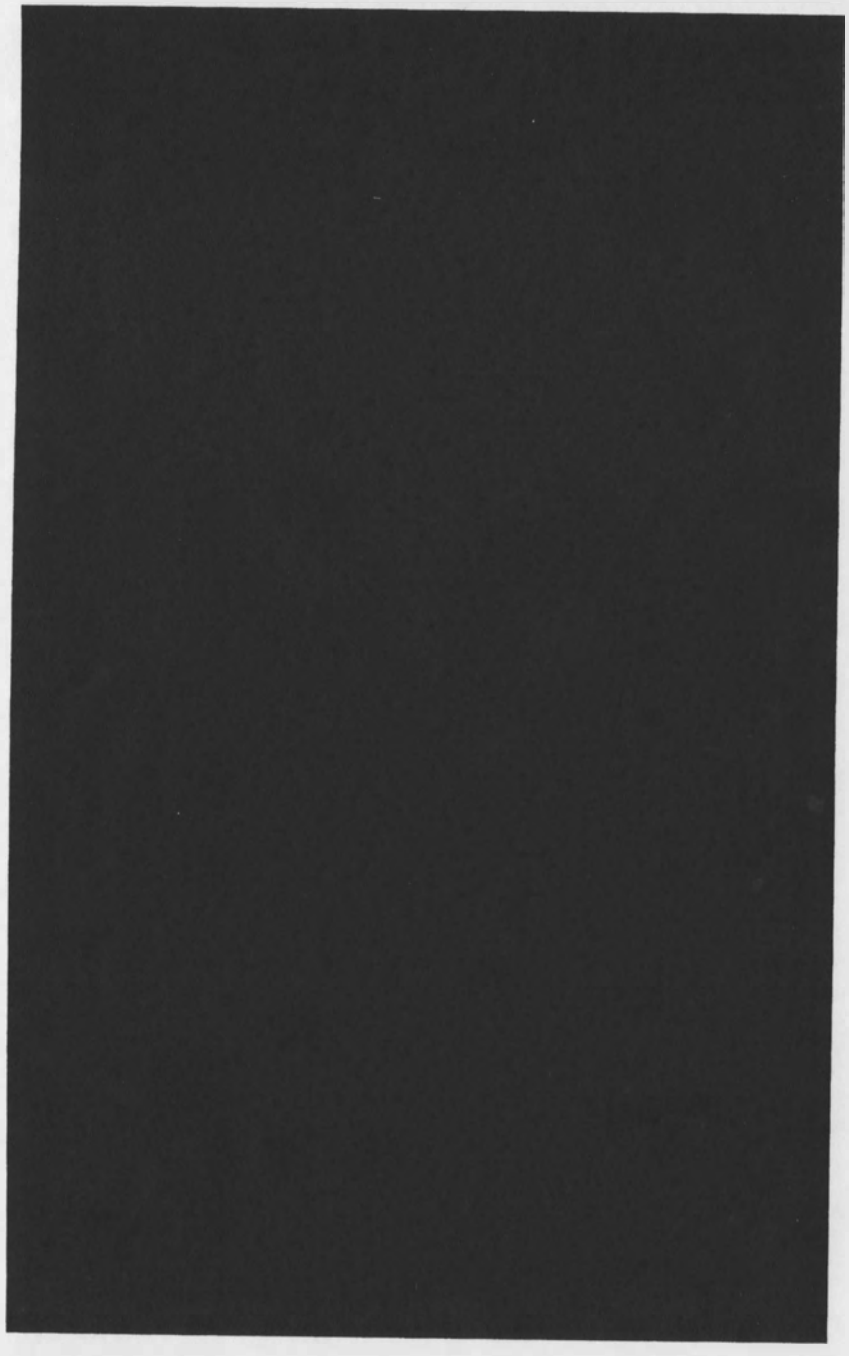
9

Theatres of Madness

Susan Jahoda

Theatres of Madness is an ongoing work. Containing images and texts, it is configured and reconfigured to suit the context of its appearance. In this particular case, a series of nineteenth- and twentieth-century representations are combined to explore the conceptual interdependence of sexuality, reproduction, family life, and "female disorders." The subjects of *Theatres of Madness* are white, Anglo-European women who are diagnosed and treated for their "insanity," based on the interrelations of their class and gender. Definitions of "female disorders" are revealed discursively: described within documented case-histories, medical treatises, pharmaceutical advertising, "found" photographs (that I have sometimes manipulated), and fictional and diaristic texts.[1]

By pairing and layering these various source materials I have attempted to allow for a reading that dislocates and questions the "scientific" nature of observation. The juxtapositions also serve to address complex sets of relations between individuals and institutions, relations that overdetermine the internalization of oppression and, in turn, the degrees of complicity and resistance to that oppression.



Introduction

My childhood and early adolescence were spent in the industrial North of England. We lived at the bottom-end of Butterstile Lane in Prestwich, a village in Lancashire at the edge of Manchester. The street name derived from a stile marking the entrance to a vanished dairy farm. Through our kitchen window I could see gigantic cooling-towers. Billowing steam issued from their concrete mouths, like burned milk bubbling over the brim of giant saucepans. Our semi-detached was southeast of the Prestwich Lunatic Asylum and southwest of Strangeways Prison. These living relics of late Victorian social hygiene were the coordinates and echoes of my mental space. My imagination strained to see beyond this blackened brick, suburban horizon.

The village was panoptically contained between prisons: between the inside-and-outside of high-walled edifices—imposing and ever-present paradigms of interconnected transgression. In our various states of incarceration, we were present in each other's lives, invisibly implicated in each other's lives. Indeed, the strategic placement of both institutions served to maintain order, visible and palpable on the epidermis of daily life. The asylum and the prison were the sentry boxes at the borders of all my childhood images. Nothing escaped surveillance: nursery rhymes, lies, fantasies and fears.

Women newly released from the asylum would come knocking on our back door, searching for work. Sometimes my mother would pay them to scrub the front steps. I would look on, fixed, somewhere between horror and fascination. I used to lie awake at night, terrified that "mad" Barbara was burrowing into our house. Terrified that the earth tremors, caused by underground explosions from the local coal mines, were Barbara coming to take me away. On the school playgrounds and in the streets, children divided themselves into prisoners and wardens, the sane and the insane. We tormented the labeled. We tormented each other.

I heard my mother scream at my father that he was driving her mad. I heard my mother scream at my sisters that we were all driving her mad. I overheard fragmented conversations between my mother and other women. I saw movies on television about women: women accused of inheriting their mother's madness. Were all women potentially mad? Would my mother, my sisters—would I myself—end up behind the wall? I gradually realized, after many years of observing women enter and re-enter asylums, how fragile is the line separating the sane from the insane, how telling the stains of insanity, visible upon the surfaces of women's bodies. For a woman, it seemed as though the inside-and-outside distinction was contingent. The weave of her dress, the perception of her desires and maternal inclinations determined when, how, and if she might be put away.

A series of nineteenth-century photographs and case histories of women diagnosed as hysterical and insane confronted me twenty years later while researching at the New York Psychiatric Institute. Twisted bodies and faces, simultaneously gazing inward and outward, appeared frozen—stilled at the instant of misrecognition. Sitting and standing before the camera, coerced by the mechanical power of their own reflected images, they submitted: they were, finally, what they had become. Hysterical.

Accumulations of evidence jolt the fragile strata of memory, demanding exposure. Words and images form to name the raw, uncovered appearances of sadness and anger. I had found what was inextricably bound and connected to my own past and present. In rewriting their stories I was rewriting my own.

Enlargement of the Clitoris.

This organ is not only found much larger than usual as a congenital malformation, but it sometimes requires the care of the surgeon from hypertrophy of its natural structure or morbid deposition into its tissue. Scarcely any organ is so liable to enlargement from frequent excitation,† and this in its turn prompts to a repetition of the excitement. The examples on record are very numerous, and, in some instances, it has been found of enormous size,‡ in others more moderate, it has given rise to a doubt as to the sex of the individual. In the majority of these cases, however, it does not exceed two inches in length.

The primary *symptoms*, or those which arise from the mechanical disproportion of the parts, are trifling; in some cases, sexual intercourse has been impeded, and in most, from the situation of the part and its great sensibility, it is liable to irritation from motion, and the consequences of this susceptibility form by far the most important feature of the disease. The sexual desire naturally leads to its gratification, and this again aggravates the complaint, and impels to further excess, until the patient at length falls a victim to nymphomania.

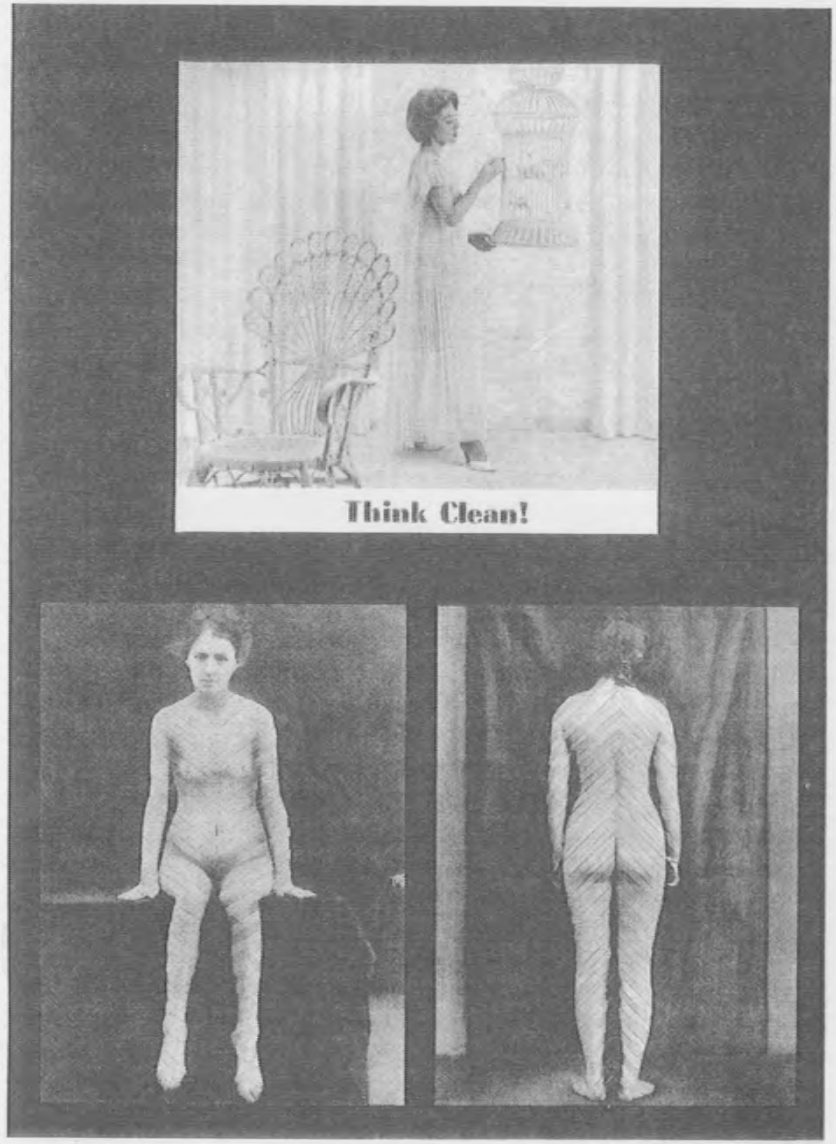
The hypertrophy may be congenital, or the result of inflammation. This part has also been found the seat of scirrhous deposition, most frequently connected with a similar morbid condition of the uterus, and ultimately running into ulceration, with lancinating pain and foetid discharge, but giving rise to few or none of the secondary or nymphomaniacal symptoms.

Treatment. If the hypertrophy be slight and the symptoms not excessive, relief may sometimes be afforded by cooling or astringent lotions, or touching the part with caustic: but if the enlargement be so considerable as to occasion physical inconvenience or excessive sexual indulgence, amputation will be necessary.* Some blood is usually lost, but cold or caustics will always restrain the hemorrhage. Astringent lotions should be used for some time, and the patient kept in a state of absolute rest.

If, when the clitoris is enlarged from morbid deposition, we can ascertain that the uterus is free from disease, we might, under favourable circumstances, remove that organ, but there are very few cases which will be permanently cured by this proceeding, so apt is the disease to be reproduced and extended. In performing the operation, great care should be taken to excise the whole of the diseased portion.

—Fleetwood Churchill, *Outlines of the Principal Diseases of Females*, 1839

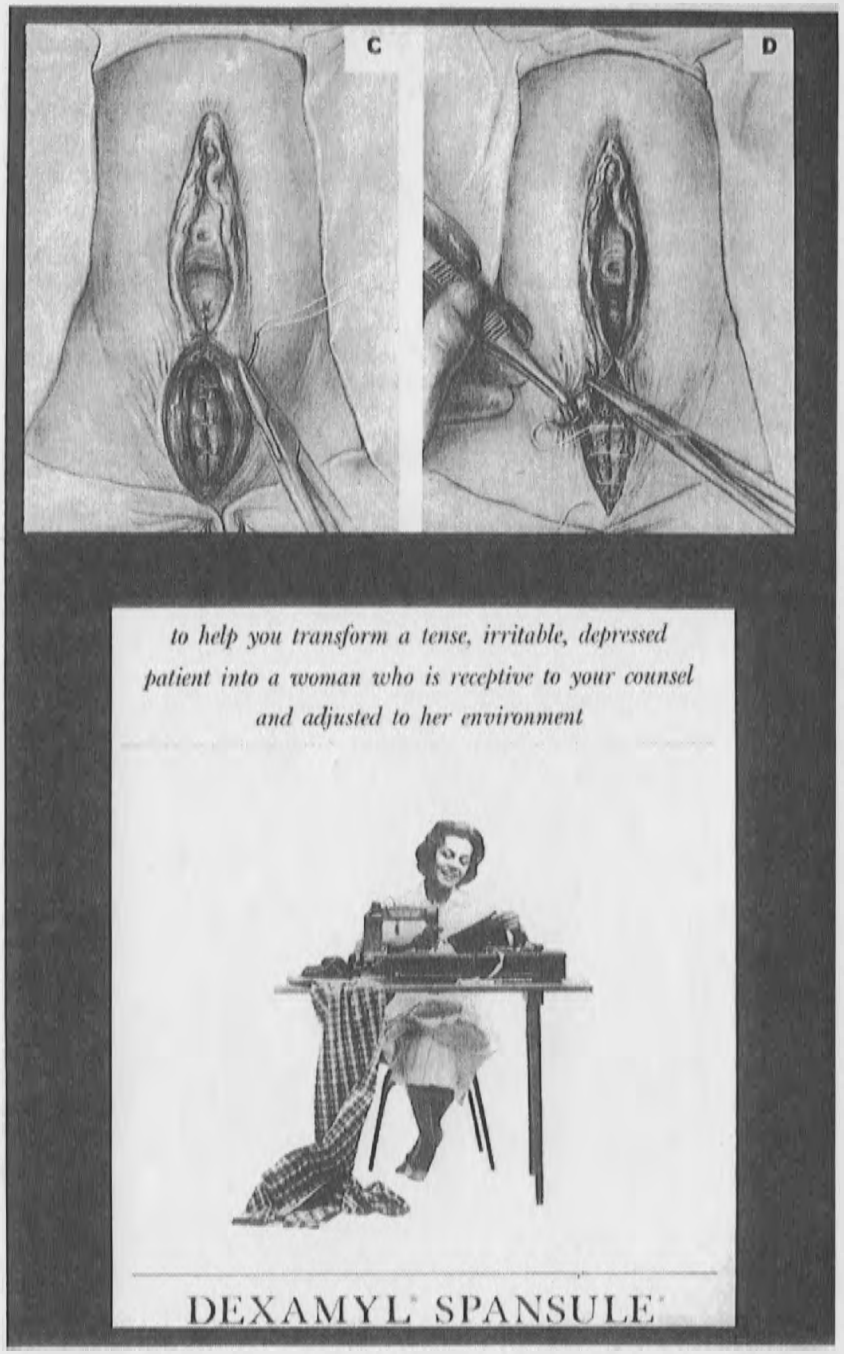
The female body is a scrutinized and supervised (anti)body. Invented in the name of science and deciphered in the name of truth, its disease is located in its gender. Its gender is its fate. A body (dis/un)covered, (de/re)sexed, (dis)guised.



I feel ill. My nerves are raw and I have pains in my groin. I sit with my head down. The shadows in the room are creating faces, intestines, and petals. She is staring at me. An image on the wall. Pain(t)ed face—yellow, green, pink flesh.

I am aging. My body is changing shape. I crawl into myself, into my mother. If only I could sever the root. Starve the egg. Murder the connection. Imago. I saw my newly born daughter encased in a tall, transparent body. Half male, half female. She wandered out of her room, across the hallway and disappeared. I breathed a sigh of relief. A sharp pain traversed my chest. My breasts filled with salt water. I expressed it into a watering can. I fed it to a dying jade plant in the living room. My daughter reappeared and asked me for some milk. I explained that I didn't have any. I said it had turned to blood. I suggested she ask her father. I said he might be able to produce some.

We visited my parents last week. As I unpacked the children's clothing, I suddenly remembered a remark the doctor made to my husband after the birth of our daughter. "Congratulations," he said, "and oh, by the way, I put in an extra stitch for you."



Case 10

M. G., a single needle-woman, aged 17; height 4 ft. 9 in. Came to Dr. Head in the London Hospital on July 16, 1897. History.—Patient's mother was a servant, and was married at 20. Her father was a dock labourer and was married at age 22. Her mother is alive. No collateral insanity. Father died of an accident, aged 46.

There were twelve children in the family as follows:—(1) Dead, five months foetus; (2) Dead, five or six month foetus; (3) Dead, six or seven month foetus; (4) Dead, seven months foetus, lived eight hours; (5) Born alive; living "very delicate;" ulcers on his legs; inflammation of his eyes; (6) Patient; (7) Girl, living, well, aged 16; (8) Boy, living, well, aged 14; (9) Boy, living well, aged 12; (10) Boy, died of convulsions; (11) Girl, died at three months, something the matter with her brain and club foot; (12) Boy, living, well, aged 7. Patient's History.—Patient is a medium-sized, somewhat squat girl of 17. There is no scarring on her body and her breasts are largely developed. Her control over her sphincters is good, and she has only once wetted the bed. She has a heavy demented look. She obeys well. She is careless in her dress and her hair is untidy. She is not destructive. No masturbation has been observed.

On October 21, 1897, patient was transferred to Claybury Asylum under the following medical certificate:—Patient is evidently of weak mind and her general condition indicates general paralysis in an early stage. The patient looks as though she has put on flesh. Responds to calls of nature. Has had no faints or fits. Is quiet and obedient.

October 20, 1898.—Patient is dull and heavy and cannot answer questions intelligently. Attention poor and memory bad. No improvement, eats and sleeps well.

November 2, 1898. Is in laundry; has been brighter lately. Dirty habits. Is very constipated.

February 21, 1899. Became much worse and stuporose. Her symptoms and behaviour, including grinding of the teeth, are those of general paralysis.

May 18.—Progressive enfeeblement. She is very nasty tempered and most destructive.

July 2.—Gradually became worse and died at 3.55 am.

Post-mortem. Body emaciated. Abrasion of skin over sacrum.

Cause of Death. General paralysis of insane; gangrene of lung and general tuberculosis.

—Frederick Walker Mott, "Twenty-Two Cases of Juvenile General Paralysis," 1899

6 August, 1652. About seven weeks after I married it pleased God to give me the blessing of conception. The first quarter I was exceedingly sick in breeding, till I was quick with child; . . . Mr Thornton had a desire that I should visit his friends at Newton. I passed down a foot a very high wall . . . Each step did very much strain me . . . This . . . killed my sweet infant in my womb . . . who lived not so long as we could get a minister to baptize it . . . after the miscarriage I fell into a terrible shaking ague. . . . The hair on my head came off, my nails of my fingers came off, my teeth did shake; and ready to come out and grew black. . . .

Alice Thornton, my second child was born near Richmond in Yorkshire the 3rd day of January, 1654.

Elizabeth Thornton, my third child was born at Hipswell the 14th of February, 1655 and died the 5th of September, 1656.

Katherine Thornton, my fourth child, was born at Hipswell . . . the 12th of June, 1656.

. . . on the delivery of my first son and fifth child at Hipswell the 10th of December, 1657 . . . the child stayed in the birth, and came crosswise with his feet first, and in this condition continued till Thursday morning . . . at which I was upon the rack in bearing my child with such exquisite torments, as if each limb were divided from the other . . . but the child was almost strangled in the birth, only living about half an hour, so died before we could get the minister to baptize him. . . .

17th of December, 1660. It was the pleasure of God . . . to bring forth my sixth child . . . a very goodly son . . . after a hard labour and hazardous. The child died two weeks later.

19th September, 1662. . . . I was delivered of Robert Thornton . . . it pleased the great God to lay upon me, his weak handmaid, an exceeding great weakness, beginning, a little after my child was born, by a most violent and terrible flux of blood, with such excessive floods all that night that . . . my dear husband, and children and friends had taken their last farewell. I was delivered and spared from that death. . . .

23rd September, 1665. Pregnant once more. I being terrified with my last extremity, could have little hopes to be preserved this . . . if my strength were not in the Almighty. . . . It pleased the Lord to make me happy with a goodly strong child, a daughter, after an exceeding sharp and perilous time the child died on January 24.

Christopher Thornton, my ninth child, was born on Monday, 11th November, 1667 . . . it pleased his Saviour . . . to deliver him out of this miserable world on 1st December, 1667.

—From "The Autobiography of Mrs Alice Thornton," 1875

Many of the women in my family were diagnosed as mentally unstable. Aunt Dora committed suicide in 1978. She took an overdose of Mellaril. Her doctor had prescribed it for "her condition." Her husband was an alchoholic. He was often unemployed. He was seldom home. Aunt Rose was convinced she had throat cancer. Her husband always completed her sentences. She found it hard to swallow. He was a marriage-guidance counselor in his spare time. He left her for a younger woman; one of his clients. Her doctor prescribed Niamid. He told her to take up knitting. Aunt Sadie disliked sexual relations with her husband. Her father had forced her to marry a man thirty years her senior. She was fifteen at the time. Her doctor prescribed Sinequan. He said it would help her to relax. Aunt Vera had insomnia. Her husband attended weekly "business" dinners Tuesday and Thursday nights. He didn't get home until the following evening. She discovered he had another "wife" in a neighboring town. He lived under a different name three days a week. Her doctor prescribed Placidyl. He said it would relieve her nervousness.

Case 5

M. B., aged 20, single; occupation, stringer. Admitted, April 9, 1895. Died, May 8, 1895.

On admission the patient was found to be a fairly-nourished girl, with brown hair. Height 5 ft. 2 in.; weight, 8 st. Mentally.—She is exceedingly noisy and restless, constantly throws herself about, and laughs and shouts. Her answers are incoherent. Before admission she is noted in the certificate as follows:—"She says she is followed about all day and night by men and women. She hears marriage bells and voices in America calling her. She sees strange people in the room at night."

Past History.—She has suffered from pains in the head and has been much worried by the want of work. She has never been insane before, and has only been noticed to be so for the last three weeks.

April 13.—Patient is suffering from mania. She is noisy and excitable and erotic. Is shamefaced and coy, will not answer questions, refuses to give particulars of herself, will suddenly shout out tirades against everyone in general; sings and behaves in an uncontrollable manner. She is in fair health and good condition, and looks more than her age.

April 25.—Patient is very restless and troublesome. She throws herself about and has erotic manners. She eats and sleeps well.

April 27.—She is quieter and more staid. Clean in her habits.

May 3.—Patient is inclined to be restless and troublesome. Dirty and of wild appearance.

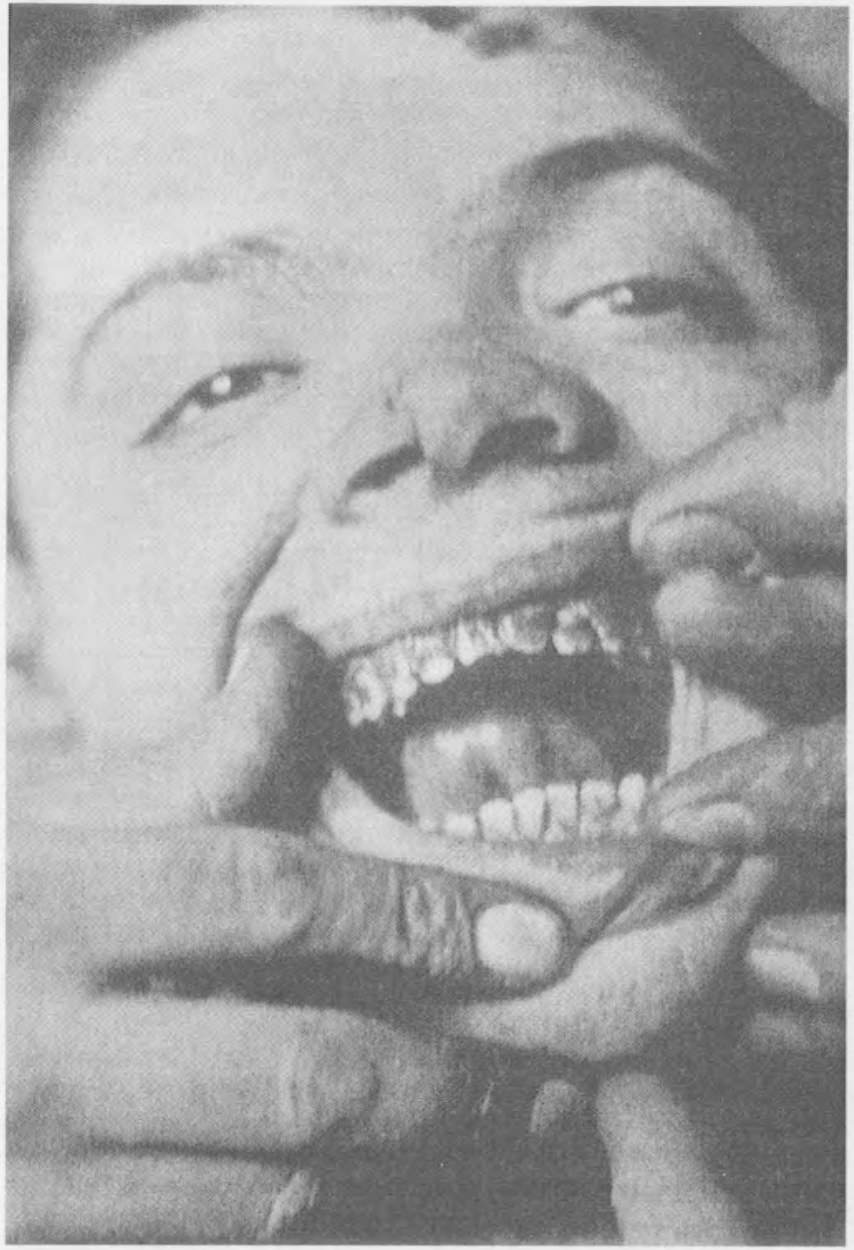
May 5.—She was very noisy and restless two nights ago, and threw herself about. She was exhausted in the morning. To-day there is distension of the abdomen, and pain. The bowels are not open, and a glycerine enema was given, with no result. The bed was wet and slightly stained with dirty brown discharge. The catheter was passed but nothing came away.

May 7.—To-day patient is very collapsed, lies on her back, and the abdomen is distended. The catheter was passed, and two ounces of brown, slightly turbid urine drawn off. She takes nourishment well, and there is no pain or tenderness.

May 8.—She gradually sank, and died of syncope.—H. BOYLE.

Post-mortem.—The cause of death was found to be general paralysis. Ruptured bladder. Both ovaries were collections of cysts.

—Frederick Walker Mott, "Twenty-two Cases of Juvenile General Paralysis," 1899

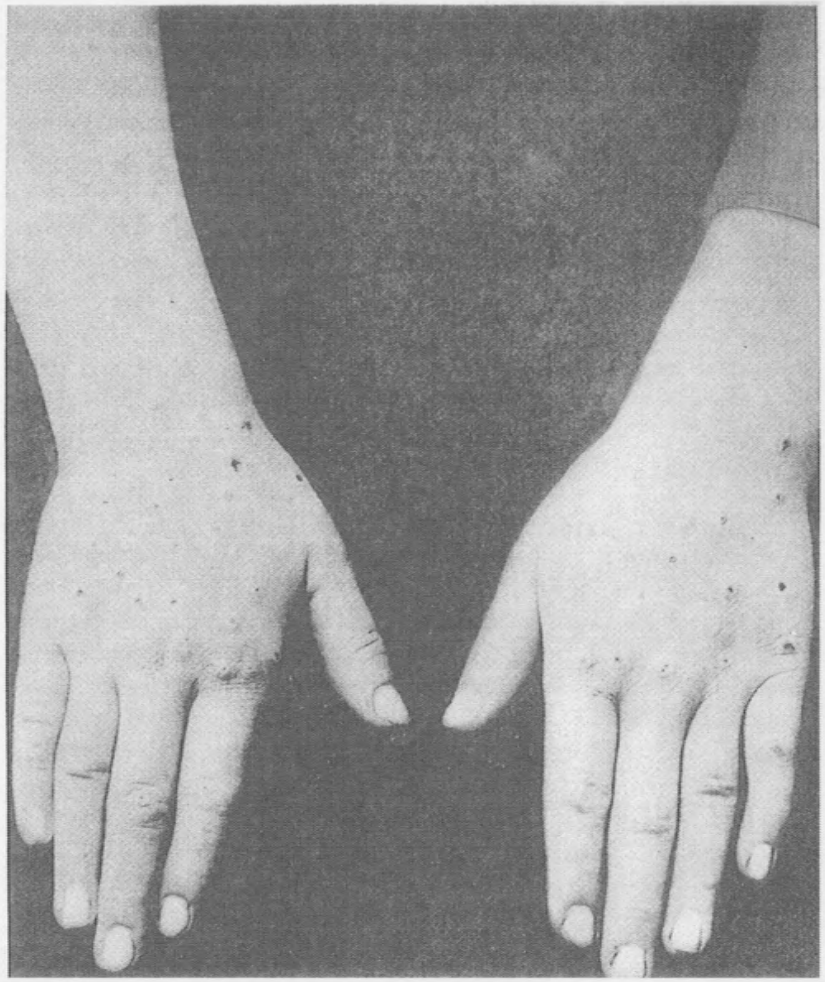


Ann Morgan's Love: A Pedestrian Poem

Her strong, bare sinewy arms and rugged hands
Blacken'd with labour; and her peasant dress
Rude, coarse in texture, yet most picturesque,
And suited to her station and her ways;
All these, transfigured by that sentiment
of lowly contrast to the man she served,

Grew dignified with beauty and herself
A noble working woman, not ashamed
Of what her work had made her
A grace, a glow of quick intelligence
And ardour, such as only Nature gives
And only gives through Man.

—A. J. Munby, 1896



Every medical practitioner must have met with a certain class of cases which has set at defiance every effort of diagnosis, baffled every treatment, and belied every prognosis. . . .

The period when such illness attacks the patient is about the age of puberty and from that time up to almost every age the following train of symptoms may be observed, some being more or less marked than others in various cases. The patient becomes restless and excited, or melancholy and retiring; listless and indifferent to the social influences of domestic life. . . . She will always be ailing, and complaining of different affectations. . . . There will be quivering of the eyelids, and an inability to look one straight in the face. . . . Often a great disposition for novelties is exhibited, the patient desiring to escape from home, fond of becoming a nurse in hospitals or other pursuits of the like nature, according to station and opportunities.

To these symptoms in the single female will be added, in the married, distaste for marital intercourse, and very frequently either sterility or a tendency to abort in the early months of pregnancy. These physical evidences of derangement, if left unchecked, gradually lead to more serious consequences. . . .

Having ascertained the cause and nature of the disease, there are two points to be considered before operative measures are decided on. First, as to age. Although there is no doubt that patients may suffer from peripheral irritation of the pudic nerve from the earliest childhood, I never operate or sanction an operation on any patient under ten years of age, which is the earliest date of puberty.

There are again, after puberty, cases which give rise to but slight disturbance, but in which the sufferers are they who love to enlist sympathy from the charitable and will be ill, or affect to be ill, in spite of any and every treatment.

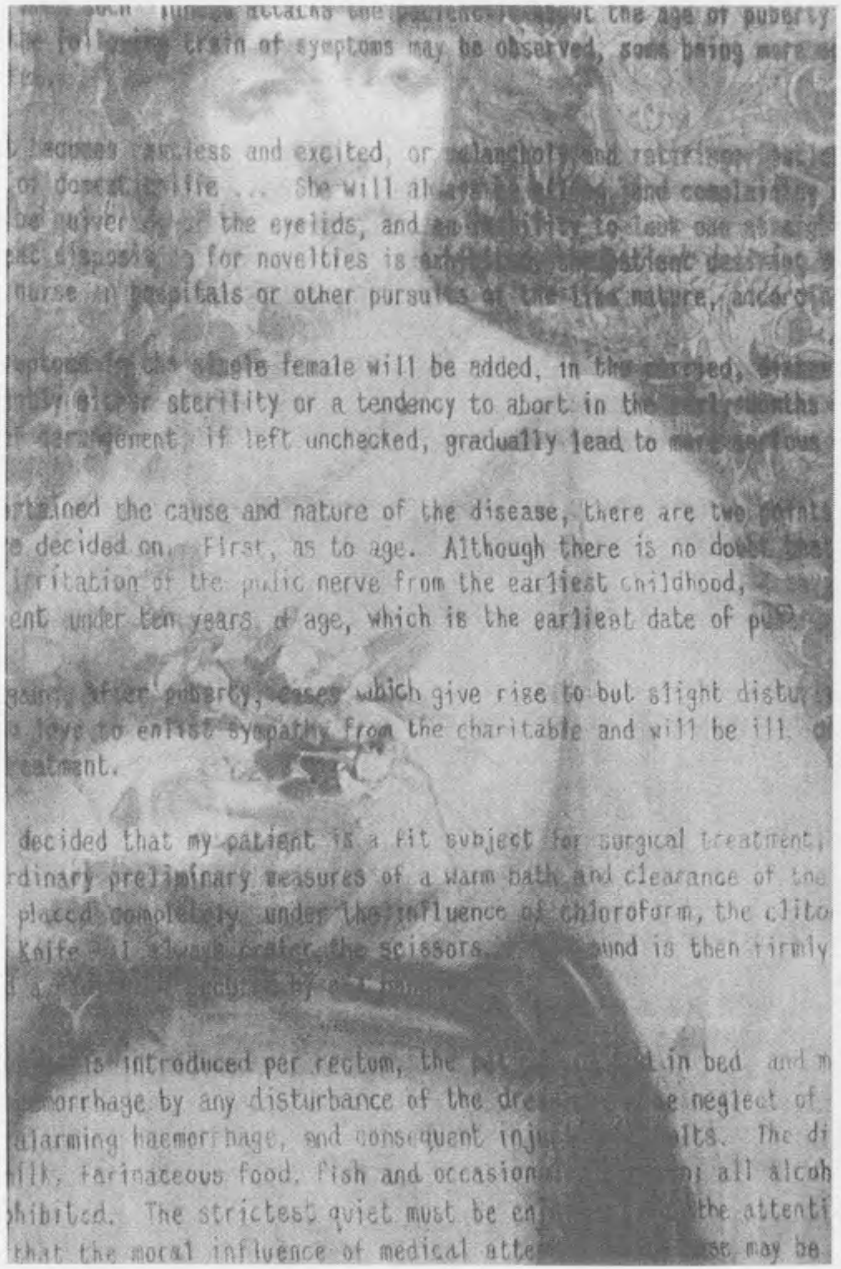
When I have decided that my patient is a fit subject for sugical treatment, I at once proceed to operate, after the ordinary preliminary measures of a warm bath and clearance of the portal circulation. The patient having been placed completely under the influence of chloroform, the clitoris is freely excised either by scissors or knife—I always prefer the scissors. The wound is then firmly plugged with graduated compresses of lint, and a pad, well secured by a T bandage.

A grain of opium is introduced per rectum, the patient placed in bed, and most carefully watched by a nurse, to prevent haemorrhage by any disturbance of the dressing. The neglect of this precaution will be frequently followed by alarming haemorrhage, and consequent injurious results. The diet must be unstimulating, and consist of milk, farinaceous food, fish and occasionally chicken; all alcoholic or fermented liquors being strictly prohibited. The strictest quiet must be enjoined, and the attention of relatives, if possible, avoided, so that the moral influence of medical attendant and nurse may be uninterruptedly maintained.

A month is generally required for perfect healing of the wound, at the end of which time it is difficult for the uninformed, or non-medical to discover the operation. The rapid improvement of the patient immediately after removal of the source of irritation is most marked; first in countenance, and soon afterwards by improved digestion and other evidences of healthy assimilation.

It cannot be too often repeated, that this improvement can only be made permanent, in many cases, by careful watching and moral training, on the part of both patients and friends. In the large majority of cases, I have administered no medicines, trusting entirely to recovery, after the removal of the source of irritation.

—Isaac Baker Brown, *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy and Hysteria in Females*, 1866



By the middle of the nineteenth century, women constituted the majority of cases in public lunatic asylums. Uncontrolled sexuality was diagnosed as a symptom of insanity. The root of this malady was traced to the body's forbidden source of pleasure.

New fields of medical practice produced treatises on diseases peculiar to women. Guardians of morality praised and rewarded those who diagnosed desire and enforced institutionalization. The law sanctioned and protected those who called themselves experts in female disorders: those who mutilated the body by performing clitoridectomies and, in some cases, the removal of the labia, on prepubescent girls. The (dis)ease was cut out like a malignant tumor.

CASE XLIII. INCIPIENT SUICIDAL MANIA—MANY YEARS' GRADUAL ILLNESS—OPERATION—CURE.

R. T., act. 39, single; admitted to the London Surgical Home Oct. 22, 1861.

History.—Has been ailing for many years, and given great trouble and anxiety to her friends. For some time past she has been very strange in her manner, very restless, never quiet, constantly wakeful, threatening suicide, talking to people, even perfect strangers, of her ailments and their causes, of which she is fully conscious. Was formerly modest and quiet.

On examination, she is a fine woman, of restless appearance and manner; eye wandering and unsteady; pupil dilated. The cause of her mental derangement being obvious, on October 24 the usual operation was performed. The improvement in her mental and bodily health was wonderful: she gained flesh and became cheerful and modest. She was discharged six weeks after admission. When heard of in February, 1863, this patient continued quite well.

—Isaac Baker Brown, *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy and Hysteria in Females*, 1866

CASE XXII. NINE YEARS' ILLNESS—EPILEPTIFORM ATTACKS—THREE YEARS' DURATION—OPERATION—CURE.

G. M., single; admitted to the London Surgical Home December 18, 1860.

History.—For the last nine years has suffered greatly and regularly during the menstrual periods. Has been much worse for the last three years, during which time has, at each menstrual period, been frequently taken in a fit, dropping down suddenly and fainting right off; this state lasting for two or three hours. Being in service, this has caused her much trouble, as none of her employers would keep her. For the last six months has suffered severe pain over right ovary, increased by exercise or pressure, and at the menstrual period. Believing that the dysmenorrhœa and fits both arose from the same cause, on January 3, clitoris was cut down to the base. After this operation she never had a fit, and all untoward symptoms left her except the dysmenorrhœa; she was therefore re-admitted May 27, 1861, and there being some narrowing of the cervix, it was incised with hysterotome. June 21, catemenia came on without pain, and continued to do so regularly. In July she was well enough to return to service.

April, 1865. Her mother called at my house to say that this patient had been married some months, and was shortly expecting her confinement. She had remained quite well since the operation.

CASE XXXI. CATALEPTIC FITS—TWO YEARS' ILLNESS—OPERATION—CURE

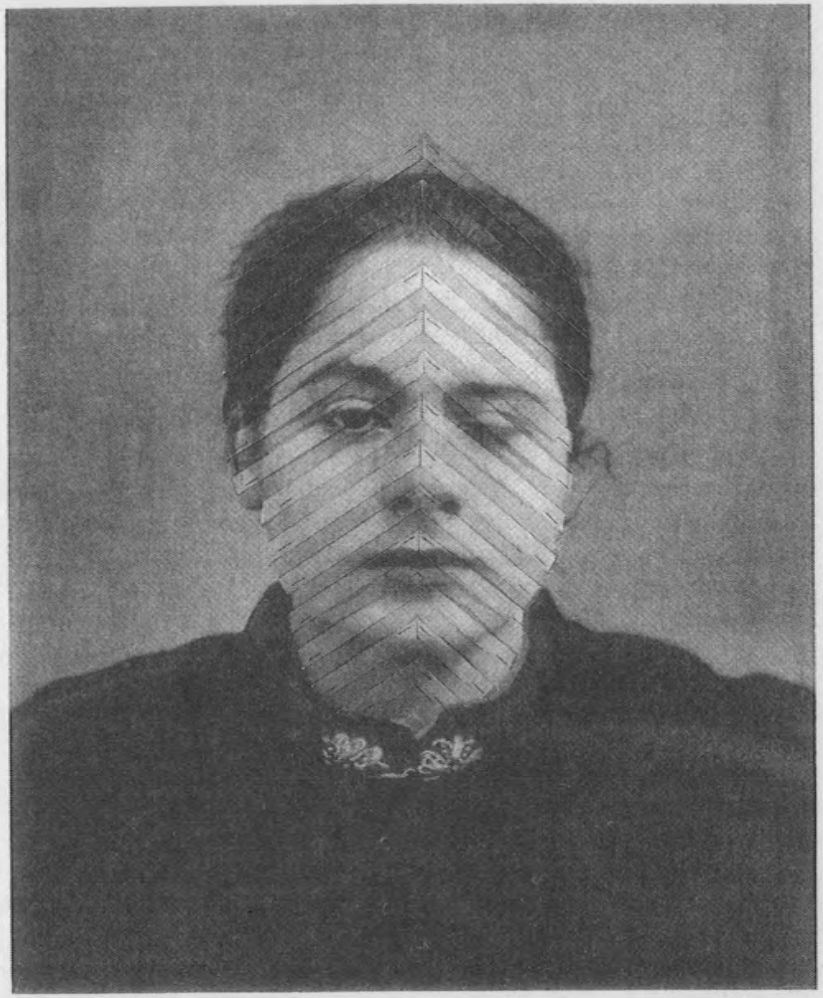
M. N., act. 17; admitted into the London Surgical Home September 4, 1861.

History.—Was perfectly well up to the age of fifteen, when she went to a boarding school in the West of England. In the course of three or four months she became subject to all symptoms of hysteria, and from that time gradually got worse, having fits, at first mild in character and of rare occurrence, but gradually more severe and frequent, till she became a confirmed cataleptic. For several months before admission, she had been attacked with as many as four or five fits a day, and during the whole journey from the North of England to London she was unconscious and rigidly cataleptic. She was seen immediately upon arrival, and there was no doubt that it was a genuine case of this disease. So sensitive was she, that if any one merely touched her bed, or walked across the room, she would immediately be thrown into a cataleptic state.

Before making any personal examination, Mr Brown ascertained both from her mother and herself, that she had long indulged in self-excitation of the clitoris, having first been taught by a school fellow. The commencement of her illness corresponded exactly with the origin of its cause; in fact, cause and effect were here so perfectly manifested, that it hardly wanted anything more than the history to enable one to form a correct diagnosis. All the other symptoms attending these cases were, however, well marked.

The next day after admission she was operated upon, and from that date she never had a fit. She remained in the Home for several weeks. Five weeks after operation, she walked all over Westminster Abbey, whereas for quite a year and a half before treatment, she had been incapable of the slightest exertion.

—Isaac Baker Brown, *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy and Hysteria in Females*, 1866



Chastity. Domesticity. Marriage. Motherhood. The middle-class body bears the burden of bourgeois ideology. It is measured, managed, and regulated. Treatments are introduced to control its reproductive cycles and system. It mirrors its hysterical construction.

I am so angry. I can hardly compose this letter. In your March issue, the article on genital mutilation made me dizzy. This anger later turned to fury. I work in a nursing home as a certified nurse's aide. Many of the patients need bed changes at least twice a shift, so I see about 90 percent of the people's genitals. They must be inspected often and cleaned thoroughly, as needed. I didn't quite understand the strange scars I saw. Then I read your article. Out of the forty residents of this home I can count five women who have had clitoridectomies. My God! Why? Who decided to deny them orgasm? Who made them go through such a procedure? I want to know. Was it fashionable? Or was it to correct a "condition"? I'd like to know what this so-called civilized country used as its criteria for such a procedure. And how widespread is it here in the United States?

—Letter to the editors, *Ms* 9; no. 1 (July 1980), p. 12.

Clitoris

Where the upper folds of the inner lips converge is a structure which resembles a very small penis (*clitoris*). It is plentifully supplied with nerves and blood vessels, becomes engorged, and enlarges and throbs under sexual excitement. It is a major source of pleasure in sexual intercourse. Since it is probably the most sensitive of the female sex organs, girls and women sometimes agitate it with their hands or with thigh pressure to gain sexual gratification. In female masturbation it is the organ most frequently used to bring on a climax, particularly by the young girl who does not wish to disturb her hymen by inserting things into her vagina or manipulating it.

Because the clitoris is so sensitive, and is sometimes the instrument of orgasm, a man preparing a woman for sexual intercourse may stimulate it by gentle massage. This and similar preparatory techniques—kissing, breastplay, caressing and fondling—are called sex foreplay. The newly married woman may be accustomed to deriving pleasure and even climax from clitoral manipulation, but not from insertion of the penis into the vagina. When full response, or orgasm, to the insertion and action of the penis is achieved, it may be found to be the more strongly pleasurable and more deeply satisfying of the two. The husband, however, may have to stimulate the clitoris considerably with his penis or hands before and during intercourse to assist his wife with the transition.

Female Orgasm

There is some question whether the female experiences two distinct types of orgasm. A woman usually reaches orgasm either by stimulation of the clitoris, or by vaginal penetration, or by some combination of both. Orgasm when reached, however, is a complex response difficult to ascribe to a single cause. At least the physiological response in orgasm for women seems to be the same no matter how the orgasm is precipitated. But women often note a qualitative difference between clitoral and vaginal orgasm, and express a distinct preference for the latter.

—Lawrence Q. Crawley, *Reproduction, Sex, and Preparation for Marriage*, 1964

It came on the youngest one's thirteenth birthday. They were eating cake. The chocolate icing was burned. There was a paraffin aftertaste from the dripping candles. The blood trickled down her thighs onto a green vinyl seat. Her mother said the cramping wouldn't last long. She offered her aspirin. Her doctor prescribed Valium. She went into the bathroom to get her a sanitary napkin. She kept them in an old toy box in the bathroom. She went to get a cigarette for herself. Those she stored in a biscuit tin on top of the refrigerator. They were born exactly five years apart. There were three of them. Girls. Her father had never wanted sons. He imagined daughters were easier to control. When it was time for the eldest child to start school, she thought about getting a job. They needed the money. He refused to let her work. He was uneasy when she left the house. He felt abandoned. He felt ashamed. She felt bereft. She became pregnant. Part of her shriveled. She became agoraphobic. When it was time for the second child to start school, she looked in the newspaper for a job. He told her she had no skills. He told her she was inefficient. She believed him. She became pregnant. She started to smoke. His words began to sound foreign. Her voice began to sound thin. The children learned to be suspicious of one another. Her mother explained how to attach a napkin to the belt. She complained it felt like a harness. She didn't know what to say. They went back to the table. Nobody wanted any more cake. The middle child said she had homework to do. Simultaneous equations. Once she'd asked her father to help her with a geometry assignment. She didn't understand his explanations. He often said she was stupid. She was afraid of her math teacher. She cleaned off the dinner table. She washed the dishes. She watched her mother creep upstairs and enter the linen closet. A string-bag hung on the inside of the closet door. It contained her daily chocolate supplies. She felt nauseous. She ate a walnut twist. She squeezed her body in between the bottom shelf and the floor. She pulled the door shut. It was her space. The youngest child started to cry. The aspirin wasn't helping. She needed somebody. The belt was rubbing against her swollen abdomen. It needed adjusting.

References

Brown, Isaac Baker
1866 *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy and Hysteria in Females.* London: Robert Hardwicke, pp. 16–18.

Churchill, Fleetwood
1839 *Outlines of the Principal Diseases of Females.* Reprinted in *Classics of Medicine Library.* Birmingham, Ala., 1986, pp. 17, 18.

Crawley, Lawrence Q.
1964 *Reproduction, Sex, and Preparation for Marriage.* Englewood Cliffs, N.J.: Prentice-Hall.

Mott, Frederick Walker
1899 "Twenty-two Cases of Juvenile General Paralysis." In *Archives of Neurology and Psychiatry* (Pathological Laboratory of the London County Asylums) 1: 308, 315.

Ms.
1980 Letters to the editors, July, p. 12.

Munby, Arthur
1896 *Ann Morgan's Love: A Pedestrian Poem.* London: Reeves and Turner.

Thornton, Alice Wandesford
1875 *The Autobiography of Mrs Alice Thornton of East Newton, Co. York.* Durham, London, and Edinburgh: Surtees Society. Quoted in *Not in God's Image: Women in History from the Greeks to the Victorians.* Ed. Julie O'Faolain and Lauro Martines, pp. 237–39. New York: Harper and Row, 1973.