

Violeta RUIZ

Neurasthenia, Civilisation and the Crisis of Spanish Manhood, c. 1890–1914¹

Abstract: *In the early 1880s, a new disease called neurasthenia gained prominence within Western medicine. Neurasthenia, or nervous exhaustion, was associated with the development of modern civilisation, presented as both a cause and a consequence thereof. This article analyses the ambivalent discourse that Spanish physicians articulated about neurasthenia in relation to the status of Spanish civilisation. It places neurasthenia within the context of the wider discourse of crisis and change known as Regenerationism, presenting the argument that the diagnosis could be considered either validating or destructive, depending on whether the patient's attitude corresponded to or diverged from the values that the Spanish elites identified as necessary for the progress of the nation. Its main symptoms of aboulia and psychic passivity made it a condition that reflected the larger crisis of national identity in the wake of the loss of the last overseas colonies to the USA in 1898. As such, it argues that the disease served to define the parameters of proper bourgeois masculinity at a time when the status of Spain's degree of civilisation was being questioned by the country's elites.*

Keywords: *neurasthenia – civilisation – bourgeoisie – masculinity – regeneracionismo – fin de siècle*

Neurasthenia, or nervous exhaustion, was first defined in the USA by the neurologist George M. Beard in 1869. The disease was characterised by headaches, insomnia, fatigue, nervous dyspepsia, an inability to concentrate and make decisions, sexual impotence, hopelessness and fears. According to Beard, neurasthenia – which in its Greek etymology meant want of strength in the nerve – was not new, but it was only now that it had become a prevalent problem in American society.² In his famous treatise *American Nervousness* (1881), Beard claimed that neurasthenia was both a cause and consequence of modern civilisation. According to him, the most civilised of all countries was the USA, where scientific, economic, and technological developments, their particular form of Liberalism,

1 This research was financed by the Spanish Ministry of Economy and Competitiveness (BES-2014–069311). I am grateful to Javier M. Dos Santos, Darina Martykánová, Annette Mülberger, and the two anonymous reviewers for their feedback and comments on earlier versions of this draft.

2 George M. BEARD, *Neurasthenia, or Nervous Exhaustion*, Boston Medical and Surgical Journal 3, 1869, pp. 217–221, here p. 218.

and the physical sensitivity of the American people made it the most advanced nation in the world. Furthermore, the country's extreme climate made these developments even more prestigious: through their technological developments, Americans had managed to tame the beast of Nature. These conditions led to the prevalence of neurasthenia, since individuals had to exert energy beyond their capacities, leaving them unable to resist the pressures of modern life. As he explained, the development of neurasthenia could be expressed using the following algebraic formulation: 'civilisation in general + American civilisation in particular (young and rapidly growing nation, with civil, religious, and social liberty) + exhausting climate (extremes of heat and cold, and dryness) + the nervous diathesis (itself a result of previously unnamed factors) + overwork or over-worry, or excessive indulgence of appetites or passions = an attack of neurasthenia or nervous exhaustion'.³ At the same time, however, the fact that neurasthenics had to expend their energy carefully in order to avoid exacerbating the condition even further contributed to the development of new technologies and scientific advances that facilitated labour and made it more efficient. As such, neurasthenia was most commonly found in businessmen, the quintessential figure of modern American life: busy, hurried, and dedicated to intellectual labour that produced technological, industrial, economic and cultural developments.

Historians who deal with the late nineteenth century are familiar with neurasthenia, since its articulation as a condition of civilisation and modern life made it a social and political, as well as a medical phenomenon.⁴ Regardless of national context, they agree that it was articulated as a condition that was particular to the intellectual labour of the bourgeoisie. Scholars have argued that it pointed to the patient's dedication to his work, and therefore served as a respectable label for distressing, but not life-threatening complaints.⁵ Additionally, since the disorder was derived from intellectual labour and most commonly diagnosed in men, historians have also argued that it acted as the male counterpart to the female diagnosis of hysteria, protecting the neurasthenic's masculinity by highlighting his role as an intellectual worker.⁶ At the same time, neurasthenia's definition as a disease of modernity helped to consolidate class difference and validate the role of bourgeois manhood, which during the *fin de siècle* was perceived to be in crisis due to the social

3 G. BEARD, *American Nervousness*, p.176.

4 The reference work on neurasthenia is the edited volume by Marijke GIJSWIJT-HOFSTRA – Roy PORTER (eds.), *Cultures of Neurasthenia from Beard to the First World War*, Amsterdam 2001.

5 Barbara SICHERMAN, *The Uses of a Diagnosis: Doctors, Patients, and Neurasthenia*, *Journal of the History of Medicine and Allied Sciences* 32, 1977, pp. 33–54.

6 Janet OPPENHEIM, "Shattered Nerves": *Doctors, Patients, and Depression in Victorian England*, Oxford 1991; Roy PORTER, *Nervousness, Eighteenth and Nineteenth Century Style: From Luxury to Labour*, in: Marijke Gijswijt-Hofstra – Roy Porter (eds.), *Cultures of Neurasthenia from Beard to the First World War*, Amsterdam 2001, pp. 31–46; Edward SHORTER, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era*, New York 1993.

upheavals and international battles for colonial power. However, precisely because of this crisis, the diagnosis could also be used to present neurasthenic men as weak, effeminate, and degenerate. As such, historians have argued that neurasthenia served as a way of questioning the prevailing enthusiasm and fuelling anxieties about modernity and national identity in different countries during the turn of the century.⁷

These studies highlight the importance of situating the medical discourse of neurasthenia within broader discourses of national crisis, the battle for civilisation, and the threat of modernity. However, although historians recognise the ambivalence that existed in the medical discourse on neurasthenia, they have not addressed the relationship that it had with broader markers of civilisation. As Javier M. Dos Santos argues in relation to the case of hysteria in Spain in this special issue, it is important to pay attention to national discourses and local contexts in order to gain an understanding of why and how a disease was appropriated in different countries.⁸

Historians like Darina Martykánová have shown that the markers of what constituted civilisation and modernity were unstable across nations and were constantly contested.⁹ The ambivalent narrative that physicians articulated about neurasthenia therefore needs to be understood in line with the definition of what were appropriate markers of civilisation, according to each nation. In Spain, this narrative was inscribed within the event known as the *Disaster of '98*. In 1898, Spain lost its last overseas colonies – Cuba, Puerto Rico, and the Philippines – to the USA. The *Disaster of '98*, as it was called, boosted a political and pedagogical initiative known as 'Regenerationism' (*Regeneracionismo*). In its essence, the Regenerationist discourse deplored Spain's low status within the international hierarchy of civilisation during the Restoration of the Bourbon Monarchy (after the Democratic

7 Tom LUTZ, *American Nervousness, 1903: An Anecdotal History*, Ithaca 1991; Christopher E. FORTH, *Neurasthenia and Manhood in fin-de-siècle France*, in: M. Gijswijt-Hofstra – R. Porter (eds.), *Cultures of Neurasthenia*, pp. 329–361; Sabine FRÜHSTÜCK, *Male Anxieties: Nerve Force, Nation, and the Power of Sexual Knowledge*, in: Morris Low, *Building a Modern Japan: Science, Technology, and Medicine in the Meiji Era and Beyond*, London 2005, pp. 37–59; Michael COWAN, *Cult of the Will: Nervousness and German Modernity*, University Park, Pennsylvania 2008; Christopher HILL, *Exhausted By Their Battles With the World: Neurasthenia and Civilization Critique in Early Twentieth-Century Japan*, in: Nina Cornyetz – Keith J. Vincent (eds.), *Perversion and Modern Japan: Psychoanalysis, Literature, Culture*, London 2010, pp. 242–260; Yu-Chuan WU, *A Disorder of Qi: Breathing Exercise as a Cure for Neurasthenia in Japan, 1900–1945*, *Journal of the History of Medicine and Allied Sciences* 71, 2015, pp. 1–23.

8 Javier M. DOS SANTOS, *Lost (and Found) in Translation: The Reception of Psychiatric Textbooks and the Conformation of Melancholia, Hypochondria, Mania and Hysteria in Spain, 1800–1835*, *Theatrum historiae* 27, 2020, pp. 121–149.

9 Darina MARTYKÁNOVÁ, *Los Pueblos Viriles y El Yugo Del Caballero Español. La Virilidad Como Problema Nacional En El Regeneracionismo Español (1890s–1910s)*, *Cuadernos de Historia Contemporánea* 39, 2017, pp. 19–37; S. N. EISENSTADT, *Multiple Modernities*, *Daedalus* 129, 2000, pp. 1–29.

Sexennium of 1868–1874), calling for profound social change and a cultural and technical modernisation of the country – in other words, for its regeneration.¹⁰ Among other things, it extolled values like the selfless devotion to the nation's progress, and criticised selfish behaviours that were deemed to hinder that progress, such as selfishness, egotism and ambition.

In this article, I focus on how Spanish physicians defined neurasthenia in relation to the Regenerationist discourse and the pursuit of progress. In particular, I strive to answer the following question in this article: how was the diagnosis used to advance certain ideas about appropriate behaviour while at the same time condemning others? In other words, how did Spanish physicians use neurasthenia to articulate a moral narrative about what it meant to be a man and a 'proper' modern subject? In the case of Spain, the diagnosis was used to construct an ambivalent narrative that either praised or dismissed the patient. The decisive characteristics used for making such a judgment were not just linked to intellectual labour, but to other personal and circumstantial aspects of the patient and his life, such as the burden of responsibility, the struggle for survival, and the role of the will. Consequently, rather than extolling intellectual work *per se*, neurasthenia reified values like the selfless devotion to the pursuit of progress, while at the same time condemning a man's selfish ambition as well as passivity and lack of willpower – values that responded to the way in which the Spanish bourgeoisie articulated the national crisis during the *fin de siècle*. While neurasthenia could indeed constitute a respectable label for the bourgeoisie, signalling the virtuous sacrifice of an individual devoted to intellectual labour in the name of progress and civilisation, it was also presented as a manifestation of a kind of pathology that underscored the national problem and served to explicitly point out the kind of decadent behaviour that constituted the kind of undesirable, weak and corrupt masculinity that was threatening the nation's progress. Thus, I argue that physicians used neurasthenia to articulate a narrative in which they used Beard's label of neurasthenia together with the Darwinian notion of 'struggle for survival', framed within a general concern about the nation's degeneration and its status within the Western hierarchy of civilisation, in order to generate a normative discourse on how to properly embody bourgeois manhood.

Civilisation and the pursuit of progress

In order to understand how Spanish physicians articulated neurasthenia in relation to the proper way of being a modern subject, it is first necessary to understand how they defined

10 For the particularities of the Spanish Regenerationist discourse in relation to the wider European discourse of decadence and degeneration that characterise the *fin de siècle*, see Juan PAN-MONTOJO (ed.), *Más se perdió en Cuba: España, 1898 y la crisis de fin de siglo*, Madrid 1998.

‘civilisation’ and the ‘march for progress’. At the turn of the twentieth century, the idea of the modern subject in Spain was articulated in relation to broader anxieties about the status of nations and the identity of the imperial(ist) race. Darina Martykánová has shown that a country’s degree of civilisation was presented on a hierarchical level, so that countries competed with each other to claim the title of most civilised. However, no nation had its position guaranteed, an instability which created constant anxiety.¹¹

During the *fin de siècle*, an international discourse of national decay and degeneration linked to the notion of civilisation emerged, in which countries like Spain, France, and Britain, as well as the Ottoman Empire, Russia, and Japan engaged in symbolic battles through which they tried to improve or protect their position within the international hierarchy of civilised nations.¹² The idea of international competition was inscribed in Spencer’s evolutionist theory and the concept of ‘the struggle for survival’. This concept implied competition among humans on an individual level, and among human societies on a collective level. All were engaged in a struggle to gain access to scarce material (economic) resources and social status. According to social Darwinism, different evolutionary stages of mankind could be found in different places within a given society, so that each nation, race, sex and social group existed within the social hierarchy of evolution, placed on a continuum between the markers of civilisation on one hand and the signs of brutalisation on the other.¹³ As a result, nations that did not fulfil the requirements for being classified as an ‘advanced civilisation’ were at risk of falling under the tutelage of those that did succeed, or – even worse – of disappearing altogether.

In Spain, the tension between the pursuit of progress and the risk of decadence formed the cornerstone of the discourse about modern civilisation. As Javier Fernández Sebastián and Gonzalo Capellán de Miguel have argued, this tension was built upon ‘an association between the search for the modern and the attraction of foreign things, as opposed to the ancient, identified with things purely and intrinsically Spanish.’¹⁴ In other words, there

11 D. MARTYKÁNOVÁ, *Los Pueblos Viriles*.

12 Sebastian CONRAD, *The Quest for the Lost Nation: Writing History in Germany and Japan in the American Century*, Berkeley CA 2010; D. MARTYKÁNOVÁ, *Los pueblos viriles*; Daniel PICK, *Faces of Degeneration: A European Disorder, c.1848–1918*, Cambridge 1989; Simon WENDT – Pablo Domínguez ANDERSEN, *Masculinities and the Nation in the Modern World: Between Hegemony and Marginalization*, London 2015.

13 Álvaro GIRÓN SIERRA, *En La Mesa Con Darwin. Evolución y Revolución En El Movimiento Libertario En España (1869–1914)*, Madrid 2005, pp. 145–148; M. C. SÁNCHEZ VILLA, *Entre Materia y Espíritu*, pp. 391–399.

14 Javier FERNÁNDEZ SEBASTIÁN – Gonzalo CAPELLÁN, *The Notion of Modernity in Nineteenth-Century Spain. An Example of Conceptual History*, Contributions 1, pp. 159–184, here p. 163.

was a tension between believing that modernity was necessarily foreign, and the desire to maintain the traditional values that were perceived as particular to Spain.

This tension was also evident in the medical narrative surrounding neurasthenia. In the first treatise published on neurasthenia in Spain, which appeared in 1892, the physician Manuel Ribas Perdigó explained that the disorder was, first and foremost, a problem of those countries who stood at the forefront of the ‘scientific, industrial, and commercial revolutions’; namely, the USA, Germany, England, and France. Unlike these countries, where neurasthenia had reached epidemic proportions, Spain did not suffer from such a high incidence because ‘public culture has not reached such extremes, and [Spanish] people can still lead a *feasible* life’ (*una vida posible*).¹⁵ However, while Ribas Perdigó seemed accepting of the fact that Spain had fallen behind in the march towards civilisation, this did not mean that life was necessarily better there as a result.

Others went into more detail in elaborating their critique of the North American lifestyle. The physician Abdón Sánchez Herrero, Jr. (1875–1934) criticised some of his compatriots for holding foreign values and ways of life in high esteem and praising them as ways of facilitating a nation’s progress. On the contrary, he presented a negative description of the USA as a country characterised by ‘feverish activity and rapid material progress’, where people’s ‘insatiable greed’ for money meant that life was ‘rushed and dizzy’. This attitude was nothing new. Already 27 years earlier, in one of the first mentions of neurasthenia in the popular press, the disorder was presented as a consequence of the USA’s way of life, discussed in negative terms. The article described the Americans’ temperament as ‘hurried’, ‘feverish’ and ‘nervous’, in opposition to the ‘calm and reflexive genius that characterised the English.’¹⁶ The author of the article, the journalist Joan Montserrat y Archs, commented that American nervousness had increased so much over the past 50 years (1830–1880) that it had become a pathology. It was the result of a hectic lifestyle and the ambition to reach ‘exaggerated heights of civilisation.’¹⁷ The author criticised the way of being of the American people, asserting that they had no musical talent and needed alcohol and sensational speeches to be stimulated. Furthermore, they produced no single idea of their own, importing all of them from abroad. He summarised Americans as being little more than ‘a machine created to produce and obtain goods, whether agricultural products, train shares or money.’¹⁸ Finally, despite the mix of races that made up the American people, they all ‘dissolved into one within only a few years, and took on the common yellow-grey

15 Manuel RIBAS PERDIGÓ, *Tratamiento de La Neuro-Astenia*, Barcelona 1892, p. 5.

16 Juan MONTSERRAT Y ARCHS, *Historia natural del hombre*, El mundo ilustrado, 1881, p. 461.

17 *Ibid.*

18 *Ibid.*

colour of the dusty North-American psychology'.¹⁹ The message was clear: despite their huge economic production, their feverish pursuit of civilisation meant that they were destined to be washed away by their ambition.

However, this critique of the feverish pursuit of progress of nations like the USA did not mean that Spain did not participate in the international competition for civilisation. The Jewish hygienist Philip Hauser (1832–1925)²⁰, who in 1872 had come to Spain from Hungary and became renowned for his epidemiological studies on cholera, claimed that modern society had brought about a new form of life in which man found himself 'forced to work tirelessly in the cultivation of the arts and sciences, and to employ all his intellectual strength in order to fight for advantage against his respective rivals in different countries'.²¹ In other words, the development of the liberal professions had permitted the participation of countries such as Spain in the quest for civilisation. According to this narrative, the concept of 'work' played a fundamental role in defining a respectable way of attaining civilisation. Sánchez Herrero Jr's father, Abdón Sánchez Herrero, Senior (1851–1904), who was the Dean of Pathological and Clinical Medicine at the Central University of Madrid and one of the most important promoters of hypnosis as a clinical tool in Spain, contended: 'Thus in human life, work is the only thing that is redemptive and a direct source of good, since it turns evil into good; and so even evil seems necessary; or is at least the most powerful motor, if not the only one, of our progress, and of all progress...'²² The establishment of the

19 *Ibid.*, p. 462.

20 Philip Hauser was one of the most influential hygienists of the late nineteenth century in Spain. Born in a Jewish family in 1832 in Nádásban, in the Kingdom of Hungary within the Austrian Empire (today's Slovakia), he trained as a physician in Vienna, Paris and Bern between 1852 and 1858, where he specialised in hygienic medicine. He moved to Spain in 1872, first Seville (1872–1883) and then Madrid (1883–1925), where he lived until his death. He was a well-known physician in both cities and gained international prestige through his work on cholera. His approach to disease and hygiene was characteristic of the nineteenth-century hygienic liberals; specifically, the idea that disease had a social dimension, and advocacy of the use of personal experience and surveys to carry out his scientific research. His lack of institutional affiliation to the Public Health Administration meant that he often questioned the limits of the political liberal economy and foreign policy; for instance, according to Esteban Rodríguez-Ocaña, he was the only prestigious hygienist who denounced Spain's participation in the Rif War against Morocco on the grounds that the money could be used to improve public health policies and education. See Esteban RODRÍGUEZ OCAÑA, 'La Encuesta Sanitaria Como Contribución Original de Philipp Hauser a La Salud Pública Española', in: Juan L. Carrillo (ed.), *Entre Sevilla y Madrid. Estudios Sobre Hauser y Su Entorno*, Sevilla 1996, pp. 193–210, here pp. 195–197.

21 Philip HAUSER, *Siglo XIX. Considerado Bajo El Punto de Vista Medico-Social*, Revista de España 101, 1884, pp. 202–224, 333–358, here p. 336.

22 Abdón SÁNCHEZ HERRERO, Sr., *Algunas Lecciones Del Curso de Clínica Médica*, Madrid 1893, p. 79. On Sánchez Herrero's role in promoting hypnosis as a valid form of clinical practice, see Luis MONTIEL – Ángel GONZÁLEZ DE PABLO (eds.), *En ningún lugar, en parte alguna. Estudios sobre la historia del magnetismo animal y del hipnotismo*, Madrid 2003.

constitutional parliamentary regime in Spain in the 1830s led to the consecration of the liberal discourse in which, building upon the Enlightenment heritage, work was no longer seen as detrimental to, but instead compatible with a redefined notion of honour, based on the usefulness for the country.²³ In line with this idea, Hauser argued that in ‘modern, democratic society citizens had obtained new rights’, namely, ‘the equality of all people in the eyes of the law, the equal participation of all citizens in civil rights and politics, the freedom of work and industry, [and] the freedom of conscience and thought’.²⁴ As such, the modern world had broadened citizens’ horizon of opportunity. This new world was characterised by work and the desire to work on the one hand, and economic competition and the ‘struggle for existence’ (*lucha por la existencia*) on the other. This encouraged men to specialise in a kind of labour that relied on their intelligence rather than on brute force. It was this type of labour that characterised modern (civilized) society, as Hauser explained:

‘Having recognised that the ground for the battle is equal for all, man (el hombre) set out to improve his social position through work and the cultivation of his intelligence; some dedicated themselves to the sciences and arts, others to commerce and industry, and still others to cultivate the land and enrich themselves with its products; each made an effort to contribute their part in fomenting progress.’²⁵

Work was no longer a form of slavery or an unfortunate necessity as it had been in previous ages, he explained; instead, it had become a source of freedom and progress. Whether using his hands or his intellect, the modern worker of all social classes had to strive for education and apply himself diligently to carry out his job as best he could. In order to avoid becoming a simple ‘appendix to the machine’, he had to ‘read, reflect, debate and show some interest in [contributing to] the progress of the arts and sciences’.²⁶ Such rhetoric exalted the virtues of work for everyone, while at the same time it also served to foster class difference, since the specialisation in different types of labour was divided across class lines. The renowned psychologist Luis Simarro (1851–1921)²⁷ made a similar

23 Darina MARTYKÁNOVÁ, *Les Ingénieurs, unité, expansion, fragmentation (XIXe et XIXe siècles). Tome I. La production d’un groupe social*, in: Antoine Derouet – Simon Paye, *La profession, la masculinité et le travail. La représentation sociale des ingénieurs en Espagne pendant la deuxième moitié du XIXe siècle*, Paris 2018, pp. 79–102.

24 P. HAUSER, *Siglo XIX*, p. 334.

25 *Ibid.*, p. 335.

26 *Ibid.*, pp. 335–336.

27 Simarro was an active member of the Free Institution of Education (*Institución Libre de Enseñanza*), the country’s first secular pedagogical project. The Free Institution of Education was established in Madrid in 1876 by a group of university professors who supported and seconded the ideas of other Spanish intellectuals involved in the educational, cultural and social project of national regeneration, as well as Krausism, a German doctrine that advocated tolerance and academic freedom.

claim in an article published in 1889, in which he argued that ‘the modern social struggle is purely intellectual’, and it was those ‘men of superior culture’ – those who dedicated themselves to intellectual labour – who marched at the forefront of society and were responsible for its progress.²⁸

Neurasthenia and the burden of responsibility

The idea that a nation’s progress depended on the intellectual labour of the bourgeoisie is key to understanding how and why neurasthenia was articulated as a ‘respectable disease’, linked to a particular social class. Physicians theorised that neurasthenia was the result of expending excessive nervous energy on mental functions, leaving the rest of the organism without the necessary nutrition to manage its physical functions correctly. The depletion of nervous energy could be caused by an intense or persistent intellectual effort, but also by hardships, strong emotions and excessive worries; experiences that constituted part of modern life for the bourgeoisie.²⁹ This idea served to legitimise and reinforce class difference, since many physicians claimed that neurasthenia could not be found among the working class or people living in the countryside because they were not exposed to the same responsibilities and the same competition in the struggle for survival. The eminent specialist in neuro-psychiatry José Salas y Vaca (1877–1933), for example, claimed that the lack of education among the working class meant that they were protected from developing diseases like neurasthenia, since studying placed bourgeois children under significant pressure and caused them to expend great amounts of vital energy from an early age.³⁰ Similarly, the physicians Alberto Díaz de la Quintana and Fernando González de Quintana claimed that the working class and people living in the countryside were naturally more primitive and had less problems in life because all they had to worry about were ‘provincial concerns’ like paying taxes, the lack of rain or the death of a cow.³¹

One physician even went as far as to describe neurasthenics as ‘aristocrats of the nervous system, artists of suffering, the chosen ones of pain,’ praising their disease as a sign of

28 Luis SIMARRO, *El Exceso de Trabajo Mental En La Enseñanza*, Boletín de La Institución Libre de Enseñanza 13, 1889, pp. 37–39, 88–91, 369–373, here pp. 37–38.

29 M. RIBAS PERDIGÓ, *El tratamiento de la neuro-astenia*; P. HAUSER, *Siglo XIX*.

30 José SALAS Y VACA, *La Neurastenia, Sus Causas y Tratamiento*, Revista de Medicina y Cirugía Prácticas 60, 1903, pp. 361–370, 401–413, 441–459, here p. 402.

31 Fernando DÍAZ DE LA QUINTANA, *La Neurastenia. Memoria Reglamentaria Para Optar al Título de Doctor En Medicina y Ciencia*, Madrid 1893, p. 20; Fernando GONZÁLEZ DE QUINTANA Y MOLINA, *La Revolución En La Terapéutica de La Neurastenia*, Madrid 1903, p. 40.

their sensitive superiority.³² Another lamented how neurasthenia appeared as an ‘ominous spectre’ that emerged ‘among all those of us dedicated to mental work.’³³ Nevertheless, neurasthenia was not necessarily a problem of intellectual overwork *per se*, but rather of the burden of responsibility. According to this idea, such a burden rested mostly upon the shoulders of bourgeois men, including the physicians themselves. The physician Jaime Mitjavila y Rivas (1855–1910) made this clear when he asserted:

*It is undeniable that those professions that demand great intellectual effort are predisposed to develop neurasthenia; and even more so if you consider the worry caused by constant competition (lucha por la competencia) and their anxiousness about the responsibility that they carry. This is why medical practice is the profession with the highest incidence of this neurosis, because it is arguably the one that demands the greatest physical, intellectual and moral effort.*³⁴

As Darina Martykánová and Víctor Núñez-García illustrate in their article in this volume, this discourse of competition was inscribed within a broader process of the professionalisation of medicine and claims to authority in an increasingly capitalist society, in which physicians had to compete for patients; but it still reflected the wider anxieties that affected the bourgeoisie and members of the liberal professions, like physicians themselves.³⁵

However, this position towards neurasthenia as a disease that could not affect the working class was not shared by all. There were some dissident voices, like that of the military physician J. Fernández Toro, who argued that members of the working class also suffered in the struggle for survival. Nevertheless, their suffering was due to different kinds of problems than those that affected the liberal professions. Instead of being weighed down by the burden of responsibility of leading the nation towards progress, workers were troubled by material concerns like unemployment and bad working conditions, a lack of economic resources, and poor diet and hygiene.³⁶ In another case, the physician T. Valera argued that neurasthenia also existed in the countryside. However, he presented country labourers as brutalised human beings who were lower down on the scale of civilisation, claiming that ‘one does not have to be a bundle of nerves nor an electric battery for the

32 Ricardo ROYO VILLANOVA Y MORALES, *La Neurastenia y Los Periódicos*, *Revista Frenopática Española* 8, 1910, pp. 202–204, here p. 202.

33 Tiburcio JIMÉNEZ DE LA FLOR GARCIA, *Estudio Clínico de la Neurastenia (astenia simple) y su tratamiento*, Zamora 1913, p. 40.

34 Jaime MITJAVILA Y RIVAS, *Concepto, Causas y Síntomas de La Neurastenia*, *Revista de Especialidades Médicas* 5, 1902, pp. 138–148, here p. 142.

35 Darina MARTYKÁNOVÁ – Víctor-Manuel NÚÑEZ-GARCÍA, *Vaccines, Spas and Yellow Fever: Expert Physicians, Professional Honour and the State in the Mid-Nineteenth Century*, *Theatrum historiae* 27, 2020, p. 7–30.

36 J. FERNÁNDEZ TORO, *La Neurosis Generalizada*, Madrid 1892, pp. 10–11.

disease to appear in the rudest, most brutish and uncouth people'. Valera criticised the idea that the countryside was a place of peace and calm, asserting that the 'frugality and satisfaction [that used to characterise country life] has now disappeared'.³⁷ Nevertheless, even those who did believe that neurasthenia could affect people living in the countryside often described cases of neurasthenia among members of the middle and upper classes, such as landowners.³⁸

Despite these two examples, for Spanish physicians neurasthenia was still mainly a disorder of the metropolitan bourgeoisie. According to their class-based narrative of progress, the incidence of neurasthenia among such bourgeois men holding high-ranking public posts and working as liberal professionals was of great concern to physicians, as the future of the nation supposedly relied on their leadership. Hauser explained how professionals affected by neurasthenia were unable to continue with their work: '[w]hen it is time to fight against the difficulties of life, [neurasthenics] lose confidence in themselves; they believe it is impossible to overcome the obstacles that stand in their way, because their lack of vital energy makes everything seem difficult and insurmountable'.³⁹ Consequently, attending to the problem of neurasthenia was fundamental because the health of the nation relied on the health of those who led it in its path to progress. This idea became widespread and lasted for decades. Twenty years after Hauser, the physician Antonio Gota still connected the problem of intellectual overwork with a concern about the nation's future: 'What must particularly concern all those who are interested in the study of *psychic surmenage* is the future of humanity'.⁴⁰

This issue was specifically addressed in a treatise published by the medical hygienist Nicasio Mariscal y García (1858–1949) entitled *Neurasthenia in politicians and high-ranking government officials* (1901). In it, he explained that anyone could suffer from neurasthenia, regardless of their status, in the same way that an intestinal cold could affect the Pope as much as 'the most helpless and humble recruit of a platoon'.⁴¹ Diseases did not differentiate between people, he affirmed, and neurasthenia made no exception. However, it was more often found among politicians and high-ranking government officials (*hombres de estado*) because of the enormous burden of responsibility they carried as representatives of the state

37 T. VALERA, *La Neurastenia En Los Pueblos*, *Siglo Médico* 49, 1902, pp. 517–518.

38 Rafael del VALLE Y ALDABALDE, *Un Caso de Neurastenia*, *Revista de Medicina y Cirugía Prácticas* 105, 1914, pp. 441–451; M. RIBAS PERDIGÓ, *Tratamiento de La Neuro-Astenia*, p. 19.

39 P. HAUSER, *Siglo XIX*, p. 207.

40 Antonio GOTA, *Algunas Consideraciones Sobre El Surmenage Cerebral*, *Revista Ibero-Americana de Ciencias Médicas* 22, 1909, pp. 284–289, here p. 284.

41 Nicasio MARISCAL, *La neurastenia en los hombres de estado: (reflexiones de medicina política)*, Madrid 1901, p. 7.

and its citizens – a responsibility the humble recruits of a platoon did not have to bear. The unhealthy and hectic lifestyle that politicians, company directors and governors led resulted in neurasthenia, since they failed to manage their mental and physical energies properly, with the result that they were overworked and too exhausted to fulfil their duties. Rushing from one place to another, having insufficient sleep, staying up all night in order to finish tasks and attending multiple meetings and dinners where they had to deliver speeches were all commitments that placed the nervous system under excessive stress, explaining why neurasthenia was especially common among them. In the words of Mariscal,

'[i]n the interest of the government officials (hombres de estado) themselves, and of the holiest of interests that they have been entrusted with, it is necessary to find a way to avoid [neurasthenia]; because vigour, strength, the mysterious vital force that animates and maintains in good health that complicated organism known as the State ... is nothing else than the result of the physical and moral energies of each of the individuals that make up that State – or, at the very least, of those who intervene in its government and administration, whose energies are undoubtedly debilitated through diseases like neurasthenia'.⁴²

Although Mariscal insisted that neurasthenia did not discriminate between individuals, he effectively articulated it as a disease of those who carried the national responsibility of progress, caused by their altruistic self-sacrifice in their devotion to the common good. Just like Mitjavila y Rivas had argued in the case of physicians, Mariscal pointed toward the arduous work that politicians had to carry out, and the virtuous nature of their labour. This kind of labour elevated them above others in the hierarchy of social duty, according to values shared by the liberal and socialist political cultures in that period, in which personal interests were sacrificed in the name of the common good.⁴³ In line with these values, the diagnosis of neurasthenia could serve as a sign of personal virtue of bourgeois men, highlighting their struggle and the important role they played in society.⁴⁴

42 N. MARISCAL, *La Neurastenia en los Hombres de Estado*, pp. 16–17.

43 María SIERRA, “*La Sociedad Es Antes Que El Individuo*”: *El Liberalismo Español Frente a Los Peligros Del Individualismo*, Alcores 7, 2009, pp. 73–84.

44 The diagnosis also protected men from the stigma attached to madness. While neurasthenia could lead subjects closer to insanity, the disorder did not constitute madness as such, since its mental symptoms were less severe. Furthermore, neurasthenia could be treated relatively successfully without the need to be institutionalised in an asylum. A diagnosis of neurasthenia therefore protected an individual from the stigma associated with having lost their mind and their reason, and also promised a cure – or, at the very least, its management through hygienic practices. Vicente OTS Y ESQUERDO, *Locura Neurasténica*, *Revista Frenopática Española* 1, 1903, pp. 305–309; César JUARROS, *Diagnóstico de Las Neurastenias*, *Revista Ibero-Americana de Ciencias Médicas* 26, 1911, pp. 1–14.

A respectable diagnosis? The thin line between virtue and vice

As we have seen, neurasthenia served as a respectable label that highlighted the importance of intellectual work and celebrated self-sacrifice in the name of the common good. However, as I will show in this part of the article, it also served to criticise vices that were seen to hinder the nation's progress. Among the variety of problems diagnosed within the Regenerationist discourse, historians have shown that one common feature was the loss of virility among the male sector of the country, especially the Spanish élites. Thus, for example, the engineer Lucas Mallada (1841–1921), one of the main proponents of the Regenerationist movement, expressed it in the following way: 'Spanish people (*el pueblo español*) have less virility now than they ever had in past'.⁴⁵ In other words, Spanish intellectuals – most of whom were part of the bourgeoisie – viewed the national crisis as a crisis of Spanish manhood, as the historian Nerea Aresti has argued. The threat of degeneration meant that all members of society were in danger of undergoing a 'process of erosion', falling into passivity and indolence. As a result, 'the criticism of a lack of initiative, impulse for action and commitment to public life occupied centre-stage within these discourses'.⁴⁶ As such, the Regenerationist discourse did not define men in opposition to women, but rather in opposition to different types of undesirable masculinities. The crisis of Spanish manhood was not a question of being (too) feminine, but of *not being man enough*.⁴⁷

The Regenerationist discourse therefore sought to define appropriate and inappropriate behaviours, thus guaranteeing the change that the country needed to resituate itself within the hierarchy of civilisation. Part of this involved criticising ambition, which the Regenerationist discourse presented as a vice of the decadent elite, as Richard Cleminson and Francisco Vázquez García have argued.⁴⁸ According to this discourse, ambition was linked to the problem of electoral and political corruption. This corruption was critically referred to as *caciquismo* (despotism). Although members of the new bourgeois class had begun criticising *caciquismo* during the transition from the *ancien régime* to the Liberal Regime in 1814, it became understood as an urgent political problem during the Restoration

45 Lucas MALLADA, *Los Males de La Patria*, Madrid 1890, p. 23.

46 Nerea ARESTI, *La hombría perdida en el tiempo. Masculinidad y nación española a finales del siglo XIX*, in: Mauricio Zabalgoitia Herrera (ed.), *Hombres en peligro. Género, nación e imperio en la España de cambio de siglo (XIX–XX)*, Madrid 2017, pp. 19–38, here p. 26.

47 The idea that masculinities were defined in relation to one another, and not just in relation to women, is not new and has been studied in other fields such as English literature. See, for example, Eve Kosofsky SEDGWICK, *Between Men: English Literature and Male Homosocial Desire*, New York 1985. I am grateful to the reviewer who pointed this out to me.

48 Richard CLEMINSON – Francisco VÁZQUEZ GARCÍA, 'Los Invisibles': *A History of Male Homosexuality in Spain, 1850–1939*, Cardiff 2007, pp. 182–183.

era (1875–1923) and its critique was a cornerstone of Regenerationism at the turn of the century, linked to the introduction of universal male suffrage. *Caciquismo* referred to the proliferation of clientelist practices by eminent locals or ‘caciques’, who were allowed to take advantage of public powers – both for themselves and their clientele – in exchange for the guarantee that the two governing parties at the time, the Conservatives and Liberals, would be able to alternate in power under the adjudication of the Crown through rigged elections, which were planned by the authorities and then implemented by caciques. This political system, known as the ‘peaceful turn’ (*turno pacífico*), attracted strong criticism of its functioning and clientelist practices, based on legal, political and moral considerations. One of the strongest criticisms was of the predominance of private (*particular*) interests (whether personal, local, or party interests) among its political representatives, over general or national interests. Accusations of immorality, electoral fraud and personal ambition to hold public office were all ills associated with *caciquismo*, whose critique formed a fundamental part of the Regenerationist discourse.⁴⁹

As such, ambition could have a terrible impact on an individual, especially young adult men who were in the prime of their ‘virile years’ (*edad viril*) and who were the most productive members of society. Rather than using their energy to reach attainable goals that would benefit society, they wasted it chasing after impossible goals that yielded no results, therefore limiting their productivity. Following such reasoning, the physician Rafael del Valle y Aldabalde pointed out that ‘the so-called ‘struggle for existence’ is actually about the uncontrollable ambition that has developed at all levels of society to quickly obtain resources far superior to those which one has a right to.’⁵⁰ This particular critique was directed at a type of capitalist greed, but the problem of excessive ambition also manifested itself in delusions of grandeur, as Hauser explained: ‘it is undeniable that delusions of grandeur and reputation have never been as generalised as they have been during the second half of our century; never has this terrible passion caused as many victims among the young and those of virile years as in our days, especially among artists, *savants* and the military.’⁵¹ While social recognition by one’s peers was perceived as an important motivation, promoting self-sacrifice and good conduct, the line between moral virtue and the selfish pursuit of glory was thin. As Raquel Sánchez has shown, these dangers

49 The study of *caciquismo* is a well-established speciality within Spanish historiography and has produced an abundant amount of secondary literature. For a review, see Javier MORENO-LUZÓN, *Political clientelism, Elites, and Caciquismo in Restoration Spain (1875–1923)*, *European History Quarterly* 37, 2007, pp. 417–441.

50 Rafael del VALLE Y ALDABALDE, *Neurastenia y Estados Análogos*, *Revista de Medicina y Cirugía Prácticas* 45, 1899, pp. 361–366, here p. 361.

51 P. HAUSER, *Siglo XIX*, p. 339.

were encompassed in the figure of the ‘Romantic hero’, the quintessential hero-figure of nineteenth-century Spain. This type of hero placed the interests of others above his own, willing to sacrifice everything – even his own life – for the sake of the common good. But this seemingly selfless act could also be interpreted as a sign of moral corruption if it was carried out in the pursuit of personal glory; that is, with the intention of *being recognised as a hero* by others.⁵²

It was common at the time to acknowledge that ambition could pose a serious problem in the genesis of neurasthenia through the corruption of capitalist greed on the one hand, and the feverish pursuit of fame on the other. For instance, Ribas Perdigó pointed out that ‘impatience, excessive worry, grief, disappointments, ambition, hate, setbacks and bad luck, etc., are etiological factors that often stand in the way of us obtaining our wishes.’⁵³ Similarly, Hauser identified ambition as one of the most detrimental ills of modern life:

*‘It cannot be ignored that the accumulation of colossal fortunes on the one hand, and the moral force of the supremacy of talent on the other, have generated endless passions that were previously limited to a very small class, such as the excessive love of power and reputation, the immoderate desire for distinctions and dignities, the insatiable thirst for wealth, and the love of luxury and pleasure; in a word, ambition in all its different forms.’*⁵⁴

Regardless of whether the problem was economic profit or vanity, excessive ambition was subjected to severe criticism. ‘Neurasthenia’ was the label through which such behaviour was pathologised. Together with the diagnosis of selfishness and greed it was enough to tip the balance, changing the physician’s attitude towards his patient from sympathy to callousness – a criticism that depended on the physician passing a moral judgement over his patient.

An example of how manifestations of what could be termed ‘economic greed’ affected a physician’s judgement and clinical diagnosis can be seen in a text about a clinical case published by the physician Abdón Sánchez Herrero, Jr. The patient, referred to as H. Ll., was a 52-year-old Castilian man who had devoted his life to running ‘an important business’. He was driven by the desire to earn money and had spent his life dedicated to his business. According to Sánchez Herrero, ‘[h]is aim was to become rich, very rich, and quickly, very quickly. And all for what?’, the physician wondered. ‘Once he had finally achieved this goal after so much effort, and he wanted to rest, along came [neurasthenia] to show him

52 Raquel SÁNCHEZ, *El Héroe Romántico y El Mártir de La Libertad: Los Mitos de La Revolución En La España Del Siglo XIX*, La Albolafia 13, 2018, pp. 45–66.

53 M. RIBAS PERDIGÓ, *Tratamiento de La Neuro-Astenia*, p. 10.

54 P. HAUSER, *Siglo XIX*, p. 339.

that riches mean nothing without health. He, who in his youth had remained stuck to the office counter, found himself on the threshold of old age, incapable of gaining any kind of compensation for the sacrifice he had made'. Later in the text, he condemned those who believed they could 'do without others and rely only on themselves,' citing an old proverb: 'There is no man without man' (*No hay hombre sin hombre*).⁵⁵ From Sánchez Herrero's perspective, the man should have allowed himself to rely on others to help him long ago. But what had aggravated his behaviour (and in all likelihood was the reason why Sánchez Herrero was so harsh) was that he had refused to follow his physician's advice in order to regain his health even now that he was sick, returning to work before the remedial regimen of baths, diets and a break from work was over.

The fact that his patient was a married man, the head of a large middle-class family, and probably worked long hours in order to maintain his family's bourgeois lifestyle, did not change Sánchez Herrero Jr.'s attitude towards his indulgence. Even though being a 'family man' (*padre de familia*) was a key category of Spanish masculinity, in the eyes of the physician, H. Ll.'s inability to delegate responsibility to others and his constant travels were not signs of virtuous sacrifice in order to fulfil his duties as a family man.⁵⁶ Instead, Sánchez Herrero recognised signs of excessive greed and self-interested ambition in his patient's behaviour, a kind of behaviour that was attributed to H. Ll.'s condition of degeneration. Such cases had no cure, because the patient had no intention of co-operating in the treatment. Thus any attempt at treatment was ultimately a waste of time, money, and effort for all parties: the physician, the patient, and the patient's family. According to Sánchez Herrero, Jr., cases like this were best ignored if a physician wanted to maintain his professional reputation. If not, his authority would be constantly questioned, because the patient was only interested in himself and would not abide by any of the doctor's instructions. As such, H. Ll.'s case served as a moral warning that enabled the physician to illustrate the ways in which the bourgeoisie could succumb to the perils of modern life. These dangers were excessive self-interest, ambition and greed, which represented the immoral extremes of the dominant nineteenth-century liberal values such as industriousness, productive activity (work), and the pursuit of legitimate personal interests and economic independence.

To believe that excessive ambition could cause neurasthenia was very common among physicians at the time. We have seen that Sánchez Herrero, Jr. adopted a harsh tone when writing about neurasthenic businessmen like H. Ll. Similarly, the physician Fernando

55 Abdón SÁNCHEZ HERRERO, *Historia de Un Neurasténico Agitado*, Revista Ibero-Americana de Ciencias Médicas 20, 1908, pp. 175–178, here pp. 175–176.

56 On the figure of the *padre de familia*, see Jesús DE FELIPE Y REDONDO, *Masculinidad y movimiento obrero español: Las identidades masculinas obreras y el trabajo femenino*, Historia, Trabajo y Sociedad 8, 2017, pp. 65–85.

Calatraveño y Valladares (1851–1916) presented neurasthenia in negative terms by arguing that the disease was common among politicians, because these people were mainly looking for fame and personal profit. He considered them ‘parasites’ who had chosen that career path because it allowed them to quickly make a name for themselves and fulfil their ambitious dreams without ever having to do a full day’s work.⁵⁷ The role required much more effort than they could actually deliver. When confronted with the arduous daily routine, they found themselves completely out of their depth. It usually did not take them very long to feel exhausted, developing neurasthenia. As such, the disease served to highlight the fact that they were in the post for personal interest, rather than for the selfless pursuit of the common good. Carrying out the duties of this post properly required perseverance and a strong will; in other words, a virile masculinity that those who developed neurasthenia clearly lacked.

The disease was not just a consequence of their post: it was also a cause of their poor performance as politicians. The ‘key symptoms’ of neurasthenia – lack of willpower, delusions of grandeur and fickleness – were manifested, according to Calatraveño, in self-interested political manoeuvres which only benefitted a few individuals, rather than the whole of society. In other words, their behaviour evidenced moral corruption in the form of egotism. Like patient H. Ll., these individuals spent their lives searching for power; but power was always short-lived. As the physician bemoaned: ‘[w]orthy of pity are those who thus disrupt their lives, sacrifice their health, kill their joy, forget the education of their children and live in perpetual anxiety, simply to hold that coveted and bitter power for a few years.’⁵⁸ Ten years later, the idea that ambitious self-interest could trigger disease was still prevalent, even though more emphasis was placed on social inequalities. According to the physician Antonio Gota, ‘[e]gotism, irritating privileges and social inequalities prevent each man from enjoying relative well-being, given the means they have of work and personal merit. It is evident that such events cannot fail to make a *deep impression* on the nervous system.’⁵⁹ Gota’s way of expressing the state of things reflects the materialist attitude held by liberal-progressive physicians in Spain at that time: when a person spent most of his life harbouring or succumbing to bad feelings of envy, greed and selfishness, these feelings would affect his nervous system. Once the normal functioning of his brain was disturbed, he would develop a disease like neurasthenia.

57 Fernando CALATRAVEÑO, *La Neurastenia En Los Hombres de Estado*, Revista Contemporánea 119, 1900, pp. 572–578, here p. 573.

58 F. CALATRAVEÑO, *La Neurastenia En Los Hombres de Estado*, p. 576.

59 Antonio GOTA, *El Neurosismo Creciente de Nuestro Tiempo*, Revista Ibero-Americana de Ciencias Médicas 20, 1908, pp. 434–451, here p. 436. Italics original.

In principle, ambition as such was not necessarily problematic. It also contained a positive moral dimension. In fact, at the time, it could also constitute a sign of masculine impetus and virtue. As long as it was carried out in the interest of the common good rather than for personal gain, ambition served a useful purpose by giving those individuals who were responsible for bringing progress to society the energy they needed to perform their role successfully. Thus the physician Abdón Sánchez Herrero, Sr. argued that ambition formed part of a constellation of virtues which allowed mankind to pursue saintly perfection. He wrote: ‘pride, science, poetry, love, holy ambition, genius, heroism, work: the Creator wanted these medals of the human soul in the process of perfection and in the search of glory, to be ruled by virtue.’⁶⁰ While Sánchez Herrero Sr.’s statement was clearly influenced by his Roman-Catholic religious beliefs, this idea of ambition as a positive trait was not particular to Christians, but was instead a common trope of the period. As long as individual ambition served the common good, it did not necessarily lead to disease or immorality, but could contribute to the nation’s regeneration and its escalation in the Western hierarchy of civilisation.

This utilitarian attitude towards ambition is evident in Mariscal’s treatise on neurasthenia in government officials. Besides recommending hygienic measures to avoid the disease, the physician also proposed that members of the government should retire at an earlier age, when reaching 50 years. In his view, the role of political leaders was to guarantee the evolution of society. Since ‘to govern is to evolve’, the best solution was to ensure that the business of government was practised only by those men who were at the peak of their intellectual powers and physical energy. If not, Mariscal wrote, they would paralyse society; following ‘natural evolution,’ an elderly politician ‘runs the risk of either being run over by the irresistible force which he deliberately or unwittingly opposes, while the rest of the world marches over him; or of disrupting, rather than favouring, that healthy evolution of societies (*pueblos*) and [young] generations.’⁶¹

Thus, at a time when youth and strength were venerated, Mariscal construed ambition in moderation as a positive trait for young men.⁶² According to his way of thinking, ageing constituted a loss of energy, and therefore a loss of virility. Consequently, when ambition no longer served as a useful source of energy for the progress of society, it instead became

60 A. SÁNCHEZ HERRERO, Sr., *Algunas Lecciones Del Curso de Clínica Médica*, p. 71.

61 N. MARISCAL, *La Neurastenia en los Hombres de Estado*, p. 118.

62 Mariscal would write about the role of beauty and youthfulness in an article in 1949 for the medical journal *Práctica Médica*. Nicasio MARISCAL, *La Belleza y La Fealdad*, *Práctica Médica* 42, 1946, pp. 3–10. On the topic of nudism and the cult of the body in Spain during this period, see Maite ZUBIAURRE, *Culturas Del Erotismo En España, 1898–1939*, Madrid 2014.

a cause for its stagnation and was only invested in personal profit; at that moment virtue became a vice, as occurred in the case of patient H. Ll.

Aboulia and psychic passivity

As we have seen, working in the name of the common good and for the pursuit of progress, as opposed to pursuing personal interests, was one way of defining the boundaries of what was acceptable and unacceptable behaviour. However, while neurasthenia served to pathologise ambition and define the limits of what constituted virtuous intellectual labour, it was not the only way in which the diagnosis served to prescribe the moral and immoral qualities of the modern subject. As Michael Cowan has argued in his book *Cult of the Will* (2008), neurasthenia's main threat to society was that it caused psychic passivity in the individual, thus inverting the normative autonomous subjectivity that characterised the dominant bourgeois-liberal values.⁶³ The masculine faculties of reason and willpower were central to the ideal liberal citizen and to modern governance, but passivity made the neurasthenic unable to exercise his will: instead of using it to be in control of his emotions and capable of managing external stimuli, he appeared to be determined by his internal states and unable to resist the pressures of modern life. The medical director of baths Manuel Manzaneque formulated the pathological mechanism behind this idea clearly in his treatise *Hydrothermal Treatment of Neurosis and Neurasthenia* (1911): 'this [nervous state] places the nervous system under such a state of susceptibility that the impressions it receives from outside or the stimuli it perceives from inside are notably exaggerated, becoming sensations and movements.'⁶⁴ In other words, neurasthenia consisted in the pathologisation of a subject who seemed unable to exercise a strong will, according to the values stipulated at the time.

While a weak will (also known as 'aboulia') served a diagnostic purpose, its dual quality as both a symptom and a cause of the disease allowed physicians to promote a medical as well as a moral discourse on neurasthenia. The physician Alonso Sañudo (1859–1912) expressed this duality well when he stated: 'in the midst of its apathy, the neurasthenic's nervous system seems condemned to a constant wanting to act and yet not being able to (*un constante querer y no poder*).'⁶⁵ As a symptom, it was a sign of a system that was exhausted by intellectual overwork and could no longer carry out its duties effectively. These cases

63 Michael COWAN, *Cult of the Will: Nervousness and German Modernity*, University Park, Pennsylvania 2018.

64 Manuel MANZANEQUE, *Baños de Carlos III (Trillo). Tratamiento hidro-termal del Neurosismo y la Neurastenia*, Madrid 1908, p. 3.

65 Manuel ALONSO SAÑUDO, *Lecciones de clínica médica*, Madrid 1893, p. 431.

were generally considered to be forms of acute neurasthenia, which could improve once the life conditions of the individual changed (with a change of scenery, a break from work, or recovery from a serious economic loss, for example).⁶⁶ As a cause, however, neurasthenia pointed to a latent disease, a problem of heredity that was linked to insanity or immoral practices. There was no definite cure for these constitutional neurasthenics; the disease could crop up again at any time later in life and could only be resolved through hygienic measures and long-term management. In these cases, the lack of willpower had been present since childhood, and pointed towards a constitutional weakness of the body as well as of character.

Because neurasthenics were unable to resist the pressures of external stimuli and gave in to internal desires, the disorder constituted a breaking down of the boundaries of the self in a way that reflected broader anxieties about what it meant to be a proper modern subject. This articulation can be seen in the following excerpt, published by the military physician and neuro-psychiatrist César Juarros (1879–1942) in 1911, in an article titled *The diagnosis of the neurasthenias*. Although it is a long quotation, it is worth presenting in full:

‘The end is always the neurasthenic’s defeat. Unable to pay attention, to coordinate his thoughts, to channel his reflections, he is a victim of associations and capricious and strange ideas, unable to undertake any effort of any kind. Tired after the smallest intellectual work, they end up distrusting their minds, and with good reason; they doubt and hesitate before making any decision. The small incidents of life are serious conflicts for them, which they never address in a straight and direct manner. (...) They are also highly emotional; any trifle exalts them and makes them believe they are on the way to conquer the world; and an insignificant matter pushes them to the edge of misery and misfortune. These are true crises of joy and sadness. Combine these with anaesthetic disorders that make them believe they are suffering from the most absurd of ailments, and with fits of anger and irascibility, and you will have a complete picture of the neurasthenic mental state.’⁶⁷

The neurasthenic’s incapacity for decisive action contrasted sharply with the hegemonic form of virile masculinity of the liberal bourgeoisie that dominated the second half of the nineteenth century, characterised above all by a man’s control of his passions through reason and willpower, and his capacity for taking action. Within this model, the passions played a fundamental role in the construction of masculinity, but they had to be mastered by reason and directed towards proper ends. Men’s words and actions were therefore not motivated by passionate impulsivity, but rather by meditated reasoning; in other words,

66 The differentiation between ‘acute’ or ‘true’ forms of neurasthenia, and ‘constitutional’ neurasthenia, can be found in Ramón ÁLVAREZ GÓMEZ-SALAZAR, *Ligeras consideraciones sobre la neurastenia y su tratamiento*, *Revista de Medicina y Cirugía Prácticas* 43, pp. 411–417; César JUARROS, *Diagnóstico de las neurastenias*.

67 C. JUARROS, *Diagnóstico de Las Neurastenias*, p. 2.

they were characterised by strong and directed ‘psychic activity’. Juarros’s description of the picture of a typical neurasthenic demonstrates an undermining of this form of masculinity: rather than being masters of their emotions through strong willpower and capacity for reasoning, they gave in to irrational thoughts and let them take over (‘[t]hese are true crises of joy and sadness ... [they find themselves suffering from] fits of anger and irascibility’), and they were incapable of focusing their attention and taking any kind of decisive action (‘[they cannot] undertake any effort of any kind ... they doubt and hesitate before making any decision’). Only those who had some sense left in them knew that the best thing to do was to distrust their minds (‘they end up distrusting their minds, and with good reason’).

Contrary to the stoical determination of men who exhausted themselves by persevering in their selfless pursuit of progress, aboulia symbolised the quintessential national problem of sloth, paralysis and inaction that the Regenerationist discourse identified. In his article on neurasthenia and politicians, Calatraveño pointed out that their ‘lack of willpower’ – one of the ‘culminating symptoms of neurasthenia’ – was caused by their exhausted nervous system, which had run out of ‘the energy to undertake the task of regeneration that the country needs.’ It manifested itself through ‘strange governmental decisions’ and an inability to ‘resist decrees that harm the nation.’⁶⁸ They were individuals who dreamed up ambitious plans but were ill equipped to take the lead in the struggle for survival that the country needed, because they did not have the strength of character required to make the right kind of decision. Instead, they would only be an obstacle to their country’s progress – not because of immoral ambition, but because of their psychic passivity, which became the defining characteristic of neurasthenia. As Juarros firmly asserted in his 1911 article, ‘[t]he neurasthenic is, above all, an aboulic.’⁶⁹

While lack of willpower manifested itself through emotional volatility and poor performance of mental functions, it could also reveal itself in the individual’s inability to resist the enticing but potentially degenerative pleasures of urban life, including fashion, theatre, social gatherings, gambling, and sexual pleasures. According to the physician and pioneer of cardiology in Spain, Antonio Mut Mandilego (1867–1939), these ‘vicious, slacking and idle youths of both sexes’ constituted the majority of untreatable neurasthenic cases that were either irredeemable or that would end up mad. They were ‘perfectly useless for society’ and were characterised by their pleasure-seeking activities, titillated by futile conversation and concerned with the most recent fashion, no matter how foolish it might look or how uncomfortable it might be. At the same time they were full of doubt, unable to

68 F. CALATRAVEÑO, *La Neurastenia En Los Hombres de Estado*, p. 576.

69 C. JUARROS, *Diagnóstico de Las Neurastenias*, p. 2.

take a decision and stick to it. Moreover, these young men and women had little courage; they 'lack character, blush, are reserved, are solitary, timid, and *dare not* do anything.'⁷⁰

Physicians presented examples of other degenerate neurasthenics in the pages of medical journals. All manner of 'eccentrics' and 'crackpots' (*chiflados*) were used as prime examples of the adverse effects of degeneration, including public masturbators.⁷¹ However, these usually belonged to the bourgeois class, as the physician Tiburcio Jiménez de la Flor García stated in his doctoral thesis:

*'The great importance that this neurosis has acquired in recent times has been due to its prevalence among the medulla (or managerial) class of Society in preference to the others, and because its spread is greater than what was originally believed. All those that are commonly referred to as 'odd' and 'eccentric' are in fact neurasthenic to a greater or lesser degree.'*⁷²

Unlike the virtuous bourgeois man whose strong sense of duty had led him to direct all his willpower towards excelling in his work, these 'eccentric' individuals never had that strength of willpower to begin with. They were born with a constitutive weakness of the will, which made them more liable to suffering from the degenerative effects of modern life. As such, they were incapable of making the necessary efforts to resist the sensual pleasures and nervous hyperstimulation that urban life offered, succumbing to them instead.

Neurasthenia was therefore commonly associated with urban living, since here the promise of progress was at its highest; but so was the threat of degeneration. Cities represented the most extreme versions of the benefits and drawbacks of progress: as places buzzing with activity, they held the promise of stimulation and served as representations of a country's degree of civilisation. However, in line with the theory of degeneration, Spanish physicians and hygienists during the *fin de siècle* acknowledged that civilisation would not end social ills such as prostitution, pauperism and madness. On the contrary, it would introduce new problems such as alcoholism, tuberculosis, and anarchism.⁷³ In other words, cities offered a microcosm of the different degrees of civilisation: from the most developed, elegant and cultivated people working at public institutions, banks and big companies, to the most brutalised form, represented by the working class in the factories

70 Antonio MUT MANDILEGO, *Los Neurasténicos*, *Revista Ibero-Americana de Ciencias Médicas* 16, 1906, pp. 213–219, here p. 218.

71 C. JUARROS, *Diagnóstico de Las Neurastenias*, p. 5.

72 T. JIMÉNEZ DE LA FLOR GARCIA, *Estudio Clínico de la Neurastenia*, p. 3.

73 Ricardo CAMPOS MARÍN, *La Sociedad Enferma: Higiene Moral En España En La Segunda Mitad Del Siglo XIX y Principios Del XX*, *Hispania* 55, 1995, pp. 1093–1112; Ricardo CAMPOS MARÍN, *La Teoría de La Degeneración y La Medicina Social En España En El Cambio de Siglo*, *Llull: Revista de La Sociedad Española de Historia de Las Ciencias y de Las Técnicas* 21, 1998, pp. 333–356.

and the inhabitants of brothels, prisons and madhouses.⁷⁴ Consequently, larger urban areas also had a higher incidence of delinquent and immoral behaviour, threatening the wellbeing of its dwellers.

Although different physicians could offer different solutions to the problem of degeneration, all agreed that the ‘feverish life’ that characterised modern society and its march towards civilisation was accompanied by the threat of degeneration and the fear that society was slowly succumbing to its inevitable extinction. For example, Hauser was a progressive liberal who advocated in favour of governmental intervention in social issues, and he believed the higher statistical rates of physical and mental illness were a direct consequence of the lack of institutions to manage them, rather than the result of new technological developments that allowed more precise research into human physiology and facilitated data collection.⁷⁵ In contrast, conservative physicians like the hygienist Ignasi Llorens i Gallard (1851–1913), who bemoaned the loss of Catholic values in society, identified the new-found freedom of thought brought about by democracy – what he called ‘the emancipation of the spirit’ – as the source of all social ills and of the rise in nervousness that characterised the final decades of the century.⁷⁶ In both cases, however, they agreed that society was slowly degenerating because of the economic competition and opportunities that individuals had for class mobility. As a result, the endeavours that ‘men of superior culture’ had to pursue in order to secure the progress of the nation were often too much for them to manage. As Simarro explained, this intellectual effort exhausted men of their vital energies, thus resulting in diseases like neurasthenia. However, the problem did not end there; even worse than weakening those men who were in charge of bringing progress to society, these diseases were passed on to their offspring, and so society was doomed to become extinct.⁷⁷

Conclusions

In Spain, the *fin-de-siècle* was not perceived as an easy time to live in. The struggle for survival affected people across all strata of society, as Mitjavila y Rivas asserted: ‘Who doesn’t find oneself worried, unhappy or a victim of bad luck in these days we live in,

74 Ricardo CAMPOS – José MARTÍNEZ PÉREZ – Rafael HUERTAS, *Los Ilegales de La Naturaleza. Medicina y Degeneracionismo En La España de La Restauración (1876–1923)*, Madrid 2000; Ricardo CAMPOS MARÍN, *Higiene Mental y Peligrosidad Social En España (1920–1936)*, Asclepio 49, 1997, pp. 39–59.

75 P. HAUSER, *Siglo XIX*, p. 202.

76 Ignasi LLORENS I GALLARD, *Enfermedad Fin de Siglo: El Nervosismo*, Barcelona 1896, p. 42.

77 L. SIMARRO, *El Exceso de Trabajo Mental En La Enseñanza*, p. 38.

characterised by the difficult and arduous struggle for existence?'.⁷⁸ Nevertheless, as we have seen, the bourgeoisie (of which physicians were a part) articulated a narrative in which they suffered in a particular way, due to the burden of self-imposed duty to lead the nation on its path towards progress.

The emergence of neurasthenia in Spain occurred in a period during which the bourgeoisie presented the problem of political corruption and loss of overseas colonies in terms of national decline. These problems were articulated in terms of a loss of virility and a crisis of Spanish manhood, the restoration of which would result in the country's regeneration. In this article, I have argued that Spanish physicians used neurasthenia to articulate an ambivalent narrative about the desirable ways of being a modern subject in this context.

On the one hand, they used it to praise desirable attributes – perseverance, self-sacrifice in the name of the common good, and the capacity to take decisive action through a strong will – which were perceived to be beneficial to society. These values were inscribed within a discourse of progress. Physicians believed that, while all forms of labour were necessary in order to achieve civilisation, those who performed intellectual and political labour were responsible for directing the country's efforts in the pursuit of progress. As such, the diagnosis served to legitimise class structures and power dynamics, whereby 'men of culture', in Simarro's terms, carried the weight of the battle for modern civilisation. As such, neurasthenia served to legitimise their efforts: because the disease was articulated as a consequence of the burden of responsibility they were carrying in the quest for civilisation, it served as a valid label for their non-threatening condition.

On the other hand, however, the disease was used to condemn undesirable qualities that were perceived to be an obstacle in society's march towards progress. Greedy ambition, the vain pursuit of glory, and psychic passivity were presented as causes of neurasthenia. They were used to uphold the critiques of political corruption and personal ambition that characterised the Restoration era, explaining why the disorder was so common among high-ranking government officials and politicians. Additionally, Spanish physicians pointed out that one of neurasthenia's main symptoms was aboulia, a characteristic reflecting the passivity of Spanish people in the universal struggle for survival. Consequently, the disease also served to pathologise the behaviour of those who did not align with the virile masculine values that were believed to be crucial for the regeneration of Spain and the country's battle for civilisation.

The medical discourse of neurasthenia therefore combined the positive connotations of the condition as being caused by the burden of responsibility in the battle for progress,

78 J. MITJAVILA Y RIVAS, *Concepto, Causas y Síntomas de La Neurastenia*, p. 139.

with the negative condemnation of undesirable ways of being a modern subject. In this way, the disorder served to support a certain type of manhood that could be either celebrated or rejected, contributing to defining the boundaries of ideal forms of masculinity. By doing so, such discourse prescribed the proper way of being a modern subject in Spain, using particular markers of civilisation held by Spanish physicians – markers that were neither stable nor universal.⁷⁹ Still, regardless of whether it was associated with positive or negative behaviour, those who suffered from it were still obliged to overcome their weakened manhood and exhausted virility.

79 D. MARTYKÁNOVÁ, *Los pueblos viriles*.

