

# THE HUMAN ATMOSPHERE

OR

## THE AURA MADE VISIBLE BY THE AID OF CHEMICAL SCREENS

---

### CHAPTER I

#### THE AURA OF HEALTHY PERSONS

HARDLY one person in ten thousand is aware that he or she is surrounded by a haze intimately connected with the body, whether asleep or awake, whether hot or cold, which, although invisible under ordinary circumstances, can be seen when conditions are favourable. This mist, the prototype of the halo or nimbus constantly depicted around the saints, has been manifested to certain individuals possessing a specially gifted sight, who have received the title of "Clairvoyants," and until quite recently, to no one else. The cloud or atmosphere, or, as it is generally termed, Aura, is the

subject of this treatise, in so far as it can be perceived by the employment of screens containing a peculiar chemical substance in solution. It may as well be stated at once that we make not the slightest claim to clairvoyancy; nor are we occultists; and we especially desire to impress on our readers that our researches have been entirely physical, and can be repeated by any one who takes sufficient interest in the subject.

As long as the faculty of perceiving the Aura is confined to a few individuals, and ordinary people have no means of corroboration or refutation, the door to imposture is open. Since this has been the case up to the present time, the subject has always been looked on askance; but there is no more charlatanism in the detection of the human Aura by the methods we employ, than in distinguishing microbes by the aid of the microscope. The main difference lies in the claim of some people that they are able to perceive the one through the possession of abnormal eyesight, while no one has had the hardihood to assert that they had the power of seeing an object one-thousandth of a millimeter

in length without instrumental aid. There cannot be the smallest doubt as to the reality of the existence of an Aura enveloping human beings, and this will be in a short time an universally accepted fact, now that it can be made visible to any one possessing normal eyesight. It would, indeed, be strange if the Aura did not vary under different circumstances, and we firmly believe that a study of its modifications will show that they will have a diagnostic value.

We must ask the indulgence of our readers while we make a few personal remarks. Every thing that has been stated in this book as being a fact, is true; but we know that enthusiasm and imagination are wont to lead experimenters astray, and we have consequently endeavoured to do our best not to overstate any incident. This in one part of our subject is most difficult, because so much depends on subjective vision. It is only fair to add, however, that sight is our most perfect sense; and, consequently, we may perhaps have been able to distinguish objects a little in excess of the average, and may thus have perceived effects which might have es-

caped the notice of other observers. Some of the deductions may be thought, and perhaps rightly, to be too dogmatic, since they are founded upon such a small number of cases; but our excuse is that they have been brought forward with the intention of their being working hypotheses to assist in future observations. The discovery of a *screen* capable of making the Aura visible was by no means accidental. After reading about the actions of the "N" Rays upon phosphorescent sulphide of calcium, we were for some time experimenting on the mechanical force of certain emanations from the body, and had come to the conclusion, whether rightly or wrongly, that we had detected two forces besides heat that could act upon our needles, and that these forces were situated in the ultra red portion of the spectrum.

There was a hitch in our experiments; and, in the early part of 1908, we thought that certain dyes might assist us. After considering the different spectra and, as far as we could, ascertaining their properties, we made trial of several, and fixed upon one which in this trea-

tise will be called *Spectauranine*<sup>1</sup> as the most likely to be of use. As we were compelled to wait some time before we were able to obtain it, one night the thought flashed across us that that substance might make some portion of the above mentioned forces visible; and, if so, we expected it would be the human Aura. This phenomenon we had heard about, but until that moment we had never had any intention of investigating it, as we believed it to be beyond our natural powers.

As soon as the chemical had been received, screens made of glass coated with collodion, and also gelatine dyed with it, were made, but were found to be entirely useless owing to decomposition taking place immediately. Afterwards

---

<sup>1</sup> Some friends, who have carefully considered the question, recommend the real name of the dye employed to be divulged. This we are quite willing to do, only it is too late to alter the term "*Spectauranine*" throughout the text, as the book is in the hands of the printers. The real name of the dye is "*Dicyanin*." The blue screens accompanying the book merely contain a solution of dicyanin, and the red contain carmine. These four screens are the only ones necessary for ordinary observations of the Aura.

There is evidently a great difficulty in the manufacture of these thin flat cells, as we could find no one in Great Britain or in America who would undertake to make them, but at last we have succeeded in finding a foreign firm able to construct them.

a celluloid solution called *Zapon* was tried. This gave a better result; but, in a few hours' time, it, too, lost its colour. Subsequently solutions in alcohol of different strengths in glass cells were employed. These seem on the whole to be satisfactory, but there is tendency after a time for colour changes to take place, even if kept in the dark as much as possible. As a rule only two screens are necessary: one containing a solution of spectauranine in alcohol, and a second less dilute. Others of various strengths, with and without the addition of other dyes, have been tried, but these were only for purposes of experiment under differing circumstances. For ordinary work these are unnecessary. However, another kind of screen will be found useful for differentiating the separate parts of the Aura, which will be described later on.

Directly a screen was finished, we looked at a friend through it, and instantly saw around his head and hands a faint greyish cloud, which we considered could be nothing else but the Aura. After a few minutes we were surprised to find that we could continue to see the Aura

without the intervention of the screen. This power did not last long. However, it was renewed by looking at the light for a few seconds through a dark screen.

It is interesting to note that this capacity for seeing the Aura without the intervention of the screen is by no means uncommon, but generally exists only for a short while. At this period every spare moment was occupied in using the screen for this and other experiments in connection with the perception of the Aura, consequently we discovered to our cost that the spectauranine had a very deleterious effect upon our eyes, making them very painful, so much so that it was necessary to cease work for some days. On account of this, we strongly recommend all experimenters on this subject, not to be continually looking through the spectauranine screen. Apparently the action of this chemical is cumulative, so that we gradually gained the power of seeing the Aura more and more plainly without the intervention of the screen. Ultimately our eyes have become so permanently affected that under suitable conditions we are able to dispense with a screen.

Nevertheless, we think it expedient to look at the light for a few seconds through a spectauranine screen before inspection, and even then we sometimes find the Aura is better seen through a light one. At other times the reverse holds good, though the conditions may be exactly similar in the two cases.

The Aura can only be satisfactorily defined when certain conditions are fulfilled. The light must not be too bright. The requisite amount must be determined at each observation, and depends on whether a screen is being used or not. A rough estimate is, that the body can just be seen distinctly after the observer has become accustomed to the dulness. The light ought to be diffused, coming from one direction only, and falling on the patient equally all over. Certainly, the best arrangement is obtained when the observer is standing with his back to a darkened window while the patient faces it. An alternative method, if the room is sufficiently large and open, and the only one that can be employed at a patient's house, is to have a tent similar to the X folding portable dark-room as used for photography,

except that it must be lined with black instead of the ordinary yellow material, and the front curtains must be removed. The tent is placed with its back to the window and the patient stands inside, when he will be evenly illuminated. All the windows in the room, except the one at the back of the tent, should be completely darkened, while this one must have the blind drawn more or less as required. The chief objection to this arrangement is, that the observer has to stand facing the light, which is not so comfortable for any part of the inspection, and is especially inconvenient for the observations connected with the complementary colours, as will be described later on. Occasionally it is possible at a patient's house, with a little manœvering, to be able to place the tent with its opening facing the window. When this is done inspection is rendered much easier. It is essential to have the black background as dead black as is obtainable.

Most of our investigations have been conducted in a small room with only one window. This window is fitted at the top with an ordinary blind, and from below a blind of black

serge can be raised to any height required. The serge allows a considerable amount of light to pass through, in fact too much, except on very dark days; but the amount can be regulated by pulling down the ordinary blind. This arrangement is also very convenient, as a slight gap can be left between the two blinds so as to allow much more light into the room when the patient is being observed through the dark carmine screen, and also occasionally when the complementary colours are employed.

Opposite, and about eight feet from the window is a movable pole supporting black and white curtains, either of which can be used as wanted. The white background is necessary for certain observations, which will be described farther on. These are all the arrangements that are required.

There is one point that is important to bear in mind, namely, that the patient should stand about a foot in front of the background, so that shadows or marks upon it may not produce any optical illusions, and thus vitiate the observations. Trouble of this kind is not likely

to occur, except when the observer is new to the work.

While the patient is assuming the proper position, the observer takes the dark screen and peers through it at the light for half a minute or longer. This will influence his eyesight for a sufficiently long time, so that it will rarely be necessary to repeat the operation. However, repetition can be made as often as desired. He now darkens the room and regulates the light; and, standing with his back to the window and opposite the patient, looks at him through a pale screen, when he ought to perceive immediately or (if not accustomed to the work) after a few seconds a faint cloud enveloping the patient, which varies in health according to individual peculiarities. If the observer has already gained the ability of perceiving the Aura without the intervention of the screen, he will usually find it to have some shade of blue. It is certainly of assistance in determining the colour of the Aura, if the patient places his hands upon his hips and at the same time extends his elbows, when, in the spaces between the trunk and the arms, the Aura

emanating from the body will be reinforced by that proceeding from the arms.

When commencing a systematic inspection it will be advisable for the patient first to face the observer and the light. The Aura round the head will be best seen while he stands or sits with his hands hanging by his sides. Its breadth may roughly be determined by noticing how far it extends beyond the shoulders, and this permits the two sides to be compared, because in some cases of disease the Aura will be wider or narrower on one side than on the other. At this stage attention ought to be paid to the general shape of the Aura while the arms are hanging down, as this often differs greatly from that seen when they are uplifted. For the greater part of the inspection it will be found advantageous for the patient to stand with his hands behind his neck, so that the Aura from the axilla down the trunk, thighs, and legs may be seen uninfluenced by the Aura proceeding from the arms. This is the time to determine the shape and size of the Aura, whether it follows the contour of the body or whether it is wider by the trunk than the lower

limbs; and, if so, how far it descends before it finally narrows. It is not uncommon for some abnormality of texture to be visible, but this, as a rule, can be differentiated with greater accuracy by the employment of special screens.

Occasionally the Aura can be separated by its appearance into two or, very rarely, three distinct portions, but the verification of this division will be better made at a later stage of the examination. As soon as all the information as to the Aura at the sides has been gained, the patient must be turned sideways, so that the Aura at the front and back may be similarly examined. If any suspicion should arise as to the Aura being unequally illuminated, it must be (in addition to the foregoing inspection), viewed when the back is turned to the light, and again when turned sideways in the direction opposite to the one he previously assumed. By this simple means a number of errors are eliminated. The Aura envelops the whole of the human frame, but, on account of the fineness of its texture and its transparency, it is only visible in sections; consequently when the observer wishes to ex-

amine the Aura emanating from one particular spot, he will be obliged to turn the patient to a different angle, so that a silhouette of this spot may be made on the background. Generally, if the shape of the Aura is the only thing required, it can be ascertained by the patient first standing facing the observer, and then sideways without any other movement. Considerations of the other portions of the systematic inspection must be deferred for the present.

Examination of a number of people in good health shows not merely, as might be expected, individual differences, but also the existence of a corporate dissimilarity. Males, independent of age, possess the same characteristics of the Aura, after making allowance for individual peculiarities, as no two people are alike. Quite the opposite is the case in females, because their Auras undergo a great alteration of shape at certain periods of their lives. In childhood it coincides almost exactly with that of the male. In adults it is much more developed, while in adolescence—from twelve to thirteen until eighteen to twenty years—it slowly advances from the masculine type to that of adult womanhood.

Inspection of a man discloses the Aura enveloping the head fairly equally all round, it being about two inches broader than the width of the shoulders. When he stands facing the observer, with his arms raised and his hands at the back of his neck, the Aura will appear by the side of his trunk narrower than round his head, following closely the contour of the body. Here it does not usually exceed more than four or five inches in width, or, roughly speaking, one-fifteenth of his height. As soon as he has turned sideways, it will be seen down his back about as broad as by the sides of the trunk, but barely as wide as in front. In all these cases it is similarly continued down the lower limbs, only sometimes being a little narrower. Around the arms it corresponds with that encircling the legs, but is generally broader around the hands, and very frequently it projects a long distance from the tips of the fingers.

Before a girl has arrived at the age of twelve or thirteen the description of the Aura of the males will be equally applicable to her. Nevertheless, the texture of the Aura is usually finer

than that of a man, so that it occasionally becomes difficult to distinguish the edge of the haze. In like manner, but not to the same extent, the Auras of young boys may be faint. This prevents children from being good subjects for early observations. On observing the Aura of an adult woman a characteristic alteration is found. Above the shoulders round the head, down the arms and hands it is very similar to that of the males. If she faces the observer with the hands placed behind the neck, the dissimilarity is at once noticeable. The Aura is much wider by the sides of the trunk than in men, and broadens out until, at the level of the waist, it has reached its full extent. From here downwards, it gradually narrows until it reaches a point not higher than the middle of the thigh, where it finally contracts and follows the outline of the legs and feet. However, the point of final contraction may be anywhere between the place just mentioned and the ankles.

As she stands sideways, the Aura will be seen to be much wider at the back than at the front, and the broadest part is at the small of the back

where it frequently bulges out. From thence it comes down from near the nates, following the contour of the legs and thighs. In front it takes the outline of the body, being a little wider at the chest and abdomen than lower down. It is not uncommon to find the haze more pronounced in front of the breasts and nipples, and this increase is evidently dependent upon the functional activity of the glands, as it is most apparent during pregnancy and lactation, but is occasionally the same just before or after menstruation. When the Aura is fully developed age does not produce any alteration, but disease may. Figs. 9 to 13 are good specimens of the Aura of a woman in health.

Amongst healthy women the Aura shows many departures from the above examples. The modifications consist in the difference of width by the side of the trunk and the distance it descends, before it has contracted to its fullest extent, and follows the contour of the body. Besides, it will be noticed that the breadth in front of the body often alters, but not nearly to the same extent. At the back, changes are more frequent and varied. These are chiefly due to

differences in breadth and the position of the final contraction. With one person the outer margin of the haze is apparently quite straight from the level of the shoulders to the most prominent part of the nates, and from thence it follows the outline of the body downwards. With another person it will bulge out at the small of the back, contracting when it reaches the middle of the thigh, or it may be near the ground before it follows the figure. Occasionally the Aura proceeds downwards from over the head to the feet without coming near the body. This we consider to be the most perfect shape. Any deviations are due to undevelopment. The average width of the Aura over a woman round the waist is eight to ten inches, and on some not more than six or seven inches, but it may reach twelve or more (*vide* Figs. 9, 11, 13).

When a girl approaches the age of puberty her Aura begins to show an alteration, leaving the infantile form to attain, in from four to six years, the shape assumed by an adult woman. The change does not usually commence until a short time before menstruation appears, but

never before the body has begun to develop. Exceptions to this are occasionally met with. For instance, a girl fourteen years old (Case 9, Figs. 7 and 8) had a marked Transitional Aura, but did not menstruate for six months after. The youngest child who showed any increase of Aura was thirteen and a half years old. She was a remarkably well developed child for her age, but suffered from epileptic fits; six months previously she had an infantile Aura. Three others of fourteen, one of fifteen, four of sixteen, one of seventeen, and one of nineteen years of age, possessed Auræ in a transitional state, while two others of eighteen years of age had fully formed Auræ. One undersized, weakly girl, nearly seventeen years old, who had never menstruated, retained a perfectly infantile shape of Aura, which, however, was well marked. On the other hand, a tall, well-formed young woman, twenty-five years of age, who had an undeveloped uterus, and who had only menstruated four times in her life (the last period being three years ago), is the possessor of a very distinct Aura, much larger than the average. Another woman, forty-two years of age, who

had both her ovaries removed sixteen years ago, had a fairly marked Aura quite up to the average in width by the sides of the trunk, but especially broad at the back and front.

There can be no two opinions as to the enlargement of the female Aura at the period of adolescence, but it remains to be proved whether this is entirely due to the functional maturity of the sexual organs, or whether the other changes which have taken place in the system contribute to its development. But this much can be confidently stated, as will appear later on, that menstruation has a subtle effect on the Aura, while the changes in shape in early pregnancy are not very pronounced. During a later period a great extension in front of the breast and the lower part of the abdomen may appear, but this is only temporary and local. The subject will be discussed later on.

For the sake of simplicity, and to avoid unnecessary repetition in the above description, the Aura has been treated as if it were a simple phenomenon, while in reality it is composite.

Later on its elements will be fully consid-

ered, but for the present it will be sufficient to say that it can be divided into three parts.

First, there is a narrow transparent portion appearing as a dark space, which is very often obliterated by the second portion of the Aura. When visible it looks like a dark band, not exceeding a quarter of an inch, surrounding and adjacent to the body, without any alteration in size at any part. This will be called the *Etheric Double*.

The second constituent is the *Inner Aura*. It is the densest portion and varies comparatively little, or even not at all, in width, either at the back, front, or sides, and both in the male and the female follows the contour of the body. It arises just outside the Etheric Double, but very frequently it looks as if it touched the body itself.

The third portion, or the *Outer Aura*, commences at the outer edge of the Inner Aura, and is very variable in size. It is the extreme outer margin of this that has been taken for depicting the outline of the Aura hitherto. When the whole Aura is observed through a light spectauranine screen, or a pale blue one,

all the portions appear blended together, but the part nearest the body is the most dense. If, however, a carmine screen be employed, each of the factors will be distinguished; or, should this screen be a fairly dark one, the Outer Aura will be eliminated altogether.

The following descriptions of the Auras are from a selection of persons in good health, varying in age from early infancy and upwards, and are typical. They are arranged according to age—first males, and then females.

CASE 1.—A., a fine, healthy infant, fifteen hours old, was inspected whilst lying on its mother's bed upon a black cloth. Although seen under very unfavourable circumstances, his Aura was plainly visible, and in colour was grey, tinged with yellow. As far as could be seen it followed the outline of the body. This is the youngest child whose Aura we have examined, and it may be interesting to note that both the mother and the nurse were able to see the cloud around him, if they looked through the screen.

When he had arrived at the age of four months, he was inspected again under more

# THE HUMAN ATMOSPHERE



FIG. 1.—Healthy boy.

## THE AURA OF HEALTHY PERSONS



FIG. 2.—Healthy boy.

suitable conditions, being then placed on a sofa, with a black cloth under him. His Aura took the same outline as the body, being a little over an inch wide, with the exception of the part round the head, which was broader. The colour had changed to dark blue grey.

CASE 2.—B., when a healthy male infant of four months old, was examined while lying on a black cloth similar to the background behind him; his Aura could be easily detected, being of a bluish grey colour. The Outer Aura was seen about an inch wide around his body and limbs, but by the sides of the head it was a little broader than the width of the shoulders.

When examined through a dark carmine screen, the Inner Aura was quite distinct, about three-quarters of an inch wide, showing well-marked striation.

CASE 3 (Figs. 1 and 2).—C., a strong and healthy lad, five years old, who had never had any serious illness. While he stood facing the observer, his Outer Aura appeared to be about six inches round the head. It came down by the side of the trunk about three and

a quarter inches, and was a little narrower by the lower part of the thighs and the legs. The Inner Aura could be plainly distinguished, being nearly two inches wide by the side of the head and trunk, and about one and a quarter by the legs. When he turned sideways, the Outer Aura was found to be about two inches wide in front, and the Inner about a quarter of an inch less.

Both these measurements were slightly diminished lower down. At the back the Outer Aura was two and a half inches wide by the trunk, but not quite so wide by the lower limbs. Here, too, the Inner was about a quarter of an inch less than the Outer Aura. The colour was a blue grey. It is worthy of notice that in children, especially among males, the Inner Aura is almost as wide as the Outer; and often the two can only be differentiated with difficulty.

CASE 4.—D., a youth, fourteen years old. He is rather tall for his age, and has enjoyed good health all his life. His Aura was well marked, and a bluish grey. As he stood facing the observer, the Outer Aura was seven inches

# THE HUMAN ATMOSPHERE



FIG. 3.—Healthy, very strong man.

## THE AURA OF HEALTHY PERSONS



FIG. 4.—Healthy, very strong man.

round his head, by the side of his trunk four inches, and lower down three and a half inches. The Inner Aura was two inches wide all over the body.

The Etheric Double was visible, being one-eighth of an inch wide. When he stood sideways, the Outer Aura was about three inches wide by his shoulders and nates, consequently for a male was rather wide at the small of the back. In front the Aura was three inches wide down the whole length.

CASE 5 (Figs. 3 and 4).—E., a very powerful man, thirty-three years of age. He was well proportioned in every respect, and in robust health. His Aura was blue with a little grey. The Outer Aura surrounded his head a little wider than the breadth of his shoulders; all down his trunk, arms, and legs it was five inches wide. The Inner Aura was extremely well marked, about three inches wide. Striation was remarkably easy to see. As he stood sideways, the Inner Aura was the same width both front and back, but the Outer was a trifle narrower in front. The Etheric Double was clearly defined, being nearly a quarter of an

inch wider. His whole Aura was unusually coarse in texture.

CASE 6.—F., a female child, a week old, was inspected while she lay upon her mother's bed on a black cloth. The external conditions were extremely unfavourable, but, with a little difficulty, the Aura was seen as a greenish haze which followed the outline of the body, being very narrow; but around the head it increased a little, as might be expected.

When this infant had arrived at the age of four months (corresponding with that of A), she was examined a second time under better conditions. The Aura was very difficult to perceive, as it was not nearly as distinct as expected, and was only half an inch wide round her body, and rather broader round the head. The most interesting point was that the colour had changed from greenish to a gray shade.

CASE 7.—G., a fragile, excitable child, four years old, rather small for her age but in good health, was observed in January, 1910. She had a very extensive Aura for her age and size. The Outer was three inches wide all over her body, except round her head, where it extended to

# THE HUMAN ATMOSPHERE



FIG. 5.—Healthy young girl.

# THE AURA OF HEALTHY PERSONS



FIG. 6.—Healthy young girl.

nearly five inches. The inner was also distinct, striated, and two and a half inches wide. The colour was blue.

CASE 8 (Figs. 5 and 6).—H., a strong, healthy girl, seven years of age, who had never had any illness. The colour of her Aura was blue. As she stood facing the observer, the Outer Aura was half a foot round her head. By the side of her trunk it was three inches, gradually narrowing to two by her lower limbs. As she stood sideways, her Outer Aura measured two inches down the front, and three at the widest part of the back, and lower down it was two inches in width. The Inner Aura was two inches round her head and trunk, elsewhere only one and a half inches. She showed no rays.

CASE 9 (Figs. 7 and 8).—I. This example is extremely interesting, as we have been allowed to inspect her from time to time, and thus able to follow the growth of her Aura at the different periods of her early adolescence. She is a girl thirteen years of age, in good health. She has lately been developing fast, but has not yet menstruated. In October, 1908, she was in-

spected, when her Aura was found to be the same as in most young girls, following the outlines of the body, being about two inches wide, except around the head, where it was wider. The colour was blue.

After the lapse of eight months she had the appearance of that of a small, well-shaped, full-grown woman, but she had not as yet menstruated. Her Aura had now entered into the transitional state. Around the head it was a little broader than at her shoulders; by the side of her trunk it was about four inches wide, and about two and a half by her thighs and legs. When she turned sideways, the Aura showed an increase to two and a half at the small of the back, but in front was not more than two inches wide.

March, 1910. She has grown a little and is a shapely girl, being just fourteen and a half years old, and is in good health. Her first period came just a month ago. The Aura has enlarged. It is now five and a half inches by the side of and over the head. As she stands facing the observer, along the trunk it is four and a half in width, contracting further down to

## THE HUMAN ATMOSPHERE



FIG. 7.—Healthy girl (Transitional Aura).

## THE AURA OF HEALTHY PERSONS



FIG. 8.—Healthy girl (Transitional Aura).

two and a half inches. When she turns sideways, in front it is seen to be three inches, while at the back, at the widest part, it is four, and gradually lower down it lessens to two and a half inches. The Inner Aura is two inches wide all over the body. It is easily perceived and plainly striated. The Etheric Double could just be discerned. Four months later the Aura had increased by the side of the trunk by a good half inch, but elsewhere it remained unaltered in measurement.

This case is instructive, as the girl retained her juvenile Aura quite six months after she had commenced her outward bodily development, and the Aura in its turn began to evolve twelve months before she first menstruated. It is also a good example of the slowness with which the Aura changes from the infantile to the adult type.

CASE 10 (Figs. 9 and 10).—K., aged twenty-six years, the mother of B. Her Aura was what might be expected in a perfectly average woman of her age. When she stood facing the observer, the Outer Aura measured eight inches round the head, and when she upraised her arms, it was the same by her trunk. From

here it decreased until it had arrived at the lower part of the thighs, where it was three inches wide, and continued the same downwards. The Inner Aura measured two and a half inches all over the body. It was well marked, and striation could be easily detected. By the right side of the head the Aura was brighter and looked as if it were a broad, faint ray. It reached the whole width of the shoulders, and proceeded upwards as high as the level of the crown of the head. When she turned sideways, the Outer Aura in front was three inches broad, while at the back it was four at the widest part. The C. C. band was even all over the body, but the left extension was a little lighter than the right. The colour of the Aura was grey, with a slight blue shade.

CASE 11 (Figs. 11 and 12).—L., a fine, well-built woman, thirty years of age, who has always been strong and healthy. She has naturally a very even temper. Her Aura is blue, and is one of the finest we have seen, being, as she faces the observer, *egg-shaped*. The Outer Aura is quite twelve inches round the head and body, gradually contracting to about five inches at the ankles. The absolute edge

# THE HUMAN ATMOSPHERE

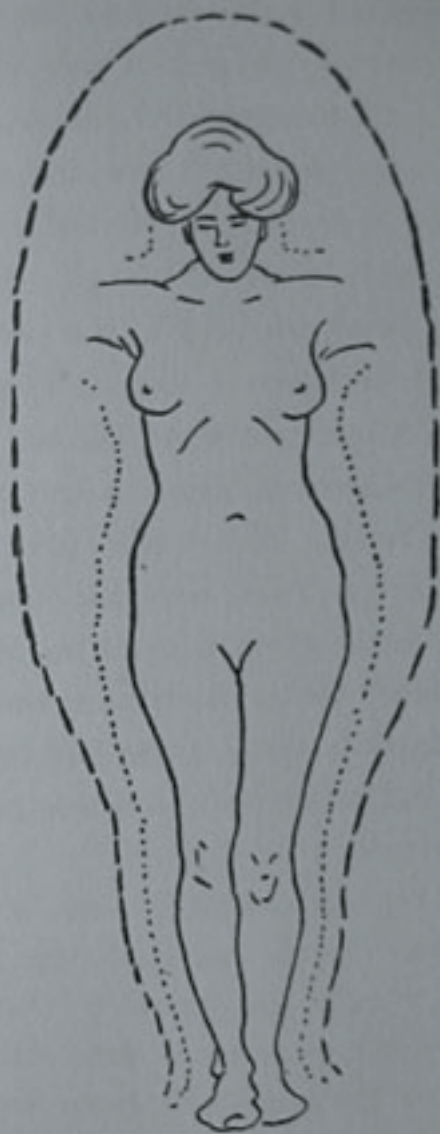


FIG. 9.—Healthy woman (Average Aura).

# THE AURA OF HEALTHY PERSONS



FIG. 10.—Healthy woman (Average Aura).

is difficult to define, but gives the impression of some imperceptible haze beyond, which observation we do not think is an optical illusion, as we have noticed it in other cases. This we have termed the *Ultra Outer Aura* (see page 82). As she stands sideways, the Outer Aura in front is five inches wide all the way down. At the back it is five inches at the shoulders, widening to eight in the lumbar regions, and contracting again to about four inches at the ankles. The Inner Aura is even all over the body, being three inches wide. The Etheric Double is nearly a quarter of an inch wide.

CASE 12 (Fig. 13).—M., a married woman, twenty-five years of age. In shape her Aura was quite ordinary for a woman of her years. She had, however, two rays running upwards and outwards from each shoulder. Another one on the left side also proceeded from near the axilla, and came downwards. The colour of her Aura was grey-blue. There was also a small ray emitted from a small fibro-adenoid tumour. The Inner Aura was three inches wide all over.

As heredity plays such an important part

in determining the qualities of so many constituents of the human body, it would be exceedingly strange if peculiarities of the Aura were not transmitted by descent. This part of the subject will, of course, require long and numerous observations before the question can be settled definitely, but even the few cases of two or more individuals in the same family, which have already been examined, show that this surmise is most likely correct. It is fairly easy to compare the Auras of adults one with another when they are all of one sex. But difficulties commence when the comparison has to be made between a man and a woman, since the masculine Aura is so very dissimilar from the feminine; and, for the same reason, comparison between a woman's Aura and a child's is difficult. Practically the only method is to compare the breadth of the Aura of the trunk of the subjects, as they stand facing the observer.

For this purpose some standard will be requisite. One thing is patent—that is, the height of a patient does not make very much difference in the breadth of the Aura, since a tall man or woman does not seem to have his or her Aura

## THE HUMAN ATMOSPHERE



FIG. 11.—Healthy woman (very fine Aura).

## THE AURA OF HEALTHY PERSONS



FIG. 12.—Healthy woman (very fine Aura).

# THE AURA OF HEALTHY PERSONS

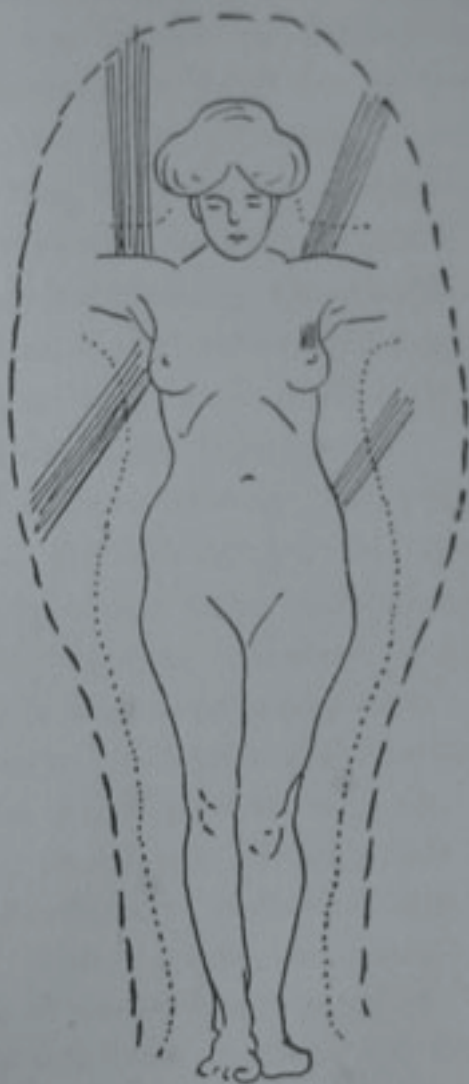


FIG. 13.—Healthy woman.

much, if any, wider than a short person, thus destroying any chance of finding a working ratio between the height of the subject and the breadth of the Aura. Besides, it must be remembered that children have relatively broader Auras in proportion to their height than adults. To add to the difficulty, abnormalities have to be taken into consideration, although in these instances one may find similar deviations in other members of the family.

Since the ratio between the height of the patient and the breadth of the Aura is precluded, there seems to be only one way of obtaining the required standard available, and that is not a very satisfactory one. This is to fix, arbitrarily, the limits of the average dimensions of the Aura, and to take any deviations from it as abnormal. Taking this as a principle, all Auras may be divided into three divisions, viz.: wide, average, or narrow. Roughly, the Auras of women may be called "average," when they are from eight to ten inches broad by the side of the trunk, in their widest part.

The standard for men may be taken as from three and a half to four and a half inches, and

for children between two and a half to three inches. As the Auras of adolescent girls are changing from month to month, they will have to be considered each upon its own merits, as no hard and fast rule can be made. These figures have been decided on by experience only, and not by any scientific plan. Although this arrangement seems very simple, yet it is by no means always easy to decide whether a case is to be termed average or not.

Taking one instance alone: suppose a woman had an Aura, by the side of the trunk a little larger than the limits laid down for the average width, and this contracted down the thighs and legs (in fact, being the hysterical type of Aura) to below the average, under what heading should it be placed? This case, too, must be considered on its own merits. The following tables contain all the examples which have been investigated of two or more individuals of the same family up to date. The first table contains those cases where two<sup>1</sup> generations are involved, and the second belongs to the same generation. In two instances the same person comes into both tables.

---

<sup>1</sup> And in one family three.

TABLE I.—PARENTS AND CHILDREN

Name.	Sex.	Age.	Wide.	Average.	Narrow.	Condition.
N.	F.	25	W.	....	....	Healthy
Child	M.	4 months	W.	....	....	Healthy
U.	F.	30	W.	....	....	Healthy—Case 2
L. U.	M.	3½	W.	....	....	Healthy
H.	F.	24	....	....	N.	Healthy—Case 6
Child	F.	4 months	....	....	N.	Healthy
D.	F.	28	....	A.	....	Healthy
C. D.	M.	3½	....	A.	....	Healthy
M.	F.	38	....	A.	....	Healthy
K. M.	M.	5	....	A.	....	Healthy
M. M.	F.	7	....	A.	....	Healthy—Case 26
I. X.	M.	58	....	....	N.	Neurotic—Case 18
X. X.	M.	23	....	....	N.	Epileptic—Case 15
B. X.	F.	19	....	....	N.	Epileptic—Case 16
C.	F.	29	....	....	N.	Married daughter, healthy
F. X.	F.	12½	....	....	N.	Granddaughter, dull
G. X.	F.	9½	....	A.	....	Granddaughter
E. X.	F.	7½	W.	....	....	Hysterical—Case 14
C. C.	M.	59	....	....	N.	Chronic Bright's disease
D. C.	F.	23	....	....	N.	Hysterical
C. C. C.	F.	36	....	A.	....	Healthy
F. C.	F.	10	....	A.	....	Healthy
C. C. C. C.	F.	39	....	A.	....	Healthy
S. C.	F.	6	....	A.	....	Healthy
N. N.	F.	33	....	A. <sup>1</sup>	....	Hysterical Aura
R. N.	F.	6	....	A.	....	Healthy
O.	F.	63	....	A.	....	Hemiplegic
O. O.	F.	28	....	A.	....	Hysterical
G.	F.	26	....	A.	....	Healthy—Case 10
Child	M.	4 months	....	A.	....	Healthy

<sup>1</sup> It would have been considered wide except that it was narrow by the thighs and legs. Her daughter's Aura is on the border of being wide.

TABLE II.—BROTHERS AND SISTERS

Name.	Sex.	Age.	Wide.	Average.	Narrow.	Relation.
B. T. <sup>1</sup>	F.	37	W.	....	....	{ Sisters
N. U.	F.	35	W.	....	....	
N. D.	F.	25	W.	....	....	{ Sisters
E. D. <sup>2</sup>	F.	15	....	A.	....	
L. N. <sup>3</sup>	F.	18	....	A.	....	{ Brother and sister
Q. N.	M.	10	W.	....	....	
G. B.	M.	19	....	A.	....	{ Brothers
I. B.	M.	14	W.	....	....	
N. G.	F.	23	W.	....	....	{ Sisters
B. G. <sup>4</sup>	F.	20	....	A.	....	
						{ Not fully developed, backward
N. N.	F.	33	....	A.	....	{ Sisters, both hys- terical Auras
I. N.	F.	22	....	A.	....	
Q. I.	M.	5	....	A.	....	{ Brother and sister
O. I.	F.	7½	....	A.	....	
O. N.	F.	23	W.	....	....	{ Sisters
N. N.	F.	12½	W.	....	....	
H. K.	F.	29	W.	....	....	{ Sisters
E. E.	F.	20	W.	....	....	

As temperament is one of the inherited attributes, it becomes almost a certainty that young children do inherit Auras varying in different degrees which will be retained more

<sup>1</sup> The Outer Aura in each of these women is wider on the right than on the left.

<sup>2</sup> Not wider than usual for her age.

<sup>3</sup> Has had one or two epileptic fits, but not for two years.

<sup>4</sup> May be wide in two or three years' time. See Appendix.

or less unaltered during the whole of their lives, unless disease should cause some modification. As might be expected from what has been said above concerning heredity, it will be found that Auras of quick and intelligent children, however young and untrained, will be more extensive than those of the dull and phlegmatic, although the latter may have the advantage in physique. The former, too, will probably have Auras larger and the latter smaller than the average. With adults much the same thing pertains, as the finest Auras envelop the most intelligent people, and small ones surround persons who are dull, or of a low intellectual type. This is not merely seen around their bodies, but becomes more marked round their heads; and is more noticeable among men than women, as the Auras of the former do not develop to the same extent round their bodies. The Auras encircling women are much more variable; but the finest specimens will invariably be found encircling those who are naturally intelligent and slightly excitable, but who have no tendency to neurotic complaints. It, however, may be interesting to observe that the most

extensive Auras we have up to the present time seen, belonged to a healthy woman who was naturally quiet, but by no means phlegmatic. In the above descriptions perfect health is taken for granted; and it is interesting to remember that it is only the Outer Aura that shows variations, while the Inner remains stationary.

This is only one phase of the question, and the other is much harder to describe, and probably more important, viz., the texture. It will almost always be found that the Inner Aura will be seen to be more distinctly marked and broader in persons of both sexes who are naturally robust and in good health, but is more faint in weakly subjects, showing that it is the bodily and not the mental powers which are the chief energisers of this portion of the Aura.

As is reasonable to suppose, the Outer Aura of men has a coarser grain than that of women; but, after allowing for this, fineness and transparency may be considered a higher type than coarseness and dullness. Later on it will be shown that the more grey there is in the colour of the Aura, the more dull or mentally affected is the owner.

Education is a factor which ought, theoretically, to have an immense influence on the Aura by its refining influence; but the changes induced by it are so delicate as to be imperceptible by our present means of examination. Nevertheless, it is extremely probable that it has produced a congenital effect through heredity.

The influence of heredity and temperament upon the Aura is one of the most fascinating parts of this subject, and at the same time it does not require a prophet to foresee that an inquirer in this direction is likely to reap a rich harvest.