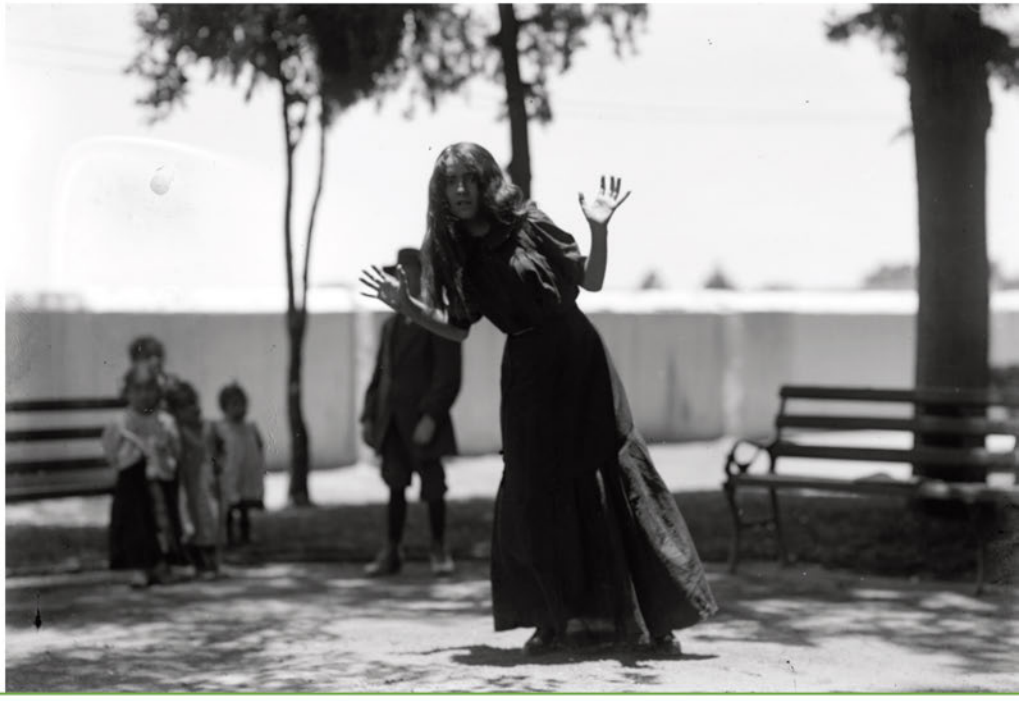
La Castañeda Insane Asylum

Narratives of Pain in Modern Mexico

Cristina Rivera Garza
Translated by Laura Kanost



UNIVERSITY OF OKLAHOMA PRESS

LA CASTAÑEDA INSANE ASYLUM

La Castañeda Insane Asylum

Narratives of Pain in Modern Mexico

Cristina Rivera Garza

TRANSLATED BY

Laura Kanost

UNIVERSITY OF OKLAHOMA PRESS : NORMAN

Library of Congress Cataloging-in-Publication Data
Names: Rivera Garza, Cristina, 1964- author.
Title: La Castañeda Insane Asylum: narratives of pain in modern Mexico / Cristina Rivera Garza; translated by Laura Kanost.
Other titles: Castañeda. English
Description: Norman: University of Oklahoma Press, [2020] | Series: Sustainable history monograph pilot | Includes bibliographical references and index. | Summary: "An inside view of the workings of La Castañeda General Insane Asylum—a public mental health institution founded in Mexico City in 1910 only months before the outbreak of the Mexican Revolution"— Provided by publisher.
Identifiers: LCCN 2020022800 (print) | LCCN 2020022801 (ebook) | ISBN 9780806167237 (paperback ; alk. paper) | ISBN 9780806168531 (pdf)
Subjects: LCSH: Manicomio General La Castañeda (Mexico City, Mexico)—History—20th century—Sources. | Psychiatric hospital care—Mexico—Mexico City—History—20th century—Sources. | Mentally ill—Institutional care—Mexico—Mexico City. | Mentally ill—Mexico—Mexico City—Interviews.
Classification: LCC RC451.M6 R5813 2020 (print) | LCC RC451.M6 (ebook) | DDC 362.2/1097253—dc23
LC record available at https://lccn.loc.gov/2020022800
LC ebook record available at https://lccn.loc.gov/2020022801

S|H
M|P
The Sustainable History Monograph Pilot
Opening up the Past, Publishing for the Future

This book is published as part of the Sustainable History Monograph Pilot. With the generous support of the Andrew W. Mellon Foundation, the Pilot uses cutting-edge publishing technology to produce open access digital editions of high-quality, peer-reviewed monographs from leading university presses. Free digital editions can be downloaded from: Books at JSTOR, EBSCO, Hathi Trust, Internet Archive, OAPEN, Project MUSE, and many other open repositories.

When you cite the book, please include the following URL for its Digital Object Identifier (DOI): https://doi.org/10.38118/9780806168531

To Irg
For John Dickerson (1943–2009) and Scott C. Murray
John M. Hart, Thomas O'Brien, and Susan Kellogg
Yolanda Garza Birdwell and Walter Birdwell

— Cristina Rivera Garza

For Danny J. Anderson

— Laura Kanost

CONTENTS

ILLUSTRATIONS

TRANSLATOR'S NOTE

Working across genres (historiography, criticism, narrative, poetry, translation, blogging, and social media), contemporary US-Mexico borderlands writer Cristina Rivera Garza accentuates absent presences through figures of revoicing and rewriting. In her research on the roles of patients, doctors, and authorities negotiating meanings of mental illness in early twentieth-century Mexico City, Rivera Garza frames doctor-patient interactions as a translation process: a self-translation of nonverbal experience into language to fashion personal stories that are then translated into linear narrations and medical diagnoses. She seeks the traces of this negotiation in archived medical files: "the text is not just a collection of traces: it is a collection of traces and inscriptions in constant and perpetual competition."

Rivera Garza's writing about this dynamic is itself a chain of translations: *La Castañeda: Narrativas dolientes desde el Manicomio General, México, 1910–1930* (2010) is a rewriting of her 1999 novel, *Nadie me verá llorar* (translated by Andrew Hurley as *No One Will See Me* Cry) and academic history essays drawing on the research for her 1995 dissertation, written in English. My English translation of *La Castañeda* consciously adds another layer to this palimpsest, a collection of constantly competing traces. Philosopher Walter Benjamin, a crucial reference point for Rivera Garza, described translation not as a reproduction of meaning but as a work's afterlife, "a transformation and a renewal of something living" (*The Task of the Translator,* 1921, p. 256, translated by Harry Zohn). In the works of Rivera Garza, there is an uneasy coexistence of that "something living" and its transformations: life and afterlife haunt each other.

Writing about her approach to the archives of La Castañeda asylum, Cristina Rivera Garza imagines "interviewing" a text like an anthropological informant. Following this lead, to form my approach as a translator of her words, I listened for what her characters and narrators could tell me about what translation means within Rivera Garza's writing. It is a narrative world of doubles, shifting identities, incomplete communication, writers and rewriters, lives and afterlives. Her works problematize language and self, in part by highlighting translation. The narrator of *La cresta de Ilión* (2002), translated by Sarah Booker as *The Iliac*

Crest, is furious to be unable to understand the language apparently spoken by only two female characters; their opaque communication holds the narrator in uncomfortable powerlessness. Non-translation is a tactic and also a quality of language. Intellectual detective novel *La muerte me da* (2007) asks not only "whodunit" but also: Who are these characters? What is the relationship of authors to their readers? Is writing a violent act? Is violence a sort of writing? And what is our role as readers in that dynamic? Early in the novel, as the female detective asks the character named Cristina Rivera Garza about one of the Alejandra Pizarnik poems left by a serial killer at a murder scene, the fictional Rivera Garza wonders, "How can I communicate to the Detective that the task of the poem is not to communicate, but just the opposite: to protect that space of the secret that resists any communication, any transmission, any attempt at translation?" ["¿Cómo comunicarle a la Detective que la tarea del poema no es comunicar sino, todo lo contrario, proteger ese lugar del secreto que se resiste a toda comunicación, a toda transmisión, a todo esfuerzo de traducción?" (55–56)]. Translation, like communication through language in general, has limits. The murderer's voice reflects shortly thereafter, "to be able to listen . . . it is always necessary to be a little bit outside of your own head. Out of your mind. . . . In the end, you never know for sure exactly whose words they are" ["para poder escuchar [. . .] siempre es necesario estar un poco fuera de uno. Fuera de Sí. [. . .] A final de cuentas uno nunca sabe a cierta ciencia de quién son las palabras" (77).] Likewise, the protagonist of the story "La alienación también tiene su belleza," from *Ningún reloj cuenta esto* (2002), translated by Sarah Booker as "There is also Beauty in Alienation," is a young woman who moves to another city for a new job as a translator and becomes transformed into her own Other. To participate in translation, in reading, or communication in general, we enter into a play of voices and selves, lives and afterlives. In Rivera Garza's fiction, selves and writings coexist and interact, and silence is a part of communication.

Within this context, Rivera Garza's multi-genre body of work on the social history of La Castañeda insane asylum in early twentieth-century Mexico City is an extended meditation on how she wants to tell this particular story and to what extent it can be told, layering voices and accentuating silences, appropriations, and translations. In *La Castañeda*, Rivera Garza views the task of historians as a type of translation: "this process of translation (from the language of one time to that of another) is, in my opinion, the fundamental task that modern societies have entrusted to historians." Furthermore, she sees individuals' written accounts of their own experiences as translations themselves: "Marino García translated himself, first for himself (if we accept that remembering is a

process that involves situating the past in the context of the present) and, still more fundamentally, for the medical resident, upon whose expert judgement his future depended." Her writing about these histories/translations calls for a process-oriented ethnographic mode: "Something should happen in the real and true world, I insist, in the world of flesh and blood citizens, when the texts of our memory take on the syntactical, cultural, political challenge of embodying the narrative strategies of the documents upon which they are based." A translation following this mode would, in turn, strive to embody and make visible the strategies that form the source text and its translation.

This physicality of narration shapes the opening image of *La Castañeda*. More than a transformation or an afterlife, *La Castañeda* is a living severed part of a body that is simultaneously Self and Other:

> You and I are in the presence of the strange case of a conjoined twin brother separated at birth from his double, his mirror image, his opposite. The other body. The sister (because *novela* is a feminine word) took her first steps toward the end of 1999, and from that point onward, never had the desire or inclination to look back. *Nadie me verá llorar: No One Will See Me Cry*. Torn from himself, the brother was silent. Shut away in drawers or lost in endless, interchangeable lists of files, the conjoined twin brother learned to contemplate the always warm contours of his scar. Living flesh. A rending more than a parting of ways. A dismemberment.
>
> You and I are in the presence of an act of violence. We are at a point of restitution.

In fact, this text has still other living kin, other selves. Portions of the Spanish text of *La Castañeda* are adapted and translated from work that Rivera Garza published in English in academic journals. As a translator reading a Spanish text that contains translated passages, I strained to hear what may have been the English source text, which in turn may have been influenced by the author's mother tongue, Spanish. I listened not only for source text passages written in English, but behind them and infusing them, a research process conducted partially in Spanish, working with Spanish-language archival materials. A coherent English voice smoothing over all these competing traces would obscure the palimpsestic character of *La Castañeda* rather than participating in its attempt to make visible its method and embody the narrative strategies of the documents on which it is based. My translation strategically calls attention to the multiple interacting layers just beneath its surface. I stretch and contort English sentences beyond convention to leave traces of the Spanish structures. I create the

occasional glimpse of a Spanish or Spanish-inflected English source text through word choices or constructions that differ from the expectations of idiomatic English. I add explicit references to culture- or language-bound concepts. Rather than producing a smooth new voice that would drown out the competing voices of the source text, this translation strives to encourage readers to attune their ears to polyphony.

A PREFACE IN FIVE VOWELS

a.

You and I are in the presence of the strange case of a conjoined twin brother separated at birth from his double, his mirror image, his opposite. The other body. The sister (because *novela* is a feminine word) took her first steps toward the end of 1999, and from that point onward, never had the desire or inclination to look back. *Nadie me verá llorar: No One Will See Me Cry*. Torn from himself, the brother was silent. Shut away in drawers or lost in endless, interchangeable lists of files, the conjoined twin brother learned to contemplate the always warm contours of his scar. Living flesh. A rending more than a parting of ways. A dismemberment.

You and I are in the presence of an act of violence. We are at a point of restitution.

e.

This book is a debt that was some fifteen years overdue. First it was a master's thesis, and years later, it was a doctoral dissertation. Then, something else emerged from the pages of that manuscript: its opposite. The days were short, cold with rain and frost. Ice often glazed the streets. One morning, at the sight of a mountain of snow engulfing a vehicle, I fell to my knees. I asked myself what I was doing there. I answered myself: I will write a book. Its opposite, which was at once its daughter and its conjoined twin sister, formed little by little, page by page, to help me survive that winter and all the other winters. The novel accomplished its mission, in effect, but it cost of the life of her twin brother, who languished away, hidden or betrayed—hidden and betrayed.

You and I are at a point of restitution. I said that before.

i.

The thing about conjoined twins is that whether or not they know or recognize one another, they both need one another. After all, they are offshoots of the same

root. One is the reason for the other, and vice versa. *No One Will See Me Cry* is also this collection of narratives of pain, although they are enunciated in an enigmatic way. This collection from a faraway place and time is also that novel in which a woman smiles at a camera lens and asks: "How does one become a photographer of the mad?" Matilda Burgos and Joaquín Buitrago were here. Diamantina Vicario and Eduardo Oligochea were here. Each book has its own relationship to language: a sign of what one can do, how far one can go while still grasping some notion of the way back.

o.

I hesitated about the relevance of publishing a book so long overdue. In the end, curiosity got the best of me. What would it become once it had been translated into Spanish and transformed, or partially transformed, from purely academic writing into the way I write today? Would it withstand so many border crossings? Would it collapse in the attempt? And here we go once again. The book journeyed from English into Spanish, returning to English now in Laura Kanost's translation. What is the name of this game? Is it madness? Is it border-crossing addiction? Perhaps it is just that once started, true conversations are ceaseless, spanning entire eras (from early twentieth- to early twenty-first-century Mexico), territories (Mexico and the United States), and fields—of knowledge, experience, affect.

u.

The value of a book is not its novelty. In this case, its value lies in readings yielding keys that just might unlock a mystery.

Introduction

Words in a Title

Much has been written about madness: its history, its causes and effects, its symbols, its changing nature and many names. Doctors, artists, lawyers, criminologists, and historians, to mention just a few modern professions, have used the tools of their disciplines to attempt to capture the evasive world believed to lie beyond reason. Such attempts are often guided by stereotypes: the tormented genius, the creative lunatic, the seer. I won't lie: suspiciously similar views also drove the first stages of this research. The book that resulted from year upon year of reading dusty, yellowed archival documents aims first and foremost to transcend those impressions. This goal does not stem from the actions of a novice. Rather, the objective took shape as my contact with the documents from La Castañeda General Insane Asylum grew closer, more intimate, and consequently, more uncomfortable.[1] Perhaps it can all be explained by a series of gestures: hands shutting a file in complete frustration, eyes looking upward in disbelief at what they see before them, a body desperate for air making its way through the exit. The classic madman was nowhere to be found. The ideal madwoman was conspicuously absent. In their place, captured in broken phrases and terrible handwriting, were words. Half-written or mixed up, histories were lying there. Beginning the day that a man still unknown to me suggested I visit the archives of the Secretaría de Salubridad y Asistencia (Department of Health and Welfare), where the documents of the General Insane Asylum were just beginning to be organized, what I read little by little were words expressed by or about very real men and women in early twentieth-century Mexico. Far from any stereotype, these flesh-and-blood men and women attempted to articulate—sometimes rapidly and abruptly, sometimes stuttering and repeating themselves over and over—their human experience with mental illness. The histories in which that corporeal and spiritual experience lived, and still lives, became the starting point and the destination where this book proposed, and still proposes, to arrive: the narratives, joined together despite their lack of harmony, that made it possible for early twentieth-century madness to become intelligible for the contemporary observer.

Narratives

Although I use "histories" and "narratives" interchangeably, lending these words a transparency they lack, I generally do so in relation to Hayden White's concept of narrative as a system of discursive meaning production.[2] In the present book, I explore the discursive strategies that La Castañeda General Insane Asylum psychiatrists and inmates employed to produce historical and concrete meaning relating to mental illness. One of my arguments is that this process was fueled by, and in turn fueled, ongoing debates about the definitions of gender, class, and nation that took place between 1910 and 1930, the early years of both the principal state asylum in Mexico and the country's revolutionary period.

Within an examination room in an institution that had been located on the outskirts of Mexico City ever since its brilliant September 1910 grand opening, often accompanied by family members and police, and certainly constrained by the items on an institutional questionnaire, the encounter between the psychiatrist and the inmate was marginal in appearance only. The contentious dialogue about the medical diagnosis could only exist because a tense and volatile society was facing the challenge of a violent, dislocated present, soon compounded by the challenge of national reconfiguration. The words "crazy," "irrational," or "strange" were little more than loaded dice in this context: after all, the definition of rational and productive behavior, that according to some would move the country forward, depended on this vocabulary. In other narratives, this moving forward has been referred to as the modernization process or, alternately, the construction of the modern Mexican state. Let me be clear that in these pages I am not attempting to determine whether particular inmates really, *truly* had the conditions with which they were diagnosed as psychiatric patients. Nor am I interested in shedding an ironic, retrospective light on the diagnostic *errors* made by very early practitioners of modern Mexican psychiatry. I fundamentally do not aim to *give* a voice to historical subjects who have their own voices, to which so many institutional files bear witness. Instead, I draw upon concepts from medical anthropology, especially ethnographic approaches, exploring the plot lines, core metaphors, and rhetorical devices that structure illness, which are drawn from cultural and personal modes for arranging experiences in meaningful ways and for effectively expressing those meanings.[3]

In a strict sense it could be said, following Arthur Kleinman, that the patients who were confined in the state asylum developed illness narratives bearing traces of the various ways patients perceived, lived with, and responded to the

symptoms of their conditions, while the psychiatrists developed disease narratives, that is, reclassifications of illnesses in terms of their theories of disorder.[4] The starting and ending points of these two discursive practices are, to no one's surprise, not only different but also antithetical. In this book, however, I am less interested in exploring how these two starting points became divergent, and potentially contradictory, and more interested in how they produced one another in immediate contact within a context that they both helped to create. To use a metaphor from cultural anthropology, I am more interested, then, in the process of writing the cultural text and less in the written text that looms in the imagination as autonomous and complete.[5] Implicitly calling for acting and creating culture, this perspective also underscores the relevance and complexity of the contact situation through which a culture is created, or, as Mikhail Bakhtin argued, the point (or the concrete utterance of a speaking subject) where centrifugal as well as centripetal forces are brought to bear.[6]

Dominated by tension and characterized by irregularity, the contact situation does not imply, according to William Roseberry, establishing a line of reference between two autonomous cultures (or languages), but rather, the intersection of at least two, and often more, historical processes, each of which developed in contradictory, irregular ways.[7]

In the medical cases that concern this book, the *physical* contact situation in which psychiatrists and inmates found themselves was a public welfare institution dedicated to treating men, women, and children diagnosed with mental illnesses. It was located on the periphery of a city that was experiencing enormous growth and at the temporal boundary between regimes often described as opposites: the last year of the modernizing administration of Porfirio Díaz and the earliest phase of revolutionary Mexico. Within these two concentric circles in both space and time, psychiatrists and inmates produced the *semiotic* contact situation: an often-heated, broken dialogue best described by the Bakhtinian concept of the active understanding that characterizes internal dialogism. In it,

> one assimilates the word under consideration into a new conceptual system, that of the one striving to understand, establishes a series of complex inter-relationships, consonances and dissonances with the word and enriches it with new elements. It is precisely such an understanding that the speaker counts on. Therefore, his orientation toward the listener is an orientation toward a specific conceptual horizon, toward the specific word of the listener; it introduces totally new elements into his discourse;

> it is in this way, after all, that various different points to view, conceptual horizons, systems for providing expressive accents, various social languages come to interact with one another.[8]

Throughout this book, I argue that psychiatrist-inmate interaction, as registered in the institution's medical files, was at once less harmonious and less uneven than described in medical exegesis of the time.[9] It was less harmonious because patients' acquiescence to psychiatric diagnosis involved some degree of dissent and friction, and less uneven because, even within asylum hierarchies, psychiatrists welcomed and indeed encouraged the very necessary participation of patients and their families in making diagnoses.

In the intimacy of the poorly equipped observation room, or among many individuals in overcrowded wards, psychiatrists and inmates engaged in a more forceful, dynamic, and at times even volatile relationship. Together, crossing fragile bridges fraught with misgivings and distrust, they authored polysemic, polyvocal, heteroglot narratives with which—fleetingly, fragmentarily—they captured the fluid realities of mental illness. These dialogical constructions arose from the tension produced by human contact as they saw, heard, and evaluated one another. These narratives emerged, then, more through skillful negotiation than utter opposition.[10]

In Pain

Medical anthropologists who work with living subjects have described, often memorably, the high level of complexity and subtlety that characterizes psychiatrist-patient interactions. As Wittgenstein famously said, speaking about the body, about bodily sensations, is not an easy task. Saying: This is my mouth. Saying: It hurts here. I feel this or that. Or I felt it. Speaking about the mind. Saying: These are the various defeats of my will. All of these aspects only become more bewildering when attempting to trace voices from the past that make their way to the present, inscribed in clinical histories. Here. Although the General Insane Asylum medical files cannot replicate the richness of an ethnographic account or take the place of fieldwork, they do contain interpretations of mental illnesses produced by psychiatrists and patients alike.[11] Because diagnoses constituted then, as they do now, a thoroughly semiotic activity involving analysis of one symbol system followed by its translation into another, they reveal the distinctive discursive strategies used by asylum doctors and

inmates as they debated the meanings of mental illnesses in early twentieth-century Mexico.[12]

Doctors strove to elevate the scientific status of their profession by committing to a linear narrative linking physical cause and mental effect through the use of psychiatric categories produced in Europe, particularly ideas related to degeneration theory, later substantiated and sometimes recast through concrete evidence from local cases. The emphasis doctors placed on an order of argumentation, which they perceived as replicating an order of things, only reinforced their faith in the progressive and ascending nature of revolutionary society. Inmates, on the other hand, brought stories of their lives with illness. Organized in conjunction with specialists and within the narrow confines of the medical questionnaire, these life histories manifested inmates' remarkable drive to explain why and how their illnesses began and evolved.

If, as anthropologist Ruth Behar has argued, having both a life story to tell and the willingness to tell it implicitly involves the ability to rename and remake the world in which they were born, then this drive was hardly inconsequential.[13] As Behar also described when tracing the biography of a street vendor named Esperanza, the rhetorical devices and scripts used to organize a life story vary across time, culture, and gender. Esperanza divided her story into three stages, namely suffering, anger, and redemption, which she illustrated through rich vignettes, usually in dialogue form.

Although asylum inmates certainly did not enjoy the flexible arrangement by which Esperanza reconstructed her life, they too organized their life stories through devices that were often at odds with doctors' notions of what a life is and how it should be recounted. Instead of employing a logic of achievement replicating the apparent inevitability of progress, inmates eloquently stressed instances of physical and spiritual suffering in fragmented plotlines dominated by deterioration. Although real events varied greatly, the majority of inmates located suffering at the outset of their lives: a broken home, rampant poverty, alcoholism, domestic violence, and especially among women, sexual abuse.

Illness was not presented, then, as a point of rupture within the upward linear trajectory of a life. Rather, illness appeared as a flash of light that illuminated ongoing wreckage. The reasons fluctuated, but most of them were shaped by loss: the death of a child, sudden or long periods of abandonment and neglect, lost love. As inmate Olga I. concisely put it, these were bitter lives, ditches surrounded by high walls. They had, then, their own flavor; they belonged to a distinctive metaphorical universe.

As they recounted the stories of their lives with mental illness, inmates privileged lived experience. In doing so, they privileged deterioration over improvement, dispersion over unity, failure over success. They spoke from the other side of progress. They did it directly, in a series of moves without intermediaries: raw words. Both in content and in form, what inmates' illness narratives brought to the psychiatric hospital, and more precisely, to the eyes and ears of the doctors, were the *ruins* of modernity: those highly significant fragments that for Walter Benjamin constituted an emblem of the transience, fragility, and destructiveness of capitalist culture.[14] Working as allegories, these narratives clearly countered the vanguard myth of progress so valued by Mexican elites both before and after the revolution.[15] Like Benjamin's angel of history, these stories invited the listener, and now invite the reader, to contemplate the past with a retrospective rather than prospective gaze, and to notice and make newly vivid the destruction as it has really taken place in body and spirit.[16] Lacking happy endings, or endings of any sort for that matter, and open to permanent and irreconcilable tension, the content and the form of these stories implicitly questioned the sources of inmates' troubles.

And that, in fact, is the primary argument of this book.

Psychiatrists and Inmates Debate

General Insane Asylum diagnoses not only shed light on the divergent rhetorical methods and contrasting scripts through which doctors and inmates constructed mental illnesses but also made it clear that doctors' and inmates' interpretations were the result of their necessary contact, a process that is particularly evident in the frequent use of indirect quotations in clinical histories. Let us see. The medical actors of La Castañeda were facing off for the first time in the institution's observation ward. Primarily educated in pre-revolutionary schools and often set in their convictions about the inevitability of progress, male doctors structured the interview ritual according to questions included on the official questionnaire. Asylum inmates, often men and women of limited means in the early years of their adult lives, answered as many questions as their conditions permitted. If family members were present, as was often the case, they spoke too, sometimes answering on behalf of the inmates. On other occasions, lacking other alternatives, they made do with the point of view of a police officer or a social worker. While in still other, less frequent, cases inmates were willing and able to write their own versions of their lives with mental illness, doctors always noted data and professional observations in designated spaces on the

medical questionnaire. Driven by their need to supply evidence to support their diagnoses, doctors included selections from inmates' discourse, especially those that presented the most obvious challenges to their understanding. There, in the brief space afforded by the official questionnaire, doctors noted the occasional word that validated their point of view but also the anecdote that escaped their comprehension, the story that seemed implausible, or as contemporary cultural historians recognize, the joke that certainly did not make them laugh.[17]

Doctors removed inmates' discourse from the context of their lives and placed it—rendered in fragments and appropriately offset by quotation marks—within the context of their own discourse, with which they collaborated, perhaps involuntarily, although also out of necessity, in the punctuation of both. As natural and expected as indirect quotations may seem, both for doctors and for asylum patients at the beginning of the twentieth century, these quotes implied a complicity that upset, albeit momentarily, the hierarchies that shaped life within the institution. They also demonstrated that, at least within the context of the asylum and, more specifically, within the context of the medical file, the past of ordinary citizens, of the weakest of the weak, in this case, had become citable. If, as Walter Benjamin stated in his "Theses on the Philosophy of History," only a redeemed humanity has a past that is citable at every moment, this was not an insignificant event for the inmates, the doctors, or the clinical histories they produced together.[19] Thus, the medical files containing the traces of this dynamic interaction—patient identification, history, causes and evolution of the mental condition, mental and physical exam results, diagnosis, and treatment—could be interpreted, or used, as some sort of redemption. The beginning.

In the end, though, institutional diagnoses were recorded by General Insane Asylum doctors and not by inmates, which is relevant medically, culturally, and ultimately, politically. Although indirect phrases brought the doctors and inmates together, upending asylum hierarchies if only for a moment, the signature that appeared at the end of every entry restored the uneven terrain upon which both actors moved. That reinstated dynamic is what we read.

Sex, Violence, and Redemption

The doctors at La Castañeda documented some eighty different diagnoses during the first three decades of the twentieth century. This number not only revealed the lack of systematization in psychiatric classifications in early twentieth-century Mexico but also reflected the constant interaction that shaped them. Both medical and non-medical factors played fundamental roles

in that process. This book closely examines the formation and evolution of the group of diagnoses classified as moral insanity, essentially because the debates that produced them made strikingly manifest the interaction between society and mental illness. Cases of moral insanity, for example, were closely tied to ongoing deliberations about the suitable place for women, and more specifically for women's sexuality, in society at large. Some future book, perhaps being written at this moment, could delve into cases of alcoholism, which bore a direct relationship to contemporary arguments about the correct configuration of masculinity. Likewise, beyond their sheer number, epilepsy diagnoses shed light on the particular dynamic of family care when challenged by a chronic condition.

Medical files for cases of moral insanity often have an extraordinarily ample page count. Whether handwritten or typed, accompanied by personal letters, public manifestos, or even drawings, these documents confirm that when the topic at hand was female patients' sexuality or their suffering linked to social and domestic violence, the debate between psychiatrists and female inmates tended to be extensive. Replete with intimate information about their daily lives and pointed interpretations of their bodies' social and sexual interactions, cases of moral insanity have enabled me to explore the construction of concepts of gender, class, and nation from the most personal and dynamic, most obscure and twisting perspective of the medical interview. These points of view helped to shape definitions of mental illness, and more broadly, medical practices in the General Insane Asylum.

Both in scope and topic, this task has become increasingly familiar to scholars interested in the history of medicine. Dominated in the past by amateur historians and professional doctors, the field of the history of medicine more recently has expanded to include the concerns of a broader range of medical actors: healers and sick people seen within the actual context of their interaction (social and intellectual).[20] Histories of psychiatry have advanced in the same direction.[21] The much psychoanalyzed society of Argentina has produced, to no one's surprise, broad histories of the social and cultural foundations of psychoanalysis through the studies of Mariano Plotkin, as well as a medical and political history of state insane asylums in Buenos Aires, comparable to La Castañeda in Mexico.[22]

When I first began conducting research on La Castañeda General Insane Asylum back in 1993, the Secretaría de Salubridad y Asistencia (Department of Health and Welfare) archive had just been entrusted with some seventy-five thousand files containing its history. José Felix Alonso Gutiérrez del Olmo, by then director of the archive, allowed me to browse the documents while his team

continued with the arduous task of organizing its contents. I completed my dissertation in 1995 and published *Nadie me verá llorar*, a novel based on these documents, in 1999. La Castañeda's documents continued to attract the attention of both national and international researchers. Prominent among them were Cristina Sacristán and Andrés Ríos Molina who, both as a team and separately, have unearthed a plethora of information on the history of mental illness and mental health care in twentieth-century Mexico. Cristina Sacristán has made important contributions on the subject with historical analyses tracing the colonial era through the modern period associated with the construction and development of the General Insane Asylum.[23] More recently, Andrés Ríos Molina has focused primarily on the first decade of this same institution.[24] Hubonor Ayala Flores has produced historical analysis of mental health institutions beyond Mexico City in the coastal state of Veracruz.[25]

Joining this growing number of works, some of which are interdisciplinary, this book aims to place the patient where the patient belongs: in the spotlight, right in the center of history, as the focal point of the text. As Elizabeth Lunbeck has done for the United States or Ann Goldberg for Germany, this book emphasizes the different ways that patients' perceptions of their own afflictions have shaped medical understanding of mental illness, as well as gender and class interpretations in the context of nation-building.[26] It is not my intention, however, to use illness narratives as mere illustrations of particular concerns confined in historical terms to gender, class, and nation and proclaim, even implicitly, that illness and its interpretations constitute reflections of reflections of reality. Rather, I aspire to pay attention to the words with which illness was enunciated; that is, the scripts that structured it, as well as the schisms and censorship that not infrequently silenced it, to then and only then detect how opposing interpretations of gender, class, and nation contributed to explaining the origin and evolution of illness. This means that what matters here is the primary enunciation of the condition and the complex interrelationship of that enunciation with society.

La Castañeda General Insane Asylum

Moral insanity diagnoses are also relevant because they underwent distinct transformations from 1910, the year that the General Insane Asylum opened its doors, to the early 1930s, when its directors, Samuel Ramírez Moreno and Manuel Guevara Oropeza, implemented reforms aimed at bolstering the medical nature of the institution. Initially hailed as the epitome of the values of progress

and order that were fundamental to the Porfirian regime that funded its design and construction, the hospital deteriorated sharply and rapidly over the years. Located on the edge of a burgeoning Mexico City with an imposing French architectural design, the asylum was a near perfect representation of the modernizing impulse that emphasized the production of scientific knowledge and the reproduction of existing social hierarchies.[27] It sent society a message of a promising future in which the isolation of the sick would prevent biological and moral contagion of healthy citizens, guaranteeing continuous healthy progress for Mexico. However, like many state-financed mental health institutions in other countries, the Mexican hospital soon faced the challenges of overcrowding, lack of properly trained staff, and general structural deterioration, accentuated in this case by neglect during the years of the revolution.

What had been admired as a modern medical enterprise soon became a foul institution capable only of providing minimal custodial care for a growing number of impoverished, chronically ill patients. Unable to enact, much less enforce, notions of order, the hospital was hardly a total institution in which doctors and administrators imposed their knowledge and vertical power at will.[28] Instead, La Castañeda soon became a decidedly heterogeneous establishment that fulfilled several key functions: makeshift jail for drunks and vagrants, public welfare center where poor patients could find custodial care, and healthcare establishment where doctors paid more attention to the cases they considered promising.[29]

In the late 1920s, the General Insane Asylum entered a new phase in conjunction with reforms of the Social Assistance System. Reflecting the growing emphasis on the hospital's scientific—particularly psychiatric—functions, doctors adopted international classifications with greater rigor and strove to record clinical histories more systematically. Older medical nomenclature used to describe entire wards, such as idiocy, was discarded in favor of updated classifications, such as mental retardation. Increased state funds helped to repair deteriorated structures and build new ones, most notably the large workshops where doctors hoped to implement work therapy. Aligning with the growing emphasis on the state's social welfare responsibilities, hospital doctors directed more effort toward elevating and reforming sick minds rather than isolating them. In this context, doctors' changing diagnoses come as no surprise.

In 1910, for example, hospital physicians had been anxious to diagnose women with moral insanity, a condition in which, according to English doctor James Prichard, a female patient could distinguish between good and bad but was unable to control her evil impulses. This practice diminished abruptly over the years. In fact, doctors had stopped diagnosing women with this illness by 1930.

Also in 1910, doctors recorded a large number of male inmates suffering from alcoholism; their numbers declined dramatically in the next decade but increased (again dramatically) in the early 1930s. Cases of epilepsy, numerous in 1910, also decreased in 1930.

This series of changes responded to doctors' increasing adherence to international classifications. The psychiatric community had questioned moral insanity since at least the nineteenth century, and many doubted the status of alcoholism as a mental illness, for example, thanks to greater access to new technology such as laboratory exams and above all, to the institution's increased emphasis on reform over isolation. For both social and medical reasons, doctors became more interested in treating patients they considered curable through reeducation and training programs, securing the hospital a relevant function in revolution-era state-building efforts. Among the results were the disappearance of moral insanity, the increasing number of alcoholics, and the growing reluctance of doctors to accept epileptic patients, for whom there was no effective treatment.

Mexico, 1910–1930

Throughout this period of important medical transformations, however, illness narratives remained conspicuously stable. A clear counterpoint to the changing perspectives of doctors, inmates insisted on the same old themes (hardship, loss, suffering), even when they incorporated new terms. It was evident that this recurrence, this stubborn lack of change, was at odds with a time and a country immersed in change itself. In the late 1910s, just two months after the hospital opened, to be precise, Mexico witnessed the rise of the revolution that put an end to the thirty-year regime of General Porfirio Díaz. The country soon experienced armed conflicts in the south, where the peasant army headed by Emiliano Zapata was taking over old haciendas to cries of land and freedom, and in the north, where the forces of the legendary General Francisco (Pancho) Villa captured town after town.[30] In about a year, landowner and fervent democrat Francisco I. Madero became president, only to be defeated a year later by General Victoriano Huerta in a coup known as the Ten Tragic Days. Political chaos and violence were rampant. Poverty increased so much that in 1915, the year of the great famine, poor men and women went to the asylum seeking food and shelter.[31]

Constitutional Army forces led by landowner Venustiano Carranza capitalized on the general antagonism toward Huerta. By 1916, after Villa's military defeat and the weakening of the Zapatista movement, Carranza had emerged

as a revolutionary leader in the Convention of Aguascalientes. But political stability did not hold. The assassinations of Zapata in 1919, Carranza in 1920, and Villa in 1921 showed how fiercely the revolutionary armies were pitted against one another. Álvaro Obregón, a revolutionary general in the Constitutionalist Army, was the first president of his time who successfully completed his term (1920 to 1924). Plutarco Elías Calles, another Constitutionalist General from the northern state of Sonora, took office in 1924 and left—in name only—in 1928. After Obregón was assassinated that same year, a series of presidents under the strict control of Calles governed the country during a period known as the Maximato after Calles's self-proclaimed status as Jefe Máximo, supreme leader. Specialists in the dawn of the revolutionary era, as these years are known in Mexican historiography, have dealt with questions of the process of state formation, incorporation of the popular classes, centralization of political power, and redefinition of national identity.[32] Some have emphasized structural changes or discontinuities that marked the beginning of a new era.[33]

More recently, primarily with the analytical tools of new cultural history, a growing number of experts have emphasized the discrete set of continuities that linked modernizing efforts begun under the Porfirio Díaz regime with the projects of the revolutionary generals.[34] Although the dichotomies are not obvious, mental illness narratives, in which inmates rarely used the term "revolution" or did so only disparagingly, constitute evidence in this regard. In contrast with revolutionary propaganda, contemporary or otherwise, emphasizing the positive changes produced by the emerging regimes, life stories of inmates insisted on the types of themes that are evoked when those regimes are questioned. Both logical and chilling, inmates' insistence on suffering and loss serves as counterevidence to historical progress. It echoes Walter Benjamin's statement that revolutions are not the driving force of history, but rather, the reaching of humanity traveling in this train for the emergency brake.[35]

In the context of historiographical debates discussing the everyday forms of state formation as they relate to revolutionary Mexico, these controversial mental illness narratives strike a dissonant chord.[36] First, although doctors' and patients' interpretations diverged, the creation of medical history and therefore of the definition of mental illness in the broadest sense rightfully belonged to them both, calling into question rigid notions and dichotomies concerning hegemonic contexts in opposition to counterhegemonic action or thought. The close and complex interconnection between doctors and inmates, most visible in the use of indirect quotations, resonates with William Roseberry's notion of how social actors dynamically construct a common material and meaningful framework

for living through, talking about, and acting upon social orders characterized by domination.[37] Illness narratives did not arise *within* a predetermined and apparently stable context, but rather, they helped to shape that context in fundamental and fraught ways. In other words, they did not resist a *determined* reality or social order, nor did they propose a counterhegemonic strategy; on the contrary, they were participating in its very creation and producing, in turn, a problematic, contested, political process of domination and struggle.[38]

Moreover, when inmates were speaking and doctors were quoting them, they were taking part in an unrelenting strategy of displacement and negotiation.[39] Brandishing their respective weapons—discourse and scientific progress versus lived experience—they certainly clashed, but there was also some give and take. Asylum inmates could choose to remain silent, and some did so out of conviction while others had conditions that prevented them from understanding and speaking altogether. Those who did not, however, had to find ways to make their stories intelligible. The most educated and experienced of them even made selective use of medical tropes, dividing their life stories, for example, according to patterns of health and illness. Most told stories of suffering and pain, as if those were universal nodes of shared meaning. Likewise, hospital physicians could choose to remain apathetic, which some of them did, but those who were interested in becoming professionals, in becoming psychiatrists, had to listen. The most knowledgeable and experienced of them went so far as citing famous names or foreign categories in order to alert readers, such as doctors or public administrators, to the influences that informed their understanding, making accessible the translation process from illness to disease. Most of them did listen attentively to the stories of suffering and pain that took shape within the asylum, as particular, disputed nodes of meaning.

This multilayered, almost intimate relationship cannot be appreciated, much less understood, within the bifocal axis of opposition. There was too much yearning—for knowledge, for an audience, for validation, for status, for power, for a trustworthy listener; there were too many needs—between one and the other, or rather, for one another—for this to be called opposition. There was, above all, too much complicity (forced complicity, to be precise) between the speaker and the one who recast the speech; between the one who was aware of that recasting and went on speaking nevertheless, and the one who was recasting the speech and, for that reason, had to pay close attention to its raw form in the first place. Inmate and doctor were interlocked because they both needed each other in order to be, in fundamental terms, inmate and doctor; that is, in order to become one and Other. The hospital doctor longed, often fervently, for the

status of a true professional: the psychiatrist. Hospital inmates longed for recognition of their suffering, of their core humanity. Achieving both aims presented challenges that hospital doctors and inmates met through flexible but fraught negotiation strategies.

In the midst of historiographical debates that typically emphasize processes of state construction, reconstruction, or centralization, polysemic mental illness narratives bear vivid witness to destruction, dismantling, and dispersion; that is, to the centrifugal forces Bakhtin associated with heteroglossia.[40] These individuals with mental illnesses never achieved big things, in the end. None of them became heroes, in the epic sense. As far as I know, no patient put on the crown of *poète maudit* or of fierce system critic. None of them articulated their interpretations of illness in systematic discourse or, as was more in fashion at the time, in fragmented discourses published posthumously by audacious independent presses. Some managed to appear in this book, but even here, when they received the opportunity, they only *spoke* about their suffering and pain, words with little chance for historical validation. The political, epistemological, and human value in this *only* lies, I believe, in resituating suffering, human suffering, back at center stage of a nation committed to modernity and progress at any cost. This act, for that is what it is, can question a certain univocal interpretation of human agency as necessarily proactive, oriented toward concrete results, even expedient. Without being passive—an act is always an act—this agent begs a different name: tragic.

In modern Mexico, where post-revolutionary generations have more or less successfully made the Revolution of 1910 into an official and foundational epic, very little serious attention has been paid to tragic origins and tragic subjects. Narratives of pain, in which, as in tragedy, the detail of suffering is insistent, whether as violence or as the reshaping of lives by a new power in the state, provide the reader with this opportunity.[41] As scholars working in the emerging interdisciplinary study of social suffering have observed, suffering is an action, a social and cultural experience that involves the most ominous aspects of the modernization and globalization processes.[42] Considering that local, historically established forms of suffering merit serious attention, these experts avoid representing those who suffer as unfit, passive, or fatalistic victims. Thus, rather than privileging the devastating injuries that social force can inflict on human experience, more recent studies emphasize the various ways that sufferers identify, endure, and expose the sources of their troubles.

My understanding of the tragic agent, more an approach than a concept, seeks to grasp what seems to be common sense in so many psychiatric hospital illness

narratives: suffering destroys, but it also confers dignity, a higher moral status, upon the sufferer. As Jorge Luis Borges once said: "Men have always sought affinity with the defeated Trojans, and not with the victorious Greeks. Perhaps that is because there is a dignity in defeat that is hard to reconcile with victory."[43]

Narratives of Pain

The series of reflections involved in the words that make up the title of this book produce peculiar narrative challenges. This is because, in the first place, I strive to emphasize and remain within the pained narratives themselves, and I avoid as much as possible the hermeneutic perspective that looks for origins (or reality) beyond or behind the text. It is this way because, secondly, my comprehension of the contexts and events as entities that shape one another prevents me from using the starting point of linear historical narratives: reconfiguration of a stable context within which changing events occur. Moreover, I am convinced that a history that aims to analyze controversy and conflict cannot do so, at least not faithfully, through forms used to channel processes of accommodation or assimilation. A history related to life in a state of emergency is responsible for creating a strategic narration that shows, or embodies, as experimental writer Gertrude Stein put it, rather than merely enunciating an account.[44]

For these and other (unpublishable) reasons, I would have liked to present the primary arguments of this book through a method that was familiar to the doctors and inmates of the psychiatric hospital: indirect quotation. This method was also used by Walter Benjamin as he attempted to evade those realist forms that establish their truth by invoking the authority of the supposed facts. This history is not one that aims to reconstruct what really happened, nor is it one that aims to deconstruct what could have happened. The purpose is at once more humble and more urgent: to attempt to seize hold of a memory as it flashes up at a moment of danger.[45] For this reason I would have liked to present the dialogues between psychiatrists and inmates at the beginning and give special attention to the way that the participants shaped moral insanity diagnoses: little by little, with difficulty and much linguistic and cultural ambiguity. I would have liked to begin each chapter with an analysis of that interaction as it took place during the early phase of the encounter, and then continue with a synchronic analysis, if possible, as a counterpoint, in an attempt to elucidate whether or not changes occurred during the 1930s. But this is a history book, they tell me. And I already wrote the novel based on this history book years ago, they remind me.

That's how it is.

The beginning of this book, in effect, develops a contextual analysis of the rise and demise of the General Insane Asylum, the internal dynamics that informed the psychiatric routine in the institution, and the early development of modern Mexican psychiatry. The history of a city comes into play, of course. And boundaries go up, boundaries that some intended to be definitive but that have always been porous. Walls casting shadows. Leaving the center behind and gliding over the periphery, you arrive at the imposing, timeworn entrance to the General Insane Asylum. You are here. The invitation, clearly, is to walk through its doors. The murmurs are many. Actually, they are too many. I selected a few that it will be possible to follow. The intention is to literally bring into relief dialogic constructions of illness and the various institutional contexts within which they were created at the same time, in a sort of impossible collage of narratives. The book would like the reader to stand just behind the shoulders of participants in manic encounters—crestfallen or static, foul-smelling or enraged. But the book often wants too many things. In what follows, you will have to see the photographs and draw conclusions. Then you will have to read a history. One among many. And finally, if at all possible, you will have to try to get back out.

I hope that those who are willing to page through this book are able to keep hold of that memory that vanishes as soon as it becomes visible in the menacing flames of danger. In retrospect, always glancing backward, I imagine that the reader will see this: for every image of the past that is not recognized by the present as one of its own concerns threatens to disappear irretrievably.[46]

CHAPTER I

La Castañeda General Insane Asylum, 1884–1930

In 1950, when renowned Mexican psychiatrist Samuel Ramírez Moreno described the origins of the General Insane Asylum at the International Psychiatry Congress held in Paris, he referred to the initial stages of the project as the result of a sudden "moment of revelation." According to its own exegesis, the institution:

> [w]as built to improve conditions for the patients, who for centuries had been confined in dirty, inadequate accommodations, beyond the reach of society and the state. But the time came when the government, headed by Porfirio Díaz, realized that it was necessary to modify their living conditions, and as a result, a plan emerged. It was the project of a great hospital for the mentally ill that could meet the needs of the time and anticipate the needs of the future.[1]

The planning of the "great hospital," however, did not develop so rapidly. Instead, the asylum project took shape in fits and starts over a period of twenty-four years. Analysis of confinement techniques and the workings of state-funded asylums began in Mexico in 1883, seven years before psychiatry classes were offered by the School of Medicine in Mexico City and only six years after Porfirio Díaz took power. Experts in a variety of fields—from medicine to public welfare, architecture, and urban planning—then began what would become a lengthy and sometimes stagnant conversation about the social, economic, and medical functions of large state-run psychiatric hospitals. As the project evolved, a wide range of perspectives and long-term goals came under scrutiny, although they were not met with the vehement opposition that similar enterprises generated in countries such as England. In fact, most participants in the project agreed that "modern nations were measured by the extent of their public works," and most perceived the state's investment in a psychiatric hospital as a clear sign of Mexico's growing modernity.

With this conviction in mind, Mexican experts identified and collected documents from psychiatric hospitals abroad, evaluated existing mental health institutions, drew up plans, and prepared budgets. Only in 1894, however, was an official committee formed. Renewed state funds and growing interest in mental pathologies during the golden years of the Porfirian era spurred the completion of the final asylum plan in 1905. Deliberations continued, nevertheless. A new group of experts—criminologists, psychiatrists, engineers, and public welfare bureaucrats—studied the plan and offered additional suggestions concerning the location, the architectural design and décor, medical treatments, technology, and even staffing. It was not until 1908 that Porfirio Díaz, the president's son, took charge of construction, which was completed in time for the official grand opening on September 1, 1910, the first day of the month of festivities organized to celebrate the centennial of Mexican independence.

As the veteran president Díaz ushered distinguished guests through the new facility, very few were aware of the complex cultural and political processes imprinted on its walls and in its rooms. Indeed, with their shared unwavering faith in the progressive nature of Porfirian society, and modern medicine in particular, and with real anxieties triggered by the pace of turn-of-the-century transformations, members of the various committees charged with designing the psychiatric hospital produced paradoxical views of mental institutions as sites of control and also as places of refuge. Because they were equally concerned with improving psychiatric treatments and the general social order, the ambivalence that permeated the Mexican asylum from beginning to end resulted in the construction of a massive establishment that, despite its unitary appearance, transformed into various institutions over time. Drawing primarily on official documents, this chapter describes the aspirations and concerns that gave rise to the General Insane Asylum, with emphasis on the sprawling metropolis in which it was built and on the set of contending meanings that brought it to life.

A Project Is Born: Modernity as Translation

The history of mental health care in Mexico dates back to the early colonial era, when individuals with the support of the Catholic church established the San Hipólito and Divino Salvador hospitals, which cared for mentally ill men and women, respectively.[2] Almost four centuries later, the founding of the General Insane Asylum in 1910 represented the transition from custody and charity to therapy and correction. The inception of the psychiatric hospital was rooted in a stable society that enjoyed high economic growth rates.

Known as the golden age of the Porfirian era, the last two decades of the nineteenth century witnessed the rise of myriad urban, medical, and social projects with which Porfirio Díaz and his cabinet of technocrats, who referred to themselves as Científicos (Scientists), hoped to affirm the modern character of the regime.[4] With costly drainage projects to save Mexico City from recurring floods, construction of public buildings with French-inspired architecture, implementation of the telephone system, and even renaming of streets, the capital city became the showcase of the new era.[5] However, while supporters were optimistic, the rapid pace of social change also produced general anxiety and trepidation. Massive rural land expropriation and urban industrial growth prompted migration from the countryside to Mexico City. Poor and dark-skinned migrants became a cause for concern among city planners and social commentators, who saw their ethnicity, class origins, and ways of life not only as antithetical to modernization but also as a social threat. Porfirian analysts thus made unprecedented efforts to identify and control potentially dangerous members of society, especially targeting criminals, prostitutes, alcoholics, and people with mental illnesses.[6]

Committed to protecting society, these experts unabashedly supported the creation of institutions capable of containing the pernicious influence of men and women they considered deviant. Authorities of the Public Welfare Administration, secularized in 1861, soon responded to the challenge. In contrast to religious welfare institutions guided by principles of charity, Porfirian welfare ideology developed a firm belief in the benefits of confinement and the potential of correction. As Consul Plutarco Ornelas stated in his 1900 speech at the 27th National Conference of Charities and Correction in Topeka, Kansas, both charity and correction were instrumental in the colossal task of nation building, since "they alleviated the misery of the poor [and] enabled the reformation of their minds in order to return them, improved, to the social family that had kept them apart."[7] In 1910, the General Insane Asylum set out to accomplish that very task.

It was in that context that the federal government financed and published *El manicomio* (*The Insane Asylum*), a report written by Dr. Román Ramírez in 1884. It included an extensive collection of comparative documents related to the construction and administration of psychiatric hospitals in the United States and Europe.[8] Concerned with pragmatic information that could be put to use in Mexico, Ramírez's selection of documents favored the United States and therapies involving confinement. It included translations of construction guidelines and rules of governance created by the Association of Medical Superintendents of American Institutions for the Insane, a professional organization founded in

1844.[9] Equally relevant were psychiatric hospital records and superintendent reports from various US institutions, most notably the New York Lunatic Asylum, the Iowa and Illinois asylums, 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 institutions ever to appear in Mexico. Providing information on both mental health treatments and institutional administration, Ramírez situated his report in that ambiguous realm where scientific and social concerns converge. By translating documents from both areas, Ramírez played the role of cultural translator, an increasingly relevant task in a regime devoted to modernity at any cost.

Ramírez's evident support for mental health treatments emphasizing social segregation clearly responded to ongoing anxieties about the urban poor. However, growing concern among the psychiatric community over the efficiency of existing institutions for the mentally ill also played an important role. Although few in number, doctors with work experience in local mental health facilities continuously requested improvements in medical treatments and living conditions for the mentally ill. Supported by foreign medical theories, influenced primarily by the flexible language of degeneration theory, Mexican doctors published articles in Mexico City academic journals expounding upon the deplorable state of the mentally ill.[10] They did not forget, however, to praise treatment methods employed abroad.

As academic interest in mental pathologies grew, the School of Medicine offered an advanced elective class on psychiatry for the first time in 1887. Taught by Dr. Miguel Alvarado, director of the Divino Salvador hospital, the class marked the beginning of the psychiatric profession in Mexico.[11] Seven years later, Dr. José Peón y Contreras, who was from the state of Yucatán, became the first official professor of psychiatry.[12] The psychiatric hospital project, meanwhile, was developing in tandem with the field.

In 1896, a group of lawyers, engineers, welfare officials, and two doctors who had worked in mental health facilities formed the first committee charged with hospital construction. After analyzing both national and international conditions, they made recommendations to the authorities, including medical approaches to treating insanity, spatial strategies for preventing contagion, and social policies for preserving order and progress in society at large: fundamental values of the Porfirian regime.[13]

First, they recommended that the psychiatric hospital be located far from populated areas in order to create a division between the world of reason and the world of madness, thus preventing confusion and the possibility of contagion.

Second, they recommended that authorities implement a strategy for classifying inmates both medically and spatially within the asylum walls. They argued for the creation of an admission and classification department in which doctors could carefully observe and examine inmates because as they were acutely aware, "insanity lacked a characteristic mark" and could easily go undetected or misdiagnosed.[14] They also supported dividing the asylum into separate wards, each housing inmates with the same illness. Additionally, in order to protect the institution's finances, they suggested that inmates be classified into first and second categories, giving priority to paying inmates. The committee attached plans for administrative offices, wards, workshops, libraries, and other facilities to illustrate how the architectural design of the asylum would reflect the medical commitment to classification and order. The confident committee concluded the report by declaring that the humanitarian nature of the enterprise would only affirm the levels of modernization already achieved by the Porfirian regime. A year later, the public welfare administration purchased the 485,700 square meters of land that would eventually house the asylum on the periphery of a burgeoning city.[15]

In the following years, as the Porfiriato was becoming a stable dictatorship, support increased for public works, especially projects like La Castañeda that so clearly reflected the regime's ideology. Thus, in 1905, engineer Luis L. de la Barra, who worked for the welfare system, and engineer Salvador Echegaray drafted an extensive, persuasively argued document that would become "the definitive study" leading to the construction of the General Insane Asylum.[16] The narrative strategies used in the document reflected a careful process of cultural negotiation. Divided into four sections—general hospital plan, general services, services for inmates, and general hospital organization—the plan included guidelines that followed a consistent formula. First, the authors presented a brief yet insightful overview of foreign sources in a section titled "Theoretical Conditions." Unlike the 1884 report, which emphasized documents from the United States, this section included many French sources, especially reports from commissions charged with psychiatric hospital construction led by the famous administrator Baron Georges-Eugène Haussmann, the prefect of the Seine department during the Second Empire, responsible for the transformation of Paris.[17] Next, in a section titled "Program," the authors presented the needs specific to the Mexican setting, drawing as much as possible on information from the San Hipólito and Divino Salvador hospitals. They concluded each proposal with a "suggested solution," usually a compromise between national projects and foreign models studied. True modernizing agents, Echegaray and De la Barra compiled information

about foreign psychiatric hospitals, but they did so with a critical approach, adapting those lessons and experiences to local conditions in Mexico.

In the first section of the asylum plan, Echegaray and De la Barra defined the size of the institution, the medical and social classification of inmates, and the appearance of the establishment. Although foreign sources recommended that psychiatric hospitals house an average of five hundred inmates, they supported constructing a hospital for one thousand because they believed that La Castañeda would become the largest state-run institution for the insane in Mexico. They also allotted more space for women than men, because "as has been demonstrated, the number of insane women is greater than the number of insane men, and for this reason, we set aside notions of symmetry in order to give more space to the women's section."[18] Aware of the relevance of medical and social classification, Echegaray and De la Barra advocated organizing inmates according to age, moral position, type of insanity, and economic level.

They proposed not only the separation of men and women, children and criminals, indigent and paying inmates, but also the construction of wards; this medical and architectural strategy, also known as the cellular system, had been adopted in other countries to group inmates diagnosed with the same mental illnesses. In addition to an observation and classification ward, there were ten other wards, devoted in turn to groups labeled as degenerates, tranquil inmates, elderly inmates, semi-agitated inmates, agitated inmates, imbeciles, epileptics, violent inmates, criminals, and sick inmates. This classification remained unchanged until 1929.[19] Applying their knowledge of local conditions in Mexico, Echegaray and De la Barra planned to build a larger ward for epileptic women than foreign experts suggested because colonial hospital statistics indicated the number of women diagnosed with this illness was much higher.[20]

Moreover, given that Mexico lacked sufficient private psychiatric hospitals where the upper classes could confine their mentally ill, the engineers planned a large area for caring for a distinguished class, a tactic also geared toward securing revenue for the institution.[21] Finally, they emphatically approved the size and location of the land that the government had acquired on the outskirts of Mexico City because "Mixcoac, San Ángel, or Coyoacán, villages near La Castañeda, where the asylum will be erected, are known as sanitary areas lined with trees and flowers and not yet contaminated by the smoke and noise produced by industry."[22] Although La Castañeda was far from the flourishing city, it was not isolated. Echegaray and De la Barra pointed out that a half-hour journey by electric train "facilitated both family visits and transportation of hospital supplies."[23] Other transportation options included a direct route from Tacubaya via

Xola, Becerra, and Nonoalco, as well as the Río de la Piedad road through Mixcoac.[24] Therefore, in one of the best areas of the city, with panoramic views and an abundant water supply, the land for La Castañeda was clearly an unmatched location in both medical and social terms.

In the second section of the asylum plan, the authors described the institution's administrative structure and the series of general services that would characterize it as a thoroughly modern establishment. Drawing on documents from French psychiatric hospitals and the medical program established by Mexican professionals, Echegaray and De la Barra called for office space and living quarters for three hospital directors: a general director, a women's department head, and a men's department head. Offices and rooms were also planned for an administrator in charge of the institution's finances and for four employees in that area. Concerning services, although Echegaray and De la Barra were not doctors, they invoked medical concepts to explain the physical design of the hospital. For example, they explicitly cited medical views to justify the construction of both the library and the theater in La Castañeda, since "as is common knowledge, plays, concerts, and appropriate readings are recognized as useful tools in treating the insane."[25]

In addition to medical notions, Echegaray and De la Barra considered economic factors. For example, to support the organization of common dining areas, as opposed to isolation areas, they cited their visits to "various English and U.S. psychiatric hospitals, where we were impressed by the inmates' good manners, as well as the intense attention they paid to readings or concerts performed for them during meals."[26] Thus, they recognized that "there is another important factor in our particular case: the fact that, with the system of common dining areas, service will be much simpler, and consequently, much less expensive."[27] Likewise, financial and medical considerations were a factor in the construction of workshops in the Mexican psychiatric hospital. They knew that work provided "distraction and exercise; both activities produce improved health" in some inmates, but they were also aware of the potential income generated by inmate labor.[28] Detail after detail, Echegaray and De la Barra argued for the need to construct a pharmacy, a machinery shop, a kitchen, a laundry room, a bakery, workshops, a garden, and a funeral parlor. They even discussed the water supply, the use of electricity, the construction of a wall around the property, and the distribution of gardens. Broad in scope and pragmatic in application, the document offered the state plans for a modernizing enterprise.

In the third section of the asylum plan, Echegaray and De la Barra described the distribution of wards in the institution to ensure internal order and reinforce

prevailing perspectives on order in society at large. This goal would have been impossible without an observation ward, an essential space described by the authors as "surrounded by walls, made up of eight separate rooms to prevent contagion and facilitate medical examination."[29] Echegaray and De la Barra then argued for the creation of a specially designed ward for distinguished inmates, a financially relevant detail because the fees charged in that area would be a source of income. Divided into sections for men and women, this ward also contained two subdivisions where first- and second-class inmates would be served according to the fees they paid.[30] According to Echegaray and De la Barra's plan, nonpaying inmates would be distributed among six different types of wards. Characterized by strict security measures, the ward for degenerate inmates had to be "self-sufficient" in order to prevent social contact, and thus contagion, among the inmates.[31]

Also isolated and built on a single story to prevent accidents, the epilepsy ward was designed to house 192 inmates (128 women and 64 men) in common quarters and 12 (eight women and four men) in private rooms.[32] Although foreign psychiatric hospitals, such as the Government Hospital for the Insane in Washington, DC, included areas for the criminally insane, Echegaray and De la Barra cited local conditions in Mexico to modify the design of this ward in La Castañeda. Responding to a recommendation from the Ministry of the Interior, they evaluated records that indicated the absence of female criminals in La Canoa, proposing construction of a small area exclusively for male criminals in La Castañeda.[33] However, Echegaray and De la Barra planned a ward for violent inmates, even though this measure was very controversial among experts in other countries. Citing the French legal psychiatrist Renaudin, they acknowledged some criticism of the construction of isolation cells, which according to this expert, "represented a cause of constant excitement, accentuated the collateral effects of hallucinations, and promoted the development of delirium."[34] Despite their awareness of critical views, the authors proceeded to justify the construction of nine cells, each designed to create total isolation, facilitate supervision, and prevent inmates from harming themselves.[35]

The larger area known as the "tranquil inmates ward" actually housed a wide variety of inmates: residents identified as semi-agitated, agitated, elderly, and paralytic. They shared common sleeping quarters and congregated in a shared recreation area where they could read, listen to music, or entertain themselves by playing board games.[36] Distributed over two floors, this ward required natural light and good ventilation. Finally, the authors also designed three infirmaries, one for men and women with contagious diseases and two others for

noncontagious patients, one for men and one for women.[37] In sum, Echegaray and De la Barra's plan proposed a geographic distribution of wards reflecting the latest developments in psychiatric hospital construction while also manifesting Porfirian ideas of a hierarchical social order in which men and women, rich and poor, occupied unequal spaces.

In the fourth section of the asylum proposal, Echegaray and De la Barra summarized the most important aspects of their plan and devoted special attention to the staff necessary for such a large enterprise. In terms of medical attention, the authors foresaw hiring 19 medical interns and 127 guards or assistants.[38] While they considered using unpaid tranquil inmate labor for some general services, such as the kitchen or gardens, they also recommended hiring librarians, pharmacists, doormen, cooks, and other trained assistants, most of whom would have living quarters on the asylum grounds. This in addition to the administrative buildings and the inmate wards made La Castañeda a monumental and costly state enterprise. Aware of the situation, Echegaray and De la Barra concluded their plan by reiterating that to design "the great hospital," they had had to compensate for scarce Mexican statistics with data from foreign institutions, which had been "sanctioned by experience already."[39] They then proceeded to submit this document for the scrutiny of "persons of the utmost competence."[40]

Although it was a persuasive text, experts in the fields of psychiatry, engineering, and criminology, as well as state bureaucrats, recommended further modifications. Some were concerned with finances; others would eliminate architectural ornamentation; still others advocated acquiring the best equipment for the hospital. The Public Buildings Council and members of a new asylum committee formed by lawyer and criminologist Miguel Macedo, engineer Alberto Robles, and psychiatrist Juan Peón del Valle made numerous recommendations, but they did not change the 1905 document significantly. Twenty months later, in December 1906, engineer Salvador Echegaray was ready to submit yet another document, with additional plans attached, to the Ministry of the Interior.[41] After three years, in June 1908, the Minister of the Interior and engineer Porfirio Díaz, son of the president of the republic, signed a contract to begin construction.[42] The asylum would include twenty-five buildings, with inmate wards, doctor living quarters, infirmaries, and the General Services building, whose imposing classical façade became the institution's hallmark.

The plan to build the General Insane Asylum evolved slowly over a period of twenty-four years. Despite foreign medical, administrative, and architectural influences, the result was uniquely Mexican due to a process of cultural negotiation. Bureaucrats, doctors, psychiatrists, hygienists, lawyers, and engineers

involved in the creation of this project did not hesitate to apply lessons learned in other countries; however, upon adopting them, they adapted them to local conditions and incorporated changes or innovations as needed. Rather than a literal translation of documents and experiences of modern nations, then, it was an active process in which local voices played fundamental roles. More than reflecting modernity, these voices implicated it, turning the translation into a dialogue. Mexico was indeed becoming modern, but in the process, modernity was also becoming Mexican.

The professionals who created La Castañeda were aware of the medical relevance of the asylum, but they never forgot its symbolic significance. As the special committee declared in 1896, they were convinced that modern nations were measured by the extent of their public works. La Castañeda, like the general hospital and the penitentiary, became an eloquent reminder of the rising level of modernization achieved by the Porfirio Díaz regime; as the committee also noted in 1896, this project would gain the upper hand over an elusive condition that could create disorder and confusion in society at large if it went unrecognized or misdiagnosed. For this reason, the professionals involved in the creation of the General Insane Asylum considered themselves not only guardians of patients' mental order but also and perhaps more importantly, champions of social order in the community, and by extension, the entire nation. The notions of classification and hierarchy incorporated into the asylum thus connected the institution with the social fabric that surrounded it and gave it meaning: the modern nation, and more specifically, the modern city. As mutual contexts, the flourishing urban center and the psychiatric hospital reflected one another in an oblique and culturally meaningful way.

A City of Porous Boundaries

As the great hospital took shape one sketch at a time, the city in which it would be built remained invisible and almost totally silent. Without that urban subtext, however, the language used in the construction plans for La Castañeda had little or no meaning. Allusions to order, classification, and contagion belonged to late nineteenth-century medical discourse, but the political charge of other concepts became meaningful only in the context of a growing metropolis turned upon itself in its attempt to embody modernity.

The urban panorama of Mexico City in 1910 featured both the achievements and the limitations of Porfirian modernization. Public works, European architecture, and urban policing indeed pulled the city out of a long, dark

postindependence past marked by political instability and economic stagnation. During the first years of the twentieth century, as the Porfirian regime grew richer and more powerful, certain members of the urban upper classes looked favorably upon the changes that were taking place both in the physical aspect of the city and in its social rituals, which they associated with the sophisticated cosmopolitan sense of civilization of their dreams. By the light of electric lamps and aboard a newly inaugurated electric train system, city residents experienced a new sense of speed and distance. Modern marketing strategies, including the use of banners and even dirigibles, generated receptive attitudes toward the new and the ephemeral.[43] The telephone and the telegraph joined forces to usher in a new era of communication and exchange. At the same time, classical buildings designed by a group of "progressive Francophiles," including the enormous Palace of Fine Arts, gave Porfirians a sense of security and permanence; this attitude was reinforced by extensive drainage projects to protect the city historically plagued by floods.[44]

However, the industrialization and urbanization processes that characterized the Porfirian regime created not only expectation and hope but also fear and agitation, since despite their faith in progress, Porfirian elites also had many opportunities to experience apprehension and alarm. Rumors of rampant violence in the countryside confirmed their fears about the endemic savageness of rural Mexico.[45] News of outbreaks of disease in the capital's slums resulted in growing alarm about the possibility of contagion. The increasingly active participation of women in the workforce, as well as their growing access to education, alerted Porfirians to the loathsome influence of feminism.[46] Modernizing Porfirians hailed progress, but never at the expense of order.

As selective as they were enthusiastic, Porfirians strove to preserve and cultivate a social and moral order that would reinforce existing class and ethnic hierarchies, the patriarchy, and the nuclear family. They planned to achieve this by devising a series of legal initiatives to regulate public life, urban spaces, and even human bodies.[47] But the city would prove difficult to tame.

The symbolic and material core of a new national project, the urban center became "a showcase for human life [and] true evidence of the capacities of human intelligence."[48] Surrounded by countryside supposedly dominated by backwardness and barbarism, the city stood like a beacon ever illuminating models of civilization across the ocean: mainly Paris but also London and New York. Indeed, Porfirian elites managed to replicate Europe in privileged sectors of the capital city's west side. Starting at the Zócalo and including the new suburbs along Avenida Reforma, the west side was a testament to material progress and

the rise of a refined lifestyle.[49] Palaces, parks, broad avenues, and commerce gave this area its distinctive European charm. Strolling around the Zócalo, Porfirian elites found well known foreign-owned department stores, such as El Palacio de Hierro or El Puerto de Veracruz. Shoppers at Casa Boker could ride the first elevators in Mexico City. Pricey restaurants and modern hotels located between the Zócalo and Alameda Park vied for the favor of the city's finest. Plateros was a flourishing street of specialty stores, elegant residences, and offices, where the members of the new bourgeoisie flaunted elegant attire and carriages in the late afternoon. Only a few were welcome in the Jockey Club, a highly selective association located on the west end of Plateros, where illustrious men discussed politics and money over cigars and brandy.[50]

Meanwhile, at the same rapid pace, the eastern part of the city soon evolved into an area saturated with slums and poverty. Starting at the Zócalo and including notorious neighborhoods such as Tepito and La Bolsa, the poor side of the city received most newly arrived migrants from the countryside, uprooted farmers whose land was usurped through Porfirian policies.[51] Manual laborers, artisans, and domestic servants also lived there; they shared a life of hardship and imbued that area of the city with a rural flavor that most Porfirian elites would have preferred to prohibit.[52] The urban poor lived in crowded tenements or adobe huts, often resembling "Indian corrals" along unpaved streets.[53]

Men and women alike crowded into dimly lit rooms without running water or electricity, forced to share their space with up to a dozen other adults. When no housing was available, they paid three or four cents to rest in a public dormitory. They ate tortillas and beans and drank *pulque*, the traditional alcoholic beverage that some considered the primary source of crime and aberration among the poor. The lack of urban utility services in the poor sector of the city accentuated sanitary problems during the rainy season, when recurrent flooding turned the streets into rivers of garbage and polluted water. Under unrelenting rains, refuse fumes infused the air and made breathing difficult. Inadequate drainage and chronic contamination played a significant role in typhus outbreaks and the persistence of other contagious diseases.

The east side was full of cheap restaurants and bars, places where alcohol flowed freely and where, according to some, disorder ruled. Although brothels and cheap motels were not limited to that area, the reputation of the poor part of the city as the source of vice was certainly due to the notorious clandestine world of illicit sex and illegal prostitution housed by its streets. Most newspapers alerted the population to the scandals and dangers posed by the east side's women of loose morals and deplorable criminals, although few if any police

dared set foot in the area. But the city of the poor was not the modern city's traditional, static opposite. Indeed, the east side constituted an equally dynamic version of early twentieth-century urban experience.

Porfirian Mexico City grew ever more divided between the poor east and the rich west, exposing the economic, political, and cultural polarities of the regime. Despite being separated by wealth and power, however, the two sectors of the city came into contact more often than Porfirian elites would have liked to admit. The truth is that the boundaries between the two worlds were porous, and their contact was tense, at best. Very few members of the elite ventured east. Those who did, mostly men, returned with alarming news that often validated official views associating criminality with poverty. Journalist and criminologist Carlos Roumagnac, for example, repeatedly visited the Belén prison to interview male and female criminals. The life stories he heard and transcribed told of the deprivation, violence, and disease that defined the east side in the Porfirian political imagination.[54] Excursions to the underworld of illicit sex by government bureaucrat and popular writer Federico Gamboa resulted in *Santa*, the novel that forged the classic image of the Porfirian prostitute.[55] Evading the white swans of *modernista* poetry, Bohemians and nocturnal poets plunged into the city's darkest corners and captured modern feelings.[56]

It was more common for inhabitants of the east side to cross over. Obliged by the job market and inadequate housing, many representatives of urban poverty traversed the center of Mexico City with a strong sense of ownership. Although this experience was not recorded in writing, the poor not infrequently left their mark in panoramic photographs of the city, where their bodies and faces appeared with insistent frequency and wedged open gaps of meaning in otherwise insipid images of modern Mexico.

While individual escapades crossing urban boundaries provoked lawmakers' suspicion and anxiety, of still greater concern were sites that induced mixing of classes, ethnicities, and genders. The danger of social contact, as Porfirians would learn, was emerging almost everywhere. The streets, for example, continued to be liminal spaces that facilitated mutual contact in spite of increasing urban legislation. Occupied by rich and poor alike, the streets bore witness to modern lives and sometimes deaths. Every day, men faced one another there, exchanging greetings, suspicious looks, or insults as needed. There, too, men gazed at the scorned and desired bodies of ubiquitous prostitutes. Children dressed in rags ran around begging for handouts or playing tricks on unsuspecting passersby. The streets not only witnessed the steps of the poor from the east side, clad in traditional rural clothing and following the occasional burro;

their labyrinth was also a hiding place for thieves evading the police. Renowned journalist, modernista poet, and professional *flâneur* Manuel Gutiérrez Nájera, who studied the city with an eagle eye, pejoratively referred to the urban poor with whom he was forced to share his portion of urban space as *baldíos*, idle like vacant land.[57] He wondered:

> What are we to do with those vacant, useless and dissolute gentlemen? Those people with no occupation or business who attack us in the street, armed with the Rights of Man and the freedoms guaranteed by the Constitution. . . . They deprive us of our freedom. They do not even allow us to drink a beer in peace. They intercept us in the streets. They examine us and impose forced loans on us in the form of charity. We are all slaves to a few dozen vacant individuals who are the true lords and masters of the streets.[58]

Like Gutiérrez Nájera, many Porfirians looked with a combination of disgust and alarm upon the mixing of people that took place in the streets, bars, and public squares. Like him, Porfirian elites regarded the porous boundaries between east and west with growing concern because most of them perceived social contact as a silent threat to morality and health, something that they attempted to prevent by expanding the effects of order throughout the city. The creation of the General Insane Asylum was a significant part of that effort.

Under supervision and perpetually in a state of rebellion, Mexico City grew at a tremendous rate during the Porfirian period. The external boundaries of the thriving metropolis expanded over time to engulf neighboring villages and towns. To the south, San Ángel, Coyoacán, and Tlalpan garnered the favor of the rich, who considered them natural enclaves removed from the modernizing capital's hustle and bustle, despite the tobacco, paper, textile, and brick factories located there.[59] For similar reasons, health authorities selected Mixcoac, a bucolic town of traditional neighborhoods located between Chapultepec and San Ángel, as the construction site for the General Insane Asylum.[60] Although this decision had a medical basis and followed international norms for the construction of psychiatric hospitals, it also was based on a social reading of the urban space to be inhabited by hospital authorities and inmates alike.

Aware of the paradoxes that demarcated and gave life to modern metropoles, authorities decided to remove psychiatric hospitals from the center of Mexico City and opted for a location that would facilitate control and segregation, a location that would impede contagion and secure the status quo, a location where mental health would reflect ideas of social order. Thus, the asylum plans created over a twenty-four-year period of Porfirian government constituted political

interpretations of a city that, to those in power, was in constant risk, perpetually threatened by disorder and disease. More than an abstract philosophy, these ideas were integrated into the architectural design of the institution and the set of rules created to govern it.

A Therapeutic Panorama

When the elderly General Porfirio Díaz inaugurated the General Insane Asylum facilities with utmost pride, twenty-four years of unseen toil finally came into the spotlight. The twenty-five buildings making up the La Castañeda complex reflected the painstaking planning process that is characteristic of modern enterprises. The Mexican psychiatric hospital followed an "order of construction" that was itself, as the special committee had suggested in 1896, a "moral order," a form of structured therapy in which brick and cement functioned as curative tools.[61] As in France and the United States, whose hospitals had served as models for the construction of the Mexican asylum, mental health architecture not only incorporated medical notions of treatment and healing but also accentuated the symbolic place of the state as modernizing agent. Thus, with the construction of the General Insane Asylum, members of the Porfirian regime forged a therapeutic panorama that validated and glorified modernity as they conceived it.

Architectural styles of institutions for the insane became increasingly regimented and uniform in the mid-nineteenth century. This process was aided by the professionalization of psychiatry and the growing relevance of state participation in public poverty assistance programs.[62] In the US, expansion of the public hospital system was the result of a combination of factors: growing concern about poverty, disease, and crime associated with the processes of urbanization and industrialization, as well as the persistent activity of militant psychiatric hospital reformers such as Dorothea L. Dix.[63] Although variations existed, the design and construction of state psychiatric hospitals adhered to norms created by the Association of Medical Superintendents of American Institutions for the Insane, the most influential of which was the "Kirkbride Plan." Created by founding member Thomas Kirkbride at the Pennsylvania Hospital for the Insane in the mid-nineteenth century, this plan consisted of a basic architectural style that included a predominant central building with symmetrical wings extending on each end.[64] Important institutions such as the Government Hospital for the Insane in Washington, DC, the Iowa Mental Health Institute, and Utica State Hospital in New York were built according to this plan.[65] These standards and plans were among the documents that Román Ramírez translated

and included in his 1884 report, and they did not go unnoticed as construction of the Mexican asylum moved forward.

In France, a crucial source of inspiration for the Mexican psychiatric hospital builders, an 1838 law played a fundamental role in the development of national standards for state hospital construction. As the Salpêtrière and the Bicêtre, institutions with a poor reputation, became saturated and increasingly obsolete, this law ordered the creation of a national network of psychiatric hospitals with full-time doctors selected by the Ministry of the Interior.[66] Although this law was not followed immediately, it nevertheless established the foundation for the growing role of state-run rather than religious institutions for the insane.

Just as relevant in regulating psychiatric hospital construction were the efforts of Haussmann, prefect of Paris from 1853 to 1870.[67] Haussmann not only was responsible for the transformation of the City of Light during the Second Empire but also headed the construction of psychiatric institutions in the Seine department, named state commissions, and applied lessons he had learned personally from Dr. Girard de Cailleux and his psychiatric hospital in Auxerre.[68] This late nineteenth-century French psychiatric hospital had financial support secured by Haussmann:

> In the center is the administrative building, where general services are located: offices, kitchen, linens, pharmacy, etc. To each side are the symmetrical buildings that house inmates: on one side, the men's rooms; on the other, the women's. Then, within that group of buildings there are subdivisions for tranquil, semi-tranquil, and agitated patients. In the back, parallel to the administrative building, there are structures for paying boarders, one for men and another for women.[69]

This layout was later replicated in Paris, and after Echegaray and De la Barra studied the 1860 Haussmann commission report, it also influenced the construction of La Castañeda.

The General Insane Asylum in Mexico City thus took shape in both imitation and defiance of foreign architectural standards. Porfirio Díaz, Jr. completed the construction around 1910, and as federal government and public welfare system authorities visited the buildings each month, the medical and social relevance of the enterprise became more obvious. Just as expected, the asylum looked spectacular. Surrounded by 32,925 square meters of gardens and forest, where authorities installed farmland and stables, La Castañeda also had 271 square meters of attractively designed gardens at its entrance.[70] There, near the arch welcoming visitors and inmates alike, authorities built three houses for

hospital doctors. Created to "make the psychiatric hospital specialist position desirable," the doctors' residences were "spacious and picturesque."[71] Each two-story house measured 196 square meters and had three rooms, a study, and an office. The high status of the doctors employed there was accentuated by quarters for a male assistant and a female servant. Two of these houses even boasted a basement with four rooms and a bathroom.[72]

A narrow road curved to the east, and then General Services came into view behind imported ornamental plants and manicured flowerbeds. Photographed on numerous occasions, this building became the enduring hallmark of La Castañeda General Insane Asylum. At the top of a formidable staircase, the façade included a French arch, a large clock, and symmetrical windows; just as Echegaray and De la Barra had intended, this scene "possessed a graceful attitude in harmony with the rural panorama surrounding the building, avoiding any pretentiousness in appearance that would be incompatible with the poverty and woe found within."[73] The administrative offices were located there, as well as the observation ward, photography room, pharmacy, kitchen, employee dining areas, laundry rooms, theatre, and library. As the symbolic heart of the psychiatric hospital, the General Services building more than fulfilled its mission: it not only displayed the greatness of the Porfirian regime, but also validated its humanitarian devotion.

Like foreign psychiatric hospitals, La Castañeda distributed space along gender and class lines. Men and women occupied extreme opposite ends of the institution—the west and east sides, respectively—which were separated by walls decorated with shrubs and plants to avoid "the appearance of a jail."[74] Reflecting social hierarchies, the asylum also reserved the front areas close to the gardens and entrance for paying inmates. Behind them, the wards for indigent inmates began. Located to the back right of the wards for distinguished inmates, wards for alcoholic men and women occupied a space of 1,641 and 1,121 square meters, respectively; this distribution reflected medical and social views associating alcohol consumption with the lower classes.[75] Alcoholic men lived in a two-story building that included sleeping quarters with thirty beds each, bathrooms, dining rooms, courtyards, workshops, and terraces. Alcoholic women lived in a single-story building with a similar layout on a smaller scale.

Reflecting views associating gender with mental illnesses, a ward for dangerous male inmates was built behind the alcoholics ward, with no corresponding ward in the women's part of the institution. The sizes of the wards for tranquil inmates also reflected perceptions of gender. A pair of two-story buildings were reserved for tranquil inmates in the men's part of the psychiatric hospital, and

they measured 2,443 and 1,221 square meters, respectively.[76] In the women's section, authorities also built a pair of two-story buildings for tranquil inmates, but in this case, they both measured 2,443 square meters.[77] This unequal distribution of space favoring men was also applied in the epileptic wards.

In terms of the distribution of space within each building, the ground floor of the tranquil patients ward included bathrooms and closets, sleeping quarters, a room for preparing salves, a room for a guard, an examining room, two rooms for isolated patients, and internal courtyards separated by two large common areas. The upper level repeated this distribution, but instead of the isolation rooms, it had two rooms for distinguished patients. These were the largest wards built in the General Insane Asylum.

In the central back area of the hospital, just behind the General Services building, authorities built the infirmary.[78] The two single-story buildings, one for the infirmary proper and the other dedicated to electroshock therapy, covered areas of 1,419 and 491 square meters, respectively. The infirmary included recovery and surgery rooms, rooms for the nurses, sleeping areas for indigent men and women, as well as rooms for paying inmates. A waiting area adjoined the machinery department, which in turn connected with the medical instrument area.

Due to the risk of infection, patients with contagious illnesses were cared for separately in an infirmary located to the rear of the asylum. Also in the central area of the institution, just behind the infirmary, authorities built the ward for so-called imbeciles, a single-story building that measured 3,065 square meters and housed men as well as women on the west and east sides of the building, respectively.[79] The imbeciles ward was made up of sleeping areas with ten beds each, bathrooms, closets, a room for a guard, a medical exam room, internal courtyards separated by a room used as a school, and additional bathrooms. The dining areas, workshops, and gymnasium facilities were used to separate the men from the women in this building.

Lastly, in the central rear section of the asylum, authorities built therapy and teaching facilities. They included two bathing areas for male and female patients, including swimming pools, massage areas, bathtubs, and showers.[80] Patients underwent hydrotherapy there. The stables and additional workshops were also located in this area, allowing inmates to engage in work, another form of therapy. The morgue was the last building in the asylum. It measured 240 square meters and was an octagonal building that included the institution's laboratory, an area for cadavers, and an amphitheater, where psychiatry professors were invited to give talks and teach.[81] These facilities were intended to foster

strong bonds between the medical school and the psychiatric hospital, the foundation for training the first generation of Mexican psychiatrists.

The photographers who attended the asylum grand opening in 1910 captured images of more than just buildings, majestic though they were. Instead, the photographers reproduced and fixed the contours of a panoramic view that had been carefully designed to prevent social disorder, improve the nation's mental health, and sustain the benevolent nature of the modern state.

La Castañeda in the Revolution: 1910–1930

Although some still remember La Castañeda as a monumental building "that occupied nine blocks, almost one hundred thousand square meters, with beautifully constructed wards each dedicated to a different mental illness," the General Insane Asylum changed drastically and rapidly after September of 1910.[82] The Mexican Revolution, a social uprising that claimed more than a million lives across the countryside, impacted the General Insane Asylum not long after its official grand opening. Without the economic and political investment that created it, the hospital soon faced a growing number of financial dilemmas that affected both its administrative and medical branches and required a gradual redefinition of the asylum as a whole. Rather than the medical and research institution envisioned by modernizing Porfirians, the establishment soon reverted to the custody function.

As a popular mass uprising fundamentally involving the participation of farmers and workers, the first moments of the revolution developed in the countryside, where Zapatista armies in the south and Villista forces in the north fought against economic, social, and cultural transformations resulting from Porfirian-era modernizing efforts. The conflict soon reached urban areas. In 1911, the crowds stormed Mexico City. Francisco I. Madero, a landowner and businessman, took power that year. Growing efforts by rural *campesinos* in the city to organize to demand land and labor distribution weakened his government significantly, and in 1913, General Victoriano Huerta overthrew Madero in a bloody coup known thereafter as the Tragic Ten Days. An extended civil war followed. In late 1915, a well-equipped Constitutionalist Army led by landowner and former Coahuila governor Venustiano Carranza gained control of the Villista and Zapatista forces, power he held until the 1916 Aguascalientes Convention and that would be later validated by the Mexican Constitution of 1917.[83] As the revolutionary process evolved, very little remained intact in

the country. Hunger and violence beset rural and urban areas alike. Mexico City, an important theater of military conflict between 1914 and 1915, was no exception.

The urban metropolis, which had served as a representation of Porfirian modernity, soon became a place of "pillage, filth, and corruption."[84] "Condemned to evil days," the city witnessed trash piling up in the streets, looting of mansions, and general disorder. According to some, this situation worsened when Zapatista armies entered the city.[85] By 1915, food shortage was imminent as Zapatista forces closed off the water supply, reportedly in an attempt to weaken the Constitutionalist Army. After an unsuccessful intervention by the Red Cross, the city was still "without water, the streets were beginning to reek, and the dreaded typhus fever, which flourishes in cold, dry climates in unsanitary conditions, was claiming about seventy victims per week."[86] As the Zapatistas and the constitutionalists continued to clash, accusations of looting crossed the battlefield.[87] With increasing prices, empty stores, and paralyzed electric trains, the city felt like anarchy and smelled like death.[88] When mortality rates reached an unparalleled 42.3 percent, tripling the average mortality in cities in the US (16.1 percent), and even exceeding the mortality rates of cities like Madras or Cairo (39.51 and 40.15 percent, respectively), government officials came to the conclusion that Mexico was without a doubt "the most unhealthy place in the entire world."[89]

As in the city as a whole, in the General Insane Asylum the impact of the Mexican Revolution was tangible and devastating. Located on the periphery of the city, La Castañeda became yet another theater of the conflict when Zapatista forces fighting against the Constitutionalist Army took over the institution in late January of 1915.[90] In early February, continuous exchanges of gunfire between the two armies "created panic among employees' families, as they attempted to dodge bullets whistling through the air."[91] Weeks later, when the Zapatistas left the asylum, authorities accused them of looting, since the chickens, rabbits, and goats disappeared along with them.[92] More relevant, however, was the fact that three dangerous inmates took advantage of the military occupation to become Zapatista soldiers overnight, leaving the establishment to follow General Sandoval's army. Salvador Gutiérrez, a professor at the institution, joined them in this decision.[93]

Although the military occupation affected some sections of La Castañeda (doctors' residences, a few wards), these were minor damages compared to the general deterioration of the establishment. Like state-run psychiatric hospitals in other countries, the Mexican institution soon faced the problem of inmate

overcrowding, a phenomenon that reflected the growing demand for hospital beds during the early revolutionary era. Indeed, careful demographic calculations resulted in the provision of 1,330 beds in 1910 (730 reserved for women and 600 for men), but demand outpaced bed availability in 1911.[94] This difference decreased during the 1920s, but over time it rebounded.[95] Authorities faced a dilemma. Although they recognized that the number of inmates had to decrease, they were also aware that this situation stemmed from the very welfare principles that governed the institution, including the charge to provide care to all individuals regardless of sex, age, religion, and social class.[96] As the most important national institution of its kind, the psychiatric hospital admitted paying inmates not only from the capital city, but also from the rest of the country, and occasionally even from abroad. Moreover, most of the admitted patients had chronic illnesses requiring lengthy hospitalizations. These three variables were aggravated by the necessities of the revolutionary era. In a time of upheaval, when violence and hunger were not uncommon, the hospital sheltered large numbers of destitute patients, most of whom had nowhere else to go. Lacking options, asylum authorities sent budget increase requests to the Welfare System Committee; these requests were often ignored. Indeed, data demonstrating the decrease in new admissions between 1914 and 1916, from 635 to 470 respectively, seem to indicate that the institution administration's shortcomings were offset by the dislocation of social life that transformed the entire city into an asylum requiring no special documentation for its admissions process.

Social indifference and governmental negligence also affected the asylum's physical structure and the quality of its general services, which both deteriorated throughout the armed phase of the revolution. For example, in 1916, public welfare system inspectors noted that the inmates' clothing was inadequate and they were eating small pieces of bread that "did not weigh even forty grams."[97] By the end of the critical Constitutionalist stage in 1920, the psychiatric hospital had bigger problems than food and clothing supplies, now lacking mattresses, electricity, and basic medicines. Roofs were leaking, and the wooden flooring, doors, and windows found in most of the buildings had deteriorated.[98] Moreover, because the asylum lacked security, it was vulnerable to arbitrary attacks from the public.[99]

Sensing fertile ground for sensationalist news reports, journalists visited the hospital and described it as a wasteland, an institution that was "completely devastated, lacking hygiene in the kitchen serving inmates poor and scant meals, and supplying indigent inmates with miserable clothing. [In sum,] the wards, isolation rooms, gardens, streets, and courtyards were completely abandoned."[100]

Although authorities attempted to limit journalists' access to the psychiatric hospital, especially if they had cameras, news of disorder, devastation, and utter terror continued to leak to the press.[101] Soon, journalists were referring to La Castañeda as a penal colony where nurses punished inmates with garrotes, and employees trafficked in illegal substances like cigarettes and alcohol.[102] It was said that murders took place in the General Insane Asylum, "a site of terror where the employees abuse the unfortunate inmates in unbelievable and despicable ways."[103] Instead of implementing measures to improve the institution, asylum authorities regularly responded to newspaper articles by denying the veracity of accusations, as in the case of Teresa Durán y Córdoba, whose forced solitary confinement made it to the press only to be denied later by authorities.[104] They even blamed public accusations on inmates' mental conditions, as in the case of María Álvarez, whose "mania consists of complaining systematically and without reason whatsoever."[105] Occasionally, however, especially when the evidence was undeniable, asylum authorities did fire accused employees and later sent them to prison.[106] Despite institutional denial, journalists continued to publish increasingly alarming articles which played a key role in casting an enduring shadow over La Castañeda. Its name soon reached the level of an offensive word in postrevolutionary Mexico.

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 establishment, as scientific staff soon became insufficient as well. Despite internal regulations, by 1912 just one doctor was responsible for caring for and treating 98 inmates in ward "A" for tranquil inmates, and this situation was the rule, not the exception, throughout the hospital.[107] Limited numbers of nurses and insufficient training for assistants aggravated the problem. Only two years after the hospital opened, each nurse there cared for an average of 150 inmates in various wards. Likewise, 86 doctors supervised 1,024 inmates: almost half the number of doctors that the director determined were necessary to provide adequate care.[108] Under these circumstances, increasing emphasis was placed on the custody functions of the institution.

Although psychiatric hospital authorities vehemently denied newspaper articles that described La Castañeda as an abandoned, anarchic institution, written reports by Public Welfare System inspectors confirmed that image. The customary complaints about the quality and quantity of food and clothing did not stop during the 1920s.[109] In fact, by the end of the decade, Inspector Elisa P. viuda de Guijarro described not only the leaden flavor that pervaded all of the food, but also:

> the deterioration of the wards, especially the men's wards, where entire sections of walls disappeared, as well as doors and windows. The butcher shop and bakery are unsanitary, and, like the entire establishment, require remodeling. All the dining areas need benches and so do the living areas, because the inmates are sitting directly on the floor.[110]

She also described how the shortage of beds in the epileptic women's ward forced the inmates to sleep together, which, in her opinion, was "unsanitary, immoral, and dangerous."[111] As if echoing this complaint, M. Burgos wrote about the lack of privacy and about patients who "go about sniffing one's moist parts."[112]

The irregularities did not end there. Two years later, Inspector Gabriel Cházaro recorded violations involving the murder of an inmate, allegedly with the participation of two doctors.[113] According to the summary by Dr. José Gómez Robleda, chief physician of the observation ward, the asylum was "in a state of utter neglect, lacking the minimal resources required to do even mediocre work."[114] To illustrate his point, Dr. Gómez Robleda included black and white photographs where piles of trash, walls covered in graffiti, and ruined bathrooms confirmed the desperate situation at La Castañeda. The limits of the modernizing project that gave birth to the psychiatric hospital could not be any clearer.

In the late 1920s, hospital authorities launched a radical medical and administrative reform designed to breathe new life into the institution. Although psychiatric hospital reform attracted sorely needed resources and attention to La Castañeda, it also paradoxically represented the beginning of the end. As asylum authorities had done in 1910, Samuel Ramírez Moreno and Manuel Guevara Oropeza, the doctors who directed the institution between 1928 and 1932, represented the 1930 reform as progress in the history of mental health, but its glory was short-lived. Authorities and psychiatrists fought tirelessly to modernize the asylum, but old problems soon resurfaced: overcrowding, lack of resources, and over time, social indifference. With a capacity of 1,500 inmates, the asylum housed 3,139 by 1940. Despite requiring 2,200,000 pesos per year, it operated on a budget of only half that amount.[115]

In 1944, Dr. Edmundo Buentello became the new directing physician, and his action plan reiterated past concerns and solutions. As a staunch defender of work therapy, for example, Buentello requested more resources to keep the asylum workshops running.[116] He also established classes for nurses and assistants in order to "increase the cultural and educational level of those who are under an obligation, whether bureaucratic or humanitarian, to save the inmates."[117] He

designed "permanent committees" to analyze and find solutions for technical problems such as providing food for the inmates, and for greater social problems, such as the place of inmates in both penal and civil legislation.[118]

Buentello's plan, however, also included new measures that led to the creation of mental health facilities in addition to La Castañeda. These included construction of new psychiatric hospitals in Mexico City and beyond, as well as creation of farms for the mentally ill, dedicated exclusively to caring for chronic patients who were incurable, but able to work. The first farm, located in San Pedro del Monte near León, Guanajuato, opened that same year.[119] Lastly, he recommended creating an external service system designed for inmates who had been integrated into society or mental patients who did not need intensive psychiatric care.[120]

These measures aimed to alleviate the burden on La Castañeda, but they did not seek to replace an institution that most psychiatrists considered the center of nationally relevant scientific research. However, this is exactly what happened in 1965. Under the title Operation Castañeda, the Ministry of Health and Welfare ordered the final closure of the general insane asylum and the creation of a series of hospitals designed to replace it: a hospital for patients with acute mental illnesses with 600 beds, a pediatric hospital for two hundred children, three rural hospitals with 500 beds each, and two hospital-shelters for incurable patients, with 250 beds each.[121]

Then, brick by brick, the General Insane Asylum was taken down. A long saga in Mexican mental health care was literally dismantled.

CHAPTER II

Entryway

A Mental Health Routine

It has been described on occasion as a site of genuine chaos, like the fantasy of the ship of fools created by Bosch and recreated by Foucault in the now famous first chapter of *Madness and Civilization*. Others have represented it as a unique example of totalitarianism, particularly in certain anti-psychiatric literature. Yet throughout much of history, the internal routines and dynamics of psychiatric hospitals have remained as nebulous as they are fascinating—and perhaps they are so fascinating precisely because they are nebulous. In an effort to bridge the gap between two extremes, studies of confinement have offered often painstaking historical detail allowing a reassessment of the daily life and psychiatric practices in mental health facilities throughout time and across cultures. Like the Salpêtrière in France or the Bethel in Great Britain, the General Insane Asylum located in Mexico City generated constant curiosity, and more often, apprehension among the residents of Mixcoac, a village to the south of the flourishing city which over time became so closely associated with the institution that they became truly synonymous.[1]

Although student visits and scattered newspaper reports helped to reveal the institution's inhabitants and their daily routines, the inner world of mental health facilities remained unknown to the general public. Aiming to open the doors of the institution through regional historiography, this chapter demonstrates that life within the asylum walls followed its own order, a routine created by the idiosyncrasies of psychiatrists, bureaucrats, and the inmates themselves.[2] Together, in close, tense contact, they witnessed the rise of one of the most formidable projects of the late Porfirian era. Together, too, they experienced its rapid decline. I evaluate first the effect of the order imposed by internal institution regulations, and once inside, I describe the daily routines of both doctors and inmates within the asylum walls. Overall, this routine reveals the limits of an institutional framework created with great fervor by doctors and lawyers.

Far from the stereotype, the General Insane Asylum was from the outset a complex institution that fulfilled various pertinent, occasionally paradoxical functions in revolutionary Mexico. First, as a public welfare facility, it offered custodial care to destitute citizens and to those considered mentally unstable by their families. Secondly, as a state institution with its own regulations, La Castañeda helped to reinforce Porfirian and revolutionary ideas of order and social control. Third, as a de facto medical training institute, it provided medical attention to men and women in a certain range of social classes. Due to financial and staffing restrictions, however, La Castañeda was neither as controlling as authorities hoped, nor as generous and disinterested as welfare ideology intended. Instead, by treating, controlling, and producing knowledge about mental illness, La Castañeda survived as the shifting and sometimes unsettling ground upon which administrators, medical personnel, and the inmates themselves constructed the reality of insanity and its treatment.

Everyday life was not easy in early twentieth-century Mexico, and the asylum grounds were no exception. As the revolutionary period evolved and the conditions inside the facility worsened, it became more and more evident that the institution could not replicate, much less reinforce, prevalent ideas of order and control.

Mental Health Care: Administrative Point of View

The General Insane Asylum reflected and contributed to rising processes of bureaucratization and professionalization that characterized the Porfirian regime. Officially fulfilling the functions of hospital and shelter, La Castañeda was built to provide medical treatment and custodial services for the mentally ill regardless of sex, age, nationality, or religion.[4] As a welfare institution, the psychiatric hospital was under the umbrella of the General Committee of the Public Welfare System, which in turn answered to the Ministry of the Interior. In fact, it was not until a decade after it opened that the General Insane Asylum came under the authority of the city government, technically losing its federal institution status. In practice, however, the asylum continued to admit patients from throughout the country to a greater or lesser extent throughout its history. Meanwhile, through designated channels, the government appointed the asylum scientific and administrative staff, primarily made up of full-time doctors and administrators whose annual salary exceeded six hundred pesos. This created a strong link between the state and mental health administration in Mexico.

At the scientific level, the state also produced strong connections with the professional status of psychiatry by selecting full-time physicians for the most prominent institution positions, including the role of general director. Moreover, replicating the French model pervading the law of 1838, Mexican authorities contributed to the formalization of the psychiatric hospital as a training institution, offering psychiatry classes in its facilities "in order to cooperate with the National School of Medicine in the teaching of medicine."[5] The creation of a pathology museum and a microscopy research department later reinforced the institution's scientific reputation.[6]

In the administrative sphere, the state played a powerful role by naming inspectors authorized to visit the establishment "any day and any time" to supervise "its departments and sections, its books and archives; to request any type of data or report; to speak with employees and patients as well as doctors."[7]

By placing itself above the asylum board of directors, the state, through the Ministry of the Interior, also had the right to "communicate to the general director instructions considered necessary to ensure proper order in the establishment and rigor in its services."[8] In this way, the state became the real guardian of the nation's mental health. Thus, as part of the modernization process of newly modern Mexico, the General Insane Asylum helped to validate and institutionalize psychiatry as a legitimate field of medical expertise, while at the same time contributing to the expansion of the Porfirian regime's bureaucracy. In contrast with what was happening in other countries where psychiatry was accused of having perhaps too much power, in Mexico, psychiatrists lived in a sort of "legal neglect" (*desamparo jurídico*, the term historian Cristina Sacristán uses to describe psychiatrists' limited ability to approve or deny the admission of new patients to the institution). This limited the social impact of their knowledge and medical practice, especially during the first decades of the twentieth century.

Replicating strategies used in institutions abroad, the General Insane Asylum administration echoed the political centralization that characterized the Porfirian period. Unlike colonial hospitals for the insane, which were directed by an administrator and hired visiting physicians, control of the modern psychiatric hospital was in the hands of a resident physician-director. Ideally, he was a man with a good reputation in the medical establishment who presided over its scientific and administrative branches. He designated appropriate candidates for positions in the name of the Ministry of the Interior and hired and fired employees whose salary was under six hundred pesos per year.[9] Moreover, the physician-director had to the right to reform the institution and to designate funds for new construction or installation of new departments. As a full-time

employee, the physician-director was expected to dedicate all his time and energy to improving the treatment of the insane and increasing the medical prestige of the asylum. Dr. José Meza Gutiérrez, a professor of psychiatry at the National School of Medicine, took this position in 1910.[10]

The second most important position in the asylum was that of a resident administrator-accountant who prepared the institution's budget, supervised employees, and wrote monthly statistical reports for the General Committee of the Public Welfare System.[11] He was expected to make frequent visits to the various departments of the institution and watch over the daily routines of both employees and patients. Furthermore, the administrator established and supervised the activities of lower-ranking administrative employees, such as the kitchen manager, clothing department manager, and desk employees. Although the administrator was officially under the control of the physician-director, he received a higher monthly salary: they received 300 and 240 pesos, respectively.[12] Dr. Luis A. García, an esteemed physician responsible for converting the private hospital Casa de Salud Rafael Lavista into a psychiatric institution, took this position in 1910.[13] A general guard assisted the administrator in his various activities, enforcing his orders and supervising assistants, for which he was paid ninety-nine pesos per month, a salary comparable to the earnings of a chief physician.[14]

The third most important administrative role in La Castañeda was the admissions department. The manager of this department, a full-time resident employee, collected, examined, and archived required documents for granting inmates official access within the institution.[15] Once patients were admitted, this individual was also in charge of creating and maintaining their files, which typically contained the admission form, medical certificates, record of ward residence, transfers, photographs, and other official documents related to the inmate's stay in the psychiatric hospital. Thanks to him, the asylum had a well-organized, active archive. The head of admissions was also responsible for discharging inmates, notifying relatives when inmates were cured, and returning imprisoned inmates to the appropriate authorities. He also informed family members or guardians about inmates' mental conditions as required, via telegram or mail. As required by law, the head of admissions remained in his office from 7:00 a.m. to 1:00 p.m. and from 3:00 p.m. to 8:00 p.m., and he was required to work overtime when necessary. His monthly salary was ninety-nine pesos.[16]

Although the administrator played a powerful role in running the psychiatric hospital, the presence of the physicians gave it the hallmark of a modern

scientific institution. Unlike colonial hospitals for the insane, La Castañeda employed eleven male doctors, thirty male and female nurses, and ninety-six male assistants to attend to and care for hospital inmates, sustaining the institution's therapeutic objectives.[17] Although the physicians were not required to be psychiatrists, most of them used their experience in the psychiatric hospital to complete their specialization in that field. The medical staff was organized according to a hierarchy with the physician-director at the top, followed by the chief resident, who earned a salary of 120 pesos per month and supervised two medical residents who earned 90 pesos each. The heads of the men's and women's departments, who each earned 99 pesos per month, supervised five non-resident doctors whose monthly salary was 75 pesos. A dentist, earning 60 pesos per month, was also part of the medical staff at La Castañeda.[18]

Although the chief physicians performed some medical duties, especially when the employees under their supervision were absent, their responsibilities were more bureaucratic in nature. They made inspection visits and ensured that their departments were functioning well. Therefore, the resident and nonresident physicians, seven in all, were responsible for most of the medical activity, which included caring for an estimated population of one thousand inmates.[19] These doctors were assigned to specific units, whose staff, including nurses and assistants, were under their supervision. Although only the residents were expected to live on asylum grounds, regulations stipulated that all doctors use a special clock to register their arrival before seven in the morning, the time medical duties began.[20]

Psychiatric hospital doctors' daily routine began with physical examination of the patients, even those who were considered incurable.[21] When doctors were preparing to perform a medical treatment, whether dietetic, hygienic, pharmacological, surgical, electrical, psychological, or restrictive, they would read the *ordenata*, a document containing information about the inmate's identity as well as the medical diagnosis, treatment, and prescribed medications. Once the exam was complete, if the doctors considered it necessary, they ordered new medications from the main pharmacy—the only source of this type of product in the psychiatric hospital, and unsurprisingly, often poorly stocked.

When inmates required surgery, doctors authorized their transfer to the infirmary, and when appropriate, the operating room. A doctor's written consent was also required to move inmates from one unit to another, and especially to permit the use of restraint methods such as the straitjacket. Lasting not less than one hour, medical rounds were complete at 10:00 a.m. After that time, doctors performed surgeries, conducted personal research, or gave free instruction to

resident physicians or nurses. Nonresident physicians might leave the establishment, an option not afforded to residents, who had to stay at the asylum twenty-four hours per day on dates specified on a previously organized calendar.[22]

Authorities hoped that the abundant responsibilities and numerous patients would not dissuade young doctors, who applied to work at La Castañeda knowing it was the only institution offering practical psychiatric training in Mexico.

A particularly important responsibility for doctors was creating and updating inmate clinical histories. They included information about the inmate's history, a photograph, a narrative of the patient's symptoms, the diagnosis, a description of the progression of the illness, the treatment, its results, and finally, the discharge date or autopsy results. These clinical histories demonstrated prevalent views in Porfirian Mexico.

As growing poverty created anxiety among turn-of-the-century professional elites, these psychiatric interpretations of mental illness revealed the profound influence of degeneration theory, a body of ideas first articulated by Bénédict Agustin Morel and Valentin Magnan maintaining that madness was a degenerative hereditary characteristic.[23] Although doctors frequently wrote these clinical histories independently, regulations encouraged cooperation among colleagues, especially in cases that were difficult to diagnose. However, there were no staff meetings in the General Insane Asylum. Psychiatry classes were the only formal forum for discussing medical issues such as identifying symptoms and prescribing treatments.[24] If they occurred, these classes were rarely mentioned in medical reports.

The medical staff working at La Castañeda included nurses (first and second category) and assistants. Because their job put them in constant close contact with inmates, they played a vital role in the medical expectations of the asylum. However, the institution did not require nurses to be certified, hiring them when the General Committee "judged them suited for the job."[25]

Despite their low pay and dubious training, the institution nevertheless required professional discipline and even personal sacrifice. For example, for 1.5 pesos per day, first class resident nurses were expected to prepare the ordenata for every inmate; accompany doctors on their medical rounds and provide information about the patients; order and receive food, clothing, and clean sheets when necessary; receive, store, and distribute medication to the inmates; provide materials to inmates for writing letters and send them to the general office; maintain extreme kindness and benevolence in their interactions with inmates; prevent unauthorized persons from entering the units; and write a daily report of their

activities.[26] In addition to their numerous responsibilities, and precisely because of them, nurses were also expected not to leave the unit, "not even to eat," until another employee relieved them.[27]

Assistants' work was just as exhausting and poorly compensated, at an average salary of seventy cents per day. They not only supported the work of the nurses, but also were in charge of the personal care of the inmates, "whom they should bathe, clean, dress, feed, wash, accompany within and beyond their units, control in case of an outbreak of violence, and care for as though they were children."[28] Their close, physical contact with inmates made them easy targets for criticisms that would otherwise have been directed at the administration and the asylum's medical services.

Since most of the lower-level employees lived and ate on asylum grounds, the institution enacted numerous rules intended to control social behavior.[29] Not only was access to the psychiatric hospital highly regulated but movement within asylum units also required special permissions or visas issued by the physician-director. Social interaction between inmates and employees, and especially between the employees themselves, was discouraged. They were urged to limit personal communication to work situations and "only with the utmost respectability [*decencia*]."[30] Relationships between men and women living in the institution were not permitted. Lastly, to underscore the institution's welfare mission, internal regulations reminded employees that the General Insane Asylum had been built for the exclusive benefit of the inmates, "whom you should serve with the consideration commensurate to their miserable condition."[31] Failure to comply with the asylum's moral expectations resulted ideally in employees' immediate dismissal, although not "treating inmates with consideration" could be grounds for civil charges.[32]

The 1913 regulations, created by a public welfare system inspector and the directors of five hospitals, included rules for providing inmates with the best psychiatric care available while ensuring administrative order and the scientific status of the institution. Following these rules, however, proved to be a monumental task. Mental health administration was continuously formed and reformed due to the idiosyncrasies of the very figures that the regulations were designed to control: administrators, medical staff members, and the inmates themselves. The limits of institutional order were further accentuated by the rapidly changing social context in which the asylum was founded. In the void created between the mental health project and its practice, a unique, often fraught, Mexican form of treating mental illness took shape.

Mental Health Care: Viewed from Within

Everything began at seven o'clock in the morning, when the asylum whistle woke the entire neighborhood.[33] Administrators and medical staff members then prepared for another hard day within the asylum walls. The head of the admissions department opened the doors to his office an hour later, and the scrutiny of future inmates began. Although the first 848 inmates admitted to the institution the day of its grand opening (430 men and 418 women from the San Hipólito and Divino Salvador hospitals, respectively) did not adhere to the official procedure, new inmates were asked to present official identification documents, answer questions included on a medical questionnaire, and undergo a medical exam whose results would determine whether admission would be approved or denied.[34] Completed by a resident asylum doctor, this initial routine took place in the observation ward.

According to the 1913 regulations, both the state and the family played a decisive role in inmate custody. Authorities with the power to order inmate admission included the Ministry of the Interior, the General Committee of the Public Welfare System, and the governor and judges of the federal district. On the other hand, relatives or legal guardians as well as the inmates themselves were authorized to request admission. Both cases required an official medical document issued by certified doctors assigned to hospitals or police inspection. Especially important to asylum authorities was a report on "the behavioral defects and lack of social adaptation justifying the diagnosis of mental illness," a requirement that indirectly defined mental illness as a conflictive social phenomenon.[35] Thus, even if the initial hospitalization decision originated within the family itself, the family often had to turn to local police authorities in order to obtain the medical certification authorizing the admission. The participation of these two agents—the police and the family—often undercut the authority of the psychiatrist in the admissions process.

However, psychiatric hospital admissions do not always proceed according to the rules. In "cases of emergency," asylum authorities admitted inmates even without the medical certification, a document that was often completed by a medical resident at the psychiatric hospital after the admission had taken place. Likewise, police inspection was guaranteed the right to send insane individuals to the asylum even without a government order, a legal document that they had to obtain after the inmate was confined.[36] Moreover, interdiction hearings, a legal tool used in other countries to prevent involuntary confinement of lucid individuals, were not commonly used as admission instruments in the Mexican asylum.

This is especially relevant in the case of an institution where the majority of inmates (86 percent women and 68 percent men) were there as the result of a government order.[37] Indeed, from 1914 on, a presidential declaration ordered that inmate confinement must be preceded by an interdiction hearing, in accordance with Article 1390 of the Mexican Civil Code.[38] However, even public welfare system head Juan B. Rojas, who recommended the measure because he considered it humanitarian and legal, found it difficult, if not impossible, to follow.[39] What is certain is that, although it was costly and slow, the interdiction hearing protected the civil rights of inmates at the expense of the welfare system budget and the psychiatric hospital medical routine. On these grounds, Rojas suggested eliminating the judicial process and instead leaving the admission decision solely in the hands of the institution's administrative and medical personnel. Likewise, asylum authorities' opposition to interdiction hearings was unyielding because they believed the measure undermined the importance of their medical standards. Indeed, when the federal district attorney general attempted to hold interdiction hearings at La Castañeda, the physician-director reminded him:

> This asylum follows administrative and medical rules according to modern ideas of social welfare and medical treatment, which run counter to obsolete perspectives that conceive of the asylum as a way to defend society from the insane. This institution is therefore a hospital where patients are admitted and discharged freely . . . [interdiction hearings] would only weaken the effort to elevate this institution from the level of a shelter to the level of a psychiatric hospital.[40]

Thus, given administration and financial limitations as well as the animosity of asylum authorities toward the intervention of judicial power in a legitimate medical field, interdiction hearings were rarely held at La Castañeda during the first decade of the twentieth century.[41]

Once admitted, inmates began a social and medical classification process hinging on information provided by family members, the police, or when possible, the inmates themselves. First, inmates were divided according to free or prisoner status, and next, according to whether they were paying or indigent. Although La Castañeda treated a wide range of social classes, most patients belonged to the urban poor. In 1910, the vast majority (100 percent of women and 86 percent of men) entered and remained in the institution as free and indigent.[42] Paying inmates were then classified as first, second, and third class, which were associated with monthly rates of three hundred, one hundred, and fifty pesos, respectively.[43]

Social categories and medical diagnoses were also used as a basis for scientific classification of inmates within the asylum, a process that primarily involved spatial distribution of inmates in specific wards. Despite the abundance of mental illness diagnoses, hospital authorities used a basic spectrum of symptoms to place inmates in five wards.[44] For example, violent or agitated inmates were placed in the dangerous patients' ward, as if they were prisoners requiring special supervision. Inmates with chronic mental illnesses went to tranquil patients' wards; the indigent went to section "A," located in the back unit; and paying boarders went to section "B," located in front rooms surrounded by gardens. Those with mental illnesses that affected their intelligence belonged to what was called the imbeciles ward, and those with epilepsy were sent to the epileptics ward. Thus, although dividing patients into social, medical, and spatial groups was meant to contribute to their recovery, it also ensured the institution's internal order while validating prevailing general social hierarchies.

The social role of the General Insane Asylum was also determined by the characteristics of the population it served. While resident physicians classified probable inmates, the head of admissions entered their personal, social, and medical information in the registry book, in order to later open a file for them. The information included in this book indicated that the majority of admitted inmates in La Castañeda lacked a support network to fall back on in times of need, a social void that the state hospital attempted to fill. Despite being relatively young (inmates ranged in age from twenty to forty years old), the vast majority did not have a family, and although they lived in the federal district, most had migrated to that city.[45] Records also indicated that domestic work was the primary occupation of the majority of women, even though almost a third of them had also participated in the workforce. Women listed as unemployed were generally prostitutes, an occupation the meticulous administrators did not dare recognize.[46] Occupations of male inmates tended to be more diverse. They included a variety of trades—cobblers, tailors, carpenters—as well as typical middle-class professions such as lawyers, pharmacists, and students. Represented in much greater numbers, however, were unspecialized workers such as laborers, street vendors, and shop clerks.[47] For this population, the asylum was a place of refuge that provided food, shelter, and medical or custodial care at no cost, reflecting the welfare mission of the institution. Nevertheless, the institution also served as a site for isolating and controlling members of the urban poor class. In other cases, the psychiatric hospital helped families to care for their mentally ill relatives. In addition, hospital authorities understood their social function as guardians of order, freeing the streets of individuals who were not exactly

dangerous but nevertheless were considered a potential disturbance by city authorities. By tending to and controlling the poor, the General Insane Asylum placed itself in an ambivalent and fluid position within a political regime concerned with establishing modernity and preserving order at any cost.

The hospital routine also included creating mechanisms to standardize inmate identity, a procedure that resulted in an impressive institutional archive of insanity. Once authorities had recorded inmates' information in the registry book and opened their files, they issued them the blue uniform that indicated their mental condition; paying boarders were exempt from this process.[48] Once the indigent inmates had donned their new garments, their old clothing and any belongings were disposed of or placed in a special department if they were in good condition.[49] Next, in some cases and for sanitary reasons, a barber shaved the heads of both men and women.[50] It was in this state of social nudity, stripped of their usual identifiers, that indigent inmates faced the photographer and his camera, often for the first time in their lives.[51] Their expressions varied: some stared blankly at the lens; some smiled; some were straitjacketed; some posed gracefully, even haughtily; some made faces; some rolled their eyes upward; some looked down; but all were photographed. Capturing the head and shoulders in an administrative portrait, admissions photographs contributed human faces to accumulating archives tracing out a Mexican profile of insanity.

Once they had been admitted, indigent inmates' daily life followed a regular program scripted by unwritten codes despite being based on institutional regulations. What is certain is that some inmates, especially those who did not have chronic illnesses, received a daily doctor visit between 7:00 and 9:30 in the morning. Some ate their meals, sent by the General Committee of the Public Welfare System, in common dining areas. Some others, especially tranquil inmates, were even able to work in the workshops: the sarape factory for women and the straw hat factory for men. Despite being considered therapeutic instruments of a treatment known as work therapy, these activities also meant much-needed income for the institution.[52] In addition, inmates in good physical condition participated in maintaining the psychiatric hospital: men tended the gardens, and women did domestic work in the hospital, such as washing clothing or cleaning rooms. When their conditions permitted, both men and women helped the assistants to bathe or clean their less fortunate peers. Although demanding and time-consuming, work was not the only activity that inmates performed within the institution.

Psychiatric hospital authorities attempted, sometimes successfully, to offer inmates as many entertaining activities as possible, a strategy enacted heavily

in institutions abroad to increase the likelihood of curing the insane.[53] For example, inmates received authorized visits once per week between 3:00 and 5:00 p.m. in booths specially designed for this purpose. Visits were highly regulated, and visitors and supervising resident doctors were required to present an authorization card. Visiting hours allowed patients with family or close friends to reconnect with the outside world.[55] Some inmates anxiously awaited their visitors. However, others like Cresencia G., a sixty-five-year-old widow who said witches had poisoned her only son, responded with shouting and uncontrollable nervous attacks.[56]

Moreover, inmates who knew how to write spent some time writing letters that, if judged convenient by psychiatric hospital censors, were sent to their addressees.[57] However, very often these letters did not leave the hospital and instead, ended up in patient files. Among many such cases are the "diplomatic dispatches" of Matilda Burgos, a working inmate who was a strident critic of both the hospital and city life.[58]

Although authorities also censored reading material, some novels and newspapers made it inside the asylum walls and entertained the few who were able to read.[59] Still more relevant, however, were the music, film, and athletic activities that authorities designed for medical purposes. For example, at the request of the director, the Mexican army sent a band to play concerts for the inmates each Saturday.[60] Some time later, when the administrator noted that music "was the only entertainment that truly removed the melancholy from mental patients' faces," he asked for a band from the municipality to continue the weekly concerts.[61] The emphasis on music as therapy did not disappear, as years later the General Committee of the Public Welfare System even authorized a monthly budget of 144 pesos for that purpose.[62] A similar process occurred with film screenings, which likewise were an activity considered entertainment and therefore instrumental in protecting mental health. Not only inmates and asylum employees but also the occasional visitor enjoyed the moving picture projector that showed current films in the hospital movie theater, often "at very low prices."[63] Interest in film as therapy was also long-lasting. Years later, when the old film projector was gone, the asylum director wrote personally to the famous Mexican filmmaker Julio Bracho asking him to use his many connections to obtain a new projector for the institution.[64]

Authorities also built a basketball court to give inmates an opportunity for exercise, another activity intended to entertain the mentally ill. Games took place each Thursday, and neighbors reported that they were not limited to inmates.[65] Lastly, asylum inmates also took advantage of their natural surroundings. As

was the custom of Porfirian elites, inmates went for walks on the expansive asylum grounds, often under the supervision of a resident physician.

Asylum authorities fought fiercely to save the institution and blamed external forces for its state of disorder, particularly funding problems. However, internal conditions, especially forced contact between bureaucrats, doctors, and inmates, played an important role in this process, something that authorities preferred to keep quiet for political and medical reasons. In the asylum there was seldom news of disturbances or other forms of active protest, situations that were not unheard of in other state institutions, particularly the Morelos hospital where imprisoned prostitutes often rebelled against medical authorities. However, asylum inmates also found strategies for ignoring, if not confronting, the hospital system.[66] For example, daily contact took place among inmates in crowded units and workshops despite institutional regulations. Working inmates made slow progress, frustrating work therapy initiatives over time. As Dr. Hernán Valverde León reported in 1929, they complained that hospital authorities "were not giving them any compensation," a latent criticism of a work system based on unpaid labor.[67] Moreover, there was always the possibility of leaving the institution. Although regulations clearly stated that only a doctor's signature could authorize institutional discharges, some inmates simply left the asylum without the approval of appropriate authorities. The institution's huge size, physical layout, and lack of appropriate monitoring helped in large part to make this option possible. Many would go out for a walk or visit their homes and fail to return to the hospital. Such was the case, for example, of Altagracia G., whose release was processed due to the fact that she did not return to the hospital after an absence of fifteen days.[68] Others, like Marino M., remained in the psychiatric hospital more or less voluntarily, coming and going on a regular basis.[69] Even the perpetual prisoners of chronic illness caused inevitable problems for the institution, if only by virtue of their increasing number. Such inmate survival strategies made it clear that the texture of daily life within the asylum walls was more dynamic and less rigid than the image modernizing authorities and some sensationalist publications left for the future, frozen in photographs.

CHAPTER III

The Psychiatric Interview

The Fox and the Goose

In Margaret Atwood's acclaimed novel *Alias Grace*, Simon Jordan, a young psychiatrist trained in the United States and Europe, interviews Grace Marks, a Canadian alleged murderer whose mental illness diagnosis helped her to exchange her death sentence for a life behind bars.[1] Eying one another suspiciously in closed cells, the psychiatrist and the madwoman engage in a dynamic dialogue. Armed with self-confidence and the theories that were en vogue in the mid-nineteenth century (free association of ideas, degeneration, even hypnotism), Dr. Jordan proceeds to formulate questions. The former domestic servant, poor and imprisoned, answers them—or does she? As the novel evolves, the young psychiatrist who successfully gathers detailed information about his patient's life history feels increasingly insecure and perplexed. How much does he know? How certain can he feel about what he knows? As his doubts increase, Dr. Jordan feels less and less convinced that he knows who is the fox and who is the goose in this tale. Jordan's lack of certainty stems from the fact that, unlike the reader, he cannot hear the words that Grace Marks is intentionally hiding. Her apparent silence masks a distinctive survival strategy: to elude and fascinate the enemy in order to escape confinement, which she will later successfully do. Of course, this is fiction.

No matter how well documented and researched, *Alias Grace* is only a novel. Nevertheless, much of the tense environment, the disconcerting interlude between patient and psychiatrist, the obscure forms and turns of phrases that characterize the relationship between Dr. Jordan and Grace Mark can be observed with unsettling ease in the medical files of the General Insane Asylum.

Like the young American psychiatrist, however, readers of these documents cannot enter the silence, apparent or other, within which many of the patients' experiences remain sealed. They will have to try to fashion a bridge. They will have to identify what psychiatrists and inmates bring to the medical interview in order then to interpret their faces, their words, and their silences. In this chapter,

I provide information about basic socioeconomic and cultural tendencies characterizing both asylum inmates and psychiatrists. Specifically, I identify the initial rise of modern psychiatry in late nineteenth-century Mexico, a time when most experts considered modernity and its abundant emotions to be the cause of insanity. Next, I follow the psychiatrists who received academic training in the School of Medicine as well as those who developed punitive views of insanity and its victims as they practiced their specialty in mental health facilities of the period. At the beginning of the twentieth century, most Mexican psychiatrists did not see the mentally ill as grown-up children, but rather, as a threat to progress and modernity themselves. Thus, rather than individual biographies of doctors who worked at La Castañeda, I present the contours of the academic mentality within which the psychiatric hospital physicians' practice acquired and developed meaning.

I also give attention to patients' socioeconomic characteristics and point to links between their place in society and their place in the institution: a dynamic relationship that contributed to the formation of the asylum's social and medical functions. As I attempt to show the first signs of the dynamic relationship established between Mexican counterparts of Dr. Jordan and Grace, I demonstrate general diagnostic trends at the psychiatric hospital between 1910 and 1930, noting mental illnesses that increased and decreased abruptly during this period.

These four elements help to trace the general contours of what happened in the observation room, the site of the first encounter between doctor and patient. This chapter is therefore a bridge between the established asylum routine and the intricate details and twists that occurred in later encounters, all of which are part of the medical files.

Highly Competent Men Examine Grown-Up Children

Contrary to expectations, interest in psychiatry—"the most difficult of the medical sciences in that it requires a long preparation time and true vocation"—declined in Mexico as the revolutionary uprising evolved during the first decade of the twentieth century.[2] Obliged to work in an asylum far from the city center and for a poor clientele, to receive low salaries and very little social respect, aspiring psychiatrists had to have "true vocation" to work at La Castañeda. Very few did, however. In spite of internal regulations, in 1912 a resident physician was responsible for attending and treating 98 inmates in Unit A for tranquil inmates, a situation that was the rule rather than the exception.[3] In fact, the predicament

was so dire that in 1915 there were seven openings available for resident physicians at La Castañeda and not a single application to fill them.[4]

When the physician-director attempted to reorganize the asylum five years later, higher salaries were offered to "young, true lovers of this difficult and thankless science who will be glad to drink from the fountain of knowledge offered by observation and experience."[5] However, the scientific staff shortage remained unchanged.

Although institutions for the insane had existed in Mexico since the colonial era, it was only in the last three decades of the nineteenth century that medical interest in pathologies of the mind first began to emerge. Coinciding with the rise of the Porfirian regime, whose modernizing project emphasized economic progress and social order, national interest in psychiatric issues began with medical internships conducted in welfare institutions such as the San Hipólito and Divino Salvador hospitals. Since the secularization of the welfare system in 1861, these hospitals added increasing numbers of doctors with academic training to their medical and administrative staffs.[6] Such was the case of Dr. Sebastián Labastida, who as a result of his position as San Hipólito superintendent, developed a medical interest in the mental dimension of alcoholism, a common condition among the mentally ill.[7] It was also the case with Dr. Miguel Alvarado, the Divino Salvador superintendent who began to write "notes" describing symptoms, treatment, clinical observations, and autopsy results, which were later published in medical journals of the period.[8]

When doctors with practical experience treating mental illness used their experience to design psychiatry classes at the School of Medicine, a bond was forged between psychiatry as a scientific discipline and state-run hospitals. This commitment was later sealed by the instrumental role of the Porfirian state in opening the General Insane Asylum in 1910.

The combined activities of Dr. Miguel Alvarado at Divino Salvador and the School of Medicine established a foundation for the rise of psychiatry as a discipline in Mexico. Named hospital superintendent in 1860, Alvarado made good use of private and state resources, and made Divino Salvador one of the best welfare institutions in Mexico.[9] In addition to improving sanitation at the establishment, he paid special attention to the institution's record-keeping system, ensuring a legacy of information for future generations of psychiatrists. Alvarado was, however, more than just a good administrator. His devotion to caring for the mentally ill—he made medical rounds daily between 7:00 and 10:00 a.m.—led him to analyze medical theories of mental phenomena.[10] In a country fascinated by the civilizing allure of France, it was not surprising that Alvarado paid special

attention to psychiatric texts by the renowned specialist Jean Martin Charcot, leader of the Salpêtrière School.[11] This influence was evident in an article on epilepsy that Alvarado wrote for the *Gaceta Médica de México*.[12] Combining clinical observations and quotations from Charcot and Hospital Bicêtre psychiatrist Désiré-Magloire Bourneville, he developed a medical history of epilepsy and its treatments, adding to his reputation as a medical researcher.

Alvarado's genuine commitment to the development of psychiatry in Mexico became evident in 1887, when he not only offered a class on Mental Alienation at the School of Medicine, but did so without requiring an honorarium.[13] Before this class became a part of the school's official curriculum, Alvarado taught it throughout 1888 on Mondays, Wednesdays, and Fridays at 3:00 pm.[14] In 1890, Alvarado's course appeared for the first time in the School of Medicine curriculum as an optional upper-level course or "curso de perfeccionamiento," offered Tuesdays, Thursdays, and Saturdays from 11:30 a.m. to 1:00 p.m.[15] Taught by a non-specialist with practical experience treating the mentally ill, these classes represented the beginning of the psychiatric profession in Mexico.

Alvarado's Mental Alienation courses did not yield psychiatrists right away. However, his teachings soon sparked the medical imagination of some students. This was the case of Mariano Rivadeneyra, who in 1887 wrote the thesis "Notes on Insanity Statistics in Mexico." He dedicated this document "to the eminent psychiatrist Miguel Alvarado as a token of gratitude and great admiration."[16] Rivadeneyra's thesis consisted of a series of statistical tables he prepared using information obtained from the registry books of the San Hipólito and Divino Salvador hospitals. However, he also included a lengthy introductory essay combining ideas from foreign authors and information from local hospitals to create a general explanation of the causes of insanity in Mexico. Based on readings "generously provided by Dr. Alvarado," this introduction summarized not only Rivadeneyra's understanding of insanity, but also Alvarado's own psychiatric perspectives, which is very significant since Alvarado himself never wrote such a systematic summary of his views.

In prose betraying certain poetic features, Rivadeneyra argued that the rapid pace of modern society caused insanity, a condition that could be aggravated or ameliorated by an individual's sentimental and intellectual education. Rather than arising from internal traits of specific persons, insanity was a latent condition in all social beings, because society "with its abundant emotions" produced situations that "painfully marked the psyche."[17] Following the ideas of the early nineteenth-century psychiatrist Guislain, Rivadeneyra conceived of insanity as a condition that afflicted not only the intellect but, even more, "the moral

sensitivity" of all people. This aspect was more common among modernizing societies that lived "in a perpetual state of emotional intoxication and excessive stimulation."[18]

Data from Mexican hospitals confirmed this perception in large part. Rivadeneyra found ample evidence of "painful impressions" among women who had become patients at the Divino Salvador hospital after experiencing grief, fear, or unrequited love.[19] This discovery, however, only raised new questions.

"Society hurts," Rivadeneyra contended, "it hurts to the point of driving us all mad."[20] However, not all social beings developed cases of insanity, because as he also argued, individuals reacted in different ways to the "painful impressions" inflicted by society. Shaped by one's specific upbringing, also called sentimental education, these reactions determined the individual capacity to overcome or succumb to social pressures.[21] Analyzing information from Divino Salvador, he pondered: "What is the strange bond that links shawl knitters, women primarily affected by fear, with female domestic servants and washerwomen marked by grief?"[22] The answer was to be found not in the patient's mind, but in her social position, because "we believe there is a significant relationship between the cause of insanity and the individual's social position and social education."[23] This relationship, however, was neither narrow nor rigid, because Rivadeneyra's concept of education was broad enough to include both conscious and unconscious teachings received throughout an individual's life. In Rivadeneyra's model, a person's education thus included "background, temperament, and one's own way of reacting as a result of all circumstances, all facts, no matter how simple they were in childhood when we first received them. They become more relevant as new ones join them throughout our lives."[24] Thus, the brain facing "a horizon of contentment" could react "sweetly", that is, normally; on the other hand, a brain surrounded by "vice, drunkenness, discontent, and conflict" could only react "bitterly," leading to the onset of insanity.[25]

Although Rivadeneyra believed that all education was relevant in an individual's life, following the ideas of psychiatrist Bénédict Augustin Morel, he ascribed greater weight to the impressions received during childhood.[26] After conducting research on the parents of patients with mental retardation, Morel believed that mental illness was a degenerative condition that ultimately caused physical changes in the brain, a trait that was then passed to the next generation. Although Rivadeneyra agreed with Morel's emphasis on heredity—believing that all analyses of insanity should include research on the individual's early years, because "in the study of small, almost insignificant events, lies the code for what becomes large and obvious in the adult,"—he understood it as

one among many factors encompassed by his flexible concept of education. Thus, he wrote: "even in the relevant terrain of heredity, perhaps education has some influence" in explaining the causes of insanity.[27] As an active reader of foreign texts, Rivadeneyra recognized the function of heredity; but this concept, which was central to Morel's degeneration theory, was relegated to a secondary plane and became only one factor contributing to mental illness in the Mexican interpretation.

To corroborate his understanding of the function of education in the onset of insanity, Rivadeneyra also employed the ideas of French psychiatrist Benjamin Ball.[28] Since Ball believed that hallucinations were "the incursion of the unconscious on the terrain of consciousness," he also emphasized the process through which the individual's own history lent "language, feelings, and logic" to the hallucinatory visions afflicting him or her. If this was true, as Rivadeneyra believed, the psychiatrist's task not only included analysis of the abnormal brain, but also, fundamentally, thorough examination of the brain in its normal state, where "the silent work of education" first created a certain predisposition for insanity. This dynamic understanding of mental illness as a psychological and social phenomenon implicitly required a psychiatry that went beyond the hospital walls, which housed only declared cases of insanity, to reach those initial, less obvious stages of insanity where they took place: in the unfolding of an apparently normal life. It would take Mexican psychiatry almost sixty years to detect that need again.

Despite Rivadeneyra's well-rounded concept of mental illness, he ended his introductory essay with questions: "Can the series of factors that shape and modify an individual's character change the inner structure of the brain cells over time? Is it possible that these factors could create a mental derangement without altering the brain?"[29]

Mid-nineteenth-century psychiatrists' common concern with finding physical causes of insanity was also present in Mexico.[30] While Rivadeneyra was grappling with the physical causes of mental illness, Alvarado was conducting clinical observations and postmortem examinations in the Divino Salvador hospital in the hope of finding physical marks left on the brain by the "painful impressions" inflicted by society. In the two clinical cases he published in 1881, Alvarado correlated bedside patient observations with autopsy reports. He paid special attention to the patient's social background, identifying age, marital status, and occupation; according to Rivadeneyra, these elements helped to explain the origins of mental illness. Alvarado then proceeded to underscore hereditary factors, such as incidence of alcoholism in the patient's family, which was

noted in both cases he analyzed. Since Alvarado only treated female patients, he placed special emphasis on the development of the reproductive organs, including brief notes about menarche, pregnancies, and miscarriages or abortions, factors that most nineteenth-century psychiatrists considered closely related to female insanity.[31]

Before describing specific symptoms, Alvarado mentioned the factors that triggered insanity: in both cases, alcohol consumption. Alvarado noted that both patients arrived at Divino Salvador afflicted by delusions of persecution, hallucinations, partial amnesia, insomnia, and in at least one of the cases, a rigid body position in which legs and torso "formed a right angle."[32] Rather than investigating aspects of his patients' education that could explain their mental disturbance, Alvarado reported the results of the autopsies he performed 24 hours after death. In clear, succinct writing, these reports included notes about abnormalities observed in the brain: in one case, thin cerebral wall, thick meninges, and pale cerebral matter, and in the other, dry meninges, especially in the frontal lobes, and brain matter "resembling mashed potatoes" in consistency and color.

Alvarado avoided drawing final conclusions from these observations. He did little more than note the presence of unusual characteristics in the brain anatomy. Like his colleagues working abroad, Alvarado was unsuccessful in his mission to detect the physical source of insanity.

While Alvarado and Rivadeneyra were occupied with the causes of insanity, others in Mexico were attempting to improve treatment of the mentally ill. Such was the case of Dr. José M. Álvarez, who introduced the moral treatment to Mexican audiences in 1880 and described the therapies used in his four years as a doctor at the San Hipólito hospital.[33] Created by French psychiatrist Philippe Pinel after the French Revolution, the moral treatment aimed to improve institutional care for the insane by replacing restraint methods with therapy based on persuasion and gentleness to combat delirious thoughts.[34] News of the moral treatment first reached Mexico in 1837, when Dr. Martínez del Río published an article describing an innovative method used to treat insanity at a private hospital in France:

> The poor insane man is no longer perceived as a ferocious animal that must be tamed with chains and torture. Moreover, he has not lost the right to society's sympathy and consideration. Today, the man who loses his mental health no longer suffers the physical punishment so common in the past. The new treatment for curing insanity consists of isolating the patient, treating him with love and respect, examining what can be pleasant ideas

> that suggest tranquility to combat his turbulent disposition, discarding elements that might irritate his passions, and providing him with the healthful influence of the countryside, such as the innocent and beneficial pastimes of walking, gardening, horseback riding, and certain types of board games. In summary, the new treatment for curing insanity consists of doing what is necessary to place the miserable insane person in the most pleasant of circumstances.[35]

When Álvarez wrote again about the moral treatment some forty-three years later, his perspective was less idyllic but just as compelling. Indeed, in the late nineteenth century, doctors did not perceive the insane as "ferocious animals" or "living stones," but rather as "grown-up children" whose "intellectual and affective capacities" could be restored "under the influence of certain words and in the company of certain people."[36] Álvarez believed that the moral treatment fulfilled a function similar to the education of children, except that "instead of attempting to install new ideas, it aimed to revive the memories of those ideas acquired in the past, or as the German psychiatrist Griesinger suggested, it attempted to reestablish the old self."[37]

In Álvarez's concept, the moral treatment included both coercive methods (isolation, use of straitjackets, and water therapy) and distraction methods, also known as "sweet" therapy, which included the non-restraint method, moral guidance, work, art activities, religious practice, and travel. However, when Álvarez organized his text about the "clinical observations" in which he participated at the San Hipólito hospital, the coercive methods sections tended to be the most extensive.

First, citing the work of French psychiatrist Jean-Étienne Dominique Esquirol, Álvarez emphasized the beneficial influence of institutional isolation in insanity treatments.[38] Besides providing an environment in which the insane "found themselves obliged to look at the reflection of their condition," psychiatric hospitals, he maintained, allowed for more systematic treatments and better supervision while providing doctors better "control over patients".[39] Based on his personal experiences in the San Hipólito hospital, Álvarez alluded to the use of straitjackets and water therapy, a technique in which hospital physicians poured up to fifty buckets of water over patients' bodies. However, he also demonstrated broad knowledge of nineteenth-century European psychiatry when describing distraction therapies. He evaluated, for example, the non-restraint method first tested by Gardiner Hill at the Lincoln Psychiatric Hospital in 1823 and implemented in Hanwell by the English psychiatrist Connolly in 1839. Despite

valuing the humanitarian benefits of a technique that cast aside all instruments of mechanical coercion, Álvarez considered it inappropriate for the Mexican psychiatric hospital because "in our institutions the number of doctors is too limited and incompetent to care for the patients."[40]

Álvarez's analysis of the function of doctors as moral guides of the insane reproduced Pinel's major ideas about the moral treatment: doctors listened to patients' narratives, showed interest and tact, and thus avoided the delirious thoughts instead of attacking them. Guislain's work also let him see music, reading, drawing, and board games as valuable tools for dissipating the "painful impressions" of affected brains. Although it was against his "liberal ideas," Álvarez also considered religion a healing technique; authors like Guislain, Morel, Marcé and Griesinger "considered [religion] the most appropriate method for curing insanity because religion was a driver of behavior and a regulator of affect in the majority of patients."[41]

Setting the foreign literature aside, Álvarez placed special emphasis on the healing power of work, especially for poor working-class patients. "Idleness is harmful to all," he stated. "It has lamentable effects on those who lack an occupation and have instead a sick brain."[42] However, Álvarez preferred work that involved "agitating the entire body," such as gardening and gymnastics, over manual and industrial activities, because the former "involved more activity, produced fatigue, and led to tranquil rest at nighttime."[43] The cases of two single male laborers whose mental condition improved after they began working in the hospital confirmed his theory.

Lastly, although he recognized the relevance of travel for the treatment of insanity— according to Esquirol, the wide range of new sensations brought on by travel helped to dissipate the morbid ideas of the unwell brain—Álvarez admitted that no institution in Mexico had any evidence to this respect because the hospitals operated on extremely limited budgets. Thus, he concluded a text peppered with quotes from European authors by asking welfare authorities for more resources to care for the mentally ill in Mexico.

The psychiatry field was not limited to administrative and medical staff at mental health institutions. In addition to the small circle of Alvarado and his students or protégées, other physicians in Mexico began to show growing interest in pathologies of the mind and their treatment. During the last three decades of the nineteenth century, renowned physicians such as Luis Hidalgo y Carpio witnessed experiments with hypnosis and magnetism, conducted both in medical settings and under other less formal circumstances, with genuine curiosity.[44] Others, such as Eduardo Liceaga, who would later become the head

of the Superior Sanitary Council, ventured into the incipient field of psychiatry through analysis of the effect of potassium bromide on the treatment of epilepsy.[45] Echoing European research, Demetrio Mejía, professor of Medical Practice at the School of Medicine, published an article identifying cases of hysteria in men.[46] However, in the late 1880s, as doctors increasingly participated as Porfirian policymakers, early Mexican psychiatrists turned their attention to mental conditions stemming from social behaviors considered deviant. Such was the case of alcoholism, the most common mental illness at the San Hipólito and Divino Salvador hospitals, and cerebral syphilis, the second most common.[47] Originally strictly limited to the confines of medicine, incipient Mexican psychiatry thus ventured beyond the hospital walls to reach society through the analysis of behavioral causes of insanity.

As psychiatry captured the medical and social imagination of Porfirian society, more members of the medical community supported the creation of a permanent professorship dedicated to the study of mental illnesses at the National School of Medicine. Alvarado's classes on mental alienation had ended in 1890, the year of his death.[48] It would take seven more years for Dr. José Peón Contreras to become the first official professor of psychiatry in Mexico.

Born in Mérida, Yucatán in 1843, Peón Contreras graduated from the School of Medicine in his native state in 1862.[49] After working in Mérida, Veracruz, and Orizaba, Peón Contreras finally established himself in Mexico City, where he became interested in the emerging field of mental illness and published the clinical history of a San Hipólito hospital patient with oligophrenia in 1872.[50] His scientific endeavors earned him membership in the prestigious Mexican Society of Geography and Statistics in 1873. Also known as an amateur historian, prolific writer, and poet, Peón Contreras almost perfectly embodied the image of the first psychiatrists as "dilettante[s] of medicine."[51] Bridging his interest in literature and phenomena of the mind, Peón Contreras used San Hipólito hospital facilities to teach his "Mental Illnesses Clinic" on Tuesdays and Thursdays from 11:00 a.m. to 12:30 p.m., with oral lectures and the Regis textbook.[52] Although Peón Contreras did not gain any identifiable followers, his name remained associated with the development of psychiatry in Mexico through his son, Juan Peón del Valle, who also became a respected psychiatrist and was the superintendent of the San Hipólito hospital during the early twentieth century.[53]

Sharing a common background of nineteenth-century European psychiatry readings and a common medical practice in welfare hospitals, the few Mexican doctors who were interested in treating mental illnesses believed that the insane were innocent victims of a society that was developing very rapidly; under

the right moral guidance and doing the right kinds of work, these "wretched creatures" and "grown-up children" could fight off morbid ideas and heal their ailing minds.

While they included concepts from European degeneration theory in their writing, the majority of doctors who were interested in mental illnesses placed equal or greater emphasis on modernity as the trigger of mental disorder than on heredity per se. Rather than being blamed for their conditions, the mentally ill seemed to receive the consideration, and at times the commiseration, reserved for children and the sick in general. As "people without reason," they were inconvenient and bothersome, but they did not represent an actual threat. However, as psychiatry became an academically sanctioned discipline and the Porfirian regime became a modernizing dictatorship, these initial concepts of mental illness gave way to less favorable views of the insane and their place in society at large.

Dangerous Minds: Criminology, Degeneration Theory, and Popular Psychiatry

While the first generation of Mexican psychiatrists was conducting clinical observations and attentively reading certain foreign theories to establish the basis for a nascent medical profession, other members of society were appropriating psychiatry in a less stringent way and using it as a scientific tool to explain deviant behaviors, in particular, criminal behavior. Indeed, at the turn of the century as Porfirian concerns about social order were growing and experts were dedicating more and more time to analyzing and defining behaviors that threatened the social fabric of the regime, psychiatry became synonymous with criminology. Stemming from the same elite anxiety about the supposedly deviant behavior of the urban poor, the rise of criminology as a recognized discipline and the growing number of both professional and amateur writers exploring psychiatric topics developed in tandem.

During the last two decades of the nineteenth century, while the federal government was allocating resources to launch the first comparative study on the administration of foreign psychiatric hospitals, Mexican criminologists were paying increasing attention to the physiological and psychological causes of criminal behavior.[54] In 1885, Rafael de Zayas, Mexico's first scientific criminologist, published *Fisiología del crimen: estudio jurídico-sociológico* (The Physiology of Crime: A Legal-Sociological Study), a book in which he explored the difficult question of criminal insanity from a legal and medical perspective.[55] Claiming that criminals suffered from a defective moral sense incapable of suppressing

criminal impulses, Zayas supported the intervention of physicians—representatives of "the most progressive of all the sciences"—in detecting the often hidden psychological roots of insanity, and in identifying the abundant "nuances, shades, and intermediate states" that separated rational behaviors from irrational ones.[56]

From a nineteenth-century perspective, Zayas's "moral sense" referred to emotional and spiritual experiences, as opposed to the sensorial experience of the material world, which could be corrupted by heredity, according to Italian criminology—most notably Cesare Lombroso—or nourished by the environment—more in accordance with French theories of causes of criminality.[57] In either case, corruption of the moral sense, according to Zayas, surfaced in everyday behaviors such as laziness, alcohol consumption, and seeking idle pleasures, characteristics which Porfirian experts increasingly attributed to the lower social classes, linking criminality, insanity, and the poor.

Motivated by the observation method and pragmatism he attributed to medicine, Zayas developed a typology of insane behaviors—ranging from temporary insanity to compulsions, delirium to hallucinations—despite the fact that he was not a doctor, but a lawyer. Because detecting mental disorder was a delicate subject in the judicial system, it became increasingly evident that only a medical specialist was sufficiently prepared to recognize true cases of insanity and avoid confusion that could lead to unjust sentences. Therefore, Mexican courts soon sought professionals with medical authority to determine cases of insanity among prisoners, obliging them to refine their methods for separating real mental illnesses from simulated ones. This process not only spurred growing interest in psychiatry but also created a specific social function for it in a medical subdiscipline known as legal medicine.[58]

Late nineteenth-century criminological texts incorporated medical language associated with the study of pathologies of the mind to validate the discipline's scientific status. Some, like Zayas, used cases of criminal insanity to illustrate the psychological roots of antisocial behaviors. In contrast, Francisco Martínez Baca and Manuel Vergara, who wrote *Estudios de antropología criminal* (Studies in Criminal Anthropology) in 1892, conducted craniology research on prisoners at the Puebla penitentiary, linking brain anatomy and skull size with a genetic predisposition to crime.[59]

Five years later, the prominent lawyer Miguel Macedo wrote *La criminalidad en México* (Criminality in Mexico), a speech he gave before the National College of Lawyers in which he attempted to explain the preponderance of violent crimes among the lower classes of society. He attributed this tendency to

a social environment permeated by hopeless poverty and chronic alcoholism.[60] Although these authors borrowed terms and methodology from disciplines linked to European psychiatry with relative flexibility (James Prichard's concept of moral insanity, Johann Casper Spurzheim's phrenology), they did not present their texts as psychiatric works.[61] This was not the case of lawyer Julio Guerrero, who in 1901 published a systematic analysis of Mexican criminality in a book titled *La génesis del crimen en México* (The Genesis of Crime in Mexico), with the suggestive and ambitious subtitle *Ensayo de psiquiatría social* (Essay on Social Psychiatry).[62]

Using terminology from social Darwinism, Guerrero set about explaining the "causes that determine the production of crime in the Federal District and the perversions of character or intelligence that could be contributing factors."[63] Since Mexico City was home to numerous internal migrants, Guerrero extended his study of psychiatric conditions involved in crime to the nation as a whole, while limiting his analysis of physical contact to the central location. Presented as scientific research, his study stemmed from an understanding of "*life* in the formula of a ceaseless, merciless struggle [from which] man is not exempt."[64] Criminals were among the failures in this struggle of life, individuals who, due to "deficiencies of strength, intelligence, or character, cannot dominate the natural agents they face."[65] Rather than a personal or isolated event, "the result of slow, fatal, predetermined physiological and social conditions of the criminal," crime was: "a complex social phenomenon . . . the individual manifestation of general solvent social phenomena that to a lesser extent and in various forms of immorality also affect other individuals."[66]

Crime, then, not only involved "defects, carelessness, and errors" in the criminal's personal history, but also the "traditions, tendencies, manias, or vices of the social classes to which the criminal belongs."[67] For this reason, Guerrero believed that the scientific study of crime necessarily involved an analysis of the "general phenomenon of destruction that affects the spirit or soul of a society."[68] Accordingly, while he was aware of the virtues and triumphs of the nation, Guerrero opted to underscore those elements that "have deterred and continue to deter the civilized evolution of the Mexican ethnic group," an effort that resulted in an unflattering, often pessimistic image of his society.[69]

His study, Guerrero emphasized, "involved psychiatry, vices, errors, preoccupations, deficiencies, and crimes."[70] Interestingly, by equating psychiatry with both individual and social vices and errors, this definition did not present psychiatry as the science of mental pathologies, but rather, as a pathology itself. Although seemingly natural, Guerrero's association of psychiatry and social

pathology represented a particular interpretation of the nascent medical discipline and its function within society at large. Unlike Mariano Rivadeneyra, who in 1887 noted the importance of a psychiatry that would study individuals in their normal everyday activities before the onset of insanity, implicitly removing the discipline from the hospital to reach a broader audience, Guerrero's emphasis on "vices and errors" reduced psychiatry to the analysis of deviant behaviors among specific social classes, explicitly limiting the profession to practice in psychiatric hospitals. Guerrero's interpretive turn was not unique, nor was it his alone.[71] Applying a lawyer's attention to medical literature, Guerrero expressed rather than created an interpretation of psychiatry increasingly invested in Darwinist views of society and the psyche, interpretations that linked the evolution of the human brain with the progress of human society.

Divided into five sections (atmosphere, land, the city, atavism, and creeds), Guerrero's social psychiatry not only followed a typical positivist path beginning with a detailed description of the physical environment and concluding with a sociological analysis of Mexican class structures and cultural beliefs. It also developed the central theme of an evolutionary theory of insanity, emphasizing the role of heredity in the onset of mental illness. Thus, although attentive to the effects of the environment and social class on psychiatric phenomena, Guerrero ultimately used this information to trace the existence of an atavistic culture of violence among the mestizo lower class: an inverted evolutionary process in which primitive forms of life (atavisms) on both physiological and psychological levels appeared in a more advanced milieu, threatening the foundations of progress and civilization.

Much like Cesare Lombroso's explanation of criminality, Guerrero believed that atavistic types were evolutionary throwbacks that inevitably reproduced the ferocious instincts of primitive humanity and inferior animals. Just as in other latitudes, these ideas reinforced the sense of superiority common among white males of the Porfirian upper classes.[72] Thus, in Guerrero's view of the struggle of life unleashed by modernization, there was no place for atavistic types except prisons or psychiatric hospitals, institutions upon which Mexico's future hinged.

Using language that combined specific jargon and poetic flourishes with relative ease, Guerrero developed an environmental explanation of insanity in which characteristics of both the atmosphere and the land played relevant roles. He began by describing the air and light of the region and their role in the origin of morbid mental processes and deviant behaviors. The high altitude of central Mexico, Guerrero suggested, affected the air quality. Despite being clear and blue, it contained less oxygen as the temperature rose. The rarefaction of the

air grew especially acute during the hot, dry months of late winter and spring, causing general lethargy (atony) in the population, an organic factor that served as fertile ground for laziness and leisure. To compensate for this tendency, the Mexican people consumed numerous stimulants, especially coffee, chocolate, tea, pulque, beer, and tobacco. Their continuous ingestion provoked not only organic illnesses, but also pathological nervous conditions that easily led to aberrant behaviors and sometimes, crime.

While generally threatening, sick minds nevertheless posed varying degrees of social danger. For example, there were victims of moodiness (*mal humor*), a trait common in all social classes displayed in episodes of disobedience, fights, tantrums, and unprovoked aggression. Although examples of melancholia were not typical of the Mexican character, they too emerged in elegiac poetry and the romantic music of central Mexico. More disturbing, however, were cases of violent jealousy where men clashed in bloody duels held to cleanse the honor of the head of the family. Also dangerous, and motivated by the lack of uniformity of the natural phenomena of Central Mexico, were gamblers, "victims of an uncontrollable automatism, the same type of ceaseless insanity that beset primitive epileptics and preachers"[73]. More threatening still, however, were the cases of hysteria, which were allegedly present in 80 percent of Mexican women and not uncommon in men, and "neuropaths of all kinds who were confined in the San Hipólito and Divino Salvador hospitals, and were 817 in number; that is, 25.8 per 10,000 inhabitants, a ratio exceeding that of Paris."[74]

Guerrero detected the most pernicious effects of mental pathologies in the high rate of criminality among the lower classes. Using Police Inspection statistics as a source, Guerrero believed that "the populace had reached the highest point on the international scale of violent crime," recording 11,692 attacks on human life in 1896 alone, a number that clearly surpassed crime levels in Italy and Spain.[75] However, while reflecting crime rates, official statistics did not link pathologies and crime levels. Guerrero established this causal relationship based on Porfirian ideology rather than "scientific" numbers. Guerrero also found sources of mental disorder in social relationships, in particular the creation of a "national psychiatric type among alcoholics."[76]

In contrast to Rivadeneyra, who some fifteen years earlier had identified the rapid pace of modernity as the cause of insanity, Guerrero perceived industrialization and urbanization as civilizing influences that represented remedies for, rather than causes of, nervous pathologies. Following a common nineteenth-century formula, Guerrero unabashedly equated barbarism with the countryside and civilization with the city.[77] However, given the nation's sheer

size and difficult topography, its strong regionalism that had fueled past uprisings and rebellions, and the lack of an efficient communication system, Guerrero was aware of the limited reach of Mexico City's civilizing effect. Guerrero stated that after seventy years of economic stagnation and political disorder, the rest of the country was a retrograde enclave full of "remote villages" populated by "the castoffs of society, pathological products, true human monsters, beggars, former criminals and fugitives from other regions," who were, moreover, "of mestizo or *criollo* origin, few Indians."[78] "Healthy and honorable people," Guerrero continued, "abandoned rural areas as soon as they could, finding refuge in the cities."[79]

Even for as loyal an advocate as Guerrero, Mexico City, the epitome of Porfirian modernization, was very far from perfection. Demographic and labor factors there contributed to the reproduction of "forced idleness resulting from poverty," a condition that, according to Guerrero, constituted the true social origin of psychiatric vices.[80] Rather than industrialization, the cause of social and mental disorder resulted from Mexico City's overpopulation, an "economic error" that decreased salaries, created unemployment, and ultimately, affected the moral sense and intellectual capacities of the individual. Thus, facing an unnerving environment and immersed in poverty, Mexicans "felt the need to revitalize a spirit depressed by somber thoughts of poverty and to create pleasure in the frequent celebrations required by Mexican civility [by consuming] enormous quantities of alcohol, be it pulque, beer, tequila, mezcal, cognac, wine, cider, or champagne.[81]

Guerrero believed that while alcohol was universally detrimental, it was especially dangerous among the mestizo lower class, because as it was converted into hereditary information, it led to growing physiological and mental degeneration, a condition that threatened society's progressive evolution.

Like Rivadeneyra, Guerrero perceived an active role of "painful impressions" in the genesis of psychiatric phenomena. However, Guerrero attributed them not to the rapid pace of modernization, but rather, to the social instability characterizing the post-independence period. "Seventy years of armed conflict," he stated, "produced a daily repetition of dramatic spectacles that left a profound impression on the Mexican spirit. The brain was replete with scenes of struggle, blood, fire, murders, robberies, and kidnappings."[82] These incessant images, Guerrero believed, gave rise to generalized hatred and common ferocity in which "regressive types" or "atavistic entities" emerged with ease. Embracing degeneration theory principles, Guerrero explained the advent of atavistic types according to biological laws of heredity. Similar to animal breeding, he explained, social mixing produced offspring whose appearance was like that of the "foreign

progenitor although in the fifth or sixth generation, aboriginal characteristics inevitably reappeared."[83] Closing with strongly Lombrosian images, Guerrero believed that in turn-of-the-century Mexico, constant degeneration had opened the doors to "the ferocious tendencies of the Aztecs," the "barbarous soul of Huitzilopochtli's witch doctors," atavistic types best represented by criminals whose mental pathology did not merit social sympathy, but rather, strict vigilance and prompt correction.[84]

Although it was not a medical treatise, Guerrero's *La génesis del crimen en México* (The Genesis of Crime in Mexico) demonstrated important transformations in elite views of mental illness during the Porfirian period. From 1887, when a medical student dedicated his thesis to an "eminent alienist," to 1901, when a confident lawyer wrote a lengthy essay on social *psychiatry*, even the choice of terminology indicated an extremely rapid acceptance and consolidation of the new discipline.

In France, the country that produced Philippe Pinel and his groundbreaking 1801 *Traité* which shaped modern notions of insanity and its treatment worldwide, the acceptance of the term "psychiatry" took decades, and it was not used regularly until the late nineteenth century.[85] In Mexico, where Porfirian experts often turned to Europe for inspiration, the psychiatric impulse found fertile ground in a society that was increasingly concerned with identifying, explaining, and ultimately controlling behaviors considered deviant. This social anxiety strongly influenced the adoption of an evolutionary perspective among early Mexican psychiatrists and criminologists.

Psychiatry, a double-edged sword, lent a scientific basis to Porfirian interpretations of social inequity and elite superiority, an explanation rooted in analyses of the mind. The development of criminology and psychiatry, with experts who freely borrowed concepts from both fields to explain antisocial behavior, illustrated this process during the last two decades of the nineteenth century.

Porfirian experts not only used new terms to describe the nascent medicine of the mind and its practitioners in Mexico. Other changes in vocabulary also signaled profound transformation in the conception of mental illness. In contrast to Mariano Rivadeneyra, who believed that the mentally ill were innocent victims of a merciless social milieu, social psychiatrist Julio Guerrero combined heredity and evolution to represent the insane as evolutionary setbacks who endangered the basis of Mexico's modernization. Emphasizing the function of heredity in the onset of mental illness, Julio Guerrero used degeneration theory to condemn those individuals who seemed ill-equipped for the struggle of life, that is, members of the lower classes with considerable racial mixing.

Committed to Porfirian era economic strategy, Guerrero emphasized the urgency of meticulously implementing industrialization in Mexico, a process he believed would alleviate psychiatric conditions. Guerrero, who was rarely optimistic, also postulated that in order to improve, "the passive masses needed strict morality, even if it was based on fear or punishment rather than respect for human rights."[86]

Common among the Porfirian elite, Guerrero's punitive mentality echoed journalistic writing by Manuel Gutiérrez Nájera. In 1895, answering a letter from a reader of "Menú," a daily column published in the newspaper *El Universal*, the modernista poet expressed a Darwinist view of society in which the survival of the strong depended on the punishment and confinement of the weak. "It is preferable," he contended,

> to witness the capitulation of corrupt men than to allow good, apt men to die. Perhaps criminals are sick, but those who suffer contagious illnesses should be isolated. Those who have any possibility of procreating sick children should be deprived of the pleasures of marriage and parenthood. We will not risk our lives in order to allow them to enjoy their own way of life. We do not support annihilating the human race in order to protect the noxious and the weak.[87]

Embracing a eugenic understanding of racial and social improvement, Gutiérrez Nájera also placed criminals, the sick, and the insane in the same social category when, in a later article, he proposed a simple solution for protecting the strong: "take [the weak] to San Hipólito."[88]

Although colored by the satirical language that characterized his journalistic writing, Gutiérrez Nájera's idea was serious, and in a strict sense, nothing new. As evidenced by the formation of a new committee to build the psychiatric hospital in 1896, the Porfirian elite increasingly saw mental hospitals as institutions that protected the evolutionary progress of society by confining dangerous minds.[89]

The perception that the mentally ill were intrinsically dangerous was not limited to popular psychiatry works or the alarmed appeals of a poet-social commentator. On the contrary, it permeated the planning and construction of the General Insane Asylum and left profound marks on mental health policy during the Porfirian era and beyond. Thus, even some fourteen years after the publication of Guerrero's *La psiquiatría social*, his words found their way into the writing of a psychiatric hospital physician who was concerned about the reorganization of the institution. "In the first place," he wrote,

> [w]e have to consider that the insane man is dangerous, both to members of the society in which he lives and to himself and his family. Due to the irresponsibility of his criminal acts, society has the right to intervene and confine the insane person to place him in conditions that allow survival, while ensuring his treatment and general betterment.[90]

A cycle came to a close with the inscription of these words: the grown-up child had now become a ferocious criminal. The sufferer who, in the past, had gone insane as a victim of a hostile environment was now a hardened criminal. Psychiatry thus sought to carry out a social function.

Psychiatric Hospital Inmates: Socioeconomic Tendencies, 1910–1930

While designers and authorities imbued the psychiatric hospital project with specific ideologies and aspirations, the varied roles that the General Insane Asylum played in Mexican society ultimately took shape among and through the population it served. For some, like Luz N. de S., whose husband confined her against her will when attempting to divorce her, the hospital was a jail that reinforced unequal gender relationships.[91] For others, like Esperanza T., who became an inmate at three different times in her life, the asylum was a refuge from a cruel life of begging on the streets of Mexico City.[92] For still others, like Marino G., who was confined after striking a municipal leader in his home community, the psychiatric hospital would become a liminal space he would leave when he felt well and return to in times of need.[93] Some inmates, like Modesta B., found employment there; she remained within its walls for thirty-five years despite abundant opportunities to escape.[94] For some families, like the Q. family, the asylum was a last resort for dealing with the unmanageable behavior of a temperamental daughter.[95] Altagracia F., like many others, returned to her family in the state of Aguascalientes after recovering from a nervous breakdown.[96]

Many found only death within those walls, more often the result of negligence and consuming spoiled food than of mental illness itself. Despite its great diversity, the population that made up the asylum also shared a set of medical and social traits that reflected the various social meanings ascribed to the institution.

In its early years, the asylum's purpose in society was particularly open for definition, and accordingly, both the State and the community sought to shape it to their respective needs or aspirations. Although Porfirian planners had envisioned

the psychiatric hospital as a medical establishment where both rich and poor could receive treatment, paying boarders represented a rare minority from the outset. They were more likely to find medical attention at the Clínica Lavista, a private hospital located in southern Mexico City, or psychiatrist Samuel Ramírez Moreno's small sanatorium in Coyoacán.[97] In fact, the state asylum admitted all women and a high percentage of men as free indigent inmates during the 1910s, a trend that remained almost unchanged in the following decades.[98]

As was the case in psychiatric hospitals in Nigeria, Ireland, and Argentina, moreover, the majority of inmates were committed against—or to be more precise, without—their will.[99] A government order, following institution regulations, preceded the confinement of 86 percent of women and 68 percent of men during the 1910s. Public welfare authorities played an active role in the confinement of 2 percent of women and 6 percent of men. Moreover, prisoners represented 10 percent of the asylum's male population.[100] In these cases, the intervention of police and welfare officials was crucial to the detection and apprehension of people suspected of being mentally ill; as the case of Modesta B. attests, this process typically began on the streets and in other welfare system institutions. By freeing the streets of men, women, and children deemed insane, the psychiatric hospital thus contributed to the social order of the city and the community.

However, state agents were not always involved in asylum confinements, or at least not always from the beginning or in a significant way. Government requests relied primarily on the judgment of the police or other representatives of State order. In at least some cases, they also involved the participation of the family, because often the commitment process also confirmed judgments already made by the families themselves. Seeking medical attention and following asylum rules, they attempted to obtain medical certification by a less financially burdensome route: the police. Cresencia G., for example, arrived at the psychiatric hospital after the municipal president of her birthplace in Mexico State requested her admission.[101] However, her family's concern about her mental health was the motivation for the official request in the first place. She had become increasingly violent after the death of one of her children.

This sort of case was not rare, particularly when poor families recognized they were incapable of caring for their relatives, or when a certain kind of violent behavior threatened the family dynamic. Thus, families participated actively in confinement proceedings, even when State authorities were the ones officially initiating admissions processes. Families initiated the commitment of 12 percent of women and 16 percent of men.[102] In these cases, family members and neighbors were instrumental in the identification of the mental illness and the

initial evaluation of treatment methods. Some came to the psychiatric hospital as a last resort, seeking relief from the burden of caring for a person with an illness. Others brought their family members to the asylum in hopes of finding a cure, their faith in the capabilities of modern medicine evident in letters and telegrams asking about signs of improvement or a discharge date.

Psychiatric hospital admissions thus illustrate the various ways in which the State and families appropriated the institution for diverse purposes that sometimes were not necessarily compatible or complementary.

The various functions fulfilled by the asylum reflected the variety of inmates it treated, since although its population was generally poor, it was not homogeneous. First in the observation room and later in the wards, psychiatrists came into contact with the porter who worked for a few cents in Mexico City's markets, and with the singer struck by calamity. They spoke with the eloquent yet scatterbrained pharmacist, with the tailor and the cobbler whose skills proved very useful to the establishment. They evaluated the mental health of students and teachers, laundrywomen and prostitutes. Although the contingency of unspecialized workers made up of laborers, street vendors, and shop clerks was more numerous, the psychiatric hospital also admitted both artisans and middle-class professionals such as lawyers and teachers.[103] The occupations of women inmates were not as a varied; some 60 percent of women were responsible for unpaid domestic work. Women inmates also included domestic servants, seamstresses, laundrywomen, and inmates listed as unemployed (16 percent), who were generally prostitutes.[104] Perhaps, as psychiatrist John Connolly once stated, insanity was in fact "a great leveler," but in the case of Mexico, social volatility resulting from the revolutionary war clearly contributed to this process.

Like state asylums that cared for poor patients in Ireland and England, New York and California, the Mexican hospital most often admitted people in the beginning and middle stages of their adult lives.[105] Only 6 percent of the asylum population were under twenty years old, and only 10 percent were over seventy. The age of most inmates was between twenty and forty. Although a few variations occurred during the first three decades of the twentieth century—most female inmates were in their second decade of life during the 20s and therefore relatively young, while in the 30s they were mostly in their fourth decade of life—specific indices of age of admission remained almost unchanged.[106] The relative youth of the asylum population coincided with their lack of family support. Indeed, 66 percent of the women and 78 percent of the men were single or widows/widowers during the first decade of the twentieth century.[107] Moreover, although the majority of men and women lived in Mexico City, 64 percent of

them had been born elsewhere.[108] Single life and migration did not necessarily mean isolation, but in the context of the Mexican Revolution, they clearly increased the mentally ill population's vulnerability to confinement.

Thus, during the first three decades of the twentieth century, Mexico's insane were relatively young, and according to institutional statistics, they were more likely women than men.[109] In the midst of the revolutionary war that drew popular armies from the north and indigenous armies from the south to central Mexico, migration and lack of family support made men and women more susceptible to confinement. As social upheaval affected the very poor and other social classes alike, the asylum opened its doors to a range of social groups affected by economic hardship and deprivation.

On the one hand, by playing its role as an institution of social control, the asylum contributed to the urban order of Mexico City, confining people deemed insane by State authorities. On the other, the General Insane Asylum also proved useful to families unable to care for relatives with mental illnesses. Its presence as a welfare institution throughout the revolutionary period reflected its dual function as a site of control and a place of social assistance.

Inmate Profiles: Diagnoses

Although it primarily fulfilled a welfare function, particularly through custody service, the General Insane Asylum also strove to provide inmates with medical attention. The inmates were placed in specific wards according to their symptoms, with separate buildings for men and women, and violent or agitated inmates were housed in a ward for dangerous inmates where they were guarded like prisoners. Those with mental illnesses were placed in wards for tranquil inmates: section A for indigent patients and section B for paying boarders. In contrast with asylums that separated the mentally ill from the intellectually disabled, the Mexican asylum admitted inmates with mental conditions that "affected their intelligence" and placed them in what was known as the imbeciles' ward. Patients with epilepsy, predominantly women, had their own ward. Alcoholics, primarily men, were taken to a designated ward. Most of the older patients went to a geriatric senility ward. Although the psychiatric hospital admitted children, the institution lacked a dedicated pediatric ward.

While the number of wards was limited, the number of diagnoses grew over the course of the first three decades of the twentieth century, revealing the lack of standardization in psychiatric discourse.[110] Given that doctors arrived at their diagnoses after observing and interviewing inmates, as well as their families

when possible, these medical interpretations of mental health typically involved a social dialogue. Specifically, these dialogues centered on identifying the range of behaviors that brought men and women to the facility; nevertheless, they were almost never transparent or free of conflict. Close examination of these dialogues illuminates social and medical motifs that contributed to the revolutionary definition of mental illness in early twentieth-century Mexico.

Like the San Hipólito and Divino Salvador hospitals, the General Insane Asylum admitted a large number of men and women with epilepsy during the 1910s, evidence of the persisting legitimacy of Porfirian definitions of mental illness in early twentieth-century Mexico. In fact, asylum planners with access to prerevolutionary hospital records noted that while epileptic patients made up about 15 percent of the hospital population, numbers were markedly higher among women. Thus, given that 28.41 percent of women at the Divino Salvador hospital had epilepsy, they planned a larger area for them in the General Insane Asylum.[111] The institution's information proved correct, at least during the first decade of the twentieth century, when 28 percent of female inmates and 22 percent of male inmates appeared on the list of epilepsy patients, making them the most numerous medical group on the asylum grounds.[112]

In a setting defined by violence and scarcity, chronic illnesses like epilepsy meant especially heavy economic burdens for patients' families, burdens the psychiatric hospital helped to alleviate.[113] The large number of confinements associated with epilepsy also revealed that the stigma surrounding this illness outlived the Porfirian era. Asylum doctors' comments in these patients' files were brief, generally accepting diagnoses made by family members or the police. When time and interest permitted, doctors noted similar afflictions in the inmate's family and added a few comments about the heredity of this condition.[114] Likewise, doctors offered these patients little in terms of treatment, allowing tranquil inmates to work at institution workshops, or prescribing sedatives for agitated patients when necessary.

As time passed, however, doctors were less willing to admit or diagnose inmates with this condition. During the 1920s, for example, only 18 percent of women and 17 percent of men remained institutionalized as epileptics.[115] By the thirties, female epilepsy patients represented only 7.52 percent of the asylum population, while male epilepsy patients totaled only 10.86 percent.[116]

Although the armed phase of the Revolution had caused economic stagnation, and turbulent government negotiations characterized the first revolutionary regimes, these events did not explain such a dramatic decline in epilepsy diagnoses. A greater awareness of this condition among the psychiatric community

surely contributed to the declining numbers, but only to a point.[117] Much more crucial was psychiatric hospital doctors' decreasing emphasis on chronic mental illnesses, for which they had little to offer in terms of treatments or cures.

A similar process occurred with diagnoses of mental retardation and dementia praecox. During the first decade of the twentieth century, General Insane Asylum doctors diagnosed a large number of patients with mental retardation, a condition known then by names such as idiocy, feeble-mindedness, and imbecility. Making up 16 percent of women inmates and 18 percent of men inmates, this group was the second largest in the Mexican asylum.[118] Since Porfirian doctors working in San Hipólito and Divino Salvador hospitals did not include this category in their medical groupings, admissions based on mental retardation reflected the use of new psychiatric categories to classify mental conditions in revolutionary Mexico. As with epilepsy, however, the numbers also declined over the next two decades. Likewise, dementia praecox (a term coined by German psychiatrist Emil Kraepelin, who strongly influenced Mexican institutional psychiatry during the early revolutionary period) affected around 9 percent of women inmates and 11 percent of men inmates in 1910.[119] Dementia praecox diagnoses also decreased in the following decade.

In contrast, during the twenties, and even more throughout the following decade, asylum doctors paid a great deal of attention to mental illnesses associated with alcohol and drugs, two conditions with a social origin that they perceived as curable. Given that Hospital Divino Salvador and especially Hospital San Hipólito predominantly housed alcoholics, this tendency did not represent a radical departure from Porfirian understandings of illness.[120] Medical experts had already linked alcohol consumption with criminality and mental illness during the Porfirian era.[121] However, the social meanings of alcoholism and drug addiction were subjected to social scrutiny in revolutionary Mexico.

In the context of State reconstruction, revolutionary regimes called for the creation of social medicine: "Preventive medicine that would be a judicial, technical, and administrative branch of the federal government; a suitable tool for protecting the physical and mental health of all the country's citizens, and for protecting their lives when threatened by various unhealthy elements."[122] Simultaneously, revolutionary regimes showed growing interest in and commitment to eugenic views of the population.[123]

Inspired by these projects, doctors pressed, for example, to change the legal status of alcoholism from an extenuating circumstance in criminal cases to an aggravating cause. Likewise, in 1919, doctors not only supported a prohibition on growing marijuana, but also fought to include drug addiction as a crime

against health in the Mexican Penal Code.[124] Moreover, the Sanitary Code of 1924, which helped to broaden the spectrum of activities of public health officials locally and nationally, included important strategies for fighting the spread of social illnesses, including alcoholism.[125]

Asylum doctors' tendency to diagnose poor inmates as alcoholics took place within a politically charged context where citizens' physical and mental health came to constitute a national good. In 1910, doctors diagnosed 15 percent of asylum inmates as alcoholics.[126] In contrast, a decade later, about 41 percent of inmates were given this diagnosis.[127] Thus, the number of inmates listed as alcoholics in 1920 more closely resembles Porfirian diagnostic patterns in the San Hipólito and Divino Salvador hospitals. Moreover, like their Porfirian counterparts, asylum doctors in the revolutionary period diagnosed 29.37 percent of men and 11.66 percent of women with alcoholism, contributing to the perception of this condition as a typically masculine mental illness.[128]

The beginnings of social medicine also motivated early twentieth-century revolutionary regimes to eradicate practices and behaviors that undermined community health, especially in the area of sexuality.[129] Health officials thus led a spirited debate about the dangers associated with unrestricted sexuality, represented particularly by prostitution, which they perceived as a cause of syphilis. Public health physicians committed to creating national programs to counter the spread of syphilis collected and published statistics demonstrating that the rate of deaths related to this illness had grown from less than 1 percent in 1916 to nearly 2 percent in 1925.[130]

During the same period, asylum doctors detected among inmates a rise in cases of general paralysis, the tertiary stage of syphilis. In 1910, general paralysis diagnoses represented 0.47 percent of women and 3.79 percent of men.[131] A decade later, doctors diagnosed 4.44 percent of women inmates and 13.94 percent of men inmates with this condition.[132] By 1930, the percentage of women with general paralysis was 13.24 percent, while men totaled 16.59 percent.[133] As in the case of alcoholism, asylum doctors increasingly defined syphilis-related mental illnesses as masculine conditions. Sharing dominant medical perspectives, they perceived women, especially prostitutes, as agents of this disease, and men—all men—as victims of unrestricted feminine sexuality.

Doctor-patient relationships within the asylum walls involved a certain degree of tension and distance. This was particularly the case between women inmates and the exclusively male General Asylum medical staff.[134] Examining women inmates' medical histories, psychiatric hospital physicians devoted

special attention to their sexual history, questioning them about menarche, sexual encounters, miscarriages or abortions, and menopause. Like Porfirian experts before them, they believed that there was a connection between female sexual activity and mental illness.[135]

This linkage had led to moral insanity diagnoses among the female patients at the Divino Salvador hospital and contributed to similar diagnoses during the first decade of the twentieth century.[136] Moral insanity, a term coined by the English doctor James Prichard in the early nineteenth century, described a condition in which female patients recognized good and bad impulses but were incapable of resisting the latter.[137] Although the term was no longer used in most early twentieth-century psychiatric hospitals, Mexican psychiatrists used it to explain female behaviors that violated implicit gendered rules of propriety (*decencia*) and domesticity. Moral insanity diagnoses totaled only about 2 percent among women inmates in 1910, but doctors mentioned it as an important component in cases of alcoholism, violent jealousy, and mental illnesses involving the variable of sex.[138] However, by 1930, psychiatric hospital doctors were no longer diagnosing this illness in women, mirroring the decreasing use of this category in psychiatric circles abroad. Women with moral insanity ceased to exist in early twentieth century Mexico as feminist discourses advocating for gender equity and more complex conceptions of women's place in society gained momentum. For example, at the Feminist Congress of 1916 held in Yucatán, feminist men and women demanded and utilized a definition of femininity that clearly transcended simple associations between women and sex, the foundation for moral insanity diagnoses in Mexico.[139]

However, asylum admission rates for women increased during that decade, reaching 63 percent of the inmate population.[140] Doctors who were rather quick to classify men as alcoholics felt less certain when observing female inmates. Indeed, in 1930, similar percentages of women with schizophrenia, epilepsy, and syphilis were admitted to the institution's wards. Moreover, the number of female inmates listed as healthy or undiagnosed was as high as each of these other diagnostic groups.[141]

The constant debates surrounding the woman question affecting revolutionary society at large seemed to limit doctors' capacity to produce interpretations about a typically feminine mental illness. Female inmates played a significant role in this process. In contrast to female journalists, writers, and political activists who used different arenas to campaign for gender equity, women inmates articulated their life stories to confront, or more precisely to evade, psychiatric

classification. The development of these stories, which generally exasperated doctors, revealed the context of domestic conflict (particularly spousal abuse) in which the diagnosis of mental illness first arose.[142]

Like Mexican society as a whole, diagnoses in the General Insane Asylum underwent dramatic but nonlinear changes between 1910 and 1930. Although Porfirian conceptions of mental illness permeated diagnoses during the first decade of the twentieth century, especially in cases of epilepsy, revolutionary practice and ideology more clearly informed identification and medical diagnoses of what was referred to as social mental illness during the twenties and beyond. At least in the case of alcoholism, however, revolutionary mental illness approaches did not stray from Porfirian psychiatric frames of reference, but rather, worked within them.

Thanks to revolutionary commitment to the principles of social medicine, psychiatric hospital doctors readily identified social mental illnesses, especially alcoholism and occasionally drug addiction. Likewise, reflecting the increasingly debated status of women in revolutionary society, doctors found it difficult to diagnose a rising number of female inmates with moral insanity, a dubious early twentieth-century psychiatric category which in the Mexican setting described women who did not adhere to traditional definitions of feminine domesticity and submissiveness. Since both state agents and families initiated confinement processes and identified mental illnesses before psychiatric hospital doctors classified and treated them, variations in institutional diagnoses clearly reflected and incorporated popular definitions of mental afflictions and changing notions of accepted and deviant behaviors in early revolutionary Mexico.

The Interview: The Fox and the Goose

It all began, at least in this chapter, with a fictional psychiatrist and a madwoman who wielded a strategic silence to mock the vigilance of the law. In that mythical place that answers to the name "Real Life," at least as it unfolded in the wards and courtyards of La Castañeda General Insane Asylum, beginnings took place within the interview I present in the next chapter.

CHAPTER IV

Through My Narrative I Was Born, My Narrative Sustains Me

Women Authoring Selves

Through my dream I was born
My dream sustains me

—Rosario Castellanos

On september 28, 1911, Luz D. and her husband arrived at the Admissions Office of La Castañeda General Insane Asylum, the largest state institution dedicated to treating insane men, women, and children in early twentieth-century Mexico.[1] According to the rules of the establishment, the Ds provided general identification information before a hospital resident completed a routine physical and psychological exam designed to determine the patient's mental condition. Because her affliction did not prevent her from understanding and answering questions, Luz D. participated actively in the institutional psychiatric interview, a ritual structured around the questions on an official medical questionnaire that would determine her admission status. Later, when Luz D. became an inmate, she opted to write her narrative of her illness herself, on a separate sheet of paper:

> I was born in '74. When I was six, I had scarlet fever; after that I grew up healthy and robust and at thirteen I started my period without any disturbance; at fifteen I became nervous and I got married at seventeen; I was cured of nerves and I was like that for four years and because of moral troubles and physical losses, as I was nursing a very robust little girl, my nervous state came back from February to August. After that I was perfectly fine and at five years I had puerperal fever and I was in an acute nervous state

and I got relief from distractions and travel. At that time one could say that I used alcohol by medical prescription and perhaps unknowingly abused it.

In '99 I had an attack of dipsomania and Dr. Liceaga convinced to me to check in to La Quinta de Tlalpan, then I had this attack because of the life change morally and physically since my respected husband brought another woman and from that time on I have not been living intimately with him and the emptiness of my soul was reflected in the physical part; I never drank another glass of wine, until 1901 when I drank for a few days, I checked in to La Canoa and stayed there three months, I left and I was perfectly fine until 1906, when because of having excessive work and moral troubles and terrible unpleasantness I went back to drinking for a few days, I went back to La Canoa I left and I got intestinal fever and I went back to La Canoa where I stayed for a year and five months,[2] I left and I was perfectly well until September 29th, 1911, when I went to visit someone and I drank cognac and pulque and then I kept drinking for a day and a half; noting that I never have the habit of drinking a single glass of wine, nor pulque, nor beer, only when nervousness and moral troubles, physical losses, and especially the emptiness of my soul reflected in a physical part, like I said, do I drink the first glass; in full use of my reason I withstand big things and it doesn't take away the great control that I must have given my difficult situation and my exaggerated way of feeling and being and I get carried away with passion and the most complete excitement.[3]

As Luz D.'s personal version of her life concluded, the diagnosis written by medical resident Agustín Torres began:

The information transcribed above was given and written by the patient herself, showing her clear talent for expressing her feelings and thoughts through writing. Except for her outbreaks of dipsomania, which she always relates to her moral pain, she seems to be a moral person. However, a more detailed study reveals a chronic state of manic excitement, which is more mental than physical (a background of moral insanity).

She has new ideas every day, whether it is leaving the psychiatric hospital or following a specific behavior with her husband, whom she blames for her condition. Every day, too, she complains about her health, whether it is a pain in her leg or her arm, a certain dizziness that gives her nausea, pain in her left ovary, or even hiccups. These symptoms make me think of a case of hysteria, which undoubtedly is present, but they are the results of her chronic mental excitement.

> We have seen her write poems or letters for entire days describing her horrible situation to her relatives. Other days she spends doing manual work. What is pleasant today becomes bothersome tomorrow. The patient is aware of her situation and attempts to correct herself. She compares herself to a horse that is difficult to break, a horse that does not stop once it starts to run.
>
> We have examined her carefully and we have not noted any other detail except for the pain in the left ovary which speaks in favor of hysteria. There are no signs of alcohol intoxication. To conclude this diagnosis, I will point out that she eats and sleeps well and suffers only slight constipation. Her prodigious memory is also noteworthy.

These two different, although not completely antithetical, interpretations of an experience with or within the universe of mental illness constitute a Mexican example of what Arthur Kleinman has called illness narratives: the series of "plot lines, core metaphors, and rhetorical devices that structure illness [which] are drawn from cultural and personal modes for arranging experiences in meaningful ways and for effectively expressing those meanings."[4]

While divergent indeed, the insanity narratives that gave shape to Luz D.'s physical and spiritual suffering seem to arise from an implicit agreement: both patient and psychiatrist (in this case more precisely, a female inmate and a male doctor) discussed mental illness as a real experience.[5] Without this tacit yet pervasive agreement, the dialogue between Luz D. and Torres could not have taken place. The shifting and sometimes oppositional devices used to describe her illness, however, indicate that the agreement had its limits, which were as real as the unified effort to give her condition a name. These limits developed in the specific experiences and meanings that allowed both actors to interpret the medical notion of mental illness. These experiences and meanings developed outside the asylum walls, in a Mexico City that was growing exponentially under the leadership of a president obsessed with the idea of transforming it into a showcase of modernity—in a society of stark social contrasts where men and women were asked to create idealized versions of themselves as domestic angels and productive, austere workers,[6] and in a time of great volatility that witnessed the fall of a thirty-year regime and the ignition of the armed phase of a social revolution that mobilized peasants, workers, and members of the middle class across the country's rugged geography. Therefore, debates about class, gender, and nation that informed the existences of people living in these dramatic times of transition transcended the asylum walls and contributed in large part to the

identification of what became, at least in the specific example of Luz D.'s diagnosis, a case of moral insanity.

Defined, as I have mentioned, by James Prichard in 1835 as "a form of monomania in which people recognized the difference between right and wrong, yet lacked the willpower to resist evil impulses," this diagnosis opened the door to definitions of "good" and "evil" that very clearly led to the use of nonmedical phrases in interpretations of mental disturbance, an opportunity that neither Luz D. nor Dr. Torres passed up.[7] In developing a profile of this disorder, the two of them deployed their own observations, captured in their own metaphors, in narratives that emerged as they entered into contact with one another. This was not the case, then, of two ready-made discourses annihilating one another in sheer opposition, a view that is often linked to antipsychiatric notions of madness.[8] Rather, a more mobile yet just as relentless strategy of displacement occurred.[9]

Luz D., for example, brought interpretations of her life with mental illness that she generated in her contact with doctors and family members during her long career as a psychiatric patient in various state and private institutions, most notably La Canoa and La Quinta de Tlalpan. She also brought her long hair and those wild, piercing eyes that still gaze at her observer from the static reality of her official photograph, an image in which she appeared wearing the straightjacket that on at least one occasion reined in what she called her "exaggerated way of feeling."

Medical resident Torres, who five years later would become the director of the institution, brought with him the education that he received in Porfirian schools, more specifically the School of Medicine, as well as the professional ambition that contributed to his promotion. He also brought the intellectual curiosity that prompted him to lend an ear, sometimes a generous one, to Luz D.'s stories.

Suspicion and seduction must have played equal roles as their multiple encounters unfolded: the suspicion of two people who considered themselves utterly different, and the seduction of two people who saw themselves engaged in working for a common, yet not altogether clearly defined, purpose. Simultaneously clashing and negotiating, asylum inmates and their doctors produced tense, volatile narratives of mental illness, texts of multiple voices in which both actors deployed and intertwined their own relational understandings of the body, mind, and society.

Psychiatric hospital narratives are hardly free-flowing constructions of life stories. Constrained by an institutional setting that emphasized doctors' authority,

and by a medical questionnaire that left little space for inmates' answers, these narrations were based on, and in turn reproduced, the bureaucratic, medical, and social hierarchies of the psychiatric hospital itself. Yet even in that inequality, the mad, pained narratives that emerged on the hospital grounds necessarily incorporated the perspectives of doctors and inmates in the very friction that characterized their making.

The fact that such perspectives were not isolated entities became clear in Luz D.'s free use of rhetorical devices, a strategy more often associated with medical, not popular, interpretations of illness. Luz D. showed little hesitance to employ, for example, a narrative line linking her mental disturbance with stages of her life roughly based on a sexual interpretation of the female condition. This connection was common in Porfirian medical circles, obsessed with their supposed lack of knowledge of the female sex.[10] Thus, although she noted that menarche did not cause later complications, she linked the onset of her "nervousness" with important transitions in her sexual life, most notably with marriage and later with conflicts in her marital life. However, even when Luz D. referred to her nervous condition as a phenomenon clearly rooted in the reality of her body, and more specifically, in her development and her sexual behavior, she also quickly proceeded to place that body within the charged context of daily life through concrete stories of childbirth, troubled family relationships, domestic violence, and often, suffering and loss. Thus, Luz D. conceded to medical discourse even as she maintained her own version of a life with mental suffering. She was not alone. Signs of a similar negotiation emerged in resident Torres's pensive diagnosis, seemingly nonmedical and even a bit poetic.

The word "excitement" with which Luz. D. ended her narrative, for example, appeared very early in the text appended by resident Torres, serving as a sort of bridge between the language of the two. No one knows, or will know, who said it first, and therefore, which of them borrowed it from the other, but both used it in conspicuous ways. As was to be expected of a doctor interested in psychiatric science, he referred disdainfully to "what she calls her moral pain," discarding or downplaying the stories of his patient's complicated married life. Moreover, in an attempt to bolster his medical status, Torres introduced the well-known psychiatric term "hysteria," but he did it in a casual way by relating it in passing to a pain in the ovaries.[11] It was much more interesting to him, however, that she wrote a great deal and very well, something the doctor praised in the first sentence of his diagnosis.

The fact that he yielded to Luz D.'s interpretations as much as she did to his became tellingly clear when he used a metaphor of his patient's own making

to describe her: "she compares herself to horse that is difficult to break." Even when he could not help but note a "background of moral insanity," which was, in fact, his final diagnosis, he likewise could not refrain from praising Luz D.'s "prodigious memory."

The incorporation of pompous and/or popular adjectives in a medical diagnosis is another sign of the tenuous terrain of social and cultural exchange that both inmates and specialists created, a view that implicitly questions the totalitarianism and absolute social control often ascribed to psychiatric hospitals. In this chapter, I explore this tenuousness as it developed in other patient files related to cases of moral insanity. I argue that, by participating in the scientific definition of what was normal and abnormal in human behavior, psychiatrists attempted to link themselves actively with efforts to shape a modern, centralized state. Yet the process—and I argue this here too—was not as direct and natural as presented, then and now, in medical narratives.[12] This chapter invites the reader to participate in the psychiatric interview in which women inmates, faced with the imposition to reveal themselves, talked about their lives in ways that both followed and evaded the institution's official medical questionnaire. Based on a meticulous analysis of the language used by psychiatrists and female inmates, I also contend that the debate about the appropriate place for poor women in society played a fundamental role in the broader definition of normal and abnormal behaviors in society as a whole.

Male psychiatrists, most of whom received their education in Porfirian Mexico, infused their diagnoses with normative notions of gender and class and detected signs of mental illness in cases where human behavior deviated from socially approved models of feminine domesticity in a modernizing setting. Thus, their repetitive and somewhat alarmed references to women who were "capricious" and "sexually promiscuous," who according to some, "did not respect or obey anyone."[13] However, when women described the complex nature of their condition—its physical and spiritual causes, its evolution and social representation—they became their own authors as legitimate, albeit disconcerting, female citizens of the new era. Indeed, the narratives that women constructed as they interacted with psychiatric hospital doctors revealed their capacity to interpret and rename the domestic and social worlds they inhabited, obliging doctors and readers alike to see those worlds through their eyes. The spirited contact between inmate Luz D. and Dr. Torres was not very common, but neither was it unique.

Through various formats, and with varying degrees of articulation, some female inmates, especially those who did not suffer from severe mental conditions,

participated actively in the creation of their medical files. This was particularly evident in a substantial number of women diagnosed with moral insanity, a condition that despite being common among diagnoses recorded in the 1910s, decreased abruptly in the following decades. By 1930, psychiatric hospital doctors no longer diagnosed this condition in men and women confined in the institution. In the second part of this chapter, which discusses cases of long-term patients who were initially diagnosed with moral insanity, I explore the set of medical, social, and cultural elements comprising the horizon where this illness vanished.

Although the international psychiatry community had questioned the scientific status of this diagnosis since at least the late nineteenth century, I argue that interest in producing a prototype of the new woman in nascent revolutionary Mexico played a primary role in this transformation. Thus, as Porfirian models of femininity were increasingly questioned, members of the middle classes, new professionals, and revolutionary authorities engaged in spirited debate to demarcate appropriate gender functions for the new nation. Psychiatric classification changes in the General Insane Asylum represent but one example of this energetic dialogue. More than simply reflecting broader trends, I argue, patients' rhetorical strategies helped to disrupt psychiatrists' classification efforts at La Castañeda.

Men, Women, and Sex

The male doctors who worked at La Castañeda were often struck by an unsettling sense of strangeness when interviewing female inmates. As in mental health institutions in Europe and the United States, doctors observed female mental patients through the lens of normative models of femininity that represented them as angels in the house, detecting signs of mental illness when female behaviors deviated from that norm.[14] Thus, while interviews included questions seeking to reveal abnormalities in patients' habits, doctors formulated different modes of questioning for men and women.

Indeed, psychiatric examination of women inmates clearly took a sexual route. As in Mexican jails, male experts regularly interrogated female inmates about their sexual history in an attempt to find the true source of deviance and mental disorder.[15] Although these questions violated implicit rules of female propriety (*decencia*), doctors were relentless in their pursuit because they were striving to obtain scientific knowledge about the female sex—information to legitimize the lenses they used to view their female patients in the first place. Thus,

psychiatrists made important contributions to the creation of a science of sexuality in modern revolutionary Mexico. Informed by the findings of Porfirian sexual science, a discipline developed by gynecologists and hygienists in the late nineteenth century, psychiatric hospital doctors placed great emphasis on female sexuality because they believed that "the ovaries and the uterus are centers of action that are reflected in the female brain. They can determine fearsome illnesses and passions yet unknown."[16]

These views linking sex with mental illness did not come out of the blue. In a time of rapid modernization, when social rules and customs seemed to be changing quickly, anxieties about gender were developing just as fast. Not only was the population of the metropolis expanding, but women were also gaining increased access to work and education at the turn of the century, a process that gave male experts ample opportunities to fret over the influence of feminism.[17]

Beginning in 1867, the approval of a series of controversial prostitution regulations also laid bare the impotence of federal authorities to control women of supposedly loose morals. Crude debates over syphilis allowed lawyers and doctors alike to alert the public to the possibility of contagion and social annihilation throughout the first decades of the twentieth century.[18] However, as elite male experts and politicians fought to put women "in their place," they discovered to their great surprise that they knew very little about that place, and even less about women themselves. As the anonymous editor of the journal *La Escuela de Medicina* succinctly expressed in 1892, "as incredible as it may seem, it is a fact that there is no real information about the moral and physical conditions of the female constitution."[19] Thus, driven by a distressing, urgent will to know, they threw themselves into the task of producing knowledge about that female constitution. This was hardly an irrelevant mission for doctors who believed that the preservation of the family, the stability of the country, and the survival of the nation depended on scientific and moral knowledge about sex.[20]

However, intervention by male doctors in female bodies met constant social resistance. Although doctors applauded advances in the field, other members of society claimed that "as objects of study" women became "victims of examinations which science may be able to justify, but which feminine modesty forbids even in thought."[21] Thus, in their quest for information, doctors were obliged to turn to alternative sources. The bodies of prostitutes imprisoned in Hospital Morelos, a welfare institution dedicated to treating women with syphilis, became fertile ground for the development of women's medicine in Mexico. Indeed, prostitutes became informants, despite their not infrequent resistance. It soon became evident that prostitutes did not take kindly to the fact that research

was being conducted on their bodies, and consequently, they rebelled against the hospital's medical and disciplinary rules. Riots and other forms of organized resistance became routine at the institution.[22] Doctors, however, found additional pathways to knowledge in other welfare establishments, most notably the General Insane Asylum.

The increasingly abundant medical literature linking sex with female illnesses informed encounters between asylum doctors and female patients. As the questions accumulated, psychiatrists demanded disclosure and induced—sometimes gradually, other times abruptly—women's narratives. Attentive to detail, male doctors attempted to organize the information they received in diagnostic groupings, one of which was moral insanity. Although not numerous, with diagnoses of this condition totaling only about 2 percent of psychiatric hospital patient files in 1910, it was quite common as a contributing factor in other diagnoses such as alcoholism, hysteria, and cerebral syphilis, which doctors associated with a dubious "moral sense."[23] More importantly, the moral insanity diagnosis no longer appeared in psychiatric hospital records from 1930 onward, demonstrating that revolutionary-era psychiatrists were increasingly skeptical about the scientific status and social value of a medical category employed in Porfirian medical circles.[24]

Moral insanity diagnosis files, which often contained long narratives, showed that this shift in psychiatric perspectives stemmed not only from medical concerns about scientific classification, but also the contested dialogues in which psychiatric hospital doctors and patients participated with equal vigor and tenacity. To be sure, these dialogues did not take place in a vacuum. Indeed, in a context that witnessed growing deliberation about the nature of the female sex and the role of women in building the new nation, it became ever more difficult for doctors to explain female mental illness solely in relation to sexual deviation.[25]

Likewise, as the revolutionary period progressed, women diagnosed with moral insanity had increasing opportunities to participate in social discourses like feminism that emphasized the multifaceted structure of female experience.

Diagnosing Female Perversion: A Psychiatric Profile

In the early 1910s, psychiatrists at the General Insane Asylum detected symptoms of moral insanity in women who did not conform to models of feminine domesticity.[26] Signs of the illness were especially acute in prostitutes, the sworn enemies of the angel in the house, but as in US institutions, few of them came

under their scrutiny. [27] Perhaps that was the reason why Dr. Méndez devoted close, even fascinated attention to Modesta B., a thirty-five-year-old prostitute who arrived at the psychiatric hospital in July of 1921.

Even though most US and European psychiatrists no longer used the moral insanity diagnosis to classify their patients, Dr. Méndez decided that her case was "one of the clearest examples" of this condition. Modesta B.'s lack of modesty, use of affected terms, attempt to pass for an educated woman, and most of all, her willingness to talk about sex, to give interminable, shameless descriptions of orgies and other sexual practices considered deviant, made the diagnosis seem fitting. Moreover, as Prichard's original definition required, she distinguished between good and bad, but was unable or unwilling to resist her evil impulses, especially those related to her body's sexual urges. However, her proclivity for concupiscence soon fell into question when the Wassermann test, designed to detect syphilis, came back negative.

When Modesta B. became a patient at the psychiatric hospital, the doctors prescribed her mild sedatives and a treatment centered on work, an activity that she completed in the institution's sarape workshop, where Professor Magdalena O. viuda de Álvarez praised her diligence and good temper. However, echoing the medical diagnosis, Professor Álvarez testified that the patient indeed talked, perhaps too much.

As asylum doctors soon discovered, however, single and married women also developed this condition. The case of Carmen S., a girl of undetermined age, gave psychiatrists an opportunity to analyze the initial stages of moral insanity in June of 1910. After listening to the testimony of Carmen's mother, doctors reported that "from an early age, Carmen manifested a capricious and violent temperament. She openly disobeyed her mother's orders. Moreover, she tended to skip school only to go out with her friends, with whom she invariably ended up quarreling."[29]

This capricious temperament, her mother added, had increased day by day, and had led Carmen S. to consume alcoholic beverages, and most surely, to other unmentionable vices. Displaying characteristics of that temperament, Carmen S. refused to answer the interview questions, and claimed that she "did not remember anything that was being said about her."[30] Besides the occasional headache, leg cramp, and swollen feet, doctors described her as a healthy individual who nevertheless required confinement.

Josefa B., an unemployed single eighteen-year-old woman, was admitted to the psychiatric hospital for the second time in December of 1910 with the same symptoms. According to Dr. Rojas, she was an "impulsive" inmate who once even hit

another patient and had attempted to untie others on various occasions.[31] Clear signs of moral insanity surfaced in the lack of respect with which she treated her mother, disobeying or dragging her feet when obeying her orders, as well as in a tendency to argue openly with other people. However, as the resident noted, in this case, her temperament was transitory, since as soon as the excitement passed, she returned to normal: "respectful, obedient, and even submissive."[32]

Similar reports of a strong temperament and assertiveness appeared in the file of Teresa O., a single, unemployed twenty-six-year-old woman who lived with her mother in Mexico City. As doctors noted in her file covering the period from 1905 to 1915, Teresa O. also showed "poor character and a proclivity for leaving her house to wander the streets freely. She did not respect or obey anyone."[33] Although she was physically healthy, Teresa O. "had suffered from hysteria since the age of fifteen"; the condition drove her to attempt suicide on two occasions.[34]

Teresa O. explained that "she would leave her house to avoid the bothersome comments of her sister," but she also disclosed the fact that despite being single, she was not a virgin, having had two different lovers in the past: a man her age and a trusted doctor. After hearing the details of her sexual history, Dr. Rojas readily classified her case as moral insanity.

Sexual practices considered deviant were the clear hallmark of women suffering from moral insanity. For example, Loreto M., a twenty-five-year-old seamstress who lived in Tacubaya, "was an exhibitionist who lacked all sense of modesty and displayed a marked proclivity for obscenity and perversion."[36] Her case, which was first examined at the Divino Salvador hospital in 1903, was especially complicated because although she was blind, as soon as she would sense the presence of a man, "she would expose herself shamelessly."[37]

Adulterous women were also likely to be diagnosed with moral insanity, especially if they alluded to revenge as the cause of their behavior. Rita C. violated fundamental rules of feminine conduct when, after arriving at La Castañeda on September 19, 1911, she used obscene language to describe how "her husband had cheated on her several times . . . [and], to get revenge, she had cheated on him too."[38] Doctors diagnosed her with violent jealousy, a trait that they believed was related to a deficiency in her moral sense.

Although psychiatric hospital doctors did not use the term, homosexual women also belonged to this category.[39] Soledad J., for example, a married thirty-six-year-old woman who was examined by Dr. Palacios Garfias in 1912, displayed a pronounced fondness for one of her fellow female inmates, although due to her peaceful, kind character, "she had not yet become excited."[40]

In May 1910, when female inmates like Margarita V., a twenty-year-old migrant from Guerrero, dared to display excessive love for other women, doctors diagnosed them as cases of "madness of two," a mental disturbance that was especially acute in the presence of the other person.[41] The photograph in Margarita V.'s file, which included the face of another female inmate, corroborated the information. Confined and isolated, the counterposed faces of Margarita and her companion were an all-too-human reminder of the cruel consequences suffered by women whose uncontrolled "passions" violated socially accepted sexual rules.

Although moral insanity existed within the broader category of sex, doctors also perceived intellectual activity as a sign of female mental degeneration. When Guadalupe Q.—a patient committed for the first time in 1882 and later transferred to La Castañeda due to her sexual mania, which caused "great harm not only to herself but also in her family"—began writing poems and passionate love letters, both the content and the activity itself marked her as a woman with moral insanity.[42] 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 storyteller instantly captivated asylum doctors' attention.

Despite or perhaps thanks to their diagnoses, these women fought, at times successfully, to narrate their personal histories, opening an invaluable door to women's self-interpretation in early twentieth-century Mexico.

Look at the World through My Eyes: Female Patients Speak

As asylum doctors were well aware, having the need or desire to tell their life stories was hardly an innocent urge among female inmates.[43] As they structured narratives of their experiences with illness, female inmates emphasized aspects and topics that were often neglected in the medical questionnaire. As women attempted to describe their symptoms and explain the causes of their conditions, they became their own authors in contested interconnection with psychiatric hospital doctors. Rather than using rigid strategies of opposition, however, the women manipulated fundamental passages of their life stories that would help them elude or expand the narrow roles that doctors assigned them. In this way, even while confined by walls, women engaged experts in a tense dialogue about the medical and social boundaries of gender in revolutionary Mexico. Some, like the "capricious" girl, Carmen S., flatly refused to speak and sustained a suspicious

silence; others, however, spoke about or wrote their life stories, which given the circumstances in which they were created, lacked happy endings.

Most female inmates' stories revolved around troubled family relationships, in particular, the mother-daughter bond. In a rapidly changing social environment, it proved difficult for mothers to transmit traditional feminine values such as modesty, obedience, and docility. After all, both work and public life represented temptations that some early twentieth-century daughters were incapable of resisting and, in fact, readily enjoyed.[44] Such was the case of Carmen S., who took to the streets in spite of her family's prohibition, as well as the case of Teresa O., who, for example, said she had been sent to the psychiatric hospital "because my mother doesn't want me to go out." In a society that increasingly associated street life with vice, Teresa O.'s mother's fear was not ideologically unfounded. Seemingly, daughters felt constrained by their mothers' morality. Teresa O. stated that she felt despair because "my mother didn't want me to get married." Likewise, Natividad O., a seventeen-year-old woman from Michoacán who arrived at the psychiatric hospital in July 1910, reacted against her mother's restrictions by running away from home and declaring that she was "independent and absolute."[45]

For asylum doctors, this tense and highly ambivalent bond between mothers and daughters affected the minds of the latter to the point of numbing their "affective sense"; as moral insanity evolved, some, like Josefa B., could only feel "hatred" for their mothers—an unnatural emotion that betrayed their condition. The degree of conflict in these mother-daughter relationships was evident in the fact that at least in a couple of cases, the mothers themselves took their unruly daughters to the asylum.

Conflicts between single women and family authority figures also emerged in sibling relationships. Olga F., for example, had immigrated from Cuba to the United States in 1925, when she became an orphan at the age of fourteeen.[46] There, she lived first with a prosperous uncle who owned a cabaret, which is how she grew accustomed "to dancing, sports, travel, and driving an automobile."[47] Once she moved into the house of her brother, an engineer who attempted to discipline her, Olga F. found his ways too "rigid," and after a quarrel over money, she ran away. Her brother, she said, was "a bad man."[48]

Likewise, Teresa O. had problems not only with her mother but also with her older sister, albeit for different reasons. The patient claimed that her sister bothered her often, a situation that, according to her explanation, was related to the fact that both of them were fighting for the attention of the same man. The

sisters' rivalry became so unbearable that she later used it as an excuse to run away from home. Just as some mothers brought their daughters to the psychiatric hospital, sisters did the same. Guadalupe Q.'s younger sister, for example, not only committed her but also participated in the initial psychiatric interview, where she described the first manifestations of her condition.

Tense family relationships with parents and siblings developed as spirited single daughters of the modernizing age violated traditional rules for behavior. Quite often, these violations involved their relationships with men. Some, like Teresa O., had sex with men in spite of their mothers' warnings. In an act of rebellion, she first "gave herself" to a boyfriend and, later, suffered sexual abuse by a doctor. Both events marked her as unfit for marriage and for life outside the asylum walls altogether.

Victims of societal double standards, women who openly had sex with men compromised not only their honor and that of their family but also the continuity of the relationship. As Teresa O. testified—"later, he married a cross-eyed woman and I forgot him"—most men abandoned their lovers and eventually married respectable girls. Facing the opportunities and risks that their mothers feared, the impetuous daughters of revolutionary Mexico found trouble more often than not. The case of Olga F. almost perfectly exemplified the darker side of those fears. Olga F. had lived with a man for two years while she became addicted to his vice: heroin.[49] When she arrived at the asylum in September 1930, filthy and weighing about seventy-seven pounds, doctors attributed her condition to her drug addiction, but not without mentioning the degrading consequences of free love. Indeed, as shown in the files of the Sanitary Inspection charged with licensing prostitutes, women who acquiesced to men's desires, or worse, their own desires, had a high probability of becoming streetwalkers for life. Marriage, however, was not exactly a peaceful sanctuary.

Violent domestic dynamics between men and women appeared as principal causes of mental illnesses in female inmates' narratives. Indeed, most women diagnosed with moral insanity took their stories to a place that was so common it emerged as a pattern: physical abuse at the hands of lovers and husbands alike. Felipa O., a married twenty-four-year-old woman who spoke of continuous "marital disputes" when she arrived at the General Insane Asylum in June 1920, for example, developed a case of "convulsive hysteria" after receiving a hard blow to "her genital organs."[50] She was one month pregnant at the time, and she lost the baby as a result of the assault. Resident Iturbide Alvírez noted a conspicuous two-centimeter scar along her right brow.

Although physical abuse did not appear in Luz D.'s narrative, she too wrote about "the very difficult life I lived with the man, my husband."[51] In this case, as in many others, male infidelity played a primary role in the unleashing of female rage, a condition that doctors associated with a mental disturbance. According to Luz D., for example, her husband "brought a woman to live with him," a situation that seems to have triggered "terrible fights," "mental pain," and "frightful disputes" when he tried to divorce her.[52] Marital tension between the Ds became painfully clear in the efforts he made to keep her from being released, alluding to the harm Luz D. could inflict on her family and on society at large.[53]

Facing a similar situation, Rita C. found it impossible to forgive her husband's infidelities. Instead of conforming to domestic models that stressed feminine sacrifice and submission, Rita C. resented "having been cheated on" by her husband, and in coarse language she described the many occasions on which she herself had cheated on him.[54] Such scandalous behavior sent her straight to the asylum.

Other women with similar tendencies, however, ended up in Belén, the city's prison. When journalist and amateur criminologist Carlos Roumagnac interviewed them there, they made similar claims of marital abuse. Nevertheless, both psychiatrists and journalists remained blind to this pervasive reality, attributing it instead to the intrinsic violent behavior of the uneducated poor. Although women also related poverty to violence, and provided evidence to document it, they also pointed to uneven gender relations that permitted and even invited abuse.

Loss of children and family members was another important theme in women's narratives of mental illness. Within the context of continuous change of the Mexican Revolution and its aftermath, which resulted in more than a million recorded deaths, these personal histories offered a personal dimension of social change in telling detail. In 1920, for example, Altagracia F. de L., a married thirty-five-year-old woman from Aguascalientes, suffered a "painful impression" when she received the news that one of her children had been in an accident. Afterwards, she developed intense headaches, and eventually, delirium that brought her to the psychiatric hospital facility. Her rage was so great that doctors recommended the use of the straitjacket, in which she was photographed.[55]

Likewise, Cresencia G., a sixty-five-year-old widow, experienced her first attack after the death of her son in July 1920.[56] Claiming that her neighbors had poisoned her, Cresencia G. was bedridden for nine days before wandering about the countryside in search of solace, which she did not find. For this reason, Cresencia

G. responded with rage to visitors from her hometown of Capulhuac, believing that they, and society in general for that matter, were responsible for her loss.[57] Felipa O.'s loss of her one-month-old fetus also triggered her mental disorders.

Despite how little is known about the various ways that common Mexicans coped with pain and loss during the turbulent early years of the twentieth century, these medical histories stand as vivid reminders of the centrality of these themes in life narratives in modernizing Mexico.[58]

Women diagnosed with moral insanity also laid claim to concepts of justice and social equality galvanized by the discourse of the Mexican Revolution, revealing the manifold components of an experience that was hardly encompassed by the category of sex. This process was especially clear in the case of Modesta B., who took up writing about national politics as her clinical history accumulated over thirty-five years of continuous confinement. In her version of events, she was an employee of the Virginia Fábregas Theater Company, and after denying her favors to a group of soldiers, she was unjustly sent to jail. There, a licensed doctor diagnosed her as mentally unstable. As documented in the twenty-one pages that she wrote by hand while confined, Modesta B., the woman who, according to doctors, was obsessed with sex, blamed her condition on contemporary political dynamics and complained bitterly about the corruption and disorder plaguing the asylum and her nation alike.

The harrowing pages, which Modesta B. called "diplomatic dispatches," belonged to a woman who did not perceive herself in terms of sex. As a concerned female member of a country in continuous turmoil, she cast off the limiting category of sex as a primary definition of her life experience. Given the blank space of a sheet of paper, she chose to draft a contorted characterization of the ills affecting her nation, which in her opinion were many. Addressing the president of the Republic or the superintendent of the General Insane Asylum, Modesta B. criticized doctors, bureaucrats, anarchists, and foreign investors alike.

Her first complaint was related to the disastrous conditions and lack of privacy prevailing within the asylum walls. In an attempt to change the situation, she wrote a public letter to expose the unjust state of affairs, and she rallied the other patients, obtaining the signatures of three additional female inmates to support her cause. Modesta B., however, not only concerned herself with asylum matters. In these missives, she also described a social world deeply disturbed by the actions of those with "red hands"—anarchists who were sparking revolutions and world wars—and those with "white gloves," always stealing from the vulnerable and needy. In her anger, she described both groups as "vile, rude, dirty people, on the right or the left. Evil people, capricious people."[59] Although her

words lacked the style of political standard-bearers, they showed the wide range of concerns that informed her life as a woman and as a citizen.

Modesta B. was not alone. Members of feminist organizations of the era—journalists, teachers, and political activists—defended women's rights and education as well as the right to fair treatment in the workplace.[60] The two feminist congresses that took place in Yucatán in 1916 emphasized similar themes.[61] It was not surprising or coincidental that by voicing the language of psychiatry, male intellectuals often portrayed women concerned with "the social question" as not only ugly and masculine, but also, and more importantly, as hysterical.[62]

When women diagnosed with moral insanity intentionally presented themselves as active agents in both domestic and social arenas, they narrated the stories of their lives, and in doing so, implicitly questioned supposedly scientific medical diagnoses. Considering that moral insanity diagnoses appeared most often in patient files dated 1910 and disappeared by 1930, this was a clear victory for patients over Porfirian psychiatry, a body of ideas espousing punitive views of mental illness in which sex and insanity were intimately linked.

Voicing their own discourse as daughters and wives, workers and neighbors, mothers and citizens, female inmates forced revolutionary-era asylum doctors to reconsider and eventually discard Porfirian medical doctrine.

Counterpoint: From Moral Insanity to Melancholia in Sixty Years

According to what has been presented so far, it would appear that most if not all women diagnosed with moral insanity were deliberately and inherently direct and expressive. Some of them clearly were, and not exactly to their own benefit, since doctors took the fact that they talked too much as an additional sign of a mental disorder. However, some women imprisoned themselves in a silence so absolute that it could not be broken, even by the indirect quotation strategy so frequently used by doctors in medical files.

As a counterpoint to the experiences of expressive women who supposedly suffered from moral insanity, I now offer the case of Rosario E., whose voice does not appear in psychiatric hospital documents.[63] Her file is also relevant because she was confined for sixty years of her life, while psychiatric concepts of moral insanity underwent dramatic changes.

In the early 1930s, at the same time that hospital directors Samuel Ramírez and Manuel Guevara Oropeza were working on medical reform in the institution, doctors ceased to diagnose women with this illness. Although Mexican

doctors' efforts to keep up with international classifications played an important role in this transformation, nonmedical factors should not be ignored. After all, moral insanity diagnoses disappeared at a time when the emerging revolutionary regimes of Obregón and Calles were striving to establish the economic, social, and cultural foundations of a new nation.

This period witnessed, for example, the rise of the Institutional Revolutionary Party (PRI, Partido Revolucionario Institucional), the political organization that united most of the factions in the revolutionary family. National worker organizations such as the Regional Confederation of Mexican Workers (CROM, Confederación Regional Obrera Mexicana) and peasant leagues throughout the country acquired greater relevance in the nation's political affairs. A growing emphasis on the responsibilities of the state drew long overdue attention to public welfare institutions, including La Castañeda. However, this period also witnessed increasingly intense debates over the appropriate roles of women in this new society in diverse forums including feminist congresses, newspapers, clinics, and classrooms. Changes in psychiatric classification went hand in hand with such debates, even if there was not a direct causal link. The long and perplexing story of Rosario E., an inmate whose career as a psychiatric patient spanned six decades, thus serves as an ideal case to illustrate this point.

The story of Rosario E.'s life with mental illness began in the facilities of La Canoa Hospital in 1896 at twenty years of age. She came from a large family: she had seventeen siblings, only five of whom survived. Rosario E. was born in San Luis Potosí, and her medical file did not specify her occupation. Described by one of her brothers as "unbearable and capricious," she remained in the institution for some ten years with a diagnosis of "intermittent insanity." Doctors' notes, written toward the end of the nineteenth century but copied and expanded over time, emphasized certain behavioral peculiarities that combined to coincide almost perfectly with the profile of moral insanity in 1912.

According to the brother, who returned her time and again to the psychiatric hospital, Rosario E. suffered from "hysterical outbreaks," mostly detected when she would run away from home looking for brothels where she attempted to satisfy her "carnal instincts." While she was an inmate in La Canoa, Rosario E. expressed unspecified "delirious ideas," which according to an anonymous medical source, improved enough to let her go free. Just a month later, Rosario E. returned to the hospital, accompanied yet again by her brother. The list of complaints had increased, but its nature was unchanged. Not only did she continue to run away from home, she also persisted in visiting places of ill repute. Her temperament had worsened, and she was increasingly "irascible, manipulative,

crafty, and envious." On this occasion, however, she also developed well-defined visual and auditory hallucinations. She heard distant voices, for example, and she saw faces "of monstrous men or giant monkeys."

Dr. Ernesto Rojas's moral insanity diagnosis appeared in notes dated 1906. Those who authorized her numerous discharges throughout 1910 based their decisions on improvements in that illness. Those who took her back regularly confirmed the verdict without further comment.

Rosario E. was one of the female inmates who were transferred from La Canoa to La Castañeda after the institution's grand opening on September 1, 1910. As was customary, she underwent a new medical exam, and subsequently she was sent to the tranquil female inmates ward, section "A." Noting no peculiarities in her behavior, Dr. Rafael Palacios Garfias processed her release shortly thereafter. She was taken to her brother's house and was thrown out not long afterward.

In September 1912, Dr. Manuel Ortiz heard the customary complaints: Rosario E. went home only to run away. Once again she attempted to visit unholy areas of the city where women were sexually available. "We have observed her for several months," wrote Ortiz, "and we have not been able to witness the supposed hysterical outbreaks she is said to suffer. However, we can say that her temperament is frankly hysterical, as she presents phobias and obsessions that characterized her condition." The doctor concluded his report with a final diagnosis: "hysterical psychosis (moral insanity)." Dr. Tomás Valle, director of the institution at the time, affirmed this conclusion two years later.

Although Rosario E.'s behavior ostensibly changed little over the next fifteen years, Dr. Manuel Cobarrubias produced a different diagnosis in the late 1920s. In his opinion, the patient did suffer from a type of psychosis, but it was intermittent in nature rather than hysterical. Unlike Dr. Ortiz, who paid much attention to the appearance of signs of hysteria, most notably in sexual behaviors considered deviant, Cobarrubias's examination emphasized a new set of symptoms: he noted that Rosario E. experienced long periods of "complete tranquility" and added that for this reason she was hired as a guard in the observation ward. These periods were interrupted by short but acute episodes of confusion and excitation. It was then that she became aggressive and burst into fits of tears. During these phases, she would speak aloud with no one in particular and also engaged in prayer sessions, occasionally up to three times per day.

Although Cobarrubias also stressed Rosario's increasing attachment to a fellow patient, a woman who was confined in the female epilepsy ward who she called her daughter or niece, he made no comment about the possible sexual nature of this bond. He instead placed greater emphasis on the development of what

he called "her religious delirium." In 1927, when the Plutarco Elías Calles regime entered the Cristeros War against supposed religious fanatics in the provinces of Mexico, closing churches and prohibiting religious services throughout the nation, this diagnosis could not have been an innocent one.[64] Cobarrubias's notes on the case of Rosario E. were clearly contaminated by matters that transcended the asylum walls, speaking to nonmedical factors that shaped many of the medical observations recorded in the asylum archives. As the source of irrationality shifted from sexuality to religion, Rosario E. came to embody a threat to the secular regime. However, her condition was special, even for Cobarrubias, who recommended ongoing confinement but did not prescribe any medication.

The psychiatric interpretation of Rosario E.'s condition continued to evolve. Four years later, Dr. Gómez Robleda, head of the tranquil inmates ward, signed a typewritten report with his own observations and those of his medical resident, Luis Vargas, which included notes filed in this case beginning in 1896. In 1931, Rosario E.'s physical condition was, as in the past, rather normal. Stressing her passive conduct, perennial lack of initiative, and the worry detectable in her body language—she was always seen seated, hanging her head, with a facial expression denoting sadness and depression—Dr. Gómez Robleda arrived at the conclusion that Rosario E. did not suffer from psychosis, hysterical or otherwise, but rather, melancholia.

Based on observations gathered in the psychiatric interview, both doctors believed that in terms of intelligence, she had a good sense of orientation with appropriate intervals of passive and active attention. However, after running a memory test in which they asked her to arrange simple numbers in an increasing sequence, Dr. Gómez Robleda and Dr. Vargas confirmed a deficiency in her short-and long-term memory. The fact that she manifested reproductive rather than creative imagination, which in the physicians' opinion generally played an important role in the formulation of "delirious interpretations of the depressive type," provided even more evidence to support a final diagnosis for Rosario E. as the victim of a melancholia syndrome. Her sexual escapades and the rebellion that had so infuriated her brother in the past were no longer emphasized. Her religious inclination that had captured the attention of Dr. Cobarrubias a few of years before did not appear either. Instead, Rosario E. now appeared motionless, even shapeless, and profoundly sad. It seemed that a life devoid of support, family care, and the ability to work had finally done her in.

However, only a month later, on June 11, 1931, a new diagnosis was added to her medical file. Despite containing the distinctive signature of Dr. Garfias, the handwriting in the document suggests the intervention of an additional expert.

Based on observations already recorded, instead of additional interviews, this document unequivocally denied that Rosario E. suffered from depression. Instead, after describing her as autistic, the anonymous doctor noted a different set of symptoms, including, once again, reports of her hysterical temperament ("crafty, stubborn, irascible, a troubled person"), sexual deviance, obsessions, and outbursts of an indeterminate nature. Auditory and visual hallucinations, frenetic prayers, a reduced attention span, angry self-criticism, and imaginative delirium that allowed her to believe that a patient with epilepsy was her daughter formed a clear picture of hysteria. However, despite his efforts, the psychiatric hospital doctor did not find physical signs of the illness, and so he only prescribed a mild laxative.

Meanwhile, Rosario E. continued to regularly leave and return to the psychiatric hospital, since although her diagnosis constantly shifted, most of the doctors reported that her observable behavior was somehow normal. In the years when medical files began to include copies of the results of laboratory tests and evaluations based on a variety of standardized measures, hers were not included. Doctors were conducting increasingly detailed interviews and paying more attention to previously recorded information, but they did not evaluate her condition with the meticulousness devoted to other inmates.

The carelessness with which most of the changing diagnoses of her condition were made was related to the clear fact that there was no one outside the psychiatric hospital waiting for or demanding news about her, a common situation for inmates who had conflicts with their families. What is certain is that asylum doctors pressured public welfare system authorities to admit her to the state nursing home for the elderly, which indeed happened. At other times, such as on August 27, 1932, Rosario E. became a domestic servant; in this specific instance, it was in the home of a man named Roberto Couttade. However, as had happened earlier with her brother, each of these people returned her to the psychiatric hospital, alleging behavioral inconsistencies that they found troubling.

In 1953, debilitated and suffering from senile dementia, Rosario E. left the medical facilities almost at will, only to return shortly thereafter. Each time, her fellow inmates declared that she appeared out of nowhere or showed up "spontaneously" at the doors of the psychiatric hospital. It was the only home she had known, albeit reluctantly, for at least forty-three years.

In contrast to victims of moral insanity who were willing to engage doctors in uncomfortable dialogues, Rosario E.'s silence during her confinement afforded physicians more opportunities to develop their medical interpretations unilaterally. For this reason, the specialists' argumentation seems more extensive and

clear in this file, accentuating the role played by external factors, whether general social issues or more particular academic concerns, in the changing nature of their own classifications; thus we see doctors' emphasis on the supposedly deviant sexual conduct of women during Rosario E.'s youth and the first years of the psychiatric hospital, when Porfirian gender ideology was highly influential, and the apparently subtle change in critical views on religious fervor during a strongly anticlerical period dominated by supreme leader Calles.

To be sure, psychiatric hospital doctors enjoyed a high level of authority in the institution, and they did not hesitate to use it. Nevertheless, the vertical imposition of their own verdicts was just one of many strategies utilized to adapt the language of psychiatry to international medical standards and the needs of revolutionary Mexico.

The Psychiatrization of Sex

Faced with expressive women who talked too much, often about sex, the hospital's doctors in the early 1930s displayed remarkable restraint in their moral commentary. Instead, however uneasy or disturbed they may have felt, they noted observations in an increasingly standardized medical history, and recorded information obtained through laboratory analyses, particularly reactions to the Wassermann test, designed to detect syphilis. This emphasis on objective and systematic information, rather than subjective, unfocused speech, corresponded to psychiatric hospital doctors' efforts during this period to elevate the scientific status of their profession, an urgent task for professionals who were anxious to shake off their previous label of "medical dilettantes" and carve out their own niche in a new society.

At a time when efforts opposing the regulation of prostitution were gaining support, and when nationalist doctors were calling syphilis an epidemic of national proportions, listening to life stories plagued with sexual details took on both medical and political relevance.[65] Mexican psychiatrists working in the nation's largest government-run psychiatric hospital soon understood that the use of methods considered objective, and therefore scientific, would guarantee them a privileged role in a regime that favored the secular to the point of equating it with modernity itself. In the process, women who previously had received the diagnosis of moral insanity were increasingly diagnosed with progressive general paralysis, a condition associated with syphilis—and therefore, with a licentious sex life—verifiable through the Wassermann test.

Just a couple of years after Ramírez Moreno and Guevara Oropeza took charge of reforming the General Insane Asylum, Mexican psychiatrists sharply increased their emphasis on obtaining information through objective means and precise documentation of data.

The hospital's doctors not only were more willing to use Wassermann results to justify diagnoses, but also displayed greater discipline in recording medical histories. Unlike files from the early years of the asylum, clinical histories from the 1930s followed a standard format. Normally typed rather than handwritten, clinical histories from revolutionary Mexico began, after an observation period, with an "identification" section where doctors recorded data taken directly from the institutional questionnaire, such as name, age, place of birth, marital status, and occupation, if known.

In the second section, titled "history," doctors recorded relevant illnesses of patients and their family members. The third section, titled "progression of the illness," included an often-lengthy description of the possible causes and the development of the illness, according to the patients themselves and any family members present. This section, which typically incorporated the patient's discourse through indirect quotations, revealed the life story of most inmates.

Doctors divided the fourth section, known as "current condition," into two subsections: one dedicated to the "mental examination" and another for the "brief physical examination." The first subsection was, in turn, divided into three large categories: intelligence, affect, and will. A later subdivision required doctors to include within the intelligence section an analysis of orientation, perception, attention span, memory, imagination, ideation, and judgement. Doctors' descriptions of patients' affective abilities and manifestations of will were often less precise and extensive. Under "brief physical examination," doctors recorded results of patients' physical exams, including head, neck, chest, abdomen, and upper and lower extremities. Here they also typed data obtained from laboratory tests. Only after detailing all of this information were doctors ready to record the diagnosis, in section five of the clinical history.

In the next section, doctors recorded the prognosis and then concluded with section seven, where they specified the recommended treatment. Thus, based on verifiable data and organized in a systematic format, psychiatric discourse produced in early revolutionary-era Mexico secured, perhaps for the first time, its status as a scientific discipline.

Like the colleagues who went before them, revolutionary psychiatrists knew that illness identification, scientific or otherwise, required patient participation.

So they paid attention and listened carefully. They incorporated these voices into medical histories through indirect quotations revealing patients' insistence upon linking physical and spiritual symptoms with the social and domestic worlds in which they arose. Like women diagnosed with moral insanity in the past, victims of progressive paralysis in revolutionary Mexico strove to relate their illnesses to the suffering that was invading their lives, giving them pain and meaning at the same time.

Although psychiatrists' implicit disdain for these poor women's lifestyles was evidenced in the medical histories, it is clear that their own emphasis on objectivity restricted their personal comments. Thus, even though the occasional slippage betrayed doctors' entrenched personal beliefs, they could not accuse women of immorality. Rather, they could only refer to them as ill. The medical and political ambivalence involved in this transformation will guide my analysis of the cases of four women whose Wassermann test reactions were reported as "intensely positive."

On July 8, 1930, resident physician Francisco Elizarrarás examined Ángela P., a thirty-one-year-old married woman from Hidalgo.[66] Part of a large family—she had fourteen siblings, eight of whom survived—she grew up without a father and with a mother who had epileptic seizures. Under the title of "evolution of the condition," Elizarrarás condensed an all too familiar story. Led by an incestuous stepfather, Ángela P. migrated to Mexico City at the age of ten to work selling tortillas. Later, however, a city cousin "sold her," and her life as a prostitute began.

She became pregnant, lost her baby, and later experienced symptoms that the medical resident immediately linked to the initial phases of syphilis. Despite her condition, Ángela P. got married on an unspecified date, but she could not "make use" of her husband because he was impotent, a situation that drove her to satisfy her "need for sexual contact" with other men. Although she mentioned many of them, she only spoke in fond detail of an Englishman who had given her a bed. At the time she was committed, however, Ángela P. was weary of her life—in fact, she had attempted suicide, but "the train stopped and did not kill her"—and she expressed her desire to settle down and get married. She kept conspicuously silent about her stay at the police facility, from which she was transferred to the General Insane Asylum that summer.

Bearing a striking resemblance to women listed under the moral insanity diagnosis twenty years earlier, Ángela P. described numerous instances of sexual abuse and domestic violence, which the medical resident included as examples

of exaggerated, delirious ideas in the section of the medical history titled "ideation." Unlike psychiatric hospital physicians in the past, however, resident Elizarrarás refrained from assessing Ángela P.'s moral stance. Although he did note that her husband had abused her "for some reason," his only identifiable personal comment in this file, he described her supposed sexual instinct "in the form of nymphomania" without the use of adjectives, proceeding to emphasize her "intensely positive" reaction to the Wasermann test.

Concluding the clinical exam with a succinct diagnosis, Elizarrarás used both "her mental state and laboratory results" to justify his final verdict: Ángela P. suffered from general progressive paralysis. Transferred to the newly created ward for female neurosyphilis patients, Ángela P. received the appropriate treatments. Just four months later, psychiatric hospital doctors processed her discharge. Sending copy after copy to unknown recipients, however, they discovered that, like most female patients diagnosed with moral insanity, she had no relative, friend, or husband waiting for her outside the asylum walls.

Similar cases came under the scrutiny of psychiatric hospital doctors that year. On July 9, 1930, resident Elizarrarás examined Olga I., a twenty-three-year-old woman from the northern state of Sinaloa who came to the institution from the police station.[67] Like Ángela P., Olga I. had run away from home at a young age due to her father's "twisted intentions." She ended up living with a married man, who soon abandoned her. She worked as a prostitute and waitress in various cities throughout the country, eventually arriving in Mexico City in 1928, where she became a habitual drinker and cocaine user. Her life was, in her own words, "bitter," and she felt it was like "a ditch in between two high walls."

Three years later, after drinking a "poisoned preparation," she experienced visual and auditory hallucinations, which continued after she was confined. Her negative attitude, evident in her selective reluctance to answer questions she considered offensive or unnecessary, could easily have identified her as a woman with moral insanity twenty years earlier. Resident Elizarrarás promptly avoided these descriptions and decided to emphasize the fact that she had previously been diagnosed with and treated for syphilis, and according to the "intensely positive" Wassermann test reaction, she still suffered from this condition. Olga I. was transferred to the ward for female neurosyphilis patients, but in her case, the stage of general progressive paralysis was very advanced, and the doctor's prognosis was not optimistic. When Olga I. died seven years later, however, doctors linked her death to complications of tuberculosis rather than syphilis itself. In

addition to her name and place of birth, her death certificate included the word "unknown" where the names of her family or friends should have appeared.

Sandra C., a twenty-seven-year-old single woman born in Mexico City, suffered a similar fate.[68] A former patient of the Morelos Hospital, an institution dedicated exclusively to treating women with syphilis who remained in the institution as "sequestered" patients while receiving treatment, Sandra C. arrived on the grounds of the General Insane Asylum on January 5, 1932. When medical resident Raúl González Enríquez performed the initial exam, he confirmed the concerns expressed by the doctors at Hospital Morelos. In his opinion, Sandra C. not only suffered from syphilis; her "intensely positive" reaction to the Wassermann test in conjunction with her aggressive behavior led him to believe that hers was a case of general progressive paralysis in an advanced stage.

After noting that her physical weakness prevented her from getting out of bed, and that she also suffered from kidney disease, González Enríquez did not record an optimistic prognosis. Despite receiving medication, mostly morphine injections, doses of saline solution, and a milk-based diet, she never recovered, and passed away only three months later. As was usually the case with unclaimed cadavers, her body was cremated by authorities at the Zacango cemetery, where her ashes remained for a period of seven years.

The narratives of suffering that encapsulated the lives of Ángela P., Olga I., and Sandra C. reiterated themes that psychiatric hospital doctors heard repeatedly in the early 1910s. The main details barely changed: the abused girl who ran away from family conflict, typically from the provinces to the capital; the teenager whose sexual independence and lack of education generally made her into a prostitute; the abandoned woman, destitute and sick, who was forced to remain in state institutions. Unlike doctors educated in Porfirian schools, who viewed the poor, especially women, as difficult to redeem, revolutionary psychiatrists steeped in welfare ideology promising comprehensive reform did not mark them as immoral, diagnosing them instead as ill.

Accordingly, they received treatments that typically consisted of doses of Salvarsan, the miracle cure that had been used in Mexico since 1910. The increasing medicalization, or to be more exact, "psychiatrization" of sex, in terms of both analysis and its deployment, translated into prescriptions for the appropriate medications, which occasionally alleviated some patients' physical suffering. However, laboratory information also helped to undermine more personal, socially questionable information that patients shared with doctors in interview after interview. As the number of pompous adjectives and exaggerated adverbs

in medical files diminished, so did the emphasis on the inner world that shaped the contours of mental illness.

Lacking scientific instruments and armed only with their life experiences, women with syphilis nevertheless continued to voice the physical and spiritual suffering that formed the narrative phrases of their illnesses. Perhaps in relation to this perseverance, a minority of psychiatrists paid increasing attention to psychoanalysis, the talking cure, which most asylum doctors considered ridiculous and completely useless in large institutions dedicated to treating the poor.

Verifiable information and orderly medical histories not only allowed doctors to support scientific claims, but also helped to detect the "undeserving poor" attempting to deceive the good will of the state. Indeed, according to reformed welfare system guidelines, psychiatric hospital doctors were capable of distinguishing those who deserved state help—in this case, patients whose condition could be objectively corroborated—from those deceitful individuals who were unwilling to raise themselves up on the ascending path of the revolutionary nation.

The case of Felipa M., a former revolutionary *soldadera* affected by partial blindness, serves as an example to this respect.[69] On July 18, 1930, Felipa M. came under the scrutiny of medical resident Mario Fuentes. Although Felipa M.'s mother emphasized the erratic aspects of her daughter's life—she had run away from home and had lived a "free and agitated life," marked by epileptic seizures and murderous outbursts directed toward her own mother—Dr. Fuentes did not note anything abnormal in Felipa M.'s behavior. Actually, the patient was somewhat confused, complaining, for example, that her husband abused her, when in fact, she was not married. Like many other asylum inmates, she also complained of a life of perpetual suffering; however, nothing about her perception, intelligence, or affect manifested a disorder justifying her confinement. Moreover, her reaction to the Wassermann test only registered "slightly positive," which gave medical resident Mario Fuentes sufficient cause to declare in his final diagnosis that she was mentally healthy.

He was convinced, however, that Felipa M.'s "visual defect" represented financial and emotional challenges that her family that was not willing or able to endure. Nevertheless, in an aside, he also mentioned Felipa M.'s possible complicity, emphasizing her suspicious attitude. After all, she had faked attacks that a less attentive observer would have linked to a real illness with biological causes. Information from laboratory tests strengthened his argument. In this case, medical resident Fuentes argued that the prognosis should be social rather

than medical. He was not optimistic. He believed that it was likely that Felipa M. would end up a beggar or would soon enough make a new attempt to get admitted to the asylum. He processed her release in August of the same year.

A December 2, 1930, memo declining her admission soon confirmed Dr. Fuentes's prognosis. Using modern technology to reject the "undeserving poor," medical resident Mario Fuentes played a key role in the revolutionary state welfare system.

A Citable Past

While psychiatric interpretations of mental illness underwent dramatic changes between 1910 and 1930, the narratives that women fashioned around and with their suffering remained remarkably unchanged. Informed by modern medical technologies and a welfare discourse emphasizing the state's responsibilities for community health, asylum doctors' narratives clearly echoed changing social mores. Their interpretations of mental illness—as a physical affliction disturbing normal mental processes that was curable with early detection—almost perfectly reproduced a notion of a society that was (or thought it was) progressing toward ever higher levels of perfection.

Women, on the other hand, persevered in their attempt to tell the stories of their lives with illness through a logic emphasizing suffering and deterioration. In a milieu captivated by the constant discourse of progress, where emerging elites strove to create the futurist myth of historical evolution, the women's stories struck a dissonant note. And in that note, in their insistence on retrospective reflection, in their refusal to forget the mortifying context in which their suffering began, and in thus becoming contexts of their mortified lives, the voices of these women faintly echoed the allegory and the ruin that are so fundamental to Walter Benjamin's philosophy of history.

To defy the myth of progress, one of his fundamental endeavors, Benjamin suggested applying analytical emphasis to the ruin, which history sees encapsulated in the mortified, destroyed, ancient fragment expressing the fragile, transitory quality of modernity. Escaping the myth of progress also required, in his opinion, using an alternative thought process built on the allegoric mode: "allegories are, in the realm of thoughts, what ruins are in the realm of things."[70] This mode of thought figures in the ways that women shaped the narratives of their stories while confined.

Whether negotiating with the doctor on duty or yielding to his power, women clearly refused to allow their experiences to be ignored. They brought suffering,

and awareness of that suffering, to the medical domain of a profession that was increasingly interconnected with visionary state agencies. Women injected failure and agony into the narrative of an era intent on selling the endless benefits of the revolution.

To be sure, these women did not present themselves as rebellious heralds of times yet to come—they were no protofeminist heroes—but rather, as reminders of the human cost of that progress. They voiced destruction; they embodied destruction. If, as Benjamin said, "there is no document of civilization that is not at the same time a document of barbarism," the words of these women presented the other side of the revolution. However, perhaps paradoxically, they did so through quotations and phrases in medical histories, documents meant to record acts of civilization.

Moreover, if, as Benjamin stated, "only for a redeemed [hu]mankind has its past become citable in all its moments," then these women redeemed themselves, registering quotations of their past in documents that otherwise attempted to erase them. It is in this sense, and only in this sense, that the women confined in the General Insane Asylum participated in the creation of that "common meaningful and material framework for living through, talking about, and acting upon social orders characterized by domination."[71] Thus, even within the asylum walls, these women became fundamental actors in the construction of the fragile hegemony in which modern Mexico took shape.

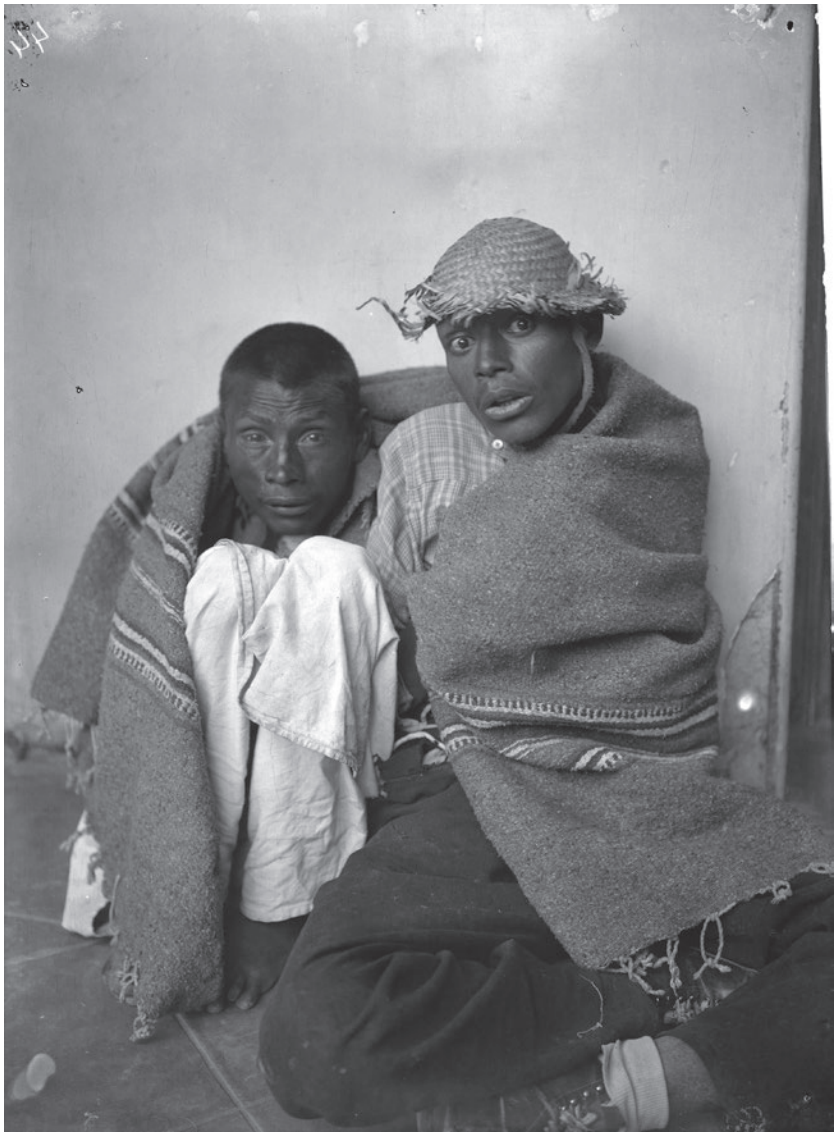
Guests at the grand opening of the General Insane Asylum in Mixcoac, 1910.
SECRETARIA DE CULTURA -INAH- FOTOTECA NACIONAL–MEX.
Reproduction authorized by the National Institute of Anthropology and History.

La Castañeda, ca. 1915–1920. SECRETARIA DE CULTURA -INAH- FOTOTECA NACIONAL–MEX. Reproduction authorized by the National Institute of Anthropology and History.

La Castañeda, ca. 1915–1920. SECRETARIA DE CULTURA -INAH- FOTOTECA NACIONAL–MEX. Reproduction authorized by the National Institute of Anthropology and History.

La Castañeda, ca. 1920. SECRETARIA DE CULTURA -INAH- FOTOTECA NACIONAL–MEX. Reproduction authorized by the National Institute of Anthropology and History.

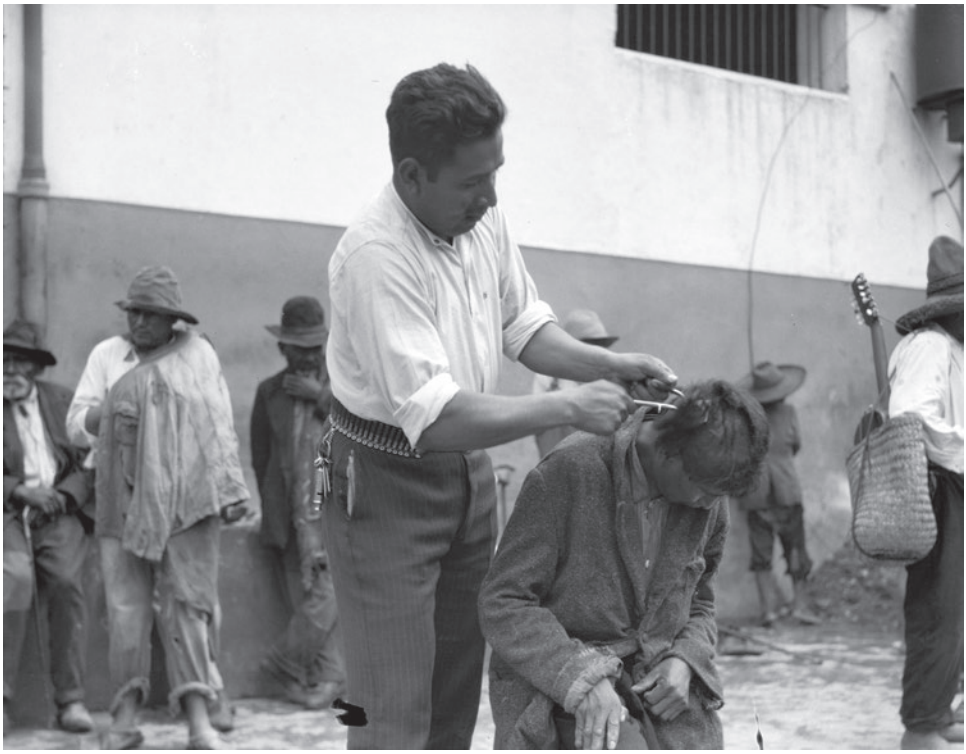
La Castañeda, ca. 1920. SECRETARIA DE CULTURA -INAH- FOTOTECA NACIONAL–MEX. Reproduction authorized by the National Institute of Anthropology and History.



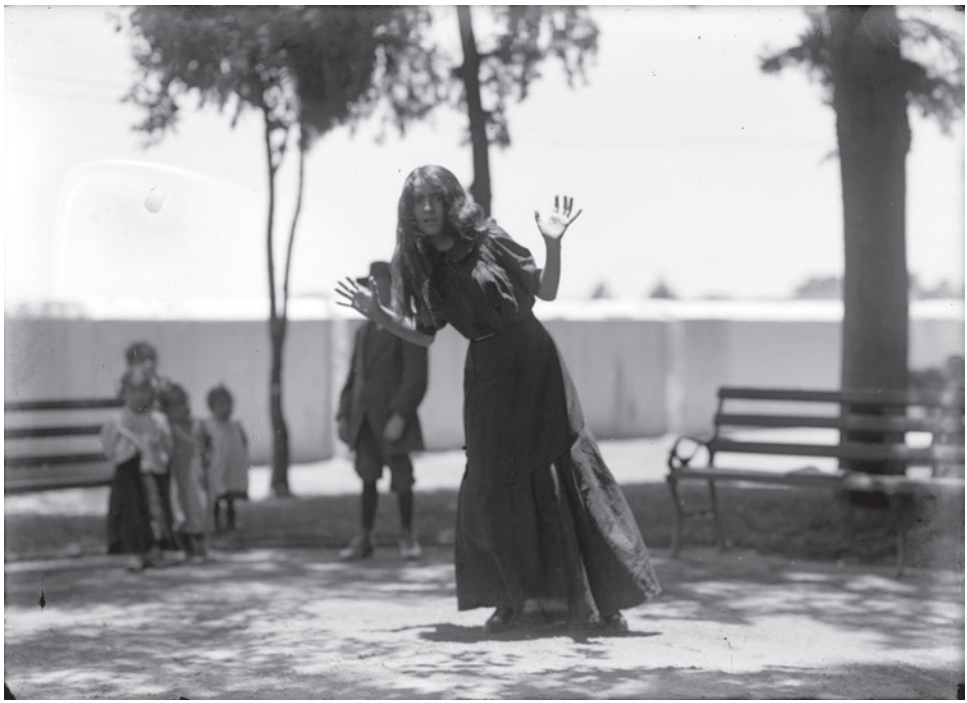
La Castañeda, ca. 1930. SECRETARIA DE CULTURA -INAH- FOTOTECA NACIONAL–MEX. Reproduction authorized by the National Institute of Anthropology and History.

La Castañeda, ca. 1930. SECRETARIA DE CULTURA -INAH- FOTOTECA NACIONAL–MEX. Reproduction authorized by the National Institute of Anthropology and History.

La Castañeda, ca. 1930. SECRETARIA DE CULTURA -INAH- FOTOTECA NACIONAL–MEX. Reproduction authorized by the National Institute of Anthropology and History.



La Castañeda, ca. 1935. SECRETARIA DE CULTURA -INAH- FOTOTECA NACIONAL–MEX. Reproduction authorized by the National Institute of Anthropology and History.



La Castañeda, ca. 1915–1920. SECRETARIA DE CULTURA -INAH- FOTOTECA NACIONAL–MEX. Reproduction authorized by the National Institute of Anthropology and History.

CHAPTER V

Looking Insane

> No matter how artful the photographer, no matter how carefully posed his subject, the beholder feels an irresistible urge to search such a picture for the tiny spark of contingency, of the here and now, with which reality has (so to speak) seared the subject, to find the inconspicuous spot where in the immediacy of that long-forgotten moment the future nests so eloquently that we, looking back, may rediscover it.
>
> —Walter Benjamin, *A Small History of Photography*

Faces of the insane emerge from the pages of the La Castañeda General Insane Asylum registry book in denotative, unposed oval photographs. Inmate portraits also catch the eye on the cover of each medical file.[1] Natural in appearance, the headshots responded to the imperatives of medical illustration and administrative systemization, routine practices in Europe and the United States but only introduced in Mexico in the late nineteenth century.

In 1910, when hundreds of inmates were admitted to the newly opened mental health facility, an anonymous photographer took pictures of every man and woman admitted to the institution. Despite financial challenges, this practice remained unchanged throughout the tumultuous years of the Mexican Revolution and the rise of postrevolutionary Mexico, only declining in the mid-twentieth century. Like criminal portraits designed to facilitate the confinement of their subjects, photographs of asylum inmates fixed the physical and social characteristics of madness with the exactness and objectivity inherent to the photographic camera. Deployed in a social environment concerned with the threat of the urban poor, and in a medical setting dominated by ideas of degeneration,

photographic images of the insane helped create a typology of illness and deviation sustained by modern definitions of class and gender, reflecting broader classification and systematization efforts in Porfirian Mexico.

In newly modern Mexico, fundamental representations of collapse and chaos included illness and criminality, conditions closely associated with the urban poor.[3] Studies in this respect grew at an unprecedented rate. With state support, a group of lawyers, doctors, journalists, and amateur criminologists conducted a frenetic campaign to literally bring to light the criminal elements of society.[4] In addition to academic analyses, narratives, and novels, Porfirian experts strategically employed the photographic camera to produce the "deviant" faces and bodies in what they considered was a sample. They thus generated a precise repository of images against which the "average man" could be measured and defined. This chapter is an exploration of Porfirian uses of photography to capture and confine the visual identities of unruly Mexicans, particularly criminals and the insane, two fundamental social classifications in modernizing Mexico.[5] I examine the various ways in which Mexican experts adopted and adapted concepts from criminology, phrenology, and Italian police measurement methods in order to illustrate an often dark and disturbing reality.

Ultimately, this project traces the Porfirian construction of a national type (the insane criminal, the criminally insane) within the context of a modern regime of visibility that simultaneously facilitated supervision and appropriated the splendor of spectacle in Mexico. Photographs not only vitalized the classificatory impulse by serving as a foundation for the development of disciplines such as criminology, psychiatry, and public health but also provided idealized images of a society projected by the Porfirian imagination: portraits of the psychiatric hospital as a monumental, peaceful place where inmates enjoyed the therapeutic benefits of work, reflecting capitalist evocations of society as an orderly perpetual chain of production.[6]

Normal and Abnormal in a Modern Regime of Visibility

Late nineteenth-century photographic portraits contributed to the visual definition of normality and deviation in newly modern Mexico. As in Europe and the United States, the popularity of the daguerreotype grew rapidly after Daguerre publicized his photographic process in 1839.[7] Cameras arrived in Mexico in late 1839, and just five years later, Joaquín María Díaz González, a student at the Academia de San Carlos, opened the first studio on Santo Domingo Street in Mexico City.[8] Despite its short life, this studio marked the beginning of what

would become a flourishing business in the 1860s. Technological innovations introduced starting in 1851 (the invention of highly sensitive albumen paper; the use of the wet collodion process, requiring shorter exposures) were key in this process.[9]

Primarily foreign-owned, late nineteenth-century studios produced individual portraits of upper-class men and their families in a format known as the visiting card. This style, consisting of a photo portrait mounted on a card, was patented by the Frenchman André-Adolphe-Eugène Disdéri in 1854.[10] A gesture of prestige and luxury, visiting cards also made visible the accepted images of individual and family normality in Porfirian Mexico. Informed by the class status of the photographer as well as the clientele, the first portraits displayed attire, characteristics, and poses that distinguished members of the elite and the growing middle class, effectively creating the visual profile of a national character. Politicians, businessmen, merchants, intellectuals, wealthy ladies, and members of the clergy posed before the eyes of trained photographers, forming a collection of identities of power, a sort of family of faces.

Portraits of public figures were by no means rare in late nineteenth-century Mexico. In fact, the popularity of political portraits was such that in 1862, Juan B. Abadiano published an album of monarchs, artists, and clergy members. Twelve years later, the company Cruces y Campa sold the *Galería de gobernantes con los retratos de personalidades que han ejercido el poder en México desde la Independencia* (*Gallery of Leaders with Portraits of Personalities Who Have Held Power in Mexico since Independence*), an album that included portraits of Benito Juárez, Maximilian, and Carlota.[11] Two years later, after the death of President Benito Juárez, the same company reproduced twenty thousand copies of his portrait, indicating the growing commercial reach of the visiting card. Other commercial albums included portraits of war heroes, clergy members, and even intellectuals, such as Guillermo Prieto and Ignacio Manuel Altamirano. In the visiting card format, depicting the head and shoulders of famous men clad in black suits with stern faces against plain backgrounds, the political portrait celebrated and legitimized the exercise of power. Moreover, the portrait gave that power a recognizable face.

Portraits of elite men and women also helped to establish a well-defined profile of wealth and status. At the photographer's direction, poses and staging conformed to a standard European formula: standing next to a chair or seated at a table, both men and women clients were captured full-length, surrounded by luxurious objects and furniture. On a visiting card, the face and hands were as important as clothing and posture for signaling the subject's class. Every object

became a sign of power in an idealized version of life on the highest rung of the social ladder. Women were clad in fine silks and tasteful jewelry, feathered hats and folding fans, while men wore refined suits.

Mexican portraits indeed resembled their European counterparts, but they were more than mere imitations. Details combining nationality and exoticism often lurked in the background, as well as the client's insignias, lending the portrait a Mexican flavor. Some clients, for example, opted to pose with the traditional *charro* suit, complete with sombrero, rope, and a backdrop evoking a rural context. Other imaginative, playful, or daring clients selected a Mayan motif or a Greek costume. Among the additional elements that made the Mexican portrait unique is the use of color to emphasize or retouch certain characteristics. A fad in Europe, this technique retained its popularity in Mexico's largest photography studios until the 1880s.[12]

Therefore, despite being constrained by commercial necessities and foreign formats, portraits allowed their subjects a degree of participation in crafting images of themselves. Both consciously, through experimental poses or extravagant clothing, and unconsciously, through local fashions and objects surrounding the client, portrait authorship belongs as much to the viewer's eye as to the body being viewed. National representation of Porfirian wealth was rooted in this strategic ambivalence.

Turn-of-the-century members of the elite and middle classes invested energy and money in images marking milestones in their lives. The family album, a domestic and sentimental article in Mexico since 1865, transformed a salient memory into an object, a way of looking back and capturing time. Page by page, the members of the new national bourgeoisie trained their eyes to distinguish between memorable and inconsequential moments, capturing the former and casting aside the latter. Birthdays, weddings, and family reunions occupied a particularly important place in the gallery of happy moments.

Portraits of families, engaged couples, and public figures wove together the tangled threads of sentimentalism and power in modern homes. Landscapes, both local and foreign, also merited attention. Kept in the living room or home library, family albums gained an important space in the late nineteenth-century domestic world. Most importantly, the images contained in these albums rendered normality visible and tangible. In the regime of visibility created by Porfirian imagination and technology, the "average man," the normal citizen, replicated the postures and attitudes captured in the visiting card.

Mexican portraiture was not limited, however, to the members of the Porfirian elite. While photographers were becoming established in the capital city

and attracting a select urban clientele, amateur or provincial photographers captured a more diverse audience.[13] Their tastes were reflected in the religious images that dominated incipient popular portraiture in Mexico. Images of the Virgin of Guadalupe, crucifixes, and *angelitos* (portraits of deceased children dressed in white and surrounded by flowers) abounded in the markets.[14]

Members of the elite and middle classes outside Mexico City often visited photography studios such as the Romualdo García studio in Guanajuato or the Constantino Sotero Jiménez studio in Juchitán, but it was not unusual for peasant families to pose before the lenses of itinerant photographers.[15] These men who traveled the country seeking the perfect image of the Mexican landscape and people were largely responsible for the portrayal of marginal Mexico. Strictly speaking, their photographs were not visiting cards; however, their works revealed a rich variety of faces in both the Mexican countryside and the urban peripheries. Thus, in conjunction with numerous analyses of the "social problem," traveling photographers helped to perpetuate images of the popular classes in Porfirian Mexico.

Although they could be coarse adventure-seekers, traveling photographers became true professionals in the late nineteenth century. Technological advances allowed for the reproduction of photographic materials in newspapers and specialized publications, and a new profession was born: photojournalism.[16] At the same time, tourism companies, scientific expeditions, and investors hired national or foreign photographers to provide realistic images of Mexico's landscapes and people alike.

Such was the case with Charles B. Waite, a photographer from the United States who arrived in Mexico in 1896 and produced a vast collection of some 3,500 photographs for various patrons. His range spanned from archeological sites for *El Mundo Ilustrado* to rubber plantations designed specifically to promote foreign investment in Mexico.[17] After years of continuous travel, Waite established his own professional studio on densely populated San Juan de Letrán Street in Mexico City. Later, in 1901, his photographs and patents generated enough capital to purchase land in the state of Veracruz.[18] However, throughout his numerous travels across the country, Waite developed an intense interest in the physiognomy of the popular classes. This interest would eventually bring him to the Belén prison, not as an observer, but as an inmate.

In 1901, Waite was implicated in a scandal involving the visual representation of the popular classes he so liked to observe.[19] Waite's portraits of poor women in rags, working-class men, and naked children caused alarm and disgust among members of the Porfirian elite. The series, known as "Mexican Types,"

offended Porfirian sensibilities not only because it depicted urban poverty but also, more importantly, because it portrayed poor Mexicans as "representative" of the nation. Indeed, a furious editorial writer in *El Imparcial* referred to these photographs as pornographic material, and above all, as a disgrace to national character. Profoundly insulted by photographs of a street sweeper, a water seller, a street vendor, a beggar, the journalist criticized Waite's "bad faith" since his photographs portrayed "ridiculous, miserable, degenerate individuals displayed in a state of barbarism and savagery in which we, fortunately, do not live."[20]

Intercepted by a Mexican Postal Service employee just as they were about to exit the country, these photographs revealed a facet of Mexico that the regime was keen to hide: figures with dark skin living in a world of poverty. The refusal to portray Mexico through the faces and bodies of the poor was so emphatic that after a brief trial, Waite was sentenced to three days in prison and a fine of four hundred pesos.[21]

Waite's photographs were considered disturbing and unsettling because, liberally following the dictates of physiognomic "science," illustrious Porfirians believed that appearance revealed the economic and moral level of individuals, and therefore, of the nation as a whole.[22] In fact, several analysts of the time based social classifications not only on physiognomic information but also on the clothing worn by members of different segments of society.

Such was the case of Miguel Macedo, a distinguished lawyer and voice of authority in issues of criminality. In 1897, when he gave a speech at the Second Scientific Competition as a representative of the National School of Law, Macedo described Mexico as a society divided into two classes: an upper class, characterized by wealth, education, and civility, and a lower class, made up of ignorant, sick, degenerate, alcoholic individuals.[23] According to the author, this sharp, obvious difference could be easily detected in people's attire:

> In Mexico, it is sufficient to look at an individual's appearance in order to comprehend immediately to which class he belongs. Once the class of origin is established, other aspects of the individual's life are, consequently, revealed: his level of culture, his morality, and his economic condition. Thus, the common method of classifying people by coat, jacket, and shirt. This classification is important because it is very useful.[24]

Macedo's strategy for classifying members of Mexican society largely relied on visual information. Likewise, adopting vague concepts from European phrenology, a discipline that drew a direct causal link between brain anatomy and particular human behaviors, other Porfirian intellectuals created narrative portraits

of national types.[25] Reflecting Waite's photographic images but with an added interpretation based on the concepts of social Darwinism, they presented faces and bodies of members of the popular classes as rigid stereotypes associated with poverty, disease, and degeneration. Thus, the poor came to constitute the dangerous classes in Mexico.[26]

Photographs of the poor gave deviance a clear face. In no other milieu was it more evident than in the photographic practices that took place in jails and psychiatric hospitals of the Mexican welfare system. Responding to the imperatives of criminal identification and administrative systematization, photographs of inmates in these state institutions offered endless opportunities for identifying and, eventually, capturing and controlling the faces and bodies of the poor. The photograph became a powerful mechanism for establishing a visual profile of criminality beginning in 1855, when the Regulation for Ensuring the Identity of Prisoners With Ongoing Cases in Mexico City ruled that photographic portraits would be used to ascertain the identity of prisoners.[27] The law also included guidelines on the use of four copies of each photograph, the inclusion of photographs in registry books, and restrictions on the publication and reproduction of these portraits.[28]

In contrast to elite portraiture, the first photographs of criminals did not include the subject's body, but only a frontal view of the face and shoulders, a pose that "signified the coarseness and the 'naturalness' of a culturally unsophisticated class."[29] Indeed, conceived as visual evidence, the portrait sought to capture the image of the criminal in its pure facticity, without the cultural mediation of the pose.[30]

Lacking such sophistication and surroundings saturated with significant objects, criminals emerged with a direct, unordered, intelligible gaze. Their skin color, hairstyle, and rural clothing betrayed them as true representatives of the dangerous social classes. The fury, cowardice, or depravity that officials could discern in their eyes established the range of emotions associated with the behavior of the poor. However, given that neither the convict nor the photographer or authorities had a well-defined format for criminal portraiture, the first images of criminality were less systematic and useful than expected.

Innovative and efficient as the 1855 regulation seemed, its implementation faced numerous obstacles. First of all, the authorities charged with giving the order to take photographs remained undefined for several years. It was not until 1896 that the jail warden officially carried out this function.[31] Secondly, not only did the jail lack appropriate facilities in the form of a proper photography studio, but the position of photographer was not officially opened until 1860. Third, the

poor quality of the portraits, made with albumen paper, meant that the realism of the photograph was questionable, and identification was complicated. Lastly, and most importantly, prisoners soon learned to deceive the camera. Taking advantage of bureaucratic disorder, they used a variety of tricks to transform their physical appearance: some faked scars, others wore false mustaches, others smiled. Most of them perfected the art of disguise.

Complaints were many. Frustrated photographers blamed the faulty photographs on their poor working conditions and the antiquated equipment at their disposal. Soon enough, authorities were forced to recognize that criminal portraiture was "useless, because the portraits are of extremely poor quality, and it is thus almost impossible to recognize prisoners with their use."[32] The photographic realism of official portraits was in danger of disappearing, and authorities reacted by experimenting with new measurement and visual representation techniques.

Beginning in 1865, in an effort to contain venereal diseases and regulate the sex industry in Mexico, health authorities requested portraits of prostitutes for inclusion in a registry book.[33] However, since the portraits were taken in professional studios, they lacked uniformity. In contrast to official portraiture, prostitutes wore elegant clothing and surrounded themselves with luxurious objects. Hats, mirrors, silks, and tapestries combined to create the effect of an elite portrait rather than an official photograph taken for supervisory purposes.

Likewise, efforts to identify and control Mexico City street people in 1872 produced vague photographs of men and women who "did not have a stable address and lacked a profession or legitimate, productive business."[34] Drivers and female domestic servants received similar treatment between 1871 and 1881.

The implementation of the Anthropometric Cabinet of 1892 in the Belén prison was one of the first efforts to systematize the identification and registry of criminal behavior in Mexico.[35] Based on the Bertillon identification system, the cabinet also revealed the extent of European influence in the development of local forms of supervision. Named after Alphonse Bertillon, a Paris police official, the method consisted of the combined use of photographs, anthropometric descriptions, and physiognomic details to identify and classify criminals.[36] Determined to combat recidivism, Bertillon developed a meticulous system to identify criminals and record their case files in 1883.

First, he created the "signaletic card," which included the "anthropometric identification" measurements of nine different body parts: "the length and width of the head and the right ear, length from the elbow to the tip of the middle

finger, length of the middle and ring fingers, length of the left foot, height, the length of the torso, and the length of the arms extended at the sides to the tips of the middle fingers.[37] In addition to this information, the card included two photographs: front and profile views of the subject taken according to guidelines designated by the authorities.

Unlike previous criminal photographs, in signaletic portraits, lighting was uniform and consistent, and facial expressions were neutral. Lastly, the card included a brief narrative description of distinguishing features such as scars and warts: the marks of crime.

Statistically functional, since the probability of two individuals sharing the same eleven measurements was one in four million, the Bertillon system had yet to confront another problem: recording and classifying an immense quantity of cards. The author achieved this by creating a filing system in which each card was organized according to the lower, middle, and upper measurements and placed in a filing cabinet with eighty-one drawers: nine horizontal rows and nine vertical columns. This expedited access to information and ensured that the criminal's face and body were checked. Indeed, as in Europe and the United States, the Bertillon system contributed to the standardization of police methods in Mexico.

Within a conceptual matrix including phrenology, criminology, and Lombrosian degeneration, criminal portraiture demonstrated with singular clarity the silhouettes and profiles of members of the urban poor who, according to Porfirian intellectuals, threatened the very basis of an orderly modernizing environment. Signaletic portraits fulfilled a crucial function in establishing a stable visual connection between the criminal body and Porfirian interpretations of the urban poor.

Following the teachings of Johann Kaspar Lavater, Mexican intellectuals believed that criminals' faces revealed their threatening souls. Influenced by Lombrosian views on the criminal man, they interpreted large jaws and twisted fingers as atavistic features associated with a dangerous primitive nature. Immersed in the ideas of degeneration, they saw evidence of genetic and moral involution in the faces and hands of captive images. Porfirians used these links to create a visual range from normality, as represented in elite portraiture, to deviance and terror. Shaping one another through stark contrast, these opposing images forged a regime of visibility, the relationship between vision and social power in which moral and social dichotomies could be identified, recognized, and placed in a modern power hierarchy. Although the majority of Porfirian

elites understood the unspoken guidelines set by their modern visual status, only a few, especially those with scientific aspirations, applied them as evidence of greater concepts or as a suitable source of analysis.

The realism associated with the photographic image was especially effective in studies of criminal behavior and in cases of mental disorder: social constructions in which subjects' words were eliminated and their faces were transformed into authentic sources of knowledge.

An Authentic Human Document: The Criminal Revealed

Most Porfirian intellectuals were determined to combat criminality to protect society from destruction and contagion, but among them perhaps only the journalist and amateur criminologist Carlos Roumagnac was able to break through the conceptual shell and get close to the human dimension of crime: the criminals themselves.[38] He was a native of Spain and a member of the prestigious Mexican Society of Geography and Statistics, and his one-year position as chief of the Second Police Inspection unit in Mexico City also made him eligible for membership in the International Association of Police Chiefs.[39] His enduring fascination with the dynamics of underworld life led him to the doors of Belén prison, and his connections with Minister of the Interior Ramón Corral gave him privileged access to the institution's Anthropometric Cabinet.[40]

Through closely guarded documents and photographs, lengthy interviews with prisoners, official statistics, and advice from cabinet head Dr. Ignacio Ocampo, Roumagnac was able to compile an extraordinarily rich body of information about the real lives of criminals in early twentieth-century Mexico. Roumagnac's purpose was more pragmatic than theoretical. Despite being versed in Italian criminology as well as Mexican criminal anthropology, he was not looking to engage experts in a dialogue. Rather, he strove to face and understand real criminals. Scrutinizing details and visually dissecting words and gestures, Roumagnac intended to explain hereditary, educational, and social factors that shaped criminal life in order to improve Mexican perspectives on punishment and rehabilitation.

A reformer at heart, Roumagnac understood crime as a disease, an internal biological condition that required treatment rather than just repression and scorn. For this reason, he applauded the existence of public welfare correctional houses, although he also pointed to the need for ongoing production of knowledge required to multiply these institutions "based on science." Otherwise, those occupying positions of assistance would only interminably replicate "the fearsome,

unpleasant images of criminals propagated by novels and yellow journalism."[41] That is why he went into Belén, a somber building located near Bucareli Street, the prison in which he hoped to find "treasures and teachings that someday will come to fill the lacunae that still exist in criminal anthropology as in any young science."[42] And in Belén he found, or thought he found, those "authentic human documents that could advance the production of knowledge required to improve humanity."[43]

Instead of looking for the quintessence of the Lombrosian criminal man, Roumagnac used existing classifications of criminality as a visual reference framework. Reading real-life criminals like texts, coaxing out their life stories like a confessor, and capturing their faces like a genuine police administrator, Roumagnac successfully constructed enduring portraits of deviance in early twentieth-century Mexico. Crime and insanity intertwined, transforming portraits into representations of a new national type: the insane criminal.

The connection between criminality and insanity stemmed from a biological metaphor. Roumagnac, like other Mexican amateur criminologists, perceived crime as an internal condition, a characteristic organic potential within the individual. As a result of this simile, Roumagnac saw the accumulating analyses of particular cases of criminality as paths toward the formulation of a distinctive personal psychology, thus the subtitle of his most important work.

Likewise, concern about internal factors involved in criminal activity led him to consider recent discoveries in neurology. Clinical images of the brain, "an organ of association, comparison, and judgment," as an inhibitor of negative impulses, helped to support his argument that "an exhausted brain, a brain affected by hereditary or acquired disease, was more inclined to succumb to criminal temptation."[44] For this reason, Roumagnac agreed with existing views that exonerated insane criminals from responsibility for their illicit activities. Rather than echoing romantic views of insanity, this use of psychiatric language followed his view of crime as a curable internal disease requiring treatment.

Internal factors helped to explain criminal behavior, but they were not enough. Ever the positivist, Roumagnac also sought external elements to construct his exegesis of crime. Accordingly, he turned to the individual's social environment. Informed by an increasing number of studies on the "social problem," Roumagnac identified alcohol, domestic violence, and inverted gender roles as principal triggers of criminality. In his view, individuals who grew up in homes dominated by vice and violence, and in domestic units where men and women did not conform to Porfirian gender roles, became potential criminals because they did not acquire the requisite tools to contend in the battle of life. First, parents neglected

their children at an early age, producing hordes of street children whose lack of training and education set them on a path to criminality. Second, alcoholism led men to ignore their responsibilities as providers and moral leaders for their families, creating a volatile environment ripe for violence and homicide. Third, short-sighted individuals destroyed their families and themselves and became beggars or vagabonds, which was only the beginning of criminal behavior.

Alcohol consumption was the root of the issue because it affected the individual's body and mind, a connection that contributed to the linking of crime with insanity. Alcohol was, after all, "the most powerful factor of degeneration of the normal type of the human species, and as such, it takes part in the production of these two varieties of deviation: crime and insanity."[45]

In contrast to Porfirian scholars who based their social analyses on accepted concepts of the role of alcohol in the origin of criminal activities, Roumagnac built his case on scientific evidence: official statistics. For example, he used criminal indices from France and the United States to place Mexican criminology in a global context.[46] He also used police data from the Federal District Statistics Bulletin to determine the correlation between cases of drunkenness and arrests occurring in the municipality of Mexico City between 1901 and 1902.[47] During that year, as chief of the Mexico City Second Police Inspection unit, he dabbled in statistics and calculated the relationship between pulque consumption and increases in criminality on weekends, thus verifying the influence of alcohol on criminal behavior.

Although peppered with moral terminology, Roumagnac's study was saturated with numbers, figures, and percentages, confirming his commitment to science and the production of objective knowledge. Charting unknown territory in pinpointing the evasive contours of criminality, Roumagnac was successful in his attempt to weaken the ever-expanding "fearsome and unpleasant images" associated with criminals, replacing them with measurable entities capable of being apprehended.

Despite how bleak statistics made the situation seem, Roumagnac believed in the perfectibility of human nature. Education, Roumagnac maintained, could provide basic survival skills to those who were deprived of health and knowledge. He called this alternative "crime prophylaxis." Because it could hardly be considered a universal panacea, Roumagnac accepted that where education failed, correctional institutions could succeed. With a second phase known as "crime repression," the approach included strategic placement of doctors, especially psychiatrists, in jails and other correctional institutions where they could provide criminals with "the same role they play in asylums alongside the mad."[48]

Isolation was, in his view, the last resort. Only those individuals who were impervious to education and correction deserved and required total segregation from the social body.

Additional methods for repressing criminality included a heavy tax on alcohol purchases. Still more relevant, however, was his argument for the production of knowledge as a means to combat criminality. Knowing the criminal was the first and most important step toward dominating him.

Over the course of about a year, from May 1903 to September 1904, Roumagnac interviewed men, women, and children held in Belén penitentiary on charges ranging from theft to homicide. Despite the diversity of the criminals, Roumagnac gathered information according to a secret yet systematic format. Based on questions he did not reveal, he obtained information from his interviewees that might lead him to the first impulse, the origin and very source of criminal conduct. Like a priest tracking down sin, Roumagnac closed in on the amorphous silhouette of crime until it acquired precise, recognizable, stable boundaries.

First, he created the narrative structure for the life story: an organizational instrument formed by the individual's family history, a medical history emphasizing alcohol and drug consumption, a sexual history specifically referencing behavior considered deviant, and a detailed description of the crime in question. The detailed description of the prisoner's physiognomy occupied an important position between the sexual history and the description of the crime, because according to the principles of phrenology, this information reflected the individual's true inner personality. Excerpts from the dialogue between Roumagnac and the prisoner concluded the narrative portrait of life history.

Secondly, Roumagnac included the signaletic card, with two photographs of the criminal: a frontal view and a profile. In addition to the photographs, the card recorded the criminal's measurements: height, chest, arms, legs, hands, feet, skull, and face. The instruments utilized to determine these proportions were quite simple, including a measuring tape and a compass.

Measurements of other characteristics such as the eyes, nose, ears, hair, and beard depended on the investigator's observational abilities, what Roumagnac called the eye, or visual calculation. Likewise, descriptions of the criminal's physiognomy depended in large part on the subjective eye of the observer. For example, the observer was expected to report whether the criminal's face was "beautiful or ugly . . . if the expression is lively or intelligent, or apathetic and brutish, sad or happy, good or evil."[49] A brief description of scars or any other unusual physical mark concluded the visual portrait of the criminal.

Narrative and visual portraits of Belén prisoners combined to create a concrete image of the body, face, and soul of the criminal. The cases of minor Francisco M., María V., and Manuel T. will serve as examples.

Carlos Roumagnac interviewed Francisco M., a.k.a. "El Tagarnero," in May 1903. Born in Mexico City in 1889, Francisco M. was the product of a dysfunctional home. He barely knew his father, a construction worker, and he never met his mother; his grandmother played the maternal role in his life. The fact that his brother died at the age of eight months from burns from boiling water was evidence of the state of disorder in his home. Moreover, jail time was not unheard of in his family history. Although information in this regard was scarce, Francisco M. disclosed that his nineteen-year-old brother had been imprisoned on charges of illegal weapon possession.

In the context of his family history, it was not surprising that Francisco M. had not attended school; instead, he had become a potter, making plates in a Mexico City factory where he earned an average of thirty-one cents per day. The medical history revealed that Francisco M. had suffered from typhus, although substantial after-effects were not detected. Like many criminals, he "had frequented pulquerías and had gotten drunk on various occasions," despite his young age. When asked about his sexual practices while in prison, Francisco M. denied having participated in any type of homosexual contact as an active or passive partner, which was an area of special interest for Roumagnac. Indeed, Francisco M. confessed that he had not yet had any type of "carnal access," including sexual intercourse and masturbation. Although Roumagnac was suspicious of this information, he persisted in questioning about Francisco M.'s sexual history, provoking reactions he considered worth recording. In a detailed physiognomic description, he noted:

> More indigenous than *criollo*, [Francisco M.'s] physiognomy is common, although he becomes excited when he contradicts himself, especially when his personal honor is under attack. Then he becomes flushed, speaks violently, raises the right side of his upper lip, and his eyes clearly reflect the feelings he is experiencing. I observed this upon referring to certain information that he provided about some of his cellmates, when I asked if he had ever been active or passive. Judging by his eyes when he responded "Don't say that to me!" I am sure that if we had been somewhere else, he would have hit me.

After describing the homicide that landed Francisco M. in Belén, Roumagnac attempted to explore his psychology, his inner world. To this end, the author

reproduced conversations that the prisoner had with a priest, paying special attention to the slang used by Francisco M. and even attempting to translate it into standard Spanish. Thus he learned of Francisco M.'s remorse for having murdered a man, a characteristic that revealed his humanity, but he also realized that a warped yet common interpretation of cowardice ("a coward is a person who is afraid to kill") encapsulated a rather primitive, violent life philosophy in his outlook. Even if Francisco M. had attempted to hide these ideas, they were imprinted all over his body. Although his behavior was tranquil, Francisco M.'s chaotic life had marked him with countless scars on his head, chest, and face. Francisco M.'s body betrayed his true nature. As was the case with other criminals, his very essence surfaced in his face, eyes, skin, ears, and lips. He could not escape from the gaze of power, which in the eyes of Roumagnac apprehended him both on the material level, in a jail, and on a symbolic level, in a record. Like a signature or a final seal, a signaletic card concluded his file.

Roumagnac interviewed María V., a.k.a. "La Chiquita" ("Shorty"), in October of 1903. Unlike Francisco M., María V. was a notorious public figure in the Mexico City underworld of prostitution, but her life story coincided perfectly with Roumagnac's criminal model.

Born in Jalisco in 1875, María V. belonged to a normal family until the age of 9, when her mother died of tuberculosis. After being sent to a welfare school, she received a basic education and good role models, which paradoxically did not prevent her fall into crime. She became a prostitute at the age of fifteen when, after she lost her virginity, a matron took her from Guadalajara to Mexico City. María V.'s medical history revealed that she had suffered from measles and yellow fever. Affected by headaches since she was a little girl, María V. also developed liver pains which on more than one occasion obliged her to seek medical attention at a hospital.

Moreover, María V. was addicted to both alcohol and drugs, especially morphine. She began drinking when one of her lovers, a German man, took her from the brothel where she worked to live in a house that belonged to him. During the three years that this situation lasted, María V. began drinking, but "only to feel happy." Happy she was not. In fact, she cheated on her German lover so often that at one point he caught her in bed with a new partner. She barely survived the bloody scene with a bullet to the left leg.

Back at the brothel once again, María V. became addicted to morphine, at times using twenty milligrams per injection. Questions about her sexual life also exposed aspects of her social pathology. Not only was she a promiscuous prostitute, she was also a consistent practitioner of lesbianism, a custom she said

she had taken up after another male lover had abandoned her. Although María V. never admitted to practicing lesbianism in jail, Roumagnac tended to believe the rumors to the contrary. Hypersexual and addicted to drugs, María V. was the very picture of modern female criminality in Mexico City.

Roumagnac paid careful attention to María V.'s inner world and personal appearance. María V. was no ordinary prisoner. She was a woman who knew how to read and write, and played several musical instruments. Moreover, she wrote a diary in prison where she recounted her sorrow, hopelessness, and intent to commit suicide. She regretted the homicide that had brought her to Belén prison. She had murdered Esperanza G., another prostitute who was her romantic rival, but she explained the situation in terms of "diabolical passions" that had overcome her. A syncretic Catholic, she believed in God but also honored her own deeply rooted superstitions.

Roumagnac's perception of María V.'s physical appearance was not blind to gender. He noted not only María V.'s beauty but also her flirtatious, intrinsically feminine manners, which according to the interviewer, impelled her to wear ribbons and jewelry to the interview sessions. The signaletic card described the criminal stigmata that marked her body, especially bullet scars. Despite the peculiarities of La Chiquita's life story, she was obviously a criminal. A twenty-year prison sentence confirmed it.

Roumagnac's interview with Manuel T. took place in February of 1904. Manuel T. was born in Mexico City in 1877, and his upbringing revealed patterns that were common in the lives of turn-of-the-century criminals. The son of an alcoholic father and an indifferent mother who "gave away her children as soon as her husband died," Manuel T. carried, in Roumagnac's assessment, the degenerate genetic traits that led him to commit homicide twenty-six years later. His sister, fellow Belén inmate Inés T., corroborated this family trend.

Unlike many criminals, Manuel T. had access to a formal education, albeit briefly. During the year he spent in school, he learned to read and write, but he was unable to continue because after his father died, he went to work as a waiter. His medical history indicated that he had suffered from sleepwalking and anemia. Nervous in character, Manuel T. was described by Roumagnac as "sensitive [and even] sweet." In prison, Manuel T. developed sexual impotence, which afflicted him greatly because erections were "the essence of masculinity." Roumagnac's examination of Manuel T.'s sexual history revealed that he had been a precocious child and had manifested strong sexual desires at the early age of seven. In prison, he denied participating in any sort of deviant sexual activity, including homosexuality and masturbation. Like many Belén prisoners, Manuel

T. was a drinker, and his beverages of choice were pulque and pure alcohol, but he was also a marihuana smoker, and his addiction sparked many personal disputes with his cellmates.

After a brief description of his crime, which he committed under the influence of these substances, Manuel T. showed remorse, not only "because he realized that he would spend many years in jail but also because he did not really dislike the man he murdered." A believer, Manuel T. experienced regret, a characteristic that demonstrated his humanity.

Many other physical characteristics seemed to contradict his criminal nature. For example, "he was not left-handed, he did not have tattoos . . . and he did not enjoy abusing innocent animals; in fact, he was especially fond of dogs." As his signaletic card revealed, however, his body bore the mark of crime: scars.

One after another, Roumagnac's narratives and visual portraits of living criminals helped to chart a territory imagined by many but witnessed by few. These accumulating portraits, however, not only provided a standard image of criminality, but still more importantly, they illustrated new ways to see, measure, and represent society at large.

Roumagnac's method of obtaining and recording information was exhaustive and systematic. Legitimized by the use of scientific evidence in the form of photographs and statistics, this method transformed criminals' diverse bodies and faces, their tumultuous lives, into a uniform vision, a well-defined social pathology, a type. Following Roumagnac's narrative structure, society learned to read a criminal life story as a difficult journey organized around fixed tropes: the dysfunctional family, the endless temptation of alcohol, physical suffering and resulting debilitation, perils of exercising a deviant sexuality, and uncontrolled, burning passions that led to the very moment of the crime.

Following Roumagnac's visual structure, based in turn on Bertillon's anthropometric identification, society learned to recognize criminals on the street or in the mirror. Indeed, as Roumagnac declared at the beginning of his study, Belén's prisoners became "true documents" under his gaze: lifeless templates, prefabricated structures, bodies of knowledge. His case, however, was not unique. Several men with the same curiosity undertook similar searches for knowledge in other welfare institutions, particularly the General Insane Asylum.

Perception of Insanity, Mexican-Style

When La Castañeda opened its doors in 1910, observers praised its location, architectural design, medical programs, and the welfare hallmark of its humanitarian

mission. Few if any, however, paid attention to the record-keeping system implemented in the asylum, an impressive undertaking comprising individual files on the medical and social history of every inmate, totaling about seventy-five thousand over a fifty-year period.

In addition to numerous personal texts, such as letters and diaries, each file contained the inmate's portrait on the upper left-hand corner of the cover, a strong reminder of humanity in an extreme state of disorder. Despite the psychiatric hospital's financial deficiencies and the ongoing social upheaval of the Mexican Revolution, inmate portraits continued to appear regularly in the institution's registry books and files, a clear indication of the medical and administrative importance of the photograph. Like the first criminal portraits in Mexico, these asylum inmate portraits were intended to register the physiognomy of insanity with as much realism and immediacy as possible, depicting a frontal view of the inmate's face over a plain background. Thus, rather than merely portraying the face of madness, the eyes of the anonymous institutional photographer behind the lens when the flash went off revealed a way of seeing insanity.[51] Informed by a Porfirian visual frame of reference linking madness with criminality, the "mad look" contained prevalent and increasingly fixed ideas of degeneration and danger. However, lacking poses, uniform lighting, and neutral facial expressions, these were not signaletic portraits displaying consistent images of mental illness. Instead, by representing a wide variety of expressions, clothing, and hairstyles, insanity portraiture revealed a fraught, dynamic relationship linking the "viewing eye and the body viewed" in a modern context.

Although concerns of mental illness and its representations were not new in 1910, production of images of insanity increased rapidly and in quite complex ways from that point onward. Unlike Europe, where medieval and Renaissance painters like Albrecht Dürer, Jan Sanders van Hemessen, and Hieronymus Bosch had reproduced powerful images of madness, Mexico lacked artists with a direct interest in the subject.[52]

Throughout the colonial era, painting was dominated by religious themes, and while the struggle between good and evil was embodied in battles between saints and demonic creatures—colonial representations of madness par excellence—there was no mention of insanity in representative works of the period.[53] Lithographs of the subsequent independence period showed more interest in aspects of daily life, frequently depicting street scenes including beggars and the urban poor, but again, no clear image of insanity made an appearance.[54]

Among late nineteenth-century Mexican painters, none placed greater emphasis on the tumultuous underworld of death, sexuality, and madness than Julio Ruelas. Born in Zacatecas, Ruelas studied painting at the School of Fine Arts in Mexico City and later at the School of Art of the University of Karlsruhe in Germany.[55] In 1898, a group of modern intellectuals and artists founded a journal called the *Revista Moderna*, and Ruelas became one of its most important collaborators, contributing drawings, sketches, and lithographs to illustrate each article. Known for his scandalous portraits of brothels and landscapes where ambiguously sexual fauns roamed, Ruelas also turned his gaze to the torments of the mind.[56]

In his 1900 self-portrait titled *La crítica* (*Criticism*), for example, Ruelas placed the long hummingbird-like beak of an unknown insect in the act of perforating his forehead. Still more noteworthy, he published a sketch titled *Melancolía* in 1903. It represents an elegant man languishing in a cave-like environment, gazing nostalgically outward, where another male character is sprinting by. The feminine attitude of the young male figure was interesting then as it is now. This inversion of gender roles was not uncommon in portraits of melancholia embodied by a male figure, but it played a central and predominant role in Ruelas's art.[57]

Truly a product of his rapidly changing environment, Ruelas's world was inhabited by a series of compound beings, part human, part myth, part animal, who in turn lived in a liminal area that intentionally defied strict classification. His family of paradoxes included ruthless prostitutes, powerful women, weak men, drunken fauns, and sad satyrs. Diffused in disorder or concentrated in the form of melancholia, madness helped to visualize the dramatic transformations taking place in Porfirian Mexico, a process often lacking a definitive form but that intellectuals of the time attempted to force into the ideological cage of degeneration. These efforts, numerous and strong in terms of narrative, were slow to mature on the level of visual representation.

In Europe, psychiatric illustration developed in tandem with the emergence of Lavater's physiognomy and Spurzheim's phrenology. In Mexico, where enthusiasm for these disciplines had spread, the medical world failed to produce the gallery of portraits that accompanied European scientific treatises on illness. No Mexican psychiatrist matched the generous attention to the faces of the insane bestowed by Philippe Pinel in his *Traité médico-philosophique,* published in 1801.[58] Efforts like those of Jean-Étienne Dominique Esquirol, who included line drawings of faces and bodies of Salpêtrière Hospital patients in a series of articles

in the *Dictionary of Medical Sciences*, or Alexander Morrison, who emphasized the faces of the insane in his 1840 work, *Physiognomy of Mental Diseases*, were scarcely emulated in Mexico.

Likewise, in 1856 when Hugh W. Diamond, resident superintendent of the Female Department of the Surrey County Lunatic Asylum, stressed the importance of photography in medical and administrative treatment of the insane, very few in Mexico listened.[59] These European teachings were not unknown, however, and as La Castañeda records demonstrated years later, they were not lost.

Slowly but surely, photography gained a privileged role in defining the face and body of the mad in the nineteenth century. Diamond questioned the ability of portrait painters to produce medical representations of insanity, offering the photographic camera as an ideal medium to ensure a precise, realistic, detailed representation of the external manifestations of mental illness. Thus, rather than breaking with the visual norms imposed by the visiting card or Esquirol's visual perception of insanity emphasizing position and expression of patients over a plain background, the first portraits reflected existing representations of this phenomenon.

As photographic technology developed, however, psychiatrists became increasingly able to manipulate photographic portraits in order to develop stable visual images of insanity, a process that included developing standards to differentiate between normal and abnormal appearances, normal and abnormal "looks." Perhaps no other example was as revealing in this respect as the strategic use of the camera in the documentation of hysteria.[60] Under the leadership of Salpêtrière director Jean Martin Charcot, the head of photography services at that asylum, Albert Londe, photographed female patients to illustrate various phases of this illness.[61] Documenting this mental condition with the precision and realism attributed to the camera resulted in enduring images directly linking insanity with the feminine condition and with a set of recognizable expressions. Although no Mexican doctor dedicated comparable time and effort to detailed documentation of complete cases of madness, photographic images helped to construct a "mad look" that, although informed by European science, was nonetheless distinctively Mexican.

As psychiatry was becoming a university discipline in late nineteenth-century Mexico, the quantity of photographic material related to insanity increased. Rather than medical portraits, most were amateur photographs depicting the facilities of the San Hipólito and Divino Salvador hospitals, patients living in these institutions, and the professionals who were responsible for their medical care.

Mainly used to illustrate glowing medical histories of the General Insane Asylum after 1910, these photographs became evidence of the rising status of psychiatry in Mexican society. Thus, doctors first emphasized images in which the psychiatrist figure was prominent. Secondly, the images sought to capture the stark contrast between the psychiatrist and the patient, as well as between pre-Porfirian mental health institutions and La Castañeda. As a result, a dramatic before-and-after effect emerged: a hierarchical visual dichotomy encompassing concepts of health and illness, modernity versus everything else.

In most medical accounts of the General Insane Asylum, the first psychiatrists played the role of founding fathers, heralds of change, and guardians of social and mental order. Used in numerous publications, the portrait of Dr. José Peón Contreras, superintendent of the San Hipólito Hospital and the first professor of psychiatry at the School of Medicine in 1897, speaks for itself in that respect. In visiting card format, this portrait displayed the characteristics and attitude typically associated with modernizing intellectuals of Porfirian Mexico: gold-framed glasses, masculine moustache, suit and tie, and above all, a serene gaze directed toward the camera lens.[62]

This likeness replicated photographs of European or US psychiatrists as they appeared in Mexican medical journals during the early twentieth century.[63] Later, Western-style images of Mexican psychiatrists displayed on office walls affirmed the professional status of the new discipline. However, the knowledge and power ascribed to the psychiatrist figure were especially visible when he appeared with patients in treatment. On these occasions, the clear differences in dress, hairstyle, and expression manifested the unequal social, cultural, and medical positions of the two actors.

The 1906 photograph of Dr. Peón del Valle, son of José Peón Contreras, next to a catatonic female patient, is an excellent example.[65] Dressed in a black suit and attentively observing the patient, the doctor clearly embodied an idea of order and control that was not altogether free of a gendered aura. Opposite him, dressed in a white blouse and skirt, the patient unsteadily raises her left arm and looks blankly at the camera lens. Troubled and feminine, captured simultaneously by the combined gazes of the psychiatrist and the observer, the patient personified the fragility of mental illness.

Ideas of social and mental order also made their way into photographs of the San Hipólito and Divino Salvador hospital facilities. Despite abundant criticisms of these institutions, photographers arranged to capture images of strict order and cleanliness both inside and outside these welfare buildings. Panoramic views of the institutions revealed characteristics of a colonial architecture that

appeared original, preserved, and rooted in history.[66] Interior views, especially of the Divino Salvador Hospital dormitories, depicted series of beds in excellent condition, arranged in perfect rows.[67]

Despite the visual portraits, however, doctors were aware of shortcomings. Enrique Aragón, the biographer of Peón del Valle, wrote in 1943: "more than a hospital, [Divino Salvador] seemed like a colonial jail, with thick, worn walls, iron bars on the doors separating rooms and courtyards, crowded cells where insane women were imprisoned."[68]

Notions of social and mental disorder were easily identifiable in photographs of patients. Especially striking was a portrait of women dressed in traditional *rebozos* and long, ragged skirts, standing in loose groups at the hospital's jail-like bars.[69] Taken in 1905 at the Divino Salvador Hospital, this photograph cast light on a certain Mexican version of what constituted the "mad look." In the first place, although some of the women looked at the camera, most of their eyes were gazing upward or to the sides, looking at nothing in particular. Moreover, some of the patients were raising their arms to touch invisible air or the unreachable sky. Open mouths, blank smiles, and distracted expressions completed the scene. These patients certainly did not resemble psychiatrists, but moreover, they hardly even looked like women. Unlike elite feminine women, portrayed as elegant and serene in the visiting card format, these patients lacked the pose, garments, hairstyles, and generic background. Aside from their long hair, only their skirts served to identify them as women. Clearly, however, these women stood as characteristic members of the poor sectors of society; the color of their skin and their traditional shawls betrayed them in this sense.

Likewise, in contrast to the virile, stern men represented in elite portraiture, the male patients of San Hipólito Hospital lacked the appearance of power conferred upon their gender. An early twentieth-century photograph of a patient taken in one of the institution's rooms is a good example.[70] Standing alone, with his legs together and his hands resting on a cane, the patient appears timid, stiff, humble—almost like a woman and hardly like a real man. Feminized and stripped of strength, the image of the insane man embodied inverted concepts of masculinity in Porfirian Mexico.

In both cases, the fact that the insane transgressed gender lines, much like Rueda's satyrs and fauns, traced an unprecedented map of the realm of diffuse, unsettling sexuality. References to class, however, were clear and firm. Female and male patients displayed the characteristics of Mexico's lower classes: their skin color; the quality, or lack thereof, of their clothing; the characteristic rebozo, or rural sombrero. Juxtaposed with psychiatrists, these characteristics

transformed the mental patients into the embodiment of the most extreme difference, in the very concept of the Porfirian distinction.

The grand opening of the General Insane Asylum in 1910 captured the interest of many photographers, triggering an impressive production of memorable photographs. Emphasizing two interrelated themes—Porfirio Díaz himself and the facilities that became monumental through the photographer's eyes—these images successfully developed the themes of power and order that kindled the legend of La Castañeda.[71]

Indeed, images of the General Asylum signified and confirmed the transcendence of mental therapy in a modernizing setting. One of the most characteristic views of the asylum included a panoramic shot of the façade and the wide central staircase leading to the main entrance where the institution's staff appeared immobile and distant, dressed in white and arranged in perfect rows.[72] The symmetry of the composition, crowned by a round clock, perfectly represented concepts of social order. As in colonial hospital photographic production, portraits from La Castañeda identified inmates' disorder and lack of control. Here and there, without warning, a woman would appear running across the courtyard, long hair flying and arms waving, dance-like.[73]

However, in contrast to photographs of patients in the San Hipólito and Divino Salvador hospitals, photographers at the General Insane Asylum also made sure to provide an alternative panorama of the insane: the rehabilitated inmate. Captured in orderly positions and work environments, images of these inmates would reinforce the medical stature of the institution. La Castañeda was a place where illness was not only tolerated and concealed, but also, more importantly, treated and overcome. Where science reigned, order prevailed.

Images of madness in General Insane Asylum medical files further developed the official concepts of mental health and modernity in both form and content. Firstly, they were portraits inscribed within the visiting card tradition. The emphasis on inmates' faces and shoulders followed the guidelines of official portraiture that, as seen within the Belén prison, responded to the classificatory impulses leading to the creation of the modern archive.

Secondly, these images provided an ideal medium for capturing the identity of madness, the face of disorder, that insane appearance. The mad look. These photographic images could not have achieved this goal without the medical history contained in the inmate's file.[74]

Organized according to the precepts of medicine and general concepts of degeneration, the asylum biography evolved around fixed themes: social and medical dysfunctions discovered in the inmate's life. Accordingly, interviewers paid

special attention to illnesses affecting family members, as well as causes of death. It is not surprising that cases of insanity, nervousness, suicide attempts, venereal diseases, patterns of drinking, and smoking habits were carefully traced. In the case of women, information about miscarriages or abortions occupied a special place.

This collection of abnormalities, authorities believed, marked the face and body of the inmate. Thus, following the primary concepts of physiognomy and degeneration, asylum portraits not only facilitated the identification of individual inmates but also helped to secure a social identity, made visible in the social theatre of the skin.

Inmate portraits reflected the class and gender components of modern definitions of insanity in Mexico. Although in some cases both male and female inmates went before the camera restrained in straitjackets, in others, especially just after the asylum's opening, inmates wore their own clothes, hairstyles, and expressions, reflecting the lack of official photography guidelines at the institution.

These conspicuous elements revealed important information about the inmate's social background. Dark skin, straw sombreros, and Zapata-style moustaches immediately identified rural people or recent arrivals to the capital city. Rebozos and long braids displayed the humble background of women. Nevertheless, revealing the wide range of social classes served by the psychiatric hospital, the images include a few men dressed in suits, ties, and hats representing the middle classes; they generally are students and professionals with the look of dapper gentlemen, or, as poet Amado Nervo commented scornfully, Bohemians.[75]

But Is This the Face of the Madman?

And yet, the faces of the men and women before the photographer's camera in an entry room at the General Insane Asylum seem so normal. One after another, the faces of people suspected of being insane accumulate on the office-sized sheet of the institutional file in the upper right-hand corner, occasionally the upper left. If a visitor looking around the archive did not know better, she might think she was looking at a collection of faces, shoulders, and clothing of poor people, people who were not ready to pose. If the archive visitor knew that she was looking for the face of the madman, she would have no other choice but to open her mouth and wonder aloud, as occurred to me during my first inspection of the documents. Is this smiling face, defiant or even flirtatious, the very personification of madness? Are these the eyes, finally, the eyes of madness?

This question, or very similar questions at any rate, led me to write a novel. I have spoken about it elsewhere: an out-of-place expression made me conceive of a story that could have happened in its place in the world. There she was, within the oval of a photograph, this woman who was looking out toward the future, defying or seducing, it makes no difference. She made me write, that much is certain. Perhaps I should say she made us write, turning to look backward and toward the present at the same time. But that was not the only case. There were more faces. Other expressions. Faces for which I never found any explanation. Certainly there was the occasional distracted gaze or thread of saliva sliding down the corner of a half-opened mouth. Sometimes the straitjacket said more about the patient's mental state than his or her way of confronting the lens. On others, the lack of hair was what announced the inmate's condition. The blue uniform. However, in most of the images, what is truly surprising is not how different they are from other faces, but how similar they look. I suppose it is that similarity, that inescapable similarity, that gave rise to State initiatives to distinguish them by pointing to them as the very embodiment of madness, of deviance. Of the extreme.

It could be a footnote. One of those obscure ways of stating the obvious, and nevertheless, it is worth a try. It is the lack of a concrete difference—between the mad and the sane—that forces administrative asylum photography to underscore, through the ahistorical oval of the image, the inmate's essential singularity. Beyond that oval, the men and women of La Castañeda could have gone unnoticed as scattered citizens who were broken by the new century. The centralizing state, in both its Porfirian and revolutionary versions, had an interest in underscoring difference in order to emphasize the norm. That is, in response to a profusion of dissimilarities, the State used the asylum camera to create, name, and diagnose a similarity. Theorists call this a process of control.

And yet, singularity was not only of interest to the state. Judging by the way they effectively positioned themselves—if not precisely posing—before the camera, inmates, too, were profoundly interested in this singularity. I want to suppose, or imagine at any rate, that their expressions, their looks, reflect the same attitude that led so many in the asylum to structure their pained narratives in some legible form. Even today, they want us to see them through their eyes. As if they were already thinking of the future, aware that by being seen they will become our post-memory, the mad give us their eyes to view them.

CHAPTER VI

The Pain of Becoming Modern

Suffering and Redemption in the Medical Histories of La Castañeda

> Since universal *world time* is gearing up to outstrip the time of erstwhile localities in historical importance, it is now a matter of urgency that we reform the "whole" dimension of general history so as to make way for the "fractal" history of the limited but precisely located event.
>
> —Paul Virilio, "Calling Card" in *A Landscape of Events*

The Text

File Number 600

October 25, 1919

Marino García, Polotitlán, México, 1857. Tinsmith. Married. Resides in Amecameca. Catholic. Robust constitution. Normal childhood development.

The person who came with him says that this morning in Amecameca, Mr. García punched General Tejada in the face. He does not believe he is insane. He says that he speaks with the King of the Heavens and that he only takes orders from Him (which is why he has not allowed any examination to take place). He states that he needs to be released immediately. When he talks with God, he kneels. Delusions of grandeur, absurd, paradoxical, and incoherent. His memory is normal; his affect appears diminished. It is not possible to examine him due to his irascible temper. When he speaks, his lips and eyelids tremble. General progressive paralysis.

At the General Insane Asylum, at 10:00 a.m. on the 10th day of November 1931, gathered in the Administration building are Rogelio Garmendia, chief administrator; Simón López Muñoz, superintendent; Fidencio Rodríguez, head of nurses; and Ricardo Reyes, neurosyphilis ward nurse.

Garmendia states that he learned that in the previously mentioned ward, a patient named Marino García possessed, in the room where he slept, several boxes with steel tools, which presented a risk to the inmate himself and other patients in the ward. For this reason, he ordered the superintendent and the head of nurses, along with the nurse assigned to the patient, to collect any items the previously named patient had in his possession and inform him promptly of the findings resulting from this search.

After carrying out this mission, we proceeded to inspect Marino García's room. We collected four boxes of various sizes containing, among other things, two large razor blades, around fifty pages used for a "Guillet"-style typewriter, a pair of tin snips, a hammer, and a large quantity of steel tools of different sizes. We questioned the nurse, Mr. Reyes, about why the patient had been allowed to have all these objects on hand and why he had been able to have a room all to himself, to which the nurse replied that because he had only been working in the ward for a few days, and because he was only replacing Mr. Santillán, who was removed from his position, he had not had time to check the room.

He also said that to his knowledge, the patient in question had received no treatment whatsoever in the last four years. Hearing this, we called the patient, who confirmed what Mr. Reyes had said, adding that he had been in the psychiatric hospital for the last twelve years, that he was brought to this institution because he was a beggar, and that although he clearly was not insane, he was placed in the neurosyphilis ward. He also said that since he never felt ill, he had not allowed anyone to administer any treatment to him in the last four years, and that he had collected the steel tools himself, little by little.

Since the director believed that Mr. García's statement was quite out of the ordinary, he asked medical resident Luis Vargas to conduct a brief examination, just to find out whether or not he was affected by mental disturbances. Dr. Vargas stated in writing that "the patient was ready to return to his family and society, and for this reason, he authorized his discharge." According to this report, it is obvious that this individual has been unduly confined in this hospital for a long period of time. This concludes the present report. Signatures in the margin.

***

October 15, 1941

Male, 74 years old. Single. Polotitlán, Jalisco. Peasant. With a memorandum from the tenth police precinct. It is not known what brought him here. A police officer is with him.

An elderly man, ascetic in appearance, who had already been confined in this establishment years ago. He remembers it all very well, even names. He says that he was a guard (?) at the time, and that he is not crazy. He opposes his admission but agrees to stay as a gardener. He recounts that recently people have bothered him at the movie theaters. He says that people there shoot bullets and many of them have hit him. He tries to show the place, uncovering his back and showing his bald head. "But he has not died because his Father has told him that he is Eternal God." He says that in this moment his father is telling him, "that if I inject him, He will send a lightning bolt upon the person who dares to inject him." That he has not touched a woman, and he will not do so until the appropriate moment, without giving further details in this regard. That in the place where he works, there was a war, and both Villistas and Carrancistas chased him, without cause, which he refers to as recent. They could just be the pseudomemories of a senile man, or confabulations.

In summary, there are elements of paranoid psychosis. There are discrepant diagnoses in this file. Dr. Miranda diagnosed him with progressive general paralysis, and Dr. Salazar diagnosed him with cataphrenia, terminology of Magnan. We should probably revise this with a diagnosis of paranoid psychosis, now with discrete senile elements.

His mental state, on the other hand, is relatively good, and his reasoning is clear. Physically, there is nothing of interest. Diagnosis: paranoid psychosis.

Dr. M. Fuentes

Clinical History of Inmate Marino García Martínez

File Number 6002

Observation Ward

History

This is a readmission. The first time he was in the Psychiatric Hospital was October 19 to November 31. Diagnoses of GPP (General Progressive Paralysis) by Dr. Miranda and a positive reaction on laboratory tests performed by Dr. Andrés Martínez Solís, who also diagnosed him with GPP. Another by Dr.

Samuel Ramírez Moreno, personally signed. Dr. Leopoldo Salazar Viniegra did not concur with the previous diagnoses and describes episodes of delirium, at times with the manic excitation of a cataphrenic. Dr. Vargas discharged the patient because he was capable of living in society. Now, sent by the tenth police precinct, he is received by Dr. Mario Fuentes, who in addition to noting his symptoms (hallucinations, interpretations, confabulations) diagnoses him with paranoid psychosis.

Current State

We transcribe his discourse:

> I was wandering the streets, and bullets from the Indians who play outside out there in outer space fell upon me, but they did not shoot me on purpose. I began to notice this since we attended the cinematographer [*sic*], but my Father God is the only one who talks to me. He has been speaking to me for a long time. This is the reason why I came here for the first time; that is precisely my story, during the last fifteen years. From here (from the Earth), I have nothing; from up above, I have the sun, the Earth, the air, I have it all because He gave it all to me. You do not believe me. Among those who play and shoot bullets there are Christians and Mexicans.
>
> Yesterday I saw an Arab in the air, up in the sky, where the bombs explode. I have not died from the bullets because my Father, who is Eternal, told me that I would be eternal too. I am 98 years old now and my Father tells me that for now, I have been reincarnated in my body for the last fifteen years.
>
> My Father has told me that, in one year, I will be ready to take the body of a woman, body to body; now I console myself just as Saint Joseph did. There is an air that is like an injection, that cleanses all, not just the body of the woman. Here you have me (he rolls his shoulders and says that this is "the air that cleanses").

We have no knowledge of his evolution over the last ten years outside this psychiatric hospital. It would seem that the stages of hypomaniacal agitation have diminished, or even disappeared. But his delirious state itself does not seem to have evolved in the way of the episodes because the patient himself states that he has remained continuously in that state.

Judging from all this information, we consider this a case of paraphrenia. Laboratory tests of the spinal fluid show only a mild reaction from the meninges, but not sufficient from the point of view of syphilis infection.

A Citable Past

I took the preceding text from a file that I found in the Historical Archive of the Ministry of Health and Welfare, one of the seventy-five thousand files that comprise the documentary legacy of La Castañeda General Insane Asylum, the largest state mental health institution for men, women, and children, founded in 1910, only a couple of months after the beginning of the Mexican Revolution.

When I came to Marino García's case, I had read about one hundred files, and afterwards, I read about two hundred more. For reasons I hope to explain in this chapter, this text remained in my memory, haunting and hunting me as I wrote my dissertation; even later, in the process of writing a novel about the medical institution, in a manner I imagine similar to the determined informants who, by virtue of tenacity or cleverness, choose their own anthropologists as recipients, recorders, and translators of their stories.[2] Very much like fiction writers, we historians tend to believe, but rarely admit in public, that both the topic and the documents with which we substantiate it choose us. We imbue the process with an otherworldliness that our profession has long disavowed, if not discarded altogether.

Those who are open to the human, political, and even redemptive aspects of the writing of histories (with a lowercase h at the beginning and a plural s at the end) are often referred to as storytellers—an absorbing but not necessarily "professional" crowd—or militants. Aspiring to the status of the former, though unfortunately lacking the stamina of the latter, but always a historian, I now present the text through which Marino García transformed his life—as lowly as the lowercase h at the beginning of "history" in the previous sentence, peripheral if you will, marginal certainly—into a citable past by inserting himself, consciously or not, into the early twentieth-century historical record of Mexico City, a tumultuous era that witnessed the fall of the Porfirian regime and the rise of the postrevolutionary regimes that strove to modernize the nation.[3]

I insist: if Walter Benjamin was right to believe that only a redeemed humanity has a past that is citable at every moment, then Mr. García's reluctant narrative of his story with illness, his history within and around the General Insane Asylum, was hardly trivial.[4] Developed in the most ominous shadows of progress and modernity and punctuated by suffering and destruction, this life history constitutes one of those ruins so dear to the German thinker's theoretical imagination—a ruin that contains, whether cut short or undeveloped, an alternative past and, consequently, an alternative present.

In this chapter I quote extensively from the text authored by Marino García, his doctors and nurses, as well as General Insane Asylum authorities, first and

foremost to make the text present or, in other words, to help it to complete its own trajectory and find its rightful addressees.[5] However, I also quote from them in order to counteract the derealization of the Other, the violent process by which some lives become unreal and even unrealizable, with which they remain "neither alive nor dead but interminably spectral", and for that reason, beyond intelligibility.[6] Beyond humanity.

In many ways, then, this chapter is a long overdue obituary for what Butler terms a grievable life. A life lived. A life that counts in its own right. Finally, I quote from Marino García's text because the tragic elements of his life—the emphasis on suffering and the limits of human experience, the stress on the encounter of antagonistic forces able to disturb the hierarchies that hold them in place—might contribute to a revision of our contemporary notions of social agency, frequently invoked in terms of heroism, achievement, or victory. Marino García's sense of agency and our sense of what is victorious could be a paradox, an underlying pairing that is seldom examined, in our contemporary notions of what is history and who makes it.

Pure Illumination

It is not so uncommon for historians to concern ourselves with placing the text (the document, the story, the event, the facts, the narrative) within the context we are striving to illuminate. Playing the role of the ventriloquist's dummy, the text is expected to speak for something greater than itself—family, city, gender, society, nation—in a voice made faint, almost inaudible, by the passage of time and the noise of contemporary life. It is the task of the historian, then, as a sort of ventriloquist, to train the ears to sense the most resonant notes, and especially the faintest ones, emitted by the long absent voice to identify (or more precisely, to produce) the significant, discarding the trivial in the process.

Some, the empiricists among the ventriloquists, salvage pieces of information, elements of history, in which they believe the link between text and context is most apparent. Others, those drawn to the linguistic turn and fascinated by the intricate details of human meaning, attempt to rescue storylines, narrative strategies through which the long-absent voice interpreted, and therefore lived and produced, that context.[7]

In both cases, no matter how distant they may be from one another, the emphasis falls on the illuminated context, the supposedly natural outcome of historical research and argumentation. Knowledge. I am writing this chapter to present what I see as an alternative (but not completely opposite) view of this

process, a view deeply influenced by my activities as a fiction writer (as they call *escritores* in the United States) and poet. Simply put, I am siding with the aspect of history we call the text, the sentences and paragraphs, the anecdote and characters, the one-word lines, the atmosphere, the descriptions, the sense or lack thereof, the format and its constraints, the syntax, the blank spaces, the opening sentence and the chosen ending that form, among and with other elements, the text that we read as though it were a voice.

I believe, with experimental writer Gertrude Stein, that a contemporary text, dense with its own sense of presentness, is one that embodies its own context in its grammar and syntax.[8] From this perspective, the text is not a reflection, metaphor, or repository of the real, but one of its incarnations. The text does not represent the real; the text is (at least a version of the) real. The text *is*. The text does not illuminate its context: the text is pure illumination.

I am convinced that it is there, in the plenitude of the "*is*" that characterizes the text, that the mutable, ephemeral historical "I" is located: the "I" that historians, at least those affected by meaning, aspire to grasp and by which they hope to be inspired. I am not referring, of course, to the mythical Author who, after Roland Barthes and more emphatically after Michel Foucault, lies dead in our hands but to the polysemic and heteroglot convention that attributes a sense of intimacy and personal uniqueness to the "I" that lies in the core and corners of the system of production of discursive meaning involved in and by the text.[9]

Neither buried nor on the surface of the text, but within it like marrow, the plural and often contested experience contained and expressed by the historical subjects that we study is thus able to confer this trace of humanity that imbues a sense of the personal that lies both within and beyond the subject, in the stories we write.

This is a reading of the text through which and in which there is a slippage of Marino García's experiences, views, and the alternative yet undeveloped notion of the history of modernization. It is a reading that will explore in fundamental terms how the text embodies its context, which is only a slightly different way of saying that I will search for the ways the context lives in and gives meaning to its text (because it belongs to it, if we are willing to recognize that all human experience is plural) in the here and now of its happening, and produces meaning in the place of knowledge. This process of translation (from the language of one time to that of another) is, in my opinion, the fundamental task that modern societies have entrusted to historians. As keepers of the convention we call "the anecdote," I believe that historians belong to those places around the bonfire where the community finds its most meaningful core.

A Punch to the Face

For us, it all began on October 25, 1919, the day Marino García, sporting a straw hat and a large moustache, entered the General Insane Asylum for the first time as a free and indigent inmate diagnosed with progressive general paralysis by a medical resident whose illegible signature marks the end of the official questionnaire through which his story, the story of his life with illness, remains accessible to us.[10]

For Marino García, who claimed to be ninety-eight years old in 1941, the story began much earlier, in Polotitlán, a town in the state of Jalisco. Yet he said very little, or rather, the resident wrote very little, about the years of his life spent beyond the asylum grounds. He stated that he had siblings, but he said he did not remember any of them. He said that he had a daughter and refused to mention her again. He said he had suffered from an ulcer, only adding that it had developed in his scrotum. He said that he did not drink alcohol or smoke. And, before moving on to the section describing his current state, the resident noted that Marino García stated that he was not insane.

We know this information only because Marino García or his anonymous companion in 1919 answered the set questions included in the institution's medical questionnaire, a document that included his photograph on the left side of the page as well as the heading "General Insane Asylum" and the subheading "Interview" in bold print.

The questionnaire displayed information about his personal history to the right of his image and, in six different sections, gathered data about his own health and that of his family, from the distant past to the present, ending with the doctor's diagnosis. The terminology of each section, which included titles such as "direct, atavistic, or collateral family history" and questions like "Are there or have there ever been in your family any nervous, epileptic, mad, hysterical, syphilitic, suicidal, or depraved individuals?" clearly betrayed the pervasive influence of nineteenth-century psychiatry on the medical and social views of the state insane asylum.

So when Marino García met the unnamed medical resident in the institution's observation ward, he did not tell his life story, but rather, constrained by the general interview format and the unwritten yet established ritual of the initial examination, he adapted that story to the interests and concerns of psychiatric hospital doctors, nurses, and authorities. Thus, he narrated the story of his life with illness; more precisely, he narrated the story of his life within and around the walls of the General Insane Asylum.

In many ways, too, Marino García translated himself, first for himself (if we accept that remembering is a process that involves situating the past in the context of the present) and, still more fundamentally, for the medical resident, upon whose expert judgement his future depended.

After not recording Mr. García's speech but only referring to it indirectly through the use of the phrase "he said," it was this unnamed doctor who first noted that the potential inmate spoke with the King of the Heavens and only took orders from Him; almost to the word, this phrase was used by the followers of Saint Teresita de Cabora, who had rebelled against the forces of the government of Chihuahua about twenty-five years earlier.[11]

Referring to the information offered by the anonymous companion, the medical resident briefly acknowledged that Mr. García had punched General Tejada in the face in Amecameca, the town in the state of Mexico where he lived. After describing what he had witnessed, the resident noted that Marino García kneeled when speaking with God.

Writing as an expert, the physician noted his delusions of grandeur, which he described as absurd, contradictory, and incoherent. Despite acknowledging that he had not been able to examine the patient due to his irascible temper, he nonetheless diagnosed him with progressive general paralysis, a conclusion sometimes disputed, and other times confirmed, by the various doctors who examined Marino García in later years.

From this exchange of information and especially from the very structure through which this exchange took place, we learn that the General Insane Asylum, as we might expect, was organized according to an internal hierarchy that placed greater importance on and gave more power to the words and conclusions of doctors. As in all state mental health institutions, for example, it was irrelevant that the patient might have claimed or even demonstrated that he or she was not ill. Nevertheless, we also learn that this existing hierarchy required the inclusion of inmates' views, preferably in their own words. Doctors' references to Mr. García's words, despite being what was expected of a medical resident at the institution, alert me, for example, to the real need and the potential complicity between a doctor seeking to become a professional psychiatrist and a patient vehemently insisting on demonstrating his mental health or the reasons explaining the onset of illness.[12]

Unequal yet dynamic, the relationship between the unnamed medical resident and Marino García was also based on a crucial but partial void: the silence surrounding the incident in Amecameca, the alleged punch to the face of one

General Tejada, after which Marino García was escorted to the General Insane Asylum on the outskirts of Mexico City.

This elision of the context, noted quite clearly in the text, signals the irruption of the presentness of Marino García and the unnamed doctor. Invisible because it was everywhere, not identified because it was ever-present, the reality of the Mexican Revolution of 1910, whose armed phase remained unfinished in 1919, entered the text as surreptitiously and inadvertently as an unwelcome guest.

Marino García's file, which contained a medical version of his life, was all about this unspoken detail. His illness, whether real or attributed, embodied the abnormality of a punch connecting to the face of one General Tejada since, without that gesture, Marino García would not have been taken by an anonymous companion to the very doors of the asylum. His confinement thus constitutes the "in which" as we often refer to the larger place or larger narrative that we suppose contains the event or story we are recounting.

As things stood, then, Marino García suffered from progressive general paralysis, a condition more commonly associated with men than women and one of the most common diagnostic classifications in the institution. Accordingly, Mr. García was placed in the ward for neurosyphilis patients, one of the six wards that made up the institution.[15]

Unduly Confined

Perhaps we would not have heard of Marino García again had it not been for the concern of the General Insane Asylum's chief administrator, Mr. Rogelio Garmendia, who became alarmed when he learned that one of the inmates seemed to have a great deal of metal tools in his room. Then, thanks to the investigation team promptly assembled by Simón López Muñoz, institution superintendent, we gained access to Marino García's life with illness and as an inmate at La Castañeda twelve years later, when the postrevolutionary regimes of the northern generals Álvaro Obregón and Plutarco Elías Calles had come to an end, and the country found itself in the midst of the so-called Maximato, a period dominated by the behind-the-scenes maneuvering of General Calles.[14]

In a rapidly growing metropolis receiving renewed welfare system attention, now keen to offer revolutionary regimes the material and ideological means to reform Mexican citizens in order to contribute to the creation of the "New Man," the General Insane Asylum experienced an unexpected and brief period of prosperity.[15]

After years of total neglect, a group of doctors vigorously led by psychiatrists Samuel Ramírez Moreno and Manuel Guevara Oropeza had initiated the first administrative and medical reform of La Castañeda in 1929, implementing more scientific nomenclature in the wards, paying greater attention to the medical objectives of the state institution, and above all, privileging work therapy as the primary treatment offered by the establishment.[16] Rogelio Garmendia's alarm and López's prompt reply would have been impossible prior to these transformations.

Based on answers from the nurse, Mr. Ricardo Reyes, who had direct contact with Marino García, Mr. Garmendia learned not only that the patient had the privilege of sleeping in a room of his own (a rare case in a very crowded institution, especially for a patient admitted with free and indigent status) but also that Mr. García had indeed collected a large quantity of objects, some of which were steel tools, and that he kept them in his room, jeopardizing his safety and that of other patients. According again to Mr. Reyes, Marino García had not received medical treatment in his previous four years of confinement.

When questioned, Marino García briefly confirmed Reyes's version of events. He had been in the institution for twelve years, specifically in the neurosyphilis ward, despite not being insane. He had personally collected the steel tools little by little and had not allowed medical staff to examine him because he did not feel sick. Interestingly enough, at this point, the once invisible blow that brought him from Amecameca to the insane asylum disappeared once more. Marino García came to the institution because he was a beggar, a term duly underlined by an investigation team that was surely aware of the ongoing efforts of the public welfare system to differentiate clearly between the deserving and the undeserving poor in its social assistance programs.[17]

Structured as an official report and, for the first time, typewritten, information about Marino García's life in 1931 was not the result of the direct exchange between doctor and patient. Rather, it originated in a long and increasingly hierarchical line of asylum players, starting, in descending order, with the alarmed general director, followed by the diligent superintendent, the attentive head of nurses, and the succinct nurse—only to end, once again, with the patient himself.

In this more bureaucratic milieu, the participation of Mr. García, who was interviewed last, became less important. The report did not include direct quotations of his discourse, allotting him only five or six lines in a text of forty—and this was only to confirm what had been said by someone else and already recorded in the report. It did not mention the delirious ideas that the unnamed medical resident had found so absurd, incoherent, and paradoxical in 1919.

Nor did it include any mention of his life in the psychiatric hospital. How was he able to get a room of his own? Did he find the objects he collected inside or outside the asylum? Did he use the steel tools that he had in his possession? Neither the general director nor the superintendent attempted to address, much less answer these questions, at least not in the report. Marino García's situation, however, was so unusual at La Castañeda that the general director did not hesitate to describe it as abnormal and almost immediately to solicit the expert advice of one of the doctors.

Written, like all official correspondence, in third person singular, the report refers indirectly ("he said") to all the information generated by the implicated actors, with the exception of the lines written by Dr. Luis Vargas, who briefly examined the patient and found him to be in good health without turning to laboratory tests, and thus authorized his release.

In the words of the quoted doctor, Mr. García was ready to return to a family he lacked and a society he had not seen or participated in for twelve years. In a laconic, objective tone, the report then indicated that the preceding findings revealed that "this individual was unduly confined for a long period of time."

Marino García's file does not include information about his release. We do not know whether he felt relief or apprehension about such a radical change so late in his life. We do not know if he interpreted such an abrupt change in his situation as a miracle worked by the "King of the Heavens," with whom he sometimes spoke, or as the punishment of the very earthbound institutional authorities. All we know is that he left the psychiatric hospital in 1931, only to return ten years later.

This Is Precisely My Story

In a more simplified record format, including the heading "Federal District Public Welfare" followed by the phrase "General Asylum" and an even smaller, centered subheading "Record Form," Dr. Mario Fuentes typed updated information on Marino García, who in 1941 was an elderly man with a white beard and bulging cheeks who, nevertheless, stared intently into the camera lens that photographed him.

The passing of time became evident not only in Marino García's face but also in the structure and language of the new, modernized record form. The official format no longer included questions related to the "atavistic" family history of the patient, nor did it ask, explicitly at least, about sexual or drinking habits. Instead, it divided the new information into four different sections with neutral

titles: Previous confinement; History prior to admission (referring party, certificate presented, accompanying parties); Condition of the incoming patient (appearance, attitude, expressions, clothing, etc.); Evolution of the affliction (according to informants). If elusive modernity had once meant the triumph of science over popular belief, the victory of the vanguard over obsolete tradition, these apparently value-free headings showed that even the most peripheral of public welfare system institutions had left behind, or was finally ready to leave behind, its dark and rather infamous past.[18]

When Marino García returned to the asylum, just a year after General Lázaro Cárdenas left the presidency, and land, work, and educational reforms were supposedly implemented, just when the nation was heading toward an era of less difficult relations with international capital, the record format was not all that had changed.[19] Mr. García was no longer married, but single; he no longer was a tinsmith, but a peasant. Moreover, he arrived this time escorted by a police officer. Despite the referral by the Mexico City tenth police precinct, Dr. Mario Fuentes attested that there was no information on why the returning inmate had ended up there again.

It is clear, however, that Dr. Fuentes took his job as a psychiatrist in the mental health institution very seriously, since he described the patient's condition in great detail and allowed his discourse to enter, quite freely, into his own narration through the use of quotation marks. The fact that Dr. Edmundo Buentello did the same shortly thereafter affirmed his status as one of the most prolific and well-regarded psychiatrists in mid-twentieth century Mexico City.[20]

It is thus thanks to the growing professionalism of psychiatry, implicit in the record form and manifested in the doctors' careful rendering of the facts, that we now have access to Marino García's own version of his past and present as a state insane asylum inmate. It is due to and not in spite of, in avoidance of, or in contrary to this professionalism that Marino García's words could finally occupy a relevant space on the page, now called simply the "Record Form," and in the semiotic interaction at the core of all medical diagnoses.[21]

As he had done ten years before, Mr. García stated once again that he was not crazy and added that he had indeed been at the institution before, for twelve years, although not as an inmate, but as a guard at the establishment.[24] This time, he agreed to remain at the institution as a gardener. Once this was decided, Marino García proceeded to talk and Dr. Mario Fuentes, and later Dr. Edmundo Buentello, began to transcribe his discourse, apparently a long, convoluted speech about aspects of life that we usually divide under such rubrics as religion, history, nature, medicine, and sex. We do not know how long the session lasted or if the

doctors gathered all this information in one interview or several. What we know is that Marino García took full advantage of the attentive listeners before him.

We know that he spoke.

On religion: My Father, God, is the only one who talks to me. Since long ago. He talks with me. That is the reason why I came here the first time, that is precisely my story. . . . I have not died because my Father is eternal, and He told me that I would be too. I am ninety-eight years old and my Father tells me that I have been reincarnated in my body during the last fifteen years.

On nature: From here [Earth] I have nothing; from above, I have the sun, the Earth, the air. I own everything, He has given it all to me. . . . There is a kind of air that is like an injection; it cleanses everything. . . . The air is what cleanses.

On history: I was wandering the streets, and bullets shot by the Indians playing out there up in space were falling on me. They talk to me, sometimes. They call me by my name but they do not shoot me on purpose. . . . Among those who play up there are Christians and Mexicans. I saw an Arab yesterday, up in the air, up in the sky, where the bombs explode. I have not died from the shooting because my Father has told me that I am eternal. Where I used to work there was war and the Villistas and the Carrancistas would chase me for no reason.

On medicine: In this very moment, my Father is telling me that if you inject me, he will send lightning bolts upon the person who injects me.

On sex: My Father has told me that, in one year, I will be ready to take the body of a woman, body to body. For now I console myself just as Saint Joseph did.

THIS, THEN, IS what we have of Marino García some fifty years later: a collection of quotations from his citable past; a set of fragmented maxims of his life; a sample of intimate fractals: letters from an alphabet unknown to us. Marino García, in other words, did not prepare a narrative of his life: the unfolding of meaning over time, the mechanism that "resolves a fundamental antagonism by reorganizing its terms in a temporal succession."[23] Perhaps, if given the opportunity, he would have done it, but at least in the psychiatric hospital and in the presence of psychiatrists, he did not do it. He was not required to. Or he did not want to. Or he did not know how. Perhaps this was not the way he naturally organized the story of his life.

However, he gave the psychiatrists the pieces of information they so needed in order to arrive at a scientific diagnosis. He also gave them the limited but precisely located interpretive events that opened windows on themselves, on the meanings of his life. And that is how, later in time and farther in space, we come to know about Marino Garcia's life.

Through these alephs of sorts we know that Marino García was a deeply religious, physically strong man who was able to endure for twelve years in an institution famous for neglect and overcrowding.[24]

We know that his faith also kept him alive outside the asylum during the next ten years, of which the only certain fact is that he was fond of frequenting movie theatres. We know that his Catholicism was rather flexible and heterodox and included direct contact with a masculine and paternal God, acceptance of the saints, and the concept of reincarnation.[25]

We know that, despite being poor, since he clearly stated he had nothing on earth, he felt proud of his natural, God-given possessions (the air, the sky, the fields, and the landscape). We know that he associated the female body with spiritual pollution and that, although he felt he was nearly ready for it, he had not had sexual contact with women, instead remaining celibate.[26]

We know that he recognized and clearly differentiated between Indians, Mexicans, Christians, and Arabs in his social milieu, a classification recalling Borges's mappings of the world.[27] He was also familiar with the violence of bullets and the existence of armies of Villistas and Carrancistas, who had chased him without cause on one occasion.

He had survived all this not with the aid of Western medicine, which he rejected, but with the supernatural support of his masculine, paternal deity: the God who made him in his image and had transformed him into an eternal being.

As an astute social observer and a resourceful man who invariably viewed his world through the lens of his deeply held religious beliefs, Marino García captured the attention of concerned doctors at the state asylum. In turn, he offered them fragments of his life. More than pieces of information, they were pieces of interpretation. Pieces of a life lived.

Limited and precisely located, these interpretive events did not unfold, did not develop in the temporal sequence we associate with narrative.[28] They do not explain. They do not stand for or in place of modernity, that slippery concept that was then as it is now the elusive goal, the unreachable end of the rainbow of twentieth-century Mexican political and government imagination. That reality constructed, lived, and suffered by the likes of Marino García is modernity.

Plagued by voids, interrupted by silence, both chosen and imposed, broken into fragments, Marino García's story seems traversed by syntactical and historical violence. This is what we know for certain. In a modern way, I would like to keep this just as it is: open, broken, interrupted. Only more violence, the type of violence inherent in the reordering of linear narrative, could smooth its surface and fashion fragments into the unfolding narrative of academic discourse.

As San Francisco experimental narrative writer Kathy Acker once said: "The writer is playing—when structuring narrative or when narrative is structuring itself—with life and death."[29]

This, such as it is, is the life of Marino García. His death.

A Sense of the Tragic in Life

Much in the manner of postmodern novels, which often include multiple points of view in fluid structures with open endings, Marino García's file provokes awe, in the best of cases, and confusion, in the worst. Uncertainty. There is no one truth that develops linearly through time, toward health or death.

No one in the psychiatric hospital, not even the increasingly professional doctors, was in a position to decide which of the various versions of Marino García's suffering was the most significant, not to mention the most true. Each document included in the file completely contradicted or radically revised the previous version once assumed to be factual, true, commonsense, credible . . . "the One." Each document indeed superimposed a new meaning, not necessarily related in logical terms, over the past, and transformed the so-called original text in itself, again and again. I am convinced that if we cannot find the unique and authentic version of this life, it is because that version does not exist. What exists is this paradoxical material that resists linear narrative by its very paradoxical nature.

An interpretation of Marino García's life should, by necessity, preserve that disposition: the paradoxes, ruptures, silences, voids, revisions, and versions—both on the page and in the interpretation of the page.[30] It is, in the end, and from the very beginning, a matter of life and death. Of life over death.

From time to time, so-called subaltern subjects manage to enter the halls of academia cloaked in the narrative attire of the negated cultural hero, saved from anonymity by the grace of our words.[31] Based on what I call a positivist interpretation of agency, historians, for the most part, pay attention to the social actors who did, or contributed to doing, something significant, something that will speak, in turn, of something greater than itself. This state of affairs requires a broader comprehension of the concept of agency, capable of perceiving alternative narratives or, better put, alternative non-narratives—broken, stuttering, uncertain—that embody the experience of those of us who cannot or do not wish to conform to the orderly linearity of vanished capitalism or academic discourse. I have referred to this broader concept of agency as "tragic."

As a term that necessarily points back to Aristotle's Poetics and often represents the fatalism of common discourse (for in tragedy the hero is destroyed),

tragedy stages "the relationship between suffering and joy in a universe which is often perceived as at best inimical or at worst radical in its hostility to human life."[32] Celebrated as a Dionysiac delight (after Nietzsche) or mourned as a world fighting against human will, tragedy includes the important element of purgation "by pity and by fear," in Aristotle's terms: the process by which human limitations are recognized and accepted. Yet, as Karl Jaspers has argued, tragedy works when it reveals "some particular truth in every agent and at the same time the limitations of this truth, so [as] to reveal the injustice in everything."[33] This revelatory power led Raymond Williams, with Bertolt Brecht in mind, to perceive tragedy through the lenses of suffering and affirmation.

> We have to see not only that suffering is avoidable, but that it is not avoided. And not only that suffering breaks us, but that it need not break us. . . . Against the fear of a general death, and against the loss of connection, a sense of life is affirmed, learned as closely in suffering as ever in joy, once the connections are made.[34]

These tragic elements—emphasis on suffering, the limits of human experience, the encounter of antagonistic forces able to disturb the hierarchies that hold them in place—have proven particularly useful for social analysis of revolutions.[35] These definitions themselves would become the needed recurrent concept of tragedy within the theme of revolution.

Paying serious attention to the suffering of the majority, a task still waiting to be taken up by scholars of Mexican society and culture, is a way to identify the tragic origins and tragic subjects that have comprised Mexican modernity. The pained narratives of the men and women inmates of the General Insane Asylum show, just as in tragedy, the way that "the detail of suffering is insistent, whether as silence or as the reshaping of lives by a new power in the state."[36] Thus, in stutters and slashes, suffering comes to life as a social and cultural experience involving the most ominous aspects of the modernization and globalization processes.[37] Far from appearing as maladjusted victims or, worse, passive, fatalistic beings in the world where it was their lot to live, this view emphasizes "the devastating injuries that social force can inflict on human experience" and, above all, the various ways in which sufferers identify, endure, and unmask the sources of their misfortune. In this sense, my notion of the tragic agent, more an intimation than a concept, attempts to grasp what appears to be common sense in so many narratives from the asylum: suffering destroys, but it also confers dignity, a higher moral status, on the sufferer. Recognized in its complex origin and its little jabs at life, suffering confers a sense of humanity.

CHAPTER VII

Con-juring the Body

Making History and Fiction

Introduction by Ileana Rodríguez

This chapter discusses historical memory as collective memory, using the special case of Modesta B.'s file from La Castañeda General Insane Asylum in Mexico City to illustrate her view of citizenship construction. Memory and citizenship are thus linked in this text to the processes of writing and reading documents that make up historiography. The text focuses on the following questions: How does memory emerge in a text? When you read any document, within or beyond your discipline, do you consider it an object of memory? Do you read a text differently when you consider it interdisciplinary or extradisciplinary?

What seems stimulating to me as a reader in this text is the way it answers the question. The text does not speak directly of memory or citizenship but shows how these two categories are constructed through a notion of history as an academic discipline. Its project is the reevaluation of work in this discipline through a timely and selective discussion of instances of the oral as writing and of the written as orality, in order to move toward an ethnographic history able to listen to historical voices and reconstitute the phenomenological body. Memory, I understand through this writing, consists of the capacity to hear these other voices inscribed in the crypt of archives today; it consists of knowing how to distinguish between the word in written form and word as breath; it consists of being able to respond to the gesture, to the air in the pause placed between two words, to the marker of doubt. And citizenship, in this instance in particular, is that which depends on the readings of a phenomenological body, readings that have been recorded in an archive of contradictory words in which the social dialogue established around a woman, Modesta B., is readily discernible. Rivera

Garza tells us who the speakers in this document are and how the amendments to the text reveal the debates that constructed Modesta B.'s body as a text.

As a reader, I enjoyed the following from the start: the process of selection of quotations from other texts; the scholarly conversation between absent participants through memory of other texts that are linked together and leave their own traces; the metaphor of how, like a flash and a moment of danger that I take also as a moment or place where memory emerges, proper names of the speakers light up and fade away, the precise moment when they shine. I enjoyed the points of organization of disciplinary knowledge and the sense of creation of the dull and commonplace, of writing about writing since it contains nothing new; but above all I loved—a verb that is not used in academia due to its private, feminine connotations—the series of questions that the author asks about Modesta B. herself, that woman of whom the texts speak, because that is a form of reading. This is the kind of reading that illustrates the moment in which one loses the thread of the text and begins to dream; the moment when one recalls a memory by way of that same text, in reading; the moment of constructing worlds because the text dazzles and casts shadows. What I have learned from these readings as memories of other citizenships, in other disciplines and fields of knowledge, is the power of the well-written word, the careful word. And I think: is not this what we call literature?

> If memory intervenes in a story, that story is certainly fictional.
>
> —Néstor Braunstein, *El atizador de Wittgenstein y el agalma de Sócrates a Lacan*

I. Acting as If

Another way of expressing what follows would be to ask oneself: is it possible to interview a historical document? At the same time, this question is just another way of expressing the possibility that the contemporary reader has, or does not have, of establishing a dialogical, interactive, face-to-face relationship with written information that comes from the past. In its most general sense, it is the question that gives life to Jacques Derrida's *Of Grammatology*. The question attempts to bring to the specific field of history writing the complex relationship that unites and divides oral language and written language in extremely complex

ways. It questions not only the very field of history writing but also the process of collective memory construction that history writing represents or fosters.[1]

It is a question, then, about reading and writing strategies that motivate historians to act as if they could, in effect, do what they promise: listen to voices from the past, make them speak. This question, which is directly related to the creation and consumption of history texts, is, therefore, eminently political in nature; that is, it touches on certain academic forms of producing the past and proposes the use of a contiguous mode of reading historical documents and writing history texts. That contiguous mode seeks to make visible the crisis of representation that has permeated much of contemporary art and postmodern daily life. I have called it the ethnographic mode because its assumptions are clearly rooted in the textualist criticism of a certain cultural anthropology related to the seminal work of James Clifford but also because it is driven by questions that incite certain contemporary experimental narratives. For these narratives, histories and the ways they are told are not transparent or neutral but rather imply a real relationship—albeit a flexible one—to power, including the power of seduction.[2] The question, which is actually plural, invites critical consideration of the narrative strategies that are accepted and adopted by academic historical discourse, including its most sacred metaphors. Based on a rereading of a file from La Castañeda General Insane Asylum—a file that has already given rise to a fictional text, that is, a file that is making its return journey toward history narrative proper—it proposes reading and writing measures for the creation of dialogical, process texts that would embody, as Gertrude Stein would put it, the velocities and textures of the contemporary world.

It all began, as these things often do, because of a metaphor that was so common and familiar that it had become transparent for me over time but not, for that matter, less mysterious. On that occasion, on the occasion that I am referring to now, anyway, I was reading the introduction to a history book in which I was assured, for the millionth time, that this book *would speak*, that is, that this book contained voices from the past and that in its role of effective medium or ventriloquist, this book would transmit them from their spatially and temporally remote origin to the space and time that I occupied in that moment. The promise seemed extravagant. Why *voices*? Why voices if what I was doing at that moment was reading written words, inscriptions without sound or presence on impassive white paper? Like any historian who has used that cliché (and every self-respecting historian has done it), I knew that what is really meant by that metaphor is that the book will recreate the events or processes that are being

studied in such a faithful and human way that it will make the reader believe that he or she is really there, in the space and time where the events occurred or where the processes being studied are still underway. I knew that the promise was a convention. On that occasion, on that particular day, however, neither the promise nor the convention seemed so innocent.

We always wish for the impossible, we know that. While I was doing the research that would in time become my doctoral dissertation, I was reading medical files from La Castañeda General Insane Asylum, intent on knowing the lives of the inmates, their doctors, their authorities, as deeply and thoroughly as possible. Five or more years later, when I finished writing the academic document, I too claimed that the dissertation's pages held voices, and that if the reader knew how to listen carefully, those voices would transport him or her to another time and place. The echoes of those voices would even bring those times and places to the present. A sort of imbrication, or what Walter Benjamin called the now-time.[3] But then I was just a doctoral candidate, and as such I made these and other excessive promises with an ease that is appalling to me now. Time has passed. And no matter how much I would like, no matter how much I still wish, I cannot hide what cannot be hidden: in my book there are no *voices*. My book is a series of sentences organized in paragraphs and divided in chapters. My book not only cannot conjure the absent body that the use of written language presupposes, but moreover, it is the irrefutable proof that that body, that presence, in effect, is not there. Mute, rigid, motionless, my book is dead. My book, like all books, was born dead.

And yet, it is not dead. Thanks to the writing that also substantiates its death, my book continues to signify. And it is because of this other inevitable process, because of the resuscitation that every reading presupposes, that I dare to suggest that after all—this should be said with the unabashed spirit of the grad student—it is possible to "interview" writing. Another way of saying the same thing is to claim that not only is it desirable, but it is also possible to approach written language in ways that produce that effect of immediacy and presence that, in social terms, is allotted only to oral interaction. An additional way of writing something similar by writing something radically different is to write that as historians, it would be worth exploring all the richness of effects that written language is capable of and that in fact, according to Derrida, are possible in oral language only because in the first place they exist in *différance*, in the written dimension.[4] But to do this requires more than a simple enunciation or conviction. It is necessary to construct reading and writing strategies that allow that approach—an approach within the "as-if," a deceptive approach: in short, a

fictional approach. Approaching writing as writing, as an artifice: traces of a hand putting ink to paper.

This is the heart of the matter: in order to think as-if history books could speak, as-if we were interviewing them, as-if I were a cultural anthropologist and they were my informants, in order to conduct an ethnographic reading of historical documents, it is necessary to employ strategies that, in social terms, are associated with fiction. Neither history strategies nor fiction strategies will conjure the absence of the body that both approaches presuppose and reinforce, but fiction's pretending, vowing (*juro*) that the body could be there, has more of a chance to persuade—and to persuade, not to demonstrate, is all that a historian can honestly aspire to do. After all, it is always easier to pretend to believe a *lie* than to pretend to believe a *truth*. This, of course, is nothing new. Renowned historians such as Natalie Zemon Davis or Robert Darnton, to name just the most famous, have managed to do this exceedingly well.[5] What I am proposing to do here is to outline those strategies, at the level of reading historical documents and at the level of exposition of that reading in the history essay, while I apply them to my approach to the medical files from La Castañeda General Insane Asylum. I do this not only because I think it is possible but also because I assume that the more transparent we make the metaphor of voices contained in history books, the more relevant the books and the "voices" can be. The relevance I am referring to is not, of course, only academic, but above all, political. If society has charged historiography with the responsibility of producing and reproducing collective memory, then questioning and violating the mechanisms by which those memories are formed is the responsibility not only of a few experts but of all of us who participate in the everyday experience of production and perception of that memory. Because, as I have asked in other contexts, what is more powerful, and therefore more threatening, than to touch, to alter the way we perceive the world?

What I aspire to do is to produce a history text that is at the same time—and here I am borrowing a term from contemporary art—a process text, a cultural artifact in which not only the information contained is important, but also, maybe above all, the way that information was produced. If this is at all possible, information will cease to be information and become something else: a bridge, a reverberation, pleasure. Pleasure to the eye. With luck, with skill, with effort, pleasure to the ear as well. The pleasure of presence. Pleasure that is, in other words (always in other words), impossible.

II. Ear over Eye

Historians, who in most cases use written sources to document their work, say with suspicious ease that these works contain "voices" from the past. Although this is common, although it has now become a convention, the choice of the word "voices" rather than "writing" does not seem innocent to me. In fact, I firmly believe that this strategy has serious epistemological and political implications. I certainly doubt that historians who say they hear "voices" are trying to pass for schizophrenia patients in a perpetual fugue state, or for mediums communicating with the unknown, or for ventriloquists of lost souls. At least, I would hope not. But by emphasizing something that historians most emphatically do not do, that is, hearing the voice of a living being, the voice produced by a body-in-interaction, historians participate in the modern and postmodern attack on what Steven Connor in *Dumbstruck: A Cultural History of Ventriloquism* calls vocalic space: implicated and not explicated space in which the voice "can be grasped as the mediation between the phenomenological body and its social and cultural contexts."[6]

Historians read. Historians see letters written line after line and, when they are lucky, on rectangular pieces of paper we call pages. Historians depend on their eyes. And vision, as Walter Ong suggests in *The Presence of the Word: Some Prolegomena for Religious and Cultural History*, "situates man in front of things and in sequentiality" while "sound situates man in the middle of actuality and in simultaneity."[7] Vision, with its ability to shut down at will by blinking, has the active power to take, discriminate, and revise. At once the result and producer of a cinematic model, vision is, Connor insists, "an exercise performed on the world, as opposed to the bearing in of the world upon us that seems to take place in hearing."[8]

When I state the obvious, that historians do not rely on their ears to do their work, that historians, one might say, do not listen and are not, for example, anthropologists or journalists, I am also affirming that, as important agents in literate and visual cultures, agents of the world-of-the-eye, historians cannot, due to the very rules of their profession and by pure self-definition, capture the diffuse nature of the unceasingly intermittent world of sound, which irradiates and permeates the world in paradoxically and politically significant impermanence. No matter how much they would like to, historians cannot reproduce the oral situation they presume, because that is what they are doing when they insist that their works contain "voices" found within or before the writing of the letters. Readers of these letters are not trained to participate in the space of the sound and in the space of the presence-in-impermanence.

And yet, that is what they want to do. And that is what they should do. But to achieve this objective—to implicate the phenomenological body in its contexts, to promote, in other words, an ethnographic reading of historical documents—historians must question the strict methodological rules of their profession. If what they really want is to "hear voices," then they will have to formulate an appropriately schizophrenic method; that is, a method of incessant intermittence that would replicate the world of sound and that would therefore privilege the abilities of the ear over those of the eye.

Regarding schizophrenia as a method of research and even of reading, Deleuze and Guattari perhaps said all that can, or needs to be, said: "this intensive way of reading, in contact with what's outside the book, as a flow meeting other flows, one machine among others, as a series of experiments for each reader in the midst of events that have nothing to do with books, as tearing the book into pieces, getting it to interact with other things, absolutely anything."[9]

Only a method of this sort, only a liquid or gaseous structure adapted to the various flows of the world and threatening the conventional idea of the book—especially the history book, the academic history book—could account for what mediates between the voice that the historian does not hear but means to convince readers he hears, and the letters he does read and means to convince readers he does not read: the body. The presence of the body. The absence of the body.

III. To Con-jure

The verb "conjure" comes from the roots "con" (with) and "juro" (I vow). To vow can mean many things, but it also means to "promise." I would like to believe that to "con-jure" also is a way of designating that action through which it is possible to promise-with-another, although it is also a way, perhaps paradoxically, of exorcizing, of avoiding harm, of begging, conspiring. Thus, the phrase "conjuring the body" can be at once a way of exorcizing—or, what is perhaps the same thing, erasing the body or testifying to its absence—and promising, in plural and at the same time, its eventual reappearance. I believe that a similar movement unites what divides oral and written language: a disappearance and a promise of the eventual reappearance of the body. I believe that this threat and this offer are implicit in the quite deceptive presence of voices that historians say they hear when they are reading historical documents. Between one thing and the other, the body. The presence of the body. Its absence.

In *El atizador de Wittgenstein y el agalma de Sócrates a Lacan*, Néstor Braunstein compares stories about two meetings of philosophers: on the one hand, the

gathering that led to *The Symposium*, the famous text that contains a trace of what Diotima said to Socrates and what Socrates said to Aristodemus and what Aristodemus said to Apollodorous and what Apollodorous said to "a friend" and "that friend" to Plato and Plato to his readers; on the other hand, two or three versions that bear witness to the encounter, or lack thereof, between Wittgenstein and Popper. Between one event and the other, Braunstein points to the lacunal role of memory in both retellings, affirming: "If memory intervenes in a story, that story is certainly fictional."[10] In addition to including Derrida's *The Post Card* in the definition ("Each one makes himself into the *facteur*, the postman, of a narrative that he transmits by maintaining what is 'essential' in it: underlined, cut out, translated, commented, edited, taught, reset in a chosen perspective. Truth? It has the structure of fiction! Fiction? It is the *facteur* of truth"), Braunstein uses an aside to describe the relationship between oral and written language in terms of the also famous gap that is never closed between Achilles and the tortoise. Braunstein states, "the written word chases the spoken word, trying to catch it in the very moment it arises. . . . Any record is an unfaithful shortfall, a semblance of a lost object."[11]

I do not think it is an exaggeration to say that every contemporary historian, especially every cultural historian, is aware of the complex interconnection of these three interrelated pairs of elements: memory and fiction, memory and (the failure of) written language, memory and the absence of the body. A reader of historical documents, those sarcophagi of oral language (and the presence of the body-in-interaction that it signals), reads the implicit absence of the body in written language. Thus, when the historian means to make his readers believe that he is a listener, that is, when the historian lies, even to himself, when he offers the impossible, what is in play is not a simple schizophrenic metaphor, but that absence of the body that manifests—that embodies, Gertrude Stein would say—the lack of interaction, dialogue, and incessant impermanence that plagues written language.[12]

To be clear: I do not think it is wrong for historians to promise what they cannot give. Moreover, I am always in favor of those who offer or strive for the impossible. Thus, to vow-with-another (who is the reader) that the history text will embody interaction, dialogue, and the incessant impermanence of oral language seems to me not only desirable, but also possible and urgent. It seems to me too, that it corresponds to fiction, which is, as Derrida said, the facteur of truth. Its form.

IV. The Typical Situation

The situation is typically the following:

1. Assisted by an archivist, the historian discovers documents that she had imagined or intuited but whose true or real existence—whatever the philosophical persuasions are in this case—she can only truly know for certain at this moment, the moment she encounters the document.
2. The historian reads in a room that is often cold, and if she is lucky, systematically organized.
3. As she reads, the historian imagines what could have happened. This is the moment when "voices are heard."
4. The historian takes notes, which is to say that she writes about what was written. She rewrites. She inscribes what was written in new written contexts.
5. Now outside of the cold, systematized room, the historian translates that writing into academic language and structures.
6. The historian graduates.

V. Enigmatic Version of the Typical Situation: Three Proposals

> The categories of the past cannot be other than reconstitutions;
> the categories of the present are betrayals; therefore, the only
> possible choice is between two falsifications.
>
> —Pierre Boulez, *Writing the gesture*

The first time I saw a medical file from La Castañeda General Insane Asylum, I knew immediately that I would write a book about it. Of course, I did not know then that I would end up writing several very different texts on the subject, nor did I know that the writing of each of these texts would make that first document all the more enigmatic, rather than less.

From the very beginning, it was about Modesta B., the patient who *talked* so much. She was born in Papantla, Veracruz, near the end of the nineteenth century. Also known as Matilda Burgos, she spent much of her adult life—thirty-five years, to be exact—in a public welfare institution that was notorious for its medical negligence and a lack of resources that compromised even its surveillance systems. I want to say that even though Matilda was taken to the

asylum by force—the incident was apparently set off when she scuffled with soldiers on the street—she remained there more or less of her own volition. During that time, like many other inmates participating in work therapy, Modesta B. worked in one of the institution's workshops, in her case the one devoted to fashioning sarapes. Unlike many other inmates, however, Modesta B. also wrote a sort of diary that she called her "Presidential Dispatches," in which she critically elaborated upon the state of the nation as well as the internal situation at the asylum. With the large, uneven handwriting of a novice, Modesta B. commented on topics ranging from the situation of the anarchists to the lack of privacy in institution wards, among many others. In addition to the writing of doctors who treated and diagnosed her or the supervisors she worked for, Modesta B.'s file also contains printed traces of her experience: the written words through which the inmate captured her way of seeing this life, what she called "the real life of the world."

A version of one of my readings of these documents became *Nadie me verá llorar* (*No One Will See Me Cry*) which, to make things less clear from the beginning, was originally titled *Yo, Matilda Burgos* (*I, Matilda Burgos*).[13] The other versions are still being produced and reproduced in everything I write: texts referring specifically to psychiatric practice and social definitions of madness in early twentieth-century Mexico, and texts referring to all the other subjects that interest me. Although it might seem natural that I turned my dissertation into a novel rather than an academic book, more recently I have been wondering why I made that decision. The question is not of a personal nature, although one might think that it is. I mention it here because I think, in many ways, that the decision I made (behind my own back) is closely related to the argument I am trying to develop in this text: the narrative strategies offered and assumed by fiction facilitate a con-juring of the body that persuades the reader in general (and the reader of historical texts in particular) that "hearing voices" is not only possible but also desirable.

I return to the file for the millionth time. I return to a file that is returning—now in the very moment of my reading—from the world of fiction. It is, then, a file that comes back. This is a file that sets out on its return trajectory because I order it to do so, because my reading-in-historical-mode incites it to return to the starting point (which is not, as one might suppose, the point of origin). I return to it now to interview it, or to interview her, actually. It is, or in any case it should be, a reading in historical-ethnographic mode. It is, I mean to say, a false reading. An imposture. And what happens in this effort to read a historical document in an enigmatic way is the following:

a) Not how it happened, but rather, how it flashes in a moment of danger. This shining phrase belongs to Walter Benjamin, more specifically to his *Theses on the Philosophy of History*.[14] I recall it now to point out that this moment, like every moment in which a desire is enunciated, is one of those moments of danger. Another present. Another present-now. In this present-now, as in other present-nows, I am not interested in telling the life of Matilda Burgos as it happened. I mean to say that I recognized from the beginning that the task was either truly impossible or inevitably doomed to fail. In this present-now in which or through which I am looking to outline some questions about the approach—in the most enigmatic sense of the word—of reader and historical text, I go toward that file, which is actually now on its way back from its journey and its residence in fiction. I fly to the file to *hear her*. And of course, to begin with, it happens that I do not encounter her but others—police officers, doctors, laboratory workers, officials, and the other female inmates with whom the file was produced, and within the file, the diagnostic interview.[15] I do not know if every file is effectively an interview, that is, a point of confluence, an intersection, a negotiation, but I do suspect that every piece of writing is. Clinical files offer the historical eye a collection of texts created from very diverse points of view. To begin with, there are the questions formulated by an interdisciplinary team, financed by public welfare, which constitute the institution's official questionnaire. Then there are the answers, transcribed—that is, textually quoted—by a doctor, and less often, written by the patients themselves. The answers, too, come from various sources: police officers, previously consulted doctors, the inmate, relatives or friends of the inmate. These diverse answers are then copied over and over, especially when the inmate is a peculiar one, by the institution doctors: from handwriting to type, for example. All of these writings that compose the file, whether "originals" or "copies," embody changes of perspective that prevent any possibility of formulating beyond the shadow of a doubt "how the facts took place."

There, where "the typical situation" begs for an explanation, a summary of damages, a singular version among all the possible plural versions of the facts, I again make a choice—now with full and intentional awareness of the various writings that as such instantly become the writings in question, and thus the questioned writings. And this and no other is the starting point for producing the impermanence effect that invites me to feel as-if-interviewing a group of people. As-if-hearing them. I suspect that this effect has as much to do with identifying and accepting all available versions of the case, as with rejecting one, only one: the final version. Slowing, deviating, postponing, circling that

final version should be one of the primary tasks of history writing in ethnographic mode.

In other words: the moment of danger is not a light, but a flash.

b) Everything together, all at once: the collage as principle of constructing the page. Since writing history, long after I began writing novels, I had the suspicion that the general public does not read history books because, regardless of their topic or the story they attempt to tell, the vast majority are written in the same way. I am referring, of course, to academic history books that tend to explore inherently interesting subjects and extremely pleasant or scandalous stories. Organized according to principles that have been surreptitiously or openly inculcated by methodology manuals or books offering advice on how to write a thesis, many of these texts conform to, and at times confirm, a linear Aristotelian narrative, which includes three specific steps: development of a stable and properly documented context; description, preferably in great detail, of the conflict and/or event that occurs in said context; and production of a final resolution. This narrative, which tends to reproduce a linear, sequential, or visual idea of what is narrated, has the consequence of occluding the sense of impermanence and simultaneity that is so closely associated with the task of hearing and presence. History writing in the ethnographic mode, then, will require narrative strategies to counteract that phenomenon and open up the dialogical possibilities of the text. And this is where Walter Benjamin's advice, and his distinctive notes for a philosophy of history, reappear: collage as a strategy for composing a high contrast page whose result is knowledge, not as an explanation of the "object of study," but as its redemption.[16]

Like so many other records from La Castañeda General Insane Asylum, Modesta B.'s file is composed according to a similar principle. Although signed by a doctor, the diagnosis is neither linear nor definitive. On the contrary: a detailed reading of this textual material reveals that, like the file itself, the diagnosis is a multi-voice construct, and furthermore, it is contradictory. As a telling example, on the admission slip, the first page of Modesta B.'s file, the question of the reason for her admission is answered with the following two alternatives: "Mental confusion – amorality" and "Hebephrenic dementia precox." The first of these annotations has been conspicuously and pointedly crossed out. Like a palimpsest or a geological layer, the file gathers this and other revisions without erasing the earlier notes, and even more importantly for the ethnohistoriographic-mode reader, without incorporating the new versions into the previous ones; that is, without normalizing them. In this sense, the text is not just a collection

of traces: it is a collection of traces and inscriptions in constant and perpetual competition. Historiography in the ethnographic mode, history writing thought of first and foremost as writing, would have to pose for itself the challenge of embodying on the page of the book this sense of competitive and tense composition, this dialogical structure that is typical of and internal to the document itself. Collage, then, would not be an arbitrary measure of representation, external to the document, but rather, it is a strategy that in certain cases, in cases like Modesta B.'s, would contribute to bringing to paper her history and the way that history was composed at the beginning of the twentieth century on the grounds of La Castañeda General Insane Asylum. It is not enough, then, to identify "all" the possible versions and reject only one, the final version: it is necessary to show it.

The function of collage is to sustain as many versions as possible and place them so close to one another that it produces contrast, amazement, pleasure: the knowledge produced by an epiphany that is not enunciated but rather is composed or fabricated by the very construction of the text, its architecture.

What this means in terms of the position of the author within the text—especially in an era of experiments with the death of the author—is important. The historian in ethnographic mode who writes according to the principles of collage cannot preserve her hermeneutic position as interpreter of documents or decoder of signs. This is not a historian in search of the hidden meaning of things. This other historian—and here I use a simile from the world of contemporary music—fulfills the functions of a composer, or, even better, of an orchestra conductor much like Boulez. He states:

> At all times, the conductor must have the layout instantly available in his head, especially since the events that one wants to provoke are not produced by a fixed sequence, or because said sequence can be improvised and can change at any moment. One must "play" the musicians, as though they were keys on a piano.[18]

I now paraphrase: one must "play" documents as though they were keys on a piano.

c) Point to emptiness, point to the inexplicable. The crisis of representation that has given life to so much contemporary art—from process art to conceptual art, from minimalism to installation—not only led to a radical criticism of the object through the dematerialization of the work but also consequently changed the emphasis from the object itself to the artistic process of conceiving

the object now as a relationship with the place and the viewer. More than the "object" of reading or interpretation, these contemporary artistic products thus became the object of desire or of appropriation.[19] Something similar happens, or should happen, with history writing in ethnographic mode: properly contemporary history writing.

The more I go back to Modesta B.'s file, for example, the more I am amazed by how my questions about her—her experience and her history—have multiplied. Was she really the one who said that her mother had been murdered? Did she deal with Bolsheviks and anarchists like her writing in her "diplomatic dispatches" implies? Did she use ether? What does ether taste like? How did she get her clothing? How did she wash it? How did she clean her body, her hair, her mouth? What kinds of relationships, if any, did she manage to establish with other female or male asylum inmates? How did she look at the doctors who insisted on making her speak? Did they really insist, those doctors, on making her speak? Did she communicate with anyone else, anyone from outside? What kind of relationship did she have with Consuelo Díaz, the woman to whom her body was delivered in 1953? The questions are infinite, really. Few have answers. Lacking answers does not diminish their value, but only increases it. I am convinced that the amazement I feel when observing that my knowledge of her is decreasing or faltering over time is not a personal or private matter. That amplified not-knowing constitutes the very material for any writing about her person and her place in the world.

In any case, a history book that accepts as its own the crisis of representation that permeates contemporary art and daily life in the early twenty-first century would be forced to stop, with the appropriate care, at that not-knowing that impedes, postpones, diverts, and increases the opacity of the final or definitive version of her experience as a historical subject, that is, of her experience as a citizen of a country in an accelerated process of modernization under the principles of a so-called revolutionary regime. A book of history in ethnographic mode would have to do what US poet and theorist Charles Bernstein recognizes in the writings he terms "anti-absorbent": "Rather than making the language as transparent as possible . . . the movement is toward opacity/denseness—visibility of language through the making translucent of the medium."[20] For the case of reading and writing that now concerns me, this Bernsteinian movement toward opacity is, above all, a movement toward the impediment or diversion that keeps the anecdote from flowing as if it constituted the final version of itself. It is a movement toward writing, toward narrative, artificial, and political strategies, like a curtain

over an open window making it known that there, in effect, air is moving. There, in effect, something is happening, something interesting in and of itself.

As an opaque, densified process text, the history book in ethnographic mode would thus become an apt space to hold the trace of what is not understood or of what is understood less and less, with more and more uncertainty. That book is really an exponential question, and therefore, it is the negative of the book. It is a book that is made, and as it is made, it makes visible the method of its making. It is a book without an explanation, but with enigma. It is a book of shared enigmas. A minefield.

VI. Reading as Mourning and as Writing

US experimental narrative writer Camille Roy states: "In some sense, the writer is always already dead, as far as the reader is concerned."[21] Hélène Cixous writes: "Each of us, individually and freely, must do the work that consists of rethinking what is your death and my death, which are inseparable. Writing originates in this relationship."[22] Margaret Atwood says it in her book of essays about the practice of writing, aptly titled *Negotiating with the Dead*. Examples abound, but I believe that for now, these are enough to say that not only is there a close relationship between written language and death, but moreover, this relationship is recognized succinctly, poetically, or practically by the greatest variety of writers—among whom historians are suspiciously few. A relationship that involves death in such a way cannot be experienced or enunciated without a ritual of mourning through which the death in question is recognized and assumed, whether personally or socially. The book is the *sine qua non* of this mourning; it is an artifact of communication with the dead that makes manifest the most impossible longing for connection with worlds beyond earth, unknown and perhaps unknowable worlds. Therefore, a relationship that involves loss in this way—not least of which is the loss of bodily presence—cannot be enunciated or resuscitated without a trace of melancholia.[23] The melancholia of one who knows from the beginning that it is an impossible task (making the dead speak); the melancholia of one who, aware of that impossibility, continues reading anyway; the melancholia, too, of the file itself, perhaps forgotten for years, motionless, covered in dust, lost. But that accumulation of melancholia, whose intrinsic elements include the impoverishment of the self, could play a strategic role in opening a way for that other desire, the desire to live in wonder. If, as Cixous maintains, "the scene of writing [is] a scene of immeasurable separation," Kathy Acker is also correct when she argues:

> Whenever we talk about narration, about narrative structure, we're talking about political power. There are no ivory towers. The desire to play, to make literary structures that play into and in unknown or unknowable realms, those of chance and death and the lack of language, is the desire to live in a world that is open and dangerous, that is limitless. To play, then, both in structure and in content, is to desire to live in Wonder.[24]

Perhaps that desire to live in wonder brings us to the political implications of these history texts in ethnographic mode: something should happen in the real and true world (Modesta Burgos's phrase) when we make manifest the methods of construction of texts through which we socially recreate the plural memory of our present contexts. Something should happen in the real and true world, I insist, in the world of flesh-and-blood citizens, when the texts of our memory take on the syntactical, cultural, political challenge of embodying the narrative strategies of the documents upon which they are based, and when they take on the challenge, a promise that remains to the present day, to act-as-if they were heard at that very moment. This moment.

NOTES

Introduction

1. El Fondo del Manicomio General La Castañeda is part of the Archivo Histórico de la Secretaría de Salubridad y Asistencia (Department of Health and Welfare Historical Archive) in Mexico City. The materials in the Manicomio (Asylum) section include, but are not limited to, official memoranda, social welfare inspector reports, public health legislation, construction contracts, and personnel records. Archive titles will be abbreviated as follows: Archivo Histórico de la Secretaría de Salubridad y Asistencia (AHSSA); Beneficencia Pública (BP); Establecimientos Hospitalarios (EH); Fondo del Manicomio General (MG); Archivo Histórico de la Facultad de Medicina (AHFM); Fondo Escuela de Medicina y Anexas (FEMA); Asistencia Social (AS), Dirección de Administración y Estadística (DAE). The abbreviation will be followed by the number of the box or bundle and the file.

2. Hayden White, *The Content of the Form: Narrative Discourse and Historical Representation* (Baltimore: Johns Hopkins University Press), 1978.

3. Arthur Kleinman, *Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1998), 49.

4. As Kleinman asserted, the terms *disease* and *illness* are not interchangeable. Kleinman, *Illness Narratives*, 4–6. For an ethnographic perspective on the exchange between social and physical conditions of illness, see Arthur Kleinman, *Writing at the Margin: Discourse between Anthropology and Medicine* (Berkeley: University of California Press), 1995.

5. The explicit reference here is William Roseberry's critique of "the inadequacy of the text as a metaphor for culture. A text is written; it is not writing." He calls for greater emphasis on "the acting, the creating of the cultural forms we interpret." See William Roseberry, *Anthropologies and Histories: Essays in Culture, History, and Political Economy* (New Brunswick and London: Rutgers University Press, 1989), 24.

6. Mikhail Bakhtin, "The Discourse of the Novel," in Michael Holquist, ed., *The Dialogic Imagination: Four Essays by M. M. Bakhtin* (Austin: University of Texas Press, 1981), 272.

7. Roseberry, *Anthropologies and Histories*, 86.

8. Ibid.

9. Psychiatrists themselves have done a substantial part of this work by way of memoirs or historical overviews of their professions: Samuel Ramírez Moreno, *La asistencia psiquiátrica en México* (Mexico City: Secretaría de Salubridad y Asistencia, 1950);

Guillermo Calderón Narváez, "Hospitales psiquiátricos de México: Desde la Colonia hasta la actualidad," *Revista Mexicana de Psiquiatría, Neurología y Medicina Legal* 8, no. 3 (1966): 111–143; Guillermo Calderón Narváez, *Las enfermedades mentales en México: Desde los mexicas hasta el final del milenio* (Mexico City: Trillas, 2002).

10. Bakhtin, *The Dialogic Imagination*.

11. On the uses of memory in both historical and anthropological accounts, see William Roseberry and Jay O'Brien, eds., *Golden Ages, Dark Ages: Imagining the Past in Anthropology and History* (Berkeley: University of California Press, 1991). Anthropologically informed books on the history of modern Mexico include Daniel Nugent, *Spent Cartridges of the Revolution: An Anthropological History of Namiquipa, Chihuahua* (Chicago: University of Chicago Press, 1993); and David Frye, *Indians into Mexicans: History and Identity in a Mexican Town* (Austin: University of Texas Press, 1996).

12. Kleinman, *Illness Narratives*, 16.

13. Ruth Behar, *Translated Woman: Crossing the Border with Esperanza's Story* (New York: Beacon Press, 1993).

14. Susan Buck-Morss, *The Dialectics of Seeing. Walter Benjamin and the Arcades Project* (Cambridge, MA: MIT Press, 1989), 164.

15. I am referring to the distinction Walter Benjamin makes between "myth" and "allegory." As opposed to mythical thinking, allied to the linear time of progress, Benjamin privileged the critical capacity of allegory, which is "in the realm of thoughts what ruins are in the realm of things." Walter Benjamin, *The Origin of German Tragic Drama,* trans. John Osborne (London: Verso, 1977), 178. In allegory, Susan Buck-Morss argues, "history appears as nature in decay or ruins and the temporal mode is one of retrospective contemplation." Buck-Morss, *Dialectics*, 168.

16. See Walter Benjamin, "Theses on the Philosophy of History," in *Illuminations*, ed. Hannah Arendt, trans. Harry Zohn (New York: Schocken, 1968).

17. I am referring to Robert Darnton's claim that "when we cannot get a proverb, a joke, a ritual, or a poem, we know we are on to something. By picking at the document where it is most opaque, we may be able to unravel an alien system of meaning." See Robert Darnton, *The Great Cat Massacre and Other Episodes in French Cultural History* (New York: Vintage Books, 1985), 5.

18. Direct reference to Michel Foucault's thinking on the unit of discourse. "We must be ready to receive every moment of discourse in its sudden irruption; in that punctuality in which it appears, and in that temporal dispersion that enables it to be repeated, known, forgotten, transformed, utterly erased and hidden far from all view in the dust of books." Michel Foucault, *The Archaeology of Knowledge and the Discourse on Language,* trans. A. M. Sheridan Smith (New York: Pantheon Books, 1972), 25.

19. Walter Benjamin, "Theses on the Philosophy of History," 254.

20. Judith Walzer Leavitt, "Medicine in Context: A Review Essay of the History of Medicine," *The American Historical Review,* 95, no. 5 (1990): 1471–1484. Concerning Latin America, see Ann Zulawski, "New Trends in Studies of Science and Medicine in Latin America," *Latin American Research Review*, 34, no. 3 (1999): 241–251.

21. See, for example, William Bynum, Roy Porter, and Michael Shepherd, eds., *The Anatomy of Madness: Essays in the History of Psychiatry* (London and New York: Tavistock Publications, 1985); Mark S. Micale and Roy Porter, eds., *Discovering the History of Psychiatry* (New York: Oxford University Press, 1994); Jan Ellen Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge University Press, 1987); Nancy Scheper-Hughes, *Saints, Scholars, and Schizophrenics: Mental Illness in Ireland* (Berkeley: University of California Press, 1979).

22. Mariano Plotkin, *Freud in the Pampas: The Emergence and Development of the Psychoanalytic Culture in Argentina* (Stanford: Stanford University Press, 2001); and *Argentina on the Couch: Psychiatry State and Society, 1880 to the Present* (Albuquerque: University of New Mexico Press, 2003); Jonathan Ablard, *Madness in Buenos Aires: Patients, Psychiatrists and the Argentine State, 1880–1983* (Calgary: University of Calgary Press, 2008).

23. While more focused on the colonial history of mental health institutions, Cristina Sacristán has used La Castañeda documents. She is the author of *Locura y disidencia en el México ilustrado, 1760–1810* (Mexico City: México, El Colegio de Michoacán/Instituto de Investigaciones Dr. José María Luis Mora, 1994); and *Locura e inquisición en Nueva España, 1571–1760* (Mexico City: Fondo de Cultura Económica/El Colegio de Michoacán, 1992). In addition to numerous journal articles related to La Castañeda, she authored "La Locópolis de Mixcoac en una encrucijada política: Reforma psiquiátrica y opinión pública, 1929-1933" in Cristina Sacristán and Pablo Piccato (coord.), *Actores, espacios y debates en la historia de la esfera pública en la ciudad de México* (Mexico City: Instituto de Investigaciones Dr. José María Luis Mora/Instituto de Investigaciones Históricas, Universidad Nacional Autónoma de México, 2005), 199–232; and, among others, "Para integrar a la nación: Terapéutica deportiva y artística en el Manicomio de La Castañeda, 1929–1940" in Claudia Agostoni (ed.), *Curar, sanar y educar: Enfermedad y sociedad en México, siglos XIX y XX* (Mexico City: Instituto de Ciencias Sociales y Humanidades-Benemérita Universidad Autónoma de Puebla/Instituto de Investigaciones Históricas-Universidad Nacional Autónoma de México, 2008), 99–123.

24. Andrés Ríos Molina published *La locura durante la Revolución Mexicana: Los primeros años del Manicomio General La Castañeda, 1910–1920* (Mexico City: El Colegio de México, 2009). This work was followed in 2016 by "Los pacientes del Manicomio La Castañeda y sus diagnósticos: Una propuesta desde la historia cuantitativa (México, 1910–1968)," *Asclepio* 68, no. 1 (2016): 136, authored by Andrés Ríos Molina, Cristina Sacristán, Teresa Ordorika Sacristán and Ximena López Carrillo. More recently, Ríos Molina edited *Los pacientes del Manicomio La Castañeda y sus diagnósticos: Una historia de la clínica psiquiátrica en México, 1910–1968* (Mexico City: Instituto de Investigaciones Dr. José María Luis Mora/Instituto de Investigaciones Históricas, Universidad Nacional Autónoma de México, 2017).

25. Hubonor Ayala Flores, *Salvaguardar el orden social: El manicomio del estado de Veracruz, 1883–1920* (Zamora: El Colegio de Michoacán, 2007).

26. Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton: Princeton University Press, 1994); Ann Goldberg, *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815–1849* (New York: Oxford University Press, 1999).

27. Urban historians of modernity in Mexico City have produced important volumes, including: Ariel Kuri, *El Ayuntamiento de la Ciudad de México: Una historia olvidada* (Mexico City: El Colegio de México, 1989); Pablo Picatto, *City of Suspects: Crime in Mexico City, 1900–1931* (Durham: Duke University Press, 2001); Robert Buffington, *Criminal and Citizen in Modern Mexico* (Lincoln: University of Nebraska Press, 2000).

28. A significant number of studies on psychiatric hospitals argue that they were instruments of social control. A representative sample of this view includes: Thomas 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, 1961); Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979); and David Rothman, *The Discovery of the Asylum: Order and Disorder in the Early Republic* (Boston: Little, Brown & Co., 1980).

29. As research on psychiatric hospitals increases, perceptions of mental health institutions have become more complex. For a representative sample of this second generation of works, see Ellen Dwyer, *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums* (New Brunswick and London: Rutgers University Press, 1987); Gerald Grob, *Mental Institutions on America: Social Policy to 1875* (New York: MacMillan, 1973); Anne Digby, *Madness, Morality, and Medicine: A Study of the York Retreat 1796–1914* (London and New York: Cambridge University Press, 1985); Leona Bachrach, "Asylum and Chronically Ill Psychiatric Patients," *American Journal of Psychiatry* 141 (1984): 975–978; Ann Goldberg, *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815–1849* (New York: Oxford University Press, 1999); Jonathan Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Berkeley: University of California Press, 2000); and Roy Porter and David Wright, eds., *The Confinement of the Insane: International Perspectives* (Cambridge and New York: Cambridge University Press, 2003).

30. For classic accounts of the two revolutionaries, see John Womack, *Zapata and the Mexican Revolution* (New York: Knopf, 1968); and Friedrich Katz, *The Life and Times of Pancho Villa* (Stanford: Stanford University Press, 1998).

31. For a detailed description of this year, see the historical chronicle by Héctor de Mauleón, "1915: El año del hambre" in *El tiempo repentino: Crónicas de la ciudad de México en el siglo XX* (Mexico City: Cal y Arena, 2000).

32. The nature of the revolutionary state has been a subject of scrutiny and great contention in Mexican historiography. A representative collection of essays on the subject is Gilbert Joseph and Daniel Nugent, *Everyday Forms of State Formation: Revolution and the Negotiation of Rule in Modern Mexico* (Durham: Duke University Press, 1994). The increasing use of paradigms related to the "new cultural history" has further increased the complexity of this debate. See the articles included in "Special Issue: Mexico's New

Cultural History: ¿Una lucha libre?" *Hispanic American Historical Review* 79, no. 2 (1999): 203–383.

33. Although the real reasons explaining the discontinuity between the two periods differ greatly in these works, a representative sample includes: John Hart, *Revolutionary Mexico: The Process and Coming of the Mexican Revolution* (Berkeley: University of California Press, 1984); Alan Knight, *The Mexican Revolution* (New York: Cambridge University Press, 1986); Adolfo Gilly, *The Mexican Revolution*, trans. Patrick Camiller (London: Verso Editions and NLB, 1983); and Friedrich Katz, ed., *Riot, Rebellion, and Revolution: Rural Social Conflict in Mexico* (Princeton: Princeton University Press, 1988).

34. A representative sample includes: Joseph and Nugent, eds., *Everyday Forms of State Formation*; William Beezley, Cheryl English Martin, and William French, eds., *Rituals of Rule, Rituals of Resistance: Public Celebrations and Popular Culture in Mexico* (Wilmington, DE: Scholarly Resources, 1994); William French, *A Peaceful and Working People: Manners, Morals, and Class Formation in Northern Mexico* (Albuquerque: University of New Mexico Press, 1996); Mauricio Tenorio Trillo, *Mexico at the World Fairs: Crafting a Modern Nation* (Berkeley: University of California Press, 1996).

35. Cited in Susan Buck-Morss, *Dialectics of Seeing*, 92.

36. Joseph and Nugent, eds., *Everyday Forms of State Formation*.

37. William Roseberry, "Hegemony and the Language of Contention," in Joseph and Nugent, eds., *Everyday Forms of State Formation*, 361.

38 Ibid., 364.

39. I am referring to the strategies used by Foucault in the section "Method" of his work *History of Sexuality*, 3 vols. (New York: Vintage, 1981): vol. 1, 92–102.

40. A general panorama of this historiography is traced in Eric Van Yong, "Conclusion: The State as Vampire—Hegemonic Projects, Public Ritual, and Popular Culture in Mexico, 1600–1990" in Beezley, Martin, and French, *Rituals of Rule, Rituals of Resistance,* 343–369.

41. Raymond Williams, *Modern Tragedy*, 163.

42. For examples of recent studies on suffering and pain, see Arthur Kleinman, Veena Das and Margaret Lock, *Social Suffering* (Berkeley: University of California Press, 1997); Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985); Mary-Jo DelVecchio Good et al., *Pain as Human Experience: An Anthropological Perspective* (Berkeley: University of California Press, 1992); Peter Morris, *The Culture of Pain* (Berkeley: University of California Press, 1991); Roselyne Rey, *The History of Pain* (Cambridge: Harvard University Press, 1995). On contemporary Mexico, see Kaja Finkler, *Women in Pain: Gender and Morbidity in Mexico* (Philadelphia: University of Pennsylvania Press, 1994). The most noteworthy example in the context of Latin American historiography is clearly Nancy Scheper-Hughes, *Death Without Weeping: The Violence of Everyday Life in Brazil* (Berkeley: University of California Press, 1992).

43. Jorge Luis Borges, "El arte de contar historias," *Arte poética: Seis conferencias* (Barcelona: Crítica, 2001), 63.

44. Walter Benjamin, "Theses on the Philosophy of History," 257. On Gertrude Stein's concept of "embodiment," see "How Writing is Written" in *How Writing is Written: Volume II of the Previously Uncollected Writings of Gertrude Stein*, Robert Bartlett Haas, ed. (Los Angeles: Black Sparrow Press, 1974), 151–160.

45. Walter Benjamin, "Theses on the Philosophy of History," 255.

46. Ibid.

Chapter I

1. Samuel Ramírez Moreno, *La asistencia psiquiátrica en México* (Mexico City: Secretaría de Salubridad y Asistencia, 1950), 27–28.

2. 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: A Journal of History* 54, no. 3 (March 1992): 491–498. For a history of the Divino Salvador Hospital, see Celia Berkstein Kanarek, "El hospital del Divino Salvador" (bachelor's thesis, Universidad Nacional Autónoma de México, 1981).

3. José Félix Gutiérrez del Olmo, "De la caridad a la asistencia," *La atención materno-infantil. Apuntes para su historia* (Mexico City: Secretaría de Salubridad y Asistencia, 1993), 9–51.

4. Scientists were also known as the wizards of progress. See Mauricio Tenorio, *Mexico at the World Fairs*.

5. See Barbara A. Tenenbaum, "Streetwise History: The Paseo de la Reforma and the Porfirian State, 1876–1910," in Beezley, Martin, and French, *Rituals of Rule, Rituals of Resistance*, 127–150; Tony Morgan, "Proletarians, Politics, and Patriarchs: The Use and Abuse of Cultural Customs in the Early Industrialization of Mexico City, 1880–1910," in Beezley, Martin, and French, *Ritals of Rule, Rituals of Resistance*, 151–172; Víctor Cuchi Espada, "La ciudad de México y la Compañía Telefónica Mexicana: La construcción de la red telefónica, 1881–1902," *Anuario de Espacios Urbanos. Historia, Cultura, Diseño* (Azcapotzalco, Mexico: Universidad Autónoma Metropolitana, 1999), 117–160.

6. Carlos Roumagnac, *Por los mundos del delito: Los criminales de México: Ensayo de psicología criminal* (Mexico City: Tipografía el Fénix, 1904); Julio Guerrero, *La génesis del crimen en México: Ensayo de psiquiatría social* (Mexico City: Librería de la viuda de Ch. Bouret, 1901); Miguel Macedo, *La criminalidad en México: Medios de combatirla* (Mexico City: Secretaría de Fomento, 1897). For contemporary criminology studies, see Rob Buffington, *Criminal and Citizen in Modern Mexico*; Carlos Aguirre and Rob Buffington, eds., *Reconstructing Criminality in Latin America* (Wilmington, DE: Scholarly Resources, 2000).

7. Plutarco Ornelas, "Liberty and Charity in Mexico," *San Antonio Daily Express*, June 11, 1900, 2. Archivo General de la Nación, Fondo General, 4a 1900, vol. 900, file 1.

8. See Román Ramírez, *El Manicomio: Informe escrito por comisión del Ministro de Fomento* (Mexico City: Oficina Tipográfica de la Secretaría de Fomento, 1884). Ramírez

also developed his interest in the social aspects of mental health in *Resumen de medicina legal y ciencias conexas para uso de los estudiantes de derecho* (Mexico City: Oficina Tipográfica de la Secretaría de Fomento, 1901).

9. For a history of the AMSAII, now the 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 University Press, 1944).

10. For a study of the development and uses of degeneration theory, see Ian R. Dowbiggin, *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France* (Berkeley: University 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." For an analysis of degeneration theory in the context of Latin America, see Dain Borges, "Puffy, Ugly, Slothful and Inert: Degeneration in Brazilian Social Thought, 1880–1940," *Journal of Latin American Studies* 23 (1993): 235–256. See also Cristina Rivera-Garza, "Dangerous Minds: Changing Psychiatric Views of the Mentally Ill in Porfirian Mexico, 1876–1911," *Journal of History of Medicine and Allied Sciences* 56, no. 1 (2001).

11. Germán Somolinos D'Ardois, *Historia de la psiquiatría en México* (Mexico City: SEP/Setentas, 1976).

12. For a biography of José Peón Contreras, see Francisco Fernández del Castillo, *Antología de escritos histórico-médicos*, 2 vols. (Mexico City: Universidad Nacional Autónoma de México, Facultad de Medicina, 1952), 1057–1058; Enrique Aragón, "Biografía del Dr. Juan Peón del Valle (Sr.)," *Mis 33 años de académico* (Mexico City: Imprenta Aldina, 1943), vol. 1, 99–105.

13. Appointed by the Minister of the Interior, General Manuel González de Cosío, the 1896 committee included a president (Dr. Vicente Morales, Welfare System inspector), a secretary (Dr. Manual Alfaro, creator of the very controversial Prostitution Regulation, in 1867), and four additional members (Dr. Antonio Romero, former director of the San Hipólito Hospital; Ignacio Vado, a doctor with work experience in the Divino Salvador Hospital; Dr. Samuel Morales Pereyra; and Luis L. de la Barra, Welfare System engineer.) See Samuel Morales Pereyra and Antonio Romero, "Exposición y Proyecto para construir un manicomio en el Distrito Federal," *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), 888–896.

14. Ibid.

15. "Departamento de construcción y conservación de edificios del Manicomio General," AHSSA, BP, EH, MG, bundle 13, file 11, 1.

16. "Memoria sobre el proyecto del Manicomio General para la ciudad de México," AHSSA, BP, EH, MG, bundle 49, file 1.

17. 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 Richard M. Morse and Jorge E. Hardoy, eds., *Rethinking the Latin American City*, The Johns Hopkins Press, Baltimore, 1988, 20–49.

18. "Memoria," AHSSA, BP, EH, MG, bundle 49, file 1, 5.

19. Ibid., 8.

20. Ibid., 9.

21. Ibid., 12.

22. Ibid., 15.

23. Ibid.

24. See Ariel Rodríguez Kuri, *La experiencia olvidada: El Ayuntamiento de la Ciudad de México*, 159.

25. "Memoria," 32.

26. Ibid., 39.

27. Ibid.

28. Ibid., 47.

29. Ibid., 60.

30. Ibid., 63–64.

31. Ibid., 64.

32. Ibid., 66.

33. Records report there were ten male criminals in 1903. Ibid., 69.

34. Ibid., 70.

35. Ibid., 72.

36. Ibid., 67.

37. Ibid., 75.

38. Ibid., 79–80.

39. Ibid., 81.

40. Ibid., 1.

41. "Modificaciones al proyecto presentado por el ingeniero don Salvador Echegaray," AHSSA, BP, EH, MG, bundle 1, file 10.

42. "Contrato," AHSSA, BP, EH, MG, bundle 49, file 2.

43. See Tony Morgan, "Proletarians, Politics, and Patriarchs: The Use and Abuse of Cultural Customs in the Early Industrialization of Mexico City, 1880–1910" in Beezley, Martin, and French, *Rituals of Rule, Rituals of Resistance,* 151–171.

44. See Barbara Tenenbaum, "Streetwise History: The Paseo de la Reforma and the Porfirian State, 1876–1910," in Beezley, Martin, and French, *Rituals of Rule, Rituals of Resistance,* 127–150.

45. For an analysis of disorder and resistance in Porfirian Mexico, see Paul Vanderwood, *Disorder and Progress: Bandits, Police, and Mexican Development* (Wilmington, DE: Scholarly Resources Books, 1992).

46. For examples of male anxiety about the changing roles of Mexican women, see the collection of primary sources included in "La perspectiva de ellos," in Ana Lau and Carmen Ramos, *Mujeres y Revolución 1900–1917* (Mexico City: Instituto Nacional de Estudios Históricos de la Revolución Mexicana e Instituto Nacional de Antropología e Historia, Consejo Nacional para la Cultura y las Artes, 1993), 69–160. See also an analysis of women's access to education in nineteenth-century Latin America in Francesca Miller, *Latin American Women and the Search for Social Justice* (Hanover: University Press of New England), 1991.

47. Urban legislation ranged from slaughterhouse regulations to new guidelines for police and city inspectors; see José María del Castillo Velasco, *Colección de leyes supremas, órdenes, bandos, disposiciones de policía y reglamentos de administración del Distrito Federal* (Mexico City: Castillo Velasco e Hijos, 1874). For an analysis of urban legislation in colonial and modern Mexico City, see Susan Deans-Smith, "The Working Poor and the Eighteenth-Century Colonial State: Gender, Public Order and Discipline," in Beezley, Martin, and French, *Rituals of Rule, Rituals of Resistance*, 47–75. See also Anne Staples, "Policía y Buen Gobierno: Municipal Efforts to Regulate Public Behavior, 1821–1857," in Beezley, Martin, and French, *Rituals of Rule, Rituals of Resistance*, 115–126. Concerning legislation of human bodies: Cristina Rivera Garza, "The Criminalization of the Syphilitic Body: Prostitutes, Health Crimes, and Society in Mexico, 1867–1930," in Ricardo D. Salvatore, Carlos Aguirre, and Gilbert M. Joseph, eds., *Law, Crime, and Punishment in Latin America: Law and Society since Late Colonial Times* (Durham: Duke University Press, 2001), 147–180.

48. Luis E. Ruiz, "Progresos alcanzados en higiene y salubridad en la capital de la República y en el Distrito y territorios federales, en el siglo que ahora termina." *La Escuela de Medicina* 26, no. 9 (1911): 194.

49. See Michael Johns, *The City of Mexico in the Age of Díaz* (Austin: University of Texas Press, 1997).

50. There was cultural tension in the Jockey Club. See William Beezley, *Judas at the Jockey Club and Other Stories of Porfirian Mexico* (Lincoln: University of Nebraska Press, 1989).

51. Indeed, this rural immigration was responsible in large part for the rapid population growth in turn-of-the-century Mexico City. See John Lear, *Workers, Neighbors, and Citizens: The Revolution in Mexico City* (Lincoln: University of Nebraska Press, 2001).

52. Indeed, a law declaring rural-style clothing illegal in specific areas of the city was passed in 1912.

53. Gonzalo Murga, "Atisbos sociológicos: El fraccionamiento de tierras, las habitaciones baratas," *Boletín de la Sociedad Mexicana de Geografía y Estadística* 6 (1913): 474–497. Also mentioned in Moisés González Navarro, *La pobreza en México* (Mexico City: El Colegio de México, 1985), 29.

54. Perhaps the most notable effort to explain the criminal world from within is Carlos Roumagnac, *Por los mundos del delito: Los criminales de México: Ensayo de psicología criminal* (Mexico City: El Fénix, 1904).

55. Although it does not take place strictly on the east side of the city, Federico Gamboa's *Santa* (Mexico City: Cátedra, 1903) illustrates the life story of a sinful woman.

56. For a critical view of the city's bohemians, see Manuel Durán, ed., *Cuentos y crónicas de Amado Nervo* (Mexico City: UNAM, 1971).

57. For an analysis for Manuel Gutiérrez Nájera's place in the *modernista* movement in Mexico, see José Emilio Pacheco, *Antología del modernismo (1884–1921)* (Mexico City: UNAM, 1970).

58. Manuel Gutiérrez Nájera, "Los baldíos," in *Obras completas* (Mexico City, Fondo de Cultura Económica), 116. The term "baldío" was used in Porfirian laws in 1883 and 1894—*la ley de terrenos baldíos* or "vacant land law"—which legitimized the mass appropriation of supposedly empty or vacant lands.

59. See the chapters included in Mario Camarena and Susana Fernández, "Los obreros-artesanos de las fábricas textiles de San Ángel, 1920–1930," *Comunidad, cultura y vida social: ensayos sobre la formación de la clase obrera* (Mexico City: INAH, 1991), 173–200.

60. For an oral history of Mixcoac, see Patricia Pensado and Leonor Correa, *Mixcoac: Un barrio en la memoria* (Mexico City: Instituto Mora, 1996).

61. Samuel Morales Pereyra and Antonio Romero, "Exposición y proyecto para construir un manicomio," 897.

62. An analysis of institutions for the mentally ill in United States: Gerald N. Grob, *Mental Institutions in America. Social Policy to 1875* (New York: The Free Press, 1973).

63. For information on Dorothea Dix, see Helen Marshall, *Dorothea Dix: Forgotten Samaritan* (Chapel Hill: University of North Carolina Press, 1937). See also Marion Hathaway, "Dorothea Dix and Social Reform in Western Pennsylvania, 1845–1875," *Western Pennsylvania Historical Magazine* 17 (Dec. 1934): 247–258.

64. See Thomas Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, J. B. Lippincott, Philadelphia, 1854. A study of the work of Thomas Kirkbride: Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840–1883* (New York: Cambridge University Press, 1984).

65. An excellent collection of photographs of US institutions for the mentally ill: William E. Baxter and David W. Hathcox, *America's Care of the Mentally Ill: A Photographic History* (Washington: American Psychiatric Press, 1994).

66. For a historical analysis of the 1832 law, see Jan Goldstein, *Console and Classify*, 277–321.

67. For an overview of Haussmann's work in Paris, see Howard Saalman, *Haussmann: Paris Transformed* (New York: George Braziller, 1971).

68. For an analysis of Baron Haussmann's part in the design and construction of psychiatric hospitals in Paris, see Gérard Bleandonu and Guy Le Gaufey, "The Creation of the Insane Asylums of Auxerre and Paris" in Robert Froster and Orest Ranum, eds., *Deviants and the Abandoned in French Society: Selections from the Annales, Economies, Sociétés, Civilisations* (Baltimore: Johns Hopkins University Press, 1978), vol. 4, 180–212.

69. Louis Flandin, "L'asiledes aliénés à Auxerre," *Almanach de l'Yonne* (Auxerre: L. Fournier, 1865), 185.

70. "Acta 12. Agosto 25, 1910. Recepción y entrega de los jardines, banquetas exteriores y vía Decauville," AHSSA, BP, EH, MG, bundle 49, file 14.

71. "Memoria," AHSSA, BP, EH, MG, bundle 49, file 1, 30.

72. "Acta 8. Julio 6, 1910. Entrega y recepción de tres edificios destinados a habitaciones de doctores," AHSSA, BP, EH, MG, bundle 49, file 12, 1.

73. "Memoria," AHSSA, BP, EH, MG, bundle 49, file 1, 27.

74. Ibid., 5.

75. "Acta 4. Mayo 20, 1910. Entrega y recepción de pabellones de alcohólicos y alcohólicas," AHSSA, BP, EH, MG, bundle 49, file 8, 1.

76. "Acta 6. Julio 4, 1910. Entrega y recepción de pabellones C y B, destinados a tranquilos," AHSSA; BP, EH; MG, bundle 49, file 10.

77. "Acta 7. Julio 5, 1910. Entrega y recepción de pabellones A y D, destinados a tranquilas," AHSSA, BP, EH, MG, bundle 49, file 11.

78. "Acta 3. Mayo 11, 1910. Recepción de edificios de enfermería electroterapia y enfermos infecciosos," AHSSA, BP, EH, MG, bundle 49, file 7.

79. "Acta 9. Agosto 6, 1910. Entrega y recepción de pabellones de imbéciles y establos," AHSSA, BP, EH, MG, bundle 49, file 13.

80. "Acta 5. Julio 2, 1910. Recepción y entrega de baños de hombres y mujeres, mortuorio y anfiteatro de disección," AHSSA, BP, EH, MG, bundle 49, file 9.

81. Ibid., 2.

82. Interview with Manuel González Santana in Patricia Pensado y Leonor Correa, *Mixcoac: Un barrio en la memoria*, 40.

83. See John M. Hart, *Revolutionary Mexico: The Coming and Process of the Mexican Revolution* (Berkeley: University of California Press, 1989).

84. "Loot, Dirt, and Graft all Reign in Fair Mexican Capital," *New York World,* October 4, 1914, LABC-BP, 147.

85. "Sacking of Mexico City Described by Witness," *New York World*, October 4, 1914, LABC-BP, 147.

86. "Mexico City at Mercy of Hungry Mobs," *The Sun*, March 5, 1915, LABC-BP, 147.

87. "Looting in Mexico City by Zapatistas Reported," *The Sun*, July 1, 1915, LABC-BP, 147.

88. "Women Refugee Says Anarchy, Famine, Death Ravage Mexico City," *The Sun*, March 25, 1915, LABC-BP, 147.

89. Alberto J. Pani*, The Hygiene in Mexico: A Study of Sanitary and Educational Problems* (New York: G. P. Putnam's Sons, 1917), 7.

90. "Diversos: La ocupación del establecimiento por fuerzas zapatistas," AHSSA, BP, EH, MG, bundle 4, file 28.

91. "Diversos: Tiroteo zapatista," AHSSA, BP, EH, MG, bundle 4, file 19, 1.

92. Ibid., 2.

93. "Diversos: Ocupación zapatista y constitucionalista," AHSSA, BP, EH, MG, bundle 4, file 37.

94. Information appears in José Luis Patiño Rojas and Ignacio Sierra Mercado, *Cincuenta años de psiquiatría en el manicomio general* (Mexico City: Secretaría de Salud/Archivo Histórico, 1965).

95. According to José Luis Patiño Rojas and Ignacio Sierra Mercado, the number of admissions in 1910 was 1,004. In 1920, inmates decreased to 697. By 1930, the psychiatric hospital housed 1,001 inmates. Despite these data, complaints of overcrowding were numerous throughout this period.

96. "Reglamiento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 2.

97. "Informe de Inspectores, 1916," AHSSA, BP, SD, SDG, bundle 18, file 21, 132.

98. "Informe del Manicomio, 1920," AHSSA, BP, EH, MG, bundle 10, file 24.

99. "Diversos: Seis individuos en estado de ebriedad querían pasar por la fuerza, 1919," AHSSA, BP, EH, MG, bundle 9, file 6.

100. "Diversos. Nota de El Universal, 1918," AHSSA, BP, EH, MG, bundle 8, file 27.

101. "Diversos. Un reportero de El Demócrata, 1919," AHSSA, BP, EH, MG, bundle 10, file 11, 1.

102. "Diversos. Un párrafo de El Universal respecto a que en el establecimiento se venden mercancías, 1923," AHSSA, BP, EH, MG, bundle 12, file 1. See also: "¿El manicomio es una casa penal o una casa para enfermos?," *El Universal Gráfico*, April 21, 1926.

103. "El manicomio La Castañeda es un antro de terror," *El Imparcial*, October 12, 1926, 1.

104. "Cada noche recibía una visita de ultratumba," *El Sol*, January 11, 1927.

105. "Queja en contra del pabellón de epilépticas," *La Prensa*, January 6, 1929.

106. "Vigilante culpable separado del manicomio," *El Universal*, April 22, 1927.

107. "Presupuesto, 1912," AHSSA, BP, EH, MG, bundle 3, file 7, 7.

108. Ibid., 8.

109. "Diversos. Informe rendido por la inspectora Elvia Carrillo Puerto, 1928," AHSSA, BP, EH, MG, bundle 13, file 1.

110. "Diversos. Informe rendido por la inspectora Elisa P. viuda de Guijarro, 1929," AHSSA, BP, EH, MG, bundle 14, file 14, 5.

111. Ibid., 3.

112. "Modesta Burgos," AHSSA, BP, EH, MG, box 105, file 16 (6639), 3.

113. "Actas levantadas con motivo de irregularidades en el manicomio, 1931," AHSSA, BP, EH, MG, bundle 17, file 1, 1.

114. "Informe que presenta del Manicomio General el señor doctor José Gómez Robleda, 1931," AHSSA, BP, EH, MG, bundle 16, file 1, 1.

115. Samuel Ramírez Moreno, "Anexos psiquiátricos en los hospitales generales," *Revista Mexicana de Psiquiatría, Neurología y Medicina Legal* 13, no. 75–76 (Sept.–Nov. 1940): 25.

116. "Edmundo Buentello, 1932–1966," AHSSA, MG, SAdm, box 8, file 2, 7.

117. Ibid., 7.

118. Ibid., 8.

119. Guillermo Calderón Narváez, "Hospitales psiquiátricos de México. Desde la Colonia hasta la actualidad," *Revista Mexicana de Neurología y Psiquiatría* 7, no. 3 (1966): 115–116.

120. "Edmundo Buentello, 1932–1966," AHSSA, MG, SAdm, box 8, file 2, 5–6.

121. Guillermo Calderón Narváez, "Hospitales psiquiátricos de México," 121.

Chapter II

1. For an oral history of Mixcoac, see Patricia Pensado and Leonor Correa, *Mixcoac: Un barrio en la memoria* (Mexico City: Instituto Mora, 1996).

2. Historical studies of psychiatric practice in Latin America include: Paul Farmer, "The Birth of the *Klinik:* A Cultural History of Haitian Professional Psychiatry," in Atwood D. Gaines, ed., *Ethnopsychiatry: The Cultural Construction of Professional and Folk Psychiatrists* (New York: State University of New York Press, 1992); Augusto Ruiz Zevallos, *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." *Hispanic American Historical Review* 77, no. 1 (1997): 45–74.

3. The total cost of building the General Psychiatric Hospital was 1,783,337.15 pesos. See "Contrato," AHSSA, BP, EH, MG, bundle 49, file 2, 3.

4. "Reglamento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 2.

5. Ibid., 2. For an analysis of the relationships between psychiatric hospitals and educational institutions in France, see Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge University Press, 1987).

6. "Reglamento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 39.

7. Ibid., 2.

8. Ibid., 3.

9. Ibid., 56.

10. Edmundo Buentello, "Orígenes y estado actual del manicomio de La Castañeda," *Asistencia. Publicación Mensual de la Beneficiencia Pública* 2, no. 3 (1936): n.p.

11. "Reglamento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 58.

12. "Presupuestos, 1910," AHSSA, BP, EH, MG, bundle 2, file 6, 1.

13. Edmundo Buentello, "Orígenes y estado actual del manicomio de La Castañeda," n.p.

14. "Presupuestos, 1910," AHSSA, BP, EH, MG, bundle 2, file 6, 1.

15. "Reglamento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 52–55.

16. "Presupuestos, 1910," AHSSA, BP, EH, MG, bundle 2, file 6, 1.

17. Ibid. While men held the majority of medical positions, in 1915 a female doctor appeared in the personnel records. She was Rosario M. Ortiz, first serving as external physician and, months later, as a resident. See "Relación de personal de 1914 a 1915," AHSSA, BP, EH, MG, bundle 4, file 23, 2–3.

18. Ibid.

19. The number of resident and external doctors increased in 1915 to 5 and 12, respectively. See "Relación de personal que prestó sus servicios de 1914 a 1915," AHSSA, BP, EH, MG, bundle 4, file 23.

20. "Presupuestos, 1910," AHSSA, BP, EH, MG, bundle 2, file 6, 22–23.

21. "Reglamento interior de establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 18–22.

22. Ibid., 25.

23. For a study of the development and uses of degeneration theory, see Ian R. Dowbiggin, *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France* (Berkeley: University 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." For an analysis of degeneration theory in Brazil, see Dain Borges, "Puffy, Ugly, Slothful and Inert: Degeneration in Brazilian Social Thought, 1880–1940," *Journal of Latin American Studies* 23 (1993): 235–256.

24. "Reglamento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 42.

25. Ibid., 62.

26. Ibid., 28–33.

27. Ibid., 33.

28. Ibid., 35.

29. In 1915, with the exception of the physician-director, all employees were to eat breakfast, lunch, and dinner in the psychiatric hospital. See "Asuntos diversos del personal, 1915–1916," AHSSA, BP, EH, MG, bundle 5, file 9.

30. "Reglamento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 65.

31. Ibid., 66.

32. Ibid., 67.

33. See the interview with Víctor Serralde in Patricia Pensado and Leonor Correa, *Mixcoac*, 38.

34. Information on the inmates who were transferred form colonial hospitals to the General Psychiatric Hospital facilities comes from the institution's registration books.

35. "Reglamento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 3.

36. Ibid., 2–3.

37. This information comes from a sample (fifty men and fifty women) taken from the institution's registration books.

38. For an overview of legislation related to the confinement of the insane in Mexico, see María Cristina Sacristán, "¿Quién me metió en el manicomio? El internamiento de enfermos mentales en México, siglos XIX y XX." *Relaciones* 19, no. 74 (1998): 201–233.

39. "Se recomienda por disposición del presidente de la República que tanto la entrada como la salida de enajenados esté precedida del correspondiente juicio de interdicción, 1914," AHSSA, BP, EH, MG, bundle 50, file 1, 3–6.

40 "Solicita el agente del Ministerio Público de Tacubaya una lista de asilados a quienes no se haya declarado dementes para promover la interdicción de ellos, 1919," AHSSA, BP, EH, MG, bundle 9, file 4, 3–4.

41. This situation changed a decade later, when renowned psychiatrists such as Samuel Ramírez Moreno complained bitterly about the lack of legislation for the insane in Mexico. See Cristina Sacristán, "¿Cómo entran los locos a los manicomios?," manuscript. For an analysis of an interdiction hearing that took place in 1917, see Andrés Ríos Medina, *La Castañeda*, 198.

42. Based on a random sample of one hundred files in 1910.

43. "Reglamento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 4.

44. Indeed, asylum doctors recorded about 80 different diagnoses in medical files between 1910 and 1920. See José Luis Patiño Rojas and Ignacio Sierra Mercado, *Cincuenta años de psiquiatría en el Manicomio General* (Mexico City: Secretaría de Salud/Archivo Histórico, 1965), 5. For an analysis of psychiatric classification, see Germán E. Barrios, *The History of Mental Symptoms: Descriptive Psychopathology since the Nineteenth Century* (Cambridge: Cambridge University Press, 1996). By the same author, "Obsessional Disorders During the Nineteenth Century: Terminological and Classificatory Issues" in W.F. Bynum, Roy Porter and Michael Shepard, eds., *The Anatomy of Madness. Essays in the History of Psychiatry. Vol. I. People and Ideas* (London and New York: Tavistock Publications, 1985), 166–187.

45. Based on a random sample of one hundred files in 1910.

46. Ibid.

47. Ibid.

48. "Reglamento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 5.

49. Ibid.

50. Psychiatric hospital photographic records indicate that, although not common during the institution's early years, this practice increased over time, especially from the 1910s onward.

51. "Reglamento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 7.

52. Ibid., 9. State-run mental health institutions lacking funds to administer sedatives emphasized the tranquilizing benefits of work therapy; such was the case of the Willard Asylum for the Chronic Insane in the United States. See Ellen Dwayer, *Homes for the Mad*.

53. Román Ramírez paid special attention to this issue in his work *El manicomio*, where he mentions recreational activities in many mental health hospitals in the United States. For a review of sources, see Lyn Gamwell and Nancy Tomes, *Madness in America. Cultural and Medical Perceptions of Mental Illness before 1914* (Ithaca: Cornell University Press, 1995).

54. "Reglamento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 11.

55. "Diversos. Visitas, 1919," AHSSA, BP, EH, MG, bundle 9, file 15.

56. In compliance with archive authorities, names have been changed to protect the privacy of inmates and their families. "Cresencia Gómez," AHSSA, FMG, SEC, box 105, file 46.

57. "Reglamento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 12.

58. "Modesta Burgos," AHSSA, MG, EC, box 105, file 16 (6639). For a fictional recreation of the life of this patient in early twentieth-century Mexico, see Cristina Rivera Garza, *Nadie me verá llorar* (Mexico City: Tusquets, 1999).

59. "Reglamento interno del establecimiento, 1913," AHSSA, BP, EH, MG, bundle 3, file 25, 12.

60 "Asuntos diversos. Música, 1914," AHSSA; FBP, SEH, FMG, bundle 4, file 7, 3.

61. "Asuntos diversos. Banda de guerra, 1916," AHSSA, BP, EH, MG, bundle 6, file 23.

62. "Diversos. Música, 1925," AHSSA, BP, EH, MG, bundle 12, file 7.

63. "Diversos. Cinematógrafo, 1916," AHSSA, BP, EH, MG, bundle 6, file 34. See also the interview with Ángel Hernández in *Mixcoac: Un barrio en la memoria*, 40.

64. "Cinematográficas. Exhibiciones, 1933," AHSSA; MG, SAdm, box 1, file 10, 2.

65. Interview with Ángel Hernández in *Mixcoac: Un barrio en la memoria*, 40.

66. For discussion of the prostitutes in the Morelos hospital, see Cristina Rivera Garza, "The Criminalization of the Syphilitic Body: Prostitutes, Health Crimes and Society in Mexico, 1867–1930," in Ricardo D. Salvatore, Carlos Aguirre, and Gilbert Joseph, eds, *Law, Crime and Punishment in Latin America*.

67. "Diversos. Reorganización de trabajos y labores de los enfermos, 1929," AHSSA, BP, EH, MG, bundle 14, file 7, 2.

68. "Altagracia García," AHSSA, FMG, SEC, box 105, file 6443, 2.

69. "Marino Montes," AHSSA, MG, EC, box 74, file 6002.

Chapter III

1. Margaret Atwood, *Alias Grace* (New York: Anchor, 1997).

2. "Diversos. Estudio sobre la reorganización del establecimiento, 1915," AHSSA, FBP, SEH, FMG, bundle 6, file 33, 3.

3. "Presupuesto, 1912," AHSSA, BP, EH, MG, bundle 3, file 7, 7.

4. "Diversos, estudio sobre la reorganización del establecimiento, 1915," AHSSA, BP, EH, MG, bundle 6, file 33, 3.

5. "Proyecto de organización del ramo de beneficencia y salubridad públicas, 1920," AHSSA, BP, EH, MG, bundle 10, file 24, 10.

6. 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*, The University of South Florida, Tampa, 54.3, 1992, 492. For a history of the Divino Salvador Hospital, see Celia Berkstein Kanarek, "El hospital del Divino Salvador." For a description of the physical conditions in colonial health institutions, see Joaquín García Icazbalceta, *Informe sobre los establecimientos de Beneficencia Pública y corrección de esta capital; su estado actual; noticia de sus fondos; reformas que desde luego necesitan y plan general de su arreglo presentado por José María Andrade, Méjico 1864* (Mexico City: Moderna Librería Religiosa, 1907), 53–59. For discussion of the meaning of insanity in colonial Mexico, see María Cristina Sacristán, *Locura y disidencia en el México ilustrado, 1760–1810* (Zamora: El Colegio de Michoacán e Instituto de Investigaciones Doctor José María Luis Mora), 1994.

7. Sebastián Labastida, "Acción del alcoholismo más allá del individuo," *Gaceta Médica del México* 14 (1879): 305–311.

8. Miguel Alvarado, "Casos clínicos," *La Escuela de Medicina, Revista de la Escuela de Medicina* III, 10 (Nov. 1881): 155–156.

9. A brief mention of Miguel Alvarado appears in Ramón de la Fuente and Carlos Campillo, "Perspectivas en medicina. La psiquiatría en México: una perspectiva histórica," *Gaceta Médica de México* III, 5 (1876): 425. See also in Germán Somolinos D'Ardois, *Historia de la psiquiatría en México* (Mexico City: SEP/Setentas, 1976), 140–146. For information about Alvarado's administration of Divino Salvador, see "El hospital del Divino Salvador," *La Escuela de Medicina* 1, no. 11 (Dec. 1879): 10–11.

10. The information on Alvarado's activities in the Divino Salvador hospital appeared in a letter he sent to the School of Medicine; see "Remitido," *La Escuela de Medicina* 1, no. 11 (Dec. 1879): 1010.

11. For a discussion of the rise of Charcot in French psychiatric circles, see Jan Goldstein, *Console and Classify*, 322–377.

12. Miguel Alvarado, "Breves apuntes para formar la historia del estado del mal epiléptico," *Gaceta Médica de México* 18 (1883): 449–459.

13. "Septiembre 20, 1887, Núm. 58," AHFM, FEMA, bundle 152, file 58, 1887.

14. "Aviso," AHFM, FEMA, bundle 260, file 13, 1888.

15. See "El programa de estudios para la Escuela de Medicina de México," *La Escuela de Medicina* 10 (1890), 334. Based on this information, Germán Somolinos states, somewhat inaccurately, that this was the first psychiatry class ever taught in Mexico. In fact, it was the first time that Alvarado's course was officially included in the School of Medicine's curriculum. See Germán Somolinos, *Historia de la psiquiatría en México*, 145–146.

16. Mariano Rivadeneyra, "Apuntes para la estadística de la locura en México" (bachelor's thesis, Escuela Nacional de Medicina de México, 1887).

17. Ibid., 1.

18. See Joseph Guislain, *Traité sur l'aliénation mentale et les hospices des aliénés,* 2 vols. (Amsterdam: J. Van der Hey et fils, 1826).

19. See Table 5, "Causas determinantes de locura," in which alcohol (108), jealousy (28), fear (30), and grief (*pena*) (67) are among the most important causes of 273 cases of female insanity. Rivadeneyra, "Apuntes," 50–51.

20. Ibid., 13.

21. Ibid., 1.

22. Ibid., 12.

23. Ibid., 13.

24. Ibid., 14.

25. Ibid., 15–16.

26. Bénédict-Augustin Morel, *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 and Paris: Grimblot et Veuve Raybois and Victor Masson: J.-B. Baillière, 1852–1853).

27. Rivadeneyra, "Apuntes," 21.

28. Benjamin Ball was a French psychiatrist who occupied the first university professorship of mental illnesses in 1878. His writings include: "Cours de M. Ball: Les frontiers de la folie," *La Revue Scientifique de la France et de l'Étranger* (Jan. 1883).

29. Rivadeneyra, "Apuntes," 25.

30. See, among others: Lyn Gamwell and Nancy Tomes, *Madness in America. Cultural and Medical Perceptions of Mental Illness before 1914* (Ithaca: Cornell University Press, 1995).

31. A growing number of studies document the complex relationship between women and madness: see Elaine Showalter, *The Female Malady: Women, Madness, and English culture, 1830–1980* (New York: Pantheon, 1985; Yannick Ropa, *Women and Madness: The Incarceration of Women in Nineteenth–Century France* (Cambridge: Polity, 1990); Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton: Princeton University Press, 1994).

32. Miguel Alvarado, "Casos clínicos," *La Escuela de Medicina* 3, no. 10 (Nov. 1881), 155–156.

33. José M. Álvarez, *Estudio teórico-práctico del tratamiento moral de la locura* (Mexico City: n.p., 1880).

34. Philippe Pinel, *Traité médico-philosophique sur l'aliénation mentale, ou la manie* (Paris: Richard, Caille et Ravier, 1801).

35. José Pablo Martínez del Río, "Establecimiento privado para la cura de locos en Vanves," *Periódico de la academia de Medicina de México* 2 (1837): 366.

36. Miguel Álvarez, "Estudio teórico-práctico," 9.

37. Max Leidesdorf, *Lehrbuch der Psychiatstren Krankheiten* (Germany: Enke, 1865).

38. See Jean Étienne Esquirol, *Des Maladies mentales considérées sous les rapports médical, hygiénique et médico-légal*, 2 vols. (Paris: J.-B. Ballière et fils, 1838).

39. Álvarez, "Estudio teórico-práctico," 11.

40. Ibid., 17.

41. Ibid., 22. For titles by authors cited by Álvarez (Guislain, Morel, and Griesinger), see previous notes 18 and 26. See also Louis Victor Marcé, *Traité pratique des maladies mentales* (Paris: J.-B. Ballière et fils, 1862).

42. Ibid., 19.

43. Ibid.

44. Luis Hidalgo y Carpio, "Magnetismo animal," *Gaceta Médica de México*, 5 (1870): 143–144. See also Ferreol Labadie, "Contribución para el estudio del hipnotismo en México," *Gaceta Médica de México*, 22 (1887): 450–461.

45. Eduardo Liceaga, "El bromuro de potasio en el tratamiento de la epilepsia," *Gaceta Médica de México* (1871): 334–353, 361–371, 393–402.

46. Demetrio Mejía, "Nota sobre dos casos de histeria en el hombre," *Gaceta Médica de México*, 13 (1878): 473–478.

47. See information in Rivadeneyra, *Apuntes*. The syphilis debate was of medical and social relevance in newly modern Mexico; see Cristina Rivera Garza, "The Criminalization of the Syphilitic Body: Prostitutes, Health Crimes and Society in Mexico, 1867–1930," in Ricardo D. Salvatore, Carlos Aguirre, and Gilbert M. Joseph, eds., *Law, Crime, and Punishment in Latin America*.

48. Germán Somolinos, *Historia de la psiquiatría en México*, 146.

49. For a brief biography of José Peón Contreras, see Francisco Fernández del Castillo, *Antología de escritos histórico-médicos,* 2 vols. (Mexico City: Universidad Nacional Autónoma de México, Facultad de Medicina, 1952), 1057–1058.

50. José Peón Contreras, "Idiotía macroencefálica," *Gaceta Médica de México* 7 (1872), 269–274.

51. See Alfonso Millán, "Radical transformación en el Manicomio General de Mixcoac," *Asistencia: Publicación mensual de la Beneficencia Pública* (1934): 14.

52. "Programa para el año escolar de 1898," from research carried out at AHFM, FEMA, bundle 158, file 1, 1901.

53. See Enrique Aragón, "Biografía del Dr. Juan Peón del Valle (Sr.)," *Mis 31 años de académico* (Mexico City: Imprenta Aldina, Robredo y Rosell, 1943), vol. I, 99–105.

54. The first systematic study of the administration of psychiatric hospitals in other countries was Román Ramírez, *El manicomio. Reporte escrito por comisión de la Secretaría de Fomento* (Mexico City: Oficina Tipográfica de la Secretaría de Fomento, 1884).

55. Rafael De Zayas Enríquez, *Fisiología del crimen. Estudio jurídico sociológico* (Veracruz: Imprenta de R. de Zayas, 1885).

56. Ibid., 4–5.

57. According to Buffington, Zayas demonstrated his characteristically eclectic spirit by including copious citations of Italian and French criminology schools. See Robert Buffington, "Forging the Fatherland: Criminality and Citizenship in Modern Mexico," (PhD dissertation, University of Arizona, 1994), 109.

58. José Olvera, "Examen de los reos presuntos de locura," *Gaceta Médica de México*, 24 (1889): 33–44. See also Román Ramírez, *Resumen de medicina legal y ciencias conexas para uso de los estudiantes de las escuelas de derecho* (Mexico City: Oficina Tipográfica de la Secretaría de Fomento, 1901).

59. Francisco Martínez Baca and Manuel Vergara, *Estudios de antropología criminal* (Puebla: Imprenta, Litografía y Encuadernación de Benjamín Lara, 1892). For a discussion of craniology, see Stephen Jay Gould, "Measuring Heads: Paul Broca and the Heyday of Craniology," *The Mismeasure of Man* (New York and London: Norton, 1996), 105–141.

60. Miguel Macedo, *La criminalidad en México: Medios de combatirla* (Mexico City: Oficina Tipográfica de la Secretaría de Fomento, 1897).

61. For a critique of phrenology, see Stephen Jay Gould, *The Mismeasure of Man*. For a discussion of the influence of phrenology on American culture, see John D. Davies, *Phrenology, Fad and Science: A 19th-Century American Crusade* (New Haven: Yale University Press, 1955).

62. Julio Guerrero, *La genesis del crimen en México: Estudio de psiquiatría social* (Mexico City: Porrúa, 1977).

63. Ibid., xiii.

64. Ibid., v.

65. Ibid., vii.

66. Ibid., x.

67. Ibid., xii.

68. Ibid., xii.

69. Ibid., xiii.

70. Ibid., xiii.

71. In Argentina, José Ingenieros developed similar views, which were presented to the Mexican public in the early twentieth century. See José Ingenieros, "La psicología biológica," *La Escuela de Medicina* 26, no. 14 (1911): 324–329; "La psicología biológica (continuación)", *La Escuela de Medicina* 26, no. 15 (1911): 339–345; "Locura, simulación y criminalidad," *La Escuela de Medicina* 26, no.16 (1911): 400–404; "Locura, simulación y criminalidad," *La Escuela de Medicina* 26, no. 18 (1911): 414–419.

72. For a discussion of Cesare Lombroso's criminal anthropology, Stephen Jay Gould, "Measuring Bodies: Two Case Studies on the Apishness of Undesirables," *The Mismeasure of Man*, 142–175.

73. Ibid., 37.

74. Ibid., 23.

75. Ibid.

76. Ibid., 153.

77. This perspective was influenced by Argentine author Domingo Faustino Sarmiento's *Facundo: Civilización o barbarie* (Madrid: Calpe, 1924). For analysis of the social and culture roots of this dichotomy, see Bradford Burns, *The Misery of Progress: Latin America in the Nineteenth Century* (Berkeley: University of California Press, 1985).

78. Julio Guerrero, *La génesis del crimen en México*, 130–131.

79. Ibid., 133.

80. Ibid., 140.

81. Ibid., 150.

82. Ibid., 231.

83. Ibid., 234.

84. Ibid., 235.

85. See Jan Goldstein, *Console and Classify*, 6–7.

86. Julio Guerrero, *La génesis del crime en México*, 376.

87. Manuel Gutiérrez Nájera, "El pobrecito criminal," in *Manuel Gutiérrez Nájera: Escritos inéditos de sabor satírico "Plato del Día*," ed. Boyd G. Carter and Mary Eileen Carter (Columbia: University of Missouri Press, 1972), 19.

88. Manuel Gutiérrez Nájera, "O locura o santidad," 137.

89. See Samuel Morales Pereyra and Antonio Romero, "Exposición y proyecto para construir un manicomio en el Distrito Federal," *Memorias de Segundo Congreso Médico Pan-Americano verificado en la Ciudad de México, República Mexicana, November 16–19, 1896* (Mexico City: Hoeck y Compañía Impresores y Editores, 1898), 888–896.

90. "Diversos: Estudio sobre la reorganización del establecimiento, junio 15, 1915," AHSSA, BP, EH, MG, bundle 6, file 33, 1.

91. "Luz D. de S., 1911," AHSSA, FMG, SEC, box 22, file 63.

92. "Experanza G., 1911," AHSSA, MG, EC, box 101, file 15.

93. "Marino G., 1921," AHSSA, MG, EC, box 97, file 67.

94. "Modesta B., 1921," AHSSA, MG, EC, box 105, file 16 (6339).

95. "Guadalupe Q., 1911," AHSSA, MG, EC, box 6, file 35 (404).

96 "Altagracia F. de E., 1920," AHSSA, MG, EC, box 106, file 12.

97. Interview with Mexican psychiatrist Luis Murillo, San Diego, California, May 2000.

98. Based on a random sample of one hundred files from 1910. Inmate status.

99. On the case of Nigeria, see Jonathan Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Los Angeles: University of California Press, 1999). On Ireland, see Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (London: Croom Helm, 1981); also, Nancy Scheper-Hughes, *Saints, Scholars, and Schizophrenics: Mental Illness in Rural Ireland* (Berkeley: University of California Press, 1979). In Argentina, police participation was greater in the confinement of men than of women; see Jonathan David Ablard, *Madness in Buenos Aires*.

100. Based on a random sample of one hundred files from 1910. Means of arrival.

101. "Cresencia G., 1920," AHSSA, MG, EC, box 105, file 46.

102. Based on a random sample of one hundred files from 1910. Means of arrival.

103. Based on a random sample of one hundred files from 1910. Men's occupations.

104. Based on a random sample of one hundred files from 1910. Women's occupations.

105. Similar trends are detected by Mark Finnane, *Insanity and the Insane*, 130; J. K. Walton, "Lunacy in the Industrial Revolution: A Study of Asylum Admissions in Lancashire, 1848–1850," *Journal of Social History* 13, no. 1 (Fall 1979): 1–22. See also J. K. Walton, "Casting Out and Bringing Back in Victorian England: Pauper Lunatics, 1840–70," in W. F. Bynum, Roy Porter, and Michael Shepherd, eds., *Anatomy of Madness: Essays in the History of Psychiatry*, 2 vols. (London and New York: Tavistock Publications, 1985), 132–148; Ellen Dwyer, *Homes for the Mad*, 244.

106. Based on a random sample of one hundred files from 1910. Inmate ages.

107. Based on a random sample of one hundred files from 1910. Marital status.

108. Based on a random sample of one hundred files from 1910. Place of birth and place of residence.

109. Women outnumbered men throughout the first three decades of the twentieth century. In 1910, men represented 38.54 percent of the psychiatric hospital population; women, 57.76 percent; children, 3.68 percent. In 1920, men represented 33.14 percent of the psychiatric hospital population; women, 57.67 percent; children, 6.59 percent. In 1930, men represented 33.46 percent of the psychiatric hospital population; women, 62.63 percent; children, 3.89 percent. José Luis Patiño Rojas and Ignacio Sierra Mercado, *Cincuenta años de psiquiatría*.

110. See José Luis Patiño Rojas and Ignacio Sierra Mercado, *Cincuenta años de psiquiatría*, 5. For discussion of psychiatric classifications, see Germán E. Barrios, *The History of Mental Symptoms: Descriptive Psychopathology since the Nineteenth Century* (Cambridge: Cambridge University Press, 1996). By the same author, "Obsessional Disorders During the Nineteenth Century: Terminological and Classificatory Issues," in *The Anatomy of Madness: Essays in the History of Psychiatry: Vol. I. People and Ideas*, 166–187.

111. Information on diagnoses at the Divino Salvador and San Hipólito Hospitals appears in Mariano Rivadeneyra, "Apuntes para la estadística de la locura en México," (master's thesis, Escuela Nacional de Medicina de México, 1887).

112. Based on complete entries in the 1910 registration books. Diagnoses for men and women.

113. See Ellen Dwyer, "Stories of Epilepsy," *Hospital Practice* (New York: HP Publication Company, 1992), 65–92. For a comparative discussion of epilepsy, see Arthur Kleinman, "The Social Course of Epilepsy: Chronic Illness as Social Experience in Interior China," in *Writing at the Margin: Discourse between Anthropology and Medicine* (Berkeley: University of California, 1995), 147–172.

114. Degeneration theory was particularly influential during the Porfirian era, but its influence continued throughout the early revolutionary period. See Cristina Rivera

Garza, "Dangerous Minds." See also Nancy L. Stepan, *The Hour of Eugenics: Race, Gender, and Nation in Latin America* (Ithaca: Cornell University Press, 1991).

115. Based on complete entries from the 1910 registration books. Diagnoses for men and women.

116. Ibid.

117. Ibid.

118. Ibid.

119. Ibid. For a discussion of the evolution of this diagnosis, see Paul H. Wender, "Dementia Praecox: The Development of the Concept," *American Journal of Psychiatry*, 119 (1963): 1143–1151.

120. According to information compiled by Rivadeneyra, alcoholics represented about 55 percent of the patient population in San Hipólito Hospital, an institution dedicated to the care of men with mental illnesses. Although alcoholism diagnoses only totaled 6 percent in Divino Salvador, a hospital dedicated to treating women with mental illnesses, alcohol consumption was recorded as the cause of mental illness in 40 percent of cases. See Mariano Rivadeneyra, *Apuntes*.

121. See Pablo Piccato, "El Paso de Venus por el Disco del Sol: Criminality and Alcoholism in the Late Porfiriato," *Mexican Studies/Estudios Mexicanos* 11, no. 2 (1995), 203–241. See also by the same author, "No es posible cerrar los ojos: El discurso sobre la criminalidad y el alcoholismo hacia el fin del Porfiriato," in Ricardo Pérez Monfort, *Hábitos, normas y escándalo. Prensa, criminalidad y drogas durante el Porfiriato Tardío* (Mexico City: Centro de Investigaciones y Estudios Superiores en Antropología Social/ Plaza y Janés, 1997), 75–134.

122. José Álvarez Amézquita, *Historia de la salubridad y asistencia en México,* 4 vols. (Mexico City: Secretaría de Salubridad y Asistencia, 1960), 72.

123. See Nancy L. Stepan, *The Hour of Eugenics*.

124. José Álvarez Amezquita, *Historia de la salubridad y asistencia en México,* 145.

125. Ibid., 250.

126. Based on complete entries from the 1940 registration books. Diagnoses for men and women.

127. Ibid.

128. Ibid.

129. See Cristina Rivera Garza, "The Criminalization of the Syphilitic Body: Prostitutes, Health Crimes and Society in Mexico, 1867–1930," in Ricardo D. Salvatore, Carlos Aguirre, and Gilbert M. Joseph, eds., *Law, Crime, and Punishment in Latin America*. See also Katherine Bliss, "The Science of Redemption: Syphilis, Sexual Promiscuity, and Reformism in Revolutionary Mexico City," *Hispanic American Historical Review* 79, no. 1 (1999): 1–40.

130. Bernardo Gastélum, "La persecución de la sífilis desde el punto de vista de la garantía social," AHSSA, BP, AS, DAES, bundle 1, file 11, 7.

131. Based on complete entries from the 1910 registration books. Diagnoses for men and women.

132. Ibid.

133. Ibid.

134. General Asylum work records show that only one female doctor worked at the institution between 1914 and 1915. She was Rosario M. Ortiz, first an external doctor and then, months later, a resident. See "Relación de personal de 1914 a 1915," AHSSA, FBP, EH, MG, bundle 4, file 23, 2–3.

135. On the rise of sexual science in Mexico, see Cristina Rivera Garza, "The Criminalization of the Syphilitic Body." A good example of Porfirian views of the relationship between sex and mental illness is Manuel E. Guillén, "Algunas reflexiones sobre la higiene de la mujer durante su pubertad," (master's tesis, Facultad de Medicina de México, Mexico, 1903).

136. On moral insanity diagnoses in the General Asylum, see Cristina Rivera Garza, "She Neither Obeyed Nor Respected Anyone: Inmates and Psychiatrists Debate Gender and Class at the General Insane Asylum, Mexico, 1910–1930," *Hispanic American Historical Review* 81, no. 3 (Aug.–Nov. 2001): 653–688.

137. Prichard defined moral insanity as a form of "madness consisting in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses, without any remarkable disorder or defect of the interest or knowing and reasoning faculties, and particularly without any insane illusion or hallucinations." See James Prichard, *A Treatise on Insanity and Other Disorders Affecting the Mind* (New York: Arno Press, 1973), 16. Originally published in 1837.

138. Based on complete entries from the 1910 registration books. Diagnoses for men and women.

139. Ana Macías, *Against All Odds: The Feminist Movement in Mexico to 1940* (Westport: Greenwood Press, 1982).

140. See José Luis Patiño Rojas and Ignacio Sierra Mercado, *Cincuenta años de psiquiatría en México*.

141. Based on complete entries in the 1930 record books. Diagnoses for women. According to the psychiatric hospital's information, 7.52 percent of female inmates were schizophrenics, 12.18 percent were epileptics, 11.46 percent had progressive paralysis, 8.96 percent were alcoholics, and 8.24 percent were listed as healthy or without diagnosis. However, when the different types of schizophrenia listed are put together, they make up 23.54 percent of the asylum's female population.

142. Ellen Dwyer noted that on occasion, psychiatric hospitals were used to protect individuals from conflict-ridden families, especially in cases of domestic abuse. See Ellen Dwyer, *Homes for the Mad*, 94.

Chapter IV

1. Inmates' surnames have been omitted to protect their privacy.

2. "La Canoa" was the popular name given to Divino Salvador, a mental health establishment founded during the colonial era that treated women only.

3. "Luz D. de S.," AHSSA, MG, EC, box 22, file 63, 2.

4. Arthur Kleinman, *Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1998), 49.

5. Although it was not always the case at the General Insane Asylum, it was common enough to be considered a norm.

6. For historical analysis of the Porfirian construction of ideas about feminine domesticity, see William French, "Prostitutes and Guardian Angels: Women, Work, and the Family in Porfirian Mexico," *Hispanic American Historical Review* 72, no. 4 (Nov.1992): 529–553; Carmen Ramos Escandón, "Señoritas porfirianas, mujer e ideología en el México progresista, 1880–1910," in Carmen Ramos Escandón, ed., *Presencia y transparencia: La mujer en la historia de México* (Mexico City: El Colegio de México, 1987). For analysis of the formation of masculinity, often related to more contemporary times, see Matthew C. Gutmann, *The Meanings of Macho: Being a Man in Mexico City* (Berkeley: University of California Press, 1996); Marit Melhaus and Kristi Anne Stolen, eds., *Machos, Mistresses, Madonnas: Contesting the Power of Latin American Gender Imagery* (London and New York: Verso, 1996). For historical analysis referring indirectly to the construction of masculinity in early twentieth-century Mexico, see Robert Buffington, "Los Jotos: Contested Visions of Homosexuality in Mexico," in Daniel Balderston and Donna J. Guy, eds., *Sex and Sexuality in Latin America,* New York University Press, New York, 1997, 118–132. See also Martin Nesvig, "The Lure of the Perverse: Moral Negotiation of Pederasty in Porfirian Mexico," *Mexican Studies/Estudios Mexicanos* 16, no.1 (Berkeley: University of California Press, 2000): 1–37. For a more contemporary perspective, see Annick Prieur, *Mema's House, Mexico City: On Transvestites, Queens, and Machos* (Chicago: University of Chicago Press, 1998).

7. See G. E. Berrios, "Classic Text No. 37. J. C. Prichard and the Concept of Moral Insanity," *History of Psychiatry*, X (1999): 111–126. Definition taken from Lynn Gamwell and Nancy Tomes, *Madness in America: Cultural and Medical Perceptions of Mental Illness Before 1914* (Ithaca: Cornell University Press, 1995), 80.

8. Generally related to the antipsychiatry movement of the 1970s, the following works constitute representative examples of perceptions of insanity and mental institutions from the social control perspective: Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper & Row, 1974). See also Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Anchor, 1961); Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979); David Rothman, *The Discovery of the Asylum: Order and Disorder in the Early Republic* (Boston: Little, Brown, & Co., 1980).

9. I am referring specifically to the strategies analyzed by Michel Foucault in the section "Method" included in *History of Sexuality* (New York: Vintage, 1981), 92–102.

10. See discussion of the rise of Porfirian sexual science in Cristina Rivera Garza, "The Criminalization of the Syphilitic Body: Prostitutes, Health Crimes and Society in Mexico, 1867–1930"; Ricardo D. Salvatore, Carlos Aguirre and Gilbert M. Joseph, eds., *Law, Crime, and Punishment in Latin America*.

11. For historical analysis of hysteria, see Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge University Press, 1987). Cultural analyses include Janet Beizer, *Ventriloquized Bodies: Narratives of Hysteria in Nineteenth-Century France* (Ithaca: Cornell University Press, 1993); Evelyne Ender, *Sexing the Mind: Nineteenth-Century Fictions of Hysteria* (Ithaca: Cornell University Press, 1995).

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*, H: 34–38 (1917): 30–32.

13. Phrases taken directly from the file of Teresa O., AHSSA, MG, SEC, box 2, file 13, 85. Her case will be analyzed later.

14. For discussion of gender and mental illness in the United States, see Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton: Princeton University Press, 1994). An analysis of the same issues in France: Yannick Ripa, *Women and Madness: The Incarceration of Women in Nineteenth-Century France* (Cambridge: Polity, 1990). Also of interest: Jan Ellen Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge University Press, 1987); Ann Goldberg, *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815–1849* (New York: Oxford University Press, 1999).

15. The interviews conducted by Carlos Roumagnac at Belén Prison are a good example of this point. In an attempt to detect the source of criminal behavior, Roumagnac's questionnaire included a section with questions about sexual practices of both men and women, most notably, homosexuality. See Carlos Roumagnac, *Por los mundos del delito: Los criminales de México: Estudio de psicología criminal* (Mexico City: El Fénix, 1904).

16. Manuel E. Guillén, "Algunas reflexiones sobre la higiene de la mujer durante su pubertad," (bachelor's thesis, Facultad de Medicina, Mexico, 1903), 28. For discussion of Porfirian sexual science, see Cristina Rivera Garza, "The Criminalization of the Syphilitic Body." Doctors also grew interested in sexual science in Argentina; see Donna Guy, *Sex and Danger in Buenos Aires: Prostitution, Family, and Nation in Argentina* (Lincoln: University of Nebraska Press, 1991).

17. For an analysis for the changing status of women, see Francesca Miller, *Latin American Women and the Search for Social Justice* (Hanover and London: University Press of New England, 1991). One example, among many, of male views of feminism in turn-of-the-century Mexico is Francisco Bulnes, "Las feministas mexicanas," in Ana Lau and Carmen Ramos, eds., *Mujeres y Revolución 1900–1917* (Mexico City: Instituto Nacional de Estudios Históricos de la Revolución Mexicana e Instituto Nacional de Antropología e Historia, Consejo Nacional para la Cultura y las Artes, 1993), 155–157.

18. See Cristina Rivera Garza, "The Criminalization of the Syphilitic Body" and Katherine Bliss, "Guided by an Imperious, Moral Need: Prostitutes, Motherhood, and Nationalism in Revolutionary Mexico," in Carlos A. Aguirre and Robert Buffington,

eds., *Reconstructing Criminality in Latin America* (Wilmington, DE: Scholarly Resources, 2000), 167–194.

19. "Insensibilidad física de la mujer," *La Escuela de Medicina* 11, no. 33 (1892): 631–634.

20. Ibid., 631.

21. Cited 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: Apuntes para su historia* (Mexico City: Secretaría de Salubridad y Asistencia, 1993), 108.

22. "Reporte del hospital Morelos," AHSSA, BP, EH, HM, bundle 2, file 18. See also "Reportes de hospital Morelos, 1914, 1916, 1919, 1920," AHSSA, BP, EH, HM, bundle 10, 11 and 18, file 3, 7, 15, 18, 19, 20.

23. Based on 422 entries from 1910; some of the most prominent diagnostic groups among the female patients were: epilepsy, 27.72 percent; imbecility, 12.32 percent; dementia praecox, 8.53 percent; melancholia, 3.79 percent; alcoholism, 3.31 percent; and moral insanity, 1.65 percent.

24. Psychiatric hospital records from 1930 show that 279 new female patients were admitted. Not one was diagnosed with moral insanity.

25. For an example of these deliberations as they developed beyond the psychiatric hospital walls, see Katherine Bliss, "The Science of Redemption: Syphilis, Sexual Promiscuity, and Reformism in Revolutionary Mexico City," *Hispanic American Historical Review* 79, no. 1 (1999): 1–40.

26. For a study of feminine domesticity and prostitution, see William French, "Prostitutes and Guardian Angels. Women, Work, and the Family in Porfirian Mexico," *Hispanic American Historical Review* 72, no. 4 (1992): 529–553; Carmen Ramos Escandón, "Señoritas porfirianas, mujer e ideología en el México progresista, 1880–1910."

27. See Lubneck, "Women as Hypersexual," *The Psychiatric Persuasion*, 186–208.

28. "Modesta B.," AHSSA, MG, EC, box 105, file 16.

29. "Carmen S.," AHSSA, MG, EC, box 2, file 74, 147.

30. Ibid., 1.

31. "Josefa B.," AHSSA, MG, EC, box 1, file 6, 15.

32. Ibid., 2.

33. "Theresa O.," AHSSA, MG, EC, box 2, file 13, 85.

34. Ibid., 2.

35. Ibid.

36. "Loreto M.," AHSSA, MG, EC, box 6, file 35, 404.

37. Ibid., 2.

38. "Rita C.," AHSSA, MG, EC, box 22, file 54, 1473.

39. Although Rob Buffington has noted criminologists' interest in homosexuality during the early twentieth century, psychiatrists did not use this term in the psychiatric hospital's documents between 1910 and 1930. See Rob Buffington, "Los Jotos," 118–132. See also Martin Nesvig, "The Lure of the Perverse."

40. "Soledad J.," AHSSA, MG, EC, box 5, file 75, 304.

41. "Margarita V.," AHSSA, MG, EC, box 4, file 8, 236.

42. "Guadalupe Q.," AHSSA, MG, EC, box 6, file 35, 404.

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

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

45. "Natividad O.," AHSSA, MG, EC, box 104, file 35, 3.

46. "Olga F.," AHSSA, MG, EC, box 105, file n.pag.

47. Ibid., 7.

48. Ibid.

49. Ibid.

50. "Felipa O.," AHSSA, MG, EC, box 105, file 6300, 10.

51. "Luz D. de S.," AHSSA, MG, EC, box 22, file 63, 1.

52. Ibid., 19.

53. Ibid.

54. "Rita C.," 3.

55. "Altagracia F. de E.," AHSSA, MG, EC, box 105, 3–4.

56. "Cresencia G.," AHSSA, MG, EC, box 22, file 46.

57. Ibid., 5.

58. While there are many analyses of the social causes and dire consequences of elite modernization processes under the Díaz government, much less is known about the ways that everyday Mexicans coped with and survived extreme poverty and repression. With rare exceptions, written accounts kept silent about themes of death and suffering. In fact, the same can be said of the Mexican Revolution of 1910. Accounts of massacres and violence abound, but even in novels, pain is approached with the measured distance of stereotype. Rural middle-class Mexican perspectives included in *Los de abajo* (*The Underdogs*) by Mariano Azuela (New York: Signet, 1962) are a good example of the former. A rare exception is Nellie Campobello's novel *Cartucho* (Austin: University of Texas Press, 1995), which describes everyday revolutionary life in Northern Mexico through the eyes of a little girl and captures popular outlooks on death and grief. Indeed, photographs are more revealing artifacts in this respect. For a collection of photographs see Anita Brenner, *The Wind that Swept Mexico: The History of the Mexican Revolution of 1910–1942* (Austin: University of Texas Press, 1993).

59. "Modesta B.," AHSSA, MG, EC, box 105, file 16, 5.

60. See, among others, texts 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: Instituto Nacional de Estudios de la Revolución

Mexicana e Instituto Nacional de Antropología e Historia, Consejo Nacional para la Cultura y las Artes, 1993), 163–269.

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

62. Francisco Bulnes, "Las feministas mexicanas," *Mujeres y Revolución 1900–1917*, 155.

63. "Rosario E.," AHSSA, BP, EC, box 1, file 30.

64. Generally perceived as the last true challenge to the subsequent institutionalization of revolutionary regimes, the Cristero War has received much attention. For historical analysis, see Jean Mayer, *The Cristero Rebellion: The Mexican People Between Church and State, 1926–1929*, Richard Southern, trans. (Cambridge: Cambridge University Press, 1976); Ramón Jrade, *Counterrevolution in Mexico: The Cristero Movement in Sociological and Historical Perspective* (Ann Arbor: University of Michigan Press, 1980); Jennie Purnell, *Popular Movements and State Formation in Revolutionary Mexico: The Agraristas and Cristeros of Michoacán* (Durham: Duke University Press, 1999).

65. For analysis of growing concerns about syphilis in revolutionary Mexico, see Cristina Rivera Garza, "The Criminalization of the Syphilitic Body: Prostitutes, Health Crimes, and Society in Mexico, 1867–1930," in Ricardo D. Salvatore, Carlos Aguirre, and Gilbert M. Joseph, eds., *Law, Crime, and Punishment in Latin America*, 147–180; and Catherine Bliss, "The Science of Redemption."

66. "Ángela P.," AHSSA, MG, EC, box 260, file 1.

67. "Olga I.," AHSSA, MG, EC, box 260, file 6.

68. "Sandra C.," AHSSA, MG, EC, box 286, file 41.

69. "Felipa M., "AHSSA, MG, EC, box 260, file 36.

70. As cited in Susan Buck-Morss, *The Dialectics of Seeing*.

71. William Roseberry, "The Language of Contention," 361.

Chapter V

1. Analysis based on materials consulted in the Historical Archive of the Secretaría de Salubridad y Asistencia (AHSSA) located in Mexico City, Establecimientos Hospitalarios (EH), Manicomio General section (MG), box 1, bundle 1.

2. For analysis of medical uses of photography in Europe, the United States, and China, see Sander Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca: Cornell University Press, 1988). See also Suren Lalvani, *Photography, Vision, and the Production of Modern Bodies* (New York: State University of New York Press, 1996). On the case of Mexico, see Olivier Debroise, *Fuga Mexicana: Un recorrido por la fotografía en México* (Mexico City: Consejo Nacional para la Cultura y las Artes, 1994).

3. Sander Gilman has researched the intimate relationship between images of illness and representations of extreme disorder and imbalance. See *Disease and Representation: Images of Illness from Madness to AIDS*.

4. A selection of the most important Porfirian works concerning the urban poor includes Miguel Macedo, *La criminalidad en México, Medios de combatirla* (Mexico City: Oficina Tipográfica de la Secretaría de Fomento, 1897); Carlos Roumagnac, *Por los mundos del delito: Los criminales en México: Ensayo de psicología criminal* (Mexico City: Tipografía el Fénix, 1904); Julio Guerrero, *La génesis del crimen en México: Estudio de psiquiatría social* (Mexico City: Librería de la Viuda de Ch. Bouret, 1901).

5. The use of photography as a means of survival and control in Porfirian Mexico has been explored recently. Relevant studies include Rosa Casanova, "Usos y abusos de la fotografía liberal: Ciudadanos, reos y sirvientes, 1851–1880," *Siempre!*, 1639 (Nov. 21 1983); Rosa Casanova and Olivier Debroise, "Fotógrafo de cárceles: Usos de la fotografía en las cárceles de la ciudad de México en el siglo XIX," *Nexos: Sociedad, ciencia, literatura* 119 (Nov. 1987). The history of portraits of insanity has yet to be written.

6. For discussion of characteristics that define the nineteenth-century regime of visibility, see Suren Lalvani, "The Visual Order of the Nineteenth Century," in *Photography, Vision*, 169–198.

7. For historical analysis of the development of the photographic portrait, see John Tagg, "A Democracy of the Image: Photographic Portraiture and Commodity Production," in *The Burden of Representation: Essays on Photographies and Histories* (Houndmills: Macmillan Education, 1988), 34–59.

8. See Olivier Debroise, *Fuga mexicana*, 25–28.

9. According to Olivier Debroise, the number of photography studios increased from seven in 1856 to over twenty in 1860. Between 1864 and 1867, more than twenty studios were opened in Mexico City alone. By the 1870s, the capital had seventy-four photography studios. See Debroise, *Fuga mexicana*, 30.

10. Suren Lalvani, *Photography, Vision,* 81.

11. Olivier Debroise, *Fuga mexicana*, 40.

12. Ibid., 32.

13. One of the most important photographers in the provinces was Romualdo García. See Claudia Canales, *Romualdo García: Un fotógrafo, una ciudad, una época* (Guanajuato: Museo Regional de la Alhóndiga de Granaditas/Instituto Nacional de Antropología e Historia, 1980).

14. According to Olivier Debroise, French photographer Philogene Daviette sold an image of the Virgen of Guadalupe beginning in 1842. See Olivier Debroise, *Fuga mexicana*, 27.

15. The outbreak of the Mexican Revolution in 1910 played a fundamental role in the growing number of traveling photographers working in rural Mexico. See Agustín Casasola, Flora Lara Klahr, and Pablo Ortiz Monasterio, *Jefes, heroes y caudillos* (Mexico City: Fondo de Cultura Económica, 1986).

16. A representative sample of the newspapers regularly using photographs includes: *La Patria Ilustrada, El Mundo Ilustrado* and *El Semanario Ilustrado* of *El Tiempo.*

17. Francisco Montellano, *C. B. Waite, fotógrafo: Una mirada diversa sobre el México de principios de siglo XX* (Mexico City: Consejo Nacional para la Cultura y las Artes/ Grijalbo), 1994.

18. Ibid., 30.

19. "Las hazañas de un fotógrafo. Circulación de retratos pornográficos," *El Imparcial*, Mexico City, June 5, 1901.

20. Ibid.

21. "Photographer in Trouble," *The Mexican Herald*, Mexico, June 5, 1901.

22. Developed by Swiss theologist Johan Kasper Lavater (1741–1801), physiognomy became very popular, especially in the early nineteenth century. See his work *Essays on Physiognomy*, 3. vols. (London: n.p., 1789).

23. Miguel Macedo, *La criminalidad en México,* 7.

24. Ibid., 16. Analyst of Mexican society Julio Guerrero questioned the basis of this classification and offered his own table of social classes based on information about the personal lives of individuals. See Julio Guerrero*, La genesis del crimen en México.*

25. As a result of anatomy research led by Austrian physician Franz Joseph Gall (1758–1828), the term "phrenology" was coined by his student Johann Kasper Spurzheim (1776–1832). For a study of the development and spread of phrenology, see David de Guistino, *Conquest of Mind: Phrenology and Victorian Social Thought* (London: Croom Helm, 1975).

26. The term was widely used in reference to *les dangereuses classes.*

27. Manuel Dublán and José María Lozano*, Legislación Mexicana, colección completa de las disposiciones legislativas expedidas desde la Independencia de la República*, vol. 8 (Mexico City: Imprenta del Comercio, 1876).

28. Ibid., 407–408.

29. John Tagg, *The Burden of Representation*, 36. Tagg also makes reference to the satire of Hogarth and Daumier, who contrasted the "pose de l'homme de la nature" with the "pose de l'homme civilisé."

30. For an analysis of the uses of photography in legal matters, see "A Means of Surveillance: The Photograph as Evidence in Law," in John Tagg, *The Burden of Representation*, 66–102.

31. Olivier Debroise, *Fuga mexicana*, 42.

32. Archivo Histórico del Distrito Federal Carlos de Sigüenza y Góngora, AA, bundle 987, file 22, Aug. 18, 1876.

33. See Sergio González Ramírez, *Los bajos fondos* (Mexico City: Océano, 1989).

34. Manuel Dublán and José María Lozano*, Legislación mexicana*, 407–408.

35. Olivier Debroise, *Fuga mexicana,* 43.

36. For analysis of the work of Alphonse Bertillon, see Allan Sekula, "The Body and the Archive," *October* 39 (winter 1986), 3–64, in Richard Bolton, ed., *The Contest of*

Meaning: Critical Histories of Photography (Cambridge, MA and London: MIT Press, 1992). See also Suren Lalvani, *Photography, Vision*, 108–120: "Photography: Apprehending the Criminal."

37. Alphonse Bertillon, "The Bertillon System of Identification," *Forum* 2, no. 3 (May 1891): 335, cited in Suren Lalvani, *Photography, Vision*, 109.

38. Despite being structured by Porfirian ideas about crime and criminality, the interviews that Carlos Roumagnac conducted with prisoners in Belén penitentiary were the closest approximation to the criminal voice. See Carlos Roumagnac, *Los criminales de México*.

39. Biographical information about Carlos Roumagnac is scarce. See Pable Picatto, *City of Suspects*, and Rob Buffington, *Criminal and Citizen*.

40. The book *Los criminales* included a generous dedication in appreciation of Ramón Corral.

41. Carlos Roumagnac, *Los criminals*.

42. Ibid., 11.

43. Ibid., 13.

44. Ibid., 29–33.

45. Ibid., 58.

46. Ibid., 35–37.

47. Ibid., 51.

48. Ibid., 60.

49. Ibid., 71.

50. Information provided by Fénix Alonso, head of the Archivo Histórico de la Secretaría de Salubridad y Asistencia in 1994.

51. Psychiatric hospital records do not contain the name of the photographer employed by the institution. Information about institution photographers is available in Enrique Rivera Barrón, "Una historia de la fotografía en el Manicomio General de la Ciudad de México: La Castañeda (1910–1968)" (master's thesis, Universidad Nacional Autónoma de México, Escuela Nacional de Artes Plásticas, 2009).

52. For historical analysis of representations of insanity, see Sander Gilman, "Madness and Representation: Toward a History of Visualizing Madness," in *Disease and Representation*, 49.

53. See Manuel Toussaint, *Colonial Art in Mexico*, Elizabeth Wilder Weisman, trans. (Austin: University of Texas Press, 1967). For analysis of concepts of madness in colonial Mexico, see María Cristina Sacristán, *Locura y disidencia en el México ilustrado 1760–1810* (Zamora: El Colegio de Michoacán e Instituto de Investigaciones Doctor José María Luis Mora, 1994). As a pertinent example of self-representations of madness in the Mexican context, see the drawings of José Ventura González, an inmate in the San Hipólito mental hospital in 1790, which appear in the introduction to each chapter of the book.

54. See Justino Fernández, *El arte en el siglo XIX en México* (Mexico City: Imprenta Universitaria, 1967).

55. Ibid., 144.

56. Ibid., plate 249, *La paleta*, 1900; and plate 250, *Entrada del Dr. Jesús Luján a la Revista Moderna*, 1904.

57. According to Sander Gilman, "when male characters in the medieval epic were portrayed as melancholic, they were given passive, 'female' characteristics." See Sander Gilman, *Disease and Representation*, 19.

58. Philippe Pinel, *Traité medico-philosophique sur l'aliénation mentale, ou la manie* (Paris: Richard, Caille et Ravier, 1801).

59. See Sander Gilman, *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography* (New York: Brunner and Mazel, 1976).

60. Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830–1980* (London: Virago Press, 1987).

61. Desiré Magloire Bourneville and Paul Regnard, *Photographic Iconography of the Salpêtrière*, 3 vols. (Paris: Progrès Médical, 1877–1880).

62. See Samuel Ramírez Moreno, *La asistencia psiquiátrica en México* (Mexico City: Secretaría de Salubridad y Asistencia, 1950), plate 15. Similar portraits appeared in Samuel Ramírez Moreno, "Anexos psiquiátricos en los hospitales generales (1)," *Revista Mexicana de Psiquiatría, Neurología y Medicina Legal* 13, no. 75–76 (Sept.–Nov., 1940): 15–31.

63. See photographs of Drs. C. B. Burr and H. E. Clark included in D. M. Vélez, "Una visita al sanatorio de Oak Grove, hospital para el tratamiento de enfermedades nerviosas y mentales establecido en 1891, en Flint, Michigan, E.U.A.," *La Escuela de Medicina* 26, no. 4 (February 28, 1911), 73–74.

64. Samuel Ramírez Moreno, "Alienistas y frenocomios de Hispanoamérica," *Revista Mexicana de Psiquiatría, Neurología y Medicina Legal* 25 (May 1938): 38.

65. Samuel Ramírez Moreno, *La asistencia psiquiátrica*, 24, plate 17. Also reproduced in a larger format in Ramírez Moreno, Samuel, "Anexos psiquiátricos," 26.

66. Samuel Ramírez Moreno, *La asistencia psiquiátrica*, 14–18, plates 7, 8, 10, and 11.

67. Ibid., 25, plate 18.

68. Enrique Aragón, *Biografía del doctor Juan Peón del Valle, senior: En mis 33 años de académico*, Imprenta Aldina, Robredo y Rosell, Mexico, 1943, 99.

69. Samuel Ramírez Moreno, *La asistencia psiquiátrica*, 26, plate 19.

70. Ibid., 21, plate 15.

71. Of course, no report on the General Psychiatric Hospital lacks photographs of Porfirio Díaz and the men and women surrounding him during the institution's inauguration. In addition to Samuel Ramírez Moreno, see Guillermo Calderón Narváez, "Hospitales psiquiátricos de México: Desde la Colonia hasta la actualidad," *Revista Mexicana de Neurología y Psiquiatría* 7, no. 3 (September 1966): 11–126.

72. Samuel Ramírez Moreno, *La asistencia psiquiátrica*, 32, plate 25.

73. Ibid., 25, plate 23.

74. For a detailed analysis of the medical questionnaire, see chapter 2 of this book.

75. Manuel Durán, ed., *Crónicas y cuentos de Amado Nervo, México* (Mexico City: UNAM, 1971).

Chapter VI

1. AHSSA, MG, Clinical Cases (henceforth CC), 6002. Although Marino García's file includes more documents of a medical and bureaucratic nature, I include here only the complete narrative sections.

2. I am referring specifically to the story of how, according to anthropologist Ruth Behar, Esperanza, the informant in question, chose her to listen to, record, and translate her life story. See Ruth Behar, *Translated Woman: Crossing the Border with Esperanza's Story* (New York: Beacon Press, 1987).

3. Historians have dedicated a considerable number of pages to the analysis of revolutionary and postrevolutionary newspapers in Mexico. Among the best are John Hart, *Revolutionary Mexico: The Coming and Process of the Mexican Revolution* (Berkeley: University of California Press, , 1987); Alan Knight, *The Mexican Revolution* (New York: Cambridge University Press, 1986); Gilbert Joseph and Daniel Nugent, *Everyday Forms of State Formation: Revolution and the Negotiation of Rule in Modern Mexico* (Durham: Duke University Press, 1994); John M. Hart, *Empire and Revolution: The Americans in Mexico since the Civil War* (Berkeley: University of California Press, 2002).

4. Walter Benjamin, "Theses on the Philosophy of History, 254.

5. Jacques Lacan, *Écrits: A Selection*, trans. Bruce Fink (New York: Norton, 2002). In particular, see his analysis of *The Purloined Letter* by Edgar Allan Poe.

6. Judith Butler, "Violence, Mourning, Politics," *Precarious Life: The Powers of Mourning and Violence* (New York: Verso, 2004), 33–34.

7. For an excellent discussion of leading theoretical and methodological perspectives on contemporary Mexican history writing in the United States, see articles by Susan Deans-Smith and Gilbert Joseph, Eric Van Young, William French, Mary Kay Vaughn, Stephen Haber, Florencia Mallon, Susan Sokolow, and Claudio Lomnitz in "Mexico's New Cultural History: ¿Una lucha libre?," *Hispanic American Historical Review* 79, no. 2 (May 1999).

8. Gertrude Stein, *How Writing is Written*, Robert B. Haas, ed. (Los Angeles: Black Sparrow Press, 1994).

9. See Roland Barthes, *A Barthes Reader*, Susan Sontag, ed. (New York: Hill and Wang, 1981); Michel Foucault, "Orders of Discourse," *The Archaeology of Knowledge*, A. M. Sheridan Smith, trans. (New York: Pantheon Books, 1982); Mikhail Bakhtin, *The Dialogic Imagination: Four Essays*, Michael Holquist, ed., Caryl Emerson and Michael Holquist, trans. (Austin: University of Texas Press, 1981); Hayden White, *The Content of the Form. Narrative Discourse in Historical Representation* (Baltimore: Johns Hopkins University Press, 1987).

10. Due to space limitations, rather than including the actual questionnaire in this chapter, I refer indirectly to it throughout this section.

11. Paul Vanderwood, *The Power of God Against the Guns of the Government* (Stanford: Stanford University Press, 1998).

12. For discussion of the character of the doctor-patient relationship in the General Insane Asylum, see Cristina Rivera Garza, "Beyond Medicalization: Psychiatrists and

Patients Produce Sexual Knowledge in Late Porfirian Mexico" in Robert T. Irwin, Edward J. McCaughan and Michelle Rocío Nasser, eds., *The Famous 41: Sexuality and Social Control in Mexico, 1901* (New York: Palgrave Press, 2003), 267–290. Two foundational thinkers on this issue are Arthur Kleinman, *Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988); Michael Taussig, "Reification and the Consciousness of the Patient," *The Nervous System* (New York: Routledge, 1992).

13. For a detailed description of the medical and architectural organization of the General Insane Asylum, see Cristina Rivera Garza, "La vida en reclusión: cotidianidad y Estado en el Manicomio General La Castañeda," in Diego Armus, ed., *Entre medicos y curanderos: Historia, cultura y enfermedad en la América Latina moderna* (Buenos Aires: Norma, 2002), 179–220.

14. The basic bibliography on this period includes Jean Mayer, *The Cristero Rebellion: The Mexican People Between Church and State, 1926–1929*, Richard Southern, trans. (Cambridge: Cambridge University Press, 1976); Ramón Jrade, *Counterrevolution in Mexico: The Cristero Movement in Sociological and Historical Perspective* (Ann Arbor: University of Michigan Press, 1980); Jennie Purnell, *Popular Movements and State Formation in Revolutionary Mexico: The Agraristas and Cristeros of Michoacán* (Durham: Duke University Press, 1999).

15. Cultural analysis of postrevolutionary Mexico includes Gilbert Joseph, Anne Rubenstein and Eric Zolov, eds., *Fragments of a Golden Age: The Politics of Culture in Mexico since 1940* (Durham: Duke University Press, 2001); Gilbert Joseph, Catherine C. LeGrand and Ricardo Salvatore, *Close Encounters: Writing the Cultural History of U.S.-Latin American Relations* (Durham: Duke University Press, 1998).

16. Works by Samuel Ramírez Moreno include *La asistencia psiquiátrica en México. Congreso Internacional de Psiquiatría, París, 1950* (Mexico City: Secretaría de Salubridad y Asistencia y Artes Gráficas del Estado, 1950); Samuel Ramírez Moreno, "Anexos psiquiátricos en los hospitales generales," *Revista Mexicana de Psiquiatría, Neurología y Medicina Legal* 13, no. 75–76 (Sept.–Nov. 1940): 25. For historical analysis of the rise of the psychiatric profession in Mexico, see Cristina Rivera Garza, "Dangerous Minds: Changing Psychiatric Views of the Mentally Ill in Porfirian Mexico, 1876–1911," *Journal of History of Medicine and Allied Sciences* 56, no. 1 (2001): 36–67.

17. See José Félix Gutiérrez del Olmo, "De la Caridad a la asistencia," *La atención materno-infantil: Apuntes para su historia* (Mexico City: Secretaría de Salubridad y Asistencia, 1993).

18. See Mauricio Tenorio Trillo, *Mexico at the World Fairs: Crafting a Modern Nation* (Berkeley: University of California Press, 1996).

19. Books on *cardenismo* and the post-Cárdenas era include Christopher Boyer, *Becoming Campesinos: Politics, Identity, and Agrarian Struggle in Post-Revolutionary Michoacán 1920–1935* (Stanford: Stanford University Press, 2003); Adrian Bantjes, *As if Jesus Walked on Earth: Cardenismo, Sonora, and the Mexican Revolution* (Wilmington, DE: Scholarly Resources, 1998); Marjorie Becker, *Setting the Virgin on Fire: Lázaro Cárdenas, Michoacán, Peasants, and the Redemption of the Mexican Revolution* (Berkeley: University of California Press, 1995).

20. Works by Edmundo Buentello include: "Orígenes y estado actual del Manicomio de La Castañeda," *Asistencia. Publicación Mensual de la Beneficencia Pública* 2, no. 3 (1936).

21. See Arthur Kleinman, *Illness Narratives*.

22. Cases of peaceful inmates who became guards in their own wards confirm this idea. See "Rosario E.," AHSSA, BP, EC, box 1, file 31.

23. Slajov Žižek, "The Seven Veils of Fantasy," *The Plague of Fantasies* (New York: Verso, 1997), 16.

24. Aleph refers to the now mythical figure coined by Jorge Luis Borges in the book titled *El Aleph* (Barcelona: Emecé, 1995).

25. The basic bibliography on Mexican folk Catholicism includes Gary Gossen and Miguel León Portilla, *South and Meso-American Native Spirituality: From the Cult of the Feathered Serpent to the Theology of Liberation* (New York: Crossroad, 1993); Christian Smith and Joshua Prokopy, *Latin American Religion in Motion* (New York: Routledge, 1999); John M. Ingham, *Mary, Michael, and Lucifer: Folk Catholicism in Central Mexico* (Austin: University of Texas Press, 1986).

26. See Mary Douglas, *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo* (New York: Praeger, 1966). I am indebted to Rob Buffington for the reflection on the association of Saint Joseph and celibacy.

27. See Jorge Luis Borges, *Manual de zoología fantástica* (Mexico City: Fondo de Cultura Económica, 1957).

28. Reference to Paul Virilio, *Landscape of Events,* Julie Rose, trans. (Cambridge: MIT Press, 2000).

29. Kathy Acker, "The Killers" in *Biting the Error: Writers Explore Narrative*, Mary Burger, Robert Glück, Camilla Roy and Gail Scott, eds. (Toronto: Coach House Books, 2004), 17.

30. For a critical discussion of the strategies of realism, see Kathy Acker, *Bodies of Work. Essays* (London: Serpent's Tail, 1996).

31. Ruth Behar, *Translated Woman: Crossing the Border with Esperanza's Story*.

32. John Drakakis and Naomi Conn Liebler, eds., *Tragedy* (New York: Longman, New York, 1998), 2. According to Aristotle's definition, tragedy is "a representation of an action that is worth serious attention, complete in itself, and of some amplitude; in language enriched by a variety of artistic devices appropriate to the several parts of the play; presented in the form of action, not narration; by means of pity and fear bringing about the purgation of such emotions." Aristotle, *The Poetics,* T.S. Dorsch, trans., in *Aristotle/Horace/Longinus: Classical Literary Criticism* (London: Penguin, 1965), 38–39.

33. Karl Jaspers, *Tragedy is Not Enough* (Hamden, CT: Archon, 1969), 57.

34. Raymond Williams, *Modern Tragedy* (London and Stanford: Chatto & Windus, 1966), 202–203.

35. In addition to Williams, see, for example, Hannah Arendt, *On Revolution* (New York: Penguin, 1979).

36. Raymond Williams, *Modern Tragedy*, 163.

37. For examples of recent studies on suffering and pain, see Arthur Kleinman, Veena Das, and Margaret Lock, *Social Suffering* (Berkeley: University of California Press,

1997); Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985); Mary-Jo DelVecchio Good, et al., *Pain as Human Experience: An Anthropological Perspective* (Berkeley: University of California Press, 1992); Peter Morris, *The Culture of Pain* (Berkeley: University of California Press, 1991); Roselyne Rey, *The History of Pain* (Cambridge: Harvard University Press, 1995). On contemporary Mexico, see Kaja Finkler, *Women in Pain: Gender and Morbidity in Mexico* (Philadelphia: University of Pennsylvania Press, 1994). The most noteworthy example in the context of Latin American historiography is clearly Nancy Scheper-Hughes, *Death Without Weeping: The Violence of Everyday Life in Brazil* (Berkeley: University of California Press, 1992).

Chapter VII

1. Jacques Derrida, *Of Grammatology*, Gayatri Chakravorty Spivak, trans. (Baltimore: Johns Hopkins University Press, 1976). After all, Derrida himself said, in the chapter section titled "The Hinge [La Brisure]" that "to make enigmatic what one thinks one understands by the words 'proximity,' 'immediacy,' 'presence' (the proximate [*proche*], the own [*propre*], and the pre- of presence), is my final intention in this book," 70.

2. I am referring, of course, to James Clifford, *Writing Culture: The Poetics and Politics of Ethnography* (Berkeley: University of California Press, 1986). A more recent problematization of the same themes is Ruth Behar and Debra A. Gordon, eds., *Women Writing Culture* (Berkeley: University of California Press, 1995). An excellent collection of essays on contemporary experimental narrative is Mary Burger and Robert Glück, *Biting the Error: Writers Explore Narrative*, Camilla Roy and Gail Scott, eds. (Toronto: Coach House Books, 2004).

3. Walter Benjamin, *The Arcades Project* (Los Angeles: University of California Press, 2001); Susan Buck-Morss, *Dialectics of Seeing: Walter Benjamin and the Arcades Project* (Cambridge: MIT Press, 1999).

4. Derrida asserts that language is always written language because logos is "originarily passive" and always "first imprinted and that that imprint is the writing-resource of language, signifies, to be sure, that logos is not a creative activity." Moreover, the *différance* introduced in writing is what makes possible the very existence of or effect of "presence" in oral language. See Derrida, 106, 68, 62.

5. See Natalie Zemon Davis, *The Return of Martin Guerre* (Cambridge: Harvard University Press, 1983). Robert Darnton, *The Great Cat Massacre and Other Stories*.

6. Steven Connor, *Dumbstruck: A Cultural History of Ventriloquism* (Oxford: Oxford University Press, 2000), 12.

7. Walter Ong, *The Presence of the Word: Some Prolegomena for Religious and Cultural History* (Minneapolis: University of Minnesota Press, 1981), 128.

8. Connor, *Dumbstruck*, 16.

9. Gilles Deleuze, "Letter to a Harsh Critic," *Negotiations*, trans. Martin Joughin (New York: Columbia University Press, 1995), 8–9.

10. Néstor Braunstein, "El atizador de Wittgenstein y el agalma de Sócrates a Lacan," in *Filosofía y psicoanálisis,* ed. Alberto Constante and Leticia Flores Farfan (Mexico City: UNAM, 2006), 15.

11. Ibid., 17.

12. Gertrude Stein, "How Writing is Written," *How Writing is Written: Volume II of the Previously Uncollected Writings of Gertrude Stein*, 151–160.

13. Cristina Rivera Garza, *Nadie me verá llorar* (Mexico City: Tusquets MAXI, 2003).

14. Walter Benjamin, 255.

15. Arthur Kleinman has written memorably about the social construction of the medical diagnosis. See Arthur Kleinman, *Illness Narratives*.

16. Walter Benjamin, "Theses on the Philosophy of History."

17. "Modesta B.," AHSSA, MG, box 105, file 16 (6639).

18. Pierre Boulez, *La escritura del gesto: Conversaciones con Cécile Gilly* (Barcelona: Gedisa, 2003), 117.

19. See Ana María Guash, *El arte último del siglo XX: Del posminimalismo a lo multicultural* (Barcelona: Alianza, 2000).

20. Charles Bernstein, "Thought's Measure," *Content's Dream: Essays 1975–1984* (Evanston: Northwestern University Press, 2001), 70.

21. Camilla Roy, "Introduction," *Biting the Error*, 8.

22. Hélène Cixous, "The School of the Dead," *Three Steps on the Ladder of Writing* (New York: Columbia University Press, 1993), 12.

23. The *Diagnostic and Statistical Manual of Mental Disorders*, better known as the *DSM-IV*, does not consider melancholia an independent nosographic entity. From a psychoanalytic perspective, the term melancholia is one of the subcategories of psychosis (the other two are paranoia and schizophrenia), and it is characterized as a subjective position where the object relationship takes on characteristics of totality. See Sigmund Freud, "Mourning and Melancholia," *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. James Strachey, Vol. XIV (London: The Hogarth Press, 1957), 243–58.

24. Kathy Acker, "The Killers," *Biting the Error*, 18.

BIBLIOGRAPHY

Archives

Archivo Histórico de la Ciudad de México
Archivo Histórico de la Facultad de Medicina, Fondo: Escuela de Medicina y Anexas
Archivo Histórico de la Secretaría de Salubridad y Asistencia, Beneficencia Pública, Establecimientos Hospitalarios, Fondo del Manicomio General
Archivo Histórico de la Secretaría de Salubridad y Asistencia, Beneficencia Pública, Establecimientos Hospitalarios, Sección Hospital Morelos
Archivo Histórico de la Secretaría de Salubridad y Asistencia, Beneficencia Pública, Asistencia Social, Dirección de Administración y Estadística
Libros de registro del Hospital General Psiquiátrico La Castañeda, Mexico

Newspaper Articles

"Las hazañas de un fotógrafo: Circulación de retratos pornográficos," *El Imparcial*, June 5, 1901.
"Photographer in Trouble," *The Mexican Herald*, June 5, 1901.
"Loot, Dirt, and Graft All Reign in Fair Mexican Capital." *New York World*, October 4, 1914, LABC-BP, 147.
"Sacking of Mexico City Described by Witness." *New York World*, October 4, 1914, LABC-BP, 147.
"Mexico City at Mercy of Hungry Mobs," *Sun*, March 5, 1915, LABC-BP, 147.
"Looting in Mexico City by Zapatistas Reported," *Sun*, July 1, 1915, LABC-BP, 147.
"Women Refugee Says Anarchy, Famine, Death Ravage Mexico City," *Sun*, March 25, 1915, LABC-BP, 147.
"¿El manicomio es una casa penal o una casa para enfermos?" *El Universal Gráfico*, April 21, 1926.
"El manicomio La Castañeda es un antro de terror," *El Imparcial*, October 12, 1926, 1.
"Cada noche recibía una visita de ultratumba," *El Sol*, January 11, 1927.
"Queja en contra del pabellón de epilépticas," *La Prensa*, January 6, 1929.
"Vigilante culpable separado del manicomio," *El Universal*, April 22, 1927.

Ornelas, Plutarco. "Liberty and Charity in Mexico," *San Antonio Daily Express*, June 11, 1900, 2. Archivo General de la Nación, Fondo General, 4a 1900, vol. 900, file (1).

Articles and Books

"Insensibilidad física de la mujer," *Revista de la Escuela de Medicina* 9, no. 33 (1892): 631–634.

Camarena, Mario and Susana Fernández. *Comunidad, cultura y vida social: Ensayos sobre la formación de la clase obrera,* Mexico City: Instituto Nacional de Antropología e Historia, 1991.

"El hospital del Divino Salvador." *Revista de la Escuela de Medicina* 1, no. 11 (December 1879): 10–11.

"El programa de estudios para la Escuela de Medicina de México." *Revista de la Escuela de Medicina* 10 (1890): 334.

Ablard, Jonathan David. *Madness in Buenos Aires: Patients, Psychiatrists and the Argentine State, 1880–1983*. Calgary: University of Calgary Press, 2008.

Acker, Kathy. "The Killers." In Mary Burger and Robert Glück, *Biting the Error: Writers Explore Narrative*, edited by Camilla Roy and Gail Scott. Toronto: Coach House Books, 2004, 18.

———. *Bodies of Work: Essays*. London: Serpent's Tail, 1996.

Agostoni, Claudia, ed. *Curar, sanar y educar: Enfermedad y sociedad en México, siglos XIX y XX*. Mexico City: Instituto de Ciencias Sociales y Humanidades-Benemérita Universidad Autónoma de Puebla/Instituto de Investigaciones Históricas-Universidad Nacional Autónoma de México, 2008.

Agostoni, Claudia. *Médicos, campañas y vacunas: La viruela y la cultura de su prevención en México, 1870–1952*. Mexico City: Universidad Nacional Autónoma de México, Instituto de Investigaciones Dr. José María Luis Mora, 2016.

Aguirre, Carlos and Rob Buffington, eds. *Reconstructing Criminality in Latin America*. Wilmington, DE: Scholarly Resources, 2000.

Alvarado, Miguel, "Breves apuntes para formar la historia del estado del mal epiléptico." *Gaceta Médica de México*, 18 (1883): 449–459.

———. "Casos clínicos." *Revista de la Escuela de Medicina* 3, no. 10 (November 1881): 155–156.

———. "Remitido." *Revista de la Escuela de Medicina* 1, no. 11 (December 1879): 10.

Álvarez Amézquita, José. *Historia de la salubridad y asistencia en México.* 4 vols. Mexico City: Secretaría de Salubridad y Asistencia, 1960, 72.

Álvarez, José M. *Estudio teórico-práctico del tratamiento moral de la locura.* Mexico City: n.p., 1880.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Washington, DC: American Psychiatric Association, 1994.

Aragón, Enrique. "Biografía del Dr. Juan Peón del Valle (Sr.)." *Mis 33 años de académico* 1 (1943): 99–105.

Arendt, Hannah. *On Revolution*, New York: Penguin, 1979.

Aristotle. "The Poetics." In *Aristotle/Horace/Longinus: Classical Literary Criticism*, translated by T.S. Dorsch. London: Penguin, 1965.

Armus, Diego. *The Ailing City: Health, Tuberculosis, and Culture in Buenos Aires, 1870–1950*. Durham, NC: Duke University Press, 2011.

Atwood, Margaret. *Alias Grace*. London: Virago Press, 2019.

Ayala Flores, Hubonor. *Salvaguardar el orden social: El manicomio del estado de Veracruz, 1883–1920*. Zamora: El Colegio de Michoacán, 2007.

Azuela, Mariano. *Los de abajo*. New York: Signet, 1962.

Bachrach, Leona. "Asylum and Chronically Ill Psychiatric Patients." *American Journal of Psychiatry* 141, no. 8 (August 1984) 975–978.

Bakhtin, Mikhail. *The Dialogic Imagination: Four Essays by M. M. Bakhtin*. Edited by Michael Holquist. Translated by Caryl Emerson and Michael Holquist. Austin: University of Texas Press, 1981.

Ball, Benjamin. "Cours de M. Ball. Les frontiers de la folie." *La Revue Scientifique de la France et de l'Étranger* (January 1883).

Bantjes, Adrian. *As if Jesus Walked on Earth: Cardenismo, Sonora, and the Mexican Revolution*. Wilmington, DE: Scholarly Resources, 1998.

Barrios, Germán E. *The History of Mental Symptoms: Descriptive Psychopathology since the Nineteenth Century*. Cambridge and New York: Cambridge University Press, 1996.

———. "Obsessional Disorders during the Nineteenth Century: Terminological and Classificatory Issues." In *The Anatomy of Madness. Essays in the History of Psychiatry. Vol. I. People and Ideas*, edited by W. F. Bynum, Roy Porter, and Michael Shepard, 166–187. London and New York: Tavistock Publications, 1985.

Barthes, Roland. *A Barthes Reader*, edited by Susan Sontag. New York: Hill and Wang 1981.

Bartlett Haas, Robert, ed. *How Writing is Written: Volume II of the Previously Uncollected Writings of Gertrude Stein*. Los Angeles: Black Sparrow Press, 1974.

Barton, William E. *The History and Influence of the American Psychiatric Association*. Washington, DC: American Psychiatric Press, 1987.

Baxter, William E., and David W. Hathcox. *America's Care of the Mentally Ill: A Photographic History*. Washington, DC: American Psychiatric Press, 1994.

Becker, Marjorie. *Setting the Virgin on Fire: Lázaro Cárdenas, Michoacán, Peasants, and the Redemption of the Mexican Revolution*. Berkeley: University of California Press, 1995.

Beezley, William. *Judas at the Jockey Club and Other Stories of Porfirian Mexico*. Lincoln: University of Nebraska Press, 1989.

Beezley, William, Cheryl English Martin, and William French. *Rituals of Rule, Rituals of Resistance: Public Celebrations and Popular Culture in Mexico*. Wilmington, DE: Scholarly Resources, 1994.

Behar, Ruth. *Translated Woman: Crossing the Border with Esperanza's Story*. New York: Beacon Press, 1993.

Behar, Ruth, and Debra A. Gordon, eds. *Women Writing Culture*. Berkeley: University of California Press, 1995.

Beizer, Janet. *Ventriloquized Bodies: Narratives of Hysteria in Nineteenth-Century France*. Ithaca: Cornell University, 1993.

Benjamin, Walter. *The Arcades Project*. Los Angeles: University of California, 2001.

———. *The Origin of German Tragic Drama.* Translated by John Osborne. London: Verso, 1977.

———. "Theses on the Philosophy of History." In *Illuminations*, edited by Hannah Arendt, translated by Harry Zohn, 253–64. New York: Schocken, 1968.

Berkstein Kanarek, Celia. "El hospital del Divino Salvador." Bachelor's thesis, Universidad Nacional Autónoma de México, 1981.

Bernstein, Charles. "Thought's Measure." In *Content's Dream: Essays 1975–1984*, 70. Evanston: Northwestern University Press, 2001.

Berrios, G. E. "Classic Text No. 37. J. C. Prichard and the Concept of Moral Insanity." *History of Psychiatry* 10, no. 37 (1999):111–126.

Bleandonu, Gérard, and Guy Le Gaufey. "The Creation of the Insane Asylums of Auxerre and Paris." In *Deviants and the Abandoned in French Society: Selections from the Annales, Economies, Sociétés, Civilisations*, vol. 4, edited by Robert Froster and Orest Ranum, 180–212. Baltimore: Johns Hopkins University Press, 1978.

Bliss, Katherine. "Guided by an Imperious, Moral Need: Prostitutes, Motherhood, and Nationalism in Revolutionary Mexico." In *Reconstructing Criminality in Latin America*, edited by Carlos A. Aguirre and Robert Buffington, 167–194. Wilmington, DE: Scholarly Resources, 2000.

———. "The Science of Redemption: Syphilis, Sexual Promiscuity, and Reformism in Revolutionary Mexico City." *Hispanic American Historical Review* 79, no. 1. (1999): 1–40.

Bolton, Richard, ed. *Contest of Meaning: Critical Histories of Photography*. Cambridge, MA, and London: MIT Press, 1992.

Borges, Dain. "'Puffy, Ugly, Slothful and Inert': Degeneration in Brazilian Social Thought, 1880–1940," *Journal of Latin American Studies* 25, no. 2 (May 1993) 235–256.

Borges, Jorge Luis. *El Aleph*. Barcelona: Emecé, 1995.

———. "El arte de contar historias." In *Arte poética: Seis conferencias*, 63. Barcelona: Crítica, 2001.

———. *Manual de zoología fantástica*. Mexico City: Fondo de Cultura Económica, 1957.

Boulez, Pierre. *La escritura del gesto: Conversaciones con Cécile Gilly.* Barcelona: Gedisa 2003, 117.

Bourneville, Desiré Magloire, and Paul Regnard. *Photographic Iconography of the Salpêtrière*. 3 vols. Paris: Progrès Médical, 1877–1880.

Boyer, Christopher. *Becoming Campesinos: Politics, Identity, and Agrarian Struggle in Post-Revolutionary Michoacán 1920–1935*. Stanford: Stanford University Press, 2003.

Braunstein, Néstor. "El atizador de Wittgenstein y el agalma de Sócrates a Lacan," in *Filosofía y psicoanálisis*, ed. Alberto Constante and Leticia Flores Farfan (Mexico City: UNAM, 2006), 13–38.

Brenner, Anita. *The Wind that Swept Mexico: The History of the Mexican Revolution of 1910–1942.* Austin: University of Texas Press, 1993.

Buck-Morss, Susan. *The Dialectics of Seeing: Walter Benjamin and the Arcades Project*. Cambridge, MA: MIT Press, 1989.

Buentello, Edmundo. "Orígenes y estado actual del manicomio de La Castañeda," *Asistencia: Publicación Mensual de la Beneficencia Pública* 2, no. 3 (1936) n.p.

Buffington, Robert. *Criminal and Citizen in Modern Mexico*. Lincoln: University of Nebraska Press, 2000.

———. *Forging the Fatherland: Criminality and Citizenship in Modern Mexico*. PhD diss., University of Arizona, 1994, 109.

———. "Los Jotos. Contested Visions of Homosexuality in Mexico." In *Sex and Sexuality in Latin America,* edited by Daniel Balderston and Donna J. Guy, 118–132. New York: New York University Press, 1997.

Bulnes, Francisco. "Las feministas mexicanas." In *Mujeres y Revolución 1900–1917*, edited by Ana Lau and Carmen Ramos, 155–157. Mexico City: Instituto Nacional de Estudios Históricos de la Revolución Mexicana e Instituto Nacional de Antropología e Historia, Consejo Nacional para la Cultura y las Artes, 1993.

Burger, Mary, and Robert Glück. *Biting the Error: Writers Explore Narrative*. Edited by Camilla Roy and Gail Scott. Toronto: Coach House Books, 2004.

Burns, Bradford. *The Misery of Progress: Latin America in the Nineteenth Century.* Berkeley: University of California Press, 1985.

Butler, Judith. "Violence, Mourning, Politics." In *Precarious Life: The Powers of Mourning and Violence*, 33–34. New York: Verso, 2004.

Bynum, William, Roy Porter, and Michael Shepherd, eds. *The Anatomy of Madness: Essays in the History of Psychiatry.* London and New York: Tavistock Publications, 1985.

Calderón Narváez, Guillermo. "Hospitales psiquiátricos de México: Desde la Colonia hasta la actualidad," *Revista Mexicana de Neurología y Psiquiatría* 7, no. 3 (September 1966): 11–143.

———. *Las enfermedades mentales en México: Desde los mexicas hasta el final del milenio,* Mexico City: Trillas, 2002.

Camarena, Mario and Susana Fernández, "Los obreros-artesanos de las fábricas textiles de San Ángel, 1920–1930." In *Comunidad, cultura y vida social: Ensayos sobre la formación de la clase obrera,* 173–200. Mexico City: Instituto Nacional de Antropología e Historia, 1991.

Campobello, Nellie. *Cartucho*. Austin: University of Texas Press, 1995.

Canales, Claudia. *Romualdo García: Un fotógrafo, una ciudad, una época*. Guanajuato: Instituto Nacional de Antropología e Historia, Museo Regional de la Alhóndiga de Granaditas Guanajuato, 1980.

Casanova, Rosa, and Olivier Debroise. "Fotógrafo de cárceles: Usos de la fotografía en las cárceles de la ciudad de México en el siglo XIX." *Nexos: Sociedad, ciencia, literatura*, 119 (November 1987).

———. "Usos y abusos de la fotografía liberal: Ciudadanos, reos y sirvientes, 1851–1880." *Siempre!*, 1639 (November 1983).

Casasola, Agustín, Flora Lara Klahr, and Pablo Ortiz Monasterio. *Jefes, héroes y caudillos*. Mexico City: Fondo de Cultura Económica, 1986.

Castellanos, Margarito Crispín. "Hospital de maternidad e infancia: Perspectiva histórica de un centro de beneficencia pública de finales del siglo XIX." In *La atención materno-infantil: Apuntes para su historia*, edited by José Félix Gutiérrez Olmo et al., 108. Mexico City: Secretaría de Salud, 1993.

Castillo Velasco, José María del. *Colección de leyes supremas, órdenes, bandos, disposiciones de policía y reglamentos de administración del Distrito Federal*. Mexico City: Castillo Velasco e Hijos, 1874.

Cixous, Hélène. "The School of the Dead." In *Three Steps on the Ladder of Writing,* 12. New York: Columbia University Press, 1993.

Clifford, James. *Writing Culture: The Poetics and Politics of Ethnography.* Berkeley: University of California Press, 1986.

Connor, Steven. *Dumbstruck: A Cultural History of Ventriloquism*. Oxford: Oxford University Press, 2000.

Cuchi Espada, Víctor. "La ciudad de México y la Compañía Telefónica Mexicana: La construcción de la red telefónica, 1881–1902." In *Anuario de Espacios Urbanos. Historia. Cultura. Diseño,* 117–160. Azcapotzalco, Mexico: Universidad Autónoma Metropolitana-Azcapotzalco, 1999.

Damousi, Joy, and Mariano Ben Plotkin, eds. *Psychoanalysis and Politics: Histories of Psychoanalysis under Conditions of Restricted Political Freedom*. Oxford: Oxford University Press, 2012.

Darnton, Robert. *The Great Cat Massacre and Other Episodes in French Cultural History*. New York: Vintage Books, 1985.

Davies, John D. *Phrenology, Fad and Science: A 19th-Century American Crusade*. New Haven: Yale University Press, 1955.

Davis, Natalie Zemon. *The Return of Martin Guerre*. Cambridge: Harvard University Press, 1983.

Dawson, Maree. "Halting the 'Sad Degenerationist Parade': Medical Concerns about Heredity and Racial Degeneracy in New Zealand Psychiatry, 1853–991." *Health and History* 14, no. 1 (2012): 38–55. https://doi.org/10.5401/healthhist.14.1.0038.

Deans-Smith, Susan. "The Working Poor and the Eighteenth-Century Colonial State: Gender, Public Order, and Discipline." In *Rituals of Rule, Rituals of Resistance: Public Celebrations and Popular Culture in Mexico*, edited by William Beezley, Cheryl English Martin and William E. French, 37–75. Wilmington, DE: SR Books, 1994.

Deans-Smith, Susan, Gilbert Joseph, Eric Van Young, William French, Mary Kay Vaughn, Stephen Haber, Florencia Mallon, Susan Sokolow, and Claudio Lomnitz. *Mexico's New Cultural History: ¿Una lucha libre?*. Special issue, *Hispanic American Historical Review* 79, no. 2 (May 1999): 203–383.

Debroise, Olivier. *Fuga Mexicana: Un recorrido por la fotografía en México.* Mexico City: Consejo Nacional para la Cultura y las Artes, 1994.

De Guistino, David. *Conquest of Mind: Phrenology and Victorian Social Thought*. London: Croom Helm, 1975.

Deleuze, Gilles. *Negotiations*. Translated by Martin Joughin. New York: Columbia University Press, 1995.

DelVecchio Good, Mary-Jo, Paul Brodwin, Byron J. Good, and Arthur Kleinman. *Pain as Human Experience: An Anthropological Perspective*. Berkeley: University of California, 1992.

de Mauleón, Héctor. "1915: El año del hambre." In *El tiempo repentino: Crónicas de la ciudad de México en el siglo XX*. Mexico City: Océano, 2001.

Derrida, Jacques. *Of Grammatology*. Translated by Gayatri Chakravorty Spivak. Baltimore and London: Johns Hopkins University Press, 1976.

Digby, Anne. *Madness, Morality, and Medicine: A Study of the York Retreat 1796–1914*. Cambridge: Cambridge University Press, 1985.

Do Nascimento, Dilene Raimundo and Vera Regina Beltrão Marques, eds. *Hanseníase: A voz dos que sofreram o isolamento compulsório*. Curitiba, Paraná: Editora UFPR, 2011.

Douglas, Mary. *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo*, New York: Praeger, 1966.

Dowbiggin, Ian R. *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France*. Berkeley: University of California Press, 1991.

Drakakis, John, and Naomi Conn Liebler, eds. *Tragedy*. New York: Longman, 1998.

Dublán, Manuel, and José María Lozano. *Legislación Mexicana: Colección completa de las disposiciones legislativas expedidas desde la Independencia de la República* 8. Mexico City: Imprenta del Comercio, 1876.

Durán, Manuel, ed. *Cuentos y crónicas de Amado Nervo*. Mexico City: Universidad Nacional Autónoma de México, 1971.

Dwyer, Ellen. *Homes for the Mad: Life inside Two Nineteenth-Century Asylums*. New Brunswick and London: Rutgers University Press, 1987.

———. "Stories of Epilepsy." *Hospital Practice* 30. New York: HP Publication Company, 1992, 65–92.

Ender, Evelyne. *Sexing the Mind: Nineteenth-Century Fictions of Hysteria*. Ithaca: Cornell University, 1995.

Esquirol, Jean Étienne. *Des Maladies mentales considérées sous les rapports médical, hygiénique et médico-légal*. 2 vols. Paris: J.-B. Ballière et fils, 1838.

Farmer, Paul. "The Birth of the *Klinik:* A Cultural History of Haitian Professional Psychiatry." In *Ethnopsychiatry: The Cultural Construction of Professional and Folk Psychiatrists*, edited by Atwood D. Gaines. New York: State University of New York Press, 1992.

Fernández, Justino. *El arte en el siglo XIX en México*. Mexico, Imprenta Universitaria: 1967.

Fernández del Castillo, Francisco. *Antología de escritos histórico-médicos*. 2 vols. México: Universidad Nacional Autónoma de México, Facultad de Medicina, 1952.

Ferreol Labadie, Toribio. "Contribución para el estudio del hipnotismo en México." *Gaceta Médica de México* 22 (1887): 450–461.

Finkler, Kaja. *Women in Pain: Gender and Morbidity in Mexico*, Philadelphia: University of Pennsylvania Press, 1994.

Finnane, Mark. *Insanity and the Insane in Post-Famine Ireland*. London: Croom Helm, 1981.

Flandin, Louis. "L'asiledes aliénés à Auxerre." In *Almanach de l'Yonne,* 185. Auxerre: L. Fournier, 1865.

Foucault, Michel. *The Archaeology of Knowledge and the Discourse on Language*. Translated by A. M. Sheridan Smith. New York: Pantheon Books, 1972.

———. "Method." *History of Sexuality* 1, 3 vols. New York: Vintage, 1981, 92–102.

French, William. *A Peaceful and Working People: Manners, Morals, and Class Formation in Northern Mexico*. Albuquerque: University of New Mexico Press, 1996.

———. "Prostitutes and Guardian Angels: Women, Work, and the Family in Porfirian Mexico." *Hispanic American Historical Review* 72, no. 4 (Nov. 1992): 529–553.

Freud, Sigmund. "Mourning and Melancholia," In *The Standard Edition of the Complete Psychological Works of Sigmund Freud* 14, translated by James Strachey, 243–258. London: The Hogarth Press, 1957.

Frye, David. *Indians into Mexicans: History and Identity in a Mexican Town*. Austin: University of Texas Press, 1996.

Fuente, Ramón de la, and Carlos Campillo, "Perspectivas en medicina: La psiquiatría en México: Una perspectiva histórica." *Gaceta Médica de México* 3, no. 5 (1876): 425.

Gamboa, Federico. *Santa*. Mexico: Cátedra, 1903.

Gamwell, Lyn, and Nancy Tomes. *Madness in America: Cultural and Medical Perceptions of Mental Illness before 1914*. Ithaca: Cornell University Press, 1995.

García Icazbalceta, Joaquín. *Informe sobre los establecimientos de Beneficencia Pública y corrección de esta capital; su estado actual; noticia de sus fondos; reformas que desde luego necesitan y plan general de su arreglo presentado por José María Andrade, Méjico 1864*. México: Modern Librería Religiosa, 1907.

Garonzik, Rebecca. "Deconstructing Psychiatric Discourse and Idealized Madness in Cristina Rivera Garza's 'Nadie Me Verá Llorar.'" *Chasqui* 43, no. 1 (May 2014): 3–14. www.jstor.org/stable/43589598.

Gilly, Adolfo. *The Mexican Revolution*. Trans. Patrick Camiller. London: Verso Editions and NLB, 1983.

Gilman, Sander. *Disease and Representation: Images of Illness from Madness to AIDS*. Ithaca: Cornell University Press, 1988.

———. *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography*. New York: Brunner and Mazel, 1976.

Goffman, Erving. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Anchor, 1961.

Goldberg, Ann. *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815–1849*. New York: Oxford University Press, 1999.

Goldstein, Jan Ellen. *Console and Classify: The French Psychiatric Profession in the Nineteenth Century*. Cambridge: Cambridge University Press, 1987.

González Navarro, Moisés. *La pobreza en México.* Mexico: El Colegio de México, 1985, 29.

González Ramírez, Sergio. *Los bajos fondos*. Mexico: Océano, 1989.

Gossen, Gary, and Miguel León Portilla. *South and Meso-American Native Spirituality: From the Cult of the Feathered Serpent to the Theology of Liberation*. New York: Crossroad, 1993.

Gould, Stephen Jay. "Measuring Heads: Paul Broca and the Heyday of Craniology." *The Mismeasure of Man*. New York and London: Norton, 1996.

Grob, Gerald. *Mental Institutions in America: Social Policy to 1875.* New York: MacMillan, 1973.

Guash, Ana María. *El arte último del siglo XX: Del posminimalismo a lo multicultural*. Barcelona: Alianza, 2000.

Guerrero, Julio. *La génesis del crimen en México: Ensayo de psiquiatría social.* Mexico City: Librería de la viuda de Ch. Bouret, 1901.

———. *La génesis del crimen en México.: Estudio de psiquiatría social.* Mexico: Porrúa, 1977.

Guillén, Manuel E. "Algunas reflexiones sobre la igiene de la mujer durante su pubertad." Master's thesis, Facultad de Medicina de México, 1903.

Guislain, Joseph. *Traité sur l'aliénation mentale et les hospices des aliénés.* 2 vols. Amsterdam: J. Van der Hey et fils, 1826.

Gutiérrez del Olmo, José Félix. "De la caridad a la asistencia." *La atención materno-infantil. Apuntes para su historia*. México: Secretaría de Salud, 1993.

Gutiérrez Nájera, Manuel. *Escritos inéditos de sabor satírico "Plato del día."* Edited by Boyd G. Carter and Mary Eileen Carter. Columbia: University of Missouri Press, 1972.

Gutmann, Matthew C. *The Meanings of Macho: Being a Man in Mexico City*. Berkeley: University of California Press, 1996.

Guy, Donna. *Sex and Danger in Buenos Aires: Prostitution, Family, and Nation in Argentina.* Lincoln: University of Nebraska Press, 1991.

Hardoy, Jorge E. "Theory and Practice of Urban Planning in Europe, 1850–1930: Its Transfer to Latin America." In *Rethinking the Latin American City*, edited by Richard M. Morse and Jorge E. Hardoy, 20–49. Baltimore: The Johns Hopkins Press, 1988.

Hart, John M. *Empire and Revolution: The Americans in Mexico since the Civil War*. Berkeley: University of California Press, 2002.

———. *Revolutionary Mexico: The Process and Coming of the Mexican Revolution.* Berkeley: University of California Press, 1984.

Hathaway, Marion. "Dorothea Dix and Social Reform in Western Pennsylvania, 1845–1875." *Western Pennsylvania Historical Magazine* 17 (December 1934) 247–258.

Hidalgo y Carpio, Luis. "Magnetismo animal." *Gaceta Médica de México* 5 (1870): 143–144.

Holquist, Michael. *Dialogism: Bakthin and His World*. London: Routledge, 1990.

Ingenieros, José. "Locura, simulación y criminalidad." *Revista de la Escuela de Medicina* 26, no. 16 (1911): 400–404.

———. "Locura, simulación y criminalidad." *Revista de la Escuela de Medicina* 26, no. 18 (1911): 414–419.

———. "La psicología biológica." *Revista de la Escuela de Medicina* 26, no. 14 (1911): 324–329.

———. "La psicología biológica (continuación)". *Revista de la Escuela de Medicina* 26, no. 15 (1911): 339–345.

Ingham, John M. *Mary, Michael, and Lucifer: Folk Catholicism in Central Mexico.* Austin, University of Texas Press, 1986.

Jaspers, Karl. *Tragedy is Not Enough*. Hamden: Archon, 1969.

Johns, Michael. *The City of Mexico in the Age of Díaz*. Austin: University of Texas Press, 1997.

Joseph, Gilbert, Anne Rubenstein, and Eric Zolov, eds. *Fragments of a Golden Age: The Politics of Culture in Mexico since 1940*. Durham: Duke University Press, 2001.

Joseph, Gilbert, Catherine C. LeGrand, and Ricardo Salvatore. *Close Encounters: Writing the Cultural History of U.S.-Latin American Relations*. Durham: Duke University Press, 1998.

Joseph, Gilbert, and Daniel Nugent. *Everyday Forms of State Formation: Revolution and the Negotiation of Rule in Modern Mexico*. Durham: Duke University Press, 1994.

Jrade, Ramón. *Counterrevolution in Mexico: The Cristero Movement in Sociological and Historical Perspective*. Ann Arbor: University of Michigan Press, 1980.

Kanost, Laura. "Re-Placing the Madwoman: Irene Vilar's The Ladies' Gallery." *Frontiers: A Journal of Women's Studies* 31, no. 3 (2010): 103–115. https://doi.org/10.5250/fronjwomestud.31.3.0103.

Katz, Friedrich. *The Life and Times of Pancho Villa*. Stanford: Stanford University Press, 1998.

———, ed. *Riot, Rebellion, and Revolution: Rural Social Conflict in Mexico*, Princeton: Princeton University Press, 1988.

Keller, Richard. "Madness and Colonization: Psychiatry in the British and French Empires, 1800–1962." *Journal of Social History* 35, no. 2 (2001) 295–326. www.jstor.org/stable/3790190.

Kirkbride, Thomas. *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*. Philadelphia: J.B. Lippincott, 1854.

Kleinman, Arthur. *Illness Narratives: Suffering, Healing, and the Human Condition*. New York, Basic Books, 1998.

———. *Writing at the Margin: Discourse between Anthropology and Medicine*. Berkeley: University of California Press, 1995.

———. *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry,* Berkeley: University of California Press, 2013.

Kleinman, Arthur, Veena Das, and Margaret Lock. *Social Suffering*. Berkeley: University of California Press, 1997.

Knight, Alan. *The Mexican Revolution*, Cambridge University Press, New York, 1986.

Kuri, Ariel. *El Ayuntamiento de la Ciudad de México: Una historia olvidada*. Mexico City: El Colegio de México, 1989.

Labastida, Sebastián. "Acción del alcoholismo más allá del individuo." *Gaceta Médica del México* 14 (1879): 305–311.

Lacan, Jacques. *Écrits: A Selection*. Translated by Bruce Fink. New York: Norton, 2002.

Lalvani, Suren. *Photography, Vision, and the Production of Modern Bodies*. New York: State University of New York Press, 1996.

Lambe, Jennifer L. *Madhouse, Psychiatry and Politics in Cuban History*. Chapel Hill: University of North Carolina Press, 2017.

Lavater, Johan Kasper. *Essays on Physiognomy*, 3 vols., n.p., London, 1789.

Lear, John. *Workers, Neighbors, and Citizens: The Revolution in Mexico City,* University of Nebraska Press, 2001.

Leavitt, Judith Walzer. "Medicine in Context: A Review Essay of the History of Medicine." *The American Historical Review* 95, no. 5 (1990): 1471–1484.

Leiby, John S. "San Hipólito's Treatment of the Mentally Ill in Mexico City, 1589–1650." *The Historian: A Journal of History* 54, no. 3 (March 1992): 491–498.

Leidesdorf, Max. *Lehrbuch der Psychiatstren Krankheiten*. Germany: Enke, 1865.

Liceaga, Eduardo. "El bromuro de potasio en el tratamiento de la epilepsia." *Gaceta Médica de México* (1871): 334–353, 361–371, 393–402.

Lunbeck, Elizabeth. *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America*. Princeton: Princeton University Press, 1994.

Macedo, Miguel. *La criminalidad en México: Medios de combatirla*. Mexico City: Secretaría de Fomento, 1897.

Macías, Ana. *Against All Odds: The Feminist Movement in Mexico to 1940*. Westport: Greenwood Press, 1982.

Marcé, Louis Victor. *Traité pratique des maladies mentales*. Paris: J.-B. Baillière et fils, 1862.

Marshall, Helen. *Dorothea Dix: Forgotten Samaritan*. Chapel Hill: University of North Carolina Press, 1937.

Martínez Baca, Francisco, and Manuel Vergara. *Estudios de antropología criminal*. Puebla: Imprenta, Litografía y Encuadernación de Benjamín Lara, 1892.

Martínez del Río, José Pablo. "Establecimiento privado para la cura de locos en Vanves." *Periódico de la academia de Medicina de México* 2 (1837): 366.

Mayer, Jean. *The Cristero Rebellion: The Mexican People between Church and State, 1926–1929*. Translated by Richard Southern. Cambridge and New York: Cambridge University Press, 1976.

McKee Irwin, Robert, Ed McCaughan, and Michelle Rocío Nasser. *The Famous 41: Sexuality and Social Control in Mexico, c. 1901*. New York: Palgrave Macmillan, 2003.

Mejía, Demetrio. "Nota sobre dos casos de histeria en el hombre." *Gaceta Médica de México* 13 (1878): 473–478.

Melhaus, Marit, and Kristi Anne Stolen, eds. *Machos, Mistresses, Madonnas: Contesting the Power of Latin American Gender Imagery*. London and New York: Verso, 1996.

Meyer, Manuella. *Reasoning Against Madness: Psychiatry and the State in Rio de Janeiro, 1830–1944*. Rochester: University of Rochester Press, 2017.

Micale, Mark S. and Roy Porter, eds. *Discovering the History of Psychiatry*. New York: Oxford University Press, 1994.

Millán, Alfonso. "Radical transformación en el Manicomio General de Mixcoac." *Asistencia: Publicación mensual de la Beneficencia Pública* (1934): 14.

Miller, Francesca. *Latin American Women and the Search for Social Justice*. Hanover: University Press of New England, 1991.

Montellano, Francisco. *C. B. Waite, fotógrafo. Una mirada diversa sobre el México de principios de siglo XX.* Mexico City: Consejo Nacional para la Cultura y las Artes/ Grijalbo, 1994.

Morales Pereyra, Samuel, 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*, 888–896. Mexico City: Hoeck y Compañía Impresores y Editores, 1898.

Morel, Bénédict-Augustin. *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 and Paris: Grimblot et Veuve Raybois and Victor Masson: J.-B. Baillière, 1852–1853.

Morgan, Tony. "Proletarians, Politics, and Patriarchs: The Use and Abuse of Cultural Customs in the Early Industrialization of Mexico City, 1880–1910." In *Rituals of Rule, Rituals of Resistance. Public Celebrations and Popular Culture in Mexico*, edited by William Beezley, Cheryl English Martin, and William French, 151–172. Wilmington, DE: Scholarly Resources, 1994.

Morris, Peter. *The Culture of Pain*. Berkeley: University of California, 1991.

Murga, Gonzalo. "Atisbos sociológicos: El fraccionamiento de tierras, las habitaciones baratas." *Boletín de la Sociedad Mexicana de Geografía y Estadística* 6 (1913) 474–497.

Murillo, Luis. Interview. San Diego, California, May 2000.

Nesvig, Martin. "The Lure of the Perverse: Moral Negotiation of Pederasty in Porfirian Mexico." *Mexican Studies/Estudios Mexicanos* 16, no. 1 (2000): 1–37.

Nugent, Daniel. *Spent Cartridges of the Revolution: An Anthropological History of Namiquipa, Chihuahua*. Chicago: University of Chicago Press, 1993

Olvera, José. "Examen de los reos presuntos de locura." *Gaceta Médica de México* 24 (1889): 33–44.

Ong, Walter. *The Presence of the Word: Some Prolegomena for Religious and Cultural History*. Minneapolis: University of Minnesota Press, 1981, 128.

Pacheco, José Emilio. *Antología del modernismo (1884–1921)*. Mexico City: Universidad Nacional Autónoma de México, 1970.

Pani, Alberto J. *The Hygiene in Mexico: A Study of Sanitary and Educational Problems*. New York: G. P. Putnam's Sons, 1917.

Patiño Rojas, José Luis, and Ignacio Sierra Mercado. *Cincuenta años de psiquiatría en el manicomio general*. Mexico City: Secretaría de Salud/Archivo Histórico, 1965.

Pensado, Patricia and Leonor Correa, *Mixcoac: Un barrio en la memoria*. Mexico City: Instituto Mora, 1996.

Peón Contreras, José. "Idiotía macroencefálica." *Gaceta Médica de México* 7 (1872): 269–274.

Picatto, Pablo. *City of Suspects: Crime in Mexico City, 1900–1931*. Durham: Duke University Press, 2001.

———. "No es posible cerrar los ojos: El discurso sobre la criminalidad y el alcoholismo hacia el fin del Porfiriato." In *Hábitos, normas y escándalo. Prensa, criminalidad y drogas durante el Porfiriato Tardío*, edited by Ricardo Pérez Monfort, 75–134. Mexico City: Centro de Investigaciones y Estudios Superiores en Antropología Social/Plaza y Janés, 1997.

———. "El Paso de Venus por el Disco del Sol: Criminality and Alcoholism in the Late Porfiriato." *Mexican Studies/Estudios Mexicanos* 11, no. 2 (1995): 203–241.

Pinel, Philippe. *Traité medico-philosophique sur l'aliénation mentale, ou la manie*. Paris: Richard, Caille et Ravier, 1801.

Plotkin, Mariano. *Argentina on the Couch: Psychiatry State and Society, 1880 to the Present*. Albuquerque: University of New Mexico Press, 2003.

———. *Freud in the Pampas: The Emergence and Development of the Psychoanalytic Culture in Argentina*. Stanford: Stanford University Press, 2001.

———. "Freud, Politics, and the Porteños: The Reception of Psychoanalysis in Buenos Aires, 1910–1943." *Hispanic American Historical Review* 77, no. 1 (1997) 45–74.

Porter, Roy, and David Wright, eds. *The Confinement of the Insane: International Perspectives*. Cambridge and New York: Cambridge University Press, 2003.

Prichard, James. *A Treatise on Insanity and Other Disorders Affecting the Mind*. New York: Arno Press, 1973, 16. Originally published in 1837.

Prieur, Annick. *Mema's House, Mexico City: On Transvestites, Queens, and Machos*. Chicago: University of Chicago Press, 1998.

Purnell, Jennie. *Popular Movements and State Formation in Revolutionary Mexico: The Agraristas and Cristeros of Michoacán*. Durham: Duke University Press, 1999.

Ramírez, Román. *El Manicomio: Informe escrito por comisión del Ministro de Fomento*. Mexico City: Oficina Tipográfica de la Secretaría de Fomento, 1884.

———. *Resumen de medicina legal y ciencias conexas para uso de los estudiantes de derecho*. Mexico City: Oficina Tipográfica de la Secretaría de Fomento, 1901.

Ramírez Moreno, Samuel. "Alienistas y frenocomios de Hispanoamérica." *Revista Mexicana de Psiquiatría, Neurología y Medicina Legal* 25 (May 1938): 38.

———. "Anexos psiquiátricos en los hospitales generales," *Revista Mexicana de Psiquiatría, Neurología y Medicina Legal* 8, no. 75–76 (Sept.–Nov. 1940): 25.

———. *La asistencia psiquiátrica en México*. Mexico City: Secretaría de Salubridad y Asistencia, 1950, 27–28.

———. *La asistencia psiquiátrica en México: Congreso Internacional de Psiquiatría, París 1950*. Secretaría de Salubridad y Asistencia/Artes Gráficas del Estado, México, 1950.

Ramos, Ana Lau, and Carmen Ramos, *Mujeres y Revolución 1900–1917*. Mexico City: Instituto Nacional de Estudios Históricos de la Revolución Mexicana e Instituto Nacional de Antropología e Historia, Consejo Nacional para la Cultura y las Artes, 1993.

———. "La perspectiva de ellos." In *Mujeres y Revolución 1900–1917*, 69–160. Mexico City: Instituto Nacional de Estudios Históricos de la Revolución Mexicana e Instituto Nacional de Antropología e Historia, Consejo Nacional para la Cultura y las Artes, 1993.

Ramos Escandón, Carmen. "Señoritas porfirianas, mujer e ideología en el México progresista, 1880–1910." In *Presencia y transparencia: la mujer en la historia de México*, edited by Carmen Ramos Escandón, et al. Mexico City: El Colegio de México, 1987.

Rey, Roselyne. *The History of Pain*. Cambridge: Harvard University Press, 1995.

Ríos Molina, Andrés. *La locura durante la Revolución Mexicana: Los primeros años de Manicomio General La Castañeda, 1910–1920*. Mexico City: El Colegio de México, 2009.

———, ed. *Los pacientes del Manicomio La Castañeda y sus diagnósticos: Una historia de la clínica psiquiátrica en México, 1910–1968*. México City: Universidad Nacional Autónoma de México, Instituto de Investigaciones Históricas/Instituto de Investigaciones Dr. José María Luis Mora, 2017.

Ríos Molina, Andrés, Cristina Sacristán, Teresa Ordorika Sacristán, and Ximena López Carrillo. "Los pacientes del Manicomio La Castañeda y sus diagnósticos. Una propuesta desde la historia cuantitativa (México, 1910–1968)." *Asclepio* 68, no. 1 (2016): 136.

Ripa, Yannick. *Women and Madness: The Incarceration of Women in Nineteenth-Century France*. Cambridge: Polity, 1990.

Rivadeneyra, Mariano. "Apuntes para la estadística de la locura en México." Bachelor's thesis, Escuela Nacional de Medicina de México, 1887.

Rivera Barrón, Enrique. "Una historia de la fotografía en el Manicomio General de la Ciudad de México: La Castañeda (1910–1968)." Master's thesis, Universidad Nacional Autónoma de México, Escuela Nacional de Artes Plásticas, 2009.

Rivera Garza, Cristina. "Beyond Medicalization: Psychiatrists and Patients Produce Sexual Knowledge in Late Porfirian Mexico." In *The Famous 41: Sexuality and Social Control in Mexico, 1901*, edited by Robert T. Irwin, Edward J. McCaughan, and Michelle Rocío Nasser, 267–290. New York: Palgrave Press, 2003.

———. "The Criminalization of the Syphilitic Body: Prostitutes, Health Crimes and Society in Mexico, 1867–1930." In *Crime and Punishment in Latin America History: Law and Society since Late Colonial Times,* edited by Ricardo D. Salvatore, Carlos Aguirre, and Gilbert M. Joseph. Durham: Duke University Press, 2001.

———. "Dangerous Minds: Changing Psychiatric Views of the Mentally Ill in Porfirian Mexico, 1876–1911." *Journal of History of Medicine and Allied Sciences* 56, no. 1 (2001) 36–67.

———. *Nadie me verá llorar*. México: Tusquets, 1999.

———. "She Neither Obeyed nor Respected Anyone: Inmates and Psychiatrists Debate Gender and Class at the General Insane Asylum, Mexico, 1910–1930." *Hispanic American Historical Review* 81, nos. 3–4 (August–November 2001): 653–688.

———. "La vida en reclusión: Cotidianidad y Estado en el Manicomio General La Castañeda." In *Entre médicos y curanderos: Historia, cultura y enfermedad en la América Latina moderna*, edited by Diego Armus, 179–220. Buenos Aires: Norma, 2002.

Rodríguez Kuri, Ariel. *La experiencia olvidada: El Ayuntamiento de la Ciudad de México: Política y gobierno, 1876–1912*. México City: Universidad Autónoma Metropolitana y El Colegio de México, 1996.

Rojas, Eunice. *Spaces of Madness: Insane Asylums in Argentine Narrative*. Lanham: Lexington Books, 2014.

Roseberry, William. *Anthropologies and Histories. Essays in Culture, History, and Political Economy*. New Brunswick and London: Rutgers University Press, 1989.

———. "Hegemony and the Language of Contention." In *Everyday Forms of State Formation: Revolution and the Negotiation of Rule in Modern Mexico,* edited by Joseph and Nugent. Durham: Duke University Press, 1994.

Roseberry, William and Jay O'Brien, eds. *Golden Ages, Dark Ages: Imagining the Past in Anthropology and History*, Berkeley: University of California Press, 1991.

Rothman, David. *The Discovery of the Asylum: Order and Disorder in the Early Republic*. Boston: Little, Brown, and Co., 1980.

Roumagnac, Carlos. *Por los mundos del delito. Los criminales de México: Ensayo de psicología criminal*. Mexico City: Tipografía el Fénix, 1904.

Roy, Camilla. "Introduction." In *Biting the Error: Writers Explore Narrative*, edited by Camilla Roy and Gail Scott. Toronto: Coach House Books, 2004.

Ruiz, Luis E. "Progresos alcanzados en higiene y salubridad en la capital de la República y en el Distrito y territorios federales, en el siglo que ahora termina." *Revista de la Escuela de Medicina* 26, no. 9 (1911): 194.

Ruiz Zevallos, Augusto. *Psiquiatras y locos: Entre la modernización contra los Andes y el nuevo Proyecto de modernidad. Perú: 1850–1930*. Lima: Instituto Pasado y Presente, 1994.

Saalman, Howard. *Haussmann: Paris Transformed*. New York: George Braziller, 1971.

Sacristán, María Cristina. "¿Quién me metió en el manicomio? El internamiento de enfermos mentales en México, siglos XIX y XX." *Relaciones*, 19, no. 74 (1998): 201–233.

———. "La Locópolis de Mixcoac en una encrucijada política. Reforma psiquiátrica y opinión pública, 1929–1933" In *Actores, espacios y debates en la historia de la esfera pública en la ciudad de México*, Cristina Sacristán and Pablo Piccato (eds.), 199–232. Mexico: Instituto de Investigaciones Dr. José María Luis Mora/Instituto de Investigaciones Históricas-Universidad Nacional Autónoma de México, 2005.

———. *Locura e Inquisición en la Nueva España*. Mexico City: Fondo de Cultura Económica/El Colegio de Michoacán, 1992.

———. *Locura y disidencia en el México ilustrado, 1760–1810*. Zamora: El Colegio de Michoacán e Instituto de Investigaciones Dr. José María Luis Mora, 1994.

———. "Para integrar a la nación: Terapéutica deportiva y artística en el Manicomio de La Castañeda, 1929–1940." In *Curar, sanar y educar. Enfermedad y sociedad en México, siglos XIX y XX*, Claudia Agostoni (ed.), México City: Instituto de Ciencias Sociales y Humanidades-Benemérita Universidad Autónoma de Puebla/Instituto de Investigaciones Históricas-Universidad Nacional Autónoma de México, 2008, 99–123.

Sadowsky, Jonathan. *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria*, Berkeley: University of California Press, 2000.

Sáenz Arroyo, Artemisa. *Historia politico-social-cultural del movimiento femenino en México*, 1914–1950. Mexico City: Imprenta M. León Sánchez, 1954.

Saha, Jonathan. "Madness and the Making of a Colonial Order in Burma." *Modern Asian Studies* 47, no. 2 (2013): 406–435. www.jstor.org/stable/23359826.

Salvatore, Ricardo D., Carlos Aguirre, and Gilbert M. Joseph, eds. *Law, Crime, and Punishment in Latin America: Law and Society since Late Colonial Times*. Durham and London: Duke University Press, 2001.

Sansell, Christine. *City of Women: Sex and Class in New York, 1789–1860*. New York: Knopf, 1986.

Sarmiento, Domingo Faustino. *Facundo: Civilización o barbarie*. Madrid: Calpe, 1924.

Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*. New York: Oxford University Press, 1985.

Scheper-Hughes, Nancy. *Saints, Scholars, and Schizophrenics: Mental Illness in Ireland*, Berkeley: University of California Press, 1979.

———, *Death without Weeping: The Violence of Everyday Life in Brazil*. Berkeley and Los Angeles: University of California Press, 2014.

Scull, Andrew. *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England*. London: Allen Lane, 1979

———. *Cultural Sociology of Mental Illness: An A-to-Z Guide*. Thousand Oaks: SAGE, 2014.

Sekula, Allan. "The Body and the Archive." *October* 39 (winter 1986): 3–64.

Showalter, Elaine. *The Female Malady: Women, Madness, and English Culture, 1830–1980*. New York: Pantheon, 1985.

Smith, Christian, and Joshua Prokopy. *Latin American Religion in Motion*. New York: Routledge, 1999.

Somolinos D'Ardois, Germán. *Historia de la psiquiatría en México.* Mexico: SEP/Setentas, 1976.

Soto, Shirlene. "Women in the Revolution." In *Twentieth Century Mexico*, edited by W. Dirk Raat and William Beezley, 17–28. Lincoln: University of Nebraska Press, 1986.

Staples, Anne. "Policía y Buen Gobierno: Municipal Efforts to Regulate Public Behavior, 1821–1857." In *Rituals of Rule, Rituals of Resistance Public Celebrations and Popular Culture in Mexico*, edited by William Beezley, Cheryl English Martin, and William French, 115–126. Wilmington, DE: Scholarly Resources, 1994.

Stein, Gertrude. "How Writing is Written." In *How Writing is Written: Volume II of the Previously Uncollected Writings of Gertrude Stein*, edited by Robert Bartlett Haas. Los Angeles: Black Sparrow Press, 1974.

Stepan, Nancy L. *The Hour of Eugenics: Race, Gender, and Nation in Latin America*, Ithaca: Cornell University Press, 1991.

Strange, Carolyn, and Alison Bashford, eds. *Isolation: Places and Practices of Exclusion*. London: Routledge, 2003.

Szasz, Thomas. *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. New York: Harper & Row, 1974.

Tagg, John. *The Burden of Representation: Essays on Photographies and Histories*. Houndmills: Macmillan Education, 1988.

Taussig, Michael. "Redification and the Consciousness of the Patient." *The Nervous System*, New York: Routledge, 1992.

Tenenbaum, Barbara A. "Streetwise History: The Paseo de la Reforma and the Porfirian State, 1876–1910." In *Rituals of Rule, Rituals of Resistance Public Celebrations and Popular Culture in Mexico*, edited by William Beezley, Cheryl English Martin, and William French, 127–50. Wilmington, DE: Scholarly Resources, 1994.

Tenorio Trillo, Mauricio. *Mexico at the World Fairs. Crafting a Modern Nation*. Berkeley: University of California Press, 1996.

Tomes, Nancy. *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840–1883*. New York: Cambridge University Press, 1984.

———. *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients into Consumers*. Chapel Hill: The University of North Carolina Press, 2016.

Torres, Agustín. "El Manicomio General." *Revista de la Beneficencia Pública* H: 34–38, 1917, 30–32.

Toussaint, Manuel. *Colonial Art in Mexico*. Translated by Elizabeth Wilder Weisman. Austin: University of Texas Press, 1967.

Vanderwood, Paul. *Disorder and Progress: Bandits, Police, and Mexican Development*. Wilmington, DE: Scholarly Resources Books, 1992.

———. *The Power of God Against the Guns of the Government*. Stanford: Stanford University Press, 1998.

Vélez, D. M. "Una visita al sanatorio de Oak Grove, hospital para el tratamiento de enfermedades nerviosas y mentales establecido en 1891, en Flint, Michigan, E.U.A." *Revista de la Escuela de Medicina* 26, no. 4 (February 1911): 73–74.

Virilio, Paul. *Landscape of Events*. Translated by Julie Rose. Cambridge: MIT Press, 2000.

Walkowitz, Judith R. *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London*. Chicago: University of Chicago Press, 1992.

Walton, J. K. "Casting Out and Bringing Back in Victorian England: Pauper Lunatics, 1840–70." In *Anatomy of Madness: Essays in the History of Psychiatry*, 2 vols., edited by W. F. Bynum, Roy Porter and Michael Shepherd, 132–148. London and New York: Tavistock Publications, 1985.

———. "Lunacy in the Industrial Revolution: A Study of Asylum Admissions in Lancashire, 1848–1850." *Journal of Social History* 13, no. 1 (fall 1979): 1–22.

Wender, Paul H. "Dementia Praecox: The Development of the Concept." *American Journal of Psychiatry* 119 (1963): 1143–1151.

White, Hayden. *The Content of the Form: Narrative Discourse and Historical Representation*. Baltimore: Johns Hopkins University Press, 1978.

Wilce, Jim. "Madness, Fear, and Control in Bangladesh: Clashing Bodies of Power/Knowledge." *Medical Anthropology Quarterly* 18, no. 3 (2004): 357–375. www.jstor.org/stable/3655457.

Williams, Raymond. *Modern Tragedy*. London and Stanford: Chatto & Windus, 1966.

Womack, John. *Zapata and the Mexican Revolution*. New York, Knopf, 1968.

Zayas Enríquez, Rafael de. *Fisiología del crimen: Estudio jurídico sociológico*. Veracruz: Imprenta de R. de Zayas, 1885.

Žižek, Slavoj. "The Seven Veils of Fantasy." *The Plague of Fantasies*, New York: Verso, 1997.

Zulawski, Ann. "New Trends in Studies of Science and Medicine in Latin America." *Latin American Research Review* 34, no. 3 (1999): 241–251.

———. *Unequal Cures: Public Health and Political Change in Bolivia, 1900–1950*. Durham: Duke University Press Books, 2007.

ABOUT THE AUTHOR AND TRANSLATOR

CRISTINA RIVERA GARZA is the award-winning author of six novels, three collections of short stories, five collections of poetry, and three nonfiction books. Originally written in Spanish, these works have been translated into multiple languages. She is Distinguished Professor of Hispanic Studies and Director of the Creative Writing Program at the University of Houston.

LAURA KANOST is Professor of Spanish in the Department of Modern Languages at Kansas State University. She is the coauthor of *Latin American Women and the Literature of Madness: Narratives at the Crossroads of Gender, Politics, and the Mind*.