



SUGGESTIVE THERAPEUTICS

Edited by SYDNEY FLOWER, LL. D.

CONTENTS:

	Page
Suggestion in Dementia—By C. O. Sahler, M. D.....	225
Prize Essay—Why Suggestive Therapeutics Should Not be Taught to the Laity—By Albert H. Burr, M. D.....	228
Prize Essay—Why Suggestive Therapeutics Should be Taught to the Laity—By Alexander Fraser.....	231
Suggestion After Surgery in Insanity—By Thos. Bassett Keyes, M. D.	234
The Relation of Hypnotism to Crime—By M. Jules Liegeois.....	237
Instant Healing—By George C. Pitzer, M. D.....	241
How to Hypnotize—Lesson 3—By the Editor.....	244
The Phenomena of Spiritualism—3. By H. L. True, M. D.....	246
Editorial Notes.....	252



Published on First Day of Every Month by the PSYCHIC PUBLISHING CO.,
Times-Herald Bldg., Chicago.

Entered at the Post Office, Chicago, and admitted through the mails as second-class matter.

MORPHINE!

The announcement of Garfield Park Sanitarium appears elsewhere in this number. A part of this building has been set aside for the treatment of opium, morphine, cocaine and alcohol habits under the direction of

FREDERICK SMITH WATERBURY, M. D.

Specialist in Diseases of Inebriety, Etc.

At present writing Dr. Waterbury has cured 287 cases by his special method. This method is an original system of treatment which cures without suffering, pain or distress to the patient. The treatment is harmless, painless and quick.

No fee is asked until the patient admits that he is cured.

The amount of the drug which is being taken daily, the form in which it is taken, the length of time for which it has been taken—all these things are of no consequence. The craving ends within 48 hours.

There is none of the misery connected with recovery which spoils and renders ineffective all other forms of treatment.

There is no gradual reduction of the drug. It is withdrawn at once, and all nervousness is stopped within five minutes of the patient's arrival in the Sanitarium. The treatment is like a pleasant dream, which leaves the patient comfortable and free from all craving. Normal in every respect with the exception of a slight weakness, which is overcome in a day or so. No medicines are required in the after-treatment—simply good hygiene and plenty of nourishing food.

After the treatment the patient sleeps well, eats ravenously and builds up quickly. There are no muscular twitchings or pains in the limbs following recovery, nor are patients put under restraint at any time. Restraint is unnecessary during this treatment.

If any physician doubts these statements he can be supplied with such ample proof that what is claimed is no more than the truth that he must perforce be convinced if he accept sworn testimony as fact.

The points of superiority of Dr. Waterbury's treatment over any other so-called cure are:

1. Freedom from all pain.
2. Quickness of cure.
3. Cure guaranteed.
4. Cure permanent.

For terms, etc., address,

F. S. WATERBURY, M. D., 1774-1776 Washington Blvd., Chicago.



C. O. SAHLER, M. D.
Kingston, N. Y.

SUGGESTIVE THERAPEUTICS.

VOL. I.
No. 6.

NOVEMBER.

VOL. V. No. 6.
OF
Hypnotic Magazine

SUGGESTION IN DEMENTIA.

By C. O. Sahler, M. D., Kingston, N. Y.

Owing to the fact that my article in its descriptive form took the allotted space in the September number, I withheld the method of treatment for a later issue, and will also speak of some other methods of which I make use in certain cases.

I began treating this patient, afflicted with dementia, on the first of February last. For three years she was in a hopeless state, without the slightest prospects of returning consciousness. She would sit in a chair with her head nearly down to her knees, or lie in the bed with her eyes closed, not speaking a word nor paying the slightest attention to anyone in the room. There seemed to be so little intelligence that it looked useless to think of treatment, and especially oral treatment. I have treated many cases by mental treatment, but it was given to such as were suffering from ailments of other kinds and in full possession of their mental faculties. For two or three months or more previous to my treatment, I had been debating the question as to what procedure I should follow, and finally about the first of February decided to give her strictly mental treatment. I would simply go

to her room, place myself in a comfortable position, closing the eyes, and would then call her to me mentally by her Christian name, taking her up in thought just the same as I should if talking to her orally. At first I gave the suggestions as follows: "K—, you are made of spirit, mind and body. In spirit you are created in the image of your Maker, pure and perfect. You have within you a spirit which is life because it is Divine. Without this spirit there is no life in you. That which is Divine is never sick, can never ail, so you in spirit cannot be sick or ail. You are in spirit well and perfect, your mortal mind is a deceiver, a misleader, a liar, telling you that you are ailing and sick, that your body is tortured, distressed and at discord with the mind, which is a delusion and a lie, for your body has not life or intelligence. Spirit is the only life, and if you allow the spirit to shine and radiate its influences through the sympathetic nervous system to every part of the body, it will drive away all these mortal depressions and delusions, that you are mentally unbalanced—insane, making you appear as one without intelligence, which is false. Your mind, brain and body are just as perfect as mine, but the mortal mind has taken possession of you; these delusions, fears, etc., are ruling over you, declaring you are bodily and mentally unsound, which is a lie and a deception. Now that spirit life which is the only life, radiates and illuminates your whole physical organism and it drives away every mortal fear, deception and delusion, and from this time forth you are a changed woman. Now you can see that spiritual light shining through your whole body and you will be well. You will then realize that your mind is sound, that your body is perfect and healthy, but has only been at discord through mortal depressions, and you are well, you will be happy and enjoy life to its fullest extent."

Each time I entered her room I would follow this line of suggestion, sometimes rather more condensed, according to the time I had to devote to her. Then on certain nights, when I laid myself down for the night sleep, I would call her up mentally and hold this same line of suggestions, dropping off to sleep with these thoughts last in my mind. The reader can turn back to the September number and read the results of the treatment as described.

I will also say this is not the only patient I have treated successfully by this method. Some may call the treatment Christian Science treatment. I care not what it may be called, for I know if it is pursued with perfect confidence, the operator will receive his reward in a thorough recovery of his patient. Having made a special study of insanity and mental disorders for several years, and appreciating what I do now of this method of treatment, I know that if it were used by physicians, a large percentage of cases who are now sent to our over-crowded asylums would be in their homes enjoying its comforts and happiness.

In the September number of this Journal I read a very interesting article, by Dr. George C. Pitzer, on "Healing at a Distance." This method of healing I have made use of for the past three years with wonderful success, especially with patients who come to me for short time treatment. I have found by experience we get far better results if we can only have the patient come for one week and be placed under thorough suggestive treatment, personally. This followed with after treatment at a distance by letter will accomplish wonders. There are many patients who cannot leave business or home for more than a week or ten days, which will give ample time for the operator to have them well grounded in suggestion, and when taking this treatment daily I close the suggestions for their ailments with the following thoughts: "Now, it makes no difference where we are, how many miles apart, for in spirit-life there is no such thing as time or space. At a certain hour in the day you shall retire to a room alone, lie down on a couch with the clothing well loosened about the neck, relaxing all over, and think of sleep. It will seem to you that you can hear my voice repeating to you these thoughts—"sleep—so sleepy—so drowsy—so sleepy; now you will drop off into a quiet, passive state; then the suggestions which I write in each letter to you will return to your mind, so clear and vivid that it will seem that I am with you giving these suggestions, and it will have the same desired effect. You will lie in this state for ten or fifteen minutes, under self-treatment, then you will rouse up feeling like a new person, and others will see there is something that has changed your whole being."

These suggestions I request each patient to follow every day at a certain time when they can retire with the least thought of household or business affairs upon their minds. I wish them to write me once each week how they are feeling, and in turn I give them a few short pointed suggestions for their ailments, which recur to them when they take this self-treatment, as just described. You will observe that I fix the time for self-treatment when most favorable for the patient, and that I myself do not take them up in thought at the same time, depending exclusively upon the suggestions as given when with me for the week, and following the rule as described for self-treatment at home. The only time I really take them up in thought is when I answer their letters and give the suggestions to be followed for the coming week. By this method I have cured some of the worst and most obstinate cases of chronic diseases, and the patients and their friends think it marvelous. I have other forms of treatment which I give, but space will not allow me to make use of it this time.

PRIZE ESSAY.

**WHY SUGGESTIVE THERAPEUTICS SHOULD NOT BE
TAUGHT TO THE LAITY.**

By Albert H. Burr, M. D., 100 State Street, Chicago.

In all ages a certain class has devoted itself to healing as a study and profession. Allied in earlier times to the priestly calling, saturated with superstitions as were all the primitive branches of human knowledge, it has become to-day the most progressive of all the learned professions; the most exacting in its length of tuition and its technical knowledge, the most beneficent in its humanities and the greatest of all dispensers of charity.

Such is the infinite variety in individual temperaments and vital resistances, in environments and habits, in diseases and their complications, that no hard and fast rules of adaptation of remedial agencies to the cure of ailments can be formulated for any universal following. All cases must be studied as individuals,

and selected measures adopted to meet special indications in accordance with each temperament, each environment, and the peculiar phases of each disease. No pathy, no ism, no creed dogmatically formulated, no single therapy, however scientific, can ever succeed in any considerable degree in the practice of the healing art. Whatever the form of therapy employed, success depends first and foremost upon a competent diagnosis; second, upon a wise selection of special forms of treatment.

Diagnosis, to be competent, must be based upon a knowledge of anatomy of parts, of physiological function of organs, of pathology or structural changes caused by diseases, and etiology or the specific, predisposing and exciting causes of diseases. All these are factors in making up the most important question of diagnosis. For this, the laity is manifestly unqualified and incompetent, and far more likely to base a mistaken treatment on a mistaken diagnosis than to stumble on any adequate means of relief.

What has this to do with suggestive therapeutics, which does not propose surgical or drug treatment, which is in itself harmless and can be practiced by any one who understands the methods of suggestion? says the layman. We shall see. Let us embrace in this term, suggestive therapeutics, every form of healing dependent upon impressions made upon the mind of the patient, whether by inducing sleep in various degrees before making suggestions for relief of ailments (Hypno-therapy), or making these suggestions to the waking mind, having prepared the patient by special instruction to accept certain theories concerning mind and matter (Christian Science, so-called), or through religious exaltation, having stimulated an exercise of faith (divine healing, and so forth). The basic principle in all these forms is suggestion. Its effect is due to the power it is able to exert over mental impulses, and their influence, in turn, upon functional derangements. Success in any of these methods depends upon the discriminating knowledge and tact of the operator, and the susceptibility of the subject to the suggestion. The application of any of these suggestive methods to the cure of ailments by the laity is handicapped by the radical defects of incompetency in diagnosis, and is fraught with many dangers.

The relieving of symptoms without discrimination, by suggestion, does not cure a disease any more than the relief of a pain by an opiate removes the cause of trouble.

Let us take so common a symptom as headache. A patient appeals for relief to the layman, whose remedy is confined to suggestion. The patient's knowledge of his trouble goes no further than the distressing symptom of pain. The layman who attempts to relieve by suggestion has less opportunity of knowing the adequate cause of the pain than his victim. His treatment, then, can do little more than relieve present symptoms. All ailments have causes into which the skilled physician carefully inquires. He seeks not only to allay distress symptoms, but, if possible, to remove the offending cause and to prevent its recurrence. Some headaches are purely psychic; such our friend the layman may cure by removing the psychic cause, but can he differentiate between psychic and pathologic headache? There are headaches and headaches. They are the symptomatic expression of causes to be ascertained; they constitute danger signals, pointing often to serious constitutional defects which the physician seeks to interpret. He also ministers temporarily to the relief of the pain symptom, perhaps by suggestion, but he knows that does not cure the disease. The important problem is to remove the causes of which headache was only a symptom.

What layman is competent to diagnose a syphilitic headache, malarial headache, anemic headache, the prodromal headaches of typhoid and other infectious diseases, the headaches of gastrointestinal, biliary, renal and circulatory disturbances? The layman is content to relieve a surface showing; the physician seeks the underlying cause. While the layman temporizes in his ignorance of diagnostic methods, the patient loses valuable time and irreparable damage may be the result. What is true of headaches, is true of many other classes of symptoms.

It is possible, as we have frequently demonstrated, to permanently remove by suggestion all sense of pain and tenderness from acutely inflamed regions with pathological changes and febrile reaction during the attack of the disease, e. g., pelvic peritonitis and articular rheumatism, but that did not cure the disease.

A layman could do the same, and if external signs of the real cause of pain and tenderness were absent, might fancy, with his patient, that the trouble had been removed, until the mistake became a fatal one. Deaths from appendicitis, diphtheria and typhoid fever are in evidence frequently under Christian Science suggestion where medical assistance was ignored. Under lay practice of suggestive therapeutics the same sort of catastrophe is possible. The onset of many dangerous diseases is gradual; it is here that the tinkering with symptoms by the laity is so perilous to the patient in the loss of valuable time, or in masking of signs which should first be interpreted by a competent physician. Therefore, we hold that therapeutic suggestion taught to the laity may be the "little knowledge that is dangerous."

PRIZE ESSAY.

**WHY SUGGESTIVE THERAPEUTICS SHOULD BE
TAUGHT TO THE LAITY.**

By Alexander Fraser, 40 Broadway, New York City.

There are many good and sufficient reasons why the laity should become acquainted with suggestive therapeutics, and we ought to experience no difficulty in providing a satisfactory answer to every objection which may be raised to that proposition.

From what we know of the popular idea of hypnotism and the difficulty which we encounter in removing that idea, we see that suggestion is very susceptible to humbug and deceit, and this is largely responsible for the fear and misapprehension which exists in the popular mind with regard to it. He who sees the vast possibilities in suggestion, can but desire that all the vulgarity and theatrical display, all the humbug and nonsense connected with it, shall be dispelled with as little delay as possible. How better shall we set about the accomplishment of that task than by making the knowledge of it common property.

In suggestion used purely as a therapeutic agent, there is no danger, and for the present let us confine it to that sphere. Our

medical friends tell us that having devoted much time to the study of the structure of the human body, and to the functions which appertain to each of its organs, they can diagnose better than the layman. They overlook the fact that in many cases diagnosis has very little to do with the cure of disease. If the patient is suffering from one trouble, and he believes that he suffers from another, and we direct suggestions towards the disease which is in his mind, the subjective mind will immediately apply itself to the removal of the trouble, whether the suggestions be in accord with the actual disease or not. If a patient tells me that he suffers from constipation I suggest to him that his bowels will move regularly; if from insomnia, I say that he will sleep well, and I know that it will produce the desired result. But the physician may reply that it requires a very limited knowledge to diagnose and cure such simple cases. Perhaps it does, but in what degree do they differ from any other, and if these are amenable to suggestion the layman who has made a study of the law by which suggestion is guided, is equally capable with the physician of applying it. To say that there is more than this to suggestion is still to invest it with a little of the humbug which clings abundantly to it. And what is to prevent the layman from using hypnotism in diagnosis. How many operations are performed where no operation is necessary and where the result is nothing but permanent injury, where, if hypnotism had been employed as a means of diagnosis it would have been seen whether the trouble was organic or purely functional, and whether an operation was necessary or not. How absurd it is to demand that we shall pursue a course of study which the physician himself must admit often leaves him helpless in the presence of disease.

But how little we understand the scope of suggestion when we attempt to prescribe it in that way. When we enter the field of morals, we find an area unlimited in extent, which, in importance, far transcends that of therapeutics. The clergyman in pursuit of his calling ought to find it an aid of equal potency with the physician. If he bear that relation towards his congregation which should subsist between every pastor and his flock, he must have many appealing to him for assistance and deliverance from

all the subtle forms in which temptation presents itself to all born of a woman. The lust of the flesh, the lust of the eye, angry temper, gloom, discouragement, despondency, all of which are alike destructive of spiritual and physical growth. Outside of his congregation there are those whom he desires to reach and reform. "Fornicators, backbiters, spiteful inventors of evil things, disobedient to parents, without natural affection, implacable, unmerciful." Who will say that the clergyman can accomplish nothing through the instrumentality of suggestion.

Passing on we come to a consideration of all forms of crime. We are just beginning to see that all phases of crime are simply a disordered, diseased, or immoral condition of mind, the product of perverting suggestions and of the hard and fast conditions under which we live. The burglar discharged from prison decides to take another chance, and finds himself again in limbo. The thief sees an opportunity to steal, and stealing becomes as natural to him as flying is to a bird, and so on throughout the calendar. In our prisons and penitentiaries punishment at hard labor or some other form of punishment is the only means resorted to for the reform of the criminal, but if we have any knowledge of human character and temperament we know that these methods employed as a means of reform are practically useless. If crime is the product of suggestion, it will also yield to suggestion.

This Magazine has reported many cases of children cured of pernicious habits which obstinately refused to yield to persuasion, entreaty, or any form of punishment, and from what we know of suggestion we have no hesitation in believing that it would render excellent service in the hands of intelligent parents.

It is the balm of Gilead for the healing of the nations for which we have long waited. To attempt to hold it within the narrow limits to which some would confine it, seems like an attempt to turn back the tide of the ocean, or chain up a sunbeam.

And what of auto-suggestion? We might write a thousand words on that.

SUGGESTION AFTER SURGERY IN INSANITY.

By Thos. Bassett Keyes, M. D., 100 State Street, Chicago.

To-day, with all our knowledge of the brain and its functions, together with a more or less complete system of cause and results of diseased conditions, and with all the modern means of scientific research, it should be possible to formulate laws governing the treatment of insanity.

But while we know so much of the brain, we know less of the mind. The phenomena of mind are of such infinite variety and complexity that as yet it has been impossible to measure them correctly. We may say that the principal means of physiological experiment to bring about the various phenomena of mind lies in suggestion, for by suggestion it is possible to produce all of the phases of illusions, hallucinations—of memory, reason, change of personality, etc., which go to form the sum total of the conditions called insanity; and again, by suggestion, the proper equilibrium of mind is restored. Giuseppi says no method of cure can appear so rational in application in the treatment of psychopathies as hypnotic suggestion. By suggestion we can also stimulate ganglionic activity. Physiology teaches that the physical basis of cerebral functioning is summed up in genetic and destructive metabolism, with the supplementary necessity for a free supply of nutritive material and complete elimination of the products of destructive change; also there is constituted in the process certain rearrangements of the elements of the cell, with the liberation of energy followed by the more or less perfect reconstruction of the cell in the more highly organized parts of the cortical mass, while in the unstable elements of the lower organized and more homogeneous cells, the change is that of decomposition, with an immensely larger liberation of energy. Many parts of the brain have little to do with the mind, and affections of the periphery surely affect knowledge, and mind the various parts of the body. Affections of the periphery lead to improper thought, and also inhibit

physiological workings of the brain, and thus improper mind development is a consequence as well as the various forms of insanity. But this does not necessarily infer a pathological condition of the brain.

Superintendents of insane asylums to-day cannot show in the majority of their insane patients after death the slightest lesion of the brain to account for the mental state; lesions in other parts of the body are, however, often found. The brain receives many impressions from the body, and if these be prolonged they lead to modification of both mind and body. The mental activity is of necessity but the reflection of the somatic activity.

Insanity often presents itself at puberty, or when the sexual powers are declining. Religion or occupation often take the place of the natural emotion, and religious or emotional insanity sometimes results. At the period of puberty with boys the form of insanity often developed is mental depression; while in girls it is more apt to be maniacal and paroxysmal; laughing, shouting, and erotic manifestations are common.

Many people are very susceptible to every impression; they are in a state bordering upon a condition of psychosis, similar to that which may be produced by suggestion.

Any irritation which is sufficient to hold the sustained attention puts the mind in such condition that it is more likely to be influenced by any experience which has or may happen to the patient, and his mind becomes fixed upon cares or sorrow, or imaginary wrongs, or sensuality, etc.

From the evidence recorded in the literature of psychiatry the prominent part in the treatment of insanity should be to remove the cause of all irritation and then to divert the attention and get it out of the route of concentration, or reflection, a condition of drifting. To do this we would use suggestion, for persuasion and impression are the principal means of affecting the mind.

Rohe, Manton, Agnew, Horsely, Fowley, Price, Evans, Gorton, McDonald, Fletcher, and many others have reported cases in which insanity of the female was directly traceable to diseases of the pelvic and other organs, and upon correction or removal of the cause some of the patients recovered, and I should like to say

that if suggestive treatment had been instituted after the removal of the cause a much larger percentage would have recovered.

Voisin was the first to use suggestion in the treatment of the psychopathies, and from his articles published he has obtained surprising results. He says that when he was able to keep the patient asleep for ten or fifteen days the improvement in the mental condition was remarkable. By means of suggestion made during hypnosis Voisin witnessed the cessation of agitation, and the disappearance of hallucinations, delusions and suicidal tendencies.

Fontain and Segard have reported a case of hysterical insanity cured by suggestion. VanReterghem relates thirty-six cases in which much was obtained in twenty. De Young says that suggestion is especially useful in elementary melancholia in which there are not yet the complications of false ideas or hallucinations. Peronnet by suggestion cured a woman who was affected with hysterical mania, and Dumontpallier a case of lypemania. Forel in an excellent article on this subject of suggestion in mental disease, has drawn the following conclusions:

"1. Therapeutic hypnotic suggestion cannot be instituted as a general means of cure owing to the difficulty of hypnotizing the insane."

"2. Hypnosis succeeds most readily in the hysterical and epileptic."

"3. The most certain results of hypnotic therapeutic suggestion have up to the present time been obtained in the psychoses depending upon hysteria and dipsomania."

"4. Hypnotic suggestion may be employed when the insane submit to it of their own accord and derive benefit from it. The physician should use it with great caution and take care of the hurtful effects which in certain cases may be produced."

"5. Therapeutic suggestion made in the waking state is the most reliable and effective means of cure in mental disease, and to it almost solely are due the beneficial effects of the asylum."

"6. In cases of melancholia without delirium, cases of fixed ideas, cases of alcoholism, and in slight forms of stupor, suggestion methodically repeated in the waking state, in order to combat the morbid phenomena, may prove effectual."

THE RELATION OF HYPNOTISM TO CRIME.

By M. Jules Liégeois, Professor at the University of Nancy, France.

(From the *Revue de l'Hypnotisme*, Jan., 1898.)

(Continued from the October Number.)

In his lecture to the Royal Academy of Belgium Delboeuf lays hands upon two of the experiments described in my Memoir of 1884, and reproduced in the work which I published in 1889 on "Suggestion and Somnambulism." It appeared to him doubtless that they were those from which I had wished to draw the most important results, and at the same time those whose weakness it would be most easy for him to show.

In the first place, the question concerns a young girl, Miss E. P——, in whom I had produced in a few seconds, by verbal suggestion, an automatism so absolute, a disappearance of all freedom of action, of all moral sense, so complete, that I caused her to fire without emotion a pistol-shot point blank at her own mother.'

On this the Liege professor exclaims: "Who will be convinced that a young girl who fires a pistol at her mother without emotion does not suspect that the scene has been arranged, that her weapon is harmless and her action of no consequence? She perceives that all those present are actors for the moment, and she has no scruple in becoming herself one in the play. Why, indeed, should she refuse to? Does she not see her mother taking a part in it, and the spectators following her own part with breathless curiosity?"

I believe that if my friend and contradictor had been present at this experiment, if he had even consented to my repeating it in his presence—an offer which I frequently made to him, but without avail—the judgment which he has formed might have been very different.

The argument by which it is endeavored to defeat the conclusions that I considered myself justified in drawing from the fact

above quoted, may be looked at from two points of view: on the one side, it is purely sentimental; on the other, once admitted, it would involve consequences which would go far beyond its author's meaning.

To take it from the purely sentimental side, by reason of the very title it should be dismissed from a truly scientific discussion. For it amounts to saying: "What! will this young girl, as the result of a few words spoken into her ear by a stranger, so completely have forgotten her duties of filial piety, of respect, of affection for her mother, that she will have been immediately transformed into a criminal, a parricide? No, no, the thing is impossible. She judged that you intended playing a little comedy with her; she has played a little comedy with you instead."

Let me be allowed to remark to begin with, that this is merely solving a question by another question; it is solving a problem before having even studied it and understood its elements. It is a *petitio principii* in the highest degree, devoid of any logical value. It is an affirmation pure and simple. The second aspect in which the objection may be considered seems, on a first and superficial examination, to be of a more serious nature, but the careful study which we purpose to make of it will show us that it is only a specious one.

And in the first place, I had not, *de plano*, said to Miss E. P—: "You will kill your mother." I had, very easily and very rapidly, put her into a state of profound somnambulism, and had made to her something pretty close to the following suggestion: "When you are waked again, you will see there, near you (pointing out her mother to her), a person who on several occasions has endeavored to do you an injury, and you will fire a pistol at her." Then, as Miss P— was an excellent somnambulistic subject, as she received during induced sleep and afterwards carried out every possible suggestion, whether intra-hypnotic or post-hypnotic, she did without hesitation what I had told her to do.

But I had added to my Memoir of 1884: "Almost instantly after, when her mother reproached her with having wished to kill her, Miss P— replies: 'I have not killed you, since you are speaking to me.'" It is from these very words that Delboeuf

considers that he can draw the proof of the "comedy" to which the young girl had lent herself.

Here he is entirely in error, and he neglects a fact of the highest significance, a fact that we have always established at Nancy, and which has been after us admitted as correct by many experimenters both in France and abroad; I refer to the complete, total, absolute loss of memory in the subject whom we restore to normal life, by taking him out of the induced sleep, the second condition, in which he has carried out the action suggested—a condition analogous to that of the celebrated Felida X., of Dr. Azam, of Bordeaux.

Does not this forgetting of the past, when waked again, actually explain most fully and most satisfactorily the very sensible reply of the young girl to her mother? I am well aware that it is one of the favorite theses of Delboeuf that somnambulists, unlike the theory of us of the school of Nancy, remember on waking what has been said or done to them, and what they have been made to do, in the state of induced sleep. But on this point he is at variance with the almost entire unanimity of the most competent hypnotic masters of every nationality. Therefore, I do not insist on this point.

I believe, besides, that I know the cause of the erroneous opinion upheld by my opponent. It is this: With his somnambulists—who were very few, often being confined to his two servants—it was his custom to engage, during the state of somnambulism, in actual conversations, I could almost say in physiological and psychological discussions. Now, these conversations being followed by the subjects—and thus preventing them from falling into the state of "mono-ideism," which is essential to the production of a condition favorable to the suggestions of actions—vitiating by that very fact the attempts which he could make to criticise our experiments, those of MM. Durand de Gros (1860), Liebeault (1866), Bernheim, Beaunis, Forel, etc.

Moreover, the contention of Delboeuf would go much further than he appears to suspect. If our subjects, if all subjects experimented on, always play a part in a comedy, when actions are suggested, how comes it that they do not play this part when the

functions or organic life are acted on by suggestion? How comes it that suggestion can then be successfully employed, as a succedaneum for purgatives, emetics, diuretics, sudorifics, emmenagogues, hemostatics, remedies which blister or which cicatrize? Durand de Gros very pertinently remarks: "Vesication by suggestion on a fixed and strictly limited portion of the skin is to me a far more perplexing matter than assassination by suggestion."

And how has Delboeuf possibly been able to believe in this comedy even by excellent somnambulistic subjects in the matter of criminal suggestions—a fact which would make for nothing less than the total overthrow of the whole edifice of hypnotism and suggestion—since it is Delboeuf himself who, in his pamphlet on "The Origin of the Curative Effects of Hypnotism," has so well described the action of the moral on the physical? "One day, in order to satisfy the curiosity of some of his colleagues, he caused his servant J—— to submit to some tests which, in the normal state of things, would have been of the most painful nature. One of those present, not satisfied with having repeatedly plunged needles into her arm, expressed a desire to prick J——'s tongue. Whereupon J——, being waked, was ordered to put out her tongue, which was pierced several times with a knitting-needle, the latter being moved to and fro, without the young girl showing the smallest sign of pain, or making any attempt to draw back her tongue."

If simple verbal suggestion is capable of producing such physiological effects, why should it not have the power in any single case of producing psychological effects analogous to those of dreams? (We will return to this comparison later on.) Why should we be unable to obtain automatism in even criminal actions, when by suggestion—Delboeuf has done it himself—we can cause painless delivery in the case of a woman, who, after all was over, had not the least recollection of it?

And, finally, we will conclude our remarks on this point with Durand de Gros: "What will M. Delboeuf say if we beg him to observe that this power of moral action on the moral part of man—which he denies, because it seems to him preposterous—is possessed in the highest degree by certain physical agents? He can-

not put up with the notion that suggestion may be able for the moment to convert a lamb into a wolf; yet a glass of alcohol is sufficient to do so. . . . You reject as inadmissible the statement that suggestion can make a criminal of an honorable man, and on the other side, you admit that the swallowing of a decoction can bring about this marvelous result."

To conclude, Dr. Durand de Gros, who was the pioneer of hypnotic study in France, very justly compares the state into which we were able to throw Miss E. P——, experimentally transformed into a parricide, with the state which Nature herself unhappily produced in the case of Mlle. Amelot, who murdered the abbe de Broglie at Paris without any motive, and in whose case there was shown "an astounding impassiveness in the presence of the bleeding corpse of her victim, and the total absence of all care for her personal safety with which she gave herself up to justice."

(To be continued.)

DISTANT HEALING.

By George C. Pitzer, M. D., 3955 W. Belle Place, St. Louis, Mo.

What I have heretofore said through this magazine about distant healing has been said upon the authority of observation and experience.

First, I had been told that I could relieve and cure diseases by verbal suggestion in our office, and I undertook it and succeeded. I next learned from Hudson's Law of Psychic Phenomena, pages 191-2, that "The subjective mind of the agent can be compelled to communicate telepathic impressions to a sleeping percipient by strongly willing it to do so just previous to going to sleep;" that diseases might be cured by telepathic messages sent to patients at a distance; that he, Mr. Hudson himself, had made over one hundred experiments without a single failure; that some very striking cures had been effected, "cures that would take rank with the most marvelous instances of healing recorded in the annals of psycho-therapeutics."

Taking Mr. Hudson's experience as a clue, I set myself to

work, and the result was the development of a system of distant healing by written suggestions and mental efforts, as described in the September issue of this magazine. And now I state, emphatically, that I can heal some people at a distance by mental influences alone.

I also assert that I can, by written suggestions and mental efforts combined, effectively heal at a distance many of the most stubborn ailments afflicting mankind. And I hold that my mental efforts, in harmony with those of the patient, do help me to exert an influence for good, and nothing that may be said can discourage me or deter me from pursuing this method of practice. I make the cures in this way: I know I can make them, and I propose to continue to practice distant healing in this manner so long as people require it and want it. If others do not believe in it and do not know how to cure people in this way, that is not my fault; and all that may be said against this method of healing will not hinder a single cure.

Dr. Albert H. Burr occupies nearly two pages in the October issue of this valuable magazine, in telling us that there is a difference in time in different parts of the world, and that this is a hindrance to the success of our attempted harmonious efforts to cure at a distance; and that our rationale of healing at a distance is devoid of logic, and calculated to bring into disrepute the whole subject of suggestive therapeutics, through our assumptions and extravagant claims.

Dr. Burr does not seem to know that I might understand something about the difference of time in different parts of the world, and that I might be able to compute the same. He does not know that I carefully do this for each of our patients, and that I and the patient always go by the time at the patient's home. Now look at it. Is there a reader of this magazine that cannot see the fallacy of such an objection as Dr. Burr offers.

Regarding the danger of bringing the whole subject of suggestive therapeutics into disrepute by "extravagant claims," I should be very sorry to think that I should do such a thing; but at the risk of doing so, I will content myself by keeping company with such men as Mr. Hudson, Mr. Colville, and scores of others who

can heal at a distance, as well as by office treatment. And while I claim this right of independence and freedom, I do not blame anybody who does not or cannot understand these methods of cure; nor will I question their sincerity in the least, but when they learn more they will say less about things they do not know. We know that we do cure by our methods, and this truth stands. People enjoy our cures, and I am happy in the thought that I can cure by the distant methods many people who could not possibly visit me for personal treatment. My evidence is positive; but what of the denials of those who know nothing about this method of cure? Do their denials cure anybody? Think of this. Is there a solitary word in all of the sarcastic criticisms that have been set up against distant healing that teaches anybody how to heal any disease or that offers the least encouragement to any sufferer on earth? Then pray tell us what good they can do? If they do anything they do harm by keeping earnest, helpless sufferers from trying a method of treatment that might cure them at home when they are not able to visit a healer for office treatment.

We urge our methods upon nobody. I simply state what I can do, and I demonstrate what I say by the practice I do. Everything finds its level, and distant healing, like other processes controlled by natural law, will find and occupy its place. Denials cannot keep it down. People who believe in it, like it and want it, will and can have distant treatment; those who do not believe in it need not have it. Earnest affirmations and faithful, successful practice will keep it moving.

HOW TO HYPNOTIZE.

Being a Course of Practical Instruction in the Art of Inducing Hypnosis,
Divided into Five Lessons.

BY THE EDITOR.

LESSON III.

Here is given my special method of inducing sleep in nervous women, which has certain points of superiority over the process detailed last month.

First make your patient comfortable on a sofa, or in an arm-chair; see that her muscles are relaxed, and that she has the feeling of weight in the arms which relaxation conveys. Then attend to her breathing; see that she breathes slowly and evenly—with regularity, not in spasms or jerks—from the abdomen. If necessary, spend half-an-hour in teaching her how to breathe.

Draw your chair up beside her, and lay your hand lightly over the pit of her stomach. Your chair should be so placed that you can maintain this attitude without inconvenience to yourself. Always remember that you gain nothing by making this work hard upon yourself. Your patient will go to sleep when you teach her what to do; therefore do not fatigue yourself by endeavoring to concentrate your thought upon the expected result, because your thought has nothing whatever to do with the matter. Make yourself comfortable as well as your patient. Choose a high-backed chair in order that your head may not fall forward with a chuck in case you go to sleep yourself while treating your patient, something which is very liable to happen, and which will make these treatments as refreshing to the operator as to the patient.

Now your patient is comfortable and expectant. She is breathing quietly, and the room is just sufficiently darkened to hide the glare. You begin your suggestions thus:—

“Keep your eyes upon mine. Do exactly as I bid you, and you will go to sleep. I shall not give you any suggestions during your treatment or afterwards. They will not be necessary. I shall teach you first how easy it is to go to sleep when you know what

must be done. After your sleep you will feel much better, your pain will be less, your nerves will be quiet, you will feel strengthened. Now I shall count aloud. When I count 'one,' close your eyes; when I count 'two,' open them; 'three,' close them; 'four,' open them; and so on. Outside noises will not trouble you; nothing will distract you. You are going to sleep. Ready; 'one.'

Count up to twenty, then go back to one again, and repeat as often as necessary.

The art of using this method successfully consists in lengthening the intervals between counts while the eyes are closed. For instance, at "fifteen" the eyes are closed; the operator should then allow about five seconds to elapse before he says "sixteen." Immediately after saying "sixteen" he says "seventeen," and then waits for six seconds. The opening of the eyes should be allowed but for an instant.

Now note the reasonableness of this method. Your patient's attention is fixed upon a not too difficult exercise; she is compelled to give her attention to the opening and shutting of the eyes. The inevitable result of such attention is a lessening of cerebral activity. The blood-supply in the brain is diminished perforce, and drowsiness follows. With drowsiness comes an increased dislike to even such slight physical exertion as the opening of the eyes, and the operator's voice, which is now drawling and soothing in its tone, merely serves to further impress the patient with the conviction that it is too much trouble to obey. There is then established a conviction that it is impossible for her to obey, and we have what is known as inhibition of voluntary movement, analogous to the inability to open the eyes, which is indicative of hypnosis.

Throughout this treatment the operator must keep his hand lightly resting upon the patient's solar plexus. A vulnerable point this, the pit of the stomach, as every pugilist knows. This great nerve center plays an important part in the misery of neurasthenia, but that phase of the subject is too vast for notice here. This method will commend itself to you, as it has to me, because of its simplicity and its logic. Your patient will pass into a sound, natural sleep, and may wake when she pleases.

(To be continued.)

THE PHENOMENA OF SPIRITUALISM.

By H. L. True, M. D., McConnelsville, O.

No. III.

A mistake frequently made by our spiritualistic friends is confounding the phenomena of hypnotism, mind-reading, clairvoyance and telepathy with supposed communications from spirits. I have been trying to separate them. I have been trying to eliminate all possibility of mistaking the emanations from our own minds for communications from spirits. This is not an easy task. In the first place, we do not really know what is deeply buried in our own subjective minds until some mind-reader has dug it up and communicated it to us. And in the second place, it is hard to prove that our minds do not sometimes communicate with other living minds at a distance. When the possibility is shown that a so-called spirit message might have come either from the subjective minds of ourselves or some one at a distance who might be en rapport with us, it very much weakens the force of it as evidence of spirit communication, and yet it does not prove positively that it did not come from that source. It is hard to get tests that fulfill all the requirements to settle this question. We may propose tests which we think at the time will fulfill all the requirements, but after we have received them and studied them, doubts will arise. The possibility that they might have come from some other source than spirits is nearly always present.

Then again there is another difficulty in the way of pursuing these tests until the question is settled beyond all reasonable doubt. Our "spirit intelligences," while very accommodating on ordinary occasions, seem to tire of our doubting and tell us we might take their word that they are exactly what they purport to be—that they have other matters of more importance to communicate to us and do not wish to have their time taken up with things they regard as unnecessary. They put it this way: If you have a near friend who meets you frequently and desires to talk with you, how would he feel if each time you meet him you were to require him

to find some responsible person with whom you both are acquainted to identify him to you before you would talk to him. He would tire of your doubting. So it is with our "spirit intelligences," and if we persist in requiring these tests, it seems to a certain extent to have a chilling effect upon the production of the phenomena. Nevertheless they have done fairly well in this line in the past and I hope they will be able to give more conclusive tests in the future.

I will now proceed to give some instances where information was received from a source apparently outside the circle.

At one of our meetings one member was late in coming. Those present had seated themselves at the table and had just got communication established with two purported spirits when in rushed our tardy member and stated that a man had just fallen off the locks into the river and drowned. We asked who it was and he said nobody knew. "He was seen to fall in, and that was all that was known about it." Many people were running towards the locks, and much excitement prevailed. After giving us the news our friend ran away with the others to assist in raking for the drowned man. We came near adjourning our meeting and going also, but I suggested we remain and see if the "spirits" could not tell us something about it. The question was asked, "Was a man drowned?" Answer: "I don't know." "Will one of you please go and investigate this report and if true try to ascertain the name and return and let us know while the other remains to talk to us?" "Yes." "We will excuse you then." His rap disappeared from the table for about five minutes, when it reappeared. Question: "Did you make that investigation?" "Yes." "What is your report?" "Could find no new spirit." "It is a mistake then about a man having been drowned?" "Yes." "Thank you for your trouble." Three raps in token of approval. Probably fifteen minutes later our friend returned and was surprised to learn that we had the news of the mistake before he had told us.

Now, how did we get this information? It might have come by telepathy from the mind of our friend or some one else who was present at the locks. It could not have come from our own

minds, for we expected a name would be reported. (The locks were about one-third mile distant.)

On another occasion a "spirit" gave his name as William M——. "Did you live in this town?" "Yes." "What relation are you to Robert M——?" "Uncle. I am his father's brother." None of us ever having heard of such a person, we decided to investigate. Robert M—— interviewed: "I am 62 years old; have lived in McConnellsville all my life. My father's oldest brother was named William. I do not remember ever having seen him, but I have heard my father speak of him. He left here before I could remember—moved to the West. I have understood that he has been dead a long time, but I have no idea how long." I also interviewed other old citizens who had distinct recollection extending back over a period of more than sixty years. None that I could find had any recollection of ever having heard of such a man. From whose mind did we get the name of William M——? Was that circumstance purely a "happen so?"

Here is another of like character. "Please give your name." "Henry McLaughlin, brother of Milton McLaughlin, nephew of Peter McLaughlin." "How long since you passed over?" "Thirty-nine years. What disease did you die of?" "Fever." "Where?" "At my father's house in McConnellsville. Buried in McConnellsville cemetery." "Are there tombstones?" "I do not know." "Give your father's name?" "Father." "Your mother's name." "Mother." "Had you a sister?" "Yes." "Give name." "Lyon." "Give date of your birth." "1843." "Age when you passed over." "Between 14 and 15."

During the reception of this message one member of the circle claimed to have a faint recollection of such a person and said he was feeble-minded. Question: "Were you feeble-minded?" Answer: "No." Here the raps discontinued and the circle broke up. The members gathered around the secretary and began to figure on the dates as given in the above message, and soon got into a discussion about an error in them that would not make the time come out right. When, all at once, loud raps came back on the table (nobody around it or touching it). "Hold on there," I suggested, "they desire to correct something. Do you

desire to correct something?" "Yes." The questions and answers were read over and the following correction made: That in reference to the time since he passed over was changed from 39 to "almost 40." That in reference to his age "almost 15." (This message was received in April last.)

Peter McLaughlin interviewed: "My brother had a boy, Henry, who died while a boy at his father's house in McConnellsville of typhoid fever. Was buried in McConnellsville cemetery. I think there are tombstones. He had a sister, Sarah Mariah, married to John N. Lyon. I cannot give the date of Henry's birth. I do not think he was 14 when he died. I think he was about 8 years of age. He was a boy of good mind, rather a bright boy, but he had a brother who had a feeble mind. I was married in 1846 and soon after this his mother visited us in company with Henry, who was walking at that time, and was probably two years of age. As near as I can recollect he died in 1858."

Inscription on tombstones, McConnellsville cemetery: "Henry M., son of J. and M. A. McLaughlin, died Oct. 18, 1858, aged 14 years 8 months and 28 days."

Whence the source of this information? None of our members had any recollection of having seen him and but one of them lived in McConnellsville at the time of his death. Did that one furnish the information about the place, where he died, the disease he died of and the name of his sister? She claims she has no recollection of ever having previously heard of the sister. Did her subjective mind retain the dates so nearly correct? None of us knew of the tombstones until informed of them by Peter McLaughlin. Had some of us while strolling around in the cemetery some time in the past noticed them and our subjective minds retained the inscription for the express purpose of fooling us in the future by dishing it up as having come from "spirits?" It might have been, but it is hardly probable. If we keep on loading the subjective mind with these tests it seems to me the time will come when the load will be greater than it can carry. It is hardly probable that this information could have come from Peter McLaughlin by telepathy, for he did not have it as correct as we got it in the message.

It was suggested that perhaps a "spirit" could be found who would give us a message in a language we did not understand. As none of us understood French that language was suggested. One "spirit," giving the name of Workman, undertook the job. Your name does not sound like a French name. How about that?" "I am not a native Frenchman, but have some knowledge of French." "Well, let us have your message." "Bon soir ejesus tra somma." (This is just as we took it down from the raps.) We afterward submitted it to some French scholars, and they could make nothing of it. At our next meeting Workman again reported. We asked him to make the proper division of the letters into words. He divided it as follows: "Bonsoire je suis tra somma." In this form it was submitted to our French scholars, and they said it was intelligible and meant when interpreted: "Good evening, I am very sleepy," but they said it was not a correct sentence, neither as to the spelling of all the words, the words used, nor had it the correct idiom.

Now, the value of this evidence lies principally in the errors found in this sentence. If any of our members had ever seen this sentence used as a quotation in any book and his subjective mind retained it, it would have produced a better French sentence than the above. It is not reasonable that the sentence as given ever came from a published quotation.

Only on one occasion have our messages partaken of the nature of a prophecy. This instance was soon after the time we received the message relating to the Jackson and Walling case (reported in last month's journal). I believe some one had spoken of that singular message at the meeting when the raps began as follows: "Another will soon come through the door of tribulation to his heavenly home." "To whom do you allude?" "Durant." "Is he also innocent of the crime of murder?" "Yes." This is all they would tell us about that case. This occurred at a time when the Governor of California had been petitioned to stay the execution or commute the sentence. The newspapers at that time expressed opinions that Durant would not hang. We waited with the hope that our "spirit intelligence" might be mistaken. The public knows the result.

How did we get this information? Were we in telepathic communication with the Governor of California, being able to read his mind at this distance, or had our own minds from reading newspaper accounts become so thoroughly imbued with the idea of his guilt that we thought he ought to hang and, in fact, believed he would hang, and our subjective minds so informed us, and then in the next sentence flopped over and said he was innocent? A queer thing is the working of this subjective mind and hard to understand.

(To be continued.)



SUGGESTIVE THERAPEUTICS.

PUBLISHED MONTHLY BY
THE PSYCHIC PUBLISHING COMPANY,
TIMES-HERALD BUILDING.
CHICAGO.

THE PRIZE ESSAYS.

The two prize essays published in this number represent fairly well the opinions of the average physician and the average layman upon the question whether Suggestive Therapeutics should or should not be taught to the laity. It is possible that a careful study of both will leave the reader in exactly the same mind as before, because it is evident that each essay contains truth in its argument, and sound sense in its inference.

We know perfectly well that a knowledge of suggestive therapeutics would be of great value to everyone, whatever his calling. We know, also, that the modern practice of medicine is constantly changing and shifting its methods, and is not an exact science. We know further that the strongest argument which can be brought to bear by a layman against the present system of medicine is that physicians are divided among themselves, and that homeopaths, allopaths, and eclectics treat the same disease and the same symptoms in an entirely different manner.

But we must not forget that by laborious study and expense certain men qualify themselves to write M. D. after their names, and that in all properly directed States this title is a guarantee that the owner has passed such an examination as entitles him to assume the possession of a knowledge of disease, its cause, and cure.

I do not believe, after giving the matter careful thought, that a layman is entitled to the confidence of his fellows in the matter of curing disease. If he desire to make a business of curing disease, he should spend four years of his life in preparing himself for the work before him. He should take his degree. Perhaps I have a better right to speak on this point than most, as my own work with patients has been very successful. If; therefore, I feel that a medical training is not only right, but absolutely necessary, in all work pertaining to the cure of disease, you may take it that this decision has something behind it.

By the time this goes to press I shall have treated my last patient, and if I take up this work again it will be only when I have acquired the necessary qualifications.

What I have said relates to the treatment of diseases. I hold that Suggestive Therapeutics should be taught to the laity, and that every man, woman and child should be educated in this work. But I do not hold that laymen should make a business of this work, or should apply it for a recompense. Suggestive Therapeutics is not a complete system of medicine. It is good in certain cases, and a layman may benefit such cases when they come his way equally as well as the physician. But a trade is a trade, and it seems to me that a layman is not, and cannot be, a physician. Let him stick to his business; or, if he wishes to change, let him take his degree.

I grant that physicians as a class are grossly ignorant of the power of mind over matter. Let us hope they will shortly be driven to get at the truth, since they will not seek it of their own accord. The Medical Summary is rightly regarded as one of the best-informed medical journals of the day. Its contributors have a free hand in its pages, and whack each other over the head with refreshing readiness. Lately I read an article upon hypnotism therein, written by an M. D., containing statements so opposed to reason and fact that the most flagrant prevaricator who ever astonished an audience by his hypnotic tricks would have hesitated to stand by them.

The Medical Brief is said to have the largest circulation of any medical journal published in America. In last month's Brief

a well-informed physician undertook to explain to another scarcely less well-informed brother-physician that suggestive therapeutics was the study of mental communication as evidenced in mesmerism, and that telepathy, as laid down in Hudson's Law of Psychic Phenomena, was its base! Not a word of Bernheim, or of Liebeault! Is there any mention of telepathy in Bernheim's Suggestive Therapeutics? Is it not reasonable to suppose that the man who christened his work Suggestive Therapeutics, and who explained his results with such minuteness, would have been the first to give the credit to telepathy if telepathy were included in this work?

However, two blacks don't make a white, my friends, and because physicians as a class are ignorant of the first principles of this work, is no argument that a layman should assume the privilege of treating diseases.

Suggestive Therapeutics does not cover the field. Medicine does not cover the field. But medicine has its place, just as suggestion has its place, and what layman is qualified to discriminate in the use of medicines? What has a layman to do with the treatment of diphtheria, typhoid, etc.?

My opinion, however, is that Suggestive Therapeutics should be taught to the layman, in order that he may both learn how to help himself and his friends by the power of suggestion, and especially that he may realize how little he knows when he has completed his course. A realization of his lack of knowledge will save him from much extravagance of statement.

HUMAN NATURE.

Paris, August 5, 1898.

Editors Pacific Medical Journal:

Several lawsuits, more or less interesting to the medical profession, have recently taken place in France. A curious and significant case is the following:

A poor devil, accused of practicing medicine without a diploma, was arrested and brought before the judge. The testimony

did not admit of a doubt. The man received a considerable number of patients every day. The janitress ushered them into the presence of the "healer" with a great show of precaution, and was always ostensibly on the lookout for the police, or imaginary spies sent by regular practitioners. Who denounced the man I do not know, but the testimony was so overwhelming against him that he was given very little chance to say a word. Just before pronouncing the sentence, however, the judge asked the charlatan if he had anything to say in his defense, or as an extenuating circumstance. The accused slowly rose to his feet and said that the only thing he could say in his defense was that he had a right to practice medicine, being a graduate of the Paris Medical School. He drew his diploma from his pocket and it was quickly pronounced to be authentic. He next proved his identity; the diploma was really his, and the so-called "healer" was a genuine M. D.

The court had but one thing to do—set the man free. But the judge could not master his curiosity, and asked the doctor if he would explain why he, a regular physician with an honorable name, had passed himself off for a quack.

The doctor replied as follows: "On finishing my studies I settled in a wealthy neighborhood in Paris. My house was luxuriously furnished, but I never had a patient. As no money came in from my profession I saw that I would soon be obliged to give everything up. Not wishing to do this, I decided that if the people did not want me as a regular physician, they would seek my services if they thought I was a contraband article. So, miserably dressed, I hired a room in a poor quarter of Paris, attracted attention by my exaggerated efforts not to be discovered, and soon had many patients, and among them rich people who came from my own part of town to consult me in this hovel. In this way I have been able to continue living in my expensive house and wait for practice."—Pacific Medical Journal.

COPYRIGHT.

The matter in the Journal of Suggestive Therapeutics is copyright, and publishers who take a fancy to any articles appearing in its pages are advised to communicate with this office before transplanting such articles. I am led to take this step because a San Francisco hypnotist has issued a most attractive number of a Journal of Psychology, composed from end to end of editorial notes which have appeared in this Journal. There is not an original line in the whole number, and while the gentlemanly compiler is to be warmly congratulated on his nice sense of discrimination in selecting the plums, his failure to give any credit to this Journal leaves him open to the charge of robbery on a generous scale. It may be that thought transference has reached such a degree of perfection in the West that these articles and notes were conveyed telepathically to the concentrated intelligence sitting at his desk in the City of the Golden Gate, but I am constrained to doubt it.

CONCLUDED.

Suggestive Therapeutics has nothing to do with Telepathy, Thought-transference, or Healing at a Distance. Its lines are precise, simple, and complete. It is the scientific application of the influence of mind upon matter. It deals with the five physical senses, the material brain, and the material body. It is a straight, level road, fenced in on both sides, and no man living can travel it to the end. But if the traveler choose this road he is not supposed to climb the fences, and wander by green fields adjoining. Thought-transference is a green, a very green, field. It is attractive to the eye; but it is not the straight, white road.

We will close the discussion in these pages upon Healing at a Distance, because there is no more to be said.

Healing at a Distance is not Suggestive Therapeutics. Telepathy is not Suggestive Therapeutics.

Suggestive Therapeutics was founded by Liebeault of Nancy,

and does not include the healing of the body by thought-transference.

Telepathy is an experiment. Suggestive Therapeutics is a science. We do not know its limits; we do know its principles, and can apply them.

Dr. Pitzer's enthusiasm calls for recognition. His belief is entitled to the same respect as any other belief. But his theory of distant healing is outside the domain of Suggestive Therapeutics.

Telepathy is an interesting study. Spiritualism is equally interesting. But we cannot incorporate either spiritualism or telepathy with Suggestive Therapeutics. We can study them apart, if you will, but apart they must remain.

SPIRITUALISM.

It is the purpose of this Journal to investigate certain phenomena, without prejudice. There is no proposition of such stupendous import to the human race as the possibility of spirit-return.

With due respect to those of our readers who already believe in the possibility of communicating with the departed, it must be admitted that the majority of us are still looking for proof. Dr. Hodgson's researches with Mrs. Piper are without value in this direction. It will be well for you, my readers, to weigh the articles by Dr. True upon this subject carefully, remembering that the life, and the better life, of the soul or spirit after the death of the body is a matter of greater moment than the accumulation of much wealth.

OUT OF THE MOUTHS OF BABES.

Children say quaint things sometimes. Who shall fathom the slow ponderings of the child? There lived a small boy, some years ago, in Manitoba, born of devout parents, who had been at

some pains to impress upon the youth that the eyes of the Lord were in every place, beholding the evil and the good, and that it would not be well for Reginald to do mischievously in the absence of his parents. Reginald had been presented with a bow and arrow, and he proceeded to disport himself therewith. In a little while he came running back to the house, his face white with terror, and his eyes wide open and staring. He met his mother at the door, and frightened her half to death with his looks. By way of loosening his tongue, for he was speechless, she shook him swiftly by the shoulders until his tongue ceased to cleave to the roof of his mouth, and speech came to him. Then it came out that Reginald, drawing his bow at a venture, had shot high into the air, and not seeing the arrow fall, he became sore afraid because—he thought he must have shot God in the eye!

HYPNOTISM AND CRIME.

You are requested to suspend judgment regarding the argument by M. Jules Liegeois of Nancy upon the relationship of Hypnotism to Crime, until such time as M. Liegeois' finding is completed and an answer is presented in these pages. Hypnotism does not seem to us who have made a business of studying its phenomena quite such a formidable thing as it appears to be on the other side of the water, and I think readers of this Journal will detect without difficulty the error in M. Liegeois' chain of reasoning. But all in good time. I cannot forbear again calling your attention to the excellence of the translator's work.

A CURE FOR DIPHTHERIA.

Editor of Suggestive Therapeutics:

On January 9th, 1882, I lost my daughter, aged 8½ years, with diphtheria. Dr. Geo. F. Adams, of this city, her attending physician, took the disease and died four days after (the 13th). Three

of my sons were stricken with it later. I called in another physician, and he prescribed the same remedies as Dr. Adams, Iron and Quinine. Of course, I had lost faith in these remedies, and the doctor. Accordingly, I fished a recipe out of a back number of the Medical Brief and cured the boys. From that time until now I have devoted a great deal of time, and spent considerable money, to ferret out a treatment, safe and prompt. At last I have succeeded. Since June 8th, 1898, I have cured nine cases of malignant diphtheria. Some of them had been declared hopeless by the attending physicians. I was called in at the eleventh hour. I treated a case of this nature yesterday, and brought happiness to the parents in half an hour. I see by the record in "The Sun" of this city, this morning, that fifteen children have died from this disease in this city the past week. Terrible, indeed. I treat these cases gratis and make no secret of the remedies, but send the parents for the medicines and instruct them how to use them. When I am through with it, they know as much of it as I do. I have but one object in view, i. e., to save the thousands of innocents who are sent to an untimely grave. Diphtheria, in my opinion, is not a disease, but a condition. These patients are, as a rule, young and possessed of sound organs, but some process of nature has been interfered with. In every instance you will discover that the tongue is flabby and of a uniform color, devoid of the red edges seen in health. The secretions have been perverted. The next thing which attracts your attention is a slimy substance covering the mucous membrane. This is a weeping process through the meshes of the membrane. Then there is that characteristic gray membrane of diphtheria. As soon as I take a case in hand I spray the throat thoroughly with Hydrozone, full strength, using a hard rubber atomizer. Give the patient a swallow of water to gargle and cleanse the mouth and throat after the spray. I repeat this at least four times. The Hydrozone annihilates all the effete matter, and the bacilli. The amount of stuff which the patient spits out surprises all. After this I pour about a drachm of Hydrozone into a glass of water and give one-half of it, internally. Wait five minutes and give the other half. It frequently causes nausea and vomiting, which you will discover gives great relief and brings up a tremendous amount of stuff,

which ought to have been removed before. Then I instruct the parents to give the following:

℞ Hydrarg. chlor. mit. gr., ij
 Sodii bicarb. " x
 Pulv. ipecac. " j
 Pulv. aromat. " vii

Mix; ft. chart. No. X. Sig. One on tongue every hour until the bowels have moved, which will occur surprisingly early, after the Hydrozone treatment. I am inclined to think it is due to the chemical action of the drugs, or more probably to the stimulating effect of the Hydrozone upon the mucous membrane, which renders it more susceptible to take up the calomel.

Before using Hydrozone I took a bottle of it to a medical institution here, where they are fully equipped with incubators, cultures, etc., and requested the chief of the medical staff to test it and determine whether or not it would destroy the Klebs-Loeffler bacilli. He informed me in advance that peroxide of hydrogen would not, but subsequently he wrote me that he had tested the Hydrozone and reported, "Hydrozone destroys bacteria.". I do not believe that the prompt relief is due to this virtue of Hydrozone, but to its cleansing and stimulating qualities. In my opinion the bacilli are the result and not the cause. If I throw a fresh piece of meat into the street the maggots will appear in their own good time.

By the time I give the first calomel powder the improvement in the patient's condition is such that the parents are completely relieved of their anxiety and the improvement goes on as systematically as the rising of the sun. I have never lost a case, and, on the contrary, each and every one of these little ones has enjoyed better health since the treatment than he did for a long time before it. I do sincerely hope that you will submit this to some prominent M. D., whose ethics will not prevent him from heeding a layman's advice, and induce him to test the treatment and give it to the profession, so that the slaughtering of innocents will cease. By doing so, you will greatly oblige. Very truly yours,

W. C. KAISS,
 1226 Riverside avenue, Baltimore, Md.

I forget to mention that my patients do not get another drop

of medicine, except as mentioned above. As soon as the calomel acts they get an appetite and are fed with hot soups and good food.

AN EPIDEMIC OF HYPNOMANIA IN AMERICA.

"We read in the *Progres Medical* that the inhabitants of the town of Orange, in the State of New Jersey, have for some time been afflicted by a singular mania: the malady of hypnotism. We may even say that it is an actual madness, for no one is to be met in the streets except the hypnotizer and the hypnotized, men and women, children and old people. The immediate cause of this new species of lunacy is a young doctor in the vicinity, who, it would appear, has invented an apparatus which enables everyone of a nervous temperament to hypnotize himself in two or three minutes at the most. With the assistance of this apparatus one can also hypnotize other people with the greatest ease, always provided that there be no deliberate resistance offered by the subject to the will of the operator. The essential component of the "hypnotic globe," as the invention is named, is a little glass sphere of four centimetres size, tinted blue, in the centre of which is fixed a steel needle. This sphere is placed on a wooden support. It is sufficient to fix one's eyes for two or three minutes on the point of the needle, at a distance of fifteen centimetres, to experience at once all the sensations, agreeable or the reverse, of hypnosis.

"If all this be true, it would tend to prove that the inhabitants of the New World are very susceptible to hypnotic influence. Here is a career open to such French psychotherapeutists as desire to leave their own country."—*Revue de l'Hypnotisme*, February, 1898.

The *Progress Medical* has been misinformed, or rather has drawn its information from an untrustworthy source. After the visit of the Sages to New Jersey last year some newspaper reports were current that wholesale hypnotizing was in progress, but the

stories were without foundation in fact. That the stories should have found their way to France is less extraordinary than that they should have gained credence. The "hypnotic globe," a simple glass ball, enclosing a needle, has by no means the effectiveness ascribed to it.

