

## The Weaker Sex

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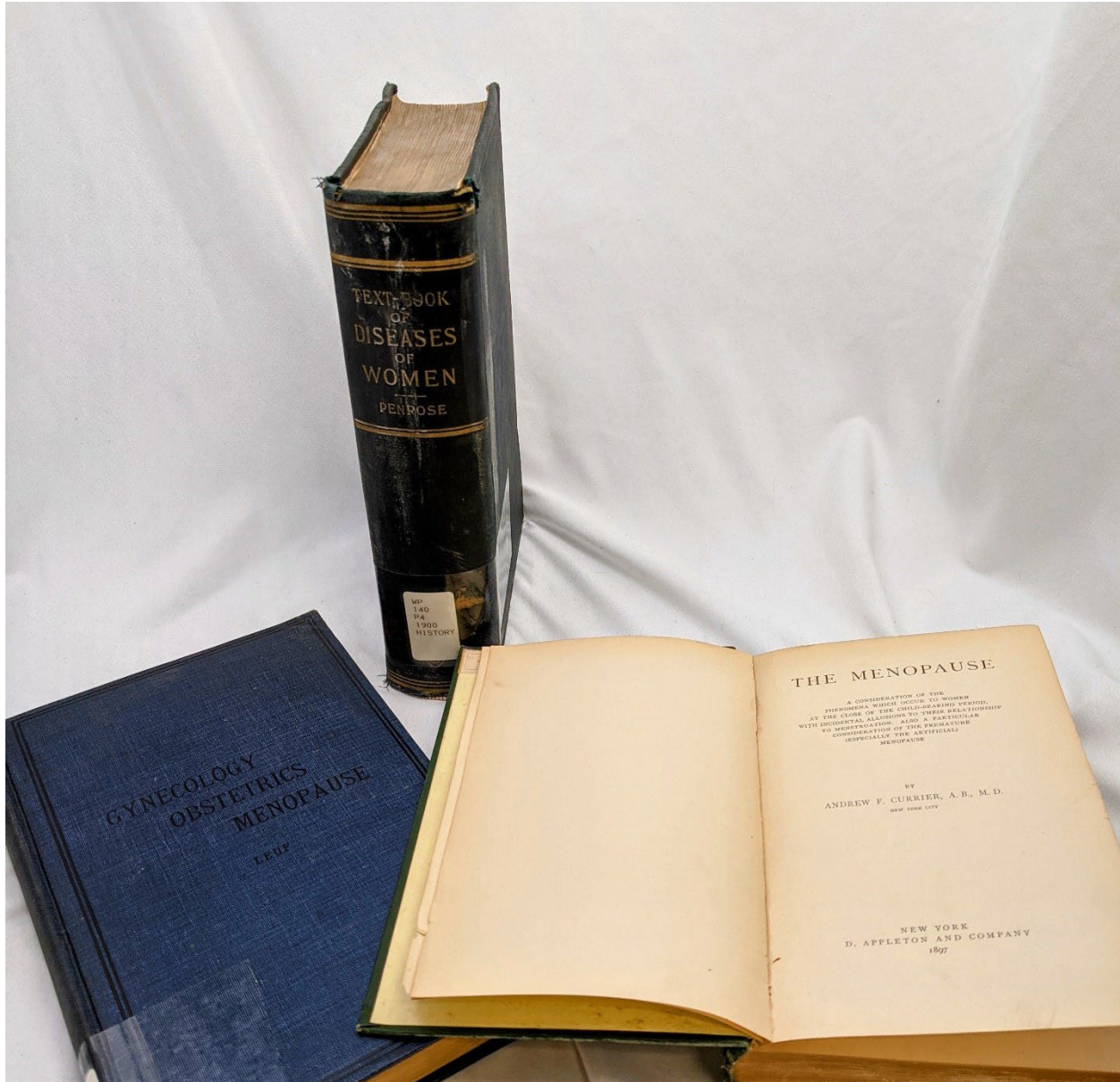
On August 13, 1895, 27-year-old Sarah C. Crumlish was admitted to the Delaware State (psychiatric) Hospital at Farnhurst. Her husband, John, had noticed the “first symptoms of insanity” two weeks earlier, though she “had been steadily failing both physically and mentally” since the birth of their last child five years ago. She had not eaten well and complained of unspecified “uterine trouble.” Two months into her stay, a pelvic exam revealed Sarah had tears to the os uteri and cervix and a prolapsed uterus. She was released from Farnhurst on May 13, 1896, despite showing no improvement in her mental state. In October 1897, Sarah suffered two falls that left her unable to walk. The New Castle County Almshouse and Hospital transferred Sarah to the State Hospital, reporting that the patient was hysterical and used foul language. Like the first time she was admitted in 1895, her abdomen was “extremely large.” Doctors discovered her pregnancy on January 8, 1898, during an examination. Sarah Crumlish died delivering her stillborn son three weeks later (p., 378-379).<sup>1</sup>

In 1889, the New Castle County Trustees of the Poor facility to house insane persons expanded to serve the entire state under the new State Board of Trustees of the Insane. The original county facility was renamed the Delaware State Hospital two years later. The New Castle County Almshouse and Hospital (1884-1933) operated in Farnhurst on an adjoining plot.

Since the cause of many mental and behavioral health concerns was unknown, the psychiatric facility—commonly referred to as “Farnhurst”—became a “catch-all” for a range of patients. In addition to treating schizophrenia, melancholia, and substance abuse disorders, doctors attended to patients with traumatic brain injuries, epilepsy, syphilis, age-related senility, and cognitive and physical disabilities. Unfortunately for many women, some gynecological or sexual health problems landed them in Farnhurst and similar facilities.

Thirty percent of women admitted between 1894 and 1920 had menopause, pregnancy, puberty, or “domestic troubles” listed as the cause of their stay. In Sarah Crumlish’s case, she suffered from “neurotic hypochondria” triggered by her pregnancy. Today we would hopefully recognize the influence of emotional and physical trauma of multiple unwanted pregnancies and abortive attempts. However, contemporary physicians attributed many psychiatric conditions to the harmful effect of having female reproductive organs. The Delaware Academy of Medicine Archives house an extensive collection of nineteenth and early twentieth books that explain the alleged connection between mental illness and the ‘weaker sex’ (see Figure 1).

Figure 1. Examples of Some of the Collection in the Delaware Academy of Medicine Archives



Charles B. Penrose, M.D., Ph.D. (1862-1925), a professor of gynecology at the University of Pennsylvania and surgeon at the Gynecian Hospital of Philadelphia, wrote several editions of *A Text-Book of Diseases of Women*. In the 1900 revised third edition, Penrose claims that diseases peculiar to women occur more frequently in “civilized” women than in “barbarous” females or lower animals. Her increased liability is due to her poor physique, and her inferiority is tremendously increased during illness. He blames the imbalance on their improperly constrictive clothing, the delicate arrangement of her reproductive apparatus, venereal diseases, and neglect during menstruation. Likewise, the unnatural state of celibacy is a cause of disease. Without the relief of pregnancy and lactation, “unceasing menstrual congestions” result in uterine fibroid tumors and cirrhotic ovaries (p. 17-20).<sup>2</sup>

Alexander H. P. Leuf, M.D. (1861-1929) of Philadelphia, though better known for his pioneering work in sports medicine, authored a three-part series for *The Medical Council* on women’s health. The articles were collected and published as a single volume. In addition to warning

physicians not to lose money to specialists by avoiding the “easy” practice of gynecology (p. 18), Leuf asserts that women are biologically prone to insanity.<sup>3</sup> While pelvic health issues can cause mental disturbances in men, he argues:

“The female pelvis contains more, and its contents are subjected to greater strains and exactions. She is also more emotional and impressionable, and thus the more likely to yield remotely, or reflexively, to these greater and more frequent local disturbances. The female departments of the great insane asylums show a large proportion of tubal and ovarian disease” (p. 126-127)<sup>3</sup>

Leuf states that women are at the most significant risk for mental perturbation at the end of fertility. While puberty, pregnancy, menstruation, and lactation have rendered women incapable of governing themselves, resulting in anything from ill-tempered outbursts and scolding to “(often unjustifiable) murder,” menopause is more likely to “slip a cog in the machinery of the brain” (p. 306 & 311).<sup>3</sup> The good doctor suggests that these nervous system diseases be remedied with sedatives, intra-pelvic massage (instructions on pages 140-142), and therapeutic bicycle rides with the proper saddle (p. 142-145).

In his 1897 treatise on menopause, Andrew F. Currier, A.B., M.D. (1851–1937) denies that the end of menstruation in itself is a cause of insanity, but instead increases the likeliness of mental health crises at a time when the mind is in “unstable equilibrium” (p. 217).<sup>4</sup> He also asserts that menopause only appears in “highly bred, tenderly reared women of civilized life” and those who have experienced “an undue share of the ills and stings of life” (p. 12-13).<sup>4</sup> The severity of a woman’s menopausal symptoms results from factors like race and climate (p. 37, 131-132).<sup>4</sup>

While it is easy to laugh at the missteps in medicine of yesteryear, we must contend with the attitudes they have ingrained in our health systems. The myth of female physiological inferiority has been debunked, and yet women continue to be treated through the lens of frailty. Conditions that are not immediately diagnosable are often dismissed as mental health issues. Until women are considered reliable resources for reporting their experiences with their bodies, the problems of the past are not yet history.

After four years of dedication, anthropologist Dr. Katherine A. Dettwyler published a database and book that detailed the admission and clinical notes of nearly 3,000 patients admitted to Farnhurst between 1894 and 1920. Thanks to her remarkable efforts, stories like Sarah Crumlish’s will not be forgotten.

## REFERENCES

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4. Currier, Andrew F. (1897). *The Menopause: a consideration of the phenomena which occur to women at the close of the child-bearing period*. D. Appleton & Co.

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