The Colonial State and the Construction of Social Deviance in Cuba, 1828-1865

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ABSTRACT

RACHEL M. HYNSON: The Colonial State and the Construction of Social Deviance in Cuba, 1828-1865
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In the late-eighteenth century, institutionalization began to represent one aspect of progress and modernity. But it is also true that while recognized as a social problem, the practice of the “cure” conformed to the prevailing social paradigms of nineteenth-century Cuba. The Casa de Dementes, the asylum founded in 1857, served as a place of confinement for the mentally ill, as well as for vagrants and free people of color to the asylum. By institutionalizing people classified as sane alongside those diagnosed as mentally ill, asylum administrators revised the accepted understanding of insanity as solely a mental condition. The arrival of psychiatrist José Joaquín Muñoz to Havana in 1863 further illustrated progress and the development of psychiatry in Cuba. Over time, the Casa de Dementes served to symbolize either the progress or decline of Cuban society. Scholars and physicians celebrated the asylum as an indicator of both societal progress and cultural stagnation.
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# TABLE OF CONTENTS

**Chapter**

I. Introduction…………………………………………………………………………1

II. Institutionalization and Expanding Conceptions of Insanity, 1828-1862…..12

   The Hospital de San Dionisio and Casa de Beneficencia………………13

   The Casa de Dementes…………………………………………………………19

III. Revision and Reform, 1863-1865…………………………………………..29

IV. Conclusion……………………………………………………………………49

Bibliography……………………………………………………………………..52
CHAPTER ONE:

Introduction

Abandoned by her lover, Charo suffered a mental collapse and was institutionalized. Her daughter, Cecilia Valdés, remained with her grandmother, believing that Charo had died. Many years later, mother and daughter reunited when the state charged Cecilia as an accomplice to murder and confined her in the same asylum as her mother. *Cecilia Valdés* by Cirilo Villaverde, Cuba’s “national novel” of the nineteenth century,¹ began and ended with the institutionalization of its female protagonists.² The hospital rarely appeared in the story, but its presence bracketed the narrative. More than a mere literary construction, the asylum existed on the periphery of power in the colonial administration. In the early nineteenth century, officials in Cuba increasingly began to recognize insanity as a medical problem and institutionalize the individuals deemed mentally ill. Indeed, Cuban society came to terms with confinement as a response to insanity, a diagnosis defined as much by early neurology as it was by old social prejudices.

In the late-eighteenth century, institutionalization came to represent one aspect of progress and modernity. But it is also true that while recognized as a social problem, the practice of the “cure” conformed to the prevailing social paradigms of nineteenth-century

Cuba. Government officials constructed facilities aimed at confining vagrants, prostitutes, orphans, and residents identified as mentally ill (*enfermos mentales*) who wandered the streets unmonitored but certainly not unnoticed. They sought to modernize the city of Havana and improve its image to the world at large. Through the confinement of these social groups, colonial authorities aspired to “clean up” and civilize the city. By removing residents perceived as mentally ill from city streets, they hoped to retain the beauty of Havana.³ Furthermore, the enactment of these social policies reflected the trend toward modernity present all across the island. Scientific improvements and technological progress dominated Cuba, and revealed themselves through steam-powered mills, a telegraph service, and railroads.⁴ The institutionalization of the residents identified as mentally ill and the construction of insane asylums in the nineteenth century formed a part of this process of advancement. Medical reformers attempted to imitate the reforms originating from the United States and Europe. Consequently, mental institutions and the confinement of *enfermos mentales* became indicators of civilization and progress.

In 1828, colonial officials constructed the Hospital de San Dionisio, initiating the emergence of institutionalization specifically for residents deemed mentally ill. The first insane asylum on the island, San Dionisio, existed specifically to house men identified as insane. Until 1828, men and women diagnosed as mentally ill resided throughout the city in public jails, hospitals, and private facilities. The construction of San Dionisio represented the first government attempt to consolidate the *enfermos mentales* at one facility. At the same time, colonials officials transferred most the women perceived to be mentally ill to a separate


building at the Real Casa de Beneficencia, a charity house dedicated to caring for the poor and other individuals in need of protection. Although many more *enfermos mentales* likely resided in jails and other social institutions, San Dionisio illustrated a growing interest in contemporary methods of confinement.

At midcentury, colonial physicians embraced psychiatric theories from Europe and the United States, but many of these modern scientific ideas relied upon traditional notions of racial hierarchy, gender difference, and class superiority. Cuban reformers believed that racial phenotypes made people more or less predisposed to mental illness in certain climates. Indeed, they opined that the weather and temperature of the region where individuals were born also made people more inclined to insanity. Other elements such as sex and economic status influenced the medical diagnoses of the psychiatrists in the nineteenth century. Social factors permitted government officials to expand the definition of insanity and medicalize their condemnation of specific minority groups. The Casa de Dementes, the asylum which replaced San Dionisio, did not only serve as a place of confinement for the *enfermos mentales*. Colonial authorities also remitted vagrants and free people of color to the asylum. By institutionalizing people classified as sane alongside those diagnosed as mentally ill, asylum administrators revised the accepted understanding of mental illness as solely a mental condition.

The arrival of psychiatrist José Joaquin Muñoz to Havana in 1863 illustrated the growing development of psychiatry in Cuba. From 1828 until 1863, *enfermos mentales* remained confined to various public facilities and received little medical treatment or therapeutic care. Beginning 1863, Muñoz served as Medical Director at the Casa de Dementes. The Casa was also known as Mazorra, the surname of the planter who previously
owned the property upon which the institution was built. While at the Casa, Muñoz attempted to implement European medical reforms, thereby influencing and further modernizing the confinement of individuals deemed insane. But hospital officials and the colonial government resisted his attempts at scientific progress, and Muñoz was able to carry out few medical improvements to the Casa. In 1865, he left the institution and returned to France. The presence of Muñoz at the Mazorra converted it into a progressive institution. The Casa came to represent change and modernity, as compared with the stagnation and traditionalism of previous facilities.

But future specialists employed Mazorra for a broader purpose. In the twentieth century, specialists viewed the asylum as a barometer for national advancement, and it came to represent the progressive or deteriorative nature of Cuban society. While some specialists praised the treatment of patients and labeled the Casa a modern institution, others believed that Mazorra represented all the social woes experienced by the country. Beginning in 1856, the Casa de Dementes became the only mental institution on the island. It remains in existence to this day and represents medical progress and social advancement.

II

Since the mid-twentieth century, the insane asylum has been examined as the site of power and control. Revisionist scholars led by Michel Foucault challenged the traditional perception of asylums as humane and rational spaces. Previous scholars had emphasized the progressive nature of the institutions and lauded the humanitarian actions of the asylum reformers.5 Foucault rejected this view, and maintained instead that asylums functioned as

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5 For examples of traditional histories, see: Albert Deutsch, *The Mentally Ill in America: A History of their Care and Treatment from Colonial Times* (Garden City, NY: Doubleday, Doran & Comapany, Inc., 1937); Gregory Zilboorg, *A History of Medical Psychology* (New York: Norton, 1941); and Kathleen Jones, *Lunacy, Law, and...
coercive and oppressive spaces meant to confine the unruly poor. A political more than a benvolent consciousness pervaded the nineteenth-century asylum reform movement, asserted Foucault, one concerned more with controlling than curing patients. In 1971, historian David Rothman similarly contended that during the Jacksonian era (1810-1840), asylum reformers in the United States failed to achieve patient rehabilitation and instead converted U.S. antebellum asylums into sites of abuse. Revisionists such as Foucault and Rothman maintained that the mental institution represented social malfeasance, rather than the medical beneficence celebrated by the traditional historians.

Not all contemporary scholars agreed with the sentiments, however. Historian Gerald Grob sought to underscore the good intentions of reformers, asylum staff, and psychiatrists. Grob lamented the failure of the nineteenth-century asylums and stressed that the unmet goals resulted from reduced curability rates, overcrowding, and increased patient diversity. Although Grob acknowledged the failure of institutional care, his belief in the altruism of asylum reformers or the “relative absence of malevolence” distinguished him from the revisionists. In still another perspective, historian Michael Ignatieff encouraged scholars to study state institutions from the patient perspective, promoting empirical rather than

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9 Ibid.
theoretical knowledge. Inspired by historian Edward P. Thompson and anthropologist Clifford Geertz, Ignatieff reoriented the discussion of asylumdom by emphasizing social interactions rather than power, diversity instead of homogeneity. He challenged historians to examine daily life at the asylum and write new forms of institutional histories.

Several studies published during the 1980s illustrated a clear methodological break with traditional, intellectual histories of mental institutions. Historians Nancy Tomes and Anne Digby published studies on individual patient care and displayed a marked hesitancy to generalize their findings more broadly. Tomes asserted a desire to transcend the “treatment-incarceration” debate and classified the Pennsylvania Hospital for the Insane as an institution for both therapy and social control. In her study of the York Retreat, Digby argued that contemporary scholars have neglected the survey of individual asylums, leading to the erection of “large models [built] on fragmentary foundations.” At the same time, feminist scholars attempted to historicize the experience of women with madness. Their form of analysis illustrated the “new social history” and its comprehensive examination of individuals. Literary scholar Elaine Showalter and historian Yannick Ripa used gender analysis to demonstrate how madness was often constructed as female. They described insanity as a social construct imposed upon women because of their supposed biological weaknesses and argued similarly that all nineteenth-century women were viewed as

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potentially insane, if only because they were different from men.\textsuperscript{13} According to Ripa and Showalter, asylumdom represented patriarchy, and officials used institutionalization to control women rather than cure them.

By the late 1980s and early 1990s, political changes contributed to the fragmentation of the historiography of asylumdom. It became impossible to speak of a singular scholarly trend. The study of nineteenth-century asylum studies diversified, influenced by post-structuralist ideas and post-modernism.\textsuperscript{14} Microhistories increased and reflected a deepening awareness of local and cultural experiences. Attempts to make sense of the contemporary political changes also took the form of “large-scale investigations of the transformations [of] present-day societies.”\textsuperscript{15} Finally, international histories were popularized by an increasing awareness of diversity and globalization.\textsuperscript{16}

III

Due to the colonial status of Cuba in the nineteenth century, the work of Cuban specialists was influenced by the wars of independence and the later occupation by the United States. Following the arrival of U.S. forces in 1899, Cuban physicians routinely described with pessimism the previous historical treatment of the residents identified as mentally ill but praised the contemporary care for \textit{enfermos mentales} at Mazorra, no matter the era in which they wrote. In 1899, physician Gustavo López celebrated the arrival of the


\textsuperscript{14} Georg G. Iggers, \textit{Historiography in the Twentieth Century: From Scientific Objectivity to the Postmodern Challenge} (Middletown, CT: Wesleyan University Press, 1997), 134-140.

\textsuperscript{15} Ibid., 153-154.

\textsuperscript{16} Ibid., 157-158.
Americans and wrote that the U.S. military occupation “completely changed the face of Cuba.”\textsuperscript{17} U.S. officials, López insisted, give “their decisive support” to the reformation of the Casa de Dementes, so that it may one day “stand alongside the best in America.”\textsuperscript{18} Newly-appointed medical director Lúcas Álvarez Cerice agreed and affirmed in 1900: “The loco of this country has entered into a new era which entails the existence of a Mental Hospital where he will be cared for and treated as his mental illness requires.”\textsuperscript{19} An indication of this desire for reform can be found in the new name assigned to the Casa. In an attempt to escape the negative colonial connotations and demonstrate their hope for reform, authorities renamed the asylum the Asilo de Enajenados.

In the 1940s, Cuban physicians disagreed on the amount of progress achieved at the asylum. Armando de Córdova y Quesada argued in 1940 that the U.S. presence on the island had, in fact, resulted in few changes in the status of the patients diagnosed as mentally ill. Indeed, he suggested multiple improvements for the Havana Asilo. “We do not know why,” Córdova y Quesada commented, “health care for the mentally ill in Cuba has not been accorded any importance. Perhaps it is due to an imperfect documentation of the problem. The truth is that the insane do not complain, and when they do, they are not listened to.”\textsuperscript{20} By 1945, physicians at the asylum believed circumstances had improved for the enfermos mentales in Cuba. The Anuario released by the Asilo de Enajenados lauded President Ramón Grau San Martín and the improvements he had made to the hospital. According to

\textsuperscript{17} Gustavo López, “Los locos en Cuba,” Anales de la Academia de Ciencias Médicas, Físicas y Naturales de La Habana 36 (September 1899): 110.
\textsuperscript{18} Ibid., 111.
\textsuperscript{19} Lúcas Álvarez Cerice, Memoria del Asilo General de Enajenados de la Isla de Cuba correspondiente al año 1899 (Havana: El Comercio, 1900), 25.
\textsuperscript{20} Armando de Córdova y Quesada, La locura en Cuba (Havana: Seoane, Fernández y Cía., Impresores, 1940), 247.
the Anuario, Grau ameliorated patient life more during his first year in office than anyone else had in the preceding 119 years. No longer was the asylum the “national embarrassment” it used to be.21

Following the Revolution of 1959, Cuban specialists expressed a similar confidence in the treatment of the residents diagnosed as mentally ill. But for scholars writing after the Revolution, the critical juncture in the history of Cuban asylumdom was not the election of Gran but the overthrow of Fulgencio Batista. To illustrate the break with the past, authorities once again changed the name of the Havana asylum from Asilo de Enajenados to the Hospital Psiquiátrico. A publication released in 1971 by physicians at the asylum described patient care prior to 1959 as a “horrible nightmare [that] ended with the triumph of the Revolution.”22 Psychiatrist José Ángel Bustamante expanded upon this idea in 1989 when he specified that psychiatry with the specific goal of caring enfermos mentales and the population as a whole did not arrive to Cuba until 1959.23

IV

This essay will contribute to the historiography by describing institutionalization as one element of modernity and progress in nineteenth-century Cuba. The confinement of enfermos mentales reflected a growing awareness of mental illness as a medical issue that was both gendered and racialized. But medical problems were not the only sources of institutionalization. There is more than sufficient evidence that vagrants and people of color were also institutionalized as a matter of social policy. Throughout the first half of the

21 Anuario de Mazorra, octubre 1944-1945 (Havana: Úcar, García y Cía, 1945), 27.
22 Memory of the Psychiatric Hospital of Havana (Havana: Instituto Cubano del Libro, 1971), 19.
nineteenth century, *enfermos mentales* found themselves confined to various institutions. A study of these facilities will help demonstrate how the colonial authorities in Cuba confronted the issues of mental illness and through trial and error responded with institutionalization. Because psychiatric discourse was influenced by ideas of racial superiority, class difference, and gender hierarchy, this study of confinement and mental illness in nineteenth-century Cuba will examine the social beliefs and attitudes accepted by physicians and colonial authorities.

Special attention will be given to the Mazorra asylum, the enduring mental institution on the island. It represented a change from the traditional therapy and chronic inflexibility of the past. The Casa signified modernity and the possibility of a better future for the *enfermos mentales*. Until 1864 when hospital authorities started admitting male and female inmates to the Havana asylum, patients remained dispersed throughout various public and private facilities. Prior to the Casa de Dementes, the patients classified as insane did not remain at any one institution for more than four decades. Government officials separated the men from the women and housed them in jails, charity homes, asylums, and hospitals. Indeed, patients shared these institutional spaces with other men and women deemed to be social outcasts, including vagrants, lepers, divorcées, and *emancipados* or apprentices of color.

Over time, Mazorra served to symbolize either the progress or decline of Cuban society. Scholars and physicians viewed the asylum as a social barometer for national development. Some individuals celebrated the Casa de Dementes as an indicator of cultural progress, of societal improvement. Others criticized the treatment of the patients at the hospital and called attention to the Casa as an example of the problems facing the country. Mazorra endured longer than the other institutions and continues to function in present-day
Cuba. It still serves as a symbol of social improvement and medical advancement. This study will describe the institutionalization process in the first half of the nineteenth century as an element of the quest for modernity in Cuba. It will also reveal how the definition of insanity evolved according to cultural prejudices and medical prescriptions, demonstrating that traditional beliefs influenced even the most progressive of theories.
CHAPTER TWO:
Institutionalization and Expanding Conceptions of Insanity, 1828-1862

In the nineteenth century, psychiatry arrived to Cuba, a reflection of the growing trend toward modernity. Colonial authorities institutionalized individuals identified as social deviants, whether or not physicians deemed them insane, hoping to “clean up” the nation according to European standards of acceptability. By confining vagrants, people of color, and *enfermos mentales* to insane asylums, government officials broadened the definition of insanity and medicalized the condition. The conception of the Casa de Dementes in 1854 reflected this international trend toward the medicalization of mental illness and the confinement of *enfermos mentales*. In the beginning decades of the nineteenth century, people identified as mentally ill had resided in hospitals, charity homes, and jails. Colonial authorities classified patients by the public institution in which they lived, not their medical diagnosis.¹ By 1862, census data reported the total number of *dementes* on the island, categorized according to sex, race, and enslavement status.² This chapter will detail the extended process by which colonial physicians and government authorities institutionalized

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¹ Cuba, Capitanía General, *Cuadro estadístico de la siempre fiel Isla de Cuba, correspondiente al año de 1846* (Havana: Imprenta del Gobierno y Capitanía General por S.M., 1847), 53.

² Cuba, Centro de Estadística, *Noticias estadísticas de la Isla de Cuba, dispuestas y publicadas por el Centro de Estadística* (Havana: Imprenta del Gobierno y Capitanía General por S.M., 1864), 58-62.
the residents identified as mentally ill and constructed a concept of insanity with both modern psychiatric theories and traditional perceptions of social norms.

Prior to 1804, individuals classified as insane wandered the streets and faced confinement only if colonial authorities believed they threatened the safety of others. Once identified as dangerous, the *enfermos mentales* remained in public prisons, housed alongside criminals and vagrants. The inmates received no treatment for their symptoms and often suffered physical abuse at the hands of the jailers. The management of insanity in Cuba differed little from the treatment provided to the people diagnosed as mentally ill in the United States and Europe in the late eighteenth and early nineteenth centuries. Physicians believed that mental illnesses resulted from charms, curses, and spells. Indeed, government authorities and medical practitioners offered supernatural justifications for insanity instead of medical explanations. In Cuba, these perceptions slowly began to change in the early nineteenth century.3

**The Hospital de San Dionisio and Casa de Beneficencia**

In a true reflection of the medical trend toward modernity, Bishop José Díaz de Espada conceived of the first asylum for the insane in 1824. He argued that *enfermos mentales* should be isolated from the general population and placed in different accommodations than vagrants, criminals, and other institutional inmates.4 Of course, the Cuban perception of insanity and deviance evolved in the following decades, and the

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residents deemed mentally ill would not remain separated from other social groups as Espada wished. So convinced was he of the importance of a mental asylum, Espada personally donated money to begin construction on the Hospital de San Dionisio.⁵ Although treatment at the asylum did not improve upon patient care at prior public facilities, the construction of the institution marked the beginning of confinement specifically for residents diagnosed as insane. Indeed, San Dionisio illustrated the beginning of scientific progress in the decades just prior to the emergence of psychiatry.

The medicalization of mental illness resulted in increased confinement but not improved conditions for those diagnosed as mentally ill. Throughout the first half of the nineteenth century, these individuals experienced perpetual disregard and indifference, tempered only by occasional altruism. Constructed by convicts on land belonging to the Real Casa de la Beneficencia, authorities named the first Cuban insane asylum in honor of Captain General Dinisio Vives.⁶ In 1828, the Hospital de San Dionisio opened its doors to thirty-seven male enfermos mentales previously confined to the Real Cárcel de la Habana.⁷ Built in the shape of a rectangle with a patio in the center, San Dionisio had the capacity to hold seventy to eighty patients and the hospital employees. No need existed to enlarge the asylum until the 1850s when the inmate population reached 130 in 1855.⁸ Despite the fanfare and celebration, scientific and technological limitations prevented the patients confined at San

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⁷ Córdova y Quesada, La locura en Cuba, 231-232; López, “Los locos en Cuba,” 90; López Espinosa, “Primera publicaciones sobre psiquiatría,” 230; Muñoz, Casa de los locos, 11-12.

⁸ Muñoz, Casa de los locos, 13-14; Córdova y Quesada, La locura en Cuba, 232.
Dionisio and diagnosed as insane from receiving advanced medical treatment. During this period, few physicians believed mental illnesses curable, and therapy consisted of cold baths, corporal punishment, and forced labor. Physician Gustavo López lamented the fate of the “poor lunatic” confined to San Dionisio, “a simple place of refuge and not a hospital suitable for his special infirmity.”9 Indeed, no doctor resided on the grounds of the hospital, and one attended to patients only on the occasion of an “accidental illness.”10

Although colonial authorities constructed an insane asylum for men identified as mentally ill, Vives transferred female enfermas mentales to the Casa de Beneficencia, a charity house, suggesting that insanity amongst men was more prevalent than amongst women. One year after the male enfermos mentales arrived to the Hospital de San Dionisio, Vives authorized the transfer of the females identified as insane to the Casa de la Beneficencia.11 Founded in 1794 and located between the San Lázaro Hospital and the Espada Cemetery, the charity house was originally designed to house paupers and to educate young girls. But the Casa de Beneficencia eventually accepted people of color, especially elderly and abandoned slaves, as well as anyone who lacked employment, education, or needed protection.12 White women and women of color diagnosed as mentally ill arrived to the home in 1829. Colonial authorities transferred them to the Casa de Beneficencia from the Casa de Recogidas prison, a place of chaos and disorder, as categorized by architect and Colonel Antonio María de la Torre y Cárdenas. According to Vives, de la Torre petitioned for their relocation to the Casa de la Beneficencia and “proposed moving forty-five

10 Ibid., Muñoz, Casa de los locos, 14-15; Córdova y Quesada, La locura en Cuba, 233.
12 Hidalgo Valdés, Real Casa de la beneficencia, 42, 51 f54.
madwomen into the house adjacent to the Beneficencia so these unfortunate individuals might distract their damaged minds with more pleasant scenery, breathing in an atmosphere pure and appropriate for their physical and mental health.”13 Unfortunately, the new arrivals to the charity house experienced little medical care other than the fresh air lauded by de la Torre.14

Nuns served as administrators, caretakers, and nurses at the Casa de Beneficencia, and their treatment of the female enfermas mentales illustrated the traditional care afforded to patients before the arrival of José Joaquín Muñoz to the island. The women at the Casa de Beneficencia received rehabilitation that consisted of cold baths, showers, and physical exercise. Since the visiting physician only cared for patients who “accidentally became ill,” hospital residents and nuns assumed responsibility for administering treatment. This involved the supervision of inmates as they scrubbed floors, swept, sewed, and washed clothes.15 The Sisters of Charity of Saint Vincent de Paul first arrived in to Havana in 1847, and authorities entrusted them with the care of the patients the Casa de la Beneficencia.16 Assisted by female residents of the Casa and some of the enfermas mentales, the Sisters assumed control of all aspects of the Casa de Beneficencia, including the section for people

13 Quoted in Córdova y Quesada, La locura en Cuba, 233.
15 Muñoz, Casa de los locos, 17, 53.
16 “Expediente promovido para trasladar a las mujeres dementes al ‘Potrero Ferro’,” 1864, Legajo 3469, No. A, Miscelánea de Expedientes, Archivo Nacional de la República de Cuba, Havana, Cuba (hereinafter cited as ARNAC); Eduarda Ancheta Niebla, María Lazara Asesor, and Ramón Suárez Polcari, “Las Hijas de la Caridad como enfermeras. Pasado y presente en Cuba,” Revista Uruguaya de Enfermería 2, no. 1 (June 2007): 49. The Sisters of Charity are also less commonly known as the Daughters of Charity. Beginning with the foundation of their order in 1633, the Sisters of Charity of Saint Vincent de Paul committed themselves to the care of the less fortunate members of society. They eschewed cloisters and convents in favor of hospitals, orphanages, and leper colonies.
deemed mentally ill. The care provided by the nuns was not progressive or modern, yet they provided a service that few other groups offered. Muñoz wrote that the administration of the Casa de Dementes later requested the Sisters because of the “great difficulty that it encountered in finding secular nurses.”

Travelers to Cuba at midcentury presented a more positive view of the Sisters of Charity and their treatment methods, illustrating the problematic nature of travelogues as primary sources. Many visitors celebrated the care provided by the nuns and one woman even wished to “have exchanged places with them.” When author Mary Elizabeth Wilson Sherwood visited Havana in the early 1850s, she toured the Casa de la Beneficencia “where 300 children were taken care of as children are seldom cared for, even in their own homes.” Sherwood described the Sisters, as “dear, good, devoted women.” Lawyer and writer Richard Henry Dana likewise admired the treatment provided by the nuns and stated that the floors of the Havana Hospital Militar were “scrupulously clean, as are all things under the charge of the Sisters of Charity.” Sadly, the ideal conditions recounted by Sherwood and Dana did not accurately the lives of enfermos mentales at the above institutions.

Indeed, care for the women identified as mentally ill at the Casa de Beneficencia was not a priority. Of the many types of individuals housed at the Casa de la Beneficencia, the enfermas mentales received the least amount of attention from the Sisters. Although they lived in a building separate from the other inhabitants of the House, they often interacted

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17 Muñoz, Casa de los locos, 16.


with the female paupers and other resident “volunteers” charged with caring for them.\textsuperscript{21} The charity house functioned as a self-sufficient institution, and the Sisters organized and supervised many inmates and economic activities. Sewing competitions encouraged residents to produce large quantities of buttons, lace, and bags. Other inhabitants rolled cigars, made matches, and washed clothing for the people of Havana. The Sisters also oversaw a small number of slaves who contributed to the economic well-being of the Casa de la Beneficencia.\textsuperscript{22} Consequently, the nuns had little time to oversee the treatment of the \textit{enfermas mentales}. Indeed, Muñoz noted that the charity house was an “insufficient location” in which to confine the \textit{enfermas mentales}, a place where they were “deprived of regular treatment.”\textsuperscript{23}

Conditions at both the Casa de la Beneficencia and the Hospital de San Dionisio deteriorated over the following decades, exemplifying the stagnation and lack of progress present in patient care during the first half of the nineteenth century. Dismal living conditions, overcrowding, and disease complicated problems at each institution. Cholera epidemics in 1833, 1850, and 1854 caused the demise of many \textit{enfermos mentales} at the institutions.\textsuperscript{24} In 1851, the rector of the Casa de la Beneficencia declared the location unacceptable for the treatment and care of the people perceived to be mentally ill. He stated that between the first and fifteenth of the month, eight patients had died of cholera. The cleric also expressed concern over the proximity of the Casa to the Espada Cemetary and the


\textsuperscript{22} Hidalgo Valdés, \textit{Real Casa de la beneficencia de la Habana}, 50-52.

\textsuperscript{23} Muñoz, \textit{Casa de los locos}, 53.

\textsuperscript{24} Ibid., 14; Córdova y Quesada, \textit{La locura en Cuba}, 235; López, “Los locos en Cuba,” 93.
San Lázaro Hospital. He felt that the immediacy of death and leprosy was unhealthy for the female patients.\textsuperscript{25} It is possible the sentiments expressed by the rector illustrated an increasing interest in care for the female \textit{enfermas mentales}, a concern further exemplified by their transfer to the Casa de Dementes in 1864.

**The Casa de Dementes**

Mazorra or the Casa de Dementes first emerged from a social policy to confine and segregate \textit{emancipados}, freed slaves who remained perpetual apprentices of elites on the island. Their confinement at the institution also suggested a government desire to conform to European standards of respectability and “clean up” existing charity homes. By the mid-1850s, increasing numbers of aged and enfeebled apprentices sought refuge in these public homes, a fact which displeased Captain General José de la Concha. The Captain General preferred to reserve space at the charity homes for patients with means, and so he authorized the construction of an institution meant only to confine apprentices of color. In October 1854, he ordered that Bishop Francisco Fleix Soláus find a “pasture, coffee plantation, or demolished mill” a short distance outside of Havana where the government could house the \textit{emancipados}. With the removal of apprentices of color from the existing charity homes, de la Concha noted, doctors and staff “will be able to dedicate all of their resources to the privileged, favored class on the Island.”\textsuperscript{26}

Demonstrating its continued reliance on the free labor of people of color, the colonial government paid for the Casa de Dementes with funding from the \textit{fondo de emancipados}, an endowment financed by the work of \textit{emancipados}. Laws obligated the masters of

\textsuperscript{25} Córdova y Quesada, \textit{La locura en Cuba}, 235; Ministerio de Salud Pública, \textit{Hospital Psiquiátrico de la Habana}, 14.

\textsuperscript{26} \textit{Diario de la Marina}, October 26, 1854, p. 1.
emancipados to pay money into a government fund in exchange for apprentice labor.\textsuperscript{27} In turn, Spanish officials used capital from the endowment to build the Casa.\textsuperscript{28} De la Concha asserted that there was no better way to use the finances than to create a charity home for the “class of color.” He defended his use of the money by stating that the capital was set aside for “projects of benefit to the public,” a project which stressed the confinement and segregation of apprentices of color.\textsuperscript{29}

The later decision to also house enfermos mentales at Mazorra exemplified the growing importance of modernizing the nation and sanitizing the city streets for foreign visitors. Prior to its foundation, de la Concha ordered that the facility contain not only “emancipados and other people of color who, because of age or ailment, cannot make a living” but also the patients identified as mentally ill from San Dionisio and the Casa de la Beneficencia.\textsuperscript{30} De la Concha ultimately decided that Mazorra should house whomever colonial officials chose to place there, and these inclusive admission guidelines allowed government authorities to institutionalize any individuals deemed dangerous to society.

Less than one month after ordering Bishop Fleix to find land for an asylum, de la Concha authorized the purchase of property for the Casa. The 463 acre pasture sold to the government in November 1854 belonged to a wealthy Havana resident named José

\textsuperscript{27} David R. Murray, \textit{Odious Commerce: Britain, Spain, and the Abolition of the Cuban Slave Trade} (Cambridge: Cambridge University Press, 1980), 293.


\textsuperscript{29} \textit{Diario de la Marina}, October 26, 1854, p. 1.

\textsuperscript{30} Quoted in: López, “Los locos en Cuba,” 94; Cérdo y Quesada, \textit{La locura en Cuba}, 235; and República de Cuba, Secretaría de Sanidad y Beneficencia, \textit{La fundación del Hospital de Mazorra}, 18.
Mazorra. Until the 1840s, Mazorra was a well-known slave trader and the owner of a coffee plantation. But prior to 1854 he gave up the slave trade for “large-scale sugar growing” in Sagua La Grande, a municipality located in the present day province of Villa Clara in central Cuba. When Mazorra left his land to the Spanish, he relinquished any control of the future asylum. But his name remained a part of its history. Rather than call the Casa de Dementes by its proper name, subsequent generations of Cubans would refer to the asylum as Mazorra in homage to Don José.

The treatment of the male *enfermos mentales* at the Casa de Dementes changed little from that which they experienced at San Dionisio, illustrating the continued reliance on traditional methods of patient care. In 1856, colonial authorities transferred the men from San Dionisio to the incomplete Casa de Dementes. The 120 men deemed mentally ill at San Dionisio far exceeded the seventy to eighty person capacity of the facility, and colonial authorities preferred to house the men at an unfinished asylum rather than leave them at an overcrowded institution. Physicians Domingo Rosain and Muñoz later asserted that unsanitary conditions at the San Dionisio Hospital also encouraged the transfer of patients to the Casa, where the men enjoyed fresh air and more liberty than they had previously

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31 “Expediente formado con motivo del establecimiento de la escuela de agricultura en el Potrero Ferro,” 1864, Legajo 3560, No. BP, Miscelánea de Expedientes, ARNAC; República de Cuba, Secretaría de Sanidad y Beneficencia, *La fundación del Hospital de Mazorra*, 18.


34 Muñoz, *Casa de los locos*, 24-25.

35 Ibid., 13-14, 18.
experienced. But during the first few years, the men only experienced fresh air and exercise as they labored to create their future home. They worked alongside military engineer Francisco Pérez Malo in the renovation of the pasture, residing in buildings once occupied by the previous owner, José Mazorra.

Although the decision to erect the Casa for the residents diagnosed as mentally ill and emancipados suggested a governmental interest in their well-being, the physical construction of the facility still illustrated a traditional approach to patient care. Several doctors later lamented the architectural decisions made by Pérez and colonial authorities. Indeed, Pérez did not consult with the medical profession before proceeding with construction. The architect constructed the buildings in one of the lowest lying areas of the property, where water collected and formed stagnant pools during the rainy season. This caused both increased humidity and the proliferation of mosquitoes. Within several years, the wood structures started to deteriorate and large numbers of patients developed malaria. Muñoz wrote that Mazorra should have been built at a higher elevation, on land closer to the Almendares River.

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36 Ibid., 25; Domingo Rosain, Nécropolis de la Habana: Historia de los cementerios de esta ciudad con multitud de noticias interesantes (Havana: Imprenta El Trabajo, 1875), 310.

37 Muñoz, Casa de los locos, 19, 22.

38 Ibid., 20-21; José A. Bustamante, “Tres precursores de la psiquiatría en Cuba: José Joaquín Muñoz, Gustavo López y José A. Valdés Anciano,” Revista de la Sociedad Cubana de la Historia de la Medicina 2, no. 2 (1959): 11; López, 94-95.

39 República de Cuba, Secretaría de Sanidad y Beneficencia, La fundación del Hospital de Mazorra, 18; López, “Los locos en Cuba,” 95; Bustamante, “Tres precursores de la psiquiatría,” 11.

40 Ibid., 19, 22; López, “Los locos en Cuba,” 94-95.

41 Muñoz, Casa de los locos, 21.
The ten to twelve kilometer distance from Havana also posed problems for the asylum and limited the contact Mazorra had with the increasingly modern outside world. Although the colonial government thought it was close enough to the city, authorities at the Casa disagreed. The train stopped at the hospital once in the morning and once in the evening, and visitors to the hospital often had to remain in the waiting room for ten hours awaiting the next train. These frequent and extended stays by family members often proved “toxic” for the patients, opined one authority at the Casa who recommended in 1864 that visitors only be welcomed on Thursdays and Sundays. The distance from Havana also made communication difficult for the staff when ordering food and other shipments to the institution. Almost fifty years later, physician Gustavo López lamented that authorities on the island rarely inspected the hospital, dissuaded by the travel time between the asylum and the capital. He believed that all the abuses and indiscretions that happened at Mazorra in the second half of the nineteenth century occurred because of its distance from Havana, and hence beyond scrutiny of responsible officials.

In 1857, colonial authorities further expanded the purpose of the Casa and consequently the definition of insanity. Prior to this point, de la Concha had specified that only emancipados, elderly or infirm people of color, and individuals deemed mentally ill be housed at Mazorra. But pressure from local officials encouraged the Captain General to

42 Ibid., 20-21.
43 “Expediente formado para que no pasen a la Casa de Enajenados los parientes de los dementes con fines de visitar a éstos sino los jueves y domingos,” 1864, Legajo 3561, No. J, Miscelánea de Expedientes, ARNAC.
45 Ibid.
confine vagrants on the grounds of the Casa. Vagrancy was a common concern in nineteenth-century Cuba and distressed authorities and writers alike. José Antonio Saco cited various reasons for the prevalence of vagancia, including the “small number of lucrative careers and occupations” and the “imperfect state of popular education.” In 1832, he suggested reforms to eliminate the problem of indolence from Cuban society. But if vagrants refused to acquire gainful employment, Saco suggested: “Authorities should give them a limited period of time to leave the island.” He continued: “Since the country can expect little good from them and much evil, it should remove [the vagrants], as if rotten limbs, from its body.”

Like enfermos mentales and emancipados, vagrants were also considered inappropriate indicators of deviance on the streets of Havana. By confining them to the Casa de Dementes, colonial authorities medicalized their disapproval of unemployment. Classified as the Correccional de Vagos, the reformatory for vagrants remained at the Casa for seven years. Beginning in 1857, authorities housed vagrants together with the patients identified as mentally ill, emancipados, and elderly and infirm slaves. They lived in a separate building than the asylum patients but worked alongside the enfermos mentales to construct living quarters for the female patients still in residence at the Casa de

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46 José Gutiérrez de la Concha, Memoria dirigida al Excmo. Sr. Don Francisco Serrano y Domínguez, Capitán General de la isla de Cuba, 2nd ed. (Madrid: Impresa de la Reforma, 1867), 35-36.


48 Ibid., 1: 226-229.

49 Ibid., 1: 227-228.

50 Ibid.
Beneficencia.\textsuperscript{51} Although de la Concha did not conceive of the space as a prison, vagrants were treated with severity and guarded by soldiers and their fellow inmates.\textsuperscript{52} Men who disobeyed were “tortured” according to the severity of their crimes.\textsuperscript{53} Others who escaped faced varying levels of consequences if they were caught.\textsuperscript{54}

In the mid nineteenth century, the Casa de Dementes emerged as a place of confinement for individuals perceived to be social deviants, regardless of their medical diagnosis. By institutionalizing people of color and vagrants together with patients classified as mentally ill, the colonial government expanded the concept of insanity. Not everyone who lived at Mazorra was perceived to be insane, but their presence at the site complicated the definition of insanity as a mere neurological illness. By housing \textit{emancipados} and vagrants in a mental institution, government officials legitimized their disapproval of these social groups.

Although modern psychiatric theories arrived to Mazorra in the 1860s, patient life at the Casa was dismal and disorganized during the 1850s. Indeed, male inmates experienced little change in treatment after authorities transferred them from the San Dionisio Hospital to the Casa. Muñoz noted that they were “abandoned to their own misery, relegated to perpetual slavery or death.”\textsuperscript{55} Eight to nine caretakers worked inside the asylum, and they spent much of their time breaking up fights and preventing patient escapes. Most of the disputes that arose at the asylum came about because of intra-institutional commerce.

\textsuperscript{51} Muñoz, \textit{Casa de los locos}, 22; López, 95.

\textsuperscript{52} Cuba, Capitánía General, \textit{Recopilación de las reales órdenes y disposiciones del ramo de presidios, dictados por el gobierno de S.M., por la Capitánía General de la Isla de Cuba, desde 1798 hasta 1860} (Havana: Imprenta del ‘Tiempo,’ 1867), 281.

\textsuperscript{53} Ibid.

\textsuperscript{54} Expediente formado para separar el destacamento de tropa que existe en el Potrero Ferro," 1864, Legajo 3560, No. BX, Miscelánea de Expedientes, ARNAC.

\textsuperscript{55} Muñoz, \textit{Casa de los locos}, 26.
Patients regularly saved bread rations or food products they received from hospital visitors and traded them for rolled cigarettes or meat. Asylum employees also engaged in asylum trade, often providing the patients identified as mentally ill with tobacco in exchange for fruit. The internal and external hospital staff followed few rules, and because of this, the inmates suffered much neglect. The relatively tranquil patients wandered throughout the hospital, occasionally venturing outside on their own. Muñoz wrote that the “violent and dangerous *locos* always remained in their cells” and received food at meal time from the other patients. Medical treatment consisted of cold baths and physical labor. Indeed, some inmates worked seven to eight hours per day in the brick and slate plants or the limekiln located on the property. Others removed rocks from the quarry. After the “distinguished Havana physician” Dr. Nicolás José Gutiérrez visited the asylum and witnessed the conditions in which the patients lived, he approached Captain General Francisco Serrano with plans to create a supervisory committee to oversee the Casa.

Founded in 1861, the Commission represented the first active stance by the colonial government to accept modern medical theories. Indeed, the Commission assumed responsibility for inspecting and supervising the Casa. It also aimed to improve patient life at the asylum by suggesting to the government possible improvements. For this reason, the president of the Commission served as a delegate to the government. But Muñoz later complained that the supervisory capacity of the committee was limited, as both the president

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56 Ibid., 26-28.
57 Ibid., 27.
58 Ibid., 36.
59 Ibid., 36, 46.
and the secretary of the Commission lived in Havana and visited the asylum only once or twice per month.\textsuperscript{60}

In an 1862 report to the Spanish authorities, Gutiérrez and Albertini presented a series of proposed reforms for the Casa, reforms which accelerated the progress of psychiatry on the island. With these improvements, the physicians hoped to better serve “the physical and moral needs of the mentally ill.”\textsuperscript{61} Their two primary suggestions included the relocation of the Casa to a more hospitable location and the appointment of a Medical Director to the institution. According to Muñoz, Gutiérrez asserted that it would not be difficult to rebuild the Casa closer to Havana, in an area “located seven kilometers from the capital that offered all the desired conditions” for an asylum.\textsuperscript{62} Included in his report was an architectural blueprint for the new facility, created with the help of engineer Pérez and Muñoz. According to the future Medical Director, the blueprint followed the “accepted French system [for the] construction of modern asylums.”\textsuperscript{63} Although the government never responded to the proposal made by Gutiérrez for a change of location, it allowed the Commission to renovate one of the existing buildings for the female patients. It also quickly approved the request for a Medical Director.\textsuperscript{64}

The foundation of the Commission symbolized the emergence of early psychiatry in Cuba, a trend that was continued by Medical Director Muñoz. Influenced by European conceptions of mental illness and modern psychiatric theories, Muñoz sought to apply these

\textsuperscript{60} Ibid., 56.
\textsuperscript{61} Ibid., 37.
\textsuperscript{62} Ibid., 38.
\textsuperscript{63} Ibid.
\textsuperscript{64} Ibid., 39-41.
in Cuba at the Casa de Dementes. Many of these contemporary notions relied upon traditional beliefs related to class hierarchy, gender roles, and racial differences, and Muñoz accepted these ideas as well. Consequently, the definition of insanity expanded even further in the 1860s, beyond the inclusion of vagrants and *emancipados*. For example, early psychiatry ascribed specific attributes to mental illness in women and people of color that it did not attribute to men and whites. Progress suggested changing forms of patient treatment, but not alternative views of examining social constructs such as gender, race, and class.
CHAPTER THREE:

Revision and Reform, 1863-1865

The formation of the Commission and the arrival of José Joaquín Muñoz in the early-1860s illustrated the increasing medicalization of early psychiatry in Cuba. Muñoz attempted asylum reforms and observed male and female patients confined to the facility. His publications responded to and engaged with the European scientific community, and his theories reflected a medical awareness of gender difference, racial hierarchy, and class superiority. Efforts made by Muñoz to modernize the asylum provoked the hospital authorities already at Mazorra, and he was unable to improve many of the inadequacies he witnessed. Although Muñoz hoped to improve patient life according to contemporary scientific theories, some of his suggestions belied an acceptance of prescribed social norms and traditional modes of behavior. Muñoz resigned from the Casa in 1865, and his departure marked the end of a period of revision and reform. Twentieth-century Cuban specialists would fondly recall Muñoz and the brief two and a half – year period he attempted to improve patient life at Mazorra.

In 1863, Muñoz became the first Medical Director of Mazorra, where he arrived with new and innovative ideas about asylum reform and patient care.1 Born in Havana in 1828,
Muñoz was the first physician from the capital to dedicate himself to the study of insanity.² Little is known about his childhood or family of origin, but in the 1840s, he traveled to France where he graduated from the Paris Faculty of Medicine in 1852.³ After receiving his degree, Muñoz remained in the country to observe lectures presented by renowned psychiatrist and neurologist Jules Gabriel François Baillarger at the Salpêtrière Hospital.⁴ He would later translate these lectures into Spanish and publish them in Havana so as to “popularize the study of mental derangement, making it interesting and easily accessible to everyone.”⁵ Although he imported foreign ideas about mental alienation, Muñoz also based much of his opinions on personal experience treating the islanders. He further complicated notions of mental illness by relying upon sex, race, and geographical location to describe the development of insanity.

In the early 1860s, social developments illustrated the increased medicalization of early psychiatry. The Academia de Ciencias Médicas, Físicas y Naturales de la Habana, founded in 1861, demonstrated a heightened interest in the treatment and care of those classified as mentally ill, enfermos mentales became a medical category in the 1862 census; and in 1863, Muñoz translated and published the lectures of Baillarger into Spanish. Scientific changes during this period also contributed to evolving definitions of insanity. By confining emancipados, vagrants, and individuals deemed mentally ill to the Casa de Dementes, colonial authorities illustrated a broad understanding of the concept of mental

² Rosain, Necrópolis de la Habana, 21 f1; Bustamante, “Tres precursores de la psiquiatría,” 12.
³ Bustamante, “Tres precursores de la psiquiatría, 12; Bustamante, “Desarrollo de la psiquiatría en Cuba,” 91.
⁴ Jules Baillarger and José Joaquín Muñoz, Tratado de alienación mental: Lecciones (Havana: Imprenta y Librería Militar, 1863), 8.
⁵ Ibid.
illness. By the 1860s, these comprehensive understandings of insanity became more focused, and Muñoz documented them in his writings.

When Muñoz returned to Cuba from France, he imported progressive notions of mental illness derived from France and the scholarship of Baillarger. Identified by Michel Foucault as the first psychiatrist in France, Baillarger revised the definitions of mental illness as conceived of by late-eighteenth-century physicians Philippe Pinel and Jean Etienne Ésquirol. He stated that invisible, physiological lesions in the brain, not external behaviors, indicated mental alienation. But he added, “Insanity includes two distinct elements: a trouble, disorder, or lesion of the intellect; and an absence of awareness of the said trouble, disorder, or lesion.”6 A patient who “remains aware of his state and can master his impulses” was not classified as mentally ill.7 Indeed, Baillarger believed that the “characteristic feature of someone who is mad is something like a dream state.”8 Muñoz used these theories as the basis for his medical practice at Mazorra.

The modern scientific ideas proposed by Muñoz found a receptive audience in European medical communities, suggesting that not all early psychiatric ideas emerged from Europe or the United States. Physician G. Mackenzie Bacon noted: “In Cuba, the differences in race, climate, and in the conditions of life are so considerable as to make a comparison of general paralysis as observed there and in Europe a matter of some interest.”9 In his study of

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7 Ibid., 363.


patients at Mazorra, Muñoz considered the race, sex, and country of origin of each individual during the diagnosis process. The combination of these variables complicated his study of insanity and specifically general paralysis at the Casa. According to Muñoz, general paralysis or paralytic dementia “commonly begins with a notable excitement of the faculties, with delusions of grandeur, difficulty speaking, trembling of the lips, irregularity of the pupils, etc.”

His article on the subject illustrated mid-nineteenth-century notions about mental illness, as exhibited by the many different ethnicities on the island. Published in Spanish, English, and French, the 1867 treatise provided an unusual comparison of mental illnesses as experienced by whites and individuals of color. Nineteenth-century U.S. and European asylums rarely housed black and white patients in the same facility, making it difficult to compare the two groups in these regions.

After reviewing his research on the patients of color and white enfermos mentales confined to the Casa, Muñoz was surprised to find that his traditional beliefs concerning race hierarchy did not align with the actual numbers of inmates at the Casa. Indeed, he found it “curious” that blacks in Cuba were less prone to insanity than whites. He described the lifestyles of people of color as abusive and excessive, noting: “[T]hese individuals have, in general, less moderate behaviors than whites. They drink alcohol in excess, and on the other hand, they do not eat well and commit all sorts of abuses.” But Muñoz was forced to admit that the unhealthy behaviors he perceived in people of color did not cause mental illnesses. Indeed, authorities only confined to Mazorra one out of every 3,800 people of color on the

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11 Ibid., 329.

12 Ibid., 334.
island. One out of every 2,400 white inhabitants on the island lived at the same asylum, a
greater percentage than the ratio of blacks institutionalized at the Casa.\textsuperscript{13} Muñoz seemed to
doubt the findings he collected at Mazorra, asserting: “One can assume with some certainty
that the number of \textit{locos} currently documented does not constitute the [total] population of
madmen really on the Island.”\textsuperscript{14} He expressed similar disbelief in the low number of white,
female patients who began their residence at the Casa two years after he arrived. Muñoz
accepted establish notions regarding racial differences and gender hierarchy, but these
traditional beliefs were not incompatible with the modern psychiatric reforms which he
promoted.

One way that Muñoz promoted psychological advancements was through his
objections to the living conditions and aggressive treatment of inmates at the asylum. Upon
his arrival to the Casa in 1863, Muñoz urged authorities to convert the Casa into a place of
therapeutic care rather than a site of custodial refuge.\textsuperscript{15} He believed that the patients
diagnosed as mentally ill could be cured and the effects of their insanity reversed. Soon after
his appointment to the position of Medical Director, Muñoz made a series of
recommendations to the Commission of the Casa. Although the Commission approved his
ideas, Bernardo Domínguez, the Administrator at Mazorra, was slow to implement the
reforms. Muñoz later wrote:

[I]n view of the power that the existing Administrator retained at the asylum, the
authority of the Medical Director found itself noticeably diminished. The influence
of [the Medical Director] could not be suitably beneficial to the institution unless the

\textsuperscript{13} Ibid., 329, 336.

\textsuperscript{14} José Joaquín Muñoz, \textit{Casa de los locos de Isla de Cuba: Reflexiones críticas acerca de su historia y situación

\textsuperscript{15} Ibid., 30.
most perfect harmony prevailed between both employees. It is easy to understand that this would not likely happen.\textsuperscript{16}

Six months later in August 1863, Muñoz presented another report to the Commission, outlining further reforms needed at the hospital. The Commission accepted his suggestions, but they could permit no changes until the government authorized the report. Like their silence concerning the renovation plan proposed by Gutiérrez in 1862, authorities never replied to Muñoz or his report. Out of frustration, Muñoz provisionally adopted some of the reforms he proposed to the Commission and awaited an answer to his request. The inability to effect change or implement reforms would plague Muñoz throughout his service as Medical Director.\textsuperscript{17}

Many of the difficulties Muñoz encountered at the Casa derived from his acrimonious relationship with the Administrator, a hospital authority who preferred more traditional methods of patient treatment. As an immigrant born more than twenty years before Muñoz, Domínguez balked at the attempts Muñoz made to alter the Casa. He preferred convention and tradition to the scientific progress proposed by the Medical Director. He was not trained as a physician; yet prior to 1863, Domínguez oversaw all hospital activities, both administrative and medical. Estranged by different ages and diverse backgrounds, Domínguez and Muñoz inevitably struggled over who would have ultimate control of the Casa.\textsuperscript{18} The Administrator did not share Muñoz’s desire to improve the lives of patients and prioritized more aesthetic improvements to the property. In the summer of 1864, rather than renovate the male quarters as the Commission requested, Domínguez first

\textsuperscript{16} Muñoz, \textit{Casa de los locos}, 42.

\textsuperscript{17} Ibid., 48-49.

\textsuperscript{18} Victor Cano Sordo, \textit{De la Luisiana a la Nueva España: La Historia de Juan Bernardo Domínguez y Gálvez (1783-1847)} (Mexico City, 1999), 252.
constructed a "brick platform for the train station, a beautiful boulevard paved in bricks that [led] from the train station to the administration building." His actions frustrated Muñoz who was forced to wait eighteen months for the renovations to occur.

When Muñoz first arrived to Mazorra, he hoped to categorize patients according to mental disease and social status, a technique typical of nineteenth-century asylum reformers in the United States and Europe. They sought to replicate the social realities of class based societies, categorizing patients according to economic and social standing and according the wealthier ones more privileges. Asylum builders believed that wealthy patients required comforts to recover from their illnesses, luxuries which were unnecessary for the poor inmates. The “old ideal of the extended rural household offered the closest model for this [asylum] society, which was both integrated and stratified,” explained art historian Christine Stevenson. Muñoz would have been aware of the Edinburgh Lunatic Asylum in Scotland and the New York State Lunatic Asylum in Utica, hospitals which offered spacious, single rooms for wealthy patients. These asylums began accepting residents classified as mentally ill in 1813 and 1843 respectively, and the designers and superintendents of the institutions were cognizant of the multiple benefits that housing options could provide. Like most

19 Muñoz, Casa de los locos, 49.

20 Muñoz would have agreed with Dr. Thomas Story Kirkbride, director of the Pennsylvania Hospital for the Insane in the United States, who wrote in 1854: “No desire to make a beautiful and picturesque exterior should ever be allowed to interfere with the internal arrangements [of the asylum].” Thomas Story Kirkbride, On the Construction, Organization, and General Arrangements of Hospitals for the Insane (Philadelphia: Lindsay and Blakiston, 1854), 11.


22 Ibid., 24.

hospital managers, they believed that well-to-do invalids required luxuries to be cured, while such extravagances would only be wasted on the poor. Capacious accommodations also allowed administrators to attract wealthier inmates.24

While Muñoz attempted to improve accommodations for the wealthy at the Casa, government authorities expressed little interest in his progressive reforms. In 1863, individual cells at Mazorra housed the most aggressive patients while the non-violent individuals resided in eight large rooms or dormitories.25 With the construction of dividers, Muñoz separated the patients into three areas, one for peaceful patients, another for loud and agitated inmates (agitados ruidosos), and the third for “general services.”26 After classifying the patients according to mental illness, Muñoz suggested erecting another building so as to separate the paying patients from the pensioners. He asserted that the project had two objectives: to “secure an appropriate location at which to receive the loco family members of the wealthy and comfortable class, given that in [Cuba] there is no private asylum for this class of patients,” and to “provide the hospital administration with a legal way to increase its income, so as to improve the fortunes of the poor inmates.”27 But while Muñoz remained at the Casa de Dementes, pensioners lived and worked alongside paying inmates. The colonial government never responded to his request for additional housing at the Casa. But authorities did not ignore all requests for change, signaling a transition from old perceptions of asylum care to new psychiatric methods.


25 Muñoz, Casa de los locos, 23.

26 Ibid., 47.

27 Ibid., 53.
In 1864, government officials transferred the male vagrants out of Mazorra and replaced them with the female *enfermas mentales* from the Casa de Beneficencia.\(^{28}\) By substituting male vagrants with women diagnosed as insane, hospital authorities further revised the definition of mental illness in Cuba. Although colonial officials still considered the semi-employed and unemployed to be social deviants, vagrants no longer fell under the medical classification of mentally ill. Women deemed to be insane, however, assumed elevated importance. In a sense, their condition became further medicalized once they moved from the charity house to the mental institution.

Muñoz confronted many obstacles to progress at Mazorra, but the architectural improvements made to the Casa during 1864 allowed him to remain positive and hopeful of his ability to treat and cure patients.\(^{29}\) For Muñoz and other contemporary asylum directors, the architecture of a hospital formed an important part of the treatment process. According to Stevenson, “[A]sylum appearances mattered in the same way their plans did; actively, instrumentally, in themselves therapies.” The structure and layout of the buildings formed a part of the patients’ environment, and “nineteenth-century thinkers clearly believed the environment could not only influence behavior but also cure a disease.”\(^{30}\) Known as “environmental determinism,” the notion that environment, together with architecture,

\(^{28}\) Ibid., 50; " Expediente formado para separar el destacamento de tropa que existe en el Potrero Ferro," 1864, Legajo 3560, No. BX, Miscelánea de Expedientes, Archivo Nacional de la República de Cuba, Havana, Cuba (hereinafter cited as ARNAC); “ Expediente formado para la traslación de las mujeres dementes, al potrero Ferro, y obras que han de hacerse al efecto [en la Casa de los Dementes]." 1862-1864, Legajo 77, No. 3231, Gobierno General, ARNAC; Gustavo López, “Los locos en Cuba,” *Anales de la Academia de Ciencias Médicas, Físicas y Naturales de La Habana* 36 (September 1899): 95.

\(^{29}\) Muñoz, *Casa de los locos*, 53; " Expediente formado para varias reformas en la Dirección de la Casa de Dementes, asistencia médica y servicio doméstico," 1864, Legajo 3561, No. B, Miscelánea de Expedientes, ARNAC.

determines behavior influenced Muñoz and his therapeutic techniques. He admired psychiatrists like Dr. Thomas Story Kirkbride, who also viewed the asylum as a curative site. Muñoz based much of his treatment on the research of psychiatrists from Europe and the United States, but Spanish physicians were notably absent from his list of revered physicians. In his memoir, Muñoz suggested that an asylum should house no less than 200 and no more than 400 patients. About this number, he was unequivocal, if only because “[m]ost of the physicians dedicated especially to the study of this subject agree.” He added, “[A]uthorities well known in the scientific world … peremptorily confirm in their writing the opinion that I just expressed.”

In addition to environmental determinism, Muñoz also adhered to another modern method of caretaking known as “moral treatment.” Developed by Pinel, moral treatment “called for patients to develop self-control under the guidance of paternalistic doctors.” Proponents of moral treatment rejected the use of chains to confine the individuals deemed mentally ill and advocated for a more compassionate approach to management. Quaker philanthropist William Tuke, who founded the York Retreat in England, asserted, "Neither chains nor corporal punishment are tolerated, on any pretext, in this establishment.” Muñoz wrote that he likewise “strained to abolish the severe means of correction that were put into practice before my arrival to the asylum.” But he did not oppose all forms of

32 Muñoz, *Casa de los locos*, 32.
restraint, personally employing straitjackets and solitary confinement to treat unruly patients. Ésquirol elaborated on the reforms proposed by Pinel and also served as professor to Baillarger, mentor to Muñoz. At his private hospital, Ésquirol resided with his families in the asylum complex and attempted to serve as a model of normalcy to the patients. He believed that physicians should have sole responsibility for the welfare of the inmates. The physician, Ésquirol avowed, should be “the vital principal of a lunatic hospital. It is he who should set everything in motion...The physician should be invested with an authority from which no one is exempt.”

Muñoz attempted and failed to achieve this same level of control at the Casa de Dementes, and he viewed this as another failure to modernize the asylum. Since Domínguez and Muñoz were unable to agree on who should manage the asylum, the Commission agreed to authorize all hospital-related decisions. Technically, Muñoz retained authority over issues related to medicine and Domínguez remained in control of finances at the asylum. But Muñoz chafed at this distinction, doubting that it was even “possible to establish an absolute separation between the administrative element and the medical element in the supervision of an establishment devoted to the treatment of the mentally ill.” Muñoz also regretted his lack of authority over the nuns who arrived from Spain in 1864 to care for the female patients. As early as 1863, he challenged the contract written by the Commission which


39 Muñoz, Casa de los locos, 37, 44-45.

40 Ibid., 43.
required them to report directly to the Commission and not to him. Muñoz recommended that the Commission “limit the powers and obligations of the Sisters…to the functions ordinarily assigned to caretakers and nurses.” 41 But the government never approved his request, and the Sisters operated beyond the bounds of his authority.

In November 1864, the women classified as mentally ill arrived to Mazorra from the Casa de Beneficencia, and Muñoz asserted that their presence “signaled progress [and advancement] for the establishment.” 42 At the end of November, 125 females arrived to the institution. Included in this number were 88 women of color. 43 Accompanied by nuns and female paupers (mendigas) from the Casa de Beneficencia, the women moved into their dormitories on the grounds of the asylum. Muñoz celebrated their entrance to Mazorra and declared: “Since 1829, these patients had remained at the Real Casa de Beneficencia, reduced to an inadequate site and deprived of regular treatment. [With their arrival to the Casa de Dementes], they were finally able to partake in the benefits that the men had already enjoyed for some years.” 44 The entrance of the female enfermas mentales also allowed Muñoz to examine them in the same way he had been studying the male patients for the past two years.

The research Muñoz conducted with the female patients at the asylum surprised him by yielding results which differed from the medical ideas promoted in Europe and the United States. His findings, consequently, hinted at the beginning of a uniquely Cuban psychiatric discourse. Just as he found it “curious” that white men in Cuba were more prone to mental

41 Ibid., 55.
42 Muñoz, Casa de los locos, 53.
43 “Expediente promovido para trasladar a las mujeres dementes al ‘Potrero Ferro’,,” 1864, Legajo 3469, No. A, Miscelánea de Expedientes, ARNAC.
44 Muñoz, Casa de los locos, 53-54.
illnesses than men of color, Muñoz also wondered at the low numbers of women confined to Mazorra, specifically white women. He noted that in all parts of the world, the number of female enfermas mentales exceeded that of men. But this was not the case in Cuba.  

Muñoz partially attributed this to the disparity between the male and female populations on the island. Indeed, the number of men residing on the island at midcentury was far greater than the number of women. He also blamed the limited presence of white women at Mazorra on the tendency of Cubans to keep unstable and supposedly mentally ill women at home “due to the repugnance [the population] still feels at placing these patients in public hospitals and especially in mental institutions.”

Although Muñoz doubted that all the white, female enfermas mentales in Cuba were confined in public institutions, he still suggested that white women in Cuba were less prone to insanity than white men. He stated that this was an “exceptional fact,” as white women in colder and more temperate climates than Cuba are more prone to insanity than white men.  

In almost all respects, the psychiatric ideas suggested by Muñoz reflected the scientific theories promoted in Europe. But his belief that Cuban men experienced insanity in greater numbers than Cuban men indicated a clear departure from the gendered notions of mental illness articulated in Europe and the United States. In admitting that men in warmer climates might suffer from insanity more than women, Muñoz began to cultivate a uniquely Cuban version of early psychiatry. He found that North American and European conceptualizations of the disease did not always explain

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47 Ibid; Muñoz, Casa de los locos, 30-31.
the patient cases he encountered while practicing in Cuba. For this reason, Muñoz employed his psychiatric training to create new theories on the development of insanity on the island.

The fear of institutionalization expressed by criollos, wrote Muñoz, “generally does not occur with regard to men and women of color.”

Indeed, the number of female patients of color at the Casa was double that of white females, a consequence of the lack of hesitation Cubans felt regarding the confinement of black women. The number of women of color equaled the number of black men also institutionalized at Mazorra, despite the fact that more men than women of color resided in Cuba at midcentury. These facts led Muñoz to conclude that black females were more susceptible to mental alienation than both men of color and white women.

By defining Cuban women of color as more insane than other social groups on the island, Muñoz illustrated the dual prejudices of sexism and racism under which black females suffered. Indeed, historian Diana Paton argued that penitentiaries in post-emancipation Jamaica helped to protect and prolong the institution of slavery. While slavery persisted in Cuba until 1886, the confinement of emancipadas as well as free and enslaved women of color suggests that Mazorra served as an alternative for slavery at midcentury. But the fact that more white men than black men resided at Mazorra complicates this theory, indicating

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49 On January 1, 1865, 155 women resided at the Casa de Dementes, two thirds of whom were women of color. Of the 316 men living at the Casa at the same time, only one third were men of color. According to 1862 census records, 1,396,470 people lived in Cuba, 602,986 of whom were people of color. Of this number, 45 percent were women of color. Ibid., 328-329; Cuba, Centro de Estadística, Noticias estadísticas de la Isla de Cuba, dispuestas y publicadas por el Centro de Estadística (Havana: Imprenta del Gobierno y Capitanía General por S.M., 1864), 10-11.


that authorities considered women of color to be especially dangerous to society. Indeed, Muñoz often employed the word “danger” (peligroso) in his history of the Casa, reflecting the theory proposed by Foucault that “psychiatry seems to need and has constantly paraded the specifically dangerous character of the mad as mad…[it] has had to establish that madness belongs essentially and fundamentally to crime and crime to madness.”52

Contemporary asylum reformers believed that the climate in which a person was born directly affected his or her propensity for mental illness. Muñoz agreed with this modern notion and made no attempt to apply the results of his study to regions outside of Cuba. He believed that white women in colder climates experienced insanity more than the women of Cuba, like the men in Europe and the United States.53 Individuals diagnosed with specific diseases while living in Cuba, noted Muñoz, were better able to recover if they had been born in the warm climate of the island. For example, European and North Americans identified as suffering from accesos de manía rarely recovered and often died from the disease characterized by “a general and permanent surexcitation of the moral and intellectual faculties manifested by alteration of facial features, untidiness of clothing, fits, fury, acts of violence, and disorganization of ideas.”54 One inmate from Spain institutionalized at Mazorra with this disease believed he was the Prince of Asturias. When asked for his age, he replied that he was “modernism.”55

In 1864, a new group of Sisters of Charity arrived from Spain to care for the enfermos mentales at the Casa, and Muñoz viewed their presence at the asylum as a symbol of progress.

52 Foucault, Abnormal, 119-120.
and modernity. For two years, Muñoz anticipated the arrival of the female patients and their caretakers, the nuns. Indeed, he stated that their appearance allowed him to solicit moral reforms which would “standardize the services” at the facility. He expressed the palpable excitement he felt at their arrival in a December 1864 letter. One day following the arrival of 125 female patients from the Casa de Beneficencia, Muñoz wrote: “Of course, the arrival of the Sisters of Charity to this estate allows for the implementation of some reforms in the secondary management of general departments, as well as in the medical care [unit], and in the housekeeping department of the men’s section.” But the initial enthusiasm Muñoz felt would soon turn to frustration as he realized he would not be able to dictate the activities or behavior of the nuns.

The desire to discipline and structure patient life at the Casa according to contemporary standards of modern medicine is evident in the wide variety of issues Muñoz covered in a December 1864 missive.56 First, he hoped to standardize the price and amount of food provided to patients, staff, and doctors. After noting that pensioners were allocated smaller portions of food than the paying inmates, he added that asylum staff should also receive their meals from the Casa, but only as much food as the pensioners consumed. Muñoz wrote, “All these employees should be fed by the institution, [and they should] acclimate themselves to the standard diet, that is to say the ration allotted to the pensioners.” Doctors and office staff, on the contrary, should be allowed to eat the “special diet” allocated to paying patients. Just as Muñoz did not overlook the portion size of meals, neither did he neglect to discuss the types of uniforms patients should wear while working at the Casa. The asylum used its own inmates as staff, assigning them jobs as servants, guards, nurses, cooks,

56 “Expediente formado para varias reformas en la Dirección de la Casa de Dementes, asistencia médica y servicio doméstico,” 1864, Legajo 3561, No. B, Miscelánea de Expedientes, ARNAC.
doormen, and other positions necessary to hospital life. While enacting these roles, Muñoz argued, the patients should wear appropriate attire, including straw hats for male guards and nurses and dark aprons for female servants. He argued that he alone had the right to decide which types of uniforms would be worn, citing Article 88 of the internal asylum bylaws. “[A]n agreement made by the Director and approved by the Commission,” asserted Muñoz, “will determine the uniform of the patient guards and the servants of both sexes.” He added that the asylum administration was obligated to provide said uniforms.

It is probable that most of the recommendations Muñoz voiced in this letter never received approval from the Spanish government. Indeed, this illustrates the tension that existed between proponents of modern medicine and colonial authorities who advocated for more traditional treatments. In his later writings, he expressed dissatisfaction at his inability to effect change and improve patient life. In fact, the antagonism between Muñoz and Domínguez became so intense that the Commission was often obligated to intervene and resolve their disagreements. “All matters of one nature or another,” lamented Muñoz, “were permanently resolved by the authority of the Commission. The rivalry between the two superiors made it so that even the most insignificant incident came to the attention of the corporation. And this [Commission] took an active part in the most trivial medical events, as well as [events] of an administrative and economic [nature].”

57 Ibid.

58 Muñoz, Casa de los locos, 45, 56; López, “Los locos en Cuba,” 101. Muñoz directed most of his frustration towards Domínguez and the Mother Superior at the Casa. In fact, he felt so little regard for the two individuals that he did not employ their names in his history of the asylum. He simply referred to the two by their job positions. Although Muñoz attempted to minimize the power held by the Mother Superior, the government never approved his recommendations, and the abbess operated with power equal to that of Domínguez and Muñoz. The loyalty of the Mother Superior lay with Spain and the Catholic Church. Ordered to Havana by the Saint Vincent de Paul Society, she felt no obligation to respect the wishes of Muñoz. Instead, she honored the contract drafted by the Commission, and she reported directly to the committee. Muñoz referred to the abbess as a “third boss” who was “simultaneously steward and head caretaker” at the Casa.
Despite the limitations he encountered, Muñoz made significant modern improvements and additions to the Casa. Muñoz noted that he created “a modern, well-stocked pharmacy,” the position of pharmacist to direct the space, a “small room for warm baths,” and “workshops for sewing and the rolling of cigars.” As previously discussed, he attempted many other reforms without success. Muñoz personally regretted his inability to create a small library, a drawing and reading room, workshops for arts and crafts, and work details through which patients could cultivate beans and flowers. In his history of the Casa, Muñoz lamented:

[T]he advancements achieved in Europe and particularly in France around the [psychiatric] profession have had an echo in our country, and if our attempts have not had the fortunate success that we would have hoped for, we [still] have not given up our efforts to put in practice the lessons and examples given to us by our great teachers.

The reforms suggested and implemented by Muñoz reveal a confidence in moral treatments and contemporary medicine. Moral therapists of the time considered exercise to be therapeutic and would have approved of the activities Muñoz organized for the patients at the Casa. They encouraged daily visits from physicians and proper ventilation of the institutions. But moral treatment primarily concerned itself with the health of the patients’ minds, whereas contemporary medical therapy included “opiates, warm baths, cold baths, and an arsenal of laxatives” for the care of the bodies of inmates. Muñoz’s use of both

59 Muñoz, Casa de los locos, 52; Domingo Rosain, Necrópolis de la Habana: Historia de los cementerios de esta ciudad con multitud de noticias interesantes (Havana: Imprenta ‘El Trabajo,’ 1875), 21 fl.

60 Muñoz, Casa de los locos, 60.

61 Ibid., 61.

techniques clearly identifies him as a typical asylum reformer of the period. But his inability to attain complete control over the Casa ultimately caused his resignation.\(^{63}\)

Although Muñoz stated that he resigned from the Casa in mid-1865 for “private reasons,” there is little doubt that his inability to thoroughly modernize the asylum prompted his departure.\(^{64}\) His leaving was preceded by the renunciation of Nicolás Gutiérrez, president of the Commission. As friends who together attempted to improve patient life at the Casa, their joint departure marked a turning point in the progress of the asylum. While Gutiérrez stayed in Cuba and served as a prominent physician until his death in 1890, Muñoz immediately returned to France. Muñoz remained in contact with the Cuban and European scientific communities and served as co-editor of the journal *Anales de la Academia de Ciencias Médicas, Físicas y Naturales de la Habana* throughout the Ten Year’s War (1868-1878).\(^{65}\) But with his departure, “the asylum was once again left without any scientific guidance, and the patients [remained] subject to corporal punishment, asserted physician Armando de Córdova y Quesada.”\(^{66}\) From 1865 to the end of the War of Independence in 1898, eighteen men served as Medical Directors of the Casa de Dementes. Some, like Tomás A. Plasencia, remained at Mazorra for several years and attempted to implement therapeutic

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63 Muñoz, *Casa de los locos*, 60.

64 Ibid., 58.


reforms. But many other managers only remained at the institution for several months, had no medical training, or became patients themselves at the Casa.  

Celebrated by specialists for the scientific reforms he attempted at Mazorra, Muñoz epitomized the early psychiatrists who relied on old perceptions of gender hierarchy, class difference, and racial superiority to explain mental illness. As a member of the nascent European psychiatric community, Muñoz brought contemporary theories with him when he returned to Cuba. These modern ideas conflicted with the traditional views on patient treatment held by other asylum authorities. The altercations which resulted between Muñoz, Domínguez, and the Mother Superior prevented the implementation of the anticipated reforms, and Muñoz resigned after two and a half years as Medical Director at the Casa. Although the departure of Muñoz denoted the end of a progressive era, the theories he developed during his residence at Mazorra exemplified the evolution of early psychiatry in Cuba and the prejudice which informed the field.

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CHAPTER FOUR:

Conclusion

An examination of institutionalization and the emergence of the Casa de Dementes in nineteenth-century Cuba reveals how modern psychiatry coincided with attempts to “clean up” and civilize the city. By confining vagrants and *emancipados* in mental institutions alongside *enfermos mentales*, colonial authorities multiple social problems. Fewer individuals loitered in the city streets and people diagnosed as mentally ill experienced the progressive confinement methods dictated by European and U.S. medical standards. Furthermore, this institutionalization process reflected other modern trends on the island, many derived from the influence of Europe and the United States. But few other attempts at societal reform so succinctly reflected the colonial desire to both modernize medicine and improve the appearance of city streets. For this reason, the Casa de Dementes illustrated modernity through psychiatry and traditionalism through racial segregation.

Government officials and colonial physicians developed a working definition of mental illness throughout the nineteenth century, one which aided them in the confinement of deviants, both those perceived to be sane and insane. Indeed, hospital authorities did not limit themselves to the confinement of *enfermos mentales*. As a matter of social policy, vagrants and people of color also faced institutionalization at Mazorra, and their existence at the asylum obscured the scientific definition of mental illness as a psychosomatic disorder. By confining *emancipados* and vagrants to a mental institution, government officials both
broadened the definition of insanity and validated their criticism of the individuals. Indeed, the Casa functioned as a custodial site for patients perceived to be mentally ill and mentally sound.

Although patient care at the Casa did not always reflect the immediate goals of Muñoz and other asylum reformers, the mere attempt to implement psychiatric theories at Mazorra signified the arrival of modern medicine to the island. Developments such as the formation of scientific academies and the appearance of *dementes* in the 1862 census indicated a change in public understandings of people deemed mentally ill. Instead of classifying these individuals according to the colonial institution where they lived, government authorities began to identify them by their medical diagnoses.\(^1\) The arrival of Muñoz to Havana in the early-1860s contributed to the progression of modernity and civilization. Indeed, Muñoz hoped to broaden the influence of psychiatry and make the study of insanity “interesting and easily accessible to everyone.”\(^2\)

As Medical Director, Muñoz promoted scientific reforms typical of the period, but subtle variations from the European standard suggested the possibility of a distinctly Cuban form of early psychiatry. Muñoz attempted to improve patient conditions at the Casa, but many of his suggestions for change highlighted an acceptance of traditional norms and prescribed behaviors of the period. Almost all of the modern ideas he promoted directly reflected those of the U.S. and European psychiatric communities. Indeed, they relied on traditional understandings of gender difference, racial hierarchy, and class superiority to

\(^1\) Cuba, Centro de Estadística, *Noticias estadísticas de la Isla de Cuba, dispuestas y publicadas por el Centro de Estadística* (Havana: Imprenta del Gobierno y Capitanía General por S.M., 1864), 58-62.

explain insanity. But by classifying Cuban men as more prone to insanity than women, Muñoz challenged accepted notions of mental illness. However, when he departed for France, many hopes for medical advancement also disappeared with him.

By the end of the nineteenth century, Mazorra became a prism by which to impose meaning on Cuban society. Specialists employed the facility as a physical measure of the national development of the country. Some scholars praised the asylum and classified it as a reflection of Cuban modernity, while others lamented the inferior medical care received by the inmates and pointed to the Casa as a symbol of social degradation. Mazorra continues to function in contemporary Cuba where it represents both psychiatric advancements and scientific progress.

When Cirilo Villaverde institutionalized both Cecilia and Charo in his novel *Cecilia Valdés*, he exemplified the emergence of progressive conceptions of confinement and segregation in nineteenth-century Cuban society. He demonstrated how colonial authorities used asylums to isolate people identified as sane and insane. But just as the institutionalization of Cecilia and Charo received little recognition in the book, so too has history muffled the experiences of inmates consigned to the nineteenth-century Casa de Dementes. The physical structure of the asylum prominently stands to this day, illustrating the emergence of psychiatry and modern therapeutic ideas in mid-nineteenth-century Cuba.
BIBLIOGRAPHY

Archival Manuscripts

Archivo Nacional de Cuba, Havana
Fondo Gobierno General
Fondo Miscelánea de Expedientes

Newspapers

Diario de la Marina
New York Times

Published Primary Sources

Books


**Articles**


**Secondary Sources**

**Books**


**Articles & Chapters**


Martínez-Fortún Foyo, José A. “Período de 1860 a 1869.” *Cuadernos de Historia de la Salud Pública* 98 (July – December 2005).