CHAPTER IV

COMPLEMENTARY COLOURS

Soon after the discovery of the Aura, a friend called our attention to the fact, that if a light was gazed at, and the eyes turned first to one side and then to the other of any person, the colours of the spectre were often not the same. After having convinced ourselves that this peculiarity did occur, we thought it might be a help in diagnosis, but for that purpose we knew that the investigation by means of complementary colours must be made methodical. We began by gazing at a gaslight for the employment of its complementary colour, not that we thought that such a crude method would be satisfactory, but to discover its defects, so that they might guide us in our future experiments. We noticed that the resulting phantom was not a single colour, as the main portion had one colour, but was surrounded by another quite different. The inconvenience of

having to work with two or more colours simultaneously was immediately apparent, an insurmountable difficulty arising from the constant changing of the colours of the spectre, quickly one after the other, an effect caused by the slight movement of the eyes necessary for seeing the image on the two sides of the subject, consequently no accurate results could be obtained. It was felt that if any benefit was to be derived from this process, a monochromatic spectre was essential. After many experiments we came to the conclusion that pieces of coloured paper answered the purpose better than anything else.

This chapter will be entirely devoted to this problem, viz.: the effect of the Aura upon complementary colours—a more extraordinary property can hardly be conceived. The change observed is as follows:—When a monochromatic spectre is employed the shade of the colour becomes either lighter or darker under certain conditions. As may be expected, it is a very difficult and complicated subject to deal with, but we will give the best explanation we can; yet some of the theories may appear far-fetched or even heterodox; nevertheless, they

are advanced for the want of better hypotheses. As the subject is entirely dependent upon colour-vision some preliminary remarks are required on that process.

It is a generally accepted fact, that there are three sets of colour-sensitive nerves in the eyes, and that all the colours perceived arise from the stimulation of one, two or all of these sets of nerves, either separately or in conjunction. When more than one set of nerves are excited, they are usually unequally stimulated. The true physiological primary colours are those that can stimulate only one set of colour-sensitive nerves simultaneously. One method of ascertaining a person's own personal primary colours, is to press the closed eye, when there will usually be seen small yellow dots all over the field of vision. Intermingling with these are much larger discs of blue, and lastly red points intermediate in size between the yellow and blue discs. The yellow are the most numerous and the blue next in number.

When all the colour-sensitive nerves are excited equally the object is called white, but when unequally it is coloured. We have for

many years considered that each person possesses his own primary colours, and accordingly sees a coloured object differently to any one else, but by means of education every one calls the colour by the same name. For instance let two persons *A* and *B* look at a coloured object, usually designated as a shade of yellow. This colour might only stimulate one set of colour-sensitive nerves of *A*, and would be to him a pure yellow. On the other hand with *B*, not merely might the yellow-sensitive nerves be excited, but to a slight extent the blue-sensitive nerves; he would see it as a greenish colour. But as *A* and *B* have both been taught that the colour is a certain shade of yellow, whenever they see it, they will both call it by the same name. Nevertheless, if *A* saw it with *B's* eyes he would immediately say it was a greenish yellow, while *B*, looking through *A's* eyes, would give it some other name. Each would be correct. It follows as a corollary, that every one sees nature in hues different from what his neighbour does. It is unnecessary to enter more fully into this theory, but according to it the writer's primary colours are, at the present

time, red, yellow and blue. Twenty years ago purple took the place of blue. We do not propose to consider any other theories, since this one will do perfectly well for our purpose.

Putting aside for the time being all theories, it will be found that when one set of colour-sensitive nerves is completely fatigued, the observer is, for the time being, colour-blind. If the red-sensitive nerves be the ones exhausted, he will be red-blind, although he will be able to perceive perfectly all the colours that do not contain red; in addition he will see any colour that has a mixture of red, as the hue would be if all the red colour were removed. Taking a simple example, purple would have the appearance of a shade of blue. This artificial colour blindness causes the eyes to become hyper-sensitive to all colours and shades of colours, that do not contain red, as red in an ordinary way helps to obscure a very faint tint of any colour. The following experiment has been tried by several people and will furnish a proof. When a band of light, tinged very faintly with carmine, is thrown upon a white screen from a magic lantern, it will have a certain visibility; but

should the observer look for a minute or so, first through a blue or a red glass at the sunlight, he will see the band more plainly or less markedly respectively for a short time. Similar results will be obtained if the eyes be fatigued by looking at a blue or yellow band (*vide* ultra), when the observer becomes temporarily blue-blind or yellow-blind. Were it possible for the perception of two sets of colour-sensitive nerves to be annihilated for a short time, the observer would become perfectly monochromatic.

This, however, is not required for our investigation. In practice it has been found almost impossible by this method to induce simple red, blue, or yellow blindness. Most probably all the colour-sensitive nerves will be partially excited, although one set be almost completely paralysed, and this fact complicates the observations. However, the observation remains true that, "the eyes have become abnormally sensitive to certain shades of colour." Perhaps this may partly explain how it is that a person is enabled to perceive the human Aura after looking at the light for a short time through a

spectauranine screen, since his eyes have been made more sensitive to the extreme limit of the spectrum, and most probably even to vibrations lying beyond and totally invisible in an ordinary way.

Every one is aware that if he gaze intently for a short time at a coloured object, and then look at a blank space he will see a spectre of the object similar in shape, but having a different hue. This secondary colour will always be the same, is dependent upon the hue of the object, and is termed "complementary" to the real or "primary" colour. If, for example, a yellow object be gazed at, the colour of the virtual image will be blue, the exact tint being determined by the shade of the yellow employed, and to a certain extent by personal idiosyncrasies. When the observer has looked sufficiently long at the object, the time varying according to the brightness of the light and the steadfastness of his gaze, etc., he will always perceive at first the spectre to have the same hue, but this gradually becomes lighter, and will more frequently than not become blended with a red tint, turning purple or plum-col-

oured. In these cases it must be remembered that the complementary colour always includes a red tint, although at first it is masked by the intensity of the blue colour.

Should, however, the observer see at first the purple or plum-coloured tints on the phantom, he may be sure his eyes have not been completely saturated by the original yellow colour, or else that there is a larger amount of white light present than usual. This shows how requisite it is to be conversant with all the varying tints that the spectre undergoes. After a short time the phantom will vanish and may return with quite altered colours. For the present purpose this secondary change may be neglected, because the use of the complementary colours is not continued long enough to produce it. One other fact remains to be borne in mind, namely; that when the background is not white, the complementary colour will not appear in its pure shade, but as if blended with the tint of the background. Since the complementary colours are entirely subjective, they will receive the names of the nearest colours of paints that could be obtained, these being

accurate enough for all practical purposes. After a large number of experiments had been made with the colours we call our primary ones, we came to the conclusion that these did not give such good results as mixed ones. Numerous trials have shown the following colours to be the most useful:

1. Gamboge having a complementary colour, Prussian Blue.
2. Antwerp Blue, Gamboge.
3. Carmine, Transparent Emerald Green.
4. Emerald Green, Carmine.

However, the Investigator must determine by experiment what colour or colours suit him best.

In actual practice use is made of strips of tinted paper three inches long and three quarters of an inch wide, pasted upon a black cardboard. These are the largest size that can be conveniently employed, since longer ones do not give the complementary colours perfect to the ends. When a patient stands a few feet in front of the observer, these strips will give bands of complementary colours, which when used transversely, will be wider than the body.

allowing the ends of the coloured bands that are projected on each side of the body to be compared with one another, and also with that part on the body itself. When used perpendicularly the band will cover the greater length of the thorax and abdomen simultaneously, or if the back is the part under inspection, it will include the greater part of the spine from above downwards.

Directly the patient is ready to be examined by this process, he must be placed in front of a white background opposite the light so as to be illuminated evenly all over, and should there be any shadows upon the background, they must be made equal on both sides. Preferably the light should be greater than when the Aura itself is being inspected, but almost always it will be necessary for the blind to be drawn down. When the patient has been properly arranged, the observer must gaze at one of the coloured strips, keeping his eyes steadfastly upon the spot from thirty to sixty seconds or more according to the brightness of the light.

For this purpose the more brilliant it is, the better, consequently it is as well to pull aside

the blind so that the strip may be fully illuminated. Directly he considers his eyes to be sufficiently colour-blinded, he turns towards the patient and looks at some predetermined point on the median line of the body, when (if used transversely) the complementary coloured band will be seen reaching right across the body and partly extending to the background on either side, all being simultaneously visible. This allows him to notice variations in the shades of colour in every part of the band. Of course, the tints of the parts of the band extended beyond the body can be compared with each other, but not with the portion on the body itself. The above method seems a very simple process, but it will require a considerable amount of practice, and the mastery of one or two details, trifling in themselves, will assist greatly in the speed and comfort of the experiment.

First, while looking at the coloured slip, it is requisite not only to fix the eyes on one particular spot, but to keep this in exact focus the whole time, as there is a great tendency to blurring which will greatly increase the length of

time necessary for gazing at it. A slight effort of the *will* is needful for this, but in a short time habit will make the strain almost involuntary. If this spot on the coloured slip be replaced by a letter or figure, a double purpose will be served, a fixed point and a means of registration will both be gained. Secondly, a difficulty is experienced when beginning this inspection, in keeping the eyes fixed upon a given spot on the patient's body, owing to the proneness of the complementary coloured band to move, often out of the line of vision and the eyes follow it, thus completely destroying the benefit of the observation. As soon as the habit of keeping the eyes stationary upon one point has been acquired, the complementary coloured band will remain fairly motionless, and should it move away it will return again to the proper position of its own accord. As dexterity is only acquired by practice, it is a good plan to train the eyes upon some inanimate object before proceeding to the examination of a human subject.

In the following description, unless otherwise specified, the yellow strip with its blue comple-

mentary coloured band will be the colour implied. For brevity's sake the term C. C. will be employed for complementary coloured, and P. C. will mean the primary colour or the colour of the strip gazed at. As, naturally, there are slight variations of the skin and shadows on the body of the patient, the observer ought to notice every modification however insignificant, before commencing inspection with the C. C. band. With care, judgment and a little experience most of the difficulties arising from these causes will disappear. In its simplest aspect the C. C. band projected on a body in good health, will be equal in tint all over, after due allowance has been made for any deviation of the colour of the skin. The extensions of this band on the two sides often, but not always, correspond in hue. These extensions, as would be expected, have invariably quite a different tint from that of the part of the C. C. band lying on the body itself, mainly on account of the colour of the background.

When the extensions of the C. C. band of a healthy subject show a tint on the one side unlike that of the other, the difference is rarely

great. This diversity of shade is the simplest form of alteration of the C. C. band, and unless sufficient care has been taken, may be due to imperfect lighting; however, any doubt can be dissipated by turning the patient round, when, if correct, the different tints will have changed places, being a proof positive that the alteration is an effect of the Aura itself. Another very characteristic method when successful, is to notice which extension of the blue C. C. band has the deeper colour, and then to gaze at the blue P. C. strip which gives a yellow C. C. band. Frequently, but not always, the latter will have a lighter shade where the blue C. C. band was darker, and vice versa.

One of the chief variations of the C. C. band, when projected transversely upon the body of a patient not in good health as he stands facing the observer is, that one side will be darker than the other. When this happens, the two shades of colour may blend gradually into each other, or a sharp line of demarcation may divide them. In the latter case the division most frequently takes place in the median line of the body, but exceptions are numerous and the line

of separation may occur any distance to the right or left. If the C. C. band (on one side light and on the other dark) be continued beyond the body, the extension on the light side will have invariably a lighter shade than the extension of the dark portion of the band. The dark part generally overlies some deranged portion of the body, and it will be found that this part has absolutely become darker than the rest of the band. However, the deranged part of the body may cause the C. C. band to become lighter instead of darker.

But slightly different is another variation, in which instead of the C. C. band across half the body being changed in shade, only a patch, large or small, is noticed to be dark or light and wholly surrounded by the natural colour of the band. When the patch is large it occasionally takes the outline of an organ in whole or in part; the small patches not exceeding about an inch in diameter, do not of themselves disclose what organ is affected, although they generally point to some disease or local disturbance and almost invariably to the seat of tenderness or pain. In these instances when the colour change is slight,

the variations may constantly be perceived more readily when the colour is fading. So far reference has been made to some part or other of the band which has become either lighter or darker; occasionally, however, the spots are changed in colour (Case 33) as if another hue had been added, while in one or two instances brown (Case 17) has been substituted for the blue in the band.

Four P. C. slips have been chosen, but it will be found that each has advantages not possessed by the other. These advantages are generally dependent upon some obscure cause connected with the patient. For ordinary observations, the P. C. yellow strip giving a blue C. C. band is the most useful, since it is more sensitive to change than the yellow C. C. band, while the latter is especially valuable as a control for the blue C. C. band, owing to its so often being the reciprocal, when there is a local change of tint. There are occasions also when for some incomprehensible reason it is advantageous to work with the yellow C. C. band rather than the blue. Perhaps the most sensitive of all these bands is the green, but unfortunately it

does not undergo so many variations as the blue, and the changes are also more fleeting in character. In cases of doubt its delicacy of action sometimes decides a question of fine differences of colour. The choice of a colour for the C. C. band is not very important in the ordinary way, if it be borne in mind that occasionally, owing to individual idiosyncrasies of a patient, better results with one colour than another can be obtained; unfortunately there seems to be no means of deciding which is the best band to employ except by use.

During these experiments the observer will find that his eyes very soon become fatigued, and as no amount of will power can be of any assistance, he will either have to leave off the inspection for a short time, or else change the C. C. band. The former when possible is decidedly preferable, as the other is to a great extent a makeshift to be used when the observation cannot be continued very much longer. Should the latter method be chosen an alternative C. C. band to one previously used will be found the best to employ.

A most pertinent question—one very difficult

to answer now arises. "What is it that causes the C. C. band to be altered in colour?" For reasons already stated, it seems more than probable that the eyes of the observer are hypersensitive to certain colours after gazing at one of the P. C. strips, and can differentiate tints so nearly alike as would baffle ordinary perception. Theoretically there appear to be four agencies which can alter the shade of the C. C. band. Firstly, the skin, secondly, the thickness of the Aura, thirdly, alteration of texture, and lastly, the colour of the Aura. Each of these propositions must be considered in turn. After having made all possible allowances for any variation of tints which can be appreciated in the ordinary way, it is quite within the bounds of reason to imagine there may exist hues of the skin that can only be distinguished under exceptional circumstances. We have constantly borne this in mind, and have tried to find some instance that would uphold it, but up to the present time without any success, so that personally we believe that although possible, it must be extremely rare, so rare as to be negligible. One fact that militates against the

skin being the cause of the change of tint, is that when the C.C. band is discoloured up to the edge of the body, the extension beyond will be similarly affected, being lighter or darker as the case may be. Under no circumstances can the latter change result from the influence of the skin, therefore there is nothing else to which it can be attributed save the Aura, although it seems hardly credible that such transparent, nearly colourless, almost invisible, finely divided matter should have such an effect upon the complementary colours. Secondly: Is the thickness of the Aura sufficient to produce a change in the C. C. band?" Everything points to a negative answer to this proposition; there is no evidence to lead us to such a conclusion.

As the Aura is a highly attenuated material (we use the word advisedly) it would have to acquire an enormous thickness before it could produce any perceptible alteration in the complementary colour. One case (No. 30, Fig. 21) illustrates this fact in the strongest way. It is that of a woman, who, when standing sideways to the observer, had the Aura over her abdomen quite four times as wide as over the thorax.

Now as she stood facing, no difference could be seen either directly or when the C. C. band was used, since the colour was exactly the same on the thorax as on the abdomen, proving it. It is common to meet with analogous instances during pregnancy when the woman then has the Aura in front of the abdomen three or four times wider than it is before her thorax. In no case has this extra breadth made any difference to the shade of the C. C. band.

The first two theoretical agencies, that can produce a change in the shade of the C. C. band, have thus been discounted, and there remains the third and the fourth, which seem to offer to some considerable extent a solution of the problem. Thirdly: Can a change in the texture of the Aura induce a sufficient alteration in the C. C. band to account for change in its tint? In Chapter III it has been noticed that the Inner Aura may lose its lineated appearance, and become granulated. This state is met with in persons apparently in good health, but much more frequently during ill health, or when there is some local disturbance of which the details will be described in another chapter.

At the present time all we are concerned with is the query as to whether the gross change of the texture of the Aura can cause an alteration in the C. C. band or not? In certain instances it does seem sufficient; in others its action is nil, and in a third set although it may assist, yet there is another factor at work. Referring to Case 32 it will be found that the patient, as she stood facing the observer, and was examined with the blue C. C. band, had a large patch over the left hypochondrium, darker than the remaining normal portion of the band, and that the extension of the band partook equally of the alteration. When inspected through a dark carmine screen the Inner Aura, by the side of the trunk, showed that this part of the Aura had become coarsely granular between the level of the sterno-xiphoid and the intertubercular planes; and, when she stood sideways, or half sideways, this could be observed in the same region in front of the trunk. In another well marked instance (Case 21), when the C. C. band was projected upon the thorax, it was much lighter on the left side and beyond than on the right.

When this part was examined through carmine screens, the Inner Aura was found to be granular, but not so coarsely as on Case 32, and would come under the heading of medium granulations. Moreover, in women, a dark patch has been constantly observed with both the blue and yellow C. C. band upon the lower lumbar and sacral regions. The patch varies in tint, and the variation in some way seems to be dependent upon the amount of local pain the woman suffers during menstrual periods. Here, with the carmine screens, the Inner Aura will always be perceived to be granular, almost always coarse, when the C. C. band has been darkened, and usually medium or fine when the band is lighter. Other instances could be quoted, but we think that these suffice to prove that in some cases the granular condition of the Aura will account for the alteration of the C. C. band.

On examination of a woman twenty-five years of age, who complained of having a pain in her back for over three years, there was seen a wide ray about three inches long proceeding from the outer part of the left buttock, which looked

coarsely granular when seen through a carmine screen. Directly she was inspected by means of the C. C. bands, no difference in their shades could be discovered, notwithstanding the use of different colours. This case shows that the altered texture of the Aura, as far as could be ascertained (exactly as in former instances) did not affect the colour of the C. C. band. A similar case, is that of a girl, (Case 23) who had a ray proceeding from the left breast, that was short and thick, and, when examined through a carmine screen looked coarsely granular. When the blue C. C. band was thrown upon the spot from which the ray emanated, it appeared lighter than the surrounding normal band, while with a yellow C. C. band, this same space looked darker than the rest of the band. In this instance there must have been some other cause than the merely granular condition of the Aura to produce the modification of the C. C. band.

To sum up:

(1) When the alteration of all the shades of all the C. C. bands is the same, the granular

state of the Aura is most likely the cause of the modification.

At times, this granular state has no effect upon the C. C. band.

(2) When the C. C. bands are altered, some being made lighter and some darker, there can be no doubt that the change is not entirely due to the granular condition of the Aura, but that some other factor is present.

The fourth, and last agent, namely, "the colour of the Aura" seems to be the only one that will explain all the remaining cases, and it supplies the missing factor in the last example. It may be problematic,[1] but is certainly correct in many instances and gives a good working hypothesis. It is as follows: namely, that the Aura is coloured, although the colours may not be distinguishable by the naked eye. Yet they are sufficiently intense to modify the C. C. band. As presumptive evidence, clairvoyants affirm that they can see the Auras in all colours, and that often a colour may be only local.

Generally the Aura looks to the writer blue,

[1] See Appendix.

or blue mixed with more or less grey, or even grey itself. This constant colour is most likely due to the employment of the spectauranine screen and to its long period of action upon the retina after peering through it at the light. Occasionally, even after this preparation of his eyes with the spectauranine screen, the writer has noticed that, when omitting the use of the light screen, the Aura has had a yellowish or greenish tinge. This latter is probably the effect of the admixture of yellow upon the blue. The following phenomenon gives great weight to the above theory. A ray was seen emanating from the forefinger of a man in good health, the ray, at first a lemon colour, changed rapidly to a transparent ruby red. The ray was about one inch in length and half an inch wide. It proceeded straight outwards without any expansion or contraction, and was apparently more dense than the surrounding Aura. Behind was a black background so that it was seen under very favourable circumstances (see page 87).

Now suppose this yellow ray to be projected from the patient's body towards the observer,

instead of from the finger, would it have been visible? The surroundings would not be anything like as propitious, because the background would be flesh-coloured instead of black, and the observer could only see it foreshortened as a yellow spot about half an inch in diameter, surrounded and, most likely, overlapped by the Outer Aura. After having carefully considered every point, intensity, density, background, etc., we have come to the conclusion that the ray would have been perfectly invisible to the naked eye, while we have not the slightest doubt about its being visible by means of the C. C. band. With a blue C. C. band the observer would see a spot about half an inch in diameter, darker than the surrounding colour, and if he used a yellow C. C. band, it would manifest itself as a lighter patch.

In this particular instance, given above, if the Aura were inspected when the ray was red instead of yellow, we are still of an opinion that it would be invisible to the naked eye, but with either the blue or yellow C. C. bands it would be plainly seen as a dark spot. As these bands fade away the spot may change its tint, but this

would be more probable with the blue band, owing to the range of colours it passes through whilst disappearing. If inspected through a red screen, this spot ought to retain its red hue, but be lighter than the normal colour of the band. It may be added that even if a particular yellow or red ray were visible to the naked eye, it can easily be conceived that the colours might then be a little less bright, yet, could be better seen by the aid of the C. C. band. If in this and similar rays the lines, as they proceed outwards, remain parallel, the spot would be sharply defined, but should they expand, then the edges will be blurred and the colours of the spot and of the C. C. band gradually blend into each other, causing a difficulty in seeing the large, and an impossibility to perceive the smaller ones. This theory will also supply the reason why a patch will appear darker with one C. C. band and lighter with another. In the next chapter will be found a description of gaps in the Aura. These will afford another explanation of the chromatic changes in the C. C. band.

As the forces which produce the Aura act usually at right angles to the body, their local

cessation would be an immediate cause of a space devoid of any Aura, and the general result would be towards the formation of cylindrical gaps having their long axis at right angles, and one of their ends in contact with the body (Case 26). When the Auric forces are in complete abeyance at one spot, and acting partly in the surrounding parts, increasing in strength further off from the given spot until they have regained their full power instead of a cylinder being formed, the void space will become conical with its pointed end towards the body (Cases 24 and 25). As might be expected the Aura surrounding these gaps is sometimes, if not always, modified in texture. The following are the data that serve as the interpretation of the changes in the C. C. band in certain instances.

First, the cylinder as seen on a side view will be considered. If the texture of the Aura surrounding it has not in any way become disorganised, theory would lead us to expect a colour change in all the C. C. bands indiscriminately, and that this change would cause the tint to be lighter in shade. In this instance

practice corroborates theory. If, however, the Aura surrounding the void space should be affected (especially if it has been made more dense and granular), the alteration in the C. C. band might, and usually would result in the production of a darker shade, and this would hold good for C. C. bands of all colours. Nevertheless it is conceivable, although we have never identified an instance, that the change that has taken place in the Aura might be one of discoloration, and then there would be produced a darker shade in some of the C. C. bands and a lighter tint in others.

Secondly, if the gap in the Aura be conical, and seen in a similar position, the same arguments in the main will hold good, but owing to the shape of the gap, the change of shade in the C. C. band instead of being sharply defined would have a blurred margin, the tints of the spot and the rest of the band gradually blending into each other. It is self-evident that in the whole of this description the colour changes will take place outside the body in the extension of the C. C. band.

It will be shown later on that the defects of

the Aura can only become visible under favourable conditions, and one condition that seems imperative is that the void space should be silhouetted upon a black background. For this purpose the patient should be placed in such a position that the long axis of the cylinder is parallel with the background, as any deviation from this position will obscure it partially or wholly. If the patient turns round so that the axis of the cylinder proceeds from him to the observer, the space devoid of the Aura will be invisible, owing to the fact that it is foreshortened and that the flesh is a very bad colour for a background upon which to examine the Aura. However, the situations of these vacant spaces of the Aura can be detected by means of the band. The appearances of the band will differ according to the size of the defect, and the condition of the adjacent Aura.

If the substance of the Aura all round the gap be unimpaired, the C. C. band will show a sharply defined light spot. If the adjacent Aura has become more dense and granular when the vacant space is large, it may still be

seen as a light patch, which ought theoretically to be surrounded by a dark line, but this is a refinement too subtle to be detected in practice. This discoloured patch will be constant with C. C. bands of all colours. If under the same conditions the vacant space be small, we may expect either to see a dark space, or no change whatever in the C. C. band according to the amount of modification that has taken place in the Aura. When the defect is conical, the alteration in the C. C. band will cover a large surface, but the graduation will be so that in all probability no chromatic changes can be detected.

It will be convenient to tabulate the changes of colour induced by the Aura in the C. C. band. The first division will contain the derangement of the Aura over a large portion of the body, and secondly, in contradistinction to be entirely surrounded by the normal colour. This classification, of course, is artificial, but is useful as the former division may include an alteration that can comprise half the circumference of the body, and at the same time the causes and variations are not so many.

1. Alteration of Colour over a large portion of the body.

Separation of the two shades may be....	Sharply defined.
	Gradual change from one shade to the other.
Due to the Aura becoming granular..	Coarse, inducing darker shade.
	Medium, usually producing lighter shade.
	Fine, usually producing lighter shade or, perhaps, no alteration.

Chromatic changes of the Aura problematic.

2. Discoloured patches of various sizes which can be seen entirely surrounded by the normal colour of the C. C. band.

SEPARATION BETWEEN THE TWO SHADES

Patches sharply defined.....	Circumscribed local derangement with the Auric Force great. A Ray can be seen. Gaps in the Aura. Entire but restricted absence of Auric Forces.
Patches gradually blending	Deranged Auric Force, greatest in the centre gradually lessening towards edges. Gaps in the Aura from want of Auric Force which becomes stronger the more distant it is from the centre.

Aura when granular	Coarse, inducing darker shade.
	Medium, usually inducing lighter shade.
	Fine, lighter shade or no alteration.
Chromatic change . .	Associated the granular state, pure and simple (dark or light change of hue).