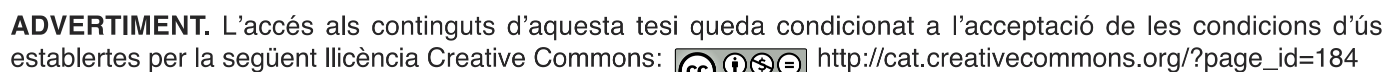
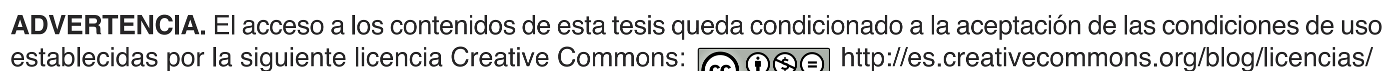
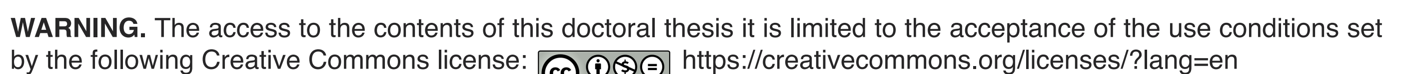
ADVERTIMENT. L'accés als continguts d'aquesta tesi queda condicionat a l'acceptació de les condicions d'ús establertes per la següent llicència Creative Commons:  http://cat.creativecommons.org/?page_id=184

ADVERTENCIA. El acceso a los contenidos de esta tesis queda condicionado a la aceptación de las condiciones de uso establecidas por la siguiente licencia Creative Commons:  http://es.creativecommons.org/blog/licencias/

WARNING. The access to the contents of this doctoral thesis it is limited to the acceptance of the use conditions set by the following Creative Commons license:  https://creativecommons.org/licenses/?lang=en

Medicine, modernity, and masculinity: A history of neurasthenia in Spain, c.1890-1920

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A mis padres, Manuel y Ana;

y a mi hermano, Pablo.

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Abstract

In the late nineteenth century, a new disease category emerged and proliferated around the USA, Europe, and Asia. "Neurasthenia", or nervous exhaustion, referred to a condition that affected both the body and the mind, and was the product of modern civilisation. Historians have pointed out the usefulness of neurasthenia as a lens through which to understand developments in medical and psychiatric ideas as well as the construction of national identities. This thesis analyses how neurasthenia was conceptualised in Spain in relation to these issues between the 1890s and early 1920s. It takes a cultural history of medicine approach to analyse the way in which neurasthenia was constructed according to contemporary Spanish ideas about medicine, modernity, and masculinity.

The thesis offers two levels of analysis. The first deals with traditional questions in the history of medicine; namely, the appropriation of the concept, its clinical definition and pathological conceptualisation, and the different treatments that were presented for it. Spanish physicians critically appropriated the disease from the French context and debated different ways in which to understand the condition. They defined neurasthenia as a condition that primarily affected bourgeois men. The plurality of treatments they offered also contributed to defining it as a condition rather than a local or specific disease. However, although physicians played an important part in defining the disease, neurasthenia was also conceptualised in other spaces: namely, the market for medicines and devices; manuals for training the will; spas and sanatoria; and by patients themselves. These other sites broadened the boundaries of the disease, so that it ended up losing its specificity and becoming more generally construed as "weakness" in a broad sense of the word.

A second level of analysis deals with the cultural meanings ascribed to the disease and how these shaped ideas of modernity and masculinity. The thesis shows that neurasthenia was tightly linked to the discourse of regenerationism, a discourse of crisis and change that characterised the Spanish *fin de siècle* and that was articulated in terms of a problem of vilirity and a crisis of masculinity. Spanish elites questioned Spain's status on the hierarchy of civilisation and claimed that the regeneration of the country depended on the moral regeneration of its men.

This thesis shows that neurasthenia was framed by this discourse. Physicians claimed that the disease was the consequence of the modern "struggle for survival", characterised by competition between individuals and among nations in the quest for civilisation. It was primarily a disease of the bourgeoisie, who were responsible for guaranteeing the future of the nation through their intellectual labour. Physicians used the disease to define the boundaries of what constituted proper and improper forms of bourgeois masculinity: the selfless pursuit of progress and the common good, on the one hand; and egotism and passivity on the other. As such, physicians articulated an ambiguous narrative about neurasthenia that could be either validating or destructive to the patient's masculinity. At the same time, neurasthenia served to articulate an ideal modern subject, one who was an active participant in the struggle for survival.

Overall, the thesis argues that neurasthenia served to present individual and international competition as a natural condition of modernity, and to establish the normative boundaries of what constituted proper masculine bourgeois behaviour between 1890 and the early 1920s. In doing so, it demonstrates the value that diseases have as historical objects through which to explore the history of medicine, national identity, and gender in the past. It concludes that the historians should return to the history of diseases to explore how the self has been constructed in the past.

Abstract

A finales del siglo XIX, surgió una nueva categoría de enfermedad que proliferó en Estados Unidos, Europa y Asia: la neurastenia. Esta se concibió como una condición que afectaba tanto al cuerpo como a la mente, y era producto de la civilización moderna. Los historiadores han señalado el valor que tiene esta enfermedad como objeto a través del cual comprender los desarrollos de las ideas médicas y psiquiátricas, así como la construcción de identidades nacionales. Esta tesis analiza cómo se conceptualizó la neurastenia en España en relación a estas cuestiones entre la década de 1890 y principios de la de 1920. Aplicando un enfoque de historia cultural, analiza la forma en que se construyó de acuerdo con las ideas españolas contemporáneas sobre la medicina, la modernidad y la masculinidad.

La tesis ofrece dos niveles de análisis. El primero trata cuestiones tradicionales de la historia de la medicina; a saber, la apropiación del concepto, su definición clínica y conceptualización patológica, y los diferentes tratamientos que se le prescribieron. Los médicos españoles se apropiaron del concepto de la enfermedad procedente del contexto francés, y debatieron diferentes formas de entenderla. La pluralidad de los tratamientos que ofrecieron contribuyó a definirla como una condición general del sujeto, más que como una enfermedad local o específica. Sin embargo, la tesis muestra que la neurastenia también se conceptualizó desde otros espacios y por otros sujetos: el mercado de medicamentos y dispositivos; los balnearios y sanatorios; por los autores de los manuales para la formación de la voluntad; y por los propios pacientes. Estos actores ampliaron los límites de la enfermedad, de modo que terminó perdiendo su especificidad y se interpretó de manera más general como “debilidad” en el sentido amplio de la palabra.

Un segundo nivel de análisis se ocupa de los significados culturales atribuidos a la enfermedad y cómo estos dieron forma a las ideas de modernidad y masculinidad durante el periodo que se analiza. La tesis muestra que la neurastenia estuvo estrechamente ligada al discurso del regeneracionismo que caracterizó al fin de siglo español y que se articuló en términos de una crisis de masculinidad. Las élites españolas cuestionaron el estatus de España en la jerarquía de la civilización y afirmaron que la regeneración del país dependía de la regeneración moral de sus hombres.

Los médicos españoles afirmaron que la neurastenia era consecuencia de la moderna "lucha por la existencia", caracterizada por la competición entre individuos y

entre naciones en la búsqueda de la civilización. Fue principalmente una enfermedad de la burguesía, aquella clase social encargada de garantizar el futuro de la nación a través de su labor intelectual. Los médicos utilizaron la enfermedad para definir los límites de lo que constituía formas adecuadas e inadecuadas de masculinidad burguesa: la búsqueda desinteresada del progreso y el bien común, por un lado; y el egoísmo y la pasividad por el otro. Como tal, los médicos articularon una narrativa ambigua sobre la neurastenia que podría validar o destruir la masculinidad del paciente. Al mismo tiempo, la neurastenia sirvió para articular un sujeto moderno ideal, definido como un participante activo en la lucha por la existencia.

En general, la tesis sostiene que la neurastenia sirvió para presentar la competición individual e internacional como una condición natural de la modernidad y para establecer los límites normativos de lo que se consideraba como el comportamiento burgués masculino apropiado entre 1890 y principios de la década de 1920. Al hacerlo, demuestra el valor que tienen el estudio de las enfermedades como objetos históricos a través del cual explorar la historia de la medicina, la identidad nacional y el género en el pasado.

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Introduction

In 1869, the New York neurologist George Miller Beard outlined a condition that had "long been recognized", but had only been referred to by "the general phrase *nervous exhaustion*" (Beard, 1869, p. 217). Instead, Beard proposed the term "neurasthenia", which in its Greek etymology meant lack of nerve force. The disease was characterised by headaches, insomnia, fatigue, nervous dyspepsia, deficient mental control, an inability to concentrate, sexual impotence, a feeling of hopelessness, and pathological fear. According to Beard, it was in those years that neurasthenia had become a prevalent problem in American society. He presented his view in his famous treatise *American Nervousness: its causes and consequences* (1881). He claimed that neurasthenia was, above all, a cause and a consequence of the advancement of "modern civilisation", characterised by "steam power, the periodical press, the telegraph, the sciences, and the mental activity of women" (Beard, 1881, p.vi). In other words, it was a side effect of "the great mental activity made necessary and possible in a new and productive country," such as the U.S.A., which he considered to be the most advanced in the world (Beard, 1881, pp. vii).

Beard believed that the rhythm of life within modern civilisations drained an individual's natural reserves of nervous energy. He drew on economic and technological metaphors to explain neurasthenia, describing it in terms of an overdrawn bank account and an electric battery that had run out of force. The stimuli of urban life and the rush of modernity placed the nervous system under excessive strain, leaving individuals in "nervous bankruptcy" (Beard, 1881, p. 10). Although he claimed that it was more common in women than men, he also described it as typical among middle-class men, since the disease was the result of the excessive intellectual work and over-worry that typically affected businessmen. It usually appeared in individuals who had inherited the

"nervous diathesis" from their ancestors. Nervous diathesis referred to the "constitutional tendency to diseases of the nervous system" (Beard, 1881, p. 25). According to Beard, it mostly affected individuals of a "fine organisation" and "superior intellect" (Beard, 1881, p. 26). It was a disease of the "civilised, refined, and educated, rather than of the barbarous, and low-born and untrained", and was "developed, fostered, and perpetuated with the progress of civilisation" (Beard, 1881, p. 26).

With such a description, he effectively articulated neurasthenia in positive terms. Although the disease rates were higher now than ever before, they reflected the USA's level of progress, placing it above the greatest ancient civilisations: "no age, no country, and no form of civilisation, not Greece, nor Rome, nor Spain, nor the Netherlands, in the days of their glory, possessed such maladies" (Beard, 1881, pp. vii–viii). Consequently, the prevalence of neurasthenia and the widespread exhaustion of the USA's white, middle-class citizens as a cause of modernity, should be proudly borne as a badge of honour and a symbol of the country's degree of civilisation. It was "the result and accompaniment and barometer of civilisation" (Beard, 1881, p. 186).

Beard's definition turns neurasthenia into a prime example of how cultural and ideological factors influence medical diagnoses. The way in which symptoms are conceptualised inform us about historically constituted notions of health, wellbeing, and normative ways of behaving that have changed throughout time. As we will see, historians have demonstrated the usefulness of studying the history of neurasthenia in a national context to explore local particularities regarding how medical knowledge was constructed and ideas about modernity circulated. The main aim of this thesis is to explore how, in the period between the 1890s and the 1920s in Spain, medical, political, and cultural discourses interacted to construct the concept of neurasthenia. I will explore the different discourses thematically, by analysing how the disease fit into existing medical knowledge at the time, how physicians articulated it as a crisis of civilisation and masculinity, the ways in which the market contributed to shaping ideas about the disease, and how these different threads came together in a first-hand experience of a neurasthenic.

The thematic approach allows me to establish secondary aims and lines of analysis that connect the chapters. Firstly, I have sought to understand the role that medical knowledge played in the conceptualisation of neurasthenia, and the extent to which it permeated popular understandings of the disease. Multiple actors were involved in

defining the boundaries of the condition, including experts like physicians and pedagogues, the patent medicine and devices market, and patients themselves. I want to understand the relationship between each of these actors and the ways in which they made use of and contributed to defining neurasthenia's boundaries.

Secondly, the thesis explores how the disease served to articulate the discourse of progress in Spain between the 1890s and the early 1920s. This was a period during which the discourse of crisis and attempt to reform known as 'regeneracionismo' (regenerationism) reached its peak articulation among Spanish intellectuals. Finally, I analyse how neurasthenia brought concerns about physical and mental hygiene and morality together, defining proper and improper ways of Spanish bourgeois masculinity. In this thesis, we will see how the disease reflected broader anxieties of national crisis, and which was the role played by masculinity in the genesis of discourses about neurasthenia.

Neurasthenia in historical perspective

In the 1980s and 1990s, a new topic began to attract the attention of historians of medicine: the history of diseases. Two different lines of approach developed in the field. The first assumed that diseases were transhistorical and biological entities, and therefore their study in the past would advance present-day medical knowledge. The second defended the view that diseases were social constructions, and therefore could only be understood in their historical context. The historian of medicine Charles E. Rosenberg offered a bridge between the two approaches by arguing that diseases were biological entities that were "framed" by social and cultural factors. He famously explained,

> disease is at once a biological event, a generation-specific repertoire of verbal constructs reflecting medicine's intellectual and institutional history, and occasion of and potential legitimation for public policy, and aspect of social role and individual – intrapsychic – identity, a sanction for cultural values, and a structuring element in doctor and patient interactions (…) In some ways disease does not exist until we have agreed that it does, by perceiving, naming, and responding to it" (Rosenberg, 1992, p. xiii).

Rosenberg's concept of 'framing' diseases sought to highlight the underlying bio-pathological process was an attempt to offer a new historiographical approach to the field; seeking to distance itself from more some of the more radical views of social constructionism, which argued that science did not exist outside of its social context.[1] However, the quote still succinctly illustrates how suitable the study of disease is for understanding the social processes by which medical knowledge and ideas about health and the self are constituted.

Following Rosenberg's idea about "framing", histories of neurasthenia can broadly be divided into two groups: first, the ones situating the disease as part of a *longue durée* narrative of developments in psychiatry and the definitions and explanations for symptoms like fatigue, which was one of neurasthenia's main characteristics. Second, those who use neurasthenia to explore historical developments in psychiatry and how medicine, society, and culture interact in the construction or 'framing' of the disease.

Scholars interested in tracing the origin of fatigue syndromes and mental disorders have identified neurasthenia as an important concept in the historical process of creating modern-day classifications of morbid conditions. In his seminal book *Historical Origins of the Concept of Neurosis* (1983), the historian of medicine José María López Piñero identified the development of the neurasthenia diagnosis as an important landmark in the history of the concept of the "neuroses". The "neuroses" referred to diseases that affected both the mind and the body, but with no identifiable organic lesion that could explain it. Between the late eighteenth and early twentieth century, the concept of the neuroses underwent significant modifications. Physicians put forward different theories to explain its aetiology and pathology, listing symptoms such as physical and mental exhaustion, irrational fears, and digestive and sexual disorders. Neurasthenia's appearance in the late nineteenth-century helped to assimilate different types of neuroses that were losing ground at that time. This way the concept of neurosis would still be in use in the twentieth century. At the same time, its explanation in dynamic terms, following the development of medical theories like "the reflex action" and "functional disturbances of the nervous system", fostered a particular explanatory attitude towards the relationship between soma and psyche (López Piñero, 1983).

[1] Many scholars from different perspectives defended this view. A classical proponent is the sociologist Bruno Latour. See, for example, Latour & Woolgar (1979).

Similarly, in *The History of Mental Symptoms* (1996)*,* the historian of psychiatry Germán Berrios shows that neurasthenia was used to diagnose symptoms like physical and mental fatigue, as well as phobias. Physicians drew on previous notions of "irritability" and "asthenia", placing the spinal cord and the brain – rather than the nervous system – at the centre of the development of the neuroses (Berrios, 1996). Similarly, the historian of psychiatry Rafael Huertas has shown that neurasthenia played an important role in offering medical explanations for obsessions. It created the conditions of possibility for the emergence of the concept of "psychasthenia" , which placed emphasis on the mental rather than the physical aspects of the disease (Huertas, 2014).

The studies of Berrios (1996), López Piñero (1983) and Huertas (2014) have situated neurasthenia within the development of medicine and what is called "descriptive psychopathology", the language used to describe mental symptoms. As Berrios (1996) explained, taking longue-durée approaches to concepts like the neuroses and symptoms like fatigue and phobias offers clinicians insights into the historical evolution of medical thought. Such an approach has been widely used among practicing clinicians seeking to understand present-day psychosomatic conditions. In the late 1980s and during the 1990s, a surge in cases of myalgic encephalomyelitis ('ME, or post-viral fatigue) in the USA and chronic fatigue syndrome (CFS) in the UK led some psychiatrists and clinicians to study the origin of fatigue syndromes, including mononucleosis, anxiety and depression and they traced their origin back to neurasthenia (Greenberg, 1990). ME is characterised by physical and mental fatigue, especially after strenuous physical or mental effort, together with other signs, especially neuromuscular, cardiovascular and gastrointestinal symptoms. CFS has been more difficult to define, but it is also characterised by extreme fatigue that leaves the patient prostrated and incapable of moving. The work of the psychiatrist Simon Wessely became well known, in which he established similarities between neurasthenia, ME, and CFS. Wessely argued that the origins of ME and CFS are older than what has been assumed. Instead of originating in 1955 or 1934 as some physicians argued, Wessely claimed that ME and CFS could both be traced directly back to neurasthenia. He drew significant parallels between these diseases and neurasthenia: they were diseases in which a profound fatigability of the body and mind are the principal symptoms. Additionally, they were assumed to be organic conditions, with an emphasis on muscle fatigability. Patients suffering from such diseases generally show symptoms of mental exhaustion caused by emotional and mental strain, which often lead to cognitive

deficiencies like a poor capacity to concentrate. There has been a tendency to divide the syndromes according to medical specialities, producing a variety of names like gastric, cardiac, or pulmonary neurasthenia, or more recently, fibromyalgia, effort syndrome, and ME and postinfectious fatigue syndromes. Furthermore, all three diseases were associated with a particular social demographic area. ME, for example, reached its peak in the 1980s and 1990s in the UK, and was particularly ascribed to the upper middle classes. As a result, it received the monikers "the Malaise of the Eighties" and "yuppie flu" (Wessely, 1989, 1990, 1994, 1995a, 1995b, 1997; for the rise of the ME diagnosis, see Aronowitz, 1997).

This approach to the history of neurasthenia has served a political and practical purpose for present-day medical practice. For clinicians like Wessely, arguing that neurasthenia had the same etiological basis as these present-day ills served as proof that chronic fatigue in any of its manifestation – physical or mental – is a true problem that was worth to be taken seriously (see also White, 1989). In doing so, it permitted reflections on the role somatization, understood as the physical manifestation of psychic distress, plays in such diseases. It helped to make the diagnosis of fatigue disorders less offensive to present-day victims (Wessely, 1997). Several authors argued that neurasthenia's decline was caused by the fact that the disease ended up falling under the purview of psychiatry, therefore losing its social value; a demise that acted as a premonition for the future of ME and CFS (Abbey & Garfinkel, 1991; Gosling, 1987). The disease has also permitted clinicians to reflect on the influence race, class, and gender biases have on the diagnosis of fatigue syndromes, and the impact that new technologies might have in creating new diseases in the future. These are topics with which historians of science and medicine are familiar with, but they are not part of the present-day biomedical paradigm (Bhola & Chaturvedi, 2020; Luthra & Wessely, 2004).

However, although these clinicians recognise the role of culture in shaping present-day fatigue syndromes, especially in articulating them as "medical" rather than "psychiatric" conditions, they have not explored the different cultural meanings that these diseases have had in the past. In his book *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (1993), the historian of psychiatry Edward Shorter has shown that different conditions of fatigue have had different socio-cultural meanings, depending on how they were conceptualised. Shorter situates neurasthenia within the rise of a new somaticist model for nervous disorders that considered the brain

and the nerves to play a central role in the production of functional diseases – diseases that manifested themselves through the alteration of a body's normal physiological functions, but had no identifiable lesion.

According to Shorter, neurasthenia was "a mixture of mood disorder, anxiety disorder, obsessive-compulsive or character disorder" and a nineteenth-century variant of depression and chronic fatigue syndrome (Shorter, 1993, pp. 251–260). Schuster argues that the diagnosis emerged as a way of "successfully convey[ing] to patients" a concrete and stigma-free diagnostic term. This was needed, "given that 'irritable weakness' was too abstract and 'hysteria' either too old-fashioned or tainted with the circus of the Salpêtrière" (Shorter, 1993, p. 248). Neurasthenia was the male equivalent of hysteria, its female counterpart. It represented a way of bringing lucrative clientele of middle-class businessmen into clinics or private practices of nerve doctors rather than the internist. In doing so, it created a new market, helping to consolidate the new profession of nerve doctors and psychiatrists. It was associated with the fast pace of modern life, although Shorter doubted that "the 'pace of life' ever really changes" (Shorter, 1993, p. 242). However, it was not just diagnosed to the middle-classes. At the same time, it was diagnosed in working-class men, serving as a general diagnosis for men under stress. As such, it served a social end: either augmenting the physician's income and practice, or ameliorating the conditions of the working classes by offering a diagnosis that criticised the housing and work conditions that they lived in.

These claims are problematic for several reasons. Firstly, Shorter applies present-day diagnoses to the past. This is not only anachronistic, but also implies a narrative of progress by assuming that present-day diagnoses are more accurate than those used in the past. As Jon Arrizabalaga has observed, this approach retains a Whiggish approach to the history of medicine that judges the past in light of the present (Arrizabalaga, 1992). It does not take into account critiques of diagnoses and institutional markers like the DSM (see, for example, Hacking, 2013). Secondly, his argument suggests that subjects acted intentionally, a view that does not explain contradictions, resistance, and change. Finally, his essentialist view towards the pace of life and towards the experience of disease[2] ultimately fails to take into account the different ways in which cultural and social factors

[2] In his review of *Neurasthenic Nation* (2011) by David Schuster, he stated: "I doubt that the subjective experience of people with what had been "nerves" and was now "depression" changed greatly," (Shorter 2012, p. 615).

have affected the lived experience of people in the past and how these have changed through time (see Scull, 2014, pp. 85–91).

Although Shorter's approach has garnered significant criticism his essentialist view of fatigue continues to inform other scholars who seek to write a longue-durée history of exhaustion. For instance, Anna Katharina Schaffner assumes that fatigue is made up of "transhistorical psychological factors" (Schaffner, 2016a, p. 12). Although Schaffner argues that neurasthenia constituted a reflection of the physicians' concern about the decline of the Western world, as well as an increased sensibility with regard to the problem of overwork (Schaffner, 2016a, pp. 85–110), elsewhere she warns that exhaustion should not be understood as a consequence of changes in society: "Rather than perpetuating the myth that our own is the most exhausting age and lamenting the vampirically depleting horrors of modernity, perhaps we should acknowledge that exhaustion is simply an essential part of human experience" (Schaffner, 2016b, p. 339). However, this type of conclusion once again assumes an essentialist understanding of exhaustion that is problematic from a historical point of view. Instead, they make universal claims, such as describing neurasthenia in Beard's terms without paying attention to the ways in which physicians accepted and contested the diagnosis, both in and outside the USA; or claiming that the experience of disease and modernity is trans-historical. Moreover, they fail to offer any causal explanations about how people behaved in the past, how they were labelled in different ways, and the resistance to and acceptance of these labels. Neither does it consider how medical knowledge was inscribed in and at the same time informed ideas and experiences of personal subjectivity, national identity, and corporeal experiences as they are intersected by questions of gender, class, and race.

While these types of conclusions might have practical applications for present day clinical practice and medical humanities, they tell us little about the historical configuration of the disease. How did neurasthenia fit into pre-existing medical ideas about health, disease, and the functioning of the body? In what ways did the diagnosis of neurasthenia contribute to changing these theories, and why? How and why did neurasthenia form part of a more general discourse about modernity? What did it contribute and how did it interplay with ideas of and experiences about gender, modernity, and a nation in crisis? What was particular about the discourses on neurasthenia, and what was common across nations?

The questions indicate that diseases cannot be taken out of their historical context. It is important to pay attention to local particularities in order to avoid making essentialist and universal claims. As Ludmilla Jordanova (1995) has pointed out, studying specific diseases allows for a richer understanding of the ways in which medical knowledge is produced through social processes, such as the circulation of knowledge, the professionalisation of disciplines, and the interaction with popular knowledge about healing. Unlike other kinds of science, medicine is particularly suited for analysing these processes and the implications they had in society. Illness and healing are processes experienced by significant proportions of the population, who thereby have direct interactions with medical practitioners or services of one kind or another. Furthermore, these interactions have immediate significance for patients, "understood in the most intimate terms of bodily well-being as well as through the languages and images that pervade societies" (Jordanova, 1995, p. 373). Jordanova has argued that, because of how diseases are 'dispersed' in medical practice, they elicit cultures around illness, literature, art, and social arrangements and reactions. Focusing on a single condition allows clarity of focus and historical richness that complement the history of medicine and the history of these cultures. Additionally, such a focus allows historians to incorporate both, "top down" and "bottom up" approaches. The latter include not only localist histories based on a precise cultural or geographical context, but also what Roy Porter (1985) referred to as "the patient's view", namely how patients experienced the disease and the treatment.

The second approach towards the history of neurasthenia takes its cue from the perspectives of constructivism and the idea of 'framing' diseases to analyse how medicine, culture, and society intersected in the creation, use, popularisation, and decline of neurasthenia as diagnosis and its associated treatments. In doing so, it demonstrates the problematic nature of making universalist claims about neurasthenia, and of assuming that the experience of the disease is the same as present-day experiences with depression and exhaustion.

The issue of context raises questions about national particularities and international similarities with regard to the diagnosis of neurasthenia. Historians began to focus on how neurasthenia and the problem of nervousness in the late nineteenth century were articulated in relation to the state of medicine as a science and a profession, at a time when national identity was at stake. In *Shattered Nerves: Doctors, Patients, and Depression in Victorian England* (1991), the historian Janet Oppenheim set out to

ascertain "what nervous breakdown meant to the Victorians, both to patients who experienced the baffling disorder and to medical practitioners who tried to treat it" (Oppenheim, 1991, p. 4). Oppenheim maintains that the nerves occupied a central place in Victorian and Edwardian culture. She argues that, because of its definition as a disease of the nervous system, the diagnosis of neurasthenia acted as a "badge of honour" that served to indicate the delicate sensibility and superiority of the individual who suffered from it. She demonstrates that the idea of nerve force had a long history, dating back to eighteenth-century ideas of nervousness and neuroses.

By the mid-nineteenth century, electrical interpretations of nervous energy prevailed, and medical men used metaphors of electricity to define neurasthenia. It became commonplace to compare the brain that generated nerve force to a battery that produced electricity. Individuals were born with a finite amount of nervous energy that had to be carefully managed in order to avoid overtaking their nervous systems, lest they should fall into paralysing fatigue. Similarly, the prevalence of financial vocabulary in explaining the pathology of the disease drew from existing developments in economics. Medical ideas were therefore "inextricably intertwined with ideas of wealth and power" (Oppenheim, 1991, p. 85). Furthermore, the diagnosis reaffirmed the somatic basis of a nervous breakdown, thus legitimating the patient's suffering – a point that other historians have also made (Sicherman, 1977). The market for patent medicines also played an important role in popularising the disease, since it was a preferable diagnosis to alternatives like hysteria and insanity. Finally, Oppenheim demonstrates that attitudes towards neurasthenia changed by the turn of the century. As 'sensibility' began to be perceived as a sign of personal liability rather than superiority, neurasthenia lost its association as a disease that only affected bourgeois men. As a result, physicians began to diagnose neurasthenia to women and working-class men more freely.

This was the approach adopted by the authors of *Cultures of Neurasthenia, From Beard to the First World War* (2001), the most important monograph on the history of neurasthenia published to date. It was edited by the historians of medicine Marijke Gijswijt-Hofstra and Roy Porter, and brought together a number of essays discussing different aspects of neurasthenia from a medical and cultural perspective across four different countries: Britain, Germany, the Netherlands, and France. Through this comparative perspective, it argued for the need to talk about "cultures of neurasthenia in the plural" (Gijswijt-Hofstra, 2001, p. 2). As the authors demonstrate throughout the

collective essays in the book, how neurasthenia circulated in each national context was highly dependent on local socio-medical discourses and knowledge production. These include how soma and psyche were understood and their mutual relation, medical debates about neurasthenia's underlying pathology and the attitudes expressed towards different diagnostic explanations. Moreover, they took into account the changing professional status of psychology, psychiatry and neurology, and the knowledge that these fields produced between 1880 and 1914, a time when psychotherapies and psychoanalysis started to be popularised. There were other particularities in the ways in which neurasthenia was diagnosed and managed, as can be seen in the management of such disease in asylums and schools (Bakker, 2001; Thomson, 2001; Vijselaar, 2001a). The attitudes of the broader public towards neurasthenia entailed various views which could at times be stigmatising, but they also offered opportunities for the development of what Joost Vijselaar called a "neurasthenia business" (Vijselaar, 2001a, pp. 246–250). He refers to a variety of therapies created in the attempt to target the specific audience of neurasthenia sufferers. In the view of these historians, the First World War marked a decline in the spread of the disease, until it allegedly disappeared in the interwar period.

This work on the subject of neurasthenia is rooted in traditional historiography that characterises the history of science: questions of professionalization, changing explanations (the history-of-scientific-objectivity narrative), the appropriation and circulation of scientific knowledge, and the primacy of science in context. However, it highlights the importance of paying attention to national particularities within these developments. In line with this view, historians have argued that neurasthenia facilitated the professionalisation and the emergence of the 'psy' disciplines in different countries. Mathew Thomson, Volcker Roelcke, and Wen-Ji Wan have argued that the variety of physical and mental symptoms of this disease contributed to the professionalization of psychiatry and psychology in the UK, Germany, and China respectively It allowed new specialists to lay claim over a group of patients promoting their psychological therapies (Roelcke, 1997; Thomson, 2001; Wang, 2015). Such developments within the medical professions as well as the increasing prevalence of psychodynamic explanations for functional disorders changed the nature of neurasthenia from a purely organic disorder to a mental disorder. It was now viewed as being rooted on a psychological level and defined as a consequence of external stressors and mental and physical fatigue (Lutz, 2001). This way, neurasthenia as concept and idea facilitated the formulation and spread of new

psychological theories at the turn of the century, particularly psychoanalysis. Moreover, it paved the way for new diseases to be diagnosed such as shell-shock (Gosling, 1987; Loughran, 2008).

Cultures of neurasthenia also gave rise to a number of studies that explored the ways in which neurasthenia was appropriated in different countries and on how the disease changed its meaning. In the case of Argentina, Fernando Ferrari showed that neurasthenia was appropriated from French physicians. While it was initially diagnosed in bourgeois men, the market for patent medicines soon contributed to broadening the type of patient who could receive such diagnostic label, a development that made neurasthenia lose its specificity towards the turn of the twentieth century (Ferrari, 2015). For Japan, Yu-Chuan Wu has shown that treatments for neurasthenia straddled traditional therapeutic methods with modern discourses of nerves, allowing a Western concept to be incorporated into traditional Japanese ideas about the body (Wu, 2015, 2016).

The few studies into the history of neurasthenia in Spain are situated half-way between the two approaches outlined here (Bernabeu-Mestre et al., 2008; Cid Santos, 2009). The authors argue that the diagnosis failed to consider the social pressures women had to face, only offering physical causes linked to the uterus to explain the origins of the disease instead. Neurasthenia therefore contributed to reifying established social norms that offered a biological explanation for gender difference. Furthermore, the authors claim that physicians used the fact that the diagnosis was difficult to define to discard women's suffering as imaginary – a phenomenon that they claim has strong parallels with present-day diagnoses like fibromyalgia. As such, they use the example of neurasthenia to urge for a change in medical practice towards a kind of clinical support that would take the suffering of patients seriously and be aware of the influence gender has in the development of diseases.

Progress, pathology, and modern selfhood

In his seminal article "Pathologies of progress: The idea of civilisation as risk" (1998), Rosenberg noted that the incidence of diseases and theories of their causation and pathology have served for centuries "as vehicles for the articulation and legitimation of cultural criticism; disease has always been construed as both indicator and product of less than ideal social conditions" (Rosenberg, 1998, p. 716). The "progress-and-pathology

narrative", to use his term, is a recurring yet extremely fluid narrative that has been used "in a variety of contexts with a variety of social motives" (Rosenberg, 1998, p. 730).

The history of the "progress-and-pathology narrative" has a rich scholarship. The *fin de siècle* was characterised by a transnational discourse of civilisation, degeneration, and decadence that also reflected anxieties about modernity (Campos et al., 2000; Pick, 1989). Multiple scholars have studied the discourses of progress in the nineteenth century, showing how they were articulated in relation to the jarring effects that advances in technology, machinery, and modes of transport had on the modern subject (Killen, 2007; Rabinbach, 1992; Salisbury & Shail, 2010).

A recent volume titled *Progress and Pathology: Medicine and Culture in the Nineteenth Century* (2020), edited by Melissa Dickson, Emilie Taylor-Brown, and Sally Shuttleworth, adopted a global perspective to interrogate how the "progress-and-pathology narrative" was deployed throughout the nineteenth century, in order to "establish the ways in which medical, political, and cultural discourses have interacted in defining concepts of health and disease as peculiarly 'modern'" (Dickson et al., 2020a, p. 7). In line with the work of other historians of medicine, the concept of "modern" is itself a relative term, coined by contemporary actors as well as historians, to refer to changes on the social, the political, and the economic level (see Jacyna, 2008). They draw on the work of Shmuel E. Eisenstadt, who argued that "modernity" is a self-referential concept that is inherently multiple and contingent. Different groups of social actors are "holding very different views on what makes societies modern" (Eisenstadt, 2000, p. 2). Across a number of essays, *Progress and Pathology* addresses questions of anxieties about modernity and varieties of experience "as they were expressed and explored in the literature, science, and medicine of the time in terms of their impact upon social, cultural, and medical formations of the mind and body" (Dickson et al., 2020a, p. 6).

Recently, the historians of psychiatry Rafael Huertas and Enric Novella have respectively demonstrated that questions of modernity also intersected with the constitution of modern selfhood (Huertas, 2012; Novella, 2009). Scholars like the philosopher Charles Taylor and the historian of psychiatry Jan Goldstein have argued that the modern self is based on a set of practices – interiority, self-reflexivity, distinct faculties of feeling and thinking – which have been cultivated at particular times within certain social and cultural systems (Goldstein, 2008; Taylor, 1989). Drawing from this

work, Huertas argues that a "new" history of psychiatry that deals with questions of modernity, languages of diagnoses, as well as medical and psychological practices, should therefore consider how the discipline shaped and was shaped by ideas of modern subjectivity.

Thus, analysing the history of neurasthenia in relation to the question of modernity also intersects with the question of modern selfhood, a topic that has received particular scholarly attention in the case of the USAAs Brad Campbell has contended, neurasthenia was "a paradigmatic example of how the construction of a *neurotic* American subject was necessarily and inevitably a construction of a *modern* American subject" (Campbell, 2007, p. 160). In *American Nervousness: An Anecdotal History* (1991), Tom Lutz demonstrated how neurasthenia helped to create a national identity across class and race lines. The disease offered a solution to the thorny problem of reconciling the fact that insanity existed among white bourgeois members of society as well as the black working class. Physicians defined the diagnosis of neurasthenia in terms of refined sensibility and created treatments that were linked to leisure and rest, thus creating a diagnosis that did not have any connotation with the black working class. Being neurasthenic was not simply a question of being "sick", but of being a particular kind of American citizen: white, wealthy, educated, sensitive, and refined.

The medical label of neurasthenic helped American physicians to come to terms with the cultural and economic changes that radically altered their social life between the Civil War and World War I (Lutz, 1991). In the most recent monograph on neurasthenia, titled *Neurasthenic Nation* (2011), David Schuster has claimed that neurasthenia contributed to the American experience of modernity by making discomfort and unhappiness seem abnormal conditions that would require medical treatment. Thereby, it established happiness and comfort as the norm of good health. Schuster explains: "the story of neurasthenia is one of reciprocity, wherein the medical profession, patients, and popular culture all interacted to help shape the disease in the imagination of one another" (Schuster, 2011, p. 2).

In other contexts, historians have shown that the analysis of treatments seems to offer a fruitful approach to exploring the relationship between neurasthenia and modern selfhood. Michael Cowan has demonstrated that a culture of self-help hygiene literature became particularly prominent in Germany between the 1880s and the 1930s as a

response to the prevalence of neurasthenia. The disease constituted a breaking down of the boundaries of the modern, liberal, bourgeois self. The ideal modern bourgeois subject was characterised in the self-help books by the ability to control one's inner world and manage the continuous threat of the passions. At the same time there is a need to protect the person from the excessive stimuli and the unhealthy rush of modern life, both of which were achieved through the cultivation of a strong will. However, neurasthenia made this process difficult because it consisted precisely in a weakening of the will. The neurasthenic subject was therefore incapable of controlling neither his internal world nor the external surrounding. In the end, he would become a passive subject, losing the modern battle of the struggle for survival (Cowan, 2008). Consequently, the disease also served to articulate questions about appropriate forms of masculinity. However, the relationship between neurasthenia and gender remains a topic that has remained largely unexplored by scholars.

From women's subjugation to a crisis of masculinity

The question of gender is a central aspect in understanding the history of neurasthenia and the constitution of modern selfhood. In the 1980s, numerous feminist scholars used neurasthenia and the treatments developed for it to argue that medicine helped to sustain the patriarchy and to oppress women. This perspective drew from the work of Michel Foucault, who addressed the relationship between power and knowledge and how they are used as a form of social control by institutions. In exploring how medical knowledge pathologized women's behaviour, feminist scholars like Elizabeth Showalter and Caroll Smith-Rosenberg focused on the rest-cure, a form of treatment developed by the North American neurologist Silas Weir Mitchell specifically for women suffering from neurasthenia and hysteria .

Although Mitchell's rest-cure was theoretically aligned with the most recent developments in pathology and medicine, it was designed to be only applied to women. The purpose of the rest-cure was to return the patient to her health by fattening her and improving the quality of her blood. It was based on a strict diet, electrotherapy, massage, and seclusion from all external stimuli. While Mitchell reported many successful cases under his treatment, there were some important outspoken voices that criticised it and claimed that it led them to near-madness. Such was the case of the feminist writer

Charlotte Perkins Gilman, who narrated her traumatic experience with the neurologist Silas Weir Mitchell and his rest-cure treatment in a famous short story called *The Yellow Wallpaper* (1892). In it, a young woman is nearly driven mad by the extreme infantilization and isolation that is imposed upon her by her physician-husband during the rest cure. He recommends her never to carry out any kind of intellectual activity (reading, writing or painting) for the rest of her life (Gilman, 1913).

Gilman's case has served this feminist approach as evidence to support the claim that medicine was instrumental in sustaining the patriarchy and oppressing women, limiting their social role to the private sphere of their home (Poirier, 1983; Wood, 1973). The best-known example of this argument was developed by Elaine Showalter in her book *The Female Malady: Women, Madness and English Culture* (1987). According to the literature scholar, madness has been historically constructed as intrinsically female: women "are typically situated on the side of irrationality, silence, nature, and body, while men are situated on the side of reason, discourse, culture, and mind" (Showalter, 1987, pp. 3–4).

The emergence of the "nerve specialist" in the nineteenth-century was, in fact, a figure of authority that arose "to dictate proper feminine behaviour outside the asylum as well as in (…) and to oppose women's efforts to change the conditions of their lives" (Showalter, 1987, p. 18). Showalter argues that neurasthenia therefore served to consolidate the traditional position in biology that regarded the two genders as essentially opposed. It offered a naturalist explanation for the belief that women should not be educated in the same way as men because that would deplete their energy and make them incapable of carrying out their role as mothers and child-bearers. Furthermore, she claims that the experience of neurasthenia in women "expressed the insoluble conflict between their desires to act as individuals and the internalized obligations to submit to the needs of the family, and to conform to the model of self-sacrificing 'womanly' behaviour" (Showalter, 1987, p. 144). Others have made similar points, arguing that nervous illness was a socially sanctioned way of expressing discontent with the status-quo. According to this narrative, becoming sick was a far safer alternative than agitating for one's political, legal, and economic rights, which could lead the individual to an asylum or prison (Bassuk, 1985; Smith-Rosenberg, 1985).

Although they served a political purpose at the time, these perspectives assumed that criteria such as "the patriarchy", "men", and "women" are historically stable and universally real. They constitute an essentialist approach to history that limits our capacity to understand historical change without making room for the complexity of historical processes. In the case of neurasthenia, this approach towards understanding the relationship between women and psychiatry soon generated dissonant voices in the history of medicine. Scholars in the field sought to highlight the importance of paying attention to case studies, asylum notes, medical practice and personal letters in order to understand how psychiatry was understood and applied in the past.

Historians like Hilary Marland argued that the physician had less authority in limiting women's role in society than this approach has claimed. In the case of neurasthenia and the rest cure, Marland pointed out that the most prominent advocate of this treatment in the UK, the gynaecologist William Smout Playfair, "did not in any substantial way contravene the standard Victorian view of women, their role, demeanour and limitations" (Marland, 2001, p. 130). His enthusiastic adoption of Weir Mitchell's rest cure was one more step in a process of his interest in women's diseases and his medical practice, but was not shared by all physicians at the time. Furthermore, he only diagnosed bourgeois and upper-class women with neurasthenia because in his conceptualisation of the condition, it only affected ladies of standing and great delicacy of feeling. However, his case notes taken about his working-class patients demonstrate that he was sympathetic to their plight, even though he never diagnosed them with neurasthenia.

Taking a "bottom-up" view, David Schuster (2005) argued that the Foucauldian perspective does not take into account women's agency and the positive experiences that they might have had with the rest cure. He showed that some women who were treated by Weir Mitchell played an active role in negotiating their treatment, often claiming – in contrast to Gilman – that the rest cure offered solace from their daily lives. Finally, historians also shifted the focus, asking about the role played by neurasthenia in legitimating the suffering of bourgeois men and serving as a flattering alternative to the effeminate implications of hysteria (Campbell, 2007; Oppenheim, 1991; Shorter, 1993).

These approaches have been important because they criticise uni-directional narratives of power. They have demonstrated that medical discourse and practice had less

authority, and patients had more agency, than what prior feminist interpretations have postulated. However, both Marland and Schuster continue to assume that "men" and "women" are trans-historical categories of analysis, and do not offer causal explanations for why people in the past behaved the way they did. They fail to take into account the meanings that individuals gave to neurasthenia's symptoms and their treatments, and how the disease was at once inscribed in and served to reify gender roles.

In her seminal article titled *Gender: A Useful Category of Historical Analysis* (1986), the historian Joan Scott argued that history should study questions of "gender" as opposed to the history of "women". This approach brought the social relation between the sexes to the fore, arguing that women's experience was historically constructed in relation to men – that "the world of women is part of the world of men, created in and by it" (Scott, 1986, p. 1056). In contrast to historical interpretations of scholars like Showalter, it rejected biological explanations for the social roles that men and women had in society. As Scott explained, the concept of gender referred to "a social category imposed upon a sexed body" (Scott, 1986, p. 1056). Sex might play an important role in determining social roles, but the relationship between the two should not be taken for granted. Scott concluded that "[w]e need a refusal of the fixed and permanent quality of the binary opposition, a genuine historicization and deconstruction of the terms of sexual difference" (Scott, 1986, p. 1065).

Scott's article was extremely influential in shifting the focus of study from women in history to how ideas about femininity and masculinity were constructed in relation to each other. These questions led to the development of masculinity studies, which sought to analyse different forms of masculinity and how they were constituted in relation to each other. The sociologist R. W. Connell's concept of "hegemonic masculinity" was particularly influential in the development of the field. The concept referred to the normative ideal of masculinity that acted as a model for the majority of individuals within given social groups, subordinating femininity and other forms of masculinity (Connell, 1987). It highlighted the existence of a plurality of masculinities, making room for internal contradictions and gender democracy (Connell & Messerschmidt, 2005; Tosh, 2004). Although it has been criticised for being essentialist and for reifying the very notion of masculinity (Mirsky, 1996), its careful application to local contexts can still allow historians to avoid the risk of making universal claims about masculinity, as Darina Martykánová and Nerea Aresti have argued (Aresti & Martykánová, 2017).

In line with the idea that masculinity is an unstable category, several scholars have sought to understand how the diagnosis of neurasthenia affected the way in which masculinity was defined. As Christopher Forth has argued, the disease was both validating and destructive, since it threatened to undermine the patients' masculinity at a period in which discourses of national crisis were prevalent (Forth, 2001). Studying the case of neurasthenia in France, Forth has demonstrated that the concept was intersected with attitudes towards work, fatigue, and anxieties about the role of the bourgeois man in a *fin de siècle* French society; a society that was perceived to be in crisis. He has shown that physicians manifested an ambivalence towards fatigue and neurasthenia that was simultaneously validating and destructive towards what it meant to be a man.

On the one hand, neurasthenia represented an individual's elevated sensibility. On the other, it could leave a man so weakened that he would be incapable of carrying out any labour or control his emotions. Consequently, neurasthenia represented "not only a physical and moral weakness, but a certain *vulnerability* that undermined what had come to be viewed as normative conceptions of the bounded and autonomous male self" (Forth, 2001, p. 334). Forth suggests that neurasthenia reduced a man to a state of effeminacy, an idea that Campbell also defended in the case of the USA (Campbell, 2007).

Sabine Frühstück has shown that in Japan, the concept of masculinity related to neurasthenia shifted between the 1880s and the 1930s. At that time the disease itself was reconceptualised from a condition used to refer to minor mental dysfunctions in the 1880s to a problem of sexual behaviour that threatened men's health and therefore Japan's social order and national stability. While it became increasingly defined as a male, white-collar phenomenon, the disease also contributed to a change in the primary mode of masculinity. Thus, the masculine ideal of the soldier gave way to the businessman whose expertise consisted in knowing how to make a profit in a capitalist market economy (Frühstück, 2005).

As these studies show, neurasthenia acted as an important category through which the markers of male identity in medical and moral terms can be traced. This thesis situates itself in line with these studies. In particular, it aims to analyse how the ambivalent narrative of neurasthenia as both, a validating and a destructive diagnosis, was influenced by and affected ideals of masculinity, as Forth has shown for the French case. Although the field of masculinity studies in Spain has a rich scholarship, the relationship between

medicine and masculinity remains largely unexplored. The main exception is Nerea Aresti's *Physicians, Don Juanes and Modern Women* (*Médicos, Don Juanes y mujeres modernas*, 2001), which analysed how physicians criticised and pathologized the masculine model of "Don Juan" in the first third of the twentieth century. They considered his hypersexualised behaviour as an undesirable form of national masculinity (Aresti, 2001). Following this approach, neurasthenia constitutes an ideal historical object for studying how medical discourses articulated desirable and undesirable forms of masculinity. The present thesis explores the variety of discourses that circulated in Spain about modern bourgeois masculinity, situating them in relation to anxieties concerning the national crisis. Furthermore, by looking at the market and a first-hand experience of the disease, it goes beyond the medical profession to explore how these ideas transcended into other spaces, beyond the discipline of medicine.

Scope and sources

As I have mentioned above, the thesis deals with the emergence of neurasthenia in Spain during the period between 1890 and 1923. The timeframe corresponds with the highest production of medical literature on the topic of neurasthenia. After the early 1920s, the number of medical articles and treatises on neurasthenia decreased significantly, becoming replaced by other topics related to psychoneuroses and psychoanalysis. This is the main reason why I have chosen to focus on this interval.

It is important to note that, although the amount of literature on the topic decreased, the diagnosis did not disappear in this period. However, my analysis ends in the early 1920s because of the important changes in medicine and psychiatry that occurred from the 1920s onwards, which affected how physicians conceptualised neurasthenia. Developments in endocrinology shifted the focus of physicians towards questions of youth and rejuvenation. In psychology, the language of psychoanalysis altered how psychiatrists conceptualised the self and its diseases (Lévy Lazcano, 2019). Psychotherapy became increasingly consolidated as the preferred type of treatment for diseases of this type, (Mir, 2010; Mülberger et al., 2015). Finally, the sexual reform movement contributed to biologizing sex and bringing it to the fore of many medical and psychiatric discussions (Lévy & Huertas, 2018). These elements shifted medical

conceptualisations of psychical disease, and neurasthenia became integrated in the language of psychoneuroses, sublimation, repression, and schizophrenia.

Furthermore, my aim was not to understand the rise and fall of the diagnosis, but rather to explore how it was associated with the experience of being a modern subject in the period under study. The period under study coincides with the final decades of the political period known as the Restoration, which began in 1874 and lasted until 1923. This period was characterised by the regenerationist discourse and the project to restore the nation's economic, cultural, and political strength, with the aim that Spain could once recover politically its key role on an international scale and become an example of progress and civilisation. As Nerea Aresti and Darina Martykánová have shown, such a discourse articulated the national crisis as a crisis of Spanish masculinity (Aresti, 2014; Aresti & Martykánová, 2017; Martykánová, 2017b). It was articulated by a substantial number of intellectuals and permeated society across a wide range of spaces. However, this also meant that I had to limit the scope of my sources. As such, I have decided to focus primarily on medical and therapeutic sources relating to the definition, diagnosis, and treatment of neurasthenia, and exclude literary and political sources in my research. These sources are not restricted to those written by physician themselves, but include advertisements and manuals for training the will published by other experts, including priests and pedagogues, that were readily available for consumers to purchase at the time. Although I wanted to include the patient's view in my research, patient cases and first-hand accounts of illness are notoriously hard to come by. However, I was able to find a case of a self-diagnosed neurasthenic, which allowed me to incorporate the patient's view in my study of neurasthenia.

This thesis is situated within the field of the history of medicine. The questions that historians of medicine usually ask deal with developments in and the circulation of medical ideas and therapeutic practices, strategies of professionalisation, and the boundaries between expert and lay knowledge. While these issues form part of my analysis, I have sought to go beyond them by adopting a cultural history approach to the study of neurasthenia. In line with the definitions proposed by Peter Burke (2008) and Justo Serna and Anaclet Pons (2013), I understand "cultural history" to be a *methodological* approach that assumes all objects are laden with symbolism and meaning, forming part of collective imaginaries. This approach is interested in uncovering the ways in which people in the past gave meaning to the world around them – people, objects,

concepts, and events – in line with the codes that existed within the collective imaginary of the time, and how the actions that they took were inscribed within them (Burke, 2008; Serna & Pons, 2013). As such, my analysis is not limited to how the medical discourse of neurasthenia intersected with medical concepts, techniques and therapeutics, but also how it was inscribed in, and helped to shape discourses of, masculinity and national identity.

I found my sources mainly in four libraries: the Biblioteca Nacional de España; the Faculty of Medicine Library at the Universidad Complutense de Madrid; the Biblioteca de Catalunya; and the Faculty of Medicine Library at the Universidad de Barcelona. I found most of the treatises at the Biblioteca Nacional de España. My starting point for finding journal articles on neurasthenia was the 2006 compendium *Tres siglos de psiquiatría en España (1736-1975),* edited by Antonio Rey González, Enrique Jordá Moscardó, Fernando Dualde Beltrán and José Manuel Bertolín Guillén. The book consists of a compilation of over 9,000 bibliographic references over the course of three centuries that reflect "psychiatric" works, understanding "psychiatric" in its broadest terms. It has been an extremely useful and important source, and I am grateful to the authors for the work that they carried out in putting it together.

Of particular use for my research was the inclusion of a list of contemporary journals, which allowed me to carry out my own research. Similarly, the list of most prolific authors helped me elaborate an overview of the names of the different specialists who wrote about the disease and highlight the fact that numerous experts who came from very different fields participated in the conceptualisation of the condition. However, it is worth noting that the book holds a mistake: it presents the physician Abdón Sánchez Herrero as significantly more prolific than his peers, publishing almost twice as much as the next on the list (275 publications in total; Arturo Galcerán Granés came in second place with 173). This is because the authors did not take into account that there were two Abdón Sánchez Herreros, one Senior (1851-1904), and one Junior (1875-1934) who followed in his father's footsteps.

Most of the journal articles I have used in my thesis came from the index provided in *Tres siglos de psiquatría.* Most of them were published in the following journals: *El Siglo Médico*, *Revista de Medicina y Cirugía Prácticas*, *Revista Ibero-Americana de Ciencias Médicas*, *Revista de Especialidades Médicas*, *Revista de Ciencias Médicas de Barcelona*, *Gaceta Médica Catalana*, *España Médica, Revista Frenopática Española* and

Revista Frenopática Barcelonesa. Many of these were accessed through the digital archives of the Biblioteca Nacional de España (Hemeroteca Digital), the Biblioteca Virtual de la Real Academia de Medicina, and the Biblioteca Virtual de la Real Academia de Farmacia. I also consulted many digitised sources through the online platforms such as www.hathitrust.org and www.archive.org. Finally, the website www.padoradps.org was also an important site for locating other online digital archives for regions and municipalities, like the Biblioteca Digital de Castilla y León and the Biblioteca Virtual de Málaga. I also carried out a comprehensive index-search for the journal *Revista de Medicina y Cirugía Prácticas*.

I consulted the case files of the Leganés asylum in Madrid and Córdoba's Civil Asylum (Manicomio Civil de Córdoba). However, there were extremely few records for patients with neurasthenia – I was only able to find one in Córdoba for the period of my research, and there were only three in Leganés. As such, I decided to discard pursuing that line of research. Unfortunately, I was unable to locate the archives for the San José Sanatorium in Málaga, which would have undoubtedly offered a rich plethora of sources.

I also looked for advertisements for patent medicines and electrotherapeutic devices in general and specialised press. To do so, I used the Biblioteca Nacional de España, and the newspaper ABC's digital archives. I also spent three days at the Museu d'Historia de la Medicina in Terrassa, Barcelona, consulting the preserved advertisement pages of three different specialised journals: *Estudios Médicos* (Murcia, 1925-1927), *Revista Española de Medicina y Cirugía* (1921-1931), *Revistas de Ciencias Médicas de Barcelona* (1888-1891), and *La España Médica* (1911). At the time, journals were usually bound and preserved without the advertisement pages, which occupied a significant bulk of the front and back matter. Those held at the Museu d'Historia de la Medicina are a useful object for this kind of historical source because they were bound with the original adverts. As I honed the period down to 1923, I decided to exclude some of the research I had carried out into these journals.

In chapter four, I analyse the images for a set of patent medicines and electrotherapeutic devices, namely *Koch's tonic, McLaughlin's electric invigorator* and *Hipofosfitos Salud*. Although my image search in the BNE digital archive was not exhaustive, I decided to analyse those brand advertisements that were noteworthy for their variety and complexity, as well as for the popularity of the brand. *McLaughlin's electric*

invigorator and *Hipofosfitos Salud* were recurring elements in my search for patent medicines and devices for neurasthenia. They are examples of the variety of products that were offered on the market. Furthermore, their advertisements used some of the latest developments in the field.

Chapter five deals with an in-depth case study of a medical director of baths who self-diagnosed with neurasthenia. I found his memoirs, entitled *Observaciones sobre las aguas minerales de Cestona. De la dispepsia, la neurastenia y la hecteroptasia*, in the Faculty of Medicine Library at the Complutense University of Madrid. In order to reconstruct his professional life, I consulted his university file at the Archivo Histórico Nacional, the Royal Decrees published in the *Gaceta de Madrid* that announced his post and his retirement, and the obituaries that his friends and colleagues wrote for him in the specialised journal for medical hydrology *Revista Médico-Hidrológica Española.* Since I wanted to situate his experience within the broader debates that characterised the profession, I traced some of the key controversies that took place in the *Siglo Médico* between medical directors and general physicians, as well as the manifestos that were published in the *Anales de la Sociedad Española de Hidrología Médica* when they were set up in 1877. I was able to access all of these sources online: through www.hathitrust.org for *Siglo Médico*; through the Royal Academy of Pharmacy Virtual Library (Biblioteca Virtual de la Real Academia de Farmacia) for the *Anales;* and through the digitised historical collection of the *Gaceta de Madrid* at https://www.boe.es/buscar/gazeta.php.

I have translated all the original sources into English, except for those previously published in English. In the case of my own translations, I have included the original versions in the footnotes throughout the thesis. The only exceptions are when I quote from an image that appears in the text; in those cases, the reader can refer to the figure itself.

Chapter outline

The thesis is composed of four chapters, organised thematically. They can be read consecutively or individually. Chapter one deals with the medical conceptualisation of neurasthenia. It explores how Spanish physicians discussed neurasthenia's symptoms, aetiology, and pathology, and situates them within broader medical debates of that time. Neurasthenia was largely conceptualised in terms of the physiopathological view, which postulated a dynamic understanding of health and illness. The alteration of the normal

functions of the body were taken to be signs of the disease, demonstrable through experimentation and laboratory analyses. However, this view was contested because physicians debated about neurasthenia's underlying pathology. Some believed that it was caused by an intoxication of the blood, and others believed that it consisted in a nutritive disorder caused or related to the nervous system. The different positions reflected broader divisions in opinions about professional authority, which increased with the rise of neurology and psychiatry in the early decades of the twentieth century. The chapter also explores the shift in the etiological understanding of neurasthenia, which went from the use of the concept of neurosis to psychoneurosis.

The final part of the chapter examines the different treatments that were employed to counteract the disease. These ranged from restoring the nutritive functions of the body to psychotherapy. It also explores the different institutions that treated neurasthenics, demonstrating that it was primarily treated in spas and sanatoriums, and not so often in asylums. I will argue that these types of institutions contributed to consolidating neurasthenia as a disease of the respectable and well-off bourgeoisie. Moreover, it shows that, even as the idea of the psychoneuroses continued to gain ground during the twentieth century and psychiatry and psychology began to gain authority as a discipline, a plurality of treatments continued to co-exist , targeting both the body and the mind. Overall, the chapter demonstrates that the shift from the concept of neuroses to psychoneuroses did not necessarily entail a change in the understanding of the condition or a change in treatment. Psychic elements constituted an important part of the disease from its onset, while somatic aspects continued to play a fundamental role in the conceptualisation of neurasthenia in the 1920s. As such, it cannot be understood as just a 'mental condition', nor can it be studied solely from the perspective of the history of psychiatry; it also needs to incorporate the history of medicine, since physicians continued to have authority on how the disease was understood.

The second chapter considers the emergence of neurasthenia in the context of the regenerationist discourse and the crisis of masculinity that characterised the Spanish *fin de siècle*. It seeks to understand how and why the disease was conceptualised primarily (but not exclusively) as a condition that affected male members of the bourgeoisie. Such a narrative legitimised class difference and presented intellectual labour in paternalistic terms. According to this narrative, in the march towards progress, those who carried out this type of work were responsible for directing manual labour appropriately. However,

the diagnosis did not always have positive connotations. As I will show, neurasthenia served to uphold two different narratives about the proper way of being modern. These narratives at once commended and denounced appropriate and inappropriate behaviours that were based on the notion of progress and how some Spanish intellectuals positioned their country in the international hierarchy of civilisation. Thus, neurasthenia could affect individuals who selflessly dedicated all their efforts to contribute to their country's progress. Simultaneously, it could also appear in cases of selfish people who were overly ambitious or who gave in to the titillating and sensual pleasures of urban life, neither of which offered any contribution to 'the common good'. Thus, neurasthenia was articulated as a common condition of modernity, which had to be managed by developing a strong willpower, an attribute that was considered to be a fundamental attribute of masculinity.

While chapter three looks at neurasthenia in relation to the problem of modernity, chapter four builds on an analysis of popular understandings of neurasthenia and the solutions that other experts offered to manage this condition linked to modern life. It begins by analysing a set of adverts offering treatments for neurasthenia. I will show how these ideas went beyond medical discourse, permeating popular conceptions of the disease by pointing to the way the adverts hint to virile masculinity and bourgeoisie culture. It then goes on to analyse how the will was meant to be trained through manuals and courses, offering an insight to one of the solutions proposed to re-educate the citizens of the nation. I argue that the problem of neurasthenia became articulated as a problem of the will, the management of which was a fundamental aspect of what it meant to be a proper modern male bourgeoisie subject in Spain at the time. It naturalised the effects that modern life had on the individual, thus presenting the 'normal' state of health as one of struggle and weakness; in other words, it de-pathologised neurasthenia as a strictly medical condition, presenting it in terms of individual effort and as a natural consequence of the capitalist struggle for survival.

The final chapter asks the question: what did it mean for an individual to be diagnosed with neurasthenia? In picking up Roy Porter's call for a 'history from below' asking for an inclusion of the patient's view in the history of medicine and disease, this chapter seeks to understand the different ways in which neurasthenia was constructed affected the lived experience of people who suffered from this condition. Taking up the issues raised in the previous chapters I applied them to the case study of a neurasthenic individual. It was a medical director of baths called Justo María Zavala (1815-1900).

Although first-hand accounts of the disease are difficult to find, Zavala's memoirs are a particularly unique example of 'pathographesis', the writing out of illness. He published the volume at the end of his life. Zavala had diagnosed himself with neurasthenia after being forced to retire from his post as the medical director of the Archena baths in Murcia, an experience that deeply affected him. I use the historian Graham Dawson's concept of 'composure', which pays attention to the cultural scripts that frame the choice of life narrative an individual opts for, to argue that Zavala's diagnosis of neurasthenia was instrumental in recovering his broken honour. He tried to elevate himself as a selfless modern subject, embodying the figure of the Romantic hero who sacrifices everything, even his life, for the greater good. This chapter aims to show that a 'medical history from below' needs to draw from other histories in fields such as the history of professions and gender, in order to fully understand and explain the past.

Chapter one

The medical construction of neurasthenia

The first Spanish treatise published on neurasthenia, titled *Neurasthenia's treatment* (*El tratamiento de la neuro-astenia,* 1892), consisted in a systematic account of the variety of therapies that could be used to treat neurasthenia. Its author, the physician Manuel Ribas Perdigó, explained that "[n]eurasthenia, in the strictest sense of the word, doesn't always imply sickness… it is rather an intermediate state, if I can express myself that way, between health and illness; a state that has, like many others, infinite degrees of intensity" (Ribas Perdigó, 1892, p. 6). The manual then outlined a number of treatments that could be used to manage the disease, including diets, tonics, electrotherapy, hydrotherapy, moral persuasion, and a change in the patient's environment.

The number of treatments suggest that the boundaries of neurasthenia remained unclear for physicians at the time. Historians have described neurasthenia as a "protean" condition and an "umbrella term" that was contested by contemporary physicians for its lack of specificity (Gijswijt-Hofstra, 2001; Sicherman, 1977; Thomson, 2001). However, neurasthenia's medical definition was more logical than what might appear at first glance. The way in which Spanish physicians conceptualised neurasthenia was linked to broader debates regarding the pathology of disease. As the historian of medicine Pedro Laín Entralgo has shown in his seminal book *The History of Medicine* (*La historia de la medicina,* 1978), nineteenth-century medicine was characterised by efforts to make pathology "scientific", seeking to make claims about disease based on empirical data.

This common objective was pursued through three different intellectual approaches: the anatomo-clinical approach; the physiopathological approach; and the etiopathological approach. The first argued that the essential aspect of disease was the anatomical lesion, which correlated with a disorder in the proper functions of the systems of the body. An alteration in the normal functions of the body was interpreted as a sign of a lesion in the body, even though it could not be identified. The second stressed the functional-energetic disturbance of the organism, presenting disease in dynamic terms and using experimental science to find physiological evidence of an underlying pathology. It directed treatment at symptoms, rather than diseases, in line with the therapeutic approach that Ribas Perdigó presented for neurasthenia. Finally, the third emphasised the external causes of disease.

Although these approaches can be charted in broadly consecutive terms, Laín Entralgo points out that, in reality, they often overlapped in time and were combined in practice. As a result, it is possible to find examples of the different schools of thought co-existing at the same time, although the predominant approach to disease in the period under question was the physiopathological view of disease. The different ways in which each school conceptualised disease had an effect on how physicians discussed neurasthenia. This chapter seeks to show that the apparently inconsistent or multifaceted definition of neurasthenia was, in fact, a reflection of the different approaches to disease. As such, it reflects a difference in institutional practices and ideas, rather than a difficulty to categorise the disease.

This chapter analyses how Spanish physicians conceptualised the disease in the period 1890 to 1923. It begins by tracing the main ideas about neurasthenia's causes, its symptoms, and the type of demographic it affected. In this, neurasthenia in Spain was conceptualised in largely the same terms as other countries: it was a disease of the upper-middle-classes, especially men between the ages of 20 and 50. Spanish physicians drew from the French clinical picture, which identified eight key symptoms, or stigmata, for the condition. It was caused by worries, instabilities, and emotional distress. It was also particularly common in individuals who had inherited a predisposition towards it and could also appear as a result of sexual excesses.

The second part analyses the different theories that physicians put forward to explain neurasthenia's pathology, according to the different views of disease. At the turn of the century, physicians agreed that the neurosis was caused by a deficiency in the nutritive functions of the body. However, while some argued that the problem of nutrition

first occurred in the blood, which then affected the rest of the body, others placed primacy on the role of the nervous system in generating the disease. These different views reflected broader debates about the professionalisation of neurology and psychiatry, which began during the last third of the late nineteenth century. During the 1910s, however, the development of the concept of the psychoneuroses meant that neurasthenia's pathogenesis shifted from an organic cause to a psychic one. Emotions came to the fore as primary factors in causing the disease, and neurasthenia began to fall increasingly under the purview of psychiatrists.

The final part considers the different treatments for the disease. It demonstrates that, although neurasthenia's pathogenesis shifted between the 1890s and 1920s, physicians still recommended a plurality of treatments to target the condition. The efficacy of the type of treatment itself helped to define neurasthenia as either a somatopsychic or psychosomatic condition, depending on whether they targeted the body or the mind. In either case, however, these treatments were circular in their nature, seeking to restore the patient back to a unified whole. Furthermore, as a disease that primarily affected the bourgeoisie, neurasthenics generally attended spas and sanatoriums, where they could enjoy the luxuries these sites had to offer. Overall, this chapter aims to show the importance of situating medical ideas about neurasthenia within medical knowledge and culture at the time, including the professionalisation of different specialities and the role of health institutions.

The emergence of neurasthenia in Spain, 1890s-1900s

Although many physicians referred to neurasthenia as "Beard's disease" (*la enfermedad de Beard*), the term was most likely an appropriation from the French, who referred to the condition as "*la maladie de Beard*". This does not mean that Spanish physicians did not read Beard's work. Some of the most prominent hygienists, psychiatrists and physiologists referenced it with enough detail to suggest that they were strongly familiar with the original text (Hauser, 1884; Ots y Esquerdo, 1897; Simarro, 1889). However, when writing about neurasthenia, Spanish physicians cited French authors, especially Jean-Martin Charcot, and used the terms and concepts that they had developed to describe neurasthenia's clinical picture and define its pathological mechanisms. For example, the first journal article fully dedicated to the topic of neurasthenia, published by the renowned

psychologist Luis Simarro (1851-1921)[3], presented neurasthenia as a problem of *surmenage*, the excess of intellectual effort. The idea of *surmenage* had been developed by French physicians and presented as one of the primary causes of neurasthenia (Levillain, 1891, 1896; Tourette, 1906). The concept was similar to Beard's idea that an overuse of the intellectual functions depleted an individual's natural reserves of nerve force (Beard, 1880). However, Beard's treatise was never translated nor published in Spain.

While Spanish physicians often cited Charcot, the most influential work on neurasthenia was arguably the pathologist Albert Mathieu's (1855-1917)[4] treatise, titled *Neurasthenia* (*Neurasthénie,* 1892). Although Mathieu was a specialist in disorders of the digestive system, his definition of neurasthenia was based on that presented by the neurologists at the Sâlpetrière. The physician drew from the work Jean Martin Charcot to outline the different symptoms that characterised the disease: headaches, insomnia, muscular weakness, spinal hyperesthesia (or spinal irritation), muscular weakness, disorders of the digestive system, disorders of the reproductive system and a mental state characterised by intellectual and moral depression. Although the gastric and sexual symptoms could be extremely salient, he disagreed with those who proposed to separate two additional types of neurasthenia: gastric and sexual. Instead, Mathieu argued that these forms were subordinated to neurasthenia and did not constitute a disease in its own right. Finally, according to Mathieu, the condition could also be caused by *surmenage*, an excessive intellectual effort. Other causes included "disappointments, worries, and the intense feeling of responsibility" (Mathieu, 1892, p. 10).[5] It was most likely to appear in individuals who already carried "the seal of neuropathic heredity" and who could end up mad (Mathieu, 1892, p. 10).[6]

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[3] Luis Simarro (1851-1921) was appointed to the first chair of experimental psychology in Spain and an active member of the *Institución Libre de Enseñanza*, the country's first secular pedagogical project. It was established in Madrid in 1876 by a group of university professors supporting the educational, cultural and social project of national "regeneration" and Krausist ideology For a biography of Simarro, see Vidal Parellada (2007). For more on the Institución Libre de Enseñanza, see Jiménez-Landi Martínez (1996).

[4] Albert Mathieu (1955-1917) was a specialist in disorders of the digestive system and nutritive functions at the Hospital of Paris, a post he obtained in 1879. During his studies, he trained at the Salpêtrière with the neurologist Charles Ernest Lasègue. Mathieu was the author of several important treatises on diseases of the digestive system, including *L'hygiène du goutteux* (1896), *L'hygiène des diabétiques* (1899), and *Traité des maladies de l'estomac et de l'intestin* (1900).

[5] *"Los disgustos, las inquietudes, el sentimiento intenso de la responsabilidad"*

[6] *"un sello hereditario neuropático"*

When Spanish physicians first began to publish articles and treatises about neurasthenia in the 1890s, they claimed that the disease was better understood as a state or condition that was latent in the individual, rather than a disease *per se*. We already saw at the beginning of this chapter the citation of Ribas Perdigó's attempt to define it. According to the physician, while some patients had mild symptoms, others suffered them severely and constantly. In both cases, however, before the first symptoms appeared, neurasthenia was already there as a latent condition , ready to break out when certain excitatory causes stimulated it (Ribas Perdigó, 1892, pp. 6–8). The specialist in nervous diseases Ramón Álvarez Gómez Salazar[7] agreed with Ribas Perdigó, stating that "[n]eurasthenia is not a disease; it is a combination of conditions whose differentiation is necessary in order to make clinical judgements" (Álvarez Gómez-Salazar, 1898, p. 411).[8] Similarly, the physician Manuel Alonso Sañudo (1856-1912)[9] argued that it was better to speak of a "group of neurasthenics" ("*grupo de neurasténicos*"), because the disease manifested itself in such a variety of ways that it was difficult to diagnose it without a careful medical examination (Alonso Sañudo, 1899, p. 17).

The idea that neurasthenia was a latent condition was linked to the notion of "diathesis". The concept of "diathesis" referred to the constitutional state of the body that made it more susceptible to acquiring certain kinds of diseases. It emphasised the body's tendency to latency (the state of existing but not yet being developed or manifested), recidivism (the tendency to recur), and metastasis (the malignant growth or appearance of the condition in other parts of the body). Such an individual and clinical approach to illness focused more on the patient than on the pathological aspects of disease (Ackerknecht, 1982).

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[7] Ramón Álvarez Gómez Salazar was a neurologist and specialist in nervous diseases. He published articles on phobias, neurasthenia, and psychasthenia in *Revista Frenopática Española, Revista Ibero-americana de ciencias médicas* and *Revista de Medicina y Cirugía Prácticas.* In 1915 he participated in the series "Biblioteca Popular de Medicina e Higiene", edited by the publisher Hijos de Santiago Rodríguez, with a volume titled *¿Quiere usted tener sano el Sistema nervioso?*

[8] *"La neurastenia no es una enfermedad, es una reunión de estados cuya diferenciació es necesaria para la formación de juicios clínicos"*

[9] Manuel Alonso Sañudo (1856-1912) studied medicine in the Colegio de San Carlos in Madrid. He obtained his title in 1876, when he began to work as an intern physician of the Beneficiencia Municipal. In 1886, he was named Dean of Clinical Medicine at the Faculty of Medicine in Valladolid. He worked closely with Abdón Sánchez Herrero, Sr. He wrote two important manuals, *Lecciones de Patología médica* (1891) and *Lecciones de Clínica Médica* (1893).

Spanish physicians initially presented neurasthenia as the first step in the diathesis of premature ageing (Alonso Sañudo, 1899; Núñez García, 1898; Sánchez Herrero, Sr., 1893). This idea was in line with the theory that bodily "energy" was a corporal power that could be possessed, exercised, misspent, lost, and reacquired. The process of ageing was understood as a condition of dissipating energy, compromised physical productivity, and social uselessness. The topic generated an important amount of medical literature.[10] By the turn of the twentieth century, however, physicians generally differentiated between "true" or "acute" neurasthenia on the one hand, and "constitutional" neurasthenia on the other (Álvarez Gómez-Salazar, 1898; Juarros, 1911). The former consisted in transitory cases of neurasthenia that occurred sporadically and could be cured. It generally appeared as a result of overwork or of going through a particularly difficult life event, and it always affected people with a strong character. As a result, once the situation passed, they were able to recover their health without further complications. This was not the case for the latter, which referred to a condition that was latent and inherited. Constitutional neurasthenia affected people who showed signs of sadness and pusillanimity from a young age. These cases could not be cured, since the individual was already weak by nature, affecting both, character and physical strength. This meant that the patient had to learn to manage his neurasthenia in order to avoid its recurrence.

Still, diagnosing neurasthenia correctly remained a problem throughout the period. Some physicians published articles in which they pointed out the need to consider cardiac and circulatory problems produced by neurasthenia (Cano y Fernández, 1893b; Cervera Destin, 1902; Toledo, 1894). The specialist in nervous diseases Rafael del Valle y Aldabalde (1857-1936)[11] explained that neurasthenia could be erroneously diagnosed in patients who actually were hypochondriac, hysterical, or mentally degenerated (Valle y

[10] For instance, Jean-Marin Charcot's *Clinical Lectures on Diseases of Old Age and Chronic Illnesses* and Max Durand-Fardel's *Practical treatise on diseases of old age* were both translated into Spanish in 1883, while in 1890, the physician Eduardo Lozano Caparrós published an extensive treatise on the topic, similarly titled *Practical Treatise on Diseases of Old Age and Chronic Illnesses*.

[11] Rafael del Valle y Aldabalde (1857-1936) studied medicine in Santiago de Compostela, obtaining his degree in 1878. Between 1886 and 1901, he taught physiology at the University of Cádiz, as well as paediatrics at the Universities of Barcelona, Valencia, and Granada. In 1901, he obtained the post of primary physician at the Beneficiencia Provincial de Madrid. There, he established a successful private clinic, gaining prestige as a specialist in nervous disorders. He was an early member of the Academia Médico-Quirúrgica Española, exercising the role of Vicepresident in 1899, and President from 1900 until 1908. He published prolifically in *Siglo Médico* and *Revista de Medicina y cirugía prácticas.* He was the author of the highly popular treatise *Psicoterapia del medico práctico* (1920).

Aldabalde, 1899). A decade later, the neuropsychiatrist César Juarros (1879-1942)[12] warned that some cases diagnosed as neurasthenia were in fact suffering other diseases which also produced physical exhaustion, like tuberculosis, arterio-sclerosis, and syphilis (Juarros, 1911).

In order to facilitate and increase the accuracy of the diagnosis, Spanish physicians put much effort in describing the symptoms of neurasthenia as precisely as possible. One of the most systematic descriptions was presented by the Dean of Pathological and Clinical Medicine at the Central University of Madrid, Abdón Sánchez Herrero, Sr. (1851-1904),[13] in his seminal treatise *Some Lessons for the Course on Clinical Medicine (Algunas lecciones del curso de clínica médica,* 1893). Neurasthenia, or "simple asthenia" (*"astenia simple"*), as he also referred to it, first affected the "highest spiritual functions" (*"las cimas más elevadas de la función spiritual"*) of the patient's character, such as his memory, his capacity for rational judgment, and his ability to take decisive action. The patient found himself experiencing doubt and indecisiveness over "the most trivial and the most urgent of matters", corresponding with a "weakening of the will and a resolution to act" (Sánchez Herrero, Sr., 1893, p. 123).[14] However, they were easily confused with normal character traits, since the patient was able to reason and to justify all his doubts and hesitations. Doubts were soon followed with difficulties in thinking: the patient could not carry out stable judgements, his feelings and emotions (*afectos y sentimientos*) were weak and inconsistent, and it was difficult to focus his attention. With time, such conditions would lead to a "cerebral depression", leaving him incapable of any ability for resolution, action, or work, despite his greatest efforts. At the same time, he could be found wasting his time and money in excess, participating in orgies, and seeking any kind of stimulation. As we will see in the following chapter, such ways of understanding

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[12] César Juarros (1879-1942) was an important military psychiatrist. He began his career in 1902 as a military physician with a post in the Corps of Military Health. He made important contributions in the field of legal military medicine, publishing one of the most important manuals on the topic at the time: *Guía médica de la nueva ley de reclutamiento* (1912). His aim was to create a service of forensic psychiatry in the military courts. He was one of the first trained psychoanalysts in Spain. In the 1920s and 1930s, he was involved in the sexual reform movement.

[13] Abdón Sánchez Herrero, Sr. (1851-1904) obtained his medical degree from the University of Salamanca in 1871. He was one of the most important promoters of hypnosis and suggestion as clinical tools in Spain, and also studied the phenomenon of spiritism and mediums. He was the author of several important treatises, including *Concepto de Patología Médica* (1884), *Tratamiento curativo de la tuberculosis pulmonar* (1902), and *El hipnotismo y la sugestión* (1889). For more on Sánchez Herrero, Sr.,'s research into mediums and hypnosis, see (Mülberger, 2016).

[14] *"La duda e irresolución continuas hasta sobre los asuntos más triviales de la vida y las determinaciones más necesarias", "el decaimiento de la voluntad y de la determinación al acto"*

neurasthenia reflected the physicians' attitudes towards the modern bourgeois subject, applauding certain behaviours and condemning others.

The list of symptoms that Sánchez Herrero, Sr., presented was long and did not stop here. According to the physician, neurasthenics had significant mood swings, with a strong tendency towards melancholia. They lead to an alteration in their personality that could be accompanied by the emergence of multiple phobias, such as agoraphobia, claustrophobia, and monophobia, for example. These fears paralysed the patient, filling him with dread and incapacitating him even more for undertaking any kind of action. Although showing fear could be considered a sign of pusillanimity, the patient could avoid negative stigmatisation if he attempted to overcome it. However, the willpower this required extenuated the patient's energy and exalted other symptoms, so that the patient found himself trapped in a vicious cycle. The medical theory explaining this process postulated a deterioration of the functions that are responsible for perception overreacted by making him more easily affected by external stimuli.

The medical theory explaining this process postulated a deterioration in the functions of the brain that were responsible for processing perception. According to Sánchez Herrero, Sr., these alterations meant that the senses of perception acted against the patient, making him more easily affected by external stimuli. They also produced other sensory problems, such as headaches, hyperaesthesia, a buzzing in the ears, muscular pain, skin eruptions, vertigo, imbalance, and painful heartbeats. They were characterised by their intermittent nature, becoming worse each time the person was carrying out heavy intellectual work or experiencing strong emotions. Patients were often affected by severe insomnia and plagued by nightmares. The genital functions were diminished, so that men struggled to have sex. They often suffered from spermatorrhea (the involuntary excretion of semen). Muscular exhaustion could be so severe that the worst cases were unable to leave the bed. Digestive issues like diarrhoea, dyspepsia, constipation and paralysis of the stomach were extremely common to such a degree that physicians identified "gastric neurasthenia" as a separate type of neurasthenia. The respiratory system was often also affected, with the patient suffering from "nervous coughing" and asthma. Additionally, his circulatory system could be disturbed by palpitations and tachycardia. Over time, neurasthenia would produce progressive weight loss.

Neurasthenia could be caused by different living conditions. According to Sonu Shamdasani, Charcot "democratised" neurasthenia by presenting the case of a working-class neurasthenic man in his Tuesday Lectures, thus demonstrating that it was not restricted to the upper-middle-classes (Shamdasani, 2001). However, Spanish physicians continued to present neurasthenia as a disease of the urban bourgeoisie.[15] As we will see in the following chapter, they linked it to the "struggle for survival" and the burden of responsibility that members of the liberal professions carried, arguing that the future of the nation depended on their intellectual work. Bearing too many responsibilities placed their body under excessive strain: not only did they become excessively worried, they also stopped attending to their bodily needs, such as eating and sleeping properly. These poor health practices produced a physical and mental imbalance that affected the normal physiological functions of the body. Under such conditions the disease would soon manifest itself in the form of physical exhaustion, stomach disorders and a weak will (Juarros, 1911; Mariscal, 1901; Simarro, 1889; Valle y Aldabalde, 1899).

The pressure of excessive responsibilities was not the only cause physicians put forward to explain neurasthenia's genesis. As we have already seen, other explanations included improper sexual practices. According to the physician Abdón Sánchez Herrero, Sr., the sexual act was "purely physiological" (*"absolutamente fisiológico"*); God had intended it to be used solely for the purpose of reproduction (Sánchez Herrero, Sr., 1893, p. 71). Consequently, any misuse of the sexual act - engaging in it excessively, alone (masturbation) or with a partner, or abstaining from it completely - was considered to produce an imbalance in the body. The central role played by improper sexual behaviour in the genesis of the disease led to a definition of a separate form, called "sexual neurasthenia". Physicians offered different explanations for its underlying pathology, according to their own professional specialisation. While urologists claimed that these sexual disturbances produced lesions in the urinary tract (Imbert, 1919; Pérez del Yerro, 1913), neuropsychiatrists argued that it exalted the brutish impulses of man, weakening his will and making him less civilised (Fernández Sanz, 1915).

Spanish physicians presented neurasthenia primarily as a disease of men. It especially affected men between the ages of 20 and 50. However, the idea of latency meant that some physicians claimed the disease could in some cases appear at any age,

[15] I have only found a couple of exceptions to this trend, which I will discuss further in the next chapter.

even if most of the time it appeared during a person's most productive years of labour (Juarros, 1911; Salas y Vaca, 1903). Moreover, although it was articulated primarily as a disease of bourgeois men, it could also affect women. The examples that physicians gave were of educated, upper-middle-class women who had suffered the loss of a husband or found themselves with no source of income (Ots y Esquerdo, 1897; Sánchez Herrero, 1910). The symptoms of neurasthenia in women were far more severe than in men: while men suffered from digestive troubles, sexual impotence, and a weak will, women became so emotionally incontinent that they ended up completely paralysed. This difference in symptomatology was in line with the view defended by many physicians at the time that women were inferior to men. As Nerea Aresti has shown, physicians like Nicasio Mariscal y García (1859-1949)[16] and Roberto Novoa Santos (1855-1933)[17] claimed that women's senses were far more sensitive than those of men. Furthermore, their capacity for inhibition and control of external and internal stimuli (in the form of strong emotions) was much more limited (Aresti, 2001). Consequently, they had less capacity to resist physical and mental distress, so that in a disease like neurasthenia, they wound up physically paralysed and unable to stop crying. In contrast, men – who were capable of higher levels of inhibition – suffered from physical pain and were plagued with doubts but did not end up as invalids.

From neuroses to psychoneuroses

In Spain, the appropriation of neurasthenia was linked to debates about the role of the soul with regard to life force, the importance of the blood in functional disorders, and the primacy of the nervous system for the functioning of the body. In his treatise *Neurasthenia* (*Neurasthénie,* 1892), Mathieu categorically stated that the disease

[16] Nicasio Mariscal y García (1859-1949) obtained his medical degree in 1879. In 1894, he became the director of the Laboratory of Legal Medicine in Zaragoza. He was also advisor to Queen María Cristina on matters pertaining to public health. He was president of the Real Sociedad Española de Higiene, vicepresident of the Junta de Protección de la Infancia, and secretary of the Real Academia de Medicina. He published on matters relating to hygiene, including *Higiene de la vista en las escuelas* (1888), *Higiene de la inteligencia* (1898), *La ciencia de la belleza* (1899) and *La neurastenia en los hombres de estado* (1901). He was also strongly against bullfighting, which he believed was a sign of Spain's lesser degree of civilisation.

[17] Roberto Novoa Santos (1855-1933) was a specialist in physiology. He obtained his medical degree in 1907. He was one of the main promoters of the physiopathological view of medicine in Spain. He published the influential treatise *Manual de Patología Médica*, which appeared in three volumes between 1916 and 1919. He was also strongly anti-feminist and used biology to refute women's right to vote.

consisted in an "irritable weakness of the nervous system" (Mathieu, 1892, p. 9). As he explained, it had not been possible to identify any clear link between neurasthenia and an organic lesion, a disorder of nutrition, or self-intoxication. These three theories for neurasthenia's causation reflected the different theories that predominated at the time regarding the pathological mechanism underlying the nervous diseases, also known as "neuroses". The neuroses were diseases without an identifiable lesion, whose symptoms were spread throughout the body, affecting multiple parts at once.

As a category of the neuroses, defining neurasthenia's pathological mechanism was problematic, because it could not be associated with any discernible physical lesion. As we saw in the introduction, the anatomo-clinical approach to medicine postulated that diseases were always caused by an organic lesion in the body. However, the neuroses had posed a problem to this way of understanding disease since the early nineteenth century (Laín Entralgo, 1978). As such, neurasthenia's pathology was difficult to define because it formed part of the bigger issue of explaining the neuroses. Although some physicians claimed that neurasthenia was caused by an unidentifiable lesion, the problem of *where* that lesion was located continued to be a perplexing issue (Alonso Sañudo, 1893; Beard, 1880; Mathieu, 1892; Sánchez Herrero, Sr., 1893).

However, as López Piñero has shown, the development of the physio-pathological view in the nineteenth century- allowed medical experts to explain the pathological mechanisms of the neurosis in functional terms (López Piñero, 1983). This view presented a dynamic view of disease and focused on the alteration of functions rather than the identification of organic lesions Physicians drew from the concepts of "the reflex arc" and "irritation" to explain the functional nature of the disease. The former had been developed by the British physician Marshall Hall in the mid-nineteenth century. The reflex arc theory contended that the stimulation of the sensory nerves caused an impulse to be transmitted to the spinal cord, and out along the motor nerves. In turn, they would stimulate muscular or glandular responses in the body. According to Hall, this chain of events was automatic and did not depend in any way on the will or the higher faculties of the mind, such as the capacity for reasoning. In other words, it offered a mechanistic interpretation of the physiology of the nervous system that did not require the intervention of the soul (Clarke & Jacyna, 1987).

The latter was based on the notion of "irritability", first defined by the Scottish physicians Robert Whytt (1714-1766) and William Cullen (1710-1790) in the eighteenth

century. The concept initially referred to the soul as the origin of life force, although by the nineteenth century, it had lost its vitalistic properties and was simply used to refer to the contraction of the muscles as a result of the stimulation of the nervous system (G. E. Berrios, 1996). However, its vitalistic meaning had a long trajectory in Spain. The idea of irritation formed the basis of one of the most popular medical theories in Spain during the nineteenth century: medical physiology. Developed by François-Joseph-Victor Broussais in the mid-nineteenth century, it postulated that life was maintained through irritation, understood as life force. In this theory, the organs of digestion played a central role, since it was there that all the energy for the body was created. Broussais claimed that there were two basic physiological processes: the excess of irritation ("*esthenia*") or a defect in irritation ("*asthenia*"). According to Brown, all diseases fell into one category or the other, and situated gastroenteritis (the inflammation of the stomach or the intestines) as the basis of all diseases (Laín Entralgo, 1978, p. 19).

In Spain, this theory had an important impact, and continued to garner support well into the late nineteenth century among vitalists.[18] As such, Mathieu's materialist stance garnered some critiques among Spanish physicians, who advocated for a vitalist interpretation of life. For instance, Blanc y Benet criticised the French physician's way of understanding the body, adopting a traditional vitalist position in which he claimed that the faculties of the mind were not bound in matter, but the expression of the soul (Blanc y Benet, p.61, footnote, in Mathieu, 1892). Others shared this view, claiming for a vitalist definition of neurasthenia (Llorens i Gallard, 1896; Sánchez Herrero, Sr., 1893). However, despite the critique towards materialism, Josep Barona Vilar (1992) has shown that many physicians who defended the vitalist perspective still made it compatible with an empirical understanding of disease. On the one hand, vitalist physicians accepted the postulates of experimental science as a method for understanding the material manifestation of the vital phenomena. On the other, employed Christian interpretations in order to explain some of the organic functions of the body (Barona Vilar, 1992, p. 154).

Although Spanish physicians generally defined neurasthenia in terms of exhaustion, they did not present its underlying pathological mechanism directly as due to an exhaustion of nerve force. Instead, exhaustion was caused by the alteration of the normal nutritive functions of the body. Deficient nutrition would stop the body functions from

[18] For more on the history of Broussaism in Spain, see Fernández-Medina (2018); Miqueo Miqueo, (1987a, 1987b); Sánchez Villa (2017).

working properly, therefore explaining why neurasthenia could affect the whole organism. Due to their dynamic conceptualisation of diseases, physicians drew on the theory of self-intoxication. This theory was developed by the French pathologist and disciple of Charcot, Charles Bouchard (1837-1915), in his highly influential *Lectures on auto-intoxication of disease* (*Leçons sur l'auto-intoxications dans les maladies,* 1887). Drawing on the germ theory of disease and of medical bacteriology, Bouchard contended that the body was a "a receptacle and a laboratory of poisons" during digestion (Bouchard, 1906, p. 15).[19] This was not dangerous in itself; in a healthy state, the body produced microbes and bacteria in the digestive organs which would then be excreted through urine, sweat, and defecation. However, an alteration of the nutritive functions could lead to the production of an excess of poison that could not be properly excreted, thus resulting in self-intoxication. For Bouchard, this process constituted the genesis of all diseases.

Like Charcot and other neurologists at the Sâlpetrière, Bouchard agreed that the nervous system played a part in the outbreak of neurasthenia, but unlike his colleagues, he did not consider this the cause of the disease: "In reality, nerve reaction could not have created infection," he wrote, "it could act only by rendering this infection possible; by weakening the defense which the healthy organism naturally opposes to microbes: by modifying nutrition so as to develop a chemical medium favorable to the cultivation of vegetable organisms" (Bouchard, 1906, p. 7).[19] Thus, the nervous system might generate the predisposing causes for neurasthenia to develop, but the disease itself was a result of the deficient nutrition of the cells and the generation of poisons which could not be properly excreted from the body. Such a point of view made him consider the blood and the stomach far more important in the development of the condition, than the nerves.

In fact, the stomach played such a crucial role in the medical understanding of the neurasthenic condition that the French physician Frantz Glénard (1848-1920) even considered that neurasthenia developed as a result of the collapse of the digestive organs (Glénard, 1886, 1899). For some specialists in the digestive system, like Bartomeu Robert and Emerencià Roig, Glénard's "*enteroptosis*" offered a successful explanation for a set of symptoms that appeared to be "so unconnected that it [was] difficult to group them, and even less to classify them within a well-determined nosological system" (Robert &

[19] I have taken these quotes from the 1906 English translation of his manual. They are not my translations.

Roig, 1889, p. 351).[20] He grouped the symptoms linked to neurasthenia, such as general fatigue, insomnia, headaches, dizziness, an inability to work, sadness and irascibility, dyspepsia, vomiting, and heart palpitations by attributing their cause to a displacement of the stomach (enteroptosis), a condition that was easily recognisable upon proper revision. Enteroptosis could cause a functional disorder of the nervous system, resulting in the symptoms that characterised neurasthenia.

Although the idea that neurasthenia was a constitutional condition caused by self-intoxication had followers in the years after 1900 (García Rodríguez, 1904), it was not the only explanation that was put forward to explain the pathogenesis of the disease. For example, the neurologist Vicente Ots y Esquerdo,[21] rejected that theory in favour of one that highlighted the role of the nervous system. In his treatise *Pathogeny, varieties, and therapeutics of neurasthenia* (*Patogenia, variedades y terapéutica de la neurastenia,*1897) for which he was awarded a prize by the Real Academia de Medicina, he presented neurasthenia following a physiopathological conception of the disease. In order to understand what neurasthenia was and how it emerged, Ots y Esquerdo claimed that it was first necessary to consider its "particular physiognomy, revealed through its particular pathology" (Ots y Esquerdo, 1897, pp. 8–9)..[22] In his view, neurology was the only science that could truly shed light on the nature of the disease Despite the importance of this discipline, he criticised any anatomo-clinical attempt to explain neurasthenia as being caused by an unidentifiable lesion in the nervous system. In fact, he used neurology to argue that it was precisely the research in this area that had played a pivotal role in demonstrating how false this notion was when it came to explain the origin of the neuroses (Ots y Esquerdo, 1897, pp. 11-12).

This did not mean, however, that the nervous system did not play a fundamental role in the genesis of the disease: after reviewing a number of different theories (including

[20] "*tan inconexos que no permiten con facilidad su agrupación y, aun menos, ser clasificados en un cuadro nosológico bien determinado*"

[21] I have not been able to find out much information about Ots y Esquerdo. He was a practicing psychiatrist and director of the Carabanchel asylum in Madrid, and author of several treatises including *El cerebro* (1894), *Neurosis y degeneración* (1897), *Tratamiento general de la locura* (1898), *Psicosis conscientes* (1903), and the prize-winning essay *Patogenia, variedades y terapéutica de la neurastenia* (1897). According to José Javier Plumed Domingo and Antonio Rey González, he was one of the first Spanish psychiatrists to defend a system of classifying mental illnesses based on the theory of degeneration (Plumed Domingo & Rey González, 2002)

[22] *"su fisonomía particular, que nos la da a conocer aun dentro de la patología"*

self-intoxication), Ots y Esquerdo concluded that neurasthenia was caused by an imbalance between the output of energy and the capacity of the nerve cells to replenish it; thus justifying why the disease should be understood as a functional condition rather than a lesion, in line with the physiopathological view of disease. Furthermore, the importance of the nervous system in maintaining the proper equilibrium of the body's functions fostered the idea of a hierarchy of systems in the body, ruled by the nervous system (and especially the brain) at the top. The body was connected through the "encephalon-medullary axis" (Ots y Esquerdo, 1897, p. 45).[23] This explained why the condition could affect different parts of the body – the digestive, the genital, and the pulmonary systems – while remaining conceptualised as being symptoms of the same disease.

Other neurologists and neuro-psychiatrists of that time considered neurasthenia's pathogenesis as being situated in the nervous system. However, even though they argued for the primacy of the nervous system, they still adhered to the physiopathological explanation, which postulated that the disease was produced by a poor nutrition of the cells. A decade after Ots y Esquerdo published his treatise, the neuro-psychiatrist José Salas y Vaca (1877-1933)[24] presented the nervous system as dominant in the hierarchy of the body and in the genesis of the neuroses. In his treatise *The symptomatic neuroses* (*Las neurosis sintomáticas,* 1906), he commented on each of the different body functions and systems, pointing out the symptoms that appeared in case one of them did not work properly. He tried to explain why nervous diseases were caused by a functional disorder of the nervous system. Although he emphasised the role of the nervous system in generating disease, the first topic he discussed was diseases of the blood. Whenever these were altered, even the slightest change, –could generate such a nervous imbalance that it

[23] *"eje encéfalo medular"*

[24] José Salas y Vaca (1877-1933) was an important neurologist and psychiatrist. Originally from Montilla, Córdoba, he moved to Madrid in 1900, obtaining his PhD in medicine in 1901. He became a member of the Colegio de Médicos de Madrid in 1902. He was a prolific author of both treatises and articles, which appeared in the most prominent specialised medical journals of the period, including *Revista de Especialidades Médicas, Revista Ibero-Americana de ciencias médicas, Revista de Medicina y Cirugía Prácticas, Revistas de Sanidad Civil, Archivos de Neurobiología, Siglo Médico* and *La Correspondencia Médica*. He was initially interested in neurological pathology, publishing on topics such as facial paralysis and specific neuropathologies, among others. However, his work became increasingly centered on the prblem of mental pathology and its popular dissemination. In 1903 alone, he gave three talks on the topics of neurasthenia and syphilis. He had a consulta particular de electroterapia. At the time of writing *Las neurosis sintomáticas* (1906), he had already managed to generate an important reputation, despite being at the beginning of his career. For more on Salas y Vaca, see (Candela Ramírez, 2018).

could produce "the pathological picture of a case of anaemia" (Salas y Vaca, 1906, p. 6). When discussing the "primordial causes" he referred to the fact that in the neuroses, the nutritive functions of the cells were altered, thus resulting in the deficient elimination of toxic substances in the body. As such, the nervous system would be disturbed even further (Salas y Vaca, 1906, p. 11). In this vicious cycle, however, the nervous system continued to emerge as the main site of the disease.

The emphasis neurologists placed on the nervous system in the genesis of diseases reflected wider professional debates. As Rafael Huertas (Huertas, 2002) has shown, since the final third of the nineteenth century psychiatrists were seeking to claim authority and expertise over the diagnosis and treatment of mental illnesses and to legitimise their involvement in state legislation. By the 1910s, the idea that neurasthenia was caused primarily by a disorder of the nervous system was starting to gain ground among physicians, although there was still no real consensus.

For example, in his treatise titled *Neurasthenia,* published in 1912, the physician Juan Bassols y Villá claimed that there were two possible interpretations of the disease. On the one hand were the neurologists, represented by Charcot and his disciples, who claimed that the origin of the neurosis could be traced back to the nervous system, and that the neurasthenic was "above all, a neuropath" (Bassols y Villá, 1912, p. 12).[25] On the other hand, there were the pathologists, who claimed that the disease originated from alterations of the digestive system. This school was represented by Bouchard and his theory of self-intoxication that postulated that the disease was caused by a chemical alteration in the nutrition of the cells. Bassols y Villá believed that the debates between the two were far from over since both perspectives were supported by enough clinical and experimental evidence to make their position strong. He stated that "neurasthenia is a pathological state whose limits are difficult to define" (Bassols y Villá, 1912, p. 38).[26] Still, he was more inclined to support the former, arguing that neurasthenia's digestive symptoms were a sign of the nervous disorder.

In other cases, the physician believed that the relationship worked in the opposite direction. For example, in an article published by the military physician Santos Rubiano

[25] "*El neurasténico nervioso es, ante todo, un neurópata*"

[26] *"La eurastenia es un estado patológico cuyos límites es difícil de deslindar"*

Herrera (1871-1930)[27] in 1916, he declared that "blood is the moderator of the nerves".[28] In the disease an alteration in the function of the nervous system and the quality of the blood could be detected (Rubiano Herrera, 1916, p. 153). Others, like the medical director of baths Manuel Manzaneque[29], supported both perspectives. Manzaneque claimed that neurasthenia could be caused by both: an alteration of the digestive system, either produced by a chemical (self-intoxication) or a mechanical (enteroptosis), and a disorder of the nervous system brought on by excessive intellectual labour and emotional distress (Manzaneque, 1908).

However, changes in the definition of the concept of the neuroses at the turn of the century, meant that the pathogenesis of neurasthenia shifted towards a psychogenetic explanation. This meant that it was seen as being caused by ideas and emotions rather than by an alteration in the nervous system. The historical development went through two stages: firstly, the psychologist Pierre Janet (1859-1947) described a new condition, psychasthenia, characterised by obsessions, impulsions, mental manias, tics, agitations, and phobias (Janet, 1903). The concept of neurasthenia led to psychasthenia. In fact, Janet claimed that the physical symptoms of psychasthenia corresponded with those of neurasthenia (Huertas, 2014). However, as Sonu Shamdasani has argued, Janet "reversed the order of causation: the physical symptoms were now the sequelae of a psychological state", thus promoting the idea that psychological factors had the capacity to affect the body in a uniform and universal way (Shamdasani, 2001). Like neurasthenia, psychasthenia's main characteristic was the patient's ability to retain awareness of their own state and the fact that their mental symptoms (obsessions and hallucinations) were not real. In the words of the Capuchin friar and experimental psychologist Francisco de Barbens (1875-1920)[30], although they were "unstable men" (*hombres inestables*) who

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[27] Santos Rubiano Herrera (1871-1939) was the first military physician to apply the concepts and methods of modern psychology within the Spanish Army. He trained as a psychologist in the USA and and culminated his career as the Director of the Military Psychiatric Clinical in Cienpozuelos, Madrid. See (Bandrés & Llavona, 1997).

[28] *"la sangre es el moderador de los nervios"*

[29] Manuel Manzaneque obtained his medical degree in 1875. He obtained his medical degree in 1875 and became a medical director of baths in 1877. He was editor of the Anales de la Sociedad Española de Hidrología Médica and an active member of the Corps. During his lifetime, he published multiple treatises on hydrotherapy, including *Característica terapéutica y especialización clínica de las aguas termales de La Garriga* (1894), *Los baños de Carlos III* (1910) and *Bocetos medico-hidrológicos* (1912).

[30] Francisco de Barabens (1875-1920) was a capuchin friar who specialised in pedagogy and psychology. He participated in Joan Bardina's (1877-1950, see chapter three) educational projects, helping to establish the *Escola de mestres* in Barcelona in 1908

were full of obsessions, they still had other mental skills that could function admirably well (Barbens, 1912, p. 294).

Secondly, the Swiss neuropathologist Paul Dubois (1848-1918)[31] introduced the concept of psychoneuroses. Dubois argued that "true" neuroses had a psychic origin. Therefore, he proposed the term 'psychoneuroses', which included neurasthenia, hysteria, hysterical neurasthenia, lighter forms of hypochondria and melancholia, and certain conditions on the borders of insanity (Dubois, 1904). In a self-help manual he wrote later, entitled *L'Éducation de soi-même,* he claimed that most neurasthenics were, in fact, psychasthenics, but the popularity of the term made it more useful for clinicians to talk about neurasthenia when talking to the public rather than psychasthenia, an opinion that was echoed by other Spanish physicians (Cantarell Basigó, 1921; Dubois, 1905).

In his definition of psychoneuroses, Dubois explained that these were common, mild psychopathic states. They were "compatible with family and social life", requiring the help of the "ordinary physician or (…) neurologist" rather than the professional alienist (Dubois, 1905, p. 26).[32] Dubois framed them as the response of individual "abnormal mentalit[ies]". "One might say, paradoxically speaking, that they [nervous patients] are not sick," he wrote. "Not one of them presents any new phenomenon that is unknown in a healthy man (…). In such patients there is only an exaggeration of normal reactions that is expressed" (Dubois, 1905, p.106).[31] Consequently, the diseases that made up psychoneuroses were understood as quantitative deviations of the normal, which could be traced on a scale, rather than qualitative states of illness. The way to bring such deviation back to the normal was using reason, "the sieve which stops unhealthy suggestions, and allows only those to pass which lead us in the way of truth" (Dubois, 1905, p.119). Dubois believed that emotions and feelings were subordinated to thinking and the root of other mental and somatic symptoms suffered by these patients.

[31] Paul Dubois (1848-198) obtained his medical degree from the University of Bern in 1874. At first, his interests drew him to neurology and electrology, fields in which he gained notable prestige: in 1902 alone, he was named the president of the Second International Congress of Medical Electrology, and the University of Bern specifically created a chair in neurology for him. However, that same year he shifted his focus towards the study and treatment of the neuroses, a field in which he quickly achieved success once again for his ideas and his clinical practice. His work was influenced by the French physician and member of the Nancy School, Hippolyte Bernheim.

[32] I have taken these quotes from the English translation of his treatise, *Les psychonévroses et leur traitement moral* (1904), translated the following year. They are not my translations.

In the case of neurasthenia, the disease constituted the mildest form of the psychoneuroses, “the form which most nearly approaches the so-called normal condition” (Dubois, 1905, p.159). Rather than focusing on the symptoms, Dubois used examples of what “the so-called normal man” could experience: indecisiveness, incapability of assuming responsibility, melancholy, anxiety and attacks of depression. By using problematic experiences of everyday life, he could show that neurasthenia should be understood as a deviation from a normal (healthy) state. “We all, when we are tired, allow at times the dark curtain of discouragement to unfurl itself too far,” he wrote, “[b]ut we regain control of ourselves, and soon recover our smiles, sometimes a little ashamed of the ease with which we have allowed ourselves to be cast down.” (Dubois, 1905, p.169). Neurasthenics were “more variable in this matter of the moral attitude toward life”, always leaning toward pessimism. Unlike the experiences of normal men, “the dark curtain hangs very low [with the neurasthenic], and he does not know how to raise it by a consoling reflection.” (Dubois, 1905, p.169). Although many of the neurasthenic’s symptoms could be physical, Dubois situated their origin in the mental and psychic particularities of an individual: “A person is not neurasthenic in the same way that he is phthistical, uremic, cardiopathic, but he is neurasthenic just as he is lazy, undecided, timid, irritable, and susceptible” (Dubois, 1905, p.162). By comparing the disease with character traits, he was achieving two things: firstly, he was de-pathologising the condition and connecting it to the normal condition of man; and secondly, he was turning those qualities into things that had to be managed by the individual, rather than by the physician.

In Spain, the psychiatrist César Juarros separated some neurasthenic (mental) symptoms from the rest. He proposed a new psychoneurotic condition, namely “emotional psychoneurosis” (*psiconeurosis emotiva*), in an attempt to further break down neurasthenia’s clinical condition. Besides psychasthenia and acute, constitutional, symptomatic and pseudo-neurasthenia, Juarros argued that “emotional psychoneurosis” was a diagnostic category that would allow for a more precise diagnosis of the patient’s condition, leading to more effective treatment. It was the result of a great emotion like grief (*pesar*) or disappointment, which could lead to a nervous depression characterised by sadness, depression, inertia, impotence and anorexia. But it was easy to dissipate such a state through entertainment and using psychotherapy to recover control of one’s moral

condition (Juarros, 1912). Similarly, Enrique Fernández Sanz (1872-1950)[33] advocated for the similar concept of "simple affective depression" ("*depression afectiva simple*"), characterised by a disorder of the emotions (Fernández Sanz, 1921c).

Fernández Sanz was one of the most well-known promoters of the concept of psychoneuroses.[34] In 1907, he described neurasthenia as "one of the most important neuroses" (1907, p. 13).[35] Nevertheless, by 1920, he criticised the term for being too vague and overused (1921b, p. 118). In his manual titled *The Pyschoneuroses* (*Las psiconeurosis*, 1921), he defined neurasthenia as "a general depression of the nervous system, a diminution in its potential, an asthenia of all its functions: psychic, sensitive, motor, vasomotor, trophic, etc." (Fernández Sanz, 1921c, p. 116).[36] The affected organs could no longer carry out their work as they had previously, thus altering the normal functions of the body. The disease was predominantly a subjective experience in which the mental state was the most important symptom for its proper diagnosis. Unlike the other psychoneuroses, which demonstrated an exaltation of the mental functions, the reduction of nervous energy led to an asthenia of psychic activity characterised by a

[33] Enrique Fernández Sanz (1872-1950) was a prominent figure of Spanish neuropsychiatry, although the impact he had in the field is still in need of a thorough investigation (Moro, 2008). Based in Madrid, he trained with Luis Simarro, José Esquerdo, and Jaime Vera, who passed their strong political commitment and progressive views onto his disciple. Fernández Sanz worked in welfare institutions throughout his whole career, including Madrid's Municipal Welfare (*Beneficiencia Municipal*) and the Manicomio Nacional de Leganés. At the same time, he carried out public consultations for mental and nervous diseases in numerous clinics throughout the city and had his own private practice for both internal medicine and neuropsychiatry. By 1912, Fernández Sanz was the city's most renown specialist. He was actively involved in the asylum reform that took place in Spain during the 1920s. He was the second president of the the Liga de Higiene Mental (League of Mental Hygiene), the general secretary to the Colegio de Médicos de Madrid (Medical School of Madrid), and a member of the Real Academia Nacional de Medicina (Royal National Academy of Medicine). He was also engaged in the higher education system: in 1912 he was named supernumerary professor of medical pathology in the Faculty of Medicine in Madrid. He was a prolific author, with around 800 publications at the time of his death. His articles appeared often in some of the most important medical journals at the time, such as *Siglo Médico, Revista de Medicina y Cirugía Prácticas*, and *Archivos de Neuropsiquiatría*. He published several treatises on the subject of hysteria, psychoneuroses, psychotherapy, and the diagnosis of mental and nervous diseases, and was the author of a self-help book aimed for a popular audience. Most of his work dealt with mental pathology and the state of psychiatric assistance in Spain.

[34] In 1920, he participated in the series of medical textbooks *Manuales Calpe de Ciencias Médicas* with a volume dedicated to the topic of psychoneuroses. The Manual was part of a longer series of five textbooks aimed at an expert audience. They dealt with diseases of the stomach and the blood. Fernández Sanz's manual resumed his medical experience to that date, reflecting his vast readings his training abroad. Under the rubric of "psychoneuroses", he included neurasthenia, hysteria, psychasthenia, anxiety neuroses, and the new syndrome he introduced: "simple affective depression".

[35] *"Una de las neurosis más importantes"*

[36] "*consiste (…) en una depresión general del sistema nervioso, en una disminución de su potencial, en una astenia de todo él en sus funciones psíquicas, sensitivas, motoras, vasomotras, tróficas, etc."*

feeling of tiredness (*cansancio*) and a general state of permanent sadness which Fernández Sanz described as "quiet, as if resigned", without desperate fits (Fernández Sanz, 1921c, p. 139).[37] If the patient showed such symptoms, like anguish or excessive grief, it was caused by the presence of another psychoneurose, and not neurasthenia.

Fernández Sanz criticised the excessive use physicians had made of the concept "neurasthenia", leading to an "excessive and unfounded magnitude of meaning" that required urgent precision (Fernández Sanz, 1921c, p. 114).[38] Especially problematic was the fact that physicians used the diagnosis to refer to an alteration of mental functions, when other, more appropriate diagnoses existed for these cases; namely, psychasthenia. Despite these problems, he still believed that it was a useful and necessary diagnostic category. The postulation of new psychoneurotic conditions was already contributing to refining and limiting the medical use of the term. He based his definition of the disease on the work of Fulgence Raymond, *Neuroses and Psychoneuroses* (*Névroses et Psychonévroses*, 1907), and Otto Veraguth, *Neurasthenia, a sketch* (*Neurasthenie, eine Skizze*, 1910). Raymond (1844-1910), a French neurologist who had succeeded Charcot's chair of neurology at the Salpêtrière, had been one of the creators of the diagnosis of psychasthenia. Additionally, he had gone to great lengths to separate the symptoms and etiology of each of the two conditions. Veraguth (1870-1944), a Swiss neurologist based in Zurich, located the seat of neurasthenia in the neurons, arguing that the pathology consisted in the disorder of the excitatory functions of these cells. The two interpretations of the disease highlighted its somatic basis and made room for the concept of psychasthenia, which Fernández Sanz strongly supported, while at the same time allowing neurasthenia to be identified primarily by mental symptoms. This in turn affected how he recommended the disease to be treated: the emphasis should rest on using persuasive psychotherapy to target the patient's mental state, even though the disease had a somatic basis. Such an approach led him to defend the use of drugs, especially opotherapy and phosphates, and the use of other physical treatments like electrotherapy and hydrotherapy.

[37] "*callado, como si resignado*"

[38] "la *desmedida e infundada magnitud de su contenido*"

A plurality of treatments

As have seen, between 1890 and 1920, the pathological explanation of neurasthenia shifted from an organic cause to a psychological one. However, even after the concept of psychoneuroses gained ground, physicians applied a variety of treatments in an attempt to cure the disease that targeted both the mind and the body. In this area, the legacy of the physiopathological model could be seen. As Laín Entralgo has pointed out, it strongly influenced medical treatments of disease. Depending on the treatments that were applied, one could deduce whether neurasthenia was understood by physicians as a somatopsychic or a psychosomatic disorder. Furthermore, throughout the period under question, Spanish physicians used Claude Bernard's model of positive experimental medicine. This model was based on determinist logic, connecting effects to a cause. As a result, physicians believed that treatment was useless unless the origin of the problem was properly identified. Consequently, if the problem was supposed to be the excess of overwork or the burden of responsibility, treatments had to be directed towards removing them.

Invigorating the body and nourishing the blood

As we saw in the introduction, one of the most notorious treatments for neurasthenia was developed by the North American neurologist Silas Weir Mitchell. His "rest cure" was based on While Weir-Mitchell's rest cure and became extremely popular among physicians in the USA and in the UK. But it did not have the same reception in Spain. In fact, some physicians, like Sánchez Herrero, Sr., went so far as to condemn it as "inhumane", because it required locking up the patient as if he were in a prison instead of undergoing a medical treatment. He criticised the treatment as being a typical consequence of the North American way of thinking, which he strongly condemned, as we will see in the next chapter. The Spanish physician reacted outraged "You have to read these things to believe them", he exclaimed. "Forced rest in order to recover the pleasure for exercise?! How ridiculous! How surreal! Pure Yankee… The patient who is capable of tolerating this without agonising would have to be declared a complete brute or a hibernating animal" (Sánchez Herrero, Sr., 1893, pp. 252–253).[39] His colleagues would agree with him in this reasoning (Sánchez Herrero, Jr. 1910). While physicians

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[39] "*Estas cosas hay efectivamente que leerlas para creer que hayan podido discurrirse. Reposo forzado, por el placer de cobrar el ejercicio; ¡peregrino! ¡maravilloso! Yankée puro […] Al enfermo capaz de realizar esto, no estando agónico, habría que declararlo bruto de solemnidad o animal invernante*"

were critical of a strict Weir-Mitchell rest-cure treatment, they still accepted some of its precepts. They especially emphasized the need of changing the patient's environment, avoiding strenuous exercise, applying electrotherapy, and developing a suitable dietary regime that would nourish the blood and help the individual to regain his strength (Fernández Sanz, 1921c).

The importance of the diet in treating neurasthenia can be seen in Manuel Ribas Perdigó's seminal treatise *Neurasthenia's Treatment* (*El tratamiento de la neuro-astenia,* 1892). In it, the physician discouraged the use of nitrogenous diets that were heavy in meat, arguing that, while they might be beneficial to people who lived in cold climates such as the Anglo-Saxons, it only contributed to worsening the state of those who lived in hotter, southern climates (Ribas Perdigó, 1892, p. 12). Similarly, the vegetarian fad that was gaining popularity among some members of society could not help but even lead to neurasthenia. In other words, any kind of extreme diet was viewed as highly problematic. Instead, he recommended a balanced diet of meat and vegetables, suited to the patient's individual needs. Each person is different and what could work for one patient could be extremely harmful in another case. Tea and coffee could have a tonic effect on the patient, recommended to help lethargic patients, but he advised to steer clear of alcohol, since this could over-stimulate the nervous system and have negative consequences.

Ribas Perdigó insisted that it was important to differentiate between types of neurasthenics. Some neurasthenics had a perfectly healthy complexion and robust body, which made others disregard their suffering. These cases were best treated with diets that were easily digestible and composed predominantly of vegetables, fruits, and soups. It was important that meals were not too large, so that the stomach did not compress the other organs and disrupt the circulatory system, or demand too much blood in order to digest the food properly and therefore weaken the rest of the body. If administered in small but regular amounts, a diet-based treatment alone could be sufficient to overcome neurasthenia in these cases.

Neurasthenics who lost weight, had no appetite and were anaemic, however, had to be treated differently. The first step in these cases was to ensure that they recovered their blood quality. Once that occurred, this would automatically lead to a recovery of the normal nutritive process and, therefore, the rest of the body's functions would recover as well (Ribas Perdigó, 1892, pp. 14–15). To this end, physicians could administer a regular

diet that was rich in nitrogen and fats, substances found in meat. Meals had to be small and taken every two to three hours. Milk was a fundamental ingredient in this diet, if the patient would tolerate it well. Physicians advised patients to drink several litres of milk every day, especially at the beginning of the treatment.

Restoring the nutritive functions of the body was therefore a fundamental aim of the therapeutic regime for neurasthenia. Equally important were tonics and animal serum injections. In the first Spanish treatise to be published on diseases of the digestive system, the Catalan physicians Bartomeu Robert (1842-1902) and Emerencià Roig (1848-1901) recommended the use of "neurasthenic tonics" (*tónicos neurosténicos*), especially quinine and "coca", to restore a patient's strength and reconstitute their organism if they felt weakened (Robert & Roig, 1889, p. 278). Physicians also recommended the ingestion or injection of pills or serums made with organs of different animals, such as the brain, the reproductive organs, the pancreas, and the kidneys. They believed that this would restore an individual's depleted energies, allowing him to recover his lost vigour and vitality (Sengoopta, 2006). The type of animal used, depended on whether the person being treated was a man or a woman. In men, serums would typically be made from the testicles or brains of bulls, dogs, or roosters, animals that were supposed to represent strength and virility. The rooster had already played an important role in antic Roman mythology and religion. As Michel Pastoureau has demonstrated, "[i]t served as an oracle and warrior's attribute, was associated with the sun, and already in antiquity symbolized victory, vigilance, and fecundity" (Pastoureau, 1998, p. 406). In women, physicians made mixtures with the ovaries of animals that were also associated with fertility and abundance, such as cows and sheep (Vidal, 1901).

The way in which organotherapy supposedly affected the body also reflected the plurality of theories that existed around neurasthenia. For instance, the physician A. Cano y Fernández explained that the injections should in the first place re-establish the functions of the digestive system. This, in turn, would balance the rest of the functions, and finally also restore the brain functions. As a result, the patient would recover memory functions and be able to overcome insomnia (Cano y Fernández, 1893a). In contrast, Nicolás Rodríguez Abaytúa claimed that the injections first affected the brain, which in turn helped to improve blood circulation and would then, finally, restore the deficient nutrition of the body (Rodríguez Abaytúa, 1894). In either case, injections were supposed to act as a tonic restoring a patient's depleted or lost energy. Patients reported a feeling

of “vigour, satisfaction and wellbeing”, accompanied by an increase in muscular strength and a higher capacity for work (Cano y Fernández, 1893a, p. 229).

Asylums, sanatoria, and spas[40]

Although neurasthenia could lead to insanity, psychiatric records indicate that patients with this disease were rarely admitted into asylums. Historical research has shown that they generally housed paupers (Angosto Saura et al., 1998; Candela Ramírez, 2018; García Cantalapiedra, 1992; Garcia-Diaz, 2018; Ruiz García, 2011). The archive for the Leganés asylum in Madrid only holds three records of patients who were admitted because of their neurasthenia between 1900 and 1931, and another three cases with psychasthenia (Candela Ramírez, 2018, p. 420). Those that were admitted were poor and often suffered severe symptoms. Such was the case of Juan José Palacios Infantes, a 49-year-old actor-comedian who entered the asylum on the 2nd August 1900. He had a hereditary predisposition because of his father, and his profession had led to a complicated and precarious way of life. The patient’s mood changed often and abruptly. He demanded constant attention and entertained himself by eating and taking medicine. Not all symptoms involved mood alterations, however. For instance, a 52-year-old labourer Anselmo San Pedro Sánchez, admitted on the 13th May 1905, manifested a nervous temperament and weak constitution. His main complaint was a persistent headache. By October 1906, the records indicate that he had no sign of mental alienation and responded well to instructions, fulfilling the tasks he was asked to do. In January 1907, he was granted a license to return to his family home after their request. After they made sure that he was taken care of and kept good health, he was discharged four months later.[41]

But even in cases where patients seemed to have developed a serious bout of madness, this did not mean that they were immediately sent to an asylum. Ots y Esquerdo justified this stating that what differentiated the neurasthenic from the mad was the fact that the reasoning faculties of the former were not affected by the disease (Ots y Esquerdo,

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[40] The term “spa” at that time referred to a resort with mineral springs, where clients could spend periods of time receiving hydrotherapeutical treatment and resting.

[41] Archivo de Leganés, medical records XX-14, XX-146. The other patient case was a 36-year-old patient by the name of José Collar Feito who was hospitalized on the 9th January 1906 with neurasthenia as a result of intense stomach pains and died on the 29th December 1906 (medical record XX-163). There were three cases of psychasthenia: I am grateful to Ruth Candela for sharing the results of her research with me before she handed in her thesis, allowing me to consult the references for neurasthenia and psychasthenia directly.

1897, 1903b). He made this point forcefully with the help of a clinical case in an article published in the journal *Revista de Especialidades,* entitled “Neurasthenic Madness” ("*Locura neurasténica",* Ots y Esquerdo, 1903a). Ots y Esquerdo presented patient E.R., a 34-year-old married man and property owner who was apparently suffering from a case of melancholic madness (*locura lipemaníaca*[42]) after losing his son, whom he had loved dearly. E.R.’s brother took him into an asylum, since his condition had gotten progressively worse over some months, despite following the treatment that doctors had advised. In Ots y Esquerdo’s terms “[t]he integrity of his intellectual functions had been slowly and progressively deteriorating, until reaching the proportions of madness” (Ots y Esquerdo, 1903a, p. 386).[43] Patient E.R. complained of a feeling of emptiness in his skull and an inability to focus his attention or exercise his memory. He had insomnia and poor digestion, which contributed to his pessimism and his conviction that he had developed an incurable form of madness, “from which he could only expect certain death” (Ots y Esquerdo, 1903a,p. 386).[44] After inspecting his mental functions, Ots y Esquerdo realised that this was not the case, since there were no signs of delirium or sensory disturbances. According to the neurologist, the patient was keen to obtain the physician’s opinion regarding his neurasthenic condition and persuaded that he was not actually mad. In contrast, a true lunatic would not have paid attention to such a claim and would have remained convinced of his incurable condition. Therefore, Ots y Esquerdo was able to fortify E.R.’s willpower and assure him that he would recover his former healthy state of mind in the near future.

Thus, neurasthenics were generally treated at private psychiatric hospitals rather than pauper asylums. Such was the case of the San José Sanatorium in Málaga, Andalusia, established in 1923 by the Brotherhood of the San Juan de Dios Hospital Order (Morales Muñoz, 2012).[45] The Sanatorium had a tennis court that could be used by its patients. It had a large park and a pond where patients could walk and enjoy nature. Prices ranged between 1 000, 750 and 500 pesetas per month, depending on the comfort of the room

[42] “Locura lipemaníaca” is difficult to translate into English. Lypemania was the term that Esquirol proposed as a better alternative for melancholia. Although Ots y Esquerdo uses it here, the term did not replace melancholia.

[43] “*paulatina y progresivamente fue socavándose la integridad de sus facultades intelectuales hasta adquirir las proporciones de una locura”*

[44] *“tras lo cual solo podía esperar una muerte cierta”*

[45] The property belonged to the trading company *La Salud,* even though it was run by the Brotherhood (Morales Muñoz, 2012, p. 501).

they were renting. Those who boarded for the lowest rates shared a room with another patient, while the rest had individual bedrooms. But even for those who shared their room, the Sanatorium was a highly luxurious place, clearly targeted at people who could afford it (figs 1-4).

Fig. 1. The exterior of the San José Sanatorium in Málaga. González Anaya, S. and Arenas, Juan (1924), *Catálogo oficial de la exposición y álbum de Málaga*. Málaga: Imprenta Ibérica, p.156. Biblioteca Virtual de la Provincia de Málaga.

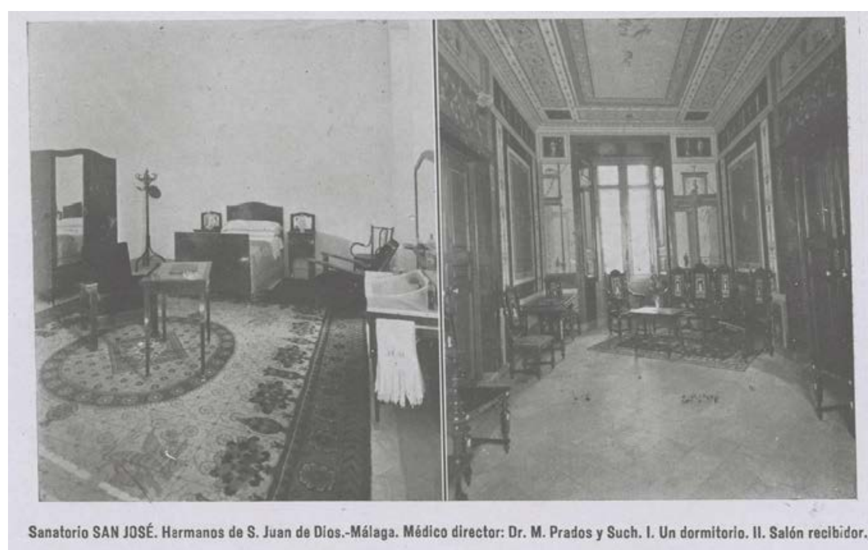

Fig. 2. A bedroom for a single boarder (left) and the reception room (right) of the San José Sanatorium in Málaga. González Anaya, S. and Arenas, Juan (1924), *Catálogo oficial de la exposición y álbum de Málaga*. Málaga: Imprenta Ibérica, p.157. Biblioteca Virtual de la Provincia de Málaga.

Fig. 3. The billiard room (left) and the dining room (right) of the San José Sanatorium in Málaga. González Anaya, S. and Arenas, Juan (1924), *Catálogo oficial de la exposición y álbum de Málaga*. Málaga: Imprenta Ibérica, p.158. Biblioteca Virtual de la Provincia de Málaga.

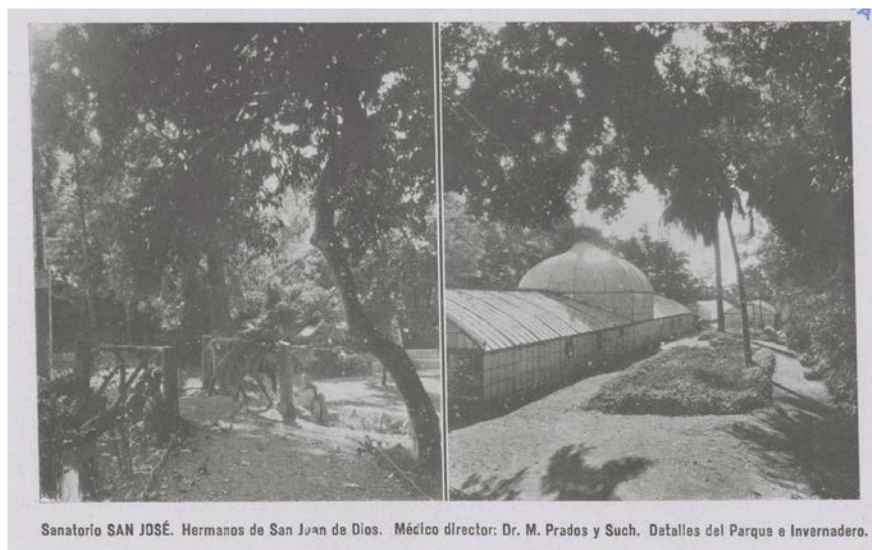

Fig. 4. The park (left) and the greenhouse (right) of the San José Sanatorium in Málaga. González Anaya, S. and Arenas, Juan (1924), *Catálogo oficial de la exposición y álbum de Málaga*. Málaga: Imprenta Ibérica, p.159. Biblioteca Virtual de la Provincia de Málaga.

Its first director was the neuropsychiatrist Miguel Prados Such (1894-1969), who until 1933 combined his post with that of the director of Málaga's Civil Hospital.[46] As Celia Following Garcia-Diaz (2018), Prados Such was a strong advocate of raising social and political awareness about the importance of treating madness properly with the help of adequate institutions. The psychiatrist thought that mental diseases could be cured, and that psychiatric hospitals were spaces to be used for treating – as opposed to confining – mental patients. Still, the two institutions he worked at made a clear distinction: while the asylum treated the poor for free, the sanatorium was directed at those who could afford to pay for their services.

An undated pamphlet advertising the sanatorium, published between 1923 and 1933 by Prados Such, explained that it was "specifically dedicated to the treatment and assistance of all kinds of neurotic patients (neurasthenics, hysterics, obsessives, etc. (…) and, in general, to all those who have been advised rest, peace and isolation" (Prados Such, n.d., p. 3). The institution also accepted drug addicts, but rejected "*lunatics* and infectious and noisy patients who can cause a serious conflict at any moment or disrupt the order and tranquillity of the other patients." (Prados Such, n.d., p. 3) The aim of the Sanatorium was to be a "place of rest for those people whose nervous system have been debilitated after suffering from a long period of "surmenage" or prolonged distress (*choque*), and who seek to enjoy a diet of rest and isolation for a period of time" (Prados Such, n.d., p. 3). [47] It claimed to be using "modern psychotherapeutic methods" (*métodos*

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[46] Miguel Prados Such (1894-1969) was born in Málaga, in a well-established bourgeois family (his brother would become the renown poet Emilio Prados). He studied Medicine in Madrid, obtaining his medical degree in 1920. During that time, he was a student at the city's famous *Residencia de Estudiantes*, where he met other artists and scientists who would later become known as the 'Generation of 1927'. He was an early reader of Freud's works in Spain, even before they were translated into Spanish, and it has been claimed that he was responsible for spreading Freud's ideas between 1910 and 1920 among the other students at the residence. He collaborated with Santiago Ramón y Cajal and Gonzálo Rodríguez Lafora in their laboratory of brain physiology, participating in the studies into the cerebrospinal fluid with Rodríguez Lafora, among other lines of research. Between 1920 and 1922, he travelled to London and Munich, where he continued training in the histopathology of mental diseases like psychosis, demencia praecox and general paralysis. In March 1923, he returned to Spain to begin his post as the director of the San José Psychiatric Sanatorium in Málaga, which was inaugurated on the 19th of March that year (Morales Muñoz, 2012, p. 502). Just over two years later, in August 1925, he passed his civil examinations and was named director of the Medical Corps of Charity (*Cuerpo medico de beneficiencia*). According to Celia Garcia-Diaz (2018), Prados Such was the first physician at the Civil Hospital in Málaga to demonstrate an interest in modern neuropsychiatric science.

[47] *Este sanatorio está especialmente dedicado al tratamiento y asistencia de toda clase de enfermos neurósicos (neurasténicos, histéricos obsesivos, etc., etc.,), así como a convalecientes de otras enfermedades y, en general, para todos aquellos a quienes les esté indicado un régimen de reposo, tranquilidad y aislamiento. También serán recibidos toxicómanos de todas clases, como morfinómanos, cocainómanos, alcohólicos, etc., etc. En ningún caso podrán ser admitidos* dementes*, contagiosos ni enfermos ruidosos que pudieran promover en un determinado momento grave conflicto o perturbar el*

psicoterapéuticos modernos) as a primary form of treatment, although it also relied on occupational therapy, diet, and exercise.[48] As such, the Sanatorium distanced itself from any negative association it might have had to an asylum, presenting itself as the ideal place for wealthy individuals to recover from their condition without having to suffer the stigma of going to an asylum.

Another institution that commonly advertised its services for neurasthenia were baths for the hydrotherapeutic use of mineral waters, also known as spas (*balnearios*). Spas had been a flourishing business in Spain during the second half of the nineteenth century.[49] Spas advertised their waters as beneficial for the treatment of neurasthenia, and other health problems. For example, an issue of *España Médica* published in 1911 recommended the Alhama de Aragón and Medina del Campo spas for neurasthenia, hysteria, anaemia, scrofula, and uterine disorders.[50] All spas offered services for private customers, who had to pay. At the same time, they were also obliged to treat the poor and the military for free. As a result, they advertised their services especially for neurasthenics who could afford the comfortable and plush bedrooms, spacious dining rooms, and several meals per day. The clinical aspects were managed by medical directors, who were responsible for diagnosing and establishing therapeutic regimes for the patients who attended them. Between 1890 and 1899, the statistics from all the baths were collected and published in the *Official Statistical Summary of Spain's Mineral Waters* (*Resúmen estadístico oficial de las aguas minerales de España*). The statistics published during that

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orden y la tranquilidad de los demás enfermos. En cambio se aspira a que este Sanatorio pueda ser lugar de retiro para aquellas personas que un largo periodo de «surmenage» o de choques prolongados haya debilitado su sistema nervioso y quieran gozar por una temporada un régimen sano de reposo y aislamiento."

[48] Although I have not been able to access the Sanatorium's archives, the fact that it was directed at neurasthenics is a strong indicator that it would have accommodated these types of patients. This stood in contrast to the asylum, which had no recorded cases during the period in question. During the first third of the twentieth century, there was only one recorded case among female inmates: a 20-year-old woman who was admitted in 1941. The case file can be found at the Archivo de la Diputación Provincial de Málaga, file 10468: 20. The asylum also had a male wing, whose records are held at the same Archive, although I have not consulted them. I am grateful to Celia García Díaz for sending me this information.

[49] These types of institutions acted as important sites for the development of the bourgeois leisure industry in the late nineteenth- and early-twentieth centuries in Europe. For more on the use of water as therapy and the development of the health tourism industry, see (Henn Bonfada et al., 2008; Jarrassé, 2002; Mackaman, 1998; Porter, 1990; Vilar Rodríguez, 2011).

[50] 'Balnearios recomendados', *España Médica* (1911), p.14; 'Balneario de Medina del Campo', *España Médica* (1911), p.2

decade shows that the number of spas treating neurasthenia grew every year: from three in 1890 to thirteen in 1899 (Taboada & Carretero, 1890, 1900).

As Juan Antonio Rodríguez-Sánchez has pointed out, the medicalisation of water occurred alongside the development of chemical analyses, promoting the water properties for specific pharmacological treatments. Additionally, the development of new technologies permitting to administer water at certain temperature and pressure. The therapeutic use of water has a long tradition and was especially heightened by physicians adhering to the physiopathological view. Furthermore, while thalassotherapy (sea-based treatment) gained popularity between the late nineteenth and early twentieth century, medical directors highlighted the particular beneficial properties of each spa, referring to other aspects such as the natural environment, and even the radioactive properties of the water.[51] As a result, a new kind of therapy called "climatotherapy" appeared which was based on taking advantage of a natural landscape, breathing air of good quality and enjoying a comfortable climate. These aspects began to play a fundamental role in the therapeutic benefits that spas had to offer (Rodríguez-Sánchez, 2015).

The treatise published in 1908 by Manuel Manzaneque, the medical director of the Carlos III (Trillo) baths presented the virtues of baths for the treatment of neurasthenia. He explained that the sedative quality of the waters – characterised by a mild amount of calcium sulphate, high water volumes and a pleasant temperature of 28.5 degrees centigrade - were best suited for the symptomatic treatment of acute neurasthenia and other neuroses that resulted from an alteration of the nervous system. Following more recent developments in neurology, Manzaneque suggested that bathing in water acted as a sedative of the nervous system, helping to counteract neurasthenia and hysteria. This was due to the radioactive substances in the water, which restored the impaired functions of the body, especially digestion, circulation and enervation.

The first step for gaining the best results of water therapy was to know whether the neurasthenic patient was "hyper-" or "hyposthenic", terms referring back to the concept of irritation (see the section titled "The emergence of neurasthenia in Spain, 1890s-1900s", in this chapter). If it was a case of hypersthenia (excessive nervous activation), then the patient should drink the water regularly in order to excrete the toxins

[51] This was only the case for some years (at the beginning of the twentieth century), before the danger and harmful effects of radioactivity was better known.

in the body. Additionally, he should take long baths at a temperature between 32 and 34 degrees Celsius in order to benefit from its sedative effects the bathing has on the nervous system. This method could be accompanied by mild showers (between 30 and 32 degrees), or by spraying with water either side of the backbone. This therapy would lead to quick cure: in only some days, the "exciting symptoms" would disappear, the "irritable character would become gentle, sleep would be more restorative, headaches, spinal pain, and muscular weakness disappear and vascular tension decreases" (Manzaneque, 1908, p. 25).[52] If, on the contrary, the patient was a case of hyposthenia, which means that he suffered a lack of strength and bodily weakness), then the treatment had to focus on stimulating the nervous system through quick, cool baths at 26 to 28 degrees, and pressure showers at a lower temperature (between 18 to 20 degrees). This system, coupled with massage and an appropriate diet, served as a powerful restorative tonic for the body, invigorating the entire organism.

Manzaneque admitted that some cases of neurasthenia could only be cured through moral treatment and psychotherapy, namely those in which the will was severely weakened, and patients were riddled with phobias and an inability to take action. Nevertheless, he still argued that hydrotherapy was a very useful means that could facilitate this process. At the same time he was convinced that the benefits of visiting a Spa went beyond the curing properties of the water: "[t]he benefits that neurasthenics report when changing their social and physical environment is well known," he stated (Manzaneque, 1908, p. 29).[53] When the patient left behind his daily worries, changed his social circles and forgot his family responsibilities for a period of time, it all contributed to generating "peace for the soul and rest and energy to the body" (Manzaneque, 1908, pp. 29–30).[54] Together with the proximity to nature, the pure air and the peace, it all "floods the soul of the neurasthenic in an atmosphere of tranquillity" (Manzaneque, 1908, p. 32). The neurasthenic was therefore a particularly sensitive individual who would benefit from the change, the new comfort and the natural surroundings that the spa offered.

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[52] "*El carácter irritable se hace más tranquilo, el sueño más reparador, disminuye la cefalea, la raquialgia, la amiostenia y cede la tensión vascular*"

[53] "*Es conocido el beneficio que reportan los neurasténicos del cambio de medio social y del medio físico en quien viven*"

[54] "*proporciona paz al alma y reposo y energía al cuerpo*"

Psychotherapy

Since the beginning of the twentieth century, Spanish physicians promoted the idea that psychotherapy was a highly effective treatment for neurasthenia. For instance, in his treatise *The revolution in the therapeutics for neurasthenia* (*La revolución en la terapéutica de la neurastenia,* 1903), the physician Fernando González de Quintana y Molina explained that psychotherapy constituted one of the key methods for treating the disease. However, Sonu Shamdasani has demonstrated that the term "psychotherapy" was widely used in the nineteenth century, referring to different therapies such as suggestion and persuasion (Shamdasani, 2005). This is evident in González de Quintana y Molina's treatise: according to this physician, psychotherapy involved persuading the patient to gain faith in his own recovery, and hope in life (González de Quintana y Molina, 1903). Following the trend towards psychotherapy, the physician Tomás del Castillo criticised physical treatments that targeted only the bodily functions without taking into account the mental aspects of neurasthenia (Castillo, 1912).

After 1900, with the work of Dubois, the term 'psychotherapy' was no longer linked to hypnosis and suggestion- at least in theory. He contended that psychoneuroses needed a psychic treatment because of their psychic nature: "the cerebral cure is brought about, not by the great physiochemical antidotes, but by the powerful means of mental representations," he wrote in his influential treatise *The psychic treatment of nervous disorders* (*Les psychonévroses et leur traitement moral,* 1904) and added:"[t]he therapeutic impulse is idiogenic and not somatogenic" (1905, p. 162). [55] Historians like Gladys Swain, Jose María López Piñero and Jose María Morales Meseguer have pointed out that Dubois' 'rational psychotherapy' was born out of a criticism towards the use of suggestion, one of the most popular forms of psychotherapy at the time. Dubois argued that the quick reappearance of symptoms indicated that the suggestion only offered temporary relief rather than a permanent cure. It did not erase the root of the problem. Thus, rational psychotherapy reframed the nature of the neuroses: by focusing on rational thinking and persuasion, Dubois used psychological means to address a psychic problem. However, Dubois did not only point to medical limitations of suggestion. He also found the method problematic from an ethical point of view. Both suggestion and hypnosis turned the individual into a passive receptor of treatment and placed him in a position of

[55] I take the title and the quotes from the 1905 English translation of Dubois' treatise, which was originally published in French. They are not my translations.

servitude in relation to the doctor. Rational psychotherapy was a way to protest against this kind of therapy. Contrary to suggestion, it sought to create autonomous subjects who were active participants in the treatment. This way the physicians advocating rational psychotherapy reformulated the nature of the neuroses: if it had a psychic origin, it was impossible to treat the patient successfully without him or her being consciously aware of that process. Finally, and most fundamentally, therapy spoke to the ultimate purpose of the treatment: that the patients be able to govern themselves (*maîtrise de soi-même*) without relying on their physician to manage their condition (Piñero & Meseguer, 1970, pp. 209–315; Swain, 2009).

In Spain, the separation between psychotherapy and hypnosis and suggestion took longer to be fully assimilated. In his manual *The psychotherapy of the practical doctor (La psicoterapia del médico práctico,* 1920), the physician Rafael del Valle y Aldabalde still listed persuasion, suggestion, and hypnosis as forms of psychotherapy, alongside with psychoanalysis, re-education, rest, work, and sanatoria. However, Dubois' rational psychotherapy became very popular at that time. Physicians published manuals explaining that neurasthenia can be successfully treated by focusing the mind on resolving small tasks (Cantarell Basigó, 1912, 1921). For instance, they had to imagine themselves getting out of bed, and focus all their energy on fulfilling that task. Once completed, they could think about the next step: completing their *toilette*, leaving the house for lunch, or walking through the park.

Although neurasthenia could be caused by an excess of intellectual labour, psychotherapy could also include work as a remedy. Physiologists and neuropsychiatrists advised that mental work could offer relief to a suffering neurasthenic, since it gave him purpose. For a patient who until that moment had dedicated himself fully to his work, forcing him to stop completely could even worsen his mood and make him feel "useless" (*inútil*) (Ribas Perdigó, 1892, p. 34). Two decades later, Fernández Sanz also promoted the use of work as a therapeutic tool for the treatment of neurasthenia. He especially encouraged intellectual labour, such as writing a novel, elaborating texts on history and philosophy, and learning a new language. Work acted as a "moral antisepsis", he stated. "There is nothing more fortifying, nothing more worthy of legitimate human pride than that stimulating happiness that floods our soul when we are planning some future work, elevating the individual over organic and social miseries" (Fernández Sanz, 1914, p.

120).[56] According to him, it "increases the confidence in oneself in an extraordinary way" and "opens the horizons of optimism and hope" (p.120).[57] He also encouraged participating in social activities like charities and religious societies. The "cult towards one of these noble ideals" were supposed to give individuals a sense of purpose and would help them to contribute to building a better society (p.126).[58] In the medical discourse of the time, work was a cure for the national character and mental disease, in line with what Daphne Rozenblatt has shown in the case of Italian psychiatry (Rozenblatt, 2017).

However, Fernández Sanz's ideas about treatments of neurasthenia and other psychoneuroses reflected the plurality of treatments that were used to cure such diseases. While promoting psychotherapy as the most effective form of treatment for the condition, he also strongly recommended the use of hydrotherapy because of the beneficial effects it could have on the nervous system. He explained, "[t]here is nothing more noxious to a patient's health than the exclusive adoption of a single therapeutic agent" (Fernández Sanz, 1920b, p. 289).[59] This citation reflects the medical tradition arguing that neurasthenia's treatment was best done by using a variety of treatments, targeting the specific symptoms. Bathing in the sea and exposing oneself to sunrays had tonic effects improving a patient's mood, while spas could modify the water's temperature and pressure, turning this element into a stimulant or sedative instrument for the cure (Fernández Sanz, 1920a, 1920b, 1921a).

Conclusions

In this chapter, I have explored how Spanish physicians conceptualised neurasthenia between the late 1890s and the early 1920s. The concept of and theories about neurasthenia were appropriated from the French context, especially through the work of the pathologist Albert Mathieu. However, this reception was neither straightforward, nor was it uncritical. Physicians incorporated neurasthenia into their debates about vitalism

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[56] "*nada más fortalecedor, nada más digno del legítimo orgullo humano que esta estimulante alegría que inunda el alma cuando se está planeando un trabajo futuro; que eleva al individuo sobre las miserias orgánicas y sociales*"

[57] "*acrecienta de modo extraordinario la confianza en sí mismo y abre a la mente horizontes de optimismo y de esperanza*"

[58] "*el culto a uno de estos nobles ideales*"

[59] "*Nada más frecuente y nada también más nocivo para la salud del paciente que la exclusiva adopción de un solo agente terapéutico"*

versus positivism, positions which influenced how physicians understood the disease. Furthermore, Spanish physicians were critical of Weir Mitchell's rest cure, one of the most popular treatments for neurasthenia used in Anglo-Saxon countries. The reason was that they considered it an excessively radical and brutal way to treat a patient. The critique presented by Spanish physicians shows the importance of taking into account national differences, when considering the history of a disease and its associated treatments.

Neurasthenia has generally been approached from the point of view of the history of psychiatry. However, in this chapter, I have shown that approaching it strictly from that perspective does not take into account the variety of professionals from different disciplines who contributed to the conceptualisation of neurasthenia. Psychiatrists, psychologists, physicians, and medical directors of baths (spas) all wrote about neurasthenia in the historical period of my research. They offered classifications and subtypes, pathological explanations, and a variety of treatments. Even when the discipline of psychiatry consolidated in the 1920s, physicians still continued to recommend a variety of treatments for curing neurasthenia.

The change in its conceptualisation shifted from viewing it as an organic disease to considering it a psychosomatic disorder. Nevertheless, as I have shown here, the process was less linear than has been suggested by historians. Theories about the pathological mechanisms of the disease were repeatedly contested. The development of the concept of psychoneurosis did not lead to a significant break in the understanding of neurasthenia. During the 1910s, physicians continued to discuss neurasthenia in terms of a nutritive disorder linked to a dysfunction of the nervous system. In any case, these debates were most concerned with identifying the most suitable treatments for each patient to overcome his condition.

Chapter two

The crisis of civilisation and Spanish manhood

In his famous treatise *American Nervousness* (1881), George Miller Beard claimed that neurasthenia was the 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, and the physical sensitivity of the American people made it the most advanced in the world. Furthermore, the country's extreme climate made these developments even more prestigious: Americans had managed to tame the beast of Nature. These conditions led to the prevalence of neurasthenia, since individuals had to exert more energy than what they had to be able 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" (Beard, 1881, p. 176). At the same time, however, the fact that neurasthenics had to carefully exert their energy in order to avoid developing the disease 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 generated large amounts of wealth.

Neurasthenia was clearly a social, political as well as a medical phenomenon, a fact that historians have readily recognised. Regardless of national context, historians such as Barbara Sicherman (1977) and Roy Porter (2001) agree that physicians of the nineteenth century interpreted neurasthenia as a side-effect of "intellectual work", the kind of labour pursued by members of the bourgeoisie. It served as a respectable label for distressing, but not life-threatening complaints. Since the disease derived from intellectual work and was commonly diagnosed in men, these scholars have argued that it acted as the male counterpart to the female diagnosis of hysteria. As such, the diagnosis highlighted the neurasthenic's role as a, so to say, intellectual worker and, thereby, protected both his social status and male role in society.

Although this might be the case, closer inspection of the sources suggests that the narrative surrounding the perception of this disease was more complex than what Porter and Sicherman have suggested: neurasthenia did not always constitute a respectable label nor was it always "a disease of the businessman". Regardless of their field of speciality, however, historians have tended to uncritically accept Beard's markers of modern civilisation when analysing neurasthenia, which the New York physician identified as "steampower, the periodical press, the telegraph, the sciences, and the mental activity of women", as well as "the great mental activity made necessary and possible in a new and productive country," of which the USA was the most outstanding example in the world (Beard, 1881, pp. vi–vii). By doing this, they usually did not take into account national particularities in the international competition concerning the progress of civilization that characterised the *fin de siècle.*

Nevertheless, there have been some exceptions to this position. Gijswijt-Hofstra & Porter (2001), Hill (2010), Lutz (1991) and Schuster (2011) have analysed how the diagnosis of neurasthenia circulated and was appropriated in different countries and how it related to the predominant discourse of decline and degeneration that characterised the late nineteenth century. Most of these studies have been restricted to a few Western countries such as Great Britain, France and the U.S. In this chapter, I focus on how Spanish physicians worked with the category of neurasthenia and on their clinical-moral discourses on the patient's attitudes and behaviour. I aim to show that the historical

narrative presenting neurasthenia as a disease produced by intellectual labour among the bourgeoisie does not fully explain how the condition was appropriated and used by Spanish physicians. In the case of Spain, neurasthenia also needs to be analysed in its relationship to the problem of civilisation. As such, it was a diagnosis that was used to define the bourgeois ideal of the virtuous modern subject. 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 will.

In particular, I strive to answer the following question in this chapter: how was the diagnosis used to advance certain ideas about appropriate behaviour while 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 ambiguous 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.

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 imperial(ist) race. Darina Martykánová has shown that the category of what constituted a 'Western', civilised country was constantly contested. 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 (Martykánová, 2017b). In Spain, the crisis of 1898 when Spain lost its last overseas colonies (Cuba, Puerto Rico and the Philippines) 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 so-called Democratic Sexennium, 1868-1874), calling for a profound social change and a cultural and technical modernization of the country.[60] Among the variety of

[60] 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 (Pan-Montojo, 1998).

problems diagnosed within the Regenerationist discourse, Darina Martykánová (2017b) has 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 times" (Mallada, 1890, p. 23). In other words, Spanish intellectuals – most of whom were part of the bourgeoisie – viewed the national crisis as a crisis of Spanish manhood, as Nerea Aresti (2017) has argued.

Aresti (2017) has shown that the definition of an appropriate type of manhood was tied to two dominant "biosocial theories" that existed at the time in Spain: social Darwinism and degeneration. The former contended that different evolutionary stages of mankind could be found at any given moment within society, establishing a social hierarchy for each nation, race, sex and social group in which the white, middle-class, Western male adult rested at the top. At the same time, the theory of degeneration indicated 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 with public life occupied centre-stage within these discourses" (Aresti, 2017, p. 26). The crisis of Spanish manhood was therefore not so much a problem of defining men in opposition to women, but rather in opposition to different types of undesirable masculinities. It was not a question of being feminine, but of *not being man enough*.

In line with Aresti's work, I explore how neurasthenia was articulated in relationship to the crisis of Spanish manhood and the problem of progress and civilisation. 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 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.

Neurasthenia and the burden of responsibility

In the first treatise published in Spain on neurasthenia, in 1892, the physician Manuel Ribas Perdigó explained that the disease 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 high incidence rates because "public culture has not reached such extremes, and [Spanish] people can still lead a *feasible* life" ('*una vida posible*') (Ribas Perdigó, 1892, p. 5). The quote shows that in Spain, like in the USA, neurasthenia was intimately tied to the discourse of progress and civilisation. At the end of the nineteenth century, it was commonly accepted that progress was both a natural tendency of mankind and the path towards civilisation, even if the markers of what constituted 'civilisation' were unstable across nations and between social classes (Dickson et al., 2020a; Martykánová, 2017b; Pick, 1989; Sánchez Villa, 2017, pp. 494–499).

However, 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, carried out symbolic battles through which they tried to improve or foster their position within the international hierarchy of civilised nations (Conrad, 2010; Martykánová, 2017b; Pick, 1989; Wendt & Andersen, 2015). The idea of international competition was inscribed in Spencer's evolutionist theory and the idea of "the struggle for survival" that implied the competition among humans on an individual level, and among human societies on a collective level. They all struggled to get access to the 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 brutalisation on the other (Girón Sierra, 2005, pp. 145–148; Sánchez Villa, 2017, pp. 391–399). 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 disappear.

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.” (Fernández Sebastián & Capellán de Miguel, 2005, p. 163). In other words, there was a tension between believing that modernity was necessarily foreign and the desire to maintain the traditional values that were perceived as particularly Spanish. This tension was also evident in the medical narrative surrounding neurasthenia. While some, like Ribas Perdigó, accepted that Spain had fallen behind in the march towards civilisation, others argued that the pursuit of progress that characterised countries like the USA did not mean that life was necessarily better there.

The physician Abdón Sánchez Herrero, Jr. (1875-1934), criticized some compatriots for holding foreign values and ways of life in high esteem, because they thought that those were facilitating a nation’s progress. On the contrary, he gave 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” (Sánchez Herrero, Jr., 1908, p. 175). This attitude was not new. Already 27 years earlier, in one of the first mentions in the popular press of neurasthenia, the disease 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” (Montserrat y Archs, 1881, p. 461). The author of this 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 civilization” (Montserrat y Archs, 1881, p. 461). 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. The author summarised Americans as being little

more than "a machine created to produce and obtain goods, whether agriculture products, train shares or money" (Montserrat y Archs, 1881, p. 461). Finally, despite the mix of races that made up the American people, they all "dissolved into one in only a few years and obtained the common yellow-grey colour of the north-American dusty psychology" (Montserrat y Archs, 1881, p. 462). 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.

This critique of the feverish pursuit of progress of nations like the USA, however, did not mean that Spain did not participate in the international competition for civilisation. The Jewish hygienist Philip Hauser (1832-1925),[61] 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 arts and sciences, and to employ all his intellectual strength in order to fight advantageously against his respective rivals in different countries" (Hauser, 1884, p. 336). In other words, the development of the liberal professions 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 obtaining civilisation. Sánchez Herrero Jr.'s father, Abdón Sánchez Herrero, Sr., 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….' (Sánchez Herrero, Sr., 1893, p. 79). The establishment of constitutional parliamentary regime in Spain in the 1830s led to the consecration of the liberal discourse in which, building on the Enlightenment heritage, work was no longer seen as detrimental to, but compatible with a redefined notion of honour based on the usefulness for the country (Martykánová, 2018). 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

[61] Philip Hauser's approach to disease and hygiene was characteristic of the nineteenth-century hygienic liberals; namely, the idea that disease had a social dimension. His lack of institutional affiliation to the Public Health Administration meant that he often questioned Spain's foreign policy; for instance, according to Esteban Rodríguez-Ocaña (1996), he was the only hygienists who denounced Spain's participation in the Rif War against Morocco on the grounds that the money would be better invested for improving public health policies and education.

and politics, the freedom of work and industry, [and] the freedom of conscience and thought" (Hauser, 1884, p. 334). 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 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 (Hauser, 1884, p. 335).

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 the best he could. In order to avoid being a simple "appendix to the machine", he had to "read, reflect, debate and show some interest in [contributing to] the progress of arts and sciences" (Hauser, 1884, pp. 335–336). 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. Luis Simarro made a similar 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 – that marched at the forefront of society and were responsible for its progress (Simarro, 1889, pp. 37–38).

The idea that the 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. As we saw in chapter one, neurasthenia was held to occur as a result of expending too much nervous energy on mental functions, leaving the rest of the organism without the necessary nutrition to run the physical functions correctly. The depletion of nervous energy could be caused by a

strong or long-lasting intellectual effort, but also by hardships, strong emotions, and excessive worries; experiences that constituted part of modern life for the bourgeoisie (Hauser, 1884, pp. 206–207; Thiroux, 1892). This idea served to legitimise and reify class difference, since many physicians claimed that neurasthenia could not be found among the working classes 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 neuro-psychiatrist José Salas y Vaca, 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 made them expend great amounts of vital energy from an early age on (Salas y Vaca, 1903, p. 402). 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 (Díaz de la Quintana, 1893, p. 20; González de Quintana y Molina, 1903, p. 40).

One physician even went as far as to describe neurasthenics as "aristocrats of the nervous system, artists of the suffering, chosen ones of pain," praising their disease as a sign of sensitive superiority (Royo Villanova y Morales, 1910, p. 202). Another lamented how neurasthenia appeared as an "ominous spectre" that emerged "among all those of us dedicated to mental work" (Jiménez de la Flor García, 1913, p. 3). 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 the 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 biggest physical, intellectual and moral effort (Mitjavila y Rivas, 1902, p. 142).

As Darina Martykánová and Víctor Núñez-García (2020b) have shown, this discourse of competition was inscribed within a broader process of the professionalization of medicine and the 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 the members of the liberal professions, like physicians themselves.

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 working-class members also suffered in the struggle for survival. Nevertheless, their suffering was due to different kinds of problems as 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 (Fernández Toro, 1892, pp. 10–11). In another case, the physician T. Valera argued that neurasthenia also existed in the countryside. However, he presented country labourers as brutalized humans 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 disease to appear in the rudest, most brutish and uncouth people" (Valera, 1902, p. 518). 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" (Valera, 1902, p. 518). 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 (Ribas Perdigó, 1892, p. 19; Valle y Aldabalde, 1914).

Despite these two examples, for Spanish physicians, neurasthenia was still mainly a disease 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 the 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"

(Hauser, 1884, p. 207). 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" (Gota, 1909, p. 248).

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). There 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" (Mariscal, 1901, p. 7). Diseases in general did not differentiate between persons, 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 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 and ended up overworked and exhausted in order to fulfil their duties. Rushing from one place to another, not getting enough 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 pressure, explaining why neurasthenia was especially common among them. In the words of Mariscal,

> In 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 (Mariscal, 1901, pp. 16–17).

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 selfless 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 a 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 (Sierra, 2009). 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.[62]

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 chapter, it also served to criticise the vices of personal interest, greed and ambition. Richard Cleminson and Francisco Vázquez García have argued that criticising ambition and presenting it as a vice of the decadent elite was part of the Regenerationist discourse at the time (Cleminson & Vázquez García, 2007, pp. 182–183). 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 bourgeoisie class had begun criticising *caciquismo* during the transition from the *ancien régime* to the Liberal Regime in 1814, but it became understood as a pressing political problem during the Restoration era (1875-1923) and 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

[62] As we saw in chapter one, this was particularly true of madness: while neurasthenia could lead subjects closer to insanity, the disease 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 neurasthenia diagnosis there 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. See the section "Asylums, Sanatoria, and Spas" in chapter one.

that the two governing parties at the time, Conservatives and Liberals, would be able to alternate power under the adjudication of the Crown through rigged elections which were planned by authorities and then implemented by caciques. This political system, known as the "peaceful turn" (*turno pacífico*), attracted strong criticism of its functioning and clientelist manners, 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.[63]

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. Following such reasoning, the physician Rafael del Valle y Aldabalde pointed out that "the so-called 'battle for existence' is actually about the uncontrollable ambition that has developed at all levels of society to quickly obtain resources far superior to those one has a right to" (Valle y Aldabalde, 1899, p. 361). 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 generalized 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" (Hauser, 1884, p. 339). 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 were encompassed in the figure of the 'Romantic hero'. 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 (Sánchez, 2018).

[63] The study of *caciquismo* is a well-established speciality within Spanish historiography and has produced an abundant amount of secondary literature. For a review of this literature, see Moreno-Luzón (2007).

Acknowledging 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, was common at the time. For instance, the physician 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" (Ribas Perdigó, 1892, p. 10). 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 for 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 (Hauser, 1884, p. 339).

Regardless of whether the problem was economic profit or vanity, too much ambition was severely criticised. "Neurasthenia" was the label through which such behaviour was pathologized. 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 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 finally obtained this goal after so much effort, and he wanted to rest, along came [neurasthenia] to show him 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 getting any kind of compensation for the sacrifice he had made" (Sánchez Herrero, 1908, pp. 175–176). 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*). From Sánchez Herrero's perspective, the man should have started to rely on others to help him long ago. But what aggravated his behaviour (and in all likeliness, the reason for which Sánchez Herrero was so harsh) was that he refused to follow his physician's advice in order to regain his health even now that he was sick, returning back to work before the remedial regime of baths, diets and a break from work were over.

The fact that his patient was a married man, the head of a large middle-class family, who probably worked long hours in order to maintain their bourgeois lifestyle, did not change Sánchez Herrero Jr.'s attitude towards indulgence – even though being a 'family man' (*padre de familia*) was a key category of Spanish masculinity (Martykánová & Walin, in press). In the eyes of the physician, H. Ll.'s inability to delegate responsibility onto others and his constant travels were not signs of virtuous sacrifice in order to fulfil his duties as a family man. Instead, Sánchez Herrero recognized 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 to collaborate in the treatment. Thus, any attempt of a treatment resulted, ultimately, in a waste of time, money, and effort for all the parts: 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. Such 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 Calatraveño (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 having to ever carry out a full day's work (Calatraveño, 1900, p. 573). The role required much more effort than what 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 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 for their bad performance as politicians. The "key symptoms" of neurasthenia – lack of willpower, delusions of grandeur and fickleness – manifested, according to him, 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 he 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" (Calatraveño, 1900, p. 577).[64] Ten years later, the idea that ambitious self-interest could generate 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 a relative well-being, given the means that they have of work and personal merit. It is evident that such events cannot fail to make a *deep impression* on the nervous system" (Gota, 1908, p. 436, italics original).

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

[64] This attitude towards neurasthenia as a criticism of ambition did not impede physicians from being sympathetic towards those who suffered from the condition, demonstrating the ambiguity that existed around the diagnosis. Calatraveño's case serves as a good example: despite publishing a very damning article in which he presented neurasthenia as a disease of politicians who were greedy for fame, he was also the translator of the French physician Edmond Vidal's (1870-195) treatise *The Treatment of Female Neurasthenia Through Ovary Extracts,* which he described as being of 'utmost importance' (Calatraveño, 1901).

developing or invaded by 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.

In principle, ambition as such was not necessarily problematic. It contained a positive moral dimension, too. 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 carry out 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" (Sánchez Herrero, Sr., 1893, p. 71). 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 serves 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 only 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" (Mariscal, 1901, p. 118).

Thus, at a time when youth and strength were venerated, Mariscal construed ambition as a positive trait for young men.[65] According to his way of thinking, ageing constituted a loss of virility, and therefore a loss of energy. Consequently, when ambition no longer served as a useful source of energy for progress of society, it became, instead, 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 pathologize 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. 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*: "this [nervous state] puts 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" (Manzaneque, 1911, p. 3). 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.

[65] Mariscal would write about the role of beauty and youthfulness in an article in 1949 for the medical journal *Práctica Médica*. See (Mariscal, 1946).

While a weak will (also known as 'aboulia') served a diagnostic purpose, its double 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*)" (Alonso Sañudo, 1893, p. 431). 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. As we saw in chapter one, these were generally considered to be cases of acute neurasthenia, which could improve once the life conditions of the individual changed (with a change of scenery, a break from work, or the recovery from a serious economic loss, for example). 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 disease 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 from the psychiatrist César Juarros' article. 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, being 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 very emotional; any trifle exalts them and makes them believe they are on the way to conquer the world; and an insignificance leads them to the edge of misery and misfortune. These are true crises of joy and sadness. Combine these with anesthetic 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 (Juarros, 1911, p. 2).

The neurasthenic's incapacity for decisive action stood against 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, passions played a fundamental role in the construction of their masculinity, but they had to be mastered by reason and directed towards proper ends. Their words and their actions were therefore not motivated by passionate impulsivity, but rather by meditated reasoning; in other words, they were characterised by strong and directed "psychic activity". Juarros' description of the picture of a typical neurasthenic demonstrates an undermining of this form of masculinity: rather than being masters of their emotions through a 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 stoic 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 (Sosa-Velasco, 2007). In his article on neurasthenia and politicians, Calatraveño pointed out that the "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" (Calatraveño, 1900, p. 576). It manifested itself through "strange governmental decisions" and an inability to "resist decrees that harm the nation" (Calatraveño, 1900, p. 576). They were individuals who dreamed up ambitious plans but were ill equipped to lead 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 for 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 article *The diagnoses of neurasthenia* (1911), "[t]he neurasthenic is, above all, an aboulic" (Juarros, 1911, p. 2).

While the 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 defy the enticing but potentially degenerative pleasures of urban life, including fashion, theatre, social gatherings, gambling, and sexual pleasures. According to the physician Antonio Mut Mandilego (1867-1939)[66], 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, being entertained by futile conversation and being 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 take a decision and stick to it. Moreover, these young men and women had little courage; they "lack character, blush, are reserved, are solitary, are timid, and *dare not* do anything" (Mut Mandilego, 1906, pp. 213–219).

Physicians took to the pages of medical journals examples of other degenerated neurasthenics. All manner of "eccentrics" and "crackpots" (*chiflados*) were used as prime examples of the adverse effects of degeneration, including public masturbators (Juarros, 1911, p. 5). 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 extension has been 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 (Jiménez de la Flor García, 1913, p. 3).

[66] Antonio Mut Mandilego (1867-1939) was a pioneer of Spanish cardiology. He was the author of the first Spanish treatise on cardiology, *Enfermedades del corazón* (1912). He was an active contributor to the *Revista ibero-americana de ciencias médicas*, publishing over 300 articles on topics that included the discussion of nervous conditions like neurasthenia.

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 had 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 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 (Campos Marín, 1995, 1998). In other words, cities offered a microcosmos 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 and the inhabitants of brothels, prisons and madhouses (Campos Marín, 1995; Campos et al., 2000). Consequently, larger urban areas also had a higher number of delinquent and immoral behaviour, threatening the wellbeing of its dwellers.

Regardless of the author's political ideology and the solutions they proposed 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 towards its inevitable extinction. For example, Hauser was a progressive liberal who advocated for governmental intervention in social issues, and he believed the higher statistical rates of physical and mental illness were a direct consequence of the "feverish life" that characterised the nineteenth century and 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 (Hauser, 1884, p. 202). In contrast, conservative physicians like Ignasi

Llorens i Gallard (1851-1913)[67], 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 troubles and of the rise in nervousness that characterised the final decades of the century (Llorens i Gallard, 1896, p. 42). 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 efforts that "men of superior culture" had to carry out 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. The problem did not end there, however, even worse than weakening those men who were in charge of bringing progress to society, these diseases were passed on to their offspring, so that society was doomed to become extinct (Simarro, 1889, p. 38).

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, characterised by the difficult and arduous struggle for existence?" (Mitjavila y Rivas, 1902, p. 139). Nevertheless, as we have seen, the bourgeoisie (which physicians formed part of) 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 in which the bourgeoisie presented the problem of political corruption and loss of the overseas colonies in terms of national decline. These problems were articulated in terms of lost virility and a crisis of Spanish manhood, whose restoration would result in the country's regeneration.

[67] Ignasi Llorens i Gallard (1851-1913) was a Catalan hygienist who carried out important work in the field of vaccination, epidemic control, and addiction to morphine. He obtained his medical degree in 1873 and was an active member of Barcelona's medical societies, including the Real Academia de Medicina de Barcelona.

In this chapter, I have argued that Spanish physicians used neurasthenia to articulate an ambiguous 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 carried out intellectual and political labour were responsible for directing the country's efforts in the pursuit of progress. As such, the diagnosis served to legitimate 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 critiques of political corruption and personal ambition that characterised the Restoration era, explaining why the disease 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. As such, 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 in the regeneration of Spain and the country's battle for civilisation.

Neurasthenia therefore unified a discourse with positive connotations as a disease caused by the burden of responsibility in the battle for progress, with the negative condemnation of undesirable ways of being a modern subject. As such, the disease served to support a certain type of manhood that could be either celebrated or disqualified, contributing to defining the boundaries of ideal forms of masculinity. By doing this, 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 (Martykánová, 2017b). Still, regardless of whether it was associated with

positive or negative behaviour, those who suffered from it were still obliged to overcome their weak manhood and exhausted virility. The different solutions that physicians and other experts offered in response to the problem will be the topic of the next chapter.

Chapter three

Tonics, belts, and books:
The market for neurasthenia

During the nineteenth century, a great number of medical treatments, extra-medical alternatives and consumerism modified the understanding and management of health, leading to the emergence of a "therapeutic culture" that would become a central part of modern society (Lears, 1995). While physicians of different specialities promoted their services, patients could turn to the market to find an enormous variety of instant cures and long-term therapies, including medicines, electrotherapeutic devices, and manuals directed at educating the will. All of these therapies were aimed at dealing with neurasthenia. Historians have identified this phenomenon and recognized the importance it had in shaping the concept of neurasthenia in a number of different countries, including Argentina, Britain, France, Germany, Holland, and Japan (Ferrari, 2015; Forth, 2001; Neve, 2000; Schmiedebach, 2001; Vijselaar, 2001a; Wu, 2015). Scholars like Janet Oppenheim (1991) and Edward Shorter (1993) have argued that the production of treatments for neurasthenia responded to the demands of consumers, who enjoyed the novelty of the disease label because of its association with overwork in the fulfilment of one's responsibility. In the words of Mathew Thomson (2001, p. 84), "[t]he great strength of neurasthenia was that it satisfied the interests of both doctors and medical consumers' '. However, as we saw in the previous chapter, neurasthenia had an ambiguous identity and was not always articulated with positive connotations. Furthermore, Fernando Ferrari (2015) has argued that, in Argentina, the market contributed to broadening the spectrum

of possible subjects who could suffer from neurasthenia. By targeting a wider variety of people, he claims, the disease lost its association to the men of the upper-middle classes, therefore losing its specificity.

The market contributed to the conceptualisation of neurasthenia as a common disease of modern life. Patent medicine and the publishing markets were a particularly urban phenomenon, since it responded to the demands of the new middle-classes.[68] Through advertisements and products, the market used the pre-existing discourse on the crisis of Spanish decadence and the need to regenerate the nation to present weakness as the general problem of modern life, thus contributing to the *fin de siècle* mobilization against neurasthenia, aboulia and debility. However, in doing so, it also diluted neurasthenia's boundaries and re-signified it in more general terms as a condition characterised by physical and moral weakness.

At the same time, this therapeutic culture contributed to framing neurasthenia as a disease that had to be managed individually. As we saw in the previous chapter, physicians presented a "weak will" as one of the quintessential characteristics of neurasthenia. At the same time, the problem of aboulia was strongly tied to the national crisis. According to many Spaniards, Spain had become a country of weak men. For many of these critics, the solution to the crisis rested in a nationwide physical and moral regeneration of the country's male citizens. An important part of this process involved educating society and reforming the educational system. The regenerationist project was not only trying to improve literacy rates: it also entertained the ambition to create ideal types of citizens and a new form of public morality centred on patriotism, civic order, individual moderation and the pursuit of moral perfection (Mayordomo, 2007). As such, the disease was established as a condition that did not just require medical treatment, but also the moral regeneration of the individual who suffered from it.

In his book *The Cult of the Will: Nervousness and German Modernity* (2008), Michael Cowan has argued that the various devices, treatments and manuals served to construct "a new bourgeois imaginary based on the [liberal] values of autonomy and fitness for the insecure new world" (Cowan, 2008, p. 17). Cowan has shown that the construction of a "cult of the will" in early-twentieth century Germany involved a

[68] For the changes and demands of the publishing industry, see Martínez Martín (2001) and Nieto-Galan (2011). For the growth of the patent medicine market in cities, see Perdiguero Gil (1992) and Puerto Sarmiento (2004).

paradoxical project, since the reign of the spirit occurred through the management of the body. As such, both the body and the spirit had to be targeted in the pursuit of developing a strong will. The advertisements I will use as examples claimed that their products would allow the consumer to effect changes on his body, while the manuals for educating and training the will offered advice that shaped how readers should behave and how they should conduct themselves in everyday life.

Michel Foucault's concept of "the technologies of the self" is particularly useful to understand how this process was carried out. In his *History of Sexuality,* Foucault describes how people since antiquity have developed their identity in relation to "techniques" like reading, keeping diaries, doing exercise, saying prayers or listening to teachers. Technologies of the self "permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct and a way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality" (Foucault, 1988, pp. 19–49). The concept also refers to the precepts that made use of prescriptive texts whose purpose was to suggest modes of conduct. These transcripts, precepts, dialogues, speeches, treatises, and others, constituted functional devices that allowed individuals "to question their own conduct, to watch over and give shape to it, and to shape themselves as ethical subjects" (Foucault, 1990, p. 13). They were designed to be "read, learned, reflected upon, and tested out" and to constitute "the eventual framework of everyday conduct" (Foucault, 1990, p. 12, see also 1984).

The present chapter shows that the products offered different solutions to managing the body and the will. While the patent medicine market promised "quick fixes", the authors of manuals for training the will presented the management of neurasthenia as a life-long project for the pursuit of personal perfection. But either way, the different products contributed to shaping the disease as a natural condition of modern life that anyone could suffer from, and whose cure depended on how well the individual was able to exercise the values of liberal autonomy. This encouraged individuals to identify themselves as subjects of modern life who suffered from its inevitable adverse effects, and to seek active treatment through the remedies that they could purchase and use.

However, it would be wrong to assume that consumers were passive receivers of the products that brands marketed to them, or that they exchanged the professional gaze for market manipulation. Historians like Lori Loeb, for example, have demonstrated that they played an active role in reporting companies for fraud and bringing about their demise, thus defying the idea that consumers are entirely gullible and helpless (Loeb, 1999). Judging by the popularity of certain advertisements and manuals, they clearly responded to a desire on the part of consumers for success in a world that was defined by the "struggle for survival". Whether it be by taking medication, using devices, or training the will, there was a belief that a strong willpower and a healthy body offered the secret to that success. Nonetheless, it is also true that, without first-hand accounts, we cannot know the individual experience of consumers with any of the products (Sánchez García & Martínez Rus, 2010, p. 14).

Still, this chapter does not seek to explore "the patient's view", but rather "the medical gaze" and how the market contributed to constructing popular ideas of neurasthenia. In line with this, it aims to answer the following questions: how did the market frame these products for neurasthenia within the pre-existing medical discourse? And in what way did it contribute to re-signifying the neurasthenic condition? To answer these questions, the chapter explores the ways this process took place and considers the extent to which neurasthenia lost its association as a disease of upper-middle-class men in Spain in the period under question, as Ferrari (2015) has argued for the case of Córdoba, Argentina.

When analysing how the market directed its products at neurasthenic patients, historians have generally focused on patent medicines and devices. In this chapter, I go beyond these types of goods and industries and include the publishing industry, which, at the turn of the century, was undergoing a significant boom. Domestic manuals for training the will formed an important part of the industry's production, but historians who have analysed neurasthenia have generally overlooked this type of source, even though they have recognised its importance. For example, Michael Neve (2000, p. 151) has pointed out that, within the "barrage of cures and advertised medicines," there was nonetheless "an appeal to an idea of self-help" that went beyond the work of medical men. Despite this acknowledgement, however, he does not discuss the phenomenon of self-help literature.

The present chapter begins by focusing on the advertising industry for patent medicines and electrotherapeutic devices and how companies presented neurasthenia through an advertisement's text and images. As we shall see, these serve as particularly rich sources to explore different representations of masculinity, and how neurasthenia was articulated as a condition linked to strength and virility. Furthermore, it demonstrates the way in which the advertisements contributed to defining neurasthenia in general terms as a condition of weakness. As a result, neurasthenia lost its medical specificity - not because it was no longer associated with middle-class men, but because it was popularly reframed as a synonym for weakness. In fact, as I will show, the disease continued to point to undesirable types of masculinity: indecisive, physically weak, and aboulic.

The chapter then moves on to explore the manuals for training the will. It begins by outlining the different types of manuals that existed and how they articulated neurasthenia as a condition of passivity that was common to modern life. Although they all promoted the idea that a strong will would lead to the reader's moral regeneration and help him overcome the disease, different authors promoted different precepts according to the values that they considered to be most important. As such, some manuals advocated for sober intellectual work; others defended Christian values and the recuperation of faith among the male population; others translated American manuals to promote happiness and joy; and still others targeted the problem of neurasthenia directly, offering psychological solutions for the management of the condition. Each of these types of manuals appropriated the medical discourse of neurasthenia but inscribed it within different values of what constituted proper, modern masculinity, based on a strong will and the ability to govern oneself.

The final part of the chapter focuses on a particular manual: *La energía en diez lecciones* (*Energy in ten lessons,* c.1914), written by the educational reformer Joan Bardina (1877-1950). The text serves as a good example to explore how the reader was supposed to train his will. According to Bardina, neurasthenia was not just a common condition of modern life; it was the natural condition that individuals were born into. In order to overcome it, the reader had to participate in a lifelong project of pursuing perfection and become a paragon of willpower, whose decisive action and control of the body would assure him a successful participation in the modern struggle for survival. I will contextualise the ideas presented in the book with regard to Bardina's own political

and religious culture, showing how the reformer presented an idea of masculinity based on values like bravery and religious faith.

Advertising virility

The patent medicine market offered a whole variety of remedies that could help in treating neurasthenia, indigestion, impotence, rheumatism, and anaemia, among other conditions, often presenting their products as universal cures. In that chapter, I argued that the treatments also contributed to shaping how medical knowledge conceptualised neurasthenia. Its definition in symptomatological terms meant that the disease could be associated with the stomach, the nerves, and the blood, depending on which symptom the medical cure targeted. However, the advertisements themselves also shaped the cultural imaginary around neurasthenia and popular understandings of the condition, using images, descriptions about the struggle of modern life, and even letters that happy customers supposedly sent to the companies in appreciation of their remedies.

For many centuries, the medical profession developed a strong rhetoric against quackery and fraud in their quest for authority and monopoly of medical treatment. This rhetoric became particularly aggressive and widespread in the second half of the nineteenth century, with the rise of the advertising industry and consumer culture. However, despite the derision of physicians against those who they deemed "quacks" for selling products that could not actually cure diseases, historians have shown that the gulf that separated physicians from quackery and consumerism was not as wide as regular physicians claimed. In the case of the United Kingdom, Peter Bartrip (1995) has shown that the British Medical Journal benefited financially from running advertisements for patent medicines even though it was actively campaigning against the industry, thus creating a bridge between ethical rhetoric and marketplace reality. Similarly, Lori Loeb (2001) has demonstrated that physicians often recommended patent medicines to their patients despite the profession's official stance against them. Additionally, she correctly reminds us that physicians themselves were also consumers who purchased patent medicines and self-medicated. This situation was similar in Spain, since medical journals printed extensive pages of advertisements for pharmaceutical products that physicians used to treat their patients (Morera Sobà, 2016).

Since the mid-nineteenth century, illustrations became an especially important component in the advertising industry, contributing, at the same time, to promote and reaffirm popular ideas and values about health and domestic life (Pérez Ruiz, 2001). An early example is Koch's tonic, which was advertised as a "cure for weakness". In men, it treated neurasthenia, impotence, spermatorrhea, nervousness, poor digestion, headaches, constipation, boredom, and a lack of memory. In women, it targeted sterility, nervous hysteria, anaemia, menstrual issues, poor digestions, and sadness. And finally, in children, it cured excessively big heads, inflated stomachs, thin legs, a lack of development and general weakness (*El Liberal*, 24/06/1900, p.4).[69] Koch's tonic promised to give patients new-found "energy and vitality, invigorating the muscles, strengthening the bones, nourishing the blood and calming the nerves." The advertisement itself depicted contrasting images of the same man, woman, and child. On the left, it showed drawings of emaciated faces that looked old, fragile and in a feeble state, supposedly before taking the tonic. On the right, it showed those same faces (supposedly) after taking the tonic on a daily basis: youthful, plump, and smiling (fig. 5).

Los que no usan el Tónico

¡HOMBRES DÉBILES! ¡MUJERES NERVIOSAS Y ESTÉRILES!

Los que lo usan á diario

CURA DE LA DEBILIDAD

(ENFERMEDAD DEL DIA.) Se **produce** la debilidad por la pérdida vital, pesares, contrariedades de la vida, constitución débil, convalecencias de enfermedades graves, estudios excesivos y abusos de toda clase. **Ocasiona** la debilidad los males del estómago, cólicos biliosos, estados nerviosos que principian por temblor y acaban en parálisis, atonías genitales, reblandecimiento de la médula, anemia cerebral con imbecilidad y locura, la ceguera y sordera y la muerte por agotamiento nervioso. Estos enfermos achacan su mal al síntoma que más les molesta. Los hombres, al estómago y la cabeza; la mujer, á los nervios y al corazón: ¡Pobres! Ven el efecto y no la causa.

Ahora bien: ¿Qué se precisa? Combatir la **debilidad**, causa de todo. Atender á los efectos es agotar la paciencia, malgastar el dinero y perder la vida, pues cuando se acude puede ser tarde. Estos son sus síntomas:

En el **HOMBRE**: neurastenia, impotencia, espermatorrea, nervosismo, malas digestiones, dolor de cabeza, estreñimiento de vientre, manchas flotantes en la vista, ruido de oídos, aburrimiento, falta de memoria, etc.

En la **MUJER**: casi siempre esterilidad, histerismo nervioso perpetuo, anemia, flujo blanco, irregularidad menstrual, falta de apetito, malas digestiones, jaquecas pertinaces, manchas en la vista, ruido de oídos, estreñimiento, tristeza, etc.

En los **NIÑOS**: encanijamiento, cabeza grande, vientre abultado, piernas delgadas, falta de desarrollo y fuerzas.

La cura positiva de todas las **debilidades** se consigue siempre con el **Tónico Koch**, preferido de enfermos y médicos.

El **Tónico Koch** vuelve la vitalidad y las energías de la mejor edad, vigoriza los músculos, fortalece los huesos, enriquece la sangre y calma los nervios. El **Tónico Koch** se vende á 9 pesetas en las buenas boticas y droguerías del mundo, y también se envía por correo remitiéndolas en sellos ó libranza, al **Gabinete Médico Americano**, Alcalá, 23, piso 1.º, **Madrid**. Se contestan gratis y por correo todas las consultas.

Fig. 5. Advertisement for Koch's Tonic. *El Liberal*, 24/6/1900, p.4. Hemeroteca digital de la Biblioteca Nacional de España.

[69] This advertisement had a long life, continuing to appear in exactly the same format in the early 1920s (e.g. *Mundo Gráfico,* 12/12/1923, p.2)

The advertisement was explicit in its construction of the disease as a problem of weakness. Men and women suffered because they attended to the effect and not the true cause of their condition: "[They need to] combat weakness, the cause of everything", the advertisement claimed. "Only attending to the effects means to exhaust one's patience, waste money, and lose [one's] life; because by the time you go to the physician, it may be too late", it continued. The separation of 'types' of weakness according to age and gender served to construct neurasthenia as a disease of men, while women were primarily affected by anaemia. However, while the advertisement referred to different diseases, it was selling the same treatment and targeting the same problem – weakness – by presenting it as the underlying problem to all the conditions that it listed. Consequently, the advertisement carried out a double process: it both appropriated the diseases and re-signified them by reducing them to "the common condition of modern life", namely weakness. By placing these different diseases and symptoms alongside each other, they lost their medical specificity, adopting instead a common meaning. Weakness therefore became a problem that all modern subjects – men, women, and children – suffered from.

Nevertheless, one of the most important issues that the health advertising industry highlighted when it targeted the male population was the question of virility. Antonio Laguna Platero (2018) has argued that the patent medicine industry made sex one of its biggest concerns, although their messages were not always explicit. While many advertisements did indeed target the issue of sexual impotence directly (for example, "Koch's tonic for impotence", *El Imparcial*, 10/7/1899, p.4), others addressed the problem of virility implicitly. Such was the case of a poster advertisement for the French pharmaceutical product *Ovo Lécithine Billon*, printed in 1902.[70] This "digestible phosphorus", as it was described in an advertisement for *La Vanguardia*, 19/02/1902, p.1), could be purchased in the form of pills, granules or ampoules. Its fattening properties treated neurasthenia, general weakness, and *surmenage*. The poster depicted a young woman with exotic features, such as the wrap-around tunic, in what was an early example of the modernist posters of the 1920s (fig. 6).[71] The woman - who held one of the pills in

[70] From the beginning of the twentieth century, well-established companies began to create contests in which artists designed advertisements for the company's products. These contests had an artistic as well as a commercial purpose and were an important part of establishing illustrated advertisements as a flourishing industry as well as a legitimate art form (Quintas Froufre, 2008).

[71] This particular poster was designed by Alexandre de Riquer i Ynglada (1856-1920), one of the most important artists of the Catalan Art Nouveau movement. As Eliseo Trenc (2006) has shown, this movement replaced the blonde, pre-Raphaelite, dreaming woman with the erotically-charged image of the southern

her fingers, as if offering it to the spectator - was framed by a rooster on either side of her. The animal was also a common icon of the French nation, and it could have been a reflection of the company's origin (Pastoureau, 1998). At the same time, the rooster was a traditional symbol of virility, as we saw in chapter two, and was often used in the receipts of serums in organotherapy. Both the symbol and the woman's posture, which seemed to contain an implicit sexual offering, denoted the poster's implicit sexual message. Through this visual composition, the advertisement constructed neurasthenia as a lack of virility, replenishable by taking *Ovo Lécithine.*

Fig 6. Alexandre de Riqueur, Ovo Lécithine Billon poster, 1902, Barcelona. Biblioteca Nacional de España.

belle, and especially the Andalusian with an exotic charm– precisely what de Riquer presents in his poster. This shift was also apparent in the colour scheme that the artist chose: in order to highlight their orientalist character, the modernist artists used vivid colours like bright reds, oranges, and yellows, that contrasted with the deep blues, greens and purples, similar colours to those that appear in the image.

While patent medicine brands used advertisements to promote ideas about virility, one of the most salient types of advertising that established direct associations between neurasthenia and virility was that of electrotherapeutic devices. Historians agree that electricity played a fundamental role in shaping the notion of modernity and the modern subject during the nineteenth century in North America and Europe, including the European periphery (Coleman, 2017; Gooday, 2008, 2011; İleri, 2017; Morus, 2011; Pérez Zapico, 2016).[72] Electricity held the promise of progress on the one hand, and the threat of death on the other, since industrial and urban accidents often resulted in tragic deaths that made citizens question the safety of this resource. In the case of Spain, Daniel Pérez Zapico (2019) has argued that the press contributed to promoting electricity's duality as the source of life and death by covering stories of industrial accidents in detail, but also offering up space to promote the technological, industrial, and economic innovation based on electricity. Furthermore, the commodification of health at that time gave rise to a flourishing market of electrotherapeutic devices that consumers could purchase in order to treat diseases and improve their bodies (Hamilton, 2017; Morus, 1998).

In Spain, such products were advertised as early as 1888 (Pérez Zapico, 2019). These devices included necklaces, bracelets, rings, and even combs, but the most popular of all were the electric belts. Pérez Zapico (2019) contends that electric belts acted as a catalyst to promote a positive image of electricity and electrotherapy among the public, since they could be used to combat the ills of modern life, especially the problem of ageing and the loss of vigour and virility. Advertisements claimed that belts would offer "great benefits to humankind" (*El Correo Español*, 18/06/1900, p.4) and used slogans such as "electricity is life" (*El Liberal*, 15/07/1900, p.4).[73] They promised that their belts could cure impotence, weakness, and neurasthenia, among other ailments. The secret to longevity and the successful combat of premature aging rested in their regular use. As such, Pérez Zapico argues that they should not be considered a mere anecdote of the

[72] The fascination with electricity and the idea that it was the "source of life" was widespread at the time, reflected not only in the burgeoning industry but also in its cultural representations. Mary Shelley's *Frankenstein* (1818) is a well-known example, but there were many others; for instance, in Spain, the scientific novel *Una temporada en el más bello de los planetas* (1870), by the novelist Tirso Aguimana de Veca, presented electricity as the "soul of the universe" (Dendle, 1995, p. 22). For an analysis of the representations of electricity in Spanish utopian literature in the second half of the nineteenth century, see Pérez Zapico, 2016.

[73] *"grandes beneficios a la humanidad"; "la electricidad es la vida".*

inevitable acceptance of electricity, but rather a fundamental channel through which attitudes towards electricity as a natural resource were shaped, and in which the problem of modernity in terms of a loss of vigour was articulated.

Similarly, Carolyn Thomas de la Peña (2003) has argued that electrical technologies directed at curing disease and improving the physical limitations of the body not only domesticated frightening new forms of energy, but they also "physically carried the body into the modern era", fostering the idea of "a world in which unbridled technological optimism and industrial plenty seemed necessary components for individuals' full physical development" (p.3). While directed at neurasthenia, these treatments went beyond the conservation of the body's energies that Beard proposed in his conceptualisation of the disease, offering instead the possibility of enhancing one's natural capacity. What emerged from the concept of neurasthenia was therefore "something far from a fatalistic view of a modern body in precipitous decline" (p.5).

Consumers could access a wide variety of institutions and products that were readily available to them, with and without medical intervention. Several institutions and companies promoted the production and use of electric devices for therapeutic uses. For example, the International Medico-Surgical Office (*Consultorio médico-quirúrgico Internacional*), based in Madrid, treated patients on site, also offering its services to the poor who could not afford them. The Spanish Institution of Electrotherapy (*La Institución Española de Electroterapia*), established in 1889, treated neurasthenia, diabetes, paralysis, gout, and old age, among others (*El Imparcial,* 27/05/1897; *Gente Vieja*, 10/05/1901, no. 16, p.12). Other companies offered both medical services and products for sale. For instance, the Electro-Technical Institute (*Instituto Electro-Técnico*) and the Electrotherapeutic Office (*Oficina Electroterapéutica*), both of which had headquarters in Madrid and Barcelona, promoted different electrical belts and corsets (Pérez Zapico, 2019, pp. 837–839). Overall, however, consumers could find a huge variety of devices within the market itself without the need to visit an institution. Dr Sanden's *Herculex belt* (cinturón Hérculex), Dr. Wilson's *electric invigorator* (vigorizador eléctrico), the *Cosmos electrical patches* (parches eléctricos Cosmos) and Juan Soler's *Galvani belt* (cinturón Galvani) could all be purchased in shops or through the mail, promising to cure their users of any kind of illness that might affect them (Laguna Platero, 2020, p. 32).

These products presented themselves as universal cures for universal maladies. But perhaps the company that most forcefully integrated the regenerationist discourse of the crisis of Spanish manhood in its advertisements was Dr. McLaughlin's *Electric invigorator*, a successful US company that extended its market to Europe. While the advertising industry at the time commonly used sensationalist strategies to sell their products, Dr. McLaughlin's were particularly noteworthy (Laguna Platero & Martínez Gallego, 2018). The company's images of muscular men with naked torsos appealed to the question of male sexuality and were striking enough to generate protests among some sectors of society for verging on pornography (Laguna Platero, 2018, p. 121). Nonetheless, the advertisements still continued to appear in a number of popular periodicals at the time, including *El ABC*, *El Heraldo de Madrid, El Imparcial, El País,* and *Nuevo Mundo*, to cite a few (Laguna Platero, 2018, p. 132).

The electric invigorator promised to cure any disease during sleep, although it specifically targeted pain in the kidneys, problems with the digestive system, and exhaustion of the nervous system. Physicians believed that sleep was the natural process during which the body was able to re-balance itself. During sleep, the nervous system was no longer as stimulated and blood was able to circulate to other parts of the body in order to replenish the energy lost during the day. The electrotherapeutic belt bolstered this natural process by charging the body with electricity (energy) while the person was sleeping: "It works while you sleep", the advertisement claimed.

Through a combination of text and images, they raised the problem of Spanish manhood in bellicose terms that pointed to the broader discourse of the struggle for survival, connecting it to the main concerns of regenerationism. One such advertisement, published in 1906, made an explicit reference to battle when it proclaimed: "Men, do not let yourselves be defeated!" (*El Heraldo de Madrid*, 10/6/1905, p.6).[74] The advertisement explained how men often struggled to find a simple remedy to their condition, namely a lack of vigour, which led to diseases like rheumatism, anaemia, dyspepsia and neurasthenia. These health problems manifested themselves in the form of weary faces and a lack of hope in oneself and in others. In its own words, whenever men succumbed to the struggle, "[they] don't live; they just exist." The pathologisation of the passivity of Spanish men who were swept away by the struggle of modern life is a clear example of

[74] *"¡Hombres; no os dejéis vencer!"*

how the market adopted the regenerationist discourse to present the problem of individual health as concomitant to the national crisis and the nation's difficulty in keeping up with the modern way of life.

Other advertisements questioned the reader's masculinity directly. They presented an ideal type of manhood characterised by physical and moral strength which enabled him to take care of their duties as father figure. One asked in big letters: "ARE YOU A MAN whose strength (*fuerzas*) have been exhausted?" (*ABC,* 14/04/1907, p.6).[75] Another claimed that "[a] family's happiness" depended on the father's capacity to provide for his children and give them comfort, a duty that illness prevented him from fulfilling (*Nuevo Mundo*, 28/12/1905, p.26). And yet another addressed the issue of why women preferred strong men, claiming that "[w]omen love a strong man because he offers protection, and because his strength and ambition mean he isn't afraid to work" (*Mundo Gráfico*, 12/06/1912, p.40).[76] Thus, ambition was presented as a positive trait that guaranteed overcoming the difficulties of modern life, as long as it was directed towards fulfilling one's duty as a man. Additionally, the advertisement implicitly claimed that a man who channelled his ambition correctly would be rewarded by finding a partner. In general, the examples show that the advertisements for Dr. McLaughlin's electrical invigorator promoted the importance for men to take control of their own lives applying an extra in-put of energy (electricity) to their bodies in order to recover health and to be able to continue participating in the battle for existence. 'Vigour' in this context did not just refer to physical strength and health, but also to a strong will, which the advertisements promised could be obtained through the strengthening of the body; more precisely by strengthening the nerves (exciting the nervous system) and fostering the circulation of the blood (nurturing the muscles).

Dr. McLaughin's advertisements claimed that the device could cure neurasthenia and its characteristic symptoms, namely physical weakness and moral debility in the form of fear and passivity. As such, these advertisements contributed to defining neurasthenia as a common condition of modern life. According to this narrative, the normal condition of the modern subject was one of disease and weakness, rather than health. In other words, its symptoms were defined as being intrinsic to modern life. Individuals could recognise

[75] "*¿Eres un hombre cuyas fuerzas han sido agotadas?*

[76] "*La mujer ama al hombre fuerte porque es una protección y porque, gracias a su fuerza y a su ambición, no tiene miedo de trabajar*"

themselves as being sick without the need to be diagnosed by a physician. In line with this trend, the mission of the modern (male) subject became the active pursuit of health, defined in terms of proper masculinity.

McLaughlin's advertisements presented this message to the reader through a contrast between the text and the images. While the former adopted a pessimistic and anxious rhetoric of weak masculinity, the latter presented strong, muscular men who served as examples of ideal masculinities. The advertisement that appealed to the question of military defeat, for example, showed a muscular man with arms folded behind his head, looking up in a relaxed but victorious posture that boasted his strength, his naked body surrounded – and protected – by a magnified image of the belt (fig. 7). Similarly, the advertisement that questioned the reader's masculinity juxtaposed the question, posed in large letters, with an image of a muscular man (fig. 8).

Fig. 7. Advertisement for Dr. McLaughlin's electric invigorator. *El Heraldo de Madrid*, 10/6/1905, p.6. Hemeroteca digital de la Biblioteca Nacional de España.

Fig. 8. Advertisement for Dr. McLaughlin's electric invigorator. *ABC*, 14/04/1907, p.6. Hemeroteca digital, Archivo *ABC*.

These advertisements were printed in popular newspapers that had a widespread audience among the working-class. They were markedly different to those that were published in popular bourgeois illustrated periodicals like *Nuevo Mundo, Mundo Gráfico* and *La Unión Ilustrada*, which became increasingly popular after the 1910s. During this period, but especially after the First World War, an important change occurred in the advertising industry. Changes in consumer practices meant that more people purchased items that had initially been restricted to the Spanish élites, such as gas kitchens, lifts, fashion accessories, and health products (Folguera, 1987). Consequently, companies began to invest more in advertising in order for their products to reach a wider audience. Illustrations became a fundamental strategy for well-established companies, especially for those within the perfume industry (Quintas Froufre, 2008). Companies began to publish full-page advertisements that combined art with text, especially in illustrated periodicals. María Arroyo Cabello (2016) has shown that these illustrations contributed to depicting new bourgeoisie forms of life, incorporating those aspects that increasingly characterised it, such as fashion, leisure and sports. Companies therefore inscribed their products within existing narratives about the new bourgeoisie way of life after the First World War, while simultaneously helping to shape it by making consumerism one of its

fundamental characteristics. As such, they promoted values that went beyond the simple eradication of disease, presenting health in terms of physical activity, mental wellbeing, and the capacity to consume curative products.

One company that incorporated these strategies into its advertisements was the brand *Hipofosfitos Salud*, a medical syrup that treated neurasthenia, anaemia, and other forms of general weakness. In contrast to McLaughlin's advertisements, *Hipofosfitos Salud* showed images of slim bourgeois men dressed in suits. The lack of fat was no coincidence: Christopher E. Forth has shown in his recent study *Fat: A Cultural History of the Stuff of Life* (2019) that the ethno-medical discourse of the nineteenth century associated corpulence and obesity with savagery, a lack of willpower and a lack of civilisation, thus ensuring that "race and ethnicity would be central to characterizations of bodies and bodily practices that fell outside of an increasingly restrictive norm" (Forth, 2019, p. 199). A civilised man was one who could control his willpower, therefore restricting his diet and avoiding becoming excessively overweight. Consequently, the question of the consumer's masculinity still rested at the heart of the advertisement, appealing to it as directly as those for McLaughlin's *electric invigorator*. For example, one advertisement published in 1920, depicted a businessman at work, surrounded by paperwork and a telephone and with a secretary sitting behind him – the typical image of the bourgeois neurasthenic that we saw in the previous chapter (fig. 9). Its accompanying text promoted this idea of neurasthenia, stating: "The overwork and overactivity that we invest in modern battles (*luchas modernas*) force us to spend more nervous fluid than what we can really produce" (*La Unión Ilustrada,* 16/09/1920, p.23).

The medicine targeted a variety of diseases, although neurasthenia was the first on the list. The others, in order, were "hypochondria, headache, leg tremors, cough, shortness of breath, and any weakened organism". By listing these conditions, the advertisement contributed to framing them as conditions of modern life. The use of the term "battles" reflected how the *fin de siècle* anxieties about the modern struggle for survival transcended the medical sphere and circulated among popular understandings. At the same time, it ascribed bellicose terms to *all* types of masculinity – including that of the slim and suited bourgeois businessman, who stood in stark contrast to the muscular men depicted in McLaughlin's advertisements. Regardless of the association of war to masculinity, the advertisement presented neurasthenia in terms of modernity, in line with the medical discourse that we saw in the previous chapter. At the same time, it linked the

disease specifically to intellectual labour and the numerous responsibilities that type of work required.

Fig. 9. Advertisement for Hipofosfitos Salud. *La Unión Ilustrada,* 16/09/1920, p.23. Hemeroteca digital de la Biblioteca Nacional de España.

A few years later, the company published an advertisement that explicitly advocated for a proper type of masculinity (fig. 10). It stated that a "real man" was "strong, energetic, and active" – qualities that were presented as "the primordial attributes of the stronger sex" (*Mundo Gráfico*, 12/12/1923, p.18). The advertisement portrayed a smiling man pouring himself a spoonful of the syrup. Next to him were the words "I want to be strong, because a weak man is an incomplete man." The reference to incompleteness sat firmly within the regenerationist discourse of the crisis of Spanish manhood. Furthermore, while the 1920 advertisement had claimed that the medicine could treat a

variety of conditions and symptoms, this one only mentioned neurasthenia, presenting the medicine as a form of treatment specifically directed towards that condition. As such, it also established a direct connection between neurasthenia and weakness, them as synonyms. A weak man, it stated, had to treat his weakness by taking the medicine. Like the dominant medical discourse of the period, it contributed to shaping popular understandings of neurasthenia in terms of a crisis of masculinity, placing the responsibility for recovery on the individual. That recovery could easily be carried out by taking the medicine: within a few days, it claimed, the blood would become "saturated with iron" and the patient's appetite would return, so that "neurasthenia and the cerebral weakness it provokes disappear". The results would not just help the patient recover his health, but it would bring him closer to the ideal type of bourgeois masculinity, characterised by "the activity [of] the brain and the strength [of] the will".

Fig. 10. Advertisement for Hipofosfitos Salud. *Mundo Gráfico*, 12/12/1923, p.18. Hemeroteca digital de la Biblioteca Nacional de España.

While these advertisements presented the ideal markers of what constituted "real" or desirable manhood, others were directed at criticising undesirable forms of masculinity. Such was the case for Dr. Vernezobre's *Antinervous Elixir* (fig. 11). The advertisement showed a boss who was excessively harsh with his staff, refusing to be satisfied with how the business was doing as a result of his neurasthenia. As we saw with the case of patient H. Ll. in chapter two (see the section titled "A respectable diagnosis? The thin line between virtue and vice"), the advertisement for the *Antinervous Elixir* presented neurasthenia in terms of excessive ambition and egotistic behaviour, criticising how the patient refused to consider the interests of others. His insecurity with the outcome of their work was presented as a sign of weakness, since a strong man would trust the capacity of his subordinates to carry out their work correctly. Furthermore, volatility and emotional instability were characteristics of women, who did not have a strong enough will to contain their inner passions. In this case, they served as signs of the neurasthenic's lack of virility and an inability to regulate his internal state. Rather than focusing on the physical manifestations of the disease, the advertisement pointed out that the most severe consequence of neurasthenia was that the boss would end up alone, abandoned by his colleagues. However, it promised a cure that would change his behaviour and avoid that dreaded outcome. The elixir "balanced out the nerves" and allowed him to recover his "perturbed reason" and the ability to "smile at life, satisfied of living it" (*Asturias*, 07/10/1917, p.5). As such, the advertisement defined bourgeois ideals of masculinity – happiness and just leadership – through inference, rather than stating them explicitly.

Fig. 11. Advertisement for Dr. Vernezobre's Antinervous Elixir. *Asturias: Revista gráfica semanal*, 07/10/1917, p.5. Biblioteca Virtual del Principado de Asturias.

Educating the will

While the market for patent medicines and devices flourished, the turn of the twentieth century witnessed a boom in publications of hygiene and civic literature aimed at educating its readership on how to develop strong will-power. They transmitted values like bravery and stoicism, with the promise that these would help individuals to successfully participate in the struggle for survival. The new mechanised book production led to the spectacular development of the publishing industry in Spain, especially during the first three decades of the twentieth century. In that period, the number of published titles increased from 724 in 1901 to 2,010 in 1931 (Martínez Martín, 2001). Agustí Nieto-

Galán (2011) has shown that one of the consequences of this development was the rise of a new kind of scientific dissemination based on print that responded to the demands of the new urban middle-classes. Interested readers could find out more about technical, scientific and medical information in encyclopaedias, dictionaries, treatises, articles in general magazines, reviews, specialised journals, and leaflets, among others.

The genre of hygienic "self-help" literature was not new. According to Philip Sarasin, it was a popular genre in the eighteenth century that formed a key cultural site for the discursive construction of a modern bourgeois identity, based on the ideals of autonomy and self-control (Sarasin, 2001, pp. 11–32). However, Michael Cowan has argued that late-nineteenth-century "self-help" literature differed from the previous eighteenth-century genre in at least one fundamental respect: the rise of a new industrial society and the economic developments of the nineteenth century meant that these texts were saturated with a new sense of insecurity and anxiety about modern life. As a result, authors repeatedly invoked the social-Darwinist rhetoric of the struggle for survival. By inculcating self-confidence, they promised their readers to help them succeed in the "struggle" in industrial society (Cowan, 2008, pp. 69–78). Cowan correctly argues that this narrative held a central paradox: while the main proponents of modern will therapies identified the generalized struggle as the chief cause of modern nervousness, they did not believe the solution was to avoid struggle. On the contrary, many believed that the goal of restoring willpower was to allow individuals to successfully participate in that struggle. In his words, "[i]f the concept of struggle provoked a sense of anxiety, after 1900 the ability to participate in the struggle also came to form a normative category of bourgeois identity, one whose successful acquisition doctors again and again identified with the healthy faculty of the will" (Cowan, 2008, p. 73).

In Spain, priests, pedagogues, physicians, and other members of the liberal professions participated in the "self-help" industry by publishing books on the topic of the will. As I pointed out in the introduction, the popularity of these books suggests that readers believed that the secret to success depended on the cultivation of a strong will. Examples included the writer and journalist Arturo Cuyás' *We Need a Young Lad* (*Hace falta un muchacho*, 1913), the jurist Rafael Altamira's *For the Youth* (*Para la juventud,* 1914), and the priest Adriano Suárez's *Get Up and Walk* (*Levántate y Anda,* 1915).[77] The

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[77] Suárez's *Levántate y anda,* for example, went through four editions (1915 and 1917, Imprenta M. Álvarez, Cádiz; 1924 and 1946, Sintes, Barcelona). It carried the subheading 'Principios fundamentales y

intended readership was primarily male and bourgeoisie, as literary rates were still low at the time and restricted to the middle- and upper-middle classes.[78] Rather than "self-help" books, these manuals are best understood as "self-governing manuals". Although they discussed the topic of hygiene, they were primarily directed at educating male adults in their role as citizens by training their will. In line with the regenerationist discourse, these different authors believed that the cause of the national problem of decline rested in the passivity of the male citizens. Its solution required the rigid self-discipline of its individuals and the development of a strong will that would allow them to manage their bodies, discipline their minds and direct their energies towards self-development and the cultural, economic, and industrial development of the country.

More specifically, these manuals pointed to the training of the will as the way in which Spanish men could recover their manhood. The loss of virility would make them succumb to vices such as sloth, weakness, aboulia, and excessive ambition. One of the best examples is the famous manual *The Tonics of the Will (Los Tónicos de la Voluntad;* 1899)*,*[79] by the neurologist Santiago Ramón y Cajal (1852-1934). Originally delivered as a speech to the Royal Academy of Exact, Physical, and Natural Sciences of Madrid in December 1897, it was published as a manual in 1899, precisely a year after Spain lost Cuba, Puerto Rico and the Philippines to the USA. It promoted the main ideas of the regenerationist discourse: the future of the nation needed an "intellectual and scientific rebirth" (Ramón y Cajal, 1899, p. 14).[80] Cajal presented laziness as the country's main problem, describing it as the country's "religion" (p.60). The road to scientific success, he claimed, rested on a strict work ethic and the complete dedication to research, without

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normas prácticas de auto-educación y cultura humana. Estímulos y orientaciones racionales hacia una vida mejor.' The idea that progress would be obtained through education and culture were central to the regenerationist educational reform project (Mayordomo, 2007).

[78] In line with the development in the publishing market, the role of the reader was also redefined, as Raquel Sánchez García and Ana Martínez Rus (2010) have demonstrated. Before the nineteenth century, reading had been a limited activity that was accessible to those who were literate; as such, it was often carried out in groups, with one person reading to the rest of the audience. However, during the nineteenth century individual reading became increasingly generalised, although it continued to be limited to the middle- and upper-classes. Even by the early twentieth century, literacy rates in Spain fell behind those of the rest of Europe: in 1910, 50.6% of the population was illiterate, dropping to 43.3% by 1920 (illiteracy rates among women were even higher: 59.1% in 1910 and 50.6% in 1920; Sánchez García & Martínez Rus, 2010, pp. 49–50). Additionally, individual reading required silence, which was not something most members of the urban working-class could access.

[79] Over the years, *The Tonics of the Will* was expanded and republished multiple times, experiencing a true explosion in popularity during the 1910s (in 1920 alone it went through its 4th and 5th editions).

[80] *"en nuestro renacimiento intelectual y científico".*

wasting any time or energy on social interactions and small talk. Cajal extolled the virtues of perseverance, industriousness, duty, humility, and stoicism. Pain and adversity, he claimed, should not be reasons to quit, but instead opportunities to continue pursuing the advancement of science (p.60-61). The future of the nation therefore depended mainly on the ability of its researchers to develop a strong will.

These ideas were shared by lesser-known actors of the Spanish regenerationist movement. For example, the lawyer Emilio Zurano Muñoz (1857-1943) asserted in the first edition to his manual *Hygiene and the Education of the Will* (*Higiene y educación de la voluntad,* 1910), "we ourselves are the Government, with all its virtues and defects" (p.57).[81] As such, the problems that plagued politics were endemic in each of the individuals that made up that state. In fact, Zurano Muñoz claimed that the lack of self-government of the individuals was the true root of society's ills, stating that "each one of us carries within himself a bad government" (p.59).[82] The "diseases of the will" included sloth and envy, vices that hindered a country's progress. The only way to overcome them was by educating the will. A strong will would allow a man to overcome difficulties and face adversities "with courage and serenity", persevering and continuing to fulfil his duties despite hardships (p.31). Similarly, in his book *The Perfect Citizen* (*El perfecto ciudadano,* 1914)*,* the publisher Miquel Parera I Saurina (1863-1919)[83] claimed that a strong will was the key to creating "ideal citizens". An ideal citizen was characterized by being in control of his actions, being decisive, and managing his thoughts, feelings and

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[81] *"el Gobierno, tal como es, somos nosotros mismos, con todas sus virtudes y de defectos".*

[82] *"cada uno de nosotros lleva dentro de sí un mal gobierno".*

[83] Miquel Parera I Saurina (1863-1919) was born into an upper-middle-class Catalan family. He published poems in Catalan in his youth under the pseudonym 'Miquel Dotzanys'. He entered the publishing industry in the 1880s, editing art books like *Recuerdo de Barcelona* (1888), *Mallorca artística* (1892) and *L'oeuvre de Puig y Cadafalch* (1904), as well as directing the art journal *Materiales y documentos de Arte Español* (1901-1914). Around that period, he created a book series called "Library on Culture and Civic Duty" ("Biblioteca de cultura y civismo"), where he published books like Marden's in order to educate the country's youth so that they could develop "an iron will" (Parera i Saurina, 1914, p. 42). In line with this project, he organised two conferences – one in Madrid in 1915 and one in Barcelona the following year – with the purpose of educating its adult audience on how to become ideal citizens and create "men of action" ('Un editor extraordinario. La obra de la autoeducación', 1915). The Madrid course on "Self-education and the Control of the Will" brought together some of the most important experts on education at the time, including authors of self-education manuals and politicians, from Madrid and other parts of Spain. These included the dean of the *Escuela superior del magisterio* of Madrid, Adolfo A. Buylla (1850-1927), who gave a talk titled 'Autores y preceptistas célebres desde Aristóteles a Balmes y Emerson'; the civil governor of Madrid, Eduardo Sanz y Escartín (1855-1939); Federico Climent Terrer, who gave a talk called 'Las obras del doctor Marden, su valor pedagógico y su fuerza educativa', Aureliano Abenza, who spoke about 'Los caminos para el éxito', Adriano Suárez ('¿Por qué soy optimista? Reglas de vida y conducta. La misión del hombre en la tierra') and Eduardo Vincenti (1855-1924), former mayor of Madrid and *Director General de Instrucción Pública [¿General Director of Public Instruction?].*

imagination. His mind and his body were both subject to reason, which always followed "the most rigorous prescriptions of austerity and wisdom". A strong will "dominated the passions", extinguishing those parts that were harmful, leaving only those that were "noble and generous". Consequently, it allowed individuals to avoid carrying out selfish and impulsive acts, while ensuring that they continued to be men of purposeful and directed action (Parera i Saurina, 1914, pp. 41–42).

The manuals mentioned until this point were national products. But the market was also full of translations from French, German, English, and North American authors. Examples include the Scottish reformer Samuel Smiles' *Self-help* (translated in 1907 as *¡Ayúdate!*), the French Jesuit and psychologist Antonin Eymieu's *Le gouvernement de soi-même* (translated in 1908 as *El gobierno de sí mismo*), and the Belgian psychologist Paul Dubois' *L'Éducation de soi-même* (translated in 1910 as *La educación de uno mismo*). One of the most popular authors was the North American businessman and entrepreneur, Orison Swett Marden (1848-1920). Between the 1890s and 1920s Marden prolifically published many advice books, where he claimed that a successful, well-rounded life could be achieved following common-sense principles and virtues. He based his lessons on New Thought philosophy, a popular spiritual current that emerged in the USA in the nineteenth century. It emphasized the use of thought and ideas over scientific materiality to alter an individual's circumstances. According to this philosophy, the power of creative thought was so strong that it was enough to cure mental illness, achieve wealth and success, and fulfil the promise of happiness. His publications included titles such as *How to Succeed (or, Stepping-Stones to Fame and Fortune)* (1896), *The Secret of Achievement* (1898) and *He Can Who Thinks He Can* (1909), among many others. This type of "personal power" (*poder personal*) manual that used positive thinking to achieve self-fulfilment was hugely successful in Spain during the 1910s and 1920s. Others included the works of William Sanders, whose series on how to succeed by cultivating the will, memory, energy, good luck, love and wealth, was translated in the mid-1910s. In contrast to the sombre tone and heavy style that characterised some of the national publications, these North American books were short texts written in an engaging and snappy style that made them easy to read.

Although this type of literature was criticised for offering "quick fixes", a false promise of positivity, and encouraging laziness and the pursuit of pleasure rather than hard work and pain for the sake of perfection (Castro, 1916; Martínez Ruiz, 1913; Zozaya,

1917), the number of titles that were translated and the numerous editions that were published indicate that they were nonetheless extremely popular throughout Spain. Despite being foreign, the translators usually appropriated the books and inscribed them within the regenerationist project of re-educating the nation's men in order to avoid the perils of modern life that led to the country's decadence.

This process can be seen in the translation of Marden's *The Joys of Living* (1913). It was translated that same year by Federico Climent Terrer (1860-1949), a Catalan educational reformer, a member of the Theosophist movement, and the founder of the Institute for Integral and Harmonic Education (Instituto de Educación Integral y Armónica).[84] In his prologue, Climent claimed that the book's lessons and advice contributed towards the goals of becoming a self-made man. Such a person could successfully and virtuously participate in the modern struggle for survival, without giving in to the vicious dangers that modernity carried with it. "[M]ost of life's woes", he claimed, "emanate from passionate desires, unhealthy ambition, [and] a hectic appetite for material goods; they come from not adjusting our aspirations to our [material] possibilities; from wanting to reach the sky mountain by mountain, like a titan, rather than step by step" (Climent Terrer, 1913, p. 14).[85] This hurried and excessive ambition reflected the view that the very production of the autonomous and responsible subject also created the conditions of insecurity that threatened to undermine that subject's autonomy. But Climent Terrer believed that Marden's lessons served to restore and consolidate the values that characterised "true manhood" - self-confidence, courage, perseverance, industriousness, joy, love, patience, and "the other social virtues that have always constituted humanity's moral treasure, regardless of time and space" (p.18) – that would guarantee a man's capacity to overcome those risks and become a master of himself and of the uncertainty that characterised the modern struggle.[86] Furthermore, by learning to cultivate energy and a strong willpower that would guarantee perseverance in

[84] Climent Terrer undertook the translation of all of Marden's works. He found in these works a reflection of his holistic view that the way towards self-fulfilment was educating and harmonizing the physical, intellectual, moral and spiritual faculties of a person (Monés, 2011, pp. 205–208; Penalva Mora, 2013, pp. 231–235).

[85] *"la mayor parte de las penas de la vida dimanan del deseo pasional, de la ambición insana, del desordenado apetito de bienes materiales, de no ajustar nuestras aspiraciones a nuestras posibilidades, de querer escalar el cielo no ya apeldañando monte sobre monte como los titanes, sino poniendo nube sobre nube ante los ojos del entendimiento".*

[86] *"y demás virtudes sociales que, sin distinción de lugar ni tiempo, formaron siempre el tesoro moral de la humanidad".*

the face of difficulties, the future of the nation would also be secured. This idea was why the book's editor, Antonio Roch, dedicated the book to "the men of the future; (…) to those who can contribute to the regeneration and prosperity of the Homeland through their efforts and culture" (Roch, 1913, p. 7).[87]

The authors of these self-governing manuals did not target neurasthenia directly. However, as we saw in the previous chapter, the problems they identified as both individual and national ills (aboulia, sloth, and personal ambition) were connected to the neurasthenic symptoms. The solution of developing a strong will in order to guarantee the future of the nation underscored neurasthenia's conceptualisation as the disease of the modern struggle for survival in the battle for progress. As such, neurasthenia was inscribed within a broader discourse that presented these conditions as a lack of masculinity and the root of the problem for Spain's national decadence. The solution rested in the recovery of that lost manhood through the strengthening of the will. By teaching about civic duty, promoting values like selflessness and the pursuit of the common good, encouraging action and condemning sloth, these manuals imagined the bourgeois subject as an active participant in the modern world of the struggle for survival.

Those manuals that did target the disease specifically also presented it in those terms. For example, in his manual *Discipline of the Nerves and Mental Health Regime* (*Disciplina de los nervios y regimen de salud mental,* 1919) – directed at "the classic neurasthenic" –asserted that its purpose was, above all, to "create *better men*" (p.6). By teaching readers how to "refine and perfect all the functions of our nervous system and the acts of our intelligence," they would be able to "combat the vices of routine, bad habits, and defects that are propagated by passivity and that fatal tendency of imitation, the most terrible enemies of noble mental activity and the most powerful obstacles that stand in its way" (Fernández Sanz, 1919, p. 6).[88] The result would be a utopia, "a perfect Humanity… a Humanity without diseases, vices, hatred, crimes, wars or revolutions; a

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[87] *"a los hombres del porvenir; (…) a los que pueden, con sus alientos y cultura, contribuir a la regeneración y prosperidad de la Patria".*

[88] *"de afinar y de perfeccionar todas las funciones de nuestro sistema nervioso y todos los actos de nuestra inteligencia (….) combatiendo los vicios de la rutina, las malas costumbres y los defectos que se perpetúan, más que por nada, por esa malhadada inercia, por esa pasividad y esa funesta tendencia a la imitación, que son los más temibles enemigos de la noble actividad mental, y los más poderosos obstáculos a los progresos que esta actividad es capaz de engendrar".*

Humanity that had been able to extinguish the germs of Evil through the combined efforts of Hygiene and Ethics" (p.285).[89]

However, the ambiguity that characterised the neurasthenic medical discourse was also present in this manual. He began by describing neurasthenics in favourable terms, as "highly cultured [people] with a vast knowledge and an enviable capacity for carrying out astute and sincere observations", who were already in a process of self-development, and who had the ability to recognise problems and the flexibility to respond to them by learning how to become more efficient and autonomous in their self-management (p.16).[90] A few pages later, however, he presented them as "apathetic, aboulic, indecisive, sad, pessimistic, [and] misanthropic". He carried on: "they are selfish, suspicious, sceptical, perennially captive in the diminished circle of his battered personality" (p.27).[91] As such, Sanz was presenting the condition as a disease that particularly affected the bourgeoisie – those individuals who were cultured and willing to take on the individual responsibility of moral regeneration. At the same time, he was situating the disease within the broader problem of aboulic and selfish individuals who had led to Spain's decline as a nation.

Furthermore, Sanz defined neurasthenia as a condition that could affect anyone. He asserted that everyone carried "the germ of a semi-latent psychoneurosis" but lacked the foresight to look after themselves and counteract its development (p.16).[92] Like the other manuals for training the will, he also shared precepts and advice in the form of moral and civic lessons. However, it differed from the rest in that it had a markedly medical purpose, serving as an example of the professionalisation of the psychiatric profession. This formed part of a strategy of legitimisation of the profession that Rafael Huertas has described in his book *Organizar y persuadir* (2002): by presenting himself as the best-suited expert to deal with the problem of neurasthenia from a medical standpoint, Sanz was also presenting psychiatrists as the "true" experts in treating the disease. As such, Sanz included mental exercises and hygienic measures that the reader

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[89] *"de aquella Humanidad perfecta (…) una Humanidad sin enfermedades, sin vicios, sin odios, sin crímenes, sin guerras, sin revoluciones; de una Humanidad que haya logrado extinguir los gérmenes del Mal por los esfuerzos combinados de la Higiene y de la Ética".*

[90] "*posee… una vasta y firme cultura y envidiables dotes de observador perspicaz y sincero"*

[91] *"apáticos, abúlicos, indecisos, tristes, pesimistas, misántropos; (…) son egoístas, suspicaces, valiosos, perennemente cautivos en el menguado círculo de su maltrecha personalidad".*

[92] *"el germen de una psiconeurosis semilatente".*

could follow in order to recover his health. Examples included focusing the mind on single thoughts, outlining detailed diet plans and doing moderate exercise in the form of horseback riding, golf, or walks – activities that only the upper-middle-classes would be able to carry out.

Although the manual was directed at treating neurasthenia, the message was a question of its life-long management. Health was something that had to be actively pursued at all times, regardless of whether the individual had overcome his condition or not. Other manuals directed at neurasthenics, such as the physician Joan Cantarell Basigó's *Strength of the Will: Advice to Neurasthenics* (*Fuerza de voluntad: Consejos a los neurasténicos,* 1921)*,* also presented it in these terms. Cantarell Basigó criticised the use of injections, "the modern resources available to science today", because they failed to offer any real cure for the condition (Cantarell Basigó, 1921, p. 22).[93] The solution rested, instead, in the recovery of the patient's confidence in himself. Modern life forced men to present themselves as full of "virile energy", but the difficulties they faced meant that they could not always reach that standard that society expected from them. Thus, like Fernández Sanz, Cantarell Basigó contributed to establishing neurasthenia as a condition of modern life caused by the struggle for survival of modern civilisation, whose management required a life-long commitment to the values of proper masculinity and citizenship.

Joan Bardina, willpower, and the modern subject

A closer look at one of the most popular manuals will serve as an example of how this type of will-training literature contributed to reimaging a new relationship between neurasthenia, the early-twentieth-century subject, and modern life. Perhaps one of the people to best embody early-twentieth-century enthusiasm for motivational culture and the self-educational project based on the will was the eccentric figure of the educational reformer Joan Bardina (1877-1950). Like the advertisements for patent medicines and the manuals for training the will, Bardina also articulated the problem of Spain's decadence in terms of aboulia, sloth, and neurasthenia. He began his career as a journalist in 1897, at the age of twenty. At that time, he participated regularly in popular Catalan newspapers like *Veu de Catalunya*, where he proposed ways in which Carlism could be integrated

[93] *"los modernos recursos de que la ciencia dispone hoy".*

into the national Catalan political movement. During his early twenties, he was actively involved in Carlist circles, publishing in local newspapers that supported the cause, such as *El Voluntario*, *Lo Geni Català*, and *El Nuevo Cruzado*. However, as he himself confessed, he eventually became disillusioned with politics and their capacity to instigate social change. After carrying out a "heroic" political battle – "inevitable in a fighting spirit" like his own, he declared – he became convinced that "there was only one way to achieve stable regeneration: reforming generations through education" (Bardina, 1907, p. 3).[94] Consequently, in 1902, he became closely involved with Enric Prat de la Riba's Catalan-nationalist educational reform project that would have a strong influence on school education in Catalonia in the early decades of the twentieth century (Canal, 1996, 2005).

Between 1902 and 1912, Bardina participated in nearly all the pedagogical activities that took place in Barcelona, including conferences, educational projects, and as technical advisor. At the same time, he was the prolific author of many journal and newspaper articles on the topic, as well as domestic and hygiene manuals, as we will see below. For Bardina, the regenerationist project had to focus on the education of teachers, who would in turn be able to educate the children in better ways. He also wanted to keep them away from the influence of anarchist movements (Bardina, 1907). His involvement in all kinds of educational projects was vast, including the establishment of two schools: a training school for teachers (the *Escola de mestres)*, which ran between 1906 and 1910; and a secondary school called *Institut Spencer*, which only lasted one year (1911-1912). The projects relied heavily on Bardina's personal charisma, as well as his dedication and values. The fact that the teachers of the *Escola de mestres* did not receive a salary during the four years that they worked at this institution demonstrates the extent that his personality influenced those who worked with and for him. The project relied mainly on the motivation that Bardina was able to inspire in them. The lack of salaries was also the reason why the school finally had to close down; but despite its short life, it was a very influential initiative (Bardina, 1959).

According to Xavier Torrebadella-Flix (2013), one of the most significant impacts that Bardina's work had was the popularisation of hygiene and physical exercise, and

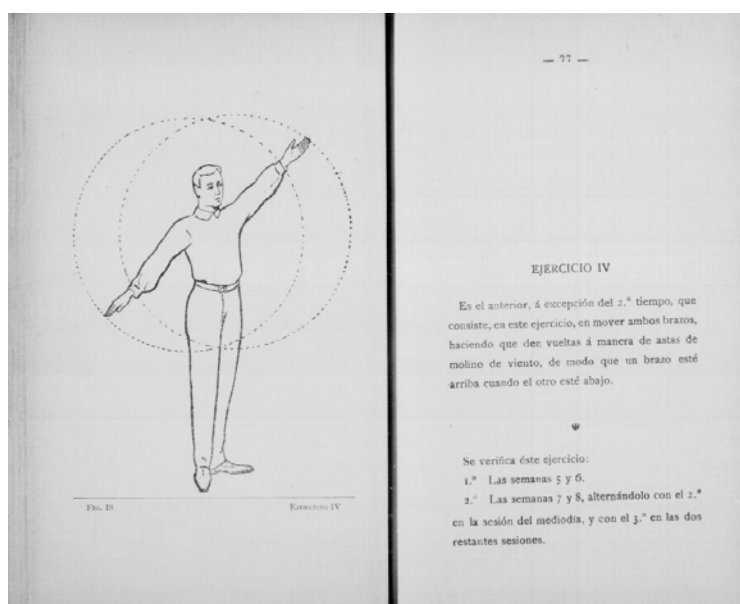
[94] *"no existe más que un camino para la regeneración estable: la reforma de las generaciones por la educación".*

integrating them into domestic life. The emphasis he put on educating children through physical exercise to build strong and healthy bodies was part of a broader movement that began around that period, strongly represented by the Scouting movement. Javier Moreno-Luzón demonstrates that in Spain, the creation of patriotic institutionalised groups was motivated by the regenerationist project and the anxiety to return Spain back to its original place in the hierarchy of civilised nations. This goal was shared by multiple different institutions at the time, from the *Institución Libre de Enseñanza*, mainstay of progressive liberal education in Spain, to the schools of the Jesuits. The promoters of this movement saw the initiative as "a perfect blend of hygiene and virile discipline, with the capacity to rescue those *golfos* who were still potentially healthy" (Moreno-Luzón, 2020, p. 232). As such, the institution campaigned against gambling, clubs and cafés, alcohol, and other forms of leisure, such as theatre and cinema. Instead, they pursued the project of improving the Spanish nation through physical fitness, since nature was attributed moral benefits.

Because the will was strengthened through the performative dimension of the body, as Cowan (2008) has shown, regular exercise and proper diets were ways in which individuals could strengthen their will. Between 1911 and 1916, Bardina published extensively on a variety of subjects relating to domestic life, such as manners, diet, and hygiene, targeting both men and women. Some of the titles of these books include *Salud, fuerza y belleza por la gimnasia sueca* and *Teoría y práctica de la gimnasia respiratoria* (Dr. Saimbraum, c.1911); *Cómo debo comportarme en sociedad, El médico en casa* and *Repostería y confitería caseras* (Doctora Fanny, c.1910s), and *Higiene moderna* (1916), *Los hijos bien educados* (1916) and *40 "casos vivos" de educación infantil* (1916). He adopted the pseudonyms "Doctora Fanny" when writing domestic manuals for a female audience and "Doctor Saimbraum" for manuals dedicated to physical culture (breathing and physical exercises), keeping his original name for topics related to education. This strategy ensured he was able to reach a wider readership and to construct each of his "personae" as experts in the fields of domestic economy, health, and education.

In contrast to the manuals published by other Spanish authors, Bardina's stood out for their accessibility. Although he overtly criticised Marden's works for being "anecdotal" and more suitable for "messing up than structuring a life" (Bardina, 1916b,

p. xiv),[95] the style of many of Bardina's own manuals was clearly inspired in the short and clear manner of Marden's texts. Bardina wrote in an energetic yet readable style, using simple and lucid vocabulary. In fact, he went one step further than his North American competitor and took advantage of the advances in the publishing industry to include photographs and illustrations. These images served as tools to teach readers the technical aspects of the lessons he presented, so that they could practice applying them in person without the need for an instructor (see figs. 12 and 13). Bardina's books announced his project of developing a new form of citizenship based on personal autonomy acquired through self-education of the mind and the body. He always insisted on the practical nature of his manuals: "Do not be satisfied with reading. Apply yourselves. Practice, Act as I say. Try… This is a book of action. So…Act! With perseverance, with joy, with total confidence" (Bardina, 1916a, p. 17).[96]



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EJERCICIO IV

Es el anterior, á excepción del 2.° tiempo, que consiste, en este ejercicio, en mover ambos brazos, haciendo que den vueltas á manera de astas de molino de viento, de modo que un brazo esté arriba cuando el otro esté abajo.

Se verifica éste ejercicio:

1.° Las semanas 5 y 6.

2.° Las semanas 7 y 8, alternándolo con el 2.° en la sesión del mediodía, y con el 3.° en las dos restantes sesiones.

Fig. 12. Instructions for exercise 4 for training lung capacity, accompanied by its respective illustration. Bardina, Joan (1911). *Teoría y práctica de la gimnasia respiratoria: Aplicada a la vida escolar y a la vida práctica*. Barcelona: Sociedad General de Publicaciones, pp.76-77. Biblioteca Nacional de España.

[95] "*está muy lejos de la facilidad de otros libros de título semejante, más aptos para* épater *y desordenar que para estructurar una vida*"

[96] *"No se contenten con leer. Apliquen. Ensayen, Obren como indico. Prueben… Es éste un libro de acción. Accionen, pues. Con perseverancia, con alegría, con entera confianza".*

Fig. 13. Photograph demonstrating how to block an attack to the jaw. Bardina, Joan (1914). *Modos de defenderse en la calle sin armas*. Barcelona: Sociedad General de Publicaciones, p.79. Biblioteca Nacional de España.

One of the most popular texts was a self-help manual that went through at least five editions in just under four years in the mid-1910s, selling 14,000 copies in Spain alone, according to the author (Bardina, 1916b, p. xiii). Initially titled *Energy in Ten Lessons (La energía en diez lecciones),* by its fifth edition it was called *The Energy of the Will: How to rule your inner life* (*La energía de la voluntad: Cómo se llega a la dominación y a la vida interna*). Like the rest of the manuals directed at training the will, Bardina's goal was to teach readers how to develop their will in order to become active modern subjects. As mentioned above, Bardina's manual stood out from the rest of the manuals by Spanish authors that we have discussed in this chapter for its easy read and motivating rhetoric. [97]

Following the regenerationist discourse of the period, Bardina argued that modern life was a battle. The modern subject tended towards apathy, living life in total passivity and sterility: '[d]efeated before they even begin to battle, their empty years slip by in sterility" (Bardina, 1914, p. 30).[98] The reference to sterility here must be understood in the regenerationist terms of insufficient masculinity. These "eunuchs" might be good men

[97] I use the first edition of the manual (1914) in my analysis. The fifth edition (1916) had exactly the same material, but had a bigger font and included illustrations of the famous historical figures he presents in each of his lessons.

[98] "*Vencidos antes de luchar, se escurren estérilmente sus años vacíos*"

who fulfilled their duties modestly, but they were not born for greater things and "would ignore what life is the moment they leave it" (Bardina, 1914, p. 30).[99] The early twentieth century, he claimed, was characterised by aboulia and neurasthenia. Although he described these conditions as diseases, the fact that the manual sought to reimagine the modern subject's relationship to modern life as an active participant in the struggle for survival, rather than a passive survivor, meant that he re-defined them as individual attributes that were common to all men. With some effort, however, such attributes could be changed and improved. Regardless, in Bardina's discourse, neurasthenia lost its medical specificity as a disease and became, instead, a personal quality that was the natural condition of the modern man.

For Bardina – and for the physicians discussed in chapter two – neurasthenia was, in fact, a form of aboulia. Bardina identified a variety of different forms of weak willpower, all of which served as examples of the wrong way of being modern, masculine subjects. There were "dishonest wills" (*voluntades deshonestas*), only worrying about themselves; "passive wills" (*voluntades pasivas*), that were inactive or imprudent, "setting out on ventures that their men cannot actually fulfil"; cowardly "timid wills" (*voluntades apocadas*), which gave up after the smallest obstacle; "vagabond wills" (*voluntades vagabundas*), without any clear ideas or goals; "unfocused wills" (*voluntades sin lastre*), fickle and inconsistent in their obligations to fulfil their duties; "dark wills" (*voluntades negras*), "that have the singular privilege of seeing the dark side to everything, crying inconsolable over the imaginary ruins of a world without redemption, created by their special mirage";[100] and, finally, "indecisive wills" (*voluntades indecisas*), which were cold, passionless, infertile and plagued by doubt (Bardina, 1914, p. 28).

The way in which one overcame aboulia and neurasthenia therefore depended on the development of a strong will, following the notion of the somatopsychic transformation of consciousness – in other words, changing the mind through the body. The book was structured in ten chapters, or 'lessons', in which he gave instructions on how to successfully participate in and overcome the modern struggle for survival. Following a mechanistic conception of the body, Bardina stressed the need to take care of it properly, especially the digestive and respiratory functions, which were responsible

[99] "*desconocerá la vida el día mismo que se vaya de ella*"

[100] "*con el singular privilegio de verlo todo obscuro, llorando inconsolables sobre las ruinas imaginarias de un mundo sin redención, forjado por su espejismo especial*"

for the body's nutrition. Readers were encouraged to eat slowly and in moderation, and to carry out respiratory exercises.[101] The manual's main focus, however, was to develop those personal attributes that would allow the reader to participate in the modern struggle for survival. The lessons taught how to develop attention, knowledge, ideals, optimism, and courage, as well as techniques for self-suggestion, strategies to look after the body, and how to develop a healthy ambition for money that did not lead to the excessive economic greed that we saw in the previous chapter. The manual coupled phrases that were aimed at boosting one's morale and training the mind through self-suggestion (*auto-sugestión*) with the help of deliberate physical movements that also served to train the body. One of the most important messages was the need to understand oneself and to develop an enterprising, self-confident spirit:

> The essence of training to win is based on the knowledge of the self and knowing what is good and bad about me. Knowing myself truly, I will necessarily be an entrepreneur and not a coward. I will be enterprising without quixotisms exposed to failure. This is the basis of the modern "intense life" (Bardina, 1914, p. 23).[102]

The criticism of Don Quijote was one of the elements that characterised the regenerationist discourse at the time, as Darina Martykánová (2017b) has shown. Members of the regenerationist movement established a hierarchical dichotomy between the dreamy idealism of a hero whose dedication to the cause was reason for celebration, but whose inability to accept and confront reality made him an impractical hero for modern times. Instead, the entrepreneurial spirit of understanding the world and oneself emerged as the proper way of being a Spaniard who could successfully participate in the "modern 'intense life'".

The body's functions were all at the service of the higher faculties of the intellect, of the person's morality, and of a strong will, which were the necessary qualities for progress and civilisation. The more civilised a society was, the stronger their willpower; in contrast, "primitive people" functioned only by their instincts, which allowed them to survive efficiently, but did not bring about any kind of progress. For Bardina, God was the highest form of perfection; he controlled his instincts through his "efficient will",

[101] Here he referred to his publication on *Teoría y práctica de la Gimnasia Respiratoria* and *Salud, fuerza, belleza por medio de la Gimnasia Sueca*.

[102] "*Conociéndome de verdad, seré necesariamente emprendedor y no pusilánime; y emprendedor sin quijoterías expuestas al fracaso. He aquí la base de la moderna 'vida intensa'*"

which was exercised in a "gentle but firm" manner (Bardina, 1914, p. 18).[103] Individuals in civilised societies should aim towards that perfection by cultivating both the body and the mind in order to develop a strong will that would allow them to guide their instincts properly; the stronger their willpower, the closer they would be to that ideal state. In line with the idea that civilisation was based upon a hierarchy, the road to perfection did not involve eliminating one's instincts, but rather managing and channelling them through a strong will. The true sign of progress consisted in having both in equal measure and knowing when and how to dominate one's instincts through a strong will, the true sign of a modern, virile man.

Each chapter told the story of an important hero who had started from nothing and obtained everything through their own individual and persistent effort to cultivate a strong will, and their commitment to their dreams. Examples included Benjamin Franklin, Napoleon, and Christopher Columbus. Bardina promised that writing out statements such as "I want to fight", "I can overcome difficulties", and "I will persevere" on a daily basis, and doing things like methodically tidying up a messy room, observing nature, or vigorously lifting one's arms up and down, would strengthen an individual's will. For instance, the practical exercises for lesson one, *Laziness and the Battle,* involved writing out the following sentences every night for a week: "*Life is a struggle. To be or not to be. Only by fighting am I a man. I hate laziness. I am committed to fighting, no matter what it takes"* (p.40, italics original).[104] Each day, the reader was meant to "energetically repeat these phrases, the more the better", and to lift his arms up and down six times in a row in a "rhythmic and paused manner", several times per day. "Don't laugh," Bardina warned, "obey and do as I say; this is [only] the beginning." (Bardina, 1914, p. 40).[105] The emphasis he placed on practice formed an essential part of his pedagogical project.

Aboulic and neurasthenic men failed to realise, Bardina stated, that "[t]he world is an endless struggle, a rugged battle, a constant fight" (Bardina, 1914, p. 31).[106] The road to science, civilisation and progress was an "interminable and colossal battle", in

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[103] "*todo lo rige, suave, pero férreamente*"

[104] "*La vida es una lucha. Ser o no ser. Sólo luchando soy hombre. Odio la pereza. Estoy resuelto a luchar, cueste lo que cueste".*

[105] "*No te rías. Obedece y hazlo, que esto es el principio*"

[106] "*El mundo es lucha interminable, combate rudo, batallar continuo*"

which “true Men” took an active part (Bardina, 1914, p. 32).[107] “None of these [aboulic] men are energetic,” he affirmed; none of these men would successfully participate in the modern struggle for survival (Bardina, 1914, p. 28).[108] Instead, the mark of a “true man” was that of someone who elevated himself by developing passionate ideals, overcoming obstacles, and becoming a man of action. This was the defining quality by which a person should be judged, he claimed: “If life is a struggle, if one isn’t a man without fighting, then a person should be judged according to how he *acts* and not who they *are*” (Bardina, 1914, p. 33).[109] It was only by this means that true happiness could be obtained; as he explained in his conclusions, “the *joy of living* is only savoured by energetic souls. Happiness (…) is something virile, strong, masculine” (Bardina, 1914, p. 167).[110] The manual therefore served as a guide for the reader to learn the proper and improper ways of being a modern subject.

One of the manual’s central tenets, therefore, was that the pursuit of happiness and perfection could only be achieved through suffering. For Bardina, uncertainty, difficulty and pain were opportunities to move closer to perfection, in what clearly reflected the Catholic doctrine: “The only true form of Happiness is that generated by conscious Pain” (Bardina, 1914, p. 162).[111] Although Bardina did not explicitly situate his books into the Catholic manual genre, it certainly echoed the kind of discourse that characterised it. As Mª Pilar Salomón Chéliz (2018) has demonstrated, the colonial defeat of 1898 was also experienced in terms of a crisis of virility within Catholic discourse. During the nineteenth century, the practice of religion had been constructed as primarily feminine (Salomón Chéliz, 2006). However, during the *fin de siècle,* popular catholic manuals like the aforementioned Adriano Suárez’s *Levántate y anda* (1915) or the translation of the French priest Ferdinand-Antonin Vuillermet’s *¡Sed hombres! ¡Reconquistad la virilidad Perdida!* (1902; translator unknown), identified virility and bravery with Catholic tradition and morality, attributing the feminization of men to degeneration of the race and its immorality – both of which were caused by external

[107] “*una continua y descomunal pelea*”

[108] “*Estos hombres no son enérgicos*”

[109] “*Si el mundo es lucha, si no se es hombre sin combatir, el obrar y no el ser debe medir el valor justo de una persona*”

[110] “*la* alegría del vivir *sólo la saborean las almas enérgicas. La Felicidad (…) es algo viril, fuerte, masculino*”

[111] “*no hay otra verdadera Felicidad que la engendrara por el Dolor consciente*”

influences that were foreign to the nation's Catholic essence. The values that these defended commended, placing courage and virility on par with religious practice and the defence of faith, promoted a militant Catholic identity whose epic connotations could be attractive to men. As such, it counteracted the link between femininity and religion that had been configured during the nineteenth century. The reconfiguration of Catholicism with masculinity was evident in Bardina's own manual, adding another dimension to the ideal modern subject that the Catalan reformer presented in his books.

Bardina's manual serves as an example of how this type of will-training literature contributed to reimaging a new relationship between the modern, early-twentieth-century subject and modern life. All his books stressed their practical nature and placed emphasis on action. His writings and his projects indicate that he firmly believed in this type of modern subject characterised by action and the ability to withstand suffering – even to find pleasure in it. In Bardina's conceptualization of the modern subject, aboulia and neurasthenia had to be challenged in the personal pursuit of perfection. By using neurasthenia interchangeably with aboulia, he was effectively defining it as a kind of attitude that could be changed and perfected if the individual put the right amount of effort into the process. As a result, overcoming neurasthenia became an individual's personal responsibility and a life-long battle: rather than simply trying to regain one's health, the modern subject had to be constantly fighting in order to avoid falling back to his natural, weak, and lazy state. Consequently, part of the fundamental definition of the ideal modern subject was not just that he was a man of action, with a strong will and a strong body, but also that he was always at risk of becoming sick.

Conclusions

In this chapter, I have explored a variety of products targeted at managing neurasthenia, and how they inscribed themselves within the pre-existing medical discourse of the disease. The advertisements for patent medicines and electrotherapeutic devices, as well as the manuals for training the will, presented neurasthenia as a problem of the struggle for survival and of lost virility. By targeting the body and the mind in different ways, the products promised individuals the ability to recover their lost virility – which took the form of neurasthenia – and become active participants of modern life.

At the same time, the market contributed to broadening the boundaries of neurasthenia. It continued to be ascribed to upper-middle-class men, but the condition lost its medical specificity and was used as a synonym of weakness and aboulia. This, in turn, helped to normalize the disease as a natural condition of modern life that every bourgeois man had to deal with, especially if they wanted to be active participants in it. At the same time, it articulated the modern man in terms of the regenerationist discourse: recovered virility, strong willpower, and an ability to actively participate in modern life. Neurasthenia was presented as the opposite of these things; in other words, as a lack of manhood.

Both the advertisements for remedies and the manuals for training the will agreed that neurasthenia was a condition that was natural to modern life and had to be individually managed. However, the different solutions that they offered for its management are indicative of how the different medical and publishing markets conceptualised the modern bourgeois male subject. On the one hand, the advertisements presented the solution to the crisis of Spanish manhood in terms of the consumption of material goods. Patients could consume products that "did the work for them". It bolstered their natural bodily processes and allowed them to continue participating in modern life with renewed strength through no effort of their own, beyond that of using the device or taking the medicine regularly. Regardless of whether the tool was an electric belt or a pill, in either case the solution was a question of consumerism.

The manuals for training the will, on the other hand, presented neurasthenia in terms of personal characteristics. Overcoming the condition was not a question of curing oneself by taking medicine, but rather required a moral regeneration of the individual so that they could develop qualities and attributes that would allow them to become active participants in modern life. Depending on the background of each of the authors, these proposals looked slightly different. Some focused specifically on moral values like patriotism and selfless self-sacrifice. Others, like Bardina's *Energy of the Will,* also included the body, arguing that the recovery of virility was to be found in both bodily performances and the repetition of values that would promote a new understanding of the world and a new relationship to it. Regardless, all manuals defended the idea that the proper modern subject was one who participated in the eternal pursuit of perfection. Rather than a quick fix that depended on consumerism, battling neurasthenia was a life-

long battle that every man had to face – especially if he was from the upper-middle-classes.

Chapter four

Honour, neurasthenia, and composure in Justo María Zavala's memoirs

On June 24, 1893, a sovereign ordinance announced the forced retirement of Justo María Zavala (1815-1900) from his position as the medical director of the Archena baths in the Spanish province of Murcia, the most popular in the country, whose sulphur-rich waters were recommended to those suffering from syphilis and skin diseases. While recognising that Zavala had performed important services since he was first appointed director of these baths in 1878, the *Ministerio de la Gobernación* stated that his age – he was 78 at the time – had been compromising his ability to carry out his duties effectively, since the kind of effort the post required was superior to what a man nearing his 80s could fulfil. As Zavala had taken leaves from his post on multiple occasions due to health problems, the Ministry decreed his retirement, and opened the position up for a new applicant (Ministerio de la Gobernación, 1893a). They appealed to the regulation of 1879 which stated that medical directors over the age of 65 who were unable to fulfil their role could be forced to retire,

While the ordinance was legal, it had never been applied since its approval in 1879. As a result, the unexpected news deeply shocked Zavala, who considered the decision to be extremely unjust. Not only did public employees usually work until death (Rodríguez-Sánchez, 2015), but, on top of that, he was the first member of the Corps to

receive this decree. His outrage was such that he sued the *Ministerio de la Gobernación*, without success (Secretaría del Tribunal de lo Contencioso Administrativo, 1893).[112]

Not long after, he began suffering from chronic gastric pain and insomnia. Both symptoms were severe enough to make him wish for his own death. During this time, he received different diagnoses and underwent a variety of treatments, including stomach pumps, numerous diets, hydrotherapy. He even limited his readings, to no avail. It was not until he read the French physician Héctor Thiroux's treatise *Contribution a l'étude de la neurasthénie* (1892), in which the author explained his own experience with suffering the disease, that Zavala was able to start the journey towards recovery. Although he considered the possibility that he was suffering from dyspepsia and hecteroptasy[113] , he self-diagnosed himself with neurasthenia. Following Thiroux's example, he decided to write about his own experience with it. He presented his memoirs as a medical treatise entitled *Observations on the mineral waters of Cestona. On dyspepsia, neurasthenia and hecteroptasy* (1899). [114] Despite the different treatments he had undergone, it was the act of denouncing his case that finally relieved him from his symptoms; as he confessed to his son in their dedication, writing them proved to be "a moral resource to overcome my disease" (Zavala, 1899, p. 3).[115]

Although first-hand sources are hard to come by, this case allows to explore what Roy Porter (1985) called "the patient's view". According to the historian of medicine, exploring the role of the sufferer in the history of healing involves "reconstructing patterns of consciousness and action" by carrying out "basic mappings of experience, their belief systems, images and symbols" (Porter, 1985, pp. 185–186). This includes asking: what happened when a sufferer fell ill? What was their language of pain? And how did they seek a remedy?

Zavala's memoir is a particularly unique example of pathographesis, the writing out of illness, because he linked his disease to his professional honour and personal virtue.

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[112] Zavala's loss to the Ministry of Interior became a benchmark against which to evaluate other cases that arose later; see Ruiz y Capdepon, 1895.

[113] Glénard's disease of the displaced stomach.

[114] The original title in Spanish is *Observaciones sobre las aguas minerales de Cestona. De la dispepsia, la neurastenia y la hecteroptasia*.

[115] *"un recurso moral para vencer la enfermedad que he padecido"*.

As a physician, he was already attuned to medical developments. His self-diagnosis in the 1890s happened when neurasthenia was just appearing in Spain. In fact, it ties in with the conceptualisation of neurasthenia as a disease of the liberal professions (see chapter two); although in Zavala's case, it was not directly due to the burden of responsibility. As will become evident in this chapter, Zavala's experience with his forced retirement was highly emotional. Since the recognition of peers was one of the fundamental elements that defined honour, being stripped from his post constituted an affront to his personal honour in a way that shattered his identity and deeply affected his person. His righteous indignation led him to construct a narrative of the events that presented him in terms of the "romantic hero" who battled against the adversities of life in the name of the greater good. As such, Zavala's case allows us to explore the relationship between masculinity and professional identity in late-nineteenth-century Spain, and the mechanisms by which the honour of a Spanish public employee could be reaffirmed after a professional expulsion like the one Zavala experienced. As I will show, the diagnosis of neurasthenia played a crucial role in that process, since its connotations as a disease of the struggle for survival in the name of progress and the common good allowed Zavala to re-establish his broken honour.

In this chapter, I explore why the act of writing his memoirs allowed Zavala to recover from his disease, what role the diagnosis itself played in that process, and what this tells us about the place of honour in the professional life of medical directors of baths. To do so, I will use Richard Dawson's concept of "composure", the process of composing a life narrative. Narrating a story of any kind involves "composure" in two ways. The first refers to "the narrative resource of a culture – its repertoire of shared and recognized forms", which circulate through public language and cultural imaginaries (Dawson, 1994, p. 23). These resources serve as a currency of recognizable social identities, or scripts, from which individuals can draw to narrate their life story, of which the image of the soldier hero is one example. "Composure" in this sense involves the genres of expression (scripts) and specific practices and technologies that an individual decides to use in the process of composing their life story.

As Michael Roper (2001) has argued, writing and narrating are psychological processes that can help in making sense of and putting boundaries around difficult experiences. In Dawson's words, "[t]he story that is actually told is always the one

preferred amongst many other possible versions, and involves a striving, not only for a formally satisfying narrative or a coherent version of events, but also for a version of the self that can be lived with in relative psychic comfort – for, that is, subjective composure" (Dawson, 1994, p. 23). Thus, "composure" also refers to the psychological process that brings unity to the self, and the conditioning effect that a narrative has on the individual who writes it.

Applying Dawson's concept of composure allows us to understand how Zavala's experience with neurasthenia was shaped by his expulsion from the Corps of medical directors. I argue that the forced retirement exposed Zavala's self-interested, subjective desire to be treated differently. This desire could not be reconciled in the world of moral absolutes in which he lived, in which individual interests had to be subordinated to the common good. Understood this way, the memoir carries out a double function: first, to leave a written accusation of the the Corps's leaders' immoral behaviour; and second, to compose a narrative of himself as a man of honour in terms of moral disinterest, which allowed him to continue living in psychic comfort in the world of polar opposites which he inhabited. My analysis will situate Zavala's experience within the broader cultural script of honour of the Spanish bourgeois and public employees during the second half of the nineteenth century.

Honour in the identity of medical directors of baths

The way in which the corps of medical directors presented itself as a field of honour is vital in order to understand how Zavala's memoirs helped him carry out his subjective composure. Zavala's sense of self was in many ways structured around the script of "the man of science who worked for the state". This script dated back to the establishment of the new liberal regime in the early nineteenth century, where scientific principles were included among the tools of legitimation of governmental policies, alongside others like economic prosperity, the people's will, competition between nations, justice, efficiency, tradition and morality.

Robert Nye (1997) has shown that honour was central to the identity of the liberal professions in this period. The most essential quality of a man's honour was his independence from others, which would guarantee his disinterest and protect his

prospective clients from individual greed. Being part of a professional group was a sign of individual honour, since chivalric loyalty and virtue were fundamental aspects of the social dynamic that guaranteed professional unity at a time when the physicians' institutionalisation remained unstable. Multiple mechanisms existed to decide not only who was included as a member of these professions, but also who was excluded – a strategy that was directed to men as much as women, in the process of defining liberal professionals as a certain 'kind' of man (see also Milam & Nye, 2015). In the shift between the *ancien régime* and the new liberal period, the notion of "modern honour" combined old aristocratic values, like asceticism, stoicism, noble generosity, dignity and strength of character, with the new bourgeois values of emotional self-restraint, pride in one's work, knowledge for knowledge's sake, morality and civic sensibility, as Richard Cleminson and Francisco Vázquez García (2007, p. 183) have pointed out. These were all characteristics that belonged to modern masculinity.

Darina Martykánová has shown that sciences were presented as being simultaneously useful for the country's progress and appropriate for a gentleman's occupation in this liberal discourse. Her research points out how these values became consolidated as part of the identity of men of science as public employees. They sedimented their reputation by presenting their occupation as both beneficial for the common good and necessary for the progress of the nation and in line with the codes of honour of virile masculinity (Martykánová, 2017a).

As public employees, their service to the state avoided the dangers of physical and moral degradation, because they acted in the name of a higher ideal. Furthermore, by insisting on their expert knowledge and the scientific nature of their profession, they could avoid the stigmatisation of their labour, since sciences, especially in its abstract, epistemological sense, played a key role in Spanish nineteenth-century liberal discourse (Martykánová, 2016). In line with this logic, men of science who worked as public employees could present themselves as state-builders and their work as heroic sacrifice for the pursuit of truth. In doing this, they built an image of themselves that reflected their personal virtue and generosity (Martykánová & Pan-Montojo, 2020). In the words of the medical director Tomás Parraverde (1866):

> I want to put the truth above all else; I will sacrifice, if need be, personal interests and friendships; I want no other guide for dealing with the sensitive nature of my post than the demands of humanity, science and the Law (p.759).[116]

These codes of honour were consolidated through institutions, which protected the posts and legitimated the authority of expert civil servants (*facultativos*), such as state engineers and physicians. Similar to a parliament, professionals met and debated in journals and society meetings, where they established and negotiated their identity. Additionally, the entry into an expert civil corps (*cuerpos facultativos*) was based on examinations. In some cases, such as the engineering corps, the successful candidates were granted access to a special school where they were trained for their posts. In other cases, including the Corps of directors of baths, the candidates were supposed to prepare themselves on their own – for example, by enrolling into specific university courses - and then pass a civil examination to join the Corps (Rodríguez-Sánchez, 2012).

Expert corps (*cuerpos facultativos*) were organised following a tiered scale that ranked its members according to the principle of seniority, that is, how long they had been in active service. As a result, they could legitimate their role and their honour with claims to impersonal selection processes and meritocracy (Martykánová, 2014). Only those men who fit the bill could belong to those professional groups; at the same time, belonging to them served as evidence of virtue and honour.

The case of medical directors of baths was a complicated process because of the Corps' internal and institutional instability and the numerous actors involved in the administration of the baths. Although the post was created in 1816, the first chair of medical hydrology was not established until 1913, which meant that until this moment members of the corps needed to search for convenient training by taking other courses (Rodríguez-Sánchez, 2012).

Still, the legal regulations dictating the role of medical directors bestowed them with significant power in the management of the baths, despite the fact that the venue had an individual owner and that local, independent physicians (*médicos libres*) played a

[116] *"[Q]uiero anteponer siempre la verdad a todo, y sacrificar por ella, si es necesario, los intereses y la amistad; quiero no tener otro guía para las operaciones de mi delicado cargo que el que solamente, la humanidad, la ciencia y la ley me ordenan".*

necessary role in the clinical administration of the hydrotherapeutic services. The scientific, clinical and economic monopoly of the medical directors caused frequent tensions with the other two figures. The debates over the limits of the regulations reached a peak at the beginning of the Democratic Sexennium (1868-1874) and lasted throughout the rest of the nineteenth century (Rodríguez-Sánchez, 2006, 2007).

It constitutes an example of what the sociologist Andrew Abbott (1988) calls the "system of professions" and the pursuit of professional boundaries. Owners and independent physicians (*médicos libres)* criticised medical directors' "excessive" power, arguing that it had three negative effects: it affected the interests of the patients; it limited the economic potential of the baths; and it hindered the progress of science. They demanded a redistribution of power – understood as economic and clinical freedom – which, they claimed, would allow the science and practice of medical hydrology to progress faster and better. Furthermore, they accused the medical directors of using the State to advance their own group's interests. At a time when accusations of corruption and patronage within the Spanish public system were rampant, the rhetoric of egotism served to discredit the honour of the corps, who faced repeated accusations of favouritism and profit-seeking ventures from other physicians, bath owners, and even colleagues from within their ranks.[117] The accusations pointed towards bad practices, such as incorporating new members into the the corps who had not passed the civil exams; the issuing of unnecessary prescriptions to gain profit at the expense of the patients; and exaggerating the benefits of the baths in order to attract more clientele, a practice which led to changes in the regulations to avoid them (García Ruiz, 1874; Gutiérrez Ampelo, 1872). These claims of corruption were framed in moral terms, as can be seen in how the *médico libre* Antonio Manté (1867b) forcefully argued against the medical directors' monopoly:

> [T]he level of immorality that is reached in the mineral water business on its own is enough to sterilise any efforts made towards the progress of our spas [...] This monopoly, which closes the door to a multitude of noble aspirations in visible

[117] The discursive practices surrounding these types of claims to corruption in Spain has only recently started to receive the attention of historians, although the focus continues to be within the political sphere, leaving aside the discourse on corruption, fraud, and misconduct within specialised professions (Dard et al., 2014; Engels, 2018; Engels et al., 2011; Monier et al., 2014). For historiography that deals with the Spanish context, see (Riquer et al., 2018; Rubí & Monier, 2019).

detriment to the moral and material interests of the profession, must fall (pp. 89-90).

Caught up in the tension between the monopoly they endorsed and their identity as committed liberals, medical directors defended their exclusive powers by leaning on the law and administrative system. They appealed to their role as public employees, to their specialist scientific knowledge, and to the complicated and risky nature of water's curative properties, which could be as poisonous as they were remedial. As public employees, they argued, they had gone through highly demanding examinations in which they proved their scientific worth. Passing them meant that they were the best candidates for the role, bestowing them with the credentials and authority to act as representatives of the state (Bourdieu, 1996).

Furthermore, as doctors, their task was to protect the health of the sick, one of the highest and most noble forms of responsibility in society. This double role of physician and public employee dovetailed to produce a paternalistic discourse in which they claimed that their duty to the state and to their patients meant that only they were suited to represent it and treat them, respectively. Using the characteristic manner of the liberal discourse of the period, they presented themselves as bearers of such responsibility in the name of justice, the common good, and the pursuit of truth.

For example, in a notorious debate that took place in *El Siglo Médico* in 1867, one of the most prestigious medical journals in Spain at the time, the medical director of the baths of Alhama de Aragón, Tomás Parraverde, lashed out against its general physician, Antonio Fernández Carril, for having published results about the quality of the bath's water without his consent. Parraverde claimed that medical directors were "[the] sole person responsible for everything that is said, done and relates to the [medical management of the waters] in the eyes of the Government, science, and the public" (Parraverde, 1866, pp. 757–758).[118] Similarly, in a debate in response to Manté's criticisms of the medical director's monopoly over the baths that took place in the same

[118] *"en el concepto de delegado mío (….) no debiera de ningún modo publicar escritos referentes a la dirección médica que se le confía, sin el consentimiento, acuerdo y aprobación explícita de su jefe, representante o poderdante (…) único responsable para el Gobierno, para la ciencia, y para el público de todo cuanto se diga, haga y pertenezca a aquella".*

journal, Marcial Taboada, another medical director, argued that the role of corps consisted in acting in the name of the common good:

> [s]ociety is the union of intelligent beings as they abide by a natural law and walk together towards a common goal, *the common good*, through the immutable principles of *truth* and *justice*. *Always for the benefit of all and every one of us,* but if conflict were to arise*, the interests of the first will always and on every occasion be preferable to that of the second* (Taboada, 1867, p. 215, italics original).[119]

As such, it became common for medical directors to explicitly distance themselves from any suspicion of acting with the intention of advancing their own interests. They were careful in promoting an image of themselves and their peers based on honesty and honour, a necessary basis for their scientific credibility. For instance, prologues to annual memoirs would carry phrases such as "[m]y only aspirations are the benefit and profit of the hopeless patients," "with [this work] we will do good to the suffering of humanity," and "my sole guide is the betterment of others" (Herrera y Ruiz, 1864, p. 3; Zapater y Jerez, 1867, p. 4, 1868, p. 4).[120]

As these quotes highlight, the role of emotions was also important in the negotiation of honour among these professionals. In Spain, this process was shaped by the notion of "romantic masculinity", an analytical category described by María Sierra (2012, 2013, 2015), that highlights both the multiple spaces in which gender relationships could be negotiated and legitimised, and the important role that passions and emotions played in that process. Sierra has argued that political arenas like the parliament served as spaces in which virility could be recognised and promoted through mutual recognition among peers. This way a qualification that was originally understood as being private would become public. By establishing such places as strictly male, excluding women and

[119] *"[e]s sociedad la unión de los seres inteligentes en cumplimiento de una ley natural y caminando a un fin común,* el bien general*, por medio de los inmutables principios de la verdad y la* justicia. Siempre el bien de todos y cada uno*, mas si el conflicto sucede,* el primero *es* preferible al segundo, siempre y en todas ocasiones".

[120] *"Mis únicas pretensiones son el provecho y utilidad de los desgraciados enfermos"; "con ello [este trabajo], haremos un bien a la humanidad doliente"; "no me guían más fines que el bien de mis semejantes".*

'incomplete' men[121] from them, they also became places in which the limits of masculinity could be publicly negotiated and mutually reinforced.

While emotional self-control constituted one of the key aspects of romantic masculinity, the passionate articulation of expressions of worship, fear, and the love for humanity in the professional arena were not taken to be signs of femininity or weak masculinity. On the contrary, it rather counted as a sign for sincerity and personal and professional virtue. In other words, strong emotions could be expressed without putting masculinity at risk, as long as they were directed towards acceptable values and purposes that were associated with masculinity, like the common good and the battle for progress. As such, to express intense feelings of outrage or love for humanity in public was seen as normal and constituted a way of demonstrating virtue, honour, and authority.

After the Sexennium and with the restoration of the monarchy, many men of science who had participated in political events were forced to go back to their professional posts and focus their energies on professional issues once again. Tensions between the supporters of state control and those aiming at a liberalisation of the baths' management led to the founding of the *Sociedad Española de Hidrología Médica* and its associated journal *Anales* in 1877 by the corps. It was an attempt to unify and strengthen the group of professionals and thereby help to defend their legal rights in the face of the constant attacks.

The first issue included a manifesto where the Society presented the unity of the corps, "whose aim is to create a body of scientific doctrine that will permit the practical and rational application of Spain's mineral waters". At the same time, they sent the following warning:

> We do NOT want war. Science is neither a battleground nor a combat arena, and we are and live for science. But if others still seek war, despite our protests and our most ardent desires, we will go to war, bearing the ancient message of the Toledo

[121] As we saw in chapter two, in line with Nerea Aresti's work, the idea of 'incomplete' men did not mean that they had feminine qualities, but rather referred to a lack of virile qualities in a man, like stoicism, the mediation of passions through reason, morality, and civic sensibility (Aresti, 2001, 2017). This is why not all women were excluded from scientific practice: those who had virile qualities and an exceptional capacity to reason could participate in scientific communities (Martykánová & Núñez García, 2020a). On the history of women's scientific careers, see Findlen, 1993; Serrano, 2013, 2015; Taylor & Knott, 2005.

swords on our shields: "Don't draw it without reason, and don't sheath it without honour" ('Madrid 15 de Marzo de 1877', 1877, pp. 1; 3).[122]

The bellicose tone indicates the pressure under which the corps were in. The manifesto was categorical with regard to the corps' values: medical directors should live and work in the name of science and the common good. These liberal nineteenth-century credentials were what would guarantee their material and moral disinterest and upon which they defended their authority and their honour.

Justo María Zavala (1815-1900), a man of honour

Zavala's personal identity was based on his role as a man of science and public employee, as well as a politician with Democratic-Republican ideas. Born on August 6, 1815 in a well-off family in the Basque Country,[123] Zavala moved to Madrid after graduating from school to study medicine at the Real Colegio de Medicina y Cirugía de San Carlos. He received his degree in 1848, having specialised in medical and physical chemistry.[124]

In 1849, he obtained the post of temporary medical director (*médico-director interino*) of the Cestona baths in his native Gipuzcoa. He passed his civil examinations (*oposiciones*) for the post in 1850, securing the tenure (*médico-director en propiedad*) of Cestona in 1851, which he held for the next 23 years, until 1874 (Dirección de Sanidad, 1851). With the end of the Sexennium in 1874, he obtained a tenured post at the Archena baths in Murcia, which he would keep until his retirement (Ministerio de la Gobernación, 1874). Additionally, he was one of the founding members and vice-president of the *Anales de la Sociedad Española de Hidrología Médica* (1877). At that time, he was ranked as eighth out of 120 on the tiered professional scale (*escalafón*) for medical directors of baths(Ministerio de la Gobernación, 1877). By 1893, when he was forced to

[122] *"NO queremos la guerra. La ciencia no es campo de pelea, ni arena de combate, y nosotros somos y vivimos por la ciencia. Mas si a pesar de nuestras protestas y de nuestros más ardientes deseos, se busca la lucha… iremos a la lucha llevando por mote en nuestro escudo el de las antiguas hojas toledanas: "Ni la saques sin razón, ni la envaines sin honor".*

[123] Tolosa, Gipúzcoa. Zavala's father was a tenured physician.

[124] *Expediente Académico de Justo María Zavala*, n.d.

retire, he was positioned at the top of that scale after 42 years of service (Dirección general de Beneficiencia y Sanidad, 1891).

A devoted democratic republican since young age, Zavala also participated in politics during the Sexeniuum. He became one of the founding members of the *Partido Republicano Democrático Federal* in 1870, acting as the representative of the province of Gipúzcoa in 1872. In 1872 and 1873, he was elected representative for Tolosa, Gipúzcoa; and from March to August 1873, he also carried out the role of civil governor of the province of Navarra, a post he resigned from after being elected member of parliament that same year. Florencia Peyrou (2008) has shown that the democratic-republican political discourse defended the rights and the autonomy of individuals to act according to their own interests. At the same time, it also gave them the responsibility of taking care of the rest of the society they lived in and which was presented in communitarian terms. Part of this responsibility included the political involvement of all male citizens, who were expected to participate in elections and vote. Their social action was expected to be free of corruption; that is, without egotism. Thus, Zavala's professional and political identity was, since the beginning, structured around the polarising values of egotism as immoral and disinterest as virtue.

Zavala was a Basque nationalist and anti-Carlist, a devoted defender of the Basque culture. He went so far as to write lyrics for a *zorcico*, a traditional dance from the region (Oyanarte & Zavala, 1887), and to extoll the virtues of the Basque people in his memoirs (Zavala, 1899). Furthermore, his political ideas led him to impose more "radical" measures for the organisation of baths than some his colleagues (Manté, 1867a; Taboada, 1867, p. 248), endorsing a centralised, state-owned system of management like the French (Zavala, 1865).

However, ever since he joined the ranks of the corps, he shared the same values as his peers and presented himself as a man of honour who never acted out of self-interest. In the years preceding the *Sexenio,* he actively participated in defending the exclusive status of medical directors on the grounds of their specialised scientific knowledge and their heroic sacrifice, structuring the role of the public employee around an exhausting polarity between disinterest as virtue and egotism as immoral. For instance, in 1865, he published an article in *El Siglo Médico* – the most prestigious medical journal at the time – in which he argued against the privatisation of spas and defended the legitimacy of the

monopoly that medical directors had over baths, stating that this was necessary in the name of the common good:

> The director represents the Government; he has to fulfil the duties that are indicated in the regulations, whose purpose is to attend to the best interests of humanity, which are often contrary to personal interests (Zavala, 1865, p. 374).[125]

This statement indicates that Zavala linked science to the progress of humanity. By asserting these "disinterested" values as part of the profession's identity, he was also building his ideal heroic subject as a person who abided by these three principles, of which he himself was an example. This was in contrast to "others" who acted out of egotism and without the guidance of Science as a moral ideal.

The polarisation between altruism and egotism is evident in an article he wrote in 1867, where he insisted: "I am motivated neither by egotism nor by class interest". He continued by asserting that, "[i]n the times we live in, *tolerance* must be a necessary quality of all men. But I will have none for those who do not have *faith* in their ideas, regardless of whether they are in politics, religion, or medicine, and who only defend that which benefits their personal interests." This lack of faith in one's ideas reflected a lack of passion, and therefore a lack of sincerity. He confessed that he was "intolerant with such *clever philosophers*, because I believe them to be a type of *locust* that destroy everything: in politics, they kill the public spirit; in religion, they lead to atheism; in medicine, they generate serious conflicts and the discredit of science; ultimately, they lead to corruption and chaos everywhere" (Zavala, 1867, p. 200).[126] These "clever philosophers" were individuals who enjoyed debating for the sake of it, but did not defend any true values. Their egotism derived from the self-indulgent pleasure of participating in debates without a true commitment to any cause. It was because of attitudes like this that society was ultimately destroyed. The implicit claim that those who did not abide by

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[125] *"El director representa al Gobierno; tiene que cumplir deberes marcados en el reglamento, cuyo objeto ha sido atender a los intereses de la humanidad, que muchas veces se hallan en pugna con los intereses particulares".*

[126] *"no mueve mi pluma el egoísmo ni intereses de clase" (…) '[e]n la época en que vivimos, la tolerancia debe ser una condición necesaria en los hombres. Para los que no la admito, es para aquellos que sin fé en sus ideas, lo mismo tratando de política o de religión, que de medicina, defienden las que sean convenientes a sus intereses" (…)'[c]on tales* filósofos *y* hábiles*, confieso que soy intolerante, porque les creo una especie de* langosta *que todo lo destruyen; en política matan el espíritu público; en religión conducen al ateísmo; en medicina originan conflictos graves y el descredito de la ciencia; en todo, por fin, la corrupción y el caos".*

the rules of science, the Law and Catholic religion were dishonourable subjects allowed him to link his honour and his actions to the figure of the public employee, while at the same time participate in the shared goal of defending the rights of the Corps of medical directors.

In line with this discourse, Zavala rejected any kind of practice that might be seen as motivated by personal financial and political gains, such as advertising the baths at which he worked in order to attract more visitors. In the prologue to his 1868 guide to the Cestona baths, Zavala was adamant that the purpose of the guide was to correct the misinformation that had been published about the quality of the waters. This mistake, he contended, "has forced me to overcome the disgust that the attention these kinds of publications generate, which are interpreted as a kind of scheme [to attract visitors]" (Zavala, 1868b, p. 3).[127] He tried to distance himself from possible suspicions by insisting, "I worship the *truth*, and neither self-interest nor any other motive will ever make me betray it" (Zavala, 1868b, p. 4).[128] Even when the regulation of 1869 made the publication of these reports obligatory, he continued to assert that he was acting in accordance to his duty: "My duty to fulfil an obligatory regulation has allowed me to overcome the fear of printing this work" (Zavala, 1879, p. 1).[129]

Zavala's statements expressed his romantic masculinity, in which the passionate expression of his feelings and emotions evidenced his sincerity, and therefore his authority. Such passionate expressions of sincerity also served to gain authority when criticizing others for egotism and corruption. In his political activity, he warned against empty promises by those who only pursued "nothing else but their own miserable ambition" (Zavala, 1868a, p. 21).[130] After the Sexennium, he took advantage of the requirement to send annual reports to the *Ministerio de la Gobernación* on the state of the medical baths to defend the rights of the corps to that monopoly, denouncing the malpractice carried out by the physicians he worked with. Moreover, he argued that the

[127] *"me [ha] obligado a vencer la repugnancia que tengo a llamar la atención con esta clase de publicaciones, que se interpretan como una especie de reclamos, y cuyo principal objeto se cree que es atraer bañistas".*

[128] *"ya saben que doy culto a la verdad, y que ni el interés, ni otro móvil alguno es capaz de hacerme faltar a ella".*

[129] *"El cumplimiento de un deber reglamentario ha podido vencer en mí el temor de dar a la imprenta este trabajo".*

[130] *"nada más que su propia y miserable ambición".*

post should continue to be obtained exclusively through civil examinations; an examination he carried out regularly, and which his Republican colleagues applauded (Castells Ballespí, 1900; Martínez Reguera, 1897, pp. 7; 74; 205).

Zavala's political ideology and his professional values were therefore based on the same notions of public honesty, individual disinterest and the condemnation of actions that were driven by egotism (Manté, 1867a; Taboada, 1867, p. 248; Zavala, 1865). In this sense, medicine and politics responded to higher ideals and required the same type of responsibility; in fact, it was a common trope at the time for physicians to present themselves as responsible for the health of the nation. Conceptualizing these two types of activity as fields of honour governed by the same principles allowed him to continue to defend the same values in his professional practice even after the Sexennium, and to exercise his duty as representative of the state and caretaker of the nation. As he would later write in his memoirs:

> What we doctors do with deteriorated organisms - reconstituting the blood with a healthy diet and a hygienic regime based on breathing pure, oxygenated air – is the same as what politics does: re-establishing the administration of justice, rewarding virtue and punishing immorality (Zavala, 1899, p. 95).[131]

This ethos of honour based on truth and duty was not only the standard against which Zavala made his decisions and evaluated his conduct; it was also how he wanted to be perceived. When he dedicated the 1879 report on the Archena baths to his father, "whose example inspired in me the love of work and truth" (Zavala, 1879, p. 3),[132] he was articulating the creed by which he strived to live his own life, as well as how he wanted others to recognize and remember him. However, the forced retirement plunged Zavala into psychic turmoil. Not only did it strip him of his sense of identity and purpose, but it also cast doubt on his honour and virtuosity, since being outcast from the group meant that one's professional existence could no longer be confirmed by others. This anxiety manifested itself in the form of gastric pain and insomnia. Naming these

[131] *"Lo que hacemos los médicos en organismos deteriorados, reconstituyendo la sangre con buena alimentación y régimen higiénico, respirando aire puro oxigenado: en política, restableciendo la administración de justicia, premiando la virtud y castigando las inmoralidades".*

[132] *"que con su ejemplo me inspire el amor al trabajo y a la verdad".*

symptoms as neurasthenia constituted the first step in his personal project to recover his honour and his health.

Neurasthenia and composure in Zavala's memoirs

Zavala's self-diagnosis with neurasthenia is fundamental for understanding how he was able to work through his slighted honour in his process of composure. It is no coincidence that it was this disease, above all the other health issues he had previously suffered from, that served as a starting point to write about his life. As we saw in chapters one and two, neurasthenia was understood as a problem of modern civilisation and the effects that intellectual labour had on the nervous system. The expenditure of energy and willpower that acted on an individual's natural resources drained the body, thus offering a biological explanation for the consequences of the struggle for survival that modern life had on a person. The exhaustion of this vital force could take many forms, but one of the most common was a type of neurasthenia in which the principal site of affectation was the stomach. This followed a tradition dating back to the Enlightenment, which established a direct relationship between indigestion and intellectual labour – to such an extent that a delicate or dyspeptic stomach was even considered to be the true mark of a genuine intellectual (Vila, 2005). Neurasthenia therefore justified the (male) patient's suffering both etiologically and pathologically. It served to legitimise the role of the new bourgeois middle-class by highlighting the fact that they had fallen ill as a result of too much intellectual work.

For many Spanish physicians, the principal characteristics of modern life were not the development of new technologies, but the competition between individuals and nations in the social Darwinist sense of the 'struggle for existence' in relation to the cultural, technological, and economic advancement of the country. Historians have shown that work, particularly industriousness, played a fundamental role in the definition of a respectable masculinity in contemporary societies (Aresti, 2016; Mosse, 1996). Despite the fact that the role of work has had different moral and cultural meanings in different contexts, it has nevertheless influenced how male role-models were configured in Spain

The establishment of the new liberal regime in the 1830s changed little regarding the need to 'make a living'. The struggle could compromise the status of bourgeois men,

since there was the danger of being unsuccessful, putting them in a subservient position to others. Moreover, in the hierarchy of prestige, the lower position of salaried workers was now integrated in the liberal institutions via census suffrage. In order to preserve their honour, civil servants and liberal professionals had to carry out a careful balancing of the concept of 'work'. In doing this, they adopted the values of respectability inherited from the *ancien régime*, where status was granted on the basis of an individual's lineage and patrimony (Malatesta, 2006; Nye, 1997; Villacorta Baños, 1989).

By establishing intellectual work in terms of individual skills, independence and duty, and contrasting it with manual labour, Spanish élites were able to make it compatible with honour. This way they could present themselves as virtuous individuals who acted out of generosity (Martykánová, 2016, 2018). Additionally, they were careful to distance themselves from the idea of overwork, which could be construed in terms of greed and ambition. Disinterested responsibility and the betterment of others, however, constituted an essential component of the identity of the liberal professions, including the sciences. In line with this idea, neurasthenia was a product of the "struggle for survival" and the intellectual battle carried out by "men of superior culture" that characterised the second half of the nineteenth century, and especially the *fin de siècle* (see chapter two and Simarro, 1889). Liberal professionals, public employees and *hombres públicos* (referring to men involved in public affairs) marched at the forefront of civilisation and were held responsible for the progress and wellbeing of the rest of society, following the paternalistic liberal discourse that characterised the period (Sierra, 2009).

The role these men played in the battle for progress was an enormous burden, to such an extent that it could extinguish their vital forces and bring about neurasthenia. Such rationale explained why the disease was so prevalent among men charged with these responsibilities (Mariscal, 1901). Some physicians even argued that the disease was most prevalent among members of their profession, since no other occupation placed such physical, intellectual and moral demands on the individual (Mitjavila y Rivas, 1902). It was in this sense that the neurasthenia diagnosis preserved a man's honour in the context of late-nineteenth-century Spain: not because he had overworked himself, but because he had completely devoted himself to fulfilling his duty.

It was no coincidence, then, that Zavala identified with Thiroux when he read the French physician's prologue, in which the latter detailed his own experience with the

disease. Thiroux had suffered from the disease, but had struggled to find the correct diagnosis, until a colleague offered it to him (Thiroux, 1892, pp. 7–9). Zavala found himself reflected in Thiroux's symptoms, such as his extreme weight loss and his initial belief that it was a case of dyspepsia (Zavala, 1899, p. 14). But the similarities were not limited to the disease: Thiroux was also a fellow physician, an intellectual labourer, responsible for the future of the nation. As such, he was someone who shared Zavala's professional and class values. Zavala's self-diagnosis with neurasthenia therefore reflected both his own individual experience and how the disease was more broadly constructed within medical discourse. Identifying with Thiroux made Zavala's individual experience something that was shared, because they were the same 'type' of man. As Zavala observed, this similarity offered him solace:: "I have been comforted after reading *Contribución al estudio de la neurastenia* by Hector Thiroux, because I have suffered from the same thing" (Zavala, 1899, p. 3).[133] Moreover, it inspired him to write his own illness narrative: "Doctor Héctor Thiroux has suffered from it and writes about it in his book, and this has encouraged me to write my own" (Zavala, 1899, p. 14).[134]

However, it is important to note that, while Zavala identified professionally with Thiroux, he did not articulate his experience of the disease as caused by a *burden of responsibility,* but rather a *lack of recognition* for having carried out that burden. Nevertheless, the determinant cause Thiroux had identified as the genesis of neurasthenia was equally important for Zavala's case: "a moral shock, a violent fright, worry and prolonged disappointments" (Zavala, 1899, p. 14).[135] This tied into another, final aspect of the disease in which Zavala saw himself reflected: neurasthenia's conceptualization as a disease that was latent in the individual, emerging only under certain conditions. This observation served as a testament to his character, turning neurasthenia into a sign of virtue rather than weakness:

> From what I have observed in myself and others, the most common cause of dyspepsia and neurasthenia are disappointments, [and] depressing passions. If, on

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[133] *"He tenido consuelo al leer la Contribución al estudio de la neurastenia, por Hector Thiroux, porque he padecido lo mismo".*

[134] *"El doctor Héctor Thiroux, que ha padecido de ésta, hace la relación en su libro y me ha estimulado hacer la mía".*

[135] *"un choque moral, un golpe violento, la inquietud y los disgustos prolongados".*

top of this, you have an honourable and sensitive nervous constitution, and a good moral compass, you have the recipe to suffer from poor digestion and the *nervous debility* that is *Neurasthenia* (Zavala, 1899, p. 16).[136]

The definitions of neurasthenia as a disease that was caused by an individual's nature on the one hand, and was brought on by moral shock on the other, allowed Zavala to establish a direct link between his symptoms and the forced retirement. He made the connection explicitly when he was reflecting on the fact that neurasthenia could appear as a result of prolonged disappointments: "I have suffered so many! Above all, the unjust and reprehensible retirement" (Zavala, 1899, p. 12).[137] Most importantly, however, the diagnosis allowed him to defend his virtuousness and to compose a life narrative in the way he wanted to be perceived: as a man of honour and romantic hero.

The image of the hero in popular culture reflects the desires and values of the society in which it emerges. Raquel Sánchez (2018) has argued that the quintessential hero of nineteenth-century Spain was the romantic hero as the martyr of liberty. He was a tragic figure who projected his subjectivity onto the world; a world in which he found himself misunderstood, rejected, or mocked by reality. His response was to reject that world in which one could only live either dominating it or living outside of it. This decision to confront reality made the romantic hero superior to others. At the same time, however, it led him to his inevitable destiny: death. Zavala's forced retirement made him embody the role of the martyr of liberty, since his expulsion from the group was part of a tragic narrative. However, instead of giving in to the decision, he responded by taking measures against it: first, by suing the *Ministerio de la Gobernación*; and then, by writing about his experience and using his memoirs to denounce the corruption that plagued the Corps of medical directors.

In order to demonstrate his alignment with the honourable ideals of the disinterested public employee and man of science, Zavala carried out four different strategies. The outcome was a narrative that presented him as both a man of science and

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[136] *"Por lo que he observado en mí y en otros, la causa más frecuente de la dispepsia y la neurastenia son los disgustos, las pasiones deprimentes. Si a esto se agrega una constitución nerviosa sensible, pundonorosa y buen sentido moral, tiene bastante para sufrir malas digestiones y debilidad nerviosa que es la Neurastenia."*

[137] *"¡He sufrido tales! Sobre todo, la injusta e incalificable jubilación".*

a romantic hero. First, he opened his memoirs with a portrait of himself that adopted the typical structure used by the liberal élites during the nineteenth century (fig. 13). Portraits were visual ways of presenting oneself to society and were often hung in houses for visitors to see. Although he was a physician, he chose to present himself in a black suit. At the time, the black suit's association with the Spanish monarchs like Carlos V and Felipe II became a symbol of the power of the ascendant middle class (Mckinney, 2012). The fact that he surrounded himself with objects such as a desk, papers and a monograph indicate that he wanted to highlight the role of his work as part of his identity. The monograph is probably his own, publication, a treatise titled *Studies regarding the mineral waters of Archena* (*Estudios sobre las aguas medicinales de Archena*, 1879). This way, he presented himself as an expert in the matter of medical hydrology, establishing him as a figure of authority in medical-professional matters. Furthermore, his pose symbolised the Enlightenment figure of the melancholic intellectual, which was traditionally associated to artists and to genius creativity; a pose pointing towards his intimate character and his attitude as a thinker (Molina Martín, 2013). Finally, the badge demonstrated the recognition he had previously received by others who had valued his work and efforts. Taken together, these pictorial resources allowed him to present himself as a figure of authority.

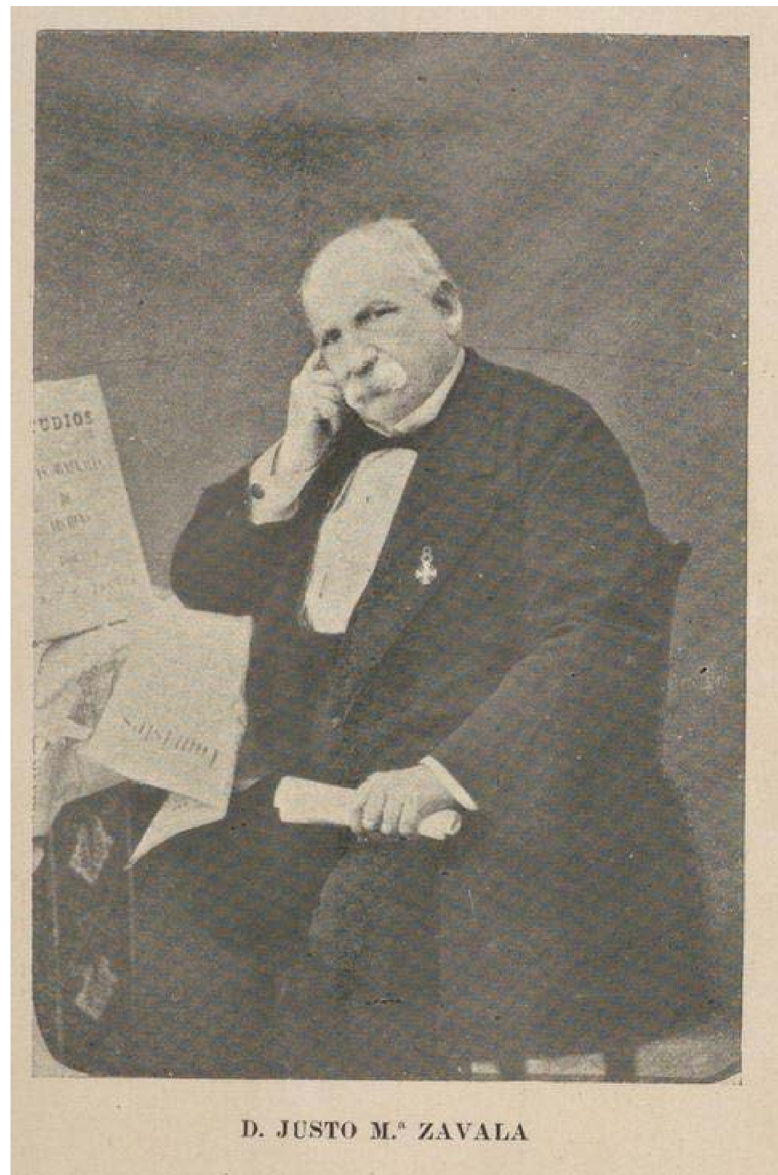

Fig. 14. Portrait of Justo María Zavala. *Observaciones sobre las aguas minerales de Cestona* (1899), p.1

Second, the memoirs themselves also reproduced many of the articles he had published as a medical director and speeches he had delivered as a democratic republican throughout his life (Zavala, 1899, pp. 6–9; 21–23; 33–45; 65–67; 73–74; 81–84), thus demonstrating that he had always acted out of love for the common good. His values were not something that appeared now due to the forced retirement, but had always been an intrinsic quality of his person.

Third, he was eager to share different episodes when he had acted like a hero, risking his life to save the life of other human beings, For example when such as his response to the governmental request he treat cholera patients during three different epidemics that affected the country in 1855 (Gipuzkoa), 1865 (Madrid), and 1885 (Archena). Carrying out these duties constituted a personal sacrifice; not only did Zavala have to face his own fears, but also the fears of his family and friends, who begged him not to go and risk his life. Despite these difficulties, he proudly explains that he confronted these emotions and responded to the government's call for aid. His motivation was drawn from professional duty to the sick and to the government. Nevertheless, once the epidemic was curbed, his efforts were praised by the local and the central governments, and he was awarded the Order of Charles III and the Order of Isabella the Catholic, two highly distinguished accolades that recognised an individual's actions to benefit the country and the Spanish Crown. He insisted in his memoirs that he renounced both awards, arguing that his only motivation had been a sense of duty rather than personal ambition (Zavala, 1899, pp. 23–27).

Finally, he repeatedly contrasted his own behaviour with the egotist and corrupted conducts shown by his colleagues. For instance, at the beginning of his text, he claimed that he did not get into an argument with them after finding out about his forced retirement, since "I am not one of those who enjoys seeing others suffer; their behaviour must have been driven by egotism".[138] The implicit claim he makes is that their motivations were driven by their own self-interests, implicitly accusing them of finding pleasure in seeing his misery (Zavala, 1899, p. 29). Furthermore, he presented himself as the victim of a group decision to outcast him: "The sad truth," he lamented, "is that my colleagues from *above* and *below* asked for the application of the Silvela decree on retirements" (Zavala, 1899, p. 32).[139] This contributed to upholding a polarised world of disinterest versus egotism in which he lived, a world in which he presented himself as morally superior to his peers, therefore consolidating the tragic nature of his narrative.

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[138] *"no soy de aquellos que gozan del mal ajeno, a pesar que la conducta de ellos debía haber sido otra distinta por egoísmo".*

[139] *"La verdad de esta triste historia es que los compañeros de arriba y de abajo pidieron que se pusiera en práctica el decreto de Silvela sobre jubilaciones".*

Presenting himself in these terms also bolstered his narratorial authority and his credibility, which were fundamental when it came to making public accusations of corruption. He denounced the behaviour of the medical directors and *médicos libres*, who trafficked in the business of selling prescriptions to the other members of the staff, misspelt words and – even worse – wrote incorrect prescriptions for patients to increase the business and who would not benefit from hydrotherapy (Zavala, 1899, p. 33). He declared that his forced retirement was an act of favouritism in order to place a new intern as the medical director of the Archena baths (Zavala, 1899, p. 43). The new physician was, according to him, a friend of the deputy secretary, Demetrio Alonso Castrillo.[140] Zavala's accusation was legitimate: the fact that Archena was the most popular bath at the time meant that whoever worked there would gain a hefty commission for the number of prescriptions issued. As a result, the medical director's post would be coveted by others; and yet, Castrillo's appointment of an intern, someone who had not passed the civil examinations, meant that he had skipped part of the internal regular procedure.

At a time when the cult to physical and mental strength was gaining widespread prominence and virility was linked to strong bodies, as we saw in the previous chapter, the appointment of a younger intern was also a blow to Zavala's own aging masculinity, whose honour (if not virility) had been preserved by his position at the top of the scale as a recognition of his service and his expertise. The forced retirement was therefore an assault to Zavala's honour on multiple fronts: to his masculinity; to his values as a public employee; and to his expulsion from his professional collective, a group with whom he had shared the same values and defended the same rights throughout his whole professional career. Zavala therefore took his forced retirement as an attack on, or a questioning of, personal virtue and honour. He interpreted the decision as a challenge against his credentials as a public employee and as a man. Presenting himself as a romantic hero allowed him to preserve his honour by showing that he had been fighting against immorality his whole life, and had never truly belonged to the corrupt Corps. At the same time, his insistence that he had only acted in the name of the common good and

[140] From what I have been able to find, this claim appears to be true. The deputy secretary who announced the vacancy for the Archena baths after Zavala's retirement was Alonso Castrillo. The individual who took over from Zavala was Aquilino Reyes Escribano, who in 1891 was number eight on the supernumerary ladder of medical directors, and in 1892 was working as a temporary medical director in Valdeganga, Albacete, although the Royal order of the 25 June 1893 naming him medical director of Archena stated that he was the first numerary member of the Corps (Dirección general de Beneficiencia y Sanidad, 1891; Ministerio de la Gobernación, 1892, 1893b, 1893c).

for the sake of patients demonstrated his honour and proved his independence from the Corps. The only people he actually had to respond to were his patients. By ending his memoir with a poem dedicated to him by one of his patients, he aimed to show that it was them, and not his peers, who could truly assert his virtuous nature.

Conclusions

As Dawson (1994) has pointed out, cultural scripts serve as psychic templates which people use to compose the preferred version of their life narrative, and thus evoke particular forms of subjective identification. In this chapter, I have argued that Zavala's forced retirement constituted an affront to both, his honour and his virtue, two interrelated concepts attached to different values. As a public employee and medical professional, Zavala's honour was a social attribute constituted by his work and the respect of his peers, while his virtue was linked to the professional values he shared with his colleagues: personal disinterest, the duty to society and the love for humanity.

Although virtue was an individual quality, it depended on the acknowledgement of others, making it in many ways a social trait that legitimised a man's professional role. As such, it was part of an individual's honour without being entirely constitutive of it. Zavala's forced retirement casted doubt on his honour and his virtue, since it outcast him from the professional group he belonged to, a group he expected to attest and credit his masculinity and virtuous way of being. The shattering of this identity generated anxiety and psychic turmoil, which in Zavala's case manifested itself in the form of neurasthenia.

Michael Roper (2001) has argued that writing is both a social practice and psychological activity. Therefore, writing his memoirs constituted a decisive process for Zavala in recovering his health and, with it, his honour. Because of its emotional genesis, its inherited quality and the elements of experience that he shared with Thiroux, neurasthenia was the optimal diagnosis to bestow Zavala with the narratorial authority that lent gravitas to his version of events. It allowed him to connect the disease to a 'public' injustice and to moral corruption, present his experience with the forced retirement as an example of his love for truth and justice, and take steps towards composing a coherent and effective Romantic masculine identity, which elevated him above his corrupt colleagues as a truly honourable public employee. Furthermore, the

diagnosis served to articulate this identity as part of his nature rather than a set of malleable values that could be changed at will for one's own personal benefit. Finally, Zavala's case shows that romantic masculinity was not just characterised by emotional containment: as long as they were articulated within a professional space, passionate expressions of emotions were also signs of virility, especially when it came to expressing love towards the common good or indignation against corruption.

The way in which Zavala articulated neurasthenia in terms of emotional distress caused by moral corruption, rather than a disease of civilisation, demonstrates the limits the predominant medical discourse had in defining the disease. However, as we saw in chapter two, this discourse was ambiguous and reflected broader anxieties about the experience and responsibilities of the bourgeois in the Spanish *fin de siècle*. As such, Zavala's definition of neurasthenia should not be taken as an example of an individual circumventing the predominant medical discourse. Instead, his definition was entirely inscribed in Spanish nineteenth-century bourgeois ideas of honour and masculinity.

Self-diagnosing neurasthenia, however, was not enough in itself to restore his honour, since that also depended on the social recognition of others. It was here that the memoirs played a decisive role: because they were published, he was able to live in psychic comfort by publicly asserting his virtuous nature in a way that circumvented the need to belong to a group. By presenting himself as a romantic hero who was a martyr of liberty that fought for freedom even by risking his own life (in consonance with the hero archetype of the nineteenth century), he composed a life narrative in which he rejected reality (the forced retirement) and fought against the corruption that plagued the Corps of medical directors. The memoirs served as a moral resource to recover from his disease because they reaffirmed his honourable values as a public employee: his personal disinterest and his dedication to fighting against institutional corruption.

Conclusions

At the end of the nineteenth century, a new diagnosis spread and proliferated throughout the USA, Europe, and Asia that was defined as one of the consequences of modernity and civilisation. Neurasthenia was characterised by physical and mental exhaustion, a weak will, and disorders of the stomach and the sexual organs, and it primarily affected the male members of the middle class who worked in the liberal professions and were responsible for procuring or hindering a nation's progress. This thesis has explored the way neurasthenia was understood, articulated, and used in Spain in the period between 1890 and the early 1920s. The focus on Spain follows the call of Marijke Gijswijt-Hofstra and Roy Porter in *Cultures of neurasthenia* (Gijswijt-Hofstra & Porter, 2001) to carry out a local history of neurasthenia that takes into account the medical, public,, and patient's perspectives of the disease. This thesis offers the first systematic analysis of the disease in Spain and one of the few that have been done in a local context outside of the USA. In order to do so, I have adopted a cultural historical approach, working out the relationship of this medical concept with contemporary ideas about modernity and masculinity.

This thesis set out to answer one of the main questions presented in *Cultures of Neurasthenia*: namely, the degree to which a history of neurasthenia is best understood by paying attention to national traditions. In Marijke Gijswijt-Hofstra's terms, "to what extent can one speak about neurasthenia in terms of national traditions or characteristics? Should we understand neurasthenia as an international movement or a below-national movement[?]" (Gijswijt-Hofstra, 2001, p. 20). Responding to this question, my research demonstrates the usefulness of that focusing on a national tradition offers in order to gain new insights on the history of neurasthenia as a concept that circulated throughout Europe as an etiquette for human beings, a social practice, and a way to think about modernity. The outcome of this research points to the need to distinguish between two levels: the medical conceptualisation of neurasthenia, on the one hand; and how the disease was articulated in relation to ideas of civilisation and (masculine) modern selfhood, on the other.

For the first level, regarding the medical conceptualisation of neurasthenia, historians have shown that there were a number of aspects that were shared throughout Western countries: namely, the diseases' symptomatology, its classification as a neurosis (and later on, as a psychoneurosis), and the variety of treatments that attended to the mind

and the body. neurasthenia was characterised by physical and mental exhaustion, digestive and sexual disorders, and alterations in mood. It primarily (though not exclusively) affected bourgeois men who worked in the liberal professions, and it was presented as a disease of the *fin de siècle* and a product of modern civilisation (Gijswijt-Hofstra & Porter, 2001; Lutz, 1991; Oppenheim, 1991; Wu, 2015). They have argued that, in the late nineteenth century, neurasthenia was characterised by the language of "nerves" and understood in organic terms, in line with the definition of the neuroses (Killen, 2007; López Piñero, 1983; Oppenheim, 1991; Shorter, 1993). Treatments therefore primarily targeted the body, and treatments like Weir-Mitchell's rest cure were popular in countries like the UK and the USA (Marland, 2001; Vijselaar, 2001b). However, the development of the concept of psychoneuroses in the early 1900s shifted the etiopathological origin of neurasthenia, from an organic condition to a disease that was caused by ideas and emotions. Historians like Mathew Thomson and Wang have argued that this process correlated with the development of the field of psychiatry, so that the disease came under the domain of psychiatrists and was ultimately replaced by the broader term "psychoneuroses" (Thomson, 2001; Wang, 2015). Finally, historians have commonly claimed that the disease more or less disappeared after the First World War, a historical fact that is evidenced by the decline in original medical publication (Gijswijt-Hofstra & Porter, 2001; Oppenheim, 1991; Schuster, 2011; Shorter, 1993; R. E. Taylor, 2001).

By focusing on the Spanish case, this thesis has demonstrated that the historiographical narrative on neurasthenia that has dominated the secondary literature was more complex. Spanish physicians appropriated the disease from the French context and read texts on the topic published by their colleagues abroad in France, Germany, the UK, and the USA. The diagnosis became popularised in Spain after the attention it received in France in the early 1890s, when several treatises on the topic were published. There was no fundamental difference between the discourses which tried to conceptualise neurasthenia's clinical manifestation in Spain. Like in other countries, neurasthenia was also characterised by the same set of symptoms and was presented as a disease of the bourgeoisie and a consequence of civilisation. However, this did not mean that the disease was uncritically received. In contrast to the case of the UK and Germany, the language of "nerves" did not dominate discussions of neurasthenia in Spain. Although physicians recognised that the nervous system played a decisive role in the pathogenesis of the

disease, neurasthenia was presented as a problem of nutrition and described in terms of physical and moral weakness, which corresponded to a lack of virility. This difference in definition reflected the state of medicine in Spain at the time, characterised by the debates between positivists and vitalists regarding the role of vital force, the influence of Broussaism in Spanish medicine, debates between vitalists and positivists, and the emergence of new specialisations like neurology and psychiatry. Furthermore, although there are examples of neurasthenia being diagnosed in women, physicians did not dedicate treatises to the topic of female neurasthenia, in contrast to what happened in the UK and the USA.

In Spain, the medical definition of neurasthenia also shifted from being a neurosis to a psychoneurosis in the first decades of the twentieth century, as other historians have indicated. However, it has highlighted the complexity of the process. Furthermore, this thesis shows that, contrary to the claim that neurasthenia's lifespan ended around 1914, the diagnosis continued to thrive in Spain after the First World War. Although the concept of psychoneuroses was defined in the early 1900s, it did not start to circulate in Spain until the 1910s. The rise of psychoneurosis occurred alongside the institutionalisation of the psychiatric profession as a field of medical knowledge and practice in its own right. Moreover, although physicians defined neurasthenia as a psychoneuroses caused by ideas and emotions, it was still viewed as a problem of deficient blood nutrition and the nervous system. As such, treatments offered by physicians, as well as the products on the patent medicine market, continued to target the body, even if it was increasingly accepted that the disease had a mental rather than organic origin. The popularisation of psychotherapy did not supplant the use of treatments like medicines and injections to cure neurasthenia and to alleviate its symptoms. Even in the 1920s, the patent medicine market advertised tonics that reinvigorated the nerves and nourished the blood, thus maintaining, in the eyes of the public, neurasthenia's organic basis.

The therapeutic practices themselves shaped neurasthenia's conceptual boundaries on several levels. Firstly, the disease was understood as somatopsychic or psychosomatic condition, depending on whether the treatment targeted the body or the mind. Medicines and hydrotherapy stimulated the nerves and nourished the blood, which alleviated the condition and soothed the patient's mental state. Either way, however, the treatments sought to restore both the mind *and* the body to a state of health and balance. As a result, regardless of whether they were directed at the mind or the body, they were

circular in their nature. Thus, neurasthenia's shift from a neurosis to a psychoneurosis was not a linear process in Spain, nor did it imply a change in concept leading to a prevalence of treatments directed to the mind, such as psychotherapy.

Secondly, the market also contributed to defining the boundaries of the disease. Institutions like sanatoriums and spas, as well as the patent medicine market, presented neurasthenics as consumers who could afford these types of treatments. At the same time, the existence of these types of remedies helped to construct neurasthenia as a disease that could only be cured through the consumption of the advertised and consumable types of goods and services. As such, it was both inscribed in medical ideas of neurasthenia, and contributed to defining the disease as a condition of the bourgeoisie.

The second level of analysis takes into account the question of modernity and masculinity. historians have shown that neurasthenia's association as a disease of the bourgeoisie was also linked to broader discourses about the effects of civilisation and the international status of the country (Forth, 2001; Frühstück, 2005; Lutz, 1991). Throughout different countries in Europe, the USA, and Asia, the meaning of modernity and the markers of civilisation were discussed. There were widespread anxieties about the *fin de siècle,* articulated by the bourgeois. Members of this class felt their position in society as unstable, threatened by social changes. The promise of progress and the peril of decadence formed the cornerstone of these anxieties, a discourse that existed transnationally (Aresti & Martykánová, 2017). Neurasthenia was presented as the cause and consequence of modern life and the international battle for civilisation, which depleted the energies of its citizens. However, when studying the history of neurasthenia, scholars have not considered the particular markers that governing elites presented as signs of civilisation. Those who have done so have tended to describe neurasthenia's relationship to civilisation according to Beard's terms (Gijswijt-Hofstra & Porter, 2001; Shorter, 1993) However, as recent historians have pointed out, the relationship between civilisation and pathology needs to be understood according to national ideas of what constituted modernity (Dickson et al., 2020b).

In Spain, neurasthenia was shaped according to the particular ways in which Spanish élites defined progress and problems of decadence. In contrast to the USA, where some of the markers of civilisations included business opportunities in major cities on the national economic market, in Spain, neurasthenia was articulated in relation to the

discourse of crisis and change, a trend known as “regenerationism”. This discourse gained prominence after Spain lost Cuba and the Philippines to the USA in 1898. The loss of these overseas colonies was experienced as a humiliating blow to the country’s imperial identity. It was called the ‘Crisis of ‘98’ and led to the questioning of Spain’s status within the international hierarchy of civilisations. Subsequently, Spanish elites analysed the reasons why Spain was no longer a leading force in the scale of civilisation, identifying corruption and egotism as the culprits for the country’s decadence. These behaviours benefitted only a few, mainly the governing elites and the aristocracy. As a result, the lack of any pursuit of progress in the name of the common good was seen as the cause of the crisis.

However, this criticism did not involve a full rejection of Spanish values. As Darina Martykánová has shown, each country defined the markers of what constituted civilisation. In Spain, this process involved a careful recalibration of past values that could still guarantee progress, incorporating those that were deemed useful, like the passionate pursuit of progress, and rejecting those that were considered to be detrimental (Martykánová, 2017).

Historians like Nerea Aresti, Darina Martykánová, Richard Cleminson and Francisco Vázquez García have argued that this national crisis was articulated as a crisis of Spanish masculinity (Aresti, 2017; Cleminson & Vázquez García, 2007; Martykánová, 2017). Thus, according to the regenerationist discourse, the nation’s elites had lost the virility that they needed in order to continue leading the country’s march towards progress. This leadership required the selfless pursuit of the common good, intense intellectual labour, and the ability to govern one’s inner psyche through a strong will in order to actively participate in the modern battle of the struggle for survival. As a result, the solution to the problem rested in the recovery of that lost virility. Through the moral regeneration of the country’s individuals, Spain would once again become an international contender as the highest form of civilisation. This process required the definition of what constituted a ‘proper’ type of bourgeois masculinity through the identification of desirable and undesirable attitudes and behaviours that would either guarantee or condemn the future of the nation.

Neurasthenia was part of the process of defining the boundaries of what constituted proper bourgeois masculinity. In line with Christopher Forth’s (2001) findings

for the French case, Spanish physicians articulated an ambiguous narrative about neurasthenia that was simultaneously validating and destructive to the patient's masculinity. On the one hand, the diagnosis indicated that the effort the patient placed in fulfilling his post and national duty was so great that he ended up exhausted. This result was not surprising, since the modern "struggle for survival" was a serious competition that could make individuals especially vulnerable to these kinds of health problems. This explained why neurasthenia was so common among physicians, the profession that carried one of the biggest burdens of responsibility: ensuring the nation's health. It was no coincidence that physicians presented neurasthenia in this self-congratulatory way when discussing the disease among members of their profession. The discourse of selflessness and the pursuit of the common good was part of the strategies of professionalisation among physicians and medical directors of baths. In this narrative, neurasthenia acted as a sign of individual virtue and selfless sacrifice. Zavala's case demonstrates this well: neurasthenia served as a way for Zavala to articulate his identity and construct his subjectivity according to the liberal ideals of proper forms of modern selfhood.

On the other hand, the diagnosis served to condemn undesirable forms of masculinity. Neurasthenia was the consequence of pursuing ambitious goals that exceeded a person's real capacities. As such, it was linked to the discourse of moral and economic corruption. It was used to criticise a form of masculinity that had supposedly led Spain into its national crisis. The disease also occurred in individuals who gave in to the titillating pleasures of modern life, like visiting theatres, participating in useless debates, abusing alcohol, and consuming prostitution, allowing themselves to be passively swept away by the struggle for survival instead of becoming active participants in it. These individuals were only interested in their personal gain and did not defend any real values. Their passivity and lack of sincerity made them abandon the pursuit of the common good, allowing degeneration and decadence to flourish. In the long run, their attitude would damage Spain's status in the hierarchy of civilisation and make it sink to the lower ranks.

Both the advertising industry and the manuals for training the will also contributed to shaping neurasthenia's boundaries. The thesis shows that the market construed neurasthenia specifically as a disease of men and a problem of virility, defining it in terms of "weakness" and "aboulia"; terms that became synonymous with neurasthenia. As such,

the disease lost its specificity, becoming a popular term that individuals could identify with and use to refer to others. The authors of the manuals and the advertisements for the medicines and devices promised their readers and consumers the key to once again becoming successful participants in the modern battle. By training their will through mental exercises, strengthening their nerves, and nourishing their blood, they could obtain the strength they needed to become enterprising individuals with all the positive qualities that characterised the modern bourgeois subject: physical health, a strong will, and the capacity to carry out actions, as well as to overcome obstacles. The key was to never give in to adversity. The correct management of one's own body and mind was expected to be a man's responsibility in order to adapt to new times.

The thesis therefore not only shows that physicians articulated a complex and ambivalent narrative around neurasthenia, but that this narrative played a normative function. Neurasthenia was used to define desirable and undesirable ways of being modern bourgeois male subjects, a discourse that attended to the particularities of the regenerationist project.

The thesis opens several lines for future research. It shows that, far from disappearing, neurasthenia continued to be popular in the 1920s. The 1920s marked changes in the development of medical science, especially in the fields of endocrinology and psychiatry. Furthermore, the disease came increasingly under the domain of psychiatrists, who by the 1930s had consolidated themselves institutionally and professionally. Consequently, it would be interesting to pursue the way in which the conceptualisation of neurasthenia was shaped by the institutionalisation of medical specialities, asking, for example, how did different medical experts utilise the diagnosis, its classification and treatment for their own professional interests? Analysing how these developments affected medical ideas of neurasthenia would contribute to understanding continuities and discontinuities in the concept of neurasthenia as it was first defined and appropriated in Spain in the early 1890s.

A second line of research would broaden the scope of the sources in order to understand how certain social groups used and defined neurasthenia. Given the relationship between neurasthenia and the regenerationist discourse, the scope of my source material could have been much broader. However, exploring neurasthenia across all aspects of society is an overwhelming task. As such, I chose to limit the scope of my

source material to the medical discourse of neurasthenia, especially from the physician's view, although I also included manuals by other professionals who offered solutions for managing the problem of neurasthenia. One of the main topics that I excluded from the research was the relationship between neurasthenia and literature: how the disease was represented in fiction, and the relationship between neurasthenia and modernist literature. The potential for this topic has been noted, but remains a line of research that is yet to be pursued (Fernández Sánchez-Alarcos, 1987).

It would be especially interesting to explore modernist writers and members of literary movements such as the Generations of 1989 and 1927. These literary groups were highly influential in Spain and abroad; not only for their literary production, but also in reifying and criticising (male) hegemonic bourgeois models of masculinity. Several members, like Felipe Trigo (1864-1916), José Martínez Ruiz (1873-1967, better known as Azorín) and Juan Ramón Jiménez (1851-1958) suffered from neurasthenia. Their relationship to the disease would open an interesting way to study how the disease was used to articulate different definitions of modernity and masculinity, in relation to the regenerationist concerns of that time.

A final line of research would involve analysing how and why neurasthenia became increasingly linked to women. As we saw in chapter three, the market contributed to breaking down neurasthenia's specificity, becoming more broadly interpreted as a synonym for weakness that could affect men from different class backgrounds. The boundaries of the disease continued to broaden after the early 1920s. A quick search in the *Biblioteca Nacional*'s catalogue and digitalised archive indicates that neurasthenia was increasingly associated with women, a change that appears to have become consolidated by the 1950s. This does not mean that the disease lost its connotations as a condition that affected men burdened by responsibility, but it does indicate that its association broadened after 1923, from a disease of men to a disease of men *and* women. Studying this change can also shed light on how masculine and feminine ideals changed during the 1920s and 30s, in line with other studies in the history of gender in Spain.

Overall, the thesis confirms Ludmilla Jordanova's claim that diseases are a rich historical object that enable us to study how medical knowledge is produced and through what kind of social processes (Jordanova, 1995). On the one hand, the use of categories like "modernity" and "masculinity" for the analysis of these processes enriches our

understanding of how diseases were conceptualised and experienced in the past. On the other hand, diseases like neurasthenia help reconstruct the different meanings concepts like “modernity” and “masculinity” had at that time. Because of their relation to health, the history of diseases also problematises “health” and “wellbeing” as stable and universal categories, allowing historians to analyse which changes took place, when, and why. Thus, I believe history of medicine should again incorporate the history of diseases as a key line of inquiry.

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