



Fleshy Stories. New Materialism and Female Suicides in Late Nineteenth-Century Finland

Anu Salmela

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Abstract

In nineteenth-century western medicine suicide was a gendered phenomenon. Female suicides were linked to emotion, whereas the male ones were seen as social acts, reflecting the state of the national economy and social wellbeing. Concentrating on late nineteenth-century Finnish female suicides, this article offers a new perspective on the medical history of suicides: firstly, it utilizes an underused source type, the post-mortems of suicides, and, secondly, it develops a methodology inspired by Karen Barad's agential realism. While recognizing the gendered and cultural dimensions of suicide, I argue that female suicides included factors even beyond the human. Hence, the article suggests that suicide was neither a human nor a discursive phenomenon but an entanglement of multiple agencies, including human and nonhuman, matter and discourse.

Keywords: history of medicine, Karen Barad, new materialism, post-mortem, suicide

Introduction

In nineteenth-century western medicine, suicide was a gendered phenomenon. According to Howard I. Kushner, European and American physicians portrayed female suicides as individual emotional acts, usually motivated by unrequited love or marital discord, whereas male

suicides were attributed to financial problems, unrealized ambitions and other factors linked to the state of the national economy and social well-being.¹ In Finnish medical suicide studies, too, male and female suicides were explained rather differently. Because of their greater political participation and social engagement, it was argued that men were more prone to suicides than women who were, by their very nature, domestic beings, and as such not exposed to the social pressures men were exposed to. Furthermore, women were more emotional than men and because of that more affected by the biological changes inherent to their sex.²

Finnish physicians based their gendered explanations on the post-mortems of those who died by their own hand. A forensic autopsy was conducted whenever the cause of death was unknown or a death was – or was suspected to be – the result of a crime. Accordingly, the autopsy's main purpose was to define the nature of the death.³ The doctors were to specify the circumstances of death, a task that was usually carried out with the help of a police investigation report sent to the doctor. The doctor examined the body externally for bruises, cuts, abrasions and other external damage, after which he dissected it, cutting open the skull, chest and abdominal cavity. Finally, he ended the post-mortem by writing a certificate defining the cause of death and, whenever possible, the mental state of the deceased.⁴ Both were important, as until 1894 suicide was a crime handled in the criminal court, and until 1910 those who had killed themselves while sane were buried in silence, without bell ringing, procession, funerary address or a sermon.⁵ For contemporaries the post-mortem, which defined the nature of the death, was therefore crucial.

The medical history of suicide is a widely studied subject. Besides genderedness, studies have, for instance, dealt with medicalization and the different actors – physicians, psychiatrists, juries and lawyers – who took part in the medicalization. In these studies, suicide has been analyzed from an anthropocentric viewpoint; that is, as a thoroughly human phenomenon defined by humans and confined to the human mind, culture or discourse.⁶ I engage with these discussions by exploring the post-mortem reports of late nineteenth-century Finnish female suicides.⁷ Thus far these reports have been underused; scholars have preferred other sources, mainly medical suicide studies and court records.⁸ The article thus introduces a novel source type, but,

more importantly, proposes also a novel approach. While recognizing the gendered and cultural dimensions of suicide, I suggest that the factors at work in post-mortems were more manifold than that – that they included factors even beyond the human. To cast light on such factors, I approach suicides within the framework of physicist-philosopher Karen Barad’s agential realism as entanglements of humans and non-humans, of matter and meaning.⁹ The article thus contributes both methodologically and empirically to the study of the nineteenth-century medical history of suicides.

Along with, for instance, Gilles Deleuze and Félix Guattari, Elizabeth Grosz, Janet Bennett, Rosi Braidotti and Bruno Latour, Barad is a so-called new materialist.¹⁰ Common to new materialists is the emphasis they place on the materiality of reality and the creativity and activity of matter.¹¹ Barad, inspired by and further elaborating on the ideas of, for instance, Judith Butler, Michel Foucault and the physicist-philosopher Nils Bohr, argues that matter participates in the production of scientific phenomena and is therefore agential. She maintains that the reality is a non-dualistic wholeness in which matter and discourse mutually entail each other – or as Barad refers to this mutual entailment, they are entangled. Matter and discourse cannot be separated: materiality is discursive just as the discursive is always already material.¹²

In the field of history, Barad’s claims regarding the materiality of reality are not, of course, new ones. Historians have perceived the past as material and, for example, studied material culture.¹³ Furthermore, several feminists have pointed out that bringing matter into analysis had already been an aspect of feminist theories; hence, there is nothing ‘new’ in new materialism.¹⁴ However, as Hans Schouwenburg has noted, the new in new materialism is not the closer engagement with the material world, but the conceptualization that undoes the dichotomies of matter and meaning, nature and culture.¹⁵ Perceived in this way, new materialism opens up new perspectives to the history of suicides.¹⁶ Firstly, it brings out the material dimension of suicides that scholars have hitherto largely neglected because their focus has been on discourses. Secondly, by challenging anthropocentrism, agential realism helps to question whether suicide was a thoroughly human phenomenon. Finally, because it departs from the idea of things having a fixed essence, suicide can be analyzed as a non-deterministic and ever-varying phenomenon.¹⁷

Suicide – A Material-Discursive Phenomenon

Below I will analyze female suicides in Baradian terms as phenomena. Originally introduced by Nils Bohr, the notion of phenomenon calls into question the idea of independently existing ‘entities’ with intrinsic features. Instead, Bohr argued that theoretical concepts obtain their meanings only in relation to specific physical arrangements. Concepts, in other words, are not mere ideation; they are material.¹⁸ Furthermore, as concepts obtain meanings through measurements, reality is indeterminate in nature: ontology is not stable but in constant change.¹⁹

In an agential realist account, then, the nature of female suicides depended on autopsies: they were formed in the encounters – or as Barad calls them, intra-actions – of bodies, doctors, medical discourse and other such material and discursive agencies. Barad introduces the neologism intra-action to emphasize that agencies are not pre-existing but enacted within a phenomenon. For example, bodies and doctors emerged through the autopsies as separate agents.²⁰ Thus the autopsies were, to use Barad’s term, *apparatuses*, socio-material practices that drew boundaries between bodies and doctors and by doing so established properties, agencies and meanings.

In her discussion of apparatuses, Barad is reworking Foucault’s notion of discursive apparatus, which according to her does not account explicitly enough for the ontological inseparability of apparatuses and phenomena. It follows that for Foucault, discourses are ‘supported’ or ‘sustained’ by material practices, whereas for Bohr physical arrangements produce phenomena.²¹ As such, apparatuses – in my case, post-mortems – do not allow an objective observation of suicide, but nor do they simply constrain the observation; rather, they help to produce phenomena of which they are also a part.²² It is precisely for this reason that Barad calls her theory *agential* realism: reality does not exist independently but is enacted through apparatuses.²³ Crucially, agency is not aligned with the humans, nor is it something that someone or something has. Instead, it is about the possibility of change entailed in apparatus, the particular possibilities of (intra-)action that exist every moment. Intra-actions are thus constraining but not determining: neither anything nor everything is possible at any given moment.²⁴ For this reason, phenomena are not deterministic but open to rearrangement.

Hence, in this article, the female suicides are understood as phenomena emerging through post-mortems – socio-material practices consisting of intra-actions including doctors, bodies, medical discourse and, as I will suggest, non-human agencies. Since suicides were varying phenomena with material dimensions, matter cannot be perceived as a fixed essence or property of things. Indeed, Barad reframes Butler's oft-cited notion of matter as a 'process of materialization', which, according to Barad, is anthropocentric and reinscribes matter as a passive product of discursive practices.²⁵ In Barad's reading matter is agential, and materiality is not limited to the materialization of human bodies. Rather, matter is, to quote Barad, 'substance in its intra-active becoming – not a thing, but a doing, a congealing of agency'.²⁶ Matter, in other words, refers to phenomena in their on-going materialization and therefore to the iteration, not of the regulative norm, but of socio-material practices.²⁷ It follows that in my reading of Barad, materiality refers to the materiality and materialization of suicides, to the intra-actions of multiple agencies participating in post-mortems, which, in turn, produced and determined phenomena – suicides.

Agential Bodies

In his study on the history of Swedish forensic medicine, Tony Gustafsson argues that in post-mortems doctors were the ones being active whereas corpses were passive objects waiting to be signified.²⁸ Interestingly, post-mortem reports suggest something different, a more active, indeed, a more material relation. Doctors could, for instance, describe bodies by stating that a corpse had an '[a]bnormally large, extremely fattened heart'²⁹ or 'regular cardiac valves'³⁰ or a 'conspicuously small spleen ... [but] nothing peculiar in the intestines'.³¹ The bodies, in other words, were not passive objects but active participants in post-mortems: the doctors adverted to the size, form and texture of the organs and by so doing defined the deaths on the basis of the material qualities of the bodies. Nonetheless, bodies did become objects as the post-mortem apparatus separated the doctors from the bodies. Barad calls this strange dualism as 'cutting together-apart': while being entanglements of different agencies, intra-actions also demarcate the agencies involved in a phenomenon.³² Post-mortems manifest this

dual enactment. Though suicides were intra-actively moulded in post-mortems, post-mortems also separated bodies from the doctors and determined the bodies as objects.

By objectifying bodies, autopsies determined the nature of suicide. In this respect, the attributes doctors used in depicting bodies are intriguing because they imply the medical presumptions present in autopsies. Judging by the accounts of ‘abnormal’, ‘regular’ and ‘peculiar’ organs, the cadavers were compared to an ideal body. Post-mortems thus indicate the change occurring in nineteenth-century medical thinking, analyzed by Foucault. According to Foucault, since the change ‘[m]edicine must no longer be confined to a body of techniques for curing ills and of the knowledge that they require; it will also embrace a knowledge of *healthy man*, that is, a study of *non-sick man* and a definition of the *model man*’.³³ The accounts of ‘conspicuously small spleen’, ‘abnormally large heart’ and of ‘peculiar intestines’ are examples of allusion to non-normative bodies – to bodies that did not materialize the norm Foucault is writing about.

Oddly enough, in the context of post-mortems, normativity was the factor enabling the recognition of pathologies: pathologies could be observed only by establishing a norm. That, however, led to dualistic thinking and the assumption associated with it, namely, the idea of sameness and resemblance. Non-normative bodies, those with peculiar intestines and oversized hearts, challenged the idea of sameness and resemblance, revealing instead a continuous process of differentiation, the reality of non-dualism – the reality of difference. Instead of the body, there was *a* body, an array of bodies. In fact, Elizabeth Grosz has argued that nature is a differentiation process; therefore it is not in a state of being but that of becoming.³⁴ I suggest that a body, too, can be understood as something that is in constant transformation. Indeed, I argue that it is, at least partially, precisely for this reason that the iteration of the regulatory norms is, as Butler so famously framed it, condemned to fail. Normativity presumes a particular body, in other words, it presumes *the* body.³⁵ Establishing a norm, however, diminishes the bodily variations, the differences that matter. Late nineteenth-century physicians referred and reacted to such differences by defining them as abnormal. Their reactions reveal that a body had a history that was not only discursive but also material. Bodies were not identical – they differed in flesh. As a result, suicide was in constant change too: suicide was not one but multiple.

The medical reactions show that Finnish physicians had a good knowledge of anatomy. Interestingly, district doctors, who were general practitioners, performed most of the post-mortems, but some were carried out by professors in pathological anatomy and forensic medicine. However, anatomical dissections were part of the training of districts doctors; in fact, according to Niilo Pesonen, anatomy was essential in their medical education.³⁶ That being the case, the observations on anomalous organs pertained to the educational background of doctors and to the professional ability thus acquired to distinguish 'normal' bodies from 'abnormal' ones.

Furthermore, nineteenth-century physiological medicine and its conception of health and the healthy body determined the way in which doctors inspected and defined bodies. Towards the end of the nineteenth century, the older view that had defined diseases as anatomical lesions gradually gave a way to a new one, stressing the role of cells and cellular dysfunctions. The concept of disease became more specified: organs turned into tissues, tissues into cells, and anatomy into bodily functions. As a result, the notion of disease was redefined. Medical practitioners no longer perceived diseases as anatomical abnormalities; instead, they saw them as dysfunctions caused by anatomical alteration.³⁷ Yet, in the context of post-mortems, disease was above all perceived as an organ pathology. This, I argue, had to do with the purpose of autopsy: the aim was not to produce knowledge of diseases as such, but to establish forensic facts. And since the purpose was not to define the nature of disease, but that of suicide, doctors looked for different things than they did in medical autopsies. Hence, the apparatus – the very practice by which the body was examined – framed the formation of suicide.

Judging by the metaphors testifying to, for instance, 'conspicuously small spleens', eyesight was the primary medical instrument at work in post-mortems. The growing importance of sight was part of the change that came about in nineteenth-century medical observation. At the turn of the nineteenth century, observation replaced speech, a method of diagnosis that had been based largely on listening to patients' narrations on ailments and symptoms. Nineteenth-century clinical medicine, on the other hand, was based on the practical education given in clinics where the nature of disease was deduced, not by listening to patients, but by observing them. Accordingly, the symptoms patients described to doctors were transformed into symptoms signalling the subcutaneous

lesions that – provided that the patient died – could be best studied by dissecting and observing the sick body.³⁸ Hence, as Foucault has noted, ‘[t]he eye becomes the depositary and source of clarity; it has the power to bring a truth to light that it receives only to the extent that it has brought it to light’.³⁹ Sight, knowledge and truth were woven together: to see was to know the truth. However, as we have already seen, sight was not one-sided. The bodies compelled the doctors to react to that which they saw, in which case the bodies were agentive. They stared back and participated actively in the formation of suicides. Suicides, in other words, were material-discursive entanglements of various agencies, including but not limited to bodies, doctors and medical discourse, as will be discussed next.

Minding Matter, Mattering Mind

As mentioned earlier, at the end of a post-mortem report the doctor wrote a certificate defining, among other things, the mental state of the deceased. To validate their view on the frame of mind, the doctors referred to a particular post-mortem finding or findings. Towards the end of the nineteenth century references to the brain increased. This was due to so-called brain pathology theory.⁴⁰ One of its advocates was Wilhelm Griesinger, a German psychiatrist and a leading figure in nineteenth-century psychiatry. In his study on mental illnesses, originally published in 1845, Griesinger argued that all mental illnesses were in fact varieties of cerebral diseases.⁴¹ The Finnish physicians seem to have shared Griesinger’s view. In their certificates they referred to all kinds of cerebral alterations and abnormalities: thick skulls, atrophied brains and blood-filled brain substances. Most often, though, they mentioned meninges: ‘[T]he deceased suffered from a chronic inflammation of pia mater (Meningitis chronica) ... [and] thus was not in sound mind while committing suicide’.⁴² As can be seen, the role of meningitis was decisive. Through having an effect in the determination of the mental state, meningitis participated in the formation of suicide, and was therefore an example of the non-human agencies involved in post-mortems. Hence, I argue, in late nineteenth-century medicine suicide was not merely a human phenomenon, but rather one consisting of humans and non-humans.

Interestingly, Griesinger mentioned the non-human dimension in his study. According to him, '[a]ll attempts strictly to distinguish insanity from acute or chronic diseases of the brain, as they are described from the anatomical point of view ... for example meningitis, encephalitis, & co. ... would be an undertaking most futile, for even certain cases of mental disease are really meningitis, encephalitis, & co'.⁴³ In Griesinger's view, treating mental illnesses and meningitis as two separate diseases was not accurate diagnosis because they both indicated the same thing, brain disease. The brain, then, was defined as the organ of the mind. That had not always been the case. Earlier the heart had been the organ capturing the essence of humanity. Until the early modern period, the heart was seen as the seat of the mind, the self and emotions. Humoral theory, according to which illness was an imbalance of the four humours (black bile, yellow bile, phlegm and blood), deemed the heart as the centre of emotions.⁴⁴ In 1869–1910, the heart still had an explanatory potency: doctors could name, for instance, a fatty heart as the cause of mental disturbance.⁴⁵ However, of all the organs it was the brain that was mentioned most often. This change signified a transformation in the organ hierarchy, as studied by Fay Bound Alberti: in nineteenth-century medicine, the brain was establishing its place as the most important human organ.⁴⁶

In fact, in post-mortems the brain played such a vital role that if it was decomposed the definition of the deceased's mental state became difficult: 'Because of the alterations in the brain, caused by decomposition, freezing, and melting, on the basis of examination nothing certain about the state of mind in the hour of the death can be concluded'.⁴⁷ As the decomposed, frozen, or otherwise post-mortem altered brains prevented, or at the very least impeded, the determination of the mental state, the body was far from being a mere object, a blank substance awaiting signification. On the contrary, the body participated actively in the signification and in the determination of the mental state. Matter – a body – could even dictate the manner of burial: the way in which a body was buried depended on the frame of mind, defined by the matter of the body.

Because of their activity and the impact they had on their surroundings, the cadavers could be deemed animate rather than inanimate. The strange 'liveliness' of the dead is reminiscent of the current brain-dead whom the ethnographer Margaret Lock has studied. According to her,

the brain-dead, whose organs can be used in organ transplants, are ‘living cadavers’: their bodies are alive, but the mind, which modern medicine localizes in the brain, is dead. Accordingly, the one who dies is the person-living-in-the-brain, not the body.⁴⁸ Similarly, in post-mortem death was above all the death of the person localized in the brain, whereas the body was still present and very much alive: it affected – and was affected by – the world. Put that way, death animated life as gender scholar Mel Y. Chen has suggested. The corpses that took part in autopsies participated in life and by doing so, made life even livelier.⁴⁹ Given this situation, death and the demarcation of the living and the dead was a result of a defining practice – a post-mortem. Post-mortems enacted deaths by drawing the boundaries between the living and the dead. Death, in other words, was a doing.

The brain-centeredness, on the other hand, to which the post-mortems attest and which Lock is writing about, originated in the nineteenth century. According to the historian Fernando Vidal, it is because of that shift in emphasis that humans are currently defined by what he calls ‘brainhood’, an idea that instead of simply having a brain, one’s being is the brain. Vidal relates the emergence of brainhood to nineteenth-century neuroscience, but its origins can be traced even further, to the seventeenth century and René Descartes. Descartes and his contemporary philosophers substituted the Aristotelian idea of the soul as that which animates matter and is responsible for the basic functions of living beings with the Cartesian soul, whose seat was in the brain or, as Descartes would have it, in the pineal gland.⁵⁰ For Descartes, the pineal gland was the site wherein the soul and the body communicated; precisely how that happened, he did not explain.⁵¹

The discussion about the seat of the soul was still on going in the nineteenth century. According to Vidal, it was in the nineteenth century that brain studies finally abandoned both the concept of the soul and the endeavour to find its site. Instead, doctors paid attention to the reciprocal relations of the brain, self and selfhood.⁵² With regard to post-mortems, the disappearance of the soul is intriguing because doctors spoke of disorders of the soul only rarely; mostly they used the concept of mind and referred, for instance, to mental dysfunctions.

The absence of the soul from medicine is related to at least three things. Firstly, the soul had become a term belonging mainly to the vocabulary of religious discourse or psychology, a discipline that

in nineteenth-century Finland was called ‘the study of the soul’ (in Finnish, ‘sielutiede’).⁵³ Secondly, autopsies included the dissection of the brain, and since the brain participated actively in the formation of suicides, psychological states were conceptualized by terms referring explicitly to the dissected brain. Hence, the certificates testified to mental disturbances, not to disturbances of the soul. Finally, the concept of the soul was used neither in the code prohibiting suicides, the Code of 1734, nor in the post-mortem instructions formulated by the National Board of Health (the central agency of health care) and confirmed by the emperor.⁵⁴ Both code and instructions used only the language of the mind. The Code of 1734 distinguished suicides committed wilfully from those committed while suffering from feeble-mindedness, mania or other such agonies, whereas the instructions referred to mental disorders.⁵⁵ Since the code and the instructions belonged to the post-mortem apparatus, suicides emerged through the intra-actions of law and instruction texts, doctors, medicine and the brain, thus resulting in written certificates testifying to disturbances of the mind, not of the soul.

Sex⁵⁶ and Suicide: Bodies that Constrain

Several studies have shown that nineteenth-century medicine established a link between the female reproductive organs and female insanity. Carrol Smith-Rosenberg, Nancy Theoriot and Karin Johannisson have called these gendered explanations respectively the ovarian model of female behaviour, the reproductive theory of mental illness and the gynaecological model.⁵⁷ Remarks on sexual organs were not unheard of in post-mortems:

The uterus is swollen and lumpy, four inches long with the bottom of three and a half inches wide, the vaginal portion of cervix of an inch wide. The external uterine orifice is fully round, only an inch in diameter, not showing any laceration or plicae; when pressed, a few drops of thick, dark red secretion runs through the uterine orifice ... In the uterine cavity, there are two fibroid polyps, size of a thrush’s egg, tightly adhered, one from the left upper corner and the other directly from the right upper corner [and] slightly from the bottom of the anterior wall [too].⁵⁸

In addition, the doctor made a number of other remarks, commenting on the size and texture of the uterus, the uterine membranes, the uterine orifice, the fallopian tubes and the countless cysts and tumours he had found. Yet the report is exceptional only in its accuracy: it was usual for doctors to comment on the uterus and/or the ovaries, whether or not they related them to mental state. What is interesting is to whose uteri doctors *did not* pay attention. Above all, they were elderly women, those women who were either past the fertile age or about to pass it. For example, no attention whatsoever was paid to the womb of seventy-year old Eva Airaksinen, nor to that of Anna Rautiainen, a woman in her fifties, nor to the uterus of Emilia Fast who, to use the examining doctor's expression, was 'elderly'.⁵⁹ As the ovarian function faded away so too, it seems, did the medical interest shown in it. Interestingly, in nineteenth-century psychiatry menopause per se was conceived as a factor that predisposed women to heavy-heartedness and by so doing shook their already fragile psyche.⁶⁰ In fact, in the coroner's courts of Victorian England and early twentieth-century Australia, witnesses linked the climacteric to low feelings and, ultimately, to suicides.⁶¹ Mental fragility was thus anchored to the female body, were it young or old; the person's sex – womanhood – was defined as the source and cause of female insanity. A woman was sick precisely *because* she was a woman; she was, so to speak, sick(ened) by her nature.⁶²

Finnish medical suicide studies also made reference to the female sexual organs. Published in 1914, F.W. Westerlund's study was based on the post-mortem reports of early twentieth-century suicides. In this study, he categorized suicides on the basis of the corporeal anomalies found in autopsies. Genital anomalies constituted one of the categories, and, remarkably, the category consisted solely of those females on whose uterus, vagina or genital mucous membrane a doctor had commented.⁶³ Westerlund's study, as well as the post-mortems he used, illustrates the importance of the uterus in nineteenth-century medicine: for some physicians, it was a synecdochal organ standing for, and giving meaning to, the whole – the feminine. In this view, the uterus not only explained the female nature but was also its very origin.⁶⁴

As for post-mortems, the uterus could occasionally be linked explicitly to the mental state: '[U]terine bleeding, resulting from the bleeding in the uterus and ovaries; these disorders can be considered a highly probable cause of the delirium during which she was driven to suicide'.⁶⁵

The certificate can be read in the Foucauldian sense, as a manifestation of the hysterization of women's bodies. According to Foucault, hysterization was a threefold process wherein the female body was first thoroughly analyzed, and having been judged as utterly saturated with sexuality, integrated into the sphere of medical practices, and finally, to ensure the reproduction of the nation, placed in organic communication with the social body by means of social and family politics. The process produced two opposing female bodies, the body of the mother and that of the nervous woman.⁶⁶ The idea of hysterization constructed by Foucault was expressed in Westerlund's study. According to him,

[s]ince it is, due to physiology and anatomy, the woman's principal task to seek the fulfilment of her sexual function, the different states of her sexual organs affect the female emotional life in far more dominant way than they do that of the male. Undoubtedly, this impacts the suicide problem too, for every shift in the female emotional life affects her personality and her lust of life.⁶⁷

In Westerlund's thinking, female suicides were biological in nature: it was their sex that made the women kill themselves. Male suicides, on the other hand, were alcohol-induced.⁶⁸ Suicide was gendered: in contrast to the endogenous female suicides, the male ones were caused by an exogenous factor. Her sex could be the death of a woman.

Still, in post-mortems the link between the uterus and the mental state could be explicitly denied. The doctor autopsying Anna Andersdotter's body concluded that she had suffered from a uterine catarrh (*catarrhus uteri*), which, however, was 'rather a common disease', and therefore it could not 'have had an influence on her mind insomuch that it could be regarded as the motive of her suicide'.⁶⁹ Indeed, as Theoriot has reminded us, even though sexual organs explained female insanity in the nineteenth century, they were not the only explanation available. Anna Andersdotter's case exemplifies this: the doctor rejected uterine catarrh as the factor that could have driven the deceased out of her wits. Moreover, the certificate illustrates the asymmetry of agency noted by Barad. According to her, there is an important asymmetry with respect to agency because it is we – the humans – who do the representing of the world.⁷⁰ For example, in post-mortems a body – even though agentive in the sense that it participated in the formation of suicide – could

not speak for itself but needed a spokesperson, a doctor. In Anna Andersdotter's case, the doctor noticed the catarrhal state, but defined it as a common disease that could not have had an impact on her mind. Accordingly, the certificate referred to the material explanations the body provided but which did not materialize, that is, become a factor explaining the suicide. Nevertheless, the body was a constraining factor: the doctor had to take it into account and, importantly, base his view on the post-mortem findings, that is, on the bodily facts. As such, bodies conditioned the determination of suicides.

Failing Matter(s)

As the manner of burial depended on whether the suicide had been intentional or not, defining the mental state was crucial. Interestingly, certificates that left the mental state undefined were in the majority. In such cases a doctor could, for instance, conclude that

3. ... during her lifetime, she suffered from anaemia and constipation as well as from a swelling of the lower part of the uterus, which diseases often cause mental unbalance and gloominess, and
4. That on the basis of autopsy findings alone it cannot be decided if Brita Tiri was of sound mind or not at the hour of her death, nor whether she ended her life by herself or whether it was it ended by some other [person].⁷¹

At first glance, the certificate seems to suggest that mental instability had no material dimension after all. On the other hand, the doctor did suggest that the different (bodily) illnesses from which the deceased had suffered could have affected the mind. Hence, he did not refute the materiality of insanity as such; rather, he doubted whether in this particular case, the mental state could be established accurately enough by means of post-mortem.

Other doctors voiced similar doubts: 'A conclusion cannot be drawn from the post-mortem findings on whether she threw herself in front of the train wilfully and sound-mindedly or whether she did that in a fit of delirium, caused by some sort of mental debility'.⁷² As can be seen, mental state could not be defined on the basis of post-mortem findings; that is, on the basis of physical properties of bodies. Put this way,

the bodies failed to embody the material signs that could be recognized as signs of insanity. Grosz infers this when she argues that human products and practices – institutions, languages and knowledge, including, I suggest, medicine – are never adequate to express the reality of life and matter, and can therefore merely reconstruct matter retrospectively. Because of this inadequacy, matter is forced into the already existing conceptions, which diminish the variations and inventions of matter.⁷³ In the context of post-mortems, doctors therefore observed *certain* types of anomalies – such as inflamed meninges, ovarian cysts or fatty hearts – but the bodies that did not embody such signs were not recognized as having belonged to an insane person. Hence, I argue, the bodies failed. They could also fail by decomposing in such a way that a post-mortem could not be carried out properly:

The deceased has been kept in a dirt grave, and during this time temperature has been +26° in shadow ... According to the police investigation report, the wife Sofia Rask Flinck raised her hand against herself, presumably in a fit of mental disorder. As no signs of external violence caused by another person can be found, and as the post-mortem findings do not, due to the decomposition [of the body], give any definite result, it must be considered quite possible that Sofia Rask committed suicide in a fit of mental disorder.⁷⁴

Several points deserve comment. Firstly, since decomposition hindered the determination of mental state, matter was – once again – agentive. Secondly, the weather was a non-human component of the post-mortem apparatus: it accelerated decomposition and thus took part in the formation of suicide. Thus, like many other apparatuses the post-mortems were not, as Barad has argued, merely human practices, assembled to satisfy particular human interests. On the contrary, the post-mortems were made up of specific intra-actions, including those of humans and non-humans.⁷⁵ Moreover, as Barad has noted, apparatuses do not always work in a preferred way; for example, produce the phenomena they are meant to produce.⁷⁶ I argue that the difficulties in defining the mental state and/or the cause of death were due to the non-human dimensions of post-mortems. The post-mortem process was comprised of both humans and non-humans, and because the non-human agencies were beyond human control, the autopsies did not necessarily produce

the desired phenomenon, a suicide that could be determined and propertied. In such cases, the mental state and/or the cause of death were left undefined. Non-humans thus played a decisive, indeed, a determinant role in the formation of suicide. This conclusion questions the humanness of suicide, the idea that suicide was a thoroughly human phenomenon.

Conclusion

There is little doubt that in late nineteenth-century Finland suicide was a medicalized, cultural and gendered phenomenon. It was shaped by the medical discourse framing female suicides as the effects of mental disturbances caused by organ pathologies, mostly those of the brain, but – as women were in question – also of the uterus. Yet there was more to it than just gender, culture and discourse. The female suicides emerged as doctors, bodies, medical discourse, weather conditions and other material and discursive, human and non-human agencies intra-acted. That being the case, past suicides were not merely human phenomena, nor simply discursive ones.

Indeed, one of the challenges of discursive history is that, as its focus is on words, factors for which no word exists are at risk of being disregarded. As a result, the past appears as something made up of words, communication and other human actions, whose objects the non-humans then are. Yet in post-mortems it was the decayed cadavers that could prevent the dissection and thereby the precise determination of suicide. As such, autopsies manifest the agency of matter: in forming suicides, matter was agentive. Acknowledging the materiality of reality is therefore not enough; it is the very relations between matter and meaning, humans and non-humans that need to be rethought. As the late nineteenth-century female suicides show, agential realism provides the means for that.

By departing from the immediate givenness of the world, from the idea that ‘objects’ and ‘things’ have an intrinsic nature, agential realism provides a non-deterministic framework for exploring the past. Instead of the end products, the analysis begins from the middle, thus shifting the focus from the result – from the already propertied things and objects – to the formative moment of historical phenomena. Put this way, history is not about the inevitable; it is about possibilities.

With regard to non-determinism, the agential realistic approach has important resonances with the notion of possibility, proposed by cultural historian Hannu Salmi. Addressing the concepts crucial for cultural history, Salmi argues that the object of cultural historical studies is the possibilities present in past cultures, both those that have been actualized, and those that could have been actualized but were not and thus remained virtual.⁷⁷ Understood in this way, the study of history is about mapping the reality that was imaginable for contemporaries; it is about the plenitude, the multitude of possibilities entailed in the past. As Salmi states, ‘historical happenings are in a state of becoming’, in other words, they are not determinate in nature.⁷⁸ However, as Salmi does not address the materiality of the possibility, his insight can be elaborated and reframed as follows: a historical happening is a material-discursive becoming, an on-going and intra-active materialization of the world. In this process, matter has a decisive role: it is a factor that prompts the plenitude of the past. Late nineteenth-century female suicides illustrate this agency of matter. As the bodies of suicides varied, so too did suicides. Matter had a history: it was a driving force that compelled the differentiation of suicides – the becoming of possibilities – and by doing so kept history on the move.

Notes

- 1 Howard I. Kushner, ‘Women and Suicide in Historical Perspective’, *Signs* 10 (1985) 541; Howard I. Kushner, ‘Suicide, Gender, and the Fear of Modernity in Nineteenth-Century Medical and Social Thought’, *Journal of Social History* 26 (1993) 469.
- 2 Anu Salmela, ‘Järkensä menettäneet – henkensä hukanneet. Mielenhäiriöt naisten itsemurhien selittäjänä 1800-luvun lopun Suomessa’, *Hybris*, no. 3 (2011) [online journal, no page numbers], <http://hybrislehti.net/node/71>; Mikko Myllykangas, *Rappeutuminen, tiedostamaton vai yhteiskunta? Lääketieteellinen itsemurhatutkimus Suomessa vuoteen 1985* (Oulu, 2014) 101–104; Anu Salmela, ‘Hulluuden vallassa? Itsemurhan sairausluonteesta neuvottelu 1800-luvun jälkipuolen tuomioistuimissa’ in Jutta Ahlbeck et al. (eds), *Kipupisteissä. Sairaus, kulttuuri ja modernisoituva Suomi*, (Turku, 2015) 105–131.

- 3 Toivo Nygård, *Itsemurha Suomalaisessa Yhteiskunnassa* (Jyväskylä, 1994) 27–28; Eva Åhrén, *Death, Modernity, and the Body: Sweden 1870–1940* (Rochester NY, 2009) 30–1; Salmela, 'Hulluuden vallassa?', 105–106.
- 4 On post-mortems in the Nordic context see also, e.g., Tony Gustafsson, *Läkaren, döden och brottet: studier i den svenska rättsmedicinens etablering* (Uppsala, 2007); Anu Koskivirta, 'Parantaja, kuolinsyyntutkija ja syyntakeeton murhaaja. Välskäri-kirurgi Geissen veriteko yhteisöllisen kriisin kuvastimessa', in Jari Eilola (ed.), *Makaaberin ruumis. Mielikuvia kuolemasta ja kehosta* (Helsinki, 2009) 272–323.
- 5 Nygård, *Itsemurha suomalaisessa yhteiskunnassa*, 27–28, 125; Jussi Pajujoja, 'Itsemurhat ja laki', in Kalle Achté et al (eds), *Suomalainen itsemurha* (Helsinki, 1989) 136; Anu Salmela, 'Merkitsevä hiljaisuus'. Hiljainen hautaus 1900-luvun taitteen julkisessa keskustelussa, in Marjo Kaartinen (ed.), *Hiljaisuuden kulttuurihistoria* (Turku: 2015b) 253–276. On the practice of silent burial see e.g. Hilding Pleijel, *Jordfästning i stillhet. Från samhällsstraff till privatceremoni* (Lund, 1983); Salmela, 'Merkitsevä hiljaisuus', 253–276; Birgitta Skarin Frykman, "'Sista ordet." En revolution i stillhet. Arbetarbegravningarnas sociala språk', in Lena Johannesson et al. (eds), *Arbetarrörelse och arbetarkultur. Bild och självbild* (Stockholm, 2007) 32–173.
- 6 See e.g., Michael MacDonald, 'The Medicalization of Suicide in England: Laymen, Physicians, and Cultural Change, 1500–1870', *The Milbank Quarterly* 67 (1989) 69–91; Ian Marsh, *Suicide: Foucault, History and Truth* (Cambridge: 2010); Anne Shepherd and David Wright, 'Madness, Suicide and the Victorian Asylum: Attempted Self-Murder in the Age of Non-Restraint', *Medical History* 46 (2002) 175–196; R. A. Houston, 'Explanations for Death by Suicide in Northern Britain during the Long Eighteenth Century', *History of Psychiatry* 23 (2012) 52–64; Maria Teresa Brancaccio, "'The Fatal Tendency of Civilized Society": Enrico Morselli's Suicide, Moral Statistics, and Positivism in Italy', *Journal of Social History* 46 (2013) 700–715; Åsa Jansson, 'From Statistics to Diagnostics: Medical Certificates, Melancholia, and "Suicidal Propensities" in Victorian Psychiatry', *Journal of Social History* 46 (2013) 716–731; Georgina Laragy, "'A Peculiar Species of Felony": Suicide, Medicine, and the Law in Victorian Britain and Ireland', *Journal of Social History* 46 (2013) 732–743; Evelyne Luef, 'Low Morals at a High Latitude? Suicide in Nineteenth-Century Scandinavia', *Journal of Social History* 46 (2013) 668–683; Myllykangas, *Rappeutuminen*,

- tiedostamaton vai yhteiskunta*; Mikko Myllykangas and Katariina Parhi, 'The Unjustified Emotions: Child Suicide in Finnish Psychiatry from the 1930s until the 1970s', *The Journal of the History of Childhood and Youth* 9 (2016) 489–508.
- 7 The corpus consists of some seven hundred post-mortem reports from years 1869 to 1910. The reports are either in Finnish or in Swedish. All translations are mine. I am using suicide's real names. The justifications are as follows: firstly, the post-mortem reports are public and thus have no restrictions to their use and; secondly, the use of pseudonyms might confirm the notion that suicide is shameful, which, by no means, is my aim. On the contrary, my aim is to break the silence and to dispel the veil of infamy surrounding suicides. Using the real names instead of pseudonyms is thus an ethical choice. Because the studied period, the years of 1869–1910, can be categorized by utilizing the term 'long nineteenth century', I am writing about the late nineteenth-century female suicides.
 - 8 Toivo Nygård's study is an exception see Nygård, *Itsemurha suomalaisessa yhteiskunnassa*.
 - 9 Karen Barad, *Meeting the Universe Halfway. Quantum Physics and the Entanglement of Matter and Meaning* (Durham, 2007). For a new materialist reading on the history of female suicides see also Anu Salmela, *Kuolemantekoja. Naisten itsemurhat 1800-luvun jälkipuolen tuomioistuinprosesseissa* (Turku, 2017).
 - 10 Bruno Latour, *We Have Never Been Modern* (Harvester Wheatsheaf, 1993); Rosi Braidotti, *Metamorphoses: Towards a Materialist Theory of Becoming* (Cambridge, 2002); Elizabeth A. Grosz, *The Nick of Time: Politics, Evolution, and the Untimely* (Durham, 2004); Elizabeth A. Grosz, *Time Travels: Feminism, Nature, Power, Next Wave* (Durham, 2005); Gilles Deleuze and Felix Guattari, *A Thousand Plateaus* (London, 2013).
 - 11 Hans Schouwenburg, 'Back to the Future? History, Material Culture and New Materialism', *International Journal for History, Culture and Modernity* 3 (2015) 65.
 - 12 Karen Barad, 'Meeting the Universe Halfway: Realism and Social Constructivism without Contradiction', in Lynn Hankinson Nelson and Jack Nelson (eds), *Feminism, Science, and the Philosophy of Science*, (Dordrecht, 1996) 161–194; Karen Barad, 'Getting Real: Technoscientific Practices and the Materialization of Reality', *Differences: A Journal of Feminist Cultural Studies* 10 (1998) 87–128; Karen Barad, 'Posthumanist Performativity: Toward an Understanding of How Matter Comes to Matter',

Signs: Journal of Women in Culture & Society 28 (2003) 801–831; Barad, *Meeting the Universe Halfway*. Foucault’s concept of dispositif comes near to Barad’s idea of the mutual entailment of matter and meaning. Similar thoughts can also be found in the philosophy of Deleuze and Guattari.

- 13 See e.g. Richard Grassby, ‘Material Culture and Cultural History’, *The Journal of Interdisciplinary History*, 35 (2005) 591–603; Karen Harvey (ed.), *History and Material Culture: A Student’s Guide to Approaching Alternative Sources* (London, New York, 2009); Maija Mäkikalli and Riitta Laitinen (eds), *Esine ja aika. Materiaalisen kulttuurin historiaa* (Helsinki, 2010); Harvey Green, ‘Cultural History and the Material(s) Turn’, *Cultural History* 1 (2012) 61–82; Iris Clever and Willemijn Ruberg, ‘Beyond Cultural History? The Material Turn, Praxiography, and Body History’, *Humanities* 35 (2014) 546–566; Marjo Kaartinen, ‘Material Culture in Gendered Urban Settings. Introduction’, in Deborah Simonton (ed.), *The Routledge History Handbook of Gender and the Urban Experience*, (London; New York, 2017) 245–248; Deborah Simonton (ed.), *The Routledge History Handbook of Gender and the Urban Experience* (London; New York, 2017) see esp. part IV.
- 14 On discussions on new materialism see e.g. Sara Ahmed, ‘Open Forum Imaginary Prohibitions. Some Preliminary Remarks on the Founding Gestures of the “New Materialism”’, *European Journal of Women’s Studies* 15 (2008) 23–39; Clare Hemmings, ‘Generational Dilemmas: A Response to Iris van der Tuin’s “Jumping Generations”’: On Second- and Third-Wave Feminist Epistemology’, *Australian Feminist Studies* 24 (2009) 33–37; Rick Dolphijn and Iris van der Tuin, ‘Introduction: A “New Tradition” in Thought’, in Rick Dolphijn and Iris van der Tuin (eds), *New Materialism: Interviews & Cartographies* (Ann Arbor, 2012) 85–92; Marianne Liljeström, ‘Tietämisen kontekstit ja tiedon kierrättäminen’, in Kaisa Kurikka et al (eds), *Kertomuksen luonto*, (Jyväskylä, 2012) 221–228; Nikki Sullivan, ‘The Somatechnics of Perception and the Matter of the Non/Human: A Critical Response to the New Materialism’, *European Journal of Women’s Studies* 19 (2012) 299–312; Sari Irni, ‘Kun jälkistrukturalisti kohtaa luonnontieteistä inspiroituneen uusmaterialistin. Herkän luennan harjoitus’, *Naistutkimus – Kvinnoforskning* 26 (2013) 5–16; Sari Irni, Mianna Meskus, and Venla Oikkonen, ‘Teknotieteen, sukupuolen ja materiaalisuuden muunnelmat’, in Sari Irni, Mianna Meskus, and Venla Oikkonen (eds), *Muokattu elämä. Teknotiede, sukupuoli ja materiaalisuus*, (Tampere, 2014b) 7–47; Schouwenburg, ‘Back to the Future’; Sari Irni and Katariina Kyrölä, ‘Feministiset sommitelmat, uusmaterialistiset politiikat

- ja äärimmäisyyksien materiat', *Sukupuolentutkimus – Genusforskning* 29 (2016) 3–9.
- 15 Schouwenburg, 'Back to the Future', 60–61.
- 16 For the history studies inspired by new materialism see e.g. Timothy Mitchell, *Rule of Experts: Egypt, Techno-Politics, Modernity* (California, 2002); Geertje Mak, 'Doubting Sex from Within: A Praxiographic Approach to a Late Nineteenth-Century Case of Hermaphroditism', *Gender & History* 18 (2006) 332–56; Jussi Parikka, *Digital Contagions. A Media Archaeology of Computer Worms and Viruses* (Turku, 2007); Tony Bennett and Patrick Joyce (eds), *Material Powers: Cultural Studies, History and the Material Turn* (London, 2010); Dan Hicks and Mary Carolyn Beaudry (eds), *The Oxford Handbook of Material Culture Studies* (Oxford, New York, 2010); Christina Benninghaus, 'Beyond Constructivism?: Gender, Medicine and the Early History of Sperm Analysis, Germany 1870–1900', *Gender & History* 24 (2012) 647–676; Maria Tamboukou, 'Archival Research: Unravelling Space/Time/Matter Entanglements and Fragments', *Qualitative Research* 14 (2014) 617–633; Visa Immonen, 'Sotkuinen aineellisuus. Menneisyyden merkityksistä ja ihmiskeskeisyydestä esineiden ajallisuuteen', *Historiallinen aikakauskirja* 114 (2016) 190–200; Tiina Männistö-Funk, 'Rykelmät: työkaluehdotus materiaalien toimijoiden menneisyyden tutkimiseen', *Historiallinen aikakauskirja* 114 (2016) 178–189.
- 17 On new materialist readings of death, suicide and forensics in contemporary culture see Vicki Kirby, *Judith Butler: Live Theory* (London, 2006); Vicki Kirby, 'Tracing Life: "La Vie La Mort"', *CR: The New Centennial Review*, 9 (2009); Vicki Kirby, *Quantum Anthropologies: Life at Large* (Durham and London, 2011).
- 18 Barad, *Meeting the Universe Halfway*, 54, 109, 118–121.
- 19 Ibid., 113, 115–118, 261, 301–302.
- 20 Barad, 'Posthumanist Performativity', 815; Barad, *Meeting the Universe Halfway*, 33.
- 21 Barad, *Meeting the Universe Halfway*, 63, 175. Barad maintains that in explicating the relationship between the non-discursive and the discursive, Foucault comes closest when he introduces *dispositif*, a notion that consists of the said and the unsaid. Ibid., 63. According to Matti Peltonen, English translators have not always been aware that *dispositif* is a notion combining discourses and practices. Barad, however, does seem to be aware of this. On English translations see Matti Peltonen, 'Michel Foucault'n historiallisesta ajattelusta', *Historiallinen aikakauskirja* 106 (2008) 167–177.
- 22 Barad, 'Getting Real', 101.

- 23 Barad, 'Meeting the Universe Halfway', 177, 183; Barad, *Meeting the Universe Halfway*, 33; Sari Irni, *Ageing Apparatuses at Work. Transdisciplinary Negotiations of Sex, Age and Materiality* (Åbo, 2010) 85.
- 24 Barad, *Meeting the Universe Halfway*, pp. 177–178, 184–185, 206–207.
- 25 Barad, *Meeting the Universe Halfway*, pp. 150–151. As gender scholar Sari Irni has noted, the critique is not entirely justified. In some of her writings, Butler does note that matter participates in signification, see Sari Irni, 'Kun jälkistrukturalisti', 10.
- 26 Ibid., 151.
- 27 Barad, 'Posthumanist Performativity', 802; Barad, *Meeting the Universe Halfway*, 151.
- 28 Gustafsson, *Läkaren, döden och brottet*, 217.
- 29 National Board of Health [hereafter NBH], Post-mortem reports, The National Archives [hereafter NA], Helsinki [hereafter Hki], Ref: 20/1869.
- 30 NBH, Post-mortem reports, NA, Hki, Ref: 416/1903.
- 31 NBH, Post-mortem reports, NA, Hki, Ref: 165/1888.
- 32 Karen Barad, 'Intra-Actions. Interview by Adam Kleinman', *Mousse* no.34 (2012) 34.
- 33 Michel Foucault, *The Birth of the Clinic. An Archaeology of Medical Perception* (London, 2003) 34. Italics in original.
- 34 Grosz, *Time Travels*.
- 35 Judith Butler, *Bodies That Matter. On the Discursive Limits of 'Sex'* (London, 2011).
- 36 Niilo Pesonen, *Piirilääkärinä Suomessa 1800-Luvulla* (Helsinki, 1990) 20–21. On district doctors and their education see also Arno Forsius, *Sosiaali- ja terveydenhuollon kehitys Hollolassa ja Lahdessa vuoteen 1865* (Lahti, 1982) 275; Saara-Maija Kontturi, *Parantajat ja tieteentekijät. Piirilääkärit Ruotsin valtakunnassa 1700-luvun lopulta 1800-luvun alkuun* (Jyväskylä, 2014); Saara-Maija Kontturi, 'Suomen varhaisen piirilääkärilaitoksen tavoitteet ja niiden toteutuminen', *Hippokrates* 32 (2015) 91–116.
- 37 Minna Uimonen, *Hermostumisen aikakausi. Neuroosit 1800- ja 1900-lukujen vaihteen suomalaisessa lääketieteessä* (Helsinki, 1999) 39–41; W. F. Bynum, 'The Rise of Science in Medicine, 1850–1913' in W. F. Bynum (ed.), *The Western Medical Tradition: 1800 to 2000* (New York, 2006) 114, 120–23; Stephen Jacyna, 'Medicine in Transformation, 1800–1849', in W. F. Bynum (ed.), *The Western Medical Tradition: 1800 to 2000*, (New York, 2006) 56–57.

- 38 Foucault, *The Birth of the Clinic*; Uimonen, *Hermostumisen aikakausi*, 92–93; Karin Johannisson, *Tecknen: läkaren och konsten att läsa kroppar* (Stockholm, 2004) 122–128; Gustafsson, *Läkaren, döden och brottet*, 226–236; Robert A. Aronowitz, ‘When Do Symptoms Become a Disease’, in Arthur L. Caplan, James J. McCartney, and Dominic A. Sisti (eds), *Health, Disease, and Illness: Concepts in Medicine* (Washington, D.C., 2004) 66.
- 39 Foucault, *The Birth of the Clinic*, xiii.
- 40 Jutta Ahlbeck-Rehn, *Diagnostisering och disciplinering. Medicinsk diskurs och kvinnligt vansinne på Själö hospital 1889–1944* (Åbo, 2006) 112, 138, 144, 251–252; Petteri Pietikäinen, *Hulluuden historia* (Helsinki, 2013) 81–82, 86–87, 95; Helena Hirvonen, *Suomalaisen psykiatriatieteen juuria etsimässä. Psykiatria tieteenä ja käytäntönä 1800-luvulta vuoteen 1930* (Joensuu, 2014) 133–137, 139–140.
- 41 Wilhelm Griesinger, *Mental Pathology and Therapeutics*, 2. edition (The New Sydenham Society, 1867).
- 42 NBH, Post-mortem reports, NA, Hki, Ref: 97/1880.
- 43 Griesinger, *Mental Pathology and Therapeutics*, 8.
- 44 Fay Bound Alberti, ‘The Emotional Heart: Mind Body and Soul’, in James Peto (ed), *The Heart* (New Haven, London, 2007) 125–142; Fay Bound Alberti, *Matters of the Heart: History, Medicine, and Emotion* (Oxford, New York, 2010) 18–19, 52, 62, 135; Matja-Liisa Honkasalo, ‘Sydänsairaudet ja materian aktiivisuus’, in Sari Irni et al (eds), *Muokattu elämä. Teknotiede, sukupuoli ja materiaalisuus* (Tampere, 2014) 198; On the heart in medieval sagas see Kirsi Kanerva, *Porous Bodies, Porous Minds: Emotions and the Supernatural in the Íslendingasögur (Ca. 1200–1400)* (Turku, 2015). On the heart in medieval and early modern period see Jonathan Miller, ‘The Anatomised Heart: Understanding the Pump’, James Peto (ed.), *The Heart* (New Haven, London, 2007) 39–62; Francis Wells, ‘The Renaissance Heart: The Drawings of Leonardo Da Vinci’, in James Peto (ed), *The Heart* (New Haven, London, 2007) 63–94.
- 45 See e.g. NBH, Post-mortem reports, NA, Hki, Ref: 20/1869; 283/1871; 41/1876; 416/1904.
- 46 Alberti, *Matters of the Heart*, 6–9.
- 47 NBH, Post-mortem reports, NA, Hki, Ref: 34/1897.
- 48 Margaret Lock, ‘On Making Up the Good-as-Dead in a Utilitarian World’, in Sarah Franklin and Margaret Lock (eds), *Remaking Life & Death. Toward an Anthropology of the Biosciences*, (Santa Fe, 2003) 165–92.

- 49 Mel Y. Chen, *Animacies: Biopolitics, Racial Mattering, and Queer Affect*, Perverse Modernities (Durham, NC, 2012).
- 50 Fernando Vidal, 'Brainhood, Anthropological Figure of Modernity', *History of the Human Sciences* 22 (2009) 12.
- 51 Roy Porter, *Madness: A Brief History* (Oxford, 2002) 57; Alberti, *Matters of the Heart*, 9. On Descartes see e.g. Lilli Alanen, 'Människa, medvetande och materia – tre grundbegrepp i Descartes' filosofi', in Ilkka Niiniluoto and Esa Saarinen (eds), *Ihmiskäsitysten filosofia* (Helsinki, 1984) 141–167; Deborah J. Brown, 'What Was New in the Passions of 1649?', in Tuomo Aho and Mikko Yrjönsuuri (eds), *Norms and Modes of Thinking in Descartes* (Helsinki, 1999) 211–31; Desmond Clarke, *Descartes's Theory of Mind* (Oxford, New York, 2003); Justin Skirry, *Descartes and the Metaphysics of Human Nature* (London, New York, 2006); Georges Dicker, *Descartes: An Analytic and Historical Introduction* (Oxford, New York, 2013).
- 52 Vidal, 'Brainhood, Anthropological Figure of Modernity', 12–13, 15–16.
- 53 Jouko Aho, *Käsityksiä sielusta ja sielutieteestä: psykologia ja psykologinen ihmiskuva Suomessa 1800-luvun jälkipuoliskolla* (Oulu, 1989); Jouko Aho, *Sieluun piirretty viiva. Psykologisia perinteitä suomenmielisestä sielutieteestä kokeelliseen kasvatusoppiin* (Oulu, 1993), *passim*, see espec. 12, 35–36, 74, 79; Anne Ollila, 'Maallistuva aika: Aikakäsitys 1800-luvun lopussa', in Henri Terho (ed), *Hetkiä historiassa* (Turku, 2003), 195; Bynum, 'The Rise of Science in Medicine, 1850–1913', 197; Kirsi Tuohela, 'Mitä on melankolia? Psykkisen sairastaminen kulttuurihistorian näkökulmasta', in Hannu Salmi and Marja-Liisa Honkasalo (eds), *Terveyttä kulttuurin ehdoilla. Näkökulmia kulttuuriseen terveystutkimukseen* (Turku, 2012) 66; Hirvonen, *Suomalaisen psykiatriatieteen juuria etsimässä*, 59–60, 62–63, 134, 177. On the concepts of the mind and the soul in autobiographies see Kirsi Tuohela, 'Sielun ja mielen sairaus. Varhaiset psykkisen sairastamisen omaelämäkerrat Suomessa', in Jutta Ahlbeck et al (eds), *Kipupisteissä. Sairaus, kulttuuri ja modernisoitua Suomi* (Turku, 2015) 195–232. On the theological psychology see Rick Rylance, *Victorian Psychology and British Culture 1850–1880* (Oxford, New York, 2000); Thomas Dixon, *From Passions to Emotions. The Creation of a Secular Psychological Category* (Cambridge, 2003).
- 54 In 1809–1917, Finland was a Grand Duchy of Russia and was ruled by the Russian Emperor. On the history of Finland see e.g. Henrik Meinander, *A History of Finland* (New York, 2011).
- 55 1734 laki, Pahantegon Caari XIII:1; 'Instruction för Läkarene i Finland vid förrättandet af Medico-legala Likbesigtningar, i anledning af General-

Directeurens för Medicinal-Verket och Collegii-Medici Förslag, af Hans Kejslerliga Majestät i Nåder Anställd 1841', *Finlands medicinal-författningar 5.–6. delen, 1871–1893* (Helsingfors, 1888).

- 56 Since my focus is on biology, I am deliberately using the concept of sex. However, as several scholars have noted, the sex/gender distinction is problematic because sex and gender cannot be separated. On the difficulties of the sex/gender distinction see e.g. Myra J. Hird, 'Gender's Nature Intersexuality, Transsexualism and the 'sex'/'gender' Binary', *Feminist Theory* 1 (2000) 347–364; Sara Heinämaa, *Ele, työli ja sukupuoli. Merleau-Pontyn ja Beauvoirin ruumiinfenomenologia ja sen merkitys sukupuoliyksymykselle* (Helsinki, 1996); Judith Butler, *Gender Trouble. Feminism and the Subversion of Identity* (London, New York, 1999); Anne Fausto-Sterling, 'The Bare Bones of Sex: Part 1 – Sex and Gender', *Signs: Journal of Women in Culture & Society* 30 (2005), 1491–1527; Sari Irni, 'Sports/Hormones', in Iris van der Tuin (ed.), *Gender: Nature* (Farmington Hills, MI, 2016), 379–393.
- 57 Carroll Smith-Rosenberg, 'Puberty to Menopause: The Cycle of Femininity in Nineteenth-Century America', *Feminist Studies* 1 (1973) 61; Nancy M. Theriot, 'Women's Voices in Nineteenth-Century Medical Discourse: A Step toward Deconstructing Science', *Signs* 19 (1993) 24; Karin Johannisson, *Den mörka kontinenten. Kvinnan, medicinen och finde-siècle* (Stockholm, 1994) 33–36. On the intertwinement of the female body and insanity see also Ahlbeck, *Diagnostisering och disciplinering*. On the female body in medieval and early modern medicine and science see e.g. Londa Schiebinger, *The Mind Has No Sex? Women in the Origins of Modern Science* (Harvard, 1989); Helen King, *Hippocrates' Woman. Reading the Female Body in Ancient Greece* (London, 1998); Maria Suutala, *Kesyetty nainen. Seksuaalisuus ja luontosuhde länsimaisessa ajattelussa* (Helsinki, 2001); Londa Schiebinger, *Nature's Body. Gender in the Making of Modern Science* (New Brunswick NJ, 2004); Katharine Park, *Secrets of Women. Gender, Generation, and the Origins of Human Dissection* (New York, 2006); Marjo Kaartinen, *Breast Cancer in the Eighteenth Century* (London, Brookfield, 2014).
- 58 NBH, Post-mortem reports, NA, Hki, Ref: 116/1872.
- 59 NBH, Post-mortem reports, NA, Hki, Ref: 232/1876, 203/1904, and 87/1890. Similar cases see e.g. NBH, Post-mortem reports, NA, Hki, Ref: 270/1869, 297/1876, 230/1881, 22/1888, 72/1889, and 82/1890.
- 60 Theriot, 'Women's Voices in Nineteenth-Century Medical Discourse', 6, 20; Johannisson, *Den mörka kontinenten*, 121–125; Anssi Halmesvirta,

- Vaivojensa vangit. Kansa valitti ja lääkäri auttoi: historiallinen vuoropuhelu 1889–1916* (Jyväskylä, 1998) 170; Julie-Marie Strange, “‘I Believe It To Be a Case Depending on Menstruation’”. *Madness and Menstrual Taboo in British Medical Practice, C. 1840–1930*, Andrew Shail and Gillian Howie (eds), *Menstruation: A Cultural History* (Basingstoke, New York, 2005), 110; Lisabeth Hock, ‘Women and Melancholy in Nineteenth-Century German Psychiatry’, *History of Psychiatry* 22 (2011), 452, 455. As Jane M. Ussher’s study shows, the idea of menopause as something that predisposes women to mental disturbances is still very much alive, see Jane Ussher, *The Madness of Women. Myth and Experience* (London, 2011).
- 61 Barad, ‘Meeting the Universe Halfway’, 181; Barad, *Meeting the Universe Halfway*, 219.
- 62 On female insanity see e.g. Phyllis Chesler, *Women and Madness* (New York, 1972); Smith-Rosenberg, ‘Puberty to Menopause’; Elaine Showalter, *The Female Malady. Women, Madness, and English Culture, 1830–1980* (London, 1985); Theriot, ‘Women’s Voices in Nineteenth-Century Medical Discourse’; Johannisson, *Den mörka kontinenten*; Ahlbeck, *Diagnostisering och disciplinering*; Kirsi Tuohela, *Huhtikuun tekstit. Kolmen naisen koettu ja kirjoitettu melankolia 1870–1900* (Helsinki, 2008).
- 63 F. W. Westerlund, *Själfmorden i Helsingfors* (Helsingfors, 1914) 784–785; Salmela, ‘Järkensä menettäneet’; Anu Salmela, ‘Varjele taivas – itsemurhanko hän tekisi?’ Naisten itsemurhiin suhtautuminen Suomessa vuosina 1880–1900’ (Turku, 2011) 20; Myllykangas, *Rappeutumisen, tiedostamaton vai yhteiskunta*, 103–104; Salmela, ‘Hulluuden vallassa’, 119–120.
- 64 Ipo Helén, *Äidin elämän politiikka. Naissukupuolisuus, valta ja itsesuhde Suomessa 1880-luvulta 1960-luvulle* (Helsinki, 1997) 90; Ulrika Nilsson, *Det heta könet. Gynekologin i Sverige kring förra sekelskiftet* (Stockholm, 2005) 71–72; Uimonen, *Hermostumisen aikakausi*, 58. On synecdochal structuring see also Butler, *Bodies that matter*, 48.
- 65 NBH, Post-mortem reports, NA, Hki, Ref: 116/1872.
- 66 Michel Foucault, *The History of Sexuality: An Introduction* (New York, 2012) 104.
- 67 Westerlund, *Själfmorden i Helsingfors*, 788.
- 68 Ibid., 794.
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- 71 NBH, Post-mortem reports, NA, Hki, Ref: 6/1887.
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74 NBH, Post-mortem reports, NA, Hki, Ref: 283/1896.
75 Barad, *Meeting the Universe Halfway*, 207.
76 Barad, 'Getting Real', 102.
77 Hannu Salmi, 'Cultural History, the Possible, and the Principle of Plenitude',
History and Theory 50 (2011) 171–187.
78 *Ibid.*, 180.

About the Author

Anu Salmela has specialised in the history of medicine, gender studies and gender history. Her doctoral thesis, completed at the University of Turku in 2017, explored female suicides in late nineteenth-century Finland. E-mail: anu.e.salmela@gmail.com