

THE NATIONAL LIBRARY
THE AMERICAN THEOSOPHICAL SOCIETY
WHEELON, ILLINOIS.

The
Human Atmosphere
(THE AURA)

BY
WALTER J. KILNER

B.A., M.B. (Cantab.), M.R.C.P., etc.

Late Electrician to St. Thomas's Hospital, London

WITH 64 ILLUSTRATIONS

SECOND IMPRESSION

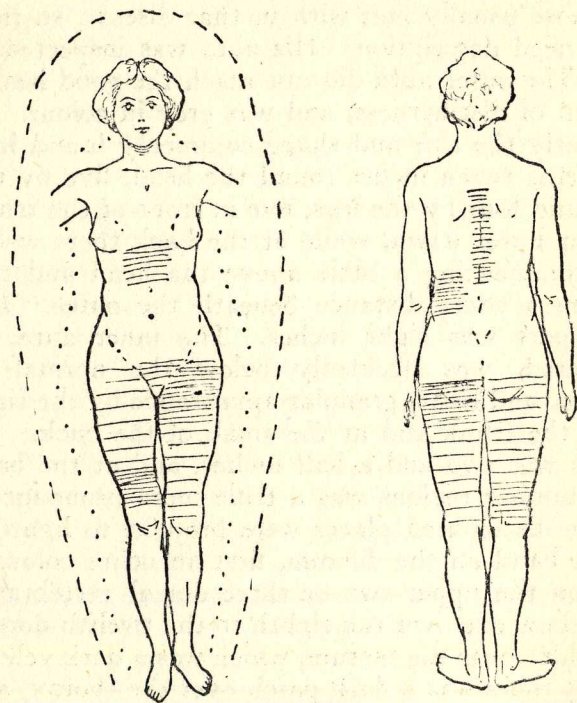
LONDON :
KEGAN PAUL, TRENCH, TRUBNER & CO., LTD.
NEW YORK : E. P. DUTTON & CO.

CONTENTS

CHAP.		PAGE.
I.	THE AURA OF HEALTHY PERSONS	I
II.	THE ETHERIC DOUBLE	38
III.	THE INNER AURA	44
IV.	OPTICAL PROBLEMS	57
V.	THE EFFECTS OF THE DIFFERENT FORCES UPON THE AURA	84
VI.	COMPLEMENTARY COLOURS	141
VII.	THE OUTER AURA IN DISEASE	161
VIII.	THE INNER AURA IN DISEASE	216
IX.	THE USE OF THE COMPLEMENTARY COLOURED BANDS IN DISEASE	246
X.	THE AURA DURING PREGNANCY	291

bouts of pain, often agonizing, and sometimes was compelled to keep her bed for days together. She was quite ataxic, but at times with help could walk a little.

Her outer aura, contrary to expectations, was perfectly normal in shape, showing nothing indicative



Figs. 66 and 67.
Locomotor Ataxy.
Dark with c.c. band according to shading.

of a nervous disease. The inner had an average width all over the body, although far less distinct than during health. It was granular a short distance above the crest of the ilium on the left side but nowhere else. It was only with the greatest difficulty that a faint striation could be anywhere detected.

With the c.c. band a long dark patch about two inches wide reaching from the fourth dorsal to the first lumbar vertebræ, and a second in the lumbar regions, was seen. In front there was a dark area over the epigastrium and another over the hypochondrium. The most noticeable feature was an uneven darkening over the whole of both thighs back and front. The colour of the band on the upper part of the left thigh, and the middle third of the right thigh was several shades deeper than over the rest of the limbs. The legs exhibited no discolouration. The depth of colour corresponded to the severity of the pain, which was more intense in some places than in others, and has been indicated in the diagrams.

Since diseases of the chest form a large proportion of cases seen in every day practice, it might have been expected that they would offer a good field for the study of the aura, but as a matter of fact they have assisted very slightly in the investigations, and conversely the aura does not afford much aid in their diagnosis. There are several reasons for this. A very important one is that when a patient is suffering from an acute illness, he would of a necessity have to remain in bed. It is obvious that besides the difficulty of a background and the arrangement of the light, etc., it would in most of these cases be inadvisable, if not absolutely improper, to trouble a patient in such a condition with an investigation which must be unavoidably prolonged and fatiguing, while in the present state of knowledge the benefits derived from it could only be problematic. Chronic cases, on the other hand, can be inspected with impunity, and show changes in the aura, but none that have much diagnostic value. Although the examination might be interesting, attention has been mainly devoted to other conditions thought more likely to give results of practical importance. However, a description of one or two examples will give a good idea of the changes likely to be found.