

HUMAN MAGNETISM

OR

HOW TO HYPNOTISE

A PRACTICAL HANDBOOK FOR STUDENTS
OF MESMERISM

BY

JAMES COATES, PH.D., F.A.S

*WITH TEN PLATES
SHOWING INDUCTION OF PHENOMENA
EXPERIMENTAL & CURATIVE*

NEW AND REVISED EDITION

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PREFACE

TO

NEW EDITION.

THIS Edition is issued in response to continued demands from the public—medical and lay—having exhausted all previous editions. The British medical man is usually conservative, and very slow to depart from old views and methods of practice. But he is coming round to see the utility, and indeed the immense practicability of Hypnotism as a reliable therapeutic agent—a psychological medicine for psycho-neurological diseases of mind and habit for which there are no pharmaceutical remedies. For the good of his patients he is throwing aside a little old-fashioned etiquette and employing Hypnotism with advantage in practice. It is a sign of the times. This work has been well received by the press and the public—at home and abroad. And I have every reason to believe that the intelligent layman—for whom this book was originally written—will always be able to employ the information which is here presented with decided advantage to himself and all others whom he seeks to benefit.

JAMES COATES

GLENBEG HOUSE,
ROTHESAY, SCOTLAND.

PREFACE

FOR many years I have given written instructions in mesmerism and hypnotism, both experimental and curative, to correspondents who were unable to obtain lessons in person from some experienced practitioner. The labour—not without its rewards and pleasures—necessitated a large and increasing correspondence, which I now seek to diminish by re-writing my old instructions and, with some modifications and additions, publishing the whole in the present form.

For the busy layman, who has not given much attention to the theories of mesmerists, advocates of animal magnetism, or of hypnotists, who deny its existence, I have sketched both theories in outline, with such comments as my long and practical experience leads me to conclude will be of service. As far as possible I have avoided all technicalities.

The term “magnetism” has a clearly-defined meaning in relation to physical science. Its use by me in connection with hypnotism may be deemed objectionable; but this term, qualified by the adjectives animal or human, has become so established

by "use and wont," that writers upon hypnotism constantly employ it.

While not prepared to accept the views, as a whole, which are held by mesmerists with regard to "animal magnetic fluid" and its application, I believe, and shall show, that there is an aura which emanates from the human body, and enters into, but is not the sole factor in, the induction of phenomena. Hypnotists, disputing the existence of this aura, attribute, as a rule, all phenomena to monotony, imagination, imitation in the subject, and to suggestion from the operator. I have been able, as the result of experience and observation, to demonstrate the existence of magnetism, while admitting that suggestion has its place in the induction of phenomena, but is neither the sole nor indeed the chief factor. The importance of suggestion and its place in operation have always been recognised by mesmerists; it is by no means a new discovery, as many writers on hypnotism would have the public believe.

Why and how suggestion, for instance, influences a patient to his cure, or a subject to some extraordinary display of faculty, hypnotists cannot tell us.

Faulty observation, over-hasty conclusions, and possibly a love of hypotheses, will account for many errors into which writers on animal magnetism and hypnotism have alike fallen. If magnetists have favoured mysticism, why not give them credit for good intentions? They believed in the soul, in the

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influence of one mind over another, in that of the mind over the body, in the effect of a touch, a look, and an intense thought; they believed in *passes*, and that effects were induced by them not traceable to either will or suggestion. And they were right. These things are called by other names now—"suggestion," "automatism," "inhibition of volition," "telepathy," "psycho-therapeutics," "psycho-physiological phenomena," "phenomena of the magnetic sense," &c.; and these are evolved out of "the subjective mental states of the subject," with which evolution the operator (who does not operate) has nothing to do. It comes with bad grace from hypnotists, who envelop their explanations in such technicalities, to charge mesmerists with mysticism.

Mesmerists may have erred in some of their assumptions, but they have quarried an invaluable array of psychological facts out of the mine of human thought, and we should be thankful for that. If our present advantages have been greater, and if we have attained knowledge upon matters which they indeed surmised but did not fully grasp, we should be grateful for our opportunities, and not despise those less favourably situated.

Practically, hypnotism is mesmerism. The phenomena observed being similar, change of name cannot alter them. Hypothesis, methods of induction, classification, and so forth, are of secondary importance.

Since hypnotism has become fashionable, the cry

has gone forth that it is dangerous, and that its practice should be restricted to medical men. I admit it is really desirable that the practice of hypnotism (including therein the induction of all mesmeric and hypnotic phenomena, experimental and therapeutic) should be confined to "qualified" persons; but the mere diploma of a medical graduate confers neither right nor ability to practise hypnotism. As a matter of fact, the art can be learned and usefully practised by most healthy, well-disposed, intelligent persons, and there are absolutely no sound reasons for creating a monopoly therein. While it is gratifying to know that medical men, in some instances, are employing hypnotism with great benefit to their patients, to a large extent they have ignored the psychological aspects of the subject, having done little in experiment with healthy and refined subjects.

The human mind is complex in manifestation, whatever be its essential unity. In this life, mind manifests its complexity by the devolution of its offices. We find a key to its character in the study of the human brain. The brain is not a single organ, but is composed of distinct brains—congeries of organs—having separate and definite functions, whether these functions are esteemed ideal, sensory, motor, or vital. The human mind is expressed and its character determined according to the health, fitness, activity, strength, and size of its appropriate organs.

The student must not confine his observation to

the waking or conscious manifestations of mind only, but must be directed as well to those manifestations in trance, dream-life, somnambulism, and to those phases which are exhibited in the various stages of hypnosis. With the help of hypnotism—especially when the operator is less anxious to suggest than to watch the mental manifestations—we may learn much of the “inner man,” and of the inner world of being, concerning which we only get glimpses in ordinary consciousness.

Thought-reading (not to be confounded with muscle-reading and the conjurer’s second-sight exhibitions), thought-transference, psychometry, and clairvoyance, all phenomena of the “magnetic sense,” do not properly belong to hypnotism, though it demonstrates their existence. They are “guide posts” pointing to the realm of “the other consciousness” lying beyond the veil of daily conscious life, but their investigation can only occupy a minor position in a work devoted to practical hypnotism and its phenomena. I have, therefore, instead of enlarging on the psychological and spiritual aspects of hypnotism, dwelt on its importance as a curative agent; its employment in the healing of disease; the advantages and defects of experimentation; the differences between hypnotic and mesmeric methods of induction; and, lastly, I have dispelled certain erroneous ideas about animal magnetism and hypnotism, which have obtained currency for many years.

In the body of the book, I have acknowledged my indebtedness to various authorities and experts, by giving such excerpts from their writings as will correctly represent their opinions and support my contentions, viz. : That human magnetism or *nervaura* is a reality ; that mesmerists were not the ignorant and superstitious pretenders certain writers would have us believe ; and that there are no objections urged against the employment of mesmerism which may not, with equal or greater force, be applied to hypnotism.

I trust by a re-statement of old facts and views, together with the best results of more recent hypnotic practice, to give a survey of the entire subject, and to remove, by doing so, much apprehension as to the value and importance of hypnotism. The benefits far outweigh all possible disadvantages which may arise from its employment in experiment and as a healing agent.

JAMES COATES.

GLENBEG HOUSE, ROTHESAY, N.B.

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HUMAN MAGNETISM

INTRODUCTION

THE bibliography of hypnotism has of late become so extensive that a detailed history of the subject is unnecessary; what is presented here is intended to throw a light on the practice rather than the history of hypnotism.

There is nothing new in hypnotism, save the name. The phenomena observed and induced by hypnotic methods are as old as human tradition, and traces of them can be found in the sacred and profane histories of mankind. The methods in use among the Egyptians, Hebrews, Greeks, and Romans present a striking similarity to those employed by magnetisers and hypnotists of more recent years. The passes of the mesmerist are illustrated by a bas-relief taken from a tomb at Thebes; and by the goddess Isis on the Zodiac of the temple at Denderah. The writings of Varro and Tacitus, the Hebrew and Christian Scriptures, are full of records of phenomena akin to hypnotism—namely, prophecy, seership, divination, visions, trances, sacred sleep, dreams, gifts of speech

and healing, and all the "signs and wonders" following the exercise of faith and the imposition of hands. In the church ceremonies of to-day, we have still the form of "laying on of hands" without the spirit or the results, possibly owing to the absence of faith in the communicants and in the priestly operators.

Hippocrates mentions, according to Tacitus, the practice of using the hands in curing disease, and says: "It hath often appeared, while I have been soothing my patient, as if there were some strange property in my hands to pull and draw away from the afflicted parts aches and divers impurities, by laying my hand upon the place, and by extending my fingers towards it. It is thus known to the learned that health may be impressed on the sick by certain movements and by contact, just as some diseases may be communicated from one to another."

The conception of Hippocrates, that health may be communicated as some diseases are by contagion, appears to me quite correct, and nothing has been advanced by hypnotists of recent years which is sufficiently convincing to the contrary. Why are passes and manipulations used to-day, if there be no virtue in "certain movements" and in contact? The hypnotist of the Nancy school uses both passes and manipulations when all other methods fail.

Æsculapius, we are informed, was able to allay pain by breathing on the inflamed parts; by stroking with his hands he could throw patients into long and refreshing sleep; by manipulations, passes with contact,

he could subdue the insane and cure the hysterical. He appears also to have induced auto-hypnosis, *i.e.*, put himself in a state of sleep, and when in that state to have prescribed for his patients. Here we have an indication of modern clairvoyance and the magnetic sleep.

The curative and phenomenal use of hypnotism may be traced in the lives of the early saints, in the exorcism of evil spirits, in the removal of disease said to be the result of obsession, in the records of ecstasies and stigmata, fastings, visions, and so forth.

One of the earliest records of the use of the hand occurs in Solon, of which Stanley ("History of Philosophy," 1666) gives this translation—

"The smallest hurts sometimes increase and rage
More than all art of physic can assuage ;
Sometime the fury of the worst disease
The hand, by gentle stroking, will appease."

Pomponatius, born at Mantua in 1462, and a professor of philosophy at Padua, was convinced that disease could be cured by means of passes, and that human magnetism emanated from the human body by the action of sympathy and the will of the operator. He said: "When thou who art endowed with this faculty dost operate by employing the force of the imagination and the will, this force affects their blood and their spirits, which produce the intended results by means of an evaporation thrown outwards."

John Baptist van Helmont, born in Brussels in 1577, a Flemish philosopher of repute, and a noted

chemist, referring to the signs and wonders of mediæval times, preceding the advent of Anton Mesmer by nearly two hundred years, wrote thus: "Magnetism is active everywhere, and has nothing new but the name; it is a paradox only to those who ridicule everything, and attribute to Satan whatever they are themselves unable to explain."

Dr. Frederick Anton Mesmer was born at Stein, on the banks of the Rhine, on the 5th May 1734, and in due time became a physician. In intelligence and personal appearance he was a remarkable man. Influenced, no doubt, by preceding writers on magnetism, such as Paracelsus, Pomponatius, Kircher, Helmont, Wirdig, and others, and especially the experiments and cures of the Jesuit, Father Hehl, he became deeply interested in cures by magnetism, which proceeded from steel plates and magnets. By accident Mesmer discovered that when he had bled a patient, and passed his hand over the place, the bleeding stopped; in a word, all the effects attributed to ferromagnetism could be induced by the human hand; hence his adoption of the term "Animal Magnetism," and the theories founded thereon. Mesmer established a "cure" at Vienna, and in 1775 published his now historical but somewhat visionary speculations on magnetism. His successful healing created quite a furor of excitement. Dr. Osterwald, a director of the Academy of Science at Munich, was cured of paralysis, Professor Baur of blindness, and numerous other patients less noted of various diseases. His

success, and the nature of his proceedings, eventually aroused great opposition, especially from the members of the Faculty. The government was influenced by these, and forbade his experiments, whereupon he left Vienna and proceeded to Paris. In this fresh field he performed many remarkable cures, and obtained almost incredible patronage. He taught pupils for large fees, and bound them over to secrecy. He received the support of the government. His hypothesis, was, however, fantastic, and his methods of practice, playing as they did upon the imagination of his patients, and developing various nervous phenomena, explained nothing and revealed nothing. Whatever there was in "Animal Magnetism," neither he nor his pupils could demonstrate it. When his claims were investigated in 1784, by a commission—which commission included Franklin, Lavoisier, and Guillotin—there was nothing on which to report. Hence it concluded: "That there is no proof of the existence of the animal magnetic fluid;" and that "the violent effects which are to be observed in the public practice of magnetism are due to manipulations, to the excitement of the imagination, and to that root of mechanical imitation which leads us to repeat anything which produces an impression on the senses." It was further stated: "That the spectacle of these crises is dangerous on account of the imitative faculty which is a law of nature; and, consequently, that all treatment in public, in which magnetism is employed, must, in the end, be productive of evil results."

"The report," says Dr. Buchanan, "was not unjust, but it was very unsatisfactory. If Mesmer did not know how to demonstrate scientifically an influence emanating from the human constitution, the commissioners should themselves have made a proper investigation; but they did not. That task, however, was performed to some extent by Jussieu, a member of the committee appointed by the Royal Society of Medicine about the same time, which also issued a negative report. Laurent de Jussieu made a separate minority report, based on experiments which he regarded as proving that one human being may affect another by friction, by contact, or by simple proximity. Had the committee been composed of earnest truth-seekers on this subject, like the naturalist Jussieu, animal magnetism would have assumed the shape of a dawning science at once, as galvanism began in Galvani's experiments with a frog."

The conclusion arrived at by Laurent de Jussieu demonstrates that one cool, observant man can get at facts better than commissions. When he said that the phenomena were in a large measure induced by frictions, contact, proximity, and animal heat, or as he termed it, "animalised electric fluid," he exhibited a keener insight than the learned commission, which attributed all the phenomena to what may be briefly summed up as "perverted imagination."

Jussieu's withdrawal from the Royal Society Commission, and his report, left the way open for Foissac to urge the Academy of Medicine to take up the

subject again. A commission of eleven members sat in June 1825, and after five years' research issued a favourable report in 1831. In this report the phenomenal results of magnetising are fairly stated; the methods of inducing them, apart from magnetism, are recognised, and the higher phenomena admitted, while in paragraph 11 it is stated: "However, we may conclude with certainty that the state (somnambulism) exists, when it gives rise to the development of new faculties, which have been designated by the names of *clairvoyance*, *intuition*, *internal prevision*, or when it produces great changes in the physical economy, such as insensibility, a sudden and considerable increase of strength, and when these effects cannot be referred to any other cause."

Dr. Moll, within recent years, has had the courage to vindicate Mesmer's character, and thus set an excellent example to some writers on hypnotism. I think there can be no doubt of his personal sincerity. Whatever his mistakes and faults, we owe much to him, and can learn something even from his errors. His followers adopted a modified view of magnetism, and departed wholly from his methods. The Marquis de Puysegur, his pupil, who induced the magnetic sleep by passes only, is an instance to the point. By accident he discovered what is called somnambulism, somnolouquence, and clairvoyance, all of which now enter the best forms of magnetic or hypnotic treatment. He induced what we now recognise as the true hypnotic states. His

patients were put into the unconscious sleep, but heard and obeyed the operator's voice. He allowed no one but himself to touch them, and under his care they exhibited unexpected powers—hence not the product of suggestion only. For what the hypnotist suggests, he expects. His patients were able to diagnose disease and exhibit all the phenomena of lucidity. Puysegur's motives in treatment were scientific—a love of truth and philanthropy. He gained no fees, gave no entertainments, and set the example to modern hypnotists not to experiment with hysterical women for the sake of obtaining notoriety.

The subject became of sufficient importance to enlist the attention of M. Deleuze, a naturalist connected with the Jardin des Plantes, Paris. His book on "Animal Magnetism" is a remarkable and critical contribution to the subject, marred, perhaps, by tedious instructions in the art of manipulations. In Prussia, Great Britain, and America, the phenomena and the theories were also sufficiently attractive not to be eclipsed by the ascendancy of Napoleon and the subsequent fall of the Empire. Anatomists, physiologists, psychologists, and medical practitioners devoted their attention to the subject, and at no time could it be said that the practice was in "the hands" of the unlearned. In Prussia, Bertrand, Georget, Kluge, and Kieser; in Britain, Dr. Ashburner, Elliotson, Gregory, and Archbishop Whately, gave their adhesion to the practice.

In 1841, Dr. Braid, a Manchester surgeon, devoted


special attention to the subject. He had witnessed certain public performances of an operator named M. La Fontaine. Braid was at first of the opinion that the whole entertainment was fraudulent, and he set himself the task to find out how it was done, with the result that he was converted as to the facts, and set himself to devise a new theory to account for them. This theory he called neuro-hypnotism, or nerve sleep. He found that he could produce trance by "a fixed and abstracted attention of the mental and visual eye on one object, held about a foot from the eyes, and above their level." That is to say, he tired the nerves of his patients' eyes by getting them to concentrate their attention, as well as vision, on a small bright object. Hence "expectant attention," as well as fatigue, was necessary to induce hypnosis. The latter, without "expectant attention," merely induces ordinary sleep. The hypothesis of Braid may be summed up in two items:—

1. That the assumption of any force, as magnetic fluid, mesmeric influence, or other unknown agency, was unnecessary.

2. That the state was a super-normal physiological one, induced by a physical or appreciable action on the nervous system.

These views, *plus* unconscious suggestion, zoo-magnetism, and the influence of *nervaura*, are adopted now by many hypnotists. Dr. Braid, indeed, coined the term hypnotism, and may be called the progenitor of all later hypnotists—for he induced certain pheno-

mena, similar in character and in results to those produced by mesmerists, without passes, and other methods said to impart the "magnetic fluid." In 1842, Dr. Braid published a work on "Neurypnology, or the Rationale of Nervous Sleep considered in Relation with Animal Magnetism." In the same year he offered to read a paper before the British Association of Science, in Manchester. His offer was rejected, and his paper returned. The narrowness and prejudice exhibited by the advisers of the association, however, did not prevent many of its members hearing the paper read privately, and investigating thoroughly many of the remarkable cures accomplished by the new system.

Hypnotising by concentrating the attention upon a bright object, although revived by Braid, was known to the ancients. It was employed in Egypt from two to three thousand years before the birth of Christ. The white porcelain plate presented by the operating priest had two triangles  drawn in some black substance upon it; in and about these were certain mystic signs, and oil was poured on the plate to increase its brightness. The patient or worshipper, who was to be thrown into the trance state, was required to gaze intently for some time at the figures in the centre of the design. Add to this the expectancy of the subject, the supposed power of the priests, or rather the gods whom they represented, with the mystic surroundings, and it is not surprising that the trance state supervened, or that many pheno-

mena were manifested surpassing, in startling surprises, the possibilities of modern hypnotism.

We are indebted to Braid : by his careful and painstaking investigations, he rescued animal magnetism from the charge of imposture ; in a word, he demonstrated that the phenomena were real. That was a great gain. He also demonstrated the value of hypnotism in the treatment of patients. That was another great gain. Moreover, he was possibly the first to make clear the attitude of the patient towards the induction of phenomena ; he taught that these, in a large degree, depended upon certain bodily and mental (psychical) states in the subject, and not on the will or passes of the operator exercising a specific or any influence.

Mesmerists have, as a rule, underrated the attitude of the patient, and the actual changes which take place in him, *i.e.*, in which the patient's own mind, and not the mind of the operator, is the prime factor. Mr. Braid, however, was wrong to ignore his own personal influence and presence. He omitted to notice that at the time of carrying out his experiments, he was in his physical and psychical prime. Surely this counts for something. Sound in mind and body, inspired by certain convictions and the enthusiasm of research, he entered upon his labours as fully equipped as any magnetiser could desire, and we can understand his success. His clients were practically hypnotised before they gazed at his pencil-case.

Braid possibly never knew anything about what is now called Telepathy—or that form of it recognised as “unconscious suggestion”—but he could not ignore that there was something—not animal magnetic fluid—which proceeded from the operator to the patient, capable of exciting the cerebral organs and inducing what has been called phreno-magnetic phenomena.

About the period of Braid’s investigations, the miracles of magnetism became so notorious on the Continent, that the Catholic Church, or, more precisely, the Holy Inquisition, forbade in 1847 its use, and priests who indulged in the practice had to give it up. The Inquisition was induced to take action, not merely because such practices interfered with the spiritual interpretation and spiritual prerogatives of the church, but because they were misused, as in Mesmer’s time, and led to demoralising results.

Baron von Reichenbach, about 1843 or 1844, was accidentally led to study the effects of magnets on susceptible persons. At first he experimented with persons suffering from nervous diseases—like Braid, Charcot, and Bernheim—and ultimately with healthy and sensitive persons. He then announced his discovery of “*odylic force*,” which the Baron declared, in 1850, was developed by certain crystals, by magnets, and by the human body, and that it was associated with heat, chemical action, and electricity. There is no doubt this eminent man was well qualified for his task. And although certain sensitives are hounded to see magnetic flames where there are no

magnets, &c., I am by no means satisfied that this practice has in any degree upset Baron von Reichenbach's deductions.

Reichenbach's experiments were not made on persons in the magnetic sleep, but were confined to the influence exerted by magnets, crystals, and the human hand, &c., on persons in the natural waking condition. He began with a strong prejudice against Mesmer, and ended with an undoubted conviction upon the objectivity of "odylic force," and a belief that there was something in the "animal magnetism theory." His ponderous work, "Researches in Magnetism, &c., in Relation to Vital Forces," was translated by Dr. Ashburner, who, with Dr. Elliotson, Professor Gregory, and others, accepted his hypotheses. That some hypnotists have failed in similar experiments, or attribute the influence to suggestion, does not matter much. Since then "the odic flame" has been photographed, and there are many reasons to believe that magnets, crystals, and human bodies send forth their respective emanations, which can be felt, and sometimes seen, by sensitive persons. In psychic photography I can imagine the plate to be sensitive, but not to "suggestion."

Dr. Esdaile, in Calcutta, practised magnetism with great success. Patients were thrown into unconscious hypnosis—with and without their knowledge—and the most severe and critical surgical operations were performed without pain. Although similar operations have been carried out in Britain, there were two

factors in favour of Dr. Esdaile's success : first, the susceptibility peculiar to persons living in warm climates : and, second, his methods of procedure ; he or his assistants invariably employed "the passes," which always induce a profounder state of hypnosis than that obtained by "suggestion." When necessary a patient could be kept asleep for a week as easily as a day. Unhappily patients in this colder clime are not so susceptible to hypnosis, and recourse to anæsthetics is necessary.

Following on the fifties, some American operators, Grimes, Darling, and others, visited this country, and gave public demonstrations. The element of suggestion entered largely into their processes, and nearly all subsequent entertainments, whether called mesmeric, electro-biological, or hypnotic, have been practically a copy of the style introduced by these experts. The operators had definite convictions, they made bold assertions, and led the public to expect certain things if certain conditions were given. The majority of subjects entered into the "light sleep," in which they were not only conscious, but remarkably susceptible to suggestion ; they spoke and acted as if in the somnambulistic state, and for a while these entertainments were a great success. Subsequently Mr. Spencer Hall, the Sherwood Forester (better known as Dr. Hall), Capt. Hudson of Swansea, Mr. J. W. Jackson, Mr. Davey, and Mr. Craig became exponents of the science, inducing phenomena and healing disease in a manner which has not been equalled by modern

hypnotism. If such entertainments were in later years abused by mere adventurers and showmen, we must remember the good work done by these men.

The literature of hypnotism is now very extensive; many recent writers, however, ignoring much of the excellent work done by their predecessors. As, moreover, the principal authors are continental experts, our present methods are also largely continental. In the conflict of theories it is refreshing to turn to what Professor Gregory wrote nearly forty years ago, in his excellent letters on "Animal Magnetism": "Some persons suppose that there is a real distinction between the phenomena of mesmerism, of hypnotism, and of electro-biology, in reference to their causes. But this is not the case. We shall see that it is merely the methods which differ, and hence, to a certain extent, the train of phenomena developed by these methods. But this latter difference is merely one of degree or stage. All phenomena of the conscious state in electro-biology, and of the unconscious state in hypnotism, can be produced in both states by the older mesmeric or magnetic methods. I have often seen every one of them produced in each of these ways, without any greater difference between the hypnotic or biological phenomena and those of common animal magnetism than necessarily exists between different stages of the latter; so that, while animal magnetism includes all the phenomena, the other names are confined to certain stages or subdivisions of them produced by peculiar processes." It would

also be well to bear in mind that all the phenomena of animal magnetism or hypnotism have been observed when these supposed causes were absent or unheard of. They have been observed in certain families, have occurred spontaneously, and are as natural as "second sight," telepathy, thought-transference, and psychometry. Catalepsy and cataleptic rigidity are of frequent occurrence in certain diseases; super-sensitivity, or preternatural acuteness of the senses, with its converse, utter insensibility, at times, to sound, light, smell, taste, and even to pain, have frequently occurred, both in apparent health and in disease. If these mental states can take place under so-called normal conditions of life, why not under magnetism? why not under hypnotism? not, of course, if the operating hypnotist thinks otherwise. The phenomena cannot rise higher than his capacity to suggest. What he does not know he cannot induce.

Coming nearer to the present time, we reach the opinions and methods of procedure of such eminent specialists as the late Dr. Charcot of the great Salpêtrière Hospital, Paris. This hospital, by the way, had been the scene of mesmeric operations so far back as 1790, when Du Potet, Georget, and Rostan experimented on patients, and again in 1820, when Deleuze wrote upon the subject and Bertrand lectured to the learned. We have also Messieurs Binet and Féré, Voisin, Luys, and others, in Paris; Liébault, Liegois, and Bernheim, at Nancy; Dr. Moll of Berlin, Byornstrom of Stockholm, Heidenhain of

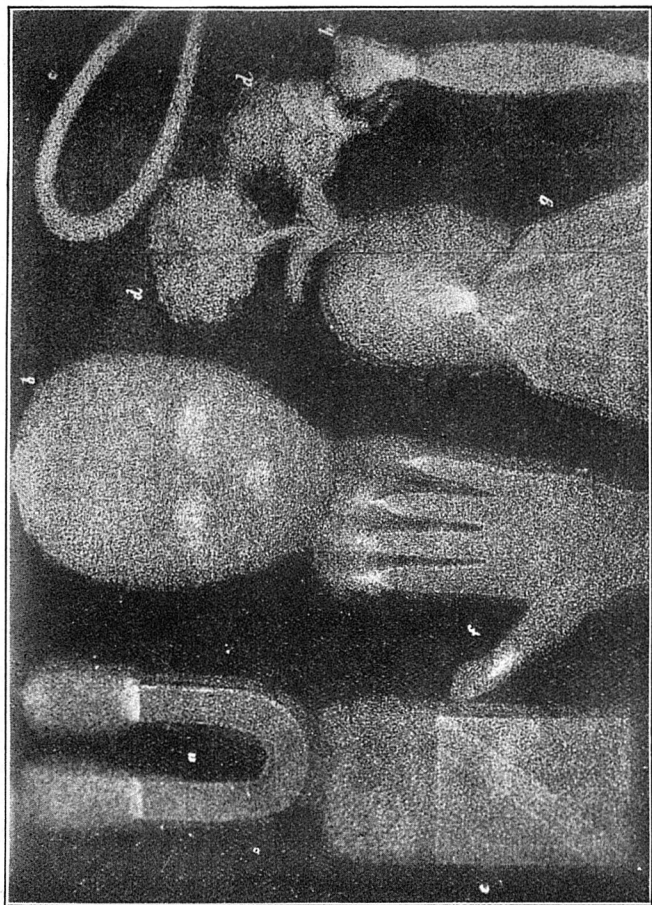


FIG. 1. ODYLIC LIGHT AND HUMAN NERVAURA.
EMANATING FROM MAGNETS, CRYSTALS, FLOWERS AND THE HUMAN FACE AND HAND.
ILLUSTRATIONS BY M. ANSCHUTZ.

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Breslau. These have presented the subject in many aspects, propounding their individual views, which in most instances are conflicting. Between magnetists and hypnotists the real difference is one of interpretation, though not of phenomena only, but of the modes of induction. The magnetiser believes that from the human body, and especially from the eyes and hands, an odylie force issues, that it can be conveyed by looks, breathing, and passes from operator to subject, and when necessary can be withdrawn again from the subject by passes and so forth. The hypnotists deny this, and maintain, on the contrary, that the whole process is practically self-induced. The mode of induction is one of repression rather than of reception: it is the arrest of functions; it is not a specially directed or increased activity of function, nor yet the development of latent powers into the active or conscious plane of being. I think too much has been made of these hypotheses. I maintain that there is a *nervaura*, or human magnetism, which emanates from the human body, but in no sense does it possess the power and capacity attributed to it, nor can it be employed to the extent or in the manner affirmed by those who advocate the "animal magnetism theory." On the other hand, "automatism," "suggestion," "inhibition," and "self-induction," &c., are equally imperfect explanations, for although it is quite possible that there are times and circumstances in which these may be adequate, yet there are also periods which arise in

the experience of conscientious operators, when automatism, suggestion, inhibition, &c., are but words to cover retreat, to hide ignorance, and hence they explain nothing. Mesmerists have at no time ignored effects of suggestion, of imagination, of imitation, of the dominant idea, of special susceptibility, and of weariness of flesh and spirit in magnetic phenomena. Any one conversant with their literature and practice must know this; and to describe them as new scientific explanations is to throw dust in the eyes of the public.

When we know more of the possibilities of the human soul, spirit, mind, and body, and then only, it will be the right time for the creation of an adequate hypothesis. Meanwhile, it will be safer to say that the induction of the phenomena may be due as much to repression as to reception, to the inhibition of function as to the exaltation of faculty—to concentration and faith in the subject, as to the power, influence, and will of the operator; and in this light, I am more in sympathy with hypnotists like Tuckey and Green, than with “animal magnetisers” of the school of Deleuze. I respect, in particular, the work of British hypnotists. Beginning with Braid, they have provided these phenomena with a credible basis, from psychological, physiological, and therapeutic standpoints. The result of their labours has been the accumulation of a great amount of data, observation, and literature on the subject. The conflicting views presented will teach their own lesson—that

while dismissing the old idea of "animal magnetic fluid" as untenable, it would be equally absurd to accept the conflicting theories of hypnotists as in any sense satisfactory. That of "suggestion" is, however, the best, and covers the largest area in actual practice.

One item or factor in the calculation, which must never be forgotten—when we consider the infinite possibilities and vagaries of the human mind in health and in disease—is individual characteristic, the mental bias of the subject. Bearing this in mind, no one can hope to be a successful operator who does not include a keen intuition of character among his other endowments of health, mental balance, &c.

The recent work of Messrs Binet and Féré, on "Animal Magnetism," is, like that of Professor Heidenhain, somewhat too technical for the lay reader, but is valuable as a presentation of views held by Professor Charcot and the Paris school of hypnotists. I refer to it because the views in question obtain generally among European and American hypnotists, Nancy and its followers excepted. Messrs Binet and Féré reject all opinions and throw doubt on all phenomena which have not been accepted at the Salpêtrière Hospital, Paris, including some of the best-ascertained facts of sympathetic mind transference and allied phenomena. "It is not yet admitted," they say, "that the subject is able to discern the thoughts of the magnetiser without material communication, nor that the patient is acquainted with the nature of his disease, or can indicate effectual

remedies and foresee future events." Although there is possible room for imposture and self-deception, this is exactly what has been done—again and again—in a thousand ways, in the history of "Nerve Sleep," and it is also what is now daily done by those able to induce psychic states analogous thereto.

In Dr. Foissac's appeal to the Royal Academy of Medicine, Paris, 1825, he stated that his somnambulists were able to diagnose diseases with a genius worthy of Hippocrates. Dr. Foissac was a learned Academician, and in other ways a distinguished man. As such he was capable of observing and duly recording facts. What he claimed, furthermore, has had the support of independent witnesses.

The reality of the foregoing phenomena has always been accepted by magnetisers. But Messrs Binet and Féré are less interested in psychology and therapeutics than might be expected in medical men, and they know nothing of higher somnambulistie phenomena, though willing to accept as possible, and otherwise prepared to admit the singular affinity which seems to exist between the magnetiser and his subject, as a phenomenon which is shown in some curious ways. "The magnetiser alone must touch the sleeping subject, for fear of producing suffering and even convulsions. All this is accurate, established by science, and now admitted by every one." Years ago, when successful operators like Spencer Hall, Jackson, Hudson, Davey, Morgan and others kept the facts before the world by public and private demonstrations, the

majority of medical men neither believed in the conditions induced nor in the above statement.

Professor Heidenhain of Breslau, an eminent professor of physiology, has propounded his views on "Animal Magnetism" in an interesting work, which ascribes a physiological basis to hypnotic phenomena. He is, however, too much enamoured with this theory; and his views are as limited as the experiments on which they are based. At the same time they have obtained some acceptance among medical men in Great Britain. His methods consist in (1) The monotonous stroking of the temples and the nose. This process inhibits, exhausts, or arrests the sense of feeling, and hypnosis follows as a reflex. (2) In monotonous sounds, like the ticking of a watch, to which the subject's attention is directed, so as to inhibit or arrest the sense of hearing, and with the weariness of that sense to induce hypnosis by reflex. To bring this about, he would set three chairs with their backs against a small table, on which he had placed his watch. Three subjects were seated on these chairs, and their attention directed to the ticking of the watch, whereupon all three fell asleep. That persons fall asleep to the reading of a book or paper is very well known, and in no way differs from the foregoing, except that they do not pass into a spurious hypnosis, because no suggestions have been made to that effect, and they do not sit down in expectancy of some such condition arising. Any way, sense-weariness precedes natural sleep. Braid fatigued the eyes by his

methods; Heidenhain operates in the same way on the senses of feeling and hearing, and by the inhibition of function which follows we are given to understand that hypnosis is induced. But Heidenhain's methods, more kindly than those of some other operators, were not particularly successful, and he somewhat regretfully says: "The operator is rewarded with success only in a very small percentage of the total number of persons experimented on. So far as I can see, the susceptibility depends on the existence of a greater or less degree of sensory irritability; consequently, pale, anæmic individuals are most liable to hypnosis." Here the professor gives the weight of his name to the erroneous conception that it is only the unhealthy and the unbalanced who are susceptible to hypnosis.

The views of Heidenhain are practically rejected by other experimenters. Inhibition or arrest of function is certainly observable in the earlier stages of hypnosis, and, to some extent, the medium is subject to the operator's influence and commands; but there is absolutely less automatism—unconscious action—than Heidenhain supposes. That the subject does not know when he awakes what he has done in the sleep is no evidence of unconscious action—as if consciousness were confined to only one plane of being.

That the inhibition of function enables the subject to accomplish more successful mental operations than when not inhibited, is as absurd as to assume that

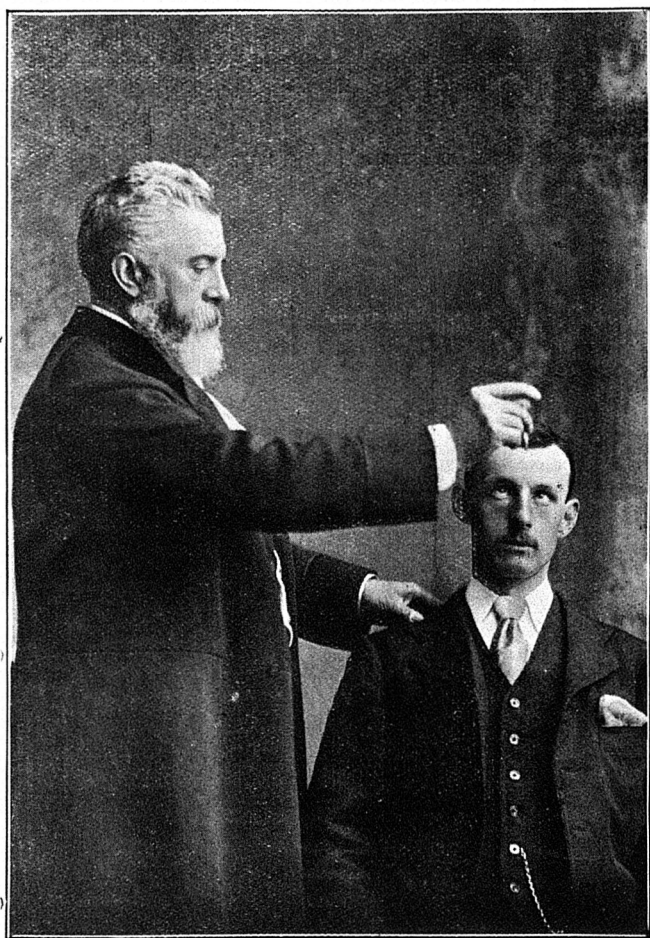


FIG. II. INDUCTION OF HYPNOSIS. BRAID'S METHOD.

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when a man is deaf, dumb, blind, and without feeling, he is capable of achieving greater success in life than when in the full possession of all his powers. Heidenhain has been hampered in his few experiments by his inhibitory-cum-automatism hypothesis. His suggestions were limited by his intense desire to reduce the whole to a purely physiological basis.

It will be interesting to record here some of the opinions and experiments of Dr. Charcot, the late noted French specialist, which he contributed, in an article on "Magnetism and Hypnotism," to the *Forum*, in January 1890. In describing the processes used to induce hypnosis, and the super-sensitiveness presented by that state, he said:—

"That used by Braid is one of the easiest to apply and one of the most certain in operation. It consists in holding in front of the patient a small shining object, and getting him to gaze upon it without letting his attention be diverted. The object must be held ten to fifteen centimetres distant from his eyes, and a little above the usual plane of vision. Soon the eyelids begin to wink; then the winking becomes more and more rapid; later they tend to droop, and finally they fall. The patient having fallen into the state of hypnosis, is lethargic and helpless, like one drunk or in a state of coma. To induce the next stage, or catalepsy, all that is necessary is to open the patient's eyes with the fingers. If catalepsy is induced by this act, and if the top of the head is briskly rubbed, the som-

nambulistic stage is induced, when the patient or sensitive will speak freely and answer questions. The leading features in this latter stage are those of hallucination and credulity. The subject will see, hear, believe, and do whatever may be suggested by the operator."

This stage has been long known to mesmerists, but was never recognised as the true somnambulistic and somnolloquent or trance state into which properly-hypnotised subjects pass. It is, however, interesting to note the high degree of super-sensitivity and susceptibility to suggestion which characterises this stage. Dr. Charcot gives a striking instance: "I present to a woman patient in the hypnotic state a blank sheet of paper, and say to her: 'Here is my portrait; what do you think of it? Is it a good likeness?' After a moment's hesitation, she answers: 'Yes, indeed, your photograph; will you give it me?' To impress deeply in the mind of the subject this imaginary portrait, I point out with my finger toward one of the four sides of the square leaf of paper, and tell her my profile looks in that direction; I describe my clothing. The image being now fixed in her mind, I take that leaf of paper and mix it with a score of other leaves precisely like it. I then hand the whole pack to the patient, bidding her go over them and let me know whether she finds among these anything she has seen before. She begins to look at the leaves one after another, and as soon as her eyes fall upon the one shown

to her (I had made upon it a mark that she could not discern), forthwith she exclaims, 'Look, your portrait!' What is more curious still, if I turn the leaf over, as soon as her eyes rest upon it, she turns it up, saying that my photograph is on the obverse. I then convey to her the order that she shall continue to see the portrait on the blank paper even after the hypnosis has passed. Then I awaken her, and again hand to her the pack of papers, requesting her to look over them. She handles them just as before, when she was hypnotised, and utters the same exclamation, 'Look, your portrait!' Furthermore, this suggestion, this hallucination, will, if I wish, continue several days.

"Having suggested to the patient that the leaf of paper set before her eyes is a photograph, I put it amid a great number of other leaves so exactly like it that even a keen eye cannot tell one leaf from another. Then I tell the lady to find whether the lot of papers contains anything she has seen before. Whatever I do to 'throw her off the scent,' she never misses; every time that, as she goes over the papers, her eyes fall upon the leaf in question, she recognises it without any hesitation.

"Here we enter upon the domain of the marvellous, the enchanted garden toward which every one has drawn who has studied magnetism; and from it few have come back. But is there any need to appeal to the miraculous for the explanation of facts of this character? Must we invoke the supernatural?

Certainly not, when we can account for these phenomena in the simplest way in the world, by assuming an enhanced acuteness of some of the senses—an acuteness developed under the influence of the hypnotic state."

How this acuteness is developed under the influence of the hypnotic state, is not definitely made clear by Dr. Charcot. But it is evident that the concentration of attention exercised by the patient, to such an extent as to induce hypnosis, by the simple process of staring at a small bright object, is also, I believe, indicative of capacity for detecting the minutest signs, irregularities, clots, water lines, &c., unseen by the ordinary observer, on the leaf of paper presented. It is also possible, by the same undiverted concentration of attention, to photograph on the leaf, in some way, the portrait-picture as evolved in the subject's mind by the help of the operator's suggestions. And in this way it is possible to detect the more or less permanent impression thus unconsciously produced. Extra acuteness of sight, hearing, and touch have been developed by hypnotism, and exhibited in a state of hypnosis. But in mesmerism, old-fashioned, stupid, empirical mesmerism, we have witnessed and induced a much higher and more far-reaching sensitiveness than this, and it was induced in proportion as the senses lost their acuteness, and, in fact, became nil in the direction of their normal power and activity. The facts being undoubted, nothing save the admission of psychic faculties in man, can possibly explain the pheno-

mena of seeing that which was beyond the range of physical vision, and of hearing that which was beyond the possibility of hearing—in a word, what was to come, that which was spoken miles away, that even which was uttered in the past—phenomena of the order of introspection, retrospection, premonitions, clairvoyance, and clairaudience—phenomena, albeit, which have been observed to take place among un-hypnotised people in apparently normal states. I say apparently, because, although the subject of them may not be either hypnotised or conscious of any change in himself, always, or nearly always, there is a temporary lapse of external consciousness akin to absent-mindedness, a reverie which generally accompanies the more or less pronounced inactivity of the sense-organs. This high super-sensitivity is sometimes exhibited in disease, or in recovery from disease, or when the patient is in profound trance, or in the deep sleep which occasionally precedes death.

Dr. Liébault of Nancy, the most practical and healthy school of modern hypnotism on the Continent, pursuing the lines of experiment indicated by Braid, affirms that hypnosis and all its phenomena can be induced by suggestion. He claims that both natural and artificial sleep are brought about by an act of the intelligence, the concentration of attention on one idea, that of going asleep. This is true, but to a certain extent only. Esdaile frequently induced sleep against the will of the subjects, and without their knowledge. I also have done so, in cases of frenzy, in epilepsy,

and with young children, where concentration of attention, or a fixed idea, was impossible. Nevertheless, the majority of observed cases substantiate this opinion, which most operators must accept. Dr. Liébault says: "Concentration of attention causes the isolation of the senses, the cessation of muscular movements, the establishment of a rapport between the somnambulist and the operator, catalepsy, &c. The afflux of attention in the organs of the senses increases their power of perception, its accumulation on the 'empreintes sensorielles' quickens memory; and so it is with the other senses. On awakening from a state of profound hypnotism there is oblivion, which is due to the fact that all the nervous force accumulated in the brain during sleep is, on awaking, again diffused throughout the organism; since the nervous force is diminished in the brain, it is impossible for the subject to recall to mind that of which he was previously aware."

Concentration or fixity of attention on the part of the operator, and certainly of the subject, is necessary to success in results. Reporting the treatment, among others, of eighteen severe cases of diseased will and imagination, and their cure, Dr. Bramwell says: "My chief difficulty in such cases has been the induction of the primary hypnosis. For the induction of hypnosis the patient's attention is necessary, and in cases of imperative ideas, this is usually otherwise occupied, as the result of the nature of the mental affection. Many also belong to a class most difficult to influence

i.e., the nervous and emotional. That such patients are the easiest to hypnotise is the conviction of all those who have no practical acquaintance with the subject, but this opinion, unfortunately, has no foundation in fact."

Dr. Bramwell agrees substantially with Liébault as to concentration of attention, and Liébault follows Braid.

With all classes of persons, the shortest cut to success is to have the consent and attention of the subject, and, as in the case of Dr. Bramwell's own patients, the confidence and esteem of the person desiring your treatment. The operator travels, and very properly, on the lines of the least resistance, and with patience, and faith in himself, he may eventually overcome the difficulty of weak will, prepossession of ideas, and inattention in the subject. Indeed, one of the most important and admitted advantages of hypnotism is, that by its aid the will can be strengthened, as for that matter all moral and mental powers can be improved. But this improvement can only take place when the operator is intellectually, morally, spiritually, and constitutionally fit to render such assistance. If a proper degree of attention and confidence is needed in the patient, equally, level-headedness, moral stamina, good intent, and patient perseverance are required in the operator. So my experience as a mesmerist has taught me. In this respect the hypnotist and magnetist are agreed.

In magnetising children, and in the old times of

mesmerising animals, it is difficult to see where "imitation," "imagination," "expectancy," "suggestion," "concentration of attention," &c., come in. There is room for "inhibition," I admit, when you tie a game-cock's legs together with a piece of string, and he lies down under the impression—suggested by the action of the string—that he cannot walk, and when the string is quietly removed he still lies, his judgment being inhibited, by the sensory impression left by the string tying. We do not elicit the phenomena of extraordinary super-sensitivity and of the "sub-conscious self," with its wide stores of knowledge and enhanced capacity for lying and playing tricks upon our "credenciveness" as operators, when we hypnotise animals. The decent beasts go asleep and enjoy it, and are so pleased with the new ideas, feelings, and comfort which the operator has brought into their limited minds, that they are delighted to see him again, and again submit to the treatment.

Dr. Carpenter made a good deal, we know, of the "dominant idea," as a factor not only in hypnosis, but in many other subnormal mental phases. But Mr. Romanes, whose opinion will have some weight with British experimenters, dismisses this hypothesis as untenable. In his introduction to the English edition of Heidenhain's "Animal Magnetism," he says: "We may dismiss the hypothesis, because, although the influence of such a dominant idea may exist in the production of some of the phenomena of hypnotism, it is clear to any one, who is not himself

subject to the influence of a dominant idea, that this is not the influence to which we can attribute all the phenomena, or even those which, physiologically speaking, are most characteristic of the hypnotic state. Thus, without going further than the phenomena of hypnotism as producible in the lower animals, the researches of Czermak, Preyer, and others have shown that many animals, when treated by appropriate methods, pass into a state of what the last-named experimenter called 'kataplexy,' which is in every way similar to that of hypnotism; and it would clearly be a somewhat difficult matter to indicate the dominant idea which, for instance, Athanasius Kircher communicated to a fowl, when he made the animal lie motionless upon the ground with its beak resting upon a chalk line, or which Czermak communicated to a crayfish, when he made this animal stand motionless upon its head."

Animals are most successfully hypnotised by the combined action of the human eye and by passes. It is more than probable they are first fascinated by these processes and thence pass into hypnosis. And although the dominant idea may be dismissed as above, we have traces of at least arrested attention in the fowl lying with its beak on the chalk line, which in its case serves the purpose of concentration of attention.

CHAPTER I

TRANCE, DREAM-LIFE, AND HYPNOTIC STATES

MAN, from the nature of his complex organisation, communicates with two worlds—the world within and the world without him. Vast as have been the discoveries in both, he would be bold indeed who said that the limit in either had been reached. Probably the greatest and the least known of these two worlds is that which is within man, with all its illimitable possibilities of thought, of feeling, of consciousness, in this life and the life beyond.

The human brain—in this life—is the medium between these two worlds or states of being. It is the seat of the senses and the organ of mind, and is constituted by the evolution of our humanity to receive impressions through vibrations from the world without. These acting upon the eye, ear, skin, or other sense organs are transmitted to their appropriate centres in the brain, and, in some mysterious way, give rise to consciousness, or ideation. By consciousness we know that we are, by consciousness we realise that there is a world without, and by it we also realise that there is a world within, and a realm of being suited to that inward existence. The senses are

gateways to the brain and avenues to the mind, behind which resides the true occupant of the inner world, the human soul. The soul has organs of perception, equivalent to the external organs possessed by the body. Dim indications of the action of these psychic organs are presented by the phenomena of the "Sixth Sense." In undertaking to investigate these human possibilities, it would be unfortunate at the outset of inquiry if we were hampered by theory. Yet the majority of those who have paid attention to hypnotism would persuade us that they know already what is and is not possible in man, and they ignore—on *a priori* grounds—the existence of the human soul and of the world within. They have jumped too readily to conclusions—from observing some sense-disturbance, or some inhibitory or arrested nerve action—that the whole range of phenomena is traceable to these, and that these in turn have been induced wholly and solely by suggestion.

The phenomena of hypnotism—equally with thought-transference, telepathy, clairvoyance, which may also be produced by hypnotic processes—appear to indicate that man possesses other avenues of knowledge than those of the organs of sense. If a person—whether in a state of trance, hypnosis, or reverie—quotes from books which he has not seen; if he reveals what he never knew in any external way—and there are abundant evidences of this—then he is either possessed of other avenues of knowledge than those of the sense-organs,

or these organs are endowed with powers hitherto unsuspected.

Assuming that there is a world outside man—on which point evidence need scarcely be cited—and passing over that view which reduces the existence of all things to sensory impressions or consciousness, and affirms that nothing exists or can exist outside of consciousness, we may admit that what does not directly or indirectly affect us has for us no existence. This test is as applicable to the world within as to the world without. But because neither the one nor the other at times affects us, that is no evidence that neither exists. The external world would be small indeed if limited to that part which appeals to us directly and indirectly through the sense-organs. So also the internal world of soul would be very insignificant, if no larger than our consciousness thereof. The possibility of knowledge is bounded by our capacity to know. But neither the world within nor the world without will be limited in consequence. The limit is in ordinary consciousness. But the degrees of consciousness vary in different men. There is a vast difference between the intellectual prospect of philosopher and boor. Between the consciousness of ordinary every-day life, and the depths of consciousness exhibited in the higher stages of magnetic sleep, or in the development of what is now called the sixth sense, there is a still vaster difference. Human magnetism or hypnotism, properly understood, and kindred inquiries into human sensitiveness,

trance, and dream states, enlarge our knowledge of the area and the depths of our consciousness, and reveal to us more of the world within man than would have been possible without such aid. Now, this alone should make the subject worthy of our earnest study. If we rend thereby the veil of the human temple, and get a glimpse of the soul and the Holy of Holies within, and if thereby we gain a deeper insight into the powers of that soul and the soul world, the study will amply reward the investigator.

The gift of sensitiveness is a characteristic of nervous refinement, and all persons thus endowed not only make good subjects for experiment, but if suffering from ill-health, may be restored by magnetic healing, and, when necessary, by hypnotic processes. Sensitiveness is a natural endowment of a healthy nervous temperament. In almost every family circle there are persons so sensitive to their surroundings, as to be affected not only by atmospheric changes to the point of nervous unrest, but by the social atmosphere, even the unspoken thoughts animating other minds. The very air about becomes, as it were, a reservoir of knowledge, from which they seem to acquire information concerning past, present, and even the near future. While this sensitiveness has undoubtedly been induced by hypnosis, it is far more common in ordinary life than most people are aware.

The majority of these sensitive persons regard the faculty—not knowing its value—as an infliction. They

feel and know too much for their own comfort. By hypnotism, psychometry, and allied means, such persons can be taught to realise its value, so that, instead of looking upon it as an unfortunate inheritance, they may esteem it an inestimable gift, to be used for their own benefit and that of others. All artists, poets, speakers, seers, teachers, and reformers—worthy of the name—have possessed this gift. By it, they have stood upon the borderland of the spirit world; through it, they have received impressions from “Ministering Spirits,” and the influx of originating thought, pouring from the unseen into the seen; from the inner to the outward; from the transcendental into the material present and conditioned. Sensitives are affected by the aura and the thoughts of unseen minds—whether these minds are those of intelligences abiding in the spheres of spirit, or still in human form. They are also sensitive to impressions received from inanimate objects, that is, to influences not of the nature of thought, and from which thought-processes are excluded. Thus a piece of rock may convey important geological information, though neither operator nor subject has observed previously the nature of the particular specimen, which may have been wrapped up separately, and then picked out at random from a dozen others similarly enclosed, every precaution being taken to exclude all knowledge by external means or by thought-transference. For example, in such an experiment I should myself avoid ascertaining the nature of the specimen selected, and I

could not therefore consciously or telepathically transmit it. The sensitive, notwithstanding, will recognise its influence and describe its nature. There would appear to be two spheres, among others, in which this sensitiveness may be employed to great advantage, viz.: 1. In the reading of character, the discernment of motives, and what not in this connection. 2. In the diagnosis of disease, and most probably as an aid to the physician in prescribing the correct remedies. In a general sense, this sensitiveness is accompanied by a faculty of searching out and acquiring knowledge from the mental or psychic atmosphere in which one lives, and often without ascertainable mental effort.

While hypnotism, properly understood, brings these facts to our knowledge, it does not create sensitiveness, but simply reveals to us its nature and possibilities. The gift, whether it be a normal possession, as in the majority of cases, or abnormally induced by the aid of hypnotism, &c., is a mirror in which are revealed—and often most unexpectedly—the hidden thoughts and actions of those who come within the sphere of the sensitive. With some, the gift only amounts to a feeling of pleasure or of discomfort in the presence of certain people; style, dress, manner, and speech may in some way—and often do—bring this about; but though the impressions may be similar in kind, I apprehend that they are more subtle, deeper, or more intense in degree. With some, again, the possession is constant; with others, it is fugitive in character. In these persons the ordinary sense-channels are more

active at one time than another. There is little or no sensitiveness when the sense-organs are alert. When passive, unstimulated by sights, sounds, perfumes, &c., then is psychic sensitiveness most active. As we advance in psychic knowledge, and become somewhat less enfolded by grossly material concepts, we shall prize this gift in others, and no longer look upon its possessors as soft, disagreeable people, who cannot go here and there because they would be uncomfortable, but as persons possessed of a valuable faculty, the nature and uses of which they unhappily do not know.

I have witnessed no phenomenon in hypnotism which I have not either read of or seen taking place under apparently normal conditions. But if the right employment of hypnotism helps us to understand these phenomena, and when it is advisable to elicit them, then, I hold, a correct knowledge of hypnotism is most important. All healthy sensitive persons make the best possible subjects for eliciting the highest psychic phenomena—clairvoyance, thought-transference, telepathy, psychometry, and somnolouquence or trance-speaking. All hysterical, abnormal, and unhealthy sensitive persons are the worst possible subjects. Too often the phenomena occurring in such cases have been products of suggestion, and, as such, add little or nothing to our correct knowledge of human possibilities; they have less intuition than many healthy persons in their waking state, and are wholly incompetent to guide themselves, much

less advise and instruct others. All good subjects are sensitives, and all good sensitives make capital subjects for the experimental practice of hypnotism.

Magnetic Sleep and Double Consciousness.

“The sleeper,” says Professor Gregory, “in the magnetic state, has a consciousness quite separate and distinct from his ordinary consciousness. He is, in fact, if not a different individual, yet the same individual in a different and distinct phase of his being; and that phase, a higher one. As a general rule, but not a rule without some exceptions, the sleeper does not remember, after waking, what he may have seen, felt, tasted, smelled, heard, spoken, or done, during his sleep; but when next put to sleep, he recollects perfectly all that has occurred, not only in the last sleep, but in all former sleeps, and, as in the ordinary state, with greater or less accuracy, although usually very accurately indeed. He lives, in fact, a distinct life in the sleep, and has what is called a double or divided consciousness: of course, sleepers differ in their powers of memory in their magnetic sleep as they do in their ordinary state, if not to the same extent. But, when in the magnetic state, the sleeper is not always entirely cut off from his usual state, even in those cases in which he has no trace, on waking, left in his mind of the actions or sensations of the sleep. On the contrary, he often speaks, in the magnetic sleep, with accuracy, of things known to him in his usual

state. It is remarkable that he finds, in general, a great difficulty, or even an impossibility, in naming persons or things in this way. He will define and describe them, but very often either cannot or will not name them. If you name them, he will assent, but would rather not do it himself. He often loses, in the magnetic sleep, his sense of identity, so that he cannot tell his own name, or gives himself another, frequently that of the operator; while yet he will speak sensibly and accurately on all other points. He very often gives, to his operator and to other persons, wrong names, but always, so far as I have seen, the same name to the same person.

“The phenomenon of the double or divided consciousness has frequently been described as a spontaneous one, and persons have lived for years in the alternation of two consciousnesses, in one of which they forget all they have ever learned in the other, and have, therefore, to be educated, like a child, in the former. The same thing occasionally happens in animal magnetism. The sleeper has often to learn, as a child, things with which, in his usual state, he is quite familiar, such as reading or writing; but this is by no means always observed; possibly, it is seldom looked for. The phenomenon of which we have spoken, divided consciousness, more or less perfect, is one of the most surprising and beautiful in the whole series of magnetic phenomena.”

We find a key in the above to unlock the phenomena of “Alterations of Personality.”

The Magnetic Sense.

Dr. M'Laury, of New York, considers that the phenomena attributed to hypnotism are induced by the action in the subject of what he terms the "magnetic sense"—elsewhere called the sixth sense—which, he claims, is operative in the lower animals as well as in man. In man it is manifested in the waking state as well as in hypnosis, and has a very wide field of operation. In the magnetic sleep or state of somnambulism, he holds that the "magnetic sense" is the only sense which is active, and the preternatural acuteness of the faculties—observed in some instances—is due, not to their activity, but to the dominance of the magnetic sense.

It is pretty well known that the loss of one sense is partly compensated by one or other of the senses becoming more active, and Dr. M'Laury maintains that when all the senses are rendered dormant by hypnotic processes, the "magnetic sense" becomes correspondingly acute, and through its action the sleeper is brought in touch with a range of ideas not possible in the waking condition. In support of this view, he presents cases of remarkable achievements by persons while asleep, principally from the records of writers on philosophy and psychology, and generally concludes: "That all the various phenomena of clairvoyance, mind-reading, mind-cure, faith-cure, prayer-cure, spiritualism, &c., will be scientifically studied and rationally accounted for by the thorough

and persistent investigation of the latent magnetic sense. This sense is no special gift to a few, but it is latent in every individual, and is capable of being cultivated. There is nothing supernatural in it, for there is a sufficient cause in nature for every event that ever occurred."

It is interesting to compare an opinion like this with the prejudiced elaborations of medical men twenty-five years ago. "The magnetic sense" of Dr. M'Laury, and the liberated soul powers of the individual, are, to my mind, the same qualities labelled differently. It is a step in advance, if we can get medical men to accept clairvoyance, telepathy, psychometry, and psychic healing, as phenomena induced by the liberation of the magnetic sense. When this is done the "higher phenomena" of human magnetism, sneered at in the old days of mesmerism, are tardily but honestly recognised.

Dr. Beard, a distinguished physician, who paid considerable attention to the phenomena of animal magnetism, and expressed himself pretty clearly on the subject of sleep and trance, says, in his "Encyclopædia of Medicine," edition 1833, that "Trance is a disease of the nervous system in which the activity of the brain is concentrated in a limited region, the activity of the rest of the brain being for the time being suspended." This is no doubt true of trance, —spontaneously induced by pathological conditions— but not of hypnotic trance. Repeated hypnotisations have induced the most profound trance, and all the

mental phenomena attributable to concentration, but so far from the subject being diseased, any disease or tendency thereto has been radically cured by its induction. The majority of continental practitioners accept, in the main, Dr. Beard's definition, which he claims will account for "all the phenomena of trance in all its phases and manifestations, however induced." Sleep he regards as different from trance, while others, like Dr. Wyld, look upon trance as a profounder, deeper sleep, in which certain psychological phenomena take place. It is interesting to note the substantial differences between normal sleep and the trance state, as presented by Dr. Beard in the following five points, viz. :—

1. The trance subject acts out his dream, while in sleep the dream does not cause any corresponding coherent physical phenomena.

2. The performances of the trance are logical, coherent, and consistent; while dreams are filled with absurdities which to the sleeper seem entirely proper.

3. In trance some of the senses are perfectly sealed. The loudest noises are not heard, the most fragrant odours are not observed, and there is no power of taste. While some of the senses are thus utterly closed, others may be greatly exalted. On the other hand, the soundest sleepers are awakened by loud noises, or by sufficiently irritating the sensitive nerves.

4. Trance subjects are capable of responding to suggestions offered by a second party, or from an

external source, and become consciously obedient to these suggestions. Sleepers present no such peculiarity; if they respond to external suggestions addressed to the senses, it is automatically, and not consciously or coherently.

5. In some forms of trance there may be divided or double consciousness. The subject, on coming out of the trance, has no recollection of his experience while in it, but on again entering the trance, he resumes the experience of the previous attack where it left off, as though no active life had intervened.

I agree with most of this; the differences in the true states of sleep, are, in the main, correctly described, and help us to differentiate the true states clearly in thought. But in actual observation they, at times, insensibly merge into one another. Thus in dream-life the dreams are admittedly filled with "extravagance and absurdity which, to the sleeper, seem entirely proper," but the same may be said of the earlier stages of hypnosis, where the subject responds to the "extravagance and absurdity" of suggestion, and accepts for the time being all hallucinations and illusions as "entirely proper."

Then in hypnosis—or induced trance—it is quite true that some of the senses are closed, and that they do not respond to stimulus. But I have observed abnormal acuteness of hearing, taste, smell—unless, indeed, we give credit to the "sixth sense," for the almost preternatural acuteness of these faculties. At the same time I have also found their action totally

inhibited, and in inverse ratio to their inhibition, the intellect and soul powers were preternaturally exalted. At any rate, it appears quite clear to me, that in proportion as the inner powers are liberated from the dominance of the senses common to the waking state, we become conscious of the existence of qualities of mind not observed in the waking state, under the ordinary or normal conditions of life.

In hypnosis, and in its deeper forms of trance, the response to suggestion is marked, but this sensitiveness to suggestion is by no means confined to persons in an induced state; it is observable in ordinary sleepers; in hypnosis, the direction of dreams may be suggested by practical jokers, and in ordinary sleep the majority of our disconnected and incoherent dreams have been occasioned by previous incidents and impressions received in the waking state.

I do not say all dreams can be accounted for in this manner, nor are they all incoherent and extravagant: in many cases their apparent absurdity is due to our confused and imperfect recollection. There is no doubt that the brain in the waking state is in a different condition of activity from that of sleep or trance. The change from the comparatively inactive cerebral conditions of the dream state, to that of the full activity of the waking state, will, in a measure, account not only for the incoherence and absurdities of the dream-life, but for the inability on waking to recollect the real train of thought.

In waking from trance induced by disease, many

persons have declared that they not only had a perfectly clear recollection of their mental condition in that state, including visions, interviews, and conversations with (so-called) deceased friends; and knowledge of events taking place at a distance from their bodies, but also of the conversation and the actions of those in their immediate vicinity.

The phenomena of divided and of sub-consciousness, observed throughout many stages of hypnosis, are most clearly marked in those states in which there is no recollection of what has taken place in the magnetic state.

There are dreams and dreams, and the difference between the incoherent dream, the product of the semi-functional activity and disconnected play of faculty of the volitional centres, and the clear, vivid, picturesque and dramatic dream are sufficiently marked to be traced, not merely to different phases of hypnotic ideation, but to underlying causes. The first has its roots, and not very deep at that, in purely physiological conditions, disturbed cerebral states induced by diet, habit, state of the stomach, &c., and has all the characterisations of the illusionary stage of hypnosis produced by physical agents. The second class of dream has its foundation laid deeper in the human constitution, and while in this life no ideation is possible, either asleep or awake, without corresponding cerebral activity, such activity is not traced to pathological disturbances, but to the wakefulness and watchfulness of the inner man, the human

soul, the true sub-conscious self, which corresponds with all aids and suggestions likely to advance the well-being of the outer man. The existence of this inner man, the real "I am," has been demonstrated to me most clearly in hypnosis, and consequently I look for evidence of its existence and influence in ordinary sleep and dream-life. Dr. Beard and all hypnotists who have adopted his opinions notwithstanding, I do not regard all these evidences of the inner life as the product of "a disease of the nervous system in which the activity of the brain is concentrated in a limited region."

The states of trance and of sleep have no doubt their own essential phenomena, but they so often blend or overlap that it is impossible to find a true line of demarcation, and say where the one ends and the other begins. This is equally true of all attempted classification of the hypnotic states. Trance may be an abnormal condition and the result of disease, but hypnosis is a perfectly natural state, and no more abnormal than a baby's sleep induced by the mother's lullaby.

In sleep and dream-life we have important keys to the phenomena of hypnosis.

Degrees of Susceptibility.

Some subjects are more susceptible than others. In experiment the phenomena which it is sought to induce should accord with the subject's natural apti-

tudes, tastes, and fitness, as judged by the outward indications which nature ever presents of inward qualities. If a hypnotist is not trained or intuitively qualified to read the character, not only of his subjects but of his audience, he to that extent lacks fitness for the work. One must truly know the qualities and powers possessed by the sensitive before being able to take the requisite and right advantage of them, and so also of the audience, large or small, in order to keep it well under control. In my public experience, my greatest task was to manage the onlookers and subordinate them to my purposes in controlling the sensitives.

If hypnosis is a wholly self-induced condition (*vide* Mr. Ernest Hart, and others), any one might be a hypnotist. But the facts furnished by prolonged experience show that success in inducing hypnosis lies primarily with the operator. Some operators may be great as theorists, but failures when it comes to practical work. Heidenhain was unsuccessful as an operator; Hansen was the reverse. Personal ability counts for something, however much "animalised electricity," "animal heat," "human magnetism," *nervaura*, "frictions," and "proximity" are discounted. Hence the testimony of Professor Forel of Zürich, that as he gained experience, his failures became less. Thus in his first report, his failures were eleven out of forty-one cases; in his second report, eleven out of fifty-eight cases; in his third report, he records only three failures out of twenty-nine cases.

Dr. Bernheim has said that hospital surgeons who cannot hypnotise at least eighty per cent. of their patients are of no value. I do not think that Bernheim would succeed in hypnotising eighty per cent. of British hospital patients, for the simple reason that temperament and climatic conditions would not be so favourable as in his particular sphere of action. Dr. van Renterghem, in a report addressed to the Medical Congress at Amsterdam, recorded nine failures out of 178 cases. Dr. Wetterstrand, in Sweden, declared that out of 718 patients he only found 17 whom he could not hypnotise. Dr. Liébault, of Nancy, enumerates 1012 cases, 27 of whom he could not influence.

Nothing succeeds like success. Tact, patience, and intelligence are necessary in the operator, or else—if suggestion is the cause of the induction of hypnosis—the suggestion will lack the *vis*, stuff, or vitality necessary. There are plenty of good subjects, and the apparently unhypnotisable person, who has been unaffected by one operator, may be overcome by another. I have succeeded with the much-ridiculed passes when other operators, using “hypnotic methods,” have failed.

Next to temperamental susceptibility, in a subject or patient, is intellectual aptitude, and educated non-resistance. Those of intelligence and clearheadedness are more easily influenced than the dull and stupid, and those who are healthy before the unhealthy. Idiots are not readily hypnotised; the insane are

most difficult to manage; and children come next. But all can be affected, and that satisfactorily, by using mesmeric, rather than hypnotic processes. Dr. Voisin succeeded in hypnotising ten per cent. of his insane patients, showing that if, in addition to being personally competent, the operator has the time to give to the work, the most unlikely may become susceptible. The most difficult cases at first most frequently turn out the best, for either therapeutic or experimental purposes. Of course, there are exceptions. *All depends upon the qualities of the subject, and the fitness of the operator.* This summary of the entire matter should ever be borne in mind.

Hypnotic States.

These states are as many and as various as human temperamental conditions and the interacting influences which obtain between operator and subject. All classifications are faulty, though valuable as aids to thought.

Hypnotic sleep and natural sleep present certain features in common, and yet possess enough differences in character to prevent their confusion with one another. All causes of fatigue may induce either natural or hypnotic sleep. But the conditions which induce both are different. Attempts have been made by experts to show in what these consist, with, unhappily, the usual result, namely, great conflict of opinion; so much depends upon individual tempera-

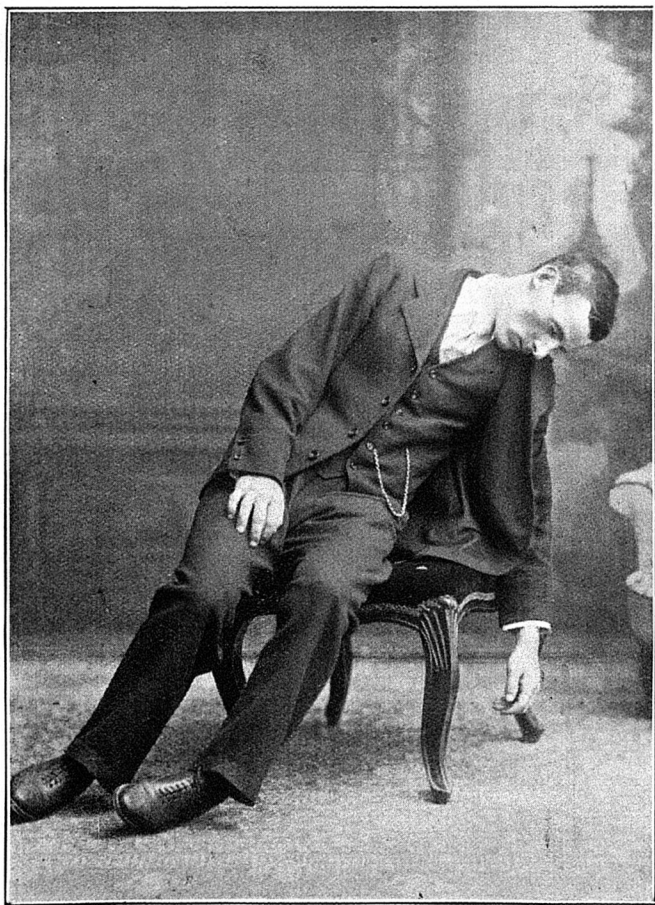


FIG. III. LETHARGY.

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ment, mental states, and personal idiosyncrasy. According to the Charcot school the two leading hypnotic states are lethargy and catalepsy, the former being analogous to deep, and the latter to light sleep.

In lethargy the respiratory movements are slow and laboured; in catalepsy, shallow, slow, and separated by long intervals. In lethargy we are told that the application of a magnet over the region of the stomach causes profound modifications of breathing and circulation, while there is no such effect in catalepsy. Following catalepsy is the more active stage of somnambulism. In all these states, sensation varies: sometimes it is in exaltation, sometimes in lethargy, hearing, perhaps, excepted. The memory, especially in somnambulism, is exalted. Although we seem to forget so much, hypnotism and all phases of trance tend to show that we never forget in reality, that what is not remembered by ordinary conscious memory is carefully stored away by a deeper memory, and can be reproduced when necessary.

"It is evident," say Messrs Binet and Féré, "that in a great number of cases, where we believe the memory is completely blotted out, it is nothing of the kind. The trace is always there, but what is lacking is the power to evoke it; and it is probable that if we were subjected to hypnotism, or the action of suitable excitants, memories, to all appearance dead, might be revived."

Whatever objection may be urged against the classification of states, viz., lethargy, catalepsy, and

somnambulism, in hypnotism, the idea that memory can be revived by hypnosis is one as old as mesmerism, and was employed, and that with success, by the older magnetists. The forgetfulness of what has taken place in trance, hypnosis, and even ordinary sleep, will depend upon the profundity of the state, and, I should think, upon the brain states. It is often found that the loss is not complete, as, in ordinary life, a single word will be found sufficient to awaken the right train of thought and bring back a whole scene. From the operator this word takes the form of a suggestion.

The stages of the French school, as propounded by Charcot, have possibly no existence outside their omnipresent and everlasting creator, "suggestion," and consequently most hypnotists, having their own peculiar forms of suggestion, care little for the Charcot classification. Dr. Moll rejects its stages, and Wetterstrand never met with them, although he experimented on several thousand subjects; and most authorities state that these stages, where found, so far from appearing in order spontaneously, have been induced by suggestion. I must, however, say that, although I have mesmerised or hypnotised many thousands in my time, I have never seen lethargy induced by means of fixed attention, or catalepsy by opening the eyes, although these were common methods employed before experiments at Salpêtrière were thought of. Mesmerists have recognised six degrees in hypnosis:—

1. *The Waking State*, in which the patient may or

may not be affected. He at least is not conscious of any change. It presents no phenomena, the intellect and the senses retaining apparently all their normal qualities; but the subject may have experienced a slight drowsiness or passive condition, and be more disposed to future treatment in consequence. Hence this state, though not distinctly pronounced, is of sufficient importance to be classified.

2. *The light Sleeping State.*—The subject is under imperfect control. Most of the mental faculties, as in the case of Professor Agassiz (*see* Appendix), retain their normal activity. The sense of vision is suspended by the compulsory closure of the eyes, and in a minor degree the sense of feeling is affected. The patient is susceptible to magnetic attraction of the hands, and to healing influence, but to suggestion in a slight degree only.

3. *The Sleeping State.*—The senses, hearing and sometimes smell excepted, are inactive. The subject may be either lethargic, cataleptic, or somnambulistic, &c., according to temperament and the mental direction of the operator. Healing and experimental suggestions are effective. The will can be strengthened and evil habits eliminated.

4. *The active Sleeping State — i.e., the somnambulistic or Sleep-walking and Sleep-talking Stage.*—The subject is susceptible to the influence and the suggestions of the operator. He is, in a measure, an irresponsible agent—thinking, seeing and hearing, as permitted or directed. He is subject to hallucina-

tions, sensitive to thought-transference, subjective suggestion, and to the influence of *nervaura*, otherwise called zoo-magnetism, or human magnetism. Beneficial suggestions most effective.

5. *The lucid Somnambulistic State* — which is practically a higher or deeper development of the active sleeping state—observed in patients of fine nervous organisation and cerebral development. In this state the patient has a decided individuality, personal judgment, and will; he is not subject to hallucinations. Thought-transference or subjective suggestion is possible. Clairvoyance—direct and indirect—with intro-, pre-, and far vision, are indicated.

6. *The psychic Trance State*; not often induced. In this stage the patient's perception is not limited by physical vision. Telepathy, thought-transference, and clairvoyance are all indicated.

The mental phenomena witnessed under the first four states are common to most observers, whether hypnotists or mesmerists. Those of the fifth stage, although not so common, are partially established by hypnotists, under the heading of the phenomena of the magnetic or sixth sense. Those of the sixth stage are rejected by hypnotists, as also any hint or evidence which goes to demonstrate the existence of soul and soul-powers in man. But as hypnotism (as practised on the Continent and in Britain) is more devoted to therapeutics than to transcendental philosophy, or inquiry into the spiritual nature of man, with which medicine and science have nothing to do, I

must be content if hypnotists accept the first four stages, plus the elastic sixth or magnetic sense.

Hypnotists, whatever ridicule they throw upon the classification of stages by magnetists or by one another, attempt classification themselves. Dr. Charcot recognised three stages: Lethargy, catalepsy, and somnambulism. Dr. Bernheim established nine: 1. Drowsiness—suggestions of local warmth are effective; 2. Drowsiness, with inability to open the eyes; 3. Suggestive catalepsy slightly present; 4. Suggestive catalepsy more pronounced; 5. Suggestive contractures may be induced; 6. Automatic obedience; 7. Loss of memory on waking—hallucinations not possible; 8. Loss of memory—slight possibility of producing hallucinations, but not post-hypnotically; 9. Loss of memory—hypnotic and post-hypnotic hallucinations possible. Dr. Liébault reduced them to six: 1. Drowsiness; 2. Drowsiness—suggestive catalepsy possible; 3. Light sleep—automatic movements possible; 4. Deep sleep—the subject ceases to be in relation with the outer world; 5. Light somnambulism—memory, on waking, indistinct and hazy; 6. Deep somnambulism, entire loss of memory on waking—all the phenomena of post-hypnotic suggestion possible. Dr. Lloyd Tuckey further reduced them to three, viz.: Light sleep, profound sleep, and somnambulism.

These recognised stages, so long familiar to mesmerists, are stages under which to classify phenomena, rather than stages actually observed as developing

out of each other in orderly sequence. Subjects or patients care nothing for them, and may enter into none or any one of them at the first sitting. We see, however, in nearly all the phenomena of sensitiveness, double consciousness, trance, and dream states, with those of the sixth or magnetic sense already referred to.

CHAPTER II

THE BENEFITS OF HYPNOTISM

IT is no detraction from the merits of hypnotism—as a therapeutic agent—to say that it is not always available, that in some cases it is unreliable, or that in others it is useless. Even with these limitations it possesses benefits which make it frequently invaluable where all other curative agencies have been found unavailing.

Hypnotism—or more properly speaking that form of it best known as mesmerism—has been employed successfully, not only in dental operations, but in cases of cancer and in amputations. In the majority of such instances the patients were educated by previous hypnotic treatments for the final ordeal, since otherwise the mind, racked by bodily pain and undefined alarms, would be in a highly unfavourable condition. But so far from this being an argument against the use of hypnotism, it is rather a good reason why it should be employed even in a state of health, not only as a means of fortifying the individual against disease, but of favourably disposing him to the employment of hypnosis as an anæsthetic, should circumstances make it necessary in the future.

As regards the limitations of hypnotism, in its form

of suggestion which preponderates so largely in practice, it can have obviously little power. Suggestion cannot, we are assured, remove cancer, tumour, or other organic derangement which can only be treated by surgery. But where suggestion by itself has failed and will fail, human magnetism or *nervaura* has, by the mere apposition of hands, removed cancers, tumours, and organic derangements; as innumerable cases, by magnetic and psychic healers, bear testimony. At the same time hypnotism, whether by suggestion or by human magnetism, cannot restore what disease has destroyed, or arrest the process of mortification, for the simple reason that there are no responding vital energies, *vis nervosa*, left, to be influenced by suggestion, or stimulated by human magnetism. The brain and nervous system may and do, to a large extent, respond; but where the nerves are destroyed in the diseased area there is no response to the treatment. With these important reservations, the curative powers of hypnotism (as understood by myself) are illimitable: given an operator, whose heart is in his work, who believes in the influence of mind over mind, and mind over body, who is, himself, vitally vigorous and healthy in constitution, who puts all his benevolent energies out for the purpose of cure, and given a subject who needs treatment and possesses those elements of fitness or receptivity necessary to success, there seems to me no end to the useful possibilities and beneficial applications of hypnotism in the healing art.

In the hands of a competent medical man, hypnotism—like hydropathy, massage, and electricity—may be used in conjunction with medicine, in the treatment of cases where medicine without such aid would be ineffectual. Medical men do now use—and I suppose have always employed—"suggestion" in the treatment of patients, though not, I infer, in the sense in which it is understood by hypnotists. If it is beneficial in one way, why not in another? Within my own experience, it has cut short many a fever, by equalising the temperature of the patient, has arrested the progress of consumption, cured erysipelas and erythematic diseases, &c. But as a rule, hypnotism is perhaps less effective in acute derangements than in the treatment of mental and bodily diseases of slower growth. Not only in ordinary chronic derangements, but in many regarded as intractable, treatment by suggestion and human magnetism is simply invaluable. It is precisely in this class of diseases that its action is most satisfactory, as, for example, in those of the brain, of the spinal cord, and nervous system generally, in all derangements of the digestive organs, and the indirect derangements which arise from these. It often produces sudden and miraculous cures in chronic rheumatism, in sciatica, lumbago, neuralgia, and similar complaints; it cures incipient paralysis—and, indeed, other phases considered not merely incipient but permanent and confirmed.

Hypnotic processes have also proved a boon and blessing in hysteria. The treatment of this complex

disease must be conducted by mental and moral influences proceeding from a strong will and by auxiliary hygienic methods at the command of the operator. Now, we know of no more potent agent than hypnotism in the exercise of mental and moral influences, and of the will brought to bear in such cases.

By the vivisection-experiments of medicinal procedure, exemplified in drug-swallowing, patients have been practised on as so much organised matter, to be affected this way or operated on that way, as the medicines employed were used to affect certain organs or suppress certain symptoms. In such treatment the mind of the patient is regarded as non-existent. Their comparative futility is shown by their inability to correct evil habits and demoralising propensities. Hypnotism succeeds precisely in such cases. It corrects evil tendencies, and inhibits, that is, arrests the action of vicious propensities. This has been demonstrated beyond the shadow of a doubt, and for this reason, were there no other, it should occupy a large place in medical practice.

The Value of Sound Sleep.

In ordinary sleep we become unconscious of the external world ; all voluntary action ceases, the functions of the organs of sense are reduced to a minimum, and the automatic centres which direct or govern the circulation, breathing, digestion, and what not, act less

energetically; the breathing thus slows down; the heart beats more quietly; the pulse lessens; the blood-vessels in the body dilate, *i.e.*, contain more blood; those in the brain contract, and naturally contain less blood. These physiological conditions always accompany sleep, natural or induced. Without blood depletion in the brain—anæmia, in fact, more or less pronounced—there is no sleep. There is, during sleep, an expansion of the brain-cells in proportion to a contraction of the blood-vessels in the brain, and the less active circulation of blood in the body. And therefore it is most probable that the state of sleep—natural or hypnotic—is powerfully influenced by the state of the cerebral blood circulation. Hence in ordinary life, heat to the stomach, warm feet, insured by the manner of lying in bed, and the adjustment of the clothes, so as to leave the head cool and the extremities warm, are conditions favourable to sleep. The early magnetists recognised this fact, always inducing sleep by “downward passes,” and by occasionally placing the warm hands on the epigastrium. But apart from this, let it be noted that good sound sleep is essential to health, as victims of insomnia will realise; and one of the most striking benefits conferred by hypnotism on its subjects is good sound sleep. I have heard authorities say that hypnotic sleep, without curative suggestions, is valueless—that it is not the sleep, but the suggestions which benefit. My reply is that good sound sleep is always restorative, nerve building, and healthful, and that if it cannot be obtained by natural processes, its induction

by hypnotic methods is not only desirable but health-giving.

If the patient is to be troubled in hypnosis by experiment, I should say this would be as unfortunate as a bad night's dreaming for rest. Hence such hypnotic sleep would not be beneficial. I can safely aver that five minutes' sound hypnotic sleep has been known to work wonders for a tired brain; while two hours have relieved brain fag, and given astonishing nerve recuperation.

Hypnotism as an Anæsthetic.

While scores of curative experiments were carried out by Mr. Braid in Manchester, and Dr. Esdaile in India, little or no notice was taken of the employment of hypnosis as an anæsthetic by British medical men. The discovery of ether and subsequently of chloroform was a perfect godsend to the profession; by ease in application and quickness in action, it caused hypnotism and its "healing suggestions" to recede into the background. Private séances with the new and dangerous spirit became the fashion, and chloroform and surgical operations for a time carried the day. But death after death occurred under the dangerous influence, and the implicit confidence soon began to wane, bringing hypnotism once more to the front. If difficult in application, where it can be applied, it is certain and safe, its influence lasting as readily for an entire day as for a single hour.

Hypnotic anæsthesia and "healing suggestions," in serious and important surgical operations, are not a novelty. Out of a hundred cases reported by Dr. Esdaile, the few here tabulated will vindicate the old-time operations, where the unconsciousness was complete—

Patient, age 50 years.	One Scrotal Tumour weighing 96 lbs.						
" " 60 "	"	"	"	"	"	"	85 "
" " 50 "	"	"	"	"	"	"	60 "
" " 30 "	"	"	"	"	"	"	64 "
" " 58 "	"	"	"	"	"	"	45 "
" " 28 "	"	"	"	"	"	"	40 "

Out of all the hundred cases there were no deaths due either to the magnetising or to the surgical operation. The five which took place were months afterwards, and from other causes—one from fever, a second from cholera, one from lockjaw, and the remaining two from pure physical exhaustion.

There is no reason why hypnotism—induced by the old magnetising process—should not be employed as beneficially now as a reliable anæsthetic for serious surgical operations as it was in those days. Dr. Milne Bramwell, of Goole, Yorkshire, has given a number of experimental séances to dentists and the Faculty, in Leeds and elsewhere, and has successfully demonstrated the value of hypnotism as a reliable anæsthesia in painful and severe operations. Dr. Fahnestock of Chicago, who reduced suggestion to a fine art long before any British physician espoused hypnotism, could induce local anæsthesia—the patients otherwise

fully conscious. I am not aware that this has been done to any extent by approved hypnotic methods in this country. It was, however, common enough in mesmerism.

The Mental and Moral Benefits of Hypnotism.

Dr. Liébault has performed remarkable cures—similar to those induced by mesmerists in the days gone by. Many of his patients suffered from moral diseases, mental afflictions, the evils of confirmed alcoholism, and other destructive habits. He has restored to man and womanhood the lost creatures dominated by these. How was all this accomplished? Not assuredly by “switching off,” to use the language of Dr. Andrew Wilson, “the higher brain centres, and allowing the lower centres, at the suggestion of the operator, to assume command of the body and the will,” but by bringing into play the higher, if inner, faculties, and dominating the lower by strengthening the will and literally enfranchising the once helpless slaves of demoralising passions. I prefer Liébault’s and Tuckey’s opinions, supported as they are by the grand results of actual practice, to the second-hand views of Dr. Andrew Wilson. Many excellent British physicians, and I also, though not a physician, have effected cures similar to those of Liébault. All this has been accomplished—not, as Dr. Andrew Wilson elegantly expresses it—by “kicking the captain off the deck, and putting the cabin-boy in his place to com-

mand the ship," but by acting as pilot to the captain, assisting him to command, and enabling him to achieve results which would be impossible without such assistance. Hypnotism, by strengthening the will and moral resolutions in a subject, does for that subject what the pilot does for the captain. Dr. Liébault and others have brought safely into port many human vessels that would otherwise have been wrecked on the shores of life.

It is abundantly clear to me, that all healthy and intelligent physicians (whose desire to alleviate the sufferings and cure the diseases which afflict their patients is the true motive of their calling) should be sufficiently eclectic and liberal to adopt hypnotism, in its fullest and most comprehensive sense, as a therapeutic agent, especially as such strong evidence of its value is now given to the world by medical men. Even where it will not cure diseases it may be still beneficial.

"It is found," says Dr. Tuckey, "remarkably effective for the alleviation of pain, even in cases of incurable organic disease, such as cancer, heart-disease, and locomotor ataxy, and for the relief of sleeplessness, prostration from overwork of mind or body, hysterical suffering, and such disturbances of nutrition as accompany anæmia and phthisis." To reject the use of hypnotism because it fails to cure these diseases is absurd.

In the treatment of dipsonmania Dr. Tuckey has been most successful. I do not know him personally

but I should conclude that he is a man of good proportions, of healthy and vigorous physique, strong will, and a congenial, sympathetic nature. If this picture is correct, he is just the person whose magnetism is capable of achieving the happy hygienic result of driving the devils of evil habit from the bodies of the possessed. The doctor, having placed his patient suffering from dipsomania in a state of unconscious hypnosis, suggests to him that alcohol is a poison, and that the taste of drink will make him violently ill; when aroused out of the hypnosis, a glass of beer is given him, he becomes at once violently sick, and for two months is a rigid teetotaler. Three months subsequently, he is attacked by pleurisy, and a friend makes him take a glass of whisky, which again he instantly throws up. The previous treatment, aided by the suggestion given him while under influence, has rendered him incapable of either desiring or retaining alcoholic drink. Here we have a good instance of the value of hypnotism. What the patient was unable to accomplish by his own unassisted will, he was able to carry out when that will had been strengthened by the aid which a superior mind could supply; in a word, the latent powers of will were aroused in the patient through hypnotic process.

Suppose the doctor had suggested that alcohol was beneficial, that it could not possibly do his patient any harm, and that in future he could take it with great comfort. Would that suggestion have been

effective? I think not. The whole experience, best judgment, and common (if not scientific) sense of the patient, would be opposed to and resent such suggestion, hypnosis notwithstanding, producing a positive refusal to act upon it. The *inner* judgment, no longer obsessed by the predominating influence of the perverted senses, readily accepted the higher and more sensible objective suggestion, and owing to the increased receptivity in hypnosis, was enabled to adopt it, in accordance with his best ideas. The hypnotic languor and corresponding inactivity of the sense-organs enabled the mind, the inner man, to act with an energy corresponding to the best elements of the patient's nature; the suggestion in hypnosis (as in daily life) acting most effectually on the "lines of the least resistance."

Dr. C. Theodore Green of Birkenhead, one of the ablest advocates of hypnotic therapeutics, and I believe one of its ablest practitioners, has recently contributed an interesting article to *The Journal of British Homœopathy*. In this article he gives many instances of cures performed by mesmerism, or animal magnetism, and truthfully adds that, notwithstanding the contributions of Dr. Tuckey and Dr. Tuke to psycho-therapeutics so far back as 1872, "yet, until the last decade, hardly any medical men have thought it worth while to study the effects the mind has upon the body, with the idea of utilising them in disease." I have always found that homœopathic physicians paid more attention to these effects than those of the more orthodox school.

Dr. Green enumerates cures by "expectation," cures by "shock," and an interesting cure of hydrophobia by will-power in the patient. Dr. Green takes comprehensive views of the mind's action, and his opinions are opposed to those who allow hypnotism only a limited range of operation. He says: "We hear it commonly said that functional disorders may be cured by suggestion, but that organic disease cannot. This is premature; for we do not yet know how far mind is capable of influencing disease. 'You may see a person with gout,' says Abernethy in his lectures, 'who is almost unable to move with pain; but produce a shock on his nervous system by telling him that the house is on fire, and he will scamper about like a lamplighter.' 'A captain of a British ship,' says Dr. Rush, 'who had been confined for several weeks to his cabin by a severe fit of gout in his feet, was suddenly cured by hearing the cry of fire!' Another man was cured by fright, and the disease never returned. It is stated that Ferrarius cured ague by faith. In one year he cut the disease short in fifty persons solely by slips of paper, on which he inscribed the word 'febrifuge,' and gave them to the patients with the instruction that they should cut off a letter every day. A Spanish lieutenant was cured by the time he cut off the sixth letter;" and Dr. Green concludes by enumerating a number of cases which occurred in his own practice.

I infer, therefore, that hypnosis is not, as sometimes objected, a cure for imaginary diseases, but of

no use in serious and objective derangements. There are no imaginary diseases. I grant for particular diathesis a patient may exaggerate his symptoms, but the resources of medical science are frail indeed, if they cannot detect the real from the spurious. If a patient declares he is suffering day after day with a violent headache, or a pain in his side—if he is nervous and distraught, though without an abnormal pulse and temperature—that man is ill. The pains indicate that some part of the brain or body is diseased. There is no mental suffering without a corresponding physical cause—nay, more, location. Lest I might be esteemed an interested party, whose evidence should be discountenanced by medical men, I will discard all reference to cures by magnetisers, and give the following classified list of cases from Dr. Felkin's book on "The Medical Uses of Hypnotism." (See next page.)

Some of these patients ridiculed the idea of hypnotism doing them any good, and were for the most part successfully treated in a few sittings; 224 cures and 200 improvements out of 496 cases is an excellent record; and I believe, had we full reports at command, the average of 85 per cent. of successes would be fully maintained.

Many who have been hypnotised, like Professor Agassiz, speak of the pleasant sensations, soothing influences, and pleasure enjoyed in the state, and the relief which it gives. Of course these experiences refer only to the semi-conscious conditions of hypnosis.

	No. of Cases.	Cured.	Im- proved.	Failed.
Organic Diseases of the Nervous System	10 B. 24 R. 1 T.	7 B. 1 R. 1 T.	2 B. 13 R. ...	1 B. 10 R. ...
Hysterical Diseases	17 B. 36 R.	16 B. 9 R.	... 24 R.	1 B. 13 R.
Neuropathic Affections	18 B. 145 R. 1 W. 1 T.	17 B. 47 R. 1 W. 1 T.	1 B. 76 R. ... ...	... 22 R.
Various Neuroses	15 B. 4 T.	14 B. 4 T.	1 B. ...	... ...
Dynamic Pareses and Paralysis	3 B. 1 T.	3 B. 1 T.	... ...	... ...
Gastro-intestinal Affections	4 B. 1 T.	1 B. 1 T.	3 B. ...	... ...
Various painful Affections	12 B. 15 R. 2 T.	12 B. 2 R. 2 T.	... 6 R. ...	... 7 R. ...
Rheumatic Affections	19 B. 28 R.	17 B. 7 R.	2 B. 14 R.	... 2 R.
Neuralgias	5 B. 57 R.	4 B. 47 R.	1 B. 30 R.	... 10 B.
Amenorrhœa	13 V.	13 V.	...	...
Dysmenorrhœa	6 V. 1 T.	6 V. 1 T.	... ...	... ...
Menorrhagia	8 V. 1 F.	8 V. 1 F.	... ...	... ...
Mental Diseases	53 R.	10 R.	27 R.	16 R.
	496	224	200	72

B., Bernheim; R., Van Renterghem and Van Eeden; T., Tuckey;
W., Wagner; V., various authors.

In the profounder states there is no memory upon waking; but the above is fully supported by the expressions, physiognomic and verbal, of the subject. Therefore we may safely conclude that the nerve rest

secured in hypnosis reinvigorates the brain and the entire system. Half an hour's hypnotism does indeed more for the patient than hours of imperfect ordinary sleep; although even in this half-hour he may be conscious the whole time. If a patient has once been benefited by hypnosis, albeit in a conscious and minor stage, he can be subsequently relieved from the most acute pains, such as rheumatism, neuralgia, sciatica, lumbago, gout, chronic headache and the primary affections of which chronic headache is an outward and visible sign. Stammering, being a purely nervous affection, yields readily to treatment, and nothing save parental ignorance would allow the habit to become confirmed in a child, sooner than have it removed by hypnosis. Not only has stammering, but arrested speech—inhibited by some inflammatory disease—dumbness of years' standing, has been also effectually cured.

Dr. Norman Kerr notwithstanding, the drink crave can be cured in a few treatments; and so also can the tobacco and morphia habits. Abnormal cravings of all kinds—religious, suicidal, and other monomaniac tendencies—can in like manner be removed. Functional paralysis, and epilepsy in the earlier stages, can be successfully cured by hypnotism. Parents who have unfortunately a child under twenty subject to epilepsy, should at least consult an experienced hypnotist before giving up hope of cure.

The phenomena of memory are various and interesting. It would be going beyond the scope of this work to point them out in detail. What is of most

importance is to note that loss of memory can be restored. As M. Ribot very clearly puts it, memory works by departments; when some of these fail, the others carry on the work, without perceptible or conscious loss. When too many departments break down, the loss becomes apparent and distinct. Sometimes it is for names, for numbers, for events, for music, but whatever the loss, I believe that in three-fourths of apparently hopeless cases memory can be restored by judicious treatment.

Although I have dwelt more particularly on hypnotism as a curative agent, it presents many other advantages, such as the development of mental powers which are either weak or apparently non-existent. Mental qualities cannot indeed be given, but those which are feeble can be strengthened by the same magnetic processes adopted to strengthen the brain and the nervous system.

CHAPTER III

OBJECTIONS TO HYPNOTISM

THE majority of objections preferred against hypnotism are founded on erroneous conceptions of the power of the operator, and of the possible dangers which might arise through its employment by the criminal or unscrupulous. Medical men of established repute have raised warning notes: Dr. Norman Kerr, Sir Andrew Clarke, Dr. A. B. Richardson, Dr. Andrew Wilson, and last though not least, Mr. Hart. The majority of these writers, however eminent as medical men, are without real personal experience on the subject. In "Hypnotism, Mesmerism, and the New Witchcraft," Mr. Hart expresses the opinion that "hypnotism, mesmerism, electro-biology, and so-called animal magnetism, being almost invariably useless, and often dangerous, even in the hands of the most highly skilled, careful, and conscientious physicians, are a practice which ought to be forbidden to the unqualified," by whom he means non-registered practitioners. But I respectfully reply that fitness and experience, not medical registration, can alone qualify a person to hypnotise.

The late Sir Andrew Clarke rejects the evidence of

those best qualified to speak on the subject, and puts forward his own unsupported statements as veritable facts. The testimonies of Liébault, Bernheim, Charcot, Bramwell, Tuckey, and others, are of no value to him. They are all interested advocates. The cry of medical men, that the practice is dangerous and should be restricted to themselves, proves that hypnotism is in the stage of acceptance. They are apt to forget that, had not Braid witnessed the demonstrations of M. La Fontaine, Heidenhain those of Hansen, and Dr. Alfred Russel Wallace the convincing experiments and cures of Spencer Hall, the probability is that they would be still in gross ignorance of the facts, and unable to use hypnotism as a therapeutic agent. Dr. Alfred Russel Wallace, in his remarkable work on "Miracles and Modern Spiritualism," speaking of mesmerism, says :—

"It so happened that in the year 1844, I heard an able lecture on mesmerism by Mr. Spencer Hall (one of the unqualified according to Hart and others, &c.), and the lecturer assured his audience that most healthy persons could mesmerise some of their friends and reproduce many of the phenomena he had shown on the platform. This led me to try for myself, and I soon found that I could mesmerise with varying degrees of success, and before long I succeeded in producing in my own room, either alone with my patient or in the presence of friends, most of the usual phenomena. Partial or complete catalepsy, paralysis of the motor nerves in certain directions, or

of any special sense, every kind of delusion produced by suggestion, insensibility to pain, and community of sensation with myself when at a considerable distance from the patient, were all demonstrated, in such a number of patients, and under such varied conditions, as to satisfy me of the genuineness of the phenomena. I thus learnt my first great lesson in the inquiry into these obscure fields of knowledge, *never* to accept the disbelief of great men, or their accusations of imposture or of imbecility, as of any weight, when opposed to the repeated observations of facts by other men admittedly sane and honest. The whole history of science shows us that, whenever the educated and scientific men of any age have denied the facts of other investigators on *a priori* grounds of absurdity or impossibility, the deniers have always been wrong."

Dr. Norman Kerr, a distinguished lecturer and writer on inebriety, says:—

"Thirty years ago I was witness to perverted sensations and actions, consequent on false beliefs effected on mesmerised subjects by professed mesmerists. Exactly similar phenomena have recently been paraded as demonstrating the efficiency of what is now called hypnotism, and treatment by suggestion, as a cure of inebriety. At that early period I was strongly predisposed to believe in mesmerism as a legitimate and curative agency. Careful observation, however, showed me that this practice is liable to grave abuse, never absolutely free from risk, and

uncertain when the patient is susceptible; and that only a minority of persons can be influenced in this way. I have investigated recent claims for the rehabilitation of this process, and have found that under fifteen per cent. of the cases have proved susceptible, while in a number of carefully-conducted trials the beneficial results have been *nil*. In other cases, though the suggestion against alcohol was declared to be permanent, séances were insisted on every second or third day for weeks and months. No medical expert of repute in inebriety has endorsed hypnotism as useful in this malady, though marvellous tales of success have been (as, indeed, such have emanated from similar quarters without hypnotism) claimed by non-medical individuals. My own experience and observation have compelled the conclusion that hypnotism has no practical application in the treatment of inebriety. On the contrary, I have seen its repetition increase the nerve disorder, and thus intensify the diseased condition which constitutes true inebriety. My greatest objection, however, is based on the power which the practice of hypnotism with suggestion gives to the operator over the subject. Such a power ought not to be allowed to any fallible human being, and heinous offences against morals as well as serious crimes have been the consequence. In my judgment, if hypnotism be considered justifiable, it ought to be allowed to be practised only by responsible medical men. Even then, as a protection alike to the practitioner

and to the patient, hypnotism should be practised only in the presence of a second registered practitioner, and a record kept of the object, results, and details of the procedure."

I do not doubt the sincerity of Dr. Kerr, but I do doubt his knowledge of the evils of mesmerism, "now called hypnotism." In thirty years, the worthy doctor has one instance of a man mentally unsound, who, subsequent to hypnotism, became insane.

Concerning the failure of hypnotism as a remedy for the drink crave, the doctor's objection might be applied to the whole of medical practice, when visits are "insisted on every second and third day for weeks and months," before the patient is declared convalescent. Repeated hypnotisations (not always necessary) are not objectionable if the treatment turns out successful. It is requisite that the practice should be safe guarded, and that, perhaps, more in the interest of the operator than the patient. But I respectfully contend if hypnotism is all that which Dr. Kerr maintains it to be, it should not be encouraged at all. As to confining the practice to "responsible medical men," I may point out that personal character, reputation, moral and other responsibility are not prerogatives of the Faculty exclusively. I therefore contend that hypnotism should be practised by *the most fit*—medical or lay.

"It has been proposed," says Dr. Wyld, "that mesmeric and hypnotic experiments and cures should be legally restricted to the medical Faculty; but this

I think would be a great mistake, for although itinerant mesmerists have shown repulsive experiments, and sometimes damaged their subjects, yet on the other hand, the view taken on the subject by medical men is almost entirely materialistic, while the experiments of the French schools have often been dangerous and degrading, and even criminal."

I have greater confidence in medical men than either Dr. Kerr or Dr. Wyld. I believe, in fact, know, that there is sufficient robustness, manliness, and healthiness as a rule among British medical practitioners to prevent a repetition of the objectionable features of French methods in this country. Hypnotism has certainly been practised too much for the purpose of confirming the theory of suggestion. That is not wise, but can be remedied, if practitioners will keep in view the fact that hypnotism should be employed only, (1) to strengthen good qualities in the subject; (2) to cure disease; and (3) to relieve mental or physical suffering. If kept on these lines, we should probably hear less objection to hypnotism.

The idea (whether fostered by popular notions, or by hypnotic exhibitions, or the result of adverse opinions expressed by medical men) that a person in a state of hypnosis can be made to do anything—good or bad—which the operator suggests or commands, is not more true in hypnotism than in ordinary life, when we do not obey suggestions and commands which do not meet with our approval. In

the dream-like, illusionary stage of hypnosis, a smoker may be induced to puff away at a carrot or lead-pencil, as if enjoying a fine cigar. But such a man would enjoy a good cigar without the compulsion of a command. A woman who does not smoke in ordinary life, will in hypnosis, decline to smoke either a real or an imaginary cigar. No man will commit a forgery, a murder or other crime—"Laboratory Crimes" notwithstanding—in hypnosis, which he would not do in his normal state, and no woman could be compelled to do any act, in the hypnotic state, which her better nature would revolt at in the waking state. Thousands of experiments demonstrate that the operator cannot get a person to perform an act in the hypnotised condition which would be repugnant to their waking state. This is not only true, but a person will decline in a state of hypnosis to perform an act which in the waking state he may do habitually. For he is then able to resist what in the waking state may have been a passion. I have from time to time demonstrated the readiness with which hypnotised persons gladly accept aid towards healthier or more balanced lives in the waking state. The proceedings which have taken place before courts of law, on the Continent and in the United States of America, and have seemingly demonstrated that crime has been committed by persons under the control of a hypnotiser, must be taken *cum grano salis*. Hypnotism is no excuse for crime. The medical legal records which point in the other direction, at best prove that "the wish is father to the thought." The crimes against virtue or

statute law which have been laid to the charge of hypnotism—if committed by the defender—are crimes which could be committed as well, if not as willingly, in the full and natural possession of faculty, a fact easily brought home upon a practical acquaintance with the subject.

The stories of fascination and seduction due to hypnotism, and such plausible excuses for evil which is done daily without hypnotism, can be dismissed out of hand. I have observed in all subjects a keener sense of right and wrong than is manifested by them in ordinary life, and I for one am satisfied that it is one thing to play with dramatic skill at imaginary crimes, and another thing to commit these crimes in real life. Professor Delbœuf maintains that the magnetiser can secure startling control of various kinds—indeed if it were not for this, there would be no necessity to resort to hypnotism—but he rejects the conclusions based on “laboratory crimes.” A subject may go through a sham crime, when ordered, but would revolt if directed to commit a real crime. The Professor formerly accepted the views of Dr. Liébault, but now rejects them, and holds that much must be allowed for moral condition and the possession of latent will in the subject.

The latent moral powers and the will to do right in each subject can be calculated upon, in the apparently most hopeless cases. Dr. Wines, who contributed a strong article to the *Metaphysical Magazine*, and is the latest prophet of evil concerning hypnotism, himself admits that “hypnotic suggestions cannot

change the natural tendencies of the individual either for good or for evil. . . . In fact, hypnotism only brings out in strong relief the dominant bias of the individual."

Dr. Liébault of Nancy avers: "It would be in the power of the magnetiser to suggest to his subject, not only to become a talebearer, a thief, dissolute, &c., at some period subsequent to the magnetic sleep, but he might use him, for example, as the instrument of his personal vengeance, and the poor dreamer, unmindful of the primary incitement to criminal action, would commit, on another's account instead of his own, the evil deed, prompted and enforced thereto by the irresistible suggestion and will imposed upon him by another."

That is bad enough in all conscience, if true; and nothing charged against mesmerism, with "its perverted sensations" and "false beliefs," was ever half so bad. But the statement can only be correct when you get an operator sufficiently degraded, and a tool sufficiently criminal and innately willing.

Against the conclusions of Liébault, and of Dr. Luys, who expresses similar views, I offer what I esteem first-class rebutting evidence. In addition to the opinions of Professor Delbœuf, I will give those of Liébault himself, Bernheim, Charcot, Tuckey Bramwell, and others.

Professor Liébault says: "I cannot recall a single case in which I regret having adopted hypnotism." Dr. Bernheim says: "I have never seen any harm

produced by sleep induced according to our methods." Professor Charcot remarks: "Experimentally, when we furnish a subject with a pasteboard dagger, or provide him with a poison, consisting of a harmless powder, we may witness the carrying out in all its details of what I have called a 'laboratory crime.' But is it so, can it be so, in real life? I for one doubt it; though writers who have treated the question have reported plenty of experiments, they have not been able to discover a single crime of this kind actually committed, and that not because they have not sought to discover such crimes."

"In the hands of a conscientious and experienced physician," says Dr. Tuckey, "the use of hypnotism is, I believe, absolutely devoid of danger. This is my own experience; and last year I wrote to the chief exponents of the treatment on the Continent, in America, and in Great Britain and Ireland, asking them for their opinion on this subject. They all replied that they had never met with untoward results, and that they could not conceive their possibility, if proper care and judgment were used."

"Personally," says Dr. Bramwell, one of the most successful of British physicians in hypnotic practice, writing in the organ of the Neurological Society of London, "I have never seen the slightest untoward symptom result from the skilled use of hypnosis, or any evidence that its dangers, under these circumstances, have any existence, save in the brain of the novelist. Forel says: "Liébault, Bernheim, Wetter-

strand, Van Eeden, De Jong, I myself, and other followers of the Nancy school, declare categorically that we, supported by the material of many thousands of hypnotised persons, have never observed a single case of mental or bodily harm caused by hypnosis, but, on the contrary, have seen many cases of illness relieved or cured by it."

Concerning objections suggested by platform experiments, &c., Mr. T. J. Hudson, in his book, "The Law of Psychic Phenomena," says: "Thousands of experiments are daily being made which demonstrate the impossibility of controlling the hypnotic subject, so far as to cause him to do that which he believes or knows to be wrong. A common platform experiment is that of causing subjects to get drunk on water, under the suggestion that it is whisky. It frequently happens that one or more of the subjects are conscientiously opposed to the use of strong drink as a beverage. Such persons invariably decline, in the most emphatic manner, to indulge in the proposed debauch. Like all such experiments on the stage before a mixed audience, they are passed by as simply amusing, and no lesson is learned from them. The intelligent student, however, cannot fail to see the far-reaching significance of the refusal. . . . There is no doubt that subjects may be induced to commit all sorts of imaginary crimes in one's study. . . . These experiments prove nothing (as regards injury to the moral state of the subject), because some trace of consciousness remains to tell the subject he is playing

a comedy. The experiments carried out by Liegois, Foraux, and others in their studies do not, therefore, prove danger."

Crimes carried out as the result of post-hypnotic suggestion, even if attempted, would fail for the best of all reasons, that when the subject had exhausted his intelligence in attempting to fulfil the imparted suggestions, he would be at a loss how to proceed, and, by manner and by words, would give a clue to his condition and the incentive which propelled him to action. The theory is absurd, and the healthy ridicule of a sound judgment is the best weapon to destroy it. Taken at the very worst, I do not suppose that there is one person in 10,000 capable of making such suggestions with true criminal intent, and, if made, they would be met with immediate resistance, not only on moral grounds, but on grounds of common-sense and safety, by the overwhelming majority of subjects. It is at the same time exceedingly questionable whether the prolonged trances induced by travelling hypnotists, in London, Liverpool, Glasgow, and Edinburgh, subserve any useful purpose. It has already been made clear to men of science interested in psychological and pathological phenomena, that these and kindred states do take place in hypnotism, and this fact once established, such exhibitions throw little further light on human possibilities.

I have maintained the state of hypnosis for ten and twelve hours for curative purposes, and I do not think

OBJECTIONS TO HYPNOTISM

it is impossible to maintain it for a week or even longer. But without curative motives, where is the benefit to either the subject, humanity, or science? No experiments should be carried out, without—

1. A definite beneficial object in view. There must be no hypnotic vivisection in which the subject or patient is exploited for the entertainment of an audience, or the benefit, financial or otherwise, of the operator. In a word, the treatment of the subject must be governed by the moral laws of honesty, decency, and sympathy, which all right-minded people extend to others and expect for themselves.

2. The treatment must be wholly for the benefit of the subject, and to that end the elevation of mind and the cure of bodily diseases are to be considered most important.

3. All treatment should, as far as practicable, be safeguarded, so as to eliminate any doubt as to motives and practice.

Wm. Gregory, M.D., F.R.S.E., Professor of Chemistry in the University of Edinburgh, was of the opinion that "the phenomena of suggestion, in the conscious state, admit, in good cases, of being shown to the public; but those of the magnetic sleep, including clairvoyance, are not only unfit for public exhibition, inasmuch as only those who are close to the sleeper can see or hear what he does or speaks, but very few persons will agree to be put asleep in a large company, and of these, still fewer retain their powers in these circumstances." In other words, the assent of the

subject and suitability of surroundings have to be considered, before successful experiments of the higher order can be carried out. The theatre or platform is no place for these.

There is one serious objection—danger may arise from inexperienced persons trying to hypnotise others, or allowing equally inexperienced friends to hypnotise them for amusement. Sometimes under these circumstances a person does become hypnotised, and then the operator is puzzled, excited, and does not know what to do next, while the hypnotised subject becomes correspondingly excited, and serious nervous conditions frequently result. All such experimentation is to be avoided; but where it has been attempted and has succeeded, my advice to the perplexed operator is to leave the subject alone, when he will come to himself in due course, and be none the worse for his full or partial incursion into the state.

Less serious objections are concerned with the incessant hypnotising of the same subjects for experimental purposes. Such a course is said to be physically and mentally degrading. By no means. These experiments can be put as carefully and as skilfully carried out by competent persons as therapeutic treatment. I have seen an editor of a Leeds newspaper, who, in consequence of heart disease, had to resign his post; he was hypnotised every night, with an experimental object, for seven years; and so far from being injured, he not only improved in health, but practically was indebted for his life to the treatment.

The Society for Psychical Research, in a circular calling attention to such dangers as may arise from the practice of hypnotism by persons incompetent or inexperienced, observes that—"Apart from such definite and recognised dangers, there are vague allegations of other disastrous consequences to be apprehended, such as the weakening of the subject's will, or the degeneration of his character. But in the opinion of those best qualified to speak with authority, those apprehensions are almost, if not entirely, without foundation; where hypnotism is employed for curative purposes, the treatment has proved often beneficial and always harmless.

"Professor Beaunis, for example, has hypnotised a patient daily for ten months, and where it is employed for experiment and demonstration only, the effects on the subject, in careful hands, have proved equally satisfactory. The young men and boys on whom the Society for Psychical Research has conducted numerous experiments, extending over a series of three (and in one case six) years, have always been, and remain to this day, in full health, physically and morally."

Professor Bernheim gives the following advice to medical operators :

1. "Never hypnotise any subject without his formal consent, or the consent of those in authority over him.

2. "Never induce sleep except in the presence of a third person in authority, who can guarantee

the good faith of the hypnotist and the subject. Thus any trouble may be avoided in event of an accusation, or any suspicion of an attempt which is not for the relief of the subject.

3. "Never give to the hypnotised subject, without his consent, any other suggestions than those necessary to his case. The physician has no rights but those conferred on him by his patient. He should limit himself to the therapeutic suggestion; any other experiment is forbidden him, without the formal consent of the patient, even if it be in the interest of science. The physician should not profit by his authority over the patient in order to provoke this consent, if he think that the experiment which he wishes to perform may have the slightest harmful effect."

Following the advice given by Bernheim to the operator, Dr. Kingsbury's advice to the subject or patient will also be appropriate:—

"No person should permit himself or herself to be hypnotised save by a medical man (or properly qualified person), who has a character to maintain, and in whose integrity and ability confidence can be reposed; and further, no woman should allow herself to be hypnotised except in the presence of one or more witnesses of whom she approves."

The practice of hypnotism should be safeguarded by every precaution calculated to protect the honour of the operator and induce confidence in the subject.

The foregoing objections and precautions relate to hypnotic practice, where the patient may be thrown

into various depths of unconscious somnambulism. But they are by no means necessary to "magnetic treatment," where no attempt is made to deprive the subject of normal consciousness, or to induce experiments of any kind. Healing of disease is the sole object of treatment. Common-sense, decency, and courtesy will suggest to both parties, as in ordinary life, all the precautions necessary. If it be asked, in conclusion, why hypnotism, if so beneficial, is not more extensively employed by medical men, the answer is—

1st. Because the majority of medical men are too conservative.

2nd. Many medical men, although convinced of the fact, are themselves, from lack of health and fitness, unable to treat patients hypnotically.

3rd. Many fully qualified are unable to do so—

(a.) From the personal objections of some of the patients.

(b.) From inability to give the time requisite for such treatment.

(c.) From financial reasons. A good general practitioner might visit and prescribe for eight or ten patients, and earn that number of fees in an hour; while to visit and heal one patient hypnotically would consume an hour of time, and entail corresponding financial loss.

4th, and last. A medical man, to practise hypnotism, should devote himself largely to that method of treatment, and become a recognised specialist—that way success lies, no other.

CHAPTER IV

SUGGESTION

THE word hypnotism suggests no theory, and as already explained, means nerve-sleep. But the theory attached to hypnotism is that of suggestion. To cure by suggestion, and to cure by hypnotism, are now recognised as identical processes. Suggestion, in hypnotism, is partly explained by its exercise in the waking state. While it has been proved that in a state of hypnosis the susceptibility to suggestion is much greater than in the ordinary waking state, it is also true that the majority of men and women are largely influenced by direct and indirect suggestions made to them in their waking hours.

Radiating from each human being, as beams of light from the sun, are streams of influence—conscious and unconscious, spoken and unspoken suggestions—which affect the wellbeing of their fellows, from whom also proceed like rays which affect us for good or ill, according to our susceptibility.

Man obtains his knowledge from and by the way of innumerable direct and indirect suggestions, which in ordinary life come principally from the action and reaction of the family and social environment.

When properly understood, they educate, strengthen the will, develop the character, and lay down the foundations of future wellbeing. But we cannot close our eyes to the evil, as well as the good, in these associations.

The suggestions which help most in daily life are those which are vivid and positive. Vivid suggestions proceed from healthy, earnest, sincere persons, whose presence and example affect us; positive, when they arise from superior minds, clearly directed, so that they are grasped by our judgment. Such suggestions are effective, not because some one commands us to do "so and so," and compels obedience by the weight of authority, but in proportion as the source commands our respect and accords with what appears to us to be right. All true reformatory, beneficial, and helpful education for the elevation of the individual proceed on the above lines, and by following what appears to be a manifest law in nature, we achieve the happiest and best results in hypnotism.

Braid esteemed hypnosis the sleep of the volitional faculties and the awakening of the automatic centres of the brain, which passively submits to the dictations and suggestions made by the operator, and through the play of imagination, thus liberated, all cures and experiments are conducted. Other theories have centred round this one. But as suggestion covers the most ground, I may safely say that hypnotism and suggestion are identical, or at any rate convertible terms.

As to what suggestion is, I am afraid the mere

dictionary explanation will not suffice, viz., "a hint; first intimation or proposal; presentation of an idea to the mind; secret incitement."

Suggestion is indeed the "presentation of an idea to the mind," but the mind must be in a certain condition or state before suggestion, as suggestion is understood in hypnotism, becomes an effective mental and therapeutic force. I deprecate the idea that suggestion acts most efficiently when "the volitional centres are inhibited." If the conscious judgment and will of the waking state are in abeyance, it does not follow that the actual volitional powers of the individual are so also. The localised functional activity of the brain may be different, and the sense-organs will be in a different stage of responsive activity—that is all. As the material or physical is subordinated to the immaterial or psychical, the outward to the inward, the "I," which is higher than the "myself," takes proper control of the individual. Although in the waking state, and in the bordering states indicated in many phases of trance and somnambulism, wholly due to physical causes, and exhibited in morbid mental conditions, the volitional faculties may be inoperative, and the phenomena witnessed may be referable to automatic conditions thus liberated. This is not the case in true hypnosis, neither can the remarkable cures I have referred to elsewhere be traced to the subordination of the higher to the lower. No amount of talk based on this theory will explain why a suggestion, given to a mind in a half or wholly sleepy condition, will effect

more permanent results—cures either mental or bodily—than the same suggestion given to the patient when in a wide-awake rational condition. For every effect we must have an adequate cause, therefore, for the cure of drunkenness, degrading immoralities, criminal tendencies, and for improving the moral and intellectual faculties, we must have improved mental and psychical conditions in the very brain-centres corresponding with the improved conditions noted. A suggestion given to the semi-unconscious or dreaming mind of the patient is not a sufficient cause. The suggestion must be accepted as *right* by the real man, the presiding genius of the world within, who has heretofore been cribbed, confined, and confined, by the dominance of the perverted senses, and by the functional activity of the grey or cortical substance of the cerebrum.

Suggestion in ordinary life may be good or bad, valuable or injurious, demonstrative or silent, positive or negative, but all the same, is effective or the reverse in proportion to its reality and the susceptibility of those who are directly and indirectly affected by it. This is equally true of suggestion in hypnosis, but in a deeper, fuller, more comprehensive and searching sense.¹ In some subjects—according to the stage or depth of the hypnosis, and of course, their own individual endowment—the power of suggestion is most

¹ Professor Bernheim defines the hypnotic state "*as a psychical condition in which the subject is influenced by suggestion to an increased degree.*"

marked. If the Braid method of inducing hypnosis is used, that of getting the subject to gaze with sustained attention at some unexciting or simple object—for poverty of object engenders abstraction—the faculties of the intellect are subordinated to those of imagination or feeling, and the intellect being non-critical and non-resistant, whatever influences the emotions, imagination, and feeling, will for the time dominate. Hence in this low stage, the most common and most easily induced suggestion becomes a dominating force. The array of hallucinations, fancies, and absurdities which may be believed in and acted out by the subject are limited only by his innate endowments.

Suggestion, as employed in the ordinary sense of advice, is not then the suggestion of hypnotism, although at times it is most difficult to separate the two, as they differ in degree and effect, rather than in character. Suggestion in hypnosis is an impression made upon the psychical man, which results in its immediate adaptation by the brain of the psychical man; and no subject, however intellectual, level-headed and balanced, can resist a suggestion given *in a proper manner*, while the subject is in a proper state of conscious, semi-conscious, or non-conscious hypnosis. In fact, from personal experience I may safely say, the more intelligent the subject the more potent the suggestion in hypnosis.

Suggestions in hypnosis will last as long in that state as the operator wishes or esteems necessary. They will pass away with the state. In order to

make them effective, they have to be "fixed," and that is the effect of all suggestion termed post-hypnotic, *i.e.*, effective subsequent to the state of hypnosis. What is termed auto-suggestion is very common, *i.e.*, the induction of states of reverie, hypnosis, trance, and cure, by self-concentrated effort, and no doubt many phases of hypnotic phenomena are due more to self-suggestion than to the influence or direction of the operator. However, in cases where there is no operator in the matter, hypnosis and kindred states are clearly caused by self-induction.

Indian fakirs and Mohammedan dervishes to this day, as in times past, have exhibited wonderful powers of self-concentration, and can readily throw themselves into states analogous to hypnosis, by fixed attention or looking at a bright object; and this is done more or less perfectly by many persons. In going asleep, they can determine their time of waking. If I want to rise at a certain hour of the morning, I have but to keep that clearly before my mind's eye in the act of going asleep, and I awake at the desired time. Less common is the determinate power to go asleep. This has also been a habit with me, and for years when I have at any moment decided that half-an-hour's repose would be of service, I have simply retired and gone asleep, with the intention to rise at a given time. Suffering from any ailment, headache, brain fag, neuralgia, I have lain down with intention to awake relieved, and I always awake relieved and refreshed. To induce the sleep, I make myself as

comfortable as possible—whether persons are present or not matters little—close my eyelids, and turn both my eyes upwards and inwards—their true position in natural sleep and hypnosis—determinately keeping them there, with the result, *oblivion*.

Making due allowance for sensitiveness and receptivity in the subject, and for vivid will and definite thought-power in the operator, it is difficult to realise how unconscious suggestion, thought-reading, can be acted upon by the subject, and equally so, conscious but subjective suggestion, appreciated and obeyed by the subject, without some subtle medium for the transmission of unspoken thought. That such transmission is possible I have not the slightest doubt; not only my own experiences, but a range of excellent, independent, and undoubted testimony is given by writers on thought-transference and other subjects.

A clue, unconscious perhaps, some will say, has given to the subject the desired information, and his intelligence has properly interpreted and carried out the instruction.

I admit that one in deep thought may automatically perform many movements of hands, feet, and head, without being aware of it; and indeed some people—the French and Italians, for instance—largely supplement all verbal expression by an infinite variety of pantomimic gestures, while to some, the silent gestures (a common method of suggestion in hypnosis) could convey much of the mental attitude of the person who thus expresses himself. But the convey-

ance of a definite order by one person, and its receipt and fulfilment in detail by another, requires more adequate explanation than unconscious pantomimic expression. There must be power to project the message, and power to receive and execute the order in the person influenced. Now, it must be remembered that the subject's eyes are closed—bandaged or not is of no importance—that he is not spoken to, nor touched, yet the message is conveyed, received, and executed.

We have seen that, in some instances, the senses are remarkably acute in hypnosis, and that the mental energy is concentrated in a given direction. But neither the hyperæsthesia nor the concentration will cover the whole ground of the observed phenomena. For in some cases, instead of being specially acute, the senses are dormant, and the psychic or mental powers must be aroused in some other way, as for instance, in telepathy, thought-transference, or conscious but subjective suggestion. In such phenomena there seems evidence of the influence of zoo-magnetism or human *nervaura*. We must look to both physical and psychical sensitiveness in the medium, as something which transcends ordinary sense acuteness and concentrativeness, to find a reasonable solution.

When I speak of psychical, I do not mean merely the functional activity of the grey or cortical substance of the brain: I mean soul-powers beyond, but including mental ideation, as functioned by the brain and the human organisation. This sensitiveness is

both physical and psychical. It belongs to body and to soul. It is observable only in refined organisations, in which brain and nervous temperamental conditions predominate. By nervous, I do not mean delicate and unhealthy: I mean the normal constitutional diathesis. Predominance of nerve matter and the highest organic quality are compatible with perfect health, just as they are outward and visible signs of intellectuality, spirituality, and intense refinement and sensitiveness in personal character.

Hypnotists—as the experiments of the last few years have shown—admit hyper-sensitivity in the subject, and in an indirect way the possibility of psychic sensitiveness, and therewith the possibility of thought-transference, which used to be rejected as either absurd, or the result of collusion and “code” arrangements. But the majority of hypnotists agree with the Salpêtrière School, and do not admit “that the subject is able to divine the thoughts of the magnetiser without material communication.” It is gratifying to be able to show how absurd this conclusion is, by the experiments of a noted hypnotist, viz., Dr. Ochorowicz, who has given considerable attention to this subject, and has published his views regarding the operation of one mind upon another—*without contact or vocal utterance*.¹

The brain is the organ of the mind; there can be no thought which does not involve cerebral action. There is no expression of thought without physical

¹ De la Suggestion Mentale. Paris; Translation 1890, New York.

action, physognomic and muscular. Even thinking, in many instances, is followed by automatic or unconscious movement of features, hands, &c. The varied psychical states will be accompanied by correlated physiological states, increased circulation, contractions and expansions, of the sympathetic and nervous organisation in man.

The hypnotic sensitive may be extraordinarily *en rapport* with the thoughts and actions of the operator, may be able to detect expressions of features and gestures, however unconsciously made, and to read purely subjective thought.

This sensitiveness may be marked in the subject from the beginning, or may develop by such progressive stages as follows:—

1. Experiments with contact, gestures, and looks, or physical objective suggestion.
2. Experiments made with gestures and looks, and no contact.
3. Experiments made without contact, gestures, or looks, in which the suggestion is mental or subjective only.

Here we have progressive degrees of suggestion, and corresponding sensitive impressionability in the subject. All these forms of suggestion were carried out by magnetisers, who, correctly or otherwise, conjectured that a subject truly sensitive to personal magnetism was also sensitive to thought-transmission, or capable of exhibiting thought-reading phenomena. It has, however, been again put forward by Ochorowicz, and

the possibility of a subject being influenced by the psychic thought, or unspoken mental suggestion of the operator, is clearly demonstrated by him.

In the light of this extraordinary sensitiveness indicated by certain subjects, there is something after all in the old idea of "cross-magnetism," where the touch and passes of a person other than the magnetiser give rise to unpleasant sensations in the subject, who instantly detects the presence of another influence. There is a something by which the subject can distinguish the different influence. If we call it human magnetism, zoo-magnetism, or *nervaura*, who shall blame us? Ochorowicz concedes the transmission of a something, thought, will, or both, for he says: "There is no doubt that subjects can feel by transmission, by sympathism, by *mental imitation*, an impulse to perform a movement without knowing either why they do it, what it means, or what it will result in." He believes more. He believes that to transmit thought, there must be a channel of transmission, and he takes to illustrate this medium of communication, the element of electricity, just as the old mesmerist took that of magnetism. The normal action of a telephone ceases when the wire is broken. It is equally well for us when, though the wire is not broken, the circuit contains only one telephone. Is it possible to transmit speech with one telephone? no; and yet the telephone works. The whole length of the wire is traversed by a current, which is not speech itself, but which is its correlative,

though it is dumb. Take another telephone having only a closed circuit, and like the first, dumb. Bring it near the other, or only near the wire of the first telephone, or even simply bring the wire of the first near the wire of the second, and the latter will talk, will reproduce speech, though there is no contact between the two; it will talk by induction. It is this form of transmission that corresponds relatively to mental transmission or thought. My brain does not act upon the muscles of the subject, but it may act upon his brain. If instead of a second telephone, we were to place alongside of the first telephone a different sort of instrument, an electroscope, for example, there would be no result; but we must not by any means infer that, therefore, there is no electric action all around the telephone, for in order to get a specific action, we must employ a specific instrument, "a telephone for a telephone, a brain for a brain." The mind of the operator, through its instrument the brain, impresses the mind of the subject, if his brain is in an appropriate state of sensitiveness. Thought can be transferred by an effort of the will, and not only so, but that thought can be photographed. The person whose thought is to be photographed enters into a dark room, places his hands on a photographic plate and *thinks intently* of the object, image, or person to be photographed. In many cases the negative only shows a blur, merely photographing the *nervaura* emanating from the hands, but, in some instances, distinct objects and persons are to be seen in the

cloudy effect thus produced on the plate. If a photographic plate is sufficiently sensitive to receive and photograph thought, we can readily understand the human *nervaura* being sufficiently sensitive to thought to convey the same by vibration to the human brain.

Experimental Suggestions.

In using suggestion for the induction of hypnosis, one must bear in mind that in ordinary sleep the senses do not leave us all at the same moment. However sudden the sleep, the senses go in the following order, viz.: The eyelids droop and then close and obscure the light, taste follows, then smelling, hearing, and finally touch, in progressive order. This takes place upon the withdrawal of their usual brain-nerve and circulating stimuli. The operator, following the lines of the least resistance, throws out his suggestions in the order observed.

Suggestions are direct, as when the subject is ordered to see and act, or not to see and act, as desired by the operator; indirect, when orders are suggested indirectly by some movement or action of the operator; conscious, when the operator is aware of the nature of the suggestion — whether given directly or indirectly; unconscious, when the operator has by some automatic movement or mannerism suggested a line of action to the subject. Direct suggestions are most in vogue and most suited to

the majority of subjects. Suggestions are called post-hypnotic when given in the state of hypnosis to have effect at some period subsequent to the state. Suggestions may be made to the subject under treatment either close at hand or at a distance. The most common form is that of the operator giving his suggestions while the subject or patient is in his presence and under influence. But that suggestions can be given and rendered effective at a distance, I have no doubt whatever. The old magnetisers were in the habit of doing so, as, for example, informing their patients that to-morrow at — o'clock they would magnetise them. And at the time appointed they would magnetise, and their patients at a distance would fall asleep. It might be concluded that this was the simple result of suggestion, and not of the process;—perhaps so, but what about cases where patients were mesmerised without "suggestion," "expectancy," and, indeed, as in cases reported by Dr. Esdaile, without their knowledge?

CHAPTER V

HUMAN MAGNETISM

THERE are forces in the human organism, analogous to, if not identical with, those imponderable forces recognised as electricity and magnetism, which exist in such a variety of forms, and are capable, at times, of being substituted for one another. It has been suggested by Sir Isaac Newton that life and electricity are analogous forces. Faraday, Tyndall, Crookes, Professor Lodge, and Dr. Richardson have expressed similar views. Dr. Richardson conducted many experiments to prove that "pure oxygen becomes devitalised by repeated inhalation," that, "in breathing, the oxygen had undergone some change unknown to the chemist," but that "if the oxygen be electrically charged it is revitalised and will again support life." Dr. Ferrier has also proved that mild currents of electricity conducted by nerves which have been cut off from the brain centres, will furnish the needful stimuli which before the operation was furnished by the vito-electricity or magnetism from the brain. And I think it is conclusively proved that not only are the organs of the body affected by the supply or otherwise, of this subtle nerve-force in the individual, but that

persons abundantly endowed can, by the natural laws of contagion, materially benefit others by proximity, by contact, and in a lesser degree affect them at a distance. The transmission of this human magnetism, or *nervaura*, from the operator to the patient, will, in many instances, be found better adapted for the restoration of nerve power and health than the cruder forms of electricity and magnetism, which are chemically generated and conducted by non-vital processes, and hence are less favourably adapted for healing purposes. Human magnetism has a vital relation to the human organisation, which other chemical imponderables do not possess, notwithstanding their recognised therapeutic utility.

The human brain is the capital of the nervous system. It is also the seat of government; by and through it the unseen intelligent mind is manifested. Mind is not manifested through the brain as a whole, but through its numerous offices; centres of the external senses; of the domestic and social affections; of the defensive and animal energies; of the moral and spiritual nature; and of the intellectual faculties, &c. By these brain centres orders are received and transmitted for execution throughout the system by nine pairs of nerves, which take their rise directly in and from the brain, and by thirty-one pairs, which proceed indirectly from the brain, and are projected from the spinal cord. These nerves subserve distinct purposes, and are as grand trunk lines in the human system, with innumerable ganglia, or receiving and transmit-

ting depôts, from which proceed countless branch lines. All these are under the direction or government centrally seated in the capital or brain.

The trunk lines—the nine pairs from the capital or brain, and the thirty-one pairs from the spinal cord—are connected with minor, but not less important lines, throughout the human system. These lines permeate the skin to such an extent, that a slight change in the atmosphere is telegraphed to the brain, at the velocity of about one hundred and ninety-five feet per second, *i.e.* from the time the impression is made on the skin, to the time that impression is transformed into conscious acceptance. By a series of experiments, it has been demonstrated that the intelligence of an impression received from the great toe is only one-thirtieth of a second later than that received from the nose, ear, eye, or skin of the face, &c.

From the model system of government in the human organism, news of the state of affairs at headquarters is transmitted to the branches, and equally, intelligence of what is transpiring throughout the system is at once sent to the seat of government in the head. Frequently, from some derangement in the body, we are first informed that the cause of that derangement is in the brain itself. From certain forms of headache—increase of temperature localised at, or adjacent to, recognised centres of the brain—we diagnose with accuracy certain diseases in the body.

The use and importance of vito-electricity, or human magnetism, in the system, may be illustrated

by reference to the processes of digestion, and to several phases of mental phenomena. Although digestion takes place principally in the stomach, it depends upon the currents of vito-electricity sent from the brain through the pneumo-gastric nerves to that organ, &c. This has been demonstrated by innumerable experiments made by recognised experts. Two rabbits were selected by Professor Ferrier. These were fed with the same kind and the same quantity of food. In one of these rabbits, the pneumo-gastric nerve was cut close to the head. The animal, thus deprived of the necessary force—natural or induced—died from the effects of rescinded digestion. The other rabbit was not operated on; but was killed at the end of twenty-four hours, when it was found that the stomach was empty, its contents having been fully digested. From this experiment it was perfectly clear that by cutting the pneumo-gastric nerve, the stomach was deprived of the power to digest food. Another experiment with two rabbits was made by the same physician, in a similar manner, except that through the cut nerve a mild current of induced electricity was transmitted to the stomach. At the end of twenty-four hours both rabbits were killed, and the rabbit to whose nerves electricity was applied, had digested its food nearly as well as the other whose natural powers of digestion were not interfered with. Similar experiments were made on the heart, lungs, and other organs, with corresponding results, viz., deprived of their natural stimulus from the brain,

they ceased to discharge their functions; on the application of the substituted nerve-force they resumed their allotted office. By these experiments it is demonstrated that magnetism and electricity are analogous in character to what is known as vito-electricity. Magnetism and electricity, almost equally with the subtle internal agent, have the power to stimulate animal or human organs; contract and expand muscles; superintend digestion, breathing, and, in fact, nearly all functional processes. It is, therefore, not unreasonable to believe in the therapeutic value of electricity in diseases.

Through the nerves of sensation the brain centres are informed of what is transpiring in the external world, so far as that world affects the system through the skin and through the sense organs. In this way the mind is advised of the location of a wound, of disease in some organ, of heat and cold in the atmosphere, of light and darkness, of pleasure and of pain, and, at times, of the very thoughts which accompany them when keenly felt by others. There is a sympathetic nervous system with which the motory and sensory systems are interlinked, and the whole is directly and indirectly under the control of the brain centres.

If electricity, or an analogous subtle force, is the active agent employed, through this elaborate and complex state of government operating from brain centres, through spinal cord, motory and sensory tracks, &c., how is it generated? One of the processes

by which human or vito-electricity is generated is purely chemical, and analogous to the liberation of electricity by the decomposition of metals acted upon by certain fluids, and transmitted by conducting wires to cells and accumulators. That process in the human organisation is one already mentioned, viz., digestion. By digestion in that human laboratory, the stomach, food is dissolved, and the electricity evolved by that process is liberated, carried to the brain, and stored there in cells, principally in the cortical or grey substance or outward layers of the brain. Another process is the receiving of external electricity by the act of breathing. One of the highly-vitalising properties of the atmosphere is the electricity contained in the oxygen, which is taken up mainly by the lungs and by the skin, and conveyed to the blood, which is revived and purified thereby, and in due course transmitted to the blood-vessels, and thence to the brain accumulators. Another process (or series of processes) for the production of vito-electricity is carried on by the generation of alkalies and acids by the mucous and serous membranes of the internal organs of the body. Yet another method of obtaining magnetism is that reciprocal influx or flux which obtains in communities of individuals, or between any two persons in social touch. It is possible, within moderate limits, that this flux is increased or decreased by will power or intensity of feeling.

The human system elaborates or generates this vital fluid, or force, by the natural processes of diges

tion, of breathing, of internal action and secretions, by mental conditions, and by the reciprocal flow between human bodies, as by contagion of the *nervaura* emanating from each person. By and from the brain this storage of force is distributed throughout the system, just as the heart distributes, or is the main factor in, the circulation of the blood. The normal supply of vital force to all organs means health; excess or absence, disease.

The brain is not only a reservoir of human magnetism, but, as already stated, is the organ of the mind. When calamity or grief affects the mind, the fact is made known throughout the whole system of organs in the body. The state of the mind will affect the conditions of the body, fear depressing, and hope stimulating the system. Bankruptcy has been known to produce serious bowel complication, while a rise in the market has, on the contrary, cut short a fever. An outburst of temper in the mother has so corrupted her milk that her unoffending infant has been poisoned. An excessive mental emotion will even cause sudden death; and a glance of the eye, withering.

"The influence of the mind and brain," says Combe, "over the action of the heart and lungs is familiar to most persons, as sighing, palpitation, and fainting, so often witnessed as consequences of emotions of mind, are evidences which nobody can resist, and death itself is not a rare result in delicately-organised persons." A happy, hopeful, and generous state of

mind would have a correspondingly healthful and beneficial, a veritably-healing, influence upon the body, and it is this latter state which a successful physician, either consciously or otherwise, succeeds in inducing in all patients cured by him.

In cases of self-healing, of auto-suggestion, it is the diversion of the mind from unpleasant and unhealthy subjects which arrests the course of disease, and brings about the immediate cure, this change affecting materially the internal direction of the vital or nervous force.

The influence of mind on body can only take place through the agency of the vital telegraphic system. Indeed, for every change in the mind, a corresponding physiological change takes place in the brain itself.

By injury to the limbs, contact with poisons, impurity of blood, the generation and the circulation of this subtle nerve force may be partially or wholly arrested; the brain feels the effect, the mind becomes conscious of the state of affairs; the automatic centres, in all organs, partake of the conditions reflected from the brain, and contribute their share of the self-healing vital magnetism; this failing, obstructed, or inefficient, the whole organisation, brain and body, must become involved or diseased. But when the self-healing forces in the patient thus become inadequate, fail, or are obstructed, it is possible for a healer, out of the abundance of his own vitality, to supply what is lacking; and, by his influence, place the patient in that attitude of mind which is favour-

able to beneficial results. Hypnotists recognise the importance of the attitude of the patient's mind, but overlook the importance of the operator's vitality, and the influence of the *nervaura* emanating therefrom.

Everything in Nature generates its own aura— atmosphere, contagion, or magnetism. This aura, or magnetism, is generated by the motor and potent activities of the object or being from which or from whom it emanates. The fact is equally true of the lowest crystal and of the living entity, of the lowest as of the highest sentient being. The magnetism given off by each partakes of the essential qualities of the original; it may be the disseminator of health or disease, of good or of ill. With human beings this is essentially so. As this subtle aura emanates from the vito-electricity or nerve currents of the system, the laws of contagion are based upon these emanations. But in a more subtle and in a more penetrating way we recognise the potency and efficacy of this human magnetism. It radiates from human beings, as solar rays from the sun. It is harmonious, sympathetic, morally and spiritually efficient, or earthly, carnal and devilish, according to the real nature of the persons from whom it proceeds. Some natures are so harmonious as to be veritable centres of health, love, and happiness to all within their sphere. Their presence cheers and upbuilds those in sympathy with them, while it has a counteracting influence upon others less well disposed. Angular, vicious, and unhappily-developed natures shrink out of such presence.

and refrain from evil, or are won over by it to a higher and sweeter life. Then there are those who are not only giving off benign influences, but are also absorbing into themselves the vibrations which proceed from higher and brighter souls dwelling in supernal planes. It is thus inspiration comes. It is within the radius of this magnetism that the inner and outward, the unseen and the seen, commingle, and man reaches heavenwards while still retaining his touch of earth.

Every man creates his own sphere of magnetic radiation. It is harmonious, elevating, life and health giving, attractive, stimulating, beneficial, a virtue, a force, penetrating, subduing or uplifting; selfish, degrading, chilling soul and virtue, paralysing, as he is from whom it emanates. No words need be spoken, no hand stretched out, yet it produces more than words or the hand could accomplish without it.

There are few families, indeed, where, consciously or otherwise, human magnetism has not been employed for the relief of pain and the cure of disease. Who has not seen a fever-struck child, in a state of collapse, given up by the medical attendant, taken out of bed by his agonising mother, petted, yearned over, and prayed for; clasped tenderly to her bosom: her hands unconsciously at one moment caressing the shoulder-blades, at another tenderly and affectionately brushing the hair from the forehead or resting tenderly thereon, her whole soul going out towards the recovery of the child? From that mother (but without her knowledge)

the little one absorbs the restorative vital energy necessary for its recovery. On the mother's bosom collapse gives way to consciousness, consciousness to contentment, and contentment to restorative sleep. As out of the subtle essences of her own being that child took form, being, life, and soul at first, so out of the same treasure-house of vitality are drawn the healing virtues which restore him to health again. In spontaneous magnetic healing of this kind suggestion has no place.

The human hand is instinctively used in the alleviation of pain and in the cure of disease. The whole process is perfectly natural, whether applied to self-healing or to the healing of others. If a person suffers from a cramp in the stomach, in the side, or in a limb, immediately the hand flies to the spot, and by rubbing, manipulation of and about the region affected, the cramp is removed. In headache and in toothache the involuntary application of the hand is a common occurrence. The operation is hereditary or instinctive, so that, in spite of scepticism, I have known a doctor nurse his own head or jaw, seeking relief in this manner, and while it is probable that he was not in a condition to benefit himself, yet another person in a state of health and possessed of sufficient sympathy, laying hands upon the affected part, could give help and perhaps cure the disease.

I have frequently put restless and sleepless patients to sleep, by merely laying my hand upon their brows. This has occurred too often to be a mere accident.

Sleep and my hand stood in relation as effect and cause. The hand soothed pain, and the hand gave sleep; therefore from the hand, or by the hand, was conveyed to the sufferer something which was needed, something also that I was fortunately able to impart.

I maintain that all healthy and sympathetic persons can do much to relieve pain and eradicate disease, if they only realise their powers and use them. There is assuredly a contagion of health as well as of disease. The one can be imparted as well as the other, hence the very presence of a healthy man or woman in a company, much more in a sick-room, is beneficial and health-giving. If this healthy person is filled with a conviction that he or she can cure disease; if desire to cure disease arises from sympathy for the suffering, then that state of mind is telepathically communicated to the afflicted; their minds obtain that change of direction favourable to cure, and they in consequence become more open, or sensitive, to the influence, and cure—whether gradual or instantaneous—follows as certainly as light follows darkness.

I do not deny that much can be traced to secondary causes, suggestion, imitation, expectancy, and faith, in hypnotism, but I cannot exclude the influence which proceeds from the successful operator. In the cure of disease by laying on of hands, we can conceive the healer has conferred something which the patient wanted before. Endless examples from a variety of sources might be given of remarkable

cures, in which faith and suggestion played a very small part indeed.

Patients have gone in faith to eminent specialists; have been encouraged in that faith by the suggestions and the prayers of friends; they have gone, expecting, hoping, and believing that they would recover—and their only reward was increased expense, and an increased hold of the disease upon them. To my mind the only feasible explanation is, that from the healer goes something to the healed, on the reception and assimilation of which the disease is expelled. A man crippled with rheumatism comes to a healer or to me; he has had the best advice which medical experience and skill can give, but notwithstanding the honest efforts of the physician and the willingness of the patient, nothing save disheartening failure has been the result. He has tried hypnotism, but the hypnotist has failed to hypnotise. This hopeless man is induced to call in a *bête noir* of all regular physicians—a magnetic healer—and he lays his hands upon the patient, who declares that he feels a pleasant, soothing warmth steal over him, that the pain is actually subsiding; that the pain is gone; that his limbs are free; that he is cured. How can the mere apposition of the hands change the diseased character of the blood, and relieve a man of all the muscular stiffness and agony arising from the disease?

One method to test the objectivity of this aura: let a scrap of paper on which the hand has lain, for

say ten minutes, be taken up and carefully folded in a piece of thin tissue-paper, and then sent to a second party, who shall forward the same to a psychometer, who, knowing absolutely nothing about the person whose aura was transferred to the paper, will yet give an accurate delineation of his health and character, and, if in good condition, will even describe his personal appearance and surroundings. I have tested this several hundred times, both with psychometers and with sensitives. Hundreds of such *clues* have been sent me by the editors of *The Review of Reviews*, and other periodicals, and by private individuals at home and abroad. The editors of the magazines told me nothing of the originals, and could not, as they knew nothing of their correspondents. These *clues*, consisting of scraps of plain paper, locks of hair, gloves, rings, &c., which had long been in contact with some one, have furnished absolute proof of the objectivity of this aura (Appendix, note *b*), demonstrating that on whatever we touch or handle, and wherever we live and move, we leave the impress of ourselves.

Notwithstanding the unhappy exaggerations of mesmerists concerning the nature of animal magnetism, and the vituperation of hypnotists, I am certain that the time will come when the existence of this *nervaura* will be admitted, and that much which is now included in the germ theories of the infection and contagion of disease will find its true explanation in the existence of this potent aura.

We have much yet to learn regarding "contagion," used as that term generally is to include "infection." Medical men will admit that disease is actually transmitted by atmospheric conditions, the inhaling and absorbing of dynamic disease matter, indirectly and directly by contact or contagion. Now admitting all this, it will be found that one powerful and emphatic source of disease generation, as well as transmission, is that of suggestion. Certain sensitive, fearful souls, afraid of this or that disease which they hear of, generally fall ill from the very fear of it; many ultimately contract it and die therefrom. Others again stand clear in the midst of epidemics, neither afraid nor harmed.

Medical men admit the reality of contagion, and of the influence of fear in disease. It only requires dispassionate observation for them to discern that there is a contagion of health from healthy individuals. And aided in its course by healthy suggestion or hope, health may be implanted in individuals as well as in communities.

When I mention emanations, contagion, some readers will naturally revert in thought to bacilli, germs, and contaminated substances, instead of conceiving the possibility of a refined, healthful, and health-giving aura, emanating from human beings permeating the atmosphere like the fragrance of a rose, conferring pleasure to those capable of enjoying, or at least sensitive to its presence. That thousands of odours, perfumes, and auras are not recognised by the non-

sensitive average adult is no evidence that these do not exist. There are innumerable sounds above and below the pitch of the average ear; there are colours and tints in nature unrecognised by the average eye; actinic rays are not visual; the X ray is not perceptible. Hence if some persons neither see, feel, nor are influenced, consciously, by human *nervaura*, this is no proof that such does not exist.

Professor Röntgen, whose discoveries have startled the world, and are still only in their infancy, has demonstrated that the ultra-violet rays—undetectable by the human eye—passed unimpeded through solid bodies. I think it will in due time be demonstrable that human or vital *nervaura* can also penetrate solids and be detected by results. Special sensitiveness is requisite to detect subtle forces in nature, and I maintain that human magnetism—or aura radiating from man—although undetected by most human beings in ordinary conditions of conscious perception, is detectable and can be recognised by individuals in suitable conditions of sensitiveness. The “magnetism” of Mesmer, the “animalised electric fluid” of Jussieu, the “odylic flames” of Reichenbach, the “exteriorised sensibility,” of De Rochas, the “vital rays” of Dr. Baraduc, and the *nervaura* so frequently referred to in this work, appear to be, if not exactly identical, at least phases of allied subtle emanations from the human organism. In the higher phases they partake of and express the psychic characteristic of the individual, and in the lower the more physical elements of the bodily

conditions, as would be the case if this aura emanates from the vito-electric currents of brain and nerve.

We cannot conceive how mind acts upon mind, except through appropriate media; and most hypnotists agree that, to operate on the mind, we must act on the organ of the mind, the human brain, directly and indirectly, and they adopt this in all their modes of procedure. The channels or media of communication may be physical, mental-physical, psychological, or spiritual. Thought is propelled from the positive and the greater to the negative or less relatively. The first formulates thought, and the second instantly reflects that thought, and becomes conscious of it. This is admirably demonstrated in telepathy and in thought-transference, or the phenomena of the sixth sense.

Proceeding from the magnet is an imponderable force called magnetism. As is well known, it is of such a subtle and penetrating character, that it can attract, repel, or deflect the needle of a compass through several inches of intervening substance. The magnet has its polarity—its positive and its negative poles, its attractive and repellent forces. When we speak of human magnetism, we speak of an analogous force, which can attract and repel at a distance, which can influence the human mind, as magnetism does the compass needle.

Dr. Liébault has recently expressed the opinion, founded on nearly twenty-five years of painstaking research, that there is a special influence exercised

by the operator upon the subject or patient, and he terms it "zoo-magnetism." More recently, such writers as the late Mr. Gurney, Mr. Myers, Professor Barrett, and Dr. Alfred Russel Wallace have shown themselves inclined to accept this view.

I do not say all hypnotic experiments are effected by it. We must and do distinguish between self-induced and otherwise-induced phenomena; between those in which the influence is transmitted or necessary, and those states in which a transference is not a necessity.

There is one view which must not be lost sight of, and that is, if zoo-magnetism or *nervaura* is an emanation, constantly flowing out of the human organisation, and partaking of all the possibilities of mundane and psychic being, *all persons sensitive to its influence or contagion will be affected by it, whether that be the intention of the operator or not.* Herein lies the distinct difference between my view of human magnetism or *nervaura*, and that held by mesmerists concerning "animal magnetic fluid." Hypnotists aver that we cannot dissociate "suggestion" as a factor in hypnotic therapeutics and phenomena. I admit this to a certain extent, and may ask how they can exclude this *nervaura* as a potent factor in the healing art, which cannot be dissociated from either healer or patient.

CHAPTER VI

HOW TO HYPNOTISE: SELF-PREPARATION

FOR successful practice the first matter to be considered is the education or discipline of the operator. If he be only a lay-figure, his person, character, and training are of little consequence. If, however, he be *de facto* an operator, his fitness and his education for the work are important. Whatever, therefore, tends to perfect the operator, improve his health, discipline the will, give concentration to thought, furnish him with ease, grace of movement, and manual dexterity, will materially help to increase his powers as an experimental and curative hypnotist.

The next point to be considered in practice is the selection of subjects. Susceptibility has already been referred to, but it will be well to point out some methods of testing susceptibility before the actual induction of phenomena. Continental operators have used magnets and rings of various kinds for this purpose, all which I esteem of little value. The best indications of susceptibility are those readily detected by experience in facial signs, temperamental and health conditions in subjects. Some signs are seen and read by intuitive methods, and as such are

not easily described on paper. I have, however, pointed out some useful signs for the beginner.

The next step is the induction of phenomena. Some illustrations have been already given of hypnotic methods. I propose to lay down no hard or fast lines in modes of procedure, as so much depends upon the psychical and physiological fitness of the operator, and upon the mental, temperamental, and health conditions of the subjects. In the treatment of disease, however, the operator does not select those patients more favourable to success in treatment. He devotes his entire energies to the alleviation and cure of disease, regardless of either susceptibility or the want of it in patients. Although there is a susceptibility which comes from disease, that is not the susceptibility desirable for experimentation.

Hypnotism has decided power over evil habits and vicious propensities. Drunkenness and immorality are as much diseases as asthma, consumption, or rheumatism; moral vices are in many instances, if not in all, a form of disease, due more or less to nerve and brain conditions, either inherited or acquired. Many inmates of Paris female reformatories, women physically and morally corrupt, depraved, and incorrigible, have, under the treatment of Dr. Auguste Voisin, been turned into reputable members of society, and have held subsequently honourable positions, without lapse in virtue or trust. While these facts demonstrate the value of hypnotism as a therapeutic agent for the cure of diseases of mind and body,

they present no evidence that such persons are suitable subjects for hypnotic experimentation.

In a word, for experimental and scientific purposes where the operator aims at the induction of the higher phenomena, he should select his subjects from persons of character, intellect, and normally good health conditions. As a rule it is better for patients when cured by hypnotic processes to be dismissed from further attendance. Their mental stamina, self-reliance, and future good will be better conserved in this way than if taught to hang on to the operator as a psychological prop and prompter through life. Further, whatever experiments are permissible and advantageous to patients when restored to health, would in my opinion be utterly improper when under treatment for restoration to health. Indeed, much of the evil attributed to hypnotism has arisen from medical practitioners on the Continent experimenting with and keeping on show patients, instead of wholly directing their attention and efforts to their cure, and dismissal when cured.

Granting that the operator is intelligent, possesses a reasonable grasp of the subject, and is fairly gifted with self-reliance, concentration, firmness, patience, perseverance, and always a good degree of health, success is certain to be in proportion to experience.

I do not propose here to lay down any hard and fast rules regarding health. For the immediate purpose I have in view, I wish to point out that there is an invariable relationship between the condition

of the blood and the magnetic *nervaura* possessed by the individual. Good food in moderate quantities, and fresh air and moderate exercise, are essential to good blood and vigorous nerve energy. Good arterial or oxygenated blood is essential to the well-being of the individual in strength of body and of mind, and also stands in strong and lasting relationship to this aura, which is increased by the arterialising of the venous blood by atmospheric inhalation, &c.

Where this process is imperfect, the other is defective; where the one is abundant, the other overflows—so much so that the mere presence of a healthy person is beneficial to the sick. If health and a sympathetic nature are combined in the same person, the true physician and healer are found there too.

Breathing Exercises.

One of the best modes to increase and perfect the arterial blood is to oxygenate it carefully—by forming and definitely cultivating the habit of deep breathing—the oxygen of the fresh air impinging the lungs and magnetising the blood, turning the dark red corpuscles of the venous blood into the bright red or magnetised corpuscles of the arterial. The oxygen of the air not only supplies electricity to the nerves, but magnetises the iron contained within these globules, and produces in due course the *aura* referred to as a natural emanation.

The student or operator should take short walks in

the open air—if possible, to some spot where, unobserved, he can extend his arms, and inhale the fresh air deeply through his nostrils, observing that the mouth must be closed. Open-mouthed men are seldom strong either in lung or will. Let him retain the air in the lungs as long as he can, and then exhale it as slowly and determinately as he inhaled it. This exercise, of course, can be conducted in a bedroom, opposite an open window, or anywhere else where fresh air is obtainable.

The rationale is obvious. Briefly, the breathing exercise perfects health, and increases the magnetic influence. It does more; it forms a habit, a beneficial habit, directed by the will. The forming of the habit strengthens the will. Whatever perfects the health and strengthens the will increases one's ability as a hypnotist, and decidedly increases his ability to heal, whether employing hypnotic or magnetic processes. Apart from the object in view, that of successfully influencing and controlling others, by either hypnotic or magnetic processes, there are two greater objects aimed at in all methods of self-preparation :

(a) The cultivation of health and strength of will, or that personal magnetism—effective controlling thought-force—possessed by all who have learned personal self-restraint, concentration of ideas, self-reserve, and the command of their own mental powers.

(b) The power to guide, influence and attract others—for wise and useful purposes—without seeming to do

so, and frequently without the knowledge of those whom it is desirable to influence.

To dwell either on the importance of, or how to achieve these two greater objects would take up greater space than can be spared here. I believe that the information is best reserved for those, having read the present instructions, are willing and determined to put the same into practice, and as the outcome will seek to have further instructions, in the art of self-development, for the benefit of themselves and others.

A person may have the power and the will, yet, from lack of knowledge, be unable to use either. How much energy and strength are wasted daily from want of a little management or tact! How many unnecessary steps are taken and words used by people of ordinary intelligence, which might have been saved by a little forethought! So one must be careful not to waste his powers after he has acquired them by careful training and practice. To use them aright, he must use them in a methodical way. For this purpose the operator will practise the purely physical processes of the PASSES, and other agencies used in practice.

Passes and their uses.

The making of passes is, like the shaking of hands, significant of more than the mere action. There are virtue, health, and character in the hand-shake; and these also obtain in passes and other manipulations.

The passes are but means to an end. They are the vehicles by which the operator communicates his influence and frequently his very ideas to another. In the latter case, the psychic impressionability of the subject will be indicated. Passes may be esteemed as intelligent conductors, or living telegraph wires, for conveying magnetism or *nervaura* from the operator to the person operated upon. Apart from this, the pass is often a distinct suggestion. Thus, if a limb has been rendered rigid by voice and passes, or rigidity dispersed by the same means, in subsequent operations with the same subject, the passes will be all that is necessary to effect the purpose intended. The pass is nothing without the mind and intention behind it. In making passes the operator should put out mental energy rather than physical energy. He should not mistake physical action and bodily strength for strength of power and will. Let it be remembered that the most resolute, determined, intellectual, and wise persons are never noisy and fussy. They are quiet in manner, and determined in action. They speak to the point, and they look what they mean. Their voice is calm, but it seldom hesitates. Their eyes may be quiet, but they are never restless. They look at you, and into you, but never as if they were afraid to do either. They walk erect, sit erect, and are erect in all that they do. So must the operator think, look, and act, if he would impress his subjects and patients that he is the very impersonation of sincerity, earnestness, and decision. If truly sincere, earnest, and decided,

he will have little difficulty in creating the necessary impression. But decision in operating comes from actual knowledge gained by experience, which has its commencement in these very exercises.

The passes are long or general, short or local, are made in contact with the subject, or in proximity to the body. All passes should be expressive of intention — communicating passes as giving something; dispersive passes as removing something, as in dispersing heat at a congested point. They are made with the palm of the hand and fingers pointed towards the patient. All passes made downwards induce sleep; upward passes produce wakefulness. One *cannot* hypnotise by upward passes; hence in making downward passes to produce sleep, care should be taken in lifting up the hands or raising them, after making a downward pass, not to lift them up in front of the body, as such actions tend to undo the work of the previous pass. Besides, the movements would be lacking in grace, ease, and sympathetic intent. We should, therefore, raise them on either side of the person operated upon, with the back of the hands towards each other, the little finger of each hand being uppermost. All this is important, for the correct making of the pass assists the will, and the assisted will in its turn gives effect to the pass. Making passes in a certain direction concentrates the intention in that direction, so that, whether mental or bodily effects are intended, the operator is thus helped by the passes to have a vivid and clear concept of the object in view.


The practice of making passes is beneficial; it should be commenced at once, and continued for ten or fifteen minutes at a time, until they can be gracefully and naturally performed without any outward sign of physical exhaustion. The long or general pass is made from head to foot of the patient, who may be lying or sitting on a chair. It is not often used unless to deepen sleep, or for curative purposes. The practice of making this pass strengthens the chest, arms, and wrists of the operator, and the determination to overcome all physical weakness connected with the practice strengthens his will. A good plan is to stand before a chair and imagine that there is some person sitting there, who cannot be put asleep unless diligently magnetised for ten minutes, and proceed with regular uniformity to make the long pass, the body slightly bending with the downward strokes and rising with the upward movement. Ability to use this pass will be found of great use to the operator in real work afterwards.

Language is twofold. It is sometimes vocal and sometimes gesticular or pantomimic. By either mode the operator's intentions may be conveyed to the subject. Passes are the gesticular or pantomimic expression of will. The operator desires, for instance, to induce sleep. The downward pass exhibits naturally the design of his mind, to tone down, to calm and soothe mental activity, and finally produce sleep in the subject.

The short or local pass is made for a specific object. It is called short when it does not proceed lower than the stomach or waist of the person operated on, and is generally used to produce sleep, the subject or person being seated on a chair. It is also called local when directed to any particular part—arms, legs, body, or head. All local passes are, in general, used for curative purposes.

When passes are made at a distance, the fingers of the operator do not approach nearer the patient's body than two or five inches or thereabouts. There are many instances of passes being made at great distances and being effectual. The pass at a distance is used principally in producing sleep and in soothing pain. When passes are made in contact, the fingers lightly touch the clothing, head, or hands, as the case may be, or the hand may press more closely, as in manipulation and continuous contact, as in massage, shampooing, &c.

There is also the "communicating pass," when, with or without words, the operator desires to make certain impressions, or to transmit certain ideas to the subject.

This is done by using his hands as if throwing something, such as flour or other substance, at the patient. Not that the *aura* is a substance which can be handled in this way. This may be practised by making passes in this manner towards a piece of note-paper placed thus  like a shelf standing out from the wall, or the back of a chair. He should

stand about three feet from it, and make his passes in the manner described, taking care to open his fingers and point them towards the imaginary shelf. By practising in this way he will be able to concentrate his will, and communicate his influence to, or specially affect, one particular place. Thus, if passes are made at all, they should be made with a definite purpose, and not by "rule of thumb," which too largely prevails among operators.

Then there is the upward pass. This is used either to wake up subjects, quicken or cool the brain. It is made by holding the inside edges of the hands together, palms uppermost, and by lifting them with a brisk upward movement before the face of the sleeping sensitive: the disturbed atmosphere externally, and the increased circulation to the head internally, bring about the waking condition.

The transverse or dispersing pass is made from right to left and from left to right, or by moving the hands rapidly apart, as if dissipating something, chasing something out of the way.

Those two—the upward and the transverse—passes are for removing the influence, and the impressions connected with it, or conveyed by it, to the subject by previous suggestions and passes. They are also powerful healing passes, whether directed to head or body, and common methods of removing inflammation, heat, pain, &c., according to direction.

The transverse pass is very effectual in removing any stiffness or cataleptic feeling which might be

experienced by the person just wakened in either limbs or body. As shown elsewhere, all hypnotic states can be induced without passes: but passes succeed when all other methods of induction fail.

Blowing and breathing are passes. To blow with the breath, from its cooling effect on the skin of the forehead, awakens the subject, but to breathe on a subject, from the warmth, deepens the sleep. They have distinct effects, apart from any suggestion which might accompany them.

The Use of the Eye.

Next to the passes in importance ranks the power of the eye. The eye must be trained for its work as well as the hand. In this training the muscles of the eye as well as the eye itself must be strengthened. The eye, like the hand, is a powerful conductor of the magnetic influence. Hypnotists who do not like this term must admit the eye is a capital conductor of a person's intention. Many sensitives can be controlled by the eye alone. It is essential that the hypnotist should be able to look steadily and straight at his subject or patient with his eyes for a length of time, without showing any indications of physical weakness, such as blinking or winking, or by a watery discharge flowing from the eyes: all of which affect the inexperienced, who have not cultivated a steady and persistent gaze. The quiet and graceful pass, the quiet and steady look or gaze, are indicative of

superiority or strength of will, and as such are not without their dominant psychological influence (full hypnotic suggestion) over the person or persons to be operated upon.

To cultivate the gaze, one good plan is to form the habit of looking at people with intention. This is not to be confounded with vulgar staring. A steady gaze is full of meaning; staring is the empty expression of the fool.

The operator should endeavour to express by his eyes the nature of his intention, desire, or will, without much, if any, physical action of the eyes. In a word, *he should think his thoughts hard*, and form a habit of doing so for the purpose of conveying his thoughts. He should do this in projecting mental pictures, even when the subject blindfolded cannot possibly see his eyes. The habit formed is favourable to the projection of thought, elsewhere called "subjective suggestions." Another good plan to strengthen the gaze is purely physical. Place a piece of paper the size of a three-penny piece on a looking-glass, and look fixedly at it for three minutes, then for five, &c., until able to look firmly and steadily for fifteen minutes, without a tear, wink, or other sign of physical exhaustion. Looking steadily at a bright light, disc, &c., has induced hypnosis. The operator, by practising the gaze, rises superior to auto-hypnosis by that process, and his cultivated gaze has a decided hypnotic influence over subjects gazing at him.

At public meetings, the student may cultivate the

gaze by looking steadily at the person immediately in front of him—at the nape of the neck, for instance. If the individual be susceptible to the gaze, he or she will become uneasy, fidget about, and finally look round, unconscious of the actual cause, when the experiment may be deemed highly satisfactory as a beginning.

It is advisable for the student to practise gazing at gas, electric, or other bright light, until he can himself resist the hypnotic influence of the gaze of others, and also the largely hypnotic effect of bright lights. Dr. Lloyd Tuckey confesses that on one occasion, while keeping his eyes fixed on a refractory subject, he found developing in himself the first symptoms of hypnosis. Had he trained the gaze, as here suggested, such contingency would not have arisen.

The operator should in all passes, touchings, breathings, and looks, feel and act as if he were imparting this magnetic aura, as if conscious and satisfied of the existence of this force or influence.

There are other methods of inducing hypnosis, &c., apart from the passes or the gaze. Those also should be practised, as they are not only beneficial to the operator, but actually increase his power to hypnotise.

I have already referred to breathing exercise as favourable to the increase of magnetic aura, self-control, strength of will and purpose. All experiments should be conscious, that is, done by the operator with intention to produce certain results in the sensitive.

Next in importance to self-preparation come some useful suggestions as to subjects. The operator should

select those most contrasted to himself in temperament, whether strangers, friends, or relatives. When selecting the most sensitive, he should also select the healthiest. He may get some assistance from physiognomy, choosing heads rather square or gently rounded at the upper or superior region, in fact, almost any top head but the slanting roof with bulging temples, which is characteristic of deception and of criminal tendencies; the forehead should be full in size and form, and intelligent in appearance; the eyelids, mobile, loose, showing a good circular opening; the eyes, any colour but his own, wide open, showing, if possible, a little white under the iris or apple. If the eyes are a little wide apart from each other, so much the better. The upper lips should be a short concave, as viewed in profile, with distinct bow formation in front.

When in doubt as to facial signs, the student should test for susceptibility friends and others who may volunteer to be experimented upon.

Personally, I have great faith in my own impressions as to success or non-success with certain people at first sight; hence intuition or impression should not be lightly thrown aside. Intuitive sensitiveness is as invaluable in the operator as in the subject. In general, all persons willing, but not too anxious, make good experimental subjects for ordinary phenomena; soldiers, policemen, servants generally, and all persons accustomed to receive orders, and in the habit of giving prompt obedience in return. Men generally

who are in a passive state of mind, young men, women generally, and young women, make good subjects. Despite the generally-accepted view of hypnotists, woman, from her inherent sensitiveness and superior intuition, makes for the higher experiments the best subject.

*Susceptibility to Disease Predisposes to Susceptibility
in Suggestion.*

Patients often come hoping and prepared for something. They may be influenced to the treatment because of its success, or the repute of the operator. They are more or less in an "expectant state," and consequently more or less in a receptive condition. The physician, if wise, travels along the lines of the least resistance, and takes advantage of this receptive condition for the benefit of his patients. Susceptibility may also be due to relative and to actual inferiority of the subject to the operator.

Some persons are more susceptible to hypnotic influence than others. These may be in some respects inferior to the person who operates. This inferiority is both actual and relative. Actual inferiority may be represented by an inferior organisation, less "willability," and less intelligence, by inferior health, greater liability to physical and mental exhaustion, greater need of help and support, or to a negative and non-resisting condition.

In relative inferiority, the person operated on re-

quires something which the other can give. A nervous temperament may be beneficially magnetised by a vital temperament. Yet the person endowed with the nervous temperament may be superior morally and intellectually to the operator.

The alphabet of the English language is represented by twenty-six letters, and nearly double this number of inflections or phonetic expressions—a very insignificant array of sounds at first sight, and yet their combinations are adequate enough to present to us, in almost infinite variety, the thoughts of humanity. The alphabet of hypnotism is externally expressed by a few passes and by certain manipulations having for their object the exhaustion or the stimulation of one or more nerve centres. A healthy vigorous organisation and a clear and positive state of mind in the operator, a negative and subdued state of mind in the subject, &c., are, and may be, apparent trifles, but these trifles are capable of varied and innumerable combinations and possibilities sufficient to account for all the phenomena induced by and associated with hypnotism. As the study of the alphabet is necessary to even a rudimentary knowledge of language, so a practical acquaintance with the foregoing is necessary to a rudimentary knowledge of practical hypnotism.

The student of practical hypnotism is frequently confined to a limited circle for his subjects. For experiments, he can choose from his family, friends, servants, or strangers. Strangers may be selected in

preference to members of the domestic group or friends, for the following reasons: 1. Relatives are frequently too similar in temperament and general quality of organisation to the operator. 2. Relatives and friends may be too conscious through social familiarity of his defects as an individual, or despise the qualities he may possess, for familiar intercourse may have blunted their perceptions, and to that extent diminished the operator's true influence. Real ability, however, in any direction, always tells, and relatives and friends are in time as likely to be influenced as strangers.

It is as difficult to classify operators and subjects as the stages of hypnosis. Generally speaking, there are three types of hypnotists and three classes of subjects. There are mental hypnotists who operate principally by will-power. These seldom make passes, and it is generally hypnotists of this type who induce the higher phenomena in their subjects. There are mental-physical hypnotists who combine the action of will and touch or passes in their experiments. Operators of this type are successful in curing disease and alleviating pain. There are physical hypnotists, who cannot express will save by objective suggestions, *i.e.* spoken words and determination expressed in manipulation or passes in contact. By this class the lowest form of hypnotic experiments, *i.e.* by direct suggestion, is conducted. But as some first-class practitioners at times adopt all these methods, classification is faulty, except for division in thought of various types.

Then there are similar types of subjects—mental, mental-physical, and physical. The reader will gather from this that resulting phenomena vary according to the operator and the patient. Thus a hypnotist or physical hypnotist operating on a mentally sensitive and refined subject would not elicit phenomena of as high an intellectual or spiritual type as if the operator were of a more refined intellectual cast. The operator should never be in a hurry. Let him cultivate patience and perseverance, and one little success will so strengthen heart, resolution, and purpose, as to pave the way for greater achievements.

Invaluable as magnetism or *nervaura* may be deemed as an operating agent in hypnotic phenomena, in will-power, and the ability to direct, both by passes and other agencies already pointed out, there are other factors in the induction of phenomena, such as the subjective mental operations in the subject, and such psycho-physical conditions as intense susceptibility, physical exhaustion, non-resistance, imitation, expectancy, or the dominance of a fixed idea, &c., to which reference has been made. All these agencies are necessary if the operator would proceed on the line of the least resistance.

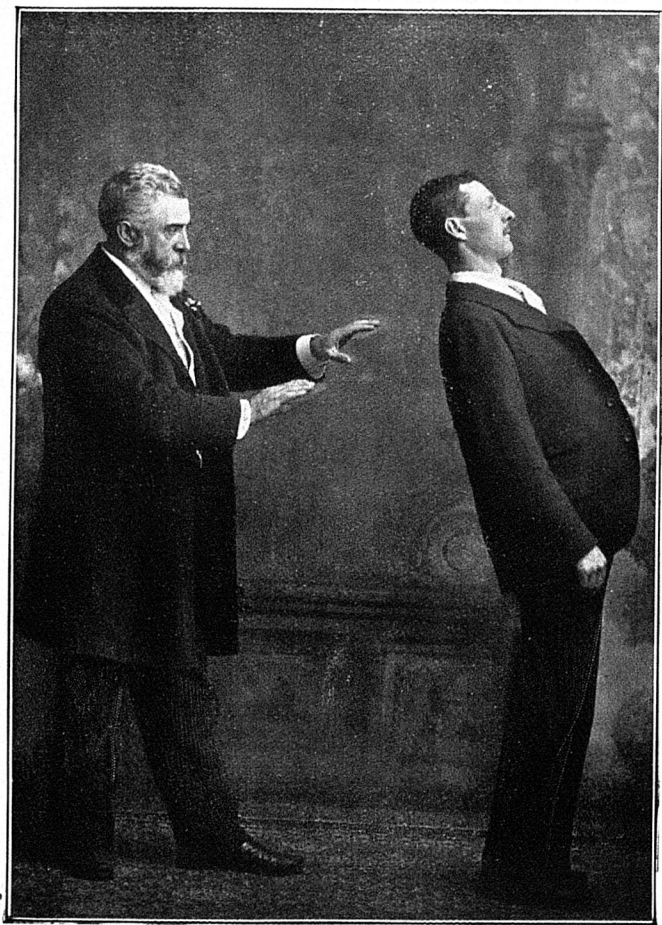


FIG. IV. TESTING SUSCEPTIBILITY.

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CHAPTER VII

HOW TO HYPNOTISE: ACTUAL PRACTICE

BEFORE the induction of hypnosis, the operator will save time and create interest in spectators by attempting some experiments in the waking state, for the purpose of ascertaining in what way the person is most susceptible. Some persons who have heard of hypnotism, or have been attracted by seeing previous experiments, are rendered thereby so susceptible, that they hypnotise themselves, and give the operator (who does not operate) credit for the state induced. So far as this susceptibility is concerned, such persons never really make good subjects—although hypnotists would call them good subjects—and are almost useless for experiment.

There are various ways of testing susceptibility. One is to get the person who offers to be operated on to stand upright, place his heels together, and put his hands down by his side—an attitude of non-resistance. The operator should stand behind him, and place his own hands upon the subject's shoulders for a few minutes, concentrating his gaze at his neck, with the *intention* to draw him back. The operator should then slip his hands down from the shoulders

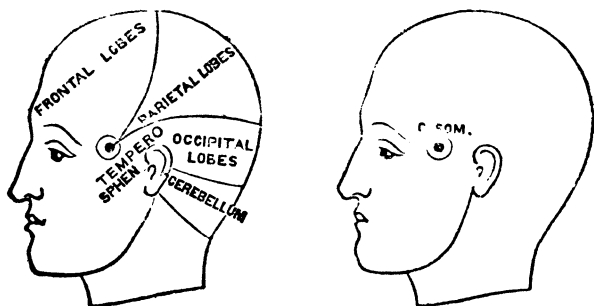
towards the shoulder-blades and the spinal column, rest there a few minutes, and make passes down the spine, in contact at first and then at a distance. Having done this several times, he should place the tips of his fingers lightly upon the back, level with the lower part of the shoulder-blades, and proceed to make passes with the intention of drawing the person over to him. In a short time the subject's body will incline backwards, and finally respond decidedly to the passes. The operator can then place his hands on the person's shoulder-blades, his thumbs converging and pointing to the spine, and then by a concentrated effort of the will, strongly desire that the subject fall backwards, and he will, if susceptible.

Some who respond tardily will make good subjects in time — generally good somnambulistic subjects. Those quickly influenced do better for the conscious or earlier stages of hypnosis. Those who remain uninfluenced may in time become good subjects for some phase. If, however, on trial, some persons lean forward or away from the operator, he will most likely not be able to influence them at any time.

The operator may take the subject's right hand and place it flat upon the palm of his own, held upwards, the subject's arm being stretched out at full length, and the operator's bent. He can then make a few passes down the arm and hand, with the *intention* of fastening the hand to his own. He should next proceed to make passes down the front of the body to the knees, with the intention of causing the subject

to kneel. By making a few drawing passes at the knees, the operator will compel the subject in a short time to kneel.

A fine forehead indicates susceptibility to magnetic influence. True sensitiveness is proportionate to the size and form of the frontal lobes, and these are in general (at least the intellectual centres are) indicated physiognomically by that portion of the face above the eyebrows uncovered with hair. But the frontal lobes extend upwards and backwards to the middle of the upper surface of the head. The Rev. Mr. Townshend, holding his warm hand over the forehead of Agassiz, attracted the head towards his (Mr. Townshend's) hand. (*See Appendix, note a.*)



Receptivity, sensitiveness, and impressionability belong to the frontal lobes of the cerebrum. These are the seats of the intellect. Observation, *i.e.* perception of size, form, colour, and order; memory, *i.e.* remembrance of events, details, incidents, of things

observed, felt, and of all matters of interest; judgment, *i.e.* comparison, causality, constructiveness, and imitation; devotion, *i.e.* benevolence, veneration, spirituality, hope, ideality, &c., are pre-eminently organs of idealism, and sensitive receptacles of knowledge; and although will, force of character, executiveness, and physical energy belong to the parietal, basilar, and posterior lobes, they are modified by the frontal lobes. The organs of sense, *i.e.* taste, touch, sight, hearing, smell, &c., are mainly located in the parietal, occipital, and basilar regions; one is not conscious of their action, save through the functional activity of the frontal lobes. These avenues of knowledge would be of little service, unless collected and converted into conscious sense impressions by the centres of intellect in the frontal brain. The size, fineness, and health of the frontal lobes are outward and visible signs of the intellect and sensitiveness of the individual. At the anterior end of the middle lobe, physiognomically, about an inch behind the external angle of the eye, is to be found the most sensitive point of the frontal lobes. This is the region of true somnolence and impressionability. The warm hand of the operator placed here will induce passivity, impressionability, and sleep in the most active and intelligent natures. Persons going asleep naturally lay the head in the hand at this place. The operator holding the index finger of each hand to the subject's head at these points will induce sleep. I have frequently put children, suffering from restlessness, toothache, or

other troubles calculated to produce wakefulness, sound asleep by gently stroking the temple with my finger, or laying my warm hand on the side of the forehead. As a test of susceptibility, of ready induction of phenomena, and of obtaining successful results, when the ordinary methods of "objective suggestion" prove failures, the touch succeeds where the voice fails. The *nervaura* of the operator stimulates the organ of somnolence¹ here located, and induces sleep, just as the stimulation of other organs induces their activity.

Another and very important method of testing susceptibility, especially for the higher phases, is to make up several little parcels of some active ingredient, such as ginger, pepper, opium, belladonna, or tobacco. These parcels should be so mixed, that the operator before handing them to subjects is unable himself to distinguish one from the other; hence he cannot by intention, telepathically or otherwise, influence the holders of the packets. The subjects can either hold the parcels in their hands or to their temples, sit passively, and await results. If sensitive, they will begin to experience certain effects similar to those induced by an actual dose of these substances. Tobacco or lobelia will induce nausea; belladonna, a tendency to dilate the pupils of the eye; opium, mental tranquillity; and capsicum, mental activity and irritation. When these indications are given, then the operator may take one of those affected and

¹ Discovered by Dr. J. Rodes Buchanan, and verified abundantly by the author both in the waking state and in hypnosis.

make gentle passes in contact from the crown of the head to the temples, where the centre of somnolence is indicated. These passes should be made with great gentleness, the fingers barely touching the hair. The fingers can then be applied directly to the centre of somnolence, and the result will be to produce a pleasant, calm, dreamy feeling, a slight increase of the sensibility of the eyes, giving either a disposition to wink or to close them. This winking or quivering of the eyelids indicates the effect produced, although as yet the subject may be unconscious of its significance. He may, and probably will, endeavour to throw it off, but if the impressibility be great, he will be unable to do so, and will gradually, if the operator perseveres, become more and more hypnotic, closing the eyes and unable to open them. The state can now be deepened into profound somnambulism, in which all the higher phenomena may be induced with more or less success.

The mere holding of the hands lightly over the upper surface of the brain, just at the crown of the head, in waking but susceptible persons, will induce a tranquil, happy, good-natured feeling in some; in others a pleasant, cheerful feeling; in yet others a religious, calm, and elevated contemplation, and so on, according to cerebral development and temperamental conditions of the person. These experiments are of the magnetic order, and are excellent tests of susceptibility. Apart from this value, they are always beneficial in their effects. In the treatment of disease

I have employed this form of laying on of hands with undoubtedly successful results.

There are many experiments which could be developed out of the above special mode of influencing the subject by coming into touch or holding the hand in proximity to various parts of the head. Before the actual induction of phenomena, it is well to remember that telepathy, thought-transference, thought-reading, psychometry, and clairvoyance are phenomena of the sixth sense, and as such often occur under apparently normal conditions, *i.e.* apart and distinct from all hypnosis. But they are also developed by passes, in somnambulism induced by human magnetism, and their induction, being a true and natural development of the subject's innate powers, is legitimate and desirable. I would urge their induction upon old and young practitioners, rather than those recognised as hallucinations, which are favourites with hypnotic practitioners. Of course, so long as the operator keeps to purely hypnotic methods, the induction of hallucinations will be a common feature in experiment. The continued induction of either positive or negative hallucinations is of doubtful value to psychology, and of little or no service to the subject. They should therefore always occupy a subordinate position in experiments. The operator may not be able to proceed without bringing hallucinations into play, and he may not be able to prevent their intrusion. They have their place. But it is a pity they should be allowed to form the main feature in hypnotic experiments.

If "the higher phenomena," pertaining to the "magnetic sense," are of rare occurrence, they are none the less valuable. Their rarity among hypnotic subjects is due to the neglect of operators, rather than to the lack of innate endowment in subjects. Subjects are environed by suggestion, and are limited in development by suggestion. In a word, the phenomena cannot advance higher than the concepts of the operator. What he does not know and does not believe in, he cannot induce. The great error in hypnotic experiment is this limitation of the subject's powers by suggestion. The evil mainly lies in the anxiety for immediate effects; the whole aim is to get the subject to do or say something, instead of endeavouring to educe phenomena, *i.e.* to develop the natural gifts of the subject.

The induction of hallucination is easy, but to develop the subject's natural gifts is not easy. Hallucinations are showy, attractive, and form part of the stock-in-trade of all hypnotic experts who wish to interest visitors in their show patients. An hallucination is the perception of an object present which does not exist. In hypnotism an hallucination has a much more extensive meaning, and may not only mean the perception of an object which does not exist, but the perception of both objects and ideas which do exist, but are not within the rays of sense perception. In the first, hallucination may be both illusion and delusion; in the latter, it will have a sound basis in fact, as in "community of taste," "sympathetic sense-trans-



FIG. V. SOMNAMBULISM: HALLUCINATION ON ECSTATIC VISION.

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ference," thought-transference, clairvoyant phenomena, &c.

It is hallucinations of the first kind, and their constant and persistent induction, forming the main features in hypnotic show programmes, that I object to. I esteem their induction a woeful waste of time and energy. The induction of these hallucinations may range from the inability of the subject to open his eyes, to seeing the spirit of his grandmother created by suggestion. Such experiments are legitimate only as means to an end, *i.e.* the creation of a higher impression, to remove or take the place of a lower, affecting the subject's life and well-being in the ordinary state.

Hallucinations are varied in character and force, according to the state or degree of hypnosis. They may at first be merely physical in expression. The subject cannot open his eyes or move a limb, if the first are closed or the latter is fixed by the operator. The subject may be deaf to every sound save that of the operator's voice, indifferent to every touch save that of his magnetiser. He may forget his own name, talk loudly or in a listless, monotonous tone, be charmed or frightened, as the operator may decide. If he be given water, he may believe it is wine; he may sniff strong ammonia under the impression that it is a delicate perfume. He will eat a carrot with relish, and do other equally foolish things. Further on, as the somnambulism deepens and quickens, he will act out his dream-life of fancy with the perfect

charm of naturalness. He will both accept post-hypnotic illusions, and upon awakening will do, say, and see whatever has been suggested to him in hypnosis, although the subject has forgotten all that has been said and done by and to him in that state. He is now (being in his normal state, except so far as the post-hypnotic suggestion affects him) no longer unconscious of what he says and does, but the hallucinations are none the less effective in consequence. He will sit in a certain chair, open a special book, see a bird, hear it singing, and be deeply interested in its movements; will imagine a chair a wild beast, and will endeavour to escape from it, and so on. These are called positive hallucinations. Negative hallucinations are of the reverse order. The subject will not see what really exists. If he be told that a certain person has left the room, he will on awaking neither see, feel, nor hear that person, although the latter may stand before him, pinch, or otherwise handle him, shout and talk to him, &c. This state may continue for hours or a week, as the operator may decide. But of what service is all this? To demonstrate the reality of hypnotism? I very much doubt it. The curious may be pleased, but on the whole I question the value of such experimentation, and I again say that, although these hallucinations both obtain and intrude in hypnotism, they should be made to occupy a subordinate position.

In true hallucinations the natural but possibly latent powers of the subject are called into action,

and all the phenomena of the magnetic sense more or less manifested. The induction of such hallucinations is desirable, as they are not only elevating, but are developmental of the subject's psychic powers. The induction of false hallucinations is common to hypnotic processes, while the development of the true is a feature characteristic of the magnetic method of procedure.

Having considered methods of testing susceptibility, I will briefly outline some methods of the actual induction of hypnosis. Braid induced hypnosis by fatiguing the nerves of sight, and all phenomena subsequent to hypnosis by suggestion. Heidenhain fatigued those of hearing and sometimes of feeling, and the majority of hypnotists proceed somewhat on similar lines, with individual modifications. I have employed all such methods, including those of Dr. Dods, Messrs. Grimes and Darling, and of English operators like Spencer Hall and Captain Hudson, who had recourse to the disc as well as the old mesmeric methods. The disc is generally used when controlling a number of subjects at the same time. The most satisfactory, lasting, and successful results are obtained by the old despised mesmeric method of passes or magnetisation. This is carried out by placing a subject with his back to the light on a comfortable chair, a little lower than my own, and sitting down before him, holding his thumbs in my hands until our hands approximate in temperature, and at the same time gazing steadily into his eyes, with the intention to induce somnambulism. I invite the subject to

look at me, but fixed attention is not as necessary as in hypnotic processes. When the temperature of the hands approximates, so that neither operator nor subject is conscious of any difference, this is taken as an outward and visible sign of our magnetic auras blending or being *en rapport*. I proceed then to make short passes over head and face to the breast, with the result that, in the majority of instances, hypnosis is induced at the first sitting, and somnambulism at the second, when not at the first. The reason of this success will be found in the fact that I never attempt to induce "sleep," without either being satisfied from experience, or from previously testing the subject, as to susceptibility.

I have not only induced sleep by passes, but by merely imposing my warm hands—all successful operators have warm hands, heating them by artificial heat is of little service—and the warmth, "animalised electricity," or human aura, brought thus into proximity to the centre of somnolence at the temples, accomplished all that was necessary.

Dr. Jean de Turchanoff, a noted hypnotist, has pronounced in favour of passes. He holds that the operator, in making passes, produces a systematic but gentle stimulation of the sense of feeling, by slight currents of electricity in the skin; that these currents can be increased by a strong concentration of the operator's will; and that in consequence of the exercise of will, muscular contraction and relaxation peculiar to sleep are induced in the subject.

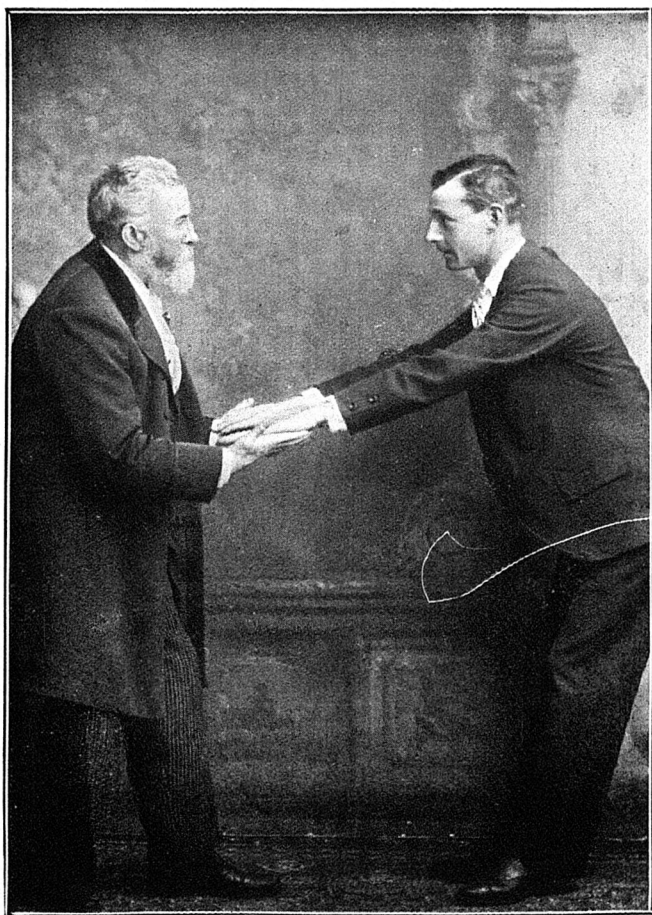


FIG. VI. FASCINATION.

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Fascination, a most interesting method of inducing hypnosis, and suitable for the majority of subjects in the earlier stages, is obtained by getting the subject to place his hands flat upon the palms of the operator's, held upwards. He is told also to gaze steadily into the operator's eyes. In a short time, although perfectly conscious, the subject may be influenced to imitate every movement of the operator; he will be unable to remove his hands, and can be put to sleep by direct command. As a test of susceptibility, what is called Fascination can be readily and successfully employed.

I have induced sleep with the aid of a small pocket electric battery. But I am afraid that the novelty and mystery about the battery, the mild gentle current transmitted to the subject, together with the suggestions made by me about probable effects, have had more to do with the result than the machine itself. I should observe, however, that when I became involved in the circuit, and the current was passed to the subject through me, making all due allowance for suggestion, hypnosis was induced more readily than when the patient was directly placed in circuit with the battery. And the deduction is, that the current of electricity formed an improved medium of communication between myself and the subject.

Luy's *Miroir rotatif*, a two-mirror arrangement made to revolve rapidly in opposite directions, accomplished by mechanical means the tired effect on the optic nerves which Braid's method induces. It is claimed that a number of persons can be hypnotised

together by this process, and that much time is saved by it. I have hypnotised twenty-three persons out of forty in a public hall, by getting them to sit with their backs to the audience, each subject holding the thumb of the left hand tightly in his right hand and keeping the eyes closed. The holding of the thumb was the main factor in the experiment; it conduced to mental inactivity and increased susceptibility to my influence. In a similar manner large numbers have been hypnotised by means of zinc or mirror discs (the use of which I describe further on). These methods have been found expedient in public entertainments—where no serious attempt is made to induce the higher phenomena. Something more than this must be aimed at in experimentation. The best results are achieved when the operator gives his undivided attention to the development of one good subject at a time.

The Nancy method is Braid's method, with a difference. Instead of the subject fixing his attention on a bright object, the operator directs his attention to the object of going asleep, at the same time diverting the axes of the eyes by pointing at them his two fingers spread apart, slightly above the level of the eyes, and close enough to cause them to squint, without the subject being aware of the fact. The operator proceeds in a staid monotonous tone of voice to suggest sleep, which is sometimes induced by vocal suggestion, without either the Braid or the Nancy methods. To illustrate, I will here quote from Dr Moll. He says:—

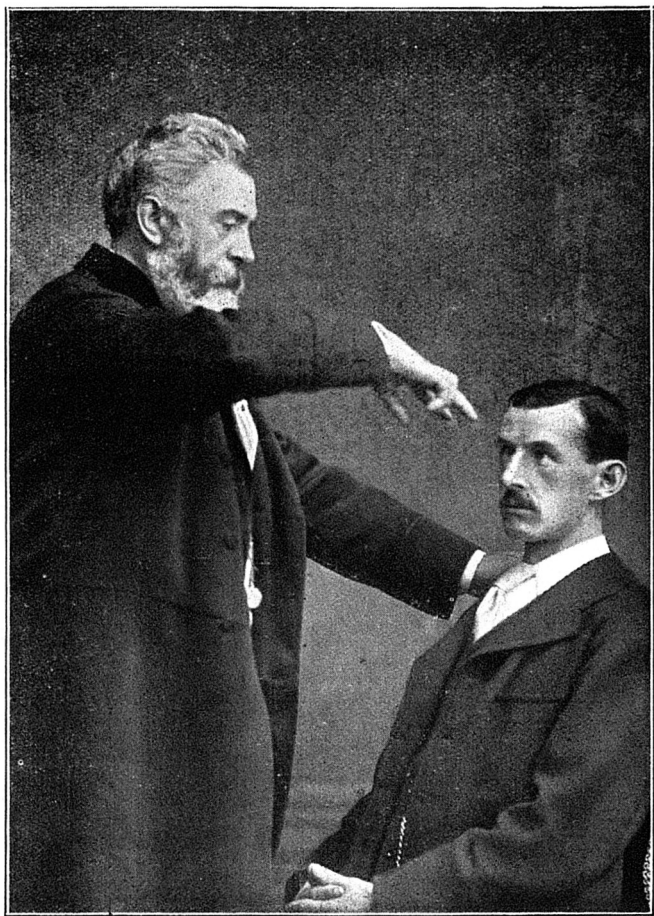


FIG. VII. NANCY METHOD OF INDUCTION.

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"I begin with a young man of twenty. I request him to seat himself in a chair, and give him a brass button to hold, telling him to look at it fixedly. After three minutes his eyelids fall ; he tries in vain to open his eyes, which are fast closed ; his hand, which until now has grasped the button, drops on his knee. I assure him it is impossible for him to open his eyes ; he makes vain efforts to open them. I now say to him, 'Your hands are stuck fast to your knee ; you cannot possibly raise them.' He raises his hands, however. I continue to converse with him. I find that he is perfectly conscious, and I can discover no essential change in him whatever. I raise one of his arms ; directly I let it go he drops it as he pleases. Upon which, I blow upon his eyes, which open at once, and he is in the same state as before the experiment. The young man remembers all that I have said to him. The only striking thing is, therefore, that he could not open his eyes, and that he feels a certain degree of fatigue." This is an illustration of the one case in a hundred where the eyes are closed and no other result obtained.

Hypnotising entirely by Suggestion.

"Mr. X., forty-one years old, seats himself on a chair. I tell him he must try to sleep. 'Think of nothing but that you are to go to sleep.' After some seconds, I continue: 'Now, your eyelids are beginning to close ; your eyes are growing more and more fatigued ;

the lids quiver more and more ; you feel tired all over ; your arms go to sleep ; your legs grow tired ; a feeling of heaviness and a desire for sleep take possession of your whole body. Your eyes close ; your head feels duller ; your thoughts grow more and more confused. Now you can no longer resist ; now your eyelids are closed ; sleep.' After the eyelids have closed, I ask him if he can open them. He tries to do so, but they are too heavy. I raise his left arm high in the air, and it cannot be brought down in spite of all his efforts. I ask him if he is asleep. 'Yes.' 'Fast asleep?' 'Yes.' 'Do you hear the canary singing?' 'Yes.' 'Now you hear the concert?' 'Certainly.' I take a black cloth and put it in his hand. 'You feel this dog quite plainly?' 'Quite plainly.' 'Now you can open your eyes, then you will see the dog clearly. Then you will go to sleep again and not wake till I tell you.' He opens his eyes, looks at the imaginary dog and strokes it. Although he is in my room, when I tell him he is in the Zoological Gardens he believes it, and sees trees, and so on."

Referring to the foregoing experiments, it will be seen that in the first case the young man sat down without concentrating his ideas on the operator, or, as the French school say, being *en rapport* with him, hence the ability to reject suggestions.

Rapport is a condition in which the attention of the subject is fixed exclusively upon the hypnotiser, so that the idea of him is constantly present in the subject's memory. This explains the influence: for

example: If a mother fall asleep by her child's cradle, she watches over her child in her sleep, she hears the least sound it makes, but no other sound. In Dr. Moll's second experiment, sleep is hastened because the subject expects the closing of the eyes, &c. He falls asleep with the idea of the hypnotiser in his mind, and is therefore obliged to obey his suggestions.

Dr. Moll states that in some cases where he failed to induce sleep by either of the foregoing methods, *he succeeded by passes*. This method of hypnotising verbally seems preferable, as fixed attention too long on an object may sometimes have unpleasant effects, yet it is absolutely necessary for beginners.

Dr. Braid concentrated the thought of the subject on the object gazed at, but it is not necessary always to do this. It has, however, its use. Any single idea, such as thinking all the time of the hypnotiser, gazing at the operator as in mesmerism, or dwelling on the hypnotic state into which the subject believes he is falling, often answers the purpose. Looking at an object without concentration of idea produces only ordinary sleep. This will explain why some persons fall into an ordinary sleep when treated by an inexperienced operator. He has failed to stimulate the necessary concentration of idea in a particular direction or object.

It must now be pretty clear to the reader that the method of procedure will, to a certain extent, be regulated by the object in view; if mere hallucinations are to be induced, then operate by hypnotic

processes; but if higher phenomena are aimed at, adopt the old mesmeric processes.

To awaken a subject, various simple measures can be employed: if in a slight doze, upward passes; blowing on the forehead; wafting a handkerchief before the face; a gentle, quick tap on the shoulder, accompanied by a brisk command to wake; or passing the thumbs briskly over the eyebrows, with the intimation "all right." There should never be abrupt awakening. Subjects in the earlier stages are neither thought-readers nor clairvoyants; they are best affected by purely objective means, and before awakening a subject, the operator should indicate his intention by announcement or preparation of some kind, detectable by the sensitive state of the subject.

In deeper conditions of somnambulism, it is best that the operator should arrange with the subject, that he or she awake according to that arrangement. The operator may possibly assist by upward passes. The subject will awaken to the minute agreed upon.

Giddiness, stupidity, and drowsiness in the subject on awaking never occur when the foregoing methods are adopted. When the operator is flurried and excited by the induction of sleep in his first case, the subject may be affected to a corresponding degree, and in a measure become uncontrollable; so far from waking when desired, he may develop abnormal symptoms of excitability. In the hands of an experienced or even a self-disciplined operator this never

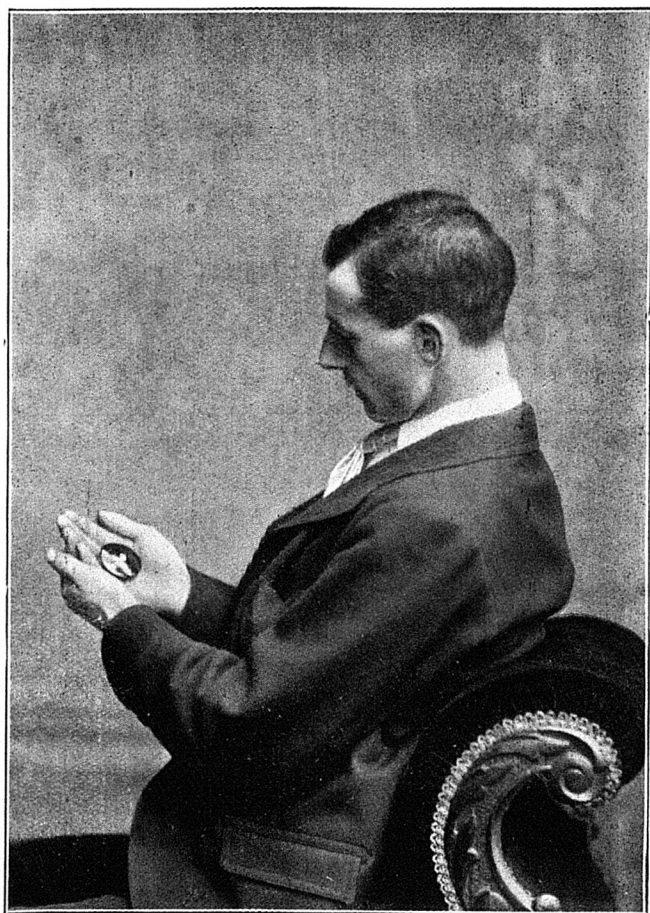


FIG. VIII. THE INDUCTION BY DISC.

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occurs. The patient may exhibit a certain amount of nervous and even hysterical tension, but the operator being level-headed, this state is kept under control, and the patient benefited by the prolonged sleep.

In event of any difficulty in arousing the patients, LEAVE THEM ALONE, and they will themselves awake all right. A current of fresh air accelerates the wakening from hypnosis, just as in natural sleep. For this purpose, the subject can be seated on a chair, which is placed before an open window, without, of course, being in a draught.

I have employed with success the odyllic mirror disc, which to my mind is more effective in the induction of hypnosis for ordinary experimentation than any of the methods in vogue. The crystal side of the disc is used for induction, and the black polished reverse side is used for the development of crystal vision, a phase of clairvoyance which has been practised by mankind in all ages.

By the use of the disc there is no straining of the eyes, and all phenomena traceable to suggestion can be induced. When the operator has procured a subject, he places that person in a comfortable position, sitting or reclining on a seat, where the light either falls over his shoulder, or sideways, on the disc in the hands, and not upon the eyes of the subject. The disc should be placed crystal side up in the palm of the subject's hand. The operator should impress upon the person holding it the necessity of looking at the disc steadily for, say, five to ten minutes. Keeping

perfectly tranquil, easy-minded, and not looking around. When the time has expired, the operator should quietly lift his disc, and examine the subject. If the eyes are tired or closed, or have a tendency to close, he should take the subject's right hand in his own left hand, and press firmly but moderately on the median nerve (this is easily done by covering the base of the subject's thumb-joint, between the thumb-joint and the pulse, with his thumb) for a minute, and, at the same time, telling the sensitive to "close the eyes tightly." Then with the thumb of the other hand gently exercise a downward pressure at the middle of the forehead, towards the root of the nose—where phrenologists mark individuality—and say in a decided manner, full of confidence, "You cannot open your eyes."

When he has given this command, the operator must determine within himself that his subject shall not be able to open them.

Should the subject, however, be able, partially or wholly, to open his (or her) eyes, the operator should still retain pressure on the median nerve with his left hand, and with the right or disengaged hand gently stroke (passes in contact) the eyelids downwards, determining all the time in his own mind that the subject's eyes shall close, and then repeat his former efforts.

If he fail again, he should not be discouraged. In some instances, with a new beginner, several attempts are necessary. The operator should not be

over-anxious or in a hurry to induce results, and after two or three attempts fail, he should postpone any further effort to a subsequent sitting, next day or later on, as most convenient. Each sitting will render the subject more sensitive to influence.

Should, however, the operator succeed in closing the subject's eyes so that they cannot be opened, he will continue his suggestions by saying, "You cannot open your eyes," "I told you so; it is no use trying," &c. Having satisfied himself that the subject cannot open his eyes, he should proceed, and say, "Now place your hands together." The subject having done so, the operator saying, "That's it," and making passes from the shoulder to the hands with the intention of fastening the hands together, should say, "Now you cannot separate your hands." Following the first impression of closing the eyes, the second suggestion will take root, and the subject will not be able to separate the hands.

The operator may now make passes from the body down the legs to the ground, and inform the subject that he "cannot lift his feet from the floor," or that he "cannot rise from his chair," and so on, with similar experiments. Proceeding cautiously on the lines of least resistance, he can pass from physical to mental experiments.

To open the eyes, the operator should make a few transverse passes with his thumbs over the eyebrows, saying as he does so, "Now you can open your eyes," &c. It is generally a good plan in this early or preliminary

stage to open the eyes shortly after closing them, but in such a manner as to leave the sensitive impressed with the operator's ability not only to do this, but anything else he may think advisable. He should never break faith with subjects or patients, and their trust in him will enhance his control and intensify the vigour of his suggestions.

Many harmless and amusing illusions can be easily created by suggestion, and are as readily dissipated. For instance, the operator can ask his subjects to look at him and do as he does, namely, roll or wind the hands over one another. This they will do in imitation. The operator should then gradually accelerate the rotatory motion of his hands. The subjects will also quicken their motion correspondingly. At this juncture suddenly exclaim, "Now you cannot stop." Thus impressed, the subjects will continue the rapid motion, unable to desist, although they really wish to do so. To relieve the subjects, and at the same time heighten the effect, the operator should now say, "Now you can stop," and instantly they will. These experiments will have a twofold effect. First, they impress the subject with the operator's power to control, and, second, with his ability to remove any stiffness caused by unusual muscular exertion, &c.

In the earlier stages the sensitive is very much subject to the will of the operator. In the higher he regains his individuality to a large extent, although practically in somnambulistic trance, exhibiting superior lines of thought and action, and by the



FIG. IX. CATALEPSING AN ARM.

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aid of the controlling agent carrying these improved conditions into ordinary life.

In hypnosis some of the most interesting experiments are induced by suggestion. These may vary from the mere imitation of rotatory motion and simple hallucinations, to the super-sensitiveness which sees a portrait on blank paper, as in Charcot's experiment, and so on, to post-hypnotic experiments of therapeutic value. The variety of phenomena from the lowest to the highest, including "magnetic sense" phenomena, is only limited by the genius of the operator and the fitness of the sensitive. It is only the operator who can suggest. The person under influence will not respond to the suggestion of a third person, unless that is determined by the operator. The subject may not act at once on a suggestion. When it is repeated with sufficient force and emphasis it will be obeyed. If a subject under influence be told to raise an arm, he may then be told that he cannot put it down, and he may put it down notwithstanding. Let the operator lift the arm, and hold it out himself for a second or two, repeating the suggestion with passes, and the arm will be catalepted. Complete catalepsy can be induced in any stage of hypnosis by suggestion. Sometimes automatic action steps in and interferes with suggestion, but only in a temporary fashion. Thus at one moment the arm is catalepted, but if a wasp stings the subject on cheek or nose, the arm may be relaxed or flexed to brush off the wasp, and immediately become catalepted again, clearly showing at this stage

that automatic action, the outgrowth of a lifetime, cannot be "inhibited" by simple suggestion.

Suggestions are made in several ways. There are those which require little if any mental effort in the subject, such as imitation and physical movements. Suggestions can be given by placing the subjects in poses. One may be placed in a tragic position, when the countenance becomes severe and the eyebrows contract; another with hands together, and chin elevated, as in prayer, when the softened visage and supplicative features are in excellent contrast to the previous subject.

Suggestions are also given by command, uttered in a decided, quiet, and convincing tone of voice, by passes accompanied by voice, or by passes alone, and by signs, such as coughing, rubbing the hands, or wringing a handkerchief. These latter are employed to deepen the effect of a preceding suggestion, whether to take effect in hypnosis or post-hypnotically, as illustrated below.

Lastly, suggestions may proceed from an act of the will: a sensitive subject more or less frequently under control and *en rapport* with the operator, anticipates the wishes and responds to the unspoken will of the operator. Post-hypnotic suggestions are those which the subject or patient obeys subsequent to hypnosis.

Suppose a subject under control is ordered to call some one "a fool"—first suggestion—when the clock strikes ten—second suggestion. The subject is

awakened, and suddenly becomes aware of an impression or desire to call Mr. So-and-so "a fool." He resists the desire of the first or single suggestion, but when the clock strikes ten the necessary stimulus is given by the second suggestion; he no longer resists the idea, but walks up to Mr. So-and-so and fulfils it.

Suppose a suggestion is given by the operator in this form, "When you wake up you will go and pull Mr. So-and-so's nose when you see me rub my hands." As soon as the sensitive wakes up, the operator commences quietly rubbing his hands. The idea of doing this ridiculous thing springs up in the subject's mind, but is resisted by his normal courtesy or intelligence. The operator continues rubbing his hands, and in less than a minute the idea becomes fixed, the subject's resistance becomes weaker and weaker, with the result that he acts faithfully on the post-hypnotic suggestion. In the foregoing I have given illustrations of hypnotic practice, but it must be obvious to the intelligent reader that post-hypnotic suggestions can be put to more serious and important uses. Several post-hypnotic suggestions should not be given to a subject, unless designed to one purpose. It is best that only one suggestion should take effect at a time.

CHAPTER VIII

HOW TO HYPNOTISE: PHRENO-MAGNETISM

PHRENOLOGY is of far-reaching importance, and has engaged the attention and obtained the support of some of the best minds of the eighteenth and nineteenth centuries. The majority of those who reject it have never taken any trouble to investigate it. Its importance to the reader consists in this, that if otherwise qualified to become a good operator, a practical knowledge of phrenology will materially increase his ability in hypnotism—curative and experimental—and without this knowledge he will necessarily fail to induce many of the most interesting and instructive experiments.

Dr. Gall, the founder of phrenology, was a physician of pre-eminent ability, a surgeon who penetrated for the first time the mysteries of cerebral organisation, and his methods of brain dissection are those adopted in all the medical schools of the civilised world. He was honoured in his day, for his demonstrations always appealed to the intellect of those who witnessed them, and when he died, his funeral was attended by a vast number of public and private citizens—among others by Broussais, Fossati, Fontanelli, Landerer,

Bourden, and Vimont, who delivered orations, and Paillet-de-Combières, who recited verses over his tomb. Dr. Spurzheim, who joined Dr. Gall in 1780, and assisted him in his investigations, was a man of scientific acumen, whose lectures and brain-dissection demonstrations on the Continent, Great Britain, and in the United States, captured for the new science a host of the leading thinkers of the age.

This union of Drs. Gall and Spurzheim was a happy inspiration. In intellect, character, and disposition each had his especial forte, and their combined genius gave phrenology such a sure foundation, that not even the prince of sneerers, Napoleon, on the one hand, or the mistaken influence of the Jesuits of France on the other, could shake it. Certain men of science have tried to do so, but, in every instance where such effort has been accompanied by careful study of the science, the opponents have become converts and enthusiastic exponents. Following Spurzheim come the British phrenologists, headed by George Combe and Dr. Andrew Combe, a list too extended to be given here.

The principles of phrenology, as now held established, may be briefly enumerated:—

1. The brain is the organ of the mind.
2. If the development of the brain is imperfect, its functions are imperfect.
3. Other things being equal, size of brain is a measure of power.
4. The brain has a plurality of organs or centres.

5. Each organ has its seat in a portion of the brain specially assigned to it.

6. Insanity is produced by the abnormal activity of one or more organs.

7. Temperament affects functional activity.

8. The exterior of the skull affords indications of the location and development of the cerebral organs.

The above-named principles from one to seven have been granted; there was still some doubt as to the eighth, but thanks to Modern Physiological Research, this has been conceded also, and "new phrenology," which was the Balaam brought to curse the old, has blessed it most emphatically. Neither the old nor the new phrenology has anything to do with bumps.

9. A properly-qualified examiner can form, subject to the limits of his capacity, an accurate estimate of character and talents, dispositions and abilities, in persons under examination. That practitioners in phrenology occasionally make mistakes, or have mistakes attributed to them, is nothing to the point. For, as Dr. Spurzheim says: "The true principles of a science may be established, but those who apply them may err. The art of surgery is positive, yet in the practice of their art all surgeons have not the same dexterity." And Dr. Solly, in his "Treatise on the Structure, &c., of the Brain," says: "It must always be borne in mind that the physiological principles upon which phrenology is founded may be perfectly correct, and, nevertheless, its professors may make mistakes in their application." Dr. Frederick

Bateman, the distinguished author of "Aphasia, or Loss of Speech" (London, 1890), referring to Dr. Gall and his labours, says: "In spite of all that has been said against Gall, and all that has been written in depreciation of his labours, beyond all doubt his researches gave an impulse to the cerebral localisation of our faculties, the effect of which is especially visible in our own days; and I look upon his work as a vast storehouse of knowledge, and as an imperishable monument to the genius and industry of one of the greatest philosophers of the present age."

It is not generally known that Dr. Gall located the organ of language in the third frontal convolution, which, affected by disease, produces whole or partial loss of speech.

To some objectors I would offer the opinion of the world's greatest living naturalist, Dr. Alfred Russel Wallace, F.R.S., who said recently: "I am still a firm believer in phrenology. It is ignored by modern physiologists chiefly, I think, because it is thought too easy and simple, and was seized upon by popular lecturers, who were often ignorant men. It is, however, a true science, founded in the only true way—step by step, the result of observation of the connection between development and function. G. Combe's 'System of Phrenology' is a work which has been rarely surpassed. The modern method of studying the functions of the brain, by laying it bare, and exciting it by galvanic currents, is so unnatural and unscientific as to lead necessarily to

false conclusions. None are so prejudiced as men of science. For fifty years they denounced mesmerism as imposture; now, under the name of hypnotism, they are at length, in France and elsewhere, finding that all is true. So soon as any man of sufficient eminence studies phrenology in the only way it can be properly studied, that will be found also to be true. Huxley once told me that phrenology could not be true, because the skull varied in thickness irregularly, and the thickness of each part could not be told by external observation. I replied that the variations of thickness in crania were measured by tenths of inches, while the varying dimensions of the skull were measured by whole inches, so the smaller could not hide the greater variation. Besides, the usual variations in the thickness of parts of the skull are well known."

Here we have an eminent scientist who has given some attention to both phrenology and hypnotism confessing his acceptance of both.

Dr. J. G. Davey, M.A., L.R.C.P., of Bristol, who gave considerable attention to phreno-magnetism, and was fully convinced of the reality of the science of phrenology from a series of actual head examinations and phreno-magnetic demonstrations, said: "The correctness of the localisation of the functions of the brain by Gall and Spurzheim, becomes at once so plainly demonstrated, that the non-acceptance of phrenology is next to impossible."

Dr. Bernard Holländer, M.R.C.S., L.R.C.P., and

the recognised specialist in mental and nervous arrangements, was converted to phrenology several years ago by having his head examined by a properly-qualified professional phrenologist, and in consequence devoted his attention to investigation, with a result entirely favourable to the science. His papers have been accepted and read on several occasions before the Anthropological Institute, and twice at meetings of the British Association for the Advancement of Science, and his contributions, published in sundry scientific and medical papers, have been a glorious vindication of the facts and principles of phrenology.

As it is more fashionable to talk about hypnotism than mesmerism, so now it is the fashion not to speak of phrenology, but "brain topography," "cerebral functions," "localisation of functions," and "centres of ideation"; so dressed, phrenology is welcomed in quarters where the great discoveries of Gall are unknown.

Experiments in phreno-magnetism have been conducted with more or less ability by exponents of mesmerism, and indeed, by hypnotists. Braid's experiments were very successful at times, at others very much hampered by his new theory.

The phenomena are intensely interesting, can be readily induced, and are satisfactorily explainable, as a rule, by the admission of the correctness of the locations of phrenology, and of human *nervaura* as an operating agent. In phreno-magnetism, we perceive something brought into operation, which is

neither the will, the thought, nor the intention of the operator—for in no instance does he predetermine the results. If he actually knows what organ he is stimulating, he cannot tell in what way its function will be actually manifested; or if he proposes to arouse the function of one cerebral organ, and by accident in localisation touches or holds his finger near to but above another organ, the subject is less likely to pay attention to the operator's intention or suggestion, and to obey the touch and even the proximity of the operator's finger. And I have found that when the *rapport* between operator and subject has been so marked that unspoken thoughts have been accurately read by the sensitive, even this has not marred the induction of phenomena; the person operated on obeys the cerebral stimulant before the subjective suggestion.

All hypnotic experimentation indirectly, but phrenomagnetism more directly and most emphatically, stamps phrenology as a science. A knowledge of phrenology would be an invaluable key to the susceptibility of the subject, and in what special direction the least line of resistance to the induction of phenomena is to be found. Is temperamental diathesis and cerebral development of the subject of no consequence in these phenomena? If not, it is difficult to understand those who maintain that the phenomena are wholly subjective. If temperament and brain power are important, then the key to these qualities and conditions of individual gifts is to be found in phrenology.

One would never think of inducing the higher phenomena in a person of coarse organisation and of limited cerebral capacity. Who would think of suggesting to a subject that he was a great musician or vocalist, who was deficient in imitation, time, tune, and ideality? No one, I think, who has any practical experience in phreno-magnetism.

All experimentation to be successful must be carried out on the lines of natural adaptability, and not in opposition to them. The reader of character will detect those organs which have been abused, and will antidote their action by calling out the combined activity of other organs, and thereby give a change of direction to the subject's mind. It is in this way illusions in the waking state are combated and rectified in the sleep. Indeed, this is one of the successful keys to hypnotic therapeutics. Personally, I am quite convinced that the cerebral organs, properly localised, and acted upon by touch or by proximity, can be stimulated into action, and their response will be in proportion to their influence in character. A more rapid response will be obtained from a large organ than from one which is small in the same head.

It will always be found, apart from what are called phreno-magnetic experiments, that all subjects will most readily respond to those suggestions most in harmony. If an operator wishes to obtain a key to what a subject may do under hypnotic influence, he will find that key in the knowledge of character revealed

by skull physiognomy. Further, by placing a subject in certain imaginary situations in hypnosis, by his acceptance or rejection of suggestions, a very accurate idea can be obtained as to how that subject would act under similar circumstances in the waking state. There are modifications—the modifications of consciousness, perception, and sense of character—as these are affected in the sleeping and in the waking state. It is more than likely the truest concept of character will be obtained from that manifestation of self in hypnosis, because in the majority of cases the mental faculties are concentrated on the idea or line of thought induced by the operator's touch, influence by proximity, or by suggestion. It will be safe to assume—and hypnotists may accept it for certain—that in the state of hypnosis the subject will respond to suggestions, however made, which his phrenology demonstrates as being most in harmony with the natural bent of character, and that no one hypnotisation can make a radical change in character.

M. Féré, who has already been referred to in this work in conjunction with M. Binet, is prepared to advocate the influence of magnets as capable of inducing certain forms of hallucinations in the subject corresponding to the functions of the sensory centres. A species of phreno-magnetism—only the organs operated on are supposed to be the centres of sense—not centres of ideation. M. Féré contributed an article to the *Revue Philosophique* for 1885, in which

ne asserts that by slightly stimulating with a weak magnetic current the cranium of certain patients at points indicated by them—where a feeling of pain was felt—in all cases the stimulation was accompanied by forms of hallucination in the subject which corresponded with the function of the sensory centres in the cerebral convolutions. The coincidences were most marked in the hallucinations of sight and hearing. M. Féré says: "In the transfer of a visual hallucination, the point is a little behind the pinna of the ear corresponding with the region which, if destroyed, causes blindness or hemiamopia (half-sight), this is, therefore, the posterior part of the lower parietal lobule. In the transfer of an hallucination of hearing, the pain is seated in the centre of the space included between the exterior part of the pinna of the ear and the external angular process of the frontal bone. The pain almost corresponds with the centre of the temporo-sphenoidal lobe, and approximately with that region which, if destroyed, causes deafness. For the sense of taste, the point is above the external occipital crest, two centimetres from the median line. For the sense of smell it is one centimetre above that line. These two latter localisations are not in agreement with the result of anatomical and clinical researches, and demand revision."

Hallucinations of sight and hearing were most satisfactory, because in harmony with the stimulation of the properly localised centres of these senses;

whereas the hallucination induced by the magnetic stimulation of the so-called centres of taste and smell were unsatisfactory. The true localisation of smell is in the hook-formed convolution at the middle surface of the temporal lobe, and that of taste is to be found in the organ of appetite, located by Dr. Gall over one hundred years ago, in the anterior part of the third temporo-sphenoidal convolution, which is to be found on the skull just where the frontal part of the ear at the top joins the head. It is not surprising that the evidence presented of the hallucinations for the stimulation of centres of sense at a point where they had no existence was not wholly satisfactory. It is more than probable that "suggestion," and not "magnetic" stimulation was the true cause of the so-called hallucination of taste and smell. By similar processes of operation, these "centres of sense" might be located in the small of the back, or in the big toe.

"When certain subjects," says Professor Gregory, "are thrown into the magnetic sleep, it is found, on trial, that by touching certain parts of the head, marked, and sometimes violent, manifestations of certain mental faculties occur. It is further observed, that these manifestations respond in their nature to the part of the head touched, on the principles of phrenology. This has been proclaimed by some as a convincing proof of the truth of phrenology, and by others either rejected, because it seemed to favour that science, or it has been ascribed to other causes

entirely independent of the cerebral organs of the phrenologist. Both parties appear to me to have been hasty in their conclusions. For the phenomena may and do occur, occasionally, in such a way as not necessarily to prove the truth of the organology of Gall, while, on the other hand, cases are met with which we cannot explain, except on the hypothesis of Gall, that every mental faculty, whether it be a propensity, a sentiment, or an intellectual aptitude, is dependent for its manifestation in this life on a certain portion of the brain."

I contend that we have in phreno-magnetism an array of experiments of a far-reaching character, in which will, sympathy, subjective suggestions, and *nervaura*, separately or combined, play most important parts. To me the most interesting, startling, and fascinating are those experiments which I have successfully carried out, by phreno-magnetism alone, in silently directing and giving bias of thought and expression to the subjects under control, making them not only dream, but act and speak out those dreams, or currents of thought, induced by me, in the most refined, realistic, and dramatic manner. I never was content with bringing into play an organ here and an organ there, but by a combined play of my fingers sought to obtain trance addresses on subjects, previously suggested to me in writing by some one person, or by a party of gentlemen in the audience. The combinations into which the faculties are capable of entering are so great, and an actual knowledge

of phrenology is so necessary, that to the ordinary reader directions would appear complicated. I refrain from giving any in detail, and suggest that in the first instance not more than three or four organs should be influenced at a time. With good subjects it is only necessary to point the finger towards the organ and watch the effect. Suggestion is eliminated most assuredly when you do not suggest, have nothing to suggest, and the subject operated on is ignorant of phrenology.

The experiments of my old friend, the late Dr. Rodes Buchanan, go to prove that the cerebral organs can be excited in the ordinary conscious or waking state nearly as well as in the state of unconscious somnambulism. But what appears to me more important still, is that by this cerebral stimulation diseases can be alleviated and cured, latent faculties brought into play, hope stimulated, and morbid tendencies arrested. Phreno-magnetic experimentation is not only interesting in itself, but helpful in the elucidation of man's complex psychology, being superior to all light which experiment on tortured animals can give. In and from them we get no response to any electrical stimulation of the cerebral cortex; not only so, but many of the experiments where an attempt has been made to localise cerebral motor centres, &c., have proved contradictory and unsatisfactory.

Phreno-magnetism will prove to the unprejudiced the correctness of the localisation of centres of ideation, as suggested by phreno-physiognomic and by Modern

Physiological Research; it will give the operator an insight into character, so that he will understand the true bent of the subject's mind; it will teach him how best to effect good results, and gauge accurately how any subject would act in certain circumstances. Finally, phreno-magnetism establishes the reality of magnetic influence, sympathetic thought-transference, by either intention, sympathy, contact, or proximity.

To medical men, who ignore the principles of phrenology without examination, and hypnotists who assume that phrenology is beneath their notice, I have nothing to say. They are deaf as well as blind. To the experimenter who would honestly know human nature, who would desire to select the best subjects and would enjoy the most refined and most satisfactory of all hypnotic experimentation, let him thoroughly study phrenology, apply it in practice, in the elucidation of mental phenomena and in the development of psychic powers in hypnosis, and he will do well.

CHAPTER IX

HIGHER PHENOMENA

PASSING from phreno-magnetism, I will now consider experiments of a similar and of a higher character. Those of a similar character are sympathetic sense-transference, called by old operators "community of sense"; those of a higher character are clairvoyance and closely-allied phenomena. In the former there is a transfer of sense-impressions, or hallucinations of the verified order, *i.e.* hallucinations having a foundation in fact. Suggestion may or may not enter these experiments, but when it does enter it must be largely of the subjective order.

In conducting these experiments the operator, after inducing somnambulism by passes in the old style, and being satisfied of the subject's special sensitiveness in that state and possible *rapport* with himself, proceeds to blindfold the subject—a precautionary, but by no means necessary proceeding. This done he takes special care not to come in contact with him, or in any known way excite or stimulate his organs of sense. This is intended to prove the genuine transfer of a sense-hallucination, without a word of objective suggestion, directly or indirectly, informing the subject what he is to *sense*.

It is well to bear in mind that the skin, the tongue, nose, eyes, and ears, are specially organised and supplied with nerves from special localised centres in the brain, as organs of special sensation: touch, taste, smell, seeing, and hearing are special sensations. To these special senses must be added, however, the sensation of force, which comes from the muscular sense of resistance, and is distinct from that of feeling. Then there are those common and general sensations which arise from innumerable nerve ganglia throughout the body, by which the mind is informed of the vigour, buoyancy, health, *vis*, or, contrariwise, of the exhaustion, depression, ill-health, &c., of the body. For instance, by means of these common sensations, a feeling of comfort informs the mind, of general health and happiness, a feeling of hunger and thirst for certain substances required for bodily nourishment, a feeling of *ennui* of depletion and nerve exhaustion. Were I to add those effects produced on the mind by disease—morbid or uncommon states—of the organs of sense, arising from hyperæsthesia or excess of nerve sensitiveness, the list would be greatly extended. Many remarkable hallucinations arise in hypnosis from the hyper-sensitiveness of the sense-organs, at least many phenomena are attributed to such condition by writers on hypnotism, who are unwilling to admit any cause not purely physiological or pathological for effects observed.

In conducting "community of sense" experiments, it is interesting to observe that it is possible to transfer

a sense-impression when it is not possible to transfer the thoughts of the operator. Thus while I have had an undoubtedly clear and vivid sense-impression of, say, taste, I may have had very conflicting notions as to the success of the experiment; and the result has been that the sensation of taste has been transferred, but the subject's mind was a perfect blank as to the real state of my mind. When a subject is able to "read my thoughts," in addition to receiving a sense-impression, he or she has entered a higher or more lucid stage of hypnosis than is indicated by the receipt only of the sense-impression.

"Community of sense" experiments have been largely practised by mesmerists, but have been ignored by hypnotists. To make a man feel the influence of a magnet where no magnet is, to see lights where no lights are, to nurse and feed a bundle of rags under the impression it is a baby, &c., may be very funny and interesting, but for the purposes of true science are all worthless and misleading.

Thought-transference may be deemed by some akin to, but cannot be called, a sense-transference. Such phenomena are worthy of investigation, and their induction in hypnosis might be called high art in experimentation; for the object is the induction of verified hallucinations, as distinct from the practice of creating false hallucinations. Certain sensitiveness in the subject, together with concentrativeness of his energies, may account for much in these experiments, but not for all. The operator, for instance,

can stimulate in a remarkable manner the muscular power of the subject, so that he will perform feats of strength not believed possible in the waking condition. This sudden acquirement of strength may (I do not say does) arise from the fact, that the subject's whole mental and physical energies are controlled by the idea that he is a strong man, and so far his apparent increase of strength is due to the concentration of all his energies in a given direction. The operator can control the subject's pulse by accelerating or retarding its action. I have in the presence of several medical men caused the pulse of a subject to rise to 130, and sink as low as 55 beats in a minute—the normal pulse being 65. In this as in the foregoing experiment, I have stated in the hearing of the subject that I intended to do so and so, and it may be said that the subject was influenced by suggestion. Possibly so, but this is no explanation of the *means* by which the effect was produced.

I have taken the hands of a delicate patient in mine, and without a word of "suggestion" of any kind, have caused a weak, threadless pulse to become rapid, regular, full, and firm, with corresponding increase in temperature, and of comfort, which latter was obvious by the patient's improved appearance and happy expression. I conclude that the improved health as indicated by pulse (tested by sphymograph), temperature, and appearance, was due not to suggestion, but to the actual transfusion of vitality from me to the patient,

by contact, &c. I, of course, do not discard the influence of the patient's mind as a factor. It was by accident I discovered that this *bond-fide* improvement in the pulse took place from holding the patient's hands. I have verified the experiment by numerous others, the improvement in many such cases being permanent. As a key to "community of sense" transference, the case cited is interesting. As a matter of fact, when my own pulse is regular, full, and firm, as becomes a healthy man and a healer, this condition can be in a degree transferred to the patient. Only in "community of sense" transference impressions are transferred without contact.

Control by sympathy partakes of both sense and thought transference. Its success no doubt depends upon the innate qualities of the subject. If he possess naturally good powers of mimicry, well and good, but some exhibit powers of mimicry in hypnosis not detectable in the waking state. Mimicry in hypnosis is startlingly complete; every action and every tone of the operator will be reproduced with exactness.

"If the magnetiser," says Dr. Gregory, "speaks German or Italian languages, perhaps quite unknown to the subject, and with greatest rapidity, the sleeper will speak after him so exactly that it is often impossible, when his ear is acute in catching the minute shades of sound, to perceive the slightest difference. The magnetiser laughs, he instantly laughs; if the former makes a gesture, however ridiculous, the

latter imitates it exactly, and all this with closed eyes, and when the operator is behind so that he cannot be seen. The same subject when awake will often, indeed generally, be found to fail miserably in his attempts at this instantaneous mimicry, and indeed to fail even when he takes his time over it."

Du Maurier's *Trilby* has been denounced as an impossible creation, and *Svengali* as an impossible operator; but for all that Du Maurier's novel is founded on one interesting fact in hypnotism, *i.e.* that subjects do manifest in hypnosis certain powers of mind not suspected in normal life. I am quite willing to grant the impossibility of a tone-deaf girl becoming a brilliant *diva*; but the fact remains that many subjects give extraordinary display of faculty in hypnosis, which neither they nor their most intimate friends imagined them to possess. The operator must ever remember that whatever powers are displayed in hypnosis these must be innate, for hypnosis, although furnishing favourable conditions for exercise, cannot create any faculty. Every human faculty, as well as those of sensation, can be stimulated or exalted in hypnosis. It is therefore not only remarkable, but interesting, that the faculty of imitation can be aroused on experimentation. I give an appropriate illustration. I may say that *Trilby* had her prototype in Manchester about fifty years ago, and Dr. Braid was the clever, but in this instance reputable, *Svengali*.

"When Jenny Lind was singing at Manchester she was invited by Mr. Braid to hear the performance of

one of his hypnotised subjects, an illiterate factory girl who had an excellent voice and ear, but whose musical powers had received scarcely any cultivation. This girl in the hypnotic state followed the Swedish Nightingale's songs in different languages both instantaneously and correctly, and when, in order to test her powers, Mdlle. Lind extemporised a long and elaborate chromatic exercise, she imitated this with no less precision, though unable in her waking state even to attempt anything of the sort.

“‘She caught the sounds so promptly,’ says Mr. Braid, ‘and gave both words and music so simultaneously and correctly, that several persons present could not discriminate whether there were two voices or only one.’”¹

One feature in subjects under influence may be noticed here, that is their truthfulness. They may be imaginative, and confound ideas subjective with things objective—*i.e.* the thought of a person, with the real person, confound names, places, and err in description—but a subject truly hypnotised is truthful. One remarkable feature in natural somnambulism is truthfulness, and this is reproduced in hypnosis; and this feature is all the more noticeable, because the same persons may not be noted for adhesion to truth in the waking state. While this feature is a remarkable provision in nature against the possible induction of vice or crime in hypnosis, many will object to be

¹ “Mesmerism and Spiritualism,” by Dr. William Carpenter, C.B., LL.D., F.R.S., &c.

hypnotised, lest they may reveal secrets which in the watchfulness of the waking state they would prefer to keep to themselves.

The community of sensations and of emotions presented in the transfer of sense-impressions, is akin in character to the higher phenomena of lucid somnambulism. The subject acquires the power of perceiving every sensation, psychic and physiological, of the operator, and of those persons with whom he may be placed in *rapport* by the latter. Take community of taste for instance. Let the subject be blindfolded, and let the operator carefully safeguard the experiments by not coming into contact with the subject. Upon the operator taking into his mouth different substances, such as cinnamon, sugar, salt, peppermint lozenges, or other sweets, and quietly masticating the same, the taste of the article eaten will be transferred to the subject. The success of the transfer is much greater when the operator is actually tasting himself these articles, than if he merely willed to communicate the idea of taste. The tasting of the article by the hypnotist helps him to concentrate his thoughts on its transfer to the subject, and by doing so the chances of success are increased. Yet I have often found the community of taste perfect without any conscious willing in the matter: as I tasted the article the subject felt a corresponding verified hallucination, and announced what he was tasting.

If the operator inhales a perfume, or a variety of

perfumes, at sufficient distance from the subject to preclude the possibility of his being affected in the ordinary way, the sensitive will describe and frequently name the perfume, as conveyed to him by this sympathetic community of smell. If such actual transfer by sympathy or community, or by the thought of the smell, as claimed by some, is purely the result of "suggestion," then I say that the act of smelling by the operator concentrates his mind on the particular perfume, and enables him all the more effectively to convey to the subject his olfactory impression of the same. The mere thinking of a perfume, without the corresponding sense-impression, would not be as readily transferred to the sensitive. I do not exclude from these "community of sense" experiments the possibility of the result being due in some subtle way to the exaltation of the senses, which sometimes takes place in hypnosis; but it cannot always be the explanation. Through a long series of experiments the evidence is greater for the transfer of sense-impression than for thought-transference.

Experiments in the community of touch convey similar lessons. For these experiments the hypnotist must have a clear head, a distinct sense-impression, and be able to concentrate his attention more on the impression than on the attempt to transfer the feeling, or to realise himself that the subject has a similar sense-impression. With some subjects the thought-transference effort is not necessary, for since I have become familiar with these experiments, it is perfectly

clear to me that some subjects more than others have power to read the mind of the operator, and detect whether he intends to convey his thoughts or not.

In all these experiments the subjects are blindfolded, and therefore cannot gauge, by watching the movements of the operator, what he intends to do. If he prick with a pin, or pinch with his fingers, the back of his hand, the subject will feel in a corresponding part of his body the identical sensation.

A step forward in these "community of sense" experiments is that of sight, and it is correspondingly harder to carry out. These experiments develop the power in the operator to transfer thought, and for this he must be qualified in the art of what Miss X. of the Psychical Research Society would call the gift of visualisation, or of definitely forming a mental picture before the mind's eye.

The subject is not only hypnotised and blindfolded, but his eyes are turned upwards and inwards, and even if not blindfolded the eyes are out of the focus of physical vision. But whether blindfolded or not, the human eye is not usually credited with seeing that which is beyond the range of physical vision, or of perceiving an idea or ideas entertained by others. These experiments are usually graded. In the earlier stages they deal with the reading of the operator's visualisation of objects, actually seen then and there by him, and further on with mental pictures thought of by the operator. While the latter are more diffi-

cult the former are more interesting, as others can participate in the experiments by selecting the object or thing whose image the operator is desired to transfer to the subject. These experiments are so closely allied to thought-transference as to be classified with it. We think in pictures as a rule, at least most people do, and hence a person or a scene can be much more easily conveyed to a subject than a name. If the operator thinks of an orange, a broom, or a portrait, he has a definite picture before the mind's eye. The mind appears able to grasp the picture, and then finds the name associated with it. It is also a good plan in such experiments to think of something within the capacity of the subject

In what mesmerists call "community of emotion," we advance yet another step in these experiments. Some subjects are so much *en rapport* with the operator, that they are grave and gay when he is, acting and speaking as if deeply conscious of and in intense sympathy with the state of his feelings, with no outward or objective clue to that state. When subjects approximate to these stages of psychic sensitivity, they are not, as may be presumed, mere hypnotic puppets, creatures of automatism, and victims of artificial catalepsy, illusion, and suspended volition. They are simply capable of manifesting keener intuition, perception, and reason, than in their ordinary life. They enter with zest into the condition, and often deliver addresses which, for beautiful ideas, power

of illustration, cogent reasoning and graceful diction, surpass the efforts of many gifted orators, and are quite impossible for the subjects in their ordinary state.

Thought-transference has been attempted in hypnosis with more or less success, but as it can take place without resorting to hypnosis I shall not fill up space with it, but proceed to deal with clairvoyance. It is possible that a good deal which passes for clairvoyance is unconscious thought-transference; what is described by a clairvoyant as an actual record of things seen and heard, may be unconscious transfer of thought from the operator or person read by the sensitive. In other instances the clairvoyance is distinct from all thought-transference, as subsequently verified.

The majority of writers on hypnotism deny the existence of clairvoyance, but admit the possibility of thought-reading and of thought-transference, *i.e.* the ability of subjects to read thoughts of the operator, and of the operator to transfer thoughts to the subject. Is thought-reading less wonderful or more easy to understand than clairvoyance? I think not. Is the power of seeing, feeling, and comprehending what is passing in another person's mind less wonderful than seeing into his body, reading the contents of a letter, or telling accurately what is occurring at a distance? Telepathy, a higher form still of thought-transference, is the unconscious and spontaneous transference, not only of thought and feelings, but of forms, appear-

ances, &c. The percipient or subject not only sees the person who sends the message, but in that particular moment of vision beholds their surroundings, and gleans therefrom the exact state or condition of that person. This also is accepted by many hypnotists who reject the reality of clairvoyance. But again, is telepathy more easy of explanation than clairvoyance?

The main opposition of hypnotists is founded not on the unreality of clairvoyant phenomena, but dread of the admission lest they might in some way commit themselves to the belief that man has a soul, and can at times see with his spiritual eyes. But if it can be shown that while mesmerists believe in all the phenomena of lucid somnambulism, they do not insist that clairvoyance is soul sight, or indeed that man is a spiritual being, the main grounds of their objection are taken away.

"The clairvoyant," says Dr. Geogory, "does not see in the usual sense with his external organs of vision or eyes; he sees, however, with the internal cerebral vision, but not by the means of ordinary light, which is excluded by the shut eyes and other circumstances, such as an intervening wall. We can easily suppose the sensations of form, light, and colour to be excited in the internal seat of vision by other means than ordinary light, for we know that these may be excited in the dark by pressure on the eyeball, or by congestion of the vessels of the eye, or by other more obscure means. Such is the origin of

many spectral illusions. Now, the clairvoyant sees real, not illusive but real, objects, by *some unknown means*, whatever these may be, which reach his internal vision, which is the cerebral or true seat of common vision (the eye, including the retina and the optic nerve, being merely an apparatus for exciting sensations there by means of ordinary light), without having to pass through the eyeball or fall on the retina."

As a matter of fact, the clairvoyant *sees*, or perhaps to be more correct, *perceives*, or becomes in some subtle way cognisant of the existence of objects and persons—living and discarnate—their thoughts, desires, emotions, and other states of mind, under circumstances which preclude deductions made per physical vision, and in which physical vision is impossible. The history of mesmerism teems with such cases, to say nothing of psychological medicine and modern spiritualism, while recent hypnotic practice has conceded a "supernormal power of vision," discernible under hypnosis. But whether Professor Gregory's explanation of the phenomenon be acceptable to modern experts or not, that is another question. Clairvoyance is now practically conceded, and that is everything. How a clairvoyant sees or perceives, must in our present knowledge be a matter for investigation, as many other subjects in life are. Mesmeric and magnetic phenomena, establish the fact that he does *see* in some supernormal way. While a survey of many peculiar pathological cases prove the possibility of man *seeing* independently of what we

call sight. And we have now and then remarkable cases of totally blind persons being able to *see* clairvoyantly. It is true that some clairvoyants speak of seeing, and others of feeling and of being impressed, These modes of expression do not amount to much, when we take into consideration that the information given of scenes, events and incidents, beyond the range of human vision, is a remarkable proof, and where not so, an acknowledgment of man's complex nature, or "other consciousness."

The human body has been explored again and again with marked accuracy and correctness in diagnosis by mesmeric and by normal clairvoyants. In many cases clairvoyance has proved and may still prove to be an invaluable agent in the diagnosis of disease. Some subjects are much more lucid, more graphic and connected in their descriptions than others, so much depending on the temperament, the education or the practice of the clairvoyant, and the presence and influence of a good operator at the start. Some experimenters being wholly incapable of inducing somnambulistic lucidity, as they have never been able to get beyond that objective suggestion stage of hypnotic experimentation, now so popular with medical hypnotic practitioners.

In the lucid somnambulistic state, subjects have the power of *sensing* or perceiving certain very fine or subtle impressions conveyed by all objects to the sensorium by the medium of some agent or "influence," which has been called by mesmerists, "Magnetic Fluid," or "Vital Magnetism;" by Reichenbach "Odyle," and by theo-

sophists "Astral Light," and indeed so far as my own experiments have gone, I am convinced that clairvoyants perceive that which is seen by a light emanating from and peculiar to the object or persons described, and not to any ordinary light vibrations stimulating the vision centres, per the eye or in any other way. It matters little whether the clairvoyant sees with closed eyes, as is usually the case, or with open eyes, that which is perceived being in all cases beyond the range of ordinary vision. In fact, the clairvoyant can see what persons awake and in normal conditions cannot see. Usually the impressions or vibrating stimuli conveyed to the clairvoyant would be wholly overpowered by the more intrusive impressions received through the activity of the sense organs. Hypnosis helps to cut off these coarser impressions and permits the greater play of sub-conscious or psychic faculty of perception, which is clairvoyance. When clairvoyance manifests in the waking state, as it frequently does, under apparently normal conditions in some persons, it only does so while they are in a state of *reverie*, *abstraction*, in which the coarser sense impressions are cut off as they are in *absent-mindedness*. The condition has been consciously induced by *vague contemplation* by eastern adepts, and unconsciously by many persons, nearer home, through that dreamy contemplation peculiar to the borderland between the waking and sleeping states overtaking many in passive thought conditions which notably precede. In the history of clairvoyance, all spontaneous vivid impressions and visions, symbolical, or

clear, vivid and direct.

Some clairvoyants are able to see through opaque substances, as well as into the human body ; they are capable of analysing the mental conditions of persons, near or far removed, with whom they come in *rappor*t, and whom they examine through their psychic telescopes for the time being.

Many clairvoyants are clairaudient too, and hear sounds and voices which cannot be heard by ordinary sense organs. These peculiar conditions have not been unknown to mesmerists in the past. And now that these facts are accepted by men of science, I think the most bigoted hypnotist will have to recognise that in this, as in clairvoyants, the much despised mesmerist was right too.

The powers of sight possessed by the clairvoyant sensitive in hypnosis are so well developed that we can imagine we "see," streaming from their eyes vital "X" rays, which penetrate opaque substances and illuminate the interior of the object to such an extent that the whole is photographed on the human sensitive plate, the vision centres in the subject, and these impressions in due course are transferred to consciousness and are then described by the sensitive. But as clairvoyance with other psychic faculties, do not belong exclusively to hypnotism, they will only be referred to here in relation to it, and in a fuller sense, will be considered in a separate work, entitled "Seeing the Invisible."

Clairvoyance is the faculty possessed by human beings of seeing without the use of the eyes. It is a faculty of perceiving or sensing, rather than seeing. But clairvoyants in their descriptions always speak of seeing. There are many phases of clairvoyance, graded from the perception of an impression radiating from the mind of another to that of actually and correctly describing scenes and incidents at a distance. The last phase could not, by the most violent twisting of facts, be attributed to mind-reading processes. Some clairvoyants are gifted with one phase, others may possess several. For instance, one may be gifted with sympathetic clairvoyance; for the exhibition of this phase the clairvoyant must be placed *en rapport* with the person whose mental and bodily states the sensitive may be examining. *Rapport* may be established by actual presence of the persons examined, by a lock of hair belonging to them, or a letter written by them. It is not necessary for the clairvoyant to see the hair or read the letter; the magnetic *aura* or emanation of the original possessor will suffice to furnish a clue to the original, and to his or her actual conditions and surroundings.

Many sensitives are capable of seeing into their own bodies, and also into that of others. In the former case it is called *introvision*, in the latter, *external introvision*. Such clairvoyants are "human microscopes," and have been employed by medical men to aid in the accurate diagnosis of disease. Dr. Wyld has successfully employed both natural and

induced clairvoyants for this purpose. Bessie Williams long before she became so noted in psychical research and borderland circles in London, and had such a public reputation, was employed both in private and in hospital practice as a clairvoyant in the Midlands.

Seeing into sealed packets and closed boxes—a very difficult phase of clairvoyance—is called *direct* or *near*. Seeing what is taking place at a distance is sometimes termed *far*, and at times *travelling* clairvoyance, since the clairvoyant sometimes speaks as if travelling, and describes scenes and incidents at places visited in the journey.

All such descriptions by sensitives usually refer to things in this sphere. There is another phase, viz., *Spiritual Clairvoyance* (coupled usually with clair-audience). When thus gifted, the clairvoyant describes dead persons as living in a spiritual state, possessing ethereal but real bodies, enjoying or suffering as the case may be, and also sending through the medium messages telepathically received. Such clairvoyance is more difficult to verify than the former phases, all of which may be induced in somnambulism. Various attempts have been made to classify the several phases, but all are more or less unsatisfactory; still they might be classified as natural and induced, and as direct and indirect, clairvoyance.

Natural clairvoyance is the gift *par excellence* of seers, whether esteemed as religious teachers and guides of the people in olden times, or persons now-

a-days possessing the gift. Second-sight, for instance, is common with many persons in the present day.

Induced clairvoyance, as the term implies, is the state of clairvoyance brought about by certain methods of procedure, such as reverie, contemplation, and magnetic sleep. The Hindoo priests, by fasting and prayer, the Christian saints by similar processes, the sensitive by artificial somnambulism or hypnotism, became, and often become, induced clairvoyants.

Clairvoyance is manifested in many ways, and according to the nature and character of the manifestation it is recognised as direct or indirect. Direct clairvoyance is the highest and most definite phase of clairvoyance. The sensitive—in the somnambulist stage of hypnosis, or in a normal or natural state, or in a semi-conscious state, and to the ordinary observer in a natural state—gives clear and distinct information concerning matters at a distance, personal or otherwise, reading or seeing the contents of a box or safe. "Seeing clearly," while the eyes are closed or blindfolded, things beyond the common domain of the physical optics—apart from the aid of mind-reading or thought-transference, revealing that which would not otherwise be known, that is direct clairvoyance.

Indirect clairvoyance requires the aid of some clue. The sensitive may diagnose a case of sickness with remarkable facility, but the diagnosis may be the indirect result of the unconscious operation of the physician's mind, who may be present at the time,

or it may be the indirect result of the state of the patient's mind, or it may be a true enough diagnosis according to the real ability of the clairvoyant to see the diseased organs and describe them accurately ; but the mere fact of having to come into contact with the object or thing examined makes the seeing depend upon the existence of a clue ; hence it is termed indirect. Psychometry may be considered a phase of natural but indirect clairvoyance.

In all conditions of clairvoyance, natural and induced, whether objective or subjective, far or near, a greater or lesser degree of trance or reverie takes place. In proportion as the mind is liberated from the trammels of the senses, it hears and sees accordingly.

The odylic mirror disc materially helps to bring about the desired state, and may be used as follows : To test psychic impressionability, place the disc on a chair in a dark room, care having been taken either to carefully exclude all natural or artificial light by day, or use the room at evening or night when there is no light. The subject should be led into the room with no word or hint to indicate the whereabouts of the disc. If the subject has a moderate degree of supersensitivity, she (or he) will in a short time detect "the odic light" (a pale blue haze) proceeding from the disc, and thus learn where it is. Of course, it is difficult to eliminate subjective suggestion from this experiment ; still, if the experiment be successful, it is step in the right direction.

By patiently following this up, it will be found that flowers, crystals, magnets, will have each their distinctive aura or flames, and in due course any object in the room will be revealed by the aura, magnetism, or light emanating from each thing.

The operator will be seen, and all he does, as well as the actions of those with him, will be thoroughly described in that dark room. The sensitive, having gained confidence in this form of clairvoyance, will in time discern disease as by the internal light of the various organs of the human body, just as the older mesmeric clairvoyants used to do.

For the induction of clairvoyance there are many methods. One of the best is to induce hypnosis by the process of passes from the crown of the head to the temples. When the operator is assured that the true somnambulistic stage has been brought about, he can then try for clairvoyance. "Community of sense," thought-reading, thought-transference, psychometry, are phenomena allied to clairvoyance; consequently, a subject showing sensitiveness in one of these may develop into a good clairvoyant. Having tried as many subjects as possible, and from these selected the best, the operator should test the subject under influence by giving him a sealed packet containing a photograph of a person with whose appearance and character he is himself well acquainted. If the subject be able to give a general and then a particular description of the original of the photograph, the operator can decide how far such description is uncon-

sciously influenced by his knowledge, and how far independent of him. From this step he can proceed to others, until the subject is able to present indications of clear-seeing power as to persons, events, and incidents which are not traceable to mental reflex from himself or from persons present.

A good clairvoyant is a *rara avis*. Many subjects give evidence of the faculty, just as many persons, in the ordinary state and possessing good voices, have never attained the high excellence of a Lind, a Patti, or a Reeves. In experimenting, the object of the operator is to find the gift, and, when found, to assiduously cultivate it. Stimulating the brain by *nervaura* at the root of the nose seems to favour *lucidity*, and leads me to think that the inner layer of the cortex, underlying the brain mass for half an inch or so on either side of the median line, is connected with clairvoyance. Physiognomically, good clairvoyants have a good width between the eyebrows, which also gives a decided dip to the inner corners of the eyebrows. Apart from all external signs, it is probable that most sensitive and really intuitive persons, properly developed, would make good clairvoyants.

When clairvoyance has been induced by hypnosis, it is often manifested subsequently in the waking state, and the conclusion is, that hypnosis, in the first instance, furnishes favourable conditions for its expression, but is not an essential condition. It appears that any temporary suspension of the normal

dominance of the senses or outward man is favourable to its development and expression. I have referred to the hypnotic process. The methods adopted by Major Buckley, M. Bertolacci, and Dr. Fahnstock are of interest, inasmuch as they approximate to hypnotic induction, and will show to the experimenter some ways in which clairvoyance may be developed.

Major Buckley discovered from the development of clairvoyance in the sleep that some subjects were subsequently able to manifest or exercise clairvoyance in the waking state. From this hint he proceeded to develop clairvoyance, dispensing with sleep altogether.

His method is described by Professor Gregory, who says: "Major Buckley first ascertains whether his subjects are susceptible by making with his hands passes above and below their hands, from the wrist downwards. If certain sensations, such as tingling, numbness, &c., are strongly felt, he knows that he will be able to produce magnetic sleep. But to ascertain whether he can obtain conscious clairvoyance, he makes slow passes from his own forehead to his chest. If this produce a blue light in his face, strongly visible, the subject will probably acquire conscious clairvoyance. If not, or if the light be pale, the subject must first be rendered clairvoyant in the sleep. Taking those subjects who see a very deep blue light, he continues to make passes over his own face, and also over the object, a box or a nut, for example, in which written or printed words are enclosed, which the clairvoyant is

to read. Some subjects require only a pass or two to be made, others require many. They describe the blue light as rendering the box or nut transparent, so that they can read what is inside. If too many passes be made, the blue light becomes so deep that they cannot read, and some reverse passes must be made to render the light less deep. Major Buckley has thus produced conscious clairvoyance in eighty-nine persons, of whom forty-four have been able to read mottoes contained in nutshells, purchased by other parties for the experiment."

The development of clairvoyance by vague contemplation was successfully practised by Bertolacci. His sensitives—his own children in the first instance—were able to see objects placed under cover, or otherwise kept out of their sight; and from this elementary stage, akin to thought-reading—for Bertolacci knew what the articles were—greater phases were developed; so that in time a word, then a line, and finally whole pages of a book could be read by his blindfold children. Their education was also materially and satisfactorily advanced by similar methods. Lessons learned in hypnosis were remembered with greater accuracy and care than when learned by conscious effort in the ordinary way.

The cultivation of clairvoyance by Bertolacci was brought about, in the waking state, by an act of vague contemplation. "It consists," he says, "in gazing intently upon a uniform body or fixed luminous object. This is done in order to deter a fault-

less preoccupation of the temporal reason of the 'outward man' acting through the brain, while the spirit of revelation, appertaining to the soul or 'inner man,' is operating upon the natural organs of perception. The impressions produced vary when the subjects are left entirely to themselves. They are sometimes those of actual facts or realities co-existent at the time, sometimes of those having taken place in the past, and sometimes of those belonging to a future more or less distant; while at other times they are what is termed 'purely imaginative' or 'visionary,' when they cannot be traced to any known cause or pre-established order of things."

On somewhat similar lines, I have induced a person in the waking state to look intently at the face of a clock, then close the eyes, and see if he retained a distinct impression of the object. This was continued until the visual impression died away, and in some subtle way he saw the clock, could tell the time, and describe accurately, not only the room I was in, but any other room to which his attention was directed by me.

The mirror disc, while possessing no special or occult virtues, comes in handy for the development of clairvoyance by vague contemplation. It can be employed in the same way as the celebrated India Bahatta mirrors for the development of crystal-gazing and clairvoyance. The discs are prepared from a special wood, hard and fine in grain, darkened with a special composition, dried, and carefully polished with the hands, and thus magnetised so far as they can

be affected by the *nervaura* of the maker. Used as directed below, the outward sense activities are subdued, and the inward or sub-conscious powers are correspondingly liberated or developed. For a time the sensitive sees by means of its aid, but may subsequently be able to throw him or herself into the necessary state of hypnosis, reverie, and what not, suitable for the exercise of clairvoyant gifts.

Full and perfect clairvoyance must not be expected at first, neither can the operator hope that, at the beginning, the descriptive powers of the sensitive will be otherwise than disjointed or inaccurate. In childhood, time and experience are required for the development of sight and speech ; and so likewise a little time, patience, kindly forbearance, and confidence must be given to aid the development of clairvoyance in the sensitive. When powerful, clear, and emphatic clairvoyance cannot be developed, at least some useful phase may be produced. The mirror disc can also be employed to advantage, principally as a test of sensitiveness in either operator or subject. It can, moreover, be employed in the light as a crystal.

The crystal side of the disc should be turned down in the palm of the hand, and the dark, obscure surface presented to the eye. In other respects, it should be held exactly as for the induction of hypnosis. The holder should not look at, but into, the dark polished surface for a short space, and a state akin to reverie—reverie itself—a kind of waking trance, will be induced. A cloud-like or hazy appearance will gather

on the disc, then in the centre of the cloud will appear, at first indistinctly and then clearly, visions of objects, beings, and incidents. Sometimes these visions will come and go without the preliminary haze, and will pass in rapid review, in panoramic form, the pictures being often without seeming connection or definite meaning. These states generally occur before the sensitive is familiar with the phenomena or possesses any real experience of his own powers.

It is well for the sensitive to hold the disc for say ten or fifteen minutes daily, until some of the conditions referred to are developed. Then care should be taken by the operator to systematise the clairvoyant's vision, by getting the subject to retain the vision as long as desired, and to keep it in view till thoroughly described. This power to retain is a matter of self-education or discipline, and by counsel the operator may help the young crystal-gazer.

In many cases, that which is seen by the novice is the latent sub-conscious production of his own mind, objectively presented in the crystal, *i.e.* objective to him although invisible to others. Some of the visions are those in which the operator has an active interest, and consciously determines their nature by an effort of the will. This phase is akin to community of sight; others are *bond-fide* clairvoyant visions of what is actually taking place, has taken place, or is to come—for the faculty of clairvoyance often makes great breaches in our conceptions of time and space.

When once the power of reverie or slight con-

dition of abstraction from immediate surroundings is formed, the power of inner vision — that *camera-obscura* power of the mind to see near or at a distance that which is going on beyond the direct range of physical vision—will be developed, and in time the disc can be laid aside. The sensitive will only require to sit comfortably in a chair, close the eyes, fall into this state of abstraction, and, with the eyes closed, will behold scenes which might otherwise have been visualised in the disc, &c.

The reverie or slight trance is perfectly harmless, in some cases actually restful, beneficial, and recuperative, and arises from the subjugation of the activity of the ordinary senses, including physical vision, notwithstanding the looking into the disc. It is not the eye which sees the objects or scenes portrayed. It is in reality the mind which sees. The disc is merely used as a means to an end, to arrest the activity of the senses, and to aid in the concentration of mind towards the desired end in view.

Some thirty years ago, Dr. Fahnstock of Chicago published a work on Statuvolism, in which he practically anticipated the methods of procedure and objections of hypnotists, he being a splendid hypnotist, and his success in inducing clairvoyance is cited for the sake of hypnotists who deny the possibility of its induction. I have frequently adopted his procedure with success.

“The most rational and certain way of inducing this state,” says Dr. Fahnstock, “which I have discovered is

the following: When persons are desirous of entering this state, I place them upon a chair where they may be at perfect ease. I then request them to close their eyes at once, and to remain perfectly quiet, at the same time that they let the body be perfectly still and relaxed. They are next instructed to throw their minds to some familiar place, it matters not where, so that they have been there before, and seem desirous of going there again even in thought. When they have thrown their minds to a place or upon the desired object, I endeavour, by speaking to them frequently, to keep their minds upon it, viz., I usually request them to place themselves (in thought) close to the object or person they are endeavouring to see. This must be persevered in some time, and when they tire of one thing or see nothing, they must be directed to others successively, until clairvoyance is induced. When this has been effected, the rest of the senses fall into the state at once or by slow degrees—often one after another, as they are exercised or not; sometimes only one sense is affected during the first sitting. If the attention of the subject is divided, the difficulty of entering this state is much increased, and the power of each sense, while in this state, will be in proportion as that division has been much or little. Almost every subject requires peculiar management, which can only be learned by experience, or by a knowledge of their character, &c. Much patience and perseverance is often required to effect it; but if both be sufficiently exercised, the result will

always be satisfactory if not in one sitting, in *two or more*.

"All that is needful, when it becomes necessary that they should awake, is to ask them whether they are ready or willing to do so; and if they are, I direct them to do so at once, and they will awake at the word 'Now' in an instant. If, however, you should desire to awaken them, and they are not willing, it will be found impossible to do so contrary to their *will*, and you will be obliged to await their pleasure. Before they awake, however, I commonly request them to remember how they felt, and what they saw, &c., or they may not know anything about it when they do awake, particularly if it be their first sitting."

In the foregoing we have the phenomena of lucid somnambulism, double consciousness, and clairvoyance induced by very simple processes apparently, the subject being the chief operator, and yet the whole results are very much in advance of the inhibition of volition, stupid hallucinations, and inane follies, presented usually as hypnotic phenomena.

Clairvoyance is the most difficult to cultivate of all psychic phenomena. Much depends on the operator and much on the sensitive. Let the experimenter remember two things: 1. Hasten slowly; nothing is done well which is done in a hurry. 2. Be "level-headed"; under all circumstances preserve an even mind. To be level-headed, clearness of purpose and purity of motives are essentials. Lastly, experi-

mentation is best conducted in private. It is only in private that all the best conditions for operating can be obtained and the subject's susceptibility less interfered with. When I say in private, the presence of a few friends is nevertheless desirable. But a crowded drawing-room is as objectionable, if not more so than a crowded public hall, for in the latter, at least, the subjects are so far isolated from the audience by the platform. Crowding not only presents inconveniences, but if there be anything in human magnetic contagion, touch, proximity, and unconscious influences, &c., the inconveniences are much greater than at first sight. They are positively detrimental to success in experimentation.

The operator, before attempting to experiment in the presence of new investigators, should give an interesting outline of the subject to his audience, and lay down conditions of common benefit to his audience, his subject, and himself. He should quietly insist on their rigid observance, the penalty of neglect being the immediate discontinuance of all experiments and withdrawal from the company. Of course, older experimenters are able to estimate the disposition and talents of the company present, and are at once more or less prepared to meet emergencies as they arrive.

Experiments in community of taste, feeling, emotion, sight, and in genuine thought-transference, are less suited for the platform than the drawing-room. Many important and convincing features in these experi-

ments would be lost in a public hall. The induction of phenomena with subjects of the same grade and status in life as the auditory carries conviction with it. In the middle and upper classes the best subjects and the best results in experimentation are obtained. So long as subjects are selected from the lower grades of society, and are looked upon and treated as inferiors, inferior results will be obtained.

It is true a good musician can get excellent music out of an inferior instrument, but that is no reason why his efforts should be expended on inferior instruments. In hynotic experimentation—such as that to which I have called attention—common sense and scientific sense teach that the best results are to be obtained from the best subjects, and from operators who themselves can rise superior to the induction of merely false hallucinations.

I question very much if public demonstrations are of much real service. The majority of persons who go to these entertainments are either drawn thereto from morbid curiosity, love of amusement, or both. The few who seek instruction are few indeed. The class of subjects to be obtained for experimentation is an inferior class.

Some paid subjects are merely actors, and there is no known process—whatever the pretence may be—by which genuine obedience to suggestion and assumed obedience can be distinguished in the earlier stages. The operator, from his knowledge of character and from certain indescribable signs, may be able, but for

a public audience to distinguish the true from the false would be almost impossible. I have known genuine subjects treated as tricksters, and genuine tricksters received with raptures.

Experimentation is both desirable and legitimate when it tends to unfold the possibilities of being, brings into play innate faculty, and gives true expression to natural endowments. All this is in the interest of the subjects; but even in the interests of science experimentation should never be indulged in without THE ABSOLUTE AND FREE CONSENT OF THE SUBJECT given in the normal state, and should not even then be proceeded with unless the experiments are to develop and benefit the subject, morally and hygienically.

In conclusion, the reader is asked to bear in mind that it is the exception, and not the rule that a person can be influenced without their free will and consent; hence no one should allow themselves, either in public or in private, to be psychologically influenced by a stranger, by an incompetent person, or by a person who is not recommended as worthy of confidence.

CHAPTER X

HOW TO HEAL—HYPNOTIC AND MAGNETIC METHODS

I PROPOSE to glance briefly in this chapter at some systems of psychic or mind healing which are allied with, or approximate to, hypnotic and magnetic therapeutics, such as psychopathy, mind cure, psychic healing, Christian science, divine science, and self-healing. Into all these, whatever their special claims, enter the subjective elements in the patient, aided by suggestion or the presence or influence of the healer, as the real factors in cure.

Psychopathy is the theory of spirit-healing. The patient is cured by the intervention of spirits, who operate through a medium influenced or directed in his treatment by disembodied spirits.

The Mind Cure.—"A professed method of healing which rests upon the supposition that all diseased states of the body are due to abnormal conditions of the mind, and that the latter (and thus the former) can be cured by the direct action of the mind, which is the only real thing in existence." As in self-healing, personal will-ability is the great factor in cure.

Psychic Healing.—This is based on the idea that the soul can heal the diseases of its own body, and of other bodies on whom the healer concentrates his attention, and that this can be as effectually carried out during the hours of sleep as in waking; all that is necessary is that the healer should be possessed of an amiable desire to cure, and that before going to sleep, he should concentrate his mind on the patient and the work he desires to engage in. Then his soul will be employed during sleep in making healing suggestions to the soul of the patient, and that soul, acting upon the help thus given, cures the diseases from which its corporal residence suffers. The healer must be clear in his own mind that the soul is distinct from the body, not merely a function of the cerebral cortex, and that all suggestions thus made are made from soul to soul. There is an element of truth in this.

It is said that this method of treatment is as beneficial to the operator as to the patient. The former enjoys all the benefits of sound sleep following the possession of good intentions to a fellow-creature, and his soul cheerfully engages in its mission of benevolence. The patient benefits to the extent that his soul enters into sympathy with the project. If subjective suggestion be effective in waking moments, why not in sleep, when the mind, as proved by hypnosis, trance, dreams, and somnambulism, enters into another and often higher stage of conscious activity?

Christian Science Healing is based on the non-

existence of matter, and emanates from the fertile brain of Mrs. Eddy of Boston. The theory is a tissue of self-evident absurdities. As in the foregoing systems, suggestion, auto-suggestion, and the presence of the healer, count as active factors in cure. Faith may be the evidence of things not seen and the substance of things hoped for, but the faith Christian scientists demand is something beyond that of which St. Paul speaks. To go about, as Mrs. Eddy suggests, saying, "I've got nothing the matter with me," or "I won't have anything the matter with me more," while actually suffering, appears to me to ask the patient to state to himself what is not true.

Many remarkable cures have, however, been performed by Christian science healers or metaphysicians, and there are some elements of truth underlying the system, viz., the influence of mind over mind, and of mind over the body.

Nervo-vito-electricity is the motor power of the system (*nervatura* emanates from the nervo-vito force) by which the mind effects its purpose. Let that nervo-vitality be cut off from any portion of the system, and the mind is unable to affect that part. But where possessed, it is employed, consciously and unconsciously, in every movement and in the discharge of every human function. In all cures, whether hypnotic, mind, or other psychic cures, there is an uprush of this nervo-vitality to the place affected. In magnetic healing, the healer imparts his virtue in the very act of healing, and the mind in the patient is

a powerful contributor to the cure, in many instances.

Divine Science Healing is another form of psychic or mental healing. Mrs. Gillan is its prophetess, and her ideas, which are analogous to those of Mrs. Eddy, are in many respects attractive and beautiful. She realises that diseases are largely the product of self-seeking, and unloveliness in life and conduct; that others are the outcome of want of knowledge of ourselves, and of the laws which govern health, from our negation of the Great Supreme Good.

In that land of wonders, the United States, 300 churches and 250,000 people are said to be devoted to the claims of Divine Science. It approaches most people in the language of the Scriptures, blended with metaphysics and transcendentalism. But for all that, we must hesitate to accept the theory. One suffering from toothache or small-pox, typhoid fever or cancer, will be excused for not believing in the non-reality of disease; or suffering from the loss of means and of friends, can such say there is no evil? To suffer from disease and from evil is enough, Divine Science notwithstanding. Evil may be the absence of good, darkness of light, ill-health of health; but evil, darkness, and ill-health are as real as birth and death. They are, and have been, terrible realities to humanity. Silent will, based on sincere convictions in the healer, faith and expectancy in the patient, are again the chief factors in this species of cure.

Self-healing is another form of psychic or mental

healing. There is no doubt that by the action of a person's own will diseases have not only been warded off, but when possessed have been actually removed. If the healer by suggestions, by emanations of his own *nervaura*, can cure another who is afflicted, why should he not be able to operate on himself? In many cases, certainly, he is unable to do so, but there are other cases in which the requisite effort has effected it. Self-healing is an aspect of the subject to which too little attention has been paid.

A writer well versed in the treatment of mental disease says: "There are two states which form a healthy nervous system or the reverse. The one is what I call the positive state, in which the mind resents and throws off unfamiliar mental impressions, so that they do not gain a foothold on the brain. The other is a negative state that does not throw off bad mental states, but harbours them, until they occupy the entire thought, to the exclusion of everything else. Such people are easily discouraged, become low-spirited, and imagine the worst to happen. Such patients may also cure themselves. Let them any morning when they rise assert, in the most positive manner, that they will not during the day harbour a disagreeable thought, but the very instant it arises will drive it from the mind as they would a viper from their beds, and be very sure it will go. Every species of uncomfortable mental sensations must be suppressed. If the effort is strong enough, even bodily pain can be driven out. I know what I say from my own experience."

This contains an amount of wholesome truth, but, like every other sweeping assertion, it possesses serious defects. There is no doubt that many patients harbour trouble and nurse affliction "as merciful dispensations in disguise"; and that they also, consciously or otherwise, exaggerate real suffering by dwelling upon it. It is also possible that some of these, by determined effort not to dwell on "frames of feeling," by change of occupation, by exercise, and by change of scenery, may cure or improve themselves; but that all patients can do so unaided, I very much doubt. If the brain be inadequately supplied with proper aliment, if the blood be poor in kind and meagre in quantity, it is almost impossible that the patient can exercise the will-ability necessary to prevent dwelling on symptoms and experiences, or to drive out disagreeable thoughts and even pain. For all this, self-healing is both possible and practical. Towards this end culture of the will and self-control generally should be practised when in health.

Hypnotic treatment, properly safeguarded, is to be preferred in many cases. The operator should try no experiments on the patient, except to assure himself that the state of hypnosis is reached—by testing the eyes—after which only the healing process may be said actually to commence. Let us take a case of chronic indigestion, the patient not having for years eaten a meal with hearty appetite, or without suffering afterwards from constant nausea, pains in

the stomach and chest, palpitation of the heart, headache across the brows, depression of spirits, and all the miserable symptoms of dyspepsia. The sleeping patient shows his suffering on his face more fully than when awake, the dull rings about the eyes, the hollow cheeks, dry and discoloured skin, and dry scalp, bearing witness to his state. In treating such a case, the operator rests his hand lightly on the patient's head, commands his attention, and tells him that the pains he now feels will soon pass away, that they are actually passing now, at the same time rubbing and with gentle manipulations pressing the parts affected. The healer next proceeds to tell the patient that his digestion is to become easy, that he is to take food with appetite, that the secretions and functions are to become natural, that the circulation will improve, the palpitation pass away, and that the nausea and sickness experienced are replaced by warmth and well-being. Again he touches the head, makes a few sympathetic passes across the forehead, and tells the patient that the dull aching pain and headache will subside, that he will sleep better at night, and that quickly and naturally the complaint will be entirely cured.

These suggestions given, the patient is allowed a few moments more of sleep, and then is awakened with a word, a few passes, or by wafting a handkerchief or a fan briskly across the face. He rises, feels better for the sleep and the manipulations, and realises that the suggestions are true. The pains

experienced have vanished; in their stead he experiences a comfortable sensation of warmth, his head is cool and clear, and he returns home with a more natural appetite, feeling better than he has felt for a long time. Before he leaves, he is told to come back on such and such a day, when the manipulation processes are carried out again, but the sleep is induced quicker and the "healing suggestions" are accepted more effectively, and the result is more lasting. All that is necessary in subsequent treatment is for the patient to sit or lie down, close his eyes and go to sleep at command. It does not always follow that sleep is induced at first or second sittings; but if a slight torpor or dizziness be induced, good results may be expected. Patients have frequently expressed surprise that, although in many cases they are conscious, the advice which they have rejected under ordinary circumstances they accept in hypnosis without hesitation, as being to them the right thing to do. Hypnotists cannot explain why suggestion, under hypnotic circumstances, should be more potent than in the ordinary waking state. The fact, however, remains.

I will now take a case of gastralgia, or superorbital neuralgia, and affection of the eyes. The patient, a little girl of twelve years of age, had suffered severely for more than a year, and was in serious danger of brain inflammation and total loss of eyesight. Drowsiness was induced on the first sitting, pain removed by suggestion and *light massage*. The suggestion

given towards the close of her treatment was that she should not again wear her glasses. In three days she returned, reporting no headaches, gastralgia removed and the spectacles dispensed with. In the second treatment, suggestions were repeated and light massage continued as before. Two treatments only were given. Seven days later her mother reported that the child's eyesight was restored to its normal condition and all pains removed. This is an instance of the effectiveness of suggestion in the early or drowsy stage of hypnosis.

The next case is that of a young lady of twenty, who was attacked six months previously with a nervous ailment, which completely deprived her of her voice. Electricity was tried with a certain amount of success, but after a time lost its effect and was abandoned in despair. As a last resort, her friends applied to Dr. Berillon, the hypnotic specialist. After consulting with the late Dr. Charcot he undertook to cure her. The young lady was thrown into the magnetic trance by the usual means, and Dr. Berillon suggested that she should say on waking, "I am twenty." On opening her eyes she uttered the words without the least effort. On the second day the suggestion was made that she should converse with Dr. Berillon, and this she also did, but could not talk with any one else. On the third day of treatment, the doctor commanded her to talk with any one and at any time she chose. She has been able to use her tongue freely ever since.

I shall now make a few remarks on these cases. The first case—that of the cure of chronic dyspepsia—is a very good illustration of hypnotic procedure. The patient perhaps first witnesses the treatment of some patient preceding in the occupation of the chair. This allays anxiety, calms his fears, begets confidence in the operator, and indirectly induces favourable conditions for the actual induction of hypnosis. That obtained, then come the healing manipulations, the rubbing and gentle pressing of the parts chiefly affected. This manipulation actually stimulates circulation, as in massage. The contact and proximity of the healthy operator imparts life-giving human *nervaura* to the *vis-nervosa* depleted patient, and by the combined influences of hypnosis, suggestion, and manipulation the best results are obtained. The operator in this case was Dr. Liébault, Nancy.

The case in itself was simple, the disease being due to functional disorder; but it would be an error to suppose that such treatment is adapted only for comparatively mild ailments. The evidence in general demonstrates its value in serious organic derangements.

The case of the little girl calls for no special comment beyond the simplicity and effectiveness of cure, or except that it is a great pity many similar cases are not submitted for treatment. Ignorance and prejudice stand in the way, many parents actually preferring children to suffer rather than submit them to a treatment at once so pleasant,

harmless, and effective. The operator was Dr. Parkyn, of the School of Psychology, Chicago.

The third case exhibits the cautious mode of procedure adopted and the coming into the waking state of post-hypnotic suggestion. Here the suggestions were graded and the line of least resistance followed. The patient was not commanded at first "to talk with any one and at any time, &c." It was wisely ascertained that she could speak by her utterance of a brief sentence; next came a more extended range of sentences, conversation with her hypnotiser, and then the fuller final directions, from which the young lady undoubtedly benefited.

*Illustrative Case of Treatment in Dipsomania, taken
from actual practice.*

A gentleman of position, suffering from dipsomania; attacks more frequent and periods of drunkenness more extended. A typical bad case. Drinking about two bottles of brandy daily. He was intellectually aware of his unfortunate position, but unable to resist "the sinking feeling" and "the drink crave." Friends interested tried "cures," hydropathic treatment, enforced sobriety, &c., all holding out more or less hope, yet turning out failures in the end. The drinking fits returned worse than ever, the nervous system remaining in a bad state; no rest without bromides and chloral. In despair, some one recommended hypnotism, and suggested that I should be

asked to treat the case. Accompanied by a friend, he was sent down to my place. At the third sitting of half-an-hour he passed into the first or semi-conscious stage of hypnotism. At the fourth he received his first "suggestion" concerning the evils of his habit, and gave his promise to abstain. Some twelve sittings subsequently, a week apart, completed the cure. Result, after eighteen months' testing, absolute freedom from the drink crave.

The dipsomaniac having sufficient intelligence to desire aid, and come for treatment in a lucid interval, is always a hopeful case. The brain in this instance is not so far abused by alcohol as not to respond to suggestion. Once hypnotised, the cure is assured if the case be patiently followed up. Renewed suggestions show themselves in renewed habits of thought and in action. They require to be repeated when weakened, until the patient has learned to fully enjoy his new enfranchised condition, and can walk henceforth erect and self-restrained. It should be suggested to the patient what he must eat, how he should sleep, and so forth, and that he should abstain from stimulants; that all kinds of spirits would disagree with him; that he can do without sedatives; and, finally, at every sitting, assure him that his will is getting stronger; that it is stronger, and that he will have no difficulty in resisting temptation to drink. Light massage—or frictions over temples, shoulders, chest, and abdomen, the latter as in chronic dyspepsia—is helpful in cure, and should always be resorted to in

these cases. Drunkards are, as a rule, susceptible to hypnotism. Their wills, not being sufficiently strong to resist the temptation to drink, are strengthened by "suggestion" in the hypnotic state. The healer cures the patient by teaching him how to cure himself through the exercise of his own will. Difficult cases arise when patients are very ill, and are afraid of some operation which is to take place in or out of the sleep; the dread and anxiety arising from groundless fears render it difficult for them to concentrate their mind on the directions given. The healer would do well to explain whatever he deems necessary to remove this fear and gain the patient's confidence.

In certain critical cases hypnotic treatments, with hypnotic suggestions, and manipulations, &c., are preferable to any other non-medicinal system. In others what is called magnetic treatment will work wonders, and accomplish all that is claimed for hypnotism, as well as presenting certain peculiar advantages.

Magnetic healing enters, as we have seen, into all methods of treatment, where passes, touch, manipulations, frictions, massage, and what not, are employed, and is successful in proportion as the healer is healthy and vigorous. Magnetic healing enters into hypnotism in spite of protests to the contrary, and has been handed down to hypnotists and to us for the treatment of patients in the waking state by mesmerists. Human *nervaura*, one of the many subtle healing agents in nature, acts directly in proportion to its potentiality on the subtle nerve-forces of the

human body. If the spirit of man be affected, if his mind be influenced by the process of healing, it is in consequence of the actual influence—as by contagion—of this *nervaura* on the body, in which the spirit resides, and on the mind, through its actual effects upon the brain. That the spirit of man is independent of the human organism I do not doubt, but when the spirit manifests itself to another embodied spirit, through mind and the medium of the senses, it is not independent of the organisation. If the body be diseased, and if the brain be affected—though only indirectly—through the disease of the body, such disease will affect the manifestations of mind and of the spirit. Hence the healer is required to deal with the bodily organisation as a reality, and with disease as a morbid condition in that body; both the body and the disease must be treated in such a way as to produce agreeable changes in sensation, which appeal to consciousness, and inform the mind of decided improvements taking place in the body through the mental and bodily influences of the healer brought to bear upon the body of the patient.

Drs. Esdaile, Elliotson, Ashburner, Gregory, and many other able practitioners have found in practice that *magnetised* fabrics, water, and oil, convey the aura of the healer to the patient, and are invaluable remedial agents. Most hypnotists would ridicule the possibility of the operator's influence being conveyed by such means, and look upon the healing of the people with handkerchiefs by St. Paul as an evidence of the crude

superstitions of Christianity. Human aura penetrates clothing, and, in fact, all that comes in contact with the sphere of human influence. That some persons are not affected by magnetised water is nothing to the point, but that thousands have been, is. If character and surroundings can be told by a sensitive from a blank slip of paper cut from a letter, just below the signature of the writer, as I have known psychometers to do, in a similar way will sensitive patients be affected for good by the aura of a healthy person, which is conveyed to them by magnetised articles. If diseases are conveyed this way, as all hypnotists admit, then may not health be also by the same laws of contagion?

As an instance of the demonstrated effects of magnetised water, and as a proof that the human aura can be given to and impregnate water, I quote the statement of Dr. Esdaile, whom hypnotists must respect: "In the presence of my hospital attendants, I to-day took an ounce of water from the common reservoir and mesmerised it, putting a like quantity of plain water into another glass. We then went into the women's ward, and I gave the plain water, at first very slowly, to a female patient named Abunga, asking her if it had any taste. 'It was only plain water,' she said. I then gave her the other; after waiting some time, she said it was different from the first, that it was sharp to the tongue, and created a warmth in the stomach. Almost immediately her countenance began to change; she

insisted upon getting up to walk, and I immediately saw that she was a somnambulist. After taking a few staggering steps she would have fallen, but was prevented and taken back to bed, where she instantly sank into the mesmeric coma, and so remained for hours." He reports several other experiments, with successful results.

The magnetic healer, when magnetising fabrics, water, or oil, either holds the article between his hands, makes passes over and at it, breathes upon it, or does all these things combined; not, however, with the intention of inducing sleep in the patient, but of producing certain curative effects, according to the nature of the case.

I may add here that a warm, comfortable room is favourable to magnetising, and a *warm, genial, mental atmosphere*, created by sympathetic minds in the operator and persons present, will contribute largely to the success of the treatment.

As *nervaura* emanates from all human beings, it will proceed from the patient as well as the operator. It often happens the healer is temporally affected by the aura of the patient. On several occasions I have been made so ill by their presence, that I had to decline to continue their case. A sensitive healer will often experience similar pains and be affected by symptoms of the disease from which the patient suffers, and in this way be able to form an accurate diagnosis of the case. I have also found that a lock of hair from a patient has been sufficiently charged

with influence to enable a sensitive—at a distance from the patient, and ignorant of his habits and disease—to form an accurate estimate of his condition, and thus to furnish the operator with a clue to the line of treatment. I have no doubt that the remarkable accuracy with which many medical men diagnose disease is due not to ordinary medical procedure, but to their ability, intuitively and sympathetically, to enter into the exact state of the patient. Such practitioners would make successful magnetic healers, as indeed many of them are without being aware of it. A lock of hair from a patient (at a distance) will furnish a truer estimate of actual conditions than any statement which the patient can make.

Cuvier, the great naturalist—and also a profound believer in human magnetism—could, it is said, from the scale of a fish or a bone of an animal design the form or build of either. So likewise from one symptom or clue the skilful physician or healer should be able to diagnose the nature of the disease from which a patient (at a distance) may suffer. I have seen this frequently done. I do not say all persons can do it; but I believe that the power to enter into *rapport* with the conditions of those who suffer, is possessed by human beings to a much greater extent than usually believed.

In magnetic healing—as distinguished from cures in which suggestion is the main factor—"the laying on of hands" is a special feature of treatment. "I touch," says Vignes, the great healer of the Cevennes,

"and God cures." The psychopathist lays on hands because he believes that beyond the conditions of health magnetism furnished by himself, he is a conduct through whom a "spirit" or "a band of spirits" pour healing virtues. Whether the devout priest and the Protestant pastor believe the Holy Spirit heals, or the spiritualist that a disembodied spirit cures the sick, or the psychic physician that the soul within cures the body, or the magnetic healer that his aura cures, or the hypnotist that it is the subjective operations of the patient's own mind which cure, I have no doubt that these attitudes of mind, based as they are on sincere conviction, are powerful healing agents. Whatever the theory advocated, and whatever the methods employed, it will be found that the alleviation of pain and the cure of the disease are accomplished through the dominant mental state in the patient, and by and through the health and life-giving force—directly and indirectly—brought to bear by the healer upon the patient. Even where the influence of such force is denied—as in hypnotism—the fact remains that the most successful hypnotic physicians or healers are men of good health, excellent physiques, and possessed of good vigorous minds, will, and sincere convictions.

All this *nervaura* emanates from believers and non-believers alike. It is there, and, faith or no faith, suggestion or no suggestion, will be more or less influential in cure. I believe that the intelligent laying on of hands will induce more effective results

than the mere employment of haphazard methods. But no mechanical drill will make the healer. As the hearty, spontaneous handshake of a trusty friend invigorates, causing a warm glow of pleasure and happiness to spread over the entire body; so will the hearty, vigorous conditions of mind in the healer give effect to his passes and manipulations, rather than by placing his hands "so, so," on "such and such places." Still, if there is any virtue in "*zones hypnotiques*" then there are localised spots on the human body more sensitive to magnetic influence than others; and by the laying on of hands, or making passes over these regions, speedier and more lasting effects are obtained than by working away in the dark and healing by guesswork. Magnetic healing is of such importance, and yet within the reach of every healthy and sympathetic person, that it is proposed, in addition to the information given in this chapter, to issue a manual—on the subject—which will form a useful guide to magnetic healers.

In magnetic healing there is no induction of trance, no attempt to induce hypnosis in any phase. But all the subjective conditions, from the attitude of the patient's mind, favourable to healing influence may be established without this in one or two interviews, such as the combined determination of the healer to induce the cure and that of the patient to be cured; expectation and isolation of thought in the patient, whose mind is directed to the object of cure, and whose sensitiveness makes him specially affected by

the vital influences and temperature of the operator. I have frequently taken the cold hands of a patient in my own when his pulse was barely discernible, and by holding those hands in my warm grasp for ten or fifteen minutes, have not only changed the temperature, positively increased the energy of the pulse, but literally invigorated the patient by contact. Now, while suggestion, as understood and taught by hypnotic practitioners, cannot be eliminated in "magnetic healing," it must be borne in mind that here we have a clear case of suggestion—*plus* something else. The marvels of suggestion are great, and, perhaps, might in some cases accomplish all the results here claimed; *but I have never seen that done unless the patient was hypnotised.* But here there is not even the pretence of hypnosis, and the reinvigoration of the patient is clearly traceable to the "something else," *i.e.* actual contact with the healer, who lays his hands on the patient, or holds the patient's hands.

The most successful magnetic healers are neither hypnotists nor mesmerists; they neither attempt to induce trance nor hypnosis.

Mr. George Milner Stephens (recently deceased), a gentleman of refinement and culture, a barrister-at-law, and at one time Acting Governor of South Australia, was a remarkable healer. He discovered his gift by accident, with the result that his influx of visitors and patients was so great that he had to abandon his profession and resign several important and lucrative positions to devote himself to the work of healer.

Everywhere he went his success was remarkable. In London it equalled his antipodean experiences. He literally cured the deaf, the dumb, the halt, and the lame, by the laying on of hands. He had no conscious method of procedure. He felt on seeing a patient, influenced to do "so and so." He was overwhelmed with patients belonging to all classes of society, treating as many as thirty persons daily. His usual method was to make passes at a distance, locally. Thus by making passes over the head and about the ears he has cured confirmed cases of deafness. Occasionally he made passes in contact, but very seldom. He gave no medicines, unless camphorated lard or magnetised olive-oil can be called medicine. In the majority of instances the cures were instantaneous. In others, three or four visits were all that was necessary. This great healer eventually succumbed to excessive work. Although suggestion and psychic power entered into his healing to a large extent, there was a steady and unavoidable drain on his magnetism, which brought a brilliant career, full of marvellous results, to a premature close.

Dr. Mack, a psychopathist, whose extraordinary cures arrested so much attention in Boston, New York, and the provinces several years ago, used to sit down before his patient, hold his (or her) hands in his own, and now and then during the sitting dip his own hands into a basin of clean water at his side, and then renew the contact. This was done several



FIG X. MAGNETIC HEALING. ONE METHOD OF TREATMENT.

times in a sitting lasting ten or fifteen minutes. He then made a few local passes over the place specially affected. Some of his cures were instantaneous, and others were the result of several treatments. He was specially successful in diseases of the eye and in chest complaints. Dr. Mack (called doctor for courtesy) had no medical training. But that fact did not interfere with his success.

The employment of the hands in all ages for the healing of disease is an instinctive, natural, and correct action. Notwithstanding the assertion that hypnotism and mesmerism are but different names for the same thing, I hold that they are not only different modes of interpretation of phenomena, but different modes of induction. I have no difficulty in making clear that magnetic healing is a distinct process of healing from hypnotism, that the leading curative agent is not suggestion, but the *nervaura* of the operator.

Many of the objections—founded, no doubt, on erroneous conceptions—which are made against hypnotic healing, cannot be argued against “magnetic healing,” a method of treatment in which there is no attempt to induce hypnosis, to inhibit the normal action of the will, or subject the patient to hallucinations. The cures effected by the magnetiser are cures made in the ordinary conscious condition of the patient. If sleep should take place during the treatment, it will be perfectly natural, or partake of true somnambulism, in which the higher phenomena take

place. Let it at once, and for ever, be clearly understood and borne in mind, that "magnetic healing" has nothing whatever to do with the induction of sleep, or with experimentation in any form peculiar to hypnotism, or formerly associated with mesmerism. The healer, from first to last, devotes himself solely and wholly to the object of cure.

There are some cases, however, in which I should prefer to induce hypnosis or the somnambulistic state in order to bring about a successful cure, sleep being as essential to cure as suggestion and manipulation or passes in some cases. Besides, in true somnambulism, where the sense organs are reduced to their lowest point of activity, and the inner senses and higher consciousness become correspondingly active, the co-operation of the inner or psychic man is secured towards the cure of diseases. By hypnotic and magnetic treatment many very difficult and exceedingly intractable diseases can be cured. But of all the most difficult cases to treat are those of hallucinations, visual and auditory, which afflict some patients. These visual and auditory hallucinations may arise from some cerebral disturbance, or may be due to incipient clairvoyance and clair-audience, possibly to that super-sensitivity manifested by hypnotic and mesmeric subjects.

Among hallucinations which I have noticed in practice, and the most difficult to cure, are those in which the patient is led to believe that he hears "voices," and is in some way haunted or obsessed. I have had

sixteen of such cases under treatment in Glasgow, mostly of persons in good position, and in other respects sane and responsible. There are various causes—objective, subjective, known and unknown—for these hallucinations, and from their complex character they are difficult to classify. Some are due to abnormal cerebral conditions. Many are of the character of clair-audience. In the majority, the “voices” heard—by the patient and no one else—are due to pathological cerebral conditions. The cause is in themselves. But in others the “voices” are verified hallucinations, the patient hearing actual voices, which, owing to distance, could not be heard by the auditory apparatus in its normal state. These voices may be traced to living persons, or attributed to spirits.

Persons afflicted by these voices become morally infected, and their bodies so depressed or robbed of *vis nervosa*, that diseases are readily implanted and developed. The unhappy mental state is a dreadful affliction, and hypnotism—including auto-hypnotism and magnetic healing—appears to me to be the only remedy capable of rescuing the victims. If these “voices” be hallucination pure and simple, as most good folk understand the phrase, then the remedy is to be found in supplanting such hallucination by a higher one, on the principle of *similia similibus curantur*. If, however, they are traceable to intelligent but evil beings in or out of the flesh, the cure will be found in strengthening the will of

the patient by hypnotic processes; by taking dominant control of the patient, to the exclusion of unknown "voices"; by diverting the patient's mind into new channels in the waking state; by teaching him auto-hypnotism; or by so hypnotising him as to give him sound and dreamless sleep. Nervous restlessness, insomnia, chronic dyspepsia, are features which invariably accompany the affliction.

For self-treatment, the patient should do all in his power to improve his own general health. A man braced up to receive an expected blow resists it and diverts its intended injury, which a man unprepared could perhaps scarcely do. For self-cure, at night, encourage the patient to regard his brain as a delicate, vibrating instrument, to be kept at rest by dismissing all images and ideas. In lying down to rest—voices or no voices—let him concentrate his mind on the object of going asleep, or let him turn up his eyes under his enclosed eyelids, and look at the *purple of darkness*, and think of nothing else. Determined practice in this for a few nights will prove it a very simple thing, and yet conducive to sound and dreamless sleep. In the day, encourage healthy occupation; well directed study and thought on any useful subject will be found helpful. As in absent-mindedness we hear not the outside storm and rain, or the voices of those about us; so by determined, diligent occupation of the intellectual and of the moral and social centres of the brain, the nervo-vital stimulus is switched off the auditory centres, and the "voices" are not heard, or if

heard, they fall on inattentive ears.

Some patients have benefited from following the foregoing or other mode of self-healing or auto-hypnotism. Other sufferers have tried to do so, but from the very nature of this affliction were not able to help themselves. Such need more than friendly counsel; they require actual treatment at the hands of a skilful and experienced operator.

My uniform treatment in all these cases has been "magnetic healing." In addition to distinct healing suggestions, objective and subjective, I have made passes over the temples, over the parietal and occipital regions of the brain, over and about the hearing centres, situated about half an inch superior and posterior to the meatus of the ear, and in cases of marked physical debility have invigorated the whole system by passes from the cerebellum to the solar plexus at the spine, between the shoulder-blades, and by contact in holding the patient's hands.

There are many other hallucinations from which persons suffer, and mostly in secret. These sufferers should receive sympathy, and, where possible, our help to relieve.

Another class of hallucinations are those in which certain persons believe that some other person is mesmerically or hypnotically controlling them from a distance, and wants them to do or say something opposed to their own wishes; a good many of these cases have come under my notice. The majority are traceable to neurotic conditions in the patients them-

selves, others again to peculiar sensitiveness, having seen or heard a person whose presence, look, or word they believe had a primary effect upon them; their own subjective fancies did the rest; some, no doubt, have been actually influenced, not in every detail of their experience, but influenced all the same. In treating these cases, I always endeavour to ascertain the real state of the mind of the patient towards the person whom they charge with affecting them. If they sincerely desire to get rid of the influence, I proceed to antidote such hallucination, infusing the conviction that they will be able to resist it in the future, and in due time such attempted control becomes abortive.

It would indeed be a difficult matter to give details of all processes adopted in healing. It must be borne in mind that it is not the exact performance of this or that pass which will cure disease, but the possession of the healing powers in the individual. These, however, can be increased by living a sensible, hygienic life, by practising as suggested, and by actual experience.

Let it be remembered that the magnetic pass, properly made, is a natural sympathetic action, a pantomimic expression of the mind's intentions; that it is but a means to an end; that the power to heal is in the healer, which power is more or less intensified by the receptivity of the patient, whose mind may be, favourably or otherwise, influenced towards the cure. The magnetic pass is an instinctive, natural agent for

communicating the healing virtue to the person requiring such aid. Mesmerism, magnetism, and hypnotism are things of yesterday, but the pass, the laying on of hands, is as old as man himself, and has been practised throughout all the ages. The tendency of the time is to ignore this highly curative agent, unless disguised under hypnotic processes, called "suggestion by touch," forgetful that the prophets of old, the Master Himself and His immediate followers, with good men in every age and clime, from hoary antiquity down to the present day, have by their marvellous and well-authenticated cures demonstrated that there are in each human organisation immense reservoirs of healing virtue, which may by the laws of contagion and actual contact be conveyed to the needy and the suffering.

In actual practice, there is no doubt that a knowledge of human character will be helpful to the healer. One who is able at a glance to read the dominating bias of mind, will be able to gain that indescribable essential in the healing art—the patient's trust and confidence. But even without this much good can be done.

Dr. Elliotson, who suffered so much on account of mesmerism in his day, realised with a remarkable prescience that which the medical faculty are now slowly commencing to discern, that in human magnetism the faculty had a powerful therapeutic agent in their hands.

Dr. Elliotson, as a medical man, spoke as became

him to medical men—for they of all should be most interested in the adoption of all sensible and practical means for the cure of disease. I, however, in this work appeal to the intelligent layman. My appeal is that they consider the body of facts presented in this work, and by all authors dealing with this subject, and by intelligently heeding the instruction given here they may also be able to prove from personal experience, that suffering can be alleviated and disease cured by hypnotic and magnetic processes.

APPENDIX

Note A. (p. 53).

THE testimony of Professor Agassiz, published in "Facts in Mesmerism," 1839, is very interesting, because he deliberately resisted the influence of the operator in order to record his experiences. He was, however, overcome, and his contribution is a testimony to the fact that clear-headed men (not subordinated to "the dominant idea" or self-hypnotised by "expectancy" or by "concentration") can be as readily affected as *soft*, weak-minded persons. Professor Agassiz described his sensations very lucidly. The effects of the passes "caused my eyelids to become still heavier." How he closed them through "irresistible heaviness," although conscious, "I had not the power of answering. I endeavoured in vain several times to do so, and when I succeeded, I perceived that I was passing out of the state of torpor in which I had been, which was rather agreeable than painful. In this state I heard the watchman cry ten o'clock, then I heard it strike a quarter past, but I afterwards fell into a deeper sleep, although I never entirely lost my consciousness. It appeared to me that Mr. Townshend was endeavouring to put me into a sound sleep; my movements seemed under his control, for I wished several times to change the position of my arms, but had not sufficient power to do it, or even really to will it, while I felt my head carried to the right or left shoulder

and backwards or forward without wishing it, and indeed in spite of resistance which I endeavoured to oppose; this happened several times. I experienced at the same time a feeling of great pleasure in giving way to the attraction which dragged me sometimes to one side and sometimes to the other, then a kind of surprise on feeling my head fall into Mr. Townshend's hands, who appeared to me for that time to be the cause of the attraction." Professor Agassiz "experienced an indescribable sensation of delight, and for an instant saw before me rays of dazzling light which instantly disappeared. . . . Mr. Townshend then woke me with some rapid transverse movements from the middle of the face outward, which instantly caused my eyes to open." In reply to questions, Mr. Townshend informed him "that the only fact which satisfied them that I was in a state of mesmeric sleep was the facility with which my head followed all the movements of his hand, although he had not touched me, and the pleasure which I appeared to feel at the moment when, after several repetitions of friction, he thus moved my head at pleasure in all directions." There are thousands just as impressionable as Agassiz in whom the foregoing early stage of nerve-sleep could be induced, and that with advantage. Had this savant followed the matter up, at a few more sittings, I have no doubt that the externally unconscious, but internally lucid stage would have been developed.

Note B. (p. 117).

The Magnetometer, invented by Dr. Baraduc, "consists of two small dials divided into 360 degrees, with very delicate needles made of annealed copper, and therefore

irresponsive to ordinary magnetic influences. Each needle is protected against outside contact by a glass case. If both hands, with the fingers brought to a point, are extended in the direction of the 'Magnetometers,' the needle corresponding to the left hand is, after about two minutes, driven back, say, from 0 degrees to 5 degrees, whilst the needle opposite the right is moved forward to 15 degrees. Such motions show the existence of a force emanating from the fingers and forming a circuit through the glass cases. This, according to Dr. Baraduc, is the vital or psychic force."—*La Lumière*, extract from translation in *Borderland*, October 1896. The dynamic energy of human *nervaura* can by this instrument be readily demonstrated. Its potentiality is about three times stronger from the right side than the left. Hypnotists will have difficulty in rejecting the evidence of this little biometer, unless indeed they can prove its movements are due to "suggestion." It were as easy to attribute the presence of the satellites of Jupiter to suggestion.

Note C. (p. 183).

The Sphygmograph is an instrument for recording the heart (pulse) beats of men and animals. It can also be used to detect sham from genuine catalepsy in Hypnosis. It was invented by Dr. Etienne Jules Marey of Paris, and described in his book *La Circulation du Sang*, published in 1863. Although the instrument is still in use, it has its demerits, owing to the difficulty of properly adjusting the long lever arm. In 1880 Dr. R. E. Dudgeon invented a Sphygmograph which is a very perfect instrument. Although it can be used by any intelligent person,

the tests it affords will be more fully appreciated by medical men and experienced Hypnotists. In lethargy the pulse is slow and laboured. In catalepsy it is light and slow. In somnambulism the pulse partakes of the mental and psychic states of the subject. It is slow or active, feeble or firm, accordingly. In this connection some beautiful experiments can be carried out.

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