

**“She neither Respected nor
Obeyed Anyone”: Inmates and
Psychiatrists Debate Gender and Class
at the General Insane Asylum
La Castañeda, Mexico, 1910–1930**

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On 28 September 1911 Luz D. arrived with her husband at the admissions office of the General Insane Asylum La Castañeda, the largest state institution devoted to the care of the mentally ill in early-twentieth-century Mexico.¹ Following the rules of the establishment, the Ds provided basic identification data before an asylum intern performed a routine physical and psychological examination designed to determine her mental condition. Because Luz D.’s affliction did not prevent her from understanding and answering questions, she actively participated in the institutional psychiatric interview—an interrogatory ritual structured around questions included in an official medical questionnaire—that would decide her admission status. Later, after she became an inmate, Luz D. chose to write the narrative of her illness on her own, on a separate sheet of paper:

I was born in 1874. When I was six years old, I suffered from scarlet fever, thereafter I grew up healthy and strong. I had my period at 13, with no derangement, and at 15 I became nervous. I got married at 17, and my health improved. After four years, and because of moral mortification and physical losses, my nervousness came back. I got better again, but after five years I suffered from puerperal fever, which gave me an acute nervous condition. Later on, with distractions and traveling, I got better. At that time I drank alcohol by medical prescription. Then, in 1899, I suffered an outburst of dipsomania, which was originated by a

1. Inmates’ last names have been omitted to preserve their privacy. All translations are the author’s.

change in my moral and physical life. At that time, the man, my husband brought another woman and ever since I have not lived intimately with him. The emptiness of my soul was reflected in my physical parts. I did not drink until 1901, when, because of my drinking, I was committed to La Canoa for three months.² I was in perfect shape once again until 1906, when, because of excessive work, moral mortification, and terrible quarrels, I turned to drinking again, and once again returned to La Canoa. . . . [W]hen I can use my reasoning, I can bear great grief, and I do not lose the control I must have, given my difficult situation and my exaggerated way of feeling, this way I get carried away with passion and the most complete excitement.³

Luz D.'s ability to elaborate the story of her own experience with illness was not widespread among asylum inmates, but it was not unique either.⁴ In different formats and with diverse degrees of articulation, some inmates—especially those who did not suffer from severe mental conditions—participated in the elaboration of what Arthur Kleinman called illness narratives, stories in which “the plot lines, core metaphors, and rhetorical devices that structure illness are drawn from cultural and personal modes for arranging experiences in meaningful ways and for effectively expressing those meanings.”⁵ Asylum narratives, however, were hardly free-flowing constructions of life history. Constrained by an institutional setting that emphasized doctors' authority and a medical questionnaire that provided limited space for inmates' answers, these narratives brought together state health authorities and inmates as they engaged in a contested dialogue over the medical and social meanings of mental illness in Mexico. This article explores the tense and at times contradictory nature of such dialogue as it developed during the first three

2. La Canoa was the popular name given to the Divino Salvador, a mental health facility established during the colonial era that served only female patients. See note 38 for information about this institution.

3. From research conducted at the Archivo Histórico de la Secretaría de Salubridad y Asistencia (AHSSA), Fondo Manicomio General (FMG), Sección Expedientes Clínicos (SEC), caja 22, exp. 63, p. 2. Hereafter referred to as “Luz D. de S.,” AHSSA, FMG, SEC, caja 22, exp. 63, 2.

4. Illness and disease are not interchangeable terms. The former alludes to a human experience, whereas the latter describes a biological pathology.

5. Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988), 49. For an ethnographic approach to study the interchange between social and bodily conditions, see Kleinman, *Writing at the Margin: Discourse Between Anthropology and Medicine* (Berkeley: Univ. of California Press, 1995).

decades of the twentieth century, a period in which the insane asylum—established during Porfirio Díaz's last year in office—strove to address the public health needs and welfare expectations of nascent revolutionary regimes. Based on close examination of the language used by psychiatrists and female inmates, I argue that the discussion on the proper place of poor women in society played a fundamental role in the definition of normal and abnormal behaviors. Male psychiatrists who for the most part received their education in Porfirian Mexico, for example, infused their diagnoses with normative notions of gender and class, detecting signs of mental illness in cases where human conduct deviated from socially condoned models of female domesticity in a modernizing setting.⁶ Hence, their repetitive and somewhat alarmed references to “capricious” and “sexually promiscuous” women who, according to some, “neither respected nor obeyed anyone.”⁷ By contrast, as attested by Luz D.'s narrative, female inmates swiftly proceeded to place their mental illness in the specific context of their lives, relating it to concrete tales of childbirth, conflictive family relations and, more often than not, domestic violence. As in other cases, Luz D.'s file showed that asylum doctors and inmates approached mental illness in adverse ways, yet it also revealed that the patient and the asylum intern agreed on a fundamental issue: she was mentally ill.⁸ My principal argument is that the conflict over the meanings of insanity that permeated asylum interac-

6. For a historical analysis of Porfirian construction of ideas of female domesticity, see William French “Prostitutes and Guardian Angels: Women, Work, and the Family in Porfirian Mexico,” *HAHR* 72 (1992). See also, Carmen Ramos Escandón, “Señoritas porfirianas, mujer e ideología en el México progresista, 1880–1910,” in *Presencia y transparencia: La mujer en la historia de México*, ed. Carmen Ramos Escandón et al. (Mexico City: El Colegio de México, 1987). Analysis of the making of masculinity often relate to more contemporary times; see Matthew C. Gutmann, *The Meanings of Macho: Being a Man in Mexico City* (Berkeley: Univ. of California Press, 1996); Marit Melhuus and Kristi Anne Stolen, eds., *Machos, Mistresses, Madonnas: Contesting the Power of Latin American Gender Imagery* (London: Verso, 1996). For a historical analysis indirectly addressing the construction of manhood in early twentieth century Mexico, see Robert Buffington, “Los Jotos’: Contested Visions of Homosexuality in Mexico,” in *Sex and Sexuality in Latin America*, ed. Daniel Balderston and Donna J. Guy (New York: New York Univ. Press, 1997). See also Martin Nesvig, “Lure of the Perverse: Moral Negotiation of Pederasty in Porfirian Mexico,” *Mexican Studies/Estudios Mexicanos* 16 (2000). For a more contemporary view, see Annick Prieur, *Mema's House, Mexico City. On Transvestites, Queens, and Machos* (Chicago: Univ. of Chicago Press, 1998).

7. Taken from the file of Teresa O., AHSSA, FMG, SEC, caja 2, exp. 13, 85. Her case will be analyzed below; see note 88.

8. While this was not always the case at the General Insane Asylum; it was, however, common enough to call it a norm.

tions did not result from a logic of rigid oppositions in which patients denied their condition—a view often linked to antipsychiatric notions of madness.⁹ Instead, a more mobile yet equally relentless strategy of displacement occurred.¹⁰ Simultaneously clashing and negotiating, asylum inmates and their doctors developed tense, mad narratives of mental illness—texts of multiple voices in which both actors waged their own understandings of body, mind, and society.

In addition to Luz D.'s case, several medical files from the General Insane Asylum indicated similar socially shaped strategies of negotiation that informed the construction of mental illness and, by extension, of mental health in modernizing Mexico. In an era that witnessed the demise of a 30-year old dictatorship, the outbreak of a revolutionary struggle that took over one million lives, and the rise of regimes that sought to rebuild the Mexican nation, such negotiation was quite significant—a fact that both Porfirian and postrevolutionary health authorities did not ignore. However, while Porfirian psychiatry saw the asylum as a strategy of segregation to protect society from contagion, health and welfare authorities of the revolutionary period stressed the responsibility of the state to treat and reform ill minds. In this sense, the case of La Castañeda is particularly important to both the historiography of confinement and the historiography of modern Mexico because it emerged at a juncture in which diverse social projects collided and clashed. Indeed, Porfirian finances gave it life, but, even after years of neglect, revolutionary resources prolonged it. Thus while the layout and rules of the institution replicated Porfirian concerns with order and progress, patients and doctors, authorities and staff members infused the institution with the problems and aspirations of a nation in the making. In highlighting negotiation and dissent, the analysis of mad narratives that developed in asylum grounds during the early revolutionary period illustrates the contesting origin of policies of public health process that alerts

9. Generally linked to the anti-psychiatry movement of the 1970s, the following works constitute representative examples of views of madness and mental institutions from the perspective of social control: Thomas Stephen Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper & Row, 1974); Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Anchor Books, 1961); Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London: Penguin Books, 1979); and David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little Brown, 1980).

10. I am specifically referring to the strategies analyzed by Michel Foucault in the section “Method” included in his *History of Sexuality*, 3 vols. (New York: Vintage, 1981), 1:92–102.

about the relative weakness of the national state to implement health and social control policies.¹¹

Because doctors and inmates did not construct mad narratives in a vacuum, this article first describes the rise and demise of the General Insane Asylum—a monumental work of architecture in which psychiatrists, self-appointed guardians of the mental health of the nation, sought to preserve social order. While psychiatrists eagerly participated in state-making efforts by scientifically defining what was normal and abnormal in human behavior, the process was not as forthright and natural as often presented in medical narratives.¹² Within asylum walls, in rooms distanced from the main forums of the nation, psychiatrists examined inmates, but the encounter, as demonstrated by Luz D.'s case, was dynamic in nature. For this reason, the article then proceeds to examine the character of the psychiatric interview in which inmates, complying with the imperative to disclose, spoke of their lives in ways that both followed and defied the official medical questionnaire of the institution. The latter section of this article particularly explores cases of women diagnosed as morally insane, paying attention to both psychiatric diagnoses and patients' thick descriptions of their own ailments.¹³ A medical category coined by English physician James Prichard in 1835, moral insanity described "a form of monomania in which people recognized the difference between right and wrong, yet lacked the will power to resist evil impulses."¹⁴ Because this diagnosis openly called for definitions of "good" and "evil," it induced the conspicuous incorporation of nonmedical factors in interpretations of mental derangement—an opportunity that female patients used to elaborate stories of their basic human experience with illness.

11. The nature of the revolutionary state has been a matter of careful scrutiny and much contention in Mexican historiography. A representative collection of essays in this regard is Gilbert M. Joseph and Daniel Nugent, eds., *Everyday Forms of State Formation: Revolution and the Negotiation of Rule in Modern Mexico* (Durham: Duke Univ. Press, 1994). The increasing use of paradigms linked to the "new cultural history" has made this ongoing debate even more complex. See articles published in "Special Issue: Mexico's New Cultural History: ¿Una lucha libre?" HAHR 79 (1999).

12. See Samuel Ramírez Moreno, *La asistencia psiquiátrica en México: Congreso Internacional de Psiquiatría, París 1950* (Mexico City: Secretaría de Salubridad y Asistencia, Artes Gráficas del Estado, 1950). See also, Agustín Torres, "El Manicomio General," *Revista de la Beneficencia Pública* 2, nos. 34–38 (1917).

13. See Clifford Geertz, "Thick Description: Toward an Interpretative Theory of Culture," in *The Interpretation of Cultures: Selected Essays* (New York: Basic Books, 1973).

14. Lynn Gamwell and Nancy Tomes, *Madness in America: Cultural and Medical Perceptions of Mental Illness before 1914* (Ithaca: Cornell Univ. Press, 1995), 80.

As women discussed the complex nature of their condition—the physical and spiritual causes, the evolution and social representation—they authored themselves as rightful, if unsettling, citizens of the new era. Indeed, the narratives that women constructed as they interacted with asylum doctors revealed their ability to interpret and rename the domestic and social worlds they inhabited, forcing doctors and readers alike to see those worlds through their eyes. More than mere illustrations to accompany political or economic histories of the era, these powerfully unnerving narratives also revealed the emphatic ways in which inmates' articulated physical and spiritual pain to develop—whether implicitly or abruptly, cogently or frantically—moral and political commentaries on the causes of their misfortune. Thus at a fundamental level, the mad narratives examined in this essay constitute vivid reminders of the fragility of the hegemonic framework in which modern Mexico took shape.¹⁶

Between Porfiriato and Revolution: The General Insane Asylum, 1910–1930

When Luz D. approached the facilities of the General Insane Asylum—a monumental complex including 25 buildings surrounded by forests and manicured lawns—she must have been impressed. While she was familiar with mental health institutions, the architecture of the modern asylum was monumental and unique.¹⁷ That the insane asylum was significant for the Porfirian

15. For examples of recent studies on suffering and pain, see Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford Univ. Press, 1985); Mary-Jo Del Vecchio Good et al., *Pain as Human Experience: An Anthropological Perspective* (Berkeley: Univ. of California, 1992); Peter B. Morris, *The Culture of Pain* (Berkeley: Univ. of California, 1991); Roselyne Rey, *The History of Pain*, trans. Louise Elliot (Cambridge: Harvard Univ. Press, 1995). For contemporary Mexico, see Kaja Finkler, *Women in Pain: Gender and Morbidity in Mexico* (Philadelphia: Univ. of Pennsylvania Press, 1994).

16. I am using the term *hegemony* “not as a finished and monolithic ideological formation but as a problematic, contested, political process of domination and struggle.” See William Roseberry, “Hegemony and the Language of Contention,” in Joseph and Nugent, *Everyday Forms of State Formation*, 358.

17. The General Insane Asylum's monumental architecture was not an exception, but the norm among nineteenth-century state institutions for the insane. For an excellent collection of photographs of American institutions for the mentally ill, see William E. Baxter and David W. Hathcox, *America's Care of the Mentally Ill: A Photographic History* (Washington: American Psychiatric Press, 1994). For an analysis of the “Kirkbride plan,” a basic architectural style common among nineteenth-century insane asylums, see Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840–1883* (New York: Cambridge Univ. Press, 1984).

regime became all too clear when President Porfirio Díaz himself presided over the inauguration ceremony of the institution on 1 September 1910, the day on which the festivities for the anniversary of the Mexican independence officially began.¹⁸ Built with funds from the welfare system, the insane asylum sheds light on the social strategies of modernization that characterized the late Porfirian era and illustrates how a select group of state-commissioned experts deployed their knowledge of languages, medical theories, and concerns with the ordering of society to lay the foundation of the largest welfare institution for the mentally ill in modernizing Mexico.¹⁹ Indeed, the walls surrounding the asylum were meant to define a border separating “the strong and the competent” from the “weak and the corrupted” in an industrializing society increasingly concerned with the threat of the poor.²⁰ Convinced of their modernizing mission, asylum designers freely spoke of confinement as a way to treat the mentally ill and to control potentially dangerous members of society.²¹ Visions of social control, however, went hand in hand with depictions of

18. Genaro García, *Crónica oficial de las fiestas del primer centenario de la independencia de México: Publicada bajo la dirección de Genaro García, por acuerdo de la Secretaría de Gobernación* (Mexico City: Talleres del Museo Nacional, 1911), 58–60. For a detailed description of the early years of the asylum, see Ignacio López Ruiz and Diana Morales Heinen, “Los primeros años del Manicomio General de La Castañeda (1910–1940),” *Archivo del Instituto Nacional de Neurología y Neurocirugía* 1, no. 2 (1996). Information is also available in José Emilio Marroquí, *La Ciudad de México*, 3 vols. (Mexico City: Tip. y Lit. “La Europea” de J. Aguilar Vera y Ca, 1900–3); and Salvador Novo, *Un año, hace ciento: La ciudad de México en 1873* (Mexico City: Ed. Porrúa, 1973), 98.

19. The medicalization of mental illness was not a uniquely Mexican phenomenon in the context of early-twentieth-century Latin America. Yet this story has scarcely been told. Historical studies on psychiatric practice include Paul Farmer, “The Birth of the *Klinik*: A Cultural History of Haitian Professional Psychiatry,” in *Ethnopsychiatry: The Cultural Construction of Professional and Folk Psychiatries*, ed. Atwood D. Gaines (New York: State Univ. of New York Press, 1992). See also, Augusto Ruiz Zavallos, *Psiquiatras y locos: Entre la modernización contra los Andes y el nuevo proyecto de modernidad, Perú, 1850–1930* (Lima: Instituto Pasado y Presente, 1994). For an intellectual history of psychoanalysis in Argentina, see Mariano Plotkin, “Freud, Politics, and the Porteños: The Reception of Psychoanalysis in Buenos Aires, 1910–1943,” *HAHR* 77 (1997). A good example of a social history of insane asylums in Argentina is Jonathan Ablard, “Madness in Buenos Aires: Psychiatry, Society, and the State in Argentina, 1890–1983” (Ph.D. diss., Univ. of New Mexico, 2000).

20. These terms belong to Manuel Gutiérrez Nájera, renowned poet and journalist of late-nineteenth-century Mexico. See his “El pobrecito criminal,” in *Manuel Gutiérrez Nájera: Escritos inéditos de sabor satírico ‘Plato del Día,’* ed. Boyd G. Carter and Mary Carter (Columbia: Univ. of Missouri Press, 1972), 137.

21. A representative selection of views of insane asylums as institutions of social control includes Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of*

the asylum as a place of refuge where deprived members of society could secure medical and custodial care.²² These ambivalent views of asylums as both places of control and places of refuge shaped the planning and final physical layout of the institution—an aspect that adds complexity to views that represent asylums as mere instruments of state control.

Responding to increasing concerns over the efficiency of institutions for the insane established during the colonial era, the emergence of the modern asylum was also facilitated by a welfare ideology that, unlike charitable enterprises, placed greater emphasis on correction, a process in which both the 1861 secularization of welfare institutions and Darwinist views of the poor typical of the Porfirian era played fundamental roles.²³ Urged by physicians concerned with the treatment of the insane as well as by social commentators alarmed with the increasing number of urban poor in Mexico City, the federal government financed and published *El Manicomio*, a report written by physician Román Ramírez in 1884, which included an extensive and comparative collection of documents concerning the construction and management of insane asylums in the United States and Europe.²⁴ Interested in pragmatic information that could be put to use in Mexico, Ramírez's selection of documents included the translation of standards of construction and rules of gover-

Reason, trans. Richard Howard (New York: Random House, 1965); Rothman, *The Discovery of the Asylum*; and Goffman, *Asylums*.

22. As research on the history of asylums grows, views of mental health institutions have become more complex. A representative sample of revisionist literature includes Ellen Dwyer, *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums* (New Brunswick: Rutgers Univ. Press, 1987); Gerald N. Grob, *Mental Institutions in America: Social Policy to 1875* (New York: Free Press, 1972); Anne Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796–1914* (Cambridge: Cambridge Univ. Press, 1985); Leona Bachrach, "Asylum and Chronically Ill Psychiatric Patients," *American Journal of Psychiatry* 141 (1984); Ann Goldberg, *Sex, Religion and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815–1849* (New York: Oxford Univ. Press, 1999); and Jonathan Hal Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Berkeley: Univ. of California Press, 1999).

23. See José Felix Gutiérrez del Olmo, "De la caridad a la asistencia: Un enfoque de la pobreza y la marginación en México," in *La atención materno-infantil: Apuntes para su historia*, ed. José Felix Gutiérrez del Olmo (Mexico City: Subsecretaría de Servicios para la Salud, 1993).

24. See Román Ramírez, *El Manicomio: Informe escrito por comisión del Ministro de Fomento* (Mexico City: Oficina Tip. de la Secretaría de Fomento, 1884). Ramírez's interest on social aspects of mental health was also developed in his *Resumen de medicina legal y ciencias conexas para uso de los estudiantes de las escuelas de derecho* (México: Oficina Tip. de la Secretaría de Fomento, 1901).

nance for insane asylums created by the Association of Medical Superintendents of American Institutes for the Insane, a professional organization founded in 1844.²⁵ Equally relevant were asylum records and superintendent reports from various American institutions, notably the New York Lunatic Asylum, the Illinois and Iowa Hospitals for the Insane, and the Alabama Insane Hospital. Systematic in approach and rich in detail, Ramírez's report was the first introduction to the inner workings of modern mental health facilities ever to appear in Mexico. Providing information on both mental health treatments and the management of asylums, Ramírez placed his work in that ambiguous realm in which science and social concerns converged. In translating documents from both areas, Ramírez fulfilled the role of a cultural policy translator—a task of increasing relevance in a regime committed to modernity at all costs. Although the report did not result in the immediate building of the great Mexican asylum, the data it contained proved useful in this process 12 years later when, well into the golden era of the Porfirian regime, a new board continued with the asylum project.

The physicians and lawyers who formed the 1896 board to build the asylum made recommendations to the authorities that exposed medical strategies to treat insanity, spatial tactics to prevent contagion, and social concerns with the order and progress of society—all fundamental values of the Porfirian regime.²⁶ Indeed, the committee's faith in the mental health benefits of closed, state-run asylums was so great that its members stated, "in the good conditions of an insane asylum rests three-quarters of the cure of the mentally ill."²⁷ They also believed that the success of an insane asylum depended on the right com-

25. For a history of the AMSAI, today's American Psychiatric Association, see W. E. Barton, *The History and Influence of the American Psychiatric Association* (Washington: American Psychiatric Press, 1987). See also, American Psychiatric Association, *One Hundred Years of American Psychiatry* (New York: Columbia Univ. Press, 1944).

26. Named by the Minister of Interior, General Manuel González Cosío, the 1896 board included a president (Dr. Vicente Moreales, inspector from the Welfare System), a secretary (Dr. Manuel Alfaro, the creator of the highly controversial 1867 Regulation of Prostitution), and four additional members (Dr. Antonio Romero, who had been director of the San Hipólito Hospital; Ignacio Vado, a doctor with working experience at the Divino Salvador Hospital; Dr. Samuel Morales Pereyra; and Luis L. de la Barra, an engineer from the welfare system). See Samuel Morales Pereyra and Antonio Romero, "Exposición y proyecto para construir un manicomio en el Distrito Federal," in *Memorias del Segundo Congreso Médico Pan-Americano verificado en la Ciudad de México, República Mexicana, noviembre 16-19 de 1896* (Mexico City: Hoeck y Compañía Impresores y Editores, 1898), 888-96.

27. *Ibid.*, 894.

bination of both physical and medical factors. First, they recommended that the asylum be located away from populated areas to create a division between the world of reason and the world of madness, thus avoiding confusion and the possibility of contagion. Second, they recommended that authorities implement a strategy to classify inmates, both medically and spatially, within asylum walls. They advocated the creation of a department of admission and classification in which doctors could observe and examine inmates carefully because, as they were acutely aware, “insanity lacked a characteristic mark” and could go easily undetected or misdiagnosed.²⁸ They too backed the division of the asylum into separate wards, each housing inmates suffering from the same ailment. In addition, to protect the finances of the institution, they suggested that inmates be classified according to first and second categories, giving priority to paying inmates. The committee attached blueprints of administrative offices, wards, workshops, libraries, and other facilities to illustrate how the architectural design of the asylum would reflect medical concerns with classification and order. Lastly, since the committee portrayed the state as the leader of a humanitarian and civilizing crusade, the asylum helped the Porfirian regime to secure for itself a place among the modern and progressive nations of the world.

It took, however, five additional years of negotiations for the planning of construction works to start. On 9 July 1901 engineer Luis L. De la Barra requested from the Ministry of Interior \$476.00 pesos to hire personnel and acquire instruments required to conduct a preliminary topographic survey of the land purchased by the government in the periphery of the sprawling city.²⁹ Indeed, complying with foreign standards for asylum construction, Mexican authorities invested in a large area of good land located in Mixcoac, where wealthy Porfirians rested from the stress of the modernizing city during the weekends.³⁰ Originally owned by the Carrera Lardizabal family, hacienda La Castañeda was appraised at \$48,000 pesos in 1882.³¹ It was not until 1897, however, that legal titles of the 485,700 square meters of land were granted to

28. *Ibid.*, 896.

29. “Manicomio General: Comisionados para la construcción del hospital,” AHSSA, Fondo Beneficencia Pública (FBP), Sección Establecimientos Hospitalarios (SEH); Sub Sección Manicomio General (SMG); 1, exp. 5, 4. Data on the population growth of Mexico City can be found in Manuel González Navarro, *Estadísticas sociales del porfirato, 1877–1910* (Mexico City: Talleres Gráficos de la Nación, 1956), table 2.

30. For an oral history of this neighborhood, see Patricia Pensado and Leonor Correa, *Mixcoac: Un barrio en la memoria* (Mexico City: Instituto de Investigaciones Dr. José María Luis Mora, 1996).

31. “Manuel Carrera Lardizabal,” AHSSA, FBP, SEH, SMG, caja 1, exp. 3.

the Public Welfare Administration.³² The selection of this site responded to medical notions associating clean, ample spaces with the improvement of mental health, yet equally significant were the panoramic views, the bucolic landscape and the rolling hills that, according to de la Barra, would made the asylum look “more picturesque.”³³ In addition, while distanced from the city, an electric train line that connected Mixcoac with the capital city had been built in 1900, facilitating the transportation of provisions and visitors.³⁴

De la Barra, however, had to wait another four years and work with Salvador Echegaray—the engineer who had been in charge of the construction of the Leandro León Ayala asylum in Mérida, Yucatán—to complete the project to build the asylum.³⁵ It was 1905 by then and, as the authors noted in the introduction of their final work, this was a time in which the government supported public works with unprecedented energy. Based on updated literature on asylum construction from Europe and the United States as well as statistical information from local mental health hospitals, de la Barra and Echegaray elaborated a long and persuasively argued document that came to constitute the “definitive study” leading to the construction of La Castañeda.³⁶ The narrative strategies used to write the 1905 document reflected a careful process of cultural negotiation. Divided into four sections, namely, general plan of the asylum, general services, services for inmates, and general organization of the asylum, the project included specific guidelines. The first section entitled “Theoretical Conditions” presented a brief yet insightful overview of foreign sources. Unlike the 1884 report that emphasized documents from the United States, this section drew heavily from French sources, especially reports from commissions in charge of asylum construction under the rule of famous

32. “Departamento de construcción y conservación de edificios del Manicomio General,” AHSSA, FBP, SEH, SMG, caja 13, exp. 11, 1.

33. “Manicomio General: Comisionados,” 2.

34. Ariel Rodríguez Kuri, *La experiencia olvidada: El ayuntamiento de la ciudad de México, política y gobierno, 1876–1912* (Mexico City: UAM; El Colegio de México, 1996), 159.

35. While some attention has been given to mental health institutions established during the colonial era, less is known about the planning and construction of insane asylums during the nineteenth century, especially in the provinces of Mexico. Brief references to these kinds of institutions are included in Samuel Ramírez Moreno, *La asistencia psiquiátrica en México* (Mexico City: Secretaría de Salubridad y Asistencia, 1950); and Guillermo Calderón Narváez, “Hospitales psiquiátricos de México: Desde la colonia hasta la actualidad,” *Revista Mexicana de Neurología y Psiquiatría* 7, no. 3 (1966).

36. “Memoria sobre el proyecto de Manicomio General para la ciudad de México,” AHSSA, FBP, SEH, SMG, caja 49, exp. 1.

administrator Baron Georges-Eugène Haussman, the prefect of the Department of Seine during the Second Empire and responsible for the transformation of Paris.³⁷ In the second section, “Program,” the authors introduced the specific needs of the Mexican setting, resorting when possible to data from the San Hipólito and Divino Salvador hospitals.³⁸ Each section ended with a “suggested solution,” usually a compromise between the former two. Thus, as true modernizing agents, Echegaray and de la Barra drew information from foreign asylums, but they did it in a critical fashion, adapting lessons and experiences to the local conditions of Mexico.

In December 1906, 20 months later, engineer Salvador Echegaray was ready to submit yet another document, with additional blueprints attached, to the Ministry of Interior.³⁹ This modified version discussed observations from the Council of Public Buildings, Echegaray’s own revisions resulting from recent visits to the Manhattan Hospital of New York, and indications from a new committee formed by lawyer and criminologist Miguel Macedo, engineer Alberto Robles Gil, and psychiatrist Juan Peón del Valle, director of the San Hipólito hospital since 1905 and son of José Peón Contreras, the first official professor of psychiatry in Mexico.⁴⁰ Remarks from these “people of the greatest competence” were indeed numerous, yet they did not alter the 1905 project in fundamental ways. Three years later, in June 1908, the Ministry of Interior and engineer Porfirio Díaz Jr. signed a contract to begin construction. The asylum would include 25 buildings, counting inmates wards, doctors residences, infirmaries, and the General Services building whose imposing façade of classical lines became the hallmark of the institution. The federal govern-

37. For an analysis of European urban planning and its impact on the design of Latin American cities, see Jorge E. Hardoy, “Theory and Practice of Urban Planning in Europe, 1850–1930: Its Transfer to Latin America,” in *Rethinking the Latin American City*, ed. Richard M. Morse and Jorge E. Hardoy (Baltimore: John Hopkins Univ. Press, 1992).

38. For a brief history of the San Hipólito Hospital, see John S. Leiby, “San Hipólito’s Treatment of the Mentally Ill in Mexico City, 1589–1650,” *The Historian* 54, no. 3 (1992). For a history of the Divino Salvador Hospital, see Celia Berkstein Kanarek, “El hospital Divino Salvador,” (master’s thesis, Univ. Nacional Autónoma de México, 1981).

39. “Modificaciones al proyecto presentado por el ingeniero Don Salvador Echegaray,” AHSSA, FBP, SEH, SeMG, caja 1, exp. 10.

40. For a biography of José Peón y Contreras, see Francisco Fernández del Castillo, *Antología de escritos histórico-médicos*, 2 vols. (Mexico City: Facultad de Medicina, Univ. de México, 1952), 1057–58. Also, Enrique Aragón, “Biografía del Dr. Juan Peón del Valle (Sr.),” *Mis 33 años de académico, Academia nacional de medicina de Mexico, 1911–1942: Trabajos de neurología y psiquiatría* (Mexico: Imp. Aldina, Robredo and Rosell, S. de R. L., 1943).

ment allocated \$1,783,337.15 pesos to fund the construction of the asylum, one of the most monumental ventures of the Porfirian era.⁴¹

The General Insane Asylum replicated values and hierarchies of the city in which it was built. Echoing fears of disorder and contagion characteristic of the Porfirian political imagination, the physical layout of the institution secured separate areas for men and women, dividing them with fences disguised with bushes and plants to avoid “the appearance of a jail.”⁴² Mirroring social hierarchies, the asylum also allocated the front areas, those closest to the gardens and the entrance, to paying inmates who lived in single rooms. Behind them, the common wards for indigent inmates began. The 848 female and male inmates arriving from the existing mental health hospitals in 1910 were distributed in seven wards, including those for tranquil, dangerous, alcoholic, epileptic, idiotic, elderly, and paying inmates.⁴³ Social order was further embedded in the governing rules of the institution, which placed a physician-director at the top, followed by an administrator, the medical staff including both doctors and nurses, and attendants. Elaborated by an inspector from the Public Welfare System and the directors of five hospitals, the asylum regulation of 1913 included rules to provide inmates with the best psychiatric assistance available while securing the administrative order and scientific status of the institution.⁴⁴ Enforcing these rules, however, proved to be a monumental task. The institutional order was limited by the rapidly changing social context in which the asylum emerged.

Only two months after its inauguration, the Mexican revolution began. As the armed struggle evolved, little was left untouched in the country. Hunger and violence roamed both rural and urban areas, and Mexico City, an important site of military strife in 1914 and 1915, was no exception. The impact of the revolution on the General Insane Asylum was noticeable and devastating. In fighting the Constitutionalist army, Zapatista military forces occupied the institution in late January 1915.⁴⁵ By early February, continuous shoot-out between the two armies “created panic among families of employees who tried

41. “Contrato,” AHSSA, FBP, SEH, SMG; caja 49, exp. 2.

42. “Memoria,” AHSSA, FBP, SEH, SMG, caja 49, exp. 1, 27.

43. Data appears in José Luis Patiño and Ignacio Sierra Mercado, *Cincuenta años de psiquiatría en el Manicomio General* (Mexico City: Secretaría de Salud-Archivo Histórico, 1960).

44. “Reglamento interior del establecimiento, 1913,” AHSSA, FBP, SEH, SeMG, caja 3, exp. 25.

45. “Diversos: La ocupación del establecimiento por fuerzas Zapatistas,” AHSSA, FBP, SEH, SMG, caja 4, exp. 28.

to evade bullets hissing through the air.”⁴⁶ While the military occupation affected some sections of La Castañeda—medical residences, a pair of wards—these damages were minor in comparison with the general deterioration of the establishment. Indeed, without the economic and political investment that gave it birth, the asylum soon faced mounting financial dilemmas, which affected both its administrative and medical branches, forcing a gradual redefinition of the institution as a whole.

The earliest challenge that asylum authorities faced came in the form of inmate overpopulation. Although careful demographic calculations had resulted in the provision of 1,330 beds in 1910—730 reserved for women and 600 for men—there was a shortage by 1911.⁴⁷ While asylum authorities acknowledged that the number of inmates had to be reduced, they were also aware that this situation stemmed from the welfare principles guiding the institution, including the provision to provide care to all individuals regardless of sex, age, religion, and social status.⁴⁸ The physical structure and the quality of the asylum’s general services also deteriorated throughout the armed phase of the revolution. For example, by 1916, inspectors from the Public Welfare System noted that inmates wore inadequate garments and ate small pieces of bread that “did not even weigh 40 grams.”⁴⁹ By 1920, asylum problems went far beyond clothing and food supplies, including the lack of mattresses, electricity, and basic medications, as well as leaking roofs and the deterioration of hardwood floors, doors, and windows of most buildings.⁵⁰ Sensing fertile ground for sensationalist news, journalists visited the asylum and described it as a ravaged landscape, an institution “in complete desolation, lacking hygiene in the kitchen, providing inmates with poor and scant meals, supplying indigent inmates with miserable clothing. [In sum] wards, isolation rooms, gardens, streets and patios were completely forsaken.”⁵¹ The ominous state of the institution was not limited to its welfare services. The lack of financial support also compromised its status as a medical institution, for the scientific personnel had also become insufficient. Despite internal regulations, by 1912 only one intern bore full responsibility for the care and treatment of 98 inmates in the ward of tranquil inmates “A,” a situation that was a norm rather than an exception throughout

46. “Diversos: Tiroteo Zapatista,” AHSSA, FBP, SEH; SMG, caja 4, exp. 19, 1.

47. Data appears in Rojas and Mercado, *Cincuenta años de psiquiatría*.

48. “Reglamento interior del establecimiento, 1913,” AHSSA, FBP, SEH, SeMG, caja 2.

49. “Informe de inspectores, 1916,” AHSSA, FBP, SD, SDG, caja 18, exp. 21, 132.

50. “Informe del Manicomio, 1920,” AHSSA, FBP, SEH, SMG, caja 10, exp. 24.

51. “Diversos: Nota del Universal, 1918,” AHSSA, FBP, SEH, SMG; caja 8, exp. 27.

the hospital.⁵² The limited number of nurses and poorly trained attendants seriously aggravated the problem. Only two years after opening, each asylum nurse took care of an average of 150 inmates in various wards. Similarly, 86 attendants supervised 1,024 inmates, roughly half as many as the director determined were needed to provide adequate attention.⁵³ Under these circumstances, emphasis on the custodial functions of the institution increased.

After years of neglect, the asylum underwent administrative and medical reform under the leadership of Samuel Ramírez Moreno and Manuel Guevara Oropeza, physician-directors of the institution between 1928 and 1932, significantly coinciding with the emergence of national organizations linked to the state such as the National Revolutionary Party. However, during the first three decades of the twentieth century, psychiatrists and inmates found themselves in an institution that offered little in terms of medical assistance and even less in terms of implementation of order. It was there, inside neglected buildings, under leaking roofs, surrounded by filth and despair, that psychiatrists and inmates came into contact with each other, producing narratives of mental illness that both reflected and illustrated the making of definitions of gender and class in Mexican society.

The Psychiatric Interview: Doctors and Inmates in Context

As all inmates, Luz D. first faced her psychiatrist at the observation ward of the institution. There, in a sanitized environment that conveyed concerns with classification and order, the dialogue, more likely an argument, about mental illness began. While members of the medical staff of the institution did not conduct psychiatric research, they upheld the scientific status of their practice by carefully recording data and clinical observations. They initiated this activity during the psychiatric interview and continued it with the elaboration of the clinical histories of asylum inmates. Containing “information about the background of the inmate, his or her picture, a narration of inmate’s symptoms, the diagnosis, the treatment and its results and, finally, the time of discharge or the results of the autopsy,” the clinical histories articulated both medical interpretations of mental illness and popular views of insanity in Mexico.⁵⁴

The psychiatric impulse found fertile terrain in a society increasingly con-

52. “Presupuesto, 1912,” AHSSA, FBP, SEH, SMG, caja 3, exp. 7, 7.

53. *Ibid.*, 8.

54. “Reglamento interior del establecimiento, 1913,” 18–22.

cerned with identifying, explaining, and ultimately controlling behaviors deemed as deviant—a social anxiety that strongly influenced the adoption of an evolutionary perspective among Mexican psychiatrists of the late nineteenth century.⁵⁵ While a common practice during Porfirian times, the reception of foreign theory—in this case, European degeneration theory, a body of ideas linking mental derangement to the poor—was not a passive process.⁵⁶ In fact, changing psychiatric views of the mentally ill—from benign views that blamed modernity and its many stimuli for cases of mental derangement to punitive notions depicting the insane as fundamentally unfit for modernity—exposed the various ways in which medical professionals used a common source of ideas with varied social purposes in mind.⁵⁷ For example, while knowledgeable of the stress on heredity placed by Austrian psychiatrist Augustine Morel, Mexican doctor Mariano Rivadeneyra, a student of psychiatry who graduated in 1887 with a thesis on mental illness, equally emphasized social environment and education as concomitant factors of insanity.⁵⁸ The mentally ill constituted, in his opinion, victims of a rapidly changing milieu, which affected the brain with “painful impressions.”⁵⁹ Thus modernity, and not heredity, consti-

55. See Cristina Rivera-Garza, “Dangerous Minds: Psychiatric Views of the Mentally Ill in Porfirian Mexico,” *The Journal of the History of Medicine* 56 (2001). Influential nineteenth-century concepts of degeneration, mental illness, and the poor can be found in Benedict-Augustine Morel, *Etudes cliniques: Traité théorique et pratique des maladies mentales, considérées dans leur nature, leur traitement, et dans leur rapport avec la médecine légale des aliénés*, 2 vols. (Nancy: Grimblot et veuve Raybois, 1852).

56. For a study on the emergence and uses of degeneration theory, see Ian R. Dowbiggin, *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France* (Berkeley: Univ. of California Press, 1991). This author describes degeneration theory as “a steady though not necessarily irreversible hereditary deterioration over the course of four generations . . . [Including] symptoms such as moral depravity, mania, mental retardation, and sterility. Physicians ascribed a variety of causes to degeneracy, including alcoholism, immorality, poor diet, and unhealthy domestic and occupational conditions. However, the principal cause of degeneracy that physicians cited was heredity.” Also of interest is Ian R. Dowbiggin, *Keeping America Safe: Psychiatry and Eugenics in the United States and Canada, 1880–1940* (Ithaca: Cornell Univ. Press, 1999). For an analysis of degeneration theory in Latin America, see Dain Borges, “‘Puffy, Ugly, Slothful and Inert’: Degeneration in Brazilian Social Thought, 1880–1940,” *Journal of Latin American Studies* 23 (1993).

57. On the issue of Latin American active reception of foreign scientific theory, see Nancy L. Stepan, *“The Hour of Eugenics”: Race, Gender, and Nation in Latin America* (Ithaca: Cornell Univ. Press, 1991).

58. Mariano Rivadeneyra, “Apuntes para la estadística de la locura en México,” (bachelor’s thesis, Escuela Nacional de Medicina de México, 1887).

59. *Ibid.*, 1.

tuted the major cause of mental derangement. Only 20 years later, as classes on psychiatry appeared in the official curricula of the Faculty of Medicine and closer connections developed among mental health hospital doctors and academic circles, these benign views slowly vanished. Instead, in close association with the ascending modernization of the regime and trends of increasing popularity such as criminology and eugenics, punitive understandings of mental illness came to dominate Porfirian psychiatry.⁶⁰ Thus, by the early twentieth century, using the same body of European ideas, psychiatrists and social commentators alike referred to the mentally ill as dangerous individuals who imperiled the basis of modernity and the future of the nation at large. This interpretative shift proved to be foundational in the rising professional status of Porfirian psychiatrists—a standing they confirmed every time they saw the monumental construction devoted to the exercise of their trade.

Punitive views of mental illness associated with degeneration theory permeated the psychiatric practice of asylum doctors in 1910 and beyond. As in society at large, the use of this body of ideas within asylum walls was not only a medical but also a social decision responding to views of the distinctive sectors of society that interacted in its grounds. Psychiatrists were overwhelmingly male, members of the professional elite, and firm believers in the benefits of progress.⁶¹ Furthermore, the regime had granted them an unprecedented social status with the construction of the insane asylum—a facility that accentuated their professional confidence. However, while serving a range of social classes, La Castañeda attracted a clientele whose great majority were members of the growing contingents of the urban poor. In 1910, for example, all women and a high percentage of men in the institution were free and indigent.⁶² Most inmates were between the ages of 21 and 40, and single.⁶³ Most also arrived at the asylum at the request of the municipality, accompanied by police authori-

60. For an analysis of the emergence and development of criminology in Mexico, see Robert Buffington, "Forging the Fatherland: Criminality and Citizenship in Modern Mexico" (Ph.D. diss., Univ. of Arizona, 1994). For a study on Latin American eugenics, see Nancy L. Stepan, *The Hour of Eugenics*.

61. Records show that, during the period under analysis, only one female psychiatrist worked at the General Asylum, although only between 1914 and 1915. She was Rosario M. Ortiz, first an extern doctor and, months later, an intern. See "Relación de personal de 1914 a 1915," AHSSA, FBP, SEH, SMG, caja 4, exp. 23, 2-3.

62. Based on a random sample of 50 men and 50 women from 1910, only 12 and 16 percent respectively came to the asylum in the company of relatives.

63. In 1910 age distribution at the General Insane Asylum was as follows. Women: 1-10: 0; 11-20: 2; 21-30: 13; 31-40: 18; 41-50: 8; 51-60: 6; 61-70: 3. Men: 1-10: 1; 11-12: 1; 21-30: 16; 31-40: 16; 41-50: 8; 51-60: 6; 61-70: 2.

ties, and in public transportation. Although most female inmates had been housewives, almost a third of them had also worked as domestic servants, seamstresses, and laundresses. Those listed as unemployed (16 percent) were usually prostitutes.⁶⁴ Occupations of male inmates tended to be more diverse, yet class origins remained similar. They included artisans, such as tailors, shoemakers, and carpenters. Although the asylum admitted middle-class professionals such as pharmacists, lawyers, and students, most inmates were unskilled workers, such as day laborers, peddlers, and clerks.⁶⁵ Demographic trends of inmates admitted to La Castañeda continued in 1920 and 1930. Thus uneducated, poor, often unemployed, lacking stable families, ravaged by disease and, according to most doctors, bearing the shameful imprints of vice, the insane became the twisted mirror in which, by inversion, psychiatrists accentuated the positive traits of modernization.

The disparities between psychiatrists and inmates surfaced with dramatic ease at the psychiatric interview. Based on a medical questionnaire that included questions intended to trace the hereditary sources of mental illness— notably cases of alcoholism, nervousness, epilepsy, syphilis, addictions, and suicide attempts in the family of the inmate—the medical interrogatory also asked for descriptions of actual symptoms, which were followed by a conclusive diagnosis. But a psychiatric diagnosis is “an interpretation of a person’s experience.”⁶⁶ Because doctors’ diagnoses required evidence, such interpretative process at La Castañeda demanded both inmates’ ability or willingness to express their sufferings as well as the doctor’s aptitude to understand the personal world of inmates. Although psychiatrists and inmates belonged to different social and cultural backgrounds, they were forced to interact with each other and build bridges, however contradictory and frail. Thus even when

64. Distribution of female occupations in 1910: domestic chores 60 percent; domestic servants: 10 percent; seamstresses: 6 percent; laundresses: 4 percent; singers: 2 percent; unemployed: 16 percent; no answer: 2 percent.

65. Distribution of male occupations in 1910 was as follows: Day laborers: 18 percent; merchants: 18 percent; clerks: 12 percent; tailors: 4 percent; water carriers: 4 percent; shoemakers: 4 percent. Each of the following occupations: 2 percent: mechanics, hat makers, telegraph operators, carpenters, singers, cooks, students, gardeners, pharmacists, bakers, cargo carriers, shawl makers, leather workers, horsemen, and print machine operators. No occupation: 6 percent; no answer: 2 percent.

66. Arthur Kleinman, *Rethinking Psychiatry: From Cultural Category to Personal Experience* (New York: Free Press, 1988), 7. For recent views on folk ethnomedicines and professional psychiatric systems, see Gaines, *Ethnopsychiatry*. It is important to note that during these years staff meetings did not exist at La Castañeda, leaving individual doctors with the responsibility to elaborate diagnoses.

limited by the medical format of the asylum, inmates' stories exposed the way in which they perceived and experienced illnesses. Likewise, asylum doctors listened attentively, and tried to identify symptoms and signs that made sense within their own theoretical frameworks.

In the psychiatric interview, doctors heard and translated popular experiences with illnesses into the language of psychiatry, but the translation did not imply a total erasure of inmates' own understandings of illness. In fact, doctors usually confirmed their diagnoses with the opinions of relatives or police authorities who brought inmates to the asylum, and this is evident from their remarks, such as in the diagnosis of a "woman suffering from violent jealousy."⁶⁷ Furthermore, doctors also recorded inmates' description of their own symptomatology, including references to witchcraft, moral pain, and acute suffering as causes of illness. Judging by the number of diagnoses—La Castañeda's medical staff wrote down more than 80 different diagnoses during the first decade of psychiatric practice—it was clear that asylum doctors were often at odds or outright puzzled by inmates' illness narratives.⁶⁸ In sum, psychiatrists heard. Their ears, however, were informed by medical theories that, at the turn of the century, produced both unflattering pictures of the mentally ill and obsequious self-portraits through which they confirmed and, at times, aggrandized, their own status as veritable representations of modernity.

Yet, as the psychiatric interview evolved and clinical histories accumulated in folders, asylum doctors' uncertainties and puzzlement became increasingly clear. Doctors noted and described readily identifiable conditions such as epilepsy, mental retardation, or progressive paralysis associated with the tertiary stage of syphilis, yet they also grappled with a series of elusive disorders in whose interpretation nonmedical factors played especially relevant roles. In those cases, gender and class—of both patients and doctors—became instrumental in elaborating medical diagnoses and treatments. Perhaps no other examples are as illustrative of this contested and politically charged process as interactions brought up by cases of moral insanity—a condition that, accord-

67. "Rita C.," AHSSA, FMG, SEC, caja 22, exp. 54, 1473.

68. For an analysis of emergence and development of psychiatric classificatory issues, see German E. Berrios, *The History of Mental Symptoms: Descriptive Psychopathology since the Nineteenth Century* (Cambridge: Cambridge Univ. Press, 1996); idem, "Obsessional Disorders during the Nineteenth Century: Terminological and Classificatory Issues," in *People and Ideas*, vol. 1 of *The Anatomy of Madness: Essays in the History of Psychiatry*, ed. W. F. Bynum, Roy Porter, and Michael Shepard (London: Tavistock Publications, 1985), 166–87.

ing to asylum doctors, was especially common among women of the working classes.

Moral Insanity: Men, Women, and Sex

Doctors working at La Castañeda were often struck by an unsettling sense of unfamiliarity when interviewing female patients. As in European and American mental health institutions, male physicians observed insane women through the lenses of normative models of femininity that depicted them as domestic angels, detecting signs of mental illness when female behaviors deviated from the norm.⁶⁹ Thus, while the interrogatory rituals included questions seeking to disclose anomalies in the habits of inmates, male psychiatrists used different modes of questioning for men and women. Indeed, when treating female inmates, the psychiatrist's query clearly took on a sexual route. As in Mexican jails, male experts regularly quizzed female inmates on their sexual history looking for the true source of deviance and mental derangement.⁷⁰ Although these questions violated implicit rules of female decency, doctors were relentless in their pursuit because they strove to gather scientific knowledge on the female sex—information that legitimized the lenses they used to see female patients in the first place. In doing so, psychiatrists made important contributions to the creation of the terrain of modern sexuality in revolutionary Mexico.

Informed by the findings of Porfirian sexual science—a discipline developed by gynecologists and hygienist doctors of the late nineteenth century— asylum doctors placed great emphasis on female sexuality because they believed that “the ovary and the uterus are centers of actions that reflect in the women's brain. They can determine fearsome illnesses and passions heretofore

69. For an analysis of gender and mental illness in the United States, see Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton: Princeton Univ. Press, 1994). An example of an analysis of the same issues in France is Yannick Ripa, *Women and Madness: The Incarceration of Women in Nineteenth-Century France*, trans. Catherine du Pelous Menage (Cambridge: Polity Press, 1990). Also of interest is Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge Univ. Press, 1987); and Goldberg, *Sex, Religion, and the Making of Modern Madness*.

70. The interviews conducted by Carlos Roumagnac at the Belem prison constitute a case in point. In trying to detect the source of criminal behavior, Roumagnac's questionnaire included a section with questions about the sexual practices of both female and male inmates, most notably homosexuality. See, Carlos Roumagnac, *Por los mundos del delito: Los criminales de México: Estudio de psicología criminal* (Mexico City: El Fénix, 1904).

unknown.”⁷¹ These views that linked sex and mental illness did not emerge in a void. In a time of rapid modernization, when social rules and sexual mores were seemingly changing, social anxieties about gender developed easily. The population of the metropolis grew rapidly and women attained increasing access to work and education at the turn of the century—a process that gave male experts ample opportunity to elaborate against the influence of feminism.⁷² After 1867 the enactment of controversial regulations regarding prostitution also laid bare the impotence of state authorities to control women of allegedly loose morals. Crude debates on syphilis allowed lawyers and physicians alike to alert the public against the possibility of contagion and social annihilation throughout the early decades of the twentieth century.⁷³ However, as elite experts and politicians strove to put women “in their place,” they discovered, to their utter surprise, that they knew little about that place and much less about women themselves. In 1892 an anonymous editor of the magazine *La Escuela de Medicina* wrote, “as incredible as it might appear, it is a fact that there is no real data on the moral and physical conditions of the female constitution.”⁷⁴ Thus, ridden by angst and an unwavering will to know, they undertook the arduous task of producing knowledge about such female constitution. This was hardly an irrelevant mission for doctors who considered that the preservation of the family, the stability of the country, and the survival of the nation depended on the scientific and moral knowledge of sex.⁷⁵

71. Manuel E. Guillén, “Algunas reflexiones sobre la higiene de la mujer durante su pubertad” (bachelor’s thesis, Facultad de Medicina, Univ. de México, 1903), 28. For an analysis of Porfirian sexual science, see Cristina Rivera-Garza, “The Criminalization of the Syphilitic Body: Prostitutes, Health Crimes, and Society in Mexico City, 1867–1930,” in *Crime and Punishment in Latin America: Law and Society since Late Colonial Times*, ed. Gilbert M. Joseph and Carlos Aguirre (Durham: Duke Univ. Press, 2001). Doctors also developed interest in sexual science in Argentina; see, for example, Donna Guy, *Sex and Danger in Buenos Aires: Prostitution, Family, and Nation in Argentina* (Lincoln: Univ. of Nebraska Press, 1991).

72. For an analysis on the changing status of women, see Francesca Miller, *Latin American Women and the Search for Social Justice* (Hanover: Univ. Press of New England, 1991). For an example, among many, of male views of feminism at the turn of the century in Mexico, see Francisco Bulnes, “Las feministas mexicanas,” in *Mujeres y revolución, 1900–1917*, ed. Ana Lau and Carmen Ramos (Mexico City: CNCA-INAH, 1993), 155–57.

73. See Rivera-Garza, “The Criminalization of the Syphilitic Body.” See also, Katherine Bliss, “Guided by an Imperious Moral Need: Prostitutes, Motherhood, and Nationalism in Revolutionary Mexico,” in *Reconstructing Criminality in Latin America*, ed. Carlos A. Aguirre and Robert Buffington (Wilmington: Scholarly Resources, 2000), 167–94.

74. “Insensibilidad física de la mujer,” *La Escuela de Medicina* 11, no. 33 (1892).

The intervention of male doctors in women's bodies, however, met continuous social resistance. While doctors applauded advances in the field, others in society adduced that "as object of study" women became "victims of examinations that science might perhaps justify, but that female modesty forbids even in thought."⁷⁶ Thus in their quest for information, doctors were forced to turn to alternative sources. The bodies of sequestered prostitutes at the Morelos hospital—a welfare institution devoted to treat syphilitic women—proved to be a fertile ground for the development of the medicine of women in Mexico. Indeed, prostitutes became informers, but it soon became clear that they did not welcome the research taking place in their bodies; consequently, they rebelled against the medical and disciplinary rules that governed the hospital. Riots and other forms of organized resistance became customary at the institution.⁷⁷ Doctors, nevertheless, found additional routes to knowledge in other welfare establishments, notably the General Insane Asylum.

The growing medical literature that linked sex with female disease informed the encounter between asylum doctors and female patients. As questions mounted, psychiatrists demanded disclosure and induced—little by little at times, abruptly at others—the female confession. Attentive to detail, male physicians then attempted to organize the information received in diagnostic groupings, moral insanity being one. While hardly numerous—diagnoses of this condition amounted to about 2 percent of asylum analysis in 1910—it was common enough as contributory factor in other diagnoses, such as alcoholism, hysteria, and cerebral syphilis, which doctors associated with a dubious "moral sense."⁷⁸ More importantly, diagnoses of moral insanity no longer appeared in asylum records from 1930, demonstrating that psychiatrists from the revolutionary era were increasingly skeptical about the scientific status and social value of a medical category used in Porfirian medical circles.⁷⁹ Files with diagnoses of moral insanity, which often contained lengthy narratives, showed that

75. *Ibid.*, 631.

76. Quoted in Margarito Crispín Castellanos, "Hospital de maternidad e infancia: Perspectiva histórica de un centro de beneficencia pública de finales del siglo XIX," in *La atención materno-infantil*, 108.

77. "Reporte del hospital Morelos," AHSSA, FBP, EH, Sub-sección Hospital Morelos (SeHM), caja 2, exp. 18. Also see "Reportes del hospital Morelos, 1914, 1916, 1919, 1920," AHSSA, FBP, SEH, SHM, caja 10, 11, 14, 18, exp. 3, 7, 15, 18, 19, 20.

78. Based on 422 registry entries from 1910, some of the most prominent diagnosis groupings among female patients were: epilepsy: 27.72 percent; imbecility: 12.32; dementia praecox: 8.53; melancholy: 3.79; alcoholism: 3.31; moral insanity: 1.65.

79. Asylum records from 1930 show 279 new incoming female patients. None was diagnosed as morally insane.

this shift in psychiatric views not only stemmed from medical concerns over scientific classification but also from the contested dialogues in which asylum doctors and female inmates participated with equal vigor and tenacity. These dialogues, to be sure, did not happen in isolation. Indeed, in a context that witnessed increasing deliberation about the nature of the female sex and the role of women in the making of a new nation, it became increasingly difficult for doctors to explain female mental illness solely on the account of sexual deviation.⁸⁰ Likewise, as the revolutionary period evolved, women diagnosed as morally insane had more chances to come across social discourses, such as feminism, that emphasized the multifaceted makeup of the female experience.

Diagnosing Female Perversion: A Psychiatric Profile

General Asylum psychiatrists working during the early 1910s detected symptoms of moral insanity in women who failed to conform to models of female domesticity.⁸¹ Signs of the disease were especially acute in prostitutes—the sworn enemy of the *ángel del hogar*—but, as in American institutions, only few of them came under their scrutiny.⁸² Perhaps that was the reason why doctor Méndez devoted close and even fascinated attention to Modesta B., a 35-year old prostitute who arrived at the facilities of the asylum in July 1921.⁸³ While most European and American psychiatrists were no longer using the diagnosis of moral insanity to classify patients, doctor Méndez decided that her case was one of the “clearest examples” of this condition. Modesta B.’s lack of modesty, her use of affected terms, the pretense to pass herself as an educated woman and, above all, her willingness to talk about sex, endlessly and shamelessly describing orgies and other sexual practices deemed as deviant, made the diagnosis seem right. Furthermore, as Prichard’s original definition demanded, Modesta B. distinguished between right and wrong, but she was unable or unwilling to resist evil impulses, especially those related to the sexual urges of her body—a condition that, however, came into question when the Wasser-

80. For an example of such deliberations as they developed outside asylum walls, see Katherine Bliss “The Science of Redemption: Syphilis, Sexual Promiscuity, and Reformism in Revolutionary Mexico City,” *HAHR* 79 (1999).

81. For a study on female domesticity and prostitution, see William French “Prostitutes and Guardian Angels: Women, Work, and the Family in Porfirian Mexico”; and Carmen Ramos Escandón, “Señoritas porfirianas, mujer e ideología en el México progresista, 1880–1910.”

82. See Lubneck, “Women as hypersexual,” in *The Psychiatric Persuasion*, 186–208.

83. “Modesta B.,” AHSSA, FMG, SEC, caja 105, exp. 16.

man test designed to detect syphilis came out negative. As Modesta B. became an asylum inmate, doctors prescribed her with mild sedatives and a treatment fundamentally involving work—an activity she performed at the shawl-making workshop of the institution, where Prof. Magdalena O. viuda de Alvarez praised her diligence and good temper. However, resonating with her medical diagnosis, Prof. Alvarez attested that, indeed, the patient talked, perhaps too much.

As asylum doctors soon discovered, however, single and married women too developed this mental condition. The case of Carmen S., a girl of undetermined age, gave psychiatrists an opportunity to elaborate on the early stages of moral insanity in June 1910. After listening to Carmen's mother's testimony, doctors reported that "since an early age [Carmen] manifested a capricious and violent temper. She openly disobeyed her mother's commands. In addition, she was prone to skip school just to go out with her friends, with whom she invariably ended up quarreling."⁸⁴ That capricious temper, her mother added, had increased day by day, leading Carmen S. to the consumption of alcoholic beverages and, most surely, to other unmentionable vices. Disclosing traces of such temper, Carmen S. refused to answer the questions in the interrogatory, adducing that she "did not remember anything of what was referred to her."⁸⁵ Other than noting an occasional headache, leg cramps and swollen feet, doctors described her as a physically healthy individual who, nonetheless, required seclusion. Josefa B., an 18-year-old unemployed single female, was committed for the second time to the asylum in December 1910 on the same grounds. According to Dr. Rojas, she was an "impulsive" inmate who had even hit a patient once, and tried to untie some others in different occasions.⁸⁶ Clear signs of moral insanity surfaced in the lack of respect with which she treated her mother—disobeying her or dragging her feet when obeying her orders—as well as in her propensity to argue openly with other people. However, as the intern noted, in this case that temperament was transitory for, as soon as the excitement passed, she became normal again, that is, "respectful, obedient and even submissive."⁸⁷

Similar reports of strong tempers and assertiveness appeared in the medical file of Teresa O., a 26-year-old unemployed single woman who lived with her mother in Mexico City. As doctors wrote in her medical file that went

84. "Carmen S.," AHSSA, FMG, SEC, caja 2, exp. 74, 147.

85. *Ibid.*, 1.

86. "Josefa B.," AHSSA, FMG, SEC, caja 1, exp. 6, 15.

87. *Ibid.*, 2.

She neither Respected nor Obeyed Anyone

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from 1905 to 1915, Teresa also showed “a bad temper and a proclivity to leave home, taking to the streets freely. She neither respected nor obeyed anyone.”⁸⁸ While physically sound, Teresa O. “had suffered from hysteria since she was 15 years old,” a condition that led her to attempt suicide twice in her life.⁸⁹ Teresa O. explained that “she left her home to avoid nagging comments from her sister,” but she also disclosed the fact that, although single, she was not a virgin, having had two different lovers in the past—a man her age and a physician she had trusted.⁹⁰ After listening to the sexual innuendoes of the story, Dr. Rojas readily classified her as morally insane.

Sexual practices deemed as deviant constituted by far the trademark of women suffering from moral insanity. For example, Loreto M., a 25-year-old seamstresses who lived in Tacubaya, “was an exhibitionist who lacked any sense of modesty, and showed a marked proclivity for obscenity and perversion.”⁹¹ Her case, which first came under examination at the facilities of the Divino Salvador hospital in 1903, was especially complicated because, even though she was blind, as soon as she sensed the near presence of a man she “exposed herself without any shame.”⁹² Adulterous women were also likely to be diagnosed as morally insane, especially if they alluded to revenge as cause for their behavior. Rita C. violated fundamental rules of female conduct when, after arriving to La Castañeda on 19 September 1911 she used obscene language to describe how “her husband had cheated on her many times . . . [and] to avenge herself, she has cheated on him as well.”⁹³ Doctors diagnosed her with violent jealousy, a trait they believed to be linked to a deficiency in her moral sense. Although asylum doctors did not use the term, female homosexuals also belonged to this category.⁹⁴ Soledad J., a 36-year-old married women who was examined by Dr. Palacios Garfias in 1912, for example, showed a marked inclination for one of her fellow female inmates, although due to her pacific and friendly temper, she had not “yet excited herself.”⁹⁵ In May 1910, when inmates such as Margarita V., a 20-year-old immigrant from Guerrero,

88. “Teresa O.,” AHSSA, FMG, SEC, caja 2, exp. 13, 85.

89. *Ibid.*, caja 2.

90. *Ibid.*, caja 2.

91. “Loreto M.,” AHSSA, FMG, SEC, caja 6, exp. 35, 404.

92. *Ibid.*, caja 2.

93. “Rita C.,” AHSSA, FMG, SEC; caja 22, exp. 54, 1473.

94. While Rob Buffington has noted criminologists’ interest on homosexuality during the early twentieth century, psychiatrists failed to use the term in asylum documents from 1910–1930. See Rob Buffington, “Los Jotos,” 118–132. See also Nesvig, “Lure of the Perverse.”

95. “Soledad J.,” AHSSA, FMG, SEC, caja 5, exp. 75, 304.

dared to manifest “excessive love” for another female, doctors diagnosed them as a case of “insanity of two,” a mental imbalance especially acute when in the presence of the other person.⁹⁶ In fact, the picture in Margarita’s file, which included the face of the other inmate, seemingly corroborated the information. Locked up and isolated, the intertwined faces of Margarita V. and her companion constituted an all too human remainder of the dire consequences suffered by women whose unleashed “passions” violated socially accepted sexual rules.

While moral insanity existed within the category of sex, doctors also perceived intellectual activities as signs of female mental degeneration. When Guadalupe Q., an inmate first committed in 1882 and later transferred to La Castañeda because of her sexual mania—causing “great evil not only to herself but to her family altogether”—began to write poems and passionate love letters, both the content and the activity in and of itself marked her as a morally insane woman.⁹⁷ Luz D.’s ability to write the narrative of her illness struck doctors as further evidence of her unstable mental condition. Likewise, Modesta B.’s remarkable skills as a story-teller immediately captured the attention of asylum doctors. Diagnoses notwithstanding, these women strove, at times successfully, to tell their personal stories, opening an invaluable door into the self-interpretation of women of early-twentieth-century Mexico.

Look at the World Through my Eyes: Patients Speak

As asylum doctors rightfully perceived it, having stories of their lives to tell was hardly an innocent urge among inmates.⁹⁸ In structuring the narrative of their experience with illness, female inmates placed emphasis on aspects and topics often neglected in the medical questionnaire. As women attempted to describe symptoms and explain the causes of their conditions, they narrated the stories of their lives, authoring themselves in contested interconnection with asylum doctors. Rather than using rigid strategies of opposition, however, they manipulated fundamental life passages that helped them escape or expand the narrow roles assigned to them by doctors. In this way, even when secluded behind walls, women engaged experts in a tense dialogue about the medical

96. “Margarita V.,” AHSSA, FMG, SEC, caja 4, exp. 8, 236.

97. “Guadalupe Q.,” AHSSA, FMG, SEC, caja 6, exp. 35, 404.

98. Anthropologist Ruth Behar explained that a woman’s ability to tell the story of her life “is the heart of the ability to rename and remake the world in which she was born.” See Ruth Behar, *Translated Woman: Crossing the Border with Esperanza’s Story* (Boston: Beacon Press, 1993), 270.

and social boundaries of gender in revolutionary Mexico. Some, like Carmen S., the “capricious” girl, plainly refused to talk, perpetrating herself in a suspicious silence; others, however, talked about or wrote life stories that, given the circumstances in which they were created, lacked a happy ending.

Most inmate stories developed around conflictive family relations—the mother-daughter connection being a fundamental one. In a rapidly changing social environment, mothers’ possibility to pass along traditional female values—modesty, obedience, docility—proved to be a difficult task. After all, both work and public life represented temptations that some daughters of the early twentieth century were unable to resist or readily enjoyed.⁹⁹ That was the case of Carmen S., who took to the streets regardless of familial prohibition, and the case as well of Teresa O. who, for example, said that she was sent to the asylum “because my mother does not want me to go out.” In a society that increasingly associated street life with vice, Teresa O.’s mother’s fear did not lack ideological grounds. Seemingly, daughters felt constrained by their mothers’ moral guidelines. Teresa O. claimed that she was desperate because “my mother did not want me to get married.” Likewise, Natividad O., a 17-year-old single woman native of Michoacán who arrived at the asylum in July 1910, reacted against her mother’s restrictions by running away from home, declaring that she was “independent and absolute.”¹⁰⁰ For asylum doctors, this tense and highly ambivalent linkage between mothers and daughters affected the minds of the latter to the point of numbing their “affective sense” for, as moral insanity evolved, some like Josefa B. could only feel “hatred” for her mother—an unnatural emotion that betrayed her condition. These conflict-ridden mother-daughter relations were all too evident in the fact that, at least in a couple of cases, mothers themselves took their unruly daughters to the asylum.

Single female conflicts with family authority figures also emerged in sibling relations. Olga F., for example, had migrated from Cuba to the United States in 1925, when she became an orphan at the age of 14.¹⁰¹ There, she first lived with a well-off uncle who owned a cabaret—a reason why she got used to “dancing, sports, travels and driving a car.”¹⁰² Once she moved to her

99. Similar opportunities emerged in late-Victorian London and early-nineteenth-century New York, see Judith R. Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (Chicago: Univ. of Chicago Press, 1992). See also Cristine Sansell, *City of Women: Sex and Class in New York, 1789–1860* (New York: Knopf, 1986).

100. “Natividad O.,” AHSSA, FMG, SEC, caja 104, exp. 35, 3.

101. “Olga F.,” AHSSA, FMG, SEC, caja 105, exp. n.p.

102. *Ibid.*, 7.

brother's place—an engineer who tried to discipline her—Olga F. found his ways too “rigid” and, after a squabble over money, she ran away. Her brother, she said, was “a bad man.”¹⁰³ Likewise, Teresa O. not only had problems with her mother but also with her older sister, albeit for different reasons. Her sister, the patient claimed, continuously nagged her—a situation she explained as related to the fact that both were struggling to get the attention of the same man. Sibling rivalry became so unbearable thereafter that it served as an excuse to run away from her home. Lastly, just as some mothers took unruly daughters to the asylum, sisters did the same. Guadalupe Q.'s younger sister, for example, not only institutionalized her but also participated in the initial psychiatric interview, describing the early manifestations of Guadalupe Q.'s condition.

Tense family relations with parents and siblings developed as spirited single daughters of the modernizing era violated traditional rules of behavior. More often than not, such violations involved their relations with men. Some, like Teresa O., engaged in sexual relations with men regardless of her mother's warnings. In an act of rebellion, she first “gave herself” to a boyfriend and, later, suffered the sexual abuse of doctor. Both events deemed her unfit for marriage and life outside asylum walls altogether. Victims of society's double standards, women who established free sexual relations with men not only risked theirs and their families' honor, but also the continuity of the relationship. As attested by Teresa O.—“later he married a cross-eyed woman and I forgot him”—most men abandoned lovers and eventually married decent girls. Faced with opportunities and risks their mothers feared, impetuous daughters of revolutionary Mexico more often than not found trouble. The case of Olga F. exemplified, almost to perfection, the darkest side of such fears. Olga F. had lived with a man for two years when she became addicted to his vice, namely, heroin.¹⁰⁴ When she arrived at the asylum in September 1930, weighting about 70 pounds and dirty, doctors attributed her condition to her drug addiction, but not without mentioning the degrading consequences of free love. Indeed, as files from the sanitary inspection in charge of licensing prostitutes showed that women who acquiesced to male sexual desires or, even worse, their own, had a great possibility of becoming streetwalkers for life. Marriage, however, was not precisely a sanctuary of peace.

Violent domestic dynamics between men and women appeared as preponderant causes of mental illness in female inmates' narratives. Indeed, most

103. *Ibid.*, 7.

104. *Ibid.*, 7.

women diagnosed as morally insane led their stories to a ground so common it emerged as a pattern: physical abuse at the hands of lovers and husbands alike. Felipa O., a 24-year-old married woman who spoke of continuous “marital disputes” when she arrived to the asylum in June 1920, for example, developed a case of “convulsive hysteria” after receiving a heavy blow to her “genital organs.”¹⁰⁵ She had been one-month pregnant at that time, and lost the baby as a result of it. Intern Iturbide Alvérez keenly noted a conspicuous two-centimeter scar on her right eyebrow. While actual physical abuse did not appear in Luz D.’s narrative, she too wrote of “the very difficult life I led with the man, my husband.”¹⁰⁶ In this case, as in many others, male infidelity played a fundamental role in unleashing female rage, a trait doctors associated with mental derangement. According to Luz D., for example, her husband “had brought a woman to live with him,” a situation that seemingly triggered “terrible fights,” “moral pain,” and “frightful disputes,” as he intently tried to divorce her.¹⁰⁷ Marital tension between the Ds became painfully clear in the efforts he made to prevent her discharge, alluding to the damage Luz D. could cause to her family and society at large.¹⁰⁸ Faced with a similar situation, Rita C. found impossible to forgive her husband’s infidelities. Instead of complying with domestic models that stressed female sacrifice and submission, Rita C. resented “having been fooled” by her husband and, in a gross language, depicted the many times she cheated on him herself.¹⁰⁹ Such scandalous behavior took her directly to the insane asylum. Other women of similar tendencies, however, ended up in Belén, the city jail. There, as journalist and amateur criminologist Carlos Roumagnac interviewed them, they made strikingly similar claims regarding marital abuse. Both, psychiatrists and journalists, nevertheless, remained blind to this pervasive reality, attributing it to the intrinsic violent behavior of the uneducated poor. While women also saw the connection between poverty and violence, they noted, and provided evidence to document, the uneven gender relations that allowed, and even invited, abuse.

The loss of children and family members also constituted a pervasive theme in female narratives of mental illness. Within the context of continuous change of the Mexican revolution and its aftermath, which resulted in statistics recording over one million deaths, these personal stories provided the per-

105. “Felipa O.,” AHSSA, FMG, SEC, caja 105, exp. 6300, 10.

106. “Luz D.,” 1.

107. “Luz D.,” 20–22.

108. *Ibid.*, 19.

109. “Rita C.,” 3.

sonal dimension of social change in telling detail. In 1920, for example, Altagracia F. de L., a 35-year-old married woman from Aguascalientes, suffered a “painful impression” when she received the news of the accident of one of her children, developing intense headaches and, eventually, a delirium that took her to the facilities of the asylum. Her rage was so great that doctors recommended the use of a straitjacket, with which she was photographed.¹¹⁰ Likewise, Cresencia G., a 65-year-old widower, experienced her first breakdown after her son died in July 1920.¹¹¹ Claiming that town neighbors had poisoned her, she was bedridden for nine days before she wandered through the countryside looking for solace, which she did not find. For this reason, Cresencia G. reacted with rage against visitors from Capulhuac, her hometown, believing them, and society at large for that matter, to be responsible for her loss.¹¹² Also, Felipa O.’s loss of her one-month fetus triggered mental disorders. While little remains known of the various ways in which common Mexicans coped with pain and loss during the turbulent years of the early twentieth century, these medical stories constitute vivid reminders of the centrality of these themes in the life narratives of modernizing Mexico.¹¹³

Women diagnosed as morally insane also laid claim to concepts of justice and social equality brought about by the discourse of the Mexican revolution to disclose the manifold components of an experience hardly encompassed by the category of sex. This process was especially clear in the case of Modesta B. who, as her clinical history accumulated in 35 years of continuous confinement, took to write about national politics. In her version of events, she was an employee of the Virginia Fábregas Theater Company who, upon denying her

110. “Altagracia F. de E.,” AHSSA, FMG, SEC, caja 105, exp. n.p., 3–4.

111. “Cresencia G.,” AHSSA, FMG, SEC, caja 105, exp. 46.

112. *Ibid.*, 5.

113. While analyses abound regarding the social causes and dire consequences of elite-related processes of modernization under Díaz, much less is known about the ways in which common Mexicans coped with extreme poverty and repression. With rare exceptions, written accounts have proven mute in issues of death and suffering. In fact, the same can be contended in regards to the 1910 Mexican revolution. Accounts of bloodshed and violence abound but, even in novels, approaches to pain are conducted with the well-measured detachment of the stereotype. Middle-class views of rural Mexicans included in Mariano Azuela, *The Underdogs* (New York: Signet, 1962) provide good examples. Even Nellie Campobello’s novel, *Cartucho* (Austin: Univ. of Texas Press, 1995), which depicts revolutionary everyday life in northern Mexico through the eyes of a girl, fails to grasp popular views of death and mourning. In fact, photographs remain the most telling of artifacts in this regard. See collection of pictures in Anita Brenner, *The Wind that Swept Mexico* (Austin: Univ. of Texas Press, 1993).

sexual favors to a group of soldiers, was unjustly sent to jail. There, a licensed physician diagnosed her as mentally unstable. As documented in the 21 pages she handwrote while in confinement, Modesta B.—the woman who, according to doctors, was obsessed with sex—blamed her condition on the dynamics of contemporary politics, bitterly complaining about the corruption and disarray that plagued both the asylum and her nation.

Modesta B.'s torn pages that she called her "diplomatic dispatches" belonged to a woman who did not interpret her life using the terminology of sexual science. As a concerned female member of a country in continuous turmoil, she discarded the limiting category of sex as a primary definition of her vital experience. Given the blank space of a piece of paper, she chose to elaborate a contorted description of the evils that affected her nation which, in her opinion, were many. Addressing the president of the republic or the asylum superintendent, Modesta B. described in critical terms physicians, bureaucrats, anarchists, and foreign investors alike. Her first complaint related to the disastrous conditions and lack of privacy reigning within asylum walls. In trying to change the situation, she wrote a public letter exposing the unfair state of affairs and, successfully rallying support among female inmates, she got the signature of three additional patients to support her cause. Modesta B., however, not only concerned herself with asylum matters. In these papers, she too depicted a social world deeply disturbed by the actions of people of "red hands"—anarchists provoking revolutions and world wars—and people of "white gloves"—always stealing from the helpless and needy ones. In her anger, she described both groups as "[t]hieving, roughish, dirty people, from the right or from the left. People who kill people. Evil people, moody people."¹¹⁴ Although lacking the style of a political banner, her words nonetheless displayed the wide array of concerns that informed her life as a woman and as a citizen. She was not alone. Members of feminist organizations of the era—journalists, teachers, and political activists—likewise defended the rights of women to education as well as to fair treatment at work.¹¹⁵ Two feminist congresses taking place in Yucatán in 1916 emphasized similar themes.¹¹⁶ It was

114. "Modesta B.," AHSSA, FMG, SEC, caja 105, exp. 16, 5.

115. See, among others, writings by Juana Gutiérrez de Mendoza, Elisa Acuña y Rosetti, Sara Esthela Ramírez, and Hermila Galindo, in Ana Lau and Carmen Ramos, *Mujeres y Revolución, 1900–1917* (Mexico City: CNCA-INAH, 1993).

116. See Shirlene Soto, "Women in the Revolution," in *Twentieth Century Mexico*, ed. W. Dirk Raat and William Beezley (Lincoln: Univ. of Nebraska Press, 1986), 17–28. See also Artemisa Saenz Arroyo, *Historia político-social-cultural del movimiento femenino en México, 1914–1950* (Mexico City: Imp. M. León Sánchez, 1954); and Anna Macías, *Against All Odds: The Feminist Movement in Mexico to 1940* (Westport: Greenwood Press, 1982).

neither surprising nor coincidental that male psychiatrists often portrayed women who were concerned with “the social question” as ugly, masculine, and hysterical.¹¹⁷

As women diagnosed with moral insanity intently presented themselves as active players in both the domestic and social arenas, they struggled to tell the story of their lives and, in doing so, they implicitly questioned medical diagnoses of alleged scientific status. Because diagnoses of moral insanity appeared more frequently in files from 1910 and vanished by 1930, this was without doubt a victory of female patients over Porfirian psychiatry—a body of ideas espousing punitive views of mental illness in which sex and disease were inextricably linked. Indeed, in introducing a discourse in which they appeared as daughters and wives, workers and neighbors, mothers and citizens, female inmates forced asylum doctors of the revolutionary era to reconsider, and eventually discard, Porfirian medical tenets. Rather than an isolated venture, women diagnosed as morally insane benefited from the growing number of voices that, outside asylum walls, were pressing to question both existing understandings of the “fair sex” and male dominance in society. To be sure, psychiatrists did not abandon their classificatory pursuit, yet they had to find new avenues to understand the dynamics of the female mind. Nevertheless, in exposing the fragility of psychiatric classification, female inmates participated in the creation of that “common material and meaningful framework for living through, talking about and acting upon social orders characterized by domination.”¹¹⁸ Thus, even behind asylum walls, they became players in the construction of the fragile hegemony in which modern Mexico took shape.

Society Hurts: Some Theoretical Resonances

“Society hurts,” wrote Mariano Rivadeneyra in his 1887 medical thesis “it hurts to the point of driving all of us insane.”¹¹⁹ Enmeshed in the language of late-nineteenth-century psychiatry, Rivadeneyra found this to be especially true among people with neither education nor training who, in addition, spent their childhood surrounded by poverty and violence. While he referred to statistics from the San Hipólito and Divino Salvador mental health hospitals, patients of the modern insane asylum too claimed that misery and grief consti-

117. Francisco Bulnes, “Las feministas mexicanas,” *Mujeres y Revolución, 1900–1917*, 155.

118. Roseberry, “The Language of Contention,” 361.

119. See Rivadeneyra, “Apuntes para la estadística de la locura en México,” 13.

tuted major causes of mental distress. Indeed, during the first three decades of the twentieth century, political instability, depravation, and violence proved fertile ground for the emergence of diverse forms of mental derangement. Destitute sufferers arrived by the hundreds at the facilities of the General Insane Asylum, where the poor, the vulnerable, at times the defeated participated nonetheless in the creation of narratives of madness in conjunction with doctors.

Medical files from the insane asylum revealed that doctors and inmates approached each other in the murky terrain of cultural nearsightedness.¹²⁰ Indeed, mad narratives manifest doctors' disregard for inmates' human experience with illness. Yet the narratives also reveal that doctors had to address the personal world of the inmate, at least to identify symptoms and bodily signs. Rather than total blindness, this process thus involved certain degrees of knowledge, enough for a doctor to begin the translation. However, clinical histories from the asylum also showed that, while characterized by contention, this process involved more than a static opposition between the "dominant" doctor and the "subordinate" inmate. Instead, exchanging sideway glances in the unequal relation of power created by the psychiatric interview, both actors addressed one another in continuous, and contesting, motion.

Legitimized by the pursuit of scientific medicine and psychiatric ideas that linked mental illness to the poor, doctors found little difficulty in seeing inmates as a mere object of study, entities devoid of vital context. Psychiatrists from the early twentieth century who took uneven gender relations for granted, for example, recorded but failed to incorporate conflicts over family authority in their otherwise careful analysis of single women diagnosed as mentally ill. Likewise, and for the same reasons, they did not address evidence of domestic violence in the onset of mental derangement among married women of the era. In fact, doctors too failed to recognize the effects of political violence as a medical category. While the poor coped with social breakdown and extreme conditions of depravation, doctors paid scant or no attention to distress associated with the 1910 Mexican revolution and its aftermath.¹²¹ Failure to embrace the human complexity of mental illness resulted from the class and gender backgrounds that differentiated doctors and inmates, and

120. I am borrowing this concept from Marjorie Becker's *Setting the Virgin on Fire: Lázaro Cárdenas, Michoacán Peasants, and the Redemption of the Mexican Revolution* (Berkeley: Univ. of California Press, 1995).

121. For a critical view on medical and cultural effects of Post-Traumatic Stress Syndrome, see Arthur Kleinman, "Violence, Culture, and the Politics of Trauma," in *Writing at the Margin*, 173–189.

from psychiatric theories that perceived inmates as obstacles to progress or entities doomed to extinction, but seldom as redeemable beings. These views did not begin to change until 1929, when, welfare authorities in accordance with growing state centralization tried to save the institution by launching a thorough administrative and medical reform.

Unlike doctors' reports, female inmates who were able to communicate recreated their experiences with mental illness through the construction of life narratives that revealed the dynamic and contesting nature of the psychiatric encounter. Indeed, in constructing the story of their lives, women diagnosed as mentally ill were, to use the words of anthropologist Ruth Behar, "renaming and remaking the world into which they were born."¹²² In the context of an institutional framework that refused to acknowledge women's voices, this activity set asylum doctors aghast. As masterful strategists, women used institutional questions not to deny doctors' psychiatric views but to expand upon them, self-authoring themselves in the process by displacing the doctor's gaze.

Women's narratives provided tales of illness in which the contesting definition of gender roles played a key role. As female inmates reviewed fundamental life passages, they spoke of generational conflicts between mothers and daughters as well as domestic violence between husbands and wives. These stories illustrate the varied ways in which most men and women from the early twentieth century engaged in the tense redefinition of women's place in family and society at large. As they burst into anger or did what mothers and authority figures warned them not to, female inmates implicitly questioned stereotypes of Latin American women as passive and long-suffering. More importantly, asylum narratives show that women from the margins not only experienced gender disputes, but also interpreted them through stories that helped them make sense of the world in which they lived.

Personal narratives of illness also stemmed from a careful reading of the social contexts in which mental breakdown took place. In reviewing the causes of their conditions, some inmates offered moral and political commentaries on the unequal nature of society—for many the actual source of misfortune. In a milieu undergoing arduous process of redefinition, some female patients lent their voices to criticize the instability brought about by both the modernizing project of the Porfirian regime and the revolutionary process of the early twentieth century. Some, the few indeed, found good use for idioms from the Mexican revolution—a social movement they seldom referred to as a revolution—to challenge the inequality and lack of respect that permeated interac-

122. Behar, *Translated Woman*, 270.

tions inside asylum walls. But of even more relevance was that, in providing rich and moving portraits of their particular social experiences, women diagnosed as mentally ill self-authored themselves as complex social actors and concerned citizens of the new era. This gave birth to the astute social commentator, the confrontational housewife, and the determined adolescent who, without doubt, played significant roles in the definition of gender relations in modernizing Mexico. Indeed, by implicitly questioning medical stereotypes that rendered women solely as sexual entities, they took the discussion on gender to new grounds. That women were largely successful in this pursuit is evident from the fact that doctors diagnosed moral insanity less frequently and with increasing reluctance during the second decade of the twentieth century. That this process involved a high degree of negotiation and struggle is evident in the fact that these women's voices were generated inside asylum walls. Further, that their ability to recreate themselves in their own words successfully unsettled medical classificatory impulses became increasingly clear in the difficulties incipient psychiatrists faced to normalize the language of their trade—a fact that resulted in the hesitant onset of modern psychiatry as practiced in state-run welfare institutions of the early twentieth century. To be sure, female patients did not do this in isolation for, as debates over the future of the country grew in relevance in revolutionary Mexico, other social actors—peasants, workers, teachers, activists—too attempted to introduce their own interpretations of social life into the fluid and fragile text of the nation.¹²³

The narratives of mental illness generated in the grounds of the General Insane Asylum also included the experience of suffering and loss. Unlike Octavio Paz, who believed that suffering hardened and rendered women passive and insensitive, female inmates spoke of suffering as an element that simultaneously broke and gave substance to their lives.¹²⁴ Just as anthropologist Ruth Behar and Mexican peddler Esperanza described how “suffering alchemized into rage provided the clear and fiery light of consciousness for her [Esperanza] to plot the story of her life,” so female inmates alchemized suffering into mental illness and mental illness into words that spoke of redemp-

123. While scholarship on revolutionary Mexico is large, a selection of works especially emphasizing the contesting nature of nation-building projects is Joseph and Nugent, *Everyday Forms of State Formation*. For a recent discussion on the impact of new cultural history in interpretations of Mexican history, including the revolutionary period, see HAHR's “Special Issue: Mexico's New Cultural History: ¿Una lucha libre?”

124. Octavio Paz, *El laberinto de la soledad* (Mexico City: Fondo de Cultura Económica, 1950), 65–88.

tion.¹²⁵ As Natividad O. so eloquently expressed it in 1920, she was intent in overcoming “the suffering God sent upon her and her family in order to obtain, later, her reward.”¹²⁶ Even tangentially, the high moral status ascribed to those who have endured tragedy and misfortune surfaced here and there in mad narratives from the insane asylum. A closer look at this interconnection should help explain not only how common people of Mexico fell apart under extreme circumstances but also, and even more importantly, how they coped and survived with dignity and promise.

125. Behar, *Translated Woman*, 272.

126. “Natividad O.,” 5.