

Physico-Clinical Medicine

AND

CLINICS OF DR. ALBERT ABRAMS

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

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Works by Albert Abrams

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All the subject-matter of Dr. Abrams in this Journal refers to his original research work. Citation 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. Price of Subscription per year, Payable in Advance.

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COLLEGE OF ELECTRONIC MEDICINE

2151 SACRAMENTO ST. SAN FRANCISCO, CAL.

MAY - JUNE, 1925

JOURNAL DELAY

Delay was unavoidable in getting out this number of the Journal owing to the many weeks consumed by the meetings of the Board of Trustees. The last meeting was held June 6. It was the desire of the Board that the field be informed concerning its activities, and reports covering matters of vital interest to E. R. A. physicians will be found in this Journal.

We also call attention to Dr. Bigelman's article "E. R. A. Experimentation with Clinical Deductions". Dr. Bigelman will write articles for the Journal of special interest to E. R. A. physicians. His "Do You Know" column will also be found full of meat.

Dr. Pflueger in this number invites cooperation in searching out "Diagnostic Variables".

STORY OF THE MINUTES COLLEGE BOARD OF TRUSTEES

By DR. CHARLES J. PFLUEGER, Secretary.

After many postponements the settlement of the litigation between the heirs and the College had progressed far enough toward settlement so that on May 5 the members of the Board of Trustees were assembled to consummate the settlement. All the members were present. Various papers were signed and adjournments were taken to permit the final step in the consummation which was the actual transfer of the assets of the College to the College. During these meetings which adjourned from day to day daily unofficial conferences were held in an effort to work out our various problems.

After the settlement with the estate was completed and the compromise settlement with Mr. Gottesfeld was completed as per agreement, the resignations of Mr. Harry Gottesfeld, his associate, Mr. Robert L. Mann, Mr. Jerome Harris and Mr. Mervyn Harris were received and accepted. Dr. Charles J. Pflueger was elected Secretary in place of Mr. Gottesfeld, the previous secretary, and Mr. Mann, the acting secretary, and the following members were elected to fill the vacancies: Dr. Ivar Janson of Seattle, Dr. John F. Spaunhurst of Indianapolis, Dr. Howard C. Atwood of Riverside, California, and Mr. E. W. Binkley of the College office. Legally, six Trustees, or a majority of the Board, must be from California, and it is desirable that at least three be from San Francisco so that a sufficient number can meet from time to time to adjourn to some future date until such time as our multitudinous problems are lessened. It is very essential at present that for expeditious handling of business affairs three Trustees be directly connected with the College.

This new Board of Trustees, composed almost exclusively of physicians, was then ready to transact business. We took up many routine matters, much correspondence, some of which is purely personal in type, and some of which brought out problems of very decided general interest.

Cablegrams offering congratulations and cooperation were sent to Sir Thomas Horder of London, and Dr. W. E. Boyd of Glasgow, Scotland.

Through a letter received from Dr. Guild we were advised that Dr. Boyd would appear in New York at the meeting of the National Society of Physical Therapeutics at the New Roosevelt Hotel June 22 and 23. We are sure that many wish to hear Dr. Boyd.

It was decided to fix the depreciation of the Oscilloclast at 20-25% per annum based on the price of \$250 new. This information is to help the men in handling their assessment and tax problems, but the College assumes no tax liability.

It was decided by the Board that we are unable to start any new schools at present, and that all those who wish to take courses will be referred to the nearest accredited schools.

Because of inquiries from colored physicians and the need for research work to ascertain the uniformity of reactions between the white and colored races, the value of colored subjects, and the effect of light on colored subjects it was felt that some effort should be made to establish a school for teaching colored physicians.

It was also decided that dentists be debarred from future E. R. A. courses unless they give an affidavit that they will practice this method in accordance with their state licenses only.

A rising vote of thanks was given Mr. I. Harris, Attorney for the College, for the interest he has shown and for his personal sense of responsibility toward E. R. A.

The following telegram was sent to Dr. Lulu F. McManis:

"Dr. Lulu F. McManus,
Kirksville,
Missouri.

"Congratulations on your escape from serious injury in your recent auto accident. On suggestion of Dr. King, we, the Trustees of the College unanimously express our appreciation of your efforts and your success in research work."

The Board of Trustees authorized the following resolution with regard to Mrs. J. C. Burnett, and she was accorded a standing vote of thanks:

The Board of Trustees of the College of Electronic Medicine, Blanche and Jeanne R. Abrams Memorial Foundation, unanimously wish to place themselves on record as follows:

"A friend in need is a friend indeed."

"We wish to extend to you our heartfelt thanks and sincere appreciation for your generous support of E. R. A. and the results

achieved by your magnanimous cooperation. This came at a time when we were receiving criticism of a very unfair nature, particularly as it was based on absolute ignorance of the work. Your support came without any thought of recompense except the sense of pleasure that comes from assisting Truth in whatever aspect it may appear.

The most outstanding thing done in America electronically since Dr. Abrams' discovery has been the measuring and recording photographically of Oscilloclast energy. Now we are happy to say that the English investigations help to corroborate the work of Dr. Abrams and have disarmed much criticism. Now that the skies are clearing we wish to again thank you for your support when the day was dark. We feel that you are undoubtedly being actuated by the love for Dr. Abrams and the admiration for his splendid achievements which we all hold."

The Board also placed itself on record as thanking Dr. Fred E. Moore for the efficient and conscientious work he has done for the College. His work began during a period of conflict and misunderstandings. At the end of over a year of service we have the foundation laid for harmony between the Estate and the College, between the men in the field and the College, and among the Trustees there is a decided spirit of unanimity. These accomplishments have been due in a large measure to the earnestness, sincerity and diplomacy of our President, Dr. Fred E. Moore.

Dr. J. W. King's Gift—

Dr. J. W. King of Bradford, Pennsylvania, President Emeritus of the College in San Francisco, was the first man who was honored by Dr. Abrams with a teaching permit. Dr. King's wonderful demonstrations before the American Society of Medical-Physical Research in Chicago in 1920 and 1921 were productive of much good for E. R. A. Many of the early men who took work under Dr. Abrams received their first incentive from Dr. King. For some time Dr. King was the only teacher outside of San Francisco. Dr. King has been a voluminous writer as well as a good teacher.

Out of love for the College at San Francisco and in appreciation of the honor bestowed on him by Dr. Abrams in giving him the first teaching permit, Dr. King is presenting to the San Francisco College a \$2,500 Wappler X-ray machine. The Trustees hereby place themselves on record as thanking Dr. King for this gift, which will be suitably marked as being donated by him.

Branch Offices—

Many E. R. A. physicians have in the past been conducting branch offices in addition to their regular place of business. In the early days of E. R. A. there was frequently an urgency for treatment that could be handled in no other way. Electronists were few and far between. Many men had waiting lists. With the increase of electronists this urgency no longer exists. It is impossible to render personal service of the highest type in widely separated offices.

We do not wish to seem to criticize the apparent needs of the past or present, but from the point of service with its consequent favorable or unfavorable reflection on E. R. A. as a whole the Board of Trustees unanimously decided that as a matter of general policy E. R. A. physicians should not conduct branch offices.

Journal—

There has been much duplication of material in the various Electronic Journals. Some of this is necessary. In harmony with the policy of economy instituted by the Board of Trustees Physico-Clinical Medicine may be reduced in form, size or frequency. For years Dr. Abrams published this Journal as a quarterly magazine. The Board of Trustees may again reduce it to a quarterly, but if they do so they will likely also issue bulletins for those months in which no regular Journal is published.

On Saturday, May 23, the Board was still having under consideration the sale of the new College building on Sutter Street, which we were finding in its uncompleted state to be very much of a problem.

The Board adjourned on May 23 so far as the entire Board was concerned. Committees were working on the real estate problems.

On June 5 the Board reconvened with the exception of Dr. King, Dr. Burnett, Dr. McManis and Dr. Spaunhurst. At that time a letter of resignation was received and read from Dr. J. C. Burnett who found that his continued absence from home at many long-drawn out Trustee meetings made it inadvisable for him to remain on the Board of Trustees. With much regret we accepted his resignation. The following was authorized:

“It was with the utmost regret that we, the Members of the Board of Trustees of the College of Electronic Medicine, Blanche and Jeanne R. Abrams Memorial Foundation, complied with your request and accepted your resignation as Trustee and 2nd Vice-President.

"We all feel that by your resignation we have lost one of our most valued members, the one who has achieved the most for the scientific recognition of E.R. A., one who has grown very much in our esteem during our association with him, and one who by his association with Dr. Abrams and E. R. A. has advanced far in his growth in the past few years.

"We extend to you our unanimous and sincere appreciation and thanks for all you have done for the College and the advancement of E. R. A."

Dr. Bigelman was selected as Trustee to fill the unexpired term of Dr. Burnett until our Annual Meeting.

FUTURE ROYALTY POLICY

By DR. CHARLES J. PFLUEGER, Secretary.

(Caution: Read this article twice, or you may miss some of the salient points. This article condenses into a comparatively small space the combined efforts and careful thought of eleven men for the better part of one week.)

The income of the College is to be divided into three classifications:

First—The endowment, which in the future will be used for its own overhead, charity, and research.

Second—The College income from professional activities, against which will be charged its necessary overhead and the physicians' salaries. This must be self-supporting as soon as possible.

Third—The "honorarium" from physicians, which in the future will be used for publicity and defense. The following article pertains especially to this fund, which can be best described as to its source, purpose and expenditure as outlined below:

1. Instead of compulsory royalties we have substituted the "honorarium," which is the share, assessment, or quota of each E. R. A. doctor, the purpose of this fund being publicity and defense.
2. A payment of \$1.00 a month is expected for each Portable and each Master on all unpaid balances on our books June 1, 1925. A statement of account on this basis will be sent you. Beginning with June 1, 1925, a payment of \$2.50 a month is expected for each Portable and each Master. All of this honorarium fund, both the \$1.00 and the \$2.50 quota, is to be applied on E. R. A.

- publicity and defense, and for this purpose only, and is to be reduced when conditions in the field make it possible. Pay your share if you expect publicity and defense.
3. The payment on Units is for the present eliminated, this new policy applying also to all past assessments for Units now on our books.
 4. To prevent unauthorized transfer of machines and to prevent gross misconduct the ownership of Oscilloclasts and Units is not waived by the College.
 5. The A. E. R. A. is requested to appoint a committee to act in advisory capacity in the distribution of this publicity and defense fund.
 6. If the men in A. E. R. A. convention assembled wish less defense and less publicity, the honorarium of \$2.50 will be lessened; if more extensive publicity and defense is desired, it will be increased. The size of the fund and correspondingly what it can do for the men in the field depends on the men themselves.
 7. **First**—After varying length of usage some machines may not be delivering their maximum capacity. In order that each physician may be able to deliver maximum service to his patients, we will as soon as arrangements can be made, notify each lessee and obtain his order for the exchange of the vibrator (ticktock) assembly.

Second—Do not send in your order until you receive our order blank.

Third—When arrangements have been completed, which will take several months, you will be sent a remodeled vibrator mechanism in a suitable shipping case. You will install the remodeled vibrator and send us your old one in exchange.

Fourth—In addition to new parts and careful adjustment of the remodeled vibrator, there will be added all improvements which have passed a satisfactory test.

Fifth—The cost of this exchange will be \$5.00, which barely covers the actual cost of material and transportation. The labor cost will be paid by the College.

Sixth—**Caution: Do not send in any vibrators (ticktocks) until notified that all arrangements are completed.**

NOTE: The Southern California Electronic Society unanimously endorsed above "Honorarium" policy and urged its acceptance by all Electronists.

EVENTFUL BOARD MEETING

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

Again the Board of Trustees has spent many serious hours over the College matters and those things of interest to the physicians in the field. What we accomplished was only limited by various problems which must be worked out in the next few months in order that we may go on building up a constructive policy. Were our hands free of business matters, and were our assets adjusted and on a good income producing basis, the energies of our Board could be concentrated on the scientific phase of the work, and insofar as income sources permitted aid the field in every way in our power.

The Needs of the Field—

Many days were devoted to the consideration of the needs of the men in the field and all were agreed that we do our utmost in the face of many difficulties. Time is a necessary factor in affecting readjustments in order to increase the income and make it possible to have sufficient funds to carry out the plans of the Board. With a unified Board and a fixed purpose to this end, all that is needed is patience and cooperation by E. R. A. physicians.

At the last convention of the American Electronic Research Association physicians were assured that when litigation was finally settled there would be a readjustment of the royalty policy and a plan worked out regarding the instruments to make sure they were delivering their maximum capacity.

In addition to this the Board has decided to do all it can in the way of publicity and defense.

The Secretary, Dr. Charles J. Pflueger, has covered these matters very definitely in his article "Future Royalty Policy" which appears in this Journal. Read this very carefully and note especially that the exchange of the vibrator (tick-tock) assembly cannot be carried out for several months owing to the time necessary for experimental work, and to prepare for these exchanges. Do not send in tick-tocks until duly notified that arrangements have been completed.

Secretary Pflueger is preparing a "Story of the Minutes" for this Journal which will contain much of interest.

The Board Meetings—

The Board of Trustees was in constant session day and night for a period of three weeks beginning May 5. Without participating in it one can hardly realize the tension and strain under which the Trustees labor in these strenuous meetings. All were faithful to their trust, and it will be realized gave their time at great personal cost. One cannot be away from his practice for so long a period without suffering considerable financial loss. The Board of Trustees deserves the deep appreciation and hearty cooperation of every E. R. A. physician in its earnest efforts for the general welfare.

Dr. McManis and Dr. Spaunhurst met with the resident Trustees for an extra day's meeting during the fourth week. Dr. Ivar Janson returned to the city for several days' conference the fifth week when we called Drs. Pflueger, Strong and Atwood from Southern California for a special meeting June 5 and 6. I mention these things to show the unselfish purposeful effort to work out College problems so that E. R. A. physicians may derive therefrom every possible benefit. The Board hopes before the year is out to make a record of real accomplishment commensurate with the spirit of progress pervading all College activities.

Tied hand and foot by litigation and various complications resulting therefrom, the College was forced to practically stand still for the seventeen months which have elapsed since Dr. Abrams' death. The first work of the Board was to complete settlements in the compromise over litigation. This was accomplished during the first week, and the suits between Dr. Abrams' heirs and the College were thereby terminated. The settlement with Mr. Gottesfeld was completed and his resignation as Trustee, Secretary and Attorney received the official action of the Board. Mr. Robert Mann, Mr. Jerome Harris and Mr. Mervyn Harris, the latter two nephews of Dr. Abrams', according to previous agreements also resigned as Trustees.

Now with renewed zeal after our long period of stasis we are undertaking the task of upbuilding and gradually bringing about readjustment. It will be realized that this cannot be speedily consummated, but it can and will be accomplished within a reasonable period of time.

New Trustees—

Dr. Ivar Janson of Seattle, Dr. John F. Spaunhurst of Indianapolis, Dr. Howard C. Atwood of Riverside, California, and Mr. E. W.

Binkley of the College office were elected Trustees until the Annual Meeting. Dr. Charles J. Pflueger of Los Angeles was elected Secretary, and gave very definite proof by his splendid work of his efficiency in this office. Dr. Pflueger is Vice-President of the American Research Association, and is in close touch with the field and its needs. The Board congratulates itself in having him so closely aligned with College activities.

It was with the deepest regret and with the greatest appreciation for his service in the past that the Board was forced on June 5 to accept the resignation of Dr. J. C. Burnett. Dr. Burnett has been an outstanding figure in the E. R. A. world and his counsels on the Board have been constantly helpful. He remained on the Board until litigation was settled, but resigned on account of the great distance and the long enforced absences from home because of many Trustee meetings. A resolution regarding Dr. Burnett appears in the "Story of the Minutes."

Owing to the fact that Dr. Wirklich, one of the San Francisco Trustees, has gone to New York for an extended visit, and because six California Trustees are necessary that a quorum may meet to transact business in case of emergency, Dr. L. Bigelman was elected a Trustee to fill the place of Dr. Burnett until the Annual Meeting of the Board.

The other members of the Board continuing in office are Dr. J. W. King, Dr. J. V. McManis, Dr. H. W. Wirklich, Dr. Charles J. Pflueger, Dr. Frederick Finch Strong and Dr. Fred E. Moore.

College Economy Plan—

The Board as a unit curtailed the College expenses in every way possible. The members spent many days in arriving at an economy plan which provides for necessities only in the carrying on of the work. Inasmuch as the future royalty policy as inaugurated by the Board stipulates that the money from this source be used for the benefit of the men in the field, the running expenses of the College must be sustained by building up the revenue from College work. During the period of litigation the expenses were high due to emergencies, and it was impossible to alter them. The litigation surrounding the whole situation required that no changes be made until the litigation was terminated. However, during the year there was a reduction in expenses of about \$1,300 a month. As a result of the recent Board meeting all agreed upon a most conservative policy. The force

of workers in connection with the College was reduced in number, and this, together with radical changes in the salaries of our physicians, cut off about \$2,900 more a month from College expenses. The Board of Trustees now feels that we have dropped to the lowest point of economy consistent with the maintaining of efficiency, and that in the future with the growth of the work and an increase of income a larger staff will be necessary and warranted.

College Property—

Owing to the fact that the work on the new building was abruptly stopped after Dr. Abrams death the contractors a few months ago filed claims for damages because of uncompleted contracts. Bonds were placed in escrow sufficient to take care of all possible claims pending adjustment. The College engaged the services of an expert adjuster who is working with us in this matter. Real estate men frequently consulted with the Board during its meetings, and it is not unlikely that the property will be sold.

New College Personnel—

Dr. Wirklich—On May 20 Dr. Wirklich resigned as teacher and clinician in the College, which resignation was accepted. Dr. Wirklich began his work with Dr. Abrams September 12, 1922, as clinical assistant. He was with Dr. Abrams until the time of Dr. Abrams death, and since then has been in charge of the Clinic and teaching in the College, part of the time with Dr. Jarvis and part of the time alone. Since the acceptance of his resignation Dr. Wirklich has left San Francisco for New York City. He plans to make various stop-overs in the United States and Canada and expects to be in the East until fall. We know that Dr. Wirklich's future work will always be centered around E. R. A., and he leaves the College with the best wishes of all the Trustees and his friends for a successful future.

Dr. Pflueger—The Board expects to secure the services of Dr. Charles J. Pflueger of Los Angeles, who was formerly with Dr. Abrams and who was held in the highest regard by the physician students. Plans are being worked out by which Dr. Pflueger will become the clinical head of the College in San Francisco and will also temporarily have charge of teaching until the work is sufficient to demand the entire services of a full-time instructor. This may require a few months.

Dr. Bigelman—In the meantime Dr. L. Bigelman of Los Angeles, associated with Dr. Pflueger in the Electronic Institute there, and an expert diagnostician, is in charge of the clinical work. Those who

know Dr. Bigelman and are conversant with his work in teaching and diagnosis will realize that the College is very much to be congratulated in being able to secure his services at this time. Dr. Bigelman, who has been a very extensive reader of scientific works, is able to classify and teach the knowledge thus obtained, and in addition has some reputation as a writer along medical lines.

Dr. Bigelman is a graduate of the Detroit College of Medicine and Surgery. He was a resident physician at the Herman Kiefer Hospital at Detroit, and also served at the Tuberculosis Sanatorium at Duarte, California. He took his E. R. A. work in 1922 under Dr. Abrams. From that time until the present he has been associated with the work of The Electronic Institute in Los Angeles which he helped to organize and of which he was President for some time.

Personal Attention—There has been considerable criticism in the past from physicians taking the Course in E. R. A. in San Francisco that too little personal attention was given. The Board of Trustees is making an effort to remedy this condition, but time will be required to consummate all of the ideals we wish to achieve. With the fifteen months of stasis due to litigation passed, we are now ready to begin action, and it will take time to gain momentum. We are starting from a point of absolute inertia. Just as rapidly as possible progress will be made until teaching and clinical facilities are all that anyone can expect or desire.

Dr. Norman T. Johnston Present—

Dr. Norman T. Johnston, Secretary of the American Electronic Research Association, spent a week in San Francisco in consultation with the Board of Trustees over policies and plans. It gave him an insight into conditions as they really exist, and the fact that a limited College income at present necessitates the economical policy established by the Board.

Dr. Johnston's close contact with E. R. A. physicians made him the representative of the men in the field, and serious consideration was given every angle of the general needs. We feel sure the College and the American Association will work in close accord for the welfare of all.

At the American Association Convention in September the College Board expects to have its plans so developed that they will receive the approbation of the E. R. A. physicians. In the meantime those things will be carried out which are within our power, and with the complete cooperation of the field all will realize the influence of progressive and concerted action.

ERA EXPERIMENTATION WITH CLINICAL DEDUCTIONS

LEO BIGELMAN, M.D.

College of Electronic Medicine, Blanche and Jeanne R. Abrams
Memorial Foundation
San Francisco.

In the hearts and minds of hundreds of ERA men who have fought and are fighting the battle for **ERA**, is firmly rooted the faith in the work to which they are dedicated. None questions the basicness of the principle involved, nor the value of **ERA** to the world—none questions its ultimate triumph nor the solution of the many baffling problems that still beset the way, and in the minds of all of us are present these problems, which time alone has prevented solving, because the time as yet has been all too short. We are all working towards more and more accurate diagnosis, and more and more effective treatment. In that search and in the zealous concentration which we have devoted to it, many of us have lost sight of certain essential adjuncts to our work, that if utilized would accomplish just what we are striving for and prove that **ERA** is in reality more developed than many of us, even, suspect. It is a case of uncovering the real efficacy of **ERA** by pulling aside the blinds which have been making its complete value, and these blinds are Food and Thought.

The two most important factors in the life of man, affecting and creating or helping to create his state of health or disease, are the things he eats and the thoughts he thinks. Such statements are no longer a matter of opinion, because we can prove the influence of food and thought on the life of man electronically. All of us are familiar with this, but how many realize it and apply this fact in our actual practice. It is therefore with its application and proof that we are here concerned.

The body is made up of the things we put into it. These things will make either for health or for disease, specifically or in that they prepare the soil for the advent and development of specific diseases. Food is either proper and sufficient, wrong, deficient, or excessive. It either builds the body or destroys it. It either helps to combat and eliminate disease or it is disease producing. All of this is of course but

a brief recapitulation of what is well known, and quite generally accepted—theoretically. Certain foods are particularly disease builders and yet we permit our patients to eat them while at the same time we are trying to eliminate that disease which the food we are feeding is producing or helping to create. Under such conditions neither ERA nor anything else of today or tomorrow can or will effect a cure.

ERA is concerned with the elimination of the cause of disease. This cannot and will not be eliminated while the cause is being added all the time. A fire is not extinguished by the addition of fuel. Disease cannot be eradicated by introducing disease-producing factors into the body. When the system is attempting to throw off toxins, that function is hampered and the work increased if additional toxins are introduced into the system, which is usually the case. Wrong food and excess food produces increased toxemia. It results in fermentation, putrefaction, absorption, and retardation of elimination and consequently aggravation of the symptoms. Under such conditions, it is almost a miracle that ERA has accomplished what it has, and its very effectiveness under such adverse conditions suggested the present line of research based on the hypothesis that foods are either synonymous with, or have something in common with various diseases, so that the oscilloclast overcomes one when directed to overcome the other. How much more effective then may the treatment become when the opposition to treatment is removed, and how still more effective if instead of opposition we introduce cooperation.

Aside from the fact that wrong food and excess food produces toxemia by decomposition and absorption of the toxic products into the system, and local disturbances by its immediate mechanical effects in the intestinal tract, it requires no great strength of the imagination to realize that all foods must give Electronic reactions, and that these reactions are either favorable or inimical to the organism as a whole and to the conditions prevailing within it. That foods give reactions should be as axiomatic as the fact that diseases give reactions. The next thing that forces its recognition is that reactions of this kind, if constantly introduced into the system and if of a discordant nature, may be productive of much harm when continued for any length of time. It is also an obvious corollary that these reactions may intensify or nullify disease reactions. It is now self-evident what feeding foods which intensify disease reactions must mean when we are attempting to eliminate that disease.

The first diseases to which we directed our attention were those in

which foods are generally recognized to play some role, such as, arthritis, and the common catarrhal and mucus conditions. It is well known that the starches and sugars play an important role in the mucus forming and inflammatory conditions. Many physicians have made it a practice to withhold starches and sugars in the treatment of acute arthritis and in mucus-forming conditions. The question presented itself as to whether there was any electronic relationship between starches and sugars and these diseases. With this in view we tested a number of samples of starches and sugars, using pure specimens of these as well as compounds such as potatoes, rice, and mixed flours. We first proceeded to check up on all of the known reactions and found a reaction at VR 60 in the area for Streptococci. This reaction was given by all substances containing any amount of starch and sugar. This reaction is of great significance. That it was not merely a contamination we proved by taking other food substances, not starches and sugars, from which we failed to elicit any reaction at VR 60, although these substances had been subjected to the same possible sources of contamination. The starches and sugars however all gave this reaction, so that we were forced to the conclusion that they gave off a wave of energy similar to that emitted by Streptococci. In addition to the reactions at VR 60, we obtained the following reactions and rates which seemed to be specific for the three substances here listed.

Sugar—VR 84 just to right of Umbilicus and about one finger's breadth above it.

Potato—VR 76 also to the right of Umbilicus and about two fingers' breadths below it.

Starch—VR 89 in both of the preceding areas.

It is noteworthy that the reactions for starch occur in these two areas, one of which is the area for the potato reaction, and the other the area for the sugar reaction. This probably indicates that the starch electronic activity is a basic one for this class of substances.

Now the question presents itself: Are these the same reactions at VR 60 as the reactions for Streptotoxemia and Streptococci or are they reactions at VR 60 of an entirely different or related order? To say that the starches and sugars contain Streptococci or their toxins is impossible of proof and sounds rather untenable, but to postulate that Streptotoxemia and the starches and sugars have the same fundamental wave length and are attracted to each other because of similar electronic waves is tenable and possible of proof. We assumed that the

starches and sugars and their digestion products formed a suitable media when absorbed by the system for the growth of Streptococci and the development of their toxins; that also because of the similarity of the wave emanating from the starches and sugars, Streptococci were attracted to the system thus favoring the production of inflammatory conditions. The aggravation of colds, inflammations, and arthritis because of the indigestion of starches and sugars thus finds a logical explanation in the interpretation of the electronic reactions of these substances.

To prove the effect of these substances on the reactions of Streptococci, we tested them against each other and found the reactions of Streptococci to be increased in every instance. At no time were they neutralized as might be expected from similar waves acting on each other. This fact is further proof of the aggravating influence of starches and sugars in inflammatory conditions, and shows these substances to be synergistic with Streptococci. When we pause to consider how lax many of us have been about diet considerations in treating Streptococcal infections, we must marvel that the Oscilloclast has been effective as often as it has been, and we can understand why Strep. cases are so hard to clear up. How can they be otherwise when we are constantly reloading the system with substances that favor the continued presence of Streptococci, and which must themselves be overcome by the treatment before beneficial results can be achieved. These findings also offer an explanation for those cases in which there is apparently no bacteriological factor, but in which we nevertheless have marked clinical manifestations of Streptococcal infection. It isn't Strep.—its starch or sugar or both more often.

Consequently if we want our patients suffering from Streptococcal infections or sugar or starch poisoning, as the case may be, we must withhold these substances, or at least reduce them to a minimum until we have overcome the disease we are attempting to treat. When we do this, the effectiveness of the Oscilloclast will have multiplied many times over; and this has actually been the experience of those men who have combined judicious supervision of the patient's diet with the treatment. Give your Oscilloclast a chance to do its best, and before you complain of it be sure to check yourself up first, and see whether you have removed all of the obstacles in the path of recovery.

The conclusions we have arrived at are in accord with the observations of many clinicians. We now would like to have as many men as possible check up these findings and report their conclusions to the

Journal. This work is all in the growing stage, so that the more checking and confirmation we have the better.

So far we have concerned ourselves only with effects of one class of food substances. We are now working on the reactions and effects of Proteins and Fats, and hope to have our findings sufficiently advanced and checked to report in the next Journal. After the elimination of the foods which favor the production of certain disease conditions, the next step is the determination of those foods which intensify the Oscilloclast action and thus work with the treatment rather than against it. The research possibilities in this field are unlimited, and we take this opportunity of bringing that fact to the attention of all ERA men and enlisting their enthusiasm and efforts in the work of making ERA as perfect as possible. The patient's welfare is our first consideration. To that end we must leave no stone unturned. Consequently our research must branch out on broader lines than the perfection of instruments only; It must include the perfection of the treatment of disease as a whole, and when this is achieved, even relatively imperfect instruments will do the work of more perfect ones but we must never expect a mechanical apparatus to do everything if we obstruct its action. Let us never forget that primarily we are physicians interested in everything that may promote the patient's welfare, only that we are a little more advanced than the physicians who do not use ERA.

(To Be Continued)

DIAGNOSTIC VARIABLES

By CHARLES J. PFLUEGER, M.D.,
Los Angeles.

One of the variables in diagnosis is varying completeness of grounding the subject, the patient and the diagnostician. This "varying of completeness" accounts for some of the differences in diagnoses.

1. I suggest a one month's study with a completely grounded subject as contrasted with a subject separated from the ground by the soles of his shoes and his stockings. The easiest way, and possibly the best, because it permits the energy to follow the great nerve pathway, is to have a metallic connection between the lumbar region and the ground plates.

2. When the patient is used in diagnosis instead of blood, completely ground your patient.
3. Then as a third study, completely ground yourself as diagnostician, and, especially if you are not feeling well, or if you have pronounced disease reactions of your own, you will have found a third variable in diagnosis.

We must eliminate all the variables in diagnosis. The three above suggestions, studied by various electronists, with reports to me on your findings, when classified, will make an interesting article for the Journal. Who will work with me either proving or disproving my present opinion, said opinions not being given at present for fear of biasing your findings?

641 South Vermont Avenue.

DO YOU KNOW?

Conducted by
LEO BIGELMAN, M.D.

College of Electronic Medicine, Blanche and Jeanne R. Abrams
Memorial Foundation
San Francisco.

Do You Know:—

That the ohmic or resistance measure of a wire is not the index of its value as a means of tuning—that inductance and capacity are not to be measured in ohms, and that consequently errors in ohmic resistance in the Oscilloclast does not necessarily mean error in effectiveness.

That the electrical conductivity of a wire is no index of its wave conductivity—that non-conductors of electricity therefore may be and often are good conductors of waves.

That experimental electro-physiology, in which the reactions of metals, plants and animal tissue has been measured discloses no fundamental difference between these three classes of matter—That the significance of this to ERA is inestimable in its value, as it is proof of the Electronic basis of all manifestation and phenomena.

That experiments in electro-physiology have shown further—that metals, plants, and animal tissues all possess similar fatigue points and death points—that life is therefore probably an extractable character-

istic or element of all substance.

That as far as can be determined today all matter is the expression of electronic relationship and that probably all forms of energy are but electrons travelling at different rates of speed—That in probable proof of this we have the relationship between gravity, magnetism, electricity, heat, light, sound, which may be and are evolved from each other in the order mentioned by opposing the antecedent force; that is, oppose gravity and you evolve magnetism, oppose magnetism and you evolve electricity, oppose electricity and you evolve heat, oppose heat and you evolve light, oppose light and you evolve sound. Nature is a unified, progressive, harmonic scale in which every force is related by progressive ascension or descension to every other.

That Wm. F. Koch of Detroit, Michigan has propounded the most advanced, the most tenable, and the most logical theory of Cancer. His theory is that cancer is a new response to environment, an immunity and protective effort against a certain toxin distributed by the blood; an attempt at the removal of intoxication symptoms by the conversion of toxins into antitoxins. To do this the cancer cells elaborate a substance to act on the original toxin which called the cancer into existence. But in trying to convert this toxin into antitoxin and failing to do so, they produce an even more harmful poison from the toxin than the toxin itself. This latter produces the symptoms associated with cancer. If the cancer were successful in its efforts, then it would destroy the original toxin, and when its work was accomplished, it would be resorbed and disappear. Koch proves his theory by his treatment which is the injection subcutaneously of a late intermediary phase of the antitoxin in its transition from the toxin state of structure. This substance acts as a "converter"—converting all toxin into this intermediary stage from which it passes automatically into the antitoxin stage. Thus he gets a conversion of toxin into antitoxin and fulfills the function of the cancer growth. When this is accomplished the cancer disappears and the patient is cured. An interesting fact to notice is Koch's explanation of how this convertor acts, (From the Journal of the American Association for Medico-Physical Research for May 1925) "The mode of action of the substance is in a way similar to several other chemical reactions as, for example, crystalization of a saturated solution under the influence of seeding by a crystal. In this case the crystal placed in the saturated solution induces through the **Electronic Waves**, consequent to its state of isorropesis **similar electronic waves** in the molecules of the substance (**in tune**) in the solu-

tion, in response to which their **molecules** assume a **similar structural state**. So the "convertor" injected into the patient, by **virtue of the electronic waves** emitted induces a change from the toxin state to that of the intermediary injected". Note the bold face (ours)—apparently an electronic basis. The original article is well worth reading.

That law of life and evolution is harmony—that law of death and devolution is discord—that progress and development are therefore possible only through harmony—that we should recognize in this the reason why fighting and recrimination do not advance any work, because we are invoking the law of discord and intensify and perpetuate it the longer we invoke it—that our work, that any work will only grow and develop as we work and coordinate and correlate, and forget that there is any opposition to consider.

That this column is dedicated to you, that in it we will call your attention to things which you should know as a progressive electronist in the fields allied to electronics, and that you are a standing contributing member invited to contribute anything of general or specific interest having bearing on our work.

A. E. R. A. CONVENTION

The Second Annual Convention of the American Electronic Research Association will be held in the Congress Hotel, Chicago on September 20th, 21st, 22nd and 23rd.

You should begin right now making arrangements to go.

This will be the only electronic Convention of national scope to be held this year.

A number of new things have been discovered by the Research Committee.

The Burnett-Timken Laboratory has a day's demonstration work which will be worth more than your total expense in attending.

The new work on plants will be exhibited.

The Trustees of the San Francisco College will all be present with a message of hope and help for every man in the field.

Things are happening fast just now in the matter of proving the Electronic Reactions of Abrams and the effect of Oscilloclast treatment.

Reports from all over the country indicates that ERA business is much better than it was a few months ago.

The "weak sisters" are quitting. Those who were in the work for commercial purposes only are rapidly dropping by the wayside. The conscientious, earnest ERA physician with the welfare of his patients at heart, who has stayed by the ship through trials and storms, is now more than ever convinced that he has the most scientific diagnostic and therapeutic weapon yet discovered. His business is steadily improving and his faith in ERA will never waver.

Make preparations now to be in Chicago in September. Enlightenment, Encouragement, Hope, Inspiration will be there along with all the best ERA men and women in the country. Make your hotel reservations early.

NORMAN T. JOHNSTON, Sec'y.

TERMS OF THE WILL

By the terms of the Will the University of California, Leland Stanford University and the heirs each had an interest in the Estate of Dr. Abrams. By the terms of the compromise which settled the litigation all strings are severed and the two-year clause is abrogated.

While the compromise has cost the College a considerable part of its assets, this loss has probably been more than compensated for by our increased freedom of action. With no compromise, and had litigation continued, our assets might have been tied up for an indefinite period of years, and with a loss of much more of the principal in litigation expenses. So the Trustees are a unit in feeling we have greatly gained by our compromise settlement.

MEDICAL ETHICS

By **DR. H. E. JONES,**
Roanoke, Va.

Read the following from Dr. Cathell's book on "The Physician Himself."

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 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 day; 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 humble 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 is our life-blood, our invincible strength, and 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 the 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."

I have studied and investigated the Electronic (Radio) method of diagnosis and treatment and have found that it will do what the discoverer claims it will do, that is, it will diagnose the germ and malignant diseases and in most instances destroy them. The diagnostic apparatus revealed that I personally had relapsed malignancy, the treatment apparatus destroyed it. All clinical symptoms disappeared. I have been a sound, well individual ever since. In my practice I have used it for diagnosis and treatment in correlation with our usual methods, on several hundred patients, and find it to be of great value. Hence, from the above quotation from medical Ethics, you will see that any physician has a right to use the method in diagnosis and treatment.

CLINICAL LECTURES OF DR. ALBERT ABRAMS

(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.)

Pains in Shoulders—Acquired D. R.— Enlargement of Aorta—

Give me the next case. There is a new patient. "No. 251. Man; age 68 years. Pains in both shoulders; worse in right one, radiating down right arm; has had it for two years. Pains worse after catching cold. Occasional pain in left knee accompanied by pain in leg. Syphilis 40 years ago." You always think of aneurism particularly with a history of that kind. He may have Strep. infection somewhere, but the other is the first thing you think of. Set it at 49, Doctor. Male reaction. Look for Acquired D. R. It is present. Don't be too sure; check up on that. There are five different reaction, so you have several ways of checking up on it. Measure it. Stop. Acquired D. R.; present; 35 ohms. Is there any Strep.; negative. Look for Staph.; negative. Have him come in. (Patient comes in.) You are a very young looking man. Where is your pain?

Patient: In the right shoulder.

Doctor Abrams: Go over the shoulder. Set the instrument at 55 and see if we get a local reaction. Go over both shoulders. There is no reaction. Go over the aorta. **Reaction of 55, Acquired D. R. is present over the aorta.** Even though there is an absence of the cardiovascular strain, we have every reason to believe that the pain from which he suffers is due to an enlargement of the

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aorta. It is strange that we did not get a cardiovascular strain. Get the pointed electrode and mark out the aorta, setting the instrument at 55. Don't let me know where you are. The reaction of 55 is present. Mark it. That is an enormous dilatation. The normal aorta measures 5 cm. and this measures about 12 cm. The tracheal tug is present. It is characteristic of this condition. You don't feel a tracheal tug like that very often. This man needs treatment and needs it badly. Treatment: Concussion of 7th Cervical and 2nd Dorsal several times a day. Aorta to be treated at rate 3 and general treatment. (To patient) Do you have a cough?

Patient: Yes, I cough all the time.

Doctor Abrams: This is a case of advanced aneurism. He will get well. It will take about six weeks' treatment. He should have good results in ten days. Next case.

Mnemonics—

Necessity of Cultivating Memory—

This is a new patient. What is the history? "No. 254. Unmarried woman. Failing vision for the past six years. First noticed in right eye; rapidly getting worse in past three years. Many blind spots in right eye. Distress in left eye. Photophobia. Dull pain over right antrum extending to bridge of nose. Involuntary twitching of muscles of face?" That is a condition called tic convulsive. Do you know how the galvanic current was named? From Galvani. It is surprising how poor most people's memory is. How many of you know what the word mnemonics means? I'll wager not one of you here can spell it. (To the Secretary reporting the Clinical Lectures) Oh, of course you can spell it, but that does not count. Tell them how to spell it and what it means. These gentlemen probably think it means a new kind of disease. Yes, you see, gentlemen, she is the only one who knows how to spell that word or knows its meaning. It is from the Creek and begins with the letter M—**Mnemonics**. It means a method of memory training. Memory can and should be cultivated.

Sarcoma, Bone—

Reaction of Acquired D. R. Over Eye—

Now we will see what we find in this case. Set it at 49, Doctor. It is human blood, but there is no sex reaction. Look for Carcinoma; negative. Now, Sarcoma. Stop. Check up. Do you all hear it? Short circuit to be sure. Or have the reagent turn from facing

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west; then I do not get the reaction. Keep checking up on yourself; don't be too sure. The longer I work the more careful I am. I am inclined to work too rapidly, but of course I have been working at it constantly for years and get it when you could not. You must study and practice; this does not come without effort; It is not easy. Sarcoma is present. Where is it? **It is Sarcoma of the bone; non-metastatic; 3 ohms.** Set it at 55 for Acquired D. R. I get the reaction. Check up. Give me the E D Reaction. **Acquired D. R. is present; 36 ohms.** Get a known specimen and check up with that. Don't let me know when you put it up. All right. Have the patient come in. (Patient comes in.) Go over the face for 58. Don't let me know where you are. Stop. Where is it? The reaction is present on the right side. Use the small electrode and go over the sinuses for 58. Reaction of 58 is present in the right antrum. Now, set the instrument at 55 and go over the eyes. Reaction of 55 is present over the left eye. (To the patient.) Which eye is worse?

Patient: The right eye.

Doctor Abrams: It may be that the right eye is worse because of the condition in the right antrum. It might be a post-orbital condition of Sarcoma. Go over the right eye for 58. Don't let me know where you are and if the reaction is present, I should get it when you approach the eye. Yes, there is 58 present. That explains why. We know exactly what it is. (To the patient) The thing is to help you. You will see nothing of any benefit within three weeks. But we know what the trouble is, so don't give up hope, little lady. **Treatment:** Rate 3 to right eye and right antrum; rate 3 to left eye; and S S 3. That is all. There wasn't anything to frighten you, was there? We will have a little recess now, gentlemen. Then you can smoke if you wish. Open the doors and let in some fresh air and sunlight.

Give me the next case. We will never get done. This is a new patient. "No. 255. Man. Has lack of concentration and at times faulty memory. Pain in back of neck which radiates to occiput and both sides of neck. Has insomnia. Never feels rested on getting up in the morning. Chronic constipation; has been troubled for years. Pain in lumbar region, made worse on bending."

Electroscope and Spectroscope—

Sensitiveness of Human Reflexes—

It is the utilization of human reflexes that makes detection of

CLINICAL LECTURES OF DR. ALBERT ABRAMS

disease and various other things so easy. The Electroscope is a million times more sensitive than the Spectroscope, and the reflexes are a million times more delicate than the Electroscope in the detection of human energy.

Acquired D. R.—

Dementia Praecox—

Here is another re-examination. "No. 157. Young man; age 22 years; unmarried. About two and a half years ago the mother noticed irresponsible actions and he had to be sent to a sanitarium for mental cases. At present he occasionally gets confused and mumbels to himself, but he is not violent. First examination: May 12; Acquired D. R.; 35 ohms. In Dementia Praecox we find the lesion over the forehead. We put three cords there at rate 3 to get rid of the reaction. Have him come in. (Patient comes in.) Have him stand over there, please. Go over the head for Cryptogenic D. R. Don't let me know where you are, Doctor. Are his arms extended? All right. Stop. Where is the reaction? Is it on the right side of the head. Sometimes the change is not noticed until a while after treatment. There is still a reaction there. (To patient's mother) Have you noticed any improvement in the boy's condition?

Patient's Mother: He doesn't have as much stomach trouble as he did.

Doctor Abrams: That is good. Any improvement in a case like this is encouraging. There are still indications that he needs further treatment. As you wish him referred to a doctor in your city, we will see that the report is sent to the doctor with full directions for treatment. That is all, little lady. Don't give up hope. (Patient goes out.) I get reports of very marvellous results from men in the field in mental cases. This offers a big specialty for anyone who would go into it. As I have so often said, asylums are nothing but living tombs. The patients get no aid for their condition; and yet there is much that could be done for many apparently hopeless cases. But you must study and practice all the time if you want to grasp these methods and become skilled in diagnosis.

**Acquired D. R.—Enlargement of Aorta—
Pain in Neck—**

Do you all remember the history I just read of No. 255? No, you don't listen. I have to do everything. You must make some

CLINICAL LECTURES OF DR. ALBERT ABRAMS

effort to get hold of this. I don't suppose there is one doctor who could tell me what I just read. Very good, Doctor. I see you are paying some attention after all. Is it at 49 for human blood? All right; male reaction. First look for 50, Carcinoma; negative. Try 58, Sarcoma; negative. Is there any Strep.? Yes, where is it? It is in the sinus? Look for 55, Acquired D. R. Check up on that. Give me the E D reaction. Acquired D. R.; present; cardiovascular strain. Have him come in. (Patient comes in.) Go over his head for 55. Don't let me know where you are. The reaction is present over right side of head and also on top of head. **Go over aorta for 55. The reaction of 55 is present.** Leave it at 55 and mark out the aorta. Don't let me know where you are and when you approach the border I should be able to tell you. It is enormously enlarged. (To the patient) Come over here, please. I can feel the tracheal tug. He is to be referred to another physician to whom the report is to be sent. Treatment: S S 3 and rate 3 to aorta and 3 to the head on the right side and on the top where it is marked on the diagram. See that a picture is sent clearly and correctly marked with full directions for treatment. The patient is to have concussion of the 7th cervical and 2nd dorsal vertebrae several times a day. That is all, my friend. Don't get discouraged. We have found the trouble and you should get relief; but it will take a little time.

Sciologists Versus Scientists—

How many of you know what a **sciologist** is? It is a man who has a smattering of knowledge, a pretender to science. There are many who pose as scientists who answer that description.

Locomotor Ataxia—

Salvarsan and Tuberculin—

Give me the next case or we will never get done. "No. 256. This is a new patient; a man. Has tabes dorsalis; locomotor ataxia. Began 6 years ago. First noticed some difficulty in walking. Left eye began to fail; not totally blind in that eye. Treated for past 10 months in Los Angeles with Salvarsan treatments. Wassermann negative." Salvarsan and the usual arsenical preparations used create a focal irritation just the same as when Tuberculin was first used. We would recognize Tuberculosis by the accentuation of symptoms over the lungs.

IMPROVED REFLEXOPHONE AND MICRO-OSCILLOCLAST

—————

Several requests have been received for Reflexophones reading to 1000 ohms. We have designed an instrument consisting of five dials and reading hundredths, tenths, units, tens, and hundreds, a total of 1111.11 ohms. This instrument is constructed on a Bakelite panel, engraved letters and figures and mounted on an Electro-Crystal finished box with guaranteed accuracy, less than 1/10 of 1%—Price \$45.00.

NEW DIAGNOSTIC SET

—————

Some Doctors have expressed a desire for the New Diagnostic Set without the heating device and minus the Dynamizer. This set may be used with the dynamizer you have without the heater or by having a dozen 1/8-inch holes bored through bottom of your dynamizer you may use heater.

Diagnostic Set Complete	\$150.00
Without Dynamizer	125.00
Without Electrodes Deduct from above	5.00
Guaranteed Accuracy less than 1/10 of 1%.	

APPARATUS FOR TREATMENT AND DIAGNOSIS

New Style depolarizer, see March 1925 Journal.....	\$22.50
Oscilloclastophone, detector of Oscilloclast Vibrations..	10.00
Reflex Sets, three pieces \$2.00 each or set.....	5.00
New Reflexophone 1111.11 ohms.....	45.00
Reflexophone 61 ohms.	30.00
Micro-Oscilloclast 111 ohms.	30.00

We must build theories on facts instead of making facts fit the theories. It is better to be cured without theory than to be theorized to death. Thus, the theoretician cannot theorize new knowledge out of existence. If such methods were effective, we would have no telegraph, telephone, aeroplanes or radio apparatus.

Albert Abrams.