

SUGGESTION

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Study and Advancement of Suggestive Therapeutics
ALSO TO THE
Scientific Investigation of All Occult Phenomena.

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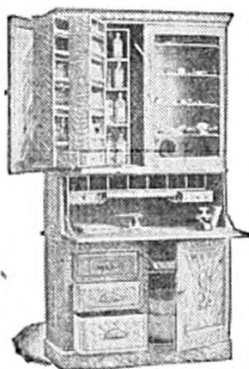
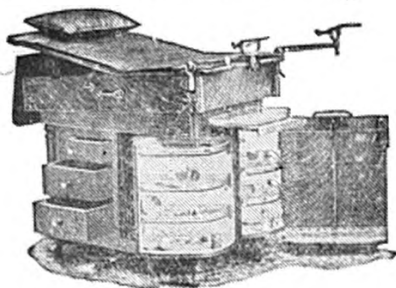
HERBERT A. PARKYN, M. D., C. M., EDITOR.

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SUGGESTION

"Man's whole education is the result of Suggestion."

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IS THE CURE PERMANENT?

BY S. F. MEACHAM, M. D., OAKLAND, CAL.

This is a question asked so often of a suggestionist that I am going to give you my views on the subject.

The answer is one of far reaching importance and the views of disease underlying the answer are so important that they merit attention. This is one way of hinting an argument against some new method of treating disease. This question springs from the opponents of the new invader and then spreads to the camp of those who simply do not think but adopt the views of others.

Such a question could never gain permanent attention in the court where honest and unprejudiced investigation reign. Even a superficial knowledge of the principles and nature of disease would disclose the superficial nature—the spiteful nature of such a remark.

Think of it: "You may be better now but it will not last." Notice in the first place that suggestion, not only, but all new methods of treatment will first handle chronic disease. Chronic diseases—why do diseases become chronic? Sometimes from neglect. But I take it that no one who is at all familiar with the course pur-

sued by people at large, when confronted by pain and disease, can possibly imagine that any, save a few cases, become chronic from the cause—neglect.

The other cause for chronic disease, and by the way the main cause, is that the methods of treatment applied were incompetent to cure. If then disease is chronic because the prevalent method is unable to meet the emergency, it certainly is not a bad thing to have the trouble mitigated, even for a time. Relief is far better than nothing, especially where cure has been found impossible by the methods adopted. I feel that most of us would be thankful for help even, and from the number of chronic invalids who are willing to try almost any new thing, however ridiculous it may seem, proves that the majority of the race are of the same opinion. I have even seen some of these very kickers, when disease was playing havoc with their own peace of mind and who were unable to find relief by the lawful turn-pike road, I have seen them, I say, turn aside and foot it along some by-way untried before. I have had them come to me for Osteopathic treatment

even, and have seen them get well or as our enemies would say, fooled into thinking they were well.

Again, this is by no means the worst side of the question.

Most physicians to-day believe in suggestion and happily for the race, many of the laity are becoming acquainted with its virtues. Think then of one of them saying to a sufferer whom he had treated with no relief; saying to his patient and friend who had succeeded in finding relief, as we will say, at the hands of some new method of cure, think of him saying, "Yes, you are better now, but it will not last. I believe in suggestion and know something of it myself. It gives wonderful relief at times, but unfortunately it does not last."

What a mean, cowardly, selfish, jealous suggestion that is. It springs from wounded pride and not from any honest thought, nor from any wish to further the interest of the patient.

If he wished to suggest, honesty would demand that he suggest permanency, and thus do his best to help maintain the relief as long as possible, even if absolute permanency was impossible.

The fact is, however, that wounded pride does the talking (or jealousy) and that, too, without any thought about the question to see whether a cure by the method condemned, is necessarily any less permanent than by other and older methods.

If any such honest thought was given the subject, it would be seen that a cure is a cure and relief, relief by one method the same as by another, and that the permanency in either case depends on something else entirely, not on the method of treatment.

To show that this must be true let us look into the case a little.

What is disease? Is it a something or a somehow?

A somehow always. Even when a something is present this results from the somehow and never causes it.

Disease is primarily wrong functioning. The wrong in structure, or what we call pathology, is a result not the disease. When the patient dies and I examine with scalpel and microscope the diseased tissues and cells, I am really noting the effects of abnormal life. I am seeing what results when cells and tissues fail to meet successfully the demand laid upon them. Health simply means that the life incarnated in, or springing from the cells (whichever view we take) is maintaining a *moving* equilibrium with the environment. Disease is when this equilibrium is disturbed, and pathological anatomy shows nature's attempt to establish a balance on another plane or discloses her utter failure to find rest and we view wreckage and debris. Disease then is not a wrong static condition of tissue, but a wrong acting of tissue resulting in change or overthrow of cell structure. So that both disease and health are lives lived.

But each individual, and equally each cell and tissue lives its own life; it must do so. It can not escape if it would. The individual, the cell, the tissue, live the life, of disease as well as of health and when any repairing is done must do it themselves. Other individuals, other cells, other tissues may render aid, may make conditions more favorable but can not do the work, the distressed cells must do that.

Cures are never extrinsic, but always intrinsic. Keep these principles in mind. Then add that the causes of disease can always be named with one word, ignorance. This ignorance leads to a failure by cell or individual to do its allotted work. The

diseased action is too little, too much, or wrong action. Search as you will, there is no entity to be attacked by an outside force, but an action to be regulated, and we can not accentuate too loudly, *that the life to be regulated is always and everywhere an intelligent, choosing agency*, not a blind force. I am not claiming that life is always *self-conscious*, but I do claim that it is intelligent and not blind and purposeless, to be shunted here and there with indifference.

Whatever effect the outside may have is *by its choice and co-operation*, not in spite of it.

Here we get a glimpse of the universal method of cure—that is, the choice of the life resident in and constituting the real cell tissue and man.

Mind, *to me*, is consciousness as we ordinarily use that word, while intelligence is a broader word embodying all action toward a definite end, all action that implies the following or fulfilling of a plan.

To me, *consciousness* is *latent* in all intelligence where not active; consciousness is potentially there, it is there in the making, and is coming through evolution, but the individualized life of each organism always chooses and does the resident work necessary to its forward march. Surroundings aid or hinder, they *furnish* opportunities or *withhold* them, but they *never do*, they *never can* force the acceptance or action upon those opportunities that would be contrary to the nature of the resident action of the cell or tissue concerned.

Curing, then, is leading from the front or driving from behind.

Well, I hear some one say, if I can drive or lead life, do I not cure? No. To illustrate, I have a ton of wood on a wagon at the foot of a hill; to it there is

hitched a span of mules. I *may* lead them up the hill—I *may* drive them up the hill, but I do not pull the wood up the hill and *I can not either lead or drive without the co-operation* of the mule. No matter whether he consciously figures on the matter or not *he* does the work, I am a leader, an aid only. So the physician, by whatever methods he chooses, is a leader, a teacher, a guide. He does not furnish the force. He can not. Even if he predigests the food, he can not force the needy cell to appropriate it. As with the team, he must have the co-operation of the life force. *It* hauls the load.

The curative agent, then, is intrinsic not extrinsic, the director, the guide, the opportunities, are furnished extrinsically *but must be chosen from within*, whether consciously done or not does not matter so far as we are concerned with the question now.

Disease, then, is simply the mule team refusing or failing to haul the load up the hill, and extrinsic aid is by lessening the load or pointing out an easier road. But, as many of us know, the team may at any time refuse to go. Yes, I mean it, *refuse*, for remember that while intelligent only while on lower planes, consciousness is potentially present. That means to me that the real character of the action is the same throughout from the atom to the man.

All this, then, means that health is a life lived and so is disease, but in the latter case *not lived so well*.

The thing that I wish to accentuate here is, *that all methods of treatment do practically the same thing*, that is to *increase the blood supply* and the *nerve supply* to the diseased area; nothing more nothing less. Of course we can whip bowels, kidneys, and skin into increased

action and thus eliminate waste and debris, but if these did not interfere with the circulation of blood and nerve current they would do little damage, and here as elsewhere we are but fulfilling the above principle of cure. Suggestion, medicine, manipulation, all do whatever good they do, by the above principle. The different schools really have no fight. The *main* thing and the *difficult* thing is to know which method is best in any particular case. Here one fails and another succeeds, not because any new principle is involved, but because the above named one is better carried out. If then, all cure in the same manner, how can one method have the advantage over another in the permanency of results?

Let us see. The permanency of results comes from another source altogether. Any of the methods may appeal to this principle of permanency, none of them need to do so to give relief.

What, then, is the principle on which permanency rests?

Remember that we get sick because we disobey law. As we may disobey law and apparently escape penalty for a time, so we may, through the aid of treatment, *apparently recover* from the effects of disobedience, even while the disobedience is still going on. It is only apparent, however, and comes from whipping the life sources into renewed action, but just as certain as there is disobedience and law to be disobeyed, just so certain is a relapse inevitable.

Permanency of results, comes then, from learning where the law leads and obeying. The physician or healer, who neglects to find where the patient is traveling counter to law and teach him the necessity of a change in his life of thought and act here, is not going to have permanent results however successful he may

be in whipping the tired forces of the body and mind into a renewal of effort and apparent cure. A cure, in the true sense of the word, can result from obedience alone and then it will occur, no matter what means are used to bring this obedience about.

We see then that permanency of results depends on *teaching*, not on the *treating*, which latter only helps roll the cart through the mud but does not point the way out of it.

Let us stop being fools, and acknowledge frankly that a cure is a cure, and relief, relief, no matter where it comes from, *and that to teaching we owe permanency*. Let us acknowledge that the life principle, whatever it may be, is the real agent of healing, and that all else is but assistance or hindrance, or in other words, opportunities. Let us stop making a fetich out of absolute truth about which we know nothing. Let us cease to acknowledge it as a despot before whom we desire to bow, for we can never, *while finite*, know absolute truth, nor absolute anything else.

Let us ask first, is it useful?

What would it do for me as a thinking and social being if I lived this idea? What would be the effect if to-day I threw myself into this with my whole weight? Or, if no use to me from my view-point, what may it do for the lives of those who can accept it? If these questions can be answered in the affirmative—if there is even a measure of usefulness *over and above the harm*, then it should be conserved, then there is a measure of truth in the idea, however obscure.

Let us apply the above tests to the many methods of handling disease and not attempt to be guided by some absolute truth, for relative truth is alone known to us.

SUGGESTION: ITS APPLICATION IN SURGERY.

BY GEORGE BIESER, M. D., 186 W. 102D ST., NEW YORK CITY.

Surgery as an art has made rapid and wonderful progress since the introduction of improved methods of producing anaesthesia, and of rendering surfaces of the body and wounds aseptic. In fact, as a result of the introduction of effective methods of inducing anaesthesia and producing asepsis, surgeons have become so aggressive that all the vital organs have been operated upon and in some cases successfully. The limit of operative surgery as a result has in all probabilities been reached, for in all arts there is a limit of proficiency—any improvement in operating being in the direction of varying or rendering simpler the procedure or technique, so as to diminish shock, to diminish risk to life, or the life of the part operated upon, to prevent disturbances of function in the parts operated upon, or in other parts of the body, especially the nervous system, and finally to shorten the time of convalescence. There is still a large field for improvement and discovery in the non-operative departments of surgery.

The scope of operative surgery is extensive. An operation may be undertaken for the following:—Removal or remedying congenital and acquired defects or malformations, repair of the effects of injuries, removal of foreign bodies, removal of diseased structures that interfere with the utility of an organ, or inconvenience the patient, or threaten his life, removal of devitalized parts, and to rescue a patient from immediate and cer-

tain death. Surgical operations must be performed for one reason or another, and they are—even the most simple ones,—in the great majority of cases (either from the character of the operation or the personality of the patient) accompanied under ordinary conditions, by severe suffering or unbearable pain; therefore, it has always been the desire of both patient and surgeon to employ means to render the necessary procedures as comfortable and free from pain as possible, or at least, to have the pain reduced to to minimum period of time. Many have been the means employed; even from the earliest ages, to diminish suffering from injuries, or during operative procedures.

We may enumerate among the chief means employed in both ancient and modern times for the diminution of suffering or for the induction of analgesia an anaesthesia, the following:—

1. Administration of drugs by mouth, by inhalation, by rectum, and by introduction through the skin or otherwise, to the point of producing systemic intoxication, poisoning or narcosis.
2. Compression of large nerve trunks.
3. Blood-letting and especially excessive venesection.
4. Overstretching a section of sensory nerves.
5. Mechanical and electrical vibration.
6. Freezing or benumbing the parts by cold.

7. Rapid operating.
8. Production of excessive fatigue and fainting.
9. Local injection of anaesthetic agents for local anaesthesia.
10. Infiltration of the tissues with fluid—infiltration anaesthesia.
11. Certain caustic applications.
12. Production of pain elsewhere to divert attention so as to render one unconscious of the pain produced by the operation.
13. Fright, hypnotism, suggestion, or other psychic processes in the category, similar and cognate.
14. Rapid breathing as recommended by Bouivill.
15. Operating only through dead parts and some other procedures of minor importance.

We see that the surgeon has many methods at his disposal for reducing suffering and preventing pain; but for general application, most of the methods in their present state of development, are inconvenient, undesirable, inefficient, dangerous, or chimerical. The knowledge that some of these means, when present accidentally or purposely, employed by the surgeon under proper and favorable conditions are sufficient to diminish or prevent suffering during operation, gives us hope that at some future time most of them will be so developed, modified, improved upon and combined with each other as to remove or largely overcome the drawbacks of each method; rendering their use more convenient, effective and safe than at present. With some of the methods this stage of development has already been reached. The development and application of the method by suggestion for the prevention of suffering, and the induction of analgesia or anaesthesia (?), has made

rapid progress in the last decade. Suggestion combined with some of the other mentioned methods, removes entirely or to a great extent some of their drawbacks and *vice versa* many of these other methods render the use of suggestion more generally effective in operative surgery or in the management of injuries and painful conditions.

The literature on the subject of suggestion and allied topics before the year 1890, shows reports of cases operated upon painlessly; but surgeons generally have not paid much attention to this method of diminishing and preventing suffering, first, because the laity have many erroneous ideas concerning this method, and second, because the surgeons were not, and the most of them are not now, familiar with the laws of suggestion and the suggestive condition; consequently when they did employ suggestion in any form, they used ineffective and absurd procedures, instead of simple, rapid, dignified, rational and effective ones. No wonder the use of suggestion in surgical practice has fallen into disrepute with the majority of surgeons and physicians. The surgeon should not only be a physician but also a psychurgeon.

I have no sympathy for those persons claiming knowledge of psychology, who would dispense with surgery, deeming suggestion and psychic processes sufficient—a sort of cure-all to be used indiscriminately. Suggestion in surgery has its indications, and when proper and effective procedures are employed under favorable conditions it rarely fails to produce good results in one way or another. Suggestion is most effective when the patient is in the suggestive condition.

The procedure for inducing suggestive anaesthesia, as described by Dr. H. A.

Parkyn, on page 86, in *Suggestion*, for April, 1900, is simple and effective, as I know from experience gained from the use, during late years of an almost identical procedure. The failures in the use of suggestion in surgery are due to the impossibility of inducing the suggestive condition, either because the patient is skeptical, nervous, frightened, or exhausted by disease, or because the character of the injury, pain and operation is such as to depress him or divert his thoughts so that it is impossible for him to concentrate his attention. In many of these cases, where ordinary procedures fail, proper stimulation (by stimulants) or the use of local or general analgesic and anaesthetic agents may be of service in aiding the induction of the suggestive condition, in which condition let me repeat, suggestion is most effective.

A review of the uses to which suggestion in surgery can be put, will show that it has rendered valuable service to both the surgeon and patient in preventing suffering when employed to meet the following indications:

1. To induce or facilitate the induction by other agents, of analgesia and anaesthesia.
2. To diminish or prevent suffering from painful conditions and injuries.
3. To render the application and removal of surgical dressings painless, or bearable, where under ordinary conditions, such are painful.
4. To prevent discomfort during the wearing of surgical dressings, splints and appliances.
5. To render comfortable or bearable the assumption of constrained and

unaccustomed positions, during or after operations.

6. To render convenient to the surgeon and painless to the patient, the performance of minor surgical procedures.
7. To prevent suffering caused by the application of irritating drugs and caustic.
8. To render painless examinations, and especially if instruments are used for such purposes.
9. To prevent suffering during surgical manipulations, and during the employment of massage in the treatment of painful affections.
10. To cause relaxation of muscles to facilitate other surgical procedures.
11. To cause contraction of voluntary muscles, and in some instances of the involuntary muscles.
12. To hasten convalescence, and render possible the administration of nauseous or disagreeable remedies.
13. To stimulate the function of reparation; to correct functional disturbances, especially those due to injuries or surgical operations.
14. To correct the habits and modes of life which cause or have an unfavorable effect upon the surgical diseases.
15. Suggestion in surgery has been used in some cases for purposes of differential diagnosis.

These are the most important uses to which suggestion may be put in general and special surgery. A report of some cases will show how suggestion was satisfactorily employed to meet some of the above indications.

Case I. This case shows how suggestion was employed to render bearable the

pain during the dressing of an extensive burn, to secure sleep, to render the taking of a disagreeable tasting medicine tolerable and to hasten the restoration of previous health:

Miss F. D., age 20, while attending a ball was severely burnt by the lace of her waist catching fire in some unknown way. The burn was extensive, covering the front of the neck, the entire front of the chest down to the abdomen, both shoulders and the inside and back of both arms, from the shoulders to the wrists. In some places the burn was of the first degree, but in most of the other places of the second and third degree. She had been taken to the hospital, but begged to be sent home and allowed to die, rather than suffer the tortures of redressing. She was accordingly removed to her home, and Dr. J. H. Fruitnight, her family physician, requested me to take charge of her case. Morphine gave her some relief from pain, but the removal of the dressing by me caused her indescribable suffering, followed by chilliness, weak pulse, pronounced pallor, cold extremities—in other words, by a condition of shock. For several reasons it was undesirable to give any of the usual anaesthetics or narcotics. Two days later I determined to see what could be done in the way of relieving her suffering during the dressing of the wounds, by the employment of suggestion. Accordingly she was directed to assume a comfortable position on a couch, to pay close attention to what I had to say, and to do just as I told her. I then explained to her briefly what suggestion and the subjective conditions were, and how, with her earnest co-operation, it would be possible to render the dressing of the burn bearable or painless, to insure sleep and freedom from suffering at night, and to

hasten recovery. The explanation so impressed her that she immediately closed her eyes and was apparently profoundly asleep before I was ready to begin. She was shaken to awaken her, told to open her eyes, and pay attention to me, to do only what I suggested, and not what she thought or desired to do.

My right hand was placed upon her head in such a way that the forefinger was pointed so as to be a short distance before and above the eyes. The patient was then directed to watch the finger closely. This caused the eyeballs to converge upward and inward. Soon the pupils began to dilate, the tears to flow, and the eyelids gradually to close with a heavy tired look. It was then suggested, "the finger is growing larger and larger, now it is double, now it is triple the size, now it is gone. Close your eyes. Your eyelids are so tired and so tightly closed that you can not open them. You don't want to open them and you know you can't. Try. You see, you can not open them. Your eyelids are so heavy and tired. You are entirely relaxed. Think of numbness; your arms are beginning to get numb, numb, without any feeling of pain, numb, like frozen fingers, you understand, your arms are numb. See, I can press them hard but it does not hurt you. You can sleep now but listen closely to me while you sleep for you can hear me. I will proceed, and if I hurt you, tell me for you can speak, but do not open your eyes for you don't want to, and you can not without my permission."

The dressing was then removed and re-applied with but little evidence of suffering. Suggestions of numbness were given continually during the dressing. It was suggested that she felt better, even felt gay, whereupon she began humming

tunes to the surprise of those about her, the tunes being interrupted occasionally by her reminding me that I hurt her whenever I reached a particularly sensitive spot. This patient is an active somnambulist. Catalepsy was easily produced by suggestion. Directed suggestions to insure sleep, comfort, movement of the bowels and for proper digestion were given. The patient when awakened requested me to hypnotise her for each dressing, because it made the dressing bearable and almost painless.

The discharges from the wounds were profuse and necessitated redressing every second day. No more morphine or other narcotics were given. She was encouraged to drink large quantities of water. After the sloughs had separated, and the discharges had lessened, the granulating surfaces were dressed with balsam of Peru (under ordinary conditions this is very painful) which when applied in this case while the patient was in the suggestive condition, caused no suffering, she even claiming that it produced a most delightful sensation, and consequently desired its frequent application. When applied as a test while she was in the ordinary waking state it caused her to suffer intensely. No medicine was given except a mixture of citrate of iron and quinine, tincture of nux vomica and compound tincture of gentian (with no syrup or flavoring agent) which mixture the patient took with delight as a result of suggestion. After two months all the surfaces had cicatrized and the patient was in good health. Suggestion was employed to remind her to exercise the various muscles to prevent, as far as possible contraction of the scars. To-day even though the scars are in undesirable positions, she has full use of her arms.

Case II. This case shows how suggestion was employed to produce analgesia, and to relax the muscles so that a reduction of a dislocation was rapidly, easily and painlessly performed:

Mrs. G. R.—, age 52, dislocated the left humerus at the shoulder. It was a sub-coracoid dislocation, with the usual signs and symptoms. On my arrival she complained of severe pain, stating that previous attempts by others to reduce it made the pain unbearable. This woman had seen me induce the suggestive condition in others and therefore was a willing patient. She was told to sit upright upon a stool. After placing one hand upon the shoulder and seizing the flexed elbow, with the other, she was directed to watch my face and do as I suggested. No sleep was suggested. I then suggested to her, "You will feel everything, but what I do will not hurt you. You feel the pain going away, gone. Relax your arm. So, that is right." Then, without any assistance, I reduced the bone by the manipulation advocated by Kocher for such dislocations, and with such rapidity, ease and absence of signs of suffering in the patient, that those about were astonished. She claims she felt no pain and did not suffer any afterwards.

Case III. This case is reported to show how a felon was incised painlessly, which you who know, will admit is an excellent test of the efficacy of an analgesic or anæsthetic agent.

Miss Mary C., age 21, presented herself with a well-developed felon of the right thumb, at my office. Incision being the method of treatment indicated, she was so advised. Seated upon a chair with the hand resting upon a table, she was told without further explanation, to relax herself, to pay careful attention to

what I said and if she did as requested I would open it without pain. I then suggested: "Close your eyes, relax yourself, You are relaxed; think your finger is numb, the blood is leaving it, therefore, the feeling is leaving it, your finger is numb, numb, numb. See! I can squeeze it, you feel it, it does not hurt." I then squeezed the finger with all my might without eliciting the slightest sign of suffering. I then drew the back of the knife blade with increasing pressure, several times along the line of the proposed incision, suggesting continually, "you see, it does not hurt to open it, you feel me opening it, but it does not hurt. Your finger is numb, nothing hurts you." I then incised the finger in the middle line to the bone from the first joint to the end of the finger. This was done deliberately and the patient did not flinch. I probed the wound, squeezed out the pus, dressed it and then allowed the patient to rest, suggesting: "You did not suffer. You did well." Finally, she asked, "are you through?" When aroused she claimed she did not suffer and did not know that the finger had been opened.

Case IV. This case shows how suggestion rendered painless the sewing of a wound in a child:—

Maud K., age 7 years, fell and cut her forehead. The cut extended to the bone and gaped considerably. She was placed in a comfortable position and the suggestive condition induced. It was suggested to her that she sleep, that I would not hurt her and that I would awaken her when through. I then deliberately sewed the wound without further suggestion. She had actually gone to sleep, remembering nothing. She had to be awakened in the way that persons in natural sleep are awakened; verbal suggestion being insufficient.

Case V. This case shows how catheterization was rendered bearable when performed in the presence of a painful condition:—

Jacob W—., age 15, had appendicitis. He was not operated upon but treated by rest, cold local applications, and the administration of opium, according to the method advocated by Dr. Alonzo Clark, for peritonitis. By employment of suggestion, I got along with very little opium, only giving sufficient to diminish the number of respirations to twelve a minute. On the sixth day, there was retention of urine, which suggestion failed to relieve. An attempt to catheterize in the ordinary condition of consciousness was too painful, therefore, the suggestive condition was induced and the catheterization painlessly performed. This was necessary several times. Two days later the abscess ruptured into the bowel, the tumor disappeared suddenly, also the other symptoms.

During the prevalence of cholera in France, in 1822, a number of experiments were tried by the physicians to discover, if possible, the extent of this influence of the mind upon the body in relation to diseases. This was one of the experiments: A healthy criminal in a prison was removed from one cell to another; and, though no one having the cholera had ever been in the prison, a physician remarked in the presence of the criminal that he hoped the poor fellow would not die of cholera, as they had just removed from the cell into which they were placing him the body of a man who had just died of that terrible disease. The next day the man was found dead; and, what was most remarkable, it was evident that he had died of cholera. This was the first case that had appeared in the prison.—Exchange.

A CASE OF HYSTERICAL MONOPLÉGIA CURED BY SUGGESTION.*

BY F. SAVARY PIERCE, INSTRUCTOR IN PHYSICAL DIAGNOSIS,
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F. E., colored, aged 38, robust woman, reported to the nervous clinic at the Howard Hospital on the 24th of April, 1900, presenting weakness of the lower right extremity without sensory disturbance in this member and with almost total sensory and motor paralysis of the right arm. She was just able to move the fingers. The needle could be thrust into the epidermis anywhere in a segmental distribution from the tips of the fingers to the belly of the deltoid muscle. The knee-jerk was perhaps a little delayed on the affected side, as was the elbow-jerk on the same side. There was no alteration of the pupils, face, tongue or other part of the body motor or sensory; and she had not had pain at any time in the course of the disease. Examination revealed no disease of joints which were freely mobile by the examiner. There was no nerve tenderness in the affected extremity. There was no organic disease of any organ anywhere, on careful examination. The urine was normal. She stated that on April 21st, while washing dishes at her home, she suddenly lost power to move the right arm, and that she could not "feel" in it. She also stated that the right leg was enfeebled so that she could scarcely walk on account of the weakness. She did not give a history of previous worry or other exciting cause for the paralysis noted. She had a very

hysterical daughter-in-law in the household. The woman herself presented no stigmata of hysteria that could be detected, but there remained no way of explaining the paralysis except on a functional basis. She also reported that the leg had improved rapidly so that she could walk on the following day with some ease; although she did not report for treatment as stated until three days after the onset, when the lower extremity was but slightly paretic, sensation being quite recovered. On questioning, I learned the patient had had a somewhat similar hemiplegia affecting the left side of the body, which came on more insidiously and was followed by an oedematous condition of the affected arm extending as high up as the supra-clavicular fossa. She avers recovery to full health within nine weeks without any special treatment other than hot compresses applied to the affected extremities, the sensation returning first, as in this instance.

With Dr. J. Madison Taylor, the conclusion was reached that the case was one of hysteria. And therefore suggestive therapeutics was at once adopted by attempted hypnotism. This was successful to the extent of producing somnolence, although motor acts could not be brought out. The suggestion was made that the arm would recover gradually, that she would remain well; adding that she would not allow "putting her to sleep

*Presented to the Section on General Medicine, College of Physicians of Philadelphia.

by another," nor against her will even by the operator. After she was awakened, a static current was administered to the affected members to add to the suggestion, and to stimulate the circulation, when she was sent home and asked to report four days later. The patient not reporting, and as I was interested in her condition, anticipating either relapse or cure, I called at her home. I found her in normal health, doing household duties. Examination revealed no abnormality of the nervous system or other part of her economy. She was as strong on the right side of the body as the left and sensation was everywhere perfect.

I show the patient to-night, as a specimen of a normal woman, two weeks after her first visit, when such marked symptomatology as described, presented. There was no evidence of malingering, nor do I believe she could have so simulated the hysterical disorder she seemed entirely innocent of producing, in evidence of which, was her application for treatment. The case is worthy of record as showing the phenomenal disturbance

produced by hysteria, and also the hopeful aspect with which we should examine many such cases of functional disease.

In these cases of marked sensori-motor paralysis as hysterical manifestations, suggestion by hypnotism seems to be the method indicated for treatment; although the paramount consideration is in impressing the patient with confidence of his recovery, first having positively determined there is no organic disease. Cases of what one might call mental hysteria with periods of excitation and depression, etc., do not seem to be so favorably impressed by mere hypnotism as by the mere personality of the physician; and herein lies frequently the success of the treatment of an hysterical case. With the better understanding of this still vague phenomenon, and knowing the differentiation, semeiology positively from symptoms of organic disease of the nervous system, will neural diseases be open to more hopeful therapeutics, and come more gradually and constantly into the hand of the scientific physician.

SUGGESTIVE TREATMENT IN THE CURE OF LAUDANUM HABIT AND ASTHMA.

BY DR. W. C. VAN VALEN, 400 GRAND OPERA HOUSE, ATLANTA, GA.

It is surprising to patients of this class, especially those who are addicted to any of the drug habits, to realize the ease with which they can be made to lose the desire for it, without having the nervous condition which accompanies all other methods of cure.

It is a deplorable state of affairs that doctors of medicine continue, from year

to year, to cause these drug habits to be formed, whereas they might use suggestion to take the place of the drug, and with better results to the patient.

I recently had a case of laudanum habit come to me for treatment, and it may be of interest to the readers of this journal, to know how successfully it was handled and cured.

Mrs. G., aged about 35, of Waco, Texas, came to me for treatment of the laudanum habit on July 14, 1900. She had been addicted to the habit for eight years, and was taking a tablespoonful three times a day, when she came for treatment. The cause of the habit, she said, was her doctor; he had given it to her at a time when she had a severe spell of sickness. While she had tried several times to stop using it, every time she would be taken with nervous spells and would have to return to it. She was very much run down in health when I took the case, was thin in flesh and weak. I put her in the suggestive condition very easily, and followed this up with one treatment a day for the first seven days, reducing the quantity one-half each day, and stopping her using it on the seventh day. During this time I was keeping the stomach and bowels acting properly; keeping the nerves quiet, and increasing her appetite. On the eighth day there was a standstill in her improvement and I gave her two treatments that day. The next day she began to improve again, gaining nine pounds in fifteen days, and I sent her home on the 31st of July, a mentally and physically changed woman.

It may be of interest to add that this lady had been treated for a month previous to her coming to me for treatment by a doctor who makes a specialty of habits in this city, and who made a complete failure in her case. His plan of treatment is the gradual withdrawal system, substituting another drug in the place of it.

Case No. 2, asthma and hay fever. In September, 1899, Mr. A., aged about 37, came to me for treatment. He had been suffering severely for a month, and had no faith in my method. His wife came

to my office to see if I would not go to her home and talk with him, as he hadn't enough faith to call on me. I complied with her request and called about 1 P. M. I found him trying to eat a little soup. I explained the method of treatment and he promised to call at my office about 4 P. M. that day and commence treatment. He was prompt with his appointment and I gave him his first treatment. Previous to the first treatment he had not been able to go to bed to sleep for a month; but after his first treatment he went to bed and slept soundly all night. He took one treatment a day for five days and was completely cured of the trouble, it now being a year since he was cured, and with no signs of a return of the difficulty. I have had many cases of asthma and have never failed to cure them. No drugs were used in these cases, nothing but pure suggestion, and it works every time.

It is as certain as any newly ascertained thing can be that there is such a phenomenon as we designate by the word "telepathy." My researches have convinced me of it and that the limitations at present imposed on the intercommunication of physically remote minds need only be scientifically understood to be, in large part, in the way of removal.—*Bishop Fallows.*

All seed-sowing is a mysterious thing, whether the seed fall into the earth or into souls. Man is a husbandman; his whole work, rightly understood, is to develop life, to sow it everywhere. Such is the mission of humanity, and of this divine mission the great instrument is speech. The influence of a word in season—is it not incalculable?—*Amiel's Journal.*

THE USE OF HYPNOTISM IN GENERAL PRACTICE.*

BY E. H. MARTIN, M. D., CLARKSDALE, MISS.

It is not the purpose of this paper to deal exhaustively with the subject of "Hypnotism." It is to be taken for granted, that in this enlightened age, every practitioner of medicine has a general knowledge of the usefulness of suggestion as a therapeutic agent. The literature of the subject is voluminous. I have nothing new to add to the mass of data available to every one. My excuse for this paper, then, is the tendency of most members of our profession to shirk their duty to use this agent in proper cases in general practice and to regulate its use to specialists and quacks.

The idea seems prevalent, not only among the laity, but in our own ranks, that hypnotism can only be of use in cases of hysteria and nervous affections. The truth is exactly to the contrary as I will show further on. Hypnotism is of relatively little use in hysteria though minor forms of suggestion are useful in that real malady.

Hypnotism in its many forms has been used as an adjunct to the healing art from the earliest days. If we are to believe the Garden of Eden story, the first use of general anesthesia on record was by means of Hypnotism—when the Lord caused a deep sleep to fall upon Adam, and extracted a rib, and the product of that rib has had a tendency to hypnotise us ever since.

Lack of knowledge of the true *modus operandi* of suggestion, kept hypnotism in

disrepute for thousands of years, and confined its use to priests and so-called sorcerers and wizards, later to charlatans and mountebanks. But the truth in it could not be kept down by all the cloaks of pretense and formality. Not even Mesmer's extravagant theories of animal magnetism could kill it. Rescued by Braid and elucidated by the school of Nancy, it now rests upon a sound scientific basis and no one need, as formerly, be ashamed to practice it. In fact, it is our plain duty to use it in certain cases.

The modern theory of suggestion and hypnotism depends upon the recognition of the fact, that the conscious mind is the product of the activity of the cells of *only a part of the brain*. Other parts of the brain are ordinarily not under control of the mental efforts. Yet we must know, axiomatically, that every organ, every blood vessel, every capillary, every square millimetre of skin and tissue, is connected with the brain by nerves, and that the nutrition of every part of the human system and the function of every organ is under the control of some center in the brain. These centers do not act blindly and automatically always, there must be some grand controlling center or portion of the brain tissue that governs the entire system of centers. The product of the activity of this part of the brain we call the sub-conscious mind, in contra-distinction to the conscious mind.

Ordinarily we find but little connection between the "conscious" and the "sub-conscious," to use the shortened expres-

*Read before the Mississippi State Medical Association at Meridian, Miss.

sions. But there is some connection, and many every-day incidents show it. For instance, a man cannot, by taking thought thereof, increase or decrease the rapidity of his pulse. But some sudden shock, anger, fear, joy or pain, can affect the "conscious" deeply enough to impress the "sub-conscious," and a change of pulse rate ensues.

The blush is another illustration. Very few of us can blush at will or refrain from blushing by wish, but an impression of the proper, or improper, kind will cause a dilation of the capillaries on the cheeks of those not too hardened to receive a shock, an impression on the "sub-conscious" through the "conscious" mind.

The familiar fact, that some people can, on retiring, think hard enough of waking at a certain unusual hour to impress the "sub-conscious," which at the appointed time judges the "conscious" awake, is another illustration.

Mental excitements of various sorts have various effects, through the "sub-conscious," upon even the larger organs. The heart has been already mentioned. An unusually large increase of urine is often observed after mental excitement. The sensation of nausea often comes through mental effect only, even to causing the husband, at too rare times, to feel the nausea of pregnancy, a great fright will some times cause imperative and immediate defecation, and "cold feet" are not unknown, even in the army.

Thus we see the function of nutrition of every part of the system, even of the thinking part of the brain itself, is controlled by the vague "sub-conscious," which never sleeps. We also see that under ordinary conditions, the "conscious" can effect the "sub-conscious" but little, while under extra-

ordinary but every-day conditions, the effect is vastly greater. Now we only have to find a means whereby we can make impressions at will upon "sub-conscious" and we can then do wonders towards controlling functions otherwise beyond control. This we find to a greater or less extent in suggestion or hypnotism.

I use the word "suggestion" as meaning an impression made upon the "sub-conscious" through the conscious mind, either during sleep, or when awake; and the word "hypnotism" to mean impressions or suggestions made during sleep only, and when artificially induced.

There is really no difference between hypnosis and natural sleep, except that in the latter the subject is in connection with no one but himself, while in the former, he goes to sleep with the memory of the operator most prominent and is therefore more or less under the operator's control.

During natural sleep and during hypnotic or induced sleep and also during the lighter stages of hypnosis, where we have only drowsiness and no loss of consciousness, the conscious mind is in abeyance, takes a back seat, and the sub-conscious mind, controlling every function of every part and organ, comes more or less to the surface and is more or less susceptible to impressions from without. For instance, a man awake is given a dose of some inert substance which he is made to believe is an emetic, his conscious mind dwells so strongly on the idea of emesis, that an impression is soon made upon the "sub-conscious" and emesis follows.

That is simply suggestion, because the relation between the "conscious" and "sub-conscious" is undisturbed. But if, by means of any of the methods in vogue, a drowsiness or a light sleep or a deep sleep is induced and the inert substance ad-

ministered with the suggestion of emesis, or the suggestion made alone, emesis more certainly follows. That is hypnotism, because here normal relation between "conscious" and "subconscious" has been disturbed.

A patient during hypnosis, is given a swallow of milk and assured that it is castor oil, the impression is made almost directly on the "sub-conscious," and the effect of castor oil promptly follows.

Another experiment showing the complete control of the vaso-motor system by the "sub-conscious" is that of the mental blister. It has succeeded many times but requires a very fine subject, i. e., one in whom the "conscious" can be made to give way entirely to the "sub-conscious." A piece of paper or a few postage stamps are applied to the patient's skin, the patient is assured that the application will blister, a bandage is applied and the patient watched, if the suggestion has "taken" with the "sub-conscious" the blister follows. And why not? It is really not wonderful, the brain center that can bring the blood to the surface in a blush can surely keep it there if duly controlled.

As I have before stated, the "sub-conscious" not only controls the functions of every other organ but of the brain itself. By suggestion the thinking part of the brain can be made to think more or less with the operator. The hearing part of the brain to shut out sounds that are and to hear sounds that are not. To seeing part of the brain to be blind to that which is before the eyes and to see things that do not exist. The feeling center to refuse to receive messages from without or to feel pains that are not real. And this "sub-conscious" also has a memory apart from the every-day memory.

If you are made very sick from eating

or drinking a certain article the "sub-conscious" rarely forgets it, years afterwards a single taste of that article will induce nausea. So, if an order be given to a patient during hypnosis, an order that is to be obeyed days or hours afterwards the patient may or may not have any conscious memory of the order, but the "sub-conscious" will remember it, and the order will be obeyed with more or less exactness, depending upon how perfectly the impression was accepted. This is called "post-hypnotic suggestion."

And now we come to the application of the facts which I have tried to make clear. What class of cases call for suggestion? We may roughly divide all cases into three classes in this regard:—

1. Those cases in which nothing will do as well as hypnotism.
2. Those cases in which hypnotism will be of great assistance to other treatment.
3. Those cases in which hypnotism is not worth while.

Under the first head come many morbid conditions that ordinarily stump the doctor. Persistent insomnia is one. It is very doubtful if we are justified in using drugs night after night to induce sleep if we can give relief by hypnotic suggestion. That we can do so in most cases is a fact. That to use drugs in such cases makes us responsible for many instances of drug habit is also a fact. I will give one case to illustrate the use of suggestion in this trouble. The patient, a lady of more than ordinary intelligence, had not only been ill for some time, but had been under severe mental strain and her physician had been compelled to use drugs to induce sleep for several nights. I was called and the use of hypnotism consented to. She was readily influenced and light

sleep was induced. She was ordered to go to sleep every night at ten o'clock and not to awaken until six in the morning. When awakened, after five minutes, she remembered the order and laughed rather incredulously and said she hoped it was possible but that as the chloral in ordinary doses had failed for several nights she was afraid it would not work. That night her nurse was agreeably surprised to see her turn over and drop off to sleep as the clock struck ten, and she slept until 6 a. m., and did so for several nights until some unusual disturbance caused her to wake up suddenly one morning about one o'clock and the impression lost effect. The next day I repeated the hypnotic suggestion and she had no return of insomnia.

Another trouble in which drugs are some times failures is in the nausea of pregnancy. Here it is impossible to remove the cause without interfering with the sex function of the woman. What more rational than to cut off the disturbing messages from the sexual organs before they reach the vomiting centre in the brain? Five minutes of hypnosis, a few positive suggestions, and you can awaken your patient feeling reasonably sure, if you have made an impression on the "sub-conscious," that all-powerful secretary of the interior has shut the vomiting center off—has disconnected it at central, so to speak.

Another condition in which drugs are not only useless but worse than useless, is in cases of pressure pains of pregnancy. At about the fifth or sixth month of gestation it sometimes happens that the enlarged uterus presses too much upon one or both sets of nerves passing over the brim of the pelvis. The result is intense pain in the hip or thigh. This pain is

often so great as to interfere with the daily life of the patient. She is most probably a multipara and has a lot of little children to care for, and so she cannot stay on her back all the time. Life under such circumstances becomes unbearable, but what can the doctor do? He can not remove the cause—the pressure on those nerve trunks. The condition is not grave enough to call for the destruction of the unborn child; morphine is his only weapon, and its use for weeks means the habit. But if he will hypnotise her, and, by suggestion prevent the brain from receiving these messages of pain, he will have solved the problem. A case to illustrate:—

Mrs. B., age 23, pregnant five and one-half months with her fourth child, had been in bed a week, any attempt to sit up was followed by excruciating pain in the right hip and thigh. Had been using douche in knee-chest position, by my order, but the pressure was only temporarily relieved each time. I hypnotized her, and ordered that the pain would stop, that she would not feel it again in any position. I woke the patient in three minutes, she had no recollection of any order I had given her, but the pain was no longer felt. The next day I found her up sewing on her baby's clothing. A week later the pain returned and the suggestion was repeated with success. In this case hypnotic suggestion had to be used several times, but the patient passed through gestation comfortably and without morphia.

Another condition which will try a doctor's soul is that of "wrenched back." The physical injury is so slight in proportion to the pain caused that one can only sit and wonder. It may not amount to a sprain, no ruptured ligament is present, it is just a "stitch in the back," as the darkies say. It may have come from a

sudden turn in lifting even a small weight, it may have come from merely pulling on a boot, but there is your patient, rolling his head because he can't roll anything else, and groaning at the slightest movement of his body. I say "his" because I have never seen a case in the female sex. There he is and there he is apt to stay from three days to a month, and what are you going to do about it? Local application seems to do no good, morphia gives only partial relief and every day you go to see that man; you wish he would get sick or had broken his leg. In the meantime he is eating three square meals a day and losing his confidence in all doctors in general and you in particular.

Here is a case in question: Mr. E., aged about 35, occupation railroad section foreman. In helping to lift a railroad tie his foot had slipped on the side of the dump and he had fallen. He had not fallen hard but said his body gave a turn, a pain struck him in the back and he collapsed. It took the entire section crew to take him off of his car and put him into bed and several more to get his clothes off. Four men risked his profanity in order to turn him over so that I could examine his spinal column. I could locate no injury. Prescribed a liniment and gave him morphia. The next day, there being no improvement, I put hot applications on his back and gave more morphia. The next day it was ice to the spine and morphia. The next day I found that he was using hot ashes externally and morphia internally. At the end of the week the skin on his back was about used up, as well as all the horse liniment, coal oil, turpentine, etc., in the local store; he had been helping me to treat the case. It then occurred to me for the

first time to try hypnotism. His condition was no better than when I first saw him, and I was ready to try anything. He went to sleep almost at once. In fact, he was one of the best subjects I ever saw. I made appropriate suggestions and finally ordered that he would sleep one hour and then wake up free from pain. In one hour he did wake up, got up and dressed and went to work. He did not have another moment's trouble with his back. This same patient at a later date sent for me one night to extract an aching tooth. I found him suffering all that toothache means and proceeded to hypnotize him, as at that period I was so enthusiastic about hypnotism that I never did a minor surgical operation without trying to get hypnotic anesthesia. Having put him to sleep I examined the tooth and found the cavity very small and the tooth very much needed, so instead of extracting the tooth I ordered him to quit having the toothache. Assured him that it would never ache again, etc. I then waked him up and explained to him what I had done. He was gratified at saving the tooth, but very unbelieving as to the loss of the toothache. In fact, he would not let me leave him until he had tried ice water and molasses and everything else at hand to try to make the tooth ache again. Three years later he told me that it had never ached since.

The conditions in which hypnotism is better than drugs can be multiplied. I have given only a few instances, but the cases under Class II, in which hypnotism may be of great assistance to other treatment, are even more numerous. While the cases under Class III, in which hypnotism is not worth while, are by far the most numerous of all.

Before leaving Class I, will mention

headache not of organic origin, even in the latter relief can be given, but in cases of nervous or functional headache hypnotism is really a cure, frequently a permanent cure.

Under Class II, we have a vast number of conditions where hypnotism is a very useful adjunct to treatment. Not to go into tiresome detail I will simply report a few cases of my own use of it and the thoughtful can readily see where it can be brought into use advantageously merely to remove a troublesome symptom.

A negro woman with tertiary syphilis, could not retain even a small dose of iodide and the drug was very badly needed. Hypnotized her and ordered her to retain the medicine. She did and recovered rapidly.

A young girl: tenth day of lobar pneumonia; resolution well under way; no fever but patient in a state bordering on collapse, could retain neither nourishment nor drugs. Was plainly slated for a speedy death under ordinary circumstances. Hypnotized her, ordered two hours' sleep, to wake up hungry and to retain whatever was given her. She obeyed orders, and not only retained all that was given her but called for more, developed a ravenous appetite and recovered rapidly.

In this and a few other similar cases I am confident that I have actually saved life by making nourishment and stimulation possible. In one case of persistent vomiting in lysæmia, or malarial hæmaturia so called, the vomiting was controlled and the medicine retained.

Where chloroform is objected to during labor hypnotism can often be used, though few women now object to chloroform when the labor pains become severe. I delivered one woman of a large boy after

keeping her in hypnotic sleep for ten hours. The case was very difficult and podalic version had to be performed. During the operation of turning the pains were entirely suspended by means of suggestion. At all times the pains were under my control and could be increased or diminished in severity or frequency by suggestion. That sounds hard to believe but it is a fact. It was the first time the woman had ever been hypnotized.

In minor surgical operations anæsthesia can often be produced and an abscess evacuated, a tooth extracted or filled or a few stitches taken painlessly. I have amputated a thumb during complete anæsthetic hypnosis. But here are to be met many disappointments, nearly every patient can be hypnotized to some degree, even if only drowsiness is obtained the post-hypnotic suggestions are generally at least partially effective. But complete surgical anæsthesia can rarely be induced. Very often the pain is partly relieved but only in a small proportion of cases is it completely so. This is probably because a post-hypnotic suggestion has a longer time in which to sink into the "sub-conscious," while the immediate suggestion of anæsthesia is hardly accepted and grasped by the "sub-conscious" before the operation begins. Also, the patient goes to sleep expecting pain and that expectation acts as a counter suggestion. Repeated hypnoses, with suggestion as to future hypnosis with anæsthesia, might be effective, but that is rarely practicable.

Still it will be sometimes very well to have the ability to try, as I have frequently found out when miles from an ounce of chloroform.

And now, having, I hope, convinced you that hypnotism is a useful therapeutic agent and that it is every medical man's

as energetically as I was bid. Sometimes I had an easy time of it, but as a rule I was greatly overworked, and by bedtime, in spite of all that was done to strengthen and stimulate and care for me, I would become so fagged out that I could go no further, and as there was no one else to execute orders for physical activity except myself, I would put the whole family, myself included, to bed and refuse point blank all obedience to further orders until I had had a good night's rest. Much more than I could accomplish was always expected of me, but I tried to be patient with it all, and invariably did the best I could to render faithful service in everything that was demanded of me. Whenever sickness prevailed of course I suffered with the other members of the household, and was excused from my customary occupation, whatever it might be. At such times none of us could work, and we simply did as our circumstances and condition would permit. Upon the ushering in of convalescence I was put to work again as usual, only we were all of us, I think, a little more careful after such an experience to avoid its repetition. In my younger days I was as ignorant and foolhardy as my kindred shapes, and was liable to go to extremes and strive on the slightest provocation to achieve the impossible. But bumps and bruises and failures and disappointments and disasters of all kinds soon outlined enough of what could be expected of me, and as time went on I was treated with more consideration. On the other hand, if there was any fun going on I was always in it, in fact was the prime mover, as without my service hilarity might be felt but could not get so far as physical expression. Smothered mirth is not very jolly anyway, and if I

had no hand in it I knew what was going on all the time, and do not feel that I have lost anything in missing credit for it.

As for sickness, although the individuals of our family each had personal peculiarities, yet we sympathized with each other so thoroughly that it always became more or less of a family affliction, whenever it broke out. I do not feel like speaking for the entire family, but there were some kinds of sickness toward which I felt an especially strong personal aversion. For instance, there was rheumatism. It may not be considered very dangerous, but it is invariably distressing and annoying as well. When it was located in the joints of the bony man I had to keep just as quiet as I could, for every move that I made seemed to distress the whole family, and yet confinement was always weakening and wearing upon my nature. It was almost as bad when rheumatism selected my nervous brother for its victim, for although whatever action I might indulge in did not set up the general disturbance which was aroused when the same thing occurred in rheumatic affections of the joints, nevertheless if I was at all active the trouble got gradually worse, until at last I found that I must remain perfectly quiet until the disease was mastered. When the attack of rheumatism was directly personal, I was then as helpless as a child until the disease abated. At such times I enjoyed the full sympathy of all the members of the family, and nothing was expected of me until I fully recovered. There were a few diseases in which I was called upon to do very painful service, for which I felt in no wise responsible, for personally I was all right, only as I suffered sympathetically. For instance,

in epilepsy, tetanus, and sometimes as a result of some form of intestinal irritation or kidney disease, I was commanded to institute such violent and spasmodic contractions as to throw the whole body into violent convulsions, which were always agonizing, and frequently fatal. I was never my own master, however, and always did as I was bid. But sometimes my duties seemed almost suicidal. It was a great relief when such storms had passed, and I could be permitted to resume my customary equilibrium. I was always very sensitive to strains and bruises and toxins of all kinds, and I was also liable to cancer. But I am pleased to tell you that I did not have consumption, although I was by no means exempt from such a possibility. A cold usually stiffened me, and I was always at my best when more or less heated up. Too protracted and violent exercise frequently made me cramp, and sometimes I could not stop it and my tendons had to be cut in order to restore the body to its normal shape.

The venous and arterial men had no more to do with me than was necessary for my personal well-being, except that in many places I afforded them protection from outside dangers. For instance, the great aorta passed between the crura of the diaphragm and the inferior vena cava pierced the diaphragm itself. But the fibers of this muscle were so arranged that at their time of contraction they would not compress either of these blood streams, but on the contrary permit them to be well opened so that their functions were not interfered with. By prolonged spasmodic contraction I frequently interfered seriously with the normal circulation of the blood, and in many places about the head and trunk, especially the

spine; and in some places also along the extremities, my relation with the blood stream was such that if I suffered, in any of these places, undue and marked muscular contraction, the bodily commerce was seriously interfered with that I was prone to cause diseases of various kinds, which were sure to last until my fibers, by the aid of electricity, manipulation, drugs, or some other efficient agent, were relieved of their contraction and restored to a normal condition.

This statement applies with equal force to the cerebro-spinal man. I had little to do with the two nervous men, the cerebro-spinal, and the sympathetic. The cerebro-spinal man mingled in my tissues as a rule simply enough to keep me in communication with the rest of the human being. The pneumogastric nerve, however, pierced my diaphragm. The spinal accessory nerve passed through my, sterno-cleido-mastoid muscle on either side, the entire lumbar plexus of nerves, which had so much to do with the pelvic walls and viscera, lay imbedded in the meshes of my psoas magnus muscle on either side, and beside these conspicuous examples I was repeatedly pierced in different parts of my anatomy by multitudes of smaller nerve trunks of the cerebro-spinal man, to say nothing of the multitudes of large nerves which ran along in the groove between, and in many cases beneath, my muscles. Undue and prolonged contraction of my fibers at any point where it rendered nerve impingement possible worked untold mischief to the function of the nerves involved and gave rise to functional derangements and organic pathology to such a varied extent as to entirely deceive many an accomplished diagnostician as to the real cause of the disorder.

But perhaps I have said enough of my afflictions. I simply wish to call attention to the fact that whereas from my relationship with my fellows I was made to suffer more or less with whatever disorder they might, any or all of them, become afflicted, at the same time personal afflictions peculiarly my own might in turn work mischief to the rest of the family. Our family was always and at all times mutually dependent and considerate. We always found that brotherly love was best for us all, so we had our joys and sorrows in common.

It is not necessary for me to say anything in this connection of the sympathetic man or the other members of the brotherhood, as each of these shapes will speak for himself later on, and will amply supply any omission of importance which may characterize my remarks on the present occasion. Perhaps I ought to mention, however, that although the bony man and myself are especially good friends, not by any means belittling thereby my intimate relationship with the entire family of human shapes, there is one of my brothers who is more to me even than the bony man, and that is the areolar man. In fact, so closely united are the areolar man and myself that although on the present occasion I am appearing before you as purely the muscular man, separated entirely from all my kindred, such in reality is not the exact state of the case. I could tear myself loose from the bony man, become disentangled from the arterial, venous, cerebro-spinal, sympathetic, lymphatic, and all the other men except one. Do you know I had to coax the areolar man to stay by me, or I could not have preserved my present shape. That faithful fellow has hugged me like a brother from child-

hood up. He has enclosed my every fiber, indeed, pierced my fibers and enwrapped my fibrillæ, and going yet further, has constructed for me my very cell walls, without which all my contents would be dissipated.

This areolar man has other duties to perform than that of sustaining and developing me, and in due time he will speak for himself, as the bony man has done and I am now doing. But at the same time I thought in this connection to at least mention my dearest physical brother upon whose faithful services and proximity my very shape depends. He's a jolly good fellow I can tell you, and if his native modesty does not prevent him doing himself justice, you are bound to like him when his turn to entertain comes. The most of the bulk of this most perfect of human shapes, the areolar man, has been removed before I presented myself before your consideration. But enough of it still remains to enable me to preserve my identity and permit me the distinguishing feature of the manly form which alone entitles me to your audience. But I must not bring my remarks to a close without brief reference to those of my muscles which are constructed of what is known as the involuntary fibers, whose office, although less conspicuous than that of the voluntary muscles, is nevertheless of vital importance to the human structure.

My voluntary muscles, of which I have already said all that is necessary for the purposes of the present set of tissue biographies, may work a part of each twenty-four hours and sleep the rest, pursue occupations, assume relations and positions at the behests of the erratic and whimsical cerebro-spinal man, thus enabling an individual to entertain purposes and

strive for their accomplishment. But my involuntary muscles enjoyed the supreme distinction of actively executing the entire bodily commerce. Their action was rhythmical and perpetual throughout the life of the body, their only periods of rest being the short intervals of their diastole. Perhaps it never occurred to you that the entire bodily commerce was carried on by tubular action. If a drop of sweat appeared upon the surface of the skin it had been squeezed by muscular contraction out of a small tube. If a drop of oil anointed the surface of the body or the shaft of a hair, it had been milked to its destination by muscular contraction; if saliva reached the mouth, it had been conveyed there from the salivary glands by the action of the muscles; after food was once swallowed, if it passed along the oesophagus to the stomach and along down through the entire twenty-six feet of the intestinal track, and its propulsion was accomplished by muscles; if peptic juice greeted it in the stomach and pancreatic juice and bile greeted it in the duodenum, and other digestive products anywhere along the track were mingled with it, these were all forwarded by muscular contraction; if urine trickled from the cortex through the pyramids into the pelvis of the kidney, down the ureters into the bladder and out of the urethra at any time, it was made to do so by muscular action; if an ovum was hatched, propelled along the fallopian tube into the uterine cavity, impregnated, and after nine months of gestation, or at any time before, expelled from the body, this was all accomplished by muscular action; if semen was formed by the testicles, carried by way of the vas-deferens into the prostatic inch, and was ejected by way of the

urethra, all this was accomplished by muscular action; if mucus was poured out upon the surface of any membrane for purposes of lubrication, or from inflammatory action, this was accomplished by muscular action; if air, entering the nostrils and passing through the larynx into the trachea by the suction of respiration, was carried on through the bronchial tubes into the bronchioles and thence into the air sacs, it was done by muscular activity; if blood was thrown by the left side of the heart into the aorta and thus through every branch of this great tree of life into the sea of the capillaries, and from these was again collected into the coalescing veins, to be returned to the right auricle of the heart, pouring thence into the right ventricle, from which it proceeded into the pulmonary artery and its branches to the capillaries of the lungs, where it was purified and then passed on into the pulmonary veins which emptied into the left auricle of the heart, from which it was forced into the left ventricle, all this wonderful circulation of the molten individual was secured by muscular action; if the lymphatics collected waste material from the outskirts of the body and conveyed it into the venous circulation, it was accomplished by muscular action. In short, as asserted, all the bodily commerce except osmosis was accomplished by tubes, and all tubes secured their vermicular motion by the action of muscular fibers. These fibers, my friends, were of the involuntary type. They were non-striated and did not obey the commands of the cerebro-spinal man. The condition of my voluntary muscles could be told at any time by the various methods of physical exploration. Their conditions of contraction and relaxation, of

atrophy and hypertrophy, of stiffness or suppleness, could in most cases be easily ascertained.

But my involuntary muscles were hidden in the recesses of the human structure, and their condition could only be told by the degree of vitality with which the various functions depending upon their operation were performed.

I was proud of my voluntary muscles, for they made me conscious of my manhood, my freedom, my personal prowess. My involuntary muscles concerned me more from the mere fact that they were absolutely essential to my very existence, and indeed to that of the entire family. Perhaps my voluntary part was the bread-winner—but it was my involuntary part that got the meals and kept us all alive. All the supply trains for the growth and repair of bodily tissues, and all the funeral trains by which every type of physical debris was carrier away, were managed by my involuntary muscles. Vermicular motion, or peristalsis, as it is otherwise called, is so noiseless and unobtrusive as to escape the attention and consideration which its importance demands at the hands of the medical profession. My voluntary part was moved perpetually by the cerebro-spinal system and acted upon the bones, using them as levers, a mere perfunctory service, by means of which I could adjust myself and family to other physical existences according to my orders. But when my involuntary part was set in motion it acted upon all tubular contents, which were sometimes solid, sometimes liquid, sometimes gaseous, and its rhythmic operations were essential to all bodily functions.

Now I beg of you, ladies and gentle-

men, that so far as you are concerned you will see to it that my involuntary part is no longer neglected, and that you will espouse its cause until its importance becomes universally recognized and appreciated. Artisans, athletes, and physical laborers of all kinds will pay due consideration to my voluntary fibers, but it will take careful study and extensive education to win a proper respect for my involuntary part.

It strikes me that you deserve great credit for your attention, for my remarks to you must have been exceedingly tame, as it has been impossible for me to enliven you with any form of activity. My voluntary muscles have had nothing to move, for the bony man has left me. It had no orders to move, for the cerebro-spinal man has also been disentangled from my meshes. It had no strength to move, for it is sometime since the arterial man has furnished it with nourishment. (Of course you can see how unnaturally pale I am.) My involuntary part could not move, for all of the tubes about which it entwined itself are empty, and it was never taught to move except as its fibers were distended by excessive accumulations of some kind of contents or were irritated. Then, too, the sympathetic man is gone, and were my involuntary fibers ever so distended they would merely gap in paralytic helplessness. You see, therefore, instead of being a power, as I once fancied, I served but an instrument of an indwelling force, whose existence I ignored because it did not appeal to my consciousness.

Ladies and gentlemen, kindly permit me to introduce to you the Arterial Man, who will read you his own biography at your next meeting.

TELEPATHIC EXPERIMENTS.*

BY MRS. J. R. STANFORD AND MRS. W. C. VAN VALEN, ATLANTA, GA.

MRS. VAN VALEN'S REPORT.

Mrs. S. and I commenced our telepathic experiments on the morning of June 4th, Mrs. S. acting as agent and I as percipient during the first week. We devoted the half hour between 8 and 8:30 a. m. to the work, using two articles during the time. The first morning I saw both scissors and comb, which were the articles that Mrs. S. concentrated on. The scissors were very distinct. At first I had only a thought or impression of a pair of scissors, but gradually the size and color of the handles, which were black, came to me. I felt that I had seen them. The comb I saw distinctly.

On Tuesday morning the impression of the scissors and comb came again, but I thought it a remembrance of the previous morning, so paid very little attention to them. However, the same articles were used that morning, and doubtless I received the impression of them, but allowed my objective mind to reason me out of it.

On Wednesday and Thursday mornings nothing of importance occurred. Friday we did not sit. Saturday morning I received no impression of the article used, but saw a nickel which Mrs. S. was holding in her hand during the first part of the time. I also saw a small speckled chicken in Mrs. S.'s hands. She did not intentionally concentrate on the chicken, but during the time devoted to telepathing she was disturbed by a man coming to the door and offering her the chicken for sale.

*Read before the College of Progressive Thought, Atlanta.

As she was interested in looking at the chicken, and as I was passive, I distinctly saw the chicken.

The third week I was percipient again, but our work was almost a failure, as we changed the time from morning to evening, and we each met with so many interruptions we did not accomplish much. However, I had one experience worth relating. During this week, on Friday, I received an impression of Mrs. S., "Joe Wheeler," her cat, and a book. Mrs. S. sat with the cat in her lap, reading during the time that I was passive; she having forgotten the hour.

Monday, July 2d, was the beginning of the fifth week. This was my week to act as percipient, and our work was very successful. On Monday I received an impression of a book, which in reality was an envelope. This was practically correct.

Tuesday I distinctly saw the sunflower which Mrs. S. was admiring and desiring that I should see.

Wednesday I had a vision of a white fluffy ball or bunch of something. As I tried to see it more distinctly it seemingly grew into a white rabbit. This proved to be a bundle of white chiffon, folded in such a manner that as it lay in her lap it was the size and shape of a half-grown rabbit, drawn up on its little haunches.

Thursday morning Mrs. S. did not try to send me any impression, but I supposed she was doing so, and I sat passive during the half hour and received the impression

of a ball of yarn or string and a glass of dark jelly. On comparing notes the next day it proved that she was using this ball of string to tie up a jar of cherries during the time that I was passive. As jelly and cherries look very much alike, I think that my impression was very good, and as this was unintentional on her part, it shows that thoughts do vibrate and go out upon the ether without a conscious effort.

Friday morning we had a similar experience, Mrs. S. being obliged to answer a business note during the time that I was passive. I received an impression similar to the \$ mark, which she used a number of times in the note. I did not

think it a \$ mark, but thought she was making a little diagram, similar to those we used to play tit-tat-toe with, but the perpendicular lines would not stand straight, and as I tried to draw the figure I felt impelled (to make the upright lines on an angle of forty-five degrees. Mrs. S.'s \$ mark has the lines at that angle.

You will see by the report that I saw or received impressions of as many or more things that Mrs. S. was interested in, but did not intentionally send me the impressions of, as I did of the things which she willed me to see.

MRS. W. C. VAN VALEN.

MRS. STANFORD'S REPORT.

In the following experiments in telepathy, conducted by Mrs. W. C. Van Valen and myself, every effort was made to eliminate the element of guess work. The distance between was quite a mile, and we had personal interviews only once a week. The sittings were conducted, as far as circumstances would allow, on the lines laid down by Sir Wm. Crooks, except that our efforts were to transmit outlines of objects instead of sending messages, or outline drawings, figures or words. The sittings were arranged for stated hours, and an earnest effort made to obtain perfect concentration. During the first week I acted as sender, and Mrs. Van Valen has given you the result of her work as receiver. I give you here the result of the second week, when I acted as receiver.

June 11th. First half of sitting agent concentrates on a sea shell; second half, a biscuit. Result, complete failure; I received quite a number of distinct impres-

sions, but none of them in the least suggesting the objects mentioned.

June 12th. No effort was made to communicate.

June 13th. Agent sends first a book, next a button; I fail to get anything definite.

June 14th. Mrs. Van Valen sends a daisy; I receive a daisy. Second half of sitting she sends the figure 9; I receive a ring.

June 15th. First half of sitting was failure. During the second half I distinctly saw Dr. Van Valen at his desk, reading a letter, with Mrs. Van Valen standing a few feet from him. Regarding this will say that when we compared notes afterwards it was found that my clock was a little slow, and Mrs. Van Valen had finished the sitting and was in the doctors' private office, standing looking at him as he read a letter, just as I had seen her.

June 16th. We were both disturbed

during the sitting, and accomplished nothing.

Resumed as received June 26. First half hour Mrs. Van Valen sends a nail file; receive a pencil. Second half, a book was sent; received impression of a button.

June 27th. Nothing was accomplished.

June 28th. Nothing.

June 29th. A rose was sent, and I get impression of a flower, but cannot tell what it is. Next a bunch of keys with a prominent ring is impression I receive when Mrs. Van Valen attempts to transmit the outlines of a small clock with a ring on top. Both the ring in this experiment and the circle received on June 14th would be considered good according

to Mr. Podmore, as the circle was doubtless only the upper part of the figure 9, the lower part in some way becoming obscure, but it is difficult to account for the bunch of keys attached to the ring instead of the clock, which should have been there, except from the association of ideas, which is, I understand, a frequent source of error in this work—the ring received, on account of its size, being more commonly associated with a bunch of keys than with a clock, was so strongly suggestive of keys as to destroy the clearness of the impression.

June 30th. We had the sitting at regular hour, but failed to transmit anything.

MRS. J. R. STANFORD.

THE THEORY OF PSYCHIC HEALING.

BY A. C. HALPHIDE, M. D., CHICAGO. PROFESSOR OF THEORY AND PRACTICE,
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Physical research is making rapid progress, and the whole world is waiting with interest for every item of new data, but in the whole range of psychologic investigation there is nothing of such transcendent interest to the world today as the relation of the mind to the cure of disease.

That there is a psychic power within man which presides over the functions, sensations and conditions of the body, and that this power may be directed at will, under certain conditions, for the relief of the manifold ills of mankind, there is no doubt, nor need of proof. If proofs were needed it would suffice to call attention to the hundreds of "healers" and the army

of those who have been healed, to be found upon every hand. These are real cures, and just as well authenticated as those found in the reports of cases cured by drug medicines. Many systems of cure, all producing most positive proofs of their efficacy, have been founded upon these facts, but they have as many theories of causation and as many methods of application, as there are different curative systems.

Mental medicine is broader than any one of the curative systems—it is as broad as all of them combined—as broad as the curative action of the mind over the body. It is worth while to consider psychic therapeutics.

Psychopathic healing includes many schools, each sub-divided into various sects, but for the present purpose it will be sufficient to call attention to a half-dozen of the more prominent of them, namely: Christian Science, mind cure, faith cure, spirit cure, magnetism and hypnotism.

Christian science, which has lately received a pretty thorough advertising at the hands of Mark Twain, and others, claims that the body is unreal, and that the mind is all, therefore disease has no existence except in the mind, and should be ignored and denied. They persuade many to believe this fallacy and show many persons who have been cured by their treatment.

Mind cure makes the same statement. It says "all diseases are conditions or states induced by abnormal conditions of the mind," and the advocates claim that these states and conditions of the mind together with the diseases incident to them may be and often are, corrected by the power of the healer's mind.

Faith cure is based upon the belief that religious faith will save man from sin and sickness and says that belief in and prayer to God will secure relief from pains and the cure of diseases. They point to those who have been healed and triumphantly exclaim in the words of the Master, "By their fruits ye shall know them."

Spirit cure is founded upon the supposition that the shades of the departed dead can and do "come back from the spirit world" and through some "medium" give relief to the sick and comfort to the afflicted. And many are willing to testify that some "big Indian chief" or "little Indian squaw" or some other shade through a "Medium" has cured them of distressful diseases.

Magnetism teaches that there resides in man a subtle fluid of healing nature which may be projected at the will of the operator upon another person with the effect of curing the functional and organic diseases of his body, and from the time of Mesmer until the present, marvelous cures have been made.

Hypnotism furnishes a power by which persons may be placed in a condition of induced sleep or hypnosis. While in that state it is claimed that they are suggestible and may be given suggestions that will relieve them from pain and cure their diseases. Many profess to owe their good health to this system of therapeutics.

A Connecticut minister, Rev. Dr. Howard B. Cutter, pastor of a New Haven Baptist church, has recently called attention to the therapeutic use of hypnotism by reporting a number of cases of cigarette and liquor habits cured by its use. These cases are common in the hands of specialists who practice suggestive therapeutics.

The above brief summary shows that there are a considerable number of different systems of psycho-therapeutics based upon as many widely different theories, each presenting indubitable evidence of its ability to perform cures—many of which appear almost miraculous. But they acknowledge only one thing in common, namely: that they all cure diseases. However, it requires only a superficial study of them to discover that there must be a common underlying principle or law upon which they all operate.

Now since all curative phenomena produced by psychic influence under whatever name they occur, must depend upon the same fundamental law, it is of the utmost importance that this law should be discovered—that we should find and recognize the law of psycho-therapeutics.

It is plain that the law must depend upon the constitution of the mind, so we must turn to psychology for the key to the solution.

Fortunately hypnotism has recently come to our assistance, enabling us to better understand the constitution and action of the mind. It has revealed among other things, first, the dual nature of the mind, and second, the amenability of the mind to suggestion. Some intimations of these peculiarities had been observed in certain trance and other spontaneous conditions, but it remained for hypnotism to fully establish them. Hypnotism is of great aid to students of psychology and its revelations will doubtless overthrow many of the older doctrines of psychologists.

It is thought that the two facts just mentioned, namely: the duality of the mind and its amenability to suggestions, furnish an explanation of the principles underlying all of the psychocurative system or the law of mental medicine. It seems possible to justify their facts as we shall now attempt to show.

The duality of the mind is not a new idea, but it has recently received new emphasis. The separate action of the two hemispheres of the brain is not what is meant, although that is possible, as is shown by the phenomena of unilateral hypnosis. There is a duality in the sense that the mind possesses two distinct sets of functions, with a double consciousness, operating more or less independently. This duality of the mind would seem to be proven if the existence of the dual consciousness with separate memories can be demonstrated, namely, the primary or waking consciousness and the secondary or sub-consciousness. The usual distinction made between them is that the

first includes all knowledge obtained by the aid of the five senses and reason, and the second includes all knowledge gained through intuition and immediate perception.

The physiologists, Carpenter and others, recognized two kinds of mental activity. The unusual kind, not belonging properly to the conscious phenomena, they called "unconscious cerebration" for want of a better term. These two we now know as the sub-conscious phenomena of the mind.

There are no unconscious activities of the mind for the very essence of mind is consciousness. These are sub-conscious, but not unconscious phenomena. Many of the sub-conscious phenomena never rise above the floor of ordinary consciousness.

Consciousness may be illustrated by two circles, the smaller one within the other, both having a common center. The smaller circle represents the ordinary consciousness for the waking consciousness contains only a small part of our whole conscious activity. The sub-consciousness is represented by the larger circle, for it contains all that is in the smaller circle and much more that lies beyond the limit of its circumference.

The double aspect of the mind is observed also in the blending with the physical and spiritual realms; the mind, through the senses and reason, adjusts itself to its physical environment and through the intuition and immediate perception reaches its spiritual environments.

The very latest statements of physiology emphasize this duality, although strangely enough many of the physiologists stick to the old materialistic explanations. Vincent, in a chapter upon the "physiology of hypnosis," reaches the fol-

lowing conclusion: "Thus there seems to be in the human nervous organism a dual nervous action, one automatic and intuitive, the other rational, volitional and deliberative."

A detailed discussion would be out of place here, but it can be easily shown that there is abundant evidence to prove that the theory of double consciousness is well founded. These groups of phenomena are urged as proofs, namely: spontaneous, induced and diseased states of mind, in which sub-conscious activities are observed. Let us examine examples of each:

In the normal states these sub-conscious phenomena are seen in such actions as are common in the so-called "un-conscious cerebrations," and the "automatic and nervous activities," where the mind performs two acts at once, as adding up a column of figures while carrying on a lively conversation. Such actions require the conscious employment of two separate trains of memory in their performance, but we have only one conscious memory, hence the other must be sub-conscious.

The phenomena of dreams and spontaneous somnambulism point in the same direction, for sleep is not merely an absence of waking activity, but it is a phase of personality with distinctive characteristics. The intimate relationship between sleep and hypnosis will serve to emphasize this statement. The actions and movements of somnambulists prove that they are not automatic, indeed they often perform most complicated actions which would be impossible without consciousness, and yet, after awaking they usually have no conscious memory of their actions. A patient of mine, a young lady, was accustomed to arise and dress her-

self at night while asleep and walk about the house and only knew that she had been sleep-walking when she awoke in the morning and found herself in the bed fully dressed.

The induced sub-conscious states are found in hypnosis and they go far to prove the quality of the mind. The phenomena of hypnosis have been given in detail by many writers and may be referred to. It will suffice to mention the well-known case of Mrs. B., reported by Prof. Janet:

"Madam B., a natural somnambulist from childhood, has for the last few years been under the constant observations of Mr. Pierre Janet, professor of philosophy at Havre. In her normal state, Leonia is an ordinary peasant woman, serious, a trifle heavy, placid and retiring. When hypnotized, she wakes up to another existence; she now calls herself Leontine; her whole aspect changes; she becomes bright and lively and not seldom recalcitrant to suggestions, and shows of humor and sarcasm. Of her waking self she says: 'this good woman is not me—she is much too stupid'—Leone, the first, is a Roman Catholic—Leone, the second, is a confirmed Protestant—she has adopted the religious views of her early hypnotizer. In a word, Leone, the first, is an ordinary French peasant; Leonie, the second, is a woman of the world—able to hold her own in polite society, with a circle of friends, and a varied experience of which Leone, the first, has no knowledge whatever."

Some writers say that the double personality of hypnosis proves too much, for not two but several personalities may be evoked. Careful observations, however, shows that these apparent personalities of hypnosis, with their memories tend to

run into one, the primary hypnotic personality and memory, and are undoubtedly due to unintentional suggestions of the operator. If we bear in mind the hyper-acuteness of the subject, this will be readily understood.

Many examples of pathologic double personality are on record. Let me cite the one reported by Dr. Azam, which is a typical illustration of such cases:

"Up to the age of fourteen, Felida H. was quick, industrious, somewhat silent, remarkable chiefly for a varied assortment of pains and ailments of hysterical origin. One day, when engaged in her regular occupation of sewing, she suddenly dropped off to sleep for a few minutes, and awoke a new creature. Her hysterical aches and ailments had disappeared, she had changed from gloom to gaiety—from morose silence to cheerful loquacity. Presently Felida slept again, and awoke to her usual taciturnity—asked by a companion to repeat the song that she had first been singing, she stared in amaze—she had sung no song. In brief, all the incidents of that short hour between sleep and sleep were as though they had never been. In a day or two the same sequence was repeated, and so on day by day, until her friend learned to look for and welcome the change, and her lover grew accustomed to court her in the second state. In due course of time, she married, and as time went on, the second state came to usurp more and more of her conscious life, with only short intervals of recurrence of her normal condition. In her first, or normal state, she retained the remembrance of those things only which had come to her knowledge when in the normal state, but the memory of the second, or abnormal state, embraced her whole conscious life."

Sometimes, it is impossible, to blend the two personalities into one, so that the memories will be continuous, as could be done in the case of Felida.

Professor William James, the psychologist, reports such a case in his textbook. The Rev. Ansel Bourne, of Greene, R. I., fell into what appeared to be a spontaneous hypnotic trance, persisting for two months. As the case is undoubtedly perfectly genuine, and important, a part of it will be told in Mr. James' words: "He is of a firm and self-reliant disposition, a man whose yea is yea, and his nay nay, and his character for uprightness is such, in the community, that no person who knows him will, for a moment, admit the possibility of his case not being perfectly genuine:

"On January 17, 1899, he drew \$551 from the bank of Providence with which to pay for a certain lot of land in Greene, paid certain bills, and got on a Pawtucket horse car. This is the last incident which he remembers. He did not return home that day, and nothing was heard of him for two months. He was published in the papers as missing, and foul play being suspected, the police sought in vain his whereabouts. On the morning of March 14, however, at Morristown, Pa., a man calling himself A. J. Brown, who had rented a small shop six weeks previously, stocked it with stationary, confectionery, fruit and small articles, and carried on his quiet trade without seeming to anyone unnatural or eccentric, woke up in a fright, and called the people of the house to tell him where he was. He said his name was Ansel Bourne, that he was entirely ignorant of Morristown, that he knew nothing of shop-keeping, and that the last thing he remembered—it seemed only yesterday—was

drawing the money from the bank, etc., in Providence. He would not believe that two months had elapsed. The people of the house thought him insane, and so at first did Dr. Louis H. Read, whom they called in to see him. But on telegraphing to Providence, confirmatory messages came, and presently his nephew, Mr. Andrew Harris, arrived upon the scene, made everything straight, and took him home. He was very weak, having apparently lost over twenty pounds of flesh during his escapade, and had such a horror of the idea of the candy store that he refused to set foot in it again. The first two weeks of the period remained unaccounted for, as he had no memory, after he had once resumed his normal personality, of any part of the time and no one who knew him seems to have seen him after he left home."

Hypnotism was used as a means to secure the memory of his second personality, and he readily told of his "Brown" existence, but while hypnotized, could not remember any of the events of his normal life. He did not recognize his friends and declared when Mrs. Bourne was presented to him that he had "never seen the woman before." Mr. James concludes:

"I had hoped by suggestion, etc., to run the two personalities into one, and make the memories continuous, but no artifice would avail to accomplish this, and Mr. Bourne's skull today still covers two distinct personal selves."

These classical cases have been cited because they carry great evidential value, coming as they do from such distinguished and competent observers. The report of many similar cases are easily accessible and may be studied by any one who wishes to investigate the subject.

Surely evidence is not lacking to prove beyond a reasonable doubt that the human mind contains a double consciousness with two separate trains of memory.

The amenability of the mind to suggestion is so commonly accepted, that it is only necessary to state the fact; but a few illustrations will serve to emphasize it. The suggestibility of the mind is found in the waking state, in hypnosis, and in pathologic states.

All persons are more or less suggestible in the waking state. Many interesting facts illustrating its influence are familiar to all. Perhaps no better example could be found than the oft-repeated experiment of "playing a trick" on a person by telling him he is sick. The other day it was tried upon a man noted for his good health, by several of his office mates. He was told by each in turn at short intervals, that he was "looking badly" and he "must be ill" and the like, all the forenoon. The result was that he went home ill early in the afternoon.

While the suggestibility of the mind is considerable in the waking state, induced sleep or hypnosis is the suggestible state. Hypnotism is the pass-key that admits us to the study of the mind, and it is through it that we have obtained the most positive proof of the law of suggestion. It has not only demonstrated the suggestibility of the mind, but has also shown that it is the sub-conscious mind that is suggestible.

The susceptibility of the hypnotized subject is phenomenal and almost unlimited in certain directions. It has been shown that speech, music, and signs, all have marked suggestive influence over our subjects. Sad music, like a sad story, will make them sad, and tears will well up into the eyes and course down the

cheeks. Comic pictures, like humorous stories or lively music, will send them off into fits of merriment; their personalities may be changed by a word. Suggest that they are other persons and they will accept it and conduct themselves accordingly.

Certain diseased conditions, as hysteria, furnish further evidence of the impressibility of the mind, if more were needed, but it is thought that enough has been given to abundantly establish the fact.

Together with the control of the mind by suggestion, another important fact appears, namely: the functions, sensations and states of the body, are under the control of the sub-conscious mind. The fact that the functions, sensations and states of the body are beyond the control of the will, leads us a long way toward certainty that they are under sub-conscious control, for they must be under the control of either one or the other. It would be absurd to say that they are not consciously controlled in the light of recent demonstrations. It is well known that the functions, states and sensations may be changed and controlled at will of the subjects who are in hypnotic sub-conscious states. Any one who will, can readily prove all that is stated here. In this induced state the voluntary and involuntary actions are easily controlled and the sensations varied as desired.

The action of the heart may be depressed or accelerated and the character of the respiratory rhythm altered as desired. The temperature of the body may be increased or lowered. The functional activities of the liver, kidneys, stomach, intestines and the other organs may be affected at will. In short, not only functional, but organic diseases may be produced by hypnotic suggestion. The power

of the mind over the body is in keeping with its growth and development, for every cell in the complex fabric is placed and controlled by mind processes; therefore, it is not surprising that organic changes have been, and may be produced by suggestion.

Therefore, since the functions, sensations and conditions of the body are controlled by the sub-conscious mind, and the sub-conscious mind is controlled by suggestion, it is plain that the derangements of these bodily functions and states may be corrected by suggestion.

We are now prepared to understand the way in which cures are effected by suggestions and are not surprised to find that suggestion is the principle underlying psychic healing. It is easy to show that all cures effected by the various systems of mental medicine must find their explanation in this law of suggestion. A law must be universal in its application and the law of suggestion seems to be broad enough to cover and explain all of the cures resulting from the various psychologic systems.

This is the way suggestion operates: A receptive state of mind is induced in the patient—the suggestion is given that he will soon be well—he believes that he is about to be cured, and his mind determines the result and he is cured. It is plain that it is faith or belief that is the connecting link that completes the circuit of curative powers. There is a law which appears to be almost without exception, namely, that what a person expects is likely to appear in him whether it be physiologic or psychologic.

This is the way the various cures operate: A man who has been ill for a long time becomes dissatisfied with the treat-

ment of his attending physician in whose hands he has possibly suffered many things, and dismisses him. He hears of a "healer" and decides to consult him. The "healer" explains his system and assures the patient that he can cure him. The patient is convinced—pays the fees—and passively submits to the treatment. The result is prompt—he feels better after the first application and soon fully secures his health. Now this is what has happened in this case, namely:—he believed—he became passive—he received curative suggestions and his mind determined the result. All of these cases may be shown to be simply suggestive treatment. They do not result from any merit in the "cure"—but from the belief in it. In like manner belief is the keynote in all of the psycho-curative systems, for it furnishes the opportunity to make the curative suggestions.

The Great Physician used to say, "according to your faith be it unto you," and "Thy faith hath made thee whole," and again, "He could do no mighty works (healing) because of their unbelief."

Paracelsus recognized the same law when he said:

"It is faith which gives power—unbelief is a destroyer. Whether the object of your faith be real or false you will nevertheless obtain the same effects. Faith produces miracles and whether it is true or false faith it will always produce the same wonders."

These statements and many others like them from recent writers explain how it happens that systems with such widely differing doctrines and methods have all secured such marvelous results. They have succeeded in winning the confidence and inspiring faith of their followers and in giving the suggestions which have de-

termined the mind in producing the cures.

It seems plain that the conditions and processes of all psychopathic healing are essentially the same. The conditions are states of receptivity or suggestibility and the processes are the making of the needful curative suggestions to the patients. That these conditions and processes have been induced and given unwillingly is rather confirmatory than otherwise of the universality of the law of suggestion. The law of mental healing will be progressively more appreciated as it is better understood and more used.

Minds at first must be spoon-fed with truth;

When they can eat, babe's nurture is withdrawn;

I fed the babe whether it would or no;

I bid the boy to feed himself or starve.

—*Browning.*

We can't choose happiness either for ourselves or for another; we can't tell where that will lie. We can only choose whether we will indulge ourselves in the present moment or whether we will renounce that for the sake of obeying the divine voice within us—for the sake of being true to all the motives that sanctify our lives—*George Eliot.*

There is nothing so great as to be capable of happiness, to pluck it out of "each moment and whatever happens," to find that one can ride as gay and buoyant on the angry, menacing, tumultuous waves of life as on those that glide and glitter under a clear sky; that it is not defeat and wretchedness which come out of the storms of adversity, but strength and calmness.—*Anne Gilchrist.*

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EDITORIAL.

The Passing Crowd.

Did you ever stand on the corner of a busy street in some large city watching the human current sweeping by? The rich, the poor, the happy, the miserable, the old, the young, the dignified man, the slouching tramp, the honest man, the rogue, all passing on, only to be succeeded by other types, other forms, other faces. We catch a few words of conversation from some of the passersby, and amuse ourselves by endeavoring to determine their respective characters from the overheard words. We try to picture their life stories from the expression of their faces, of which we receive but a momentary glimpse as their owners are swept before us.

We are reminded of this familiar experience each month when we "go over" the pile of exchanges and general literature on our desk. The contrast here is as marked as in the case of the passing crowd viewed from the street corner. Each publication passing before us has its own peculiarities, its individuality, its own particular notions and opinions, fad, "ism" or "pathy." The leading scientific and medical journals of this and other lands; the numerous publications of the

"New Thought," good bad and indifferent; the organs of the queer sects, cults and societies; pamphlets; prospectuses; "courses," sermons, and other printed matter too numerous to mention, pass before us.

The Allopathic, Homeopathic, Eclectic, Hydropathic and Osteopathic journals are here. So is the "Natural Healer," that fiery little free-lance, waging war on the "Killopaths," and shouting its war cry, "Throw Physic to the Dogs." So is Dr. Tilden's "Stuffed Club," striking blows which make the dust fly. The free-thought journal is sandwiched between some orthodox religious publication and the organ of the spiritualists, and rubs shoulders with the "Ram's Horn."

Here is the "Flaming Sword," the organ of "Kores," the prophet of the new religion, which teaches that we inhabit the inside of the earth instead of the outside, and that "Kores" is the forerunner of 144,000,000 "Sons of God," who are coming to regenerate the world. Here is "Lucifer," with its new theories regarding the relations of the sexes. Here are the journals of Theosophy teaching the doctrines of Reincarnation and Karma. Here is the spiritualistic organ with

communications from the "dear spirits." Here is Shelton's "Christian," which is calculated to startle the orthodox old lady who may pick it up, attracted by its title. Here is the "Psycho-Harmonic Scientist," the personal organ of Robert J. Burns, "the Man from Venus," who also claims to be the "Mental Intermediary of the Harmonial Hierarchy," "Hierarchy to the submerged Venusians," and "Messianic Messenger to the Multitude" (we often wonder how he manages to perform the duties of these responsible positions—he must work overtime). Here is the "Abiding Truth," "The Adept," "The Brahmavadin," "The Dawning Light," "Eleanor Kirk's Idea," "Exodus," "Eltika," Helen Wilman's "Freedom," "Fred Burry's Journal," "The Prophet," "Harmony," "The Free Man," "The New Man," "The Solar Man," "Psyche," "Radiant Centre," "Universal Truth," "Universal Harmony," "Two Worlds," "Trumpet," "Radix," "Nautilus," "Prognostic Star Gazer," "Sphinx," "Prophetic Messenger," "Open Door," "Now," "Nya Tiden," "Morning Star," "Medium," "Lichtstralen," Dowie's "Leaves of Healing." There are others. Some of these journals claim to be charged with magnetic or psychic "vibrations," imparted by their respective editors, and the various vibratory currents chasing each other around our sanctum renders the psychic atmosphere "fierce" at times. We are sometimes afraid that the fire insurance inspectors may insist on cancelling our policies unless we have these "vibrations" properly wired so as to prevent accidental grounding. Some of these journals carry with them the "best thoughts" of their respective editors, which is very handy when we happen to run out of "best thought." It is nice to have some one

around from whom to borrow a little "best thought."

This "New Thought" idea is taking on some odd forms and some of its followers are developing some queer "isms." Several "I AM's" have appeared and, as above stated, a number of them are operating "Vibration" apparatus at their offices, the "Vibrations" being offered as a premium for a yearly subscription in some cases. Others throw in a month's "Success Treatment" as a premium. Some give instructions, enabling the fortunate subscriber to become "an immortal in the flesh," and teaching him "the Art of Conquering Death." Others answer their correspondents' inquiries along astrological lines, and Mary Ann is informed that she is "Fire" and her "steady company" is "Water," the combination being an undesirable one. In this way much good is accomplished.

We notice in one exchange that an ardent Christian Scientist, finding her pantry overrun with water-bugs, roaches and mice, applied her science teachings to practical use and gave the pests a "treatment," and lo, the vermin departed. If this becomes generally known Christian Science may become a formidable rival to "Rough on Rats." It also renders apparent the injustice done the followers of that sect when some scoffing materialist speaks of them as "ratty."

We are horrified, however, to learn that some of the Christian Scientists have been practicing "black magic" and trust that our Theosophist friends may warn them of the terrible fate of persons indulging in the practice of magic of that particular shade. Just read this article, clipped from the October number of the "Washington News Letter," the organ of the "Reform Christian Science Church,"

which denomination is a seceding faction of the Eddyites, the relations between the "mother" and the straying children being apparently slightly strained. The *News Letter* publishes the following article:

"INTOLERANCE."

"One would think in this age of enlightenment and of universal freedom which is coming to the children of men at large, and especially in these United States where the freedom of the citizen is most zealously guarded, and most especially in the city of Boston, the center, we might say, of educational advancement, that it would be impossible for any system based and founded upon absolute tyranny and intolerance to prosper.

"During the past month we have received letters from members of the so-called First Church of Scientists in Boston, stating that they had received instructions from headquarters reminding them, each and every one of these disciples, of their duty of complete and perfect submission to the wishes of the 'Mother,' and that they must not read any writings but her's or what are indorsed by the publication society in Boston. One of these letters came to me from Illinois (I presume the party had been spotted and reported as belonging to the Reform Church). The person written to emphasized her protest against the order by subscribing for *The News Letter* for a year for two of her neighbors, and wrote to me for treatment against their malicious mental malpractice, which she felt was being practiced on her.

"Another one writes from Boston. The writer had been treated for several months by the Eddy school, and had abandoned them because they failed to do her any good, and wrote me for treatment. When the healer was notified to stop the treatment the patient was anathematized and told she would suffer severely for such conduct, and within six hours the patient was stricken with a most virulent and aggravating malady.

"We have received letters from several

states of similar character, showing that the agency of evil has become active again and feel that they must be active in order to sustain their power. The *News Letter* and its editor seem to be their especial aversion, and if any one of the members of that church are asked anywhere their opinion of *The News Letter* they will give it in the strongest terms that it is nothing but error, and that no person can be healed who reads it, and so forth, and so forth. While the fact remains that the members of the Reform Christian Science Church are healing the sick daily who have been treated for months and years by the Eddy School, and they are healing diseases almost universally, if error was being taught by us such things could not be done.

"Jesus' disciples came to Him and told Him that there was one outside who healing disease and preaching in the name of Jesus, and they told Our Savior that they had rebuked him. Jesus' response to them was to rebuke them for their action, and He said if he was doing it in His name that he was working for Him and not against Him. Simply because we do not charge one hundred dollars for teaching this trust, and then permitting only a few to teach it, and keeping the truth within a ring for benefit of that ring's pecuniary advancement, surely such conduct is not a crime from a moral standpoint. It would seem, as before remarked, that it would be impossible for such practice to be, but yet it is sad to confess it to be true."

A correspondent, in the same journal, states that she "took the stand for freedom and began to write poems," whereupon:

"My friends were astonished and wanted me to have them published, but I did not. When the Eddyites heard of it their malice knew no bounds. I was a 'traitor' to the 'Mother.' I could not write such poems and be one of them. I had to stop writing or leave the church, to which I replied that I did not consider myself one of them, and thanked them for my free-

dom. They warned me I would regret the step I took; that I would suffer, would be beaten with many stripes, and would lose my mind, and many other evil predictions; and, strange to say, two days thereafter my earthly life became a living death. This was ten months ago, and my condition was most horrible. I often prayed for death, but thanks be to God and you those evil claims were all destroyed one by one."

In this connection it is interesting to note an advertisement in the same journal in which "John H. Turner, Dean," sets forth the merits of "The Vibrating Treatment," stating that "for MALICIOUS MENTAL MAL-PRACTICE, and all kinds of acute beliefs, this treatment has proven a perfect panacea." The said treatment is stated to be in the shape of a type-written lecture which is sold at the modest price of \$1.00. We are glad to know that the Reform Scientists have found such a cheap and effective antidote for the horrible "Malicious Mental Mal-Practice."

It is also noted that the Reform Christian Science is taught to students at the nominal tuition fee of \$10.00, including diplomas, which is a big cut from the prices heretofore quoted by "Mother" Eddy. Whether or not the latter will meet the cut price remains to be seen. Competition is the life of Trade.

But, seriously, did you ever stop to think how much harm this belief in "Malicious Mental Mal-Practice" may occasion. Take an impressionable, suggestible woman, with her faith firmly pinned to Christian Science doctrines, and fully accepting the theory of transmission of good thoughts from the healer to the patient. Impress upon such a person the suggestion that some enemy is sending her hurtful thoughts, and where is she? She will accept the bad suggestion as read-

ily as the good one, and the result is that she is soon suffering from some complaint brought on by her belief in the malicious use of mental power by some one hating her. Of course the "Vibration Treatment," above alluded to, or any other form of suggestion or auto-suggestion, will relieve her of her "belief," but unless she understands something about the nature of suggestion she will not know how to prevent a recurrence of the trouble, and so long as she believes in the power of some other person to injure her by an effort of the will, she will be a slave to fear and may become a nervous wreck, or worse. Reading reports of this kind forcibly remind one of the days when witchcraft was accepted as existent; when spells and curses had dire effect until removed with a counter-spell. How does this idea of "Malicious Mental Mal-Practice" differ from the Voodoo practices of the native African or his brethren in this country? This "Mal-Practice" is nothing more or less than the negro's "hoodoo." Until the laws of suggestion and auto-suggestion are fully understood we may expect to hear reports of this kind. That which to the educated man is but one of nature's forces, easily understood and applied, becomes a mysterious, horrible thing to those ignorant of its laws and limitations.

We have in mind a man suffering from nervous prostration, who recently applied to a prominent physician for relief. He claimed that he was suffering from the effects of the "control" of some person unknown to him, who had acquired some sort of mysterious power over him, and compelled the patient to do as the other commanded, the command being given and received mentally. The man was relieved in a short time by suggestive treat-

ment building up his nutrition, and by vigorous and repeated suggestions that he was strong enough to resist outside interference. After the man had sufficiently recovered to be able to reason calmly and intelligently, the laws of suggestion were explained to him, and he now laughs over his experience, knowing that he had frightened himself into a state of nervous prostration, by reason of a misconception of the "powers of the mind."

In pleasing contrast to this "Mental Mal-Practice" exorcism on the Christian Science body, is the teaching of the better class of Mental Scientists, who hold that an evil thought sent out by the mind "returns to roost" and works injury to the mind of the evil-thinker, not only by its own force, but also by attracting to it other evil thoughts which work harm to the person sending it forth. They teach that like attracts like; that good thoughts draw to themselves other good thoughts and results; that bad thoughts attract other bad thoughts and evil consequences. It will be seen, readily, that the Mental Science student is relieved from the fear of "Mental Mal-Practice" which seems to be the nightmare of some of his Christian Science brethren.

Some of the Mental Science teachers seem to be doing good work in the direction of encouraging their followers, giving them new hope and ambition, driving out fear and worry, and teaching them to lead brighter, happier lives. Their "treatments" for success are calculated to give the receiver much confidence in his ability to overcome difficulties and obstacles, and the suggestions contained in the "treatment," if allowed to sink deeply in the mind and there take root, will undoubtedly blossom into that which produces success. It is of course all suggestion, but

what does the seeker for success care whether we call it Suggestion, or the Law of Life, or any other name which the fancy of the teacher has chosen to fasten upon it—he is after *results*, and if he follows his instructions he will be rewarded for his work. The student of suggestion will readily see that if a man is filled with hope and the expectation of success, coupled with the belief that he is possessed of some new power and is working in accordance with some wonderful law, he will obtain better results than if he goes about his work devoid of hope, or at least in a half-hearted manner. The man buoyed up with strong helpful "Success" suggestions does better work than he accomplished before; he does not keep his eye on the clock, nor leave his pick in the air when the whistles blows. He is apt to be the man picked out to "carry the message to Garcia." We shall have more to say on this subject of "Success" in our next monthly chat. We do not purpose allowing our Mental Science friends to monopolize this good thing. They are making a Success of Suggestion by Suggestions of Success, and as we are trying to make SUGGESTION a Success, we will make some Suggestions of Success in SUGGESTION.

And so the crowd passes by. We find much pleasure in turning over the leaves of our exchanges and following the thought of their respective editors and contributors. We think that our readers would like to share this pleasure with us, and, unless we receive too many letters of protest, we may give you a little peep over our shoulder each month. We have been giving you a little informal chat along these lines for several months last past. Does it interest you, or does it bore you? Suppose you drop us a postal stating your

views on the subject. We want to please you, but you must indicate whether you wish "dark meat or light meat," and not perplex us with the old answer of "any part will suit me." Drop us the card.

The strength of resolve, which afterward shapes life and mixes itself with action, is the fruit of those sacred, solitary moments when we meet God alone.—F. W. Robertson.

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An Interesting Letter.

PRINCETON, IND., Aug. 1, 1900.

Editor Suggestion.

DEAR SIR: I notice on page 12 of Dr. Parkyn's "Mail Course" that Dr. Parkyn seems to criticise Thomson J. Hudson. I have read Hudson's "Law of Psychic Phenomena" and while I do not know just to what extent one can cause his involuntary mind to communicate with another while the parties are asleep, I am satisfied that many physicians and perhaps healers, too, would send thoughts of disease and fear instead of Hope and Health. I do not understand from Dr. Hudson's work that it is involuntary entirely, but that the voluntary mind impresses the involuntary mind, by the operator willing strongly to do so. The same as should I desire to rise at an earlier

hour than usual, I would retire strongly desiring to awake at a certain hour. The success I would make would depend on the impression I made when I retired. I do not think that the physician or many healers who retire have the impressions necessary to send healing thoughts. I may have a desire that a certain thing may happen, but believing I can cause it to happen and trying it are different attitudes, as I understand them. While my own opinion is that Dr. Hudson's voluntary thoughts are the ones transmitted, if any, rather than the action of his involuntary mind while he slept, I have no proof that I am right. And as evidence of my opinion being right I would refer to Dr. Hudson's report of the young man who was drowned and communicated the facts of his drowning to his mother. The thoughts the doctor claims were sent cer-

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Yours very truly,

T. C. DUNCAN, M. D.

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ADDRESS

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tainly were voluntary, or rather, of the voluntary mind.

It is not my intention to try to argue this subject, but simply to present my thoughts, and if you can give me some light it will be thankfully received.

I was with a gentleman for some time last year who certainly had clairvoyant power or mind reading ability. He had hundreds of people to visit him and I never knew him to fail to tell them their names without asking them any questions.

I know of many instances where he could and did give more accurately the names of parties' families than they could themselves. I will relate one incident of

many that I knew of. A young lady came to him for a reading. He told her, "Your name is C—, you have a sweet heart by the same name, he is a soldier, at present in Cuba, he and you are going to marry and will be married on a certain day." She said that could not be, that he would not be mustered out of the service that soon. He told her he would come home on furlough and they would marry on a certain day. It turned out just as he told her. I trust I have not worried you. Yours truly,

ALBERT THOMPSON.

We are glad to hear from you. The incident you tell is certainly remarkable,

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and we wish you could find out more about this clairvoyant. If you can get into communication with him we shall be glad to give you some tests which would show whether his work is genuine or not. We have investigated a great many of these clairvoyants and have invariably found that they had systems for defrauding the people. It is necessary to "set a thief to catch a thief," and one should know how some of these tricks are worked before investigating them. Accordingly, if you can get into touch with him, we shall be glad to post you and have you give us the results of the test. The one you gave is certainly remarkable and does not appear to come under the head of fraud. If we could

investigate this matter it would make an interesting article for SUGGESTION.

Now, in regard to the questions you ask, will say that, if it is important that you should be up at a certain hour in the morning, you will arise whether you make a voluntary effort of the will or not. If you are interested in getting up at a certain hour you will nearly always arise; and so, if one is interested in his patients, he is likely to send them his best thoughts, provided the transmission of thought is a possibility. We had a three weeks' visit from Dr. Hudson some time ago, and he admitted that if a physician was interested in his patients he would certainly treat them telepathically, and pointed to the fact that the physician who

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