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. 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. 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.\footnote{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.”\footnote{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 Porfírian 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.\footnote{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.\footnote{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.\footnote{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 Porfírian 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.\footnote{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.\footnote{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.\textsuperscript{11} This influence was evident in an article on epilepsy that Alvarado wrote for the \textit{Gaceta Médica de México}.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.”\textsuperscript{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.”\textsuperscript{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.”

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. This discovery, however, only raised new questions.

“Society hurts,” Rivadeneyra contended, “it hurts to the point of driving us all mad.” 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. 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?” 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.”

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.” 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.

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. 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. 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. 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?”

Mid-nineteenth-century psychiatrists’ common concern with finding physical causes of insanity was also present in Mexico. 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 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.”

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.”

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.” 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.” 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. 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.\textsuperscript{45} Echoing European research, Demetrio Mejía, professor of Medical Practice at the School of Medicine, published an article identifying cases of hysteria in men.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.”\textsuperscript{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.\textsuperscript{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.\textsuperscript{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. 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. 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. 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. 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).

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.” 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.” 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.” 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.”

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.” 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.” 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.

His study, Guerrero emphasized, “involved psychiatry, vices, errors, preoccupations, deficiencies, and crimes.” 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. 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 Porfirián upper classes. 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.” 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.”

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. 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.”

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. 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.”

“Healthy and honorable people,” Guerrero continued, “abandoned rural areas as soon as they could, finding refuge in the cities.”

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. 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.

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.” 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.” 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.

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 Porfrian 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. In Mexico, where Porfrian 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 Porfrian 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.

Porfrian 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 Porfirián 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.”

Common among the Porfirián 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.

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.”

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 Porfirián elite increasingly saw mental hospitals as institutions that protected the evolutionary progress of society by confining dangerous minds.

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 Porfirián 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. Psy-
chiatry 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 Asy-
lum 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 rein-
forced 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 em-
ployment there; she remained within its walls for thirty-five years despite abun-
dant 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 negli-
genre 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 medi-
cal 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 de-
inition, 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. 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.

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. 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. 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. 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. 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 heterogeneous. 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 un-specialized 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. The occupations of women inmates were not as 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. 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. 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. 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. Moreover, although the majority of men and women lived in Mexico City, 64 percent of
them had been born elsewhere. 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. 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. 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. 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.

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. 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. 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. By the thirties, female epilepsy patients represented only 7.52 percent of the asylum population, while male epilepsy patients totaled only 10.86 percent.

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. 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. Since Porfirián 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. 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 Porfirián understandings of illness. Medical experts had already linked alcohol consumption with criminality and mental illness during the Porfirián era. 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.” Simultaneously, revolutionary regimes showed growing interest in and commitment to eugenic views of the population.

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. 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.

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. In contrast, a decade later, about 41 percent of inmates were given this diagnosis. Thus, the number of inmates listed as alcoholics in 1920 more closely resembles Porfirián diagnostic patterns in the San Hipólito and Divino Salvador hospitals. Moreover, like their Porfirián 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.

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. 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.

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. A decade later, doctors diagnosed 4.44 percent of women inmates and 13.94 percent of men inmates with this condition. By 1930, the percentage of women with general paralysis was 13.24 percent, while men totaled 16.59 percent. 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. 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 Porfrian experts before them, they believed that there was a connection between female sexual activity and mental illness.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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 (\textit{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.\textsuperscript{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.\textsuperscript{139}

However, asylum admission rates for women increased during that decade, reaching 63 percent of the inmate population.\textsuperscript{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.\textsuperscript{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.

Like Mexican society as a whole, diagnoses in the General Insane Asylum underwent dramatic but nonlinear changes between 1910 and 1930. Although Porfirián 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 Porfirián 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.