

Gender narratives at Camarillo State Mental Hospital: female patients and women nurses.

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The Camarillo State Mental Hospital opened its doors in 1933 and closed in 1996. It gained a lot of publicity for its innovative treatments and its proximity to Hollywood studios. Celebrities were treated at Camarillo Mental Hospital for their depression, alcoholism and drug-addiction. The hospital was famous for its Jazz wing where renowned musicians such as pianist Phineas Newborn or world-acclaimed trumpeter Charlie Parker tried to recover from mental break-downs. If celebrities tried to limit news coverage of their stay at a mental facility, testimonies from patients and hospital employees circulated.

Two women, Wilma Wilson and Nadine Scolla, published their account of life at Camarillo Mental Hospital. Decades separated them. Wilma Wilson's *They Call Them Camisoles* was published in 1940 and Nadine Scolla's *Keeper of the Keys* in 1976. Comparing these narratives constitutes an opportunity to define how women from both sides of the therapeutic barrier (patient and nurse) embraced the gender question at the facility.

Their writings challenged authoritative systems and figures which exerted an oppressive power on women. They constitute a valuable source of information about how women – medical practitioners and patients- were supposed to behave at a mental hospital in the 1940's and 1970's. They also show to what extent nurses were responsible for turning women patients deemed too sick to get married into respectable housekeepers. From the nymphomaniac to the protective nurse, this essay will navigate through different traditional women stereotypes that emerge from both narratives. It will also show why these proclaimed autobiographical works go beyond the gender question but may serve instead as a means to launch or boost a career in writing.

I. Committing and treating deviant women: the housekeeper model.

a) Dangerous women: the nymphomaniac and the alcoholic female patient.

Wilma Wilson's narratives reminds the reader that, in the 1930's, society at large expected the so-called *feeble sex* to embody stereotyped motherly roles. A woman was a spouse and a child-bearer.

So-called lewd women were suspected of breaching the social order. Their incongruous behavior had to be contained, their body made invisible. The mental ward offered more than psychiatric treatment to women deemed sexually sick. It erected walls between the real world, so full of temptations for feeble-minded carnal women, and the turmoil raging inside corrupted female spirits that had to be set apart.

According to Wilma Wilson's narrative, women were not only threatened with being sent away at a mental facility by vindictive husbands, they were also granted special treatment by doctors and nurses. One of Wilma's friends told her to abandon all hope of freedom: "If your family wants to send you back they can. (...) Knowing my husband as I do, I fully expect him to want me to jump when he cracks the whip. If I never take another drink, he'll still make my life miserable, and when my twenty-month parole is up he can continue to make me suffer by threatening to take my little girl from me."¹

Wilma Wilson recalls one inmate who had been committed to Camarillo Mental Hospital for lascivious behavior.² The other patients avoided her for fear of also being labeled nymphomaniac. Nurses and doctors tried to change the personality traits that they attributed to this sickness. They also punished behaviors that, according to them, belied an excessive importance granted to femininity. Gestures such as putting on some make-up or combing one's hair gave further proof of women's urges to seduce males. The hospital was not designed to allow women to pamper their bodies. There were only two tiny mirrors for hundreds of female patients. Each was "smaller than a pillow case."³ Women patients had to carry their personal belonging in cloth bags. Wilma Wilson wrote: "There are no such things in the hospital as drawers or lockers for women patients, and they have to cart every possession all the time (...) To have to condense every trifle or cosmetic or valuable that she may need for months into a small portable bag- well, it's asking too much."⁴

The lack of furniture or spaces devoted to beauty care could not be attributed to an excessive concern for security from the staff. Wilma Wilson was well aware of nurses and doctors being wary of letting women express their femininity: "An asylum is a man's world. The good men patients were allowed to keep money, matches, razors and watches."⁵ Wilma Wilson also remarked that though hypersexuality was condemned among women, men who displayed

¹ Wilson, Wilma. *They call them camisoles*. Los Angeles: Lymanhouse, page 197-198.

² *Ibid*, pages 228-229.

³ *Ibid*, page 87.

⁴ *Ibid*, page 83.

⁵ *Ibid*, page 89.

sexually aggressive traits were better treated than other patients by male attendants: “The men alcoholics were evidently considered ‘great guys’ by their attendants who seemed to admire them for having the physical stamina, money and perseverance to drink to the point of needing hospitalization.”⁶

The mental hospital became a laboratory for the distribution of stereotypical roles among men and women patients. Devious sexuality was often associated with alcohol abuse. Wilma Wilson was committed to Camarillo Mental Hospital in the late 1930’s. She was released after four months of treatment. Her autobiographical account was published in 1940. The Volstead Act (National Prohibition Act) which prohibited the sale of alcohol had only been repealed for seven years, in 1933. With her glowing red hair cut short, her drinking habit, her taste for eccentric clothes and her sense of independence, Wilma Wilson is more likely the heiress of the 1920’s suffragette than the daughter of Temperance movements. She had a series of jobs (swimmer in motion pictures and water ballets, medical secretary, waitress...). She switched from one to another out of her own choice and desire.⁷ Her ambition to make a major breakthrough in the motion picture industry and her resolve to use her charms made her appear quite a suspicious type of woman.

Women who were deemed nymphomaniac were threatened with sterilization. It was believed that frenzied women could get pregnant easily. Yet, avoiding unwanted pregnancies was not the main reason behind sterilization. Licentiousness was considered a sign of mental degeneration that could be hereditary transmitted.⁸ Doctors at Camarillo Mental Hospital could justify the way women deemed nymphomaniac were treated by quoting Dr. R. Krafft-Ebing who wrote in *Psychopathia Sexualis*: “Since women need less sexual intercourse than men, doctors should believe them sick when those needs increase and are accompanied by a growing interest in toiletries and cosmetics.”⁹ Krafft-Ebing also reported a case treated by doctor Magnan. The woman had to be committed to a mental institution because she could not sexually refrain: “Whenever this woman was introduced to a man, she was overwhelmed with a violent wave of sexual desire (...) She gave herself to anyone that came to quench her

⁶ Ibid, page 89.

⁷ Ibid, page 65.

⁸ Cullerre, Alexandre. *Les frontières de la folie*. Paris : J.-B. Baillière et fils, 1888, pages 255-264.

⁹ Krafft-Ebing, Richard. *Psychopathia Sexualis avec recherches spéciales sur l'inversion sexuelle*. Traduction de la huitième édition allemande. Paris : Georges Carré, 1895, pages 67-68.

painful desires. However, she never found respite in coitus nor when masturbating. She had to be committed.”¹⁰

Paradoxically, the male doctors at Camarillo Mental Hospital enjoyed the company – sometimes in a very intimate way- of the women they claimed they wanted to cure: “Each doctor has an inmate secretary as well as an inmate housekeeper.”¹¹ Wilma Wilson recalls with amusement a certain Doctor Milland who seemed enthralled by her toenails: ““Do you always paint your toenails?’ he asked, in the manner of one who’d whisper, ‘How long ya been on the stuff, kid?’” She also alludes to being sexually abused by that same doctor during a physical examination: “Now he grabbed me when I wasn’t looking, and began to knead my stomach (...) What he did to me after this I’m too much of a lady to relate.”¹² Consequently, at Camarillo Mental Hospital, women patients were trapped in an impossible situation. They had to deny their own sexual appetites, embrace the housekeeper role they were presented with and at the same time submit to the doctor’s sexual moves in order to be released. A few days after she was admitted to Camarillo Mental Hospital, another patient told Wilma Wilson to keep using make-up: “If you look nice in the cafeteria the men over there serve you bigger helpings. We all have to flirt like hell around here to get enough to eat.”¹³

b) Nurses and women patients: from condemnation to reeducation.

The “reeducation” of mad women appeared to be the sole responsibility of female doctors and nurses who were responsible for training lewd women to behave properly. Rehabilitation could not be achieved without the mastering of doing the laundry, moping, washing-up and cooking. Mental and social autonomy amounted to the woman being able to gain or improve housekeeping skills. A woman nurse told Wilma Wilson to remember all the tasks she completed at Camarillo Mental Hospital: “If you plan on being married, Wilma, everything you learn here will be of value in your married life.”¹⁴ Wilma reports that she strongly challenged this opinion doubting whether strapping her husband-to-be in a camisole would be of any use: “This statement was accepted with reservations. I still can’t see how it will help to know how to snap Ricky into a Camisole.”¹⁵

¹⁰ Krafft-Ebing, Richard. *Psychopathia Sexualis avec recherches spéciales sur l’inversion sexuelle*. Traduction de la huitième édition allemande. Paris : Georges Carré, 1895, page 70.

Magnan. *Annales médico-psychologiques*, 1885.

¹¹ Wilson, Wilma. *They call them camisoles*. Los Angeles: Lymanhouse, page 106.

¹² Ibid, page 109.

¹³ Ibid, page 55.

¹⁴ Ibid, page 79.

¹⁵ Ibid, page 79.

Women committed at Camarillo Mental Hospital on the grounds of their sexual behavior were mistreated by women nurses. Women who carried sexually transmitted diseases underwent privations and vexations at the mental hospital. Wilma Wilson remembers that she “met (...) a girl who had spent a year on ward 6 because of syphilis. How she stayed sane is an unexplained miracle. Certainly she was so embittered as to be abnormal when she left.”¹⁶ In contrast, male patients who had been committed to the mental hospital because of a “drinking problem” benefited from personal bypasses and courtesies. They were treated like ‘kings’ and male attendants tended to emulate their behavior. This was not true for women as Wilma Wilson recalls: “Not so with the female of the species: women attendants apparently thought girls who drank were too depraved to be worthy of courtesies.”¹⁷

After a thorough reading of Wilma Wilson’s personal account, it appears that women who were treated at Camarillo Mental Hospital were considered too weak, stupid or auto-destructive to lead a normal life on their own, outside the hospital wards. Unstable, prone to suicide, depression or alcoholism, these mad women had to get married at all costs. Marriage was considered a very enticing prospect for most women of the 1940’s but for those particular female patients, it was the best fate that expected them. By mastering housekeeping skills, they increased their chances to find men who would accept marrying them, notwithstanding their stay at a mental hospital. Nurses who tried to impose this point of view on women patients felt they acted responsibly. However, according to Wilma Wilson, this type of discourse contributed to reenact pathological family interactions. The relationship between a controlling mother and her acting-out daughter who had to be committed by her family was recreated within the hospital: “There [were] others whose domineering mothers had actually resented losing parental authority after their girls had grown up and attained a measure of independence. Some of these mothers would go to almost any length to get the upper hand again.”¹⁸

Standard behaviors imposed on female patients contributed to genderize the delivery of mental care at a psychiatric hospital. Despite the horrendous conditions of detention, women patients were supposed to remain attractive without being seductive. Wilma Wilson was told by her boy-friend that he would leave her if she gained four ounces.¹⁹ Female alcoholic patients remained in a condition not so dissimilar from that of the “traditional” psychotic

¹⁶ Ibid, page 89.

¹⁷ Ibid, page 89.

¹⁸ Ibid, page 198.

¹⁹ Ibid, page 190.

patient. Instead of asserting their wants and fulfilling their hopes, they were taught to submit and comply.

Almost 30 years after the publication of Wilma Wilson's book, a woman who had been a patient at Camarillo between the winter of 1966 and the spring of 1967 wrote those lines: "I don't want to be a cow that's herded into non-entity and non-existence. I want identity and recognition. Can't I be me?"²⁰ Despite the emergence of the women liberation movement, women patients and nurses still seemed trapped in gender-codified roles in the mid-seventies.

Through the personal account of Wilma Wilson, we were presented with the seductress trained to become a house-keeper wife. Author Nadine Scolla describes herself as a nurse who wrote *Keeper of the Keys*, a book about the Camarillo Mental Hospital in 1976.²¹ Her testimony shows that she was also bound to embrace one of the roles traditionally assigned to women: that of the motherly figure, full of compassion and empathy. Most of her book depicts her as a mother striving to protect her patients as she would have done with her own children.

II. Nurses embracing traditional roles: more than a question of ethics?

a) Becoming the protective nurse or the "keeper of the keys"?

In the 1970's, mental hospitals in California had implemented new types of procedures that improved the quality of health care delivered to patients. Programs were set up to help them gain professional and social autonomy. Antipsychotic drugs also helped shorten the length of patients' stay. Infrastructures tended to be more welcoming: open spaces were dedicated to therapeutic arts and discussion groups.²² However, despite this overall change of attitude in the mental health care system, some people wrote narratives to denounce the abuse they had witnessed. Nadine Scolla wrote *Keeper of the Keys* because she could not overlook many dysfunctions at Camarillo Mental Hospital. *Keeper of the Keys* is also a tale of body politics. Like many women who were victims of oppression, mental patients had a right to reclaim the use of their own body. Mental patients were wired, electroshocked, drained in freezing water

²⁰ Stewart, Lynne. « Prayer. » in *Camarillo State Hospital : Snapshot of an Era*. Lullu : 2007, page 37.

²¹ Scolla, Nadine. *Keeper of the keys*. California: F & J Publishing Corporation, 1976.

²² Nelson, Harry. "Study Seeks to Ease Mental Patient's Trip Back to Society." *Los Angeles Times* 17 May 1967. Goertzel, Victor et al. Final Report "Coordinating hospital and community work adjustment services." *Camarillo State Hospital, Jewish Vocational Service*, Los Angeles, January 1967.

Lukoff, David. "A Holistic Program for Chronic Schizophrenic Patients." *Schizophrenia Bulletin*, 12,2, (1986).

and strapped into camisoles. Through these manipulations, they were deprived of their free will.

Nadine made her first steps into the mental hospital world as a newly graduated nurse. She wanted to take care of the patients according to her personal vision of nursing. To her, a nurse was first and foremost a caring individual. We might want to question her conception of care. Indeed, Nadine adopted a dichotomous narrative transcription of what she observed. Actions which are described as unsympathetic and unethical were committed by nurses who had manly mannerisms. Stripped of their feminine appeal, they behaved like bullies: they bawled, pushed patients away from their path and used violence to make people obey them... She described her first encounter with the Director of Nurses: “Mrs. Sitton, the Director of Nurses, opened the door and greeted me (...) Her hair was unkempt, bushy, and looked like she hadn't combed it for a month. Her tight pants were bulging at the seams and her blouse was faded and worn. She was a big woman, with a man's stance. She stood there jangling her keys. I thought her appearance was disgraceful. Never had I seen a nurse look so terrible.”²³

To Nadine Scolla, a good nurse had to be a medical professional with feminine traits. She also equated nursing care with motherly attitudes. Though the unkempt appearance of Mrs Sitton could have been sufficient proof of the hardships faced by staff at an underfunded public hospital, Nadine interpreted the lack of sophistication witnessed in workers, patients and infrastructures as the result of a power exerted by dominative figures. Patients are pictured as poor creatures who were dispossessed of their freedom. Two choices were left: to become a “keeper of the keys” and treat patients like prisoners or to protect them. Nadine wanted to embody the ideal stated in Florence Nightingale Pledge. This pledge is quoted at the beginning of the account: “I will abstain from whatever is deleterious and mischievous and I will not take or knowingly administer any harmful drug (...) With loyalty will I endeavor to aid the physician in the work and elevate myself to the welfare of those devoted to my care.”²⁴ This quotation reminds the reader of what the nurse’s ethics should be. It is in sharp contrast with the many descriptions of degrading attitudes towards the weak and powerless that can be found in the book.

b) Dialectics of domination and sadomasochism.

Dialectics of domination and sadomasochism are prevalent to describe the relationship between patients and care-givers. “Good patients” were those who remained invisible.

²³ Scolla, Nadine. *Keeper of the keys*. California: F & J Publishing Corporation, 1976, page 7.

²⁴ *Ibid*, iii.

Absence of therapeutic care and neglect characterized most of the interaction between the sane and the insane. Thus, Nadine Scolla remembers with awful disgust the way patients were treated by the Director of Nurses: “As we entered Ward 44, I had my first encounter with a mental patient. He was a thin, young boy, and his clothes were unmatched. With his ruffled hair and eyes brightly shining, he walked up to me. He had a long red box with a slot in the top, attached to his belt (...) Sitton was getting anxious and wanted to continue with the tour. She ignored the boy and the poor soul slumped his shoulders and gazed down at the floor as he left for his room. With an impatient and gruff voice, she said, "Really Miss Scolla, we must go." I wondered where her compassion was.”²⁵ Violence was exerted in a silent way: patients were ignored as if they were greedy animals clutching to the staff to feed them. Barriers between the sane and the insane were made visible with the staff watching the patients from a transparent case set in the middle of the ward.²⁶ Scolla claims that patients were treated worse than animals, left with a bone to gnaw at.²⁷

Patients who exhibited handicaps or physical malformations were derided by the staff. Nadine Scolla took pity on a mentally retarded girl who could not eat properly because of a mouth deformity. She wrote: “She had a deformity of the face and right arm. Her mouth was drawn to the left side, and it was difficult for her to bring her arm up to her face. When she attempted to eat, she would get the food all over her face, then she would cry and become very upset. It took her so much longer to eat than the other children that she became frustrated and knocked food on the floor. The technicians yell and scream at her because this means extra work for them, and then she becomes incontinent of feces and urine, and ends up not eating at all.”²⁸ The hospital turned out a dangerous place where the powerless ended up dead. She reported a colleague’s words of indignation: “Do you remember the young rape victim and how they treated her—the girl with beautiful olive skin and long brown hair? She loved all living things, especially birds and horses (...) It was bad enough when they used the cold shock treatment on her. (...) They forcibly strapped her down, tied her hands and legs, stuck the electrodes to her head and placed a tongue blade in her mouth. She couldn’t scream, wiggle, or do anything. After the treatment, they asked me to go into the room and get her. Tamme

²⁵ Ibid, page 8-9.

²⁶ Ibid, page 10.

²⁷ Ibid, page 61.

²⁸ Ibid, page 45.

was dead. Her body was limp—she was still trapped in the chair. It was more than I could take. I had to go off by myself and cry.”²⁹

Suspect deaths were covered up but the scandal could not be smothered for a long time. Eventually, a Grand Jury was seized. Nadine Scolla’s narrative was published in 1976 and the Grand Jury was held between 1976 and 1977.³⁰ The author never mentions an ongoing investigation at Camarillo Mental Hospital. She resorts to reported speech to let another character (i.e. A.J.) allude to the impossibility of having a Grand Jury inquire about the strange deaths: “I think they need a Federal Grand Jury Investigation, but I don't think it will ever happen. The hospitals have too much pull in the government and it might put all these people out of work. Besides you'd never get anyone to come forward and tell the truth because they don't want to get involved.”³¹

Nadine Scolla ends up her personal account by stating that her diary entries were eventually accepted by a publisher. This remark is supposed to enhance the biographical and militant dimensions of her book. After witnessing so many cases of physical and mental abuse, she made up her mind to denounce them to the world. However, the reader is faced with an incredible important number of actions depicting Nadine Scolla as a helpless nurse. Thus, we may legitimately ask ourselves the following questions. Was Nadine Scolla embracing the traditional role of protective nurse because, as a woman, nothing else was left to her? In the end, is she a feminist writer or a powerless witness?

c) Nadine Scolla: a feminist writer or a powerless witness?

Nadine Scolla vehemently denounced the way patients were treated. She appealed to the government to enact laws to improve the quality of care delivered in public hospitals: “The story told in this book, I hope, will encourage and open the minds of society to question and search for a better way, on behalf of the patients, and to preserve their rights. We, intent upon the truth, realize the patient's only dream is to become mentally and physically free; to live happily and need no guardian...”³² However, her attitude was that of a powerless nurse who, for fear of peer pressure and hierarchy sanctions, refused to take any action to put an end to what she witnessed. Appalled at discovering that chronic patients were forced to help attendants to contend frenzied patients, Nadine Scolla voiced her concern about this to a male

²⁹ Ibid, page 51.

³⁰Hume, Ellen. “Tranquilizers Linked to Death of Patient.” *Los Angeles Times*, 16 November 1976. *Grand Jury Report*, County of Ventura, 1976-1977, 12 January 1977.

³¹ Ibid, page 52.

³² Scolla, Nadine. *Keeper of the keys*. California: F & J Publishing Corporation, 1976, page i.

colleague who sent her away: "I openly objected about the incident to Jack, my night supervisor! "How can you allow a patient to stand guard over another patient? What gives him the right when he is here to be rehabilitated himself? How can he possibly know how to deal with another patient when he isn't trained?" Jack said, "Shut your mouth and mind your own business. If I want to use a patient as a stoolie, that's my business! Besides, you're still on six-month probation."³³ This quotation further illustrates Nadine's powerlessness as a newly graduated nurse who's still on probation. It also shows how hierarchal control and oppression could be exerted to dismiss denunciations of mistreatments.

In the last part of her narrative, Nadine hides behind the voice of A.J, a male colleague who denounces the worst abuse committed at the hospital (the drug smuggling, the patients' rapes, the unfair firings, the deaths disguised as accidents)³⁴ All through her narrative, Nadine Scolla doubts whether she should intervene. She could not make up her mind about confronting her abusive colleagues nor quitting her job. After finding out that medical technicians stole food from the patients, she wrote: "I had a hard time accepting these rules, but, after all, this was my first nursing job and I did have a lot to learn. The rest of the evening I made sure that extra cups of coffee were given to the patients."³⁵ She oscillates between denouncing the horror and presenting us with a naïve albeit poetic vision of the everyday life at Camarillo Mental Hospital: "The soft, summer breeze caressed my face. I returned to reality as the sun filtered through the green leaves of the oak trees. It is so calm sitting here on the bench, but I can't keep the dark thoughts out of my mind. There were so many unpleasant experiences, but there also were some rewarding moments..."³⁶ In a sense, she lacks resolve and stamina, two characteristics traditionally associated with men. Torn between her urge to quit and her desire to keep helping the patients, she understands that the only way to defend their interests is to embrace the traditional role of the protective nurse who obeys orders. Nonetheless, she will also uphold the *Florence Nightingale Pledge* by unveiling the truth through her book.

Conclusion:

Wilson and Scolla's narratives present us with women who understood that they had to embrace traditional roles if they wanted to fulfill their hopes: getting released for Wilma Wilson, providing minimal care in a violent and unfair environment for Nadine Scolla. Both were bound to fear rules. Wilma, as a patient, could not bypass them and Nadine was torn

³³ Ibid, page 33.

³⁴ Ibid, pages 48-51, 54

³⁵ Ibid, page 34.

³⁶ Ibid, page 55.

between her desire to abide by the hospitals rules and her growing sympathy towards patients. Writing enabled them to preserve their true personality and distance themselves from their own contradictions. Autobiographic writing protected them from ego-loss.

Because of its very nature, the hospital setting contributed to blur the gender image. As Nadine Scolla recalls, drugged patients were dispossessed of their identity. She equated distributing drugs to pavlovian conditioning.³⁷ As mentioned earlier, the hospital's functioning did not allow place or time for typical womanly activities.³⁸ Wilma Wilson wrote that she never saw so many bearded women.³⁹

Fears of contamination permeate both books. The promiscuity with violent or frenzied patients, the absence of privacy, the lack of entertainment, the plunge into an oppressive environment contributed to deprive female patient and nurse of their mental, social and geographical landmarks. Since the gender image was also blurred, women who wanted to preserve their mental integrity might have been bound to embrace traditional roles. Nadine Scolla was afraid of losing her empathy and becoming another Mrs Sitton, a guardian of the keys. Wilma Wilson was afraid of becoming another nut by living among them. She wanted to warn the reader about the fallacy to picture most insane patients as geniuses or poets. She stated: "The first thing that leaves a mind, when disorder creeps in, is that fine edge of self-control that makes it possible for humans to conduct themselves civilly with one another. Mental patients aren't so much like naughty children as they are like perverse disgusting children. And in some of the 'bad' wards (...) the patients are far worse than animals."⁴⁰

Wilma Wilson did not want her narrative to be labelled as another book written by a mad woman. It was not. Her book was reviewed by the *Los Angeles Times* who recommended his readers to buy it.⁴¹ Bill Henry, a famous journalist at that time, wrote in his column that the narrative was "screamingly funny".⁴² He also underlined the social dimension of Wilson's testimony. Though women are described as victims of a system that enable their husbands and mothers to commit them whenever their behavior do not suit them, Wilma's narrative does not adopt a clear position on the objectivization of women. Instead, Wilma's constant depiction of herself as a femme fatale⁴³ may well have only been a way to boost her flagging

³⁷ Scolla, Nadine. *Keeper of the keys*. California: F & J Publishing Corporation, 1976, page 24.

³⁸ Wilson, Wilma. *They call them camisoles*. Los Angeles: Lymanhouse, pages 67-68.

³⁹ Ibid, pages 252-253.

⁴⁰ Ibid, page 72.

⁴¹ "Woman who overindulged tells inside story of cure." *Los Angeles Times*, 16 February 1941.

⁴² "By the Way with Bill Henry", *Los Angeles Times*, 25 January 1941.

⁴³ Wilson, Wilma. *They call them camisoles*. Los Angeles: Lymanhouse, page 54.

stardom. Wilma made the headlines one more time in 1943: she had been beaten to death in her bath-tube. A soldier she had invited to her house was convicted of murder. A friend of him reported that prior to the crime he had said: "I know this kind of a girl, I know how to treat them."⁴⁴ We will never know whether embracing a traditional role would have spared her so tragic a fate.

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⁴⁴ "Soldier to Face Court-martial in Woman's Death." *Los Angeles Times*, 11 June 1943.

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