

subjectively, we have the logical right to infer that all so-called spirits, such as elementals, elementaries, *et id genus omne*, are creations of the subjective minds of those who believe in their existence.

As remarked in beginning this chapter, it is written tentatively, hoping to suggest an enlargement of the field of investigation of the subject of telepathy. That power has been found to afford an explanation of so much of psychic phenomena which had before been referred to extramundane origin that it seems probable that it may be capable of still further service in that direction. The phenomena of ghosts and haunted houses seem to be the only demonstrated phenomena of which telepathy has not been shown to be at least a partial explanation; and if it can be shown that ghosts are also the creations of subjective power, there will be nothing left for superstition to fright the world withal.



CHAPTER XXI.

SUSPENDED ANIMATION AND PREMATURE BURIAL.

Facts of Startling Import. — The Case of Washington Irving Bishop. — Other Instances of Suspended Animation. — Vampirism. — Catalepsy. — East Indian Fakirs buried alive for Months. — Fundamental Errors. — Catalepsy not a Disease. — A Recuperative Agent. — The Law of Suggestion governs the Phenomena. — Subjective Insensibility impossible. — Suggestion of Death deepens the Lethargy. — The Appalling Dangers of Catalepsy. — The Proper Treatment.

THERE is another psychic phenomenon which deserves a passing notice at our hands, not only because it is governed by the same laws which have been discussed, but because it is a matter of transcendent practical interest and importance. I refer to the subject of suspended animation, and consequent premature burial.

I know of but one physician in this country who has given serious attention to this subject. Nothing in authoritative form has yet appeared from his pen, but I am credibly informed that he has collected an array of facts of veritable significance. One assertion of startling import is that in the United States an average of not less than one case a week is discovered and reported. This statement alone attests the importance of the subject, although due allowance must be made for possible exaggeration. Be that as it may, the appalling possibility of premature burial as a result of a condition so common as catalepsy, the psychic aspects of which are so little understood in this country, invests the subject with more than ordinary interest.

The following cases have been personally investigated by the writer, and serve to illustrate the dangers which menace the cataleptic subject. Names are omitted, at the request of the parties interested.

The first case is that of a young lady, near Indianapolis, who came to life after fourteen days of suspended animation. Six doctors had applied the usual tests, and pronounced her dead. Her little brother clung to her, against the opinion of the doctors and the will of the parents, and frantically declared that she was not dead. In the excitement the bandage which held her jaw in place was accidentally pushed aside. The jaw fell, and the brother fancied that he saw his sister's tongue moving slowly.

"What do you want, sister?" cried the little fellow.

"Water," was the faint answer from the supposed corpse.

Water was administered, the patient revived, and is yet living.

A lady who is now at the head of one of the largest orphan asylums of a Western city has been twice pronounced dead by the attending physicians, twice prepared for the grave, and twice resuscitated by her friends. On the last occasion extraordinary precautions were taken, in view of her former experience. All the tests known to her physicians were applied, and all doubts were set at rest. She was a second time professionally declared to be dead, and the physicians left the house. In preparing the body for burial it was accidentally pricked by a pin. Soon afterwards it was discovered that a small drop of blood marked the spot where the pin entered. This once more roused the hope of the family, and vigorous treatment soon restored her to consciousness. She is living to-day, a vigorous, useful woman. It is proper to note here that upon being restored, the lady declared that she had never for a moment lost consciousness, that she knew all that went on around her, perfectly comprehended the significance of all the tests which were applied, but felt the utmost indifference as to the result, and was neither surprised nor alarmed when it was decided that she was dead.

A few years ago, a gentleman of Harrisburg, Pa., apparently died after a long period of suffering from inflammatory rheumatism, complicated with heart trouble. Preparations were made for the funeral; but his wife refused to allow the body to be packed in ice, fearing the possibility of a premature burial, and announced her determination to keep it for at least a week. The next day her hopes were realized by finding her husband with his eyes wide open, and one of his arms out of the position in which it had been placed. She called loudly for him to arise, and with assistance he did so, and was placed in a chair. Physicians were summoned, but before their arrival he was so far recovered that their aid was unnecessary, and he soon recovered from his illness. He states that during the time of suspended animation he was perfectly cognizant of all that occurred around him, heard the lamentations of the stricken family and the preparations for burial, but was unable to move a muscle or utter a sound.

The reading public has not forgotten the death of Washington Irving Bishop, the celebrated mind-reader, which occurred under circumstances that called forth the declaration on the part of his friends and relatives that he was not dead before the surgeon's knife penetrated his brain; that on several previous occasions he had been in a cataleptic state, resembling death, for many hours at a time; and that on one of these occasions his attending physicians had pronounced him dead. The public will not soon forget the thrill of horror which was felt when it was learned with what unseemly haste an autopsy was performed upon that unfortunate man.

These are not exceptional cases, nor is the phenomenon of modern origin. It can be traced back through all the ages of which there are records preserved, until it is lost in the twilight of tradition and fable.

In all human probability the ancient belief in vampirism had its origin in discovered cases of suspended animation. It will be remembered that whenever a corpse was suspected of being a vampire, the grave was opened and the body was

examined. If it showed no signs of decomposition, the fact was held to be indubitable evidence of guilt. The punishment was summary, and fully as effective as a modern autopsy; it consisted in driving a stake through the heart. This simple process effectually laid the "vampire ghost," and it no longer possessed the power to "suck the blood of the living," and thus "continue to live on in the grave," to use the language of an ancient official document defining the characteristics of a vampire.

Revolted and gross as was the superstition relating to vampirism, is it not possible that, like most legendary tales, it had a basis of truth, and that an essential part of that truth consisted, as before remarked, of the fact that the cases referred to were cases of suspended animation? Many cases are reported which appear to be well authenticated, and they all seem to sustain this theory. One case (which was officially attested) is related, where the body of a man suspected of vampirism was exhumed after it had lain in the grave three weeks. No signs of decomposition being visible, a stake was driven through the heart, "upon which," says the report, "fresh blood gushed from the mouth and ears."

Another case is mentioned of one Arnold Paul, a Hungarian, whose body was exhumed after it had been buried forty days. "His body," says the narrator, "was red; his hair, nails, and beard had grown again, and his veins were replete with fluid blood." The stake was brought into requisition, and as it pierced his heart, he "uttered a frightful shriek, as if he had been alive."

Two erroneous impressions very generally prevail regarding catalepsy, or suspended animation. One is that depriving the subject of air will cause death in a few hours. Another is that catalepsy is a disease, or is always the result of disease. Both of these hypotheses are clearly disproved by the well-known experiments of the East Indian fakirs.

One of the most clearly attested instances of the kind alluded to is the experiment of the Fakir of Lahore, who, at

the instance of Runjeet Singh, suffered himself to be buried alive in an air-tight vault for a period of six weeks. This case was thoroughly authenticated by Sir Claude Wade, the then British Resident at the court of Loodhiana. The fakir's nostrils and ears were first filled with wax; he was then placed in a linen bag, then deposited in a wooden box which was securely locked, and the box was deposited in a brick vault which was carefully plastered up with mortar and sealed with the Rajah's seal. A guard of British soldiers was then detailed to watch the vault day and night. At the end of the prescribed time the vault was opened in the presence of Sir Claude and Runjeet Singh, and the fakir was restored to consciousness.

Lieutenant Boileau relates another instance where a man suffered himself to be buried for a period of ten days in a grave lined with masonry and covered with a large slab of stone, the whole strictly guarded day and night. On being restored to consciousness, the man offered to submit to burial for a year, if the lieutenant so desired.

Many other well-authenticated instances are related by British residents in India, but these must suffice. In all these cases the subjects were in perfect health when the experiments were made, and in each instance the body, when disinterred, was found to present all the characteristics indicating death, except decomposition.

Volumes might be filled with well-authenticated cases of suspended animation, varying in duration from a few hours to many months; but it would be foreign to the purpose of this chapter to cite any. Sufficient instances have been given to illustrate the points which I shall attempt to make, as well as to show the intrinsic importance of the subject and the danger to be apprehended from ignorance of the psychic principles involved.

The fundamental error into which many physicians have fallen consists in the assumption that catalepsy is, *per se*, a disease. It must be said, however, to the credit of the profession, that no one pretends to understand it. Most medical writers confess that if it is a disease, it is one of which

the pathology is but little understood by the profession, and they aver that morbid anatomy throws no light upon it whatever. In fact, some well-known writers have doubted its existence, and have attributed the recorded cases to gross imposture. It is, however, generally held to be a functional nervous disorder; but the tendency of modern investigation is in the direction of its psychic aspects, and moral means are now largely employed in its treatment by the best physicians.

The truth appears to be that catalepsy is not a disease in any proper sense of the word. The most that can be said is that it may be considered a symptom of certain diseases. That is to say, inasmuch as it commonly attacks those who are suffering from certain nervous disorders, it might be said to be a symptom indicating the presence of such disorders. But, I repeat, it is not a disease *per se*; and one prominent medical authority goes so far as to admit that "in itself catalepsy is never fatal." He might have gone further, and said that other diseases are rarely fatal when catalepsy supervenes.

Catalepsy belongs exclusively to the domain of hypnotism. I employ this term in the broadest significance of its Greek radix; for no matter how the condition is induced, it is purely a sleep of the objective senses, a suspension of the vital functions, a rest of all the vital organs. It can be induced in perfectly healthy persons by the hypnotic processes on the one hand, or, on the other, it may supervene after a long period of illness or nervous exhaustion. In both cases the phenomenon is the same; and when the patient is intelligently treated, the effect is always salutary. It is, in the highest sense of the phrase, a manifestation of the *vis conservatrix naturæ*; it is, of a truth, "tired nature's sweet restorer, balmy sleep."

Catalepsy is always easily induced in a hypnotic subject by the ordinary processes known to hypnotists, and the normal condition is as easily restored. It is always refreshing to the subject, especially when he is exhausted by mental or physical labor, — far more so than is ordinary sleep of the

same duration. The same is true of the catalepsy which supervenes after a long period of illness or of nervous exhaustion. That this statement is true of the first class, we have the testimony of all who have been subjects of intelligent experiment. That it is true of the second class also, is attested by the fact that suspended animation is nearly always followed by the recovery of the patient from illness. The cataleptic condition marks the crisis in many diseases, especially those of the nerves. If the patient is properly managed during that crisis, his convalescence is assured.

Catalepsy may properly be divided into four classes, differing from one another only in the causes which induce the condition. The first is catalepsy from hypnotic suggestion; the second, epidemic catalepsy; the third, self-induced catalepsy; the fourth, catalepsy arising from disease or nervous exhaustion. Suggestion is the all-potent factor in the production of the catalepsy of the first three classes, as it is in the production of all other hypnotic phenomena. The suggestion may come, first, from an operator who purposely induces the condition as an experiment. Secondly, it may arise from the patient seeing other cataleptic subjects. In such cases, catalepsy may run through a whole school or a neighborhood, precisely as does epidemic insanity, St. Vitus's dance, and many other nervous troubles. "Imitation," or the disposition to imitate, has generally been assigned as the cause of such manifestations becoming epidemic among children. But this is a palpable error. It arises rather from the fear that each one feels — the mental suggestion that each one makes — that he or she may be the next victim. Thirdly, self-induced catalepsy is illustrated in the experiments of the East Indian fakirs, and arises from auto-suggestion. In these cases the condition is purely hypnotic, and is self-induced by simple processes, well known to all who have made an intelligent study of hypnotism as practised in the Orient.

It is not, however, with these classes that we have to deal in this chapter, but rather with cases which arise from dis-

ease or nervous exhaustion. In such cases, suggestion can hardly be considered as an initial cause, although, as we shall see further on, it is a potent factor in deepening, prolonging, and terminating the condition.

I have said that catalepsy marks the crisis in certain diseases. It is, in fact, the supreme effort of nature to give the exhausted nerves their needed rest. When this fact is once appreciated, and the patient is intelligently treated on its basis, much needless alarm will be saved, and many fatal errors will be avoided. The patient in that condition is enjoying absolute rest. All the vital processes are practically suspended. He is free from all pain, and is enjoying a refreshing sleep,—a sleep so profound that it may be truly likened to its “twin-brother, death.” The depth and duration of the trance will depend upon the necessities of the case. That is to say, it will be proportioned to the severity of the patient’s illness, and his consequent need of rest and recuperation.

The primary mistake which many physicians make in managing cataleptic patients consists in seeking, by heroic treatment, to hasten restoration to consciousness. No greater mistake is possible. If the attempt is successful, it causes a fearful shock to the nerves, and the effort is thwarted which nature is making to relieve the patient and give rest to his already overstrained nervous system. If it is unsuccessful, the patient is threatened with the danger of being buried alive, or of an autopsy. These dangers are ever present; and as long as physicians fail to recognize the pregnant fact that an advanced stage of decomposition is the only infallible test of death, just so long will the human race be menaced with the horrors of premature burial.

The most important branch, however, of the subject of catalepsy is that pertaining to its psychological features. I have said that catalepsy belongs to the domain of hypnotism. I mean by this, not only that the phenomenon is identical with the condition which can be produced by the ordinary hypnotic processes, but that the cataleptic patient

is amenable to precisely the same psychological laws which govern the ordinary hypnotic subject.

The two fundamental propositions which bear upon this subject are the following:—

First, a patient in a case of suspended animation or catalepsy, induced by disease or nervous exhaustion, is amenable to control by suggestion precisely as he is in the ordinary hypnotic state.

Second, a patient in that condition is always conscious, subjectively, of all that happens around him. That is to say, no matter how profoundly the objective senses are locked in slumber, the subjective faculties are ever alert, and the subject recognizes, often with great acuteness, everything that goes on around him. This fact is not always recognized by hypnotists, and it is safe to say that ignorance of this one truth has been the source of more erroneous conclusions regarding the significance of hypnotic phenomena than all other causes combined. Hundreds of cases are reported where the patients noted all the preparations for burial and all that was said and done, and yet were unable to move or make the fact known that they were alive. This seems to be the universal testimony, although it is possible that the patient might not, in all cases, remember what he had experienced. In fact, it is common for hypnotic subjects to forget their experiences during the sleep; but that does not militate against the fact that they were subjectively conscious at that time.

The conclusions derivable from these premises are as important as they are obvious. The first and most vital is that when a patient is suffering from a disease which will induce catalepsy, and begins to enter that state, the usual remarks and conversation of those at the bedside must inevitably tend to deepen and prolong the lethargy. The patient appears to be dying. The friends, by word and action, are conveying the impression that death is at hand. The physician feels the pulse, which grows fainter and fainter, until it is no longer perceptible. He examines the heart until its pulsations cease. Finally, he turns to the

stricken friends, and in a solemn voice announces that all is over, — the patient is dead. Now, if it happens that it is merely a case of catalepsy, or suspended animation, the announcement by the physician that the patient is dead is an all-potent suggestion which is, and must inevitably be, seized upon by the subject and carried to its legitimate conclusion. A case of prolonged suspension of animation is the inevitable result, as the laws of hypnotism teach, if they teach anything. The patient actually believes that he is dead. The statement of this proposition seems almost ridiculous; but when it is remembered that no suggestion seems absurd or incongruous to the hypnotic subject, the proposition is seen at once to be an absolute verity. Who has not dreamed of being dead? Few, if any, have not had this experience; and yet the incongruity of the two ideas — of being dead and of calmly reflecting on the subject — never strikes the dreamer's subjective intelligence. Subjective impressions never seem absurd or incongruous to the subject. This principle runs through all subjective mental action, from the dreams of the healthy sleeper to the hallucinations of the monomaniac. Subjective intelligence, be it remembered, is capable of exercising but one form of reasoning, — the deductive. But it will reason deductively from any premise imparted to it, by any form of suggestion, with great acumen; and it never arrives at a conclusion inconsistent with the premise, — that is, the suggestion. All the facts known to the individual's objective experience which are inconsistent with that premise stand for nought in presence of the one ever-present idea. That idea is the major premise, unquestioned and indisputable, of a syllogism which he will inevitably complete with logical accuracy.

It is easy to see from what has been said what an appalling, ever-present danger menaces the patient who, from any cause, becomes cataleptic, especially the one who has reached the crisis of a lingering illness, and is surrounded by physicians and friends who are ignorant of the psychological principles involved. The natural language of the

emotions of the surviving friends, the wail of hopeless grief, the administration of the sacraments of the Church, and, finally, the authoritative announcement of the doctor that "He is dead!" all tend to the one result. When to these are added the ice-pack or the embalmer's fluid, it remains only for the performance of an autopsy to give the *coup de grâce*.

I shall not attempt to apply the principles here laid down to particular cases. Those who are cognizant of the circumstances of any case, either recorded or within their own private experience, will easily recognize their significance. Nor shall I attempt to prescribe the specific course to be pursued where suspended animation is suspected, as that is the province of the physician in attendance on each particular case. My object will have been accomplished if what I have said shall be the means of directing the attention of the medical profession to the psychic aspects of catalepsy, and to a more careful study of the psychology of that science which has suffered so much at the hands of charlatanism on the one hand, and prejudice on the other, — hypnotism.

Nevertheless, a few general observations regarding the proper course to be pursued may not seem impertinent. It is obvious that when catalepsy is suspected, or is possible, all allusion to or suggestion of death should be avoided, especially by the physician in attendance. It should not for a moment be forgotten that, however profoundly the objective senses may be locked in insensibility, subjectively the patient is awake and is taking cognizance of all that occurs, and appreciates with wonderful acuteness the significance of every word that is uttered. It should be remembered that since suggestion can induce catalepsy, it can also deepen and prolong the period of its duration. Conversely, it is the most potent means of restoration. Other restoratives should rarely, if ever, be resorted to. Violent means should never be employed. The essential thing is a cheerful, confident demeanor in all present at the bedside. Time should always be given for the

conservative forces and recuperative powers of nature to do their legitimate work, and in due season the patient, who "is not dead, but sleepeth," will awake; or, in obedience to suggestion, will "arise and come forth," saved from the jaws of death,—rescued from the horrors of a living grave.



CHAPTER XXII.

PRACTICAL CONCLUSIONS AND SUGGESTIONS.

The Normal Relations of the Objective and Subjective Faculties.— Their Distinctive Powers and Functions.— The Infinite Wisdom displayed in their Distribution.— It constitutes Man a Free Moral Agent.— Limitation of Subjective Powers and Responsibilities in this Life.— The Kinship of the Soul to God.— The Limitation of the Powers of the Objective Mind.— The Transcendent Powers of the Soul.— Errors of the Old Philosophers.— The Normal Functions of the Soul in Earthly Life.— Dangers of Abnormal Exercise of Subjective Power.— Nervous Disorders, Insanity, Imbecility, and Moral Degradation.— The Importance of a Knowledge of the Law of Suggestion.— Dangers of Mediumship.— Trance-speakers.— Immoral Tendency of Ignorant Mediumship.— Tendency towards Free Love.— The Causes.— The Orientalists.— Their Greater Powers and their Greater Facilities for Self-delusion.— Practical Conclusions.— Warnings.

I HAVE now presented the propositions of my hypothesis, together with a brief outline showing its applicability to the leading psychic phenomena; and it remains only to draw a few practical conclusions which apply to every-day life. The first, and the most obviously important one, relates to the exercise of subjective power, and the normal relations of the objective and subjective faculties. In order to do so clearly and concisely, it will be necessary to recall the terms of the hypothesis.

The first proposition is that the mind of man is dual in character. This proposition, as we have already stated, has been more or less dimly recognized by many philosophers in all ages; and during the present century it has been gradually assuming a more definite status in mental philosophy. Assuming, therefore, this proposition to be