

# Physico-Clinical Medicine

AND

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# Works by Albert Abrams

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**COLLEGE OF ELECTRONIC MEDICINE**

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SAN FRANCISCO, CAL.

## THE POLARITY QUOTIENT

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

In the previous issue of this Journal we published an article under this same heading. In it we gave the results of some extensive research work on the vitality reaction of the individual, and the analysis of that reaction, with clinical observation and deductions. Since then we have received a number of inquiries the general tenor of which is to the effect that our readers want more information.

First of all then, let me refer you again to the aforementioned article. Therein is clearly set forth the manner in which the Polarity reactions are elicited and their general significance. At this writing we are able to confirm many of our deductions with the experience of others who have been checking up on these findings and are able to corroborate our general conclusions.

The chief value of the Polarity Quotient is that it is the best index available to the patient's actual state of health, regardless of the presence or absence of disease reactions. In the second place it offers the means of making a definite prognosis. Those who have followed this work will know that the Polarity Quotient is a direct indication of the electronic balance of the system. In perfect health this quotient is zero, that is, there is as much positive reaction as there is negative reaction from the system, consequently there is a state of balance or internal equilibrium.

When this balance is disturbed either by the increase or decrease of either the positive or the negative reactions then this state of balance is disturbed and consequently there is an attempt at readjustment within the system, which creates a state of disease. The more this balance is disturbed the sicker does the individual feel and the poorer is the prognosis. If the amount of energy measurable from one hand is 25 per cent, or less, of the amount of energy measurable from the other hand the prognosis is very bad. In such cases the strain within the system is so great that it is almost impossible for the organism to reestablish a normal condition. Even with such a marked state of disturbance the general vitality reaction may appear to be very good, because of the effort which the system is mak-

ing to recover, actually it is only maintaining appearances, so to speak. This means that instead of being a help, the general vitality reaction as ordinarily taken, may be a menace, because it may mask the individual's true condition. Consequently it is imperative to analyze each vitality reaction, to determine how much of it is due to the positive element, how much to the negative element, and what the difference or Polarity Quotient is.

After determining this, the next thing is to plan the treatment so that it reestablishes the balance coincidentally with the elimination of disease factors. If that is done the patient begins to feel better much earlier in the course of treatment than ordinarily. This can be done by finding a treatment rate which will bring about a balance between two factors. This balance may also be established by the use of drugs or foods.

Foods may be selected that will increase the deficient element. This is done electronically, of course, by testing the foods against the reactions of plus or minus polarity. Those foods which bring up the deficient elements are retained, those which do not are discarded. The right foods will also clear the disease reactions. We cannot reiterate too often that food is the one most important factor in the welfare of the patient and, is absolutely imperative if one wishes to get results in treatment. The Polarity Quotient, therefore, also offers another means of selecting a proper diet for the patient.

It is evident that the Polarity Quotient serves several purposes. It possesses a unique diagnostic and prognostic value, and it is a means to the correct diet and remedy selection.

\* \* \* \* \*

**T H I N K !**

### **The Future of ERA Is Up to You**

Under this heading Dr. J. V. McManis as Chairman the AERA Research Committee has sent out a message to ERA Physicians which we think is well to publish hereunder. The Research Committee of the National Association deserves the cooperation he calls for—thus serving the entire ERA Profession. Then too there is the need of increased membership in the ERA which cannot be too greatly emphasized. A strong organization with every ERA physician a member is a necessity. Join now if you are not a member. Send in your dues if you are in arrears. At

any rate write Dr. Norman T. Johnston, Secretary A.E.R.A., Kearney, Nebraska, and let him know you are behind him.

Dr. McManis' message follows:

"(1) The problem of effective and ethical publicity for ERA has been definitely solved. (2) ERA Research is progressing nicely, even in the matter of food selection. (3) Reports received at this office point clearly to the fact that a new and stable interest is again manifesting itself amongst the laymen in ERA.

"For the sake of humanity, for your own personal interests, it is imperative that ERA should be perpetuated. It is impossible for those of us doing Research work, and for the officers of the American Electronic Research Association to do this without your help.

"The physician in the field can do two very important things to help the cause of ERA. (1) He can keep his dues paid in the A.E.R.A. and take an active interest in the Association's work. (2) He can and should keep careful, detailed case reports of every case treated by ERA. Only by assuring an active ERA organization, and by statistics covering thousands of treated cases, can we expect to establish ERA scientifically.

"If you have not already done so, will you not today send in your renewal for membership in the A.E.R.A. to Dr. Norman T. Johnston, Secretary, Kearney, Nebraska, and beginning today, resolve to keep complete case records and to send copies to the Secretary's office."

\* \* \* \* \*

## MILLIKAN COSMIC RAY AND ERA

LEO BIGELMAN, M.D.,

College of Electronic Medicine,  
San Francisco, California.

In the March issue of the Scientific American, Millikan makes his first public statement about the so-called Cosmic Ray which he is supposed to have discovered. Former press statements were from reports of his address before the National Academy of Sciences and consequently were bound to be more or less garbled. The present article is from Millikan's own pen and sets forth the essentials of his discovery.

Everyone familiar with experimental physics knows that a charged electroscope may be discharged by either direct contact, X-Rays, or by increasing in some way the ionization of the

atmosphere about it. If the electroscope be shielded in lead, X-Rays no longer have any effect upon it, nevertheless in the course of time the electroscope is discharged, showing that some penetrating radiation does get through and ionizes the gas about the leaves. These rays as Millikan states were called "The penetrating radiation of the atmosphere, and were assumed to be due to radioactive materials in the earth and atmosphere, and this is in fact the origin of the greater part of them."

Between 1910 and 1914 several physicists in Switzerland and Germany sent up electroscopes in balloons, one to the height of 5.6 miles and found that at that height the effect of the penetrating radiations was eight times as great as at the surface, which meant that the ionization produced was forty times as great on that level of atmosphere as the surface of the earth. In 1912 Millikan himself sent up electroscopes to the height of 10 miles. His results coincided in general with those obtained by the European investigators except that the "intensity of ionization at high altitudes was only one-fourth of that predicted," which meant "that the rays of cosmic origin if they existed, were very much harder or more penetrating than the European observers had imagined, or else the observed ionization was due to materials of some sort, existing in the atmosphere itself, in which case it would presumably be of ordinary radio-active origin and hence have the absorption coefficients of ordinary gamma rays."

It was the solution of the problem set forth in the above quotation which Dr. Millikan made his objective. He arrived at his conclusions after the following crucial tests, which were conducted at Lake Muir and Lake Arrowhead, both of which are snowed lakes, and consequently free of the ordinary radio-active substances.

At the surface of Lake Muir the "electroscopes showed a rate of discharge corresponding to 12.4 ions per centimeter per second." Then the electroscopes were sunk to a deeper and deeper depth, and as they were sunk, the "rate of discharge decreased continuously to a depth of 50 feet, after which it became constant at a value of 3.4 ions per cubic centimeter per second." This showed the existence of an extraordinarily hard, penetrating ray coming from the outside atmosphere and which required "50 plus 23 or 73 feet of water, the equivalent of 6 feet of lead to absorb it entirely". The 23 feet represents the water equivalent of the atmospheric absorption above Lake Muir.

To confirm this Dr. Millikan took his electroscopes to Lake Arrowhead, which is only about one-half the elevation of Lake Muir, so that the atmosphere between the two elevations had an "absorbing power equal to about 6 feet of water". Now if these rays all came above, Millikan expected to find that the electroscopes at a given depth in Lake Arrowhead would have the same reading as the reading at a depth 6 feet farther down in Lake Muir. This prediction, actual test verified. This furnished the proof he was looking for, "that there is an extraordinarily hard radiation coming into our atmosphere from outer space", and further, "since at all altitudes at which they experimented they found no measurable variation of the intensity of these rays at any time between midday and midnight, they concluded that these rays shoot through space equally in all directions."

Converting the absorption coefficients into frequencies or into the inverse of frequencies, wave-lengths, he found these rays to have wavelength of .0004A to .00067A (A=Angstrom units =  $\frac{\mu}{10,000}$ ;  $\mu = \frac{mm}{1,000}$ , which is a frequency at least fifty times that of the hardest gamma rays, a thousand times that of the X-Ray, and about 10,000,000 times that of light" Millikan further states that these rays are hardened as they go through the atmosphere just as X-Rays are hardened in going through lead," and thus infers "a region of spectral frequencies about an octave in width and ten million times above the octave of optical frequencies to which our eyes respond."

The gist of the entire work is contained in this last paragraph, defining this ray, namely a very hard ray coming through space equally in all directions and about 10,000,000 times the frequency of light. Assuming that this is so and there is no reason to doubt it because we know a priori that such a ray must exist, as do also an infinite number on either side of it, we are forced to the following conclusions:

That our terrestrial globe is being bombarded and interpenetrated by this ray on every side; that everything on it is also being bombarded and interpenetrated by this ray; that every living thing is likewise being bombarded and interpenetrated by this ray; that since one of the effects of this ray is to increase the ionization of the atmosphere and thereby increase the rate of discharge of an electroscope, that it must effect the body of an individual in some like manner, at least we are safe in say-

ing that it has some effect upon the electrical balance of man; that it must reradiate in slightly changed frequency from an individual, though the modification may be very slight; that it may be instrumental in the maintenance of life and in effecting the state of health of the individual because it is coming through space at all hours of the day and night without any apparent detectable variation during the twenty-four hours; that it is not and cannot be the etheric vibration itself because of its modified effect at different levels, consequently there must be vibrations of a much higher and more potent influence than this one; that the effect of high altitudes on some people may be due in part at least to the action of this ray, which by causing a greater electronic leakage at higher altitudes, disturbs, the electrical equilibrium of the system more profoundly than at lower altitudes.

It is self-evident, therefore, that the discovery of this ray discloses a potent factor in the life and state of health or disease of the individual. Imponderable and intangible as it is to our senses or even to most of our instruments of detection it is nevertheless probably one of the prime forces coordinating and activating this vast universe, as it can go and penetrate where even light or hard X-Rays can neither go nor penetrate. It is therefore penetrating and influencing our organisms. It is probably responsible for some or many of the changes produced within the system. Its ionizing power undoubtedly affects us for weal or woe.

That there is an energy about us affecting the organism profoundly is more than conjecture. Certain experimental work we have carried out lately, of which we will have more to say when this work is completed proves beyond cavil that there is a definite force emanating from the atmosphere and from the earth which has a profound effect upon the human organism. Certain other experiments offer proof to the fact that the Oscilloclast utilizes this energy and that its effectiveness depends upon it, which gives us the reason why ordinary analysis of the mechanical structure of the Oscilloclast fails to reveal the source and the nature of its effectiveness. Correlating these things and general ERA phenomena establishes some relationship between ERA, at least the therapeutic phase of it, and this Cosmic Ray. This unknown quantity which we meet at every turn of our researches may be this Cosmic Ray, although there are infinite numbers of such Cosmic Rays.

The discovery of the Cosmic Ray is significant for another reason. It is opening up to the physicist a new world of force and phenomena, to him a more or less unexpected world. This must lead him on to investigations in planes less and less material than the one with which physics has concerned itself hitherto. As he delves into these new worlds of vibration, he must bring forth the basis and the proof of ERA. The fact usually precedes the enunciation of the law, and so it is with ERA. It is a fact to which no known laws apply. The law still waits upon the discovery of additional facts. The discovery of the Cosmic Ray is one step nearer the formulation of the law, and just to anticipate we will state at this point what we think that law will be.

That there is a primal force which vibrates at such an infinitely high rate of vibration that its wave may be said to be a straight line. As its vibrations travel outward and outward they become coarser and coarser, the Cosmic Ray being one of these coarser vibrations, farther down the scale being gamma rays, light rays, heat rays, chemical rays, electrical rays, sound rays, matter, with vast gaps in between the ones mentioned, gaps to our consciousness only, because each one of these apparent gaps will be filled in as time permits. Every phenomenon, therefore, every manifestation of energy, every form of matter is only a point in this infinite path of vibration as it slows and slows in its frequency on its outward journey from its source. Of its source we say nothing—finite mind can say nothing. This law once proved will show that everything is of the essence of everything else, and men will no longer disbelieve each other, for even their beliefs are only points on this infinite path of vibration and in each is the essence of the truth. And that is why the future of ERA is one with the future of all other things, and is assured.

\* \* \* \* \*

### COMMENTS ON THE E. R. A.

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

**Old Neisserian Infection.** The ERA will disclose this, even though there may be no present symptoms. It is such cases that light up following a cold or unusual physical exertion and run a fiery course, requiring diligent treatment.

**Acute Inflammatory Rheumatism:** When there develops sudden swelling, pain and redness of one or more joints, for

example a wrist or an ankle accompanied by fever, we have every reason to suspect a pus focus. This may be the teeth, the tonsils, the sinuses, the gall bladder, the appendix, or a cecum full of bacilli and protozoa, or a gonorrhoeal pelvis. The puzzle is to find the focus. In the solution, those who are familiar with ERA have a decided advantage. With the rheumatic blood specimen in the dynamizer, the operator can point with a metal rod to the subject's ankle corresponding to the one affected in the case being studied. With the rheostat set at 60 and the operator testing on the strep. area, the subject points with the index finger to his own teeth, tonsils, etc., until all the possible foci have been thus interrogated. When the active focus is pointed out, the operator will get a strong reaction on the strep. area, if he is still keeping the metal rod to the affected joint. He can then say with definiteness that the present joint trouble is caused by infection from the focus reacting.

**Compare Acquired and Congenital Lues:** (55 and 57).

Acquired lues gives a reading like a crayon picture drawn in heavy lines with few details. In such pictures one or two organs stand out boldly while the rest are inferential rather than indicated. These organs are, in the majority of cases, the liver, the heart, or the brain and nervous system. In hereditary lues, the picture is like an etching drawn in fine lines and with much detail, because every tissue has been affected and modified from the germination of the first cell. The first glance at the record of the reading will give the impression of one of these two types.

**The Heart and the Liver:** Many heart cases are primarily liver cases. In the measurement of intensity, the liver will then read higher than the heart. The liver is the organ most early affected by lues, as it really belongs to the circulatory system rather than to the digestive system. The liver stores the iron in the new-born and doles it out during the nursing months, after which time the food should contain more iron than does milk. In the new-born child with the congenital lues a jaundice develops in the first week or ten days, a phenomenon so common that *icterus neonatorum* was once supposed to be physiological, although now, with the disclosure of the prevalence of lues, we believe it to be pathological. The ERA quickly determines the facts.

In cases with double heart action, intermittent beat, sense of suffocation at times, or attacks of faintness, treating the liver with the indicated remedy for the lues will clear up the heart.

while treating the heart symptoms as such will not help. Case: A veterinarian, aged 42, easily out of breath on exertion, could not lie down except upon the left side (avoiding pressure upon the liver), oedema of legs and abdomen gradually increasing. Did not clear up under oscilloclast treatment. Was then referred to a heart specialist who proved his wisdom by giving large doses of blue mass and a saline, with absolute rest and a diet limited to one pint of milk a day for a few days. The man made a symptomatic recovery under the inhibition put upon his spirochetes by the mercury.

**The Age Factor:** Age affects the interpretation of the reading, since both in childhood and in age the figures are lower than in middle adult life. For example, a new baby with 16 points of 57 is as much affected as an adult of 30 years with 40 points of 57, while at 70 or more years the reading might drop to 26.

**Tendency to Suppuration:** A sign of lues. These patients are no more subject to contact with pus germs than others, but their resistance is so lowered by syphilis, whether hereditary or acquired, that they cannot make the antigens in their own blood to withstand the growth of the pus organisms. Case: A family of four children, whose father had a syphilitic dementia. All of these children are subject to boils; a cut or a scratch becomes infected instead of healing by first intention and they present themselves frequently for superficial abscesses or suppurative wounds. Case: Plumber, aged 41, divorced from first wife because of her having developed a syphilitic primary sore. He believed that he had escaped contamination, as his Wassermann was negative on repeated tests. But all his teeth abscessed and they were removed before he was 40. He has had two severe septicemias following small wounds. He has occasionally boils or abscesses around the anus, although none of them have remained as a permanent fistula. This man tests positive to 55, acquired lues, in spite of his negative Wassermann, and he improves under antiluetic treatment with mercury or arsenic. His blood poisonings yield to hypodermics of "autotherapy"; that is, a solution of his own pus and blood put through a Berkfeld filter to remove the infecting organisms and the filtrate injected as a vaccine.

**Correction:** In the Dec.-Jan. issue, the dose of arsphenamin should have read, **two-tenths to six-tenths of a gram** (instead of one gram).

### ALEXANDER MARKY MARRIES

February 18th the Associated Press reports announced the marriage of Miss Helen McFadden, daughter of Bernarr McFadden and Alexander Marky. This was the first inkling of Mr. Marky's matrimonial plans so it came as a surprise to his many friends in ERA circles. A quorum of the College Trustees was in session at the time and immediately sent felicitations and the best of wishes to Mr. and Mrs. Marky.

Mr. Marky has been identified with ERA work for some years and has always been one of its most ardent supporters. It was through Mr. Marky that Upton Sinclair's "House of Wonder" article was published in Pearson's Magazine and distributed throughout the world. Mr. Marky has been fearless in his companionship of ERA and due to his loyalty has been attacked in various ways.

A few months ago Mr. Marky returned from a trip to New Zealand and Australia where he lectured extensively on ERA and so greatly aroused the public interest that the Queensland Government was requested to investigate the Method.

FRED E. MOORE.

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### A NAMESAKE

From far off Barranquilla, Colombia, South America come a card announcing the birth December 5, 1925 of Albertina Abrams Guerra. Mr. and Mrs. J. M. Guerra in bestowing this name upon their daughter show their respect and devotion to the memory of Dr. Albert Abrams. Mr. Guerra is a very appreciative patient of Doctors Francisco and Nestor Valiente and a strong believer in ERA.

\* \* \* \* \*

### ELECTRONIC MEDICINE FOR ACUTE INJURIES

By LOUISE C. HEILBRON, D.O.

As a suggestion to you who are using **E. R. A.** for chronic cases, may I herewith plead for the use of the Oscilloclast for acute injuries? Have tried, and so recommend it.

About three weeks ago I was unfortunate enough to slip upon the ice-covered stairs, as I was leaving home early one morning, and down I went over fourteen steps, striking each step with my left elbow, right shoulder, and the sacrum, and at the bottom step finally rolled over stunned onto the pavement. When picked up was dazed and suffering from shock, and unable

to see. After being finally persuaded to return indoors and rest, did so, and then after an hour's time decided to proceed with my day's activities. At this time I was suffering considerable pain, yet made several calls.

When I reached by offices decided to try **E. R. A.**, as it was the easiest for me to secure. Placing electrodes over spleen, at left elbow, side, shoulder and over sacrum, using pain rate 7 over injured areas, and 3 on the spleen. Remained attached to Oscilloclast for two hours.

The next day took one and one-half hour's treatment, besides placing the elbow in a solution of Magnesium Sulphate for about one-half hour's duration to relieve the soreness, giving same manipulative treatment to relieve the discoloration by equalization of circulation.

With only two Electronic treatments have recovered from injuries in a much shorter period of time than any other method of treatment could have given me.

From relating this accident and the practical way of treating same, I trust other Electronic practitioners will make practical use of my experience. Personally in the future shall certainly use Electronic Medicine for all acute injuries.

Mitau Building, Sacramento, Calif.

\* \* \* \* \*

## A LECTURE IDEA

By **DR. FRED E. MOORE**

Dr. Ethel Murphy and her husband Dr. John Murphy of Chicago have for some time made systematic use of Dr. McManis' illustrated lecture on plant life and babies. They have made practical use of it and are enthusiastic over the manner in which it has been received and the good effect it has had on their practice. In February Journal of Electronic Medicine they told convincingly of their experience in the use of the lecture in educating their patients to a better understanding of the electronic principle.

To visualize while hearing the spoken word makes a great appeal to most people. To quote from Doctors Murphy.

"No better method of visualizing our subject and impressing it upon the minds of our patients has come to our attention than the McManis lecture which is accompanied by illustrated slides, each slide, in turn, being accompanied by descriptive cards. The story is simply and graphically told, beginning with the story

of the atomic structure of the elements. The wonders of radio, which to the surfeited senses of many people has already lost much of its novelty, reflects new lustre as it relates to the health and happiness of humanity. This relationship is well illustrated by the slides."

\* \* \* \* \*

"In our office we have a 52 inch plain white shade suspended to the wall. This shade we unroll at will and use as a screen for the pictures. At least once a week we tell "the old, old story" which is ever new and increasingly interesting to us."

Many others over the Country are giving this illustrated lecture with success. Some are lecturing to organizations but a greater number are using it in the office in the practical way described.

In a recent letter from Dr. Ethel Murphy she writes as follows:

"I am enclosing a copy of a poem with which I am closing one of my electronic talks. In the early part of the talk Dr. Abrams' picture is shown (McManis slides) but I felt I wanted to devote a bit more time to the man we love and admire so I close the talk with his picture on the screen and the reading of his poem. I am sure this will meet with your approval."

**"THE THINGS THAT HAVEN'T BEEN DONE BEFORE."**

'The things that haven't been done before,  
Those are the things to try;  
Columbus dreamed of an unknown shore  
At the rim of the far-flung sky,  
And his heart was bold and his faith was strong  
As he ventured in dangers new,  
And he paid no heed to the jeering throng  
Or the fears of the doubting crew.

'The many will follow the beaten track  
With guideposts on the way,  
They live and have lived for ages back  
With a chart for every day.  
Someone has told them it is safe to go  
On the road he has traveled o'er,  
And all that they ever strive to know  
Are the things that were known before.

'A few strike out without map or chart,  
 Where never a man has been,  
 From the beaten paths they draw apart  
 To see what no man has seen.  
 There are deeds they hunger alone to do;  
 Though battered and bruised and sore,  
 They blaze the path for the many, who  
 Do nothing not done before.

'The things that haven't been done before  
 Are the tasks worth while today;  
 Say! Let's get closer to somebody's side,  
 See what his dreams are and learn how he tried,  
 See if our scoldings won't give way to praise  
 One of these days.'

By JAMES W. FOLEY,  
 From "The Voice of Song."

E. P. Dutton and Co.

\* \* \* \* \*

### FROM THE FIELD

We are happy to report that Dr. S. M. Moulton of Minneapolis who was stricken with Pneumonia December 23rd, is finally on his way back to health and is again attending to his office duties. Dr. Moulton was very ill due to complications, but under the care of Dr. W. H. Gillmore and with ERA treatment he made a gradual recovery.

Dr. J. D. Sullivan, formerly of Kenosha, Wis., announces the opening of offices in the Plankinton Arcade Building, Milwaukee, Wis.

Dr. Harry W. Wirklich, one of the California Trustees of our College and well known to hundreds of ERA Physicians who took the course while Dr. Wirklich was assisting Dr. Abrams has gone to New York to do some research work.

Dr. Charles J. Pflueger of Los Angeles has made several trips to the College in the last couple of months. He with Dr. Frederick F. Strong of Hollywood and Dr. Howard C. Atwood of Riverside attended a meeting of a quorum of College Trustees recently held in San Francisco.

Dr. Francis A. Cave past president of A.E.R.A., while improving, has continued to suffer from a serious attack of neuritis following his harrowing shipwreck experience of some months ago. His many friends extend good wishes for complete recovery.

Dr. M. C. Hardin, President A. E. R. A. while editing the Journal A. E. R. A. finds time to publish "E. R. A." a monthly journal of health. He made the January number a "Memorial Edition" with generous tribute to the memory of Dr. Abrams.

We are glad to know that Dr. John M. Pugh of Everett, Washington, who had a rather serious breakdown a couple of months ago is making good progress. Dr. Pugh was in the last class taught by Dr. Abrams before his death.

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### SPECIAL MEETING OF ERA DOCTORS IN NORTHERN CALIFORNIA FEBRUARY 27, 1926

The meeting was called to order by Dr. F. E. Moore at 8 P. M. with the following Doctors present: Doctors F. E. Moore, Leo Bigelman, W. A. Metherell, E. L. Burch, L. T. Shedd, G. A. Esterberg, Frank Chaffee, M. Evans, R. L. Meyers, M. E. Thomas, Emily Collar, Pearl Oliphant, Maude Potts, J. E. Jewett, L. C. Heilbron, and guests Messrs. Shedd, Binkley, Jensen and Mrs. Thomas. Considering that only forty-four invitations were sent to Northern California ERA Physicians the attendance was beyond expectation.

Dr. Moore explained the purpose of the meeting and read extracts from letters written by Dr. McManis with reference to his experience in various cities while giving the lecture, to show the audience how the lecture was generally accepted.

Dr. Bigelman followed Dr. Moore with a demonstration of the lecture and all the slides were shown, his eloquent talk demonstrated to the audience very plainly that the lecture is convincing and a good medium of advertising ERA. The pictures were well selected and leave a vivid impression which can be recalled very easily.

After this demonstration there was an open discussion which brought out many points heretofore not given consideration.

It was suggested that the lecture be amended to show that the Boyd demonstration and test is only ONE of the several tests

made by Boyd. This was suggested to combat the statements made by Dr. Fishbein's criticisms on the London test made by Boyd, which was declared not satisfactory, leaving the impression that the underlying principles of ERA could not be proved. Dr. Boyd requested that another test be conducted at his Laboratory in Glasgow, where he had all the facilities and preventative methods against interference. It is from this test at Glasgow that Dr. McManis shows the Boyd method.

It was agreed that a monthly meeting of Northern California Electronists be made a regular event and the first Saturday of each month was voted as the date. These meetings to be conducted upon the round table plan, the chairman alternating until each member has had the opportunity of acting as chairman. Dr. Chaffee was selected to preside at the next meeting to be held on Saturday, April 3rd, 1926.

Due notice will be sent out by the College for the next meeting, and it is hoped each attendant will bring up the subject of his "Greatest Weakness" which is the subject selected for that night. In order to keep these meetings interesting some surprise must be given. What is in store for future revelation can only be appreciated by your presence. All Electronists are invited to be present.

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### LEST WE FORGET

LEO BIGELMAN, M.D.

We have been rambling through more of Dr. Abrams' notes, some of which have never been printed, and have been startled to find that many of the things which we men today think are discoveries upon our part, or are new developments by us, Dr. Abrams thought of, tried, tested, and discarded long ago. Going back to some of his notes found in an old notebook of about the year 1915, we find different diagrams of the Oscilloclast, then in the process of development. These show clearly that the present Oscilloclast is the result of a long series of experiments involving different circuits and different combinations of the various elements, e. g., Dr. Abrams used intensifying coils and condensers at one time. He tried the closed circuit through a condenser and discarded it early in his work. He also tested the various metals for their electrical and electronic conductivity. He tested them for their dissipating strength. He found that energy conducted through a copper electrode

overcame a resistance of 1,000 ohms, while aluminum overcame a resistance of 100 ohms, but if the aluminum were insulated around its edge, it overcame a resistance of 1600 ohms. A copper electrode insulated in the same way overcame a resistance of 11,000 ohms. He also found that a round ball electrode conveyed two times the energy that a flat electrode conveyed.

He also experimented with the A. C. current at 220 volts and found its dissipating value through various resistances with and without the introduction of coils, transformers, and condensers, and at various distances from the subject. He found that at a distance of twelve feet from the region between the third and fourth dorsal spine, he was able to get dissipation

- 1—Through a transformer without condenser, through a resistance of 300 ohms.
- 2—Through a transformer with a large condenser, through a resistance of 500 ohms.
- 3—Through a transformer, large condenser and induction coil. No result.
- 4—Through an induction coil only and a large condenser, through a resistance of 900 ohms.
- 5—Through a coil without condenser, through a resistance of 200 ohms.
- 6—Through an induction coil and a small condenser, through a resistance of 1160 ohms.

This last circuit is the basis of the present Oscilloclast. It is self-evident that the Oscilloclast was not a hit or miss proposition but the result of careful and exhaustive research. And it is also self-evident that what we think we are doing for the first time, Dr. Abrams did years ago. It is doubtful, from the evidence at hand, whether anyone went into matters more thoroughly and more exhaustively than Dr. Abrams did. For that reason his developments will stand the test of time when others have dropped from the annals of time and from the memory of men.

We have also been reviewing some of Dr. Abrams' early writings and feel that the profession should be reminded of some of his fundamental statements. To that effect we herewith reprint a few of his most basic thoughts, aphorisms, and therapeutic suggestions:

**"THE MECHANICS OF MEDICINES"**

"A science may be gauged by the amount of mathematics it contains. Medicine has heretofore been conspicuous by the dearth of this symbolized logic.

"Medical renaissance must be identified with the new viewpoint that, **vital phenomena are dynamic and the actions of human organisms should be regarded as processes and not as structures.**

"This world and all it contains is a mechanism. This Democritean concept of an atomic universe acknowledges no distinction between the mechanism of man and the world machine.

"It was the coalition of celestial and terrestrial physics that made physical astronomy an exact science.

"By the same token, exactitude in medicine can only be attained when its problems are solved by the laws of physical science."

**"Every natural phenomenon is only a question of a definite and invariable rate of vibration."**

**"SHORT-CIRCUITING OF HUMAN ORGANISM"**

"It is strange that, although percussion was first employed in diagnosis by Auenbrugger in 1761, no one has heretofore directed attention to the errors ensuing from short-circuiting.

"It was not definitely known until its publication (NC) that the organism is essentially a battery and that the finger tips and toes were polar termini.

"We have extended our observations bearing on the foregoing which anyone can confirm.

"Let the subject face the geographical West and note the following when the finger tips of both hands and feet are brought in opposition:

1. Heart dilates (deep percussion.)
2. Descent of lower lung and liver boarders, 3 cm.
3. Hearing improved.
4. Slight increase of visual acuity in myopics and others.
5. Slight pupillary dilation and tardy reaction to light.
6. Collapse of veins.
7. Enfeebled heart tones.
8. Slight inhibition of the pulse.
9. Dilation of aneurisms.
10. Ear lobe reddens.

"Any metal uniting cerebral hemispheres will produce like effects. The maximum effects of latter maneuver (cerebral short circuiting) are achieved when metal is suddenly placed at a point on vertex corresponding to a line drawn just in front of both ears.

Note the opposite effects (subject in same position) when arms are widely extended from body and feet separated.

1. "Heart and liver borders recede (2 cm.,) and the lower lung border about (3 cm).
2. Heart tones stronger.
3. Venules enlarge.
5. Slight pupillary contraction and more rapid light response.
6. Ear lobe pales.

"Non-recognition of the foregoing heretofore unrecognized, data will greatly influence the findings of the clinician and roentgenologist. Percussional dullness is more easily revealed by the latter method (separation of hands and feet). **Periodical attacks of dyspnea may be due to short circuiting.**

"Nature's laws are universal and not abrogated in the interests of organization whether represented in animate or inanimate nature.

"This natural coordination in one harmonious architectonic scheme is the simple characteristic of organization. In this sense, the writer is a monist."

#### **"REMEDIAL ACTION IS QUALITATIVE, NOT QUANTITATIVE"**

"A tuning fork unresponsive to the most violent explosion will vibrate to an imperceptible sound.

"A ray of light falling on selenium modifies its electrical resistance. No force however tremendous can modify the molecular orientation of the electrons composing steel yet the mere action of a magnet will at once induce magnetic properties."

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#### **"VACCINATION"**

##### **"The Tragedy of Inoculation"**

"The writer believes, and has always believed, in the protective efficacy of vaccination; one of the greatest blessings conferred on humanity. Lurking in this protection, however, there is an element of danger which was surmised but could never be demonstrated by scientific proof.

"By the aid of the "Electronic Reactions," this proof is now at the disposal of any physician.

"The question as to the identity of cowpox and smallpox has been the subject of controversy but the prevailing opinion is that, cowpox inoculated into a human as an attenuated variety of variola and that it was originally transmitted to cattle by humans affected with smallpox. In the early days of vaccination, human beings were inoculated with matter obtained from the pustules of previously vaccinated persons. This method was abandoned owing to the accidental transmission of syphilis.

"Now, the virus is obtained from animals.

"The writer in submitting the following data contends that all vaccine virus yields the reaction (electronic tests) of CONGENITAL SYPHILIS, but with equal cogency admits that the virus also contains the protective factor against smallpox.

"Virus obtained from the most reliable firms demonstrated the following:

1. Reaction of CONGENITAL SYPHILIS varying from 18 to 27 ohms in potentiality;
2. Reaction of streptococci and staphylococci in all the preparations excepting two;
3. Reaction of tuberculosis in all specimens excepting one.
4. Reaction of the protective variolar factor in all the specimens.

"The syphilitic and tuberculosis reactions were bovine (the former responding at 57 only and not 57 and 20 as in human syphilis and the latter at 57 only and not at the vibratory rate of 15)."

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#### "CARDIAC DILATATION AND ANEURYSM"

"Stimulation, usually concussion, of the seventh cervical spine reduces the heart and aortic volume by evoking the reflexes of Abrams. These reflexes may be observed with the X-rays and have been confirmed by **Zulawski, in Germany, Merklen and Heitz, in France, Sir James Barr and Sir Thos. Albutt, in England,** and by notable investigators elsewhere.

"The clinical application of these reflexes is of great value, as is shown in recent literature. Snow, shows by a series of excellent skiagrams the diminished volume of the heart and aorta by stimulation of the seventh cervical spine, and observes: "The heart, aorta, stomach, liver or spleen may be made to contract at the will of the operator producing effects available for the correction of impaired functions. If the skilled practitioner will

use vibration in cases to which it is applicable, he will be rewarded by results which cannot be attained by drug therapy." A number of cases reported by Snow, demonstrate the correctness of the latter conclusion.

"Cohen, presents forty-three illustrations demonstrating the effects of concussion of the seventh cervical spine on the heart and aorta. He comments: 'One of the phenomena that has been neglected by many who might be supposed to seek every means at their command to help those who come to them for relief is the heart reflex of Abrams'.

"Sir James Barr, England's master clinician, referring to 'Cardiac Insufficiency, seeks to account for the vertigo and enfeebled pulse by the gravitation of blood into the abdominal cavity and the failure of the vasomotor mechanism to adjust its action rapidly to the altered conditions. 'These phenomena', he continues, 'have been aptly termed 'cardio-splanchnic paresis' by Albert Abrams. In these cases an abdominal belt worn tightly does good.'

"Chas. L. Ireland, M.D., reports the following: About nine months before he had seen a patient who had been confined to his bed for seventeen weeks, owing to a severe heart dilatation for which no relief could be obtained from his physicians. The transverse diameter of the heart measured  $7\frac{1}{2}$  inches. Dyspnea was marked. After concussion of the seventh, cervical spine every other day for two months, absolute relief was achieved and the patient resumed his occupation as a truck driver.

"Since the writer reported in *The British Medical Journal* and *La Presse Medicale*, forty cases in his own practice of thoracic and abdominal aneurysm symptomatically cured, the 'Abrams Method' has been extensively employed by others. In early cases the method is practically a specific, but in late cases all that can be achieved is a relief of symptoms, and that can be done more rapidly than by any other known method. Concussion of the seventh cervical spine, must, however, be executed with discretion.

"Yale, referring to cases of aneurysm under treatment, observes: 'These cases observed by physicians while under treatment were regarded as practically hopeless, and the fact that a number of aneurysms have been reduced seems to them little short of miraculous.'

"Torbett, reported like results in a patient with a large aneurysm.

"Houlie, of Paris, France, also reports cases showing immediate results from concussion.

"Snow, reports a patient with an immense aneurysm in which skiagrams were taken and measured before and after treatment. 'The marked relief afforded the patient was additional clinical evidence of a reduction in the dimensions of the aneurysm.'

"Solis-Cohen, observes that excitation of the aortic reflex of contraction was invariably produced in three patients whose aortas were enlarged. The only exceptions were in one patient whose aorta contracted on six occasions and failed to respond in two, and in one whose aorta contracted on two occasions and failed to contract further on a third.

"Jensen, refers to a case of aneurysm in which dyspnea, cough, chest constriction, etc., disappeared after one treatment by concussion.

"Long, reports an aneurysm of the subclavian artery in which the pulsations disappeared after two months treatment.

"Joslin, observed a patient with a thoracic aneurysm who after single treatment, was able to resume the recumbent posture, which could not be done before.

"Many other cases are reported in recent literature. The notable features are: simplicity of method and rapidity of action."

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#### **"STIMULATION AND DEPRESSION OF FUNCTIONAL ACTIVITY"**

"The function of each tissue is identified with the function of its cell which is the primary anatomic and physiologic unit of the organic world. The main constituent of the cell is bioplasm but its composition is difficult to determine because the methods employed for its analysis destroy its vitality. The electronic reactions show that functional activity yields a vibratory rate peculiar to each organ and by measuring the potentiality of this activity definite methods have been evolved enabling one either to stimulate or depress functional activity. A table showing the endocrinopathies influenced by spondylotherapy has been published by the writer. Equally rapid and as it appears, more permanent results are achieved by the oscilloclast.

"**HYPERTHYROIDISM**—The electronic reactions show that this is a partial misnomer. In every instances there is a coincident hyperactivity of the thymus gland and in a few instances without or with a partial thyroidectomy, the electronic

reactions may show a diminished (hypothyroidism) or absent (athyroidism) thyroid secretion. In all instances however, the thymus activity is increased. For these reasons the condition should be specified as thymo-hyperthyroidism or, in athyrea, as hyperthyroidism. In a few instances the reaction of the colon bacillus was demonstrable in the thymus and it is not unlikely owing to the absence of other causes, they may be identified with the etiology of hyperthyroidism. The colon bacilli are often present in anomalous locations and justify the observation, 'a colon bacillus is not a colon bacillus when busy in some other part of the anatomy, than the colon.'

**THYROID ACTIVITY** is increased with the index of the scale of the Oscilloclast at 3 and diminished at 1.

**THYMUS ACTIVITY**, is diminished at 6.

The colon bacillus is destroyed at 4. In the treatment of thymohyperthyroidism, the current from the oscilloclast should be used over the thyroid at 1 and over the thymus at 6. After a single application of the current a marked reduction in the pulse rate may be noted.

**TESTICULAR ACTIVITY**—This is increased at 4.

**KIDNEY**—Activity increased at 3 and diminished at 1.

**PROSTATE**—Activity diminished at 1.

**TONSILS AND ADENOIDS**—Activity diminished at 2. Application for the former, on both sides under angle of jaw; for the latter, extreme upper portion of neck."

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#### "THE ORIGIN OF SYPHILIS"

"This momentous problem remains unsolved. The prevailing theory contends that it is of American origin, and that it was brought to Spain by the sailors of Columbus and spread rapidly among the inhabitants. Supporting this theory is the assumption that no European literature on syphilis can be found previous to 1495, and no bones have been found in Europe suggestive of syphilis.

"Against the Columbian theory, is the indisputable fact that the disease existed in China and Japan in ancient times, and that by migration it spread to America.

The discovery of the organism of the disease, *spirocheta pallida*, and the serological tests have aided us in the recognition of syphilis, but they leave much to be desired.

"It occurred to the writer that if one could gain access to bones of ancient origin, and if syphilis were present, its specific radio-activity would be revealed by the Electronic Reactions. Through the courtesy of Dr. Charles Penez, Curator of the M. H. DeYoung Memorial Museum in Golden Gate Park, San Francisco, the writer, on September 13, 1921, together with a large number of physicians, made the reactions under the most exacting conditions.

"The bones were authentic and of Egyptian origin (300 to 1000 B. C.) The results were absolute and demonstrated congenital syphilis in several bones, and acquired syphilis in others."

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#### "HISTOTROPISM"

"Why does orchitis complicate mumps and infrequently do the ovaries and thyroid become implicated? No adequate answer has yet been given to this metastasis. Why does the thyroid gland enlarge at puberty and menstruation? This question has also been unanswered. Why does the sexual sense survive ovariectomy? My constant endeavor has been to correlate facts in physics when the phenomena of the human, insomuch as the latter is only an electrical mechanism .

"Disintegration of tissues (histolysis) is the analogue of electrolytic dissociation.

"The conduction of electricity through solutions signifies only a mechanical process of transferring electrons. Normal molecules will not serve the latter purpose; an abnormal condition must be present (Electrolytes).

"Similarly, in the tissues, we have histolytes (new coinage) and non-histolytes.

"Without a knowledge of the elemental laws of dissociation, physiology and pathology were non-understandable.

"Physiologic tissue activity is associated with electric currents and the H-ion concentration of the body fluids.

"Any modern work on 'Biochemistry' enters more fully into a discussion of this subject.

"Investigation of glands as structures and not as processes is detrimental to progressive pathology.

"My investigations with the electronic reactions show that the parotid and thyroid in men and women yield respectively, in part, the reaction of the testicle and the ovary.

"Now, let us discuss electrons in terms of vibration frequencies.

"It is a fundamental law in physics that substances absorb the same frequencies as they naturally emit. Thus, glass which transmits red light absorbs blue.

"In other words, electro-magnetic waves have no effect on objects which are incapable of vibrating in resonance with them.

"Chemotaxis and chemotropism suggest the neonym, HISTOTROPISM. The first term signifies the reaction of protoplasm to a stimulus whereby cells are attracted or repelled.

"The second term signifies the direction assumed by cells under the influence of definite stimuli.

"Physiologic and pathologic activity predicate electrolytic dissociation (histolysis). The electrolytes (histolytes) have an affinity for tissues with like processes, hence, invasion of the testis and ovaries in epidemic parotitis and thyroid swelling in the physiologic crisis by the histolytes."

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IF?

(According to Edison.)

"1. If there is nothing in an appendix but \$250, who receives the benefit?

2. If 90 per cent of our diagnoses are wrong and if the sick derive more benefit from cults, what will be the destiny of scientific medicine? Must we thank God that our discoveries are of no practical use to mankind?

3. If a lithotomist claims never to have lost a stone in his operations, how many patients did he lose?

4. If a surgeon operates a quarry, is he violating the Hippocratic oath which enjoins him not to cut for stone?

5. If a gallstone is passed by the 'National Board of Censors,' does it enhance the morality of the stone?

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#### "PHYSICO-CLINICAL TRITURATES"

"Our patients complain that our high cost of killing is a factor equally important as the high cost of living.

"Some men are born fools, others avoid a specialty and practice general medicine.

"Reformers are attempting to prove that everything is injurious and they will eventually succeed in proving that even food is poisonous.

"A surgical congress is practically a 'Peace Conference'. Their members can be credited with all kinds of pieces of an anatomical nature.

"The edict has gone forth that more dentists are needed. What we actually need is more teeth.

"The chiropractors and osteopaths must have lost faith in Luther Burbank since he invented the 'spineless cactus'.

"A news item reads: 'Peggy O'Neill travels 3000 miles to visit her dentist.' That dentist must have some 'pull' who can extract a lady at that distance to 'fill' a void. We have 'long distance telephones', and now, 'long distance dentists'.

"A surgeon reports 2000 consecutive operations. That's not surgery, its a habit.

"Anatomic dismemberment has been dubbed "Surgery" and it persists despite the biblical injunction, 'What therefore God hath joined together, let not man put asunder'.

"Cures may be effected with or without surgery. In the latter instance, the cures are agreeably efficient; in the former disagreeably so.

"All 'paths' lead to cure, therefore we have allopaths, homeopaths, osteopaths and other kinds of paths.

"Dr. Smith informs us that he never lost a case. We wonder how he does it. We lost two cases of wine since prohibition has gone into effect. Pro patria: Pro hibition.

A recent health item advises people to lie on the right side. Most of them lie right, left and in any other direction.

"When a patient has a pain in the lower abdomen the physician thinks it may be appendicitis, but the surgeon thinks it can be nothing else.

"A good many things are easier done than undone—including surgical operations.

"When surgery will be able to solve problems instead of creating them, there will be no surgery.

"Psychologized medicine has become a necessity to explain why one man's calomel is a little better than the other fellow's, and what is obvious can never compete with what is mysterious in the treatment of disease.

"A St. Louis man swallowed \$4.85 in nickels on a bet. Surgery was not invoked. Evidently his astute physician observed that, if the nickels were genuine, they would pass.

"Man has conquered the air, but the haughty Dr. Grimes abuses it, judging from the 'air' he assumes when he performs an operation.

"'Take it from me I am a sick man', said the patient. The surgeon did not hesitate and removed his appendix."

**"SOME SURGEONS I HAVE KNOWN"**

"John Smith, whose prognoses were always wrong. He was a poor prophet, although he practiced for profit.

"William Jones, a really heartfelt surgeon. He couldn't help it. He had angina pectoris.

"George Johnson, the universal surgeon. He operated internally, externally and eternally, and most often infernally.

"Howard Gump, the disconcerted surgeon. Nothing could 'move him' but his infallible compound cathartic pills.

"Walter Riley, the contented surgeon. He had diplopia. When he received his fee he always saw double the amount.

"Every surgeon who lives in Sacramento, the capital of California should speak of their operations as capital ones. Colonel Jones was quite aggrieved when the surgeons referred to his operation as a 'major one.'

"Dr. B's taste for surgery is so great that he has become a tongue specialist and he hopes that his operations will speak for themselves.

"Walter Kemp, the self-confident surgeon with faith in operations when executed only by himself, intends to 'cut out' his own 'booze' when prohibition goes into effect.

"William Haller, the 'courteous surgeon,' who, when he grasps the prostate in his hand, always says 'Gland to meet you.'

"Clarence Atkins, the 'open-minded' surgeon because he couldn't help it. He was trephined when a child."

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**DO YOU KNOW?**

Conducted by

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**DO YOU KNOW?**

**That the virulence of germs is being measured electrically at the University of Chicago?**

The following is a reprint from an Associated Press report:

"Chicago, March 5.—The discovery of methods for measuring with electrical instruments the virulence or killing power of pneumonia germs, from which it is possible to determine how much chance the patient has of recovery, is announced by University of Chicago investigators.

"It is hoped the experiments will be useful in developing a serum for the cure and prevention of pneumonia and in determ-

ining how the serum works. Dr. I. S. Falk, assistant professor of hygiene and bacteriology, conducted the experiments."

But why should these experiments lead to the development of a serum for the cure of pneumonia, of the cure of anything else for that matter? Is not the logical conclusion to look for physical modality as a cure? Whatever their means of measuring the virulence electrically may be, this proves one thing, at least, that germs effect electrical instruments, consequently there must be an energy emanation, and consequently they can be effected by energy emanations. But just the same any development along this line marks another step towards the general acceptance of ERA.

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**That at the North Carolina State College they Have Discovered that inheritance and race characteristics show manifestations in the blood?**

From the Associated Press, January 1st.

"Dr. L. H. Snyder of North Carolina State College reports: Inheritance and race characteristics show manifestations in the blood—a discovery that may be of significance in law suits and cases of disputed parentage."

And from the same report we glean the following:

"Dr. James D. M. Murphy of the Rockefeller Institute for Medical Research, states:

"Cancer is not an infectious disease. Cancer cannot be developed except by persons in whom there is a hereditary cancerous strain."

Who cannot hear through both of these reports the voice of Albert Abrams?

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**That Dr. Cathell, of Baltimore, Maryland, has written a book entitled "The Physician Himself,"** which is perhaps the only treatise, certainly the most extensive treatise, on the subject of medical ethics? This book has run through a number of editions, it elucidates the code of medical ethics and enlarges upon it, and is an accepted authority. He says: (Page 217, of the tenth edition 1898).

"When people ask you 'what system of medicine do you practice, you may very properly reply that you are simply a DOCTOR OF MEDICINE, a PHYSICIAN, a member of the regular unrestricted medical profession, that you have no fixed orthodoxy,

belong to no sect, and are limited to no 'ism, 'pathy or 'ology; that you stand on a broad, unsectarian platform, and are at liberty to think whatever you may, only seeking to do your best for every sick sufferer who trusts to your skill and honor; that you are to be rational, like the bee, take the honey of truth wherever you find it; that as rational liberal physicians the regular medical profession, to which you belong, has no branches, no sects, no dogmas and bears no man's name, for it is simply the work of the human race, and is held together solely by the common bond of rational medicine, that it maintains perfect freedom of opinion and practice, selects any remedy it pleases, in whatever dose it pleases, and under whatever theory it pleases, and, unlike the various 'limited schools,' has no articles of faith which it imposes on anyone but accepts all truth, whether winnowed from the storehouse of centuries, or discovered empirically or scientifically in our own way; and that you as one of its representatives stand ready to embrace and utilize any and every valuable discovery, no matter when or by whom made. This freedom and latitude explains why unrestricted medicine is one of the three liberal professions, and \*\*\*\* if at any time during your career any sect, schism, or one-sided school arise, no matter how great or how humbly its pretensions, if it have even one grain of life-saving or health guiding wheat to its bushel of chaff, it is your duty to seize the grain of wheat, plant it in the domain of rational medicine and cast the chaff to the winds. This determination to enlarge our field of knowledge from all possible sources if our life-blood, our invincible strength, our distinction, the saving element that will cause regular, liberal, rational, medicine to exist as long as there is sickness and suffering in the world".

**And on Page 215 of the Same Book:**

"You must remember that medicine is a liberal profession and not a mere trade, and refuse to extend the hand of brotherhood to anyone belonging to a party or association whose exclusive system, narrow creed, or avowed hostility to our profession prevents him from accepting every known fact and employing all useful remedies, whether dug from earth, taken from the air, or wrested from the sea—to anyone and everyone who cannot honestly say his mind is wide open for reception of all medical truths, and that his hand shall refuse to use anything and everything under the blue vault of heaven that may be needed to relieve suffering and save the life of a human being."

Not even Dr. Abrams himself could have stated the cause of ERA any better than that. If every physician read this he could no longer oppose any method of healing the sick without a personal investigation.

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### **That Sound Produced by New Process Puts Out Fire?**

New York, Feb. 1—Firemen of engine company No. 65 were astonished today to see a gas flame two feet high extinguished by sound and tonal vibration produced as simply as on a violin.

A demonstration was conducted at the engine house by Charles Kellogg, a California naturalist, who believes he can solve the problem of fires in large cities. Passing a bow, like an enlarged violin bow, swiftly across an aluminum tuning fork, he produced a screech like intense radio static. Instantly the yellow gas flame leaping inside a hollow glass tube, subsided to a height of six inches and became a sputtering blue flame. Another attempt with the bow, and another screech of vibration extinguished it. Mr. Kellogg told incredulous foremen that they could put out blazes of the future without moving from fire headquarters. Each house and building, he said, would have the "pitch" scientifically determined and the requisite "screech" produced with a much larger bow by a process of "tuning-in." The General Electric Company he said, were experimenting with the principle."

This is another evidence of what an understanding of nature can accomplish and also helps to bring ERA a step nearer its ultimate goal.

**"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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