The Arkham Gazette

Issue 1 – Handouts

December, 2016

by

'ALEOLEX' Reports of Delusions of an Invisible Monster

BRET KRAMER Arkham's Markers: A History

BEN WENHAM The Bosworth House

layout **CHRIS HUTH**

handouts **DEAN ENGELHARDT**

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THE UNVISITED ISLE

Chris Jarocha-Ernst originally prepared this prop document for this issue of the *Arkham Gazette*, presenting the notes of an ill-fated Miskatonic University student's investigation of the certain curious Arkham spot—the little island in the Miskatonic with "a curious stone altar older than the Indians".

When it became clear that this issue was going to exceed our initial estimates of length, we decided to make Chris' fine work available solely in PDF form. These notes can be used as a handout for investigators looking into that strange islet or even as the nucleus of a scenario of your own creation. Enjoy!

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ORIGINAL ARTICLES

SPONTANEOUS MANIC CONTAGION: A DOCUMENTED EXAMPLE, EMPIRICAL INVESTIGATION AND POSSIBLE EXPLANATION.

BY L. MACASSAR, M. D. AND P. D. OATES, M. D.

Three patients presented to physicians over a period of a week with almost identical symptom profiles. The patients were unknown to each other, comprising of a transient, a white collar worker, and a retired judge. None had a previous history of mental illness and tests indicated chemical agents commonly associated with disorganized thought were not present, suggestive of a hysteric cause. Patient reports and thematic testing were consistent with the presentation of a common spontaneous manic episode. Suggestions for contagious processes based on Psycho-dynamic theory are presented.

CASE PRESENTATION.

Three patients presented to separate physicians over the period of a week in July, 1926. All lived within the Miskatonic region within 25 miles of each other. All patients were referred for internment at the Arkham Sanitarium on the basis of their unusual behavior. Here, we identified common themes within the content of the manic episodes, detail to follow. The patients were:

JK, Male, age 44, occupation – occasional gardener. JK is a transient within the New England area, seeking employment within wealthy estates as and when it arises. He has above average intelligence but is poorly educated. JK was referred to a physician by his employer after reports of unusual and agitated behavior whilst working. No history of previous mental illness evident. (An anonymous benefactor funded admission).

PT, Male, age 38, occupation – Accountant. PT received a high school diploma and is highly numerate. No previous history of mental illness. First presented via admission to hospital with wounds caused by a "transparent horror", determined to be self-inflicted.

AB, Male, age 65, occupation - retired judge. AB retired to the New England area and is a well-respected individual within the community. No history of concern. AB made a written report to the Police regarding a fantastical incident. In spite of the patients standing in the community, he was admitted to the sanitarium at his family's request.

None of the patients reported knowing each other. Given their different walks of life this appears to be a truthful account.

COMMONALITY WITHIN REPORTED MANIA.

All patients have reported that they have encountered an invisible entity. All reported they encountered the creature at night, were chased and now feared for their lives. All considered the size of the creature to be equivalent to that of an automobile. When challenged about how the size could be judged when the entity was invisible, all indicated that they based this on the sound made by the entity as it moved. One patient (PT) reported having been touched by the creature, which burned ringlets within the skin of an exposed forearm. The hospital considered these wounds to be inconsistent with bite or claw marks of any native animal and concluded the wounds were self-inflicted.

EMPIRICAL INVESTIGATION.

All patients deny having a mental instability, yet report a belief in an invisible phantasm and are still fearful for their safety, particularly after darkness has fallen. Their accounts are well rounded and appear compelling. Responses to Rorschach items were unimaginative and consistent with normal levels of performance. However item #17 resulted in strong reactions from all three patients who indicated that the item was almost identical in structure to the

invisible entity. The typical normal responses to this item are that it resembles a tangle of crimson barbed wire or tumbleweed. The patients were unable to explain how they knew what the phantasm looked like when they also simultaneously reported that it was invisible.

Further assessments ruled out alcoholism, other drug use, or inadvertent/willful poisoning (ergot, psychoactive agents, etc.). Neither were symptoms consistent with organic damage such as stroke or dementia. The only irregularity we identified was a mild anemia and have prescribed iron tablets to counter. However this irregularity would not account for the reported disturbances in thought and so, in the absence of a likely physical cause, we suspect a hysteric basis.

In line with Gottlieb (Gottlieb, 1925) we introduced the three patients to each other. Gottlieb has reported significant benefits with patients who report delusions, where the least invested patient will begin to back down from their delusional stance. Contrary to our expectation, the patients drew a great deal of solace from the introduction and none withdrew from the mania as we had hoped. The patients now seek each other when they are able to do so. E.g., During exercise time in the sanitarium grounds. We have noted that the three patients stay in the centre of the lawn area and speak urgently to each other. Following the Gottlieb intervention we must note that the mania is no longer developing separately and the triad appear to be developing their fantastical thinking together as a group.

Conclusions.

On the basis that this common delusion initially developed independently, we would like to propose that this is evidence of a 'manic contagion', that is to say that a mental disturbance becomes contagious in some manner and can spread within a community. The precise mechanism by which the 'mental contagion' spreads is unknown presently but we would posit a mechanism based upon unconscious conflict (Finch, 1926). Firstly, we have identified a significant conflict within each patients environment which may manifest as a manic episode; the life of a transient by definition is unreliable and without stability, and the life of a recent retiree must require a dramatic reformulation of ego to serve id. We have subsequently learned that the business for which PT organized accounts for has become bankrupt; as a skilled accountant PT would have understood this inevitability. Having identified the seed that has initiated the contagion we would now like to speculate how the mania manifests itself via a common theme.

In Mills' 'Nature and Man' (Mills, 1918), it is speculated that our thoughts in relation to nature are manifestations of our moods, and vice versa. Consider, for example, a hearty walk in the hills of Vermont, or the comfort one experiences viewing a pastoral scene painted by Constable. Both are manifestations of happiness, but also cyclically cause further uplift in mood. Although Mills concentrates on positive aspects of mood and nature, it must also be concluded that there are negative associations too. We therefore speculate that the negative aspects of our patient's lives are being manifested in perceived rebellions of nature, such as invisible phantasms. At this stage we are unclear why all three have the same identical mania, but we would speculate that this must relate to some primeval instinct residing within the id. Our investigations are currently exploring this possibility.

Treatment Protocol.

We continue to care for the patients and attempt to resolve the internal pastoral conflict. Our attempts to date have not met with success; the patients shy away from the windows when they should embrace the outside world (to ensure pastoral equilibrium as Mills would put it). We have also noted that all three are now engaging in the same self-harming behavior; ringlet marks appear on a regular basis although the triad rationalize this as being 'fed upon' in their sleep. The consequent anemia is, however, becoming deleterious to their health. Nevertheless we remain ever optimistic that we can interrupt this cyclical behavior in due course and reintegrate our patients back into society.

References.

Finch, F. (1926). *Freudian perspectives of unconscious conflict.* Monologue Press: London, Great Britain.

Gottlieb, H. (1925). *"Mr Bonaparte. may I introduce Mr Bonaparte?"* Theraputem, 13, 25-34.

Mills, D. (1918). *Nature and Man.* Talbot Publishing: NY, NY.

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ridicule," Fredericks declared, was prompted by his "neat appearance and success with the girls on the campus."

HISTORIC MARKERS NEGLECTED

Are Arkham's Selectmen Lawbreakers?

By Roberta Henry

ARKHAM — Forgotten to all but a few of our fair city's most learned citizens, Arkham is encircled by a ring of granite posts, erected more than a century ago. These are the town's boundary markers, as required under state law since the earliest days of the Republic. You may never have seen one of these posts as most are in farmer's fields or shrouded by the trees of Billington's Woods, but they have stood guardian over our town for more than one-hundred and twenty-five years. Who cares for them now?

According to statute, these ancient markers are to be inspected every five years but as discovered by this reporter the last inspection occurred nearly forty years previously! How has this solemn duty, as established by our state's august government of old, been disregarded for so long?

When contacted by this reporter none of our selectmen could answer this question and several of these town fathers were wholly ignorant of not only their duty to watch over the official boundaries of the town but of the markers as well. Mayor Peabody's office, holding to that famed maxim of Benjamin Franklin, refused comment.

The question now is – what other essential duties have been neglected by our so-called leaders? Do these markers even stand today? Our readers demand action!

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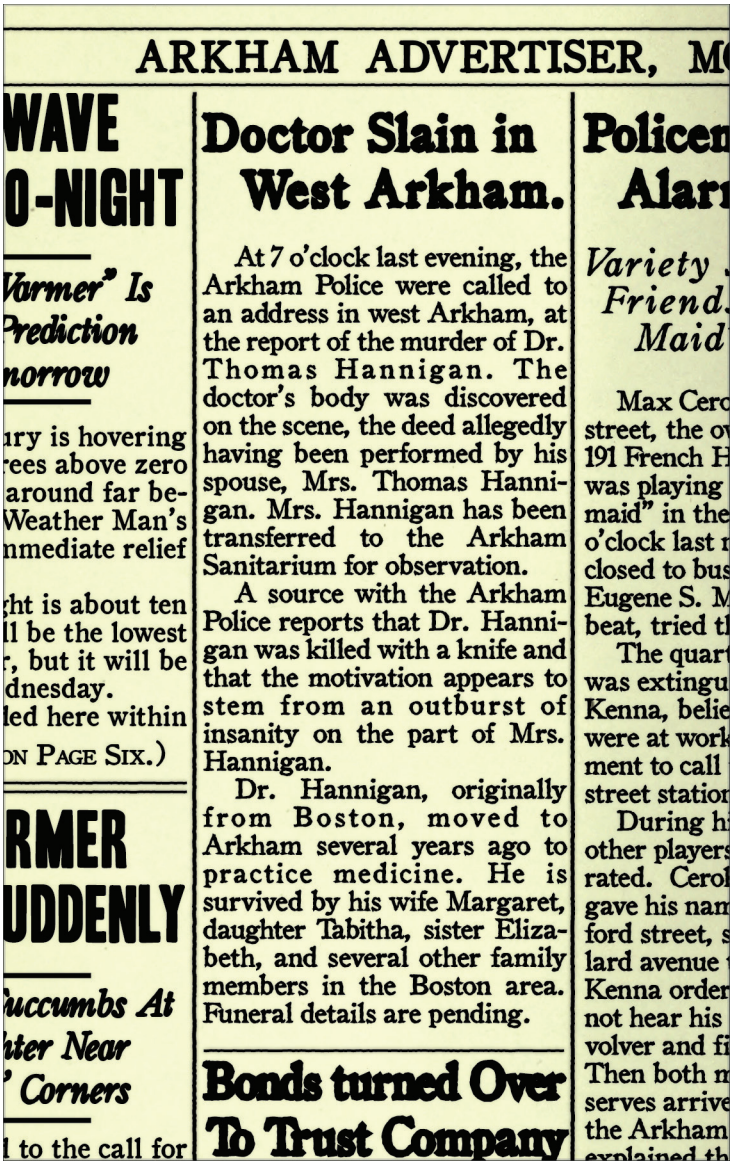

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Doctor Slain in West Arkham.

At 7 o'clock last evening, the Arkham Police were called to an address in west Arkham, at the report of the murder of Dr. Thomas Hannigan. The doctor's body was discovered on the scene, the deed allegedly having been performed by his spouse, Mrs. Thomas Hannigan. Mrs. Hannigan has been transferred to the Arkham Sanitarium for observation.

A source with the Arkham Police reports that Dr. Hannigan was killed with a knife and that the motivation appears to stem from an outburst of insanity on the part of Mrs. Hannigan.

Dr. Hannigan, originally from Boston, moved to Arkham several years ago to practice medicine. He is survived by his wife Margaret, daughter Tabitha, sister Elizabeth, and several other family members in the Boston area. Funeral details are pending.

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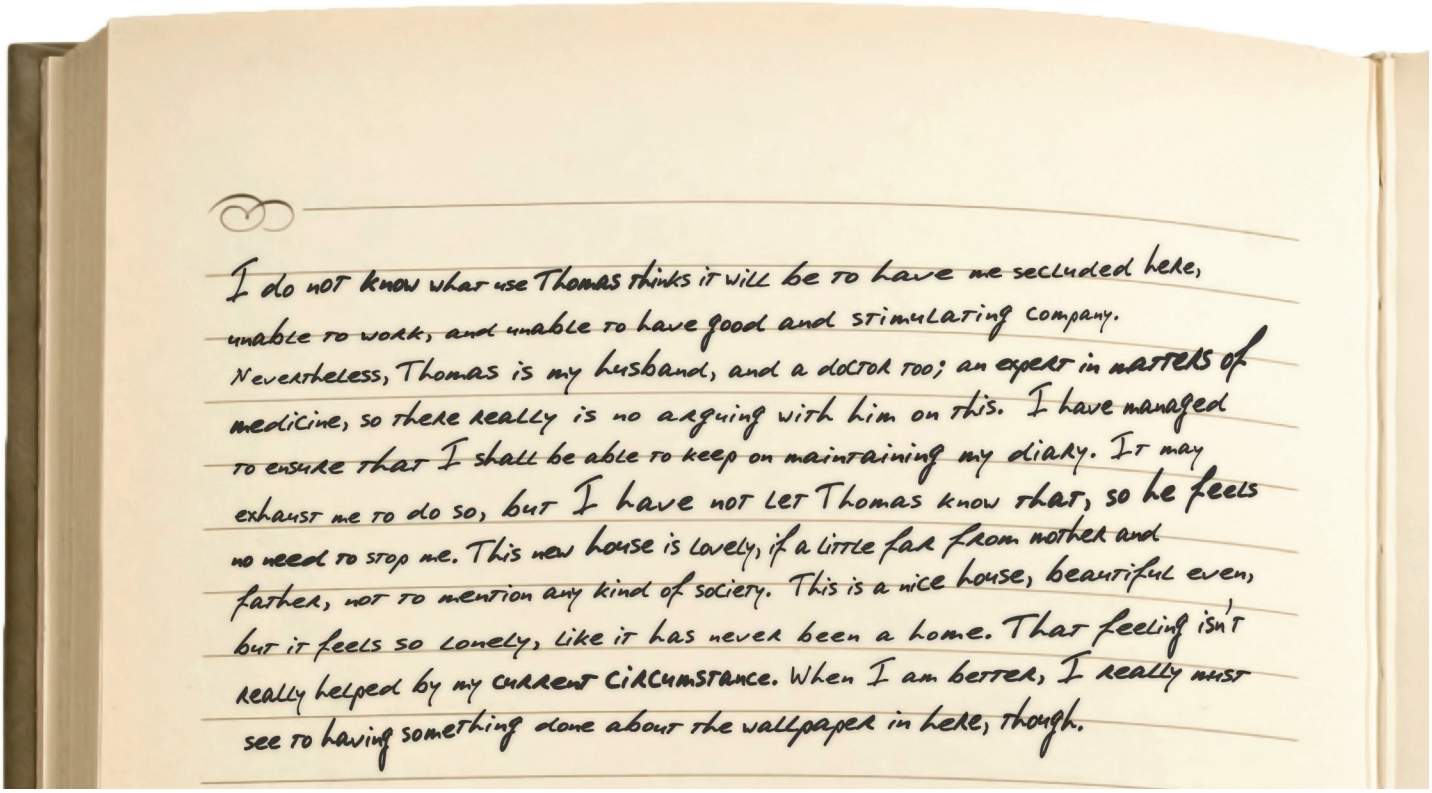
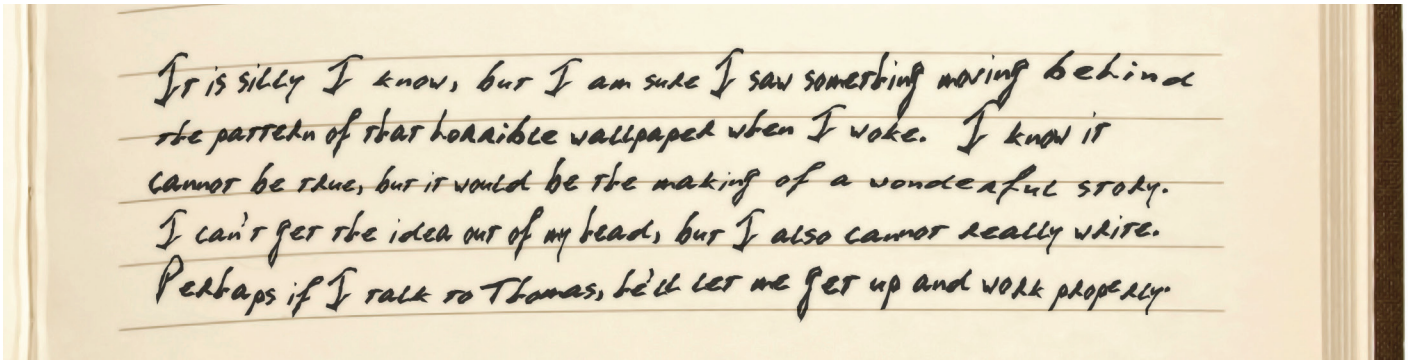
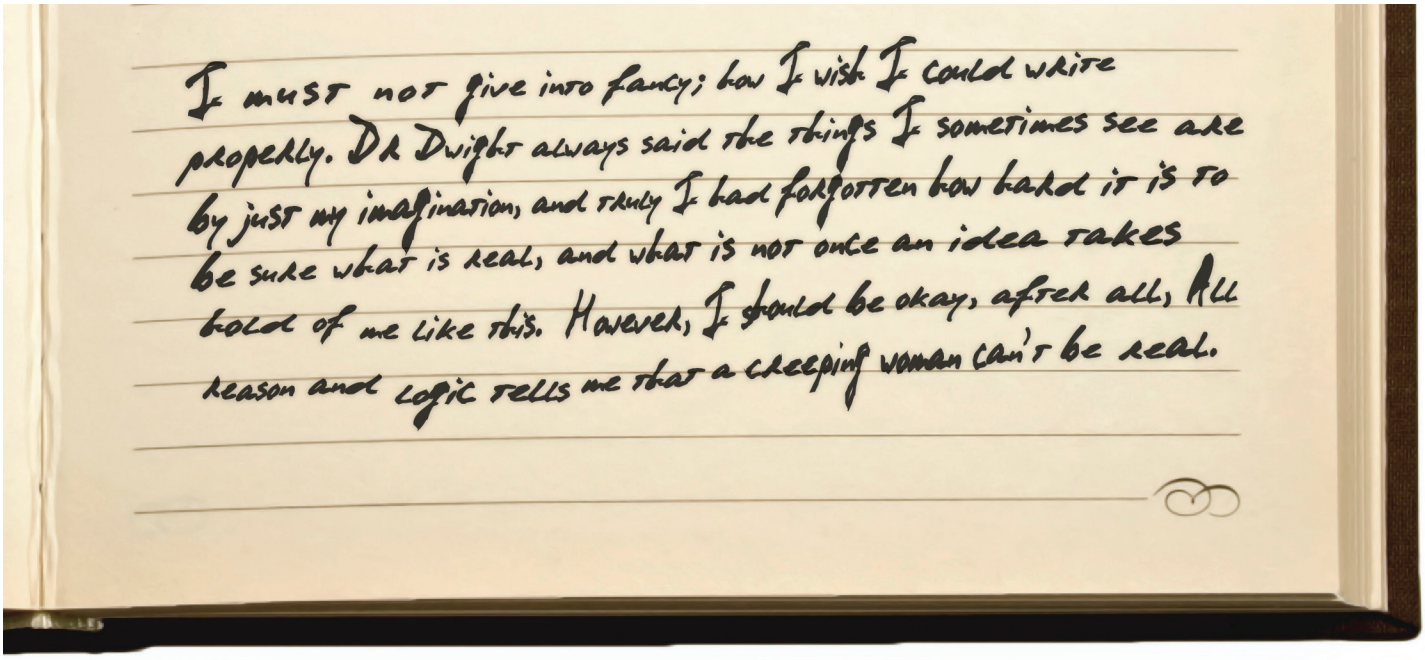


I do not know what use Thomas thinks it will be to have me secluded here, unable to work, and unable to have good and stimulating company. Nevertheless, Thomas is my husband, and a doctor too; an expert in matters of medicine, so there really is no arguing with him on this. I have managed to ensure that I shall be able to keep on maintaining my diary. It may exhaust me to do so, but I have not let Thomas know that, so he feels no need to stop me. This new house is lovely, if a little far from mother and father, not to mention any kind of society. This is a nice house, beautiful even, but it feels so lonely, like it has never been a home. That feeling isn't really helped by my current circumstance. When I am better, I really must see to having something done about the wallpaper in here, though.



It is silly I know, but I am sure I saw something moving behind the pattern of that horrible wallpaper when I woke. I know it cannot be true, but it would be the making of a wonderful story. I can't get the idea out of my head, but I also cannot really write. Perhaps if I talk to Thomas, he'll let me get up and work properly.



I must not give into fancy; how I wish I could write properly. Dr Dwight always said the things I sometimes see are by just my imagination, and truly I had forgotten how hard it is to be sure what is real, and what is not once an idea takes hold of me like this. However, I should be okay, after all, All reason and logic tells me that a creeping woman can't be real.

Thomas Harrigan's Notes

Summary:

These papers, more than sixty pages, record Thomas Harrigan's treatment of his wife Margaret Harrigan for what he describes as "excessive morbidity" and "melancholia brought on by excessive stress". XXX They begin in December of 1926, with some rough notes recording his observations of Margaret's symptoms in the weeks after the birth of their daughter Tabitha. After HarriganX decides on a diagnosis, the remainder of the papers are a daily treatment log, focused mostly on recording her vitals and general psychological state. Over the course of his treatment of Margaret, Dr. Harrigan made a number of adjustments with the hopes of improving her mood, demeanor, appetite, and (especially) her engagement with their infant daughter. Despite repeated failures to make progress, Harrigan never reconsiders his initial diagnosis, or contacts other medical professionals in order to treat his wife, though he does mention occasional discussions of her condition with a specialist in Boston.

Margaret's symptoms, though sometimes moderating in severity, never entirely leave her, even on her best days. His typical response to particularly severe manifestations of her illness is to further limit her exposure to 'stimulation', including social contact, newspapers, magazines, books, writing materials, and even blank paper. Her condition, especially psychological, takes a much more severe decline starting in the fall of 1927 and Thomas worryingly notes increasing hallucinations on Margaret's XXXX part and a general decline in her rational thinking and interest in the wider world. Scattered through his notes are a number of comments from others to Harrigan asking after his wife or otherwise suggesting that she might need more care than he could give. Harrigan's response to each is an angry rebuttal of their concerns.

Clippings:

February 11, 1927

M. slept 15 hours, without medication. Ate two pieces of toast and half a glass milk. No change. Declined conversation with myself or Beth.

July 4, 1927

M. asked to spend a few hours in the garden today - Beth must have reminded her of the holiday - seemed in good spirits and we talked amiably about the names of flowers while Beth played with little Tabby. M. declined to hold her, much to my displeasure.

Thomas Harrigan's Notes (cont'd)

August 23, 1927

M. slept 8 hours, applied dilute morphine solution via syringe to promote rest. I read three chapters of Ivanhoe to her. No response.

September 4, 1927

Breakfast refused. May have to consider forced-feeding. I note that M. has begun to pick at the wallpaper in her room, but when asked about it, she insisted that she was not to blame for the damage but refused to explain herself. I will contact the pharmacist about increasing her bromide dosage to prevent such behavior.

October 11, 1927

Miss Phillips left another card with Beth today. Left another of her stories for Margaret to read. I've posted it back to her with a note making my concerns about such activities abundantly clear. Breakfast, Lunch normal. She was singing, couldn't place the tune. Tabitha showed little interest in her mother when I had them together today, as I feared. M. showed little reaction to being spurned in favor of Beth.

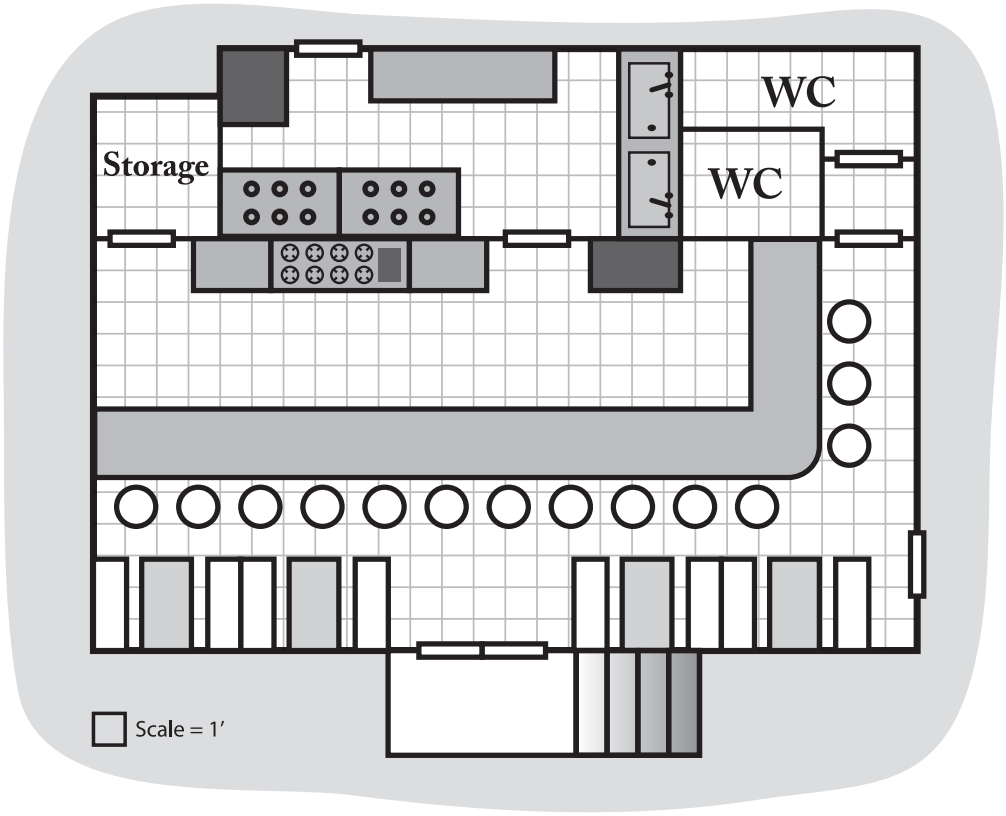
November 24, 1927

Margaret continues to ask if we might have a Thanksgiving meal with her family. I think it ill-advised considering her outburst at her last visitor. Margaret always seems to be singing when I come to visit her but, upon my arrival, always stops and insists that she had not been singing at all.

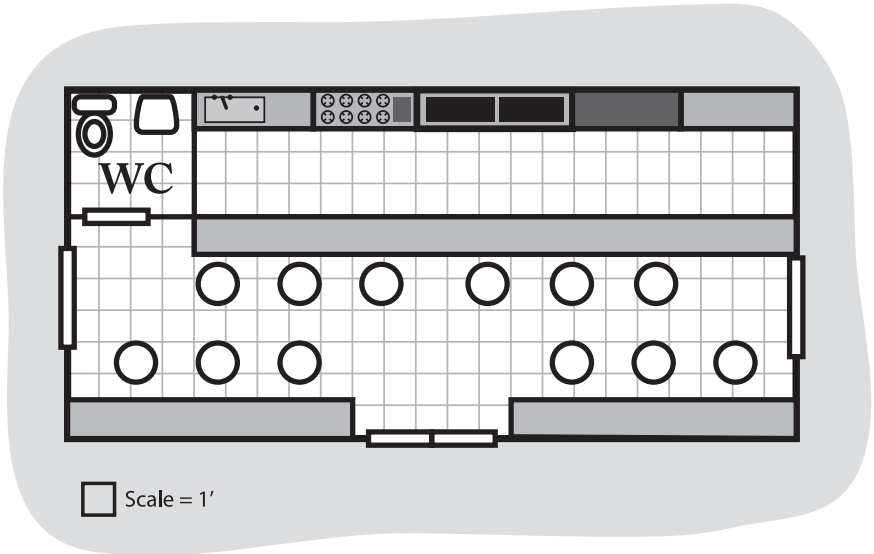
December 16, 1927

I must have a word with Beth. M. again out of her room. Will contact locksmith about fixing the bedroom door. M., for her part, continues to lie about what happened. She says that we didn't lock the door, when I know full when I locked it upon my departure last night. When we talked she pretended to write. She says she is taking notes about me and documenting my "treatment". Stronger sedatives will likely be needed.

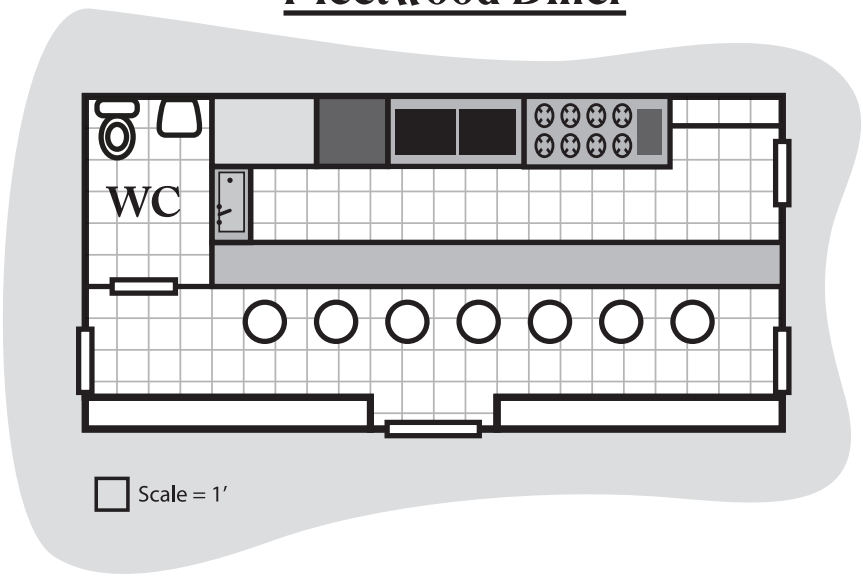
Aunt Lucy's Diner



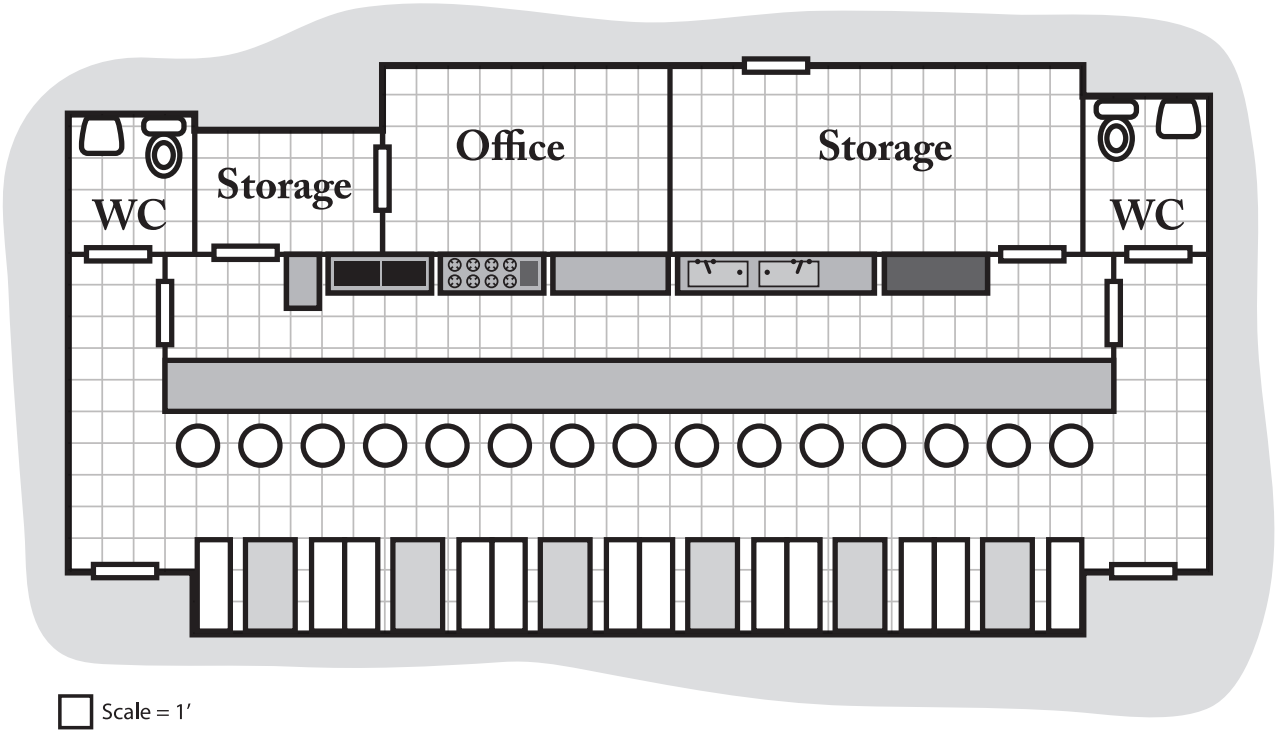
Bee's Diner



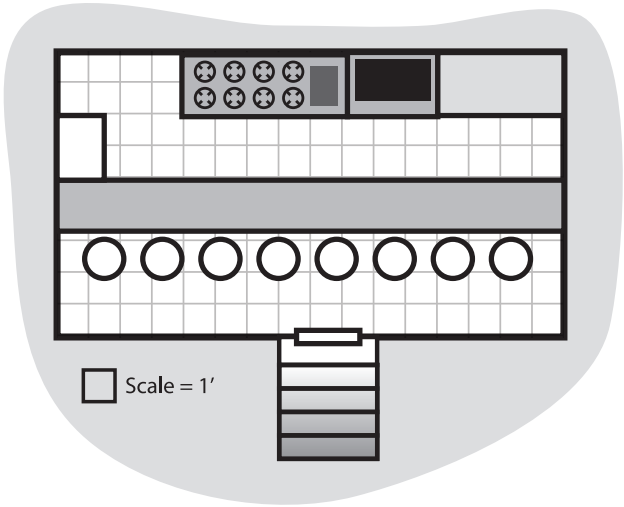
Fleetwood Diner



Grafton Diner



Graham Lunch Cart



Walnut Street Diner