 20, 22, 23, 26, 27, 28, 34, and 47 are very mild.

The analysis of these cases and the correlation with clinical findings was the basis of the theory which we have outlined. It is our belief that the factor P is a direct index of the state of health and sense of well being of the individual and that re-establishing the balance by increasing any deficiency or decreasing an excess of energy of one sign, is a most direct means or re-establishing that condition of balanced activity which constitutes health.

Sex and No.	Reactions from Individuals				
	Right Hand or A	Left Hand or B	P. or (A±)+(B±) from both hands	Solar Plexus or $\frac{A+B}{2}$	Seventh Cervical or $\frac{A+B}{2}$
1-F	32	18	14	19	19
	32	25	7	27	27
	30	18	12	23	24
	28	11	17	20	19
2-F	39	23	17	32	32
	37	27	10	33	32
3-F ..	17	39	22	29	28
	26	33	7	29	28
	29	34	5	33	32
4-F	106	99	8	105	104
	107	105	0	106	106
5-F	8	24	16	17	16
	13	28	15	22	21
6-F	45	38	7	41	41
	45	41	4	42	42
	46	45	1	45	45
7-F	39	14	15	24	24
	28	23	5	26	26
8-F	54	23	31	37	38
	39	29	10	36	35
	52	39	13	45	45
9-F	27	14	13	21	20
	25	17	8	22	21
10-F	17	34	17	26	25
	33	24	8	29	29
11-F	22	13	9	18	17
	22	15	10	18	18

12-F	34	30	4	32	32
.....	35	32	3	33	33
13-F	54	55	0	55	56
14-F	58	58	0	58	57
15-F	48+	49	0	48	57
16-F	26	2	24	14	12
17-F	29	31	2	31	30
18-F	34	25	9	30	30
19-F	28+	42	14	35	35
20-F	27	22	5	22	25
21-F	47	34	14	38	37
22-F	34	28	6	32	32
23-M	29	25	4	27	28
.....	33	32	1	32	32
24-M	124	114	11	121	120
.....	119	118	0	117	118
25-M	38	46	7	41	41
26-M	38—	32	6	36	35
27-M	32	35	3	32	33
28-M	42	40	2	41	41
29-M	23	43	20	32	31
30-M	39	49	10	42	43
31-M	113	105	8	109	108
.....	114	110	4	111	112
32-M	28	52	23	41	40
.....	43	47	4	45	45
33-M	170	170	0	170	170
34-M	19	22	3	20	20
35-M	43	43	0	43	43

Reactions from Blood Specimens

Sex and No.	Plus Reaction or A	Minus Reaction or B	P or (A+) + (B-)	Total Vitality $\frac{A+B}{2}$
36-M	29	7	22	18
37-M	32	43	11	37
38-M	34	7	27	21
39-M	43	17	26	30
40-M	39	17	22	27
41-M	28	10	18	19
42-M	86	78	8	82
43-M	22	5	17	14
44-M	16	31	15	24
45-M	29	17	12	25

Sex and No.	Minus Reaction or A	Plus Reaction or B	(A-) + (B+)	Total Reaction or $\frac{A+B}{2}$
46-F	32	30	2	30
47-F	22	3	19	19
48-F	9	27	18	18
49-F	31	51	20	41
50-F	8	25	17	16
51-F	14	34	20	24
52-F	22	40	18	31
53-F	15	23	8	19
54-F	36	16	20	26
55-F	37	27	10	34
56-F	65	58	7	61
57-F	24	10	14	17
58-F	40	44	4	42
59-F	20	28	8	24

ABRAMS' METHOD UPHELD BY CANADIAN COURT

It is with more than just gratification that we reprint the decision of Justice Bigelow in the case of Dr. Carefoot of Canada. It is more than a verdict favorable to ERA. It constitutes irrefutable evidence that when ERA is examined by an unbiased mind, that when no prejudice exists in the mind of the investigator, the verdict must inevitably be favorable. It demonstrates beyond cavil that prejudice, and the determination not to believe the evidence is the sole reason for the condemnation of ERA by those to whose interest it is to suppress it. In rendering his decision Justice Bigelow showed himself a man without fear and a man whose sense of justice is not inhibited by the consideration of the opinion of the powers that be. His powers of discernment and discrimination are fully attested to by the fact that he segregated the method from the practitioner and did not compare the merits of the one with the demerits of the other.

This emphasizes the fact that any science, system of thought, or system of practice, must be judged impersonally, considering only its own merits and the soundness of its underlying basis. The limitations which the human factor impose upon it must be carefully segregated from it. In this way only can the cause of justice be served.—(Editor).

The Leader, Regina, Wednesday, November 25, 1925.

FINDS ABRAMS MACHINE CURED SOME CASES AND REINSTATES CAREFOOT

Finding that many remarkable cures had been effected by the use of the Abrams machine by Dr. E. M. Carefoot, Regina, in cases that other medical men had not successfully handled, Mr. Justice Bigelow, in a written judgment handed down yesterday directed that Dr. Carefoot's name be restored to the register of the Saskatchewan College of Physicians and Surgeons after January 1, 1927.

Summarizing the six charges made against Dr. Carefoot, Mr. Justice Bigelow puts them under the two headings—That he was guilty of unprofessional conduct in using the Abrams' machine at all; and, his methods of dealing with patients while using the Abrams machine and generally. His Lordship points out that when the discipline committee recommended that Dr. Carefoot's name be struck off the medical register they expressed opinions in many ways that would lead to the conclusion that the Abrams' machine had no value from either the standpoint of diagnosis or treatment.

Unfair to Machine

"This conclusion," says the judge, "seems so unfair to the machine in question that it seems necessary to me to go into some of the cases treated by Dr. Carefoot with this machine with success."

"Let me first point out that under the Canada Medical Act, R. S. Canada, Chap. 137, Sec. 21, Sub-section 2, the name of a person shall not be erased, under this section, because of his adopting, or refraining to adopt, the practice of any particular theory of medicine or surgery. Electro-therapeutics is a recognized branch of medicine. The committee at p. 25 says 'some afflictions such as high blood pressure, rheumatism and fatigue are helped by electric treatment. If the Abrams' machine had any therapeutic value at all, which we doubt very much, it would in our opinion be in such cases.'

"It also appears from the evidence that Doctor Henry uses some sort of electrical machine apparently recognized by the profession. Some patients swore they did not get any help from it, but I assume it must do good in some cases or it would not be recognized by the profession.

"If the Abrams' machine would only help in the cases admitted by the Medical Council—namely, high blood pressure, rheumatism and debility, then it seems to me that it would not be unprofessional to use the said machine in such cases in any event; and the first charge that he was guilty of unprofessional conduct because he used the machine must fall," continues his Lordship.

"But, in my opinion, the evidence goes much further than that and shows

many remarkable cures that other medical men could not help and for which there was no other explanation than the electrical treatment of the machine in question.

His Lordship reviewed the 31 cases in which witnesses testified to relief or cure by treatment given Dr. Carefoot with the Abrams machine. Some of the more interesting cases with his Lordship's comments follow:

Mr. E. E.—Went to the sanitarium at Fort Qu'Appelle, April 4, 1923, and stayed until June 21, 1923. After that he was in bed until June, 1924, when he went to Dr. Carefoot; he was not getting any better at the sanitarium. Dr. Ferguson diagnosed his trouble as advanced T. B., bowels and lungs. He took treatments with the Abrams' machine up to July 12, 1924. Since that time he has been walking all right, and working at his work from 8 a. m. to 7 p. m. Never lost a day since.

The committee disposed of that case by saying that in spite of Dr. Carefoot's treatment, his expectancy of life is rather limited; in much the same condition as when he left the sanitarium. It is to be noted, however, that Dr. Ferguson has not seen him since he was treated by Dr. Carefoot.

Health is Better

Mr. V. V.—After two doctors had advised operation for appendicitis and two against it, went to Dr. Carefoot in the fall of 1924, who told him he had sarcoma in the descending colon. Dr. Carefoot treated him with the Abrams' machine. His pain is all gone, and his health is better than it has been for 15 years.

Miss W. W.—Dr. Carefoot cured her of rheumatism.

Mr. D. D.—After being in bed from January 1, 1923, went to the sanitarium, Fort Qu'Appelle, May and June, 1923. Had T. B., both lungs. Left sanitarium and took sun treatment at home, the same as he got at the sanitarium. Remained in bed until November, 1923, when he went to Dr. Carefoot. After his treatment could walk, and cough gradually abated, and has had very little cough the last year, and is much improved in health. He was able to put in his garden and looked after it all the summer of 1924.

Mrs. A. E.—Had a swelling in both breasts. Says that in December, 1923, she consulted another doctor who said he hadn't the slightest doubt that it was cancer, and wanted to operate on her the next day, and said that he had a room in the hospital ready for her. She then went to Dr. Carefoot, who diagnosed her trouble as cancer and treated her with the Abrams' machine. The swelling went down, and the pain ceased and never returned. After that she went to another doctor for examination who told her there was not a trace of

cancer. There is no doubt about her improved condition as her evidence is corroborated by her husband.

The first doctor denies he made a diagnosis of cancer, but he has no diagnosis card, and Mrs. A. S.'s evidence is corroborated by her husband. Counsel for the committee was also going to get evidence from the hospital as to whether this doctor had or had not a room engaged in the hospital for this patient but no such evidence was presented. Under the circumstances I see no reason for disbelieving Mrs. A. A. as to the first doctor's diagnosis, corroborated as it is by her husband.

Another doctor giving evidence said in his opinion she undoubtedly had mastitis, but this doctor says he does not believe the lump had gone yet. Such opinion is not of very much value when we have the positive evidence that the lump has disappeared. It would seem to me that this was a case of cancer, but, even if not, the fact is that this patient was treated and apparently cured without an operation that the first doctor advised.

Mr. Y. Y.—This man had asthma, was treated by three other doctors before Dr. Carefoot, one of whom performed five operations and advised another one. Dr. Carefoot treated him from December, 1924, to January, 1925. He has been feeling better ever since, and has had no attacks since of shortness of breath or pains in his stomach.

Has Lovely Stomach

Mr. Z. Z.—This man had stomach trouble for one and a half years very acutely. He was in the care of another doctor in Regina; no relief. When he went to Dr. Carefoot in November, 1923, he diagnosed his trouble as ulceration of the stomach, the same as his first doctor. After treatment with Dr. Carefoot, the witness says: "I have a lovely stomach now; can eat anything, and have no trouble at all; feeling fine."

Mr. S. S.—Sores all over his face for a year and a half. Two other doctors had treated him. No permanent results. Only temporary relief. Treated by Dr. Carefoot, October, 1923. Apparently cured. No trouble since.

Mr. O. O.—Suffering from high blood pressure. Under Doctor Carefoot's treatment became reduced to normal. Felt better ever since. The Committee disposes of this case by saying "We think diet had much to do with this improvement, and possibly here the machine was a help." The Committee has evidently overlooked the evidence which shows that the diet of this man was just the same as it had been since 1920.

Mr. P. P.—Had an accident in 1877. Suffered from dizziness after that until he took treatments from Doctor Carefoot. Twelve years ago had congestion of the liver; 1915, had a bad attack. Thought it was ptomaine poisoning. Got relief for that. October, 1922, had a similar attack after eating prairie chicken. Another doctor treated him and gave him medicine which he could not keep on his stomach. Went to an osteopath. Got stomach settled but kept losing weight. Could not get any relief. Lost as much as a pound a day. Could

not eat anything or retain it. Would vomit it right up. Another doctor told the patient's wife that he had cancer. Under that doctor's advice he took a trip to California. At Los Angeles, patient consulted a stomach specialist. Not much relief. Returned to Regina and consulted his first doctor, who did nothing. So went to Dr. Carefoot November 1, 1923. He diagnosed his case as cancer of the stomach and gall bladder and liver. After Doctor Carefoot's treatments, has been better ever since. Kept on improving and is now in his office every day. Now able to eat. Pain eventually disappeared. Today he considers he is in a good state of health. His weight increased from 170 to 196. It was 210 before his trouble started.

Committee Determined

This is another case where the Committee think that rest, diet and carefulness did much. Apparently the Committee were quite determined not to recognize the Abrams' treatment as of any value. This man had been resting, dieting and taking care of himself for over a year, and had other doctors with no results.

Mrs. Q. Q.—Troubled about 15 years with gall-stones. Had several other Regina doctors, who could not do anything for her. Advised an operation. Patient did not want an operation and went to Doctor Carefoot February, 1924. Doctor Carefoot diagnosed her trouble as cancer of the gall-duct and uterus. After treatments with Doctor Carefoot on the Abrams machine, felt all right. No attacks since.

This is another case where the Committee think that rest and care did much. Again let me say it seems very peculiar that several other doctors did not discover this. The evidence shows that this patient was working harder while taking these treatments than she had been for several years.

Eighteen other cases germane to the charge are also reviewed by Mr. Justice Bigelow, who proceeds to his general finding. "In addition to the concrete cases quoted," the judgment points out, "several doctors gave opinion evidence as to the value of the machine for diagnosis and treatment."

"All of these doctors base their opinions on what they have read in medical journals. None of them have studied the machine or even seen it in operation. One of them frankly admits that he does not pretend to be an expert on it."

"It is difficult, in fact impossible, for me to base any conclusion on such a scientific matter as this is on such evidence as that. Outside of the evidence of Dr. Carefoot—who, I believe, is honestly convinced of the value of the machine—there is the evidence of Dr. Amos, who became interested in the machine, and spent some twelve weeks witnessing the diagnosis and treatments with the machine, seemed to have good results, but not in all cases."

"I thought if one is to believe the evidence of one's senses, that the machine has merit, both for diagnosis and treatment. What it was, I do not know, and do not know today. I consider

that the machine has merits. I must believe the results I saw. I would like to see it further investigated."

Not Guilty on This Charge

"On all the evidence, then, I come to the conclusion that Dr. Carefoot was not guilty of unbecoming or unprofessional conduct because he used the Abrams machine. It is sufficient for the purpose of this case to say that I am not convinced that the machine has no value. On the other hand, I must

find on the results as shown by the evidence that the machine has a value for diagnosis and treatment. What that value is and how far it goes, I cannot say. The question is a scientific one; the opinion of the doctors who gave evidence is not of much assistance, as they are not experts as far as this machine is concerned. I cannot agree with the opinion of one of the Committee who suggested that a doctor became qualified to give an expert opinion on this machine when he got his degree.

ALBERT ABRAMS' PRIORITY TO HIS DISCOVERIES

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No one knows what the winds of the future will blow in. At the present moment slight and distant rumblings may be heard to the effect, that some of the things which Dr. Abrams discovered and developed were not his. That, of course, is no more than is to be expected. In all ages, all great teachers have been vilified, and Abrams has been made far from an exception to this rule. But one of the ways of discrediting a man's work is to discredit him, so it is nothing strange that the opponents of the work should attack its author. It is a stranger thing however for some who believe in the work to cast aspersion on its creator. This is happening in some quarters now. Some who accept ERA, carry their acceptance as far as the ER and change the A. We can see only one reason for this, and that is, of course, envy. It gives us great pleasure therefore, to be able to reprint the following excerpts from certain papers of Dr. George Starr White of Los Angeles, California. These papers appeared in the November, 1914, and February, 1915 issues of the American Journal of Clinical Medicine, Chicago, Illinois.

Since Dr. White was one of the first to adopt the discoveries of Dr. Albert Abrams, and since he was in close touch with Dr. Abrams for many years during the early stages of development of ERA, his testimony that the Electronic Reactions are the discovery of Dr. Abrams is very valuable.

Reading from his papers we find the following references to Dr. Albert Abrams in the order of their occurrence.

“THE STOMACH REFLEX”

“In the fifth edition of Dr. Albert Abrams’ work on “Spondylotherapy” details of the following new concepts in diagnosis are fully set forth.

“**Following the teachings of Dr. Abrams**, we found that the stomach dullness can be elicited when a horseshoe magnet is so placed in front of the stomach that the lines of energy go off in a straight line to the stomach (Fig. 1). This energy given off to the stomach muscle is powerful enough to influence the stomach when an 8 inch horseshoe magnet is held from 8 to 12 feet away from the subject being percussed.

“Instead of the horseshoe magnet, energy from the heart can be used by conducting it through wire, one end of which is placed over the heart and the other over the stomach. (Fig. 2).

“The same obtains if the finger of another person is pointed toward the stomach (Fig. 3). In a less degree, the same effect is obtained by placing one end of the conductor over the 7th cervical vertebrae (vertebrae prominens) or over other definite areas, and the other end over the stomach region of the same subject or of another subject, provided the subjects are grounded (Fig. 4).

“If the energy carried to the stomach-walls from the radioactive centers possess polarity, it is inhibited by using only the opposite pole of the bar magnet. (Dullness is dissipated both by positive and by negative poles if the energy be neutral, but if it have polarity the dullness is dissipated with the opposite pole of a bar magnet.)

“ELECTRONIC DIAGNOSIS”

“Now we will briefly consider the diagnosis of disease by means of the electronic method. (Before diagnosing any disease by this method, the patient should have his bowels thoroughly cleansed with a saline purge).

“It has been shown by a great many subjects that one suffering from syphilis gives out a neutral, or isoelectronic form of energy from the liver, spleen, spine, and arterial system, which will produce gastric dullness. If the patient have no syphilis, no stomach dullness can be conducted from these regions.

“If the patient have tuberculosis, the polarity of energy is also neutral and is elicited from the sites of the tuberculosis

lesions. If the tuberculosis lesion be in the liver, spleen, spine or in connection with the arterial system, it might seem difficult to differentiate between syphilis and tuberculosis. One method is to give the patient mercurial inunctions for several days and then test him. If the lesion be syphilis, all syphilitic reactions will be temporarily dissipated. If it be tuberculosis, there is no change in the reaction. Another method of proving tuberculosis or syphilitic reactions is by using colored screens shedding colored light on the patient. If the lesion be tuberculosis, a yellow screen dissipates the stomach dullness. If it be syphilis, a blue screen dissipates it.

"By the electronic method of diagnosis, the site of the original focus of infection by syphilis can easily be demonstrated. This has been proved by anointing the site of the focus of syphilitic infection, thus found, with mercurial ointment for a few days, when all syphilitic electronic reactions temporarily disappear.

"By this method of diagnosis, the reaction of streptococcus is negative and is elicited from the focus of suppuration. Appendicular disease can be diagnosed when it is impossible to diagnose by any other method.

"In the same manner, we can diagnose carcinoma, as the polarity is positive and the energy is obtained from the site of the neoplasm, even though it be just beginning. This diagnoses have been made many times before operation and proved by the pathologist to be correct. Dr. George O. Jarvis, of Ashland, Oregon, has summarized a large number of cases which have been brought to operation by aid of the electronic tests, and the operations have confirmed the diagnoses thus made."

"The electronic method of diagnosis have been extensively tried by some of the most trustworthy medical observers. Thus, Dr. E. M. Perdue, who is in charge of the largest laboratory for cancer research in America, refers to the subject as follows:

"The work of Abrams on human energy is so exact, so scientific, and so true that is already working a revolution in the practice of the healing art. In our University, instruments of precision have been constructed by which we demonstrate, measure, control, and test the intensity and polarity of the emanation of human energy. These methods have been confirmed by chemical analysis and microscopical examinations of the tumors.'

"HOW THE WORK IS DONE"

"In carrying out this work, the technique must be exact. For some it is very difficult to obtain the "stomach dullness;" still, by observing certain rules, the average person can obtain it with proper appliances, if he cannot by means of the finger-print method. **The method we follow is that of Dr. Abrams.**

"We first percuss out the lower border of the liver and mark it with a dermatograph. We set up, as above stated, magnetic or radioactive energy at right angles to the stomach muscle. We then begin to percuss, and the stomach dullness will generally be observed at once. Bone or celluloid thimbles, loaded with lead, and worn both on plexor and pleximeter fingers will greatly aid in bringing out the differentiating sounds."

"All these experiments and findings go to prove that the living body has polarity. They open up an entirely new field for research. They prove that the emanations of human energy are an index to the physical condition of the subject. This same human energy can be used to diagnose disease in its early stages better than any other known method. **To Dr. Albert Abrams is due the credit for this remarkable discovery.** It is the external counterpart of the Abderhalden reactions."

"It is many years since the medical profession has shown such interest in any **new discovery** as they have in electronic diagnosis, **first discovered by Dr. Albert Abrams of San Francisco.** It is not the novelty of the method that interests the progressive physician, but the great field opened up to him. To be able to diagnose, at the very beginning, tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon the doubtful laboratory methods, is almost beyond comprehension or belief.

"In teaching the system of electronic diagnosis, we have found that percussion is an art not well understood by the average doctor. The percussing out of the heart, liver, spleen, and other organs can be done well, but when it comes to percussing out areas of different tensions many are hopelessly at sea.

"Before being competent to diagnose a diseased condition by the electronic method, **one should practice until certain changes in visceral tension (called by Abrams 'visceral reflexes') can be definitely determined.** 'Nothing of value is gained without effort' applies to becoming proficient in percussing as much as in any other medical work.

"One must be exact in every detail. A change in the position or tension of the hand that is next to the subject being percussed will change the note. The stroke must be uniform for any special observations.

"In our first paper on this subject, which appeared in the November issue of *Clinical Medicine*, we illustrated and described a plexor and pleximeter that could be employed by those who could not use the "finger-finger" method. For some of our most recent discoveries in this work, those instruments are not as good as another device we are about to describe.

"In the fifth edition of Dr. Albert Abrams' work, "Spondylotherapy," he mentions the fact that the pleximeter-finger must be very rigid, and the distal phalanx bent dorsally."

"HOW TO OBTAIN THE 'WORKING-LINE' "

"Our first paper on this subject briefly explained that we followed the method of Doctor Abrams in obtaining our "working line," but to make this paper more complete we shall repeat some of the instructions given."

"These and many more reactions with the magnets we have worked out on a healthy female subject. If a diseased condition exist, we have observed that a different magnetic reaction obtains. Dr. Albert Abrams' work on "Human Energy" enumerates many diagnostic points, and we, who are using these methods, are daily discovering new facts to simplify and strengthen the work."

THE INFLUENCE OF COLORS

"In our first paper on Electronic Diagnosis we mentioned the use of yellow and blue in differentiating between tuberculosis and syphilis.

"That colors play a very important role in the physical world no one disputes, but it was only of late that we had a way to prove easily that colors play an important part in the human economy. We will not go into this subject of color, except so far as it pertains to our subject, Electronic Diagnosis.

"We think Dr. Albert Abrams was the first one to utilize colored screens in diagnosing disease. From the impetus given by his teaching, we have tried to go farther, and the following are some of our most recent observations.

"In his book, 'Spondylotherapy,' fifth edition, Dr. Albert Abrams mentions that the sex of an unborn child can be determined by the 'Polarity' of the mother. This we have found to be true, but we have also discovered that if the mother ingest any yellow substance, the polarity is changed for an hour or so. In testing polarity of persons, make sure that they have not eaten or drank anything for at least five hours prior to the examinations."

"The 'visceral reflex of Abrams' is an epoch-making discovery in medicine, and we urge all those who can to perfect themselves in this work and thus simplify diagnosis. Eventually we hope to find new methods along these lines for curing diseases."

"Any odor of chloroform, ether, or other anesthetizing vapor will inhibit or change the visceral reflex. (Dr. Abrams, in his work on Human Energy, mentions this fact.)"

"Dr. Albert Abrams in the fifth edition of his work on Spondylotherapy makes mention of the ocular reflex in cases of exophthalmic goiter. In our work in translating the visceral reflex (Abrams) into audible tones, we were able to demonstrate by means of various devices that the visceral reflex was really an increase in tension in the viscera. This can be brought about by the change of tension in the bloodvessels, in the musculature of the viscera, or of the capsules surrounding the viscera."

"In all new work the innovator is constantly at his wits' end to find means of proving to skeptical minds that his discoveries are well founded. All originators know by experience that some men would rather criticize than test the work. In justice to Dr. Abrams, the discoverer of the "visceral reflex," as we now understand it, we are very glad to have found another fact to prove this remarkable discovery—the visceral reflex of Abrams."

The evidence of these experts is irrefutable. It leaves no room for doubt concerning the originator of the ERA. We feel that Dr. White has done us a service in the carefulness with which he has recorded the credit that is due to Dr. Albert Abrams. May all other investigators be as just and as truthful.

COMMENTS ON THE ERA

By **CORA SMITH KING, M.D.**,
Pasadena, California

Compatibility of Medicines. It is a distinct advance in therapeutics to be able to test the compatibility of two or more indicated remedies or treatments. Some drugs, like some persons, are jealous of combinations and from the patient's standpoint the old saying applies, "How happy could I be with either, were t'other dear charmer away." The test may be made as follows: Using the subject, each of two remedies having been found to cancel the reactions when placed one at a time either on one of the rheostats or in the hand of the subject, they may now be placed simultaneously for test. If the cancellation is still good, the remedies are compatible. If not, incompatible. It is not necessary to test on all the vibratory rates. What cancels on 55, 57, or 60, will cancel on the other rates.

Treatments and remedies may be tested similarly. For instance, if it is desired to know whether the calcium metabolism is intensified by the ultra violet ray, first it is determined what form of lime is best for the case in hand, by placing one after another on the rheostat and choosing the one that cancels best. It may be isotonic sea water, iodide of lime, colloidal calcium, calcarea phos., calcarea sulph., calcarea fluoride, calcarea lactate, or calcarea carb. Now, with the medicine still on the rheostat, throw the ultra violet ray, as from an air cooled or water cooled quartz lamp, upon the epigastrium of the subject. If the cancellation is more rapid and more smooth than before, it is well to give the combined internal and external treatment. In giving the sea water it is good practice to have the 15 cc of isotonic sea water in the glass syringe and inject it into the buttocks of the patient just before she is put under the ultra violet lamp. This sea water can be obtained from Dr. Francis Parke, Stoneham, Mass. It is of great value in the reconstruction of an exhausted toxic patient.

What is the Meaning of Cryptogenic? There seems to be more uncertainty about vibratory rate 45 than any other. Dr. Abrams called it by a striking name that is nevertheless not explicit to some persons. It is etymologically correct, for it means "of hidden origin." It should be interpreted as meaning **threat for the future**. Therefore 45 should be carefully tested, first as to

its intensity and second as to the organ or organs which react to it.

Thyroid and Adrenals. The measure of depletion of these glands represents the retreat of the army of defense. The first line of defense is the thyroid. When that can no longer hold its ground, the adrenals take the brunt of the battle. When both are overwhelmed, the patient is the victim of the army of occupation. Endocrine support will help the patient to take up arms again. No. 1 Harrower's, Adreno-Spermin, supplies the missing hormones. If the patient has anemia, in addition to glandular depletion, the No. 68 Harrower's may be used, as it has organic iron added to the glandular substance.

The Oscilloclast Intensifies the Action of Drugs. Whatever remedies are indicated will be more effective if a course on the Oscilloclast is taken at the same time. This fact must be remembered as a warning if strong drugs are used. I have previously reported toxic effects from Arsphenamin followed by the Oscilloclast at the same visit. This was verified in two instances and was not again attempted, because it had been necessary to administer adrenalin hypodermically to overcome the shock of Rate Three added to the gram of Arsphenamin.

Lump in the Breast. Case: A teacher aged 33 was accidentally struck in the breast by a pupil. Two months later a lump the size of a walnut developed in the injured area. The question is, "Are we dealing with cancer?" Testing the blood on Rate 50 elicits no reaction; on 58 none, but on 40, three points of response, which are localized to the inner half of the left breast, where the lump is reported as being. The ERA diagnosis would be Inflammation; in this instance, mastitis, following injury to the mamary gland. Confirming the reading is the fact that Rate 6, the cancer rate, does not cancel the breast reaction, but Rate 3, the inflammation rate, does cancel.

Another Lump in the Breast, but in a different patient, aged 48. This patient tests 18 points of cancer, metastatic, primary in the breast. She also tests 8 points of 58 (connective tissue proliferation) to the breast. There is a gonorrhoeal reaction, 6 points, which is an active or sub-acute type, as a latent case reads no more than 4 points. Gonorrhoea in the blood is an excitant to malignant growth. It is rare to find a cancer case without a gonorrhoeal taint, unless the cancer strain itself is heredi-

tary, in which case there is usually a cryptogenic (inherited) gonorrhoeal taint.

Insist on a Detailed History: Attempting to read the ERA tests without a history is like constructing a certain human being from a skeleton without knowing the personality. The best history blank is one that begins with "The chief complaint." This tells us what is worrying our patient at the present time, the feature of the case that must be explained or there is dissatisfaction. The next important detail is "The general appearance" of the patient, that is, over or under weight, frail or robust, pale, sallow or florid, etc. The history sheet may then follow the natural anatomical order, beginning at the head, and going down by regions, or by organs. Such a history will be most illuminating in its relation to localized reactions.

Duration of Symptoms: In studying a history, the chronology of the development of the symptoms is significant. "Subject to headache." Inquire when they began. "A run of fever." Inquire how long ago. "Worse every other day." Inquire how long this aggravation has been noted. Perhaps all these questions will be answered similarly, say "three years ago." At once, the test for malaria becomes of interest.

Both 55 and 57: Case: A slender quick motioned little woman, 41, subject to severe sick headaches, recurring every three or four weeks, lasting for three days. Pain especially severe over one eye. Has had some headaches more or less all her life, but especially severely "since the 'flu,' in 1918." Also, she was married in 1918, having had the 'flu' the same week as her marriage. She has also attacks of cystitis, "since the 'flu.'" There are bleeding hemorrhoids. This is a confusing and misleading history. ERA tests are positive for acquired syphilis, 46 points, and for gonorrhoea, 5 points. These troubles have come upon her not "since the flu," but since her marriage, which took place the day before she came down with the influenza.

Another confusing element in the case is that her bleeding hemorrhoids require a cardiovascular strain, which was entirely negative under 55. However, testing under 57, it was found that she had 37 points of hereditary disease with a marked cardiovascular reaction, and a marked nervous strain. This patient, therefore, could not have been fully read under either 55 or 57 because the two combine to make the picture.

90 N. Madison Ave.

TRUSTEES' MEETING

A quorum of the College Trustees met in San Francisco, December 18, 19, and 20 for the purpose of going over all College affairs and for the general consideration of business matters and policies. It was a mid-year check-up to see that everything was in good order. The seven trustees in attendance decided everything was going along as well as possible under the circumstances. On account of distance, time, and expense it was decided to hold the meeting of the full Board in the spring, when Doctors McManis, Janson and Spaunhurst will find it more convenient to attend.

A number of matters have been adjusted and settled in the last few months. All suits brought by the building contractors have been settled with the exception of one, the main contract, which is now under consideration. It is expected that by the time the Board meets in the spring that all suits and other troublous matters will be out of the way and the College assets will be a fixed quantity. The Board instructed Dr. Bigelman to continue with the experimental work and hopes at the spring meeting to be able to place a more generous fund at the disposal of research work.

FRED E. MOORE,

President.

DR. McMANIS' LECTURE TOUR

Dr. J. V. McManis, at the invitation of a number of ERA Physicians, made a lecture tour in December, visiting half a dozen other States, which proved to be a great success. This lecture with the stereopticon slides centers around plant life and the successful experiments in seed selection, also the treatment of babies and dealing with those principles underlying ERA which are bound to interest the layman. The tour opened at Beatrice, Nebraska, where Dr. McManis spoke to several hundred. His next lecture was in Kearney, Nebraska. He also lectured in Denver, Longmont, and Boulder, Colorado; Wichita, Parsons, and Winfield, Kansas; Poplar Bluff, Kansas City, and Appleton City, Missouri; Little Rock, Arkansas, and Oklahoma City. On this tour Dr. McManis also spoke a number of times and showed a few slides to small groups in the doctors' offices. He found it was the most effective way to give patients an excellent idea of ERA work.

FRED E. MOORE.

NOTES FROM THE FIELD

Dr. Lulu F. McManis, who was called to Reedley, California, to the sickbed of her sister in December, spent a day in the College clinic. There was a general review of experimental work and interchange of ideas.

There has been delay in getting out "Pictorial ERA" owing to Dr. J. V. McManis' lecture tour and the busy holiday season. Dr. McManis has been placed in full charge of this matter, as he published it and is familiar with all details. It will be sent to all Oscilloclast users and extra copies can be secured from the College at San Francisco at 50c. each, postpaid. Another activity of the Honorarium is the lecture, including stereopticon slides, prepared by Dr. McManis. This lecture was so well received on Dr. McManis' tour that a number of Doctors are securing same in order that they may make use of it in the office, where it proves very convincing to patients and to be used as a lecture to small groups of interested parties.

Great regret was felt over the death November 2, 1925, of Dr. F. L. St. Jean, of Butte, Montana. Dr. St. Jean took his medical degree at Laval University, Montreal. He took up the study of ERA under Dr. Abrams about three years ago. The Journal extends sympathy to his relatives.

Dr. Mae J. Work, who has broadcasted lectures on ERA frequently, was scheduled to talk over station WBBR, January 11 on the subject "Curative Qualities of Radio."

The Saturday feature section of the New York Graphic, December 26, contained a page review of a remarkable result secured by a patient under electronic treatment with Dr. Work.

The new officers of the Denver Electronic Society are J. H. East, M.D., President; H. F. Fisher, M.D., Vice-President; and J. F. Bumpus, D.O., Secretary. The Denver Society is keeping up an active existence.

Many of the friends of Dr. F. A. Cave, the past President of the A.E.R.A., have not heard of his extremely harrowing experience when he sailed, December 17, on the steamer Lenape for Florida. This steamer was entirely destroyed by fire on the

second night out, the passengers being rescued either from life boats or from the water. Anyone who knows Dr. Cave would know that he would be in the last life boat. Wet and exposed to freezing temperature on the deck of a small rescuing boat, the entire experience was a great shock. We are pleased to hear that from the ills developed he is rapidly improving, and we hope Dr. Cave will soon be in the best of health.

EASTERN ELECTRONIC RESEARCH ASSOCIATION, NEW YORK

The fall meeting of the E. E. R. A. was well attended and voted by all as most enthusiastic and helpful.

Every moment was full of Electronic good things and the laymen at the public session as well as the Electronists were enthused at the remarkable E. R. A. progress shown by the McManis Laboratory lecture and "Bean and Baby Stereopticon" with Dr. Cave's preliminary E. R. A. talk and Mr. Marky's inspiring recital of his experiences made a very successful, interesting, enthusiastic and instructive public meeting. It proved that the public are hungry for E. R. A. truths and that such meetings are one of the best ways to supply this need.

A vote of thanks was given Dr. McManis and his staff for making possible the lecture and stereopticon which so graphically aids in telling E. R. A. Truths.

In addition to the following program, Dr. Ralph C. Wallace, of Brockport and Rochester, N. Y., stated that interposing a crystal detector in the diagnostic circuit would accentuate the reactions and Dr. George W. Reid of Worcester, Mass., that E. R. A. treatment had helped his hearing after all other methods had failed.

It would take many pages to tell in full of all the helpful, practical points brought out by the various speakers on the program. It was post graduate course in itself, and makes one realize that we as electronists cannot afford to miss these reunions.

The following officers were elected: President, Dr. Fred E. Keefer, 7 Fielding Court, South Orange, N. J.; Vice-President, Dr. H. Van Arsdale Hillman, 393 West End Ave., New York, N. Y.; Secretary, Dr. George R. Jordy, 7123 4th Avenue, Brooklyn, N. Y.; Treasurer, Dr. Duncan A. Dobie, 545 West 111th Street, New York, N. Y.; Board of Directors, Dr. Charles H. Whitcomb, 32 Court St., Brooklyn, N. Y.; Dr. Sidney E. Smith,

28 Forest Parkway, Woodhaven, N. Y.; Dr. Albert J. Molyneux, 2859 Boulevard, Jersey City, N.Y.

(Signed) Albert J. Molyneux.

Stereopticon-Lecture—Research in Plant Life in the McManis and other Laboratories.

DR. FRANCIS A. CAVE, Boston, Mass.

Experiences in Foreign Lands.

MR. ALEXANDER MARKY, Editor Pearsons Magazine, Chicago, Ill.

Notes on E. R. A. Broadcasting.

DR. MAE J. WORK, Brooklyn, N.Y.

Mechanical Subjects:

The Electronic Resistance Meter."

DR. W. A. HANOR, Dunkirk, N.Y.

"The Strebocam Energy Detector."

DR. W. J. McROBERTS, Hot Springs, S.D.

Notes on the A. E. R. A. Convention.

DR. ANNA, C. DE LA MOTTE, Brooklyn, N.Y.

Endocrines in Relation to E. R. A.

DR. W. R. OLIVER, Johnstown, Penn.

The Use of the Electronic Theory in Health and Disease.

DR. J. CLAWSON BURNETT, Alpine, N.J.

Report on A. E. R. A. Convention at Chicago; and National and International Progress of E.R.A.

DR. FRANCIS A. CAVE, Past President of A.E.R.A., Boston, Mass.

Round Table Discussion of Individual Problems.

Leader: DR. HEDLEY V. CARTER, Baltimore, Md — New York, N.Y.

The Progress of E.R.A.

MR. ALEXANDER MARKY, Chicago, Ill.

No one reading the report of the Eastern Electronic Research Association can doubt the vitality and strength of the E. R. A. cause in that section of the country. Such activity is inspiring and contagious. We hope everyone who reads it catches the fever of action and vows to contribute something vital to the ERA cause. Our future is all in our own hands. What we do today will determine the direction of events tomorrow. Let us each day forge another link in the chain of ERA which will some day girdle the world.—(Editor.)

EDITORIAL ENDORSEMENT OF ERA

"A wonderful discovery in Science. A Remedy that strikes at the cause of disease. Not an experiment but an actual experience in many cases." Under this title Mr. Ben M. Bogard, Editor of the Baptist and Commoner, of Benton and Little Rock, Ar-

kansas, wrote a fearless and forceful editorial relative to ERA in the October 21 number of his weekly publication.

This article of ERA endorsement we mention for the general encouragement of ERA Physicians. When editors attract the attention of lay readers to the value of Dr. Abrams' discovery, both in diagnosis and treatment, they are serving in great measure to offset the detractors of the past several years.

One reason for Mr. Bogard's enthusiasm is credited to the fact that his life-long friend, J. S. Martin, M.D., of Little Rock, has demonstrated the success of ERA in treating many serious diseases. Because of first hand observation and because he believes in the honor and integrity of his physician friend and also saw "Dr. Martin become a hopeless invalid," later to be restored to health through ERA, he declares "the Abrams treatment has been tested and has proved itself to be successful."

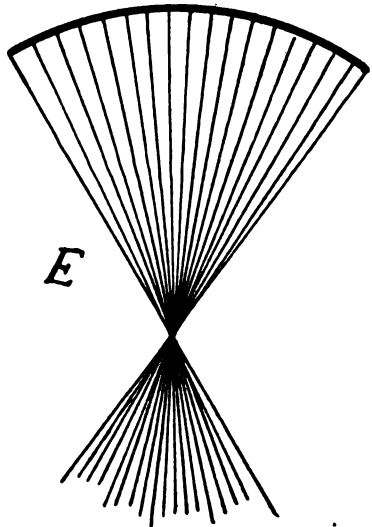
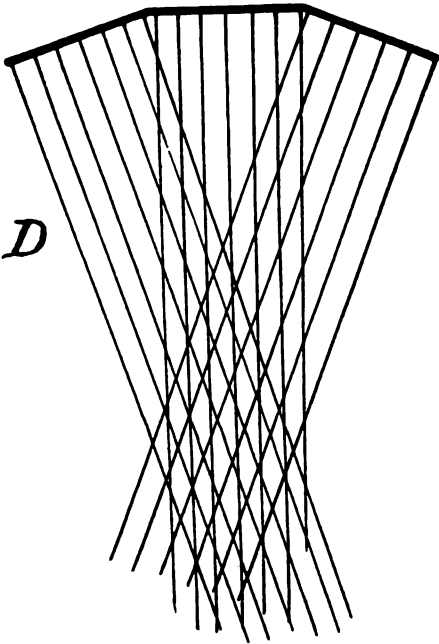
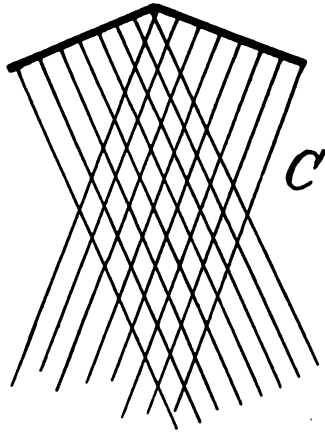
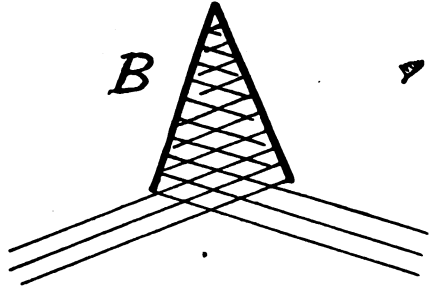
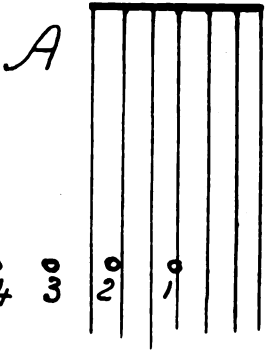
FRED E. MOORE.

THE FORM OF ELECTRODES

By **T. PROCTOR HALL, M. D.**
Vancouver, Canada

A number of ERA practitioners have reported that their results are better when the electrodes are not in contact with the body of the patient. This is especially marked when step-up transformers are used. The latter may be made by winding a primary of 15 to 30 turns on a honeycomb coil of 1500 turns. A condenser is inserted in the primary circuit, which is closed and tuned. One end of the secondary circuit is grounded, the other end is connected with the electrode. The patient is also grounded.

In finding a patient's "personal rate" it is noticed that the electrode from the oscilloclast must point directly at the blood specimen or the subject or the patient, as the case may be. This means that the greater part of the energy from the electrode comes perpendicularly from its surface. An experiment to determine this more definitely gave me surprising results. A flat aluminum electrode 6 inches square was placed on edge on a table. Small vials of water were placed in a row parallel with the electrode and ten inches from it, as shown in the diagram. The oscilloclast was kept in action for five minutes. The water in each of the bottles was then tested in the dynamizer in the usual way as for blood specimens. The oscillo-



clast was tuned for carcinoma (100 mmf. with a condenser) and tested at V. R. 50. The results are as follows:

Vial No. 1, 6 Abrams units

“ 2, 6.5 “

“ 3, doubtful

“ 4, 0

“ 5, 0

“ 6, 0

This shows that practically all of the energy from the electrode is given off perpendicularly from its surface. A transformer such as described above was used in this experiment.

Previous tests had shown that there was no difference in the intensities of the charges from large and small flat electrodes. From this it appears that the total amount of energy from an electrode is proportional to its active surface. Instead of concentrating as much as possible of the patient's blood in the spleen and treating it there with a small electrode, would it not be more effective to use a large electrode and treat a larger area of the body?

The form of the electrode is not a matter of indifference. In the diagram A shows the radiation from one side of a flat electrode. These rays travel across a room with little diminution of intensity, and must not be allowed to act where they are not wanted. They are stopped by sheet steel, thick rubber (3 mm.), pure tin sheet, red paint, or several coats of thick varnish. In the diagram B shows a cone-shaped electrode which is worse than useless, since the few rays given out do not reach the patient. C shows a cone which concentrates the rays so that the greatest intensity is nearly four times that from a flat electrode. D shows a cone whose concentration is eight times. This form is easily constructed, and the concentration is great enough for all ordinary work. The curved electrode E is valuable for local lesions where very great concentration is required.

DO YOU KNOW?

Conducted by
LEO BIGELMAN, M.D.,
College of Electronic Medicine, San Francisco.

Do You Know?

That a Russian Professor has invented an apparatus which catches and records electro-magnetic waves from the human body? The Associated Press report reads:

“Leningrad, Russia, November 30, 1925.—Professor Skripsky,

of the Leningrad Electro-Technical Institute, announces the invention of apparatus to catch and record electro-magnetic waves from the human body."

This reminds us of an old song, "Everybody is doing it now," but let us not forget that Albert Abrams was the first to do it, and that the human body was the first and still is the best apparatus for that purpose.

* * * * *

That your Oscilloclast will work better if you observe the following points:

Keep the brushes and commutator clean and well polished—use only crocus or French cloth—never use emery cloth or sand paper. The contact between brush and commutator should be as perfect as possible in order to reduce sparking. The right hand brush operates the vibrator—the left hand brush makes and breaks the oscillating circuit—no benefits can be expected unless this brush is making good contact with the arc and sector.

Ordinarily the tick-tock moves at the rate of 90 to 100 breaks per minute, depending on the voltage fluctuation of the lighting circuit—the number of pulsations from the oscillating circuit is doubled. Pressure of the right hand brush also affects the rapidity of operation as well as the voltage. It is economy to replace worn commutators and brushes—when this is necessary it is better to install a complete set of working parts.

NEVER USE LIQUID OIL—only pure vaseline is recommended and then only apply to the trunions.

* * * * *

That when you are not getting results, there must be some good reason?

Many instances have come to our notice recently, and the trouble was principally in the diagnosis. Several causes may bring forth failures, such as incorrect percussion, false sticking of rod, diet of patient, or faulty action of the Oscilloclast. Troubles to look for in the oscilloclast—(a) test all rates for open coils, (b) be sure the oscillating circuit is pulsating, (c) that the oscilloclast is properly connected with the line so that no shock may be felt when touching a ground, or (d) if using a storage battery that the positive current is to the right hand brush.

Remember that when using personal or individual rates they are subject to change as the case improves. Look carefully for cryptogenic strains. A Post Graduate course should be taken

every year and all electronic literature should be carefully read. Improved diagnostic methods will also assist in locating the hidden strains through the amplification of the vibratory rates.

* * * * *

That diagnosis is the most exalted, and yet the most difficult task of a physician?

“A correct diagnosis in many important diseases falls 50 per cent, in recognition and in some below 50 per cent. This is because medical practice is only 50 per cent efficient. Until the physician can weigh, measure and express his knowledge in numbers, his art has scarcely attained the dignity of a science. All knowledge irrespective of its source has participated in the development of our art.”—Albert Abrams.

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That you are not doing your duty by your fellow Electronists?

Surely you have had and have many interesting cases from which you are learning new and important things; surely you have made some interesting observations that have helped you in your work; surely you have some ideas, some thoughts, that are original with you and which would stimulate some one to renewed effort; then why do you keep all this to yourself? Is it not your duty in the interests of the welfare of humanity to stop hoarding your experiences and your ideas, and to give all of us the benefit of acquaintanceship with them? Growth and development takes place most rapidly when mutual aid is extended from all sides. Some one may be waiting for just that stimulus which you alone, and no other, can give him. Don't withhold it.

The pages of this Journal are dedicated to this purpose. Use them. Send in your ideas and your discoveries, make them communal property, and let us develop them together. We are all reaching for the same goal; and the sooner we reach it the better for all of us and the world at large. You will find that, as you write out your experiences and your thoughts that they will grow under your pen, and you will gain a much clearer comprehension of them. Thus the first benefit will be directly retroactive.

Do not make it necessary for us to say this again. Let everyone who reads these lines sit down now and send us that article he has been planning to write for such a long time but just didn't get to it.

ANOTHER PILGRIMAGE

The second anniversary date of Dr. Albert Abrams' death has passed. It is two years since his relatives, friends and associates followed his remains to his Mausoleum. A year ago the College workers made a little journey together to the Home of Peace Cemetery and started what we hope may be a yearly custom.

Again this year we closed the College doors at noon out of respect to his memory and made a "pilgrimage to Dr. Abrams' shrine." There we hung a wreath and without show or ostentation, without ceremony, but with hearts attuned to the occasion, we bowed our heads in humble recognition of his example of devoted human service and of all he accomplished.

Written acknowledgments and flowers in appreciation of Dr. Abrams were received at the College office. His friends in various walks of life have not forgotten the achievements and lovable qualities of this great man.

FRED E. MOORE.

“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 inso-much 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.” Dr. Albert Abrams.

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

Citation from other sources will be duly accredited.

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