CHAPTER 6

"House of Sorrow": The Collegno Asylum in 1928–1931

Abstract This chapter concentrates on the Collegno asylum where G. was interned. It brings evidence to show how psychiatric institutions had become a place of detention for "deviants" and those who had committed actions against current morality, against Fascism and its values. Collegno asylum's detention, rather than medical, role clearly emerges and this research also shows, through several patients' cases, how families, psychiatrists and public security forces collaborated in ensuring that "unfit" individuals could be removed from society. The chapter reconstructs the Collegno mental health hospital routine while G. was interned there: through patients' files, it proves that morality constituted an increasingly decisive element in mental health diagnosis and care.

Keywords Collegno asylum • Immoral • Non-conforming • Obscene • Homosexual

This chapter is based on archive research carried out in the Collegno asylum, the "House of Sorrow",[1] and reconstructs its routine while G. was interned there: through patients' files, it proves that morality constituted an increasingly decisive element in mental health diagnosis and care. Psychiatric institutions had become a place of detention for "deviants" and those who had committed actions against current morality, against Fascism and its values. Families, psychiatrists and public security forces

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often collaborated in ensuring that "unfit" individuals could be removed from society.

After a cholera epidemic and due to overcrowding, in 1854 most of the Turin asylum's patients were transferred to a convent in Collegno (Fig. 6.1), a small village situated just outside the town. Its position was considered ideal, because it was conveniently distant and isolated from the urban centre, thus removing "alienated" individuals from society. At the same time, it could offer farming work to its patients, which was considered therapeutic.[2] Therefore, from the following year it was permanently

Fig. 6.1 Collegno ex mental health hospital. The main courtyard

used as a mental health hospital in its own right, although the strong connection with its Turin counterpart remained. Several modifications were brought to adapt the building to its new purpose. At the time of G.'s internment, the asylum consisted of 14 pavilions, plus several labs for the patients' ergotherapic work and a big laundry building. Its structure was considered one of the most modern in Italy. It had attracted well-known psychiatrists since it opened and, together with the Turin mental health hospital, was among the most famous in the country.[3] In 1928 the medical staff included prestigious names, such as Carlo Ferrio, Giovanni Marro and Marco Treves, most of them strongly influenced by Lombrosian theories, since the famous criminal-anthropologist and theorist had lived, taught and worked in Turin. The Director of Collegno asylum between 1915 and 1937, Federico Rivano, kept in touch with many other institutions in Italy and abroad, that he had also visited,[4] so that the hospital he oversaw could be in line with the most modern care trends and standards. In 1928 Vitige Tirelli, director of the Turin asylum, could proudly state:

> Respect and friendly affection between doctors and nurses, both nuns and non-religious staff, reign, order and silence are the rigorous norm adopted. The ancient and outdated concept of a forced reclusion has been replaced by that of a permanence in the psychiatric institution to the patient's exclusive advantage, the physical and moral imposition has been substituted by kindness and persuasion, made effective by the doctors' and nursing staff's care (…) In the new buildings of the Collegno psychiatric hospital there is (…) luxury of space and wealth of light and of every medical appliance.[5]

However, looking at the period of time that G. spent in Collegno, under the surface of efficiency the routine was far from impeccable. First of all, escapes were a regular occurrence. Hospital correspondence reveals that patients constantly tried to flee and often succeeded: on 8 April 1930 a nurse was reprimanded because he let a patient escape while he was coming back from work. We learn that during the same night another patient had escaped by cutting the iron grid of the toilet windows.[6] On 16 April 1930 two more patients ran away: they opened the window and the shutters of the dormitory using a spoon and the aluminium handle of a urine pot, despite the two night-shift nurses on duty[7]; another man simply left by opening the door, as he had copied the key in the blacksmith's lab where he worked during the day.[8] On 24 September 1931 a nurse was reprimanded because two patients had escaped.[9] Nurses in fact had to be

reproached on a number of occasions: on 11 February 1931 one of them was declared unsuitable for the job because he was caught "in a deplorable and molest state of drunkenness" in a public bar and, despite the Director's first warning, he was caught in the same state again. The *Carabinieri* had remarked that he was wounded because of a fall "caused by drunkenness".[10] On 18 June 1929 two nurses did not realise that during the night a patient had left his bed and had hit another patient with a broken glass bottle; they clearly had not carried out their surveillance duties.[11] A nurse was caught asleep while on duty on 12 June 1930,[12] one was fined and another one was punished with the withdrawal of the equivalent of 10 days' salary for the same reason on 24 June 1929.[13] The so-called "*mancanze di servizio*" (service deficiencies) are a constant presence in the hospital's internal correspondence files.

Care clearly left a lot to be desired too: on 5 April 1928 the general Secretary informed the Director, in writing, that some patients' families had complained about the lack of tidiness and cleanliness of interned relatives.[14] The nursing staff level of general education appears to have been very low, their letters and reports contain many basic grammar errors, something that is confirmed by a note issued by the Collegno asylum Chairman, the Medical and the Administrative Directors on 18 March 1931, where male members of staff were invited to follow extra elementary literacy courses, on offer five evenings a week.[15] Petracci[16] pointed out that during Fascism psychiatric nursing staff were increasingly recruited for political rather than professional merits. Nurses had to swear loyalty to Fascism, like teachers and all other public-sector employees, and were expected to be "good citizens", which at the time meant good fascists. In a letter dated 3 August 1929 the Secretary of the Collegno hospital wrote to two head-nurses and voiced concern as they were said to have been stopped by *Carabinieri* and to have received a *diffida* that would ban them from attending a public event held on 1 August. Preventative temporary arrests and *diffide* were quite common. They became law with the introduction of the Rocco Code. Its article n. 203 stated: "For the penal code, a person is socially dangerous when, even if not accusable or punishable […] it is probable that s/he will commit new acts that the law considers crimes".[17] The asylum Secretary communicated that a special internal investigation would follow as "a suspect political position cannot be tolerated, in view of the official oath you have pronounced".[18]

Staff were not only ignorant and unprepared for the task, but also, sometimes, physically violent: G.M.,[19] an unmarried man of unknown

professional status, interned in July 1930 for post-lethargic encephalitis symptoms, started a fight with two other patients. He was tied to his bed with very short straps. As a result, he became more agitated, shouted, spitted at the nurse who, at that point, punched him twice in the stomach. As the patient later died of complications linked to peritonitis that required two surgical operations, there was an internal investigation: according to four patients' witness statements, the nurse had punched him deliberately holding the metal key to tighten the straps, so that it would protrude and cause more pain. Shortly afterwards, in 1934, a Collegno psychiatrist, Marco Treves, was sacked because he had criticised the use of violent containment methods and had introduced a photographer to document abuses perpetrated on patients.[20]

Apart from extreme cases, there are also traces of other minor crimes committed by staff: on 19 December 1931 the Director reassured the King's Attorney on mistreatment and theft of money allegedly perpetrated by nurses at the patients' expenses. The Attorney had received denunciation of such crimes and had asked for clarification. Rivano wrote[21] that he was convinced no crime had been committed because the doctors visited the patients every day and were therefore aware of anything that might bother them. In addition, the staff was constantly under vigilance by chief-nurses, who were kept an eye on by inspectors. If there had been such incidents, no doubt he would have heard about it, he concluded. Yet, staff misbehaviour was so evident, gross and frequent that it was necessary to declare an "amnesty" in favour of personnel, approved by the Board of Directors on 25 February 1930.[22]

Other problems afflicted Federico Rivano: on 22 April 1929 the Board of Directors acknowledged his complaint that "the pavilions have reached the extreme capacity limits of what is tolerable" and it was impellent and very urgent to create new additional premises.[23] But overcrowding must have continued to be a problem as on 15 June 1931 he wrote to the Chair of the Provincial Authority in Turin to say that

> the shocking overcrowding of asylums in Turin, Collegno and the *Ricovero Provinciale*[24] [is such that], in order to accommodate the many patients that are admitted daily, especially in the hot season, we had to use some of the refectories as dormitories.[25]

According to the Register of Patients' Movements, on 6 January 1931 in Collegno there were 1,988 men and 335 women, plus two new

entries and one dismissed patient.[26] Overcrowding was a problem not only in Turin and Collegno, as observed by Moraglio:

> From 1927 and for all the fascist period every year a new record would be broken both in terms of number of [psychiatric] patients and in terms of the percentage of them compared with the resident population.[27]

In 1928 in Italy there were 64,268 psychiatric patients and by the time G. was dismissed, in 1931, there were 72,269.[28]

Overcrowding brought further problems: on 16 April 1930 the *Prefettura* wrote to the Hospital's Chairman to remind him of the annual occurrence of typhus and gave directives on how to fight it.[29] Punctually, on 3 July 1930 one of the doctors informed the Director of a case of typhoid infection, but on 28 April of that year the Director had already told the local Sanitary Officer that a patient had been isolated in a cell because he had contracted an infectious disease not otherwise specified.[30] Clearly promiscuity, crowded accommodation and poor hygiene conditions created health problems that were considered potentially dangerous, while ignorant, undisciplined and sometimes even violent staff completed the picture.

Ironically, within this context and with this kind of priorities, the Board of Directors had to also ensure that the PNF directives were implemented and that everything ran smoothly towards "fascistisation", even within the asylum's walls. A solemn *Te Deum* was celebrated in the hospital chapel in February 1929, like in most Italian churches, to thank God that the Concordat between the Italian State and the Catholic Church had been signed.[31] On 25 September 1931 a leaflet was released internally, saying that black grapes from the Asti hills would exceptionally be distributed

> in line with the *Duce*'s project in favour of agricultural production (…). In this way all our employees will benefit from the generous attention of the *Duce*. Long live Fascism. Long live the King.[32]

An equally emphatic note was circulated on 7 July 1930, where staff were asked to contribute to Bread Day, one of the many new official celebrations introduced by Fascism:

> the Administrative Directive of the Asylum, the Clerical Staff, the Employees and the patients [only category in lower case in the original text], have

> always demonstrated to unanimously participate to every National celebration, therefore I rely on such spirit of agreement on this occasion too, translatable in a donation of One Lira. [underlined in the original].[33]

The crowd of people interned in Collegno when G. was there had been referred to the psychiatric institution for problems ranging from alcoholism to depression, from epilepsy to "religious delirium", from *dementia* to paralysis. As it has been highlighted by all scholars who studied mental health institutions in Italy in the last couple of centuries, most internees were there because of their poverty[34]: there is an evident huge majority of indigent people in Collegno and Turin mental health hospitals too, in line with nineteenth century theories that identified lower classes as potentially dangerous to the *bourgeois* state.[35]

Many, like G., had been interned because of their lack of acceptance of social rules, common morality and behaviour. In the period analysed[36] rebellion appears to have been a major focus of attention: not observing rules and reacting against a given role were considered pathological. In April 1926 A.G.,[37] a 10-year-old child who was rebellious towards his family, particularly to his father's second wife, was declared affected by "constitutional immorality characterised by alterations of moral sense, escapes from home, kleptomania, inactivity, impulses against people and objects". He was admitted on his father's request, but there was also a statement signed by four witnesses, presumably neighbours, who confirmed that

> in the last three years he has been affected by mental alienation with tendencies towards theft and damages. Several times he has been caught while attempting to burn down his house, by setting on fire a heap of paper in the middle of a room (…) Other times he attempted suicide (…). He has often attacked his step-mother (…).[38]

In 1922 B.E.[39] was described as "immoral, dionysiac and cocaine-addict". She had two children from an "illegal relationship which lasted six years"[40] and some time prior to internment she was shot at by her lover who was under the influence of cocaine. The psychiatrist reconstructed rather minutely her biography from the point of view of her relationships, the fact of having had several was considered in itself proof of mental instability, deviancy and immorality, in a period when virginity was the only option for a respectable unmarried woman. The doctor in fact specified that B.E. had led a disordered existence, with serious faults in the moral

sphere, she had used cocaine, had been a prostitute and on one occasion had been violent when taken to hospital. While under observation, she seemed

> oriented in time and space – not hallucinated, alert and present – with a lack of memory [unreadable words]. She has not manifested delirious ideas. She is calm, works, cries, says she is not mad and that all the accusations against her are fabricated by her sister. She sleeps. She does not plan, or has attempted, to kill herself.[41]

The medical professional added:

> she remained very quiet and conscious, dominating herself perfectly in the hope, induced by the writer [the doctor, referring to himself], that she would be dismissed at the end of such period.[42]

The implication here is that the mentally ill patient is essentially immoral and therefore untrustworthy, a liar who is able to plan actions in order to deceive the doctor, who, like in this case, has no problem in lying to the patient in return. In 1922 B.E.,[43] a 30-year-old cleaning lady had shown signs of "erotic delirium" as she fantasised that several individuals were in love with her and would "attempt against her honour",[44] something that is not difficult to believe, as servants were often forced into sexual intercourse with members of the family they worked for. She was said to have a persecutory delirium and to be physically aggressive towards her employers; her rebellion against her social role and profession was therefore an essential element in diagnosing her madness. M.L.,[45] a 16-year-old embroiderer, was first sent to Buon Pastore, a religious institution for single mothers, young female offenders and women with non-conforming behaviour, but was subsequently sent to the Turin asylum in 1922. She had been the victim of physical violence at home, at the hands of her mother and brothers, prostituted herself from the age of 13 and was a wine and liquor drinker. She was interned on the basis that she was amoral: "for this reason and for the lack of freedom, which cannot be given to her because of her irresistible sexual tendencies, she attempts suicide".[46] The medical notes described her as "vain, liar, amoral, perverted".[47] She was also reported to have said: "the more they keep me inside, the worst it will be",[48] showing reluctance to reform and stubborn rebelliousness. The Director of the Turin mental health hospital wrote to

the Director of Buon Pastore asking to readmit her there, as he did not think there was a mental health issue, but only a "moral" or behavioural one. On 25 March 1923 the Buon Pastore Director replied that M.L. lacked constancy in her purpose to change her life-style, just like another young girl, A.T.,[49] another 16-year-old embroiderer who showed signs of "incoercible nymphomania"[50]: both were denied re-admittance.

In several cases so-called acts against decency were an important factor when determining the need to intern someone such as, in 1926, B.A.,[51] a 16-year-old girl "affected by *dementia precox* and for this infirmity (…) inclined to commit acts contrary to decency and morality", but otherwise "upset, but tidy, often laborious, in good physical conditions".[52] In particular, nudity was considered an extremely serious sign of mental derangement because it implied lack of morality and shame, embodying the quintessential public scandal. It led to internment even when it was linked to post-traumatic behaviour: B.G.,[53] a 25-year-old unmarried woman, who had been sexually abused as a child and had witnessed a murder, was interned in 1930. She fainted and showed

> similar neurological manifestations, [had] a serious irritation of the sexual sphere with insistent vulvar and mammal erethism [hyper-excitability linked with nervous causes] (…) she is insomniac, refuses food, has a tendency to self-harm, to throw objects and to exhibit herself naked.[54]

Masturbation, already pathologised by sexologists in the second half of the nineteenth century,[55] was still considered an unequivocal sign of mental illness, especially in women, and it was an option to be discouraged in the current regime effort to increase birth rates. T.A.[56] was 15 in 1922 and was described as "*mixedematosa*, [showed swelling due to liquid retention], erotomaniac, obscene, needy of care, mentally limited".[57] She used to escape from home during "erotomaniac" phases and, when at home, she constantly engaged in obscene acts. She "ferociously" masturbated from the age of five and according to her father she was initiated to this by her grandfather, thus revealing that she had endured sexual abuse at an early age. She reciprocally masturbated with her brother and stated that she did not mind if she was masturbated by a man or by a woman. Adding scandal to scandal, she said this "without showing any shame, without blushing, with indifference".[58] Otherwise, she was calm, worked, had an orderly behaviour, her physical conditions were described as excellent.

Her internment was only justified on the basis of her "severe 'erotomania'" and "the obscene acts" she engaged in.[59]

Moral judgement also played a role in G.R.M.'s case,[60] a young woman who was interned in 1922 because she started showing signs of imbalance with suicidal tendencies, after having been seduced and abandoned by her office boss. Her mother's letters to the Director of the asylum stressed how her condition was not due to her immoral behaviour, but rather to her seducer's lack of scruples: she obviously thought that psychiatrists would judge her daughter on the basis of her pre-marital relationship. Besides, suicide attempts or even just manifested intentions of taking one own life were considered a serious pathology and many people were interned on the basis of this diagnosis alone. In eugenics terms, suicide was the way in which "nature itself (…) tries to eliminate the less fit for the fight for life",[61] people who showed suicidal tendencies were generally considered a bad, almost contagious influence on others[62] besides falling in the category of the "dangerous to themselves".

In some cases, patients, particularly women, were interned as a preventative measure against possible future immoral behaviour. D.L.R.V.,[63] a 17-year-old unmarried woman with "amatory tendencies that are not easily controllable in a subject below the age of 18",[64] was interned in 1930 for "amoral psychopathic symptoms".[65] She had engaged in correspondence with four boys at the same time, which pointed at her lack of morality, fickleness and mental instability, and her file in fact contains the letters of one of them that she was not allowed to read. She would be readmitted three more times after 1930. In Lombrosian terms, the idea behind preventative internment was that amoral people, like criminals, were thought to be so because of a genetic predisposition and were, therefore, expected to automatically fall into their pattern of behaviour.[66]

In extreme cases, internment was simply a punishment for having stepped out of line. For instance, the same year M.G.[67] was interned because of "mental alienation with delirium of jealousy".[68] She was referred by her husband who refused to take her back home when she was declared fit to be released. The patient replied she was prepared to go and live with her father, but he too declined to accept her. There was an exchange of correspondence between the Director of the Turin mental health institution and the patient's father: Tirelli tried to convince him to have his daughter back as there was no reason to keep her inside an asylum any longer. Also M.G. wrote to her father, imploring to agree, blaming him for siding with her husband who had caused her much suffering,

adding that she only needed his signature and then she would go to work as a servant, not burdening him with her presence. After all this insistence, she was eventually taken back home by her husband. After this episode, it is easy to imagine she would have no longer complained about her husband's infidelity.

Sometimes the psychiatric hospital substituted an absent or incapable family in looking after patients who were of public scandal, but were otherwise not considered deserving of internment: F.M.A., a 48-year-old woman from Turin, was interned in 1930

> both because she shows improper manifestations she indulges in when she runs away from home and that are of public scandal; and because she is not and cannot be conveniently looked after.[69]

The implication is that, when present and apt, the family had to automatically become a reclusion place for individuals who were behaving in "antisocial" ways.

A number of patients were in the Collegno or in the Turin asylum simply because of their anti-fascist opinions, showing how the 1904 law could be bent to silence dissidents: F.F.,[70] a Jewish secondary school teacher, was preventatively interned in 1926 and described as

> paranoid with fixed ideas. He manifests hatred against authoritative fascist personalities that he considers an obstacle to the realization of his political idea. From reading his many bizarre, nonsensical letters, it appears that this mental imbalance could degenerate and allow him to put into action some of his intentions of suppressing these personalities, etc. … I therefore think that the abovementioned F.F. is dangerous to himself and others (…).[71]

The same year, another teacher, M.M.,[72] who had already been in prison because of her politically subversive loud statements, was interned and declared a social misfit and a parasite:

> She leads a vagabond life, living of help and subsidies. Relatively calm, but shows undoubtable signs of mental alienation with symptoms of hallucinations of a persecutory character.[73]

R.G.[74] had written insulting and threatening letters to Mussolini, either anonymously or signing with a false name. Interned in November 1926, he would be dismissed only in 1931. X.G.,[75] an unmarried clerical

employee, was charged for having insulted the head of government because he had torn to pieces a photo of Mussolini. Sent to Collegno in 1930 to assess a possible diminished responsibility due to mental health problems, he was certified as "affected by psychosis"[76] and interned. Like L.C.[77] who was succinctly diagnosed as affected by "frenastenia with delirium of social reforms"[78] in 1926. Psychiatry theory pathologised any anti-fascist behaviours and there is evidence of this in an interesting article in the psychiatric journal *Il Pisani* which describes a court case against a miner who had thrown an egg shell against a *Carabiniere* saying: "Who are you to me? And who is Mussolini, who made you a *Carabiniere*, to me?".[79] The case well illustrates how an entire psychiatric case could be construed from a small, insignificant incident. After medical examination, the man was said to show "abnormalities of character with tendencies to isolation and fights", "intellectual decay" worsened by chronic alcoholism, "interpretation and memory faults", "hostility and diffidence towards the environment".[80] Moreover, he did not recognise authority. Therefore, he was declared

> A primitive deficient who always lived in the most absolute ignorance and in the most dire isolation of the mines (…) alcoholic weak of mind (…) elevated feelings in him never developed at all.[81]

The border between criminality, mental illness and immorality had faded away, in perfect accordance with Lombrosian theories.

The influence of Cesare Lombroso is evident as patients were often described in an attempt to find traits that would identify mental illness by common physical appearance elements linked with a lack of development: B.A., an unmarried farmer interned in 1930 in Collegno, was described as having

> a profoundly degenerate physiognomy: monkey-like face, trapped ears, numerous and deep horizontal wrinkles on his forehead, developed frontal breasts, asymmetric prognatism [protruding jaw]; smaller right eye. Walking and posture generally clumsy and uncertain; tremor in his hands and eyelids; scarce tactile sensibility and reaction to pain; deep reflexes are vivacious, superficial ones are murky. Parenchymatous goitre. Already at first sight he shows an evident mental deficiency: he mutters his words in a way that is difficult to understand; also from a lexical point of view, his vocabulary and argumentation's deficiencies are numerous (…) Rudimentary affectivity towards his family members; a limited ethical-affective generic sensitivity; a

> characteristic distaste for continuative, constant and productive work; a strange and irregular conduct, which is even more abnormal sometimes as there is abuse of alcohol.[82]

As noted by Canosa,[83] it is evident how this approach de-humanised the patient, to make him/her become a simple assembly of elements that had to fit patterns, models and statistics.

In the meantime, psychiatry intensified its research on sexual inversion. Psychiatric journals offered a chance to the professionals to present difficult, new, controversial cases, so that other colleagues could contribute, enriching medical knowledge. Most Italian asylums published one and the psychiatrists' library in Collegno subscribed to many of them, so that it is possible to deduct that the staff working there at the time were well informed about current therapies and assessments trends. Among these publications, the authoritative *Rivista Sperimentale di Feniatria* had talked about moral madness in more than one issue. In one article, by Augusto Mario Coen, published in 1923,[84] it had been extended to include sexual aberrations such as onanism, narcissism and sexual inversion. Following current beliefs, "Sexual inversion does not deserve a special place in the pathology of aberrations, because, given the association of homosexual tendencies with other general symptoms, the psychopathic element is at its basis too".[85] The author mentioned Lichternstern's experiments of castration and testicle transplants, a much debated topic at the time not just in Italy,[86] and reported one case where a similar operation had been performed in Germany on a young man aged 20: two weeks after a testicle transplant, he would no longer have shown any "homosexual interest".[87] Hermaphroditism attracted special, almost obsessive attention: it confirmed that a group of individuals remained trapped in an intermediary development stage, characterised by bisexuality, which in their case was visible in a body with both genitalia. In the same magazine, in 1930 an article by Giuseppe Bianchi, psychiatrist in Novara, illustrated a case of eunucoidism,[88] in 1929 Giulio Agostini wrote a long article on hermaphroditism based on the observation of one of his patients,[89] in 1929 Michele Levi wrote an article on "intersexuality"[90] and in 1931, in *Rassegna di Studi Psichiatrici*, Angelo Vanelli published another article on the same subject,[91] just to quote a few.

Gaetano Boschi[92] spelled out contemporary theories on bisexuality, according to which pederasts would have kept both male and female personality aspects without letting one prevail over the other. Boschi

mentioned the case of a man who had no sex with his wife because he was attracted by his cleaning lady, a woman with strong masculine traits. He defined him a "sexual particularist",[93] rather than impotent, bisexual or sexually inverted, in the attempt to categorise something that escaped traditional psychiatry categories.

The *Quaderni di Psichiatria* had published in 1925 a report by Mario De Paoli, a psychiatrist in Como mental health hospital.[94] In speaking about those "disgraced individuals, victims of that serious moral degeneration called passive sexual inversion",[95] he indicated that these degenerative phenomena were associated with an altered endocrinal functionality. To further illustrate his point, he continued by inserting the description of two cases analysed by one of his colleagues, whose notes constitute a precious account of homosexual men's lives in those years: Case I, was C.L., a 19-year-old man. His father had contracted syphilis and had had passive sexual intercourse with men which proved there was an hereditary factor. From the age of 15, the patient engaged in passive pederast sexual practices, starting with a foreign client of the Milan hotel where he worked. He then met a couple of like-minded individuals and started prostituting himself. He had several affairs, received letters "written by his lovers with such loving tenderness that it is as if they were written to a real woman",[96] which implies that the medical professional somehow acquired access to them. At the same time C.L. started committing small crimes: petty theft, he stole some of his mother's jewels, forged his father's signature to withdraw some money from his savings account. It is evident the link drawn by the doctor between homosexuality and criminality. In 1924, presumably in an attempt to straighten him up, his parents convinced him to join the colonial militia, but after a couple of months C.L., was declared "affected by passive pederasty with indigenous people".[97] was expelled from the military and repatriated. Back home, he started the same routine again, but he had become violent, on one occasion, during a discussion, he kicked his father in his stomach. The family at this point sought medical advice and the doctor referred C.L. for internment. Once in the asylum, interrogated on his private life, he talked about his "perverted instincts" with pleasure, without trace of shame, when in bed he wrapped the sheets around his body in order to show his physical beauty (a detail given to prove his vanity, but that reveals a homo-erotic gaze on the part of the health-carer). Internment eventually took his toll and after a while he started showing signs of depression, refusing to eat. When the professionals told him that

he had caused grief to his mother, he cried, blaming only his father and brother for his internment.

His aspect and gestures are described as female-like, he had no beard but had a lot of hair. Lucid, oriented, he spoke in a refined way, his memory was perfect, his perception reactive, his intelligence vivid, he showed no shame when talking about his previous thefts and lovers. After three months' internment a drastic change was observed: he stopped talking about his vices, regained a cordial rapport with his father and brother. Besides, while interned he did not attempt to have sexual intercourse with other men. C.L. must have understood that the only way to get out of the psychiatric institution was to stop defending his case, playing the part the psychiatrists expected him to. Hence his sudden "repentance". At the end of such description the diagnosis, predictably, was: "psychopathological episodes in a morally deficient, sexually inverted individual".[98]

Case II was P.A., a 33-year-old cleaner. His father was an alcoholic and his mother had been interned once, which in eugenics terms pointed unmistakably at an inherited mental and moral degeneracy. From an early age he felt he belonged to the other sex: he enjoyed playing with dolls, sewing and cooking. He started working as a cleaner and, at the age of 16, fell in love with the butler who worked in the same household. Their relationship lasted one year, but when his employers became aware of it, he was sacked. He began leading a vagabond life and engaged in frequent jealousy scenes with other young passive homosexuals, because he was afraid they might steal his lovers. "Feeling incorrigible and seeing that it was impossible for him to find a honest job as, because of his vice, he was always sacked"[99] he started socialising with male prostitutes in Milan. They imposed on him the name of Rosetta and he prostituted himself, but tried to make a living also in other ways: dressing up as a *chanteuse*, he sang in *osterie* and night clubs. In this way, he managed to earn so much money that he was in a position to keep his lovers, something that is revealing of the fact that *en-travesti* performances must have been popular in fascist Milan. During the war he worked as an officer attendant, but was sacked when caught admiring himself in the mirror, wearing the officer wife's clothes. At that point he was referred to the Reggio Emilia psychiatric hospital where he was interned for 18 months. Once released, he started his activity as a *chanteuse* again, but the police issued a *diffida* not to wear female clothes and therefore, in order to make a living, he started selling sacred objects in the streets, something that is very near to begging. He started drinking and using cocaine, on one occasion was taken to hospital

in Como because found drunk in the street and his feminine aspect, gestures and facial expressions, his thin elegant fingers had surprised the doctors: presumably the professional consulted his previous A&E hospital notes. In the Como asylum the medical examination revealed two anal protuberances which in the past had been associated with pederasty, but whose diagnostic importance—the psychiatrist noted—had decreased as it had been ascertained that they could have more than one cause. The fact that homosexuals were subjected to humiliating anal inspection to ascertain their passive sexual role[100] is documented. P.A. was convinced of the incorrigibility of his defect, thus showing unwillingness to change; not only that, but if one asked him about his habits, he was immediately in a good mood and scandalously happy to talk about them. The psychiatrist ended his article by putting these two cases in relation to one another, trying to identify common physical traits that could help future diagnosis. Both patients' thoraxes and abdomens were described as disharmonious. Hyperactivity of the thyroid combined with hypo-activity of the sexual gland, manifested in puberty age or infancy, was considered likely. An endocrinal dysfunction was thought to be the cause of their behaviour and their long legs were interpreted as a further confirmation of hormonal imbalance.

The *Bollettino dell'Accademia di Genova* published another case study that showed how lack of morality went hand in hand with lack of shame and repentance. Luigi Tomellini[101] illustrated the case of M.M. who had started running away from home as a small child. At 14 his passive sodomite relationship with a *signore* [an upper-class man] in the village became known.

> In relating this, the patient states he can't avoid doing this [having sexual encounters with this man] since he says that everybody is aware of it, and he adds that also other young boys in the village consented to do what he did, and this would be practiced by boys in general as there would be nothing wrong with it; he says it is a way to satisfy pleasure.[102]

Up to the age of 17 he caused problems to his parents who tried and failed to correct him. When he finished school "he dedicated himself to dissipating money stolen from his parents in lust and women".[103] Then he had to do his military service, but was always put under arrest. He pretended to be mad so that he would be exempt. However, once achieved his goal, he started drinking, indulged in idleness and excesses. His father

forced him to expatriate and he spent some time in South America, but when the money ran out he came back: this implies that he was a scrounger who could only live as a parasite, another stereotypical aspect of the pederast, as observed earlier.[104] He was eventually interned for *pazzia morale*. In this case too, it is important to note how homosexuality is linked with an overall lack of morality and a tendency to commit crimes, in line with Lombrosian theories.

To quote other examples: an article by Marco Levi Bianchini[105] talked about male traits present in "alienated" women. Among them there was a 44-year-old patient, "interned for impulsive delirious episodes in psychodegenerate deaf and mute person. Erotic and homosexual, but certainly because of lack of men",[106] placing her in the category of "situational" sexual inverts.[107] In the same issue G. Santangelo connected cocaine consumption with eroticism and degeneration: "women [who use cocaine] become almost always lesbians, men, if they don't become pederasts (something that in truth rarely happens), find an outlet for their instincts in collective practices of the most unruly and abnormal lust".[108]

The subject of homosexuality was often debated and even included when not entirely relevant with the main topic discussed. This is the case in an article by Annibale Puca on sexuality and spine damage[109] that mainly deals with male impotence. However, the fifth case analysed is that of a boy who "together with secondary traits of femininity, shows feminine gestures, behaviours and preferences. He is very well-known in the town where he lives for being the characteristic type of the homosexual".[110] There is no mention of a spine injury or impotence, but the "funnel-shaped anus", proof that anal examination had taken place, is noted.[111]

In contrast with this extended medical interest for the topic, G.'s clinical file constitutes an evident exception. G.'s homosexuality does not seem to have been investigated. He provided some indications on how, when and why he had sexual intercourse with other men, explaining its socio-economic consequences. The professionals did not ask for further details. They were clearly aware of theories, therapies and surgery used in cases of homosexuality, elsewhere in Italy and abroad. Yet G.'s homosexuality occupies a small part of his file. There is no evidence of a search for characterising "effeminacy" traits, there is no comment on his posture, gestures, facial expressions, body hair or beard, no measurements or detailed description of his physical features, which in other files are prominent, and no trace of any anal examination to ascertain his sexual role in homosexual

intercourse. G.'s homosexuality remained tagged on a general picture of degeneracy, but it never became the focus of attention.

G.'s days in the Collegno asylum were "long and boring"[112] by his own admission. Patients were not allowed to have any object or personal item of clothing apart from the asylum's uniform, movement was restricted, work offered was manual work, such as farming, shoe-mending, carpentry, clothes weaving and washing (Fig. 6.2). There was a patients' library and, from what we read on G.'s medical notes, he had access to newspapers. He spent 22 months in the Collegno mental health hospital, writing letters, receiving visits only from his cousin.[113] On a number of occasions, he exchanged views with the hospital Director. He smoked, drank coffee, read books and newspapers.[114] He must have looked like a lion in a cage.

Collegno's psychiatrists don't seem to have been very sympathetic towards him, as can be expected: the fact that G.'s brother was a famous doctor in Turin and a loyal supporter of Mussolini, one among the first medical professionals to side with *Il Duce* publicly in the town according to his own autobiographical account,[115] must have interfered with their judgement. During Fascism, to take G. seriously or to openly show understanding would have been politically and professionally, maybe even

Fig. 6.2 Collegno ex mental health hospital. Some ergo-therapy labs

morally compromising. Yet, doctors were not so compactly against him. In a letter[116] G. expressed gratitude to the Director and one of the psychiatrists, Anselmo Sacerdote, for their help in convincing his brother to give him a sum of money that presumably would allow him to buy cigarettes, newspapers and other small items while interned. He managed to meet the Director on several occasions and he always addressed him with kindness and respect in his letters. There is no mention in his files that he was forced to work and there is no indication of any treatment. In fact, it is plausible to say that he was not given any. In this, he would not be totally exceptional: the institution in itself, the asylum's discipline and forced labour, called ergotherapy,[117] were considered therapeutic, internment was the medicine apart from cases where sedation or restraints were thought to be necessary. Like in a prison, time was thought to be the cure, the institution's discipline would straighten behaviour and shape character, work would teach self-esteem: needless to add that, within this mentality, punishment and intimidation could find a therapeutic justification. At the beginning of the twentieth century, prior to electro-shock, introduced in the late 1930s, the main clinical therapies consisted of clinotherapy (keeping the patient in bed), hydrotherapy (prolonged baths in hot, warm or cold water) or shock-based cures such as insulin-induced coma or convulsions caused by Cardiazol. Schizophrenia was treated with inoculation of parasites responsible for malaria, that gave very high temperatures and subsequent fits. The assumption behind it was that, as epileptics were observed to never be schizophrenic, if schizophrenics experienced artificially provoked fits similar to epileptic ones, they would be cured.[118] Otherwise, the patient was simply observed and commented upon, his progress, or lack thereof, was remarked, but very little else happened.

Doctors seem to have left G. in peace. Maybe, while on the surface they could not be seen to side with him, some of them thought he had been unjustly interned. In a letter, G. indicated that he would have liked to be invited to a conversation that had taken place between his brother and the Director.[119] Since we know from G.'s words that the brother never paid him a visit, the conversation with Rivano is likely to have been an exchange of opinions between colleagues and perhaps it was interpreted as an overstepping the line, an intrusion into another professional's sphere. Besides, it is not totally unlikely that, among the Collegno medical staff, there was some discontent with the custody role allocated to psychiatry: Rivano was in touch with the world and was certainly aware of the debate that was taking place in Italy on the issue. As observed earlier, many professionals were resenting

the fact that Law n. 36 sanctioned a reclusion role for psychiatric hospitals rather than a medical one.[120] He could have plausibly been unhappy with this and with the way the regime was bending psychiatry to do its dirty work. It is equally plausible that Sacerdote, a Jew who lost his job in 1938 when racial laws were introduced in Italy,[121] was not particularly in line with the regime either. Tirelli, Director of the Turin mental health hospital in the same years, at the beginning of his career was a medical assistant in Collegno. He was remembered as somebody who never obeyed fascists.[122] Collegno psychiatrists could have looked at G.'s case with a certain degree of prudent benevolence because of their discontent with the new course psychiatric practice had taken together with an underlying lack of sympathy for fascist ideals.

By reading other Collegno files it emerges that improvement was measured on the basis of several criteria: primarily if patients had acquired awareness of their status as mentally ill people, then if their behaviour had changed, so that they showed to have learnt how to behave properly, even forcing themselves to do so, acting a part, not following their instincts, so that they would be able to go back to society. Importantly, they had to demonstrate understanding and respect for figures of authority, the institution's rules, its rigid timetable and impositions. Another crucial sign of recovery was showing shame, remorse, repentance, a regained sense of morality, thought to be a necessary step on the path towards sanity and civilisation. G. did not consider himself insane and certainly did not show any signs of having repented. On the contrary, he kept insisting he was right and sane. He was calm, cooperative and disciplined, had adapted to his new life fairly well. Doctors commented positively on his behaviour, his keeping not idle, his acceptance of the rules, his cleaning and tidying up his dormitory. Although he did not socialise with other patients, he had not withdrawn into a passive state. His lack of repentance was negatively remarked upon, together with his hostility towards his brother, his threats, his lack of resilience, his rebellious and polemical attitudes, his sarcasm. However, there is no proof that the professionals considered him affected by a particularly severe form of psychosis. The absence of treatment, of imposed ergotherapy, of comments on his recovery or lack thereof, of intrusive medical examinations all seem to point in the direction of doubt and suspended judgement.

He is the only patient whose "homosexual tendencies" are noted on the front page of the medical and admission files for the period analysed. Another patient, B.A., an unmarried domestic worker interned in 1930 in

Collegno for "schizophrenia (scarce moral sense – critical – invasive – not talkative – sitophobic)",[123] was reported, although not in prominent position, to have been accused of pederasty and of having sexually abused children in his care while he worked as a teacher. Also, in this case, no mention can be found of his pederasty in subsequent notes. Homosexuality does not appear to have been a specific concern among Collegno and Turin practitioners at the time. It was noted when there, so that it was presented as a relevant factor when tackling mental and moral degeneracy, but there is no indication that it drew specific attention or cures.

G.'s medical files contain three letters written by him and addressed to the Director of Collegno's asylum. They are very lucid, it is unlikely that a serious professional such as Rivano would have not noticed their coherence. Here is the voice of a man who shows logic, intelligence, culture and strength of character, who is "ready and prepared to demonstrate what my untamed, alone, naked will can be like" [underlined in the original][124]; one gets the impression that the Collegno psychiatrists were in a difficult situation, on the one hand having to deal with a patient with clear signs of non-conforming behaviour and with legal charges for violence and threats against a well-known brother, who was also a respected colleague and a renowned fascist. On the other hand, facing a moral and medical dilemma, as they were keeping in an asylum someone who was clearly well-behaved, rational, calm, determined, not dangerous, not a threat to society, and ultimately not mentally ill. Probably in this case it was too easy to understand why G. had been referred for psychiatric internment and Rivano may not have liked the idea of being used, together with the institution he directed, in a bitter family dispute. Besides, he was on rather orthodox Lombrosian ideological positions: when called for a psychiatric assessment of a rapist by the Turin court, he co-wrote a statement[125] where he declared that the young man who had carefully premeditated and planned a sexual assault on an under-age girl was to be considered totally irresponsible of his actions on the basis of his family history: an amoral mother, a hysterical aunt, a cousin who had committed suicide, combined with the effects of typhoid infection contracted in childhood were the involuntary causes of his actions, only incidentally aggravated by the effects of overheating after having drunk. Rivano clearly thought that inborn degenerates could not be cured and that punishment would have achieved no result. Maybe he thought that G. was not an occasional homosexual, as he had stated, but a congenital, habitual one who could not be treated, that he was not to be

held responsible for his degenerate actions and that keeping him inside an asylum was pointless.

This chapter shed light on the daily practice of an asylum during the first part of the fascist regime. It showed to which extent internment had become one of the available options to incapacitate dissenting and non-conforming individuals, or those who were considered immoral. However, G.'s case presented several moral and professional dilemmas to the Collegno psychiatrists, as the chapter explained. Beyond the PNF official directives, evidence suggests that they took a distance and delegated a final decision on G.'s dismissal to another asylum's colleagues. It is an interesting indication of dissent within the psychiatric profession, or at least of a critical non-aligned attitude of some within the profession during the dictatorship. G.'s internment followed a pattern that appears to be quite unique: his path to dismissal is analysed in the following chapter.

Notes

1. CA, op. cit., G.'s letter to the Director of Collegno's asylum dated 1.2.1929, p. 1.
2. As described later in this chapter.
3. On the history of Collegno's asylum Cossa, Diana. 2012. *Ospedali psichiatrici di Torino, Archivio Storico (1685–1987)*. www.cartedalegare.it; Ferrio, Carlo. 1948. *La Psiche e i nervi*. Torino: Utet; Falconio, Rino. 1928. *Il Regio Manicomio nel II centenario, 22/6/1728–22/6/1928*. Torino: No Publisher; Fenoglio, Luigi. 1902. *Cenni sul R. Manicomio di Collegno*. Torino: Bertolero; Tirelli, Vitige. 1928. Cenni storici sull'origine e sullo sviluppo tecnico-scientifico del Regio Manicomio di Torino. *Note e Riviste di Psichiatria* XVI: 533–563.
4. Rivano, Federico. 1908. *Relazione della visita fatta ad alcuni manicomi italiani e dell'estero*. Torino: Spandre; CA, OPT 279.
5. Tirelli, Vitige, op. cit., p. 561–562.
6. Both CA, OPT 272.
7. Ibid.
8. CA, OPT 268.
9. CA, OPT 284.
10. Ibid.
11. Ibid.
12. Ibid.
13. CA, OPT 270.
14. CA, OPT 268.

15. CA, OPT 270.
16. Petracci, Matteo, op. cit.
17. Quoted in Franzinelli, Mimmo and Graziano, Nicola. 2015. *Un'Odissea Partigiana. Dalla Resistenza al Manicomio*. Milano: Feltrinelli, p. 29.
18. CA, OPT 275.
19. CA, file n. 4***0.
20. Marco Treves' biography in www.aspi.unimib.it
21. CA, OPT 281.
22. CA, OPT 269.
23. Ibid.
24. Presumably the Savonera asylum, similar to a hospice.
25. CA, OPT 268.
26. CA, Registro Movimento dei Pazienti.
27. Moraglio, Massimo. 2006. Dentro e fuori il manicomio. L'assistenza psichiatrica tra le due guerre. *Contemporanea* 9 (1): 15–34, p. 33.
28. Ibid., p. 19.
29. CA, OPT 268.
30. CA, OPT 272.
31. CA, OPT 268.
32. CA, OPT 270.
33. Ibid.
34. Among them Padovan, Dario. 2005. Bio-politica, razzismo e trattamento degli anormali durante il fascismo. In *Manicomio, società e politica. Storia, memoria e cultura della devianza mentale dal Piemonte all'Italia*, Cassata, Francesco and Moraglio, Massimo, eds. Pisa: BFS; Fiorino, Vinzia, op. cit.; Tornabene, Massimo, op. cit.; Valeriano, Annacarla. 2014, op. cit.; Caffaratto, Daniela, ed. 2010. *Archivio dell'Ospedale Neuropsichiatrico di Racconigi*. Torino: Harpax.
35. See Chap. 2.
36. 1922–1931, see Chap. 1. Introduction.
37. CA, file n. 4***4.
38. Ibid.
39. CA, file n. 4***8.
40. Ibid.
41. Ibid.
42. Ibid.
43. CA, file n. 4***0.
44. Ibid.
45. CA, file n. 4***1.
46. Ibid.
47. Ibid.
48. Ibid.

49. CA, file n. 4***7.
50. CA, M. L.'s file n. 4***1.
51. CA, file n. 4***6.
52. Ibid.
53. CA, file n. 4***6.
54. Ibid.
55. Almost all psychiatric journals of the period analysed contain an article on onanism, considering it both as an aspect typical of mental disorder and as a practice that provokes psychiatric problems. Among them Coen, Augusto Mario. 1923. Contributo alla conoscenza della pazzia morale. *Rivista Sperimentale di Freniatria*: p. 141–227.
56. CA, file n. 4***0.
57. Ibid.
58. Ibid.
59. Ibid.
60. CA, file n. 4***0.
61. See for instance Giani, Pietro. 1926. Del Suicidio. *Note e Riviste di Psichiatria* XIV (2): 337–368, p. 359.
62. As explained in Chap. 2.
63. CA, file n. 4***5.
64. Ibid.
65. Ibid.
66. See Chap. 2.
67. CA, file n. 4***0.
68. Ibid.
69. CA, file n. 4***6.
70. CA, file n. 4***5.
71. Ibid.
72. CA, file n. 4***2.
73. Ibid.
74. CA, file n. 4***6.
75. CA, file n. 4***0.
76. Ibid.
77. CA, first internment file, 1926, file n. 4***6.
78. Ibid.
79. Marguglio, D. and Tripi, G. 1926. In tema di oltraggio al Capo del Governo. Relazione di perizia psichiatrica. *Il Pisani* * XLVI (2): 39–61, p. 40.
80. Ibid., p. 50.
81. Ibid., p. 58.
82. CA, file n. 4***3.
83. Canosa, Romano, op. cit.
84. Coen, Augusto Mario, op. cit.

85. Ibid., p. 153.
86. Sengoopta, Chandak. 2006. *The Most Secret Quintessence of Life. Sex, Glands and Hormones, 1850–1950*. Chicago and London: University of Chicago Press.
87. Ibid., p. 154.
88. Bianchi, Giuseppe. 1930. Un caso di eunucoidismo. *Rivista Sperimentale di Freniatria*: 559–566.
89. Agostini, Giulio. 1929. Su di un caso di pseudo-ermafroditismo esterno femminile. *Annali dell'Ospedale Psichiatrico di Perugia** (1, 2, 3, 4): 31–53.
90. Levi, Michele. 1929. L'origine dell'intersessualità. *Archivio di Antropologia Criminale, Psichiatria e Medicina Legale*: 496–502.
91. Vanelli, Angelo. 1931. Un caso di eunucoidismo. *Rassegna di Studi Psichiatrici* XX: 949–958.
92. Boschi, Gaetano. 1931. In tema di impotenza sessuale. *Rassegna di Studi Psichiatrici* XX: 1257–1266.
93. Ibid., p. 1265.
94. De Paoli, Mario. 1925. Contributo allo studio della omosessualità passiva. *Quaderni di Psichiatria*: 239–251.
95. Ibid., p. 239.
96. Ibid., p. 241.
97. Ibid.
98. Ibid., p. 242.
99. Ibid., p. 243.
100. Giartosio, Tommaso and Goretti, Gianfranco, op. cit.
101. Tomellini, Luigi. 1906. Alcuni casi di pazzia morale studiati in rapporto all'imputabilità secondo il nostro codice. *Bollettino dell'Accademia di Genova*: 147–175.
102. Ibid., p. 153.
103. Ibid., p. 154.
104. See Chap. 3.
105. Levi Bianchini, Marco. 1930. Virilismo prosopopilare e androfania nella donna alienata. *Archivio Generale di Neurologia, Psichiatria e Psicoanalisi** XI: 121–133.
106. Ibid., p. 123.
107. Aldrich, Robert, op. cit.
108. Santangelo, G. 1930. Le aberrazioni del carattere nel cocainismo cronico. *Archivio Generale di Neurologia, Psichiatria e Psicoanalisi** XI: 296–306, p. 303.
109. Puca, Annibale. 1933. Sessualità e lesioni vertebrali. *Il Pisani** LIII (1): 65–108.
110. Ibid., p. 90.

111. Ibid., p. 91.
112. CA, G.'s file, op. cit., G.'s letter dated 1.2.1929, p. 1.
113. The Collegno asylum Visitors' Register is not available for the period of G.'s internment, but G. hints at these visits in RA, file n. 1***5, letter dated 6.10.1930.
114. CA, op. cit., letter dated 1.2.1929, p. 2.
115. See note 8, Chap. 3.
116. CA, op. cit., G.'s letter dated 1.2.1929, p. 1.
117. On the connection that post-industrial revolution-Europe psychiatry introduced between inability to work and insanity and consequently on work seen as therapy see Dörner, Klaus, op. cit.
118. Canosa, Romano, op. cit.; De Bernardi, Alberto, ed., op. cit.
119. CA, op. cit., G.'s letter dated 1.2.1929, p. 2.
120. See Chap. 2.
121. Peloso, Francesco Paolo. 2008. *La Guerra Dentro. La Psichiatria Italiana tra Fascismo e Resistenza 1922–1945*. Verona: Ombre Corte, p. 158.
122. Bettica Giovannini, Renato. 1975. *Il "Manicomio" in una pagina inedita di Vitige Tirelli*. Siena: Arti Grafiche Ticci.
123. CA, file n. 4***4.
124. CA, G's file, op. cit., G.'s letter dated 15th December 1928, p. 3.
125. Rivano, Federico and Raimondi, Socrate. 1911. *Un caso di violenza carnale. Perizia Psichiatrica*. Torino: Tipografia Cooperativa.

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