

# Physico-Clinical Medicine

AND

## CLINICS OF DR. ALBERT ABRAMS

Vol. 9

APRIL, 1925

No. 2

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

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

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Blanche and Jeanne R. Abrams Memorial Foundation  
DR. FRED E. MOORE, President  
2151 SACRAMENTO STREET  
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All the subject-matter of Dr. Abrams in this Journal refers to his original research work. Citations from other sources will be duly accredited. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological, and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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

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**COLLEGE OF ELECTRONIC MEDICINE**

2151 SACRAMENTO ST.

SAN FRANCISCO, CAL.

**APRIL, 1925**

**BLOOD EXAMINATIONS**

**AIR MAIL SERVICE**

Blood specimens from ERA graduates sent to us by Air Mail are most carefully examined the same day they are received, and complete reports with helpful instructions are returned by Air Mail. This affords doctors all over the country quick service, as the round trip between New York and San Francisco is about four days. The charge for examinations is \$10.00 and re-examinations \$5.00. A doctor need not be on the direct Air Mail line in order to secure prompt service. Make inquiries at your post-office. The regular mail carries it to the Air Mail route, and then it speeds West.

We aim to build up a most efficient service in this blood-examination work. A laboratory you can depend upon for skilled service will have everything to do in the success of your work. This is one way for the College to be of great service to ERA physicians. It acts both ways, as your co-operation in this respect will enlarge the College activities, will bring us in closer touch with each other, and will be a needed support to the institution.

When requested to do so, reports will be sent by night letter, collect, followed by mail delivery.

## E.R.A. POST-GRADUATE COURSE AT KIRKSVILLE POSTPONED

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This Post-Graduate Course which was planned by Dr. John V. McManis to take place at the time of the Middle States Convention, and which was such a success last year, with four hundred doctors in attendance, has been indefinitely postponed purely through a sense of duty on the part of Dr. McManis. Dr. McManis as Vice-President and Trustee of the College of Electronic Medicine at San Francisco must meet with the Board of Trustees from May 5 on. The settlements and adjustments under the compromise in litigation and the working out of problems and future plans will require a couple of weeks' time at least, after which the Trustees are due at the Des Moines Convention.

We appreciate this unselfishness on the part of Dr. McManis, as the Board would be a great loser if it could not enjoy his counsel.

The following letter announcing the postponement of the Course was sent out by the McManis College of Electronic Medicine:

"The ERA Post-Graduate Course, announced for May 15, 16, 17 and 18th, at the McManis College of Electronic Medicine, Kirksville, Mo., **has been indefinitely postponed.**

It is imperative that Dr. J. V. McManis be in San Francisco, California, during the dates mentioned above. A trustees' meeting, ERA litigation, and other matters of importance demand that he be there. For that reason we are postponing the post-graduate course. No date has yet been determined for having it.

It is urged that as many ERA practitioners as possible attend the meeting of the Middle States Society to be held in Des Moines May 19, 20 and 21. In addition to an excellent program, questions of importance to all ERA practitioners will come up for discussion and decision.

We regret very much that it has become necessary to postpone our course, but feel that under the circumstances we could do nothing else.

We are inviting all ERA practitioners to pay us a visit in Kirksville immediately following the Middle States Society

meeting. We cannot give you a regular P. G. course at this time, but can give you many things that are new in ERA diagnosis and treatment. Dr. McManis' staff will be at your disposal for the few days you want to visit us."

FRED E. MOORE.

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## COLLEGE MATTERS

By DR. FRED E. MOORE, President

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We regret that the splendid cut of Sir Thomas Horder in our March Journal was not duly credited to the courtesy of Pearson's Magazine. We were glad to have a photo of this distinguished physician in view of his prominence in the so-called "British Investigations," which were reported fully in the February number of Physico-Clinical Medicine.

There is an unusually convincing article entitled "The Truth About ERA" by J. Quintin Griffith, M.D., Ph.D., which is appearing in the May number of Pearson's Magazine. Dr. Griffith is a prominent Philadelphia physician who because he was constantly besieged with questions regarding ERA set out to investigate the matter for himself. He does not use the Abrams' method, but being unbiased, he desired the truth regarding same, and was fully convinced of the merits of ERA. We urge that you read this article, also that you place it in the hands of as many patients as possible, and urge them to pass it on to their friends.

ERA physicians could be no more disappointed than we at the College and our Board of Trustees in that there was still another postponement, changing the date of our official meeting from April 9th to May 5th. This Board meeting will, however, be a fact now, and a couple of weeks will be crowded full with the consideration of College problems and future plans. At this meeting we will endeavor to arrive at decisions in which ERA graduates may occur. I am sure it will be the purpose of the entire Board to weigh everything in the balance and do that which is for the best interests of the College and all ERA physicians.

Dr. J. C. Burnett came West unexpectedly ahead of time, thinking the meeting would be held April 9th, but ten days before that date our attorneys found that matters would not be in shape for settlement until May 5th. With twelve or fourteen attorneys

to be satisfied on every slightest point in the compromise over litigation, the delay was unavoidable.

We hoped to report the Board of Trustees' meeting in this number of the Journal, but we decided at the last moment to publish the good articles which we present here, and then get out the above-mentioned report in the May Journal.

We have had letters from the doctors in the field showing a splendid spirit, and we heartily appreciate same. This is the hour of crisis, and we urge a strong, steady pull together in order that we may do our utmost for ERA.

A tentative program of the Des Moines Convention will be found in this Journal. Read it over carefully. We need to gather in these conventions at least a couple of times a year in order to keep abreast of the progress in ERA. These meetings also serve to send us home greatly stimulated for advancement in the work.

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## RELATIONSHIP OF DRUGS AND OTHER THERAPEUTIC MEASURES TO THE ELECTRONIC REACTIONS OF ABRAMS

By J. W. KING, M. D.

Bradford, Penna.

(This article by Dr. J. W. King, President Emeritus of the College of Electronic Medicine, was written for the Journal of Electronic Medicine, and through the kindness of Dr. J. V. McManis we have permission to make use of same. Dr. King is looked upon as the dean of the ERA profession. For years he made annual trips to Dr. Abrams' Clinic.—Dr. Moore.)

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A few days ago you requested me to contribute something on this subject. At our last Board meeting in November and December, at San Francisco, I discussed this subject with you, but did not think it caused so much interest for you to invite me to write an Article for the Journal of Electronic Medicine.

Having been in the medical harness now thirty-six years and investigated all things pertaining to the cure of disease, I may be able to give some account of interest on the subject.

While a graduate of Jefferson Medical College, Philadelphia (Allopathic), I did not stop there in the perusal of medical subjects.

I followed my school and also investigated Homeopathy, Electricity, the Schuessler Tissue Remedies, the Abrams Methods, and delved somewhat into Osteopathy, as well as various electrical and Chrome (light) Therapy matters.

Having been closely connected with the late Dr. Abrams since 1913, and the first authorized teacher of his Methods, I can truthfully say that of all methods of practice I am acquainted with, the Abrams Methods appeal to me from a diagnostic and therapeutic standpoint as of great import. But medical matters travel very slowly and are for the most part in the rut and it, therefore, behooves those who are in possession of facts pertaining to the subject to impart this to medical science for humanity's sake.

Several years ago Dr. Abrams, in his Journal, showed the relationship of certain drugs to the ERA. He showed how Aconite, Belladonna and Calomel acted in annulling certain diseases. He employed the crude and Homeopathic preparations. He showed how Calomel Ointment rubbed on a vaccination scar annulled the reaction of Congenital Syphilis. I have yet to meet with a single instance where the reaction of Congenital Syphilis cannot be found on a vaccination scar and so long as one's tissue is resistant there need be no alarm of constitutional invasion from a scar. A few treatments from the Oscilloclast will annul the scar reaction.

In the presence of many physicians at my Laboratory, I demonstrated the correctness of Dr. Abrams' deductions and it stimulated me to pursue them. To many physicians I demonstrated that the Homeopathic attenuations were more powerful than the crude drug. Dr. Abrams used Aconite 3X. I showed that the 60X would annul the reaction quicker than the lower attenuations. I showed the greater power of Rhus Tox in the 30th potency than in the crude form. It was also shown that Eosin, Congo-red and Vanadium, while all powerful in annulling reactions of various diseases in the crude form, did it more quickly in the higher potentized form. I have also shown how certain Schuessler Tissue Remedies, namely, Kali Mur., Forum Phos., and others, would annul the reaction of certain diseases. Many other preparations, crude and potentized, have been used in the experiments. It is hoped this will stimulate others to pursue this line of work.

I do not eschew any diagnostic and therapeutic method. I think the physician is not thoroughly equipped in the treatment of disease without employing all methods; medicine, the Abrams Methods,

Osteopathy and other physical measures in the treatment of disease. If he is not qualified to do this, patients should be referred to those who can give such service. All methods are good so far as they go and the reader will pardon what I have to say on my particular subject. The time has not come to assure universal results in the cure of disease. What cannot be cured today must be endured until the Utopia in Medicine arrives!

To physicians not acquainted with homeopathy, the following will suffice. Similia mens, a drug likeness, and when a homoeopathic remedy is prescribed on that basis and a cure is effected, then it is known as having been the simillimum.

Minerals such as mercury, gold, silver, etc., are not soluble in any menstrum. To effect this the substance must be reduced by trituration.

Example, Mercury 1 grain. Sugar of Milk 9 grains.

- 1st. Triturate (modern method by electrical process) 4 hours—then one grain of this substance is known as 1X.
- 2nd. Take one grain of the above substance and add 9 grains of sugar of milk and triturate 3 hours—1 grain of this represents 2X.
- 3rd. One grain of 2X and 9 grains of sugar milk triturate 2 hours, represents 3X.
- 4th. One grain of 3X and 9 grains of sugar milk triturate one hour makes 4X.
- 5th. One grain of 4X and 9 grains sugar milk triturate one hour makes 5X.
- 6th. One grain of 5X and 9 grains sugar milk triturate one hour makes 6X. From this trituration, the aforementioned drugs become soluble.
- 7th. Take one grain of 6X and add 9 drops alcohol and concuss 12 times and the resulting potency is the 7th (7X).
- 8th. Take one drop of 7X (drops) and add 9 drops alcohol, concuss 12 times and you have the 8th (8X) and so on.

If you use the centesimal scale 1 grain or drop of the drug is used, to which 99 grains of sugar milk (or other menstrum such as alcohol or dilute alcohol) are added and concussed 12 times, makes the 1st centesimal, marked 1, the 2nd 2, and the 3rd 3, and so on. All these triturations can be secured from any Homeopathic Pharmacy.

The crude drug, say Calomel 1 grain, is not nearly as effective as its reduction to 1/10th (1X) and the 6th is more potent than the lower potencies—the higher the greater effect, provided you have the homeopathic indications for Calomel. In disease a homeopath never uses the crude Calomel—its homeopathic range, therapeutically, is much greater on liver or bowels, when indicated, than its mere Allopathic application.

The microscope does not detect the material substance of a drug after its 12th attenuation (trituration or dilution). Homeopaths call the "thing" after the 12th attenuation, the "spirit" of the drug. In an Article written in Homeopathic Recorder some years ago on ERA, I christened the "spirit" of the drug as the "electronic," pointing out that the reflexophone (Abrams) showed a quicker response of a reaction than in the lower potencies.

Take certain characteristics of *Trigonocephalus Lachesis* (a very poisonous snake in Brazil) corresponding with these of certain forms of Lues and one will find that the 30th centesimal immediately destroys the reaction of certain forms of syphilis.

Remember that the decimal and centesimal numerals are easily converted into the one or the other. For example the 30th centesimal (30.—note the period after the cipher) would be the 60X decimal—the former scale was used by Hahnemann, the latter by Hering, the "father" of Homeopathy in America. He was a graduate Allopath from a German University which sent him to Brazil for botanical studies. The natives presented him upon the eve of his leaving that land for the U. S. with a snake known as *Lachesis* (the Surukuki snake of South America) and cautioned him not to approach the snake nearer than 10 feet for at least 10 hours as it would make him very sick—from its odor (this is equally true in close proximity with the Gila monster of Arizona). He ignored the matter and went up close to the snake and on the following day he had a terrific headache (like nitro glycerine) and throat constriction. He never fully recovered from the latter and always wore his shirt collar open. He brought the snake to Philadelphia and gave it to Dr. Raue, a noted homeopath, who extracted some of the virus and potentized it to the 30th and gave it to normal, healthy people and noted its various effects and these were proven time and time again. So in consulting a Homeopathic *Materia Medica* you will find the symptoms produced by the drug, beginning on the head, mind and body in general; hence, if these symptoms

come in any sickness, Lachesis being similia, may prove to be the simillimum in that particular patient's sickness, and likely effect a cure.

Dr. Hering scoffed at the idea of using such venomous virus and he had no belief in homeopathy. One day he took a dose of Peruvian Bark (a preparation of Quinine) and he often remarked afterward to the classes that he had "chills, fever and sweat, just the same." That was convincing proof to him that there was something to Homeopathy which he studied diligently and in a few years he became professor of Materia Medica at Hahnemann Medical College, Philadelphia.

In preparing potencies from drugs, one must use the Homeopathic Pharmacy Guide—not all drugs in running them to a higher potency correspond to one grain or one drop. Some drugs can be potentized with distilled water, diluted alcohol or grain alcohol. I am certain that the physician who will make use of the means mentioned in this paper will succeed in effecting more cures than with those of single means.

There is no denying the fact that certain "variables" interfere with electronic diagnosis. One variable to be considered is that electronists and subjects should not make reactions when not in prime condition. This lesson was taught me in my earlier work. One electronist was always getting a paretic strain. I examined him and found he was having that reaction. A cure resulted and after that he did not get many reactions of paresis. Another instance, one electronist told me that he always got the reaction of strep. He was found to be effacted with strep. In a former article I called attention to Dr. Abrams' observations, that under 8/25th of an ohm of strep was harmless. The older practitioners called certain forms of us, laudable, but when it terminated into gangrene, that would be a malignant variety. These things can be easily verified in placing morbid products in the pocket of the electronist or subject. A lesson taught me a few years ago was that I was getting the reaction of strep on a patient's blood which I knew should not be present. At the time I had a strep infection in the supra-orbital region. It occurred to me that if I "grounded" that region I would not impart that energy to the blood under examination and surely that was the case. As none of us are exactly free at all times from certain infections, it is suggested that the electronist "grounds" himself—this can easily be done. Rest assured that better results in our work will follow when these things are done. It

is also suggested that electronists doing percussion should not do it rapidly as it causes confusion of sounds. Another variable to be considered is that one must not be near the rheostats or handle blood specimens on blotting paper without the use of sterilized forceps. Differential calculus or the law of averages will not change the variables. I know that my condemning rod technic is unpopular among certain electronists, but I assure these that I used the rod method since Dr. Abrams introduced it and in thousands of cases I could not do better than ten percent of accuracy, whereas percussion can be duplicated in over ninety percent accuracy. (Who uses the rod method in going over the front of the chest in locating a pneumonia?) Dr. Abrams, time and again said, use the rod to check up, but he preferred percussion. He only advised the practitioner to use the rod if he was unable to do percussion. He doubted if the physician could do percussion work if he was unable to map out the heart. Those unable to do percussion are advised to use the rod method in their own practice because the practitioner has the patient from whom he can ascertain clinical symptoms and when the two correspond he will be able to do much with the combined methods. But it is not fair to do electronic rod methods alone for physicians who send blood specimens for examination. The following is suggested: Use the rod and note if one can get duplicate results. Electronists using the percussion method generally get uniform reactions. It is also suggested that a full medical report be furnished to electronic diagnosticians and if the rod and percussion methods correspond with the clinical findings, one can reasonably assure the physician that the diagnosis can be depended upon, and finally a cure will confirm the nature of an illness. The trouble as I found it among electronists—they were over-enthusiastic and went at it pell-mell, which cause confusion and uncertainty in the work for all of us.

The reader is cautioned not to use drugs or physical measures for at least 48 hours before making reactions. This lesson was taught me several years ago when I used gamboge or other dyes on the chest, which I no longer use; these will give "negative" reactions, or when I gave other internal means, or physical measures and particularly so when the potentized remedy such as Eosin, Congo-red, Vanadium and others were given. (These can be judiciously used after a "reaction.") The physician can easily verify my observations in these matters.

One must be careful in the taking of blood for Electronic exam-

ination. This is easily contaminated, which is not possible in the laboratory of those doing exact work. The proper technic in the taking of blood for examination will be cheerfully furnished by those who can give that information.

April 15th, 1925.

(Signed) J. W. KING.

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## EXPERIMENTS BY McMANIS PHYSICO-CLINIC LABORATORY

(The following article recounting experiments by Dr. Lulu F. McManis was sent by Dr. J. W. King for publication in our Journal, and is most interesting in connection with the comments of Dr. Cora Smith King regarding malaria. The latter's article also appears in this Journal.—Dr. Moore.)

J. W. KING, M. D.  
Bradford, Pennsylvania.

DEAR DR. KING:

I am afraid you will think me very negligent in making the tests with quinine for 60 reactions, which you asked me to make some time back.

We have done these experiments with the following results: In one case where the 60 came thru at the modified rate 59 24/25th, which was located in the frontals and ethmoids, quinine dissipated the reaction when held eighteen inches away from the dynamizer. In another case where the 60 came through straight, and also found in the tonsilar areas and genito-urinary area, quinine dissipated the reaction when held three feet away from the dynamizer. In another case 60 in the appendix measuring 5/25th ohm, quinine dissipated the reaction when held one foot away. 60 in the gall bladder area measuring 4 25th, quinine dissipated the reaction when held three feet away.

We also tried to see if quinine would dissipate the 35 reaction. We tried it on 35 to the sinuses, and to the genito-urinary tract, but the quinine seemed to have no effect whatever.

Since quinine dissipated 60, it seems it would be a very good reason for giving quinine in cases of colds. It seems to me there is a great field for research in the drug line, and I am sure we would find some of the drugs useful in a lot of cases. For instance, just recently we did some more experimental work, and we found that

salt dissipates 42 and 60. Common baking soda dissipates 60 and 35. Boric Acid dissipates 60, and 35. Sugar dissipates 60 and 35. While on the other hand where we thought Epsom Salts was good for things of this kind, we find it does not dissipate 35 or 60, but does dissipate 57.

The reason we experimented with the sugar is because Dr. Edwards, St. Louis, Missouri, and an Eye, Ear, Nose, and Throat Specialist, recommends in catarrh packing the nose in sugar, claiming he gets good results therefrom.

The reason we experimented with salt, soda, and boric acid was because these three common remedies are so frequently used as a wash in treatment of catarrh.

I appreciate very much your interest and your complimentary words regarding our recent work here.

If at any time we can be of any service to you in trying out reactions, let us know and we will do our best, although bear in mind, Dr. King, we do this work for you with great concern, feeling you know so much more about it than we do.

If you find time in the near future to try out the experiments mentioned above, I would be glad for you to let us know the results of your experiments.

With kindest personal regards, I am

Sincerely yours,

February 6, 1925.

LULU F. McMANIS.

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## DR. WALTER ELFRINK

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It has been our purpose for several months to express the appreciation of all ERA physicians for the untiring service to ERA rendered by Dr. Elfrink as Managing Editor of the splendid Journal of the American Electronic Research Association. As a constant worker in the problems of the American Association, Dr. Elfrink had a breakdown in health and was for many months incapacitated. We can ill afford to lose the constructive services of the stalwart type Dr. Elfrink personifies.

## LET US BE MEN

By DR. JOHN F. SPAUNHURST

(Dr. Spaunhurst was for eight years a member of the State Board of Medical Examiners of Indiana, and has practiced continuously in his present office in Indianapolis for twenty-five years. He has been one of ERA's strongest defenders. He says it is a force of emancipation for sick humanity, and believes it should be nurtured through its babyhood in spite of all difficulties.—Dr. Moore.)

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It has been my observation that in seeking hoped-for support from friendly vested interests, such organizations or corporations often hesitate, or defer becoming active in behalf of a new cause that is being relentlessly crucified. They feel that they must accept naught that is not clear, must be sure beyond a doubt, and must hold the test tube and cast out all that they fail to understand.

This is our big task, to lay bare the facts, and shed ERA light with such brilliance that they can no longer hesitate and resist its full acceptance. The world may owe ERA complete endorsement, but it is up to ERA devotees to collect the debt. Our task lies before us—we must go forth and conquer. ERA launches out into the realm of the infinite, and emphasizes our insignificance as compared with the mighty forces of nature. This, notwithstanding the extent to which Albert Abrams ferretted out her mysteries, and the amazing progress he made in spite of unremitting opposition from vested interests.

Unhampered by preconceived ideas, free from prejudice, and without desire for personal glory, the ERA profession should stand in harmonious union for evolution and growth. It should tunnel toward the light strongly and surely to the unfoldment of the great discovery handed down to us by Dr. Abrams. The proper application of his great discovery and beneficent work for the betterment of the race is an achievement inferior to no other service that man can render to his fellowman.

It is granted by all that the master had the faculty and genius for searching out the undiscovered, for unceasing work at a big task, and for blazing a trail into a future of undreamed of possibilities in the assuagement of human ills. The urge within him for the accomplishment of this his great lifework and the great responsibility that was his in its achievement was something from which he could not escape. As his disciples it devolves upon us to give our time, talents, and life's best endeavor to fulfill that which he

started. We believe that for this mission Albert Abrams came into the world, and gave his life in its accomplishment. He is not dead; he lives on in the hearts of those he left behind, and proves an immortality through us, if we but make his tenets our watchword and strive to be more helpful in the alleviation of pain, healing of the sick, and in animating the weary and distressed. Such ministrations have always ruled and still rule the world. To educate, improve and employ our powers in the service of humanity is the grandest of all human endeavors. In doing this, to discard old methods and old machinery means to be imbued with an ideal that sifts out the dross, and adopts that which is new and productive of the best results. This implies true faith in our calling, and is the vitalizing ray that causes us to emulate the spirit of Dr. Abrams.

Co-operation is most essential in the ERA profession if we would arrive and succeed. Dean Swift declared "A wise man who does not assist with his counsels, a rich man with his charity, and a poor man with his labor are perfect nuisances in a commonwealth." Helpfulness, service and co-operation are the keynotes to bring ERA to fruition, and the greatest of these is co-operation.

It is an immense subject, and it inspires a hope that heartens and a good-will that recognizes the rights of others and is yet willing to concede that the other fellow is not always wrong. Hence, associations and contacts are absolutely necessary to ultimate success.

Unfortunately, many seem to be unwilling to co-operate. Their long suit is to stand on the bank and whine, while their brothers are in midstream struggling for help, success and life. They are in truth a liability, for they complain and criticize, and try to tear down and destroy that which others have striven to build up. To such I would quote the words of Edmund Burke: "Applaud us when we run, console us when we fall, cheer us when we recover, but for God's sake let us pass on!"

To shun co-operation and shrink from toting our share of the burden invites mental and physical disability, petrifies our finer sensibilities, and robs us of that which we should prize most; namely, candor, kindness, integrity, friendship and benevolence, which we owe to all. These tenets practiced by the rank and file of the ERA profession bring the power of resisting falsehood and fraud against our beloved cause, evince good faith and integrity, and assure us of the confidence of the public and success in practice.

## **FAMOUS QUAKER CITY PHYSICIAN ENDORSES "MAGIC BOX"**

### **WILLING TO HAVE HIS OFFICIAL HEAD CHOPPED OFF FOR SAKE OF TRUTH**

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In a copyrighted article, appearing in Pearson's Magazine for May, Dr. J. Quintin Griffith, for over twenty-five years physician of the Philadelphia Bureau of Health, takes issue with the American Medical Association and unqualifiedly endorses Dr. Abrams' famous "Magic Box" that has alternately been referred to as "the greatest boon to humanity" and the "biggest hoax in a century."

"If it is a choice between my official head and the truth, I am willing to have my official head chopped off," says Dr. Griffith. "It is a strange commentary on our profession that when Dr. Abrams offered the results of thirty years of research work to the medical profession, and in spite of the fact that his discoveries appeared to be so vital to the community, and so benevolently revolutionary in character, the facts were ignored, the truth rejected, the man condemned. What are we afraid of? Are we anticipating fewer surgical operations? Do we think there will be less need for our drugs, or do we fear that the patients we cannot help anyway, will find relief in another direction?"

Dr. Griffith cites case after case that he has come upon in his investigation, where the "Magic Box" has apparently accomplished wonders when all other methods had failed. He relates incidents where the Abrams diagnosis from a few drops of the patient's blood has accurately diagnosed ailments that were not apparent to the ordinary methods of diagnosis. He tells how the Abrams treatment has cured Philadelphia's and some of the country's foremost citizens of seemingly incurable diseases, including famous physicians and surgeons whose skill and learning had failed them in their own afflictions.

In support of his startling statements he cites the indorsement and favorable comment given the Abrams method by some of the world's foremost physicians and scientists, including Sir James Barr, former president of the British Medical Association, Dr. T. Proctor Hall, a former President of the British Columbia Academy of Science, and Sir Thomas Horder, Physician to the Prince of Wales.

Dr. Griffith invites his medical colleagues to investigate the Abrams methods "in a spirit of scientific sincerity" and ends up by stating that in the opinion of all sincere investigators the "Magic Box" appears to be the greatest discovery in the history of medicine.

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## COMMENTS ON THE E.R.A.

By CORA SMITH KING, M. D.

Pasadena, Calif.

(Dr. Cora Smith King has been a conscientious student in her practice of ERA and the following article presents some of her ideas and observations. I feel it is only right to call the attention of readers to the fact that Dr. Abrams always looked for 55 first, and if present did not try for 57. He immediately aimed at splenic treatment, and if 55 was stubborn in clearing up he would later search out the corners of its location. Dr. Abrams considered strep and staph the most common causes of sinus trouble. If progress was not satisfactory, he would then look for other things, including malaria. Dr. Abrams rarely advised drugs, but he emphasized the importance of quinine in treating malaria. If the radio activity of the drug destroyed the reaction, he felt you then had a drug which was effective.—Dr. Moore.)

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### Is It 55 or 57?

Sometimes these two reactions are almost evenly balanced. To decide whether the 55 predominates, test over the liver. To measure local potentiality, have the subject localize; e. g., to the liver, by holding the spread fingertips of the right hand over the liver, while his left hand is held out from the body as usual. The reading is taken on the 57 area, dials of one (or two) rheostats set at 57, another rheostat used to measure the strength of the local reaction. If the full potentiality comes through, it is confirmation of 55. In a congenital case, the liver takes a lower reading than the constitutional reading, or it takes none at all. If both the liver and the lymph glands react high to 55, the reading should be made at that rate.

### Effect of Brain Irritation—

When there is a cerebro-spinal reaction, it should be measured to learn whether the full potentiality of 55, or 57, goes to that area. Suppose the main reading is 38 points of 57, and the cerebro-spinal reading is 25 points of 57, it is safe to assume that this patient has been unusual from childhood; always saying and doing unexpected

things, with an astonishing *savoir faire*. In other words, it is perfectly natural for the individual to be different.

If in this same patient there is a high reading of colon bacillus, it is safe to say further that the patient is worrisome, always evolving a new theory of her own case and of the proper method of treating it.

If, instead of colon bacillus, she has a tuberculosis reaction, the picture will be quite the opposite. This patient will explain away her symptoms, as caused by some change in the weather or other trifling factor, quite ignoring the importance of the underlying features of the case.

### **Sinuses—**

Antrum cases are difficult to cure and are hopeless unless the fundamental cause can be reached. Malaria is one of the most common causes of sinus trouble, as well as of what appears to be toothache but is really a maxillary neuritis. Tuberculosis is another common reaction with a high reading in sinus cases. Syphilis is the other most common cause. Some cases have all three of these infections at the same time. Each of them must be noted and properly treated, not only by the Oscilloclast but by whatever supporting treatment also cancels the reactions.

### **Malaria—**

The test for 32 should be made in all cases, as much of a routine test as 42 or 52. Malaria is the key to many a complicated problem in diagnosis. Headache, chilliness, severe digestive attacks, should lay a suspicion of malaria upon the case. If malaria is present, it is advisable to treat the patient on rate 1, and administer quinine at the same time. Rate 1 over the gall bladder will throw a latent malaria case into a violent sick headache, because it releases the walled-off poisons but does not antidote them. I have heard Doctor Abrams say, in his clinic, "Give the patient quinine and treat with the Oscilloclast at rate 1 over the spleen." It is possible, too, to choose the dosage or the combination by the Abrams method, as follows:

Half dram vials corked can be prepared in advance, one containing 5 grains of quinine, one 2 grains, one a combination of quinine—1 grain, arsenic 1/10000th grain, and Nux Vomica 1/10th grain; another with quinine, belladonna and camphor, the "Rhinitis" tablet. Lay one of these vials at a time on the diagnostic set, in contact with the metal of the selector switch, because if the medicine

is laid on the hard rubber, it does not sufficiently affect the reaction. The wrong combination will either not change the reaction or will aggravate it. The right medicine will cancel the reactions altogether. I have verified this thousands of times and commend the method to the conscientious prescriber.

#### “Pain in the Tibia”—

If the reaction is 55, the pain in the leg is possibly accounted for, for it must be remembered that syphilis has a predilection for the tibia.

The next test should be for inflammation, rate 40, area to right of navel, same as right half of 50. If there is no inflammatory reaction to the leg, there cannot be a true periostitis and therefore we will not expect a leg ulcer.

If there is no reaction to the leg at 50, the trouble cannot be carcinoma.

If, however, the leg reacts to 58, it indicates that there is thickening of tissue, not necessarily a true sarcoma; if the patient has a general reaction to 58, say in bronchial lymph glands and in the joints, then the fibrosis reaction to the leg is only a part of the general tendency to deposit of connective tissue.

If pain is an early symptom, that in itself rules out carcinoma, for pain in cancer is a late and not an early feature. There is one thing, however, that gives early pain and that is tuberculosis of the bone, which trouble may readily be superimposed upon a syphilitic base.

90 North Madison Avenue.

## CASE HISTORY

### A WONDERFUL RESULT

(This splendid report of a most extreme case was sent to us by Drs. M. D. and Bertha M. Satterlee of Andover, Ohio. It shows what a factor both ERA diagnosis and treatment may be in locating the real causes of trouble.—Dr. Moore.)

Dorothy Nye was vaccinated when six years old and same "worked good" but was slow to heal, and before the sore disappeared she developed severe headaches and had difficulty about seeing, which could not be relieved by the use of glasses. Then her head began to grow out of proportion to her body, and she carried it well over to the left side.

These conditions continued for two years, when in October, 1923, she was taken to a noted New York City specialist who X-rayed her and found a Neoplasm at the base of the brain. He also drew off some fluid from the ventricles of the brain, which threw no additional light on the nature of the disease.

Neither this specialist nor any other physician gave the parents of the girl any hope of her recovery. Her blood was sent to Dr. Abrams for diagnosis, which was "sarcoma at base of brain," and on November 4, 1923, she was placed on the Oscilloclast.

The symptoms at this time were as follows: Head enlarged out of all proportion to the body; pupils dilated like owl's eyes and did not respond in the least to light; knee jerk gone; tumor the size of a walnut at place where needle entered the cranial cavity, caused by pressure from within; neck enlarged and stiff. She could not turn in bed, and when the nurse turned her she screamed with pain. Shrill screams every hour day and night, often every minute in an hour and came whether awake or sleep. Projectile vomiting, ejecta thrown to foot of bed. Stools and urine passed without her knowledge, and in addition to all this she was entirely blind.

She took two hundred hours' treatment at rate three the first two weeks and was much improved in every way. Today, just one year from the time she was placed on the Oscilloclast she is in perfect health and has been for several months, but she remains almost blind. This girl's parents are life-long residents of East State Street, at Sharon, Pa.

(Signed) M. D. SATTERLEE.

**TENTATIVE PROGRAM****MIDDLE STATES SOCIETY****Savery Hotel, Des Moines, Iowa****May 19, 20 and 21, 1925**

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**TUESDAY, MAY NINETEENTH****Forenoon**

- 8:00 Questions, Answers and Discussions  
9:00 Opening of Convention  
10:00 President's Address  
10:30 "Interpretation of Disease in Terms of Physics"  
F. C. Ellis, Chicago  
11:30 Discussion  
Lead by Dr. E. S. Antisdale and Dr. Jean duPlessis  
11:45 Business Meeting  
12:00 Luncheon

**Afternoon**

- 1:00 Demonstration—"Light and Tension"  
Dr. J. F. Roemer, Waukegan, Ill.  
1:30 Discussion  
Dr. E. E. Chappell, Clear Lake, Iowa  
2:00 Laboratory Report—"Solving Electrical Enigmas"  
Dr. J. C. Burnett and Mr. Hallberg  
3:00 "Broadcasting"  
Dr. Mae Johnson Work, Brooklyn, N. Y.  
3:30 "Actinic Ray in Skin Diseases"  
Dr. J. L. Church, Chicago  
4:00 "Adjuncts to Practice"  
Dr. Jean duPlessis, Chicago  
5:00 Radio Exhibit and Lecture  
6:00 Announcements

**Evening**

8:00 Reception and Dance

**WEDNESDAY, MAY TWENTIETH**

**Forenoon**

8:00 Questions, Answers and Discussions

9:00 Exhibit of Publicity

Dr. A. J. Molyneux, Jersey City, N. J.

9:30 "Diathermy"

Dr. A. C. Scott, Adel, Iowa

10:00 "Advanced Research"

Dr. J. V. McManis, Kirksville, Missouri

11:00 "Check Up"

Mr. Thos. Colson, Kirksville, Missouri

11:30 "The Layman"

Dr. Francis A. Cave, Boston, Mass.

12:00 Luncheon

**Afternoon**

1:00 "Galvanism in Office Practice"

Dr. J. M. Kilborne, Sioux City

1:30 "Scientific Demonstrations and Proof of the Electrical Manifestations Occurring in the Human Body"

Mr. M. S. Blackburn, San Antonio, Texas

2:30 "X-Ray As Is"

Dr. C. E. Schwartz, San Francisco, and

Dr. C. A. Shoemaker, Lincoln, Nebr.

3:00 "The Philosophy of Electronic Reactions in the Nervous System"

Dr. C. C. Reid, Denver, Colo.

4:00 "Endocrines"

Dr. O. M. Hayward, Chattanooga, Tenn.

4:30 "San Francisco College"

Dr. Fred E. Moore

- 5:00 "Quartz Light Therapy"  
Dr. W. H. Gillmore, St. Paul, Minn.
- 5:30 "Dr. Appleton's Thermopyle"—  
Dr. Chas. J. Pflueger, Los Angeles, Calif.
- 6:00 Announcements

**Evening**

- 7:00 Banquet and Entertainment

## THURSDAY, MAY TWENTY-FIRST

**Forenoon**

- 8:00 Questions, Answers and Discussions
- 9:00 "Chrome Therapy"  
Dr. M. C. Hardin, Atlanta, Georgia
- 9:30 "Legislation and Defense"  
Hon. Henry E. Sampson, Des Moines, Iowa
- 10:30 "Publicity"  
Dr. Robert Rosen, Detroit, Michigan  
Dr. D. E. Pearl, Kirksville, Missouri  
Dr. W. E. Elfrink, Chicago, Illinois  
Dr. C. H. Morris, Chicago, Illinois
- 11:00 "Auto-Condensation"  
Dr. I. J. Eales, Chicago, Illinois
- 11:30 Business Meeting
- 12:00 Luncheon

**Afternoon**

- 1:00 Paper  
Dr. G. Schmidt, Lake City, Minn.
- 1:15 Paper  
Dr. J. H. Henderson, Olean, N. Y.
- 1:45 Paper  
Dr. W. J. McRoberts, Hot Springs, S. D.
- 2:00 "Light Therapy"  
Mr. Paul E. Johnson, Chicago, Ill.

- 2:30 "Radio Distance"  
Dr. Martha Petree, Paris, Kentucky
- 3:00 "The Menace of Malpractice"  
Dr. C. N. Stryker, Iowa City, Iowa
- 3:30 "The Future"  
Dr. Norman T. Johnson, Kearney, Nebr.
- 4:00 Resume
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|---------------------|-----------------------|
| Dr. C. C. Reid      | Dr. J. C. Burnett     |
| Dr. J. V. McManis   | Dr. F. T. Davies      |
| Dr. Jean duPlessis  | Dr. Chas. J. Pflueger |
| Dr. O. M. Hayward   | Dr. Frederick Dugdale |
| Mr. M. S. Blackburn | Dr. C. C. Taliaferro  |
| Dr. H. E. Palmer    | Dr. Mary Coffin       |
| Dr. Ellen B. Ligon  | Dr. J. H. Bolles      |
| Dr. Marie Harkins   | Dr. Ethel Murphy      |

Entertainment in the Afternoon for Ladies and Children—Parks, Theatres, etc.

Blackburn's course of fundamentals begins on Sunday, May 17th, and lasts all thru the week

Ellis' course will be given free of charge, some time during the week

Short courses by experts in Physio-Therapy will be arranged

Broadcasting from WHO

Trips to Parks and other places of interest

Exhibit Spaces are being taken by most interesting exhibits

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Items on Program may be subject to change or addition

Suggestions will be welcomed

## THE ELECTRONIC METHODS OF ABRAMS

Scientific American's Committee. Summary of Facts. Aid Offered But Declined. Two Cases

By H. B. ESMOND, M. D., Ph. D.

Atkinson, Ill.

(The following article taken from the *MEDICAL WORLD*, of March, 1925, is interesting and shows plainly that the *WORLD* is willing to present both sides of any question. This is our reason for printing it. The Editorial comment at the close of the article should be carefully read, especially with reference to the measurement of electrical energy. Dr. Abrams never claimed electrical energy (current) coming from the electrodes could be measured by ordinary instruments, and no electrical expert should expect to find any energy if he were at all familiar with the fundamentals of the electrical science. Dr. Esmond is not a graduate of the College of Electronic Medicine or any of its branch schools, according to our records, therefore more credit should be given to his defense of Electronic Reactions of Abrams, and it is of greater significance to those who are skeptical.—E. W. Binkley.)

Recently there appeared in *The Medical World* a brief comment on the Scientific American's investigation committee on the electronic methods of Abrams. The inference one obtains from this very brief note is not in any way enlightening to one who would like information on the subject in question. The writer has been a reader of *The Medical World* for quite a number of years—twenty, more or less—and as a general thing has found the members of *The World* "family" liberal and broad-gauged men and women—and he thinks there is still a number of the latter in the "family." *The Medical World* was wont to give all sides of every important medical subject a fair and impartial hearing. Trusting the present members of the editorial staff of *The World* are as fair and broadminded, I am offering a correct statement of the facts in regard to the committee's report.

I find the facts to be as follows:

- (a) *The Scientific American* is not a medical journal.
- (b) It is published by a firm which is advertised in its pages as a firm of patent attorneys.
- (c) Its electronic investigation committee appears to have been self-appointed and responsible to no one.
- (d) The identity of the influences back of it had been kept secret.

(e) Its personnel, which was not made known until the verdict was given out, consisted of:

(1) Two members of a medical society which had already, and **without investigation, utterly condemned** the methods which they **now presume to investigate.**

(2) One man was the president of a hospital under the indirect control of the same hostile medical society.

(3) Two editors of the Scientific American who **are not** medical men.

(f) One editor, neither a **physician** nor a **physiologist**, did most of the investigating, and passed his information on to the committee, and also wrote up the articles for his magazine.

(g) Said articles contained many glaring inaccuracies.

(h) The conditions under which the reported tests were made were such as to make reliable findings impossible, and results could be nothing more than guesswork.

(i) The managers of the Abrams laboratories in California repeatedly invited the committee investigating for the Scientific American to use their laboratory, but the offer was not accepted.

(j) The various electronic research associations, and there are several of them (the members of such comprise some of the leading men in the medical profession in all parts of the United States), stand ready to assist any qualified committee authorized by any college, association or other responsible body of medical or scientific men to a genuine investigation of the electronic methods in the diagnosis and treatment of disease.

Would the medical profession have accepted the electronic idea in medicine from the Scientific American?

The physician and others consulted by the **one member** of the committee **were not accredited practitioners** of the electronic method—or graduates of the same.

Visualizing without mentioning any one particular new concept or innovation in medicine in the past few years, what man or body of men developing and establishing such medicine, article or treatment which has proven to be a real benefit to humanity would be willing to accept a report from an investigating committee, conducted so grossly unfair, with a preconceived opinion, setting aside all of the ordinary respect and courtesy due one professional man to another as that committee did?

The Burnett-Timkin Laboratory for Physical Research, located at Alpine, N. J., under the management of J. H. Halberg, extended an invitation to the afore-mentioned committee to use its laboratory in conducting its investigation; but the offer was declined.

The above-mentioned laboratory having every facility at its command, including the most delicate and precise scientific instruments, has made careful tests of the Abrams treating machine, called the oscilloclast, and claims it delivers both electrical energy of a very high frequency and a definite radio-wave energy.

Practically all of the leading physicists today recognize the electron theory of matter. Microscopical as the atom is, the electron is the real ultimate entity into which matter is finely divided. In size, an electron compares with an atom about as a pea would with an ordinary good-sized house. In fact, an electron is so small that we have absolutely no conception whatever of ponderable matter with which to compare it. It can only be considered as a point charge of electricity, negative, and revolving with numerous other electrons at the terrific rate of thousands of billions of revolutions per second about a central positive nucleus.

Mr. Nikola Tesla, the wizard of electricity, speaking of electric vibrations, predicts that the scientific achievements of the past will be insignificant compared with what is to come. It is a fact that matter is vibratory—permeated—in fact, made up of electrons that are vibrating in wave-like forms or radiant energy, which is called electronic energy. All diseased tissue is vibratory, and each disease, pathological or organic condition has a characteristic vibratory rate or energy.

It has repeatedly been demonstrated that certain electrical instruments have been devised that do and will change the vibratory rate or energy of pathological conditions to those of health. By changing, modifying, or stopping the motion of the electrons making up diseased tissue or pathological conditions, the disease is destroyed and health restored.

I will report two cases of carcinoma that have been successfully treated by this method.

The first one, a physician, 65 years of age, who had carcinoma of the pylorus, so extensive that the outlet of the stomach was practically closed. Food, when eaten, was retained in the stomach for several hours, then vomited. This condition had continued so long the patient had lost much flesh; in fact, was very much emaciated,

and weak. He went to a hospital in Chicago for the purpose of an operation, as he was advised by several surgeons and physicians who were personal friends that seemed to be the only thing that could be done.

While preparing for the operation some friend suggested a trial of the electronic treatment. This was followed every day for a few days and he felt so much better he began to take simple food and found he could retain it much better than before the treatment. So it was continued, and he got so much better the operation was given up. The electronic treatment continued for a few weeks when the tumor in the stomach had practically gone, he was retaining all food and recovering his strength, and in a short time returned to his practice.

The second case of cancer was a woman, age 38 years, in good health, mother of two children, the youngest 10 years old, tumor of the left breast. For several months she had noticed a lump growing in the left breast directly under the nipple and attached to the tissues of the nipple. This gradually growing larger and in a few months began to pain, sharp, excruciating pains all through the tumor and into the breast towards the axilla. The pain disturbed her rest at night. She consulted two or three physicians, and they decided it was carcinoma and advised an immediate operation. Her husband and the family were afraid of an operation. Some friend suggested a trial of the electronic treatment. This was used, patient put on a diet and treatment followed for 5 or 6 weeks, when tumor all went away. The same physicians that examined her previous to the treatment examined her again, and found tumor gone and the breast as normal as the other one.

Diagnosis in this case was clinical; in the first case, that of the stomach, was confirmed by laboratory tests and the X-ray.

[We have always permitted both sides of any question to be presented. That is the fair thing to do always. Ever since the Abrams method has been mentioned in *The World* we have offered every opportunity for its users to defend and explain it.

It is not without possibility that there is merit in the Abrams method. The physicians who endeavored to measure with a milliammeter a current of less strength than a milliamperere were trying to do the impossible. The thing to do is to let the exponents of Abrams' electronic theory prove their case and then investigate the proof and find if it will stand up under the examination and test. —E.D.]

## In Memoriam

### DR. CLARKE FRANCIS FLETCHER

April 12, 1871—March 30, 1925

The sudden death of Dr. Fletcher from an attack of pneumonia came as a shock to his many friends in the profession and to the very many of those whom he had administered to in sickness and helped to regain health.

Dr. Fletcher was born in Bluffton, Iowa. He left the middle west in the nineties and visited the Eastern States and Canada, returning west to Kirksville, Missouri, where he studied Osteopathy and graduated in 1900.

Establishing a practice in New York City he filled the responsible positions of President and Director of the Osteopathic Society of the City of New York and was one of the founders of the Osteopathic Clinic in New York City.

In December 1921 Dr. Fletcher's attention was called to the discoveries of Dr. Albert Abrams. His mind was ever open to examine and study any method of treatment that would relieve human suffering, and he made one of a group of students of the Electronic Reactions of Abrams. Being convinced that this method was based on well established scientific principles, and held out great promise in the treatment of diseases hitherto looked upon as practically incurable, he became in February 1923 one of the founders of the Eastern Electronic Research Association.

Dr. Fletcher was held in high esteem and with sincere affection by his colleagues in the profession as well as by his many patients as a generous hearted man and friend, ever ready to sacrifice himself in his conscientious, hard-working and persistent efforts for their welfare. Frequently wholly oblivious of self interest in the presence of suffering, his many generous deeds extending over his 25 years of active practice, are recorded on the minds of a multitude of his fellow men, a memorial more enduring than much scrip.

Dr. Fletcher leaves, mourning his loss, his wife, Anna Fletcher.

After an actively strenuous life, perhaps more than ordinarily burdened with responsibilities and cares, and in no small measure

a mark for fortune's slings and arrows, he has gone to rest—to live in the temple of our kind and reverent memory.

“So may I, far away, when night shall fall on light and love,  
Rejoicing, hear the quiet, solemn call, all life must prove;  
Wounded yet healed, by man beloved, forgiven,  
And sure that goodness is my only heaven.”

ALEXANDER SMITH, New York City.

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## COMMON SENSE CAUTION

(We publish the following letter written by Dr. J. V. McManis. This is an evidence of the judgment all ERA graduates should use in examining blood samples for ERA physicians only.—Dr. Moore.)

Your communication of October 17 has been received, and in reply wish to advise we are testing blood samples for ERA practitioners only. The taking of blood samples requires some little knowledge of our methods in order to protect them from contamination, and various things may happen to the sample to affect the electronic reactions. In view of this, we have had to limit our work to Electronic practitioners only.

I am a little bit at a loss to know why this patient should be adverse to having an accredited ERA practitioner take her sample of blood. Undoubtedly she must be interested in ERA treatment. If so, whom would she expect to treat her? If you will advise me who the ERA doctor is she expects to have treat her, I will be glad to examine the sample sent to me by this doctor.

With best wishes, I am, Cordially yours,

(Signed) J. V. McMANIS.

## EASTERN ELECTRONIC RESEARCH ASSOCIATION

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The regular meeting of the E. E. R. A. was held at the Waldorf Astoria Hotel, Saturday, March 28, 3:00 to 1:00 p.m. President Albert J. Molyneux presided. A banquet was enjoyed between the afternoon and evening sessions. Medical practitioners from all over the country were present to discuss and hear the latest scientific developments in the practice of the Electronic Reactions of Abrams.

Dr. J. Clawson Burnett of the Burnett-Timken Research Laboratories, with the assistance of Mr. J. Henry Hallberg, Electrical Engineer and famous Physicist, discussed and demonstrated the fact that the Abrams Oscilloclast or treatment machine does give off a definite measureable energy, notwithstanding the fact that so-called scientific investigations had stated that nothing was given off by the machine. As a result of being cured by the Electronic Reactions of Abrams, of a condition that orthodox methods had failed to help, Dr. Burnett built a \$300,000 laboratory at Alpine, N. J., to aid in the scientific development of the Abrams reactions, to the end that suffering humanity should have the benefit of this new treatment and the detractors of Dr. Abrams should be silenced.

Dr. Frederick Dugdale, a famous Cancer specialist of Boston, Mass., discussed cases of this dread disease, that had been helped and cured by this method and stated that there was no question but that it was the most important development in the diagnosis and treatment of this condition of all time. Numbers of case reports were presented that had been diagnosed by orthodox methods and declared absolutely incurable by eminent cancer specialists, had secured remarkable results by the Electronic Reactions of Abrams.

Dr. Francis A. Cave, of Boston, Mass., President of the American Electronic Research Association, analyzed the recent favorable report on the Abrams reactions by a scientific investigating committee of the Royal Society of Medicine of London, the committee consisting of Chairman, Sir Thomas Horder, Physician to the Prince of Wales; Dr. C. B. Heald, medical advisor to the Director of Civil Aviation, and other members who were experts in physical research and radiography. The members were enthusiastic over this vindication of Dr. Abrams' life work.

Dr. Sigmar C. Hilfer of New York, presented many patients that told in their own words of their condition and experiences in an effort to be helped or cured of malignant growths, tuberculosis and blood diseases, and how altho declared incurable by many physicians, had found help and cure in the Abrams method.

Committees Appointed—Committee on Research and Standardization, Dr. A. M. Goffen, Chairman, Dr. Elsa M. Tieke, Dr. Ira W. Drew; Committee on Programs, Dr. J. W. Thompson, Chairman, Dr. Albert J. Molyneux, Dr. Alexander Smith; Committee on Publicity, Dr. H. Van Arsdale Hillman, Chairman, Dr. Samuel L. Fruchs, Dr. George R. Jordy, Dr. Mae Work; Committee on Legislation and Defense, Dr. Fred E. Keefer, Chairman, Dr. Frederick Dugdale, Dr. Sigmar C. Hilfer; Committee on National Health Federation, Dr. Walter A. Merkle, Chairman, Dr. Julius Broder, Dr. Harold W. Burnard; Committee on Membership, Dr. Clarke F. Fletcher, Chairman, Dr. Eleanore M. Arthur, Dr. Anna C. de la Motte, Dr. C. Frederick Wetche.

DR. ALBERT J. MOLYNEUX,  
2859 Boulevard, Jersey City, N. J.

DR. ALEXANDER SMITH,  
300 West 101st Street, New York, N. Y.

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## AN EXAMPLE OF PREJUDICE

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Someone has dug up the records of the Lancaster, Ohio, school board back in 1828. In these records there is an account of a proposed debate as to whether railroads were practical. Permission was asked to hold the debate in the schoolhouse, and the minutes of the School Board meeting read as follows:

“You are welcome to use the schoolhouse to debate all the proper questions in, but such things as railroads and telegraphs are impossibilities and rank infidelity. There is nothing in the word of God about them. If God had designed that His intelligent creatures should travel at the frightful speed of fifteen miles an hour by steam He would have clearly foretold it thru His old Prophets. It is a device of Satan to lead immortal souls down to Hell.”

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## CLINICAL LECTURES OF DR. ALBERT ABRAMS

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(These valuable lectures by Doctor Abrams should be prized beyond measure by every ERA physician. As stated in previous journals, they have never before been published, and from month to month we will continue to give Doctor Abrams' words of wisdom as well as his general comments just as he expressed them while working with his patients in the Clinic. How fortunate it is that during the last year of his life his efficient Clinic Secretary recorded his spoken words upon the Stenotype. In future years when ERA comes into its own, Doctor Abrams' Clinical Lectures and his other writings will be eagerly sought by those physicians who have finally come into accord with the basic principles underlying Doctor Abrams' discovery. So I urge all those who possess the Journals to keep these files as prized possessions. The time will come when physicians will strive to secure these publications of Doctor Abrams' writings, and the supply of Journals which we hold in reserve can not be expected to meet the demand for back numbers. From this time forward we plan to present monthly these unpublished lectures until we have completed same.—Doctor Moore.)

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### Use of Rod for Outlining Organs— Lack of Knowledge of Percussion—

**Doctor Abrams:** Have you concussed the 7th cervical and 2nd dorsal? All right. How are his reactions? They are pretty good. Have you tested out the instruments? Have you all learned how to do that? You must watch all these details very carefully. You can mark out organs better with the rod than with percussion because the average physician knows nothing about percussion, being guided by the textbooks which are absolutely wrong.

### Human Energy Increases with Distance— Knowledge of Physics Necessary—

Human energy or thought will increase in force with distance. It is just the opposite with sound, for instance. The law of physics pervades everything. To educate one for a physician nowadays, I would say, study physics and radio.

### Fat and Static Electricity—

The greatest enemy of static electricity is fat. Some people's skin is very oily; others, just the opposite.

## CLINICAL LECTURES OF DR. ALBERT ABRAMS

**Results of Reagent's Stepping off Ground Plates—**

A doctor writes, "I have found out if the reagent steps off the plates, it gives negative reactions. Will you verify this for me?" Stepping off ground plates is untrustworthy as there is more or less ground everywhere. Control as heretofore by short-circuiting and standing in magnetic meridian. Stepping off grounds will always enfeeble the reactions. The principle is this—you are using what is known as inductance and capacity. The body is the capacity, the apparatus is the inductance and you tune the inductance. The energy is negative and you balance it. It is empirical.

**Multiple Sclerosis—****Location of Active Lesion of Congenital D. R.—**

Give me the first mail specimen. Where is the history? "Man. Case of multiple sclerosis. Congenital D. R.; 38 ohms. Give patient 23 hours' continuous treatment; rested 24 hours and found 35 ohms. Married man. Age 34 years; 4 children. Utterly helpless. Tremor; nystagmus and scanning speech; paralysis of legs." Write to the Doctor, "Can not understand why after this long treatment, the energy potentiality has not been more reduced." Set the instrument at 49, Doctor, to test for human blood. Look for 55; negative. See if there is any Congenital. Yes, 57 is still present. Measure it; it will be low after all that treatment. What is it? Check up. Congenital D. R.; 4/25 ohm. Go over the spine and see if there is any lesion there. Remember that the blood, spleen, liver and spine will always give a reaction of syphilis. But if the reaction from the blood is at a certain ohmage, you set the instrument at a higher rate and in the presence of an active lesion, you will get a reaction. Use the plate and go over the spine. Stop. Don't let me know where you are. There is a reaction of Congenital D. R. from the 9th to the 12th dorsal spines. Write to the Doctor: "The case is a desperate one. I am directing your attention to lesion in cord. We find an active lesion of Congenital D. R. from 9th to 12th dorsal spines. Use three cords at rate 3 over this region. Later treat head."

# THE NEW COMPOSITE DIAGNOSTIC SET

(ALL IN ONE BOX)

UPON the suggestion of Dr. J. V. McManis this set includes Three Reflexophones, Rheostatic Dynamizer, Dynamizer, heating coil and Dissipating Lights. An Auxiliary Reflexophone containing ten units of 100 each or a total of 1000 units is available for obtaining high vibratory rates.

ACCURACY IN CONSTRUCTION –Special feature of this set is the accuracy in Abrams Units. No set will vary more than **two units** or about .15% minus. This error is intentional in order to make allowance for the increase due to contacts.

**Complete with Electrodes . . . . . \$150.00**

This set is built upon a highly polished bakelite panel, multi-leaf switches and the box finished in the latest Electro-leather effect. All lettering and numerals are engraved on panel and filled in white. The Lights and Heater are operated from a 110-volt lighting circuit.

## Dissipating Lights

### Red dissipates:

Colisepsis	V. R. 6 or 60
Strep	60
Carcinoma	50
Sarcoma	58

### Blue dissipates:

Acq. D. R.	V. R. 55
Cong. D. R.	57
Staph	2 or 35

### Yellow dissipates:

Tuberculosis	V. R. 42
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### Green dissipates:

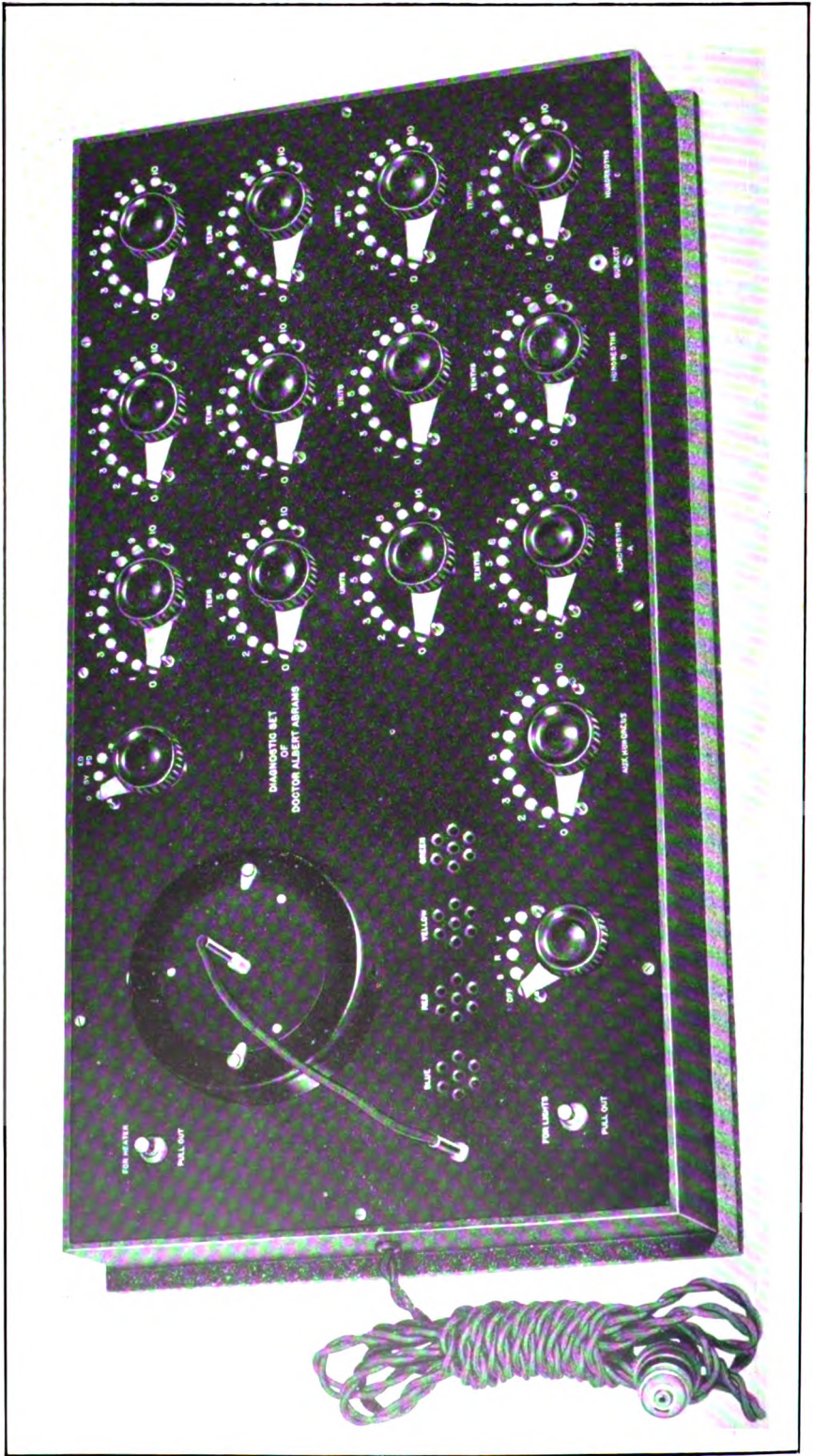
Acq. Neisserian	V. R. 52
Hered. Neisserian	(52-24)
Pneumonia	9 or 36

According to Dr. J. V. McManis the following reactions mask each other:

- Acquired Lues V. R. 55 and Colisepsis V. R. 6-46;
- Tuberculosis V. R. 42 and Staph V. R. 2-35;
- Tuberculosis V. R. 42 and Sarcoma V. R. 58;
- Acq. Neisserian V. R. 52 and Strep V. R. 60;
- Hered. Neisserian V. R. (52-24) and Strep V. R. 60.

When testing for:

- Acquired Lues use Red Light to dissipate Colisepsis;
- Tuberculosis use Red Light to dissipate Carcinoma and Sarcoma.
- Colisepsis use Blue Light to dissipate Acq. Lues;
- Carcinoma use Yellow Light to dissipate Tuberculosis;
- Sarcoma use Yellow Light to dissipate Tuberculosis;
- Strep use Green Light to dissipate Neisserian or Hered. Neisserian.





**“Tell Colonel Caldwall  
the reason we are making  
this attack is BECAUSE  
IT SEEMS impossible.”--  
George Washington.**