

EDUCATION DURING SLEEP

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EDUCATION DURING SLEEP

Little more than a year ago the attention of psychologists in America was first called to the development of a new agency in education—viz., the extraordinary power of a person in a condition of natural sleep to accept suggestions or ideas impressed upon his mind during that sleep.

The general opinion is that a person asleep is, for the time being, dead to the world, but a knowledge of the extreme wakefulness of the subconscious mind should make us careful of what we say in the presence of the sleeper.

The process of education, and of curing certain diseases, during natural sleep, was first detailed by me in an article published a year ago in the journal then known as the Hypnotic Magazine, now the Journal of Suggestive Therapeutics. Some comment was created at the time of the appearance of the article, and since then several experiences, bearing out the results claimed, have been published. First, a mother announced that she had cured her child of a minor com-

plaint by talking to the little one during her sleep at night. Then followed accounts of experiments of a similar nature, conducted by parents, by means of which idle and disobedient children were rendered industrious and obedient, without punishment—without censure—simply by suggesting to the children that the old habits were put aside and that henceforth they would be unattractive.

Quite recently, Dr. Paul Farez has written an article in the *Revue de l'Hypnotisme*, Paris, the great authority upon matters of psychological import, setting forth his opinion that suggestion during natural sleep is superior in efficacy to hypnotic suggestion in the treatment of mental diseases, and giving examples of cures made in some cases of insanity by himself with this method.

Suggestion during natural sleep is thus attaining a world-wide significance. To give all the facts of research is a long story, and difficult to condense, but perhaps I can make plain the salient points of this treatment; the reason why; the results to try for, and how to proceed. When the simplicity of this process is understood there will be no hesitation in adopting it, and it may thus do much good.

Why should an idea suggested during sleep have

more weight than the same idea impressed upon the waking mind? Surely, because during sleep the consciousness is narrowed down to a point of concentration that is rarely arrived at during the waking state. The sleeping, or subconscious mind is receptive, because it is fixed upon a single idea. There is not diffusion of attention, as in the waking state. Useful education is simply the engrafting of certain ideas upon the mind, and the evil form is simply the opposite. In the first case an improvement in the form of knowledge is the result; in the latter case there is also knowledge, but scarcely improvement. It is necessary, then, in order to break up the habit, to drive out, not the knowledge itself, for that cannot be done, but the attractiveness of the knowledge; to make it repellent, and to turn the thoughts of the child or man to something higher. Good and evil are only relative terms, and in this work, without regard to, or molestation of, any one's faith or religious belief, we go upon the principle that evil is by no means the natural heritage of the child. Evil to us is merely absence of good, or ignorance of good. An evil may, therefore, be voluntary or involuntary; its presence indicates absence of right thought.

Children are trained to distinguish between good

and evil at an early stage in their careers by persuasion, admonition, or punishment. But our present methods of education of the young result in the serious blunder of impressing upon the child's mind that to do wrong is easy, whereas to do right is very hard. This is both unfortunate and untrue, because by the child both good and evil thoughts are acquired, not inherited. Having learned, however, that it is hard to do right, the child, like all other activities in nature, follows the line of least resistance, and forms bad habits. Evidently it would be wisdom to prevent the formation of bad habits, and thus avoid the after-necessity of correcting them, but, accepting the fact that the habit is formed, let us see how it is generally checked.

For illustration, here is a child, a girl, 7 years old, who bites her finger nails. Her mother rebukes her, perhaps punishes her, and thereafter, while in her mother's presence, she bites her nails no more. But when alone and plunged in abstraction the child will revert to the habit unconsciously; or, when alone, and free from observation, she will bite her nails because she knows she will not be found out. These are the two examples we need of voluntary and involuntary habit. Now, the mother, by her rebuke, has made an

impression, but not a very deep one, upon the child's mind. The mother's views have been impressed upon the child, but the child's own powers have not been called into play to break the habit. The mistake lies there. Had the impression been deep enough in the first place, the views of the child would, of course, have been merged in the views of the mother, and the habit would have been broken, but it is well to remember that our greatest ally in this work is the quickness of the child-mind to appropriate to itself, as a part of itself, a love of good and distaste for evil. The mother's suggestion to the child should, therefore, have been, not a rebuke, but a positive suggestion, which would set up an entirely new train of thought such as:

"You will not bite your finger nails again because you will not want to. It is not a nice habit, and you do not like to do it. You don't wish to do things like that."

Then is established in the child the thought that she herself dislikes to bite her finger nails, and very naturally she will not do what she dislikes to do. This breaks the habit.

The evident reply of the skeptic to this will be that the child will promptly answer, either to her mother

or to herself, that she "does like," and that the suggestion will have no weight on that account. But the skeptic's observation is superficial, because it is evidently merely a matter of driving into the child's mind the idea that "she does not like," in place of the idea that "she does like." In other words, success or failure is determined only by the depth of the impression made, and it is imperative to know how the deep or permanent impression may best be made.

To go back a moment to the first part of our illustration. I said that the child, during a period of abstraction, would perhaps revert to the habit. This means that the mother's rebuke, while powerful enough to influence the waking mind of the child, was not powerful enough to impress the subconscious mind. During a reverie the child is oblivious to surroundings, and is only conscious of the workings of her imagination. She is in a waking dream. She has not quite lost touch with her surroundings, but her mind is busy with its own fancy and memory pictures, and the outer world is forgotten. During this reverie the subconscious mind is active and independent. It is attending to her breathing, to her footsteps, to the processes of digestion and assimilation, and to certain automatic actions, to-wit, to the

performance of the act of biting the nails. Here, then, is the clue to the cure of the habit. The impression, to be effective, must be deep enough to reach the subconscious mind, in order that the habit may be neither voluntary nor involuntary.

An almost identical condition prevails during sleep as during a reverie, that is to say, as regards mental action. The waking mind is passive or resting, while the subconscious is most active. We dream; we sometimes talk in our sleep; we sometimes get up and move about; our dreams are influenced by our thoughts on going to bed; by the supper we have eaten, etc.; we are still in partial relation to waking life.

The child's attention during sleep is fixed upon the dream-pictures evolved by herself. She is not, therefore, at first in a condition to give heed to the spoken suggestion of her parent. It is necessary to gradually draw her attention away from her own field, and fix it upon the thought to be suggested. Naturally, if one were to speak sharply and loudly to the little sleeper, she would return at once to waking consciousness. That must be avoided. There are two consciousnesses: The consciousness of waking life, and the consciousness of sleep. We desire to reach her sleep-consciousness, and the method to be pursued is as

follows: Before the child goes to bed the mother is to say:

“I shall talk to you to-night while you are asleep, and you will answer me without waking. You will hear me, and understand what I say, but you will not wake up.”

Children, as a rule, betray great interest in this experiment, and sometimes declare that they will keep awake “o’ purpose;” but a child’s sleep is sound and swift. After this preliminary preparation, and when the child is fast asleep, the mother must go to her and sit quietly by the bed for a few minutes, stroking the child’s forehead. This will have the effect of accustoming the sleeper to her presence, and the speech which follows will be less likely to disturb the slumber.

Then begin the talk, the mother calling the child softly by name, and saying distinctly, but in a low tone:

“This is mother talking to you. Sleep quietly. You must not wake. You can speak to me without waking. You are perfectly comfortable and quiet. Sleep sound. Do you hear me talking to you? Say yes. You will not wake up. Now I touch your lips with my finger, and you can speak. Say yes.”

In many cases it is very difficult at the first attempt to get this answer from the child, but at the second or third it is easily given; generally with a long-drawn-out hissing sound that makes gravity difficult to sustain. Should the child stir uneasily, and open her eyes, the mother must not relinquish her attempt, but close the eyelids with her fingers, and suggest, "Sleeping quietly. Nothing will disturb you. You can hear me," etc. Then follow the special suggestions directed to the case; biting the nails, disobedience, idleness, untidiness, untruthfulness, or whatever the fault may be. They should be forcible, positive suggestions, couched in terms the child can readily understand, thus:

"You will remember what I say to you. You do not like to bite your nails. You will not wish to do it any more. It will be hateful to you. I want you now to promise me that you never will."

Repeat this once or twice, and the promise so given will be kept.

Although it has nothing to do with curing a habit it may be well to give the outline of an experiment which will convince any mother that she can, by these means, enter into relationship with her child during the latter's sleep. The experiment is a common one

in suggestive therapeutics, but is probably new to most persons. When the child makes her answer, but not before, the mother may say, before proceeding with her suggestions:

“Now, you’re going to have a lovely dream. It’s a beautiful day, and the sun is shining, and you’re so happy, because you’re out in the woods picking flowers. See, here they are all around you. Violets, and great big primroses, and daisies, heaps of them. Now you’re picking a large bunch to take home with you. Aren’t they beautiful?”

The child says, “S-s-s-s-s.” The mother goes on:

“You feel well and strong and happy. My little girl will wake up when I count three, and tell me all about it—where she’s been, and what she’s seen. Then she’ll go fast asleep again, and she’ll remember to bring a bunch of flowers home with her. One, two, three, wake up.”

The child wakes, puzzled, smiling, and seeing her mother, wonders. Then the dream memory comes to her, and she looks about for her flowers. Not finding them, she wonders again, but breaks forth suddenly into a narration of her dream, which is yet something more than a dream to her. It is curious to note that these suggested visions are far more intense than the

usual dream. Remember that the child has not been acting her dream; she has been lying perfectly still with her eyes shut, and sometimes only a change in the breathing will denote the images crowding her mind. Not until she wakes will the mother know how firm a hold the things she has said have taken upon the child's mind.

You may gather from this how much a mother might do by directing her child's dreams during any sickness under which the latter might be suffering. How easily the fevered head might rest if the mothers knew how to put their children to sleep and how to talk to them while they were asleep. But these things are mysteries to most people.

To continue the first experiment: On waking in the morning the child will have forgotten the whole matter. That simply means that it is not within the memory of the waking mind. But the necessary impression has been made upon the subconscious mind, and its effect will be noticed during the day. This treatment should be repeated every night for a week, but I have seen cures resulting from one treatment.

Some readers may harbor the opinion that it will be sufficient for the mother to think these suggestions, without uttering them aloud. I am afraid I cannot

agree to this. Thought projecting, or telepathy, is a very doubtful and capricious agency, and not to be relied upon at all. It is necessary to secure the child's attention through the avenue of the physical sense of hearing, and to be assured of the child's attention by her word of mouth. Thought projecting seems to be about as useful in this connection as praying for rain in a land where irrigation is a necessity. This work is wholly practical and takes nothing for granted.

With regard to the application of this method of suggestion during natural sleep to adults addicted to intemperance, I have not made any experiments along this line, because of lack of opportunity. But such a task might be safely undertaken by the wife, and it is very reasonable that as drunkenness may be cured by hypnotic suggestion, it may with equal certainty be the latter's subconscious mind, by his suggestions, an cured by suggestion given during natural sleep. The antipathy to alcohol, and that is precisely what the wife might do by suggestion during natural sleep. There is one very important limitation to this method hypnotist does not, by his superior will power, magnetism, or any nonsense of that kind, compel his patient to abstain from drinking. He merely rouses in

which must be regarded when dealing with an adult—namely, that a suggestion which is objectionable to the waking man will be objectionable to the sleeping man, and will not be accepted. Drunkenness and vicious habits are due to mental conditions, but they can be cured by suggestion only when the patient has fully agreed in his waking condition that he earnestly desires to be cured, but has not sufficient will power to break off. Suggestion will supplement his will power. It will be useless, therefore, for a devoted wife to approach her husband with a view to securing in this manner the price of a new bonnet, because the suggestion would not be regarded with favor.

In just the same way as subconscious and conscious thought influence our actions, they influence the condition of the body; and there are many nervous diseases which can be cured by simple suggestion given during natural sleep. It is only necessary to call attention to the fact that a depressed condition of the mind will result in a morbid condition of the functions of the body to prove how near is the relation existing between mind and matter, and suggestion during natural sleep is very valuable in breaking up neuralgias, headaches, and all nervous irregularities of function. These things here spoken of are yet in

their infancy, but they should be proclaimed upon the housetops.

W. Xavier Sudduth, M. A., M. D., Reliance Building, is a Chicago physician who has made an exhaustive study of psychological subjects, and has published several theses upon the relation of mind to matter. When asked for his opinion upon the value of education during natural sleep, Dr. Sudduth said:

“I have been testing this agency for several years, and have found that suggestions given by the mother or nurse to a sick child during natural sleep have been most useful in assisting the usual medication to re-establish conditions of health. In one case the suggestions were given entirely by the nurse, and were successful in breaking up the distressing habit of enuresis from which so many children suffer. But especially in the correction of such habits as bad temper and insubordination in children is suggestion during natural sleep to be employed by parents or guardians. This is almost an unexplored field, but its importance can hardly be overestimated. Natural sleep is not a condition of insensibility to external impressions. It is rather a condition of inattention. The sleeper hears, but he does not heed. It is not difficult to introduce ideas to his consciousness which

shall make a permanent and deep impression through his sleeping or subjective mind upon his objective or waking mind. This, in fact, suggestion during natural sleep accomplishes; it makes a deep impression. I have not applied this method in the case of grown persons, but under my direction the results attained by mothers in checking bad habits in children, upon whom no impression had been made by punishment or admonition in the waking state, have been most successful."

From Albert H. Burr, M. D., adjunct professor of the practice of medicine, at the Chicago College of Physicians and Surgeons, a similar indorsement of this method of treating stubbornness and bad habits in children, and even the gravest mental irregularities, was received.

"It is most reasonable that the mind should be amenable to suggestion during natural sleep," said the doctor, "seeing that external suggestions are continually modifying and varying the dreams of a sleeper. For instance, the striking of a clock is accepted in a dream as the strokes of a church bell; a constrained position fixes the attention of the sleeper upon pains resulting therefrom, and a sense of pain in the limb affected is incorporated into the dream.

These are simple every-day happenings, and they show those who heed the signs that the mind of the sleeper may be influenced both from within and from without. I have been working for some time along these lines, and believe that by suggesting a certain dream, for example, to an inebriate, a dream which would make a powerful impression upon his imagination, we might succeed in instilling into his waking thought a dread and horror of alcohol. As a corroborative instance of this possibility, a patient whom I am now treating by suggestion for the cure of inebriety was actually broken of the habit of taking morphine by a dream. He dreamed that his mother's spirit stood by his bedside, and the effect upon him when he woke was such that from that time to the present he has not touched morphine. If a dream evolved by the sleeper himself has such power, how reasonable it is to assume that a dream suggested by some one in relationship with the sleeper would be equally effective, knowing, as we do, that we can hold the attention of sleeping persons by quiet speech, and that they will realize to an intense degree the vision suggested.

“The efficiency of suggestion during induced sleep or hypnosis is an established fact, If, then, as Lie-

beault, the father of modern suggestive therapeutics, has often declared, 'induced sleep cannot be differentiated from natural sleep,' it is quite fair to assume that impressions which can so readily be made in the one case are susceptible of being duplicated in the other, else we have in the converse a differential, and Liebeault's dictum is refuted.

"Exactly the same phenomena are observed during the approach of sleep in either case. The loss of consciousness in varying degree; the suspension of the objective senses more or less complete; the inhibition of the will, reason and critical faculties are alike in both.

"Our dreams, which impress themselves upon our conscious memory, are induced either by suggestion through influences affecting the sensory or sympathetic nervous systems, and hence objective or purely physical, or through impressions made on the waking mind by the experiences of the day, and hence subjective or purely psychic. Uncomfortable dreams from which we wake in a fright (as from a nightmare) are always due to the discomforts of a headache, an overloaded stomach, intestinal or vesicle distress, a cramped position of body or limb or the memory of some unpleasant mental excitement.

“Thus, too, pleasure as well as pain, physical or mental well-being as well as distress, are reflected in our dream-life as the result of suggestion. New hopes, ambitions and enterprises have been instituted by impressions made through dreams. We know of instances in which the subsequent life of the individual has been changed as the result of a vivid dream. We have often heard a man of our acquaintance relate how he was turned from a wayward life by the impressions of a dream.

“It must not be inferred that we subscribe to dream books or pay any heed to their superstitious interpretations, but dreams have a rational cause and do make psychic impressions which react suggestively for good or evil on the mental, moral and physical sides of life.

“If during induced sleep or hypnosis the imaginative faculty of the mind can be so strongly impressed as to abate pain impressions, regulate disturbed functions and overcome distressing habits, facts which have been demonstrated in thousands of instances by careful observers, is it not fair to assume by analogy that similar results can be obtained by a suggestive control of the dream faculty or imagination of normal sleep? All who have had experience in suggestive therapeutics know how the patient, waking from the in-

duced sleep, often recalls the impressions made by the operator as those of a seeming dream.

“The possible advantage suggestions may have in induced sleep over natural sleep is the known relation of the subject to the operator and the previous understanding of both as to the object to be obtained, and hence the expectancy and increased susceptibility to the impressions resulting therefrom. This, however, may be overcome in a great measure by instructing the patient beforehand that after he has fallen into natural sleep the operator will come to him, and that he will remain asleep while he makes the suggestions which will be remembered and be effective in the cure of his ailment.

“This opens up a large field for useful experiment, especially for the correction of bad habits, mental moral or physical, among children, a field where suggestive measures may be safely used by parents, teachers, governesses and nurses, as no training is required for the induction of hypnotic states, and which does not involve ignorant and meddling efforts to cure diseases whose treatment should be left to the skill of the medical profession. To the editor of the Journal of Suggestive Therapeutics is due the credit of having first directed attention to the possibilities for good by

suggestions given during natural sleep, and its demonstration by actual proofs. It is to be hoped the results will be far-reaching in their benefits."

Dr. H. I. Howard of Portland, Oregon, has also investigated the claims we put forward as to the effectiveness of suggestion during natural sleep, and reports as follows:

"The mind of an infant is like a sheet of white wax, ready to receive and retain every impression made upon it by the stylus of time. The child's entire knowledge of the external world is obtained through the five senses, and having no means of judging of the value of the sensations received, are all alike accepted and recorded as true. As the child grows older the reasoning faculties gradually develop and begin to pass judgment upon the impressions received, but faith and unquestioning belief are still marked attributes of the child mind. Hence, children are eminently suggestible.

"This is true of the waking state, and during sleep, when the reasoning powers are entirely quiescent, the suggestibility is increased. As children do not readily awaken when spoken to, an excellent opportunity is afforded for treatment by suggestion, which experience has shown to be equally effective in natural sleep as in the hypnotic state.

“In June, 1897, I commenced to treat my little boy, then two and a half years old, for incontinence of urine, diurnal and nocturnal. Like the climate of Oregon, he was constantly and continuously wet. The first suggestions, given just after he went to sleep, were immediately effective, and he slept dry for the first time. The good effect continued the next day and night, but there was a relapse on the third night, due to his being up late. After that there was no more trouble.

“Occasional lapses have occurred at long intervals, but always due to some exciting cause. The suggestions were given in a low tone of voice, telling him first that it was his papa talking to him and he must not wake up, that he was sleeping soundly and would not wake up while papa was talking. Then followed the particular suggestions that he would not wet the bed, and would always wake up and call mamma when he wanted to relieve himself. Directions were also given as to his conduct during the day, and the treatment was brought to a close by telling him to sleep soundly all night. After the first few days he always awakened about ten o'clock and called his mother to take him up.

“A few months after this he commenced to stam-

mer, but the incipient habit was quickly checked by suggestion.

“One other habit remained for correction, that of thumb-sucking. This had been formed when he was only a few months old, and was indulged in whenever his attention was not otherwise engaged, and invariably on going to sleep.

“Occasional suggestions had broken him of the habit in the daytime, but he insisted that he could not go to sleep without sucking his thumb. On his third birthday I took the matter up in earnest, and gave him a series of vigorous suggestions, telling him that he was getting such a big boy that he did not like to suck his thumb any more, that he could go to sleep without sucking it, and particularly that it did not taste good any more. This last suggestion was supplemented by painting the thumb with an acid solution once or twice, and the treatment was entirely successful after the third night. About a week after there was a slight relapse, noticed when he was half awake in the morning, but a few more suggestions checked it, and since then there has been no tendency to suck the thumb at any time.

“In suggestion during sleep we have a valuable method of training for children, and I am satisfied

that tendencies of any kind can be fostered or eradicated by its use.

“It is a subject that should be brought to the attention of every mother and father in the land.”

The experience of these gentlemen is strikingly corroborative of the claims which have been put forward in the first part of this treatise, and it remains now but to add a few words upon the reasonableness of the theory:

Induced sleep and natural sleep are the same, yet not the same. There is one important point of distinction between these two states.

It is the law of natural sleep that the child is in relationship with himself alone.

It is the law of induced sleep that the child is in relationship with the parent.

During natural sleep the child is inattentive; during induced sleep he is attentive.

It does not weaken this position to admit that there are exceptions in both cases; that sometimes the person who has passed into a state of natural sleep enters spontaneously into relationship with others, as in those cases where sleepers may be drawn into conversation by cautious speech; or that it occasionally happens that the child who has been put to sleep by

the parent passes from a condition of attention to one of inattention. The law holds good in spite of these exceptions, and with a proper understanding of the law firmly held, we can appreciate the fact that natural sleep may, under proper guidance, change from a condition of inattention into a condition of attention.

Now we go a step further and assert that unless the sleeper becomes attentive, suggestive treatment in natural sleep is ineffective and useless. The parent must be assured by word of mouth that the child is no longer busied with his own fancies and dream-pictures. He must be assured that suggestions are not only heard, but are understood, realized, become fact, in the sleeper's mind. There is an easy way by which the parent may satisfy himself that what he says will be not only heard but heeded by the sleeper, viz.: After receiving a response from the lips of the sleeper, the parent should take hold of the hand lying nearest to him and raise the arm of the sleeper, saying: "Your arm will stay in the position in which I place it. It will not feel fatigued. It will stay where it is put." Hold the arm in the air for a few seconds, repeating these suggestions, and then let go. If it stays as put the sleeper's attention is fixed upon

the parent. If it falls there is a condition of weariness present which prevents the suggestion from taking firm hold of the mind, and other suggestions given will be equally ineffective. Therefore it is well to repeat this experiment, and the suggestions given, until the fixation of the arm in the air attests the fixation of the attention of the sleeper. When this occurs the sleeper has passed into the same mental condition as prevails during induced sleep, i. e., he is in relationship with the parent.

Now he both hears and heeds.

Why is it that suggestions thus given have a power which is denied the same suggestions given to the same person while the latter is in his waking state? Simply because the auto-suggestion or opposing thought of the sleeper is in abeyance. Criticism is absent. The parent secures attention, passivity and receptivity. The mind of the sleeper is more plastic, than the mind of the person awake; and it is more plastic because of the absence of critical thought plus the full attention given to the parent. Note here the Law of Education.

Education is effective when this condition of mind prevails in the waking man, i. e., when the person being taught gives his whole attention to the lesson

and checks his auto-suggestion he becomes receptive to the lesson. So in sleep, the person to be impressed by suggestion must be attentive to the speaker. Suggestive treatment is educational treatment most favorably applied. Sleep is a powerful assistant and we should at all times make use of sleep, that the mind of the person to be treated may be as wax to receive impressions. The success of a suggestion depends upon the depth of the impression made upon the mind of the recipient. Sleep favors the making of a deep impression, therefore sleep favors success.

Of all methods of treating bad habits in children there is none that can compare with this, since it puts in the hands of the parents themselves the means whereby their children may be reclaimed or improved.

THE END.

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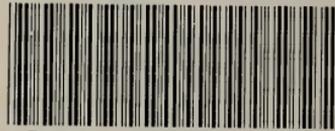
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