

FAITH AND SUGGESTION

INCLUDING AN ACCOUNT OF THE
REMARKABLE EXPERIENCES
OF DOROTHY KERIN

By EDWIN LANCELOT ASH

Author of
"Mind and Health," "Nerves and the Nervous," etc.

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95 NEW BOND STREET,
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ROOM IN WHICH DOROTHY KERIN HAD THE
FIRST TWO VISIONARY EXPERIENCES,
FEBRUARY 14TH AND FEBRUARY 18TH,
1912 *facing p. 29*

ROOM IN WHICH THE THIRD VISION WAS SEEN—
MARCH 11TH, 1912 *facing p. 35*

PREFACE

THE observation has been frequently made that a materialistic outlook tends in the direction of ill-health—particularly of a “nervous” kind—whilst a spiritual outlook tends in the direction of health. That indeed the latter often acts as a powerful aid to the recovery of health. Moreover, it seems evident that the great wave of “nervousness” and unrest, that seems to be sweeping over many civilised peoples at the present time, is actually coincident with a weakening of Faith—with a slackening of religious conviction.

From this point of view I was led to inquire into the relations between the present-day increase of mind and nerve troubles and the Faith which has sustained mankind, in one way or another, for thousands of years.

As everyone knows, there is a school of psychology which claims to have explained the problems in question—finding the strength of Faith in processes of suggestion and self-suggestion. Demonstrating, indeed, to the satisfaction of many

that religious faith is only a "survival" of an attitude of mind which served man well enough in his early development, but had best be disregarded in these enlightened times. So that now Science is supposed by many to have shown Soul and Spirit to be things of the past, and Faith in things spiritual to have no reasonable foundation.

But is this so? Evidently not. For instance, let us say to the materialists: "We agree that there is an extensive sub-conscious field in our mental life, that processes of thought go on without our consciously knowing it; that the mind constantly affects the body—sub-consciously. We agree that suggestion may act in us with great effect—still sub-consciously—and may play a part in our self-support and religious devotions. We agree that the 'sub-conscious self' is in close touch with bodily action. Also that it is concerned with intuitions, the inspirations of genius, and with so-called spiritual experiences. But whence does it obtain its higher order of intuitions? What of the spiritual sphere which man has intuitively believed in during so many centuries, that he has had faith in for so long?

Does the Sub-Conscious Self extend on its farther side to a Spiritual Realm, from which it brings an occasional message of hope ? ”

Material Science can give no satisfactory answer. Certainly there is a psychology that says “ No ! the spiritual world is a figment of poetic imagination.” But as a matter of fact one always feels that to-day psychology has no faith in a denial of faith. Science has left, indeed, an “ open door ” through which a glimpse of Heaven may be seen after all ! One finds that intuitive knowledge—instinctive feeling—in a spiritual realm is not really confuted by either physical or psychological science.

Realising the morbid effect on many of a belief that modern science has finally banished the spiritual sphere, and put the Soul out of court, it occurred to me that I might further help some who sought my aid by collecting the opinions of many of those scientists and psychologists who have made it clear that nothing has yet been proved ” to make the position of the materialists impregnable. Who have shown that recent discoveries in the physical world and investigations in psychical research point more and more strongly

in the direction of the spiritual. The results of this were, in many respects, very encouraging.

Subsequently, realising that the issue in question must largely be decided in the realm of the "sub-conscious," and in connection with the principle of Suggestion, I planned a little book in which the "open door" could be clearly indicated for the benefit of those I had in mind. In this it was my intention to refer to certain psychical and religious experiences, such as those of the mediæval saints, of mystics and of others who appeared to have had relations with a world of Spirit. Especially in regard to the problems of psychic healing, including, of course, faith-cures, suggestion-cures, miracles, and so forth.

But I had scarcely collected my material when it so happened that I was brought into contact with a remarkable experience, which was clearly such a perfect type of the kind with which I was concerned, that after careful investigation I decided to make it an important feature of my book. This was the apparently miraculous recovery from serious illness of Dorothy Kerin—the so-called "Herne Hill Miracle"—to which

such an unfortunate kind of publicity has been given lately.

Here, then, was a case in which Visions and Healing, and other accompaniments of mystical experience, could be thoroughly investigated. Here was an opportunity for debating, in full light of scientific investigation and objective fact, the old problems of Mind and Spirit, Suggestion or Faith, Material or Spiritual.

Thus I have collected all possible facts that appeared to have any practical bearing on this case, showing the part that might be assigned to suggestion, or self-suggestion. Giving the particulars of the illness and indicating how far "nerves" or "hysteria" might be called into account for the extraordinary occurrences dealt with; giving also the opinions of doctors and others, and enumerating the signs that pointed to serious physical disease.

The facts given speak for themselves, and no endeavour is made to force a conclusion as to the real significance of the experiences related. At the same time it is pointed out that such an instance is clearly very different from those not uncommon occurrences in which an invalid,

“paralysed” for years, suddenly regains strength and the use of limbs. Hysteria and cure by self-suggestion on a purely mental plane fully account for these. In the particular illness and recovery referred to in this book, there was no hysterical paralysis or allied symptom of this kind.

In collecting the facts and collating the full history of these exceptional experiences I have particularly borne in mind the possibility of this account being useful to future writers on these subjects, who wish to obtain an authenticated narrative of the case of Dorothy Kerin. Should any further evidence bearing on the circumstances thereof come to light it will be carefully investigated and reserved for a future edition.

I should like here to express my gratitude to the numerous individuals—specialists, medical practitioners, nurses, hospital authorities and others—who very kindly supplied me with reports, opinions, X-ray photographs, and so forth in this connection.

The main object of this book, which I eventually called *Faith and Suggestion*, is, then, to draw attention to the “open door” left by modern science

for those who have suffered or are now suffering as the result of materialistic teaching.

The book seeks to prove nothing. But merely to show that "facts" cannot always be held to confute "feelings." That in the world of Realities, that is, of feeling and active mental life—the kingdom of the Self—rules made for the world of appearances cannot invariably apply. That for psychical or spiritual knowledge we must not be afraid to analyse psychical and spiritual experiences.

Further, that in such an experience as that of Dorothy Kerin we can find ample material on which to base an inquiry into the possibilities of "spiritual contacts" with this world.

Throughout I have tried to keep a fair balance between the views of materialism and those of spiritual philosophy or religion, whilst always emphasising the existence of the "open door," and the claims of mystics to be heard and regarded seriously. At the same time I have endeavoured to avoid all questions of sectarian religion.

Finally noting full well that whilst the balance of evidence—including that of certain psychical experiences—points most clearly to our near

relations with a Spiritual World, and is entirely in accord with the possibilities of special revelation, the full workings of the Power behind all things—call it Supreme Force, Divine Will, Almighty Personality, or what we may—whilst known to us intuitively as the content of “Good” or “Love,” remain to our reason—
AN INSCRUTABLE MYSTERY.

E. L. A.

Faith and Suggestion

CHAPTER I

Introduction—An Awakening

The passing of Materialism—The false claims of Materialists—Mr. Balfour on "values"—Sir Oliver Lodge and "absolute" truths—Huxley and the mysteries of existence—Practical issues—Is there such a thing as psychic or spiritual "force"?—"Mind cure"—Psychic and spiritual "cures"—Is there a higher psycho-therapy than simple mental suggestion?

TO-DAY we find ourselves at the beginning of a movement that bids fair to take the human race to great spiritual heights as on the crest of a huge wave. Materialism towards the end of the last century seemed about to enslave western civilisation and failed at the last to conquer Faith, which as an invincible host held the Citadel of Human Feeling against the most furious onslaughts of the enemy—held it until Science, hitherto the most reliable ally of the materialists, began to waver in her allegiance, and ultimately to question the claim of Materialism to possess the universe. Thus it has been that Western peoples have clung to their belief in Spiritual Powers upon which their welfare depends, even in the face of apparently unanswerable

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assaults made upon their defences. And at the present day, people are realising that, instead of having to crush out the instincts which tell them of a Spiritual World, such intuitive knowledge—which seemed to find so little support in material things—is now being upheld by recent scientific discoveries.

As a matter of fact, material science has no right to dogmatise about things psychical as she has done. Let us remember, to quote the Right Hon. A. J. Balfour :

“ That in accepting science, as we all do, we are moved by ‘ values,’ not by logic. That if we examine fearlessly the grounds on which judgments about the material ‘ world are formed, we shall find that they rest on postulates about which it is equally impossible to say that we can theoretically regard them as self-evident, or practically treat them as doubtful. We can neither prove them nor give them up.”*

Let us further remember that at the present time this position is far more generally admitted by scientists themselves than was the case when it was first written a good many years ago.

A. J. Balfour : “ Foundations of Belief,” quoted by Lodge.
—*Hibbert Journal*, Jan., 1912.

In a recent number of the *Hibbert Journal*,* Sir Oliver Lodge has very clearly shown up the pretensions of science to deal with "absolute" truths. After quoting the propositions just referred to, this eminent physicist points out that the usual argument of science in this connection is that mathematical axioms and theorems are most certainly examples of truth. But are they? Sir Oliver Lodge would have us think of the well-known proposition that three angles of a triangle equal two right angles—a proposition that every one accepts without question from their early schooldays. Theoretically—that is, as regards the ideal or abstract triangle—the statement is true. But in the case of a huge triangle traced on the surface of a smooth sea the proposition is *not true*. For the surface is that of the earth and the earth is round, so that the triangle is out of the "flat," and the proportion between its angles is different from that in the abstract case. That is to say, the famous proposition of Euclid in question is true enough in pure theory, but is not true in regard to concrete things. Another

* *Hibbert Journal*, Jan., 1912, "Balfour and Bergson," p. 291.

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example given by the same authority is quoted below.*

Hence we must understand that "abstract mathematical propositions are infallibly true for the abstractions with which they deal, but when applied to concrete realities they involve an element of contingency in no respect differing from the rest of human knowledge."

In support of this contention Sir Oliver Lodge, in the same article, proceeds to give some self-evident examples of things mathematically true in pure theory, in the abstract, often being untrue in reality. He writes: "In order to illustrate the matter further, in what may seem almost a frivolous way, I would contend that whereas the proposition that one added to one makes two, is abstractedly beneath controversy, it need not be true for the addition of concrete

* The other example given by Lodge in this connection is as follows: Referring to the lines of least distance between three stars, he says—"I should not venture to doubt it in that case myself, but that brilliant mathematician, W. K. Clifford, maintained that we could not be sure that there was not some discrepancy, increasing in proportion to the area of triangle, such as had been studied by great modern geometers, and which we may call roughly a possible curvature of space, which would make the proportion appreciably inexact for a sufficiently gigantic triangle."—*Hibbert Journal*, Jan., 1912, p. 291.

things. It is not true for the globules of mercury, for instance, nor for a couple of colliding stars ; not true for a pint of water added to a pint of oil of vitriol, nor for nitric acid oxide added to oxygen, nor for the ingredients of an explosive mixture ; not necessarily true, either, for snakes in a cage, or for capital invested in a business concern, flourishing or otherwise ; nor is it true, save in a temporary manner, for a couple of trout added to a pond. Life can ridicule arithmetic."

Such an exposition of the possible fallacies of so-called " exact science " may come as a shock to many who have never questioned the idea that mathematical conclusions are " absolute truths." It is quite customary to accept this belief without reservation. Indeed do we not constantly use the term " mathematically " to indicate the highest possible exactitude ? Yet, as can be shown in a few words, this attitude is undermined by evident fallacies.

Now what is the moral of this ? It is big enough indeed and can be best told in the words of Sir Oliver Lodge in which he continues his remarks just quoted.

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“The moral of all of which is, that propositions can be clear and simple and sure enough, indeed absolutely certain as long as you deal with abstractions; but when you come to concrete realities, and have all the complexities of the universe behind you—not only behind but in front and among and intermingled with every simplest thing—then we perforce step out of the realm of positive, dogmatic security into the region of reasonable and probable inference, the domain of pragmatic conviction, of commonplace intuition, of familiar faith.”

It is the difference, indeed, between apparent truth in the world of appearances—the sphere of physical science—and what one finds in the world of reality—the sphere of psychic science.

In the light of this, the scornful criticism and the superior attitude which so many “rationalistic” thinkers have maintained towards those who have kept their Faith in a higher order of phenomena intimately concerning ourselves, appear as so much bravado. Some of those scientists who have rejoiced in the designation “materialist” seem to have been playing a gigantic game of bluff.

Apropos, I am not unmindful of the stock retort of many would-be materialists that the great

Huxley was a strong adherent of materialistic views. Why this misconception should be so prevalent I fail to understand. It has been shown up times enough. Certainly Professor Huxley was a man whose views must always command respect : he dealt with facts and based his theories of life on the facts he elucidated in the course of his painstaking researches. But he was too great a genius to attempt the solution of the Riddle of the Universe on the basis of his scientific discoveries. He knew that science would fail him if he did. Haeckel was less wise and propounded his answer to the Riddle. Does it suffice ?

But in this matter Huxley can well answer for himself. His answer is as follows :

“ . . . The ultimate forms of existence which we distinguish in our little speck of the universe are, possibly, only two out of infinite varieties of existence, not only analogous to matter and analogous to mind, but of kinds which we are not competent so much as to conceive—in the midst of which, indeed, we might be set down, with no more notion of what was about us, than the worm in a flower-pot, on a London balcony, has of the life of the great city. . . That which I do very

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strongly object to is the habit, which a great many non-philosophical materialists unfortunately fall into, of forgetting all these very obvious considerations. They talk as if the proof that the 'substance of matter' was the substance of all things, cleared up all the mysteries of existence. In point of fact it leaves them exactly where they were . . . if I were obliged to choose between absolute materialism and absolute idealism, I should feel compelled to accept the latter alternative."*

A little thought on these quotations may be recommended to all who base a cock-sure attitude towards things in general on a supposed solid foundation of physical science. Especially as many such are quite confident as to the impregnability of their materialistic position, in view of which they think they are quite unable to accept—scarcely to listen to—any teaching that draws attention to idealistic, that is, spiritual, conceptions. That they may, indeed, unbend, and still find themselves in the company of some of our greatest scientists is surely clear.

For yet a few years there will be psychologists who will strenuously affirm that mind is merely a product of brain-action, just as bile is a product

* Quoted by Sir Oliver Lodge in "Life and Matter."

of liver-action. But as a matter of fact their denial of any higher or Spiritual Mind will become increasingly difficult to support in the face of our rapidly growing knowledge of a Higher Psychology.

THE PRACTICAL ISSUE

However, while beginning to realise that spiritual influences in his life are even greater than was thought before the materialistic wave, Man regards them rather as curiosities. Starved for years, by the teachings of Materialism, of those higher satisfactions which are required by all, some sections of the race have, at the first sign of freedom, at the first indication of a flaw in its imposing armour, indulged in fantasies of idealistic philosophy. At the same time, others, like those children who are afraid of a new toy, have viewed the truth from a distance; hesitating fearfully before seeking the joys they may obtain from it. Others, again, have pursued a policy of seeking material manifestations of influences, that in themselves are "immaterial." Accepting in a multitude of instances the importance of pheno-

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mena that may in themselves be insignificant when the whole truth is known.

The practical interest of these matters, from the workaday point of view, is in their bearing on the physical life. Can such a psychic process occur that work is actually done? If so, we may indeed well speak of a "psychic force." Or, if actual physical benefits result from certain psychic or will-attitudes, that is, religious or spiritual, are they to be entirely ascribed to the action of a process of suggestion or self-suggestion on a purely mental plane, or is there a higher plane of action—a plane in which there is psychic contact with an unseen order of being or of Life Force?

One phase of the awakening has inevitably concerned the relations of Unseen Influences to health and ill-health, and fresh interest has been taken in the fact, established for centuries, that under certain circumstances, or under the direction of particular individuals, health can be restored by means in which the ordinary procedures of medical or surgical skill play no part.

That the course of life may be profoundly altered by psychic influences has been, indeed, well known since at least the time of the earliest

Introduction

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civilisations of which we have any knowledge. And for the last three thousand years the intentional use of psychic influence to heal the sick can be readily traced throughout the records of history. Yet, in spite of the absolutely incontrovertible evidence of the beneficial uses of psychic methods in the treatment of disease, there are still, to-day, large sections of people who are ignorant and sceptical in regard to the whole question of "Mind Cure." These latter may profitably study some of the authoritative opinions on such forms of treatment, published in various responsible journals of late years, in which the reality and frequency of cures having occurred under psychic influence are unhesitatingly admitted.

Without a doubt mind influence in the recovery of health must be acknowledged by every one. The acceptance of this fact has been steadily forced upon scientific and medical observers during the last few years, and, although there are still many people who are unwilling to admit the curative powers that act through the agency of the mind, there are, indeed, very few who have not come across numerous cases of restoration of

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health which have occurred under such circumstances that the Mind must obviously have played the chief part in recovery. It is, indeed, a great thing that the curative power of mind is accepted, nowadays, by many of the leaders of the medical profession throughout the world.

Time and again have the medical journals drawn attention to the claims of psychic "medicine," and emphasised the importance of doctors studying the healing powers of mind and spirit.

The practical facts in regard to "psychic" or "spiritual" cures are perfectly clear to every one who has taken the trouble to investigate them, and it is surprising that any one should now doubt their reality. The trouble is, that the methods in question have not yet been fully developed with the aid which modern psychological knowledge places at our disposal, and consequently the public has not been able to benefit by psycho-therapy to anything like the extent they will undoubtedly do in the future. Unfortunately the development of what has been, not inappropriately, termed the "higher medicine" has been greatly hindered by the absurd claims of some of its exponents, who, in spite of their

imperfect knowledge, have imagined that they had discovered the whole truth in regard to things psychic and spiritual. Whilst on the other hand unscrupulous individuals have tried to exploit the remarkable phenomena of psychic healing to their advantage, and so made scientific investigators somewhat chary of connecting themselves with subjects which have appeared to be in doubtful hands. All these things, however, have not prevented a number of persons from quietly pursuing the work and studies which they have been quite certain would be productive of good fruit. And the time is not far distant when it will be a matter of everyday life to derive strength and support from psychic truths.

It must be remembered that whilst some of these "cures" are unquestionably due to suggestion acting on what may be termed a purely mental plane, it has never been proved that there is not a higher order of psychic influence in which "force" from outside plays the chief part.

Obviously until such a higher psycho-therapy is absolutely put out of court by scientific observation it behoves us not to be too dogmatic in regard to theories of psychic treatment.

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Careful investigation has shown that in practically all such "cures" the principle of suggestion plays an important part, that term being used in this connection with rather more significance than attaches to its usual meaning of the transference of a simple idea from one person to another by word of mouth. Indeed, in relation to the alleviation of disease the word "suggestion" really expresses that "driving force" upon which it is relied to obtain the curative effects of personal influence, actual verbal formulæ, or such processes as the laying-on of hands.

Medical science, after careful investigation, has pronounced that all these methods owe their virtue to the law of suggestion. But in thus formulating this opinion it seems to have been overlooked that the action of suggestion has not yet been properly explained. So that whilst the general inference is that the whole of the curative process occurs on quite material planes, there has been no evidence brought forward to show that mental suggestion may not be the medium through which we get into touch with higher psychic, that is, spiritual, forces.

CHAPTER II

The Case of Dorothy Kerin

The waters of Lourdes—Opinion of the late F. W. H. Myers—The recent experience of Dorothy Kerin—History of her illness—Opinions of doctors prior to 1910—Visits to hospitals—Said to be consumptive—Death expected—Sudden alleged miraculous recovery—Vision and voice—An eye-witness's account.

SOME fifty years ago a little peasant girl in France, praying at a grotto in a small country town, beheld a vision of the Virgin Mary, which was subsequently repeated several times at the same place within a few weeks. From this vision of the Immaculate Conception a great centre of spiritual interest and healing resulted, which has made the name of Lourdes famous throughout the world. There are many to-day who are sceptical as to the interpretation of these visions of the little Bernadette, and there are many amongst thoughtful Catholics who think it a pity that such developments should have resulted from her experiences. But, at the same time, there are thousands who firmly believe in the objective reality of those experiences, and there are thousands who are willing to testify by restored health to the wonder-working properties of that remarkable centre.

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On the one hand, we have those who believe that the visions of Bernadette were merely subjective hallucinations which had no inner meaning, and that the sacred character given to the waters of Lourdes through the mistaken ardour of various devout individuals has resulted in a number of "cures," which have no spiritual significance, being wrought by the principle of mental suggestion. On the other, we have those who believe that the little French girl was indeed blessed by the sight of the Holy Mother, and that those who go to Lourdes are brought directly into contact with the emanations of Divine Will. In this connection the investigations of that painstaking observer, the late F. W. H. Myers, are of extreme interest. That famous psychologist carefully investigated the phenomena of Lourdes and came to the conclusion that they were a mine of attractive material to the student of suggestion. Further, that there was no real evidence that the apparition of the Virgin was anything more than hallucination, or that it had anything more than a purely "suggestive" action with the "cures." It is noteworthy, moreover, that even some of those who most strongly believe in the efficacy of

spiritual healing cannot accept the testimony of Lourdes in a spiritual sense. Yet Myers did not think that the production of the Lourdes "miracles" through the medium of suggestion necessarily negated their higher significance. He believed that upon some influx from the spiritual sphere depends the life and knowledge of this material world—the same influence being "dimly adumbrated in that Virgin figure and that sanctified spring."

Recently an experience, which, from the evidential point of view, appears to be of no less value than that on which the fame of Lourdes was founded in the first instance, has occurred to a young woman in a London suburb. And as this experience forms such a perfect example of the kind of happening which may well contain the key to many problems of psychology, religion and philosophy, it is well that it should be thoroughly examined.

The facts of this extraordinary case as ascertained by the writer are as follows: Dorothy Kerin, a young woman aged 22, after several years' illness, for the greater part of which she had been bed-ridden, appeared to be quickly

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approaching the end of her life. She was reduced to a state of utter helplessness by a long wasting illness which had so weakened her that she was unable to lift hand or foot, the apparently inevitable fatal termination to which was heralded by loss of sight and hearing. Altogether the girl had been ill for some seven years, for five of which she had been a chronic invalid, understood to be suffering from consumption, and seeking relief at one institution after another. In 1908 she was said to be suffering from inflammation of the stomach as a complication. That this was so the writer confirmed by reference to St. Bartholomew's Hospital, at which she was treated for this particular condition. And it is important to note that the hospital records do not indicate that consumption was present at that time. The history of the illness up to within two years ago is very indefinite, although it is well established that this invalid was treated for consumption by several medical men. Evidence that she was most certainly very ill. During the last two years, however, she came under the more or less constant observation of a medical practitioner of experience, who satisfied himself that

the case was one of rapidly advancing tuberculosis of the lungs,—consumption—of which indeed she had many of the recognised symptoms; including frequent hæmorrhage, racking cough, profuse perspirations at night, wasting, very high temperatures, and extreme physical exhaustion. It is especially noteworthy that she also exhibited a number of the leading physical signs of consumption when examined in the usual manner by stethoscope, and otherwise. Further, that she was officially notified under the Compulsory Notification of Consumption Act, which came into force at the beginning of this year—a circumstance which can be confirmed by application to the Lambeth Health Authorities.

At the outset of the investigation the writer was told that the bacilli of tuberculosis had been found by expert examination on more than one occasion. But he has been unable to obtain any confirmation of this. And although a local charity, in forwarding a confidential report, stated definitely that the bacilli were present to a slight extent towards the end of 1908, there is apparently no documentary evidence to back this up. The only official record obtainable of an expert

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bacteriological examination states quite clearly that *no tubercle bacilli were found*. That refers to an examination made in September, 1908, by a public health authority.

Again, the evidence as to the extent of the consumptive process in the lungs previous to a period beginning some two years ago, is extremely conflicting. Thus it was stated that in December, 1908, the girl was examined at the Brompton Hospital, where she was found to be definitely infected and the microbes detected. But on inquiry at the Brompton Hospital, the writer was informed that no case of this name had been examined there within recent years. However, in the following year she was examined at the out-patient department of the Mount Vernon Hospital for Consumption, attending there on January 3rd, 1909. The physician who then saw this patient seems to have refrained from making a definite diagnosis, although suspecting tuberculosis, but it is clear from his notes that she was not at that time suffering from *advanced* consumption. The results of this examination will be referred to again in discussing the nature of the illness in question.

With regard to the last two years of the illness, and this is after all the most important period from the point of view of the investigation, the history is fairly clear. And it is to be noted, as before mentioned, the doctor who attended this girl was a practitioner of many years' experience and high qualifications. *In his report he stated very definitely that he found evidence of tuberculosis of the lungs on repeated examinations.* Further, that during the month previous to the patient's recovery she was very ill indeed, and showed signs of some intestinal disorder by frequent discharges of blood and mucus. Moreover, he was equally sure that the physical signs of the illness which he had noted so many times when examining his patient, had been present a short time before the unexpected end of her illness, and had all disappeared when he examined her soon after her restoration to health.

The character of the illness during the last month is confirmed by the observations of many other witnesses, both trained and untrained in medical work. The invalid, as far as could be seen, was getting weaker and weaker every day. There was profuse and frequent diarrhoeal dis-

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charge of a very exhausting kind, and as the doctor noted particularly, extreme circulatory collapse and fall of blood-pressure.

The illness having got to this advanced stage, the relatives expected the end at any time, especially as the girl passed into a semi-conscious state in which she appeared to be both blind and deaf, was able to retain very little nourishment, even of a liquid kind, and presented all the outward appearances of a person *in extremis*. And it may be again noted that the doctor held out no hopes that life could be prolonged more than a few days. Then came the dramatic and unexpected climax. On the evening of Sunday, the 18th February, at approximately 8.20 P.M. the relatives and one or two friends were gathered round the bedside of the dying girl, expecting that every moment would be her last. The scene is a familiar one to those who have watched the last moments of a sick friend or relative. Minutes seem like hours as the anxious watchers note the slightest movement, the slightest irregularity of breathing, or the slightest change in colour of the invalid.

In this instance the anticipated end never came,

for suddenly the subject of *this experience* began to speak very slowly, saying "I am listening." Then lifting up her arms sat up in bed and passed her fingers over her still closed eyes, which were then slowly opened. She then looked round at her relatives and smiled, telling them that she had had a wonderful vision, in which a Voice had told her that her sufferings were at an end, and that she knew now that her sickness had completely left her. To the amazement of the on-lookers, who most certainly regarded this as the last flicker of strength, the invalid insisted on having a dressing-gown brought to her and in getting out of bed and walking round the room. The fact remains that she has been well ever since and shown no untoward symptoms up to the time of writing, which is two months since her remarkable recovery.

AN EYE-WITNESS'S ACCOUNT

"It was between 7.30 and 7.45 P.M. when I went into the room. Dorothy was lying on her back, eyes closed, head slightly turned to the left, her arms were raised towards the ceiling. She was breathing very slowly. She remained in that position for some minutes, then her arms dropped

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and crossed on her breast. I thought she had passed away, as her breathing had stopped, and we could not feel any heart-beats. She remained like that for eight minutes, then gave a deep sigh and her heart started beating slowly, her breath came with a peculiar rattling sound which I thought was the end. Then she started speaking very slowly and softly, 'I am listening,' and 'Yes, yes,' she said. We then gave her a very little weak brandy and water, which she had great difficulty in swallowing. It was then turned half-past eight. At this time I left the room for a few minutes. When I returned my daughter Nellie came with me. Dorothy was lying in the same position as when I left her, with her hands folded over her breast, breathing with great difficulty, and I prayed God to take her and end her suffering. But she did not seem or look as if she were in pain, as she had such a beautiful happy smile on her face. About ten o'clock I sent for my husband. He came up at once with my daughter's sweetheart. Dear Dorothy was hardly breathing at all then, and both the men thought she had passed away, when she suddenly said, 'I am listening,' and then she extended her left arm upwards. She still had her face turned towards the left, as if Whom she was speaking to were there. After a few minutes her right arm went up, her fingers had been slightly closed, but in a few moments her hands opened right out, she stretched her arms out further, and gradually sat right up in bed,

bending forward, as if she wanted to reach someone. Her eyes were still closed, as they had been for a fortnight, but she brought her hands to her eyes, and passed her fingers downwards over the lids, dropped her hands on the bed, and her eyes slowly opened. At first the eyes were right down in the corners, looking towards the nose, but in less than a minute they righted themselves, and our darling was looking round at us all, and smiling. We were all too frightened to speak for a minute or two, and thought it was a final spurt before the end, and that she would fall back on the pillow dead. But she still sat there smiling, and looking surprised to see us all there. At last her mother said, 'Dorothy, do you know me, dear?' 'Why, of course I do, mum,' she said, and then she knew us all, even my husband, whom she had not seen for three years. She kissed and hugged us all, but she appeared to be listening, and suddenly said, 'Isn't it wonderful; I haven't got any pain anywhere; I am quite well. I want to get out of bed.' Of course we all tried to persuade her to lie down again, but she said, 'No, I am quite well; I want my dressing-gown. I am going to get up; can't you hear what the (I can't remember if Dorothy said Angel, Spirit, or Voice) said? Well, he says, "Dorothy, your sufferings are at an end; get up and walk." And then she said, 'Can't you see the beautiful light?' She insisted on having her dressing-gown, and her sister brought it from upstairs. She would hardly wait for it to be

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warmed, but took it, and slipped her arms in, and buttoned it up as quickly as any one in full health. All the time she was still listening and answering an Unseen Presence, and kept repeating she must get up. We told her she could not stand, and her mother tried to persuade her to lie down, but she seemed so dreadfully distressed, and wished to get up so much, that I thought it would be awful not to grant her last wish, and I asked her mother to let her try, but I said, 'You will let us put you back again into bed, darling, when you find you can't stand, won't you?' But she said, 'I can stand; I am quite well.' So Mrs. Ainley asked the two gentlemen to leave the room. They were hardly out of the door, when Dorothy threw off the bed-clothes, as if she was in a hurry, turned her legs out of bed, and to our surprise stood upright and started walking towards the door. My daughter and Mrs. Ainley put their arms round her, thinking she would fall, but she said, 'Don't hold me. I am quite all right,' and when she got to the door, we said, 'Don't go out, dear,' but she said, 'I must follow the light. Can't you see it?' All the time she was walking quite strongly with her right arm up and her hand as if she was carrying a lamp. It was impossible for me to follow her along the passage, for my legs seemed to have suddenly turned to jelly, and were knocking against each other. She came back into the room, right over to the bed, and then turned without speaking, and started walking out into the

kitchen again. Her mother said, 'Who do you want out there, dear?' and she said, 'Dad; I want Dad.' She walked into the kitchen for the second time, calling 'Dad, where are you?' By that time I had managed to pull myself together a bit, and stood in front of the fire. I was afraid she would fall in. I was quite sure she would collapse, but instead of that she walked into the room quite firmly, and sat down on a chair and asked us why we were all there. She seemed surprised we could not see the Light or hear the Voice that told her she was well, as she said, 'He spoke so loudly.' I think Dorothy herself can tell us best all that has happened since then. I was with her all day and every day until you took her away on the 22nd, and all the time she ate well, slept well, and was quite calm and collected. Nothing seemed to tire or excite her. At times there was a far-away sort of look in her eyes; that is all I noticed."

This account is corroborated by several other witnesses.

CHAPTER III

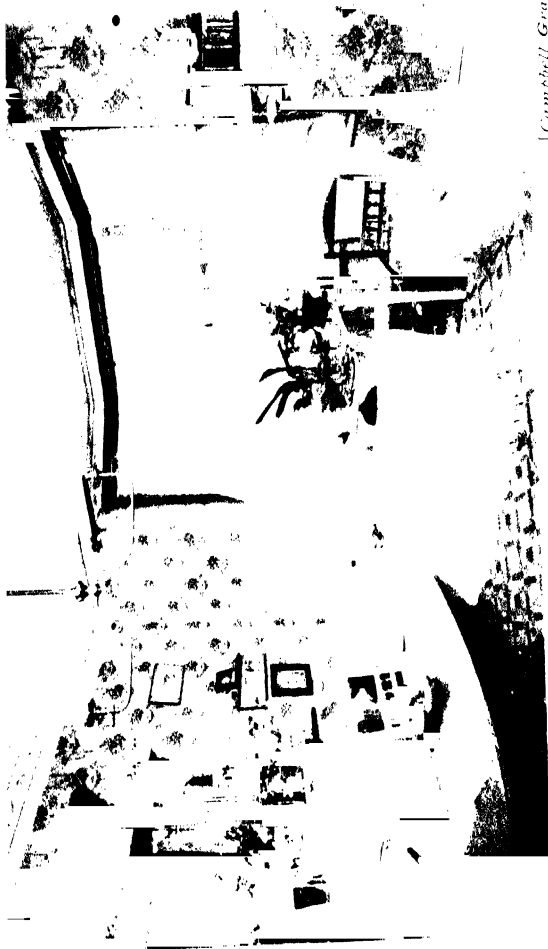
The Visions

Verbatim accounts—Vision and Voice herald recovery—"Dorothy! your sufferings are over! Get up and walk!"—A warning vision—"No, Dorothy, you are not coming yet!"—A dream.

IT is quite evident from the accounts given by those present that the onlookers fully realised that the sick girl had both seen and heard something that had not revealed itself to anyone else in the room. Thus no one else saw the Light described, much to the surprise of the invalid herself, to whom it had been so plain. And for the details of the supernormal experience itself one has to rely entirely on her own story. Similarly with regard to three subsequent experiences. The following accounts of these experiences are given verbatim, as dictated by the subject thereof whilst they were still fresh in her mind.

Her experience on the occasion of the vision which coincided with her remarkable recovery (February 18th, 1912), she related as follows:

'In my sleep something said "Dorothy," three times distinctly. And I said, "Yes! I'm listening—who is it?" And then the Voice said,



[Campbell Gray

ROOM IN WHICH DOROTHY KIRIN HAD THE FIRST TWO VISIONARY
EXPERIENCES — FEBRUARY 14th AND FEBRUARY 17th, 1912.

1912-13]

"Listen!" And then I felt two warm hands take hold of both of mine and lift them up and put my hands on my eyes, and then put them down again. The Voice then said, "Dorothy" again—after it had put my hands down.

Then there was a beautiful light which flashed over the screen at the corner of the foot of the bed. The light came right over the bed—and the back of it was a beautiful Angel. It had got my hands in its hands—and put them on to my eyes—and then He said,

"Dorothy! Your sufferings are over! Get up and walk!"

My eyes came open and I looked round and saw them all—my relations—round the bed. And I said, "I want my dressing-gown; I want to walk."

My mother then tried to hold me down in bed, and the Voice—which had together with the light come to here [showing a place near the left side of her face]—again said, "Get up and walk."

My mother said, "You must not get up." And I said to her, "Can't you hear it?"—and she couldn't.

Then after all they gave me the dressing-gown, and some of the light from the foot of the bed came round by me and I put my hand on it—and I got out of bed and followed it, and it went straight to the door, and then I walked straight out of the passage into the little room at the end of the passage to see if my stepfather was there, to find him. And he wasn't there, so I went right back into the front room again.

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The light was still on my hand—and it went out of the door again, and down the passage and into the little room—where he [her stepfather] was then.

And then I went right back to the front room and sat down on a chair—and the light joined itself to the other piece of light again (a portion of which had wandered over the bed) and disappeared over the screen, where it had come from.

When I sat down in the chair, they [the relations] were all shaking and frightened. And my stepfather fell down on the floor and started crying—in an attitude of prayer.

And I said, "Why are you all so frightened? I am quite, quite well!"

And I told them I felt as though I could eat some supper. And I had it—and ever since I have been quite well and strong—without even the littlest bit of pain—not even tired.'

Now it is interesting to note that this was not the first vision seen by this subject, for she relates that a few days before her recovery she had a somewhat similar visitation, not, however, accompanied by physical consequences. It will be remembered that for the fortnight preceding the dramatic termination of the illness, doctors, nurses and visitors found her in a semi-conscious state, in which she appeared to be both blind and deaf, and from which she could be roused only

The Visions

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with difficulty to take a little liquid nourishment. She herself speaks of this as a period of complete apathy and loss of consciousness to surroundings, broken only for a few moments on the night of the 14th of February, when her face showed a change which led the relatives to believe that death was imminent. This change of expression coincided indeed with a Vision, which was described as follows :

' First of all I heard a great flocking noise—then all came light—it was such a beautiful light I can't describe it—it was such a dazzling light—and then there were crowds and crowds and crowds all in white—and some had wings and some had lilies—and those that had wings had halos round their heads—and they weren't walking or flying—yet they all seemed to be coming and going from every direction. And then one of them came out of the crowd—and I put my hands out because I thought it was Jesus Christ, He was so bright and shining. And then He said :

" No, Dorothy, you are not coming yet," and then it all vanished.'

After this she felt as if she had fallen asleep, and there was no sense of waking until the occurrence of the second vision on February 18th (Sunday).

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THIRD VISION (March, 11th, 1912)

These events were followed by the third visionary experience, which occurred on the night of March 10th. The account of this is as follows:

'I suddenly heard a Voice say "Dorothy!" Then I woke up and sat up in bed—and that great beautiful light came all over the bed again, from the foot, until it came right up all round me—and then in the middle it opened—and there was a beautiful, beautiful Woman's face—with a beautiful halo on the head.

The shoulders and arms followed the head out of the light. In her right hand she had a beautiful Annunciation lily—a big one—and she was holding both her hands up like that [extending her arms and raising them until the hands were just above the level of the head].

And then she said, "Dorothy, you are quite well," and she put a special stress on the word "quite."

Then she said—"The Lord has brought you back to use you for a great and privileged work. Many sick will ye heal in your prayer and faith." She did not say by or through your prayer and faith, but "in."

"Comfort the sorrowing! Give Faith to the faithless!" Then she said—"Many rebuffs you will have, but remember, you are thrice blessed.



Photo)

ROOM IN WHICH THE THIRD VISION WAS SEEN - MARCH 11th, 1912.

[Campbell Gray

RAY

His grace is sufficient for thee, and He will never leave thee !”

Then she made the Sign of the Cross on me with her beautiful lily—and it came right on my face—so that I could smell the scent of it.

*Then she put my head on the pillow and said :
“ Now sleep, child ! ”*

I did not see her go away, but after she was gone the room was full of the scent of the lily.

Then I slept until the morning.’

CHAPTER IV

The Problem.—Was it Hysteria?

"Sofa-saints"—A serious illness—Early stages—Medical opinions—At St. Bartholomew's Hospital—Examination at Mount Vernon Hospital for Consumption—1910 to 1912—Doctor's confident diagnosis of consumption—Complications—Progress of illness—Fatal termination expected—Examination by specialists after recovery—X-ray photographs taken—Ascertained facts—Was it hysteria?

THE investigation of such a series of remarkable experiences as those just related must necessarily be carried out in two directions. First, one has to decide the nature of the condition which led experienced medical men to think that this girl was dying from tuberculosis. Secondly, to consider the character of the psychic phenomena, evidently so closely associated with her sudden restoration to health. Considering the illness naturally, the question asked first was whether there had not been some mistake in the reports. Had the invalid been really ill? Or was she one of those helpless individuals, sound in every organ, but the victim of an imaginary weakness, to whom the name of "sofa-saints" has not inappropriately been given?

However, inquiry soon showed that the illness

* Vide *British Medical Journal*, June 18th, 1910: The late Sir Henry Butlin on 'Spiritual Healing.'

had been a very real one, although the condition seems to have varied a good deal up to the time, about two years ago, when she came under the care of the doctor who reported that since then he had found "evidence of tuberculosis of the lungs on repeated examinations."

But although the illness was a serious one and accompanied by severe symptoms, including hæmorrhages (presumably from the lungs), high temperatures, and extreme exhaustion, the many doctors who had charge of this case previous to the year 1909 appear to have been doubtful as to its exact nature. Several thought that it was most certainly consumption; others, not able to make up their minds, appear to have resorted to the indefinite term "hysterical" to explain the puzzling state of things they found, without, however, being able to find any of the definite signs associated with the disease hysteria.

The writer has been able to collect a number of letters and notes bearing on the case from 1906 down to the termination of the illness. Some of these notes, although communicated in all sincerity, cannot be accepted, whilst many of them are unquestionably true. One local charity

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very kindly sent notes referring to the condition of the girl in question in every year from 1906 onwards, indicating the various institutions in which she was treated, and the doctors who attended her throughout.

There is no doubt that previous to 1910 several doctors considered that there was a hysterical element in the illness, but not one of them appears to have found any sign or symptom which could have been definitely ascribed to hysteria. Many a young girl between 16 and 20 years of age is a little excitable and sorry for herself when leading an invalid's life. The term "hysterical" may well be applied under such circumstances perhaps. But that is a very different thing from saying that the *whole of a particular illness is hysteria*. Thus the sister at a home in St. Leonards, where the girl was taken in November, 1908, remembers quite well how ill she was at that time, with blood-spitting and high fever. Yet at another home she was thought rather "hysterical," although apparently suffering from consumption as well.

The earliest authentic account of Miss Kerin's illness, as it appeared when she was in the Box

Grove Sanatorium at Reading six years ago, was recently given by the Honorary Medical Officer of that institution in the *British Medical Journal*.*

In this report it is stated of the invalid that : She was admitted on May 22nd, 1906, her age being 16 years. . . . She remained until January 1907, when she was discharged "in excellent health." The diagnosis made on admission was : "Hysteria ; hysterical vomiting ; hæmatemesis, vicarious in origin." There was no question at any time of her being tuberculous. Though why a hysterical girl should have been kept for nine months in a sanatorium for consumptives is not stated.

The same report states that at a subsequent visit to the sanatorium in January, 1908, this girl was very active and cheerful, whilst "At this visit also her lungs appeared perfectly healthy." And concludes as follows :

"That to call a diseased state by this name [hysteria] may easily be a cover for ignorance or an excuse for superficiality I am well aware, but I am convinced that in this girl's case an excellent

* *British Medical Journal*, March 9th, 1912.

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opportunity is afforded for the study of this disease in the variations of its physical signs, the multiplicity of its symptoms, and the suddenness and completeness of its resolution."

This report is obviously of considerable importance as throwing light on the case some years ago. But in estimating its value in regard to recent events it must be borne in mind that six, or even four years, ago the condition may well have been quite different from what it was at the beginning of this year. Also that it is a hazardous proceeding for a medical man confidently to express to-day a diagnostic opinion in a case that he has not seen for such a long time.

Furthermore, there is definite evidence that later on in 1908, whilst under the care of a doctor who was inclined to think this patient "hysterical," an examination at St. Bartholomew's Hospital showed that she was suffering from gastritis. The official records of St. Bartholomew's show that Dorothy Kerin was admitted there under a well-known physician on June 26th, 1908; that she improved rapidly, and was discharged on August 30th, "strong and well," having been treated for "gastritis." But on returning home she was

unable to do much and almost immediately took to her bed again.

It is perhaps worth noting that whilst at the hospital the girl was apparently under the care of a physician who happens to be an acknowledged authority on hysteria, and that he did not diagnose that disease in this particular instance.

Referring to the same period of the illness, that is 1907 to 1909, one of the doctors who attended informed the writer that whilst there were symptoms of severe stomach trouble (probably gastric ulcer), *he quite satisfied himself that the invalid had no symptom or physical sign of pulmonary tuberculosis.* Moreover, he specially pointed out that although he had apparently at one time had thoughts of hysteria, *he eventually dismissed the idea that hysteria or malingering accounted for the condition.* At the same time he thought that certain of the symptoms were at times "much exaggerated."

Another medical practitioner who was in attendance during the same period noted certain physical signs on examining the chest, but not such as would suggest *advanced* consumption. Taking the whole case as it then presented itself, this doctor came to the conclusion that the diag-

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nosis of tuberculosis could not be made, and could only "fall back" on hysteria. The same observer reported that in spite of the remarkably high temperature recorded the patient never lost flesh, whilst the pulse never became as rapid as might have been expected in ratio to the fever.

A report from yet another medical man who attended the case during this period is couched in similar terms to the last. This gentleman very kindly forwarded a lengthy account of his observations, in the course of which he stated that "there was certainly no sign of consumption in the girl five years ago"—that would be in 1907—when he last examined her. His opinion was that owing to various adverse domestic circumstances his patient had become "highly hysterical."

During the year 1909 the girl whose history we are following was examined at the out-patient department of the Mount Vernon Hospital for Consumption (January 3rd, 1909), as previously noted, when signs indicating early tuberculosis were found, although it does not appear that that diagnosis was definitely made. Admission was

refused, not on grounds of too advanced disease, according to a report received from the physician who then examined the case, but because there was a large waiting-list of patients to be dealt with at the time. The next month she went to St. Peter's Home at Kilburn, which, as a matter of fact, is not an institution for the dying, as has been reported, but a private home under Sisters of Mercy. There is a ward for consumptive patients at this home, and the patient in question was placed therein. After three months she developed alarming symptoms, and her mother took her away, for reasons not quite clear, but apparently because she thought the girl was dying, and wished her to spend her last days at home. There appears to have been no reasonable ground for such belief according to reports received. After this the picture was one of consumption in a fairly early stage, although her then medical attendant appears to have held the opinion that the whole condition was nervous (hysterical) in origin.

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1910 TO 1912

As before noted, the case subsequently passed into the care of another doctor, a well-known South London surgeon, who attended from February, 1910, until the end of the illness in February, 1912. This practitioner has on several occasions stated his firm conviction that the illness was pulmonary tuberculosis—consumption—affecting both lungs. In one of his reports he mentions numerous attacks of hæmorrhage, noting a specially severe one about Christmas, 1911. Also that in the latter part of that year the signs of that disease were present over both lungs. During the last two months the illness, he relates, became much more severe, and was complicated by symptoms of serious abdominal disease, which he suspected to be peritonitis, presumably tubercular. Special features of the complicating disorder noted were collapse and “great fall of blood-pressure,” excessive diarrhoea with passage of blood, hectic temperature, with extreme weakness and loss of power, so that the invalid was unable to feed herself at last. Respirations 45 or more per

minute. There was no actual paralysis of limbs, the loss of power being simply the result of exhaustion, which was increased by inability to retain food. Everything except a little brandy and water or liquid nourishment was immediately brought up again during the last two or three weeks. Another symptom noted by this doctor was "glycosuria," which indeed is not unseldom an accompaniment of profound nervous disturbance as of other illness. It certainly did not indicate the presence of "diabetes," as thought by some.

During the last two years the invalid was attended by nurses from the Camberwell District Nursing Association, a charitable institution affiliated with the Queen Victoria's Jubilee Institute, which supplies trained nurses for the sick poor. Reports from these nurses fully confirm the outward observations outlined in the doctor's notes just mentioned. Thus, in June 1910, it was noted that the patient had abdominal pains and appeared very ill. For some time after this she was visited twice a week by a nurse, who carried out certain treatment ordered. At this time the nurse never saw any hæmorrhage, but

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noticed that profuse perspirations occurred, the latter being supposed to be an indication of the consumptive state. During the early part of 1911 the chief features noted were weakness, abdominal pain and inability to retain food; a condition which seems to have lasted a few weeks at a time and then to have improved. On one occasion the nurse reported the appearance of a "hæmorrhage from the bowel."

Coming down to the last few weeks of the illness, the nursing report fully confirms that of the doctor as to the exhausting abdominal symptoms, followed by collapse, with a persistent low temperature—97° F.—following the previous fever.

Another trained nurse who visited this patient at various times during 1910 and 1911 considered the case "hopeless," and subsequently said she had always been surprised that life was prolonged so long under the circumstances.

AFTER THE RECOVERY

Immediately after the restoration of health the subject of this history was examined by a number of medical men, none of whom could find any traces of consumption or other disease. The

writer first saw her on February 22nd, 1912, and decided that an X-ray examination would be advisable to settle the question of the lung condition. This was subsequently carried out on separate occasions by two well-known specialists. One of these expressed the opinion that there were indications of slight tubercular deposit at the roots of both lungs, but certainly no sign of active disease. The other expert—who has made a speciality of examining the lungs by X-rays, and is probably the greatest authority in this country in that connection—said definitely that there was no sign of tuberculosis anywhere.

At the same time a leading specialist in chest diseases very kindly made an examination, and also applied the special tests for tuberculosis devised by Calmette and Von Pirquet.

The physical examination showed the lungs to be free from all signs of consumption. The other tests gave a slight and delayed reaction, which might be taken to indicate the presence of a small deposit of tuberculosis somewhere in the body. But evidently of slight importance, and not more than might be found in any apparently healthy individual.

This authority stated that he was strongly of the opinion that the various symptoms in this illness must be attributed to an unusual form of functional nervous disorder. He considered that the subsequent history of the case disproves the existence of the grave maladies which were supposed to be present at the beginning of 1912. That is to say, he supported the general medical view that *because* the disease suddenly disappeared *therefore* it had never had any organic basis. (But surely this is just the point at issue.) At the same time this physician thought that the idea that she was afflicted with consumption may actually—by suggestion or self-suggestion—have led to the production of various severe symptoms usually associated with that disease.

In conclusion, he accepted the statement that the girl was really dying, owing to a lowering of her resisting and recuperative powers—by some nervous or hysterical process not made clear. And that in this state the “so-called vision” had exerted a marvellous beneficial influence. He thought that the case illustrates “in a remarkable degree the remarkable influence of the mind over the physical organism.”

Curiously enough, one or two medical men who have since used the term "hysterical" in connection with the case, nevertheless were sufficiently impressed by its characteristics to have at one time spoken of its infectiousness, forbidden other members of the family to sleep in the same room, and ordered the wearing of an antiseptic inhaler—measures which would certainly not have been taken had there not been very marked signs of consumption. Of course, the fact that anyone is hysterical does not mean that he or she may not have consumption too. Consequently doctors who, whilst uncertain as to their diagnosis, ordered anti-consumptive treatment, were only doing what was right in taking no risks. These measures are referred to because they must be evidence that the illness certainly looked remarkably like consumption to experienced practitioners.

Thus the investigations showed that :

(1) The girl had been ill for about seven years, during the greater part of which she had kept to her bed.

(2) From 1906 to the end of 1908 the medical opinions differed as to whether the case was one of consumption or hysteria simulating tubercu-

losis. But that whilst there were numerous signs and symptoms that might have been taken to indicate consumption, no definite sign of hysteria appears to have been noted. One doctor states definitely that whilst uncertain as to consumption, *he was quite certain that the illness was neither hysteria nor malingering.*

(3) In 1909 the evidence pointed more and more in the direction of consumption. But not finding the microbes of that infection, her doctor, rightly or wrongly, "fell back on" hysteria as the diagnosis.

(4) In 1910 and 1911 the doctors and nurses who attended the case were certain that it was one of advancing tuberculosis of the lungs.

(5) In February of this year (1912) *physical exhaustion was real and severe.*

(6) During the week ending February 18th, the girl was indeed in that condition which is generally conveyed by the term "dying." So much so that her then medical attendant thought death might occur at any time.

(7) That the patient, instead of dying, saw or dreamt a "vision," which was immediately followed by her restoration to health and strength,

and by the sudden disappearance of all symptoms.

(8) That *because* the illness had thus terminated, and the symptoms disappeared so completely, not a few medical men concluded that *therefore* the illness should be labelled "hysteria," and the circumstances thereof considered of no importance.

WAS IT HYSTERIA?

It seems to be a popular idea both amongst medical men and the general public that by labelling any condition of ill-health which suddenly clears up under some mental stimulus with the term "hysteria," one finally explains it and removes it from the realm of the remarkable. But as a matter of fact to use this term loosely, as is so frequently done in connection with obscure disease, is not only unscientific but quite unavailing when it is desired to throw any light on many recorded "faith cures" and "miracles." It must be remembered that, scientifically speaking, hysteria is a recognised disease, with recognisable signs and symptoms which can be readily ascertained and demonstrated. The disease hysteria is certainly a great imitator in one sense.

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That is to say, it often presents many of the symptoms of disease due to serious damage or organic change in the various organs or tissues of the body ; such symptoms being notable for the fact that they can completely and even quickly disappear without leaving any traceable change or scar to denote their previous existence. It is quite true that hysteria can produce bleeding from the mouth, nose or other surfaces of the body. It is equally true that it can lead to a condition of profound exhaustion, as well as to blindness and deafness. It appears to be established also that certain of the symptoms of consumption can be mimicked in patients who show other evidences of a hysterical tendency. But in all such conditions it has to be understood that one has to deal with a very real disease, which the patient cannot for a moment avoid and has no share in voluntarily producing. Everyone interested in these conditions must clearly understand that when the disease we know as hysteria is present, the term has a very different meaning from its popular significance of loss of self-control, or shamming.

In regard to the particular case with which we

are here concerned, one can only say this, that it is quite evident that a number of the most serious symptoms of organic disease of the lungs were present, that the girl was exhausted to the point of death, *and that whatever the nature of the disease, the physical condition was just as serious as it could be short of death actually occurring.*

Where there are physical signs indicating serious lung trouble, it becomes difficult to believe that the bleeding was "hysterical" and not due to actual organic disease. Let us remember that in the case with which we are particularly concerned, it is only the fact of the extraordinary recovery that has called the final diagnosis of consumption into doubt ; then we shall be careful not to let the prejudices of accustomed lines of thought influence us subconsciously in deciding the question as to whether this was hysteria or tuberculosis. Whether it be called one or the other, the illness was a serious disorder, and it undoubtedly yielded to a definite psychic stimulus.

Practically what we have to decide, then, is this : Is consumption in its early stages much more readily curable by psychic means than has hitherto been imagined, or are many of the cases

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now supposed to be suffering from consumption really due to hysteria? In any case, does the labelling of such a serious condition as that with which Dorothy Kerin was undoubtedly afflicted by one name or another affect the importance of the recovery? One can only say this, that the evidence that she was suffering from tuberculosis would most certainly have been accepted in any coroner's court or on any medical certificate that her advisers had cared to make out. Had the disease terminated fatally, the diagnosis of tuberculosis would never have been questioned, but as she recovered there are not a few whose mental outlook makes it impossible for them to imagine even that the illness was real. The symptoms, and the signs of such congestions of the lungs as would certainly be present in consumption (early stages), were observed on many occasions. If they were not actually due to infection with the microbes of tuberculosis, their existence was real enough all the same, and the sudden restoration to a healthy state of the tissues concerned is none the less remarkable.

We must be very careful in not letting our orthodox views block our imaginations in such a

connection, but, on the other hand, we must not let our imaginations carry us away to extremes of belief, especially if we have a bias in favour of psychic and spiritual influences.

Considering that this theory of hysteria is so constantly brought up in regard to " mind cures " and " faith cures " of all kinds, by those who are sceptical of the beneficial influence of mind over body in disease, it is as well we should examine it critically.

The Rev. Percy Dearmer has indeed criticised this theory very sensibly. He says :

" The claims made by hundreds of thousands in the various faith-healing sects, and by many also in our own Church, have a very unequal scientific value because so often they are not carefully recorded ; but no one who, like Mr. H. H. Goddard, has investigated the cures, doubts that a large number of them are genuine, and most of us nowadays have personal knowledge of individual cases ; and in all this mass of varied evidence—strong in its cumulative value—no distinction as to curability between nervous and other diseases emerges. At Lourdes we have better evidence ; it is not all we could desire, and we hope in the future that better evidence still may somewhere be collected ; but it is something to go upon ;

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it has been continuously investigated by medical men; we can hardly deny its general results without denying also most of the evidence upon which medical science rests, and in these Lourdes cases we find functional nerve diseases in a minority, and pulmonary tuberculosis leading the way with 262 cures." *

Further, in regard to the fact that alleged organic diseases are not infrequently recorded as having been cured by psychic means, the same author writes :

" The only way of escape from such evidence as this is to say that all the organic diseases were caused by hysteria. I should be the last to deny that many of them were ; but to set everything down to hysteria is to prove too much. Again, the only basis of pathology is shattered by this process, and we reach the position in which any and every disease may be attributed to hysteria, and all other departments of medical evidence are thrown into an equal confusion.

It is surely simpler to say what is undoubtedly true, namely, that all disease is due, or partly due, to mind ; and that what mind can cause mind can cure.

Hysteria is an inadequate hypothesis, because hysteria is a disturbed condition of the mind, and

* Rev. Percy Dearmer : " Body and Soul," pp. 99, 100.

most people's minds are not so disturbed. But hysteria is interesting because it shows, as we have already mentioned, that an abnormal condition of mind can cause strange results in the body: it proves conclusively that the distinction organic—convenient though it may be for rough classification—is unscientific, because it corresponds to no real distinction in the body. Every organic disease has some functional cause, and every functional disease has some organic result—one cannot indeed think a momentary thought without a certain amount of molecular change in the tissues; and we find sometimes the most remarkable organic disease, in the technical sense, as the result of such an extremely functional and subtly nervous disturbance as hysteria.”*

The writer fully agrees with this, and has elsewhere given some account of the influence of worry, grief, and other mental processes in the production of ill-health.†

It is quite evident that some people confuse the term hysteria, when used in its scientific sense, with the occasional use of it as meaning malin-gering.* So I will quote what a well-known authority says in this connection:

“We may dismiss the suggestion that hysteria is ‘humbug.’ There may be malin-gering here

* Rev. Percy Dearmer: “Body and Soul,” pp. 100, 101.

† *Vide* “Mind and Health”: Glaisher, 1910.

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as among any other class of patients . . . but for the bulk of the cases this is no explanation. How can a patient sham symptoms of which she has never heard, with groupings and limitations which would be unknown to any malingerer ; or assume contractions which may persist during sleep, or anæsthesia of which she is totally unaware. And to go farther . . . hysterical patients are credited with a far greater power of voluntary control over their symptoms than they actually possess. It does not follow that because a paralysis, for instance, disappears suddenly under some powerful incentive to action that it was previously under voluntary control : and when we are released from the necessity of finding a motive for the appearance and disappearance of symptoms, we may fairly doubt if facts warrant us in ascribing vanity, egotism, or deceitfulness to hysterical people more than others.”*

In dismissing the hæmorrhages of hysteria, the same authority points out that :

“ Obviously the mere possibility of hæmorrhage owning no organic cause may give rise to great difficulty in diagnosis ; but for practical purposes we must remember that such occurrences are very rare, and not to be diagnosed as hysterical unless other causes can be certainly excluded.”†

* Dr. Ormerod : In Allbutt's "System of Medicine." Art. "Hysteria."

† *Ibid.*

CHAPTER V

The Meaning of the Visions

Analysis of the visions—Significance of such experiences—Work of the late F. W. H. Myers—Veridicity—"Internal evidence"—Self-suggestion and expectation—Visions and hysteria—Joan of Arc—St. Paul's vision on the road to Damascus—Visions of mystics—Values—"By their fruits ye shall know them"—St. Teresa—Miss Underhill's illuminating observations.

IT is a very important matter to decide as to the nature of the visions and voices heard during such mystical experiences as those we have been considering. Here, of course, the psychological and religious schools of thought find an ample battlefield on which to oppose opinions that usually seem irreconcilable, but probably would not be so if we only knew a little more about the relations between the brain and mind. In the first place, we know that a disordered brain quite readily produces visionary appearances of all kinds; from the distressing hallucinations of the drunkard or the lunatic to the visions of the neurotic. But that does not negative the possibility of visual phenomena being produced as the result of a stimulus coming from a spiritual rather than the material sphere. Only it is easy to demonstrate the relations between the brain and vision in the first place, and difficult to produce

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convincing evidence in connection with the latter supposition.

On examining closely the accounts of these visions, related in a previous chapter, one cannot fail to notice the remarkable attention to detail that they contain. Some of these details are obviously necessary to give a clear picture of the appearances as seen, but others seem irrelevant and have no apparent bearing on the circumstances of the case. Surely it is important to note this, because it does away with any reasonable possibility of the subject thereof having allowed her imagination to carry her away when relating what she saw and heard. Any embellishment of the narrative would almost certainly have tended in the direction of a more detailed account of the figures seen, rather than in the addition of unimportant things. Then, again, there was no attempt to infer that the chief Angelic Being seen was a Divine Personage, such as almost inevitably is the case where highly strung people have dreams and hallucinations of a religious character. It is really quite unusual for dreams of this kind to be related without it being made out that a definite Person appeared to the individual concerned.

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Frequently this is alleged to be the Saviour Himself, the Virgin Mary, one of the Archangels named in the Scriptures, or some great prophet.

In this case, however, the visionary was perfectly candid as to her interpretation of what she saw. Thus in the first vision, she was aware of a host of angels, one of whom appeared much more radiant than the others. At first she "thought it was Jesus Christ, He was so bright and shining," but subsequently realised that this apparition bore no resemblance to the traditional appearance of the Saviour.

Similarly, in the vision which coincided with her sudden recovery, she did not recognise in the Angel who spoke to her any definite personage of biblical history. And those who have knowledge of the records of such experiences will agree that the internal evidence in this particular connection is proof of the girl's veracity in her story of the occurrences under notice as they appeared to her.

The next point to consider is as to the character of the visions. There is no difficulty as to this. They were obviously of such a nature as to form a picture of the typical religious kind. Every-

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one is familiar with engravings and paintings, stained glass windows, Christmas cards and so forth in which crowds of angels with wings and halos appear. Just such an assemblage appeared in the first vision, whilst in the second there was only one angelic personage, who, however manifested all the characteristic properties of his order as we know them from time-honoured stories.

Now, what is to determine our opinion as to whether a vision is a by-product of disease, or has a spiritual significance?

As a matter of fact, there is a good deal to go upon in this connection. Thus the hallucinations of insanity are accompanied by such disturbances of conduct as to make it quite obvious, as a rule, that the subject thereof is in an abnormal state of health. The so-called visions of hysteria may be expected to be accompanied by definite physical signs such as would be determined by an expert examination of the nervous system, or symptoms which could be detected by a trained observer. Moreover, the visions of hysteria usually occur after, or during, some definite "attack" in which either convulsions, trance, or allied pheno-

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menon has manifested itself. Where it cannot be shown that the hallucinatory experience is accompanied by other signs of brain or nerve disorder, obviously the burden of proof that it has no spiritual significance rests as much on the shoulders of the materialist as does that of the proof in the affirmative on the idealist.

In connection with any criticism of a visionary appearance, the examination made by the late F. W. H. Myers of the Lourdes visions, undoubtedly forms a useful model of analysis. This account was originally published in the proceedings of the Society for Psychic Research, and subsequently printed as an Appendix to the first volume of his great work on Human Personality.* And in regard to the visions which I have related in this book it is necessary to consider, as he pointed out, first, What is the evidence that the apparition was really seen? and, secondly, if seen, Was it more than a purely subjective hallucination?

As to the first point, obviously one has to take into consideration not only the story told by the

* F. W. H. Myers, "Human Personality and its Survival of Bodily Death," vol. I (Appendix), p. 561.

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subject of the experience, but any accompanying circumstances that would point to the fact that she had had some such experience. In regard to Dorothy Kerin's visions, it was quite obvious to the on-lookers at the time of the first two visions that she was experiencing some extraordinary psychic phenomenon, presumably that she was "seeing something."* With regard to the last we have to take the word of the girl herself. But as she was evidently correct in telling us that she had seen two visions in the first instance, and also as to the dream she had subsequently, I take it that we may accept her word without reserve as to the fourth experience. There do not appear to be the slightest grounds for doubt in the matter. Now as to the question as to whether it was an entirely subjective experience, or something of the nature of an apparition, the evidence would point to the fact that the former was the case. As Myers found in regard to the Lourdes vision, it does not answer any of the tests which we habitually impose on a hallucination which claims to be "veridical," that is to say, corresponds to the happening of real events.

* *Vide* Chap. II, "An Eye-Witness's Account."

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Again, the figure was seen by one person only, and the appearance did not coincide with any objective event. But, contrary to the Lourdes vision, those with which we have to deal now did contain predictions, the fulfilment of which acted as what Myers described as "retrospective proof of the reality of the message" in each case. For in the first vision Dorothy Kerin was told that she was not going to die. She did not. This obviously goes for very little from the evidential point of view, but it is mentioned as a fact.

In the second vision she was told to get up and walk, as she was quite well. She was able to, and did so, whilst the dream contained a prophecy as to the occurrence of a definite organic happening in her system, which was fulfilled to the very day. That is to say, the internal evidence of these visions certainly indicates that they were different from ordinary subjective hallucinations, although at the same time it is very difficult to find ground for belief that the actual appearances were other than an interpretation given by her mind to some exceptional stimulus that was presented to it.

As previously pointed out, although Myers

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did not think that the Lourdes visions were true apparitions of the Virgin Mary, this did not prevent him believing that they had a spiritual significance. So that he said that it was true that "on some influx from the unseen world—an influence dimly adumbrated in that Virgin figure and that sanctified spring—depends the life and energy of this world of every day." The same might be said of Dorothy Kerin's experiences, and it would be difficult to confute it. Granted spiritual significance of the visions with which we have to deal in this book, then it might well be that the angelic figures seen in the first two visions represented a stimulus from the spiritual sphere translated by the sick girl's mind into terms with which her religious education had made her familiar. And, similarly, with regard to the Madonna-like face seen in the last vision. Always remembering that in Roman Catholic countries it has sometimes happened that young girls have seen appearances of this kind (Myers), some or all of which may well be regarded as subjective phenomena having origin solely in processes of sub-conscious thought.

However, the writer is not unmindful of the fact

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that there are millions of people to whom the idea of an angelic choir habited in the conventional style presents no difficulties. And those who from a supposed superior standpoint do not hesitate to scoff at such notions may be reminded that these people have every right to their opinions, and to accept as literally as they please Scriptural accounts of angelic visitations. Such a point of view makes it easy to believe that the appearances that presented themselves to Dorothy Kerin were actually those of spiritual beings, whose rank in an angelic hierarchy was sufficiently indicated. Indeed, those who find no difficulty in believing in the traditional accompaniments of wings and halos, would most certainly *expect* that an angelic visitation would be of the very kind described in Chapter III. Those who prefer to believe in what Myers called the "veridicity"—that is in the living reality—of these visions, will no doubt be numerous. But surely they make a mistake in thus materialising circumstances which may otherwise well be of great spiritual significance. As previously pointed out, granted the latter, then one would infinitely prefer to regard these visions as a "translation"

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of some spiritual happening, some contact, some sudden harmony with or even message from, a higher sphere, than as apparitions of living angels, as to whose existence we have many reasons for belief, but as to the traditional winged and haloed appearance of whom one may be reasonably sceptical.

Now, we have just noted that individuals who accept the literal significance of Scriptural and traditional accounts of angelic visits, would necessarily *expect* the circumstances of such a vision or visitation to be in accordance with their prescribed notions. And here the rationalistic psychologist can put his finger on a weak point in their beliefs. For he knows that expectant attitude is almost as important as suggestion in bringing about any mental experience. Indeed, keen expectation acts as strong self-suggestion, so that the individual who expects that a psychic phenomenon must necessarily assume a particular form is extremely likely to have his expectancy rewarded. Further, it is very likely that sub-conscious expectation—that is, an expectancy of the mind which is quite unknown to the conscious self—may play just such an

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important part in this connection. So much so, that the slightest idea that a bright light, or dream, was of spiritual import, might release a whole picture in conventional setting from the sub-conscious mind. To make this clearer, let us refer to the case of those professing religions other than those based on our own Scriptures—a Mahommedan, for example. Here the sub-conscious mind might throw up a picture of an entirely different kind under such conditions as those just mentioned. Here the dreaming vision would present its figures and their setting in guise that would be perfectly familiar to a Mahommedan, and such as would never occur to the Christian.

Thus it is that the sceptic confidently asserts that *all* such visions, whether occurring to Christian, Mahommedan, or Buddhist or others, arise in sub-conscious thought, and have therefore no higher meaning. But surely he goes too far. Certainly the investigations of modern psychology show, more or less conclusively, that vision-pictures are formed in the sub-conscious mind. So well and good. But on the strength of this, no sceptic has a right to assert that the sole origin

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of a vision-picture is to be found in the sub-conscious mind. He does not know. How can he say that the hidden spring which liberated the picture was operated from *within* (that is, in the sub-conscious mind) or from *without*. And if from without, whether it operated from a material sphere or from a spiritual sphere? I say that the marvellous progress made by psychology in recent years can only be hindered, and its truth obscured, if people persist in claiming too much for its teachings.

We can accept, then, the theory that the picture of the things actually seen in a vision—the apparition itself—in many, if not all, instances takes form in the sub-conscious mind of the visionary, but we must understand that this throws no certain light on the stimulus of which that picture is merely a secondary result—an interpretation.

Indeed, the “believers” have this much on their side. That it would naturally be expected that a message sent from the other side, under the deliberate intention of a Spiritual Will, would be given in such terms as would be understood by the consciousness of the recipient. And this

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supposition holds good, whether or not we consider that the sub-conscious mind plays a part in the translation of the message into familiar terms.

VISIONS AND HYSTERIA.—JOAN OF ARC

With regard to the view expressed by so many that visions and voices are inevitably the result of hysteria, I have already pointed out that when such experiences occur in the course of that disease they usually do so as part of an "attack." Nervous explosions are common in hysteria and take various forms. Hysterics may have convulsions, or throw themselves into ecstatic attitudes, or become paralysed, they may also see bright lights or hear voices telling them to do something or other. And the visions and voices usually accompany some crisis in the illness. When no definite signs of hysteria have been recorded either before or after a series of visions, then it behoves us to be careful not to accept too readily the opinions of those who, unable to find a "rational" explanation, fall back on the word "hysterical." In this connection, the instance of Joan of Arc may well be recalled, for many of her latter-day critics have "proved" to their

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own satisfaction that her visions and voices were entirely the result of hysteria, as shown by their accompaniments. Yet, at least, one eminent authority in nervous diseases, who has examined the facts of the case, has expressed the same view of the Maid of Orleans' psychical experiences as that suggested as the meaning of the visions with which this little book is so largely concerned. This is Dr. George Dumas, Professor in the Sorbonne, Paris, some account of whose analysis is given in Mr. Andrew Lang's admirable biography, to which I am indebted for the following quotation, which I extract from Dumas' report :

“ If hysteria had any part in Jeanne, it was only by way of permitting her unconscious thought (*‘ les sentiments les plus secrets de son cœur ’*) to become objective in the form of heavenly Voices and Visions, it was only the open gate by which the Divine—or what she conceived to be the Divine—entered into her life, fortified her faith, and consecrated her mission. But as regards her intelligence, and her will, Jeanne remained sane and upright. Nervous pathology can scarcely throw a feeble glimmer of light on a part of this soul. . . .”—(Dumas).*

* Andrew Lang : “ The Maid of France ” (Appendix D).

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And whilst at this point, attention may be called to the fact that the occurrence of a hallucination by itself constitutes but the slightest evidence of hysteria. Indeed, the late Edmund Gurney collected records which showed that at least one out of every ten persons in good health might be expected to experience a vivid hallucination at some time or other. For a detailed discussion of hallucinations of healthy people the reader cannot do better than consult the late Professor James' well-known works on psychology.*

Professor Dumas agreed that the Maid's visions and voices originated sub-consciously, that is "in her 'unconscious thought' ('pensée obscure'), and were often at variance with her 'conscious thought' ('pensée claire')." (Lang). But he related that, as I have emphasised several times already, this does not explain *what it was* which stimulated the "unconscious thought" (sub-consciousness).

In his own conclusions as to the experiences of Joan of Arc, Mr.*Andrew Lang shows his appreciation of the widely "open door" left by modern

* Cf. Wm. James: "Principles of Psychology," vol. II, pp. 114, *et seq.*

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psychologists, through which the idealist may still obtain a glimpse into another world. And ends by saying: "I incline to think that in a sense not easily defined, Jeanne was 'inspired.'"

ST. PAUL'S VISION ON THE ROAD TO DAMASCUS

The well-known vision or voice which converted St. Paul is another example of an `experience which a certain kind of medical psychology would attribute to a form of hysteria—hystero-epilepsy—and dismiss as bearing no evidence of spiritual meaning. But in the light of the evidence of "work done" through that experience it is impossible to deny that, even if St. Paul's description thereof be not accepted literally, the Something that happened in his mind was the reflection—the interpretation—of a stimulus from beyond—translated, if one likes to put it that way, into terms recognisable by his conscious mind. St. Paul's experience might reasonably be regarded as the sudden bursting forth—the sudden picturesque realisation—of truth that had been conveyed to him, and which he was forcing himself to disregard, persecuting unto death both women

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and men.* But what caused the sudden realisation? What touched the hidden spring?—if it were not an impulse of a spiritual kind. Here is the same old controversy about suggestion and self-suggestion. Here, again, whilst these may represent the media by which knowledge and its results worked through to his consciousness—the acceptance of the fact does not negative the possible spiritual significance of his vision.

Let us take his own account of this momentous happening. He says :

And it came to pass, that, as I made my journey, and was come nigh unto Damascus about noon, suddenly there shone from heaven a great light round about me. . . . And I fell unto the ground, and heard a voice saying unto me,

“Saul, Saul, why persecutest thou me?” And I answered, “Who art thou, Lord?” And he said unto me,

“I am Jesus of Nazareth, whom thou persecutest.” And they that were with me, saw indeed the light, and were afraid; but they heard not the voice of him that spake to me. And I said,

“What shall I do, Lord?” And the Lord said unto me,

* Acts xxii, 4.

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“ Arise, and go into Damascus ; and there it shall be told thee of all things which are appointed for thee to do.”

And when I could not see for the glory of that light, being led by the hand of them that were with me, I came unto Damascus.*

Here we have the same type of happening that resulted in the great spiritual work subsequently carried out under the Pauline ministry. The same type of experience that led St. Teresa to do a like work. The same kind of vision that prompted Joan of Arc to extraordinary deeds.

Light and voice—vision and command—or promise—each time leading to its fulfilment. And yet we are to believe that because St. Paul showed evidence of a nervous disposition, and St. Teresa likewise, we are to dismiss all such experiences—whatever their consequences to the world—as by-products of hysteria ! It is unbelievable. Yet the psychologists who have said this have been assuredly right in their assertion that suggestion and self-suggestion played an important part in these occurrences. They were the medium—the mind-medium—through which

* Acts xxii, *et seq.*

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they became manifest. But they have by no means disproved the possibility of a spiritual impulse which was the starting point of each.

Even if these visionaries were of a nervous temperament, it seems to me that their disposition might therefore be more favourable to communication with a spiritual sphere than if these had been robust in the flesh. Surely the mystic, the poet and the prophet of "nervous" type would in their sub-conscious selves more readily approach a spiritual world—granted its existence—than those whose whole life is of the earth earthy, whose whole interests and outlook are worldly?

VISIONS AND MYSTICS

It is notable that visions have played a very important part in the lives of the great mystics and saints of mediæval times. That, indeed, more than one of these allowed life to be governed by the direction of supposed visitants, or vocal communications, purporting to come from a higher realm. And it is still more noticeable that on this fact many so-called rationalist critics have based their theories that all the recorded

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mystical experiences have been nothing more than the symptoms of people suffering from hysteria or some allied condition of nervous disorder. That they have done so merely shows that they have been quite unacquainted with the essential teaching of the mystics themselves. For, as a student of mysticism knows full well, it was quite exceptional for any of the well-known mediæval saints to attribute any importance to things seen in this way. "Now since no one can know much of what it is really like to have a vision but the visionaries themselves, it will be interesting to see what they have to say on this subject: and to notice the respects in which their self-criticisms agree with the conclusions of psychology. . . . The first thing we notice when we come to this inquiry is that the mystics are all but unanimous in their refusal to attribute importance to any kind of visionary experience." *

And again, referring to the persistent misunderstanding of the interpretation given to their visions by celebrated mystics, the writer just quoted points out that :

"All this, too, is done in defiance of the great

* Evelyn Underhill: "Mysticism," p. 334.

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mystics themselves, who are unanimous in warning their disciples against the danger of attributing too much importance to 'visions' and 'voices,' or accepting them at their face value as messages from God." *

Dean Inge has also pointed this out, that on investigating the lives of the saints—

" . . . we do not find that the masters of the spiritual life attached very much importance to them [visions], or often appealed to them as aids to faith. . . . Very earnest cautions were issued that no efforts must be made to induce them artificially, and aspirants were exhorted neither to desire them, nor to feel pride in having seen them. The spiritual guides of the Middle Ages were well aware that such experiences often come of disordered nerves and weakened digestion. . . " †

SIGNIFICANCE OF VISIONS

Those who, like the writer, refuse to accept without reservation the dicta of medical psychology as to mystical and visionary experiences, have the support of no less an authority than James, who in connection with this matter quotes Maudsley,

* *Ibid.*, p. 321.

† W. R. Inge: Bampton Lectures on "Christian Mysticism," p. 16.

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in support of the contention that it is not by *origins* but by *values* of results that we must judge certain religious pronouncements, mystical experiences and so forth. To set down St. Teresa as an hysteric does not negative the *spiritual value* of her teachings. To set aside St. Paul's vision at Damascus as an hysterico-epileptic seizure does not affect the *spiritual value* of its consequence.

Dr. Henry Maudsley, wrote many years ago as follows :

"What right have we to believe Nature under any obligation to do her work by means of complete minds only ? She may find an incomplete mind a more suitable instrument for her particular purpose. *It is the work that is done* and the quality in the worker by whom it was done *that is alone of moment* ; and it may be no great matter from a cosmical standpoint, if in other qualities he was singularly defective—if indeed he were hypocrite, adulterer, eccentric or lunatic. . . . Home we come again, then, to the old and last resort of certitude, namely, the common assent of mankind, or of the competent by instruction and training among mankind." *

* H. Maudsley : "Natural Causes and Supernatural Seemings," 1886, pp. 256, 257, quoted by James.

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"In other words, not its origin, but *the way in which it works on the whole*, is Dr. Maudsley's final test of a belief. This is our own empiricist criterion; and this criterion the stoutest insisters on supernatural origin have also been found to use in the end. Among the visions and messages some have always been too patently silly, among the trances and convulsive seizures some have been too fruitless for conduct and character to pass themselves off as significant, still less as divine. In those of Christian Mysticism the problem how to discriminate between such messages and experiences as are really divine miracles, and ~~such~~ others as the demon in his malice was able to counterfeit, thus making the religious person twofold more the child of hell than he was before, has always been a difficult one to solve, needing all the sagacity and experience of the best directors of consciences. In the end it has come to our empiricist criterion: *by their fruits ye shall know them, not by their roots.*" *

A contention supported by St. Teresa, who wrote :

" . . . A genuine heavenly vision yields to her (the soul) a harvest of ineffable spiritual riches, and an admirable marvel of *bodily strength*. I alleged these reasons to those who so often accused my visions of being the work of the enemy

* Wm. James : "Varieties of Religious Experience," p. 29. (Italics by the writer.)

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of mankind and the sport of my imagination. . . . I showed to them the jewels which the divine hand had left with me—*they were my actual dispositions*. All those who saw me knew that I was changed (*i.e.*, for spiritual betterment).”*

And let us remember that :

“ If there were such a thing as inspiration from a higher realm, it might well be that the neurotic temperament would furnish the chief condition of the requisite receptivity.” †

Miss Underhill’s remarks in this connection are very much to the point, and every one who wishes to think clearly on this subject should read her illuminating study of mysticism, from which I take the following extracts :

“ All those so-called ‘ hallucinations of the senses ’ which appear in the history of mysticism must, then, be considered soberly, frankly, and without prejudice in the course of our inquiry into the psychology of man’s quest of the Real. The question for their critics must really be this : do these automatisms, which appear so persistently as a part of the contemplative life, represent merely the dreams and fancies, the old

* St. Teresa : Autobiography, Ch. XXVIII, quoted by James, *ibid.*

† Wm. James : “ Varieties of Religious Experience,” p. 25.

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digested percept of the visionary, objectivized and presented to his surface mind in a concrete form; or, are they ever representations—symbolic, if you like—of some fact, force, or personality some ‘triumphing spiritual power,’ external to himself? Is the vision only a pictured thought: or, is it the violent effort of the self to translate something impressed upon its deeper being, some message received from without, which projects this sharp image and places it before the consciousness? The answer seems to be that the voice of vision may be either of these two things: and that pathology and religion have both been overhasty in their eagerness to snatch at these phenomena for their own purposes. Many—perhaps most—voices do give but the answer which the subject has already suggested to itself; many—perhaps most—visions are the picturings of dreams and desires. Some are morbid hallucinations: some even symptoms of insanity. All, probably, borrow their shape, as apart from their content, from suggestions already present in the mind of the seer.

“But there are some, experienced by minds of great power and richness, which are crucial for those who have them. These bring wisdom to the simple and ignorant, sudden calm to those who were tormented by doubts. They flood the personality with new light: accompany conversion, or the passage from one spiritual state to another: arrive at moments of indecision, bringing with them authoritative commands or

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counsels opposed to the inclination of the self: confer a convinced knowledge of some department of the spiritual life before unknown!" *

And again :

"Since it is implicit in the make-up of the mystical temperament that the subliminal consciousness should be active and rich—and since the unstable nervous organisation which goes with it renders it liable to illness and exhaustion—it is not surprising to find that the visionary experience even of the greatest mystics is mixed in type. Once automatism has established itself in a person, it may as easily become the expression of folly as wisdom. In the moments when inspiration has ebbed, old forgotten superstitions may take its place. . . . If we would cease, once for all, to regard visions and voices as objective, and be content to see in them forms of symbolic expression, ways in which the sub-conscious activity of the spiritual self reaches the surface-mind, many of the disharmonies noticeable in visionary experience, which have teased the devout, and delighted the agnostic, would fade away. Visionary experience is—or at least may be—the outward sign of a real experience. It is a picture which the mind constructs, it is true, from raw materials already at its disposal: as the artist constructs his picture with canvas and paint." †

* Evelyn Underhill : "Mysticism," pp. 322, 323.

† *Ibid.*, pp. 324, 325.

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And with regard to the significance of visions, Dean Inge has well written :

“ I regard these experiences as neither more nor less ‘supernatural’ than other mental phenomena. Many of them are certainly pathological, about others we may feel doubts; but some have every right to be considered as real irradiations of the soul from the light that ‘for ever shines,’ real notes of the harmony that ‘is in immortal souls.’ ” *

* W. R. Inge: “Christian Mysticism,” p. 17.

CHAPTER VI

The Faith that Heals

Faith a world-force—"Nothing in life is more wonderful than faith"—St. Paul on faith—Two kinds of faith—Religious faith—Bread-Pill faith—"The sovereign cure for worry is religious faith"—The late Sir Henry Butlin on cures by faith—The true faith-attitude—Mental healing and spiritual healing—Moral tone.

FAITH is obviously one of the greatest forces in human life. The great works of man, his discoveries, his conquests, his artistic productions have depended in effect on faith, in himself, in a mission, in a cause or in a religious system. Indeed it is a truth that the successful accomplishment of any project requires faith in ourselves or our plans. And so powerful an engine of psychic force is faith, that we find that from the earliest times men and women have relied, both knowingly and unknowingly, on its help in the hour of sickness and of death. In the ancient world faith was undoubtedly the chief medicine for centuries—faith in the friendly help of the gods—faith in charms—faith in the spells or incantations of the priests—faith in omens—and faith in the words of the oracles. To-day faith-healing is going on all round us, many of its adherents groping their way in the dark, refusing

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in some part to see the light with which modern thought can illuminate their way—and yet again refused sometimes the help that many of them would willingly seek from psychologists and physicians who have specially the problems of faith and its cures. There is no reason why the psychic laws underlying and common to every system of faith-healing should not eventually be recognised and made use of in a practical and knowledgeable manner for the good of all. As we shall see later, it can readily be shown that suggestion is an important factor in this connection, so that what we want to know is how far and in what way suggestion has a mental and how far a spiritual significance.

In a remarkably fine passage Sir William Osler has well said :

“ Nothing in life is more wonderful than faith—the one great moving force which we can neither weigh in the balance nor test in the crucible. Intangible as the ether, ineluctable as gravitation, the radium of the moral and mental spheres, mysterious, indefinable, known only by its effects, faith pours out an unfailing stream of energy while abating not jot nor tittle of its potency. Well indeed did St. Paul break out into the well-

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known glorious panegyric, but even this scarcely does justice to the Hertha of the psychical world, distributing force as from a great storage battery without money and without price to the children of men." *

And it is just a question as to whether the idea of a "great storage battery" of psychic (or spiritual) force, which the faith-attribute enables us to tap may not be the true and complete explanation of many of the most striking psychic phenomena. This aspect of the problem will be dealt with more fully in a subsequent chapter.

St. Paul himself wrote :

"Now faith is the substance of things hoped for, the evidence of things not seen. . . . Through faith we understand that the worlds were framed by the word of God, so that things which are seen were not made of things which do appear."

And having recounted many of the wonderful things which scriptural history tells us were accomplished by faith, St. Paul continued magnificently :

* Sir William Osler, M.D., F.R.S. (Regius Professor of Medicine at Oxford), in "The Faith that Heals," *British Medical Journal*, June 18th, 1910.

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"And what shall I more say? for the time would fail me to tell of Gedeon, and of Barak, and of Samson, and of Jephthae; of David also, and Samuel, and of the prophets: who through faith subdued kingdoms, wrought righteousness, obtained promises, stopped the mouths of lions, quenched the violence of fire, escaped the edge of the sword, and of weakness were made strong, waxed valiant in fight, turned to flight the armies of the aliens; women received their dead raised to life again, and others were tortured, not accepting deliverance . . . and others had trial of cruel mocking and scourgings, yea, . . . of bonds and imprisonments—they were stoned, they were sawn asunder, were tempted, were slain with the sword: they wandered about in sheepskins and goatskins; being destitute, afflicted, tormented . . . they in deserts, and in mountains and in dens and caves of the earth." *

All being sustained by faith.

Any consideration of faith as a healing force should properly begin by defining clearly what is meant by faith, and distinguishing between the various conditions of mental outlook which are embraced by that term as in common use. This distinction is so frequently overlooked in discussions of this subject that a good deal of

* Hebrews xi, 1, etc.

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confusion has arisen in various writings on faith-cures.

TWO KINDS OF FAITH

Now it is obviously convenient that for practical purposes we should distinguish faith in two kinds—Religious Faith and Faith in things of the material world. It is manifestly impossible that we can thoroughly understand the workings of faith unless we make this separation; even if the arguments of any particular school of psychology ultimately force us to close the gap again.

If there is truth in religion, then religious faith must be a far greater engine of psychic power than the more material kind of faith. If it is not, and faith in a bread-pill has the same inner significance as faith in Almighty God, then the devotions of millions and millions of sufferers during thousands of years, and possibly in myriads of worlds, have had in them the kernel of the most bitter jest—the most cruel self-deception—that the mind of a devil could possibly have conceived. This is not a matter of arm-chair interest, but one of the practical questions of life as it concerns each of us, from the kings on their thrones to the dwellers in the slums.

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It is quite true that both bread-pill faith and religious faith have worked—and will continue to work—marvels of healing. But that does not indicate that they have the same *inner meaning*. Remarkable cures have been wrought by magnetists, hypnotists and others who have incited faith in their patients. It cannot be said that such cures have the same *inner* significance as the healing works recorded in the New Testament, or as carried out to-day even by a spiritually minded healer confident that he is a servant of the Most High. At the present time not a few individuals assert their confidence that there is a spiritual as distinguished from a mental plane of psychic healing, and the burden of proving that they are wrong rests with those who deny this. The proving will be a hard task.

The key to the problem is to be found in the effects on the inner life of those healed as produced by one kind of faith or another—this, apart from the test as to which kind of faith produces the “best” cures; a practical consideration can be dealt with later.

It is indubitable that when a sick person is brought to the realisation of there being a great

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Spiritual Source of power and assistance—behind which is the wondrous prospect of a Divine Mind—a mind, moreover, which exists as the apotheosis of "good"—and this is the basis of true religious faith—it is indubitable that then such a change is occasioned in his inner life that the whole outlook is altered. For the full realisation of the Spiritual World—a very different thing from the verbal repetition of "I believe"—necessarily puts the whole of practical life in a very different light. It upsets all preconceived notions of the things that matter, and the things that don't matter. It makes even a painful, tedious illness appear small in comparison with the great Reality—the new-found Truth. Consequently not only does this faith-attitude when once attained loose such pent-up vital energies that sickness is banished, but the whole inner man—his outlook on life—his behaviour towards those about him—and his whole moral standard—are inevitably changed for the better—as we understand the "better." This is, again, a *practical* fact of psychic healing that is often lost sight of by those who approach its problems from a too narrow point of view.

It is absolutely true that :

“The sovereign cure for worry is religious faith. The turbulent billows of the fretful surface leave the deep parts of the ocean undisturbed, and to him who has a hold of vaster and more permanent realities, the hourly vicissitudes of his personal destiny seem relatively insignificant things.” *

Let us compare this with the “ internal effects ” produced by faith of the material kind. Surely those who are cured by their faith in a new medicine (and it is known that medicines to cure need not contain anything powerful), or by their faith in a health resort, or in certain waters or a particular spring, are not in any way benefited from the moral point of view. Similarly, with the cures produced by an expensive electrical appliance which gives out but a feeble current, or by other appliances, the essential power to heal of which can be and has been known to be valueless. Or with the cures produced by thousands of other quack remedies and treatments. Certainly there is no moral benefit in these instances. On the contrary, there is an immoral effect produced in many.

* McComb : “ Religion and Medicine.”

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Faith in bread-pills, coloured water or quack apparatus is rampant enough. Such "treatment" offers a chance of a quick cure without trouble. The invalid is cured without *any effort on his part*, moral or otherwise. Thus it is that faith in a quack or quack medicine, where it is based on nothing higher than the mere desire to get rid of certain bodily ills as quickly as possible, tends to affect the inner life adversely—certainly not to uplift the inner self.

Thus, then, there is a difference—and an all-important difference—in cures effected by religious faith and cures effected by bread-pill faith. A difference which strongly supports the contention that there is a "spiritual" as distinguished from a "mental" factor in psychic treatment.

Dealing with the different methods of psychic treatment themselves, it cannot be gainsaid that the *total* benefits to the individual conferred by any worthy system that includes moral healing or plain talks on conduct, on selfishness and so forth, with its actual treatments, are likely to be far greater than when the curative results are brought about by forceful "suggestions" which

are made to take root and relieve symptoms, without any effort at self-betterment—physical or moral—being made by the invalid. The object of psychic treatment—whatever be its distinguishing title—should not be merely the cure of physical or nerve discomforts but the betterment of the *whole man*—whether we regard him as Body, Mind or Spirit (this latter point to be discussed subsequently). And for his complete betterment the invalid should be compelled to co-operate in his own advance, not to be passive and helpless.

The strength of religious faith as an adjunct of psychic treatment rests on just this fact—that it helps in the betterment of the *whole man*, by uplifting that part of him which we are accustomed to term “spiritual.”

Some little time ago the late Sir Henry Butlin, then President of the Royal College of Surgeons, wrote :

“It has always seemed to me that our profession has been disposed to take too narrow a view of spiritual healing. . . . In the first place, a little reflection will discover that there is a very wide and abundant material for spiritual healing. It

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is possible, with little difficulty, to make out several groups of patients who may be cured by faith." *

He also expressed the opinion that one of the reasons why faith-healing would always be popular was because it included no tiresome dieting, no troublesome medicines to be taken, and no local applications, as well as "pleasure of acting in opposition to the order of our profession." In short, because it appeared to offer an easy and quick road to physical comfort. His observations are doubtless correct. But the whole point of any ideal system of psychic healing should be, as I have just pointed out, an elevation of the whole man in which he himself must take part.

This is why so many are disappointed when their *outward* expressions of faith have failed to bring about a cure.

The realisation of faith—the acquirement of the true faith-attitude—is to many a hard task, far more difficult than physicking, dieting, and so on. The over-worldly, and, above all, the selfish, cannot expect their reward in this direction by

* Sir Henry Butlin: "Remarks on Spiritual Healing," *British Medical Journal*, June 18th, 1910.

merely saying "I believe." The faith-state is a real thing. The psychic (faith) cure of spiritual significance is often a palm which can only be won with dust.

Conclusions of this kind obviously lead us to a conception of two kinds of faith-healing, that which is material, acting on what one may term the mind-plane ; that which is spiritual acting on a higher plane, which we may reasonably call 'spiritual.' So it is necessary at this point to inquire if this conception is supported by any known circumstances in the psychology of everyday life or of religious experience. We have in fact to deal with the ancient problem of Mind and Spirit. It must not be forgotten that those who honestly doubt the existence of the "spiritual" point out that any such differences in inner effects that may be brought about by different methods of psychic healing—by different forms of faith—can be accounted for by a simple process of suggestion, with or without an elevation of moral tone. Certainly, but that merely throws in "moral tone" as if it has no special significance. The crux of the problem lies in just this matter of moral tone. Has it a spiritual meaning or not?