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THE INVENTION OF KLEPTOMANIA

ELAINE S. ABELSON

Shoplifting is an ancient, though not honorable, art. Reports of criminal theft from shops and stalls appeared in Elizabethan England.¹ Moll Flanders was sent to Newgate Prison for shoplifting in mid-seventeenth-century London. “Light-fingered Sophie Lyons,” a well-known shoplifter in nineteenth-century America, became a detective story heroine and wrote an autobiography that was syndicated by the Hearst newspaper chain.² But an entirely different kind of shoplifting appeared suddenly in the late nineteenth century and became the subject of medical concern and widespread popular interest. This shoplifting signaled a form of deviant behavior by a new group, the middle class, and its locale was that new commercial institution, the department store. Such shoplifting emerged from the intersection of new manufacturing capacity and new forms of merchandising in the context of burgeoning consumer capitalism. Moreover, it was linked to a rigid division of gender roles that assigned consumption activities to women, and, under the rubric “kleptomania,” it was used to define gender- as well as class-based notions of theft.³

¹ A. V. Judges, ed., *The Elizabethan Underworld* (New York: Octagon, 1965), 170–71.

² Sophie Lyons, *Autobiography of Sophie Lyons* (New York: Star Publishing, 1913).

³ There is a continuing debate among historians about the formation of the middle class during the nineteenth century. See, e.g., Stuart M. Blumin, “The Hypothesis of Middle-Class Formation in Nineteenth-Century America: A Critique and Some Proposals,” *American Historical Review* 90 (April 1985): 299–338; Arno J. Mayer, “The Lower Middle Class as Historical Problem,” *Journal of Modern History*

Kleptomania was a quasi-medical term that evoked the image of a woman of some means and indeterminate years who regularly took merchandise from large department stores without the formality of payment. The legal and moral innocence of this woman, as well as the compulsive nature of her actions, were taken for granted by professionals and the public alike.⁴ Use of the kleptomania diagnosis to defend the actions of a select group of women suggests the distinctive role nineteenth-century doctors played in shaping and giving analytic visibility to gender-based definitions. It reflects as well the socially sanctioned privilege of the white middle class in the nineteenth century.⁵

Depictions of women in newspaper accounts detailing the arrests of middle-class shoplifters conformed to the cultural stereotype of the debilitated female. Mrs. Dora Landsberg, for instance, was described in the *New York Times* in January 1899 as a wealthy widow who was “suffering from kleptomania.” Another woman, from a “most estimable family,” was defended by her doctor, who said she was under his care for “general debility and her brain was affected.”⁶ The female kleptomaniac quickly became a stock character, a popular joke. Kleptomaniacs appeared in sketches by comedians Weber and Fields and Charlie Chaplin, as well as in-

47 (September 1975): 409–36; Karen Halttunen, *Confidence Men and Painted Women: A Study of Middle-Class Culture in America, 1830–1870* (New Haven, Conn.: Yale University Press, 1982); Daniel Horowitz, *The Morality of Spending: Attitudes toward the Consumer Society in America, 1875–1940* (Baltimore: Johns Hopkins University Press, 1985). For a late nineteenth-century journalist’s view of what it meant to be middle-class, see George Ade, “The Advantages of Being Middle Class,” in *Stories of the Streets and of the Town, from the Chicago Record, 1893–1900*, ed. Franklin J. Meine (Chicago: Caxton Club, 1941), 75–79. I am using “middle class” throughout this article as a designation for the growing number of urban residents. A group in the process of formation by the mid-nineteenth century, they were mostly native born, Protestant, white collar, business and professional men and their families. There were, however, hierarchies within each of these categories, and many people in economically precarious situations feared that social mobility went two ways. Not limited to occupation and income, the working definition of this new middle class has a significant cultural component that must include the home and its contents, residential location, levels and patterns of consumption, child-rearing strategies, and leisure activities.

⁴ See, e.g., “Kleptomania as a Disease and Defense,” *American Lawyer* 4 (December 1896): 533.

⁵ Carroll Smith-Rosenberg and Charles Rosenberg, “The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America,” *Journal of American History* 60 (September 1973): 338; Michel Foucault, *The History of Sexuality* (New York: Vintage, 1980), 1:44.

⁶ *New York Times* (January 14, 1899), p. 1, col. 4, and (January 14, 1896), p. 2, col. 7.

numerable vaudeville acts, minor drawing room comedies, and popular songs with such catchy titles as “Mamie, Don’t You Feel Ashamie.”⁷ Edwin Porter’s 1905 silent film *The Kleptomaniac* was one of many movie depictions of this ubiquitous social phenomenon.⁸ Kleptomania’s powerful hold on the Victorian imagination can be traced to two parallel developments: the rising status and authority of medical science and the unique importance of the department store as an urban institution in the second half of the nineteenth century.⁹ It is within this dual context that the figure of the kleptomaniac emerged.

In July 1887, the *American Journal of Insanity* published the annual proceedings of the Association of Medical Superintendents of American Institutions for the Insane. Among the papers delivered at that meeting was one with the provocative title, “Are Dipsomania, Kleptomania, Pyromania, etc., Valid Forms of Mental Disease?”¹⁰ The author, Dr. Orpheus Everts, superintendent of the Cincinnati Sanitarium, answered his own question affirmatively but added a caveat. These manias exist, Everts said, but only in a dependent relationship to other symptoms. In respect to kleptomania, he argued that a “natural desire to accumulate exaggerated by disease” constituted the reality of kleptomania, and he considered this combination of desire and disease to be a valid mental disorder.¹¹ The case of a thirty-nine-year-old widow with children and of “good society” illustrated his thesis. Admitted to the asylum as a hysteric with a history of kleptomania, this woman was diagnosed as suffering from “womb disease mania,” which the doctor described as “larceny and eroticism with hysteria.”¹²

With the hindsight of one hundred years, we can look with a combination of horror and slight bemusement at this and similar late nineteenth-century medical diagnoses, but we must also keep in

⁷ Felix Isman, *Weber and Fields: Their Tribulations, Triumphs and Their Associates* (New York: Curtis, 1924), 280–81; Charles Chaplin, *The Floorwalker* (Mutual Film Corp., May 1916); Mark Melford, “Kleptomania,” a farcical comedy in three acts, in *French’s Acting Plays* 138 (London and New York: T. Henry French, 1888); Margaret Cameron, “The Kleptomaniac,” a comedy in one act, October 30, 1901, reviewed in *New York Dramatic Mirror* (March 29, 1902, and April 15, 1905); Gus Edwards and Will D. Cobb, “Mamie, Don’t You Feel Ashamie” (1901), in *Song Hits from the Turn of the Century, Complete Original Sheet Music for 62 Songs*, ed. Paul Charosh and Robert A. Fremont (New York: Dover, 1975), 162–66.

⁸ Edwin S. Porter, *The Kleptomaniac* (Edison studio, 1905, film).

⁹ Charles E. Rosenberg, *No Other Gods: On Science and American Social Thought* (Baltimore: Johns Hopkins University Press, 1976), 1–21.

¹⁰ Orpheus Everts, M.D., “Are Dipsomania, Kleptomania, Pyromania, etc., Valid Forms of Mental Disease?” *American Journal of Insanity* 44 (July 1887): 52–59.

¹¹ *Ibid.*, 56.

¹² *Ibid.*, 57.

mind how these explanatory models, built on the science of the day, also reinforced established notions about class and gender. Although the medicalization of shoplifting implied a search for treatment and held out the hope for a cure, there was a mixed message in the diagnosis of such behavior as disease. On the one hand, it suggested that older moral judgments of “bad” behavior were inappropriately simplistic, but, on the other hand, it defined the reproductive functions of women as inherently diseased. If manias could be traced to the womb, as Dr. Everts implied, the sexuality of women could be conflated with sickness and behavioral irregularities. Even as it became a socially and medically credible diagnosis, kleptomania reinscribed beliefs about female weakness.¹³

The well-documented and sensationally reported shoplifting case of Mrs. Ella Castle, which unfolded in 1896, provides a microcosm of these myriad and often conflicting strands of social, medical, and legal thought on kleptomania. On October 5, 1896, Mr. and Mrs. Walter Castle, wealthy and socially prominent American tourists, were arrested in London for stealing a sable muff from a fashionable West End establishment. Remanded to Holloway Prison, the couple spent a week in jail before their bail hearing and, subsequently, were forced to undergo the ordeal and spectacle of a public trial. American newspapers had a field day with the case; the *New York Times*, for instance, ran nineteen separate articles and editorials on the incident between the arrest on October 5 and the release of the Castles from English jurisdiction on November 13.¹⁴

Both Mr. and Mrs. Castle were brought to trial four weeks after their arrest, but her behavior and past history were the focus of the case. Although Mrs. Castle ultimately pleaded guilty to the shoplifting charge, in both the weeks before the trial and in court, she was portrayed not as a thief but as a mentally unstable, physically ill woman who from the onset of puberty had exhibited mental “troubles incidental to female life.”¹⁵ Again and again press reports described her virtual physical collapse and spoke of her as subjected to a “disease which may have temporarily turned her mind.”¹⁶ The attending physician of Holloway Prison called her a

¹³ Patricia O’Brien, “The Kleptomania Diagnosis: Bourgeois Women and Theft in Late Nineteenth-Century France,” *Journal of Social History* 17 (Fall 1983): 65–77, esp. 71.

¹⁴ *New York Times* (October 10, 11, 14, 15, 18, 21, 23, and 31, November 3, 4, 7, 8 [three separate articles], 9, 10, 11 [two different articles], 13, 1896).

¹⁵ *San Francisco Chronicle* (November 7, 1896), p. 1, col. 7; *New York Times* (October 18, 1896), p. 1, col. 5, and (November 11, 1896), p. 9, col. 5.

¹⁶ *New York Times* (October 14, 1896), p. 9, col. 1.

woman of “highly nervous temperament and disposition.”¹⁷ The prestigious English legal journal, *Law Times*, seconded the diagnosis, referring to the “diseased condition of the moral nature” in this particular case.¹⁸ An affidavit from the Castles’ family doctor in California took note of “her excessive nervousness since the birth of her child,” and testimonials from American friends recalled that her disordered state of mind had been a “pathetic secret . . . for many years.”¹⁹ English medical specialists summoned to examine Ella Castle were united in the opinion that she was neither mentally nor morally responsible for her crime.²⁰ Admitting his client’s guilt before the trial, Mrs. Castle’s English lawyer, Sir Edward Clarke, defended her as a pitiful kleptomaniac: “I have had her examined by some leading specialists in mental diseases, and have no doubt that the judge will admit that her symptoms are such as to warrant the defense of kleptomania. She suffers from pain in the head, from complete loss of memory and from other irregularities, which according to medical science, are known to be frequently associated with delusions. There is no reason in life why she should have taken these few trumpery bits of fur. . . . She has a well-to-do husband, who was willing to satisfy her every want.”²¹

On November 7, the day of the trial, Mrs. Castle appeared in court sobbing, half-swooning, and supported by two uniformed nurses. Dr. William Chapman Grigg, specialist in women’s diseases at Queen Charlotte’s Lying-In Hospital, testified that “after repeated examinations of Mrs. Castle he had formed the opinion that the disease from which she was suffering was one of those which are almost always accompanied by great mental disturbance causing different manias, as kleptomania, religious mania, etc., in different women.” Dr. George Henry Savage, lecturer on mental diseases of Guy’s Hospital and author of a widely read text, *Insanity and Allied Neuroses*, corroborated Grigg’s diagnosis.²²

¹⁷ Ibid.

¹⁸ “Kleptomania,” *Law Times* 102 (November 14, 1896): 28; for a full discussion of this case and the issue of moral insanity, see “Kleptomania,” *Atlantic Medical Weekly* 6 (December 26, 1896): 401–6.

¹⁹ *San Francisco Chronicle* (October 13, 1896), p. 1, col. 4, and (October 14, 1896), p. 1, col. 1; *New York Times* (October 18, 1896), p. 1, col. 5.

²⁰ See, e.g., *New York Times* (October 23, 1896), p. 6, col. 7; and the remarks of Solomon Solis-Cohen, M.D., in S. Weir Mitchell, “The Relations of Nervous Disorders in Women to Pelvic Disease,” *University Medical Magazine* (March 1897), 1–37, esp. 33.

²¹ *San Francisco Chronicle* (October 18, 1896), p. 18, col. 1.

²² Ibid. (November 7, 1896), p. 1, col. 7; George Henry Savage, *Insanity and Allied Neuroses* (London: Cassell, 1884).

It is significant (although not surprising) that Mr. Castle, who had been arrested and indicted *with* his wife on the shoplifting charge, was subsequently “exonerated from all responsibility for her pilferings.”²³ At the bail hearing a week after the arrest, when the prosecution still considered this to be “a regular case of shoplifting,” it was revealed that “a part of the property was found among the husband’s clothes.”²⁴ Three weeks later, the prosecutor declined to offer any evidence against Walter Castle, arguing that even though the couple “occupied one room at the Hotel Cecil” and Mrs. Castle’s trunks “contained a museum of articles” taken from various London stores, “in not a single instance was she detected in taking anything, so that she must have done her work so skillfully that even her husband, who was beside her was unable to see what she was doing.”²⁵ A tea importer from a wealthy and prominent San Francisco family, Walter Castle provided his wife’s spending money, and it is reasonable to wonder, as did Police Inspector Arrow who was in charge of the case, how Mr. Castle could have failed to notice such a vast accumulation of stolen merchandise.²⁶ The prosecution’s decision to attribute the thefts solely to Mrs. Castle seems to have been prompted in part by pressure from American embassy officials, but it was facilitated by the opinions of medical experts. The availability of the kleptomania diagnosis, coupled with a deep-seated but unspoken assumption that “gentlemen don’t act this way,” made Mr. Castle’s innocence easily rationalized.²⁷

A repressive medical argument based on the belief that women were likely to be physically and mentally unstable, kleptomania was part of a complex pattern of psychological tension between Victorian men and women.²⁸ While Mr. Castle was transformed by both prosecutor and judge into the long-suffering, understanding husband, Mrs. Castle was neatly packaged as a mentally deranged

²³ *New York Times* (November 7, 1896), p. 9, col. 5.

²⁴ *San Francisco Chronicle* (October 14, 1896), p. 1, col. 1; *New York Times* (October 14, 1896), p. 9, col. 1.

²⁵ *New York Times* (November 7, 1896), p. 9, col. 5.

²⁶ *San Francisco Chronicle* (October 10, 1896), p. 1, col. 6. The *Chronicle* (October 14, 1896), p. 1, col. 1, published a partial list of the goods found in the Castles’ trunks: “18 tortoise shell combs, 7 hand mirrors, 2 sable boas, 2 muffs, 2 neckties, 7 gold watches, 9 clocks, 17 valuable fans, 16 brooches, 7 tortoise shell eye glasses, 2 plated toast racks [*sic*] marked Hotel Cecil, and a large number of smaller articles of less value.”

²⁷ *Ibid.* See also the statement by James Roosevelt, secretary of the U.S. embassy, shortly after the Castles’ arrest, *ibid.* (October 10, 1896), p. 1, col. 6.

²⁸ Carroll Smith-Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (New York: Oxford University Press, 1986), 3–52.

woman who, in the throes of her illness, was a skillful shoplifter.²⁹ Her defense was grounded in the plea of kleptomania, based upon “her suffering from a woman’s ailment which would account for her mania”; his rested on “his reputation for honor and integrity.”³⁰

Pleading guilty and convicted on seven counts of shoplifting, Ella Castle was deemed mentally and morally irresponsible for her actions and was speedily released by the British home secretary “on her husband’s promise to take charge of her.”³¹ The couple sailed immediately for New York.

Upon her arrival in the United States, Mrs. Castle went directly to Philadelphia to consult doctors at the Philadelphia Polyclinic Hospital. A team of senior physicians treated her, and their detailed report, “The Relations of Nervous Disorders in Women to Pelvic Disease,” allows us to appraise mainstream medical and gynecological thinking about the relationship between women and kleptomania at the end of the nineteenth century. Dr. S. Weir Mitchell, who had been lecturing and writing about diseases of the nervous system in women for two decades, was called in on the case for “assistance and counsel,” and he became the chief spokesman for the medical team. Citing his “long experience of many forms of neuroses associated with pelvic disease,” Mitchell wrote,

I do not believe that Mrs. C. had any clear notion of the nature of her acts, or of their consequences, and I am of [the] opinion that very positive and long-neglected uterine and rectal disease had much to do with the disorder of mind from which she has suffered, and which is apt to be associated with hysterical conditions. . . . I think her hysterical, weak, and unbalanced, but not criminal. It is characteristic of her form of mental disorder that she should show no other obvious signs of insanity than the overwhelming tendency which belongs to her form of monomania.³²

²⁹ *San Francisco Chronicle* (November 7, 1896), p. 1, col. 2.

³⁰ *Ibid.* (October 31, 1896), p. 1, col. 7.

³¹ Up until the 1880s English law had been amenable to pleas of kleptomania, but the system of individual decisions in such cases had “worked so badly” and the defense was pleaded in so many cases that the law had been changed. After that it was no longer possible for a middle-class woman in England to be assured of acquittal by claiming irresistible impulse as a predisposing cause. A guilty plea and prison, or insanity and a mandatory sentence to the asylum were the choices, and Sir Edward Clarke chose a guilty plea, confident that his client would be immediately released (*New York Times* [November 8, 1896], p. 17, col. 3).

³² Mitchell, “The Relations of Nervous Disorders” (n. 20 above), 35; see also S. Weir Mitchell, “Nervous Disorders (Especially Kleptomania) in Women and Pelvic Disease,” *American Journal of Insanity* 53 (April 1897): 605–6.

Not surprisingly, Mitchell's diagnosis supported the conclusion of Dr. Grigg, one of the trio of specialists who had examined Mrs. Castle in London, who had testified at the trial and reported to the home secretary: "She is intensely neurotic. The condition of things—a disease of the upper portion of the uterus—is a very common accompaniment of various forms of mania in women, such as melancholia, religious mania, nymphomania, and I have seen it in several cases of kleptomania. It is invariably coupled with much mental disturbance. The condition I discovered is quite sufficient to account for any form of mental vagaries which are so well known to affect a certain class of women (neurotic) with disordered menstruation. Her bowel condition would aggravate this."³³ Dr. Solomon Solis-Cohen, the physician in charge of Mrs. Castle's medical care at the Polyclinic Hospital, identified her specific medical symptoms as disordered menstruation, hemorrhoids, and uterine irregularities. From physical problems such as these, the doctor reported, "various forms of mania in women," including kleptomania, commonly appear.³⁴

What historical meaning does this drama, at once intensely personal and broadly social, hold for us? That Mrs. Castle was playing a culturally sanctioned role after the arrest seems obvious. Her exaggerated symptoms of hysteria accompanied by the appropriate props in the form of concealing black veils, smelling salts, and uniformed medical attendants may read to us like stage directions in a second-rate play, but they conformed to an appropriate behavioral norm for middle-class women in the late nineteenth century. Featured prominently in English and American newspapers for over a month, Mrs. Castle exhibited every symptom a respectable kleptomaniac was supposed to possess: frequent nervous episodes, pains in the head, loss of memory, and menstrual problems. Further, she was married to a well-to-do merchant who was said to be "very generous" to his wife. Mr. Castle, in his turn, professed the proper ignorance of his wife's shoplifting and said the evidence came as a "frightful revelation," even though he was aware that "she had been subject at certain periods to mental delusions and loss of memory."³⁵

Faced with the unsettling phenomenon of respectable women stealing merchandise from the dry-goods bazaars, physicians explained kleptomania in terms of feminine weakness and sexuality. The medical discourse permeated public discussion as well. In an

³³ Mitchell, "The Relations of Nervous Disorders," 34; *San Francisco Chronicle* (November 7, 1896), p. 1, col. 7.

³⁴ Remarks of Solomon Solis-Cohen in Mitchell, "Relations of Nervous Disorders," 34.

³⁵ *San Francisco Chronicle* (October 11, 1896), p. 18, col. 1.

attempt to understand what was deemed to be irrational behavior, doctors and the public alike embraced a view of women that limited them to biological dependency, to prescribed social roles, and to actions governed by the emotions. The medical and legal reactions to the Castle shoplifting incident illuminate what historian Carroll Smith-Rosenberg and others have similarly noted: the close association between popular ideology and medical “fact.”³⁶

We have little evidence of how women responded to this medical-sexual construct, which attempted to restrict their lives if not render them powerless. Mrs. Castle’s voice and those of other women detained for shoplifting are not heard, but if sexual ideology mirrored social relations, the silence of these women is an element that functions as an integral part of what was said by doctors, husbands, and judges.³⁷

In the earliest, French interpretation, kleptomania was characterized as the impulse of a diseased imagination and characterized by the absence of economic need. Kleptomania, the so-called thieving mania, was widely accepted in both Europe and the United States as the impairment of the individual’s voluntary powers. Although initially not explicitly gender specific, on both sides of the Atlantic the diagnosis was almost immediately associated with women, specifically with the female reproductive economy, which was understood to be the seat of the disorder.³⁸ Most shoplifters were women, but the association of shopping behavior with biological processes, so dramatically demonstrated in the Castle incident, was a cognitive leap that was deeply rooted in the intellectual assumptions of the Victorian period.

The Castle incident falls squarely within the ongoing nineteenth-century moral and medical debate about the relation of insanity to the female reproductive system. Over the course of three decades,

³⁶ The work of Carroll Smith-Rosenberg has been fundamental to our understanding of the medicalization of deviant behaviors in the nineteenth century. In *Disorderly Conduct*, she has again underscored the importance of social structure and male medical language in the determination of behavior as disease. Other historians, notably Joan Jacobs Brumberg, Nancy Tomes, and Regina Morantz-Sanchez, have moved in another direction; using clinical case records, they have begun to fashion a new social history of medicine. In my work I try to bridge the gap between the two approaches. See also Wendy Mitchinson, “Gynecological Operations on Insane Women: London, Ontario, 1895–1901,” *Journal of Social History* 15 (Spring 1982): 467–84, esp. 467. Bert Hansen very kindly brought this article to my attention. See also O’Brien (n. 13 above), 66–67.

³⁷ Foucault (n. 5 above), p. 27.

³⁸ The literature revealing this association is voluminous. See, e.g., Raymond de Saussure, “The Influence of the Concept of Monomania on French Medico-Legal Psychiatry from 1825–1840,” *Journal of the History of Medicine and Allied Sciences* 1 (July 1946): 365–96; Théodule A. Ribot, *The Diseases of the Will*, trans. J. Fitzgerald (New York: Humbolt Library of Popular Science Literature, 1884).

many formulations and criticisms jostled for hegemony at medical meetings and in the pages of the various internationally recognized medical journals. Despite the many differences evident in these debates, they had in common a construction of gender that showed little variation across national boundaries and cultures.³⁹ While many of the arguments hinged on “whether madness was at root an organic disease or a psychic disorder,” the construct of the kleptomaniac invariably located the disease in the physical distinctions of female life.⁴⁰

Menstrual disorders, in particular, were integral to medical explanations of apparently motiveless theft. What doctors designated “ovarian insanity” was transformed into the more specific discourse on kleptomania. In the widely read 1884 American edition of his textbook, *Clinical Lectures on Mental Diseases*, Scottish physician T. S. Clouston singled out disturbed menstruation as a “constant danger to the mental stability of some women.” “It is often hard to determine,” he explained, “whether disordered or suspended menstruation is a cause or a symptom.”⁴¹ When Solis-Cohen cited disordered menstruation as a contributing factor to Mrs. Castle’s kleptomania, he based his diagnosis on this accepted medical paradigm.

Because doctors expected and often found some pathology of the reproductive system, the localization of the disease, in this period of still uncertain and speculative gynecology, seemed beyond doubt.⁴² Ella Castle may not have been totally representative

³⁹ For a sample of this literature, see Henry Maudsley, M.D., “On Some of the Causes of Insanity,” *British Medical Journal* 2 (November 24, 1866): 586–90; M. Legrand du Saule, “The Physical Signs of Reasoning Madness,” in the *British Journal of Psychological Medicine and Mental Pathology* 2 (1876): 317–23; Alice May Farnham, M.D., “Uterine Disease as a Factor in the Production of Insanity,” in the *American Alienist and the Neurologist* 8 (October 1887): 532–47; Dr. L. G. Hanley, “Mental Aberration Consequent upon Pelvic Disease,” *Clinical Report, Buffalo Medical Journal* 40–56 (March 1901): 672; A. T. Hobbs, M.D., “The Relation of Ovarian Disease to Insanity, and Its Treatment,” *American Journal of Obstetrics* 43 (April 1901): 484–91; and John C. Doolittle, “The Relation of Pelvic Disease to Insanity,” *Bulletin of Iowa Institutions* 3 (July 1901): 294–98.

⁴⁰ Remarks of Solomon Solis-Cohen, M.D., quoting English physician, in Mitchell, “The Relations of Nervous Disorders” (n. 20 above), 33. See also John Young Brown, “Pelvic Disease in Its Relationship to Insanity in Women,” *American Journal of Obstetrics and Diseases of Women and Children* 30 (September 1894): 360–64; C. C. Hersman, M.D., “Relation of Uterine Disease to Some of the Insanities,” *Journal of the American Medical Association* 33 (September 16, 1899): 710.

⁴¹ T. S. Clouston, *Clinical Lectures on Mental Diseases* (Philadelphia: Henry C. Lea’s Son, 1884), 171, 339.

⁴² Two of many smaller articles on the connection between reproductive pathology and moral insanity are Ernest H. Crosby, “The Legal Aspects of Partial Moral

of kleptomaniacs—she was wealthier and more socially prominent than most women detained for shoplifting—but physicians made the same connection between her mental and physical conditions as they did between those of other women labeled kleptomaniac, and the various surgical procedures she submitted to under the guise of alleviating these mental and physical disorders were well within the prevailing medical standards of the period.⁴³ Although we have to assume that the Polyclinic doctors found legitimate physical ailments, they operated, in any case, because she was a shoplifter. By treating her pelvic disease, they hoped to cure her kleptomania.

Like hysteria, uterine disease became a diagnostic catch-all.⁴⁴ As an explanatory model, it removed responsibility from the afflicted individual and made moral judgment of her behavior inappropriate. If kleptomania was under the control of biology, doctors reasoned, the kleptomaniac was physically defective, but not evil. In a period where self control was the ideal, such dysfunctional behavior was easily labeled disease, “the symptom of which is crime.”⁴⁵ Doctors labeled Mrs. Castle a kleptomaniac because in their view she had lost the powers of reason; she suffered from hysteria triggered by

Mania,” *Physician and Pharmacist* 12 (December 1879): 157–60; and George H. Roche, “Some Causes of Insanity in Women,” *American Journal of Obstetrics and Diseases of Women and Children* 34 (December 1896): 801–6.

⁴³ Mrs. Castle underwent the following treatment: “The sphincter ani [was] dilated, the fissures cauterized . . . the ulcers treated . . . and the hemorrhoids clamped and cauterized. The uterus was curetted and then the trachelorrhaphy performed by denudation of the cicatricial tissue and suturing with silkward gut.” Remarks by Solomon Solis-Cohen, in Mitchell, “Relations of Nervous Disorders,” 31. For a sample of medical thinking and the practice of gynecology in this period, see W. B. Goldsmith, M.D., “A Case of Moral Insanity,” *American Journal of Insanity* 40 (October 1883): 162–77; B. D. Evans, M.D., “Periodic Insanity, in Which the Exciting Cause Appears to Be the Menstrual Function—Report of a Typical Case,” *Medical News* 62 (May 20, 1893): 538–40; Eugene G. Carpenter, M.D., “Pelvic Disease as a Factor of Cause in Insanity of Females and Surgery as a Factor of Cure,” *Journal of the American Medical Association* 35 (September 1, 1900): 545–51; Doolittle; and Hanley, 672.

⁴⁴ For a discussion of uterine disease as a diagnostic catch-all, see Smith-Rosenberg and Rosenberg (n. 5 above), 332–56; Barbara Sicherman, “The Uses of Diagnosis: Doctors, Patients and Neurasthenia,” *Journal of the History of Medicine* 32 (January 1977): 33–54, esp. 41.

⁴⁵ For the connection between so-called dysfunctional behavior and crime, see H. Tristram Engelhardt, Jr., “The Disease of Masturbation: Values and the Concept of Disease,” in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, ed. Judith Walzer Leavitt and Ronald L. Numbers (Madison: University of Wisconsin Press, 1985), 18; “Moral Mania,” *American Journal of Insanity* 27 (April 1871): 445; Ely Van de Warker, M.D., “The Relations of Women to Crime,” *Popular Science Monthly* 8 (November 1895): 2; *New York Times* (December 26, 1905), p. 4, col. 5.

specific physiological malfunction. This understanding of her illness fit easily into a whole storehouse of popular assumptions and prejudices. Weir Mitchell's diagnosis of Ella Castle's shoplifting as the result of uterine disease was textbook perfect: sexuality was the root of female behavior.⁴⁶

Beyond its implications of female irrationality, the diagnosis of kleptomania pointed to a social concern about middle-class conduct. Medical expertise, ever so compatible with popular notions of female character, allowed and even encouraged a court, representing a theoretically impartial law, to transform a criminal act into a physical symptom.⁴⁷ What, in another instance and with another couple, may well have been called criminal conduct was labeled disease. Dr. Arthur Conan Doyle captured the twin elements of the case in a letter to the *London Times* imploring that paper's intervention on behalf of Mrs. Castle: "If there is any doubt of moral responsibility," Doyle wrote, "the benefit of the doubt should certainly be given to one whose *sex* and *position* . . . give her a double claim to our consideration. It is in the consulting room and not to the cell that she should be sent."⁴⁸

Doyle's letter illustrates that cultural assumptions about female sexuality went hand in hand with cultural assumptions about middle-class women. While neurologists and asylum superintendents were working out meanings and classifications of specific forms of mental disease, the popular understanding of kleptomania (aka shoplifting) was framed in terms consistent with commonly understood gender stereotypes and social concerns. The public discussion of the mania, not unlike the scientific, was, in fact, an extended commentary on women, on class, on role definitions, and on the dual questions about sickness and health.

A similar cultural discourse was taking place in France, where this "curious and frequent form of theft" had elicited a great deal of popular attention and was the object of several medical studies. French medical investigators, notably Paul Dubuisson, described in detail the department store environment at the turn of the

⁴⁶ Medical literature on female disease was largely the source of these popular prejudices. See Mitchell, "Nervous Disorders (Especially Kleptomania) in Women and Pelvic Disease" (n. 32 above). For an earlier but essentially similar view, see V. H. Taliaferro, M.D., "The Corset in Its Relations to Uterine Diseases," *Atlanta Medical and Surgical Journal* 10 (March 1873): 683.

⁴⁷ *San Francisco Chronicle* (October 14, 1896), p. 1, col. 1, and (November 8, 1896), p. 18, col. 3.

⁴⁸ *Ibid.* (November 10, 1896), p. 1, col. 4 (my emphasis).

twentieth century.⁴⁹ In an attempt to understand and systematize the relationship between illness and theft, Dubuisson sought to demonstrate the existence of “that special folly which seizes a woman the moment she crosses the threshold of a great department store.”⁵⁰ But his arguments rationalized the traditional and defined narrowly the foundation of female activity. Within this highly restrictive model, women and department stores were seen in a symbiotic relationship in which the stores filled an elemental need for women. It was not that they needed to buy anything, Dubuisson wrote, but that they needed the atmosphere and the sight of “all those beautiful things.”⁵¹

Although American doctors, if not merchants and lawyers, certainly were aware of the diagnosis of kleptomania by the French physician C. C. Marc, which had appeared in 1840, kleptomania as a form of middle-class shoplifting did not become an issue in the United States until the late 1870s.⁵² There was no discussion of

⁴⁹ Paul Dubuisson, “Les voleuses des grands magasins,” *Archives d'Anthropologie Criminelle* 16 (1901): 1–20, 341–70. (Note, “voleuse” is the feminine form of thief.) See also Roger Dupouy, “De la kleptomanie,” *Journal de Psychologie Normal et Pathologique* Année 2 (1905), 404–26.

⁵⁰ Dubuisson, 16.

⁵¹ *Ibid.*, 343; Thomas Byrnes, *Professional Criminals of America* (New York: Cassell, 1886), 31–32; “Editorial,” *New York Times* (December 26, 1905), p. 6, col. 3.

⁵² C. C. Marc, a French forensic specialist and physician to Louis-Philippe, was among the first to give the word “kleptomanie” scientific recognition. Building upon earlier interpretations, Marc defined it as “a distinctive, irresistible tendency to steal” and thought social class and educational level of the kleptomaniac important, as well as certain biological determinants. For a fuller explication of Marc, see O’Brien (n. 13 above), 70; see also George L. Shattuck, “Kleptomania,” *Atlantic Medical Weekly* 6 (December 26, 1896): 402–6. The *New York World* (March 31, 1872), p. 6, col. 3, referred to a “shoplifter’s kleptomaneous propensities.” This is the first citation that I could find in a New York newspaper specifically mentioning kleptomania. By the 1880s, however, middle-class shoplifters were regularly referred to as kleptomaniacs. See, e.g., *New York Times* (January 18, 1882), p. 8, col. 6; and *New York Tribune* (December 23, 1883), p. 6, col. 1. For earlier usages in medical literature, see *American Journal of Insanity* 2 (January 1846): 275: “This prompts him to action by a kind of irresistible instinct, while he either retains the most perfect consciousness of its impropriety, and horror at the enormity of the conduct to which it would impel him, and with difficulty, restrains himself or gives way, as in desperation, to the impulse which urges him on. Examples—Cleptomania, or propensity to theft.” John C. Bucknill (“Kleptomania,” *American Journal of Insanity* 19 [October 1862]: 148–49) also cites Marc as the originator of the term and refers to its use in the *London Times* (April 1855). The *Oxford English Dictionary* traces the first public use of the term to the *New Monthly Magazine*, vol. 28, no. 15 (1830). For a popular interpretation of the term, see the *New York World* (March 31, 1872), p. 6, col. 3.

kleptomania, for example, in the uproar that followed Rowland Macy's arrest of the socially prominent New York feminist and philanthropist, Mrs. Elizabeth B. Phelps, in December 1870.⁵³ Charged with stealing a small package of candy in R. H. Macy and Company and summarily arrested, Elizabeth Phelps became a cause célèbre. "Lady" and "shoplifter" had not yet become synonymous terms, so the idea that Mrs. Phelps could stand accused of so tawdry a crime was inconceivable. The letter-writing public and the editors of various newspapers and journals were unanimous in their condemnation of the Macy employees who had precipitated the event and of the police who, it was charged, had dragged Mrs. Phelps away. The highly vocal critics of the incident never entertained the possibility that the lady might have been guilty as charged. In this first publicized incident of shoplifting in a dry-goods bazaar, class was the single issue.

By the late nineteenth century, shopping had become part of women's life and women's work. With a modicum of affluence and increasing amounts of free time, urban middle-class women integrated the dual roles of work and leisure into new patterns of behavior and became the shoppers so disparaged by contemporary journalists. In 1873 even the feminist *Woman's Journal* accepted the new role definition and advised its readers, "Next to mental improvement, shopping is now the business of life, and a most bewildering and exhausting business it is. . . . Strong is the character demanded for wise shopping!"⁵⁴

Increasingly understood as "the chief diversion of ladies," shopping became something which both men and women saw as being as innate and natural as any other female physiological function.⁵⁵ In the asymmetry of the Victorian world, shopping became a woman's natural public sphere. By 1904, R. H. Macy and Company claimed it had 150,000 daily customers; estimates of the proportion of women among these customers ranged as high as 90 percent.⁵⁶ Although men

⁵³ New York newspapers were full of the details of the arrest of Mrs. Phelps. See, e.g., the *New York World* (December 25–28, 1870); the *New York Sun* (December 26–27, 1870); the *New York Daily Tribune* (December 26–29, 1870); *New York Commercial Advertiser* (December 27, 1870).

⁵⁴ *Woman's Journal* (April 26, 1873), p. 135, col. 2.

⁵⁵ *Dry Goods Economist* (February 6, 1892), 112; *Dry Goods Reporter* (June 7, 1902), 31; "Shopping," *Living Age* 251 (December 22, 1906): 758–60.

⁵⁶ R. H. Macy & Co. (no signature) to Mr. Paul Kyle, Flushing, New York (July 6, 1904), R. H. Macy Collection, Baker Library, Harvard Graduate School of Business Administration, box 4, doc. 3375: "You are perfectly safe in making the assertion that about 150,000 persons visit the establishment of R. H. Macy & Co. daily." Estimates about the percentage of shoppers who were female vary, but for the generally

were certainly not excluded from consumption choices, women were the primary consumers, and it was specifically to them that department stores directed their appeals.⁵⁷

Free access within the stores was the critical appeal. Perhaps for the first time, a woman could “circulate on her own, unattended, without interference from anyone and without rendering account to anyone.” The freedom of the store environment was not often duplicated in other areas of a woman’s life. Even child care often was provided. The Fair, a popular Chicago store, built an in-store park and playground that reportedly could accommodate two hundred children while their mothers shopped.⁵⁸

Far more than simply a new and exciting shopping milieu, the Gilded Age dry-goods bazaar also proved to be an acceptable social location for the middle-class woman; it was a protected space in which she could eat lunch, have tea, meet her friends, rest, write a letter, and browse. The New York trade journal, the *Dry Goods Economist*, cited an unnamed store that assured women customers in 1902, “You may roam our floors unquestioned, without being urged unduly to buy . . . our place is to entertain you.”⁵⁹ Many accounts of shoplifting describe women wandering aimlessly through the

recognized figure of about 90 percent, see *Dry Goods Economist* (June 13, 1896), 16, (February 27, 1897), 65, (February 4, 1899), 4; *Ladies Home Journal* advertisement in *Dry Goods Economist* (April 3, 1897), 8; *Dry Goods Reporter* (January 21, 1899), 37.

⁵⁷ Women make it clear in their diaries that their husbands were involved in consumer choices. See Clara Burton Pardee, *Diaries, 1883–1938*, New York Historical Society, New York, entries June 1883, November 1888; see also Joan M. Seidl, “Consumers’ Choices: A Study of Household Furnishing, 1880–1920,” *Minnesota History* 48 (Spring 1983): 183–97. Nevertheless, male customers were still very much the exception in nineteenth-century department stores. Clerks at Marshall Field & Co. called men who tagged along with their wives “Molly Husbands.” See Lloyd Wendt and Herman Kogan, *Give the Lady What She Wants! The Story of Marshall Field & Company* (New York: Rand McNally, 1952), 277.

⁵⁸ *Dry Goods Reporter* (July 5, 1902), 61; Dubuisson (n. 49 above), 17; any history of the American department store mentions the free entry principle. See, e.g., Wendt and Kogan, 32, 34. Henry E. Resseguie (“Alexander Turney Stewart and the Development of the Department Store, 1823–1876,” *Business History Review* 39 [Autumn 1965]: 310–11) notes that when Harry G. Selfridge, general manager at Marshall Field & Co., established his American-style department store with free entry for all, in London in 1902, he was “severely censured by London magistrates for his alleged encouragement of shoplifting in doing so.” See also *Dry Goods Economist* (November 5, 1892), 30–31: “British dry-goods stores have no goods openly displayed or on counters. . . . The bane of the American stores, the kleptomaniac, is scarcely known here and the force of floorwalkers and inspectors is correspondingly small.”

⁵⁹ *Dry Goods Economist* (March 15, 1902), 75.

stores, killing time, going from counter to counter and floor to floor seemingly without any particular destination but fixated by the “new wilderness of goods.”⁶⁰

Merchants were acutely aware of this new phenomenon and obviously encouraged it; ultimately they became dependent upon it. With newspaper advertising and window displays insufficient to fill the big stores on a day-to-day basis, crowds had to be manufactured, if not to view specific merchandise, then to become themselves a part of the aesthetics of the stores. Mullenmeister, the proprietor in Margrete Bohme’s 1912 novel, *The Department Store*, speaks confidently of the crowds of the plainly curious he expects to lure into his monster new bazaar: “The best and most effective advertisement is *attractions*, which perhaps seem to have nothing to do with the business, but which draw great streams of people into, or even only through the house. Once we get them in, the buying can take care of itself.”⁶¹

Although there was a never-ending barrage of journalistic ridicule and medical complaint about the dangers of novel reading for idle women, there was little opposition to the stimulation of desire within the “more controlled” dry-goods store.⁶² In the toiletry departments, the scent literally filled the air. “Keep the atomizer going,” the *Dry Goods Economist* advised readers.⁶³ At the opening of Wanamaker’s on Astor Place in 1896, the *New York Tribune* reporter was overcome by the display of silks in the great rotunda. “New weaves and designs of exquisite coloring and quality were on every counter, and the women who strayed into this spot were,” like the reporter, “loathe to leave it.”⁶⁴ Many observers noted what historian Rosalind Williams has called an “inescapable spectacle of

⁶⁰ See, e.g., *New York Herald* (October 10, 1895), 1. Ehrichs invited “ladies who are not prepared to purchase to come in and examine the goods,” *Dry Goods Economist* (January 2, 1897), 37, and (September 11, 1897), 61.

⁶¹ Margarete Bohme, *The Department Store: A Novel of Today* (New York: Appleton, 1912), 110–11. For a description of one of these attractions, a huge silver statue of Justice originally displayed at the Chicago World’s Fair and subsequently installed in Brooklyn’s Abraham & Straus, see *Brooklyn Eagle* (November 5, 1893), p. 24, col. 6; for a historical discussion of this phenomenon, see Hugh Dalziel Duncan, *Culture and Democracy* (Totowa, N.J.: Bedminster, 1965), 113.

⁶² For the effects of sentimental literature on women, see Mary T. Bissell, M.D., “Emotions versus Health in Women,” *Popular Science Monthly* 32 (February 1888): 506; *Dry Goods Economist* (March 10, 1900), 21. See also Dee Garrison, “Immoral Fiction in the Late Victorian Library,” in *Victorian America*, ed. Daniel Walker Howe (Philadelphia: University of Pennsylvania Press, 1976), 154–59.

⁶³ *Dry Goods Economist* (August 3, 1893), 49.

⁶⁴ *New York Daily Tribune* (November 17, 1896), p. 2, col. 1.

mass consumption” in late nineteenth-century department stores.⁶⁵ Women did not have to buy, but they could not ignore the dazzling sensual impact of the environment.

Some women charged with shoplifting accused the stores of permitting too much freedom: they became “over excited” and over stimulated in the large stores; they could not refrain from handling things, and no one bothered them. Everything led to temptation, shoppers complained, the salespeople were either disinterested or too busy to be of real service, and there was a “deplorable liberty” to touch everything.⁶⁶

The tension between traditional values, particularly the postponement of gratification, and the newer, more compelling gospel of consumption led many women to fear their own impulses.⁶⁷ In creating fantasy, the stores encouraged an abandonment in consumers that produced behavior troubling in its implications for both moral and social restraint.

The temptation to possess found instant expression on the department store selling floor. In a world where seemingly everything could be bought, impulse buying became endemic. The press reported innumerable incidents of the excesses of women who sent merchandise home with no intention of keeping it or who ran up huge store bills despite their husbands’ refusals to pay for the goods. The *Dry Goods Economist* related the tale of “a prominent citizen” who was sued by an unnamed store for fifteen hundred dollars worth of toilet articles, soaps, and perfumes purchased by his wife. The man defended his action by denying his responsibility in the affair, saying his wife had become “possessed of a passion for such luxuries.”⁶⁸ Yet in a very real sense women were only

⁶⁵ Rosalind Williams, *Dream Worlds: Mass Consumption in Late Nineteenth-Century France* (Berkeley and Los Angeles: University of California Press, 1982), 265.

⁶⁶ Dubuisson (n. 49 above), 342; *Dry Goods Economist* (March 15, 1902), 75; a twentieth-century English study of shoplifting suggested that in a few cases sexual excitement was a contributing factor (T. C. N. Gibbens and Joyce Prince, *Shoplifting* [London: Institute for the Study and Treatment of Delinquency, 1962], 72–73). See also Michael B. Miller, *The Bon Marché: Bourgeois Culture and the Department Store, 1869–1930* (Princeton, N.J.: Princeton University Press, 1981), 205–6.

⁶⁷ *New York Times* (November 3, 1889), p. 10, col. 1, is one of the many articles that speaks of women’s derangement as a result of the fatigue and anxiety that accompanied their shopping.

⁶⁸ *Dry Goods Economist* (September 28, 1901), 53. This was one of a number of similar court cases. For an earlier view of women and overbuying, see R. Heber Newton, *The Morals of Trade: Two Lectures* (New York: Whittaker, 1876), 76: “If women insist upon keeping up appearances, then husbands will very likely fail to pay or fail in paying. Cabinet ministers will not be the only men ruined by their wives.”

following the rules of the game; successful retailing assumed female susceptibility, and merchants relied on their ability to break down self-control and rational patterns of behavior. In succumbing to the lure of the merchandise, shoppers—both those who bought and those who stole—were doing what they were expected to do.

Observers of these women, whether social scientists, policemen, or trade spokesmen, seeking a way to explain and understand shoplifting, called them, almost unthinkingly, kleptomaniacs. Doctors and lawyers used the diagnosis of kleptomania to justify what they understood to be women's essential nature and allotted social role. Store managers, detectives, and the courts all worked within a framework that cast kleptomania as both a disease and as a type of antisocial behavior by women of a certain class. Casual references to kleptomania became part of the daily vocabulary in department stores, police stations, and courtrooms.⁶⁹

Women, in turn, used the diagnosis in their own defense.⁷⁰ For many middle-class women, kleptomania became an acceptable word, even a magical word, and a label that evoked understanding if not genuine sympathy. Women called themselves kleptomaniacs when they spoke of irresistible temptation, the physical inability to bypass an object, a counter, or a particularly attractive display. According to newspaper reports, one twenty-seven-year-old woman told court authorities that she was a kleptomaniac and "vainly sought to resist the temptation to steal." She added that "she had pains in her head at times during which she was subject to the disease." The report ended with the notation, "The police were inclined to believe Miss Degler's story."⁷¹

Stores lost merchandise from many sources—professional thieves, clerks, delivery men, and others—but only the middle-class female shoplifter was thought to be acting out of a medical disability. A large proportion of these women were excused either in the store or in the courtroom because they claimed to be kleptomaniacs or because they cited general malaise and physical debility without using the label. When Miss Degler complained of pains in her head at the very times she was subject to fits of kleptomania, she was, not unlike Mrs. Castle's lawyer, defining the disease for the layperson, conflating female illness and shoplifting.

⁶⁹ In a *New York Times* article (April 11, 1895), p. 8, col. 1, two former police detectives noted "the cloak of kleptomania has been stretched out very thin, sometimes, in the test of compassionate friends and relatives." See also Benjamin P. Eldridge and William B. Watts, *Our Rival the Rascal* (Boston: Pemberton, 1897), 28–29.

⁷⁰ *New York Times* (June 30, 1894), p. 1, col. 6, and (January 2, 1906), p. 15, col. 1; *Boston Globe* (December 8, 1897), p. 4, col. 4.

⁷¹ *New York Times* (June 30, 1894), p. 1, col. 6.

More than gender was involved here. Kleptomania was a concept constructed upon cultural assumptions about gender, particularly about the irresponsibility and generative phases of women, but it was also a class concept. Only middle-class women seemed to suffer from it; stealing by members of other classes was simple theft. One Paris newspaper suggested, not altogether facetiously, that the definition of “thief” should be “a kind of kleptomania, but of the lower social class,” while the definition of “kleptomaniac” should remain as it had always been, “a kind of thief, but of the better class.”⁷²

In 1882, Ellen Sardy, a “well-dressed middle-aged woman of respectable appearance,” was caught shoplifting in the Sixth Avenue store of Simpson, Crawford, and Simpson. She took three pairs of stockings and five pieces of silk, of considerable value in the 1880s. Sardy was released when her lawyer admitted the larceny but “asked clemency on the grounds that the prisoner for some time past had been of weak mind and was not always responsible for her actions.”⁷³ The Sardy case was probably not the first such plea in New York City, but it seems to be the first time the court accepted the excuse and the definition of the middle-class shopper. The release of the accused opened the way for a flood of such pleas.

Doctors and lawyers in the 1880s defended women like Ellen Sardy by saying little more than “she is a respectable, well-connected lady, but evidently a kleptomaniac.”⁷⁴ A woman from Sandusky, Ohio, who was picked up for shoplifting in Ehrich’s, appeared in court with a Dr. Augustine Daussé of West 22d Street, in New York City. The doctor claimed she was “a reputable woman, the wife of a judge . . . and at present under his care for special medical treatment.” The woman contended she had no recollection of taking the merchandise as charged and “no object for taking them, as she is able to pay for everything she wants.” For the judge, the implication was clear: the lady was a kleptomaniac. The case was dismissed.⁷⁵

The views of Chief Inspector Thomas Byrnes of the New York City police department also conformed to the popular medical understanding of kleptomania. In 1889, when two well-dressed women of “apparent respectability” were arrested for shoplifting in

⁷² *L'Oeuvre* (June 7, 1925), cited in A. Anthéaume, *Le roman d'une épidémie parisienne, la kleptomanie?* (Paris: Librairie Octave Doin, 1925), 90. The basic organization of buying and selling in the department store is indicative of these understandings about class and role difference among women. See *Dry Goods Reporter* (February 1, 1902), 5; (February 6, 1904), 57; (August 15, 1903), 45.

⁷³ *New York Times* (January 18, 1882), p. 8, col. 6.

⁷⁴ See, e.g., the case of “A Well-dressed Female Shoplifter,” *New York Times* (November 8, 1883), p. 8, col. 2.

⁷⁵ *Ibid.* (February 4, 1886), p. 2, col. 6.

McCreery's and brought to New York's central police headquarters, Byrnes interviewed them. Three years earlier, he had written *Professional Criminals of America*, and in it he had singled out the middle-class shoplifter, whom he called a kleptomaniac, for special notice. "These women," he wrote, "were so carried away by admiration of some trinket or knickknack as to risk home, honor, everything to secure it."⁷⁶ Now, three years later, Byrnes made a public statement defending the arrested women in their plea of kleptomania. "He believes," reported the *Times*, "they are kleptomaniacs and are no more legally responsible for these thefts than a lunatic would be for assault and battery."⁷⁷ Byrnes's understanding of kleptomania was, by this time, shared by a wide segment of the public.

The explanation offered in the case of a Mrs. Henry von Phul, a wealthy fifty-two-year-old woman from New Orleans, reflected this understanding. A spokesman told the judge that "the family has been subject to insanity, and Mrs. von Phul only left the asylum a few months ago. When in one of her fits of mental derangement, she has no control over her actions."⁷⁸ Although the term "kleptomania" was not used, the court declared Mrs. von Phul of unsound mind, her moral perversity in this instance taking the form of shoplifting. Neither this woman's behavior nor the court's interpretation was exceptional. Whether mentally healthy or truly insane, Mrs. von Phul was part of a socially determined view of women and madness.

Such a broad acceptance of the kleptomania diagnosis is plausible only if we recognize the centrality of the common cultural understanding of gender difference and the very real power of expectations. In the cultural climate of the late nineteenth century, the excessive behavior patterns of a few middle-class women were deemed representative of the constitution and fragility of the group. This determination hinged on a distortion of the female image and the assumption that women were totally ruled by their biology. For women and a middle class intent on preserving its privilege, disease thus became a defense. Weir Mitchell understood this

⁷⁶ Byrnes (n. 51 above), 31–32. Byrnes's language followed French reasoning almost word for word; see, e.g., Dupouy (n. 49 above), who describes those women whose ordinary sensibility and will are overcome by the desire for an object: "Reason is subsumed by desire . . . conscious will is diminished" (410–11).

⁷⁷ *New York Times* (March 27, 1889), p. 2, col. 5.

⁷⁸ *Ibid.* (January 8, 1892), p. 10, col. 2. Belief in the persistence of inherited insanity was strong in the second half of the nineteenth century; see I. Ray, M.D., *Treatise on the Medical Jurisprudence of Insanity*, 5th ed. (Boston: Little Brown, 1871), 173–74.

perfectly when he wrote of Mrs. Castle's guilty plea in the English court: "She is now under a stigma from which it will be difficult to escape. . . . This [guilty plea] involves long explanations; the plea of insanity would have involved none."⁷⁹

Instability was thought to be rooted in woman's nature; therefore, it is easy to see why kleptomania found such ready acceptance. It served both as explanation and excuse. Had shoplifting, defined as a form of female delinquency, not been interpreted as illness, it would have to have been understood as crime, and the possibility that respectable, middle-class women could "sink into such a moral cesspool and forfeit the esteem and love of their best friends for a bottle of cosmetic" was unthinkable.⁸⁰

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⁷⁹ Mitchell, "Relations of Nervous Disorders" (n. 20 above), 35.

⁸⁰ *Woodhull and Claflins Weekly* (March 18, 1871), 4–5.