

CHAPTER V

AURAS IN DISEASE

IF the theory be correct that the sources of the Aura are forces generated within the body, and that their action upon the ether is the cause of their visibility, it is reasonable to expect that these forces will not be exactly the same in health and disease. In the former after making allowance for sex and age, the Auras, both Inner and Outer, and most likely the Ultra Outer, are very similar within certain limits, the variations being due to individuality. It is extremely difficult to imagine that any departure from health can occur without in some way influencing one or more of the auric forces, and consequently the Aura itself. If the ailment be only local, then most probably there will be only a local change in the Aura; but should the patient suffer from some general disease the whole Aura is likely to be affected, and, as recovery takes place, it will very probably return

to its pristine state. The alteration in the Aura may apparently not be at all commensurate with the illness, as some of the modifications are much too subtle for detection by the crude methods of observations at present available, but it may be taken for granted that future methods of investigation will disclose a greater number and variety of minute defects. The changes most likely to be detected at the present time are variations in the size and shape of the Aura, together with alterations of colour and texture.

The Aura of anyone in good health is invariably symmetrical as he stands either facing or with his back to the observer. Two cases mentioned elsewhere (page 188) are the only exceptions we have met with. Down the front and back of a person standing sideways there is no equality. As long as the proper shape of the Aura is retained there seems to be no means, except experience of telling whether it is large or small, since no standard of size exists. A standard of comparison might possibly be obtained if the Aura of a patient had been previously measured when in good health, but even

then it must be remembered that the apparent enlargement or diminution might be only due to some change of texture, as visible size and texture are often associated the one with the other.

For the present we shall confine our attention to instances in which the whole, or a large portion of the Aura are modified in shape from constitutional causes. The first variation from that of a typically healthy Aura is that found in women and girls suffering from hysteria. In this complaint the characteristic form of the Aura of the patient, as she stands facing the investigator, is symmetrical on the two sides, wide by the side of the trunk; but the Aura, instead of as in health gradually diminishing and reaching its narrowest limits not higher than the lower half of the thigh and very frequently much further down, suddenly contracts to its final breadth, either at, or a very short distance from the pubes. As she stands sideways, the Aura in front of the body is the full average or even wider, while at the back it is broad, with a well-marked bulge outwards in the lumbar regions. At this point it contracts

very sharply diminishing to its minimum. The contraction takes place at the same level on a side view and from thence proceeds downwards at an even breadth. Only two cases will be quoted now, as several others must be referred to later on for various purposes.

CASE 13.—I. N., a young woman of twenty-two years of age, a dressmaker, well developed, slightly anæmic, very nervous, complains of being weak, and short of breath. Her pulse is fluctuating, having eighty to ninety beats a minute when quiet, increasing to one hundred and thirty or more upon the slightest exertion. There are cardiac murmurs which are constantly changing their positions or vanishing entirely. She suffers from *globus hystericus*, which she describes as starting from the umbilicus. Sometimes she has fainting fits, which last for about a quarter of an hour, during which she declares she is perfectly cognizant of what is going on around her. Under the administration of a tonic she rapidly improved. The general colour of her Aura was bluish grey. The Inner Aura was well marked, lineated, about two inches wide all over her body. As she stood facing the

observer, the Outer Aura was two inches wider than the width of the shoulders. When the hands were placed at the back of the head the Outer Aura was about nine inches wide by the side of the trunk, and diminished rapidly to just below the pubes, where it measured only two and a half inches, the same breadth being maintained down the thighs and legs. As she stood sideways, in front of the trunk it was about three inches, narrowing to two and a half.

At the back it bulged out in the lumbar region to quite seven inches contracting suddenly just below the nates, where it became two and a half inches wide continuing the same breadth downwards. A ray was seen emanating from the right lower ribs about six inches long which passed completely through the Inner Aura and lost itself in the Outer. Another ray came off from the lower dorsal spines, being about three inches wide and six in length. As she stood facing the observer, the Inner Aura on the left side from below the mamma—as far as the lowest rib—was coarse in texture without the slightest sign of striation. When the blue C. C. band was employed perpendicularly down the

chest and abdomen, it was even throughout, except just above the pubes where it was darker showing that she was near her menstrual period. This she expected in four days. When the band was used transversely, a dark patch was observed on the right lumbar region which was tender to the touch. At the level of the transpyloric plane the band was even across the body, but the right extension was lighter than the left. The difference in tint was not so marked, as is often the case when the Inner Aura is coarsely granular, locally. There was a dark patch on the two upper dorsal spines; this part was tender and she often had pain there. Nothing further was to be noted.

Girls who are more emotional than they should be, and who are generally described by their relatives as "slightly hysterical," although they may never have suffered from any grave attack, show a great tendency for their Auras to partake, to some extent, of the characteristics of what has been termed the hysterical Aura. On the other hand women not naturally hysterical, who through grave anxiety or trouble have a nervous breakdown, do not

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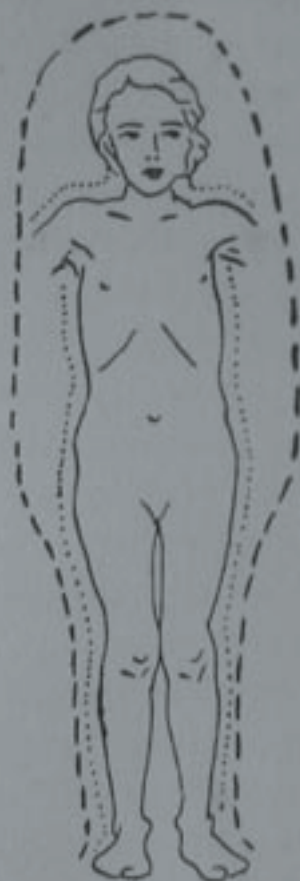


FIG. 14.—Hysterical Aura in a young girl.
Very wide by the trunk for a child.
Compare with Fig. 25.

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FIG. 15.—Hysterical Aura in a young girl.
Side view. Great bulge at back.
Compare with Fig. 26.

show Aurals of this peculiar type. A well marked instance is that of the young lady mentioned in Case 35.

Whilst examining some children for the hereditary sizes of the Aura, we came across a most interesting instance of what may be termed the hysterical shape, a very good illustration of the above description.

CASE 14, Figs. 14 and 15.—E. X., a girl, not quite eight years of age, was inspected in July, 1910. She was a bright clever child, but very excitable and had a neurotic parentage on both sides (see Table 1). The Aura was bluish grey in colour. The Inner Aura was about one and a half inches wide all over the body. On the left side it was, for the whole length of the trunk, bright, being a very good instance of No. 1 Ray (page 84). After a short time this brightness diminished and the Aura resumed its natural state. It, however, suggested the appearance of the rays proceeding from different parts of the body, but none were absolutely seen. Round the head the Outer Aura was a little wider than the breadth of the shoulders. When she placed her hands behind her neck, the

haze was four inches by the side of the trunk, narrowing to a little less than three at a very short distance below the pubes, whence it descended regularly downwards. It was not, however, easy to determine the exact width, as the margin especially by the lower limbs, was ill defined. When she turned sideways, the Outer Aura was not quite three inches down the side of the body, but at the back it bulged out, from just below the shoulders, to six inches at the lumbar region and curved in sharply a short distance below the nates. The C. C. band was even all over the body. This child had a very wide Aura for her age, which is the more remarkable as all the other members of the family had narrow ones. It also shows as distinctly an hysterical type as it is possible to see in an Infantile Aura.

The next disease to be considered is *Epilepsy*. The Aura of epileptics has a distinct character of its own, quite different from the hysterical type. The latter, as has just been described, is wide and symmetrical on the two sides of the trunk as the patient faces the observer, while the former is peculiarly unequal. The unequal-

ity extends from the crown of the head to the sole of the foot, and is evidently due to a contracted Aura on one side rather than to an augmentation on the other. The narrowing is not simple, but is accompanied by a change of texture. It is singular, and it may only be a coincidence, that in all the cases (ten in number) we have seen the diminution has been on the left side. However, further investigation may show that this contraction may occur on the right, instead of the left, side. It has been found that patients—other than epileptics—have Auras simulating the shape of the typical epileptic. These will be considered later on, but they do not in the least detract from the diagnostic value of the Aura in doubtful cases.

When the Aura of an epileptic is inspected, whether the patient has had an attack lately or not, the first thing that attracts the attention is the marked increase in width on one side.¹ It will be usually noticed that the Aura on the right side of the head is one or two inches broader than the breadth of the shoulder, while

¹The inequality will be found to be more conspicuous in women than in men.

on the left it will not exceed the breadth of the shoulder, and may even be one or two inches less. All down the trunk and limbs it is narrower on the left side. A detailed examination will show that the Inner Aura is equally affected with the Outer, being narrower on the left side, and this is more markedly the case round the head. Besides, it will be seen to be more opaque than normal, and striation (if not lost altogether) is very difficult to detect. The Outer Aura does not appear greatly altered except in size. When the patient stands sideways, the Aura at the back and the front of the body shows no signs of abnormality, and in this respect differs from the hysterical Aura, which is unduly wide in the lumbar region. The colour is usually grey, but occasionally there is a bluish tinge. The patients we have seen vary from twelve to forty-five years, being four males and six females.

CASE 15, Fig. 16.—X. X., a bootmaker twenty-three years old. He is a dull looking young man and has been an epileptic since he was twelve years old. During the last few years he has not had many fits. His family history is

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FIG. 16.—Epileptic Aura of a man. Both Inner and Outer Aurae narrower on the left than on the right side.

extremely unfavorable. His father and mother are first cousins. The former is very neurotic (see Case 18) and becomes depressed, without any sufficient cause, for days and weeks together. His mother is a strong, healthy woman of a very phlegmatic temperament. His eldest brother has fits, but only occasionally for the last few years; is married and has four children. His eldest sister is married and childless, but seems strong and healthy, showing no signs of being neurotic. It is interesting to notice in this instance that her Aura is perfectly symmetrical on the two sides, but is below the average in width. His youngest sister is an epileptic (see next case).

The patient was inspected in November, 1909, having had only one fit during the previous two years. As he stood facing the observer the Etheric Double was plainly visible, being about one-eighth of an inch wide. Around his head the Outer Aura was about six inches broad on the right, and only three on the left. The Inner Aura was three and two inches wide on the respective sides. By the side of the trunk the Outer Aura was three and a half inches in

breadth, narrowing to two and a half by the thighs and legs. The Inner Aura was two and a half inches wide by the trunk, contracting to two lower down. On the left side of the trunk the Outer Aura was two and a half inches in breadth, lessening to two by the thigh and leg. The Inner Aura was two inches by the trunk and one and a half lower down. When he stood sideways, the Outer Aura in front was two and a half inches, and the Inner two all the way down. At the back the Outer Aura was three and a half and the Inner two inches. The two Auras were less differentiated than usual. Striæ could be made out on the right side, but not on the left. The aura was, on the whole, coarse grained, especially the Inner on the left side. The blue C. C. band was even on the body, but its right extension by the side of the head was darker than the one on the left, which is exceptional. The extensions by the side of the trunk had their shades of colours reversed.

CASE 16, Fig. 17.—B. X., a girl, eighteen years of age, sister of the patient in the last case, a dressmaker, fat, anæmic, and dull looking. In October, 1908, against her mother's

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FIG. 17.—Epileptic Aura of a woman.

wishes and without her knowledge, she commenced working a sewing-machine, with the result that she fainted several times. Her own account was that she first turned hot and then cold for about five minutes, and then lost consciousness. If she went into the open air at the commencement of the attack, this would sometimes be warded off. She seemed very vague about the subject, and no further history could be obtained.

She was inspected in November, 1908, and her Aura was found to be typically epileptic; but the details are omitted as we were at that period unable to separate the Outer from the Inner Aura. The diagnosis made at the time was, that she was an epileptic. A few days later this was confirmed as she had a fit during tea at a friend's house. For some three months after this attack she had a large number of both "Haut" and "Petit Mal." As she improved, the attacks took another form, many being of a distinctly hysterical type, accompanied by screaming, and shaking of the limbs, which were to a great extent under control. Subsequently she had regularly every day a fit

about an hour after getting up, and frequently a second attack during the evening. For some time she attended one of the Hospitals for Nervous Diseases, but did not gain any benefit.

On November 23, 1909, we prescribed $\frac{1}{100}$ grain of Hyoscyamine Sulphate every morning. This acted beneficially as, until January 30, 1910, she has had only two fits. One was a slight one on November 27th, when she was awakened by some curtains in her room being on fire. The fit took place immediately. And the second was on Christmas Day after the festivities. The drug was stopped at the end of December. In the middle of this month she was examined. Her Aura was well marked, grey in colour, with no rays.

Through a dark carmine screen her Aura was plainly differentiated. It was more coarsely granulated on the left side than on the right. As she stood facing the observer, no striation could be seen in the Inner Aura on the left side, and only very faint lineation on the right. The width was three inches down the right side and only two on the left. By the right side of her head the Aura was seven and a half inches in

breadth, against five and a half on the left. When she raised her arms the Outer Aura was nine inches wide on the right by the side of the trunk, gradually diminishing to four down the lower limbs. On the left it was seven inches wide by the trunk, lessening to three lower down. When she turned sideways, the Outer Aura in front was three inches in breadth, and the inner two. At the back the widest extent was six inches for the Outer, and for the Inner three. The C. C. bands, both blue and yellow, were even all over the body, but the left extension of the band beyond the body was much darker than the right.

CASE 17, Figs. 18 and 19.—X. T., a school-boy, thirteen years of age. A friend told us that the boy had "dreamy attacks" and asked his father to bring him for examination. He came in January, 1910, and purposely no questions were asked before inspection. The Aura was distinctly epileptic. The colour was a greenish grey, and, as he stood facing the observer, the Outer Aura was six inches wide and the Inner three on the right side of the head, while, on the left, it was four and two respectively.

When he put his hands to the back of his neck the Outer on the right side of his trunk was four inches in breadth, narrowing about half an inch lower down; and the Inner Aura was about half an inch less than the Outer.

On the left side the Outer Aura was only three inches wide and the Inner not quite two and a half by the trunk, and by the lower limbs half an inch less. When he turned sideways, down the whole of the front the Inner Aura was about two and a half inches wide, and the Outer a little more. At the back the Inner Aura was similar, but the Outer bulged out about six inches at the small of the back, the remainder being only three inches wide.

It is worth noticing that this protuberance of the Aura at the back is extremely rare in males. The blue C. C. band showed an even colour all over the body, but its extension on the right of the head was lighter than on the left. Strange to say there was admixture of brown in the C. C. band beyond the body, especially on the left side. The extensions of the C. C. band by the side of the trunk were very similar, except that the brown colour was not so well marked. Sub-

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FIG. 18.—Epileptic Aura of a boy.

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FIG. 19.—Epileptic Aura of a boy standing sideways. Unusual bulge at back for a male.

sequently his father said the boy was under treatment for "Petit Mal" and that he had never had a grave attack.

The Auras of the other epileptics are so similar in their essential points that nothing is to be gained by describing them in detail. It may be worth mentioning, however, that all the Auras were grey, and, with one or two, there was a very faint blue tinge. In none of the cases has the C. C. band showed any change that can be typical of the complaint.

In only one instance has a patient, who is said never to have had a fit, been found to have two Auras on the one side of the body less than on the other. Personally we considered him to be epileptic, even before we could perceive the Aura, and we still hold to that opinion.

CASE 18.—I. X., a bootmaker by trade, fifty-eight years of age, the father of the patients mentioned in Cases 15 and 16. His father and uncle were both confined in an asylum, the latter until the day of his death. The patient is always dreading the same fate. He becomes suddenly and without any reason very depressed. These attacks of depression last some

hours or days, or occasionally weeks at a time. They do not however prevent him from following his trade. Also, he is liable to nervous attacks, trembling, dread, etc. His Aura was inspected March, 1910. The colour was grey, and it was coarse in texture, especially the Inner Aura on the left side. As he stood facing the observer, the Outer Aura around his head was seven inches wide and the Inner two and a half on the right side, while on the left they were five and two inches respectively. By the left side of the trunk the Outer Aura was two and a half, and the Inner two inches wide. Before we inspected him, we had not the slightest idea what shape the Aura would take, but after observation, we think we may conclude that some of the attacks must have been masked epilepsy.

Diminution of the whole of the Outer Aura on one side is not confined to epileptics alone, but in no non-epileptic case has there been found a contracted Inner Aura, if the above very doubtful case be excepted.

CASE 19.—This is a very interesting case. N. D., in April, 1907, when she was twenty-two

years old, overworked herself at a school, teaching all day and studying for an examination at the same time. She had very little sleep, as she was not in bed until the small hours and was obliged to get up early. She went home for the Easter holidays not feeling well, and two days after developed a high temperature, the commencement of an attack of meningitis which affected both sides of her brain. She was so ill that the nurse thought she had passed away; however, she recovered bodily, but was for two years a changed person mentally. Instead of having been unselfish, rather studious, and amenable to reason, she became perverse, selfish, and unable to concentrate her thoughts.

It may be interesting to note that Kernig's sign was well marked during her illness, remaining to a slight extent for a year and a half, but six months later could not be detected. In September, 1908, her Aura was examined. This was bluish in colour, well marked, and, as she stood facing the observer, was much wider on the left than on the right side. The blue C. C. band was even all over the body, but the right extensions were much darker than the left.

June, 1909. Her bodily health was good and her mental powers had much improved.

She has given up teaching, doing household work instead. She reads a fair amount, but not heavy books. November, 1909, she was examined again. The same character of Aura was retained, but the inequality had lessened. The Etheric Double was plainly visible on both sides being a little over one-eighth of an inch in width. As she stood facing the observer, the Outer Aura around her head was five inches wide on the right, against seven on the left. By the sides of the trunk the Outer Aura was seven inches on the right and eight on the left. By the thighs and legs there was very little difference, the extent being about four inches. The Inner Aura was about three inches wide and equal on the two sides. When she turned sideways there was a breadth of about three and a half inches in front, and four and a half at the back, while the Inner Aura was nearly two and a half inches back and front. The important point to notice is, that the Inner Aura was *equal on the two sides*. Whether this would have been the case shortly after her illness,

must of course remain uncertain. This case illustrates the fact that the Aura can become contracted over a large space from a severe temporary illness, and that reparation may occur. Here is an instance of recovery both in mind and Aura, the former preceding the latter.

CASE 20.—B. T., a spinster, thirty-seven years of age, is another example of inequality of the Outer Aura on the two sides, while the Inner remained unaltered. She is in good bodily health, with the exception of a little eczema on the face. Lately she has become strange, extremely extravagant, ordering goods from the shops beyond her mother's means. At the same time her mind has never been sufficiently unhinged to justify her being placed under restraint, although she has become a very great trial to her relatives. In September, 1908, her Aura was first inspected, and showed that it was two inches narrower on the left side than it was on the right. As it was one of our earliest cases we were not able to distinguish the Inner from the Outer Aura. In November, 1909, she was examined a second time. Her mental powers remained exactly the same. The Inner Aura, as

far as could be ascertained, was even all over the body, being about two and a half inches wide. While she stood facing the observer the Aura was about ten inches wide on the right side of the head and trunk, and not more than eight on the left. It narrowed gradually to about five inches by the lower limbs, being here symmetrical on the two sides. The distal margin of the Outer Aura was about three inches in breadth at the front and seven at the back. The blue C. C. band was dull across the epigastrium, being more ultramarine than blue. The right extension of the band was lighter than the left.

CASE 21, Figs. 20 and 21.—N. U., a lady thirty-four years of age, who has never been robust but has never suffered from any severe illness. She has lately passed through a very trying time, which has affected her health making her depressed and thoroughly run down. She complains of pains in her head on the left side, and in her shoulders and thorax. Upon examination, the great occipital nerve was found to be very tender, and there was also tenderness by the left side of the spine, as far down as the lowest

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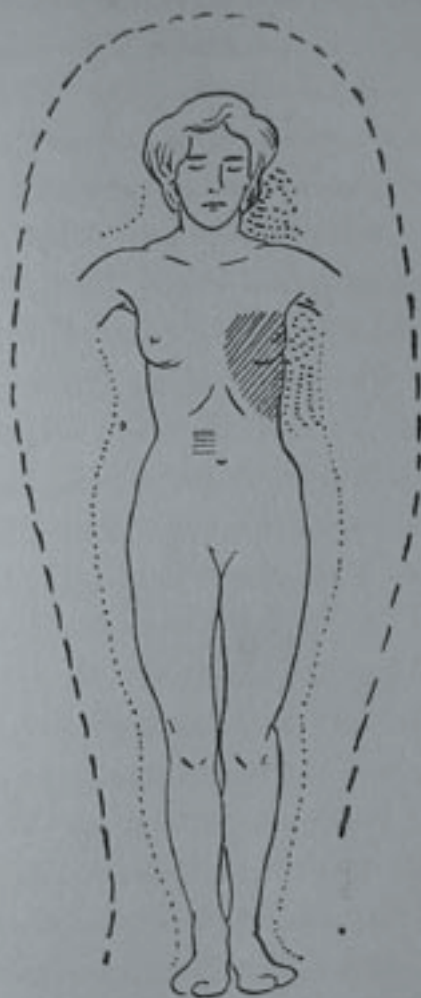


FIG. 20.—Granular Aura by head and trunk of a woman. Light coloured patch over the left breast and lower part of thorax. A small darker spot near umbilicus.

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FIG. 21.—Granular Aura by head and trunk of a woman when standing sideways.

dorsal vertebra. This was especially marked where the nerves emerge, and also in the usual corresponding spots on the thorax and abdomen. She was inspected in June, 1908. When she faced the observer it was noticeable that her Aura was much wider on the right side than it was on the left, there being nearly three inches difference by the trunk, but this was not so great by the side of the head. When she turned sideways the Aura showed no variation from what might be expected in health. The blue C. C. band had a much lighter shade over the left side of the thorax than the right. The line of demarcation was the median line of the body, but the change from one side to the other was gradual. The yellow C. C. band was correspondingly modified. In front of the abdomen the tint was even all over. When the back was examined the left side was lighter than the right, the spines of the vertebræ being the line of demarcation. In November, 1909, she was inspected again, as she was in fair health. As she stood facing the observer it was found that her Inner Aura was about three inches wider by the side of the head and trunk, and

everywhere else it was only a little more than two inches. The Outer Aura was even on both sides, being eleven inches round her head, ten by the sides of her trunk, and five by her legs. When she turned sideways the Outer Aura in front of the body was five inches wide, at the small of the back seven, and lower down the limbs four inches. Although the Outer Aura was equal in width on the two sides, yet it exhibited a curious difference inasmuch as the exterior margin of the right was more sharply defined than the left, giving at first sight the impression of narrowing. This condition will be referred to later on.

In addition to the alteration in the shape other changes could be distinguished. The Inner Aura by the side of the head and the thorax as far down as the lowest ribs, was granular (fine) and not so transparent as on the right side. Below this level there was no difference on the two sides. The blue C. C. band showed a large patch in front on the left, having a lighter shade than on the right. This included the whole of the mamma and the thorax below. The lines of demarcation were distinct and sharp, the up-

per being the edge of the mamma, the inner the median line of the sternum, and the lower ran parallel with costal cartilages, only being about half an inch above their lower edge. On the abdomen the band was even, except for a dark patch over the right hypochondrium, lying a little above the level of the umbilicus. She complained of pain at that spot, but it was entirely superficial. On the back the band was even in colour all over, with the exception of the two small spots, one lighter in shade than the rest of the band, situated just below the spine of the scapula, and the other darker over the sacrum. The former place was tender to the touch. Quite unexpectedly the extensions of the C. C. band were even in shade.

A most important question here arises as to whether healthy persons can have their Auras unequal on the two sides? Or perhaps it would be preferable to ask "If the Aura be unsymmetrical can the person, although apparently in good health, be so in reality, or is there some local mischief or constitutional taint at work?" Unfortunately, we are not in a position to answer this question, as we have not sufficient data

for arriving at a definite conclusion, because so far only two cases which could come under this heading have been seen. A careful search has been made for others, consequently we think this peculiarity must be very rare. It must be borne in mind that a slight difference in the size of the Aura on the two sides is very difficult to distinguish in males and young girls before puberty, and the detection is not made easier should, as sometimes occurs, the outline of the Aura be less distinct on the one side than the other. Accordingly we are almost restricted to observation upon women for this investigation. In each of the two examples given, the patient had certainly average, if not greater abilities than usual. In neither was there any bodily defect to cause the inequality, as both were well made and properly proportioned women. The health of each had been good all their lives, as they had escaped almost entirely the common ailments. In one of them the Aura on the diminished side did not show so sharply a defined margin as on the side on which it was normal, but having made every possible allowance for this effect, there was not the slightest doubt

about the irregularity. To sum up, in these two instances the symmetry of the Aura is without any significance.

CASE 22.—K. N., a tall, healthy woman, twenty-nine years of age, whose only serious illness was ulcer of the stomach a few years ago. She was inspected September, 1908. As she stood facing the observer her Aura was seen as a light blue mist, broad by the side of her head and also by the side of her trunk, coming down to the middle of her thighs before it wholly contracted, and then it followed the outline of the body. For some unaccountable reason it was much wider on the right side, being about twelve inches at the broadest part and three in the narrowest place. On the left side it did not exceed nine inches in the widest part. As she stood sideways, it was nearly five inches wide in front of the body, and about three down the limbs. At the back it came down broad to the middle of the thighs, before it commenced to contract.

CASE 23.—E. E., a young lady nearly twenty years of age, in good health with the exception of a small cystic tumour of the left breast.

She is strong and never had any illness. Her family history is, however, by no means faultless. Her eldest sister is slightly neurotic, the third one has had three fits, and her brother's intellect is below the average. In December, 1909, she was inspected, and as she stood facing the observer, the Outer Aura was perceived to extend ten inches on the right side of the head and trunk, while on the left it was quite one inch less in breadth. Down the thighs and legs it was four inches wide on the right, and three and a half on the left side. When she turned sideways the Aura was four inches wide in front of the trunk, six at the small of the back, and down the lower limbs about four inches. The Inner Aura was three inches all over the body, but striation could not be readily seen. When she turned half sideways to the left, the position of the tumour was apparent on account of the Inner Aura being more dense and more granular over it. At the same time it looked like a small ray, being streaked, but not proceeding further than the margin. When the blue C. C. band was employed, the colour was even all over the body, except where the tumour was, where

it showed a light spot. Also it was slightly darker above the pubes, owing to the advent of the menstrual period. The yellow C. C. band showed a dark patch just over the tumour.

After the consideration of the asymmetry of the whole or of the greater portion of the Auras on the two sides, the next point to be discussed is the one as to the modification of the Auras when purely local. In five cases there was a diminution, but in no case was there any sign of augmentation. Unfortunately four of these patients were seen before the separation of the Outer from the Inner Aura could be detected. However, some of the phenomena can be explained by our later knowledge.

CASE 24, Fig. 22. —H. H., a boy, ten years old, had been suffering from herpes zoster for five or six days before we had an opportunity of inspecting him. The part affected was the right lumbar region in front of the abdomen with a few spots upon the flank. The rash had reached the stage of desiccation. His Aura was plainly marked, being, as he faced the observer, six inches round the head, and two and a half by

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FIG. 22.—Aura of a boy, with a conical gap on the right side.

the side of the body. It was quite normal for a boy of his age, with the exception of a portion on the right side from the level of the sternoxiphoid plane to the crest of the ilium. From the upper level just mentioned the Aura curved inwards, reaching the body at the level of the twelfth rib. From here it commenced curving outwards, regaining its full width at the crest of the ilium. This gave the appearance of a funnel-shaped space devoid of any Aura. The point of this space seemed to touch the body, and the adjacent parts of the Aura did not appear in any way affected either in texture or in colour. Upon examination with the blue C. C. band, used transversely, the right half of the body was seen to be darker than the left; in addition the left extension was correspondingly lighter than the right. When the C. C. band was employed upon the back, the colour was normal above the eleventh dorsal spine, but below had a darker shade, the transition between the two being abrupt. All traces of the void space vanished if the boy stood in any position except facing the observer. When he turned sideways, the Aura was seen to be perfectly

normal both at the back and the front of his body.

CASE 25.—Ten days after inspecting the last case we were fortunately able to examine another case of herpes zoster through the kindness of Dr. Merrick. This, too, was a boy of the same age, but the rash was in an earlier stage, having made its appearance three days previously. The rash was mainly on the lower part of the thorax in front. While he stood facing the observer the whole of the Aura on the left side of the body was quite normal, being about two inches wide, and round his head about six inches wide. On the right side the Aura, a little below the axilla, commenced curving inwards, until at the level of the sixth rib the edge apparently came into contact with the body. A short distance above the crest of the ilium the Aura began to curve inwards and upwards, until the margin seemed to touch the body half an inch below the upper curve, leaving a space without any Aura. Before investigation could be completed, two false rays suddenly appeared at the borders of the curves, one on the upper and another on the lower. These

blurred the margins of the curves as they were brighter and coarser than the surrounding Aura. Directly the boy turned sideways no vestige of the abnormal space could be perceived. When the blue C. C. band was used transversely the right extension was seen to have a darker shade than the left.

Nothing more could be observed, as the boy's mother was in a hurry, having some other appointment.

In this case the brighter and denser false rays by the margins of the fissure were evidently similar to the granular appearances often seen in an Inner Aura, and most likely did not extend beyond it. Plainly there was an interruption of this Aura, and it is extremely probable that the Outer Aura was similarly affected.

CASE 26.—This is an extremely interesting case of a little girl, N. H., seven years of age, who in May, 1908, complained of a pain in the right hip, which was diagnosed as a very early stage of tubercular hip disease. Calmett's tuberculo-ophthalmic test gave a decided reaction.

As soon as possible she was sent to a Children's hospital where she remained as an in-

patient until January, 1909, and after dismissal was sent to a convalescent home. In the following February, within a day or two of her arrival home we saw her. She was looking exceedingly well, had no pain and had complete movement of her hip-joint. Her Aura was fairly developed, of a greyish-blue colour, about two inches wide. It was seen all over the body as might be expected, as in any other girl of her age, except that when she stood facing the observer, there was a complete gap two inches in length in her Aura by the right trochanter major. This was so plainly visible and well marked, that her mother noticed it immediately. Instead of the edges of the Aura curving in, as in the last two cases, they were quite straight, as if a piece of the Aura had been sawn out. This space could only be seen as she stood facing, and was perfectly invisible when she turned sideways. The blue C. C. band was even all over the body, but if she stood sideways there was a light patch over the empty space. Unfortunately her family have removed to Scotland so that it has been impossible to inspect her again.

Another very interesting case has just been seen, in which there was a peculiar change in the Aura reacting under a light carmine screen quite different to any thing that has before been observed.

CASE 27.—F. D., aged thirty, a single woman who has all the symptoms of ulcer of the duodenum, was inspected August, 1910. Her Aura reached about nine inches round her head and trunk, as she faced the observer, and gradually narrowed towards the knees from whence it descended downwards unaltered. The Inner Aura, two and a half inches wide, was so distinct that it could be seen without intervention of a special screen. From the sixth to the tenth costal cartilages on the left it looked coarsely granular and very distinct. This granular appearance extended over the front of her body, as could be seen when she gradually turned sideways. When standing in this position there was nothing unusual in the Auras either in the front or back. When examined with the light carmine screen B, the Inner Aura, as she stood facing, from the seventh to the ninth costal cartilages entirely disappeared, and against the

black background looked like a transparent black void space with the upper and lower margins granular; but the Outer Aura seemed unaltered, having its proximal edge sharp and the same distance from the body as the distal margin of the Inner Aura above and below. With the dark carmine screen A, the whole of the Outer Aura was obscured, leaving a gap in the Inner.

The C. C. band showed on the back a narrow strip of lighter tint than on the rest of the band by the left side of the spine about the level of the third dorsal vertebræ. In front there was a small dark patch over the central point, which extended a little more to the right side than to the left. There was a darker shade of the band on the median line of the body to the right, but the colours graduated into each other so slowly that no boundaries could be determined. This case almost proves the fact that the two Auras have their origin from different forces.

We have in the above cases instances of spaces devoid of any Aura. The space can only be seen under favourable conditions and in sections. Up to the present time none of the spaces have

been observed save by the side of the trunk. The reason of this is very evident, the Aura is not so deep as either at the back or front of the body when the patient is standing sideways. The thickness of the Aura either in the front or behind, or both, will hide all traces of these vacant spaces apart from any alterations in the density. In like manner increase of density or opacity of the Aura will cause the spaces to be invisible. A suitable background is one condition absolutely necessary for their perception, and the background *par excellence* for this purpose is a dead black one; light coloured ones are absolutely useless. Taking all things into consideration for every one of these spaces seen, it is extremely likely that a number exist which are invisible.

In Chapter III it was shown that the Auric forces proceed from the body in direct lines at right angles. If from any cause a circumscribed area be deranged in some manner so that no Auric force emanates from it, while all round this affected area the healthy part is emitting Auric force in the ordinary manner, there will be formed a cylindrical void space with its long

axis at right angles to the body. Instead of the deranged area, being separated from the healthy portion of the body by a sharp line of demarcation, very frequently there will be found a zone more or less affected increasing in intensity as they are farther from the diseased spot, i.e., from zero, until they have attained their natural intensity. The result of this condition will be the formation of a space conical in shape, and less void as the space expands. This peculiar formation causes the space to be much more difficult of perception, unless it has a large area, as in Case 25. The effects upon the C. C. band have already been described.

In connection with these instances another example (Case 28) has lately been inspected, which is most interesting and up to the present unique. It is a case of herpes zoster in which so large a surface was affected, that it became extremely improbable that the Aura would be wholly absent from the area of the rash. We were prepared to find something abnormal, but what shape or form the abnormal would take we were quite unable to surmise. Unfortunately the patient's Aura was not well marked,

hardly up to the average in size, although easily seen.

When he extended his arm, the Aura adjacent to the rash presented a most remarkable appearance, for it looked honeycombed with vacuoles below the arm and beside the trunk. At first this phenomenon was hard to explain, but the difficulty vanished when it was remembered that the lines of Auric forces are at right angles to the body, and that in this instance some of them would come from the trunk, others from the arm, and others again from the axilla, all at different angles so that they would be continually intersecting in the vacuum, thus giving rise to the appearance of cells. This effect would also be increased by a more or less healthy Aura, both in front and at the back of the pathological portion.

CASE 28.—F. F., twenty-two years of age. A shoemaker. When a boy of about seven years of age, had hip disease, and for years suffered from abscesses caused by pieces of dead bone. He had been operated upon several times, but for the last five years has enjoyed very good health, and has had no ailment of any kind for

some time until last week; he noticed a rash upon his chest followed by an eruption in the axilla, and the inner side of the upper arm; there was also another patch on his back. When examined there was a herpetic patch about one and a half inches square just below the right clavicle. The whole of the right axilla and three-quarters of the inner surface of the arm, and also another small place on the back, near the spine at the level of the third dorsal vertebræ, were covered with the rash. The blebs were very large, some being quite half an inch in length.

There could be no mistake about its being herpes zoster in a severe form.

When he was inspected it was found that his Aura was a blue grey, and below the average clearness. As he stood facing the observer on the left side it was quite normal, as the Outer Aura was three inches in breadth, and the Inner two and a half. At the front and back it showed no departure from what would be found in health, having the same breadth as just mentioned. The reason why there was no alteration seen in front of the rash, was appar-

ently because of the healthy portion obscuring the unhealthy.

When he again faced the observer the Aura was normal around his head, but as soon as he raised his arms, the appearance just under his right arm and a little way down the trunk was very peculiar. It was granular, but not as distinctly so, as is usual when the Aura assumes this form. Against a black background it gave the appearance of a haze honeycombed with dark holes. The effect produced is most difficult to describe, and the diminution of the intensity of the granular part of the Aura seemed evidently due to the loss of substance. Besides which the Outer and Inner Auras seemed to be completely amalgamated, since not the slightest sign of differentiation could be discerned. Below this disorganized portion, the Aura seemed to have regained its proper condition for a short space. Opposite the ilium, from the level of the crest downwards, for about five inches, the Aura showed a very similar state to that described, only less well marked. This was over the formerly diseased joint.

CASE 29, Fig. 23.—D., an unmarried woman

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FIG. 23.—Abnormal shape of Aura with gradual recovery. A dark patch on the right side.

forty-seven years of age. Her occupation is housework. She is now passing through the climacteric period. For years she has been subject to attacks of indigestion. During the last few months she has had great discomfort and frequent pain after meals, commencing about an hour and a half afterwards, and continuing for another hour and a half, or sometimes longer. There is generally a good deal of flatulency and usually constipation. The stomach is dilated.

At the end of July, 1908, she was first inspected. Her Aura on the left side proceeded from the head downwards in the ordinary manner for a woman, reaching to the middle of the thigh before it permanently contracted to its minimum. It was about seven inches broad on its widest part. On the right side it was peculiar. Around the head it was similar to the left side. When the Aura had reached the level of the nipples, being then about six and a half inches wide, it suddenly curved inwards until a little above the level of the umbilicus when it was only about one and a half inches wide. From this point downwards

it continued of the same breadth. As she stood sideways there was no peculiarity of the Aura, either at the front or at the back. When the blue C. C. band was employed transversely there was a dark quadrilateral patch over the right hypochondriac region. It commenced at the median line of the body, the upper edge of which was level with the xiphoid cartilage, and the lower margin of the body. This space was several shades darker than the remainder of the C. C. band, and its lines of demarcation were sharply defined. Upon palpation, there was found tenderness of the liver, and one spot, two inches above the umbilicus and two inches to the right of the median line, was excessively tender to deep pressure. Although suspected, no malignant tumour was made out. The patient, however, improved greatly under treatment.

In October, 1908, another inspection was made. The Aura was unchanged, except on the right side. Here it did not curve in so far, and began to widen before it contracted permanently. The final narrowing occurred on the same level as it did on the left side, viz.,

about the middle of the thigh. Six months later the inner curvature of the Aura on the right side could still be plainly seen, but it was considerably less, otherwise there was no alteration. As the Aura appeared to be gradually returning to its natural shape, it was inspected again in October, 1909. The patient had been suffering from a return of indigestion for about six weeks, had been under treatment for three, and was much improved. The shape of the Aura, as she faced the observer, had become quite symmetrical on the two sides of the body, but the affected area was very different in appearance from any other part.

The altered portion of the Aura commenced about the level of the xiphoid cartilage, and reached to a short distance above the crest of the ilium. The Aura in this part had a dull look, was coarse in texture, and not so blue as in the healthy part, when it was examined without any screen, or through a light one. It was bounded above and below by streaks of a lighter shade, proceeding straight from the body. These differed from ordinary rays in their opacity. When seen through a dark carmine screen, the

Inner Aura was noticed all round the body two inches wide.

It was fairly lineated and the Etheric Double was well marked as a dark space one-eighth of an inch broad. In the affected area the Inner Aura was not so wide, had no striation, and was coarsely granulated. This showed that while the Aura had regained its shape, it had not assumed its proper texture. With the Blue C. C. band the quadrilateral space in the hypochondriac region was still darker than the remaining part of the band, but the difference was not pronounced. The extension of the band on the right side remained of a darker hue than did the left extension, but here, too, the colours were more even. Fig. 23 shows the gradual improvement in the shape of the Aura from time to time.

Some months later this patient was again examined, as she was in fair health. Her Aura was natural in size all over her body, and even on both sides.

However, it had not regained entirely its proper texture by the right side. Here it was coarse and opaque, but beginning to be striated,

mit the Aura, both in front and at the back, to be investigated, a great difficulty presents itself, as there is no natural standard of measurement for any increase or diminution in the dimensions.

Consequently allowance must be made for the great variation met with in healthy subjects, and it is necessary to depend to a large extent upon experience, and to mentally compare the Aura that is being inspected with one known to be healthy. Speaking generally, no great trouble will be experienced when dealing with Auras of males and young girls before puberty, because they are similar all over the body. With women and girls of fourteen years and upwards the case becomes more complicated, and a standard becomes essential. The best one, although it, too, is open to many objections, that we can devise, is to take some ratio having the widest part of the Aura at the side of the trunk as a unit, in which case a comparison of the breadth of the Aura, either in front or at the back of a patient with that of the side, will result in a fraction. In healthy adult women the figure for the Aura in front of the body will rarely ex-

ceed two-thirds, and in no case have we seen it so large as one-half. The dorsal Aura, unless the woman has a neurotic tendency, rarely reaches to two-thirds of the pleural Aura; certainly any higher figure is pathological. In girls having a transitional Aura the difficulty is vastly increased, and special allowance must be made according to the progress of the development of the Aura. So far, we have never seen any diminution of the Aura (which can be recognized as such), either at the back or front, but we are expecting any time to be able to observe this modification.

Almost without exception, the Outer Aura shows no marked increase, either of the whole or a large portion at the back, save when the patient is neurotic. The converse by no means holds good, because in a fair number of subjects who have a neurotic tendency, no enlargement of the dorsal Aura has been discovered. There are two main varieties of the augmentation of the dorsal Aura, and although the division may seem to be an artificial one, yet it represents quite different cases.

The first variety is when the Aura comes

down from the head and is wide at the back, and does not contract fully until it reaches at least the lower half of the thighs, while in the second variety the Aura commences to increase below the shoulder, becomes broadest at the lumbar region and curves inwards abruptly a little beneath the nates. It must be fully understood that this increase is relative to the breadth of the Aura at the sides of the trunk, and the ratio is more than two-thirds. In about a dozen cases of hysteria in women and girls who have been inspected, all, without any exception, showed the peculiar shaped Aura of the second variety; and this variety seems to be almost, if not entirely, confined to this temperament, consequently it may be considered to be the special feature of the hysterical Aura.

The Auras of the first division are certainly less common than the second variety, and may occur in several distinct ailments. We have only a few examples.

1. B., a married woman, forty-two years old, who had both her ovaries removed sixteen years ago, was inspected in 1908. As she stood facing the observer, her Aura was seen to be seven and

a half inches wide at the sides, but when she turned sideways, it was also seven and a half inches at the back, and in front four inches wide. She had no neurotic tendency whatever.

2. A woman, twenty-nine years of age (casually mentioned in Case 15), who comes of a highly neurotic family, but does not herself appear to be in any way neurotic, had her Aura examined, and it was found that her costal Aura was seven inches wide, the dorsal six, and the frontal four inches.

3. An epileptic girl, who had had no fit for three years, measured at the side ten, back seven, and at the front four inches.

4. See Case 21.

5. This is a girl nearly nineteen years of age who has only menstruated twice. She is backward in development. Her Aura as she stands facing the observer is by her sides seven inches wide, and when she turns sideways, it is seen to be five and a half at the back, and in front three inches in breadth. It is probable, however, in this instance that the ratio between the different parts is merely transitory, and will become normal as she reaches the adult age.

It has been noticed that nearly every one of the patients who have an abnormally wide dorsal Aura, also have a broad frontal one.

The next step for consideration is the study of the partial enlargement of the Aura. This always occurs in pregnant women, but is only temporary, and must be regarded as purely physiological. In fact, as will be seen hereafter, the enlargement of the Aura in front of the abdomen and breasts constitutes one of the signs of pregnancy. Except in this condition, the partial increase of the Aura does not seem to be frequent, for we have only noticed one marked case. The appearance was so extraordinary that we thought there must have been some mistake, so inspection was repeated a few days afterwards with the same result.

CASE 30, Fig. 24. — A woman, fifty-eight years of age, rather stout and subject to attacks of bronchitis, but who loses all cough during the intervals, was inspected March, 1909. She had been suffering from indigestion, constipation and flatulence. No organic mischief could be found, and these symptoms vanished under treatment.

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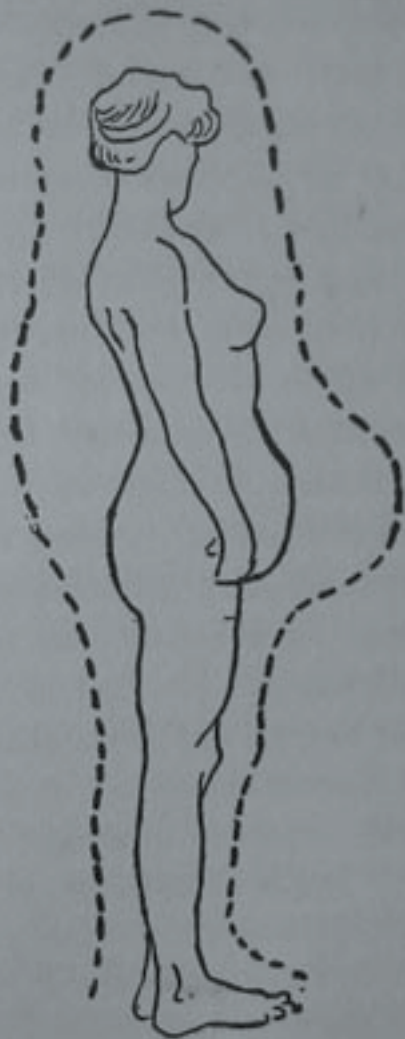


FIG. 24.—Very abnormal shape of Aura.

Her abdomen was very prominent and, being both fat and distended, gave her the appearance of a six months pregnancy. Her Aura was a blue grey, as she stood facing the observer; it was about seven inches wide by the sides, narrowing down to two and a half inches at the lower part of the thighs and legs. Upon her turning sideways it was seen to be at the back two and a half inches wide at the level of the shoulders, and the same width from the middle downwards, while the intermediate part bulged out about six inches. In front it was still more unusual in appearance, as in front of the thorax it was about two inches wide, increasing suddenly to six in front of the protuberant abdomen, returning about the level of the lower part of the thighs to two inches whence it continued unaltered in size down the legs. We are unable to explain this remarkable Aura.

As soon as the two Auras could be differentiated from each other we expected to find, that each of these would show at times an alteration in size and substance, and this turned out to be correct. Taking the Inner Aura first, it has been found that in the greater number of in-

stances, in which an alteration of size has been observed, it has been accompanied by a modification of texture also, so that the two conditions will have to be considered together, and since this is the case, it will be convenient to make a few preliminary remarks concerning the change in texture that the Inner Aura is likely to undergo. It must be borne in mind that the Inner Aura, when healthy, consists of an exceedingly fine granular haze and seems to be perforated by some force giving it a striated appearance. This Aura varies very slightly in breadth by any part of the body, so that it is extremely probable that it is entirely the product of the No. 1 Auric force (page 101) emanating from the body and acting upon the ether. This force is evidently very constant in quantity and is only able to exert its energy within a short range. Its nature is unknown, but it is most likely distinct from that originating the Outer Aura.

Whenever there is any departure from health, whether general or local, this force is liable to be deranged, and consequently a modification of the Aura will take place. The disturbance

always induces a change in the texture of the Aura, which can usually be perceived either with or without the intervention of a light spectauranine screen, but for the complete resolution of this alteration, it is absolutely necessary to employ a dark carmine screen. The earliest morbid change that is noticeable, is the loss of striation. Even should this not quite disappear, it will become faint and extremely difficult to detect.

Together with this want of lineation, it will be observed that the exceedingly fine granules composing the Aura in health have been replaced by others which are coarse and opaque. Apparently, each of these large granules is formed by the amalgamation of several small ones.

The sizes of these granules vary very much in different cases, but there is generally found to be a predominant number of one size which gives a distinctive aspect to the part affected. They may be conveniently classified by the terms Fine, Medium, and Coarse granules, as the case may be.

With the appearance of these granules all

structure is lost. The force which originates the Aura is usually present and remains unaltered in strength, as is shown by the breadth of the Aura remaining constant. When once the granular appearance is present, a long time may elapse before the Aura will return to its pristine state. An example may be cited of a lady who showed this peculiarity seven weeks after having a stiff neck.

Nearly five months after her neck was examined, it was again inspected. When observed in the ordinary manner there was a slight patch proceeding upwards from the lowest part of the neck. This patch at the base was about one and a half inches wide, and two in height. The distal margin consisted of a number of points one higher than the other until the highest was reached; on the other side of this peak it became lowered in the same manner. With a light red spectauranine screen the spot looked finely granulated, previously having been much coarser. When the C. C. bands were employed, the blue and the green were darker on the right side, while the yellow was even on the two sides.

As it has been found that the Inner Aura of persons in good health is usually more extensive when they are robust than when they have a delicate constitution, it is extremely unlikely when this Aura is unequal on the two sides, for the broad side to be the abnormal one. However, there will rarely be any difficulty in determining this question, as some modification in the substance will be either seen directly, or through the medium of a C. C. band. It will be found that, whenever there is a contraction of the Inner Aura, a corresponding change will have taken place in the Outer; but the reverse does not hold good (see Cases 20, 21). It is worthy of notice that whenever a contracted Inner Aura has been observed the patient has been suffering from a grave malady.

Inspection of epileptics shows the Inner Aura by the whole of the left side to be narrowed, while on the right it has retained its full size, but the modifications do not cease here, as invariably on the left side the texture is coarse in appearance, or it may even be granular, while the striation can only be distinguished with difficulty, and in some instances is entirely ab-

sent. This one-sided diminution of the Inner Aura is more diagnostic of epilepsy than the narrowing of the Outer Aura which is much more conspicuous, and was first discovered. It is extremely probable that the diminution of the Aura really commences in the median line, both in the front and at the back. Nevertheless, we have found no method of verifying this supposition.

Cases, in which the Inner Aura is altered locally, are more frequent than those in which the whole or a large part of it on one side is deranged. As might be expected, some situations are more liable to be affected than others. One very common place where to find the Aura modified, is at the back over the lower lumbar regions and sacrum, slightly varying in position with different women, and presenting the usual granular appearance when seen through a dark carmine screen. When this condition occurs the invariable tale told is, that the patient suffers pain or at least a great deal of discomfort in the back during menstrual periods. As these occur at regular short intervals, there is often not sufficient time for the Aura to re-

sume its natural state before a fresh attack of pain takes place. We had noticed long before we were able to discern the alteration of the texture, that the C. C. band very frequently gave a dark patch in this position, and we were greatly puzzled as to how it was produced. This dark patch in the C. C. band does not occur in girls before puberty, nor in women who have passed their grand climacteric, and disappears during pregnancy. As an additional proof, the young lady lately referred to never had any pain in this region during menstruation, and the C. C. band did not show the slightest change in colour. However, with her the C. C. band showed a small light coloured spot, about one and a half inches in diameter over the first lumbar spine.

When questioned whether she had any pain or tenderness in that place, she replied that there had been no pain or tenderness for the last fortnight, but previously she had had a good deal, and once the pain was so acute that she had to go to bed. This is another instance of the lengthy period taken by the Aura to become normal after being granular.

"Can the Inner Aura enlarge locally?" is a question that has been decided by observation upon pregnant women in the affirmative, and under these circumstances the change is physiological. Whether it does the same in unhealthy conditions is quite another problem, and one by no means easy of solution. In the first place when the Inner Aura has become granular as shown through the deep carmine screen, this granular portion of the Aura is often wider than the healthy. But does the granulation take place in the Inner Aura only, or does the Outer partake of the change?

The structure of the Outer Aura must also be taken into consideration. In health the part lying just outside the Inner Aura has larger granules than the more distant parts. The different sized granules imperceptibly graduate into one another. When any local disturbance arises, those granules adjacent to the Inner Aura seem to be similarly affected but not to the same extent. As the Inner Aura becomes deranged, there is a *pari passu* alteration of the Outer, as can frequently be determined by chromatic changes shown in the C. C. band over

this portion of the Aura, similar to those that occur in the Inner, it does not seem possible to decide whether there has been any increase in one of the Auras at the expense of the other. Fortunately the solution of this problem is not of any practical importance.

Case 30 is very interesting in connection with this part of the subject, because it is an instance of an evidently enlarged granular Inner Aura. The augmentation was easily measurable by comparison with the neighbouring striated portion. However, it does not throw any light upon the previous question owing to its occurrence under quite different circumstances. Here there was a primarily physiological enlargement which afterwards, on account of a local morbid action became pathologically granular.

Occasionally there is a diminution in the Auric forces accompanied by a local contraction of the Inner Aura, and under certain conditions the Auric force may cease altogether causing an absolute break in the Aura. These changes have been described elsewhere.

To sum up, the Inner Aura does not alter its

shape or size to any great extent; the chief morbid changes show themselves in alterations of the texture. It is apparent from the cases which have been quoted, that variations in shape and size of the Outer Aura are more frequent and extensive, while the structural modifications are either slight or so delicate in their nature as to be almost imperceptible.

It is impossible to say much concerning the colour of the Aura, as the preparation of the eyes for the mechanical method of perception of the Aura renders it impossible to appreciate any great variation in range of colour. The colours are for the most part limited to blue and grey, or the admixtures of the two in different proportions. Temperament and mental powers, rather than any temporary changes of bodily health, seem to be represented by the hue of the Aura. For the sake of analysis we have divided the colours into three sections. The first class contains people with blue Auras; the second those who have Auras, blue mixed with more or less grey; and lastly those who have perfectly grey Auras. The following is the result of the first hundred cases inspected. It is

only right to mention that the proportion of healthy persons is much larger than our subsequent inspections have contained.

1. Blue Series. Forty cases.

No individual below, some above the average in mental power.

2. The Blue, with more or less grey Series.
Thirty-six cases, including:

One case of hemiplegia.

Two epileptics.

One case of meningitis. Her mental powers seem to be recovered after three years.

3. Grey Series. Seventeen cases, including :

Two eccentric people.

Six epileptics.

One general paralysis.

Three mentally dull.

Of the seven remaining patients no note was made of the colour of their Auras.

This table shows conclusively that the owners of the blue Auras are the most mentally fit.

A grey Aura seems to indicate a deficiency

of the intellectual faculty if congenital, but it remains uncertain whether the loss of brain power through disease causes the Aura to become grey, although this is probable.

It is necessary to add that, when the Aura is said to be blue, etc., there will, as a rule, be no bright colours visible, because the haze is faint and almost colourless.