

Model E-AR-400 ElectropsychometerOPERATING INSTRUCTIONS

- 1: Handle all knobs GENTLY! DO NOT TWIST ANY KNOB HARD against stopping point, or instrument may be seriously damaged.
  
- 2: AC on-off switch is on RED KNOB, on lower right hand corner of panel. When starting, first turn on only enough to light up meter panels. Set red knob at about "1." until all following instructions have been observed.
  
- 3: FUNCTION SELECTOR SWITCH. This, the master switch, is on large lower CENTRAL knob. Carefully observe lettering on panel above this knob. This control has THREE positions only. White bar on skirt of knob may be placed straight up, or one step to right or one step to left.

The step to right, lettered SURGE METER, on the panel switches in both the surge meter and the tone meter.

To use the audio-signalling section of the instrument, turn function selector knob so that white bar on skirt of knob points STRAIGHT UP toward the lettering "AUDIO."

To use "inverted audio," turn knob another step clockwise so that white bar on skirt of knob is at "INVERTED AUDIO" position. When master switch is in this position and the instrument is properly adjusted, there will occur a CONTINUOUS audio signal, except when search probe contacts a relatively unfavorable area, whereupon the signal drops out or ceases. This mode of using the instrument is not much used, so far, but it is available.

- 4: TONE SCALE SELECTOR SWITCH: This is large lower left-hand control, and is so marked. The letters "D" "C" "B" etc at the selector switch corresponds to the same letters "D" "C" "B" etc, on the scales of the TONE meter up on the sloping part of front panel.

When first using instrument at a new location, it is necessary to calibrate this meter. To calibrate;

Rotate TONE SELECTOR control so that white bar on knob skirt is at "C" position. Press pushbutton which is just above the tone selector control. While holding the button down, rotate the small black knob next to the push-button, which is marked TONE NEEDLE RESET, turning until the needle of the tone meter reads at about 2.3 on the "C" scale of the meter. This calibration must be made with NO ONE HOLDING THE HAND ELECTRODE.

- 5: AFTER calibrating as instructed in preceding paragraph, the therapist may have patient take up the hand electrode. Most patients will be found to read on the "C" scale, that is with TONE SELECTOR SWITCH at the "C" position. If a patient does not; that is, if needle remains at end of scale, at the right or left, rotate the tone scale selector knob to the "B" or "D" position, as required. For interpretation of tone meter readings please refer to the tone scale chart herewith, and to the manual ELECTROPSYCHOMETER

-- TO USE SURGE METER --

- 6: After having proceeded as above, turn up lower right-hand RED knob marked OUTPUT SENSITIVITY to about "3" Push down for several seconds on pushbutton up on sloping panel between meters, marked SURGE DISCHARGER. Then bring needle of surge meter into the black arc area of the meter scale by slowly rotating the chromed-end knob marked SURGE NEEDLE SET. This surge-needle resetting or rezeroing control is just below the "M" emblem up on sloping panel. Turn slowly.
- 7: Use the SURGE DISCHARGER pushbutton frequently while getting patient settled on instrument. Once a consultation is well started it may not be necessary to make much use of the surge discharger button, but it must be pressed several times, usually when first starting. This brings the surge needle back into black arc promptly after mechanical surges caused by handling the hand electrode consciously, or when changing from one hand to the other, or when moving about on the couch, and the like.
- 8: IMPORTANT: Have patient squeeze hard and relax on electrode eight or ten times. This reduces conscious interest in the electrode. See added instructions herein Page 4
- 9: DO NOT ALLOW PATIENT TO CLASP BOTH HANDS OVER ELECTRODE. Do not let patient tap on electrode with thumb or fingers.
- 10: Normal working levels of surge meter controls: OUTPUT SENSITIVITY (Red Knob) between 2 and 4. INPUT SENSITIVITY (small black knob directly over red knob) set at about "5" THIS CONTROL IS VERY SELDOM USED; generally left midway at about "5." May be advanced only if a patient will not respond with lower RED KNOB turned full on at 11. This is extremely rare; may indicate a condition of extreme armoring or barrier-development; or might indicate a physical condition of multiple sclerosis.

-- TO USE AUDIO REGISTRATION CIRCUIT --

- 11: Insert input terminal of red probe cord into chassis on rear of instrument.

- 12: Turn function selector switch (Large lower central knob) so that white bar on skirt of knob points STRAIGHT UP toward the word "AUDIO" on panel directly above this control.
- 13: Note that there are two chromed-end knobs immediately above the central function-selector knob. One of these is marked "OSCILLATOR CUT-OFF" and the other is marked "AUDIO VOLUME."

Rotate the knob marked OSCILLATOR CUT-OFF counterclockwise until an audio signal is heard. Then turn this knob back CLOCKWISE, until the audio signal barely ceases. This is the correct and ONLY operating point for this control---on the CLOCKWISE "fringe" of the signal---that is, slightly clockwise, just off the point of signal.

Adjust the adjacent chromed-end knob marked "VOLUME CONTROL" to desired degree of loudness of signal. Degree of loudness used has no relation to sensitivity of operation.

- 14: Have patient take up hand electrode. Apply search probe ---to bare skin only. Adjust to best response effect by rotating large lower right hand knob marked AUDIO SENSITIVITY.

If no signal can be found, with AUDIO SENSITIVITY control turned fully on to "11" then transfer the small snap switch just above the AUDIO SENSITIVITY KNOB from "LOW" to "HIGH." This sometimes causes a signal to start, whether probe is in contact with patient or not. This is beyond working range, and so the AUDIO SENSITIVITY control must now be turned back counter-clockwise.

- 15: THE BASIC RULE IS: If search probe signals too freely, turn AUDIO SENSITIVITY control back toward a lower setting, and or move snap switch above AUDIO SENSITIVITY control back from "HIGH" to "LOW." On the other hand, if no signal can be found, move AUDIO SENSITIVITY control clockwise, move snap switch to "HIGH." Adjust so that only major areas are picked up and minor areas are dropped out.

- 16: Improvement in an area cannot usually be indicated by a drop out of signal immediately after an osteopathic or chiropractic type of adjustment---that is not for at least twenty minutes or preferably at the NEXT appointment, since associated muscular inflammation does not immediately subside even though the treatment applied is to be successful.

IMPORTANT! If chromed-end knob marked "OSCILLATOR CUT-OFF" is turned to left, counter-clockwise, beyond signalling point, instrument will not operate at all. If this knob is turned too far clockwise, that is too far "away from the signal," instrument will generate a bad, spluttery signal and will not operate properly.

KEEP LOWER RIGHT HAND RED KNOB TURNED DOWN AT ABOUT "1" WHEN ADJUSTING ANY OTHER CONTROLS OR AT ALL TIMES WHEN NOT ACTUALLY WORKING ON PATIENT. THIS PROTECTS THE SENSITIVE SURGE METER.



Condensed Report of Results of  
ELECTROPSYCHOMETRIC ANALYSIS by VOLNEY G. MATHISON  
of Five Cases at Doctors' Class  
Hotel Biltmore, Atlanta, Georgia, December 29 to 31, 1954

1. An attractive girl released from the stranglehold of a father, who after losing his wife, had, in a psychic sense at least, proceeded to make a virtual wife of his daughter, with the consequence that it was impossible for her to live a happy, normal life. The case resolved with apparently complete insight or awareness, at least for her if not for her father. (Time: father 2 hours; daughter 20 minutes.)

2. A pleasant and likable doctor brought out of a mild degree of psychosis generated over a long period as a consequence of his very short physical stature. Had been living in a state of severe psychic stress in his endeavors to maintain a "big" but wholly false front. This struggle included membership in costly country clubs where he had lost thousands of dollars on golf wagers in vain efforts to pose as a "big shot". He even eventually lost his home as a result of this type of wagering. This man was living under a powerful compulsion to make a big impression on everyone he met; yet all this was unnecessary and self-defeating as he was in reality, when his normal relaxed self, an extremely likable chap. Electropsychometric analysis shows a long series of psychic traumas, all somewhat minor but cumulative. Apparently the case gained rapidly a high degree of insight in analysis; declared he was junking his country club membership and asked me to order for him Korzybski's "Science and Sanity", which he has agreed to read through three times, at his leisure, and then make his impressive front by being able to discourse on the subject matter of that book. (2 hours.)

3. A very dramatic case. A wealthy and successful doctor, one of the largest practitioners of his type in America, married to a lovely woman; has three children, a beautiful home, but in the midst of a tragically inexplicable crisis; his major problem: a tormenting fear that his wife did not sufficiently love him; he seemed to demand that she devote every waking minute to him; became furious, and disturbed at every seeming failure on her part to do this.

The basic cause, rapidly disclosed in Electropsychometric analysis: The doctor's mother is an extremely positive, domineering, and strong-willed creature who had desperately opposed and fought her son's marriage; she wanted the boy wholly for herself. Defeated by an equally strong-willed son, she lives in a state of unrelenting hatred for the girl, and finally, it would seem, at least, that through psychic factors she established a personality-transference-like situation whereby she caused her son to act toward his wife AS SHE, THE MOTHER, WOULD LIKE TO ACT, thereby causing him to inflict intolerable mental cruelties upon a wholly lovable and lovely girl. It seemed that adequate insight was gained through the analysis; at any rate, a drastic alteration took place in the patient's demeanor and his wife later reported: "It's magical--he acts like an entirely different person. He's just as he used to be when we were first married. It's like a second honeymoon!" (Time: husband 2 hours; wife 3 hours.)

4. This case, from the standpoint of results of analysis, was a failure. The patient was formerly a top-flight research engineer, champion motor car racer, and a very high-drive and wealthy entrepreneur, now suffering from partial paralysis of the legs and violent indigestion; all the symptoms being judged, on the basis of the most extensive previous medical examinations, as being 100 per cent psychogenic. My personal evaluation of the case is that the patient's "subconscious mind" (whatever that may be) is desperately preventing him from further activity. No major improvement immediately observed as a result of analysis. This engineer, an intimate friend of the Wright Brothers, inventor of the airplane, did, however, transmit to me certain technical-research data that I consider invaluable in relation to my own work. Hence the time was well spent, even though the session did not seem to aid the patient as far as conscious awareness is concerned. My main "communication channel" seemed to be limited to contact with subconscious areas.

## MATHISON ELECTROPSYCHOMETERS

From manual "ELECTROPSYCHOMETRY"

Addenda Fourth Edition 2



Condensed Report of Results of  
ELECTROPSYCHOMETRIC ANALYSIS by VOLNEY G. MATHISON  
of Five Cases at Doctors' Class  
Hotel Biltmore, Atlanta, Georgia, December 29 to 31, 1954

5. The "Big" case at Atlanta. Electropsychometrically monitored analysis and resolution of a syndrome based on a major psychic trauma. Accomplished in two hours by Volney G. Mathison on a dual projection type of Electropsychometric installation before 150 attending doctors.

A young man suffering from a multiplicity of distressing symptoms. The worst and major one, however, was a recurrent sensation of being unable to breathe, a severe I-am-being-smothered-by-someone phobia.

This case, on being put on the Electropsychometer for analysis before the class, promptly and easily went into a considerable degree of hypnotic trance, with excellent and vivid recalls of past traumatic events. In less than ten minutes, the basic nature of the major trauma (the smother phobia) had been pinpointed on the SURGE meter. Or, rather, a series of four basically similar and related psychic traumas were revealed by the meter surges. The first one was at twelve years of age, involving surgery and the use of ether (an appendectomy). The second one was at nine years of age, also involving minor surgery and ether (adenoids scraped). The third one was at five years of age, again involving surgery and ether. (Tonsillectomy).

The patient was asked if there were any earlier similar events in his case. He replied that he was unable to recall any, but both the SURGE and TONE meters registered further drops on the projection screen. In fact, during the whole preliminary period of the analysis, the TONE meter kept going to lower readings, indicating that the Freudian principle of getting a recall up into conscious awareness of the EARLIEST related psychic trauma had not yet been accomplished.

The patient was therefore "counted down" (See "TECHNIQUES" in the manual "ELECTROPSYCHOMETRY") through the age of five, four, three, two, one year. The trance state seemed to deepen and at "birth", the ELECTROPSYCHOMETRIC TONE METER DROPPED TO A READING OF ABOUT 0.3! For some time, the patient could make no recalls--not even "fantasies involving the birth trauma. The procedure here, in brief, was to ask the patient to "make up images showing any kind of painful and dangerous situation in relation to your own birth. Let the situation be as fantastic and as unreal as you please. Just make up something, involving ETHER."

The patient at length "fantasied" the following sequence: Mother walking in a meadow; a black-and-white Holstein cow had just given birth to a calf and was "chewing on something like a string between her and the calf." Cow spies the woman, attacks; the mother screams wildly, leaps over a fence. Premature birth of infant begins somewhat later, perceptions of ether, of breathing, of being PUSHED BACK IN, of being violently seized by the head, of breathing again. Doctor's voice, persistent smell of ether, and other unidentifiable substances.

The climax of the electropsychometric demonstration occurred unexpectedly when the mother, as I was wholly unaware, was seated in the audience, came to the microphone and disclosed that the "fantasy" of the attack by the cow was substantially correct, that the recalls in analysis were, in fact, in some respects ALMOST PRECISELY AS BROUGHT UP DURING THE DEMONSTRATION. THAT SHE WAS ATTACKED BY A BLACK-AND-WHITE HOLSTEIN COW THAT HAD JUST GIVEN BIRTH TO A CALF, THAT SHE ESCAPED BY JUMPING OVER A FENCE, THAT THE BABY WAS SOMEWHAT PREMATURELY BORN SEVERAL HOURS LATER, THAT IT BEGAN EMERGING WITH THE LEFT SIDE OF THE HEAD PROTRUDING FIRST AND WAS FORCED BACK BY THE ATTENDING PHYSICIAN, REPOSITIONED, AND THEN WITHDRAWN WITH FORCEPS. Ether was administered to the mother.

The patient apparently obtained adequate conscious awareness and insight through the use of the fourth technique described in the manual (Refer to "FIVE Successful Basic Techniques of Psychotherapy, as Known in 1955" for details.) The symbolical, or key, words employed were: COW, SCREAMS, OUT, ETHER, PUSHED BACK, SMOTHER, BREATHE AGAIN, TONSILS, ADENOIDS, APPENDIX. 1955

The mother states that the details of this prenatal event had never been related by her to her son; that in fact she had completely forgotten some of the more painful parts of the experience. Whether she had previously related something of the incident to the patient is of course open to debate, or at any rate can hardly be definitely established one way or the other.

Nonetheless, the major purpose of the demonstration was achieved: to show that MAJOR PSYCHIC TRAUMAS CAN BE PINPOINTED QUICKLY by Electropsychometric techniques--sometimes in a few minutes--and that the modernized Freudian-based techniques recommended and taught with Electropsychometry may be effective.

## MATHISON ELECTROPSYCHOMETERS



# ELECTROPSYCHOMETRIC CASE ASSESSMENT \*

*Technique for reducing conscious awareness of hand electrode*

The therapist who is using an electro-psychometer for the first time will observe that meter registrations can be affected by purposely squeezing on the hand electrode.

From the standpoint of case assessment or monitoring of therapy, this is a transient effect. The registration of the patient's mode of gripping the electrode, as SUSTAINED OVER A PERIOD OF TIME, that is, for a period longer than two or three minutes, is the significant mode, and the only one to be considered.

Superior results are obtained when the patient's conscious awareness that he is holding the electrode has been reduced as much as possible. The best technique for doing this, so far evolved, is presented, by way of example, in the form of an actual address to a patient:

"Please hold this electrode in whichever hand you prefer. Squeeze as hard as you can on it. Relax. Squeeze again. Relax. (Repeat at least six times.)

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The following additional technique has been found very useful, especially if the patient is restless and has a tendency to keep moving the electrode about or to finger it nervously.

"Examine the electrode. Look it over. Take hold of it again. Squeeze it. Become aware of the feel of the metal surfaces. Imagine that this metal is becoming warm. Hot. Very hot. Now, imagine it is cooling back to normal.

"Imagine it is becoming cold. Icy cold. Return to normal. Imagine it is becoming small. Return it to normal. Imagine it is becoming large. Return it to normal. That is is becoming heavy. Very heavy. Return to normal." (Creating an illusion of being able to vary weight is to be emphasized; it is the key item.)

"Now, let us see if you and I can come to a very specific agreement. This agreement is that you can imagine that this electrode does not really exist. That it is just an illusion of weight and mass. Nuclear science finds that all matter is to some degree an illusion of weight and mass. So, in a moment, we are going to have you imagine that the electrode is again getting extremely heavy. Then you are to MAKE YOUR OWN DECISION that you can cause it to feel lighter and lighter and less real, until you reach the illusion that it has no weight or mass. By your own decision, you can become unaware that you have the electrode in your hand, though you will always know subconsciously that it is there.

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(Having obtained the above agreement, or something similar) "All right. Just make yourself comfortable. Place your hand in a restful position." (Do not let patient hold electrode up in some awkward elevated fashion.) "You are not at any time to hold the electrode with both hands. Place your free hand by your side, well away from the electrode." (If patient persists in tending to seize the electrode with both hands, place a light towel over hand with electrode.)

"Now we're ready. Imagine again that the electrode is growing heavy. Heavier. Heavier. Very heavy. Still heavier. Now slowly let it become less heavy. It's not heavy any more. Make it lighter and lighter. Let your subconscious mind now take over holding the electrode. Bring into action your own decision not to be aware of the electrode until we end this session. You will not tap on it with your thumb or fingers. You will not move it around. You are no longer interested in it. You don't care what happens to it."

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The efficacy of the above technique varies. Some patients will become completely unaware of the electrode. All seem, to some degree, to become less conscious of it than before. If the above procedure does not work the first time it is tried, repeat it.



*Technique for reducing interrogation anxiety.*



As soon as conscious concern about the electrode has been reduced, the next essential procedure is to check for "interrogation anxiety." In many cases, there is an excess of anxiety about being asked questions. This is manifested by the surge-meter needle registering sharply in response to every question asked. The surges are as violent on mild, impersonal queries as on personal questions. The standard test question to be used is:

HOW DO YOU FEEL ABOUT BEING ASKED QUESTIONS?

Sharp needle response discloses that there is over-anxiety in this area. This must be reduced. To do this, simply induce the patient to talk freely about the most easily recalled past situations wherein he was painfully quizzed by some person. Try to pick up only major situations. The sharpest ones are apt to involve MOTHER, TEACHERS, POLICE, etc. The most typical are mother's "Where have you been? Whom were you with? What did you do? Did you hide it? Who broke it? did you steal it? What have you and that girl been doing? etc.

Have the patient talk some of these things out before making a general assessment of the case. Sometimes the reduction of interrogation anxiety will of itself present the therapist with clues concerning certain psychic traumas in the case.

--- Volney G Mathison

**IMPORTANT NOTICE TO ALL USERS**

Before using instrument for the first time, and occasionally thereafter, make the following "OFFICE CALIBRATION TEST." This aligns all scales:

Set TONE SCALE SELECTOR switch, the large control knob at lower left on the front panel) at the "D" position, fully turned to the right.

2: Push in or pushbutton just above the TONE SELECTOR switch. Slowly turn rotatable knob back on REAR of chassis of instrument, until needle of the TONE meter reads a full "2" on the "D" scale. MAKE THIS ADJUSTMENT WITHOUT patient holding hand electrodes. This adjustment aligns all scales.

**TONE METER CIRCUIT DATA**

Fig.1 shows the circuit connections of the tone meter section only of the instrument. Values are as follows, with reference to the numerals on diagrams;

Numerals 13, 27, 14, 560 ohms. 36 is a bank of five 500k potentiometers. 30 is a 5-contact switch. 25, a 6SF5 tube. Normal voltage between terminals 11 & 12, approx. 100 volts. Conductors 15 & 16 in patient electrode cord go through plug-socket prongs #s 7 & 8 for one conductor, and prongs 1 & 2 for the other conductor with reference to plug socket on rear of chassis. Rotary "office calibrating check" control on rear of chassis is a 10k pot.

**COMPLETE RECALIBRATING PROCEDURE**

Refer to Fig. 2 The round circles are the ends of the shafts of the potentiometers that control the readings on the five scales of the TONE meter. Each circle in Fig. 2 bears the symbol of the corresponding scale of the TONE meter that it controls.

Calibration is effected with a simple kit consisting of a dummy plug with two short white cords terminating in small "alligator-nosed" clips; and a set of four resistors, which are to be inserted one after the other into these dummy plug clips in the order that follows:

1: Set the rotary knob on rear of chassis, referred to above as the "office calibration check control" to about midway in its arc of rotation. This is, usually, with the point of the knob turned straight upward. Set it so that it can be turned about the same distance in either direction. THEN DO NOT MOVE IT WHILE RECALIBRATING AS INSTRUCTED BELOW.

2: Remove patient electrode cord plug and insert dummy plug with the short wires and clips. Turn on instrument and warm it up four minutes.

3: Put a 22k resistor in the clips (COLORS ON BODY OF RESISTOR ARE RED, RED, ORANGE, SILVER.) Put wire on one end of the resistor in one clip, put wire at opposite end of resistor in other clip. With a screwdriver or pliers, break duco seal on "D" pot shaft (See Fig.2) and gently seal on "D" pot shaft (See Fig. 2) and gently turn until needle of TONE meter reads at a full "2" on scale "D."

4: SHIFT SELECTOR SWITCH TO "C" POSITION. Insert 56k resistor (GREEN, BLUE, ORANGE, SILVER) in dummy-plug clips. Adjust shaft of the "C" pot until TONE meter needle reads 2.5 on the "C" scale.

5: SHIFT SELECTOR SWITCH TO "B" SCALE. Using the same 56k resistor as above for "C" scale, adjust the "B" shaft pot until the needle reads at 2.5 on the "B" scale.

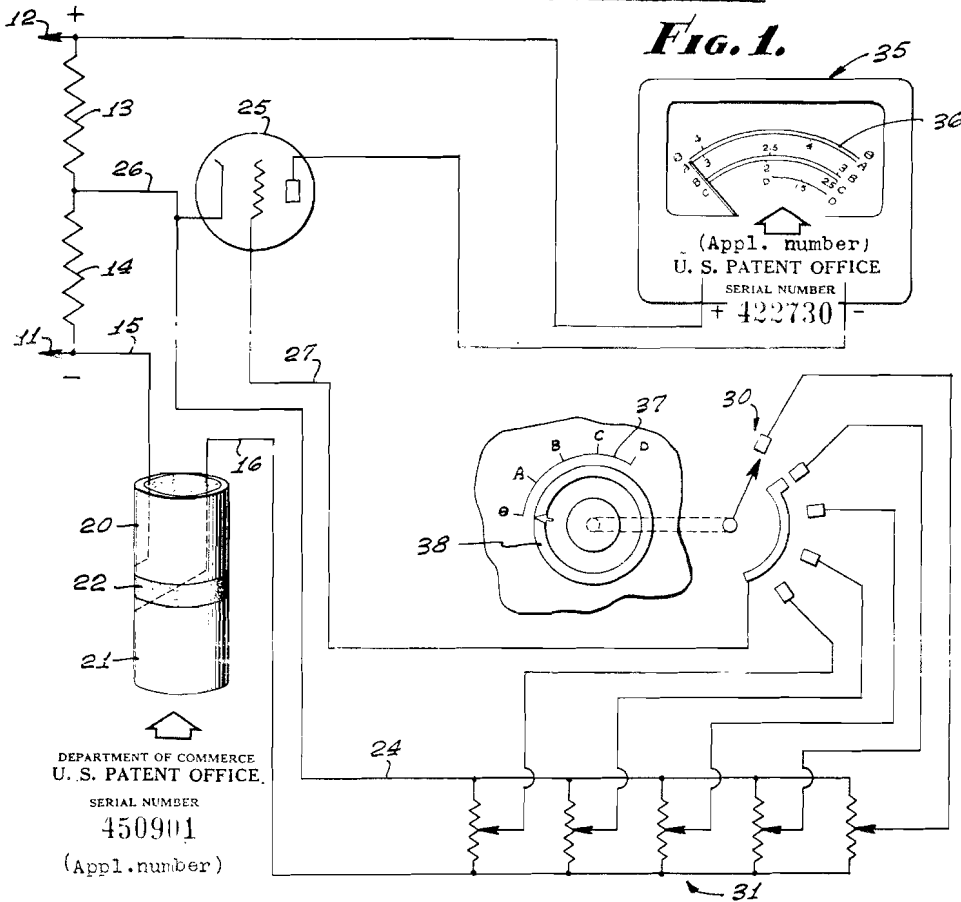
6: SHIFT SELECTOR SWITCH TO "A" SCALE. Insert 100k resistor (BROWN, BLACK, YELLOW, BROWN, SILVER) in dummy-plug clips. Adjust shaft of "A" pot until TONE needle reads at about 3 or a bit less on the "A" scale.

7: SHIFT SELECTOR SWITCH TO "e" SCALE. Insert 330-k resistor (BROWN, ORANGE, BROWN, ORANGE, YELLOW, BROWN, SILVER) in plug clips. Adjust shaft of "e" pot until needle is at about 4.5 to 4.7 on "e" scale. This scale is rarely, if ever used. It may have a future use.

**IMPORTANT!** Be careful, when recalibrating, that TONE selector switch is always set at the correct position to match the value of the resistor in the plug clips, and that you are reading on the CORRECT SCALE of the meter. A frequent mistake is to forget to transfer TONE switch as each resistor is changed, in dummy plug clips.

When finished, recement pot shafts with two or three drops of ordinary clear duco cement (may be obtained at any hardware store.)

(Circuit as shown in Fig. 1 is NOT complete; it is published for recalibrating purposes only)



"OFFICE CALIBRATION TEST" CONTROL

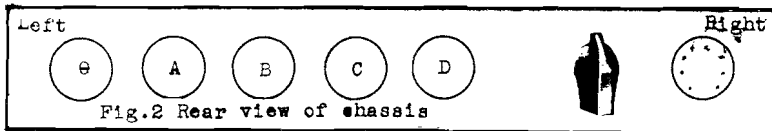


Fig.2 Rear view of chassis



# MATHISON ELECTROPSYCHOMETERS

*Electrodes used with the  
Mathison Electropsychometer*

## MATHISON DUAL CONCENTRIC HAND ELECTRODE.

Lathe-turned duraluminum electrode, complete with cord and plug. Registers simultaneously both galvanic skin reaction and neuromuscular reflexes.

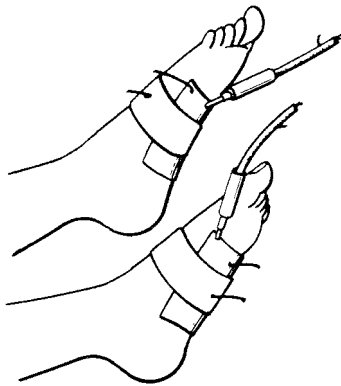
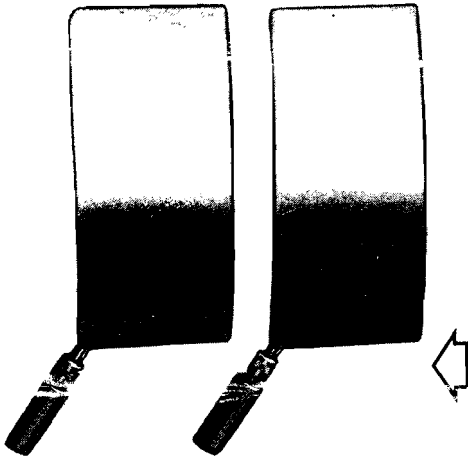
(U.S. Patent appl. number 450901)



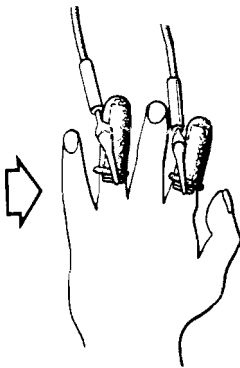
## MATHISON INSTEP ELECTRODES

Illustration shows stainless steel convex contacting plates. Furnished complete with cord, insert plug, and Scholl elastic arch straps.

Photo below shows mode of use.



Stainless steel finger - spring electrodes. Can be supplied on order.



Search probe electrode. For detecting subluxations and the like. Usable only with Model AR-5 and E-AR-400 type instruments. Supplied complete with cord and insert plug.







Mathison-licensed  
**ELECTROPSYCHOMETERS**

*PATENT NOTICE: This instrument is manufactured by International Equipment Trust under one or more of 73 patent claims, pending or granted, assigned by Volney G. Mathison to M. N. Warkentin and or Arcon Investment Co., licensors.*

PRICE LIST

**NOTE:** The Model E-400-A is the preferred instrument for the **PSYCHOLOGIST, THE ANALYST, THE PSYCHOTHERAPIST.** It is used for every type of psychical examination or for **EMOTIONAL REFLEX RESPONSE** testing.

The Model E-AR-400 contains all the components of the E-400-A PLUS a complete seven-tube probe circuit and search probe for locating areas of hyperemia and conditions of subluxation, impingement, and the like. **HENCE IT CAN BE USED AT ONCE, WITHOUT SPECIAL TRAINING, BY THE PROFESSIONAL CHIROPRACTER, OR NEUROLOGIST.**

**MODEL E-400-A**--The standard automatic instrument for electropsychometric assessment, and for ANY psychotherapeutic procedures  
 Price, complete with Operating Instructions and 2-volume Manual "Electropsychometry" . . . . . \$248.50  
 Width 14"; depth front to back 8"; height overall 10"; weight 18 lbs., shipping weight 30 lbs., foreign 60 lbs.

**MODEL E-AR-400**--Two complete instruments in one. Contains the automatic-electropsychometer components of the Model E-400-A plus the circuit and components of the Model AR-5. For exploratory probe tests for areas of hyperemia and conditions of subluxations or the like. Price, with Manual "Electropsychometry". \$385.00  
 Width 14"; depth 12"; height 11"; wt. 28 lbs.; shipping wt. 45 lbs., foreign 35 lbs.

**DELUXE MODEL of E-AR-400**--Same as standard model but with larger, chrome-trimmed cabinet, and compartment for hand electrode and probe. Price, complete with Manual "Electropsychometry" . . \$425.00  
 Dimensions 18" long, 14" deep, 10" high; weight 37 lbs.; shipping weight 55 lbs.

**MODEL HM-4**--The current model of the world-famous original hand-set Mathison Electropsychometer. (For dimensions refer to illustrated descriptive pages.) . . . . . \$125.00

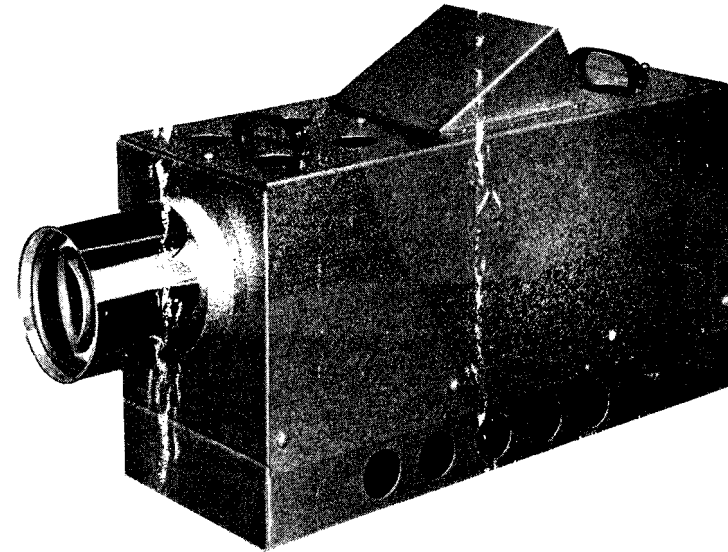
**Mathison Minimeter**--Not an Electropsychometer, but a high-quality usable device. Less Manual . . . . . \$ 35.00

BOOKS and ACCESSORIES

- Manual "Electropsychometry". Two volumes. Both, postpaid . . \$ 3.75
- CREATIVE IMAGE THERAPY, postpaid . . . . . \$ 2.00
- Dual-concentric Hand Electrode . . . . . \$ 6.00
- Instep Electrode Kit, complete with elastic straps . . . . . \$ 5.00
- Finger-spring Electrode Kit (stainless steel) . . . . . \$ 5.00

Model A Projection-type  
Electropsychometer

For clinics, schools, lecture use, and for private use by the psychoanalyst or mental therapist who can afford the higher cost of this model. An outstanding application is for the rapid examination and screening of industrial employees.



Features of all  
Mathison Electropsychometers:

1. HIGH SENSITIVITY
2. VERY RELIABLE
3. ACCURACY OF FUNCTION:  
The instrument usually registers REVERSED RESPONSES to "games" or deliberately invented or false data.
4. LOW COST. Results are superior to any obtainable with instruments sold at higher prices.
5. EASY TO USE: No difficult or delicate adjustments. Detailed operating instructions furnished with every instrument.

It has been observed that the general nervous tone of a patient receiving any type of mental therapy is usually in a state of rapid fluctuation from moment to moment. The relative values of these continuously varying emotional stresses registering in the nervous structure of the patient is followed rapidly by the indicating needle of the Mathison electropsychometer.

The electrical pick-up from the patient is made through flexible cords and electrodes which are held by the patient in a relaxed manner, as he lies on the couch. This arrangement is similar to that used with psychogalvanometers. The responses of the Mathison instrument, however, are remarkably faster, sharper, and more informative than any previously obtainable with any instrument sold at anything like a comparative price.

When data that restimulates even a slight degree of nervous tension is spoken aloud or only mentally contacted by the patient without spoken words, a rapid surge of the indicating instrument occurs. Recalls causing relatively high tension register with correspondingly strong surges of the indicator.

The absolute nervous tone readings indicated by the electropsychometer are of variable degrees of validity; but the relative values of the tone level, as shown during successive time intervals are of great significance.

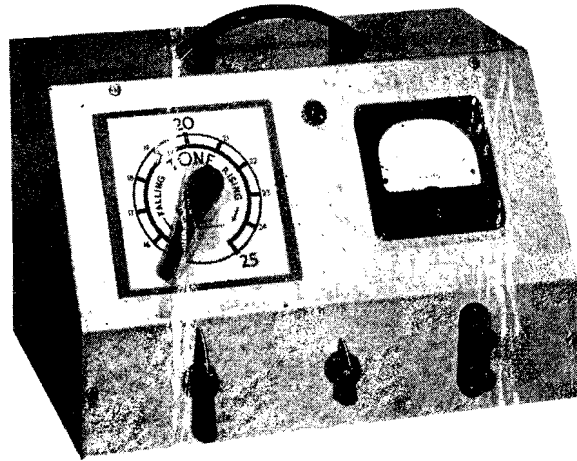
The instrument discloses tensions associated with past incidents in the case. Very often it registers high tensions associated with words or statements that the patient will smilingly insist are of no importance whatever.

**It has been found repeatedly that an entrance into important aspects of a case may be obtained with the electropsychometer that would otherwise have been avoided or misrepresented by the patient.**

In the standard Model B instrument shown on Page 3, tensional surges are observed directly on a 4½ inch indicating meter scale.

The special projection-type instrument illustrated at upper right has a transparent meter-scale; and the scale and pointer are mounted in a light-beam in series with a system of lenses, so that an enlarged image of the indicating scale may be projected onto a screen. Meter images up to 7 feet or more in length may be projected. This results in tremendous effective sensitivity with high stability and complete freedom from technical adjustments.

Model C Electropsychometer



This model has a 3-inch scale and is recommended for students only. A usable and practical instrument, suitable for occasional work, and for the study of mental therapies, especially those of the Korzybski semantic types.

**WARRANTY:** Meter-analyzer movement is not warranted against burn-out caused by tampering with seals, or by misuse of instrument. Every instrument is otherwise guaranteed for one year against failures due to defective materials or workmanship.

All instruments are shipped complete with cords and electrodes. All operate on 110 AC current. Where no current source available, a battery-operated powerizer may be used. Prices on application.

**ARCON MFG. CO.**

144 West 30th Street  
Los Angeles 7, California  
REpublic 3-1932

Sold by

**HAYS & BARRETT**

465 Capital Street  
Oakland 10, California

Telephone: GLencourt 2-0132

# MATHISON ELECTROPSYCHOMETER

U. S. PATENT NO. 2,487,024. OTHER PATENTS PENDING

An instrument that is showing definite results in the fields of psychoanalysis and psychotherapy. Reliable, sensitive, and inexpensive.

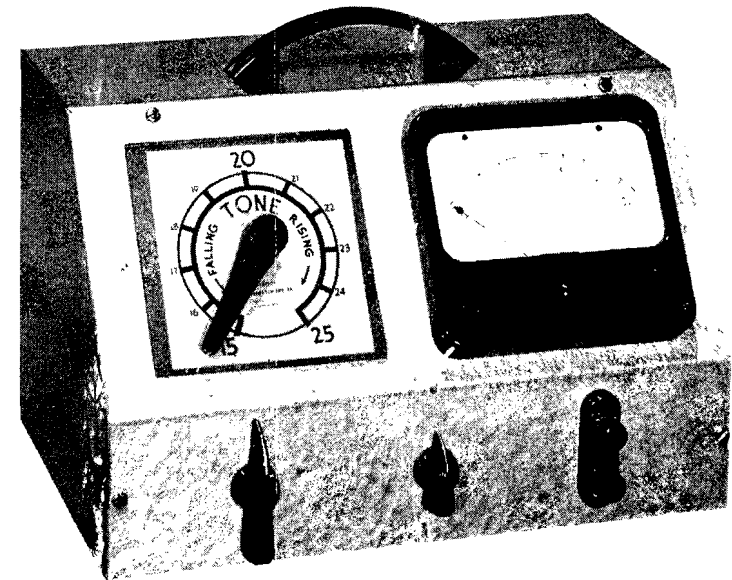
A valuable aid to

PSYCHIATRISTS

NEUROLOGISTS

PSYCHOLOGISTS

MENTAL THERAPISTS



Model B Portable

Professional Model

The Mathison Electropsychometer visually indicates the relatively varying degrees of nervous tension being experienced by a patient who is undergoing any kind of mental examination or mental therapeutic treatment.

# ELECTROPSYCHOMETRY

A new, more effective and faster Psychotherapy

By MARK L. GALLERT,

FREUD'S most valuable contribution to psychotherapy was not his emphasis on sex, but rather the fundamental principle: that memories of past painful experiences are repressed and driven down into the subconscious, and then induce problems, symptoms and adverse physical and mental conditions in later life. This principle is basic to a workable psychotherapy. The resulting deviations from optimum condition both physical and mental—can be designated by the single word—aberration. The problem of the psychotherapist is simply — How can aberrations be most easily and quickly cleared away? Psychoanalytic, psychiatric and psychological procedures are lengthy and slow, in their attempts to recall and discharge past painful memories that lie behind the patient's aberrations.

New concept and research have led to the developments of techniques that are far faster, more precise and effective. This new field is termed electropsychometry. A few of its basic principles are:

1. That memories of past painful experiences are stored in the person by means of electronic energy patterns, which represent distortions of normal energy patterns. The greater the number and severity of these distortions, the more aberrated is the person.

2. By the use of certain new techniques of mental visualization, the electronic energy bound up in those distorted energy patterns can be discharged and the discharge noted on the meter of a simple and inexpensive instrument termed the electropsychometer.

3. As those electronic energies are discharged, the physical and mental aberrations which resulted from the repressed memories of past painful experiences disappear with a rapidity hitherto unknown in psychotherapy.

4. New concepts have clarified the relationships between past painful experiences and present aberrative symptoms, so that the Electropsychometrist, by observing the patient and referring to these concepts, can deduce the type of painful situation that produced the patient's present aberrations and can therefore select the most appropriate type of visualization technique to suggest to the patient, for effective and thorough discharge or catharsis.

Applied knowledge and deduction by the Electropsychometrist thus replaces the previous slow process of inducing the patient to recall his forgotten past.

5. The mental visualization techniques, when properly selected and applied, reach the subconscious level and cause discharge of aberrative energies even though conscious recall is not obtained by the patient. Furthermore, some of these techniques discharge past accumulated pain concerning whole groups or categories of incidents, eliminating the previous necessity of going over them one by one. In other words, psychotherapy can now function on a "wholesale" rather than just a "retail" basis—another reason why the results have been speeded up, to the point where 10 to 30 hours now can accomplish what formerly required 50 to 200 hours or more.

6. Application of the remedial techniques is greatly aided by the use, during therapy, of the electropsychometer. This helpful instrument discloses constantly and instantly, whether a discharge of aberrative energies is taking place, and also discloses the speed of discharge. Thus the Electropsychometrist knows at all times exactly what is being accomplished, in contrast to past procedure where the psychotherapist had to wait

for weeks or months before learning what effect the therapy would produce. With the Electropsychometer's guidance, techniques can be rapidly taken up and laid aside, until the one is found which produces maximum discharge for the patient at that particular time. Thus the Electropsychometer takes the guess-work out of psychotherapy and makes it possible to utilize the patient's and therapist's time to maximum advantage.

This technology for the elimination of the psychosomatic component of illness, is a "natural" for drugless Doctors, for Electropsychometry has proven that mental, emotional and temperamental disorders have an important factor in common with findings of the drugless schools for physical disorders. By adjustments and manual manipulations you are able to normalize the *physical energy flow* in the body as represented by nerve currents. With Electropsychometric research, it has been discovered that subconscious memories of past traumatic incidents are perpetuated in the person by recordings on the energy patterns of the cells, and it is these recordings, or distortion of energy patterns, which maintain and perpetuate psychosomatic difficulties. Further, that by dissipating the energy involved in those recordings, the traces left by painful past events no longer can distort the personality.





A group of students receiving electropsychometric instruction. Many more registered electropsychometrists are needed.

through interfering with your rest. Research indicates there may be little of value in all-night "sleep therapy" systems.

#### WHERE IS MY NEAREST ELECTROPSYCHOMETRIST?

A large and steadily increasing group of electropsychometrists are registered on our index. We supply the name of the nearest APPROVED operator on request. You may obtain this by writing to either the Institute of Self-Hypnosis or to Mathison Electropsychometers, or by telephoning Los Angeles Republic 2-5024 at any hour of the day or night.

A registered electropsychometrist, as has been already stated, is a person who has the necessary electronic equipment and who is able to administer the 68 questions of the Mathison Electropsychometric Chart. This is a straight-

## HOW TO BEGIN AT ACHIEVING TOTAL CERTAINTY

This brings into focus now, the sharp and final question: how can multitudes, and not just a rare few, create in themselves a faith, an intensity of mental or psychical imaging that amounts to this essential certainty that the image will be manifested in reality.

One useful and workable answer indicated in electro-psychometry is that the certainty of faith can be deliberately created through step-by-step exercises. It can be gradually created in the same way that ever so many physical weaklings develop themselves into sturdy specimens. They accomplish this by a process of sustained psychical imaging accompanied by dynamic physical action.

The basic precept here appears to be to START SMALL at purposefully creating a mental image of some minor positively achievable physical act, then physically to perform that act, and in the performing of it, to be aware intensely on the conscious level that even this is actually a manifestation of the realization of an image.

The technique goes this way: Place a pencil before you on the table. Create a mental image, as vividly as possible, of picking up the pencil. Then pick it up--and as you do so, be consciously and intensely aware that you have validated a mental image on the physical level. Duplicate, that is, repeat the entire procedure again and again and again. Other exercises, similar in principle, will suggest them-

Now, I had some of these problems myself about ten years ago. So, I went to many types of councilors, psychoanalysts. This took a lot of time. It was very expensive, and nothing good came out of it. Why did no good come out of all that? Well, I didn't know the answer to that question at that time but I certainly do know the answer now. The reason was that none of these practitioners had the least idea as to the basic causes of my severe tension. Some promised me that eventually we would find out all this. But all uniformly let me know that it would take many months and that the cost would be a good many thousands of dollars.

All this was not encouraging. It was even less encouraging when I began investigating the field of conventional psychology and psychoanalysis and found that the men practicing in these fields privately admit to and among themselves, that they have about 66 per cent failures. All those failures after so much time and so much money spent. This did not appeal to me. It does not appeal to most people who can hardly afford to spend all that money for such doubtful results. So the average person tends to back away from all of this, and quite rightly, too.

In my own personal case, however, I happened to have what is professionally known in the psychology business as a compulsion. Before I was born, my father read to my mother every night from a book named, "Progress and Poverty", by Henry George. This book extensively, gently, but very thoroughly debunks old-style politics. And, every night, at the end of reading a chapter, my father would say to my mother: "So, you see, you have to find out the facts. You have to find out the facts." So after I was born, my mother named me George, after this gentle debunker, Henry George. And I have been stuck with the compulsion ever since to find out the facts. So, I have gone part way around the world some 30 times or so, finding out all kinds of facts in all kinds of countries. Finally I wanted to know why I kept doing this and that in part is how I came to meet my first psychoanalyst. And right there I began finding out a whole new lot of facts, the main one being, perhaps, that most psychoanalysts are a thoroughly mixed-up bunch of characters who don't even know what is wrong with themselves much less with their patient. They do not agree on the importance of biogenetic causes on prenatal causes on sex-based causes.

I started to say that no two of them ever agree on anything, but this would not be correct. For there is one thing that all psychologists and psychoanalysts and psychiatrists agree upon without exception. So, lets start from there. This universally agreed upon fact is, putting it in over-simplified terms, that you have both a conscious and a subconscious mind. This is a fact. But now, if you have heard and read a lot of stuff to the effect that you have even as many as three minds, one called a censor, another called the conscious mind, and finally a real low-down dirty, nasty mind called the Id, the lower mind, the carnal mind, etc., etc.

14/10/1978  
1978 2/10/1978  
g. Johnson

nique are apt to cause a tone drop, as the instructee contacts the pain and tension in the troubled area. After a few passes, the needle of Meter #15 should begin to drift to the LEFT in the direction of rising tone. If it does not, discontinue and do something else. Also, when the needle ceases drifting to the left, the technique is probably exhausted for the time being. It will usually work again during the next session.

#### Flow Technique No. 6

#### REVERSING FLOWS OF BEING, DOING, HAVING

This technique is a variant of Technique No. 3. It applies especially to things the instructee desires or needs to DO, to BE, to HAVE.

For example, let us assume that the instructee wants to get a better job. Proceed somewhat in this manner:

"Image up going into a suitable place, dejectedly asking for a job. See yourself being sneered at, rejected, perhaps even being physically kicked out. Make the routine sharp, vivid, and very brief. The purpose is to bring you to an awareness of the type of energy flow pattern you are using to get this rejection.

"Now intensely image up going into this same place, in a serene and positive manner, and with a total certainty that you will be accepted. Become aware to the highest possible degree of the different energy flow pattern you use to achieve this. A flow that is diametrically the opposite



of the first one that caused rejection."

Have the instructee dismiss the imagery, relax, then completely repeat, that is, duplicate, the whole procedure. As usual, Meter #15 must be watched. The first two, three, or four runs may cause a tone drop, then it should begin to rise. If it does not rise, discontinue. If it does rise, continue until needle action dies out.

Assume instructee wishes to be liked. Again image up being blue, dejected, disliked, rejected. Briefly but sharply feel the type of energy flow pattern being used. Reverse this energy pattern; image up being gay, liked, accepted, desired. Duplicate!

Assume the instructee wishes to have more money. Image up being broke, penniless, ragged, starving. Make it swift, vivid, brief. Feel the energy flow being used. Now, reverse this; image up earning, having, receiving adequate money and other desired items. The imaging of this must NOT be on the basis of receiving money or anything else as gifts, coming in without effort, but on the contrary, on the basis of exercising one's own innate energy-flowing and event-achieving power.

This technique can be used with reference to reversing fatigue to buoyancy, sleeplessness to sound sleep, nervousness to serenity, fears and anxieties to a calm certainty of wellbeingness.

The above technique is one of the "dichotomies". It simply amounts to "I can't--I CAN!", and being highly aware of the type of energy flow pattern being used each way. It



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## DESCRIPTION

The Electropsychometer is a new and powerful aid, when used for the purposes for which it has been designed. Retains the basic patented Mathison Electropsychometer circuit, but is completely automatic in operation.

The most valuable feature of all Mathison Electropsychometers is that this instrument consistently differentiates between pleasant and painful human emotions. Other devices of this type surge on any emotion, indiscriminately. The Electropsychometer discloses psychophysical "tone-drops" on relatively painful recalled events, and "tone rises" on less painful or more pleasant recalls.

*WARRANTY: This instrument may be expected to out-perform any known similar device, regardless of price. Returnable for cash refund after ten-day trial. Warranted for one year against failures due to defective materials or workmanship, provided welded antitampering seals are unbroken.*

Finish: black crackle, white silk-screened legends and panel bordering. Highest quality meters, large smooth-running controls. 14" wide, 10" high, 8" deep. Weight 22 lbs. Packed, 30 lbs. Operates on 110-AC. Six rugged standard-type tubes. Operating instructions included.

---

## INSTRUCTION PROGRAM

presenting

# THAT "WONDER INSTRUMENT"



## THE ELECTROPSYCHOMETER

The  
**PSYCHIC X-RAY**



**TOWN HOUSE HOTEL**  
Kansas City, Kansas  
November 5-6-7th

## FIRST DAY

Friday — November 5th

9:00 a.m.

**THE NEED OF A PSYCHIC X-RAY** and the quest for it.

This one-hour talk will explain to you that authorities claim that a GREAT percentage of diseases—at least 75% — have their ORIGIN in the PSYCHIC part of your patient. We have long searched for an instrument that would enable us to reach and understand these causes. Take MIGRANE, for instance. **THERE IS NO KNOWN CAUSE IN THE PHYSICAL** — yet — many cases have responded very quickly at the **CONCEPT-THERAPY INSTITUTE** clinic when we were successful in discovering the PSYCHIC CAUSE. This lecture will acquaint you with the absolute need of **SOME INSTRUMENT**—some method—of locating CAUSES of PHYSICAL DISEASE lurking in the PSYCHIC part of your patient.

10:00 a.m.

**THE CONCEPTION AND DEVELOPMENT OF THE PSYCHIC X-RAY.**

Mr. Volney Mathison, the inventor of the PSYCHOMETER, will inform you of the conception of the IDEA which led to his remarkable invention. You will be told of the difficulties an inventor encounters perfecting an instrument that will be approved and granted patent rights by the United States Patent Office.

11:00 a.m.

**EXPLANATION OF THE ELECTROPSYCHOMETER.** — Operation Instructions.

It's really very simple to learn to operate one of these wonderful instruments, but as there will be present in the audience many Doctors who have purchased one, we will give instructions in cadence so as to be assured that each and all will **KNOW HOW** to operate the instrument.

12:00 noon. Recess for Lunch.

1:00 p.m.

**PHYSICAL DIAGNOSIS AND ITS RELATION TO THE CONCEPT.**

In this talk you will learn a simple, yet effective, method of PHYSICAL DIAGNOSIS which has

stood the test of 20 years. The IMAGING FACULTY of man will be explained so that you will **KNOW** that behind each and every disease there is — must be — an IMAGE, and from this IMAGE comes the **CONCEPT** which is followed by the disease. Even accidents come under this classification. This revelation is well worth your time and effort spent in coming to Kansas City.

2:00 p.m.

**THE SIX ANATOMICAL ZONES IN HEALTH AND DISEASE.**

Herein are explained the 6 zones used in **CONCEPT-THERAPY DIAGNOSIS**. These are anatomically correct and can be proved by **GREY'S ANATOMY**. You will learn to look for — find — and understand these zones. And, instead of having thousands of NAMES of diseases, you will have only **SIX DISORDERS OF THE BODY TO DEAL WITH**. The Electronic Instrument which we are demonstrating will **PROVE** these zones.

3:00 p.m.

**MUSCULAR DISTURBANCES OF THE SIX ANATOMICAL ZONES.**

This lecture reveals that whenever a ZONE is out of harmony certain muscles are involved. The instrument will then pick up and register this disharmony. Not only will you know the muscle or muscles involved but you will learn just what to do to bring about a correction. No guesswork here.

4:00 p.m.

**THE USE OF THE ELECTROPSYCHOMETER PROBE ELECTRODE to find painful, diseased areas in the PHYSICAL BODY.**

This instrument does everything but talk. In lieu of talking and telling you where the trouble is, it makes a noise which is uncanny. And this NOISE tells you of the trouble. You will have to **SEE THIS** — operate it on your own body to appreciate it.

5:00 p.m. Recess for Dinner.

7:00 p.m.

**THE MISSING LINK IN THE HEALING PROFESSIONS.**

This lecture is one which you cannot afford to miss. It will give you an insight into the problem which confronts a Doctor — ANY DOCTOR — who does not have a way to reach the patient's INNATE.

10

11

8:00 p.m.

**TESTIMONIALS FROM OUR BEAMERS WHO PURCHASED AND HAVE BEEN USING PSYCHOMETERS.**

Your own friends — BEAMERS — will explain to you their experiences during the past three months with this WONDER INSTRUMENT. They will tell you of old chronics whom they had as patients for years and how, with this new device, they are now getting rapid results. Doctors will tell you how they use the instrument — upon themselves — to remove disturbances that arise during a busy day. You will enjoy this to the utmost.



**SECOND DAY**

**Saturday — November 6th**

9:00 a.m.

**POWER OF THE MIND OVER THE BODY.**

In this talk you will be convinced — if not already so — that the MIND is a factor which all intelligent Doctors must reckon with. You will be shown how the ELECTROPSYCHOMETER may be used to PENETRATE INTO THE DEEP RECESSES OF YOUR PATIENT'S MIND and UNCOVER hidden causes which heretofore may have kept you from getting results.

10:00 a.m.

**PSYCHOANALYSIS AND PSYCHOTHERAPEUTICS.**

A general description of the origin and development of the ART of dealing with a person's mental equipment. Enlightenment on well-known techniques of mental therapy.

11:00 a.m.

**THE USE OF THE PSYCHOMETER IN GIVING A WORD TEST.**

You will be surprised how very easy it is to get your KEY WORDS with this instrument. The most surprising thing is that your patient may try to mis-

lead you with his or her answers to a word, but the instrument will TELL THE FACTS.

12:00 noon. Recess for Lunch.

1:00 p.m.

**CORRELATION OF INSTRUMENT SURGES with FREE ASSOCIATION and WORD TESTS.**

Here you receive instruction of a priceless nature. You will be absolutely amazed at what you will see.

2:00 p.m.

**QUESTIONING THE PATIENT TO UNCOVER HIDDEN NEGATIVE CONCEPTS.**

How difficult it was for us to FIND THE EXISTING CONCEPT that gave rise to the PHYSICAL DISORDER. Now, with this marvelous instrument, the task is made easy. Quickly, very quickly, you receive the answer.

3:00 p.m.

**FACTORS THAT CAUSE FRUSTRATION.**

This talk is an education in itself, and no Doctor will want to miss it. After returning to your office, you will have a NEW IDEA of what may be wrong with patients. If one has MUSIC in his soul but cannot express it — you have a sick person. Learn to recognize these "round pegs in square holes."

4:00 p.m.

**ART OF SELLING ELECTROPSYCHOMETER SERVICES.**

Just think! — one of our Doctors purchased an Electropsychometer. His first patient signed up for services, the compensation for which more than paid for the cost of the instrument.

5:00 p.m. Recess for Dinner.

7:00 p.m.

**PSYCHOMETER CASE PROCEDURE — Gives You Priceless Instruction.**

8:00 p.m.

**THE ADVISABILITY — And How To Become A Chiropractic Psychiatrist.**

### THIRD DAY

Sunday — November 7th

9:00 a.m.

#### MENTAL TREATMENT.

Nearly everyone is ill—if not physically then mentally or spiritually. Herein we give you a SURE method of taking care of your patient MENTALLY while you are working on the PHYSICAL. Much information given here.

10:00 a.m.

#### HOW TO CHECK AND "CLEAR OUT" PATIENT.

The technique of discharging your patient as a FRIEND—well and happy—will be explained thoroughly.

11:00 a.m.

#### A REMARKABLE NEW DISCOVERY.

Electropsychometers are now being used by Doctors, but WE HAVE MADE A REMARKABLE NEW DISCOVERY WHICH WILL AMAZE YOU. Once you understand this particular method which we will explain here, you will stand in awe of what is really possible with this instrument. Don't take our word for it—COME AND SEE FOR YOURSELF!

12:00 noon. Recess for Lunch.

1:00 p.m.

#### FINDING AND ELIMINATING THE SUBLUXATIONS.

You are going to be agreeably surprised to find that this WONDER INSTRUMENT will enable you to FIND—and assist you to REMOVE—and PROVE your elimination of—sUBLUXATED vertebrae.

2:00 p.m.

#### ADVANCED WORK. Information not yet divulged —GET THIS.

3:00 p.m.

#### CONCERNING THE INSTRUMENT.

4:00 p.m.

THE AFFILIATION of the CONCEPT-THERAPY INSTITUTE with the MATHISON ELECTRO-PSYCHOMETER COMPANY.

### IN CLOSING

In addition to the foregoing program of instruction, there will be ample time for all who attend this class to work with these instruments in the presence of the INVENTOR. We will have 14 instruments in the classroom, and each student can operate to his or her heart's content. You will be shown all operating procedure and can test yourself and others at the instrument.

NOTICE: No obligation for anyone attending this class to purchase an instrument.

### FINAL WORD FROM DR. FLEET:

*To Those Of You Who Purchased An Instrument.*

I promised you that I would provide EXPERT INSTRUCTION. Well, here it is. FIVE EXPERTS are to be assembled at great cost, and we will give you the finest instruction conceivable.

#### TRY TO COME TO THE CLASS.

If, however, you cannot come, then KNOW that in due time some of our CONCEPT-THERAPY teachers—all of whom have been trained in this instrument—will be available later on.

*To Those Of You Who Have Not Purchased An Instrument.*

You may come to this class and take this valuable instruction without the necessity of purchasing an instrument.

We will be glad to have all you BEAMER DOCTORS, and you may bring your wives, technicians, etc.



### THE COST

Only \$50.00 per person. — Enrollment fee must be sent in by mail on or before October 25th, 1954, to Dr. Thurman Fleet — Box 6594, Alamo Heights Station — San Antonio, Texas.

### No Enrollments At Class

LAST CLASS OF THIS KIND: We could not afford to give another class of this nature as it costs too much. This is our GRAND PREMIERE. Get in on it—Doctor—You will never regret it. "A WORD TO THE WISE."



The **7** Books  
by  
Volney G. Mathison

This seventh volume of the "Seven Books" by Volney G. Mathison has, almost overnight, become a best seller:

## PRACTICAL SELF-HYPNOSIS

*How to achieve and effectively to USE hypnosis without the presence of an operator.*

Presents a supermodern, superstreamlined system for applying the incalculably powerful phenomena of the human mind known to us in this civilization as "hypnosis."

This phenomena — AND ONLY THIS — is the basic key to ALL of the miracle healings, to ALL of the manifestations of extrasensory perception, clairvoyance, and to the workings of all "ancient secret" ways or teachings offered in some expensive books and high-priced metaphysical training courses.

PRACTICAL SELF-HYPNOSIS is the first and only "how-to-do-it" manual of auto-hypnosis. As you read this book, you become aware that it has been created in an intensely busy field of dynamic ACTION. Discloses WHAT TO DO! WHAT NOT TO DO! HOW TO PROCEED!

Eliminate tensions, anxieties, feelings of inferiority, and fears. Develop a magnetic personality. Increase learning and earning abilities. Activate your innate psychical powers!

### Institute of Self Hypnosis

P.O. Box 77-144 Dockweiler Stn.  
Los Angeles 7, Calif.

Enclosed \$3 Cash, Check, Money Order, or send COD  for one copy of  
PRACTICAL SELF-HYPNOSIS

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Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Tel. REpublic 2-5024

## The Secret of the Lourdes Miracles Revealed

by Volney G. Mathison

A scientist, inventor of the patented Mathison Electro-ropsychometer, the world-famous "Psychic X-Ray."



Read the opening lines of this book, —



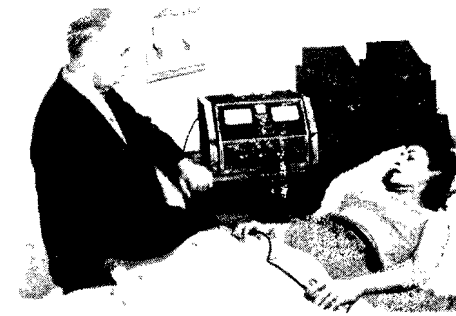
"The miracles dealt with herein are of two types. The first type is that of the miraculous physical healing that occurs at the French shrine of Lourdes—and at many places elsewhere on this globe. The second type of miracle is the swift achievement of happiness and well-beingness in the face of overwhelming obstacles.

"The author has himself experienced an equivalent physical miracle. This occurred thirty-four years ago, therefore it may be said to be a lasting miracle. Since that event, the author has spent years investigating how he achieved what he did. Being a radio communication engineer, his approach has been scientific—and the answer, too, is scientific, clear-cut. It is workable by ANY ONE."

AND--

"High-priced concerns selling 'ancient secrets' assert that the power of psychically or spiritually imaging changes in the human physical body and then causing these changes to appear in the body was exercised in the ancient past and was thereafter lost to humanity.

"The present writer is convinced that this power HAS NEVER BEEN LOST! On the contrary, it has never been fully found. It has been but dimly perceived on the conscious level of human awareness. It has been glimpsed in brief flashes here and there throughout the past centuries of human history. Strange psychical flickerings heralding the eventual GREAT DISCOVERY--how consistently to achieve miracles of accelerated physical and mental healing--appear and vanish again and again. They vanish because there are so many failures. Only a scientific approach with more complete data can reduce the number of failures and make this type of rapid healing more readily achievable. . . ."



This book is based on scientific data obtained through electro-psychometric research of the type disclosed in the above photos.

\$2 postpaid. Also available: a tape-recording of the original lecture by Volney G. Mathison; same context as the book. \$6 postpaid.

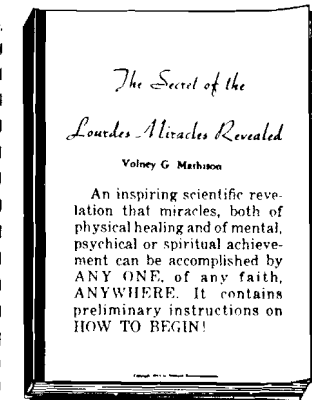
### Institute of Self Hypnosis

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Los Angeles 7, Calif

I enclose \$2. Send book: "The Secret of the Lourdes Miracles Revealed."

I enclose \$6. Send tape-recording of the original lecture by Volney G. Mathison, "The Secret of the Lourdes Miracles Revealed." Same context as the book.

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STATE \_\_\_\_\_



The Secret of the  
Lourdes Miracles Revealed

Volney G. Mathison

An inspiring scientific revelation that miracles, both of physical healing and of mental, psychical or spiritual achievement can be accomplished by ANY ONE, of any faith, ANYWHERE. It contains preliminary instructions on HOW TO BEGIN!



Read about this unique and fascinating pendulum. An ideal gift.

PICTURE SHOWS EXACT SIZES EXCEPT THAT CHAINS ARE LIGHTER AND ARE 9" LONG.

# The Mathison Chevruel Pendulum

by Volney G. Mathison

Inventor of the Mathison Electropsychometer

About three years ago, serious litigation wherein we were threatened with the loss of our many electropsychometer patents compelled us temporarily to close our electropsychometer manufacturing plant. Casting about for some item to manufacture so as to retain our skilled employees, we came upon the idea of putting on the market the "crystal pendulum" --more accurately the Chevruel Pendulum, as named after the French metaphysician who invented it.

At the outset, I regarded the Chevruel Pendulum as being, in the main, a rather fascinating toy. However, our advertising of the Crystal Pendulum, and later, an accompanying book, "The Secret Power of the Crystal Pendulum", produced a great response, and led to our receiving so many sincere and unsolicited testimonials as to its efficacy that I began to re-examine this device with increased investigative attention. Those who have read my "Creative Image Therapy" are aware that for specific reasons stated therein, I have an innate drive to "find out the facts" about many beclouded situations.

My interest was intensified when we began receiving substantial quantity orders for Crystal Pendulums from Leslie L. LeCron, one of the world's leading ethical hypnotherapists. Mr. LeCron stated that the pendulum--with a sphere of the specific machine-ground methacrylate type that we manufacture--was the most powerful aid to the induction of a preliminary stage of hypnosis that he had ever tried, and that he was giving one to every student attending his increasingly large hypno-instruction classes. I was astonished to find that Mr. LeCron's students were all high-quality professional men--dentists, psychologists, and some medical doctors. This study also resulted in my eventually writing--under self-hypnosis--the text of the book, "PRACTICAL SELF-HYPNOSIS--How to Achieve and How Effectively to USE Hypnosis without the Presence of an Operator." Study under LeCron also led to the resolving of some baffling mysteries--mysteries to me, at any rate--about the Chevruel Pendulum.

The first of these mysteries was that the pendulum would not work for me, personally. It just hung motionless, no matter what questions I thought of--even after I had manufactured and sold thousands of them. Finally, one day, Mr. LeCron remarked:

"The unusual texts of your electropsychometer patents show that you are extremely scientifically minded. Now, secretly, you are not convinced that the Chevruel Pendulum is a scientific invention. Therefore every time you try to use it, you are commanding it to remain motionless by saying to yourself, mentally, 'This is not scientific. I will not permit this device to operate. No matter what I think of, it must hang, motionlessly.'"

"That's probably right," I replied. "Well, then, give me your definition of a scientific experiment."

"Why, one which, under like conditions, can be repeated anywhere, at any time, with similar results."

"Now, I would suggest that you try this concept: 'IF this Chevruel Pendulum IS a valid, scientific instrument, then I can operate it immediately. Therefore, IS THIS PENDULUM A SCIENTIFIC DEVICE?'"

So I again took up a pendulum and asked myself the above question--and, at once, I obtained a--to me--completely astonishing "YES!"

From that moment, the Chevruel Pendulum has worked just as well for me as it does for everyone else. It has aided, at times, in the resolving of some extremely serious problems.

Also, as I continued to study hypnosis and self-hypnosis, I obtained the resolution of two other related mysteries. The first one was:

WHY does the machine-ground methacrylate pendulum produce responses that are not obtainable with any simpler arrangement, such as a nail or a screw with a button suspended on a string?

The answer soon became apparent: The polished brilliant surface of this sphered material, used under a bright light, aided in the intense involuntary concentration of hypnosis and of self-hypnosis.

This, in turn, also at once resolved the third mystery: Why did the larger professional or super-size pendulum seem to be from two to five times more sensitive than our original size of one-inch diameter? Obviously because the trancing effect of the super-size sphere--which has exactly twice the physical volume of the smaller size--has inadvertently been created at the optimum dimensions for achieving the most intensive trancing effects.

So, this explained to me why the machine-ground methacrylate sphere is incomparably superior to any other commercially available substance, and why the professional size--of the dimensions Mr. LeCron had always insisted upon having--was far superior to the smaller unit.

One can obtain successful answers to questions on love, job, marriage. ANY problem. For example:

Do I really want to marry Jim?

Should I quit this job?

Do I really hate my boss?

Do I really want a divorce?

Am I pregnant?

Will my coming baby be a boy--or girl?

It is a scientific certainty that the Chevruel Pendulum does induce a degree of self-hypnosis, if used under a brightly-lighted table lamp--and that virtually anyone can get it to operate. Many thousands are in use.

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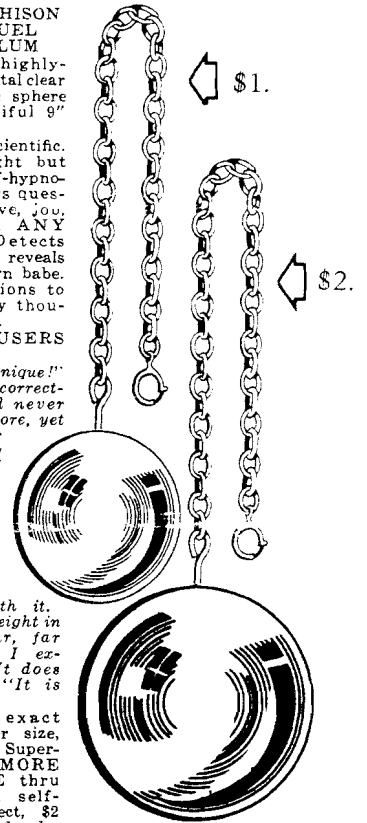
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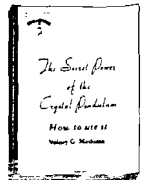


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