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ART AND LITERATURE IN THE MENTALLY
ABNORMAL

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DR. ALES HRDLICKA

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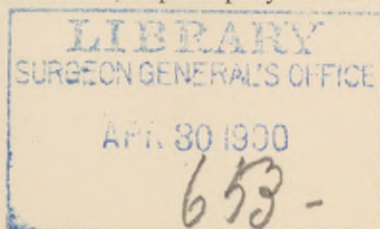
ART AND LITERATURE IN THE MENTALLY ABNORMAL.

BY DR. ALES HRDLICKA.

The subject which I have chosen is one of considerable extent, and cannot in this place be presented otherwise than in an abstract.

The observations reviewed in this paper were commenced at the Middletown State Hom. Hospital, and later extended among several of the other New York State hospitals and various institutions for the feeble-minded, epileptics and insane criminals. The observations are principally a contribution to the study of the effects of various forms of insanity on those psychical powers which are concerned in artistic or literary manifestations; and, in the second place, this study is largely a study of the delusions of the insane.

One cannot expect very much artistic or literary attainment in any class of individuals who have not received a sufficient education. Although inborn talents can and do occasionally manifest themselves in uneducated persons, yet there are very few who can become artists, authors or poets without having undergone a thorough training in these subjects. It can be stated beforehand, that we but seldom see a manifestation of any high inherent talent among the mentally abnormal. The insane or the epileptic genius is a thing largely of romance, or, at least, is not to be found in the State institutions for these classes of patients. What we do find and can study in our hospitals and asylums for the mentally abnormal, is principally the artistic and



literary manifestations of persons who acquired more or less of these qualities by education while in their normal state, and, in one or two classes of patients, the results of training within the institution. Thus the study of art and literature among the various classes of mentally abnormal resolves itself principally into a study of the effects of the various abnormal mental conditions on the previously acquired abilities of the individual, and, additionally, into a study of what can be effected by training with some classes of patients in these conditions.

Among the different classes of the mentally abnormal individuals, by far the largest amount of higher culture can be found in the insane, and, *a priori*, this class of patients would be expected to yield the largest proportion of the manifestations of both art and literature. For example, from among 2127 cases admitted into Middletown State Hom. Hospital since October 1, 1888, up to October 1, 1895, 322, or 15 per cent. have received academic or collegiate education.

Among epileptics education is frequently deficient, and a higher education is rare. This is due to the fact that in many cases epilepsy develops so early that it interferes with advanced education.

Among insane criminals or convicts, especially among the men, education in general is of a lower standard than that of the ordinary insane, and it seems to me to be in average lower than we find it among the "sane" criminals.

According to the thirty-eighth (1897) report of the Matteawan State Hospital, the education of the inmates of this hospital admitted within the last 38 years was as follows (the data comprise both the insane convicts and the criminal insane):

Degree of education of cases admitted in the Matteawan State Hospital since the opening February 2, 1859.

Degree of education.	Men.	Women.	Total.	
Academic	31	6	37	} 2.68 per cent.
Collegiate	16	1	17	
Common School	582	28	610	} 75.1 per cent.
Read and write	856	46	902	
Read only	109	5	114	} 18.37 per cent.
No education	247	9	256	
Unascertained	73	5	78	
Total	1914	100	2014	

Among the criminal *insane*, who form throughout a distinct class from the insane *criminals*, the education is on about a similar standard as that found with similar types of the insane as ordinarily met with. [In this paper, wherever insane criminals are mentioned, the term shall be understood to be restricted to individuals who became insane, so far as known, subsequently to their crime.]

In the idiots and the feeble-minded education is very deficient or entirely absent.

The main cause why the insane receive frequently a higher education than other mentally abnormal persons is the fact that their derangement in most cases does not develop until the time when a good education could have been more or less completed. Besides this, the insane come frequently from good families, and they also not uncommonly show, especially in their youth, good intellectual qualities.

Not all the divisions of the insane include the same percentage of educated persons. Among 400 insane which I examined in this respect in the Middletown State Hospital, I found the following proportions of persons with none or but very little schooling, according to the different classes of insanity: In

- (1) Paranoia, male, 5 per cent.; female, 13 per cent.
- (2) Acute melancholia, male, 21.5 per cent.; female, 6 per cent.
- (3) Chronic mania, male, 17 per cent.; female, 24 per cent.
- (4) General paresis, male, 20 per cent.; female, no case.
- (5) Chronic melancholia, male, 23 per cent.; female, 20 per cent.
- (6) Acute mania, male, 50 per cent.; female, 43 per cent.

In terminal dementia the proportion of uneducated individuals is very large, and the same is true of those epileptics who are cared for in the hospitals for the insane; but it is very difficult to ascertain the real percentages in both these classes of patients. These patients have but little mind left to reliably inform us themselves, and their records are frequently deficient, owing to their coming from county houses or other places where their individual history was not known or kept.

The least proportions of uneducated persons, it will be noted from the above figures, which, however, I should not like to present as typical, are found among the paranoiacs, among the acute melancholiacs, the chronic maniacs, and the general pa-

retics. Now as to artistic and literary manifestations among the insane, the largest majority of the cases where such manifestations are observed belong either to the group of paranoiacs or to that of chronic maniacs. We find these manifestations least frequently in the paretic demented, in the terminal demented, and in individuals with the very acute forms of insanity.

In the first stage of his disease the general paretic will frequently carry to excess any talents which he may possess; but he soon becomes restless and incoherent and incapable of prolonged application to any one object.

The melancholiacs, both acute and chronic, have generally too many personal troubles to occupy themselves with, to be able to think of art or literature; yet one may occasionally make an attempt in one of these directions; he may compose, for instance, tolerably good poems, as I could demonstrate by examples.

The acute maniac, even if inclined to art or literature, will never produce anything but a more or less shapeless, incoherent mess.

A few of the terminal demented, curiously, preserve a fair degree of artistic ability; but these are only exceptional cases.

The inclination to art manifests itself in the insane principally in drawing and in music, and occasionally also in attempts at decorative work or in construction.

The degree of art attained by the insane of any class is never very great, and it is safe to say that it is always below what the person was capable of before becoming insane.

The drawings which the insane make have frequently peculiar characteristics of their own. One of the most common of such peculiarities is that the drawings are mostly of a symbolical or an allegorical nature. The objects on the drawings are often supernatural; intercalated faces are very frequent; some of the figures are liable to represent fabulous creatures, either human or animal. Mysterious objects, secret signs, letters and strange words, are not uncommon in the pictures. Religious objects are frequent, and a few patients indulge in obscene drawings. We also have several individuals in the State hospitals who occupy themselves principally with drawing designs of perpetual motors; and a few others who manufacture paper money, usually of substantial denominations. (Vide Plates I to III.)



DRAWN BY A FEMALE PARANOIAC, UNTRAINED, AT MIDDLETOWN STATE HOMEOPATHIC HOSPITAL, N. Y.
Patient represents graphically some of her delusions about children.

PLATE I.



(FROM THE MIDDLETOWN STATE HOMEOPATHIC HOSPITAL, N. Y.) DRAWN BY A FEMALE PARANOIAC, FORMERLY A MUSIC TEACHER. Represents a scene from the Southwest, a desolation. Patient unapproachable and will not give any explanation about her drawings, all of which are of similar character to this one.

evils I call the Long Island State Hospital
in 1891 and who authorizes you? People!
Name! Phoebe obstructs your passage to see me!

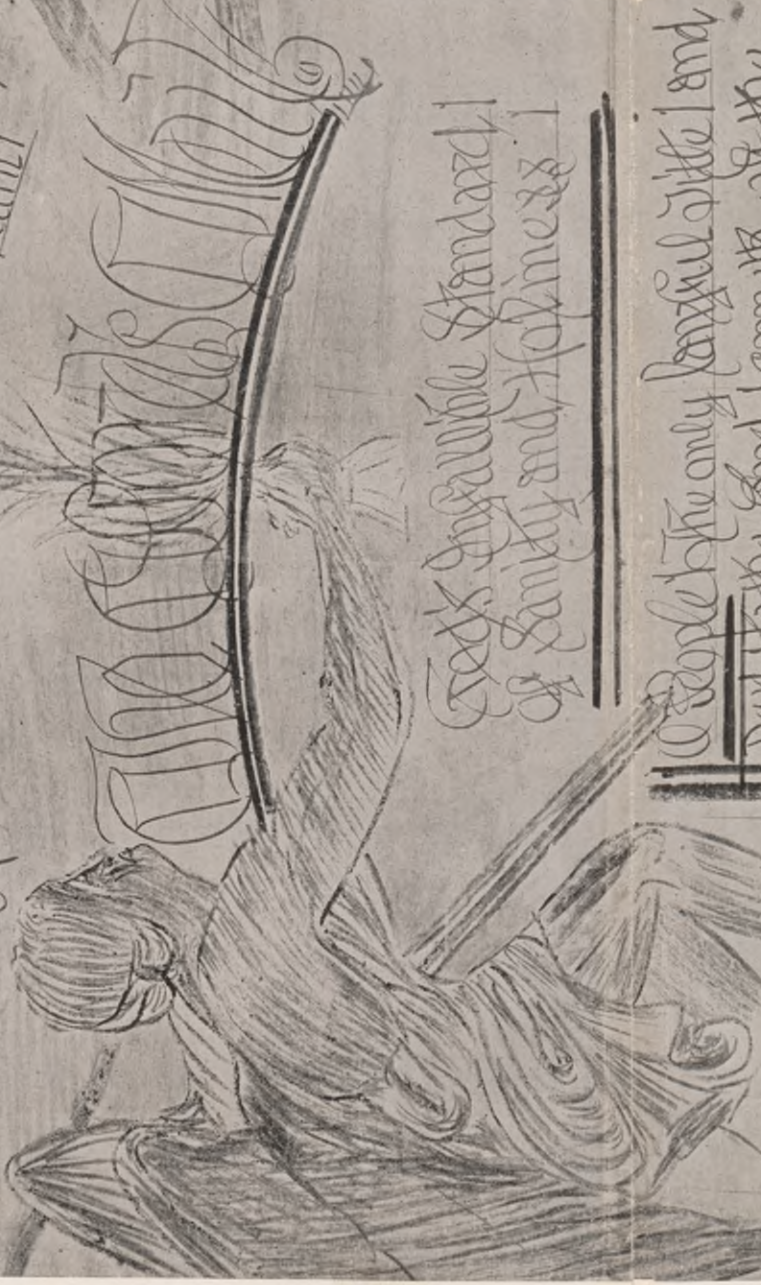
To the Lord without which approval
your deeds are valueless! - Nay!
may be the very evidence I need say! To
convict you is great eximind's
before man and God!

Jumps in God,
Expulsion in God,
To God's Mail.

To people! Why died -
my boy Emmanuel! You must
know! You must learn all the facts!
Touching the cause of his death!

Lord's Day! Oct. 19, 1891, 1891, 1891, 1891,
the Lord's Mail! one mighty 1891, 1891,
my God given! God-protected premises!

I pray I be killed and then I sent by God!
 That the sword be set in Sam's forehead!
 And now I pray of Ephesus! - Syrian!
 As part of Pharaoh's! Egyptian! - a dream! 41



THE LORDS MAIL

The's Invaluable Standard!
 of Sanity and Holiness!

O People! The only faithful title! and
 Dead to the Land, I cometh off the
 Lord, I even as children! and the
 fruit of the prompt! am heritage!
 and give! that cometh of the Lord!
 Hearken ye not!

O the expected, the dignified! who have
 interwined themselves! Right in both
 the Quaker and State! and who -
 possess land! unwisely! secretly!
 and through invasion! plunder! and
 murder! saying! "The man! who -

prophesy! There shall not
 remain! of this nation!
 one stone! standing upon
 another! If all really destroy
 it! saith the Lord! is (text)

O People! Come here! and see! and talk with! The Lords Mail! in vincible in arms!

DRAWN AND WRITTEN BY A MALE PARANOIC AT THE LONG ISLAND STATE HOSPITAL, N. Y.
 Patient has principally religious delusions. He was an amateur artist before becoming insane. Writing incoherent; flourishes about letters.
 PLATE III. (OVER)

again that I beguile Jackson (atom)
 rays I yet held a prisoner upon this set
 the cords made (cette and (rounds).

Attempts to transact his business by the
 principles of the Bible would become
 a quagmire in twenty four hours and
 like in some words without knowledge -
Heaven ye not!

Swear ye to them! Joy such are damned,
 being murderers and blasphemers of the
 Holy Ghost, God and His Holy Word!
But!

Swear ye to the Lord of Hell!
 who only has his imposed! -
 with Gods Holy Word to receive
Diads!

These usurping / plundering / murdering
 at Dutch Kings County / New York
 by virtue of Gods Holy Word to take land



DRAWINGS (HALF NATURAL SIZE) MADE BY A MALE PARANOIAC IN THE KINGS PARK STATE HOSPITAL, LONG ISLAND, N. Y.

Drawn on plain manilla paper by pencil, without the aid of any instruments. Patient was an artistic fresco-painter and decorator. Confined in the insane asylum 9 years. Very incoherent and very mystical. Drawings very highly symbolical, principally mathematical and metaphysical refutations.



A SPECIMEN OF EMBROIDERY-DRAWING.

(Middletown State Hom. Hospital.)

Made by a female chronic maniac, and has a close connection with some of her delusions.

PLATE V.

The execution of the drawings is often elaborate, yet they frequently lack in detail and fine points. The accompanying illustration is a marked, but almost unique, exception. (Plate IV.)

Many of the pictures of the insane remind us of those which children make; others are gross and crude. As a rule, the objects represented in the drawings are those which play a large rôle in the morbid mental life of the patient.

The pictures of the insane are preferably done by colored pencils, in crayon, or in pen and ink. I have but very seldom observed among the insane any successful attempt at painting, and that although I went so far as to provide some of the patients, who could use them, with colors.

The insane prefer to make their pictures on paper, provided they are supplied with it. If such is not the case, and occasionally even when not in want of paper, the patients will draw on the floor or on the walls of their chambers, on the margins of their newspapers, or on any plane surface they find about them.

A special class of pictures are those that are embroidered on some fabric. They are produced mainly, but not exclusively, by female patients and are generally highly symbolical. (Plate V.)

The male insane seem to be addicted to drawing much more than the female.

Some insane will never finish their pictures.

I present a few specimens of my collection of drawings of the insane illustrating some of the mentioned points.

My experience with the epileptics extends mainly to those members of this class who are confined in the hospitals for the insane or in the asylums for the feeble-minded and idiotic. However, these epileptics do not form any special class, for they were placed among the insane or the feeble-minded before a special hospital for the epileptics was established.

These epileptics do not paint and they do not draw much. When they do draw, the objects of their pictures, much more than is the case with the insane, are likely to be of a religious nature, or obscene. There seems to be, however, less symbolism in their drawings than in the drawings of the insane. Simple figures predominate. In the more complex attempts we meet with much confusion.

The insane criminals, so far as I had the occasion to observe

them in hospitals for the insane, and in the Matteawan State Hospital for the criminal insane, draw but little, and most of their attempts are crude. To this there are a few exceptions. Symbolism is very prevalent.

The feeble-minded, which I had an ample opportunity to study at the Syracuse State Institute for the Feeble-minded, would probably never attempt to draw of their own impulse unless it be to make marks without any character and meaning. But all the modern institutions for individuals of this class, and particularly the model Syracuse State Institute for Feeble-minded Children, under Dr. J. C. Carson, give their inmates a regular course of instruction, which embodies a training in elementary drawing. The lower grades of the feeble-minded will seldom, if ever, advance above simple lines. On the other hand, among the less afflicted of these patients, we meet now and then with a pupil who makes really fair progress in drawing.

According to the method of training, the feeble-minded are mainly taught to copy from simple school drawings, and the greatest majority of them never get any further. With a very few, however, it is possible to advance a little, and they eventually copy the outlines of simple objects. But none ever imbue their art products with life or surpass the mere mechanical character of drawing.

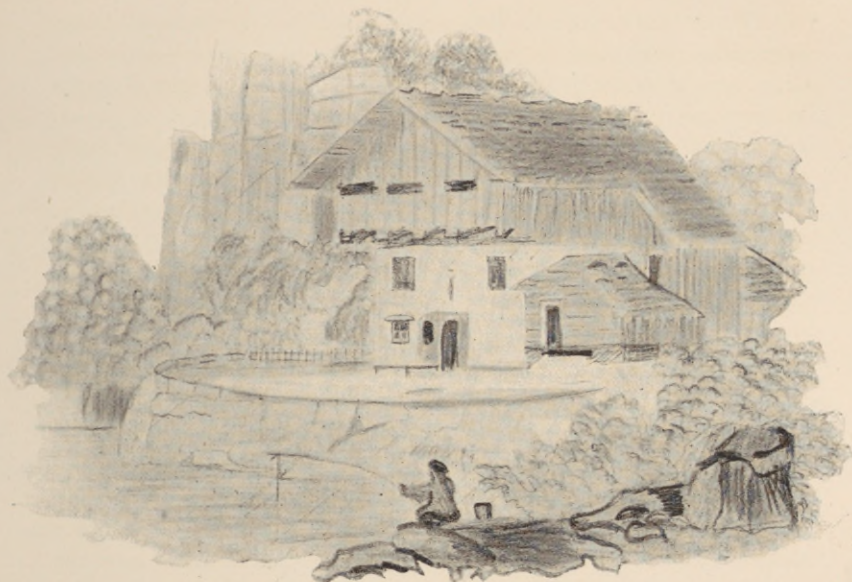
By the courtesy of Dr. Carson, I am in possession of a number of drawings by the feeble-minded, and I will present here as example one of the copied and one of the original pictures. (Plate VI.)

After drawing, music is a conspicuous art manifestation among the mentally abnormal, and we meet with this also mostly in the insane.

The practice of music is largely a privilege of the female patients. But whether practiced by a male or by a female, there is something characteristic about the music of the insane wherever one hears it.

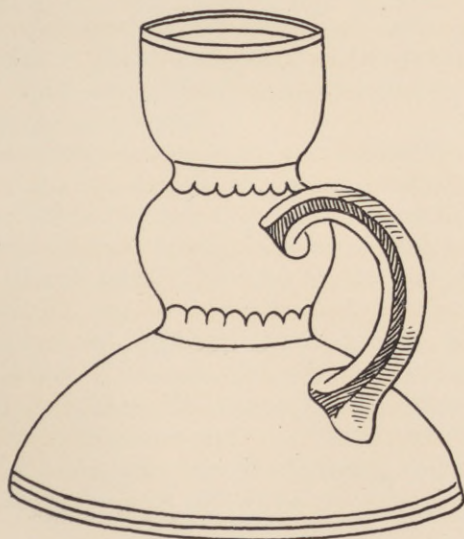
We witness occasionally attempts at difficult compositions, but in the majority of cases the insane prefer to play something simple. It is rare that anything original is attempted.

When playing, and this I have observed in all classes of insane individuals, and in all stages of the disease up to the patient's



COPIED DRAWING.

(Syracuse State Institute for Feeble-Minded Children.)



DRAWN FROM THE ORIGINAL.

(Syracuse State Institute for Feeble-Minded Children.)

recovery, there will recur in the music now and then breaches of continuity, and not uncommonly an uncalled-for repetition. Their music is lacking in spirit, and is either more or less overdone, or monotonous, tiring and lifeless. In those persons whose minds are more affected, chords and false tones will be frequent, and a piece is seldom played complete before another is begun.

The insane will prefer to play from memory to playing from notes. The little of original composition in music that I have had a chance to witness sounded almost always irregular and rather unpleasant, was loud, mixed with fragments of various pieces, and bore now and then a tinge of weirdness.

One of the best musical performances that I ever witnessed among the insane was a violin solo by a male patient in the Rochester State Hospital. In this the rhythm and the notes were rendered perfectly, and both pieces which the patient gave were played to the end, but the performance was soulless and entirely mechanical. Throughout the rendering of the two pieces, the patient, who, before becoming insane from overstudy, was an ardent lover of music, showed not the slightest emotion, and he remained equally indifferent to the profuse applause afterwards.

I heard female patients play the piano, and it seemed that they had a perfect command of the instrument, but somehow there was nothing in the song or composition which would arouse the ordinary sentiments which always accompany with me the good performance of the same song or composition by normal individuals. And this without the interference of any different personal feelings on my part.

The insane cannot execute music spontaneously, without training, to any high satisfaction of even a moderately cultivated listener; notwithstanding this they like good music well.

The majority of these patients like music which is soft, sweet and not too complicated. They also like to hear played popular songs. A few patients, however, show no preference, and others will not be roused by anything but a loud, lively, brass band, the noisier the better. Curiously, patients very seldom take much interest in or really enjoy the playing of another patient. And it is noticeable that instruments like the banjo, mandolin, harp or guitar, have a better effect on the listening patients than have violins or cornets, or even the organ.

Among the epileptics, musical ability differs considerably according to the stage of the disease of the performer and according to his mental state. I cannot say that I have ever observed special musical talent in any epileptic. But those who learned to play can generally play well in the intervals of the attacks and when free from their effects, and before the disease has greatly dulled their mental powers. After this their musical capacities rapidly diminish.

The epileptics do not seem to enjoy music as generally as do the insane; in reality, I have met with some of these patients who were very indifferent, and a few who were positively averse to music, or became excited by it. There are some in whom music will arouse a sort of morbid ecstasy.

Insane criminals apparently enjoy music; they themselves play seldom. It must be taken into account, however, that the circumstances of the seclusion of this class of people hardly allow a full estimate of their capacities in this direction. Under proper direction, both ordinary insane and insane criminals, who were musicians, are capable of being formed into fairly satisfactory bands.

The feeble-minded, and even the idiot, enjoy music extremely, though always in a childish or nonsensical fashion. They enjoy every kind of music and all compositions, though common airs, which they have heard before and especially when played loudly by a brass band, appeal to them perhaps most of all the music.

The feeble-minded, and that not only those of the highest grades, will even learn to play. The Syracuse institution has a mixed band of about a dozen pieces composed of these musicians. Under the guidance of the teacher this band certainly performs to the credit of its instructor.

However, the feeble-minded musicians do not feel the right thrill of the notes they render; nor do the tunes ever affect according to their weight the heart of these players. Nevertheless they are proud of their performance and enjoy it greatly, and this, with the fact that they fully please their regular audiences, ought to satisfy the ambition of their teacher.

In connection with music, there ought to be mentioned dance, song and stage performances.

DANCING.

The insane certainly do enjoy the dance. If any one entertains the slightest doubt about this, let him but visit one of the weekly dances for the patients at Middletown, or at any of the other State hospitals. The observer will see dances of all kinds, all patronized by the patients who are allowed on the floor to the utmost capacity of procurable partners. For some there may be no suitable partner now and then, and they will think nothing of going about the hall fully absorbed in a solitaire. It is a real pleasure and satisfaction for an earnest observer of this class of people to see a jig by these patients.

I have never noticed any bad after effects of these dances on the participants; they are, in fact, a powerful restorative in each hospital.

The insane apparently do not care about much art in their dancing. Not that they will not make fancy figures; but these, and especially the step, follow often more the delusions and disposition of the individuals than they do the music. When a patient begins to dance well or play well or even walk well, in most cases, I think, he may be considered on a highway to his recovery.

The epileptics also like dancing, at least before they become very demented. Yet the epileptic does not enjoy his dance as much as the insane patient. There is always an uncertainty about the attacks, and not unfrequently an epileptic, overcome by a spell, must be taken out of the hall. Besides, the peculiar spells of the surly, ugly, or other abnormal dispositions, which occasionally come over the epileptics, interfere with their enjoyment. Yet some dances, as a form of exercise, may be beneficial to this class of patients.

Insane criminals manifest some liking for the dance. A few have expressed themselves to me in that sense. Yet the sly, suspicious, egoistic nature of many of the insane convicts would speak against any great enjoyment on their part of so convivial, mild and orderly pleasure as dancing is.

The feeble-minded dance; they are trained to it. They dance wonderfully well, considering their mental condition. They do not require extensive teaching, and fully enjoy the dances.

SINGING.

Singing is an accomplishment which is much impaired among almost all mentally abnormal individuals. There are but few exceptions to this rule.

Among the insane of almost all classes, but especially among the female patients, attempts at singing are frequent. Some acute maniacs especially will sing for hours in succession. While an Interne in the Middletown State Hospital, many mornings I have been awakened by the songs of the inhabitants of the "Third Main," who were mostly chronic maniacs and demented. Many paranoiacs like to sing. Dements sing frequently; even the general parietic and the epileptic may occasionally be heard humming some song. Among melancholiacs, especially among the acute cases, attempts at singing are very rare and in many of the latter they are never observed.

The greater amount of singing among the insane is done singly, and that frequently without the slightest notice being taken by the patient whether any one else is singing near besides him or not, or what the other person may be singing. Yet these patients are not incapable of some chorus singing, as can be witnessed during religious services, or occasionally in the evening on a ward. But the capacity is limited.

The singing of the insane possesses certain well-defined characteristics of its own. The most pronounced and general of these is an inferior quality of voice. Deterioration of the voice, and particularly of the power of modulation of the voice, is the rule among all classes of these patients. The voice may be simply failing at greater attempts, or it is hoarse, or husky, or thick, or shrill. A just intonation of a song is a great rarity. The tunes lose in their differentiating qualities. Exaggerations of intonation are met with occasionally.

Next very frequent characteristics of the singing of the insane, particularly of those in the active stages of the various insanities, are either a prolonged dwelling on some one tune, or again, but this more seldom, what in some might be termed an incoherence of singing, and in others a morbid impatience, that is, changing tune for tune without completing any.

In a few cases, not a half dozen in all, I have seen a fair ability

to sing persist in a patient even to dementia. All these patients were good singers before.

The epileptics do not show much inclination to singing. When they do they prefer religious songs to others. Before their dementia is marked, and if the attacks are not frequent, the epileptics will sing almost as well and regularly as the normal people. When the dementia becomes pronounced, singing is weak and rare. Rarely an epileptic will hum or even sing in the abnormal state which follows or more rarely precedes the spell.

Among the insane criminals singing, according to the information which Dr. H. E. Allison kindly gives me, is not infrequent; what I had the opportunity to hear among these patients were mostly brief and very common airs.

Feeble-minded children can be taught to sing fairly well. In some of these children, both boys and girls, the voice is capable of quite a degree of intonation. There is no incoherence in the song among the higher grades of these patients. Nevertheless, taken as a whole, the singing of the feeble-minded children is weaker, less spirited, and less regular, than is that of healthy children. Some of the idiotic will learn a tune occasionally. The older the feeble-minded, the less their singing ability. Chorus singing of popular or church airs is largely preferred by this class of patients.

THEATRICAL ART.

After music, dancing and singing, it will be proper to devote a few words to stage performance among the mentally abnormal. This subject will naturally be very restricted. Stage performance primarily implies a thorough and systematic study, and subsequently a large amount of self-control, of both of which but few abnormal minds are capable.

The epileptics are incapacitated for stage efforts. They cannot stand well any severe and prolonged mental strain, such as stage attempts require, and there is always an uncertainty as to the occurrence of attacks.

As to the insane convicts, according to Dr. H. E. Allison, "there are many who play well, and there are numbers that do well." Several performances are given yearly at the Matteawan State Hospital, in which patients take a large part.

The feeble-minded can be trained at most to a simple, mechanical performance.

There remain to be considered but the insane, and from these we can at once exclude all the feeble individuals, all the acutely insane, and all the demented. The only persons from among this class who are ever capable of any fair stage performances, are the convalescing patients, and a few of the intercurrently or chronically insane.

There have been made efforts in several of the State hospitals for the insane, the Middletown State Hospital included, to give, for the benefit of the patients, some light and suitable play in which all or most of the actors would themselves be insane. None of these efforts, so far as I have witnessed them, or have been informed about them, have proved entirely successful. In instances the strain on some of the patients proves too great and may have unpleasant consequences. I do not think the benefit of the play to the audience has ever equalled that which would result from a similar stage performance by real actors, or even by amateurs non-insane. There is generally much lacking in the play, even if charitably judged, and much is being overdone by the patient-actors; their memories are not always reliable; and the exertion in their rôles becomes with some of them at times so apparent as to be almost pathetic and painful to be witnessed. Taking all this into consideration, and with it taking into account the work and time it takes to prepare patients for the stage, I rather think that theatrical art with the insane must be considered both subjectively and objectively a failure.

A reconvalescing male insane patient attempted recently a stage composition entitled "For Love and War." This piece, of which I have a copy, was performed last October by a company composed of patients and attendants in the Matteawan State Hospital, and gave fair satisfaction.

PRODUCTIVE AND DECORATIVE ARTS.

Some of the insane women will knit or embroider or do a nice patch-work; some of the male insane will build ships or make various objects from wood; and occasionally a patient will try his skill at an instrument of some kind. The objects produced may be interesting or peculiar; but the degree of art in any of the products will never be very considerable.

The insane, especially the women, have much fancy for decorations of all kinds; but, although they show occasionally a considerable ingenuity in their decorative work, they very seldom produce anything truly harmonious, or exactly pleasing, or really beautiful.

In general, it can be said that throughout the whole of their art attempts on the part of insane we can trace more or less a perceptible weakness, defects in finer definition, some incompleteness, want of simpleness, exaggerations, or false harmony.

As one example of the ingenuity of some insane in this direction, I may mention a decorated cushion made lately by a female chronic maniac in the Middletown State Hospital. The patient, who is very insane and has been so for years, and who is always very incoherent and excitable, made a medium-sized cushion. Subsequently she attached to this cushion along its borders ball-pendants made by herself from old paper. Next she wanted to produce some flowers on the face of the cushion. Not having anything to draw the design with, she collected during her walk some fresh leaves, with the juice of which she made her drawing, which was quite good. Having the design, the patient obtained some white flannel. She was allowed to buy a little Diamond dye, and she stained the flannel yellow. From the stained flannel she cut nicely all the parts necessary to the flowers she wanted to make, and then she pasted properly one after another of these parts on the design and finished her flowers. The paste which she used she made by finely chewing some of her breakfast oatmeal. The final result is a neat, nice looking, and quite tastefully decorated cushion.

Of the examples of productive art which I personally witnessed among the male insane convicts, I may mention some nice flower baskets and little figures made from colored bread paste by several of the inmates of the Matteawan State Hospital; and some stars made from paper by another patient in the same place. Dr. Allison, Superintendent of the hospital, placed very kindly at my disposal several other interesting articles made by patients. One of these is quite an elaborate structure from wood, looking like a Chinese or an Indian temple; another piece is a snuff-box, made nicely from a piece of a beef bone which came on the table; and still another article is an interesting but obscene cigarette

holder. All these and additional specimens I hope to be able to describe fully in a later publication on this subject.

The female insane criminals do not seem to me to be much different, so far as the liking of and attempts at decorations are concerned, from the ordinary female insane with similar forms of the mental disease. However, the opportunity for observing real female criminals, who only subsequent to their crimes became insane, is rather limited, as patients of this class are small in number.

Among the epileptics, both the productive and the decorative arts are neglected by the patients. The epileptic is seldom capable of, or especially inclined to, a prolonged exertion in any one direction. Besides this, work, which requires much mental attention, or especially any eye strain, is directly harmful to these patients, which they soon learn, and avoid similar attempts thereafter. Female epileptics whose attacks are light and rare do not seem to me to differ much in any way, so far as arts are concerned, from ordinary healthy persons.

Among the male feeble-minded, training, which is a paramount factor in everything with these individuals, has not yet progressed far enough to allow us to judge definitely of their possible productive art abilities. I have no doubt but that some degree of wood-carving, or even of modelling, could be attained with some of these patients.

As to the girls, they make nice lace-work and they can be taught to knit well and even to embroider. Decoration, especially flower decoration, is much in favor with these patients. They also prize highly gaudy dress articles. Some of the more intelligent girls of this class enjoy making little fancy things from lace, ribbon or paper, and these little productions, which, in the Syracuse Asylum, are exposed once a year to visitors, are occasionally quite tasteful.

In a very few instances a feeble-minded patient was observed to produce anything original. A pair of mittens, made with a broken brass pin, and commenced and finished in the wrong way, and a piece of simple lace, made also with a crude instrument, are the only authentic examples of original work of the feeble-minded children that have come under my notice. Both these articles are the property of the Syracuse State Institution.

Among older feeble-minded, especially among those who are not confined in institutions, attempts at little original productions are not rare, much the opposite; but what is produced is generally of very little value. Taking all into consideration, in the feeble-minded attempts in art in any direction remind one always more or less of the work of little children.

So much in this place about arts in the mentally abnormal. In a general way, the study of this subject among the different classes among the mentally abnormal individuals lead me to the following conclusions:

(1) The general standard of any of the arts in particular, or of all of them taken together, is among the mentally abnormal of all classes rather low. It is throughout inferior to the standard of which the same persons were capable while in a more normal state of mind, or to that which we would obtain in equal numbers of mentally normal persons born and brought up in approximately similar social conditions.

(2) The inferiority of the art standard must be considered separately in the feeble-minded, as it is of a different origin in these than in the insane, the epileptics and the insane criminals. The art standard among the feeble-minded, the lighter grades of these only being considered, corresponds in a certain proportion to the kind and the amount of training these patients have received. This proportion is inferior to that which can be obtained under similar circumstances with normal individuals.

(3) The abnormal condition of the mind of insane persons and that of the epileptics has generally caused a deterioration of the previous art capabilities of these individuals. In no case authentically known to me have these diseases of the brain been observed to arouse a new art talent, or to highly elevate the previous art standard of the individual. There may, however, occur in these diseases prolonged impulses to production in some one direction, or due to the patient's having more time, some of their dormant abilities may develop themselves to a certain degree.

(4) In consequence of the above facts, insanity in any of its forms, and equally epilepsy, may be considered as being generally more or less detrimental and unfavorable to those mental qualities which are concerned in the exercise of any form of art.

LITERATURE.

I will not devote much space in this place to the literary manifestations which can be observed in the mentally abnormal. The subject is very extensive of itself, and will require much additional study.

First, a few words as to writing itself.

The insane will very frequently underline numerous words and phrases, or they will use many exclamatory marks, or quotations, or many parentheses. They make many mistakes in punctuation.

Flourishes about the capitals, or even about all the letters, and changes in the typical shapes of the letters, are very frequent and make at times the writing almost undecipherable. (v. Plate III.) Profuse or improper use of capitals is also frequent. Imitations of printed type are met with now and then; patients who write thus are generally willing to undergo any trouble in order to be listened to and understood.

Many insane will write all along the previously left margins of their letters, or even across what they have already written. They do this very seldom simply from a want of additional paper.

Misspelling and bad construction are frequent, even with the well-educated and native patients. Some favor the use of many foreign phrases, or of many big words; occasionally a patient will use symbolic words, to which, however, there is rarely any steady meaning. Various tremors can be detected in the writings of the insane; but they are more rare than might be expected.

Among the epileptics, in the more severe and in the old cases, the handwriting deteriorates and grows heavier; repetitions and confusions occur. Many epileptics, however, are, when free from their attacks, fairly average writers.

The feeble-minded learn to write, but they do not advance beyond a limited grade. Their writing looks almost always like that of small school-children. The composition is of the simplest, division of sentences improper, punctuation very defective. Omissions of letters or of words are encountered.

So far as I have seen the writings of insane criminals, they were mostly poor, crude, those of little educated persons. To this there are some exceptions.

As to real literary efforts, these are practically wanting among the feeble-minded.

The epileptics show frequently an indisposition to literary efforts, and outside of letters, and particularly petitions, produce very little.

Among the insane criminals, writing seems to be favored. Some of these patients will make complaints in writing; a great many address their lawyers, or the courts, or some friends, and plead for liberation, denouncing usually at the same time the asylum they are in and its authorities. A few larger treatises are produced, the subject of which is generally self-justification or a protest of innocence, and perhaps at the same time an accusation of somebody else.

I have in my possession a printed pamphlet of about thirty pages, written and published by an insane murderess, in which she recounts minutely all the circumstances of the murder, except the act itself, and all subsequent happenings, trying to prove by all this that she was not the murderess. As a literary production of a criminal insane person, this little pamphlet is a jewel. But I believe the woman was insane before she committed the murder.

I met an insane convict who wrote, while insane, a novel and a number of pathetic poems.

The literary abilities of the ordinary insane would, at the first attention to the matter, seem to be very strong, and that especially where they are not curbed or where they are even carefully encouraged.

Many of the insane are given to writing in profusion. If you are their favorite physician, they will supply you every day with a voluminous letter, and you will get much sooner tired of reading than your patient of writing his compositions.

The paranoiac and the chronic maniac are both inveterate writers, but they are occasionally challenged by the general paretic in the first stages of his disease. The terminal dement writes little and seldom intelligently. The melancholiac is almost

as averse to writing as he is to eating or sleeping. The acute maniac will write willingly, but his writing will be very incoherent.

The writings of every insane individual will generally preserve throughout the same type, though they may improve or deteriorate according to the condition of the patient.

Not all the writings of the insane can be called literary efforts. A certain class of insane will write only because the pen and paper are the only means by which they can express or augment their complaints against things in general or particular. Certain paranoiacs will be urged to write by their delusions of persecution and they expect to obtain aid through the persons to whom the writing is addressed. But outside of all these, there is in every hospital, just as is the case with artists, a certain number of genuine *literati*, who write from mere pride, or ambition, or but for the pleasure of writing.

The Middletown State Hospital published until recently a weekly paper by which the majority of the best literary efforts in this particular hospital were secured. The *Conglomerate*, the name of the paper, has been a very valuable document to me in my study of this particular question.

A thorough general analysis of the literature of the insane would occupy many a column. As to the mere letters, there can be recognized in these a number of more or less distinct types. There are the letters of complaint and accusations of the paranoiacs; the self-accusing or despairing letters of some melancholiacs; the exaggerations of the general paretic; then there are the religious, the blasphemous and the sensual letters, varieties which are intrinsically somewhat related; and we have, further, the suppliant "go home" letters; the entirely incoherent epistles, etc.

As to larger products than letters, in general there are four principal classes or tendencies of these writings: These are poetry, imagery, criticisms, and witticisms.

Poetry is largely preferred, but may be considered the most imperfect of the above-mentioned classes of insane compositions. The poems very seldom express any definite lofty idea, and when they do express one, they seldom follow it throughout.

The poems are almost generally short, within a few dozens of lines. Their rhyme is often more or less irregular.

The imagery is frequently of a perceptibly insane character, and comprises many delusions. The patients are liable to enlarge upon everything; to treat little things with very minute detail; to give undue importance to objects of their preference, or to be very sentimental.

Criticism is almost generally exaggerated, although it may be humorous or acute. The insane enjoy criticising methods in their writings, and they enjoy especially, it seems, criticism of their physicians. Some of these criticisms are jocular; but others, and especially those found in letters, are liable to be very malign. The criticism is generally proportioned to the grade of the physician, and the superintendents get the hardest.

Witticisms are most frequent with the chronic maniac, though they are also a favored topic with some of the paranoiacs in the moments of their better disposition. They are occasionally quite acute; frequently, however, there will be detected sad deficiencies, and what was intended to be very witty is really but insipid, dull or stupid.

In general, the student of the writings of the insane will easily see that all the literary abilities of these patients, through their insanity, have undergone a variable change to the worse. He will never find them improved, though they may be stimulated, by the disease.

The effect of insanity in all its forms upon the literary talents of the insane may be said to be detrimental, in a similar way as was the case with the art talents of these patients. The same, but in a modified degree, is true of the epileptics. In the feeble-minded, except in the lightest cases, all literary abilities seem to be entirely absent.

The artistic and literary manifestations of the insane will prove valuable in the study of the delusions of these patients. These manifestations are entirely spontaneous and they reflect sometimes clearly the patient's most intimate ideas and thoughts which otherwise it may be very difficult to trace. The writings reflect further various tendencies of the patient, and also any incoherence or confusion which may exist. They also reflect, if observed for some length of time in a single individual, the mental

progress to the worse or to the better. Finally, some degrees of agraphia may be traced in the writings of mentally abnormal persons.¹

¹ The author will highly appreciate any specimens of writing or art, produced by mentally abnormal individuals with which he may be favored. Address Ales Hrdlicka, Pathological Institute of the N. Y. State Hospitals, 1 Madison Avenue, New York City.

