

SEXUAL DYSFUNCTION AS ‘THE NATIONAL DISEASE OF AMERICA:’
NEURASTHENIA AND MEDICAL APPROACHES TO MEN’S SEXUAL AND
EMOTIONAL HEALTH IN THE GILDED AGE

By

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To my dad

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By

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In 1894, *McClure’s* magazine declared neurasthenia “the national disease of America.” In the late-nineteenth century, white neurasthenic men, across classes, shared a collective experience of fatigue and sexual anxiety that threatened their gendered self-perceptions. They learned to identify themselves as neurasthenic from ubiquitous cultural information available in newspapers, advertisements, the YMCA, and lay medical literature. Neurasthenia rhetoric defined manhood in terms of potential, it provided a framework for absolution of past moral failures (such as illicit sex or alcohol use), and it affirmed whiteness as a permanent marker of biological superiority that could not be dismantled at the sign of neurasthenic breakdown. Blending cultural and medical history methods, this project argues neurasthenia rhetoric normalized manly weakness as an unfortunate, yet legitimate experience for the most hard-working and civilized men. In other words, it circumscribed racialized and classed boundaries to include white men, however broken, sexually challenged, or emotionally fraught. Patients and doctors utilized this language in the clinic, and as a result, they legitimized otherwise illicit questions about what it meant to be a healthy, empowered, modern white man in an ever-changing modern world.

CHAPTER 1 INTRODUCTION

In 1894, *McClure's Magazine* pronounced neurasthenia the “national disease of America.”¹ It silently crept up on ordinary people who struggled to cope with a rapidly urbanizing society. Often the result of overwork or overexcitement, neurasthenia drained Americans of their verve. Hours of intense thinking sapped the intellectual stamina of philosophers and scientists. Mechanization attenuated the professional pride of blue-collar work. For men specifically, the tenets of manhood shifted rapidly during the Gilded Age. Because of these pressures, neurasthenics presented various symptoms: some grew listless and withdrew from public life; others manifested physical symptoms such as indigestion and headache; some expressed crippling anxiety and fear that poor life choices caused their illness. Many cases involved a confluence of symptoms like these. Dr. George Beard, known as the “father of neurasthenia” popularized the medical belief that “modern civilization” would “sooner or later, varying in different individuals and at different times of life” besiege the average person with nervous illness.²

As *McClure's Magazine* noted, other doctors, like S. Weir Mitchell, President of the Medical Society of Pennsylvania, also felt a sense of national urgency. Best known for his treatment of Charlotte Perkins Gilman, Mitchell founded the first and only clinic for nervous diseases in the 1880s. He believed “beyond any dispute that nervousness is the characteristic malady of the American nation.”³ Its nickname “Americanitis” reflected the exceptionalism that undergirded neurasthenia in the late-nineteenth century. Doctors in the U.S. believed climate,

¹ Edward Wakefield, “Nervousness: The National Disease of America,” *McClure's Magazine*. 1894: 302.

² Ibid.

³ Ibid., 305.

environment, and long working hours made Americans uniquely prone to the disease. The dominant view, described by *McClure's*, held that those with higher ethnic, intellectual, and racial constitutions were more likely to develop neurasthenia. Unlike insanity, a lifetime diagnosis, neurasthenia came and went. As a result, the neurasthenic avoided any stigma typically associated with mental illness at the time.⁴ With proper behavior and medical care, a neurasthenic could transcend his nervous illness and regain optimal health.

One aspect of this “national disease of America” afflicted only men; it involved sexual concerns such as impotence, sexual performance, and fears about masturbation. Dr. Beard called it sexual neurasthenia, one of several subcategories of general neurasthenia. Characterized by a “sudden change in sexual habits,” sexual neurasthenia described an often-ignored contingent of nervous men.⁵ Other symptoms included disdain for sex, involuntary emissions, and debilitating worry. Beard wrote in his posthumously published book, *Sexual Neurasthenia*, that “the delicate and finely organized lads of our cities and of the higher civilization are overcome by a higher degree of sexual desire.”⁶ Only white men suffered from neurasthenia, and he believed the hard labor of working-class men shielded them from nervous illness.⁷ Sexual dysfunctions among elite men occurred “more frequently than is supposed,” and so Beard urged physicians to address

⁴ Care for the insane lay at the center of political, economic, and medical debates in the second half of the nineteenth century. More mentally ill young adult patients, unable to work and support themselves, became wards of the state in asylum care. Furthermore, a growing population of the elderly without financial support wound up in asylums. A person suffering from some of the mental health ailments common to neurasthenia had a stake in avoiding the stigma associated with insanity diagnoses. This may be why these patients went to hospitals rather than psychiatric wards for assistance. For more on the diagnosis and treatment of insane patients at the end of the nineteenth century, see Gerald N. Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (New York: Free Press, 1994), especially chapter three and four.

⁵ George M. Beard, *Sexual Neurasthenia (Nervous Exhaustion) Its Hygiene, Causes, Symptoms, and Treatment, With a Chapter on Diet for the Nervous* (New York: Arno Press, 1884, 1972): 45.

⁶ *Ibid.*, 102.

⁷ This point generates contention among historians, and it will be unpacked in the next chapter.

the sexual symptoms of neurasthenics. Beard believed “No class of cases tends to more thoroughly depress the patient and take from him all hope and ambition than this, and in no class where the symptoms are so distressing and persistent as in sexual neurasthenia are we so sure of affording relief.”⁸ With a nation of men’s health in the balance, doctors mobilized the already-existing discourse of neurasthenia to talk with men about sexual and emotional health. This dissertation examines the ways sexual neurasthenia performed cultural and medical functions in the late-nineteenth century to help men resolve problems regarding sexual desire, erectile health, masturbation, and marital satisfaction.

Several factors contributed to the nervous decline of men in the Gilded Age. In general, rapid urbanization and industrialization reorganized racial and gendered social orders in profound ways. First, white women applied the small but growing body of scientific information to refute Social Darwinist notions that male brains were functionally superior to female brains. They called for suffrage, access to fair employment, and legal power over their earnings, property, and bodies. They pushed back against marriage laws that, as the 1848 Declaration of Sentiments declared, caused the “civil death” of a woman vis-à-vis her husband.⁹ At the same time, native-born white men witnessed Black people and immigrants dilute labor pools for jobs they felt entitled to hold. As wages fell and cities swelled with fresh waves of workers, many men found it increasingly difficult to secure gainful employment. It seemed, in this moment of social, economic, and technological flux, the gendered and racial order transformed as well—and this made men very nervous.

⁸ Beard, *Sexual Neurasthenia*, 298.

⁹ Elizabeth C. Stanton, *Declaration of Sentiments* (Gray, Beardsley, Spear and Co, 1854).

Pressure came not only from the outside—from white women and immigrants—but also within groups of men themselves. The sexual neurasthenic was one in a pool of popular and seductive ideals presented to Gilded-Age men, especially in cities. Conventional American narratives touted the “self-made man” image. Social reformers praised the sensitive, hands-on involvement of active fatherhood.¹⁰ Body builders boasted a Greek ideal of a muscular physique.¹¹ Boxers demonstrated a competitive, burly edge. Saloons and gambling houses plied men with drink and sexual opportunities.¹² Of course, some men managed to attain these manly ideals, but most fell short. Instead, they struggled with long work hours, nagging marital obligations, and persistent financial strain. One *Washington Post* advertisement boasted “Ninety per Cent of Men are Attacked” by “a thousand and one tormenting problems consequent upon his desire to get rich, the worry of his business or profession, or his aspirations for Social or Other Distinction.”¹³ This is why neurasthenia, sexual neurasthenia, and their pseudonyms, found such a wide and receptive audience—they identified a common source of pressure, and through medical treatment, offered some relief.¹⁴

¹⁰ Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993).

¹¹ Kasson, John F. Houdini, *Tarzan, and the Perfect Man: The White Male Body and the Challenge of Modernity in America*. (New York: Hill and Wang, 2001).

¹² Howard P Chudacoff, *The Age of the Bachelor: Creating an American Subculture* (Princeton, N.J.: Princeton University Press, 1999).

¹³ Display Ad 15. *Washington Post* (Washington D.C.), June 14, 1894.

¹⁴ While George Beard emphasized sexual neurasthenia as a discreet medical diagnosis of paramount importance, my findings show that sexual symptoms characterized the majority of men’s cases of neurasthenia. As chapter six will show, doctors did not readily distinguish sexual neurasthenia from its general forms. In popular culture and medical books written for public audiences, the language of sexual neurasthenia took on many euphemisms. Henceforth, this dissertation will mark a distinction between sexual neurasthenia and general neurasthenia when it is relevant. Otherwise, the findings will show that in practice, men’s experience of neurasthenia often included sexual dysfunctions, blurring a necessary distinction between the two.

As this dissertation will show, sexual components of neurasthenia recast sexual debility in terms of the potential to reclaim manly power. Furthermore, the medical framework neutralized the moral charge of sexuality and provided a language through which men could articulate their intimate concerns. Finally, diagnosis and treatment of neurasthenia served as a scapegoat for all sorts of weaknesses, thereby relieving the pressure to disavow weakness entirely. I argue that the cultural and medical significance of neurasthenia lay in its ability to allow the prototypical neurasthenic man to acknowledge his sexual and emotional weaknesses without ceding his sense of his manhood.

As a “national disease,” neurasthenia normalized many of the physical, emotional, and sexual symptoms men faced—and its impact was significant.¹⁵ Cultural historian Brad Campbell argues that Beard’s promotion of neurasthenia not only educated people about the disease and its treatments; it also “construct[ed] a particular kind of American.”¹⁶ Campbell sees neurasthenia as an agent of American modernity, a model for inhabiting the paradox of modern life. David Schuster’s work explains how neurasthenia—and its emphasis on rest as a curative function—introduced leisure as an appropriate antidote to the Protestant work ethic.¹⁷ Julian Carter’s book, *Heart of Whiteness*, addresses the central role neurasthenia played in fastening race, gender, and

¹⁵ My argument that neurasthenia normalized some aspects of sexuality, or at the very least, discussion of sexuality, relies on Elizabeth Lunbeck’s analysis of psychiatry in the early twentieth century. Lunbeck argues that psychiatrists “laid new conceptual foundations for their specialty, delineating a realm of everyday concerns—sex, marriage, womanhood, and manhood; work, ambition, worldly failure; habits, desires, inclinations—as properly psychiatric and bringing them within their purview.” I argue physicians in the 1880s and 1890s did the same with the neurasthenia diagnosis. See Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton, NJ: Princeton University Press, 1994): 3.

¹⁶ Campbell, Brad. 2007. “The making of ‘American’: Race and nation in neurasthenic discourse.” *History of Psychiatry* 18, (2): 164.

¹⁷ David G. Schuster. *Neurasthenic Nation: America’s Search for Health, Happiness, and Comfort, 1859-1920*. (New Brunswick, NJ: Rutgers University Press, 2011).

sexual anxieties together in the late nineteenth century.¹⁸ Other cultural historians concur that the greatest value of neurasthenia lay in the cultural work it performed.¹⁹ This dissertation adds to the cultural histories about neurasthenia to show that the sexual dimensions of the disease figured more prominently than previously thought. This work locates neurasthenia rhetoric about men's sexuality in the YMCA, newspapers, and public-facing medical literature. It shows that for men, neurasthenia rhetoric connoted messages about anxiety, sexual dysfunction, and ultimately--absolution.

Doctors reaped some benefits from this neurasthenia epidemic, too. The three pages of symptoms left diagnosis and treatment open to the interpretation of the physician. Furthermore, treatments varied widely, including rest, coitus, electric shock, water cures, and most commonly, various elixirs and sedatives.²⁰ To know which treatment to pursue, men needed a doctor's well-trained perspective. The pervasive use of neurasthenia as a catch-all diagnosis potentially expanded the reach of the physician in the Gilded Age. Individual doctors often took responsibility for educating and attracting patients. The broader medical profession, still assembling the tenets of the American Medical Association was (founded in 1847), did not formalize medical education standards until the early twentieth century.²¹ Therefore, in the era of neurasthenia (1880s and 1890s), a thin line separated legitimate medical professionals from

¹⁸ Julian Carter, *The Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940* (Durham: Duke University Press, 2007).

¹⁹ See Tom Lutz, *American Nervousness, 1903: An Anecdotal History* (Ithaca, NY: Cornell University Press, 1991); Marjike Gijswijt-Hofstra and Roy Porter, eds. *Cultures of Neurasthenia From Beard to the First World War* (New York: Rodopi, Inc., 2001). The historiographic debate about neurasthenia will be addressed in further detail in Chapter Two.

²⁰ Beard explains the value of each in detail. See Beard, *Sexual Neurasthenia*, 207-246.

²¹ Charles Donald O'Malley, *The History of Medical Education; An International Symposium Held February 5-9, 1968* (Berkeley: University of California Press, 1970): 507-510.

quack doctors preying on the uninformed. Even some well-respected physicians initially rejected neurasthenia, calling it too vague to be effective. Nonetheless, Beard and Mitchell, and their constituents set a standard for neurasthenia diagnosis and treatment. Charles Rosenberg argues that neurasthenia earned Beard “an international reputation in the late nineteenth century and has gained him the attention of historians of psychiatry in the twentieth.”²² Medical historians remain skeptical about ways diagnostic categories granted physicians unequivocal power that benefited the practitioners as much as, if not more than the patients they treated.²³ While certainly, the careers and pocketbooks of George Beard and S. Weir Mitchell benefitted from promoting neurasthenia, I believe these doctors also risked a lot. Both men drew from their own bouts with neurasthenia to promote awareness of the disease; in doing so, they exposed themselves as weak and nervous. They projected themselves as vulnerable compatriots of neurasthenic Americans who extended a sympathetic ear (that also came with medical expertise) from one man to another. This dissertation reads physicians as a necessary part of the story of “the national disease of America,” but focuses more on the cultural value of sexual and emotional elements and the way these discourses came to bear on individual men in the clinic.²⁴

Doctors who treated neurasthenic men also risked affiliating themselves with sexuality. Still associated with prurience and quackery, medical discussions of sexuality threatened to

²² Charles Rosenberg, *No Other Gods: On Science and American Social Thought*. (Baltimore, MD: Johns Hopkins University Press, 1976): 98.

²³ Interestingly, Charles Rosenberg described Beard as “neither a profound nor critical thinker” despite his reputation. See Rosenberg, *No Other Gods*, 98. Another notable example of this includes Harry Stack Sullivan who treated homosexual patients in the mid-twentieth century. Wake, Naoko, *Private Practices: Harry Stack Sullivan, the Science of Homosexuality, and American Liberalism*. New Brunswick, NJ: Rutgers University Press, 2011). Also, physicians usurped the position of midwives by centralizing abortions in hospitals in the nineteenth century. See Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997).

²⁴ Certainly, further research is needed on the degree to which physicians used neurasthenia as a conduit for professionalization.

tarnish a physician's reputation.²⁵ In addition, the public viewed doctors with general suspicion, and patients felt reluctant to trust doctors with private matters. Even the best-trained, most successful doctors, like Drs. George Beard and S. Weir Mitchell, engaged in ongoing labor to prove their legitimacy to skeptical patients—their livelihood depended on it.²⁶ So, when Dr. Beard declared sexual neurasthenia the most pressing important health concern among men in the 1880s, his fellow physicians initially balked. Beard worked until the end of his life in 1883 to persuade doctors to include men's sexual health concerns in ordinary medical practice. After Beard's death, Mitchell led the profession in treatment of sexual neurasthenia. He influenced the curriculum at the College of Physicians and trained medical students in his Infirmary for Nervous Diseases in Philadelphia. He instructed his colleagues to counsel with sympathy, and he modeled a safe and nurturing doctor-patient relationship to the public. Together, Beard and Mitchell led the emerging field of emerging neurologists in the Gilded Age; they effectively transformed clinical practice of men's sexual and emotional health. Sigmund Freud later declared sexual neurasthenia to be “the most important nervous disease” of this period.²⁷

This dissertation argues that the rhetoric of neurasthenia supplied doctors and patients with a useful language to articulate the physical, emotional, and sexual breakdowns men experienced. The rhetoric of neurasthenia also removed individual responsibility and instead,

²⁵ Even affiliation with abortion could ruin a doctor's career in the 1890s. See Agnus McLaren, ““Not a stranger, a doctor’: medical men and sexual matters in the late nineteenth century” in *Sexual Knowledge, Sexual Science: The History of Attitudes to Sexuality* eds. Roy Porter and Mikuláš Teich (Cambridge [England]: Cambridge University Press, 1994): 284-302. For more on sexologists, who pioneered studies on sexualities, see Lucy Bland and Laura L. Doan, *Sexology in Culture: Labelling Bodies and Desires* (Chicago: University of Chicago Press, 1998), especially part I.

²⁶ Chapter Three discusses some of the difficulties Mitchell faced attracting patients to his home clinic, and later garnering support for his rest cure.

²⁷ Leendert F. Groenenkijk, “Neurasthenia” in *The Freud Encyclopedia: Theory, Therapy, and Culture* ed. Edward Erwin (New York: Routledge, 2002): 364.

indicted American modernity for causing men's illness. This dissertation will show that men used medical language about neurasthenia to describe themselves as weak and broken, and they invoked that same rhetoric to conceive of themselves as powerful, educated, elite American men. Therefore, this dissertation intervenes in the historiography about masculinity, medicine, and neurasthenia in the late nineteenth century. Chapter two, "The National Disease of America: Historians and the Gendered Dimensions of Nervous Illness and Sexuality in the Gilded Age" engages each of these fields to explain the circumstances under which the disease, and its corollaries, rose in popularity in the 1880s and 1890s. Neurasthenia first appeared in American medical literature in 1869 and fell out of favor by World War I when shellshock came to name similar trauma-induced symptoms. However, the mind-body approach to sexual neurasthenia was only commonly used in the 1880s and 1890s. Standing as a bridge between Christian morality, which governed earlier modes of sexual instruction, and Freudian psychoanalytical approaches at the beginning of the 20th century, sexual neurasthenia provided a framework for men to explain, understand and relate to others' anxieties about manhood and modernity.

Despite the availability of quack remedies and for-profit cures, the public in the Gilded Age had access to more medical information written by physicians than ever before. To educate the public about the obscure yet quotidian nature of nervous disease, leading neurologist S. Weir Mitchell harnessed his literary voice. Chapter three, "Lay Medical Literature: Identifying and Treating the Neurasthenic Man" demonstrates how public-facing medical literature instructed men about their health, and encouraged them to see their frailty, emotional distress, and sexual anxiety as a *medical* problem rather than a moral one. This chapter looks specifically at Mitchell's oeuvre of lay medical writing about nervousness and the rest cure. Historians often criticize Mitchell's negative view of women, and I argue this has caused them to miss the

valuable instruction he provided to men. In this chapter, I argue Mitchell normalized the neurasthenic experience for men. Perhaps more importantly, he presented the physician as a trustworthy confessor for all past indiscretions. In a different way than other sources, the lay medical literature presents the figure of the physician as a counselor or mollifier---who, by giving a name to men's suffering, not only affirmed it, but caused it to disappear.

No organization took men's needs to process emotional distress more seriously than the YMCA. In chapter four, "‘Never Once Let Go of Your Grasp on Self.’ Lessons from the YMCA about Sexual Health 1879-1900," I argue the YMCA promoted a Christian camaraderie among men as a tool of resistance to sinful behavior. In an effort to refashion itself as a modern institution after the Civil War, individual YMCA branches embroiled themselves in the battle against urban vice; this included providing medical education to crowds of young men. This chapter shows that the flagship branch, the New York Association, led by General Secretary Robert McBurney, hosted many men's-only medical talks. Led by physicians, and sometimes teamed with pastors, these talks relied heavily on neurasthenia rhetoric. A united front, Christian and medical leaders taught New York men of working and middle classes that sexual desire was normal, that sexual ruin was imminent and could happen to anyone, and that those who suffer from sexual dysfunctions were victims of their environment. The broader culture of sexual neurasthenia echoed in the Association halls as hundreds of young men gathered to learn about how to have a happy, healthy life as a young white man.

Outside formal medical lectures, information about sexual neurasthenia could be found almost everywhere, especially in news stories and advertisements. The popular media often described sexual neurasthenia in terms of lack—a tragic loss of vitality among men. Chapter five, "‘He Lost His Grip.’ News and Media Coverage of Sexual Health and Neurasthenia,"

shows how media inundated men with intimidating news about the frailty of men's bodies. For example, *The Associated Press* circulated news articles about nervous men and sexual debility to local papers across the country. In saloons and gambling halls, copies of the *Police Gazette* lay strewn about; these included advertisements about remedies for low libido or erectile trouble. These messages worked. Men sacrificed large portions of their salaries to purchase these cures by mail. Others attended traveling medical shows that convinced men to recognize themselves as sexually vulnerable, and then sold them the remedy on the way out. While these sources appealed to a different audience than the YMCA and yielded less medical authority than credentialed physicians did, their messages were the same: men feared their bodies—and their sexual futures—were breaking down, and they wanted help.

All of these messages about sexual health and nervousness drove anxious men into the doctor's office in the 1880s and 1890s. Chapter six, "Medical Absolution: Constructing and Treating Sexual and Emotional Health Problems in the Clinic," draws from patient records from Dr. Mitchell's clinic in Philadelphia and Dr. Beard's case notes from New York. These sources mirrored the cultural ones: in the clinic, men disclosed fears of inadequacy and sexual deviance to their physician, and these resembled the rhetoric in news, YMCA, and lay medical literature. This chapter argues that men came to the clinic already armed with information about neurasthenia, and sought sympathetic care for their illness. Most notably, men complained to their doctors about the crippling worry they encountered—worry that their childhood masturbation habits or their illicit affairs with women induced sexual dysfunction later in life. Patient records show remarkable inconsistency in the difference between sexual and non-sexual cases; I conclude that sexual concerns permeated the broad category of neurasthenia for men. Additionally, doctors proscribed a wide array of treatments to patients. I argue the most

effective remedy for neurasthenia was the medical absolution the physician offered. Trained to be sympathetic and non-judgmental, physicians transformed the clinical space into a safe environment for men to admit and process their feelings of inadequacy. Ultimately, when the physician labeled a man with some form of nervous illness, he also absolved him of responsibility and promised him he could be healthy again. This worked—men who had suffered for years with distressing symptoms rarely needed more than one visit with Dr. Mitchell to return to health.

As a whole, this dissertation positions sexual neurasthenia as an important link between Victorian sex-negativity and the Freudian belief that sexual desire motivated every human impulse. It shows how a fledgling medical profession struggled to provide concrete answers to complex modern medical questions—and how physicians employed neurasthenia to successfully address a range of desperate, panicked patients. More importantly, this dissertation shows the power of scientific authority—or even just the semblance of such, as in the case of quack doctors and medicine shows—to circumscribe normal, healthy sexual behavior. In this case, the sexual neurasthenic could be any and every white man in America. He could see himself as biologically superior and more civilized than women or racial minorities, or intellectually fatigued and functionally inept. He could be a productive, married head of household, or a bachelor who delighted in the company of men. He could be a portrait of Christian chastity, or a chronic masturbator; over-stimulated or listless; hypersexual or completely uninterested in sex. Though the sexual neurasthenic potentially embodied many coexisting contradictions, he could never be a woman, and he was always white. Thus, the ubiquity of the cultural and medical attention to sexual neurasthenia in the late-19th century flattened class differences and provided an attainable and affirming manly ideal that reified racial and gender hierarchies as essential.

CHAPTER 2
“THE NATIONAL DISEASE OF AMERICA:” HISTORIANS AND THE GENDERED
DIMENSIONS OF NERVOUS ILLNESS AND SEXUALITY IN THE GILDED AGE

Introduction

“Every hour of sexual excitement has reverberated in my eyes,” lamented a young man to Dr. George Beard in his New York office in 1883. The patient complained that heightened sexual arousal tended to result in weakness in his eyes. Beard called him Case XXXII and described him as a 36-year-old white man who was well-educated in the sciences. The patient reported regular sexual activity with a woman, but he worried his present dysfunctional condition rendered him unfit for marriage. Diagnosing him with sexual neurasthenia, Beard advised the patient to “tone up his nervous system by various sedative and strengthening treatment, continue for a number of months.” When he regained his sexual and nervous strength, Beard felt “positively assured” he would be ready for marriage.¹ The treatment proved successful.

In his posh New York Clinic, Dr. Beard counseled many men who disclosed similar intimate fears and sexual uncertainty. Known as the father of neurasthenia, Beard leveraged his professional authority to raise awareness about the debilitating anxiety male patients experienced.² He educated physicians about sexual neurasthenia at conferences and in medical journals. He wrote a monograph entitled *Sexual Neurasthenia* to publicize the severity of this commonplace condition. At first, doctors hesitated to acknowledge men’s sexual life as part of medical practice, concerned the conservative public might dismiss them as prurient quacks. Beard pushed back. He presented men’s sexual health concerns within a framework already popular and well-accepted in the Gilded Age: the so-called “national disease of America,”

¹ George Beard, *Sexual Neurasthenia: Its Hygiene, Causes, Symptoms, and Treatment*, 5e. (New York: E.B. Treat and Company, 1898): 187.

² George Beard, “Neurasthenia, or nervous exhaustion.” *The Boston Medical and Surgical Journal*, (1869): 217-221. Beard is credited for first publicizing the disorder in the U.S. in this 1869 publication.

neurasthenia. Neurasthenia broadly described ailments such as fatigue, headache, indigestion, and nervousness. The diagnosis carried no social stigma; in fact, Beard believed it signaled intellectual acuity and exceptional civility—he even dubbed it American Nervousness to magnify the exceptionalism associated with the disease.³ Yet when doctors refused to acknowledge the sexual symptoms so many men faced, Beard believed their silence actually exacerbated the problem. Beard instructed his colleagues to listen sympathetically to their patients' sexual concerns, to take careful note of their habits and histories, and to assess the unique experience of each patient. Many doctors had already mastered the treatment of neurasthenia, so the framework for integrating sexual health was prime. As a result, sexual neurasthenia became an important medical diagnosis for men in the late 19th century.

However, historians neglect the significance of sexuality in the vibrant debates about neurasthenia. They often dismiss it as an incidental subcategory among a litany of descriptions, or as an appendage of the broader experience of neurasthenics' fear of losing self-control. Despite the fact that Beard believed sexual neurasthenia constituted a medical crisis among men, historians regard it as ancillary. This dissertation moves sexuality to the center of the history of neurasthenia, and argues that men embraced the label of neurasthenia because it permitted them to acknowledge, articulate, and move on from traumatic, often debilitating sexual concerns. A unique discursive icon in the Gilded Age, sexual neurasthenia gave men an outlet to discuss the

³ Certainly, neurasthenia existed in Europe in the nineteenth century, also. In fact, until the end of the century, most doctors who sought formal medical training went to Europe. However, American physicians and neurologists viewed neurasthenia through the lens of American exceptionalism. For more on the European treatment of neurasthenia see: Bakker, Nelleke. "Before Ritalin: Children and Neurasthenia in the Netherlands." *Paedagogica Historica* 46, no. 3 (2010): 383-401; Andreas Killen, *Berlin Electropolis: Shock, Nerves, and German Modernity* (University of California Press, Berkeley, 2006).; Kristine Lillestøl, and Hilde Bondevik. "Neurasthenia in Norway 1880-1920." *Tidsskrift for den Norske lægeforening : tidsskrift for praktisk medicin, ny række* 133, no. 6 (2013): 661. See also Laura Goering, "'Russian Nervousness': Neurasthenia and National Identity in Nineteenth-Century Russia." *Medical History* 47, no. 1 (2003): 23-46.

inadmissible. This chapter will discuss the significant scholarly debates around neurasthenia into which this project intercedes: nervous illness in the Gilded Age, the gendered tensions bound up in industrialized life, changing sexual mores, the connection between manhood and whiteness, and the role of the physician in diagnosis and treatment of nervous illness. This dissertation argues that neurasthenia served important cultural *and* medical roles. Men internalized the cultural rhetoric about sexual debility and nervous illness; yet this same rhetoric helped men refashion identities to include sexual uncertainty, masturbation, and dysfunction as part of healthy, white American manhood in the Gilded Age.

Neurasthenia: the common illness for the every (white) man

In 1869, a decade before he began his campaign to raise awareness about men's sexual health, Dr. George Beard first published about neurasthenia in the *Boston Medical and Surgical Journal*.⁴ Widely regarded as the father of neurasthenia, Beard dedicated the final decades of his life and career to raising awareness about this disease among medical and lay audiences alike. He wrote two monographs on the subject: *A Practical Treatise on Nervous Exhaustion (Neurasthenia)* in 1880 and *American Nervousness: Its Causes and Consequences*, in 1881. These books educated doctors and potential patients about the various manifestations of this disease.

Beard detailed an exhaustive two-page list of symptoms of nervous disease.⁵ These included some physical symptoms: back pain, skin dryness, heaviness, ticklishness, and indigestion; others involved mental and emotional faculties, such as indecisiveness, “deficient

⁴ While Beard was not the first to coin the term, he popularized it. In fact, Edwin H. Van Deusen had also published about neurasthenia that same year in a different journal. See George M. Beard, “Neurasthenia, or Nervous Exhaustion,” *Boston Medical and Surgical Journal* 3 (April 29, 1869): 217-222.

⁵ George M. Beard, *American Nervousness: Its Causes and Consequences*. (New York, NY: G.P. Putnam's Sons, 1881): 7-8.

mental control,” and fear (of lots of things, including “fear of everything”).⁶ The majority of the symptoms could relate to any everyday experience. As neurasthenia grew in popularity in the 1880s and 1890s, quotidian conditions like fatigue, anxiety, or itching, increasingly became associated with the epidemic of nervous illness.

Beard and fellow nerve-scientists placed neurasthenia on a spectrum between low-level nerve illnesses like sick-headache and near-sightedness and the most extreme form of nervousness: insanity. Insanity lay at the center of fierce debates about the etiology of mental illness in the late nineteenth century.⁷ Some physicians believed to be an inborn and others believed a person’s sanity could degenerate at some point. Alienists argued for psychological origins of mental illness, while physicians located empirical evidence in the body to explain disease.⁸ A neurologist, George Beard combined psychological and physical perspectives from the two major camps to produce a psychosomatic approach to neurasthenia. Beard wrote in 1881: “mental strength may coexist with physical weakness, and physical strength may coexist with mental weakness.”⁹ He placed the vast and various symptoms of neurasthenia squarely on the fence of the mind-body debate.

⁶ Ibid., 8.

⁷ For a discussion of the role alienists played in Gilded Age society, specifically their role in deciding the mental competence of accused criminals on trial, see Charles E. Rosenberg, *The Trial of the Assassin Guiteau: Psychiatry and Law in the Gilded Age*. (New York: Notable Trials Library, 1996).

⁸ For more on this see Lynn Gamwell, and Nancy Tomes. *Madness in America: Cultural and Medical Perceptions of Mental Illness Before 1914*. Ithaca, N.Y.: Cornell University Press, 1995; Grob, Gerald N. *Mental Illness and American Society, 1875-1940*. Princeton, N.J.: Princeton University Press, 1983. Rosenberg, Charles E. *No Other Gods: On Science and American Social Thought*. Baltimore: Johns Hopkins University Press, 1976; Edward Shorter, *From Paralysis to Fatigue. A History of Psychosomatic Illness in the Modern Era*. New York: The Free Press, 1992.

⁹ Beard, *American Nervousness*, 2.

Beard blamed modern civilization for scourging Americans with nervous illness in the late-nineteenth century. In fact, Beard described neurasthenia as a uniquely American condition, wrought by the confluence of climate, technology, and an American work ethic. Beard testified to five components of American experience which contributed to the rise of neurasthenia in the United States: steam power, the periodical press, the telegraph, scientific advancement, and “the mental activity of women.”¹⁰ The impact of such a fast-paced modern society on individual health was clear: nervous women and men suffered anxiety, dyspepsia, depression, and fatigue—and many other symptoms. Additionally, the most likely victim of neurasthenia was the brain worker whose job overtaxed the brain without allowing sufficient physical exercise. Less modern Europeans, Americans in the South, Catholics, Native Americans, and black people, Beard believed, were less likely to develop neurasthenia. Notable neurasthenics included thinkers, writers, and scientists, the likes of Walt Whitman, Theodore Roosevelt, Jane Addams, and Charlotte Perkins Gilman. Educational materials intended for the public appeared as early as 1871, and they endorsed an affiliation between nervousness and upper-class status. In his popular medical text, *Wear and Tear*, S. Weir Mitchell informed readers “certain classes” would likely buckle under the pressures of “overeducation and overstraining” in schools and workplaces.¹¹ As subsequent chapters will show, descriptions of empowered neurasthenics circulated in popular culture. Beard and his colleagues characterized neurasthenics as part of a white, educated elite class of people whose professional demands crippled their physical abilities.

¹⁰ Ibid., 96.

¹¹ S. Weir Mitchell, *Wear and Tear, or Hints for the Overworked* (Philadelphia: Lippincott’s, 1887).

Others echoed the belief that neurasthenia affected Americans uniquely. Albert Gray, a medical doctor, wrote in 1919 that neurasthenia “had come to be known as ‘The Great American Disease.’”¹² William James famously referred to the disease as Americanitis, purportedly as a commentary about his own bout with the disease.¹³ The *Wall Street Journal* and *Washington Post* headlined segments about Americanitis.” In 1906, John Chester of the *Evening Star* declared that “it is the American way of life that generates the oppressive disorder of neurasthenia.” Chester opined that “The land of freedom and equality [had become] the land of neurasthenia.”¹⁴ Though European doctors discussed neurasthenia in the nineteenth century as well, historians concur that the American version possessed a unique flavor. In an article in the *History of Psychiatry*, literary scholar Brad Campbell describes neurasthenia as “a sign of modernity, a point of national pride and the motor of American empire”¹⁵ More importantly, he views neurasthenia as “an identity as much as a disease” which culminated in the creation of the modern, neurotic subject.¹⁶ To be neurasthenic in the Gilded Age was to be quintessentially American.

Many Americans suffered from the disease. In 1894, *McClure’s Magazine* heralded nervousness as the “national disease of America.”¹⁷ A *New York Times* report warned that so-

¹² Albert S. Gray, “Fundamental Principles of Health.” *Cimarron News and Cimmaron Citizen*, June 18, 1919.

¹³ Robert D. Richardson, *William James: In the Maelstrom of American Modernism: a Biography*. (Boston: Houghton Mifflin, 2006): 310.

¹⁴ John A. Chester, “The American Disease.” *Evening star*. (Washington, D.C.), 11 March 1906.

¹⁵ Campbell, Brad. 2007. “The making of ‘American’: Race and nation in neurasthenic discourse.” *History of Psychiatry* 18, (2): 164.

¹⁶ *Ibid.*

¹⁷ Edward Wakefield, “Nervousness: The National Disease of America,” *McClure’s Magazine*. 1894: 302.

called Americanitis caused “240,000 preventable deaths” each year.¹⁸ Media hyped the threat of neurasthenia in educational advertisements, also. For example, a 1909 ad for Stuart’s dyspepsia tablets explains neurasthenia was a “disease, which in these modern, strenuous times is becoming more and more prevalent.”¹⁹ Together, media messages convinced the American public to view themselves as potential victims of this common disease.

Some physicians in the late-nineteenth century balked at the neurasthenia diagnosis, questioning whether it was even a real condition. For example, in a debate among physicians in the American Medical Association in 1914, Boston physician, Dr. Walter B. Swift decried the diagnostic category of neurasthenia, calling it “a good waste-basket—something to say in place of ‘I don’t know.’”²⁰ Over a decade later, Johns Hopkins University physician, Dr. Leonard Hirschberg published a similar critique in the newspaper. He portrayed the majority of doctors as too lazy to move beyond “inaccurate standard” of neurasthenia to locate the true origins of a patients’ disease. Dr. Hirschberg advised: “When a doctor is unable to put the blame upon the true inwardness of a disease, he often tells you a patient is ‘only nervous’ [or] ‘has neurasthenia’”—go see another doctor who “is capable of telling you honestly what is actually the matter with you.”²¹ Even S. Weir Mitchell, infamous promotor of the rest cure for nervousness, and the focus of chapter three, wrote privately of his disappointment when

¹⁸ "Says 'Americanitis' Kills 240,000 Persons here Yearly." *New York Times (1923-Current File)*, Apr 17, 1925.

¹⁹ "Nervous Dyspepsia and Neurasthenia," *Arizona Republican*. Oct. 8, 1909.

²⁰ "Neurasthenia and Tuberculosis—Head." *Journal of the American Medical Association*, Vol 63, no 12 (Sept 19, 1914): 1003.

²¹ Leonard Hirschberg, "How you can tell there is something wrong with the nerves," *Richmond times-dispatch*. (Richmond, Va.), 30 Jan. 1916.

colleagues did not readily appropriate his successful treatment. Between 1869 and World War I, physicians debated the medical legitimacy of the neurasthenia diagnosis.²²

This debate informs the scholarly treatment of neurasthenia as historians assess the value and impact of the disease in the Gilded Age and the Progressive era. A few points generate consensus: scholars agree that neurasthenia grew in popularity in the 1880s and 1890s due to a cohort of Northeastern elite neurologists, led by George Beard in New York and S. Weir Mitchell in Philadelphia; the disease described an experience that seemed uniquely American; and it manifested in response to industrial and urbanizing forces that shifted the tenor of American life. Beyond these, several points of contention characterize the historiography on nervous illness. Following the physicians' disagreement, historians engage in debate about the following questions: What was the significance of neurasthenia? Did women or men have it more? Who fell ill to neurasthenia, and why? Just like physicians worked hard to answer these questions before their skeptical peers and an uniformed public, scholars frame neurasthenia in different ways. The subsequent overview of the historiography on neurasthenia places this dissertation among a vibrant and ongoing conversation about the historical significance of neurasthenia in the Gilded Age. Furthermore, it demonstrates how this dissertation addresses a gap in the scholarship: including an approach that considers sexual and emotional health in the context of men's racial and gendered self-perceptions.

While physicians did quibble over whether neurasthenia was a distinct disease or a "wastebasket" diagnoses designed to line doctors' pockets, historians focus on its cultural value.

²² World War I produced a new diagnostic category: "shell shock." The etiology of shell shock resembled neurasthenia but it resulted from traumatic war experience in the trenches. Shell-shocked soldiers granted a new credence to the mental or emotional impact a traumatic event could have on an individual. The atrocity of new war technologies also dramatized the murderous potential lurking within modern life. By the end of World War I, many Americans wondered what value there was in being "civilized" after all. For more on the emotional impact of war on soldiers, see Paul Fussell. *The Great War and Modern Memory* (London: Oxford University Press, 1977).

Historian Charles Rosenberg argues that the diagnosis constituted a continuation of earlier models of ill health rather than a sudden, Gilded-Age discovery. He believed the “familiarity, rather than the novelty” of neurasthenia symptoms captured the attention of so many.²³ Marjike Gijswijt-Hofstra and Roy Porter’s edited volume, *Cultures of Neurasthenia From Beard to the First World War* use the plural concept of cultures to promote a cross-cultural comparison of neurasthenia in different contexts. This collection shows the value of seeing neurasthenia as an umbrella term, which changed meanings across time and place. In tandem with religious ideas, therapeutics, the mind-body problem, gender roles, and technology, the concept of neurasthenia developed differently in Germany, France, The Netherlands, and the United States. Put this way, George Beard was not entirely wrong—neurasthenia in the United States was an American disease, responding to unique challenges to labor and gender roles of the time period, and disseminating into a young medical field which scrapped its way to legitimacy by the end of the 19th century.²⁴ Thus, neurasthenia happened elsewhere in the nineteenth century; it simply happened differently in the United States.

Historians locate the cultural impact of nervous illness in many arenas of Gilded Age America. In *American Nervousness, 1903*, historian Tom Lutz argues that a “rhetoric of neurasthenia” reverberated in the realms of American leisure, work, economy, and gender.²⁵ In

²³ Charles E. Rosenberg, “The Place of George M. Beard in Nineteenth-Century Psychiatry,” *Bulletin of the History of Medicine*, 36, (1964): 245.

²⁴ Marjike Gijswijt-Hofstra, “Introduction: Cultures of Neurasthenia from Beard to the First World War,” *Cultures of Neurasthenia From Beard to the First World War* (New York: Rodopi, Inc., 2001): 1-30.

²⁵ Lutz, *American Nervousness*, 23. See also Nancy Cervetti, *S. Weir Mitchell 1829-1914: Philadelphia’s Physician* (University Park, Pa. : Pennsylvania State University Press; Marjike Gijswijt-Hofstra and Roy Porter, eds. *Cultures of Neurasthenia from Beard to the First World War* (2001); Helen Lefkowitz Horowitz, *Wild Unrest: Charlotte Perkins Gilman and the Making of “The Yellow Wall-Paper”* (New York: Oxford University Press, 2010); David Schuster, *Neurasthenic Nation: America’s Search for Health, Happiness, and Comfort, 1869-1920* (New Brunswick, N.J.: Rutgers University Press, 2011).

fact, Lutz declared that clinic and culture were mutually constitutive: “the plural appropriations of the disease made possible its cultural significance, and its cultural significance encouraged plural appropriations”²⁶ Others have since confirmed this view. In *The Heart of Whiteness* (2007), Julian Carter argues that neurasthenia helped to neutralize the political power of whiteness, rendering it an invisible yet powerful default racial category for American national identity.²⁷ David Schuster dubs the United States a “neurasthenic nation” in his book by the same title, and argues that the diagnosis of neurasthenia gave voice to individual and structural concerns about gendered expectations for men and women, and offered tangible yet diverse solutions. Transforming what previously may have been considered idleness, neurasthenia's requisite rest-cures, vacations, and camps facilitated a new culture of leisure that did not conflict with the Protestant work ethic.²⁸ “By the 1890s, the reciprocal cycle of information about neurasthenia had made the condition a force in popular culture that influenced people’s spirituality, their concepts of gender, and their lifestyles and leisure activities.”²⁹ Schuster concludes that “the story of neurasthenia is indicative of Americans’ struggle to create a more perfect union through the pursuit of health, happiness, and comfort.”³⁰ Put another way, according to F. G. Gosling, “American nervousness was an affirmation of the American dream, the exception that proved the rule.”³¹ Analysis of mainstream cultural icons such as

²⁶ Lutz, *American Nervousness*, 22.

²⁷ Julian Carter. *The Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940*. (Durham: Duke University Press, 2007).

²⁸ David G. Schuster. *Neurasthenic Nation: America’s Search for Health, Happiness, and Comfort, 1859-1920*. (New Brunswick, NJ: Rutgers University Press, 2011).

²⁹ *Ibid.*, 6.

³⁰ *Ibid.*

³¹ F.G Gosling, *Before Freud: Neurasthenia and the American Medical Community, 1870-1910*. (Urbana, IL: University of Illinois Press, 1987): 87.

advertisements and cultural images leads both Carter and Schuster to affirm the significant effect that neurasthenia discourse had on mainstream U.S. society. It seemed, at the end of the century, everyone already felt nervous and overworked, or worried they soon would be.

The affiliation between nervousness and overwork possessed gendered implications because work held different gendered definitions. Thus, “overwork” and the requisite cure for it, refracted into gendered experiences of neurasthenia. Driven by sex-difference theories that cast women as fundamentally different than men, scientific analyses of neurasthenia relied on gendered divisions of labor to describe how women became overworked differently than men. S. Weir Mitchell believed women became easily overwhelmed by prolonged academic study; their baser sensibilities and constitutional frailty rendered them unfit for advanced education, especially during menses and prime reproductive years.³² Overworked women typically exhausted themselves while performing their conventional gender role: the round-the-clock burden of caring for sick relatives caused many of Mitchell’s patients to dissolve into nervous despair. For these reasons, some historians characterized neurasthenia as a woman’s disease. Historian Rosalee McReynolds’ study of turn-of the century librarians envisions neurasthenia as inherently a feminine condition. Citing Mitchell and others who singled out women as special sufferers of disease, her work argued women internalized the message that their reproductive systems made them particularly vulnerable to neurasthenia. Librarians viewed their intellectual labor as a risk factor for neurasthenia. Though they continued in their profession, they had convinced themselves that doing so potentially subjected their bodies to neurasthenia and

³² S. Weir Mitchell, “Why College is Hurtful to a Girl” *Ladies Home Journal* 27 no. 7 (June 1900): 14.

infertility.³³ Another popular portrayal of neurasthenia as a woman's disease came from writer and activist Charlotte Perkins Gilman. In 1892, Gilman published a fictionalized short story about her own experience with the rest cure, as advised by Dr. S. Weir Mitchell. The short story, "The Yellow Wallpaper" depicted Mitchell as a misogynist oppressor who colluded with Gilman's husband to silence her. This story is often held up by literary critics and historians as examples of how physicians leveraged their position of authority to subdue women who challenged the gender roles assigned to them.³⁴ This reading of "The Yellow Wallpaper" depicts neurasthenia as decidedly a gendered illness, resulting from the shackles of the separate spheres for women, and the frustration they felt as homemakers. Furthermore, it portrays the physician as a powerful overlord over a helpless patient.

This question of power in the doctor-patient relationship dominates much of the history of the rest cure and clinical treatment—about women and men. Historians of medicine, especially those who write about insanity and mental illness, pay careful attention to the power imbalance between the medical institution and its patients. Characterized as the "anti-psychiatry" camp, some scholars follow Foucault's analysis to interrogate psychiatrists' potential abuse of power and the negative effects of lobotomy and electroshock therapy. For example, Andrew Scull views psychiatric treatment as hardly scientific, but instead an impulse to instill a

³³ Rosalee McReynolds, "The Sexual Politics of Illness in turn-of-the-century Libraries." *Libraries and Culture* 25 no. 2 (1990): 194-217.

³⁴ This story is commonly taught in high schools as window into gender roles in the nineteenth century. Online reading guides, such as sparknotes.com invite an uncritical and, I argue, ahistorical reading of "The Yellow Wallpaper" to high school students. Readers are encouraged to vilify the doctor and husband (alluding to the real Mitchell) and sympathize with Gilman. Sparknotes identifies one of the major themes of the story is to critique the way marriage trapped "women in a childish state of ignorance." The website also promotes an analysis of the "evils of the 'resting cure'" so that students may see a "connection between a woman's subordination in the home and her subordination in a doctor/patient relationship." See: "The Yellow Wallpaper" <http://www.sparknotes.com/lit/yellowwallpaper/themes.html>. Other popular websites aimed at high schoolers contain similar readings, including enotes.com and shmoop.com.

bourgeois rationality into patients by confining them in an asylum.³⁵ David Rothman echoes a similar anti-psychiatry perspective. He viewed the asylum as a vehicle for increasing the need for psychiatric authority and care disguised as a well-meaning medical solution. Elaine Showalter's *The Female Malady* (1985) is considered one of the preeminent works on the treatment of women in asylums and, like Scull and Rothman, she finds institutions to be uniformly oppressive and exploitative. She labels madness a "female malady because it is experienced by women more than men."³⁶ Showalter's analysis relies on the characterization of the rational scientific male, represented by the asylum, as an agent of social control over disfranchised, victimized women patients.

While seductive, the anti-psychiatry arguments tell only part of the story about the treatment of neurasthenia. More recent scholarship rejects the view that asylums universally oppress patients, and that they disproportionately aim to control women. Other scholars highlight the noble intentions of medical professionals as well as the material and structural constraints under which they sought to help patients. A prominent example is Gerald Grob's *The Mad Among Us*.³⁷ In this work, Grob lends a sympathetic lens to psychiatrists who, despite a host of barriers that prohibited ideal treatment—including lack of adequate funding, public suspicion about the restraint and drug treatments of patients, and pragmatic issues about treating extreme "mad" cases alongside sane, yet impoverished ones—worked from benevolent intentions to help or even cure their patients. This perspective considers the doctor-patient

³⁵ Andrew T. Scull, *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective*. Berkeley: University of California Press, 1989.

³⁶ Elaine Showalter, *The Female Malady*. (New York: Pantheon Books, 1985): 3.

³⁷ Gerald N. Grob. *The Mad Among Us: A History of the Care of America's Mentally Ill*. (New York: Free Press, 1994).

relationship a complicated one, not to be dismissed as mere exploitation of patient by doctor. As a result, scholars, such as moved away from institutional studies to examine more intimate aspects of doctor-patient care. Nancy Tomes concludes that women's differential treatment in asylums was not a result of misogyny, but of gendered presumptions about how women and men were different. She shows how these differences were *negotiated* between doctor and patient, and were held by doctor and patient alike.³⁸ Most recently, Nancy Cervetti's biography of S. Weir Mitchell humanizes the figure of the doctor and offers an analysis of his treatment as a negotiation not only between doctor and patient, but also between clinical practice and the social milieu.³⁹ This move away from Foucault, toward a frame for understanding how doctors and patients needed one another and generated medical meaning *together* provides a useful starting place for understanding neurasthenia.⁴⁰

This dissertation builds from the perspective that illness—its definition, diagnosis, and treatment—is negotiated among a web of forces: gender norms, racial ideologies, the patient's knowledge and expectation, the doctor's professional milieu, and the power dynamic intertwining all of these. These forces fluctuated in the Gilded Age, which makes it easy to see why such a broadly-defined, so-called “wastebasket” diagnosis became so popular: it explained so many different kinds of ailments. I argue neurasthenia provided an essential language for

³⁸ Nancy Tomes, *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry*. (Philadelphia: University of Pennsylvania Press, 1994).

³⁹ Nancy Cervetti. *S. Weir Mitchell, 1829-1914: Philadelphia's Literary Physician*. (University Park, PA: Penn State Press, 2012).

⁴⁰ Another examples of scholarship that views a doctor-patient relationship as a negotiation is: Naoko Wake, *Private Practices: Harry Stack Sullivan, the Science of Homosexuality and American Liberalism*. (New Brunswick, NJ: Rutgers University Press, 2011).

men, specifically, to express how difficult it was for them to exist and persist in a rapidly changing world.

Despite its conflation with femininity in popular accounts, I side with the camp of historians who believe nervous illness impacted men more significantly than women. The archetype of Victorian womanhood connoted femininity with frailty, so that doctors discussed women's cases frequently should not be surprising. Based his analysis of medical journals published in the Gilded Age, F.G. Gosling concluded that physicians paid special attention to men's cases. They "made greater distinction in the causes" for nervousness in men because they assumed "men led more varied lives" than women.⁴¹ Since a neurasthenia diagnosis required the keen attention of a doctor to a patient's unique circumstances, Gosling's contention confirmed that doctors paid special attention to men's cases; they aimed to address the nuance of men's nervous illness with a precise diagnosis. This explains, as chapter six will show, why only men received the diagnosis of "sexual neurasthenia." Doctors viewed women's nervous conditions in generalities, whereas men required careful medical attention.

In fact, men suffered from the emotional and nervous symptoms of neurasthenia long before the Gilded Age. Michael Micale argues, in his book *Male Hysteria*, that historians neglected male nervous disease. A long tradition of connecting hysteria to the uterus rendered nervousness a woman-centered history. Micale shows that male hysterics existed as early as the Renaissance, but alternative terminology or gendered interpretation obscured them as such. His work, though not expressly about neurasthenia, demonstrated that men experienced recognizable emotional and nervous problems well before 1869. However, as this dissertation argues, the economic, gendered, and racial shifts in the Gilded Age facilitated a new definition of masculine

⁴¹ Gosling, *Before Freud*, 47.

ill-health. The rise of neurasthenia, I argue, reflected the heightened anxieties among white men in the late nineteenth century.

The association between modernity and nervous men distinguished Gilded Age neurasthenia from hysteria or previous iterations of the disease. Historians note the use of metaphors about electricity used to articulate nervous exhaustion.⁴² George Frederick Drinka describes the influence of Thomas Edison on Beard. In fact, Beard's fascination with electric shocks inspired some of his therapies.⁴³ They also helped him frame the energetic loss among neurasthenic patients. Drinka describes Beard's view:

A person with a nervous tendency is driven to think, to work, to drive for success. He presses himself and his life force to the limit, straining his circuits. Like an overloaded battery...the sufferers electrical system crashes down, spewing sparks and symptoms and giving rise to neurasthenia.⁴⁴

According to historian Roy Porter, these allusions to electric power combined with common rhetoric about the economy to create an "idiom of a nervous economy" in which financial loss and loss of vitality intertwined.⁴⁵ Barbara Sicherman concurred, characterizing neurasthenia as a combination of "the overloaded electric circuit and the overdrawn bank account."⁴⁶ As these historians show, the language of neurasthenia borrowed from scientific and economic paradigms to express anxiety over health and well-being. In this sense, Gilded-Age neurasthenia

⁴² For a discussion of other medical diagnoses of modern anxieties, particularly those caused by the shock of railway travel, see Wolfgang Schivelbusch, *The Railway Journey: Trains and Travel in the 19th Century*. (New York: Urizen Books, 1979); and Michael R Trimble, *Post-Traumatic Neurosis: From Railway Spine to the Whiplash*. Chichester [West Sussex]: Wiley, 1981.

⁴³ George Beard, *The Medical Use of Electricity*, (New York: William Wood & Co. Publishers): 1864.

⁴⁴ George Frederick Drinka, *The Birth of Neurosis: Myth, Malady, and the Victorians*. (New York: Simon and Schuster, 1984): 191.

⁴⁵ Roy Porter, "Nervousness, Eighteenth and Nineteenth Century Style." *Cultures of Neurasthenia from Beard to the First World War*. Edited by Marijke Fijswijt-Hofstra and Roy Porter. (Amsterdam: Rodopi, 2001): 38.

⁴⁶ Barbara Sicherman, "The Uses of a Diagnosis," *Journal of the history of medicine and allied sciences*, 32 no. 1 (1977): 34.

represented something new: anxiety borne out of the state of being rapidly propelled toward a mechanized, capitalist, and ever-uncertain future.

The popular portrait of the white, upper-class neurasthenic, oppressed by their own superiority, synched with concurrent scientific theories about civilization and American nationalism. Namely, Lamarckian theory of acquired characteristics infused white supremacist and patriarchal ideas with scientific justification. In 1801, Jean Baptiste Lamarck posited that individuals' environments and experiences could reflect in constitutional changes, and these acquired traits could be passed on to children. By the end of the nineteenth century, Lamarckian theory informed medical treatment of vice, and encouraged doctors to view alcoholism, gambling, or masturbation as potentially inheritable traits. So, when neurasthenia emerged as a "national disease" of the elite, it appeared in the form of a paradox: According to historian Gail Bederman, "Only white male bodies had to capacity to be truly civilized. Yet, at the same time, civilization destroyed white male bodies."⁴⁷ Stephen J. Ducat, in his gender history, *The Wimp Factor*, agreed with Bederman's assessment:

"the comforts, technological achievements, mastery of impulses and emotions, and cultural refinements [that] were so characteristic of America's superior civilization were the very hazards that led to neurasthenic symptoms and imperiled American manhood."⁴⁸

This dissertation builds on this explanation of neurasthenia as a paradox. I argue that the fact that fast-paced industrial society simultaneously signaled the superiority of a society and also ruined its most prized citizens—was actually the great strength of neurasthenia rhetoric.

⁴⁷ Gail Bederman, *Manliness & Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (Chicago: University of Chicago Press, 1995): 88.

⁴⁸ Stephen Ducat, *The Wimp Factor: Gender Gaps, Holy Wars, and the Politics of Anxious Masculinity*. (Boston: Beacon Press, 2004): 67. In fact, Ducat's book contends that American culture in general, is predicated upon addressing men's anxieties about manhood.

Furthermore, I argue it affirmed the neurasthenic man as superior, regardless of his temporary status of debility. As Dr. Beard detailed diffuse and cumbersome symptoms of the neurasthenia epidemic in *American Nervousness*, he also provided evidence of American exceptionalism: the uniquely American predilection for overwork and the capacity for superior intelligence. Beard himself suffered neurasthenia; so did S. Weir Mitchell. The two leaders in the medical treatment of the disease broke under the heavy pressure of their workload, and needed treatment. Because of the affiliation with intellect and civility, historians describe neurasthenia as fashionable and stigma-free.⁴⁹ Julian Carter's book *The Heart of Whiteness* analyzes the ways neurasthenia rhetoric taught men to view their suffering as "evidence of deep and refined feeling."⁵⁰

Health and vitality of the male body were central to late-19th-centuries ideals about civilized men. These were tied to concerns about race. In fact, scholars argue whiteness and masculinity at the turn of the century were mutually constitutive forces. Gail Bederman goes as far to say that Americans were obsessed by racial dominance and its connection to manhood. She argued, "this obsession was expressed in a profusion of issues, from debates over lynching, to concern about the white man's imperialistic burden overseas, to discussions of child-rearing."⁵¹ Bederman highlights the use of what she terms "civilization discourse" which brought evolutionary metaphors into the folds of social life and served to justify racial hierarchies. Civilization discourse was found everywhere. A civilized man possessed an

⁴⁹ Drinka, *Birth of a Neurosis*, 190'

⁵⁰ Julian Carter, *The Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940*. (Durham: Duke University Press, 2007): 73.

⁵¹ Gail Bederman, *Manliness & Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (Chicago: University of Chicago Press, 1995). 4

intellectually developed mind, and by the turn of the century, a muscular and fit body. Gilded-Age masculinity worked from the assumption that white men were more civilized than black men and thus were the “paragons of manly superiority.”⁵² Because “only white races were assumed to have risen to the civilization stage” of evolution, white men took their rightful place at the helm of the social order.⁵³ As a result, the neurasthenic breakdown reinforced racial and gendered hierarchies.

Julian Carter described nervousness as a “‘racial’ trait.”⁵⁴ He argued:

Without mentioning race or class in so many words, Beard made it plain that the nervous diathesis was not to be found among the brawny laboring classes, or the stout peasants emigrating from rural parts of Europe, any more than among ex-slaves or Indians.⁵⁵

White people, overcivilized and overstimulated by their urban routines, bore the emblem of nervousness. Carter describes this phenomenon that circumscribed the white male body in a neurasthenia discourse which insulated it from critique. Even as he was breaking down in fits of nervous despair, the white man maintained a claim to whiteness (and to power via white supremacy).

New emphasis on the muscular body threatened to undermine the nervous man.

Changing body ideals in the Gilded Age marked a shift in ideals about manhood. Gail Bederman marked this period as a moment of transition, away from static definitions of manhood toward more nuanced descriptions of masculinity—which could include positive and negative traits.⁵⁶

⁵² Bederman, *Manliness and Civilization*, 22.

⁵³ *Ibid.*, 25.

⁵⁴ Carter, *The Heart of Whiteness*, 47.

⁵⁵ *Ibid.*

⁵⁶ Bederman, *Manliness and Civilization*, 18.

The new emphasis on the body was, what Anthony Rotundo called a passionate manhood.⁵⁷ This new model eschewed the self-restraint of earlier Victorian manhood. Instead, it championed the inner animal in a man. Passionate manhood emphasized muscularity and athleticism. Men—specifically white men, often lower class—took to boxing and weightlifting as leisure activities to demonstrate their manly vigor in public settings.⁵⁸ Their muscularity signaled important distinctions from women; larger bodies provided a platform for scientific justification of so-called masculine personality traits: brutishness, aggressiveness, promiscuity. These stood in contrast to women’s biologically imposed sensibilities, emotional talents, and physical weakness.

The concept of manliness linked to economic concepts as well. The previous model of Victorian manliness required a quiet, reserved, restrained sensibility among men. Through proper moderation, domination of a household, and economic “self-made” autonomy, a Victorian man accrued the markers of respectability. Gail Bederman argues the urban and industrial trends of the late 19th century made this type of manhood ideal impossible to achieve by 1910.⁵⁹ Work became more anonymous, placing an individual in a repetitive task and paying him by the hour. After work hours, men found increasing opportunities to spend their extra money in the commercial leisure culture.⁶⁰ The value of the labor so closely tied to manhood eroded, and the

⁵⁷ Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era.*, (New York: Basic Books, 1993): 222-246.

⁵⁸ John F. Kasson, *Houdini, Tarzan, and the Perfect Man: The White Male Body and the Challenge of Modernity in America.* New York: Hill and Wang, 2001.

⁵⁹ Bederman, *Manliness and Civilization*, 12.

⁶⁰ Howard P. Chudacoff, *The Age of the Bachelor: Creating an American Subculture.* (Princeton, N.J.: Princeton University Press, 1999): 146-184.

options seeking to replace that labor had previously been assumed to be frivolous wastes of time. Manhood needed refashioning to fit the urban industrial model.

The economic metaphor extended to the ways nineteenth-century scientists interpreted the finite energy reserves in the body, particularly regarding men's sexual restraint. Historian G.J. Barker-Benfield traced the nineteenth-century impulse to contain one's sperm. In *Horrors of the Half-Known Life* Barker-Benfield termed this a "spermetic economy."⁶¹ In Beard's seminal work, *American Nervousness*, he described "nervous bankruptcy" as a person possessing a narrow "margin of nerve force." While some found themselves "millionaires of nerve-force," others would "overdraw their little surplus" and plunge into neurasthenic despair.⁶² Brain collapse, a synonym for neurasthenia, conjured a pending economic collapse, joining the body and the bank account in what Tom Lutz describes as "the disturbance of the peace caused by bad investments."⁶³

Finally, ideals of masculinity reinforced white supremacy, and vice versa. Civilization discourse placed white masculinity at the apex of civilization, a standard against which white women and people of all other races could measure themselves.⁶⁴ It bound together the scientific justification of sterilization and eugenics movements. It emphasized the constitutional inferiority of non-whites and the inherent differences between sexes.⁶⁵ It elevated rational thinking—

⁶¹ G. J. Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes Toward Women and Sexuality in Nineteenth-Century America*. (New York: Harper & Row, 1977): 167.

⁶² Beard, *American Nervousness*, 9.

⁶³ Tom Lutz, *American Nervousness, 1903: An Anecdotal History*. (Ithaca, NY: Cornell University Press, 1991): 12.

⁶⁴ Matthew Frye Jacobson talks about this using the language of barbarism, which contrasted civilized Americans with so-called barbaric inferior people throughout the world. This rhetoric, like that which was used to describe neurasthenics, served as a "sale to the encroachments of modernity." Matthew Frye Jacobson, *Barbarian Virtues: The United States Encounters Foreign Peoples at Home and Abroad, 1876-1917*. (New York: Hill and Wang, 2000).

⁶⁵ Scholars acknowledge whiteness changes over time, and as a dynamic racial category, responds to changing social and political environments. The nineteenth century witnessed a significant expansion of who counted as white to

especially scientific inquiry—over emotional or passionate response. Finally, it advanced procreative sex as more civilized and healthy than other forms of sex.⁶⁶ Overall, Gilded-Age civilization discourse, out of which the neurasthenic emerged, linked the desirable traits with American, white, reproductive manhood, and these with definitions of citizenship and power.

Because of its close association with civilization, higher intellect, and rational thinking, scholars often characterize neurasthenia as a disease of the elite. It is not just that Beard promoted neurasthenia as the marker of higher civilization, but that historians appropriate this view as true. T.J Jackson Lears described neurasthenia as the result of “evasive banality,” a malaise endemic to the American bourgeoisie of the period.⁶⁷ He described the causes of neurasthenia as unique to the elite classes, such as “habits of introspection and rigid notions of social propriety.”⁶⁸ Tom Lutz’s work, *American Nervousness, 1903*, similarly described “artists and connoisseurs, with the most refined sensitivities” as the most likely candidates for nervous illness. Musicologist Gayle Sherwood Magee builds from Lears and Lutz in her recent biography of classical composer Charles Ives. In her book, Magee calls him a “bastion of white male privilege” whose bout with nervous illness “satisfied almost all of [the] criteria” for the

include Irish, Italian, and some Eastern Europeans. See Theodore Allen, *The Invention of the White Race*. (London: Verso, 1994); Noel Ignatiev, *How the Irish Became White*. (New York: Routledge, 1995).

⁶⁶ In the 1880s and 1890s, the field of sexology emerged to observe, classify, and diagnose sexual practices. Sexologists deemed some sexual practices more healthy and normal than others; they debated over the value of pleasure; they developed schema to identify and hierarchicalize different sexual behaviors and orientations. Historians view this era as crucial in the shift toward modern perceptions of sexual *identity* as opposed to behavior. See Michel Foucault, and Robert Hurley. *The history of sexuality*. (New York: Vintage Books, 1988). Jonathan Katz, *The Invention of Heterosexuality*. (Chicago: University of Chicago Press, 2007); Harry Oosterhuis, *Stepchildren of Nature: Krafft-Ebing, Psychiatry, and the Making of Sexual Identity* (Chicago: University of Chicago Press, 2000).

⁶⁷ Lears, Jackson T.J., *No Place of Grace: Antimodernism and the Transformation of American Culture*. (Pantheon Books: New York, 1981): 18-50.

⁶⁸ *Ibid.*, 56.

elite, urban disease.⁶⁹ While I agree that the cultural legacy of neurasthenia boasted intellectual prowess and a civilized temperament for its victims, my findings show that the reality of nervous men's lives crossed class lines. This dissertation agrees with prevailing arguments that neurasthenia carried class and racial implications; but instead of viewing neurasthenia as an ailment for the elite class, I argue it affected men—white men—of all classes. As a result, it homogenized whiteness, permitting brainworkers and day laborers to share a similar identity that transcended social class differences. As chapters three, four, and five will show, cultural information about neurasthenia populated printed materials for audiences across the class spectrum. YMCA lectures and ads in the *Police Gazette* educated the working-class men; books like S. Weir Mitchell's *Wear and Tear* captured the attention of wide audiences; and newspapers promoted archetypes of the beleaguered professional. Chapter six will show men across classes consumed and internalized these messages, and presented them to their doctors as their own. Clergymen and physicians spoke about sexual dysfunction, shame, and fear in the same terms that laborers and wallpaper hangers did.

The argument that neurasthenia affected people across classes and outside major cities originated with F. G. Gosling's groundbreaking and meticulous research of physicians across the country. His book, *Before Freud*, provides remarkable analysis of every medical journal article that addressed neurasthenia between 1870 and 1910. He locates the work of non-elite general practitioners—outside the medical hubs of Philadelphia, New York, and Boston—to show that physicians across the country implemented the neurasthenia diagnosis. They also wrote about it: nearly one-third of all professional papers on neurasthenia were presented at local meetings by

⁶⁹ Gayle Sherwood Magee, *Charles Ives Reconsidered*. (Urbana, Ill: University of Illinois Press, 2010): 84-85.

local physicians.⁷⁰ They used the same loosely-defined criteria as their Northern, urban counterparts. Furthermore, Gosling shows these low-profile practitioners—who, unlike Beard, did not promote neurasthenia for professional gain—found neurasthenia a helpful diagnosis for people of various class backgrounds, “from farmers to bank presidents.”⁷¹ Thus, Beard’s promotion of neurasthenia as an elite disease was challenged by physicians across the country.

This dissertation builds from Gosling’s work by placing sexual and emotional health at the center to show how men across class lines utilized the rhetoric of nervous manhood to describe their condition. I argue neurasthenic men participated in a shared identity that cemented their membership into the elite social network of whiteness and patriarchal manhood. By focusing on sexuality and the distress men felt when they believed they had transgressed boundaries for healthy or normal sex, this project illuminates how the “national disease of America” was really about men’s sexuality.

Sexual Neurasthenia

As early as 1879, Beard noted a gap in the scientific knowledge about the relationship of genital function the men’s broader health and proposed a series of papers to generate scientific query about the topic. He wrote, “there are quite a long series of diseases, symptoms, and hygienic problems involved in the relation of the genital function to the nervous symptom.”⁷² Yet, he lamented doctors seemed unable to sufficiently attend to men’s experience of sexual ill

⁷⁰ Gosling, *Before Freud*, 78.

⁷¹ *Ibid.*, 31. Gosling found subtle class bias in the treatment of neurasthenics. For example, doctors were often dismissed as blameless for their overworked condition, whereas neurasthenia in the laboring class would often be seen as the result of sexual excess.

⁷² “Nervous Disease Connected with the Male Genital Function” *New York Medical Record*, 15. No. 4. (Jan 25, 1879): 73.

health. As a result, he found men to be of utmost importance for physicians when diagnosing and treating men with neurasthenia.

Beard defined sexual neurasthenia as a “sudden change in sexual habits, a relative excess following long continence,” but like general neurasthenia, broadly-defined symptoms varied widely among patients.⁷³ Beard’s monograph, *Sexual Neurasthenia*, first published in 1880, went through five editions by 1898, fifteen years after Beard’s death. Physician A. D. Rockwell attested to the book’s popularity in the preface to the fifth edition: “The fact that each successive edition of this work has been exhausted more quickly than its predecessor sufficiently indicates its popularity and its right to live.” Rockwell harnessed insight from treating “many hundreds” of neurasthenia cases, but noted with this particular disease, “there is always something new to learn.” He found the concerned patient would appeal to the doctor to “confirm his idea never was there another case link unto or as severe as his own; and while you reassuringly tell him ‘Many and worse,’” the doctor had to admit “there is no stereotyped method of treatment.”⁷⁴ Sexual neurasthenia required a keen sense and a thorough education on the subject. Hence, Beard’s manuscript remained popular and medically relevant into the early 20th century.

Beard’s book received attention among medical and popular audiences; medical journals featured advertisements for Beard’s book into the early 20th century.⁷⁵ Reviewers championed the good work the book did in raising awareness of the large number of people who suffered in silence, and who could benefit from knowing about the treatments available for sexual neurasthenia. Beard’s work was as much about addressing medical concerns as it was about

⁷³ Beard, *Sexual Neurasthenia*, 45.

⁷⁴ A.D. Rockwell, “Preface to the Fifth Edition,” *Sexual Neurasthenia* 5e, George Beard (New York: E.B. Treat and Company, 1898).

⁷⁵ Advertisement 13 -- No Title, *The Phrenological Journal and Science of Health (1870-1911)* 113 no. 1; (Jan 1902): A10.

assuaging the enormous weight of shame and uncertainty men faced regarding their sexual behavior. The clinical term, sexual neurasthenia, appeared in euphemistic terms in advertisements, newspapers, and popular literature. Terms like “debility,” “loss of vitality,” “loss of power,” and “sexual weakness” referred to the variety of symptoms men with sexual neurasthenia might experience. This dissertation will show that the sexual components of nervous illness figured centrally in the cultural landscape of nervous illness. My findings show sexual concerns commonly affected white men across class lines.

The scholarship about sexual neurasthenia minimizes its significance and pervasiveness among ordinary white men. Scholarly treatment of sexual neurasthenia either dismisses it or overemphasizes its acute application. Some accounts consider it one of the many forms of neurasthenia George Beard delineated, and gave it no special significance.⁷⁶ Others regard the sexual neurasthenic an aberration associated with perversion.⁷⁷ For example, scholar Andreas Hill writes that sexual neurasthenia included “extreme forms” and “abnormally strong sexual needs”⁷⁸ A few accounts acknowledge the ordinariness of sexual neurasthenia. F.G. Gosling’s book *Before Freud*, depicts a representative example of a sexual neurasthenic who frequently had sexual intercourse in his teenage years and had nighttime emissions as a young adult.⁷⁹ But even Gosling equates the diagnosis with the “habitual masturbator,” though he quips that “not

⁷⁶ Toby Gelfand and John Kerr, *Freud and the History of Psychoanalysis* (Hillsdale, NJ: Analytic Press, 1992): 102; Agnus McLaren, *Impotence: a cultural history* (Chicago: University of Chicago Press, 2007): 116.

⁷⁷ Andreas Hill, “‘May the doctor advise extramarital intercourse?’: medical debates on sexual abstinence in Germany, c. 1900,” in *Sexual Knowledge, Sexual Science*, ed. Roy Porter and Mikulas Teich (New York: Cambridge University Press, 1994): 287; Doris Kaufmann, “Neurasthenia in Wilhelmine Germany: Culture, Sexuality, and the Demands of Nature,” in *Cultures of Neurasthenia*, ed. Marijke Gijswijt-Hofstra and Roy Porter (Amsterdam: Rodopi, 2001): 168-170.

⁷⁸ Hill, “‘May the doctor advise extramarital intercourse?’” 287.

⁷⁹ Gosling, *Before Freud*, 96.

surprisingly it was a common form of disease in males.”⁸⁰ George Makari’s account mentions Beard as a stepping stone to Freud, but uninteresting on its own.⁸¹ Part of what made sexual neurasthenia rather unremarkable for historians, I argue, is that it emerged from a Victorian-era belief that masturbation and sexual excess signaled a moral failure in men and, in some cases, result in incurable insanity. For the medical profession in in the 1880s, it came as no surprise that George Beard would promote a medical diagnosis that connected sexual indulgence with nervous symptoms. A predecessor of Freud’s theories of the unconscious, sexual repression, and polymorphously perverse infant, sexual neurasthenia could be easily overlooked.

A few scholars have taken sexual neurasthenia more seriously, and this dissertation builds from their foundation. Kevin Mumford argued that the sexual health crises among men in the 1880s and 1890s reflected a larger social anxiety about shifting class and race boundaries. Mumford cites Beards’ stratification of men from different classes, and emphasizes the constitutional immunity of lower classes: “the muscle worker was immune from neurasthenia in general and from impotence in particular.”⁸² The culture of manhood in the late-nineteenth century hinged on the rejection of that which made a weak and nervous man.

Julian Carter’s work, linking sexual normativity to white supremacy, anchors this dissertation as well. Carter’s cultural history demonstrates that nervousness became “part of the everyday emotional vocabulary” through the neurasthenia discourse.⁸³ As a result of socially acceptable depictions of nervous illness and sexual debility, Americans came to understand the

⁸⁰ Gosling, *Before Freud*, 52.

⁸¹ George Makari, *Revolution in Mind: the creation of psychoanalysis* (New York: HarperCollins, 2008): 87.

⁸² Kevin Mumford, ““Lost Manhood” Found: Male Sexual Impotence and Victorian Culture in the United States,” *Journal of the History of Sexuality* 3 no. 1 (July 1992): 44.

⁸³ Carter, *Heart of Whiteness*, 45.

“construction of whiteness as weakness.”⁸⁴ Carter, like other historians of neurasthenia, finds significance in the cultural appropriation of neurasthenia, as a tool to express otherwise indescribable experiences. Carter describes neurasthenia as a way to address “the gap between the ideal and the real” for white men whose lives seemed to change shape so rapidly.⁸⁵

I depart from the existing scholarship on neurasthenia and its sexual components. Specifically, I argue sexuality figured centrally in many cases of neurasthenia, not just ones designated as such in the official diagnosis. As chapter six shows, medical records and cases studies show men with general forms of nervous illness spoke about masturbation, sexual activity, and shame. I agree with Sicherman and Gosling that neurasthenia occurred across class lines; my findings confirm that laborers and scientists alike contracted the disease. However, too often historians take Beard at his word that elite people experienced sexual dysfunction differently than working people. My findings show sexual matters afflicted men across these differences. In fact, sexual symptoms turned up in all forms of neurasthenia, not just sexual neurasthenia. Finally, I combine cultural history methodology with investigation into clinical records. I move beyond Carter’s discussion of neurasthenia discourse, which deals with neurasthenia as a *concept*; I argue that the clinical *reality* of neurasthenia provides a very important complement to this history. My analysis shows that men internalized the neurasthenia rhetoric that surrounded them, and mobilized it in the clinic in conversation with the doctor. The clinical setting served as a crucial site for men to confess their sexual indiscretions and for doctors to offer them a form medical absolution.

⁸⁴ Ibid., 72.

⁸⁵ Ibid., 51.

This dissertation provides a window into white men's coping strategies in the 1880s and 1890s. It suggests men searched frantically for new definitions of healthy, manly expressions of sexuality. This work intervenes in scholarship about the rising role of medical professionals whose success relied on expert classification and education skills. It also addresses a gap in the historiography on neurasthenia by showing how central sexuality and emotion were by the 1890s, to neurasthenia rhetoric, generally. Bound up in ideas about whiteness and health, sexual neurasthenia (and its synonyms) affirmed whiteness and manliness as superior while simultaneously acknowledging pervasive evidence of weakness, sexual indiscretion, and nervous breakdown.

CHAPTER 3
LAY MEDICAL LITERATURE: IDENTIFYING AND TREATING THE NEURASTHENIC
MAN

Introduction

Men in the late nineteenth century avoided identifying themselves as ill and often looked upon medical professionals with suspicion. Because Western culture historically coded weakness, nervousness, and disease as feminine, men preserved their claim to manhood by resisting any affiliation with sickness. Doctors found this to be particularly true for mental or emotional health—concerns not easily observable on the physical body. To admit some form of weakness risked an exposure of physical ineptitude or permanent infirmity—thereby unseating the tenets which justified the subjugation of women in society and their involuntary institutionalization in asylums. Furthermore, a growing body of Gilded-Age lay medical literature fueled two stereotypes about doctors: intimidating experts who cast judgment on the lesser-informed patient; or self-important dolts who sold quack medicines to the uninformed and sick. Men found many reasons to distance themselves from disease.

For these reasons, neurasthenia needed careful public image management. With three pages of everyday symptoms, neurasthenia possessed no clear metric for diagnosis; plus, alarming media coverage intimated anyone could potentially fall prey to the disease. The leading promoters of neurasthenia not only had to educate the public about what it was, but they had to present the illness as masculine, temporary, and safe to admit. In an age where scientific experts believed alcoholism, syphilis, and mental illness signaled a physical degeneration of a person, neurasthenia stood out as an exception. Weakness and sexual malfunction associated with nervous disease actually evidenced the sufferer's advanced intellect and superiority. To ensure the public became properly educated about neurasthenia, physicians wrote instructional monographs to disseminate the latest medical knowledge.

This chapter shows the lay medical literature about neurasthenia not only informed people about symptoms associated with mental, emotional, and sexual health—it destigmatized these symptoms. I argue that leaders in the field of neurology framed nervous diseases in masculine ways, and sought to characterize doctors as caring fellow men who not only understood the stressors of manhood, but could help patients cope with them. As neurasthenia descended into men’s lives, saddling them with emotional instability, worry, fatigue, and many other symptoms, men increasingly turned to doctors for help.

This chapter demonstrates that men came to view doctors as allies because lay medical literature successfully portrayed neurasthenia as a temporary condition. Unlike some of the ailments of women or insane people, which doctors viewed as mostly constitutional and permanent, neurasthenia had an endpoint, and men who experienced it could strive for relief. More importantly, the literature presented neurasthenia as an unfortunate outcome of one’s environment. In contrast to dominant social Darwinist theories about the hereditary superiority of white people over other races, and men over women, the literature about neurasthenia presented the disease without blaming the victim. In fact, the victim typically developed nervous symptoms precisely as a credit to his vast intellect or other marker of superiority. Notably, most of the men who got diagnosed with neurasthenia, and all who would receive treatment for sexual neurasthenia under S. Weir Mitchell, were white. This chapter demonstrates the powerful role key monographs placed in reframing nervous disorders as manly experiences that not only carried no stigma, but actually affirmed one’s racial and gendered superiority. A man was neurasthenic precisely because being a white man in Gilded-Age America was so difficult.

This chapter focuses on the biography and writing of the S. Weir Mitchell, the architect of the rest cure. Mitchell believed that much the literature people read gave them faulty ideas

about health, illness, and medical care. So, a literary man as well as a physician, Mitchell published three monographs to help correct the public perception of doctors and nervous disease. For decades, historians have built a self-referential historiography that maligned these books about Mitchell's rest cure as a medical justification for the marginalization of women. However, I am interested in what Mitchell had to say about men.¹ This chapter argues the case studies and medical advice in S. Weir Mitchell's popular lay medical books drew from his own experience as a man with nerve illness, the emotional agony his Civil War patients endured, and the neurasthenic breakdowns of his friends and colleagues. These works provided powerful cautionary tales to men who needed to protect their masculine strength in the face of a fast-paced, modern work environment. He believed parenting, education, personal habits and social norms constituted the different expressions of nervous illness in women and men. In other words, he was not a strict determinist; in some important ways, he understood differences between women and men—physically and behaviorally—to be the result of social training. Thus, he called for rigorous treatment to combat or correct the debilitating influence of urban, industrial life. Mitchell's work testified to the universal value of rest, fresh air, a hearty diet, sympathy, and understanding—which meant not only women needed these things, but so did any man who found himself victimized by their environment.

From this perspective, I highlight Mitchell's views about men's socialization, illness, and health to show how he provided a valuable framework for men to understand themselves as neurasthenic.² And it worked. As chapter six will show, men flocked to Mitchell with some of their most deeply-held secrets, especially regarding their fears about sexual performance and

¹ Joan W. Scott, "Gender: A Useful Category of Historical Analysis," *American Historical Review* 91, no.5 (December 1986): 1053-1075.

² *Ibid.*, 1053-1075.

satisfying social expectations set for men. Mitchell embodied the trustworthy physician he popularized in his monographs. Newspapers, medical circles, and literary clubs heralded Mitchell with a deep respect. To understand how men not only came to understand themselves as neurasthenic, but also how they came to view the physician as the best resource for a cure, this chapter will trace the development of Mitchell's attitudes about gender through his career. It is important to consider how Mitchell developed the rest cure first by treating male patients; he then adapted the rest cure to treat women.

Partly, the significance of this argument is historiographic because so much scholarship about Mitchell describes him as a misogynist. These accounts rely on some of Mitchell's writing on women, such as his infamous article published in *Ladies Home Journal* in 1900 entitled "When the College is Hurtful to a Girl." He identified as his creed the belief that "if the higher education or the college life in any way, body or mind, unfits women to be good wives and mothers there had better be none of it."³ In a memorial speech, a colleague and friend, Dr. Burr, celebrated Mitchell's views on the woman question, and directly quoted a portion of Mitchell's writing that declared women as physiologically different from and inferior to men, and therefore incapable of pursuing the type of public or professional roles reserved for men. Burr affirmed Mitchell's views, remarking: "This is science, wisdom and, of course, therefore, truth."⁴ During his life, Mitchell received criticism for his views. The infamous case was Charlotte Perkins Gilman's vindictive portrayal of him in her short story "The Yellow Wallpaper." She depicted him as a patriarchal villain who abused his position of authority to silence women into submission. When "The Yellow Wallpaper" began circulating again in the 1970s, feminists

³ S. Weir Mitchell, "When College is Hurtful to a Girl." *Ladies Home Journal*. Jun 1900 Vol. 17 No 7. P 14.

⁴ Charles W Burr, *S. Weir Mitchell, Physician, Man of Science, Man of Letters, Man of Affairs* ([Philadelphia]: The College, 1920): 31.

looked to it as evidence of a long history of misogyny that characterized doctor-patient relationships.⁵ Feminist scholarship corroborated Gilman's fictionalized claims. Notably, Elaine Showalter's 1985 *The Female Malady* argued the rigid proscriptions for women's appropriate behavior marked a clear boundary between mental health and illness; thus, insanity could be mobilized as a way to stigmatize women who fell outside the boundary of respectable femininity by saddling them with a medical diagnosis.⁶ Mitchell's quips about women made him an easy target for feminist critique. More recently, Mitchell's lay medical literature enjoyed a new edition, introduced by renowned gender historian Michael Kimmel. Kimmel framed Mitchell's work as a representative example of the ways late-19th century medicine justified women's exclusion from education, employment, and political participation.⁷ He encouraged twenty-first-century readers to "read it angrily, as it serves to reinforce the most pernicious stereotypes about

⁵ Michael Blackie, "Reading the rest cure," *Arizona Quarterly: A Journal of American Literature, Culture, and Theory* 60, no. 2 (2004): 57-85.

⁶ Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980*. (New York: Pantheon Books, 1985).

⁷ Kimmel's analysis builds from two historiographic trends of the 1970s that revived "The Yellow Wallpaper" and popularized it as evidence of the oppressive nature of mental health care: feminism and anti-psychiatry. Radical feminist circles in the 1970s circulated the story as evidence of the patriarchal oppression of women by men in power. Analysts viewed Mitchell as a domineering figure who controlled and attempted to annihilate the narrator's psychic interior and lock her into docile domesticity. They corroborated Gilman's fictional account using her 1935 autobiography, *The Living of Charlotte Perkins Gilman*. Subsequent scholars heralded Gilman's story as representative of the type of treatment doctors gave women patients with psychosomatic illness. They lumped together Gilman's diagnosis of neurasthenia—an illness affecting as many men as women—with hysteria, a diagnosis reserved for women and which some doctors used to justify unnecessary treatment.⁷ Hysteria, as a medical diagnosis, originates in Antiquity and carries a gendered implication: women's mental state and behavior has been explained as an outcome of their peculiarly sexed body. Placing Gilman's story in that legacy, invoking the pathologization of women's bodies by associating it with hysteria, effectively aids the misreading of "The Yellow Wallpaper," however historically inaccurate. See also Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Vintage Books, 1994; Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*. New York: Vintage Books, 1988; Lunbeck, Elizabeth. *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America*. Princeton, N.J.: Princeton University Press, 1994. Bayer, Ronald. *Homosexuality and American Psychiatry: The Politics of Diagnosis*. New York: Basic Books, 1981; Scull, Andrew T. *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective*. Berkeley: University of California Press, 1989; Rothman, David J. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. Boston: Little, Brown, 1990.

women.”⁸ Kimmel describes Gilman as “perhaps the most influential feminist sociologist at the turn of the last century” who used “The Yellow Wallpaper” to express her own experience within the oppressive confines of the rest cure at the hands of S. Weir Mitchell.⁹

While this approach has fostered vibrant debate among scholars, it has also neglected Mitchell’s explanation of neurasthenia as a gendered experience—and how it affected men, too. My analysis shows Mitchell presented himself as a progressive and sympathetic physician who knew from intimate experience about being an overworked neurasthenic. He drew from front-line training during the civil war, and from witnessing professional burnout among his colleagues. Beyond the historiographic intervention, this new perspective on Mitchell’s sympathetic view of neurasthenic men demonstrates how a far-reaching, and well-received portrayal of nervous illness in the Gilded Age evaded stigmas of femininity or insanity. Mitchell leveraged his acclaim to educate the public about the pressure white, American men faced; he normalized their suffering and encouraged them to seek treatment. As a result, many men in the late nineteenth defined themselves as neurasthenic, and to use the language of neurasthenia to express and cope with a range of emotional, mental, and physical symptoms they experienced.

Medical Training and Early Career of S. Weir Mitchell

Like many other physicians of his generation, much of S. Weir Mitchell’s medical training occurred while tending to soldiers during the Civil War. What may seem obvious to a twenty-first century reader, such as the healing power of fresh air and plenty of rest, was not common practice in antebellum hospitals. Mitchell’s experience with nerve injuries piqued his

⁸ Michael Kimmel, introduction to *Wear and Tear, or Hints for the Overworked*, S Weir Mitchell. (Walnut Creek, CA: AltaMira Press, 2004, 1887): v.

⁹ Ibid.

interest in the nervous system and inspired his career in nervous disease. Furthermore, his own bout with nervous illness engendered intimate knowledge about the physical and emotional tax of the disease. He learned to empathize with patients in a new way, and found this type of connection to positively affect a patient's recovery. Therapeutic methods would eventually dominate the medical landscape in the 20th-century, but in the late 19th-century, Mitchell's role as a sympathetic confessor was unique. Therefore, biographical information of Mitchell as a Civil War surgeon and as a neurasthenic man form crucial parts of the history of men's sexual health in the Gilded Age.

In the years leading up to the Civil War, S. Weir Mitchell's personal life and professional responsibilities collided to place significant demands on income. He worked alongside his father, Dr. John Kearsley Mitchell, a renowned physician who operated a thriving clinic in Philadelphia. Despite his ailing health, J.K Mitchell's local reputation secured patients' faith in his son, and in 1857, Mitchell reported an annual income of \$2,000.¹⁰ Though clinical work earned income, Mitchell's true love lay in conducting experiments in his laboratory. He called this his "scientific work," and he performed it after hours. Most midcentury physicians believed laboratory work sullied the reputation of a clinical physician. However, as a young, unmarried man working under his father's tutelage, Mitchell managed to balance his patients along with his laboratory experiments. As his father aged and succumbed to illness, Mitchell assumed a heavier patient load to sustain the family practice. In April 1858, J. K. Mitchell died. Mitchell described his father's death as the loss "of the friend who was most dear to me in life."¹¹ The grieving family remembered its patriarch fondly as an engaged father and dutiful provider. Thus they

¹⁰ Mitchell, *Autobiography*, "Early Career," College of Physicians.

¹¹ *Ibid.*

were surprised to learn, upon settling the affairs of his estate, J.K. Mitchell left no financial support for his widow and young children. Furthermore, patients in the family practice rejected the young Weir Mitchell as the sole practitioner, and they took their business elsewhere. The family income dropped by half. Stress mounted for Weir as struggled to balance all the stress. The financial squeeze combined with the emotional vacuum created by his father's death left Mitchell feeling immense pressure to support his family. In a memorial speech, Dr. Charles Burr described this period in Mitchell's life as "not all beer and skittles; it was a period of hard, grinding work and heavy responsibilities."¹² As it was unfolding, Mitchell remained aware of the perils of exhaustion. He wrote that these events "seriously impaired" his health by the end of 1858.¹³

Mitchell's family life only caused greater responsibilities. Mitchell joyfully announced his engagement to Mary Middleton Elwyn—an occasion that brought Mitchell happiness as well as additional responsibility. Mitchell wrote of his romantic affections for Mary Elwin, but marriage also caused Mitchell to assume additional financial obligations because his wife had no means of her own. The couple wed in September 1858. Mitchell's floundering salary would have to support his mother, his three younger brothers, and his new wife. He could no longer afford to continue his beloved "scientific work," in his laboratory because it generated very little income or renown. Saddled with the breadwinner role, Mitchell decided he could not jeopardize his reputation as a physician. By 1861, he reluctantly abandoned the laboratory and slowly

¹² Charles W Burr, *S. Weir Mitchell, Physician, Man of Science, Man of Letters, Man of Affairs* ([Philadelphia]: The College, 1920): 9.

¹³ Mitchell, *Autobiography*, "Early Career," College of Physicians.

rebuilt his patient load in the family practice. This proved a turning point for Mitchell's career: he would remain an active physician for the next four decades.¹⁴

The onset of the Civil War deepened Mitchell's commitment to his family and heightened his obligation to remain in Philadelphia to look after them. His brothers Edward (known to the family as Ned), Chapman, and Robert left home for service. Ned, the youngest of the three, died of diphtheria during the war, stirring a wave of regret and responsibility in Mitchell. The Union army offered Mitchell a position as a brigade surgeon, but he turned it down, mostly afraid to leave his mother without dependable support. Instead, Mitchell worked a few days a week at his own practice, and in 1862, he accepted a position as a military contract surgeon in temporary hospitals caring for wounded soldiers.¹⁵

Philadelphia provided Mitchell a vibrant and dynamic medical community during the Civil War. The City of Brotherly Love housed 26,000 beds in temporary hospitals. Mitchell's first appointment was at Filbert St. hospital where he took interest in the little-known nervous diseases. Other men disliked handling nervous disease and transferred nervous cases to Mitchell for treatment. His interest soon spread and the surgeon general created a small hospital for him on Christian Street. Known as Commissioner's Hall, this hospital specialized in nervous diseases. Demand for treatment quickly outgrew the crowded hospital so it moved to a larger facility on Turner Lane that dedicated 400 beds to patients with "nervous diseases or nervous wounds."¹⁶ Unlike most Civil War hospitals, the Turner Lane hospital fashioned itself a modern

¹⁴ Mitchell, Autobiography, "Early Career," College of Physicians.

¹⁵ Ernest Earnest, *S. Weir Mitchell: Novelist and Physician* (Philadelphia: University of Pennsylvania Press, 1950): 48.

¹⁶ Mitchell, Autobiography, "Early Career," College of Physicians. This wording here is significant because it indicates Mitchell's early distinction between somatic and mental/behavioral disorders. He would not make this

facility, maintaining cleanliness standards and dressing itself in white. The most pressing problem was gangrene.¹⁷ The tent hospitals Mitchell previously worked at circulated air constantly; gangrene had not been an issue. However, the enclosed facility at Turner's Lane trapped air and moisture, encouraging the spread of gangrene among patients. To remedy the problem, Mitchell moved patients with "hospital gangrene" to an outside tent. This inspired Mitchell's "camp cure" that he would recommend later in life: fresh air movement as a cure for disease.¹⁸ Other elements of the Turner Lane experience would inform his later work on the rest cure: the physicians were among the first to treat patients using massage and atropine. They conducted pioneering research which inspired several publications on nerve treatments.

Civil War casualties prompted a rapid reconfiguration of gender and medicine. Prior to the war, men recovered from illness or injury at home under direct care of the women in their families. Perhaps a male doctor advised the family, but routine care of the sick lay under the purview of women. The tent-hospitals like those at Turner Lane marked a new experience for soldiers—most had never gone to a hospital before. Furthermore, most had never received nursing care and bedside attention from a man before. In wartime hospital environments, as Margaret Humphreys shows in *Marrow of Tragedy*, men took on both the conventional role of medical expert and surgeon, but also the feminized role of nurse and caretaker. Men found themselves in the midst of what Humphreys termed "reassignment in gender wars."¹⁹ Wartime

distinction in print until later—and even still, in convoluted ways—but in his autobiography, he remembers making the distinction in practice as early as the Civil War.

¹⁷ See Frank R. Freeman, *Gangrene and glory: medical care during the American Civil War* (Fairleigh Dickinson University Press, Madison [N.J.]; London, 1998).

¹⁸ Earnest, S. *Weir Mitchell*, 48-58.

¹⁹ Margaret Humphreys, *Marrow of Tragedy: The Health Crisis of the American Civil War*. 2013): 20. A majority of the historiography about gender and Civil War Medicine focuses on women. For information about the important work women contributed during the war, see Jane E. Schultz, "The inhospitable hospital: gender and

conditions forced men to perform domestic tasks deemed part of “women’s sphere,” such as sewing and cooking.²⁰ In essence, she states, “men had to learn to care for other men.”²¹ At Turner Lane, Mitchell did just that.

The specialized care offered at the Turner Lane facility not only inspired surgical innovation but also facilitated attentive holistic treatment of wounded soldiers.²² Certainly, physical injury of the nerves warranted immediate medical attention, but Mitchell took interest in patients’ emotional well-being as well. He became alarmed by a persistent “psychic malady” among soldiers who seemed shaken and distraught by their war experiences.²³ This was the first indication that nerve injury impacted more than the physical body, that war caused emotional and mental health casualties also.²⁴ Professionally, the war environment bolstered Mitchell’s career and expertise in nerve illness. His work with soldiers intrigued him and gave him purpose

professionalism in Civil War medicine." (*Signs: Journal of Women in Culture and Society*, vol. 17, no. Winter 92, 1992): pp. 363-392; Jane E. Schultz and Inc NetLibrary. *Women at the front: hospital workers in Civil War America*, University of North Carolina Press, Chapel Hill, 2004;

²⁰ Historians engage in lively debate about the concept of separate spheres in the 19th century. Earlier historiography, notably Nancy Cott’s groundbreaking 1977 work *The Bonds of Womanhood*, treated women’s space as necessarily separate from men. However, more recently, gender historians perceive women’s and men’s spaces as mutually constitutive and not altogether segregated. As a result, historians now believe the concept of separate spheres functioned more as a middle-class white ideology rather than a lived reality of women and men’s lives. Two important contributions to the development of this field focus on England:

²¹ Margaret Humphreys, *Marrow of Tragedy: The Health Crisis of the American Civil War*. 2013): 20. For more on the ways in which the Civil War affected gender norms see also Nina Silber and Catherine Clinton. *Divided houses: gender and the Civil War*, Oxford University Press, New York, 1992; Ira M Rutkow. *Bleeding Blue and Gray: Civil War surgery and the evolution of American medicine*, Random House, New York, 2005. Brian C Miller., *Empty sleeves: amputation in the Civil War South*, The University of Georgia Press, Athens, 2015.

²² For more about the medical knowledge gained as a result of the Civil War, see Shauna Devine. *Learning from the wounded: the Civil War and the rise of American medical science*, The University of North Carolina Press, Chapel Hill, 2014.

²³ Earnest, S. *Weir Mitchell*, 48-56.

²⁴ Mitchell would later explore the psychic devastation of war on men in Civil War fiction. *Roland Blake* is the most well-known example. See Anne Stiles, *Neurology and Literature, 1860-1920* (Basingstoke [England]: Palgrave Macmillan, 2007).

akin to laboratory research. He was able to split his time between his military duty at Turner Lane and clinical practice at home. But these dual workloads sapped his energy, leaving little left for family, social obligations, or himself.

Then his wife, Mary Elwyn died of diphtheria, and this set in motion a cascade of events that would degrade his psychic and physical state even further. The couple had two children: John, age 3, and Langdon, an infant. Already stressed by his obligations at Turner Lane and in private practice, Mitchell had no time for domestic labor or childrearing. He agreed to allow his unmarried sister Elizabeth Mitchell to move in and assume the maternal role for the boys. She kept the home as well. But Mitchell's work only became more intense. On July 5, 1863, the Union army called Mitchell to Gettysburg. Nothing could prepare him for the sight of 27,000 wounded men on the battlefield, a rattling image that imprinted in his memory. Quick to work, he helped deliver all 27,000 men treatment and shelter within 24 hours.

Later that month, the army sent Mitchell to the Union prison at Fort Delaware, a site notorious for its awful conditions. According to Civil War historian Lonnie Speer, "no other northern prison was as dreaded by the South."²⁵ Inmates endured violence, forced labor, and debilitating torture.²⁶ Mitchell felt overwhelmed by what he saw there, and grew sour about the physical and mental atrocities war engendered. He also felt powerless to help. Nonetheless, the trip taught him he returned to Turner Lane with a new perspective on the "psychic malady" plaguing his patients. Gettysburg and Fort Delaware showed Mitchell firsthand the un-heroic, thankless aspects of military service. These experiences informed his medical practice by

²⁵ Lonnie R Speer and Inc NetLibrary. *Portals to hell: military prisons of the Civil War* (Stackpole Books, Mechanicsburg, PA, 1997.): 77.

²⁶ Ibid.

showing him that physical injury and mental anguish assailed men inextricably. The costs of war included the limbs and lives of soldiers, but Mitchell believed it also took the human spirit hostage. The “psychic malady” as a result of trauma captured Mitchell’s attention and continue to drive his medical practice for the rest of his life.

Though Mitchell gained wisdom and empathy for soldiers during his travel to warzones, these experiences weighed heavily on his own health. When he finally returned to Philadelphia, he was grief-stricken, disturbed, and exhausted.²⁷ In early 1864, he had enough and decided to buy himself out of his military duty. Certainly the demands of the war effort left him little time to grieve the loss of his wife and brother, Ned. He needed a break from the professional and emotional stress of military life. A \$400 fee relieved him of his hospital obligations at Turner Lane and he looked forward to the controlled setting of running the private practice out of his home. Unfortunately, his civilian life proved nearly as stressful and busy. Mitchell’s estranged and capricious brother Wally returned, penniless, from adventures out West and stirred tension within the family. Business hours were booming—Mitchell saw 20 patients a day!—and he struggled to keep the pace. In spring 1864, Mitchell had a nervous breakdown.²⁸

Convinced he needed fresh air and liberation from personal and professional demands, Mitchell promptly abandoned his practice, and his family, and headed to Europe.²⁹ He spent a few leisurely months in England and France. The rest rejuvenated him and he returned to Philadelphia in July 1864 with renewed commitment to medical practice. His trip also afforded him a profound appreciation for the therapeutic value of rest and fresh air. Mitchell had known

²⁷ Earnest, *S. Weir Mitchell*, 56.

²⁸ Mitchell, *Autobiography*, “Early Career,” College of Physicians.

²⁹ *Ibid.*

this to be true for wounded soldiers, but after his summer in Europe, he realized “one does not escape from being a patient because of being also a physician.”³⁰ In fact, Mitchell’s later writings indicate physicians’ particular sensitivity to brain-tire and overwork by virtue of their demanding profession. He defined brain-tire as fatigue caused by overextension of the mental faculties. By the mid-1860s, Mitchell saw nervous debility not as exclusive to war-weary soldiers, but potentially affecting any person who over-exerted their intellectual reserves.

Mitchell carried these lessons from military service into his treatment of men in private practice. In 1872, Mitchell attended a patient who suffered from locomotor ataxia, a nerve disorder known to limit movement. The rather mysteriously patient broke his thigh while walking and spent three months recovering in bed. When the patient emerged from bed rest, he instantly broke the other thigh, and spent three more months in bed. The connection between ataxia and broken bones puzzled Mitchell. But when the patient emerged from bed rest after the second break, with healed bones and steeled nerves, Mitchell concluded two things: ataxia caused brittle bones, which explained the susceptibility to breakage; more importantly, rest was valuable in cases of nerve disease.

At this point, it became obvious to Mitchell there was a therapeutic value to bed rest, and it is significant to note that his training came from his experiences with other men, and as a man himself. The success of “camp cure” for wounded soldiers, his own experience with European vacation, and the unexpected benefit of rest for his ataxia patient culminated in Mitchell’s curious interest in the rest cure as medically valuable—and manly--treatment. To this point, he had stumbled upon these successful treatments and ascribed the curative value of fresh air and rest only in retrospect. I argue his medical evaluation of nervous illnesses is necessarily

³⁰ Mitchell, *Doctor and Patient*, 58.

gendered, and based in his belief that strict gender role expectations—that men bravely fight in battle, that they withstand military trauma without expressing despair, that they bear the sole economic responsibility for their families even without the supporting labor of a wife.³¹ Mitchell developed the rest cure as a response to the constraints he witnessed among men.

Nervous illness resulted from the strict pressures on women, too. In fact, the first time Mitchell implemented his lessons from civil war soldiers occurred with the case of Mrs. G. of Maine in January 1874. Mrs. G had given birth to several children in rapid succession and maintained active engagement in charitable work while pregnant and nursing. As a result, she suffered extreme exhaustion. Mitchell described her as “tall, large, gaunt, weighing under a hundred pounds, her complexion pale and acneous.”³² She was an intelligent woman, but illness rendered her fatigued by thinking, reading, concentrating her eyes, or conversation. Eating proved difficult and she could only keep meals down when she ate alone, in the dark, and in a prone position. Strict bed rest allowed her to eat, but too much rest caused nausea and vomiting of undigested food. Her feeble body could withstand little movement and her exercise was limited to shuffling across her bedroom each day. Prior to seeing Mitchell, she went to physicians and gynecologists who diagnosed her with hysteria and proscribed every treatment available, from tonics to spinal supporters. Nothing alleviated her symptoms, and Mrs. G. prepared herself for a reclusive life of “hopeless invalidism.”³³

³¹ Today, gender scholars describe this phenomenon as gender role strain. While risking anachronism, thinking about Mitchell’s views on gender and men through the lens of gender role strain may help to illuminate some connections between the ways gender roles harmed men in the past, and the ways they continue to do so today. For more on ways social scientists investigate contemporary instances of gender role strain, see

³² Mitchell, “The Evolution of the Rest Treatment,” 2.

³³ *Ibid.*, 3.

When Mitchell found her, he rejected other doctors' "apologetic label hysteria" for Mrs. G. and found her extreme weakness a likely symptom of nervous excitability.³⁴ Rest alone caused the sick woman to regurgitate her food undigested. Too much movement resulted in fatigue. Mitchell believed Mrs. G's rest cure required some form of exercise, but he struggled to reconcile the two seemingly contradictory treatments. While contemplating the case, he recalled seeing a "layer of the hands" use violent and vigorous rubbing to relieve a sick man of paresis. He considered this might work well for Mrs. G., too. He brought a young girl to Mrs. G. and instructed her in the same manner. A few days later, he applied daily "electric passive exercise." Mitchell increased her diet, added iron and more food between meals. At all other times, Mrs. G. remained secluded in bed. Within ten days, she began to "blossom like a rose."³⁵ This experience taught Mitchell the value of overfeeding the patient through a unique combination of "seclusion, massage, and electricity."³⁶ These became the hallmarks of the rest cure to restore the neurasthenic patient to "a state of entire health."³⁷ Mrs. G. made a full recovery in three months' time.

Mitchell publicized the successful rest treatment of Mrs. G in lectures at the Infirmary for Nervous Diseases at the Orthopaedic Hospital where he worked. In 1875, Edward Seguin included the lecture in his series of American Clinical Lectures. In the talk, Mitchell prompted doctors to see beyond the rest cure, and to pay careful attention to what comes after the rest. He opened his talk by stating: "as you well know, it is the way we deal with the case after we have

³⁴ Ibid.

³⁵ Ibid.,4.

³⁶ Ibid.

³⁷ Ibid.,5.

made sure of rest that makes this same rest a help or hurt.”³⁸ Because patients often resisted the instruction to remain in bed for extended periods of time, Mitchell believed the doctor’s encouragement played a crucial role in the effectiveness of the rest. He instructed: “you must be able to make him or her feel sure that it is the best or only way towards cure.”³⁹ This required “a firm trust...and a strong will” to communicate the powerful impact the rest cure would have on the patient.

Mitchell found women to be easier to treat because they had been socialized to conceive of themselves as medicalized subjects. He noted “women take more kindly to rest than men” and more readily followed instructions from a doctor. He believed women were more susceptible to “a set belief that she cannot get up” from proscribed bed rest. By implication, men were less likely to embrace such “childlike obedience”⁴⁰ and required more confident pressure to adhere to the physician’s bidding. He detailed the many uses for the rest cure, from curing nerve damage to broken bones, to locomotor ataxia. He included one case of hysteria, though he made sure to express his disavowal of what he called the “nosological limbo of all unnamed female maladies. It were as well called mysteria for all its name teaches us...”⁴¹ Despite his playful rejection of hysteria as a useless diagnosis a common reaction, he provided a detailed case study of the effectiveness of the rest cure even in such nebulous circumstances.⁴² Likely a reiteration

³⁸ S. Weir Mitchell, “Rest in Nervous Disease: It’s Use and Abuse.” in *A Series of American Clinical Lectures*, ed. E. C. Seguin (New York: G.P. Putnam’s Sons, 1876): 83.

³⁹ *Ibid.*, 84.

⁴⁰ *Ibid.*

⁴¹ *Ibid.*, 94.

⁴² Mitchell frequently disparaged hysteria as a meaningless diagnosis. Additionally, he saw neurasthenia and hysteria as distinct diseases. Neurasthenia was free of the long, feminized history of hysteria, and connoted intellect, civility, and a strong work ethic. See Lillian R. Furst, *Before Freud: hysteria and hypnosis in later nineteenth-century psychiatric cases* (Lewisburg: Bucknell University Press, 2008); Rachel Maines, *The Technology of*

of the case study of Mrs. G, described earlier, the story of Mrs. B. also involved rigorous massage, treatment with electric currents, and abundant eating. After a three months, “this sickly, feeble, wasted creature had become a handsome, wholesome, helpful woman.”⁴³ Mitchell firmly believed in the curative power of the rest cure, and through his successful treatment of women, he attracted the attention of the broader medical community.

Early reviews of the rest cure spoke positively of the treatment. A reviewer in the *Philadelphia Medical Times* offered the pamphlet his “highest praise,” full of “invaluable” medical insight.⁴⁴ In fact, it called upon Mitchell to publish in more detail on the subject, and expand the 20-page pamphlet into a longer book. Meanwhile, he continued to apply the treatment to other cases and gave a lecture about it to the Medico-Chirurgical Faculty of Maryland in 1877. In response to letters from colleagues inquiring about the specifics of the treatment, Mitchell endeavored to write a longer, more comprehensive work.⁴⁵

Gendered Perceptions of Nervous Illness in Mitchell’s Lay Medical Writing

Mitchell published *Fat and Blood and How to Make Them* in 1878 as an instructional guide to the rest cure for physicians. He presented a full description of the rest cure for medical professionals wishing to integrate it into their practice. The book-length treatise devoted a separate chapter to each aspect of the rest cure. The first full chapter, “Fat in its Clinical Relations” justified the medical necessity of building and maintaining a healthy amount of blood

Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction (Baltimore, Md: Johns Hopkins University Press, 1998); Andrew Scull, *Hysteria: The Biography* (Oxford: Oxford University Press, 2009).

⁴³ S. Weir Mitchell, “Rest in Nervous Disease: It’s Use and Abuse,” 86.

⁴⁴ “Reviews and Book Notices,” *Philadelphia Medical Times (1871-1889)* 5, no. 46 (Aug 14, 1875): 733.

⁴⁵ Mitchell, *Fat and Blood*, 10.

and fat.⁴⁶ Mitchell argued for the importance of fat reserves to help patients withstand physical exertion, low fevers, or “prolonged mental or moral strain.”⁴⁷ Readers may have typically associated fat with excess and alcoholism, but Mitchell believed some fat an essential component of a healthy body. Gaining fat aided the blood and together, these strengthened the body enough to ward off fevers, pneumonia, and other illnesses.⁴⁸ *Fat and Blood* instructed doctors to attend to the particularities of each patient’s history and symptoms. These would guide the doctor’s discretion while assembling the proper rest cure proscriptio, tailored specifically to the patients’ needs. Some patients required strict bed rest while others benefited from exercise; still others, like Mrs. G., needed a combination of both. Psychic rest was essential also. Mitchell permitted someone may read to patients between one to three hours a day.⁴⁹ Otherwise, patients extracted themselves from social obligations, stressful situations, and mental labor.

Mitchell expressed a keen awareness of the ways in which gender influenced an individual’s need for a rest cure, but spends much more time describing the conditions of women. He discussed women’s illness overtly and at length. First, he acknowledged the stereotypical conflation of illness with femininity by invoking “the class well known to every physician,--nervous women, who as a rule are thin, and lack blood.”⁵⁰ As a result, physicians of all specialties frequently treated women: Mitchell describes sick women as having been “passed

⁴⁶ Late nineteenth-century medical perspectives on blood viewed the viscosity of blood to lend crucial insight into a person’s health. Too thick or too thin blood reflected poor health, and often intersected with obesity or excessive thinness.

⁴⁷ Mitchell, *Fat and Blood*, 23.

⁴⁸ *Ibid.*, 25-26

⁴⁹ *Ibid.*, 44.

⁵⁰ *Ibid.*, 9.

through many hands” to find remedies for elusive, yet persistent ailments.⁵¹ His comments rest on a presumption that all physicians shared similar experiences with women, that all readers of *Fat and Blood* dealt with women frequently in their offices, complaining of illness. Most often, according to Mitchell, women registered a litany of symptoms of nervous exhaustion: fatigue, headache, trouble sleeping, indigestion, and menstrual trouble. These symptoms wrought emotional havoc on the patient as well. He remarked: “even the firmest women lose self-control at last under incessant feebleness.” Mitchell’s description of women in need of a rest cure affirmed two presumptions: that physicians were well-aware of the complaints of nervous exhaustion among women; and that the most common and visible manifestation of nervous exhaustion came in the form of a sick woman.

Yet, after more than two pages of description of women’s illness, Mitchell abruptly concluded by saying: “Nor this is less true of men...”⁵² He went on to explain: “I have many a time seen soldiers who had ridden boldly with Sheridan or fought gallantly with Grant become, under the influence of painful nerve-wounds, as irritable and hysterically emotional as the veriest girl.”⁵³ The next sentence returned to the subject of women—“If no response comes, the fate of women thus disordered is at last the bed” —leaving men’s nervous suffering a glaring, albeit concise, addendum.⁵⁴ The implications of this acknowledgement of men’s illness are significant because historians have overlooked it. But, Mitchell stated plainly that nervous illness drove men into vulnerable states, both physically and emotionally. Not only that, but those who

⁵¹ Ibid., 9.

⁵² Ibid., 30.

⁵³ Ibid.

⁵⁴ Ibid.

embodied the manliest ideals as warrior and protector—Civil War soldiers—fell victim to the same symptoms that brought women to their doctors in droves. Certainly gendered labor, such as military service, did little to protect men from the debilitating effects of nervous illness.

Mitchell used the example of police officers to demonstrate how manly, protective labor did not immunize men from the loss of fat and blood. He conducted a study on police officers in Philadelphia to measure seasonal weight gain and loss. He wrote, “to my surprise I found that a large majority of the men had lost weight during the summer.” In fact, “the sum total of loss was enormous.”⁵⁵ Men of working classes, he concluded conducted hard labor in the hot sun. However, wealthier men tended to gain weight during leisurely activity in summer months—in fact, many used this time precisely for this purpose. Mitchell’s explanation of his research into the “mass of men who are hard worked, physically, and unable to leave the towns” for an extended rest treatment, such as police officers, shows he was keenly aware of not only gendered, but social class influences on men’s health. This example shows how simply the conditions of men’s work—outside, physical, and constant—not only affected their health negatively but also precluded the leisure activities that could mitigate negative impact.⁵⁶

Mitchell’s instructions to physicians in his long-awaited *Fat and Blood* encouraged them to see nervous illness as contingent upon gender and social class. He also prompted his audience to resist overt judgement of patients whose symptoms seemed too diffuse to be anything but hopeless discontents. In doing so, he legitimized the complaints of so-called hysterical women—the emotional irascibility, the despair, the listlessness—that often frustrated physicians. Furthermore, *Fat and Blood* subtly folded men’s experiences of feminized illness into

⁵⁵ Ibid.,16.

⁵⁶ Ibid.,15.

mainstream medical knowledge. This may have done nothing to redress sexist presumptions of women's constitutional inferiority. After all, in his next book, *Doctor and Patient*, Mitchell blamed women's "physiological processes"—presumably menses and potential for childbirth—for their higher likelihood of many diseases compared to men. But, he notes, "For man, pain is accidental, and depends much on the chances of life."⁵⁷ In other words, the origin of men's illnesses were primarily environmental—subject to climate, lifestyle choices, and I argue, gendered expectations uniquely placed onto boys and men.

The professional responses to *Fat and Blood* were lukewarm, at best. A reviewer in the *Medical and Surgical Reporter*, expressed disappointment that "so scientific a writer as Dr. Mitchell has omitted to state the whole number of cases, with the number of failures."⁵⁸ Mitchell acknowledged potential criticism in the conclusion of *Fat and Blood*. He wrote: "the exceptional value of the treatment which I now leave to the judgment of the larger jury of my medical brothers."⁵⁹ Fellow physician and friend, Charles Burr, wrote that some physicians balked at the attempt to write lay literature to attract patients; they criticized his attempt to educate the public and implied that doing so was an immoral strategy to make money. Other physicians were "horribly suspicious" of the rest cure and "claimed that massage was immoral"⁶⁰ Yet Mitchell had been so confident his experience yielded firm results. In his autobiography, Mitchell recalled feeling devastated by the initial criticism of his work.⁶¹

⁵⁷ Mitchell, *Doctor and Patient*, 84.

⁵⁸ "Review 1 -- no Title." *Medical and Surgical Reporter (1858-1898)* 37, no. 10 (Sep 08, 1877): 194.

⁵⁹ Mitchell, *Fat and Blood*, 106.

⁶⁰ Charles W Burr, *S. Weir Mitchell, Physician, Man of Science, Man of Letters, Man of Affairs* ([Philadelphia]: The College, 1920): 12.

⁶¹ Mitchell, *Autobiography*, "Early Career," College of Physicians.

The public reception of *Fat and Blood* was more significant. Lay readers found *Fat and Blood* advertised in the newspaper, alongside various other nonfiction works.⁶² A West Virginian newspaper promoted the book in an article about the merits of the rest cure in treating “worn-out, nervous women.” The author stated the rest cure “appeals directly to the common sense of any ordinary reader.” Unlike the review in a medical journal, this newspaper article lauded Mitchell “who has used [the rest cure] with singular success in the Hospital for Nervous Diseases in Philadelphia.”⁶³ *Fat and Blood* enjoyed a wide lay audience who could relate to the conversational tone and seemingly straightforward remedies.⁶⁴ As a result, Mitchell continued attracting clients and practicing the rest cure. The cultural significance of the rest cure grew, even as the medical community was slow to accept its legitimacy.

The rest cure gained professional credence in the early 1880s, when British obstetrician William S. Playfair endorsed the rest cure before European audiences. Playfair brandished photographic evidence of physical rejuvenation of the rest cure of patients: a series of before and after photos spoke to the contrasting the somatic states these patients, all women, experienced. Before treatment, patients were gaunt and lifeless. Their lips turned down and their eyes sunk into the dark circles on the thin flesh beneath them. After treatment, each woman appeared plump and strong. Historian Michael Blackie called these portraits “a visual narrative” of the healthful effects of diet, massage, electricity, isolation, and rest.⁶⁵ The allure of modern technological representations via photograph turned out to be quite compelling. By the mid-

⁶² *The Cincinnati daily star*. ([Cincinnati, Ohio], 18 Aug. 1877.

⁶³ *The Wheeling daily intelligencer*. (Wheeling, W. Va.), 10 Sept. 1877.

⁶⁴ Earnest, S. *Weir Mitchell*, 77-78.

⁶⁵ Blackie, “Reading the Rest Cure,” 62. Also, see this article for reprints of 12 of the original photographs. Originals are housed at the College of Physicians in Philadelphia.

1880s, the tide of professional opinion followed a growing public awareness of and sympathy for rest cures for nervous illness. Mitchell's next two popular books reflected this, and more boldly addressed men's experience of nervous illness.

1880s: Growing Visibility of Nervous Men

Before men would seek treatment from a doctor, they first needed to recognize their conditions as illness in need of medical care. Mitchell's texts served to teach the public to identify symptoms of nervous illness and recognize the pervasive and dire consequences for neglecting proper treatment. The causes of nervous illness were ubiquitous, especially in cities where "in exaggerated shapes all the evils" that cause nerve illness flourished.⁶⁶ Mitchell attested to the increasing rates of what he called "nerve deaths" by correlating the general rise in death rates in cities. For example in Chicago, the population increased dramatically between 1852 (49,407) and 1868 (252,054) and the city became "the keenest and most wide-awake business centre in America."⁶⁷ According to unpublished mortuary records from Dr. J. H. Rauch, the Sanitary Superintendent of Chicago, the city's death rate from nervous disease had sharply and disproportionately risen during this time. Records show death from apoplexy, palsy, epilepsy, St. Vitus's dance, and other physical and diagnosable diseases of nerve organs increased 20.4 times, accounting for one in 10 deaths by 1868 (a rate up from 1 in 26 deaths in 1852). While many nerve diseases result in death, others, like neuralgia merely cripple the patient. Thus the mortuary statistics, as alarming as they sounded, understated the true impact of nerve illness.

⁶⁶ Mitchell, *Wear and Tear*, 23.

⁶⁷ *Ibid.*

Mitchell's next two books built from his early success and addressed a broad public audience. Mitchell published *Wear and Tear, or Hints for the Overworked* in 1887, and *Doctor and Patient* the following year. Both monographs addressed the lay public directly and in plain terms.⁶⁸ *Wear and Tear* described the nature and condition of nervous illness. In it, Mitchell described neurasthenia through the experiences of personal friends and colleagues, esteemed men whose professional roles burdened their mental acuity and physical fortitude. He emphasized the ubiquity of nervous illness and cautioned the public that it could happen to anyone. Mental and physical symptoms intertwined, and manifested differently in each patient. *Wear and Tear* served as a guide for lay readers to recognize their own symptoms in the stories of others, and to acknowledge the need for medical care. *Doctor and Patient* focused on the treatment, and set an unofficial standard for physicians to follow, both as stewards of the rest cure and as potentially overworked, nerve-weary patients themselves.

In both books, Mitchell devoted significant time to exploring the ways in which different social expectations for girls and boys—both privately at home, and in public institutions such as school—bred gendered outcomes in teens and adults. Furthermore, Mitchell's work portrayed men as powerful bastions of civilized society—that is, white, professional, urban men—whose illness stemmed from an environment that not only sapped their resources, but too often ignored their suffering. To the public, Mitchell painted nervous illness as a symptom of industrialized life, afflicting white working men precisely because they were at the helm of social, economic, and intellectual progress. To physicians, Mitchell insisted neurasthenic patients—especially

⁶⁸ The 2004 reprint of *Wear and Tear* by AltaMira Press prefaced the primary text the same way it introduced *Fat and Blood*: as an example of misogynist medical perspectives from the late-nineteenth century. In the opening text, historian Michael Kimmel invited modern readers to “read it angrily, as it serves to reinforce the most pernicious stereotypes about women.” (xi).

men—suffered gravely from their environments, and should be taken seriously and treated with respectful sympathy. Together, I argue, these books successfully supported a social constructionist perspective on gender, coded quotidian and diffuse symptoms with a manly legitimacy, and instructed doctors to view sick men as victims of unfortunate circumstance.

Mitchell's written work intervened in an ongoing conversation about the origins of sex differences, and prevailing medical paradigms used material evidence rooted in the body—brains, musculature, or energy forces—to justify institutional privilege of men over women. As chapter two discussed, Spencerian adaptations of Darwin's theory of the "survival of the fittest" naturalized the social order as an inevitable reflection of nature's intention. While some historians condemn Mitchell for holding views which branded women as fundamentally more sickly and less intelligent than men, I argue that blanket condemnation misses his subtle yet persistent recognition that social pressure and environmental demands debilitated anyone—woman or man. This analysis paints a nuanced view of Mitchell's lay medical writings; more importantly, it provides insight into the way the public came to learn about neurasthenic men. Through them, Mitchell instructed the reading public to understand gendered social roles as outcomes of distinct training: a well-supported person could move through life with health intact; however increasingly, and as leading neurologists argued, especially in the United States, modern life posed significant challenges to a person's development. The rigorous pace and high demands on one's energy exacerbated already existing constitutional weaknesses, and because social roles differed for women and men, the consequences also differed according to gender. First, I will demonstrate how Mitchell distinguished between nervous men and nervous women using constructionist attitudes. Then, I will discuss how his critique of three important agents of socialization, family, education, and labor, provided a framework for understanding how white

American men—who by every other metric were expected to be biologically programmed for success—could be breaking down. Using neurasthenia to explain men’s languid physical and mental states, Mitchell urged readers not only to sympathize with sickness, but to envision illness as a quintessential component of white, American manhood. Through Mitchell’s most popular medical writing, the neurasthenic man emerged: exhausted, down-trodden, fraught with anxiety, and yet still confident in his constitutional superiority to women and non-white men.

Mitchell attended to the gendered pressures men and women faced and acknowledged these as worthy of discreet attention. I do not mean to overstate Mitchell’s rejection of the determinist perspectives of his day. In fact, in *Wear and Tear*, Mitchell described the boys and girls as “two sets of beings of different gifts, and of unlike physiological needs and construction.”⁶⁹ Famously, Mitchell argued women were inherently intellectually inferior to men.⁷⁰ Charles Burr memorialized Mitchell by stating, “He did not believe in the racial and mental equality of men. He did not believe that all men could take education.”⁷¹ As these comments suggest, Mitchell adhered to the core tenet of 19th-century medicine: social hierarchies reflected fundamental differences between races and sexes. However, Mitchell also believed in the power of environment to shape an individual. And he believed that post-industrial society placed new and harrowing pressures on people to work more productively in more confined spaces than ever before. Urban life precluded an individual’s basic need for regular exercise and a healthy diet. Mitchell recognized that a combination of biological and social forces

⁶⁹ Mitchell, *Wear and Tear*, 43.

⁷⁰ *Ibid.*

⁷¹ Charles W Burr, *S. Weir Mitchell, Physician, Man of Science, Man of Letters, Man of Affairs*. ([Philadelphia]: The College, 1920): 27.

produce a sick or healthy person; such conditions could not be explained by constitutional failure alone.

In *Wear and Tear* and *Doctor and Patient*, Mitchell described nervous illness as the result of an unfavorable environment. Many of the routes to health, he believed, lay within the control of the average person. Furthermore, he conceived of health broadly, naming physical and mental health to be fundamentally interconnected; he implied, through his descriptions of case studies that emotional health mattered significantly, too. In this chapter, I will use the phrases “mental health” and “emotional health” interchangeably to highlight the way Gilded-Age physicians often conflated the two.⁷² Mitchell’s general proscription for maintaining overall health demonstrated his view of the relationship between the mind and the body. He encouraged patients to “Eat regularly and exercise freely, and there is scarce a limit to the work you may get out of the thinking organs.”⁷³ He instructed readers that “a proper alternation of physical and mental labor is best fitted to insure a lifetime of wholesome and vigorous intellectual exertion.”⁷⁴ Because Mitchell’s views about nervous illness involved a contingent relationship between one’s health and one’s body, he could describe how boys and girls engaged unfavorable environments differently. If the environment made people sick, then different environments yielded different results.

⁷² In the 1880s, the medical establishment had not yet decided how to engage emotions or think about behaviors and experiences. Psychology and psychoanalysis would not find a broad audience until the early 20th century, and would not become a fixture in American medical treatment until mid-century. Mitchell’s attention to his patients’ feelings in the 1880s, then, set him apart from his peers whose 19th-century goals focused more on measuring, quantifying, and classifying the body.

⁷³ Mitchell, *Wear and Tear*, 20-21.

⁷⁴ *Ibid.*, 21.

Mitchell argued parents prominently shaped their children's gender identity during the "ductility of childhood."⁷⁵ learned, especially regarding emotional stability. In *Doctor and Patient*, Mitchell argued parents instructed boys to withstand pain without emotional expressiveness; this fostered adulthood traits of focus and self-constraint. With girls, however, were enabled by parents' tolerance for their emotions. This set them up to be more susceptible to nervousness in adulthood. Mitchell blamed parents for the emotional weakness of the "spoiled child" who never learned to endure pain and instead became "the self-pampered woman."⁷⁶ Thus, Mitchell believed parents *trained* girls into inferiority by failing to equip them with the tools to navigate professional worlds successfully.

What can be read as misogynist declarations of women's intellectual and constitutional inferiority I read as implicit affirmations of boys' socialization. In other words, Mitchell believed parents socialized boys to succeed in public, professional worlds, but did do the same for girls. As a result, Mitchell believed it was not only a woman's body and brain that rendered her more likely to become sick and distraught—rather, no one taught her to be otherwise. Though Mitchell recognized the "grave significance of sexual difference" and believed women, as a class, could never outperform men, as a class, he blamed parents for failing to recognize and cater to these differences. From this perspective, the fact that sick women populated doctor's offices and the pages of medical reports was a result of poor socialization and support for gender differences.

Gendered socialization began in childhood. Mitchell censured common parenting habits for promoting ill health in children. Some of these were clearly connected to physical

⁷⁵ Mitchell, *Doctor and Patient*, 104.

⁷⁶ *Ibid.*, 90.

development, such as “improper and unwholesome food,” “irregularity of eating and sleeping,”⁷⁷ But most of Mitchell’s concerns lay in parents’ regulation of behaviors and emotions. He highlighted “the little ailments of childhood—the hurts, the accidents, and the disorders or the diseases of youthful years.”⁷⁸ Mitchell found these to be powerful formative events, and gravely cautioned: “Let us be careful how we deal with them.”⁷⁹ In Mitchell’s estimation, parents responded to a child’s suffering differently for girls than for boys. Parents assumed a girl child “to be weak, and it is felt that for her tears are natural and not to be sternly repressed.”⁸⁰ She learned to emote freely, and her family environment reinforced the gendered perception that girls were frail and emotional. To boys, parents responded the opposite way. Mitchell recounted many mothers who believed a “hurt boy is to be taught silent, patient endurance.”⁸¹ Parents reprimanded their sons for showing emotion: “What! You, a boy, to cry! Be a man!” they told him.⁸² Having learned similar things from their parents, other boys pressured one another to censor emotional expression. Boys labeled emotional peers “a ‘cry-baby’ if he wimpers, ‘a regular girl,’ ‘a girl-boy.’”⁸³ Mitchell felt deep concern for boys who lacked basic emotional skills as a result of a stifling family environment. On one hand, this type of socialization provided him the essential “adult, rational endurance” that led to professional success and social acceptance. But it also raised boys without a language or a platform to address adult emotional

⁷⁷ Mitchell, *Wear and Tear*, 41.

⁷⁸ Mitchell, *Doctor and Patient*, 84-5.

⁷⁹ *Ibid.*, 85.

⁸⁰ *Ibid.*

⁸¹ *Ibid.*, 83.

⁸² *Ibid.*, 85.

⁸³ *Ibid.*

experiences as men. As Mitchell's experience taught him, men *did* grapple with a range of emotions, yet they had learned at a young age to repress them.

In play and physical activity, parents regulated their children in harmful gendered ways.

Mitchell instructed:

Train your girls physically, and up to the age of adolescence, as you train your boys. Too many mothers make haste to recognize the sexual difference. To run, to climb, to swim, to ride, to play violent games, ought to be as natural to the girl as to the boy. All this is fast changing for us, and for the better. When I see young girls sweating from a good row or the tennis-field, I know that it is preventative medicine.⁸⁴

His proscription affirmed two things: the inherent potential of all children, regardless of sex; and the relationship between unbounded physical activity and one's mental health. To deny girls these activities would be to subdue their health potential. Once again, Mitchell's critique of the socialization of girls implied affirmation of the socialization of boys. If given the opportunity to play, exercise, and move about freely, Mitchell believed, a child would be more likely to sustain good health later in life. And yet, parents typically offered these opportunities to boys. He wrote of "homes where the girls put on the gloves, and stand up with their brothers, and take gallantly the harmless lows which are so valuable a training in endurance and self-control."⁸⁵ But these were not the norm. Despite all the negative quips about women, Mitchell also believed "there is no reason why the mass of [adult] women should not live their own lives as men live theirs..."⁸⁶ Overall, Mitchell's assessment of differences between boys and girls included the types of childhood activities their parents permitted. He concluded that a child's upbringing—full of

⁸⁴ Ibid., 141.

⁸⁵ Ibid., 142.

⁸⁶ Ibid., 144. The remainder of the sentence suggests that during menses, women may need to break from ordinary activity.

exercise and free choices—laid a reliable foundation for a successful, fortified adulthood; confinement away from these things could bewitch anyone—girl or boy—with debilitated health later on.

Mitchell believed the education system perpetuated the negative impact of differential treatment begun in childhood. He found that “distressing cases are apt to occur among the overschooled young of both sexes.”⁸⁷ But becoming “overschooled” was a gendered experience. For girls and young women, the risk of overschooling loomed highest during puberty and menses. Without proper attention to these physically draining, yet essential features of a woman’s physiology, education could quickly become dangerously exhausting. Intense study during these crucial times, Mitchell and many Victorian physicians held, could damage a woman’s reproductive organs. Women’s colleges took care to offer appropriate support to their students. However, men’s colleges assumed men did not need such support for the intensity of their studies, and so most colleges left men to navigate their health needs with the strain of college study on their own. So, for men, overschooling meant overexertion and extreme exhaustion. Mitchell related to this concept as he, in his early college years, performed poorly and struggled to graduate. He wished to see colleges follow the model of Johns Hopkins, “an admirable exception, [where men received] the physical examination on matriculation...[of] utmost value.”⁸⁸

In many ways, overwork potentially threatened the health of all students. Mitchell called for keen attention to the ways in which college academics, sports and other endeavors did not exceed an individual’s physical capacity. He understood this to be a “vice of the age” rather than

⁸⁷ Mitchell, *Wear and Tear*, 63.

⁸⁸ *Ibid.*, 45.

a direct outcome of the process of schooling. Modern education, like many factors of modern society, overtaxed students, physically and mentally. He also spoke generally about all students, calling “overpressure...a disease of the body politic” that plagued late-19th-century life. He lamented “mental work is more exhausting here [in the United States] than in Europe” due to climate and “furnace-warmed houses, hasty meals, bad cooking, or neglect of exercise.”⁸⁹

Yet Mitchell’s description of the influence of education on women and men demonstrated different experience based on gender. Mitchell argued that a student’s constitution *and* upbringing determined how well-equipped they were to withstand the pressure of post-secondary education. Because colleges presumed men would be capable, and so did not even recognize any need for testing or support. Mitchell told his readers this was medically unsustainable because “I have known many valuable lives among male and female students crippled hopelessly owing to the fact that no college pre-examination of their state had taught them their true condition.”⁹⁰ This so-called “true condition” could be physical or emotional. Without tests to confirm physical aptitude, and without tools from childhood to express emotional experiences, men navigated their college years alone. Gendered norms for manhood in the late 19th century left men with no opportunity for fear, uncertainty, or failure.

These pressures only became more intense once men entered the labor force; men’s experiences as workers comprise significant sections of *Wear and Tear* and *Doctor and Patient*. As all proponents of neurasthenia in the late-19th century contended, Mitchell viewed the disease as an outcome of modernization. Work hours dragged on, and economic security seemed out of reach or short-lived at best. The urban, industrial world simultaneously promised white,

⁸⁹ Ibid., 59.

⁹⁰ Ibid., 65.

American men they stood at the helm of the future, and inherited God-given and scientifically-proven superiority over all others. And yet, they crumpled under the pressure of their professional roles, as laborers, brainworkers, and breadwinners. “In days of financial trouble this combination [of anxiety with physical and mental overwork] is sometimes fatal to the health of the strongest men.”⁹¹ While he spoke of treating greater numbers of neurasthenic women, men comprised the most serious cases. For example, he deemed “the overtasked man of science” the most likely candidate for neurasthenia.⁹² The intensity and focus scientific work demanded of its men often drove them into debilitating cases of brain tire.

Businessmen also faced health challenges as a result of their work demands. Mitchell recounted:

The worst instances to be met with are among young men suddenly cast into business positions involving weighty responsibility. I can recall several cases of men under or just over twenty-one who have lost health while attempting to carry the responsibilities of great manufactories. Excited and stimulated by the pride of such a charge, they have worked with a certain exaltation of brain, and achieving success, have been stricken down in the moment of triumph. This too frequent practice of immature men going into business, especially with borrowed capital, is serious evil. The same person, gradually trained to be naturally and slowly increasing burdens, would have been sure of a healthy success.⁹³

Two points are notable here. First, the most severe cases of neurasthenia occur among business men. Secondly, the reason for this is they are “immature”—unready for the high stakes and fast pace of the business world. Mitchell believed that in due time, with proper guidance, one could learn the trade and enjoy success. But without that, men likely flailed under the pressure of their environment.

⁹¹ Mitchell, *Doctor and Patient*, 123.

⁹² Mitchell, *Wear and Tear*, 62.

⁹³ *Ibid.*, 63.

Another aspect of paid labor which disproportionately afflicted men was working conditions. White, middle- and working-class men in cities languished from “late hours of work, irregular meals bolted in haste away from home, the want of holidays and pursuits outside of business, and the constant practice of carrying home, as the only subject of talk, the cares and successes of the counting-house and the stock-board.”⁹⁴ In Mitchell’s characterization, work life consumed men entirely, and even time away from it never afforded men a genuine break. Suggesting that men who discussed this matter with him felt a sense of shame or guilt, Mitchell described their conversation as a confession: “Men have confessed to me that for twenty years they had worked every day, often travelling at night or on Sundays to save time, and that in all this period they had not taken one day for play.”⁹⁵ Not only were men unprepared for the nature of their jobs, but the non-stop schedule exhausted them. Mitchell’s writing portrayed the manly roles of provider and breadwinner to be fraught with intensity unlike any other. Harming the cerebral and manual laborers alike, Mitchell deemed overwork a “frightfully general social evil.”⁹⁶ To Is it a wonder if asylums for the insane gape for such men?⁹⁷

Because Mitchell blamed socialization and unprecedented demands for a person’s poor health, he promoted sympathy and respect for patients as models for successful care. Even despite his dismissive attitude toward women, he promised that bouts with nervousness “had not

⁹⁴ Ibid., 64.

⁹⁵ Ibid., 65. It’s important to mention here that Mitchell did not characterize women as unaffected by work. Rather, she did a different kind of work. Mitchell’s description of women workers as caretakers, teachers, and homemakers indicated a middle-class perception of women. Surely many women toiled for 20 hours in factories like the men he wrote about. What matters here is not Mitchell’s accuracy

⁹⁶ Ibid.

⁹⁷ Ibid., 64-5.

lessened my esteem for women.”⁹⁸ He defended the nervous patient—especially the nervous woman—saying “so much of this [diseased state] is due to educational errors, so much to false relationships with husbands, so much is born out of that which healthfully dealt with, or fortunately surrounded, goes to make all that is sincerely charming in the best of women.”⁹⁹ In other words, that which plagued sick women was not a product of an essential ineptitude; rather, people developed nervous disease because of a constellation of unfortunate circumstances. Mitchell believed individuals should not be casted off because of their neurasthenia—they should be helped.¹⁰⁰

One of the primary motives of physicians’ medical writing aimed at the public was to help them by educating them. Too often, nervous patients lacked concrete understanding of their condition—which only exacerbated the symptoms. This problem potentially plagued an individual’s life as early as childhood. Physicians, reliant upon consistent patronage, may not accurately diagnose a child for fear of alienating his parents. Mitchell argued “it is safer and more flattering to his patrons to say that the child has broken down from overwork than from the excesses” of home life.¹⁰¹ Polite physicians danced around the real causes in their diagnoses to avoid offending patients’ life choices.¹⁰² Thus some physicians could not be trusted, and

⁹⁸ Mitchell, *Doctor and Patient*, 10-11.

⁹⁹ *Ibid.*, 11.

¹⁰⁰ As a Philadelphia physician, Mitchell inherited the city’s long debate over custodial care for the mentally infirm. Known for its progressive almshouses and asylums, Philadelphian medical professionals led the trend toward humanizing patients deemed insane. See Nancy Tomes, *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry* (Philadelphia: University of Pennsylvania Press, 1994).

¹⁰¹ Mitchell, *Wear and Tear*, 41.

¹⁰² Mitchell also commented on the dangers of too much sympathy which could impede a physicians’ judgment. See Mitchell, *Doctor and Patient*, 45.

especially not with the vulnerable, innermost fears of breakdown and failure that white, middle- and working-class patriarchs experienced in the late-19th century.

Mitchell knew patients felt overwhelmed by the potential number of doctors, treatments, and remedies available to them—and so he highlighted physician’s trustworthiness.¹⁰³ While by the end of the century, professionalization, the training standards set out by the American Medical Association, and literary representation presented the doctor as a skilled, static figure who bestowed objective practice onto his patients, Mitchell rejected this characterization. Especially regarding the obtuse and slippery nature of a disease like neurasthenia, a singular, fixed scientific definition was impossible. The treatment of nervous diseases required flexibility, attention to context, and a subjective, individualized approach. Not one to sacrifice the authority of science, Mitchell took a literary approach to nervous disease: he reminded his audiences about the “contradictions in real life”¹⁰⁴ which precluded a clear standard for nervous disease. Mitchell wished more dynamic portrayals of doctors existed in literature to humanize the profession. In nineteenth-century literature, he noted, doctors appeared as one-dimensional figures, called into cure a sick character, but never developed further. In reality, Mitchell proffered, physicians fashioned “notable individuality among his brethren in middle life.”¹⁰⁵ Mitchell himself modeled this; by 1880, the public learned not Mitchell not only as a physician but also as a talented fiction writer.¹⁰⁶ Like the neurasthenic patient, doctors abided complex experiences—they were complicated, fallible humans like anyone else. He called for a “simple,

¹⁰³ This dissertation shows men received cautionary information about doctors from other sources too: YMCA medical talks and news media.

¹⁰⁴ Mitchell, *Doctor and Patient*, 69.

¹⁰⁵ *Ibid.*, 76.

¹⁰⁶ Mitchell published his first collection of short stories, “Hepzibah Guinness and Other Stories,” in 1880. See W. J. Price, “Dr. S. Weir Mitchell,” *New York Times*, Nov. 30, 1901.

honest, dutiful story of an intelligent, thoughtful, every-day doctor,” to whom patients could relate and open their most vulnerable inner lives.¹⁰⁷ In *Doctor and Patient*, Mitchell transfigured the medical interaction into a friendly encounter between collaborators. By posing the doctor as a human, relatable character—himself susceptible to nervous illness and emotional unbalance—Mitchell encouraged the patient to bare his true self. As sympathy became part of the doctor-patient dynamic, the interaction in the clinic became less about a professional consultation and more about two men talking over shared experiences.

Mitchell facilitated a trusting relationship by describing the doctor-patient relationship in religious terms. In a tender moment of self-reflection in *Doctor and Patient*, Mitchell described his role as physician as “a confessor, and while the priest hears, as I have once said, the sins and foibles of to-day,” the doctor will hear “the story of a life.”¹⁰⁸ As a confessor, the physician listened—truly attended—to the experiences of the patient. And more than a priest who “hears [only] the crime or folly of the hour,” the physician invited a patient to share “the long, sad tales of a whole life, its far-away mistakes, its failures, and its faults.”¹⁰⁹ Mitchell suggested patients approached their physicians with similar potential for intimacy and candor as they would their minister. In fact, Mitchell intimated that a physician would be even more useful because he would consider the whole person’s history, not just immediate troubles. The parallel between medical and religious confidants emphasized a requirement trustworthiness inherent in each vocation. Mitchell insisted the physician could be trusted to “guard the secrets wrung from you

¹⁰⁷ Mitchell, *Doctor and Patient*, 80.

¹⁰⁸ *Ibid.*, 43.

¹⁰⁹ *Ibid.*, 10.

on the rack of disease.”¹¹⁰ Especially since many of men’s cases of neurasthenia involved sexual performance or bitter anxiety, the assurance that doctors were relatable, attentive, and trustworthy encouraged them it was safe to seek treatment.

Finally, Mitchell’s characterization of neurasthenia in *Wear and Tear* and *Doctor and Patient* coded its quotidian symptoms with manly legitimacy. Many of the examples Mitchell referred to involved men in prestigious positions. As mentioned earlier, nervous illness happened to scientists, brainworkers, and breadwinners of all varieties. Other candidates included manufacturers, railway officials, brokers, clergy, and lawyers.¹¹¹ Exhaustion affected brainworkers differently. For example, a medical scholar engaged in three hours of intense brainwork a day and suffered debilitating fatigue. Another case of a “physician of distinction” only got brain-tire after extended periods of concentration.¹¹² Mitchell explained these varied cases to show brain-tire was difficult to identify: it was easily mistaken for other problems, it revealed itself only after it was too late, and it affected individuals differently. Furthermore, it did not only happen upon brainworkers but to anyone who overused his brain. Virtually anyone with digestive symptoms or disrupted sleep could have been a candidate for nervous disorder. Even, as Mitchell’s own bout with neurasthenia demonstrated, “One does not escape from being a patient because of being also a physician.”¹¹³ No man, it seemed, was immune from the reach of nervous illness. In fact, as Mitchell told it, all of the gendered expectations for men—specifically white, urban men—contributed to the likelihood of disease. Those who occupied

¹¹⁰ Ibid., 43.

¹¹¹ Mitchell, *Wear and Tear*, 63.

¹¹² Ibid., 16-18.

¹¹³ Ibid., 58.

prestigious professional positions were white men; those who were beleaguered by stressors of the urban breadwinner role were white men. Mitchell's portrayal of neurasthenic men depicted—with respectful sympathy—that white men across social class lines were breaking down.

I argue Mitchell's public-facing writing effectively expanded definitions of late-nineteenth century white manhood to include precarious mental and physical health. Mitchell believed that the public got most of their views about doctors, health, and illness by reading about it—and so the accessibility and popularity of his lay medical literature reflected his intentions to sway public opinion.¹¹⁴ He drew from personal experience to refashion their perception of nervous men. Much of Mitchell's work was inspired by his experience during the Civil War in which he witnessed many patients suffer emotional trauma, disillusionment, and grief as a result of the horrors of the war. Less violent but nonetheless traumatic events could trigger nervous disease in men, according to Mitchell: “news of sudden calamity such as death or financial disaster” could manifest emotional struggle into physical illness.¹¹⁵ Mitchell recounted an incident when he saw a friend of his receive a telegram indicating the “disgrace of one dear to him” and immediately felt an explosion go off in his head causing severe headaches.¹¹⁶ Sometimes the impact accrued more gradually as a result of prolonged wear on the mind and body. For men, financial demands bore down healthy men into nervous patients.

Just as environmental factors generated nervous illness, changes in environment provided cures. The final section of *Doctor and Patient* built upon the standard rest cure to include

¹¹⁴ In *Doctor and Patient*, he criticized the growing trend in literature toward realistically portraying gruesome experiences of illness and death threatened to convince readers they knew science (69-73).

¹¹⁵ Mitchell, *Doctor and Patient*, 121.

¹¹⁶ Ibid.

spending time in the rugged outdoors. Sometimes called the West Cure or the camp cure, Mitchell's recommendation relied on nature as a respite from triggering stressors. Though addressed to women, the chapter drew from Mitchell's own restorative summer fishing trips with his dear friend, Phillips Brooks. It idealized a properly masculine way of life as mentally and physically stabilizing for anyone who participated. The cure for women's nervousness did not address women *as women*, but aimed to restore nervous patients—women or men—to a lifestyle that promoted health and rigor.

While certainly economic privilege facilitated these women's camp cures, Mitchell was keen to point out this type of remedy was available to those of average means as well. He instructed readers to venture to the White Mountains or the coast: "with a good tent or two, which costs little, you may go to unoccupied beaches, or by inlet or creek or live for a little."¹¹⁷ The camp cure was not only for women, or for the wealthy; here he generalized the positive effects for all "young people" who hire a boat and head to the Jersey coast¹¹⁸. Once again he used the specific case study of a woman to introduce nervous illness but applied the remedy to all sufferers—including men. While boys may have learned camping skills in childhood more readily than girls, Mitchell granted that "young women may swim, fish, and row like their brothers."¹¹⁹ He assured readers the camp cure delivered a "free life" that alleviated the "nervousness with which house-caged women suffer."¹²⁰ These activities steeled the body against illness when the camping trip even after the camper returned to breathing stagnant indoor

¹¹⁷ Ibid., 158.

¹¹⁸ Ibid.

¹¹⁹ Ibid., 160.

¹²⁰ Ibid., 161.

air at home. More importantly, their efficacy crossed class differences, thereby making a form of this treatment available to men of all white, nervous men who sought it out.

He concludes *Doctor and Patient* with a personal appeal: “I trust I have said enough to tempt others to try each in their way to do what has been for me since boyhood a constant summer amusement.”¹²¹ No longer pledging the physiological gulf between women and men or the fundamental difference between doctor and patient, Mitchell’s instructions for good health applied to anyone—potentially everyone—who toiled under modern working conditions. In fact, he reveals his own illness and recovery to be the root of his professional opinions. Combined with the cases of Civil War soldiers and his friends in brain-working professions Mitchell’s experience as a neurasthenic man demonstrated that even the most successful men *as men* broke down. He defined late-nineteenth century manhood as inherently subject to nervous illness—precisely because it required men to overburden themselves with professional and familial responsibility. Neurasthenia, then, was a symbol not of weakness, but of achievement—an unintended byproduct of the high expectations for white manhood in a modern, urban America.

Conclusion

Mitchell’s friends corroborated his public persona as a trustworthy, delightful person. . . A junior colleague, Dr. Guy Hinsdale wrote a glowing appreciation for Mitchell’s mentorship to medical students and young doctors. Hinsdale described Mitchell as a “sympathetic and helpful

¹²¹ Ibid., 177.

friend.”¹²² Another friend, Beverly Tucker wrote a longer biography 1914.¹²³ She intended for dedication to inspire readers to become “drawn and elevated by a feeling of personal admiration for this truly great and learned man.” In 1919, Mitchell’s junior colleague, Dr. Charles Burr, delivered “S. Weir Mitchell Oration” at Mitchell’s alma mater, the College of Physicians in Philadelphia. Burr called Mitchell the “guiding spirit” of his hospital and a “revivifying influence” on the public library. Those who knew him personally portrayed him as a prodigious literary and medical luminary with a devoted attention to the well-being of his mentees and patients.

S. Weir Mitchell’s biography and major medical publications are central components to the history of neurasthenia. They provide new insight into Mitchell’s attitude toward gender, specifically that Mitchell cared deeply about the physical, mental, and emotional well-being of men. While the historiography about Mitchell too often dwells on his chauvinism, I argue Mitchell spoke candidly and sympathetically about the perils of late-nineteenth century gender roles for white men. Moreover, he enjoyed a favorable reputation among colleagues and the public; as a physician as a fiction writer. His writing demonstrated he was keenly aware of himself on all of these levels. Notably, he used narrative to educate the public about nervousness, and he leveraged his prestige to destigmatize the men who suffered from it. His popular medical writing helped individual men resolve the contradiction between the constitutional superiority they believed characterized their white manhood and the debilitating weakness they experienced; the rhetoric of neurasthenia reconciled this contradiction.

¹²² Guy Hinsdale, *S. Weir Mitchell* (Philadelphia: J.B. Lippincott Co, 1902): 3.

¹²³ Beverley R. Tucker, *S. Weir Mitchell; a Brief Sketch of His Life with Personal Recollections* (Boston: Badger, 1914): 8.

Mitchell's instruction reverberated across medical circles and into larger conversations about white manhood in the 1880s and 1890s. Other doctors followed him, especially those who continued to promote sympathetic medical treatment at Mitchell's Infirmary for Nervous Diseases in Philadelphia. While S. Weir Mitchell and George Beard dominated the medical conversation about neurasthenia, physicians across the country engaged and replicated their message. F. G. Gosling's examination of medical writings show that non-elite, non-urban physicians carried Mitchell's and Beard's perspectives about neurasthenia into their small-town clinics. They embraced the sympathetic approach. According to Gosling, non-elite physicians used "phrases like 'understanding the patient,' 'educating the patient,' and 'getting a mental grip on the patient.'"¹²⁴ There was remarkable consistency between the leading neurologists' prestigious posts at northern hospitals and universities and their colleagues in family clinics in rural Southern and Western towns.

Additionally, advertisements and organizations such as the YMCA also recognized the uncertainty and vulnerability men felt, and offered confidential solutions as well. White, working men began to envision manhood and nervousness not as mutually exclusive, but necessarily constitutive. They became more likely to identify with their fears and vulnerabilities, and to see nervousness not as a signal of inherent weakness, but of affirmation that their environment stressed them so precisely because they were superior to women and non-white men. The subsequent chapters of this dissertation will show how neurasthenic manhood normalized weakness and breakdown as a quintessential part of white manhood.

¹²⁴ F.G. Gosling, *Before Freud* (Chicago: University of Illinois Press, 1987): 129.

CHAPTER 4
“NEVER ONCE LET GO OF YOUR GRASP ON SELF:” LESSONS FROM THE YMCA
ABOUT SEXUAL HEALTH 1879-1900

Introduction

“For Men Only” appeared in bold letters on YMCA promotional pamphlets in the 1880s and 1890s. These exclusive events stood out amid the mostly co-ed social and educational programs the YMCA hosted. The pamphlets contained information about upcoming Medical Talks regarding sexual health and nervousness. This type of promotional literature and the lectures they advertised highlighted a keen sense of urgency that men’s sexual and emotional health. I argue that YMCA activity in the Gilded Age embraced the language of neurasthenia to achieve its goals of social reform among white, urban men. Scholarship acknowledges that the New York Association stood at the helm of post-bellum development of the global YMCA. Tasked with the objective of impressing upon men a moral responsibility suited to changing social mores of the period, the New York Association led the YMCA in carefully curating educational programs and social support systems to provide a safe alternative to the licentiousness in the streets. This chapter argues that the YMCA the cultural and medical value of neurasthenia rhetoric to advance its own modernization process, to promote its brand of social purity, and to teach men to mitigate sexual and emotional distress.

The YMCA led the charge of urban reform since the mid-nineteenth century. Determined to promote a climate of virtue and manly prosperity within an industrialized society, YMCA branches offered a Christian haven. For white, middle- and working-class men in American cities, time clocks stamped out their dignity, mechanized labor trounced their vigor, and factory managers curtailed their autonomy. As Anthony Rotundo observed, industrialization squashed typical routes to self-made manhood, and urban men found bodily pleasures of

drinking, boxing, sex, and carousing with others highly seductive.¹ Yet all of these options threatened the health—physical and mental—of men in cities. In response, the YMCA interceded redirect men’s interest in vice toward virtuous pursuits consistent with Christian theology.² These goals coincided with those of S. Weir Mitchell, George Beard, and physicians who treated the “national disease of America” in the late-nineteenth century: in fact, the YMCA adopted the rhetoric of neurasthenia and solicited physicians to address ailing men in “Men’s Only” Medical Talks.

This chapter argues the YMCA actively engaged the “neurasthenic nation” of the Gilded Age by bringing medical information about sexual dysfunction and nervousness to men most likely to suffer these conditions. Through Medical Talks and other health programs, the YMCA recognized the authority of the physician; the religious perspective complemented the medical one, but did not supersede it. As a result, the YMCA became a prominent site for transmission of information about sexual neurasthenia.

The YMCA blended the evangelical tradition of personal testimony with contemporary medical expertise. Together, these resources offered routes to salvation for individual men and as well as social order for a blighted nation. Medical Talks gathered men together in the spirit of positive reeducation to inspire virtuous camaraderie among men. In general, the YMCA promoted a deep personal bond between two men, forming pairs in which the two could engage in what was called the “personal work” of the ministry.³ In 1889, Samuel Sayford outlined the

¹ Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993).

² YMCA leaders rejected the core tenets of social Darwinism, which viewed social stratification as an inevitable outcome of racial and ethnic superiority. Just as vice could be spread, so could chastity.

³Sayford, Samuel M. *Personal work*, (YMCA International Committee, 1899).

tenets of “personal work” in his 1899 eponymous text. He synthesized YMCA International Committee publications with Scripture to define personal work as the best way to spread Christianity—through friendship between men. Sayford looked to universities, fraternities, and literary societies, and saw the most successful examples of these shared an emphasis on “personal contact between instructor and pupil.”⁴ From the YMCA perspective, a man could best reach his wayward brother and steer him into a chaste life by establishing a loving bond with him. Within this context, Medical Talks excluded women to foster a space for men to explore their sexual and emotional health.⁵ This chapter will show that YMCA leaders and educators insisted the best remedy to cultures that promoted unchaste manliness was to create alternative social spaces where manliness coincided with virtue and sexual purity.

To understand the specific conditions within which the YMCA became an important source of medical information about men’s sexual and emotional health, one must consider two concurrent trends: the Purity movement affiliated with YMCA and charged by Anthony Comstock, and the deliberate effort made by the YMCA to refashion itself as a modern bureaucracy instead of a religious institution. Both of these trends intersect at the subject of this chapter: the medical moral education the YMCA offered to men to help them avoid sexual debility and nervousness. When one of the key figures at the New York Association, Secretary Robert McBurney, fell victim to neurasthenia, the YMCA seized upon the opportunity to educate young men about the threats of sexual debility, neurasthenia, and related diseases. The first half of this chapter outlines the historical context the YMCA. The second half of the chapter takes a close look at the “For Men Only” medical curriculum the New York Association offered in the

⁴ Ibid., 18.

⁵ As Chapter Six will argue, the clinic was another similarly protected space for men to disclose their intimate sexual and emotional concerns.

1880s and 1890s. More specifically, this chapter shows that the YMCA used medical experts and neurasthenia rhetoric to refashion its moral messages through a more modern, scientific lens. By the end of the nineteenth century, the YMCA advanced a medical morality, which disseminated medical information to young, white, middle-class men about the parameters of healthy, manly sexuality.

A key contention of this dissertation is that the rhetoric of neurasthenia circumscribed whiteness across class lines; the findings presented in this chapter demonstrate the YMCA was no exception. While the YMCA established independent branches for black and native men, these lacked the sophistication and reach of the services offered to whites. When men gathered in the Association Hall in New York, or in smaller branches across the country, they engaged in white-only space. Therefore, the YMCA focused the “personal work” of establishing a virtuous manhood through intimacy and education on white men, to the exclusion of all others. Because the YMCA included men of different class backgrounds in shared space, I argue that the blending of neurasthenia rhetoric with YMCA social reform effort worked to homogenize white manhood across class lines.⁶ Perhaps a more accurate interpretation of the Medical Talk pamphlet covers is “For [White] Men Only.”

Comstock Anti-Vice and early YMCA Medical Talks

The twinkling optimism that the YMCA could transform white men’s sexual and emotional health resounded with a wave of social movements in the Gilded Age. Many reformers, mostly of middle-class WASPS, felt responsible to remedy the ailing conditions produced by modern, urban American life. Moralists advocated for temperance, vice reform,

⁶ Chapter Six will argue the clinic performed the same work.

and improved conditions for the poor.⁷ New Thought enthusiasts empowered individuals to raise themselves out of dreadful circumstances, and progressive reformers believed favorable environments positively affected the work ethic and moral standard of a community.⁸ Even medical experts wrote books to educate the public about lay medical treatments they could exercise themselves. The improvement in one's life and society seemed within reach. This milieu motivated Anthony Comstock to wage war on the vice and the YMCA to educate men on the dangers of non-marital sex.

Anthony Comstock began his campaign against obscenity in February 1866. He encouraged people to mail him obscene materials they came across. The Society for Suppression of Vice, led by Comstock, maintained its headquarters in Poughkeepsie between 1870 and 1875. The group relocated to New York in 1875. Society Reports detailed arrests, convictions, and confiscations of lascivious material. The reports itemized the various types of printed materials they “seized and destroyed.”⁹ The lists distinguished books from “obscene pictures” from “microscopic pictures for charms, rings, knives” among others.¹⁰ In addition to eradicating sexual reading material, the Vice Committee aimed to punish “that class of men who advertise themselves as doctors to treat female diseases, and who conduct their traffic partly through the

⁷ See Christine Stansell. *City of Women: Sex and Class in New York 1789-1860* (Urbana: University of Illinois Press, 1987, 1982); Nicola Kay Beisel, *Imperiled Innocents: Anthony Comstock and Family Reproduction in Victorian America* (Princeton, N.J.: Princeton University Press, 1997); Donna Dennis, *Licentious Gotham: Erotic Publishing and Its Prosecution in Nineteenth-Century New York* (Cambridge, Mass: Harvard University Press, 2009).

⁸ An excellent example of this is George Pullman's establishment of the Pullman town in south Chicago in 1880. He believed his railroad workers would abstain from vices such as gambling and drinking if they had bucolic living environments and economic stability.

⁹ “The Second Annual Report of the New York Society for the Suppression of Vice,” January 1876. University of Minnesota Libraries, Kautz Family YMCA Archives.

¹⁰ Ibid.

mails, in advertisements of their infamous business.” The 1876 Committee Report declared these men abortionists, and called for their arrest. The YMCA’s approach to men’s health never mentioned abortion. But the theme of imposter doctors, or quacks, did concern many of the YMCA invited speakers. In the late 19th century, sexual information, and medical responses to it, could be readily located in print media. The Vice Committee affiliated with the YMCA, and both believed in the power of lascivious ideas to cause lascivious actions in men and women.

While Comstock sought to eradicate this type of seductive material, early YMCA leaders worked to counteract prurience with a formal (re)education about sex. They offered seminars about the dangers of sex in scientific, detached terms. In 1870, the YMCA New York Association announced it would hold two four-part lecture series about medicine on Friday Evenings. Prof. Austin Flint Jr. M.D., a professor at Bellevue Medical College gave the December course, and Rev. John Hall D. D. gave the January 1871 course. Dr. Flint carried a reputation for outstanding work in physiology, public institutions, and diet. The lecture series reflected popular medical themes of the period: general physiology, blood, nutrition, and the nervous system. These lectures lay the foundation for the YMCA’s intention to “offer permanent courses of Scientific and Literary lectures which will fully equal the best of those delivered in other cities,” and combine entertainment with practical information.¹¹

Another similarly clinical education opportunity came from an 1871 pamphlet entitled “Friendly words to Young Men written at the request of the Young Men’s Christian Association of the City of New York by a Physician.” The word “physician” featured prominently at the center of the page. Without signaling a specific name, the cover denoted an aggregate authority of the medical profession. The pamphlet purported to give readers important medical information

¹¹ “Young Men’s Christian Association,” 1870. University of Minnesota Libraries, Kautz Family YMCA Archives.

about health and well-being and caution men against masturbation. Two paragraphs on the inside cover seemed to be a whisper of secret information: while young men suspect others' masturbated, most of "their friends are reluctant to speak to them on the subject." Instead, these young men brought their shameful questions to strangers, such as officers of the YMCA. To help the information about masturbation, also called self-pollution and self-abuse in this document, organizers encouraged men to circulate this pamphlet to their friends in secret, "under the cover of a letter envelope."¹²

The title of the medical talk appeared on page three: "Self-Abuse: Its Evils and their Remedies." The title left little to the imagination. It reflected popular attitudes immediately following the Civil War that equated the masturbation with sin. In fact, as the opening line stated, self-abuse was "a sin, not against one member only, but against the whole body; and...against God." Like other anti-vice material of its day, the YMCA publications of the 1870s combined moral and medical messages to portray masturbation as a physically damaging, reprehensible act of weak will and religious disregard. Often, they believed, men inadvertently uncovered the perils of masturbation, "ignorantly led into the practice," and become prey to the "hellish fascinations" of the practice.¹³

The Society for the Suppression of Vice continued to operate concurrently along the YMCA and effectively destroyed and censored publications into the 20th century. Notably, the fruits of Comstock's campaigns against lascivious writing resulted in the passage of the "Comstock Law" of 1879. This law prohibited the transmission sexual information of any kind

¹² "Friendly Words to Young Men," 1871. University of Minnesota Libraries, Kautz Family YMCA Archives.

¹³ Ibid.

through the U.S. Postal Service.¹⁴ Abstinence and self-denial remained tenets of YMCA manly ideals. However, in 1879, the focus shifted when quintessential urban disease struck top YMCA leadership: neurasthenia.

The Rise of the Nervous Bureaucracy: The New York Branch of the YMCA

Secretary Robert McBurney figured centrally in the development of the modern identity of the post-Civil War New York Association. Earlier YMCA organizations in the U.S. followed the British model introduced at the London World's Fair in 1851. They comprised volunteers, mostly clerks, and revolved around evangelical ideals of integrity and religiosity.¹⁵ However, the Civil War prompted the organization to refashion itself dramatically. Partly recovering from the death of so many members during the war, and partly due to financial pressures to commercialize, the post-Civil War YMCA moved away from the voluntary basis and solicited new, capitalist leadership. This included powerhouses such as William E. Dodge and J.P. Morgan. For these men, the YMCA provided a place to exercise their charity, but it also quickly became a place through which to spread bureaucracy. The YMCA in the late 1860s adopted a business model; it dismantled volunteer-led leadership groups and appointed a single leader for planning and organizing: Robert McBurney. The embodiment of the new direction of the YMCA, McBurney combined evangelical goals with business capabilities. A wealthy

¹⁴ For the impact of the Comstock law on abortion practices and accessibility, see Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997).

¹⁵ For more on antebellum YMCA activity, see Helen Lefkowitz Horowitz, *Rereading Sex: Battles Over Sexual Knowledge and Suppression in Nineteenth-Century America* (New York: Knopf, 2002), Chapter 13.

businessman himself, McBurney exemplified the future masculine ideal of the YMCA: the sensitive, yet effective entrepreneur.¹⁶

This late-19th-century revamped identity required a matching headquarters building that emanated the enterprising spirit of the YMCA. Paula Lupkin's architectural history demonstrates the deliberate attention the new leadership invested into the New York Association building on the corner of Fourth Avenue and Twenty-Third Street. Completed in 1869, the building spanned 300 feet along Twenty-Third Street, boasted five stories, and drew attention to its public auditorium through a central dome entrance. Compared to nearby churches, the YMCA building appeared notably secular. It featured Second Empire style, which according to Lupkin, connoted a business-like masculinity and stability. To nod to its religious affiliations, it included some Gothic details. In contrast to nearby churches, the new YMCA building appeared stately and secular; its burgeoning identification with commerce could be observed from the streets.¹⁷ Storefronts advertised wares for sale and beckoned customers inside to see artist studios and gallery spaces upstairs.

Membership dues covered the costs of the lectures as well as a number of other features. For nonmembers, tickets cost fifty cents for one course, or \$3 for an entire series. Doors to the association hall opened at 7:15 for events, and the lectures began at 8.¹⁸

Upon entering the YMCA building, visitors possessing a ticket or arriving for a meeting went up the main stairway toward the Association Hall. They could also enter the hall directly through a smaller entrance. The Association Hall was a large, long room that invoked a feeling

¹⁶ Paula Lupkin, *Manhood Factories: YMCA Architecture and the Making of Modern Urban Culture* (Minneapolis: University of Minnesota Press, 2010): 1-32.

¹⁷ *Ibid.*, 46-49.

¹⁸ "Lecture Courses," 1879. University of Minnesota Libraries, Kautz Family YMCA Archives.

of a religious sanctuary. Men attending a lecture could sit in “luxuriously upholstered chairs” on the main level or take a seat in raised side galleries. Ornate ceilings and a box that shadowed the stage called to mind a contemporary worship space. The space was bright and dramatic, decorated with swirling iron columns.

On the second floor, off the main staircase, lay the rooms. Men greeted newcomers there with formal posture and professional gentility. Members accessed the parlors for conversation, or ventured to the third floor to the library and lecture room. The library contained 12,000 books and the reading room circulated 400 papers and magazines. The literary society held “Debates, Orations, Declamations and Essays every Tuesday evening at 8 o’clock.” Social Receptions occurred the second Monday of each month. Members could bring a lady date and admission for both was free. They enjoyed a variety of activities at these receptions including readings, music and exhibits.¹⁹ They also visited the gymnasium, located underneath the Association Hall where men engaged in Swedish gymnastics and strengthening activities. Men congregated in parlors that were exclusive to men.²⁰

The YMCA welcomed all young men, but membership required a certification of good moral character. To gain membership, the YMCA required “an introduction from his parent, employer or guardian certifying to his good moral character.” Men paid dues to be a member. However, the organization wished to make it clear they were open and welcoming to guests and members, especially those who were in trouble. On YMCA pamphlet reached out to the public: “Young men in trouble and desiring friendly advice are cordially invited to call on the Secretary, at the Association Rooms, or to address him by letter.” At this time it was Secretary McBurney

¹⁹ “Information about the Young Men’s Christian Association of the City of New York,” Pamphlet. N.d. University of Minnesota Libraries, Kautz Family YMCA Archives.

²⁰ Paula Lupkin, *Manhood Factories*, 50-72.

to whom they went for advice.”²¹ This service functioned as an informal, individualized method to reach men in need. It also meant that Secretary McBurney was a very busy man—a point-person for nearly everyone who came through the doors at the New York Association.

While the YMCA branch stood as a leader and functioned often like a headquarters, individual YMCA branches throughout the United States functioned independently. Local associations functioned as organized bureaucracies: they were not governed by a single higher authority and were free to decide the best course of action for its members and larger community. However, the New York Association served an important symbolic leadership role, and a material one. It produced many of the pamphlets and reading materials and made them available for smaller branches to purchase. Not all of them did, and not all of them purchased every publication. This meant that the YMCA message was not always consistent or precise. Nonetheless, other branches looked to New York for guidance, bought the materials when they could, and often followed their example. So, while the endeavors of the New York Branch cannot be generalized to all YMCAs in the country, it can tell reveal a fair amount of information about dominant themes and values espoused by the organization.²²

The New York Association building was a success. Future planning for similar buildings on Main Streets all over the U.S. followed this model. The post-bellum YMCA had an identifiable home base for its new agenda to not only perform evangelical duties but to shape the concept of manhood in the 19th century.

²¹ “Information about the Young Men’s Christian Association of the City of New York,” Pamphlet. N.d. University of Minnesota Libraries, Kautz Family YMCA Archives.

²² This information came from a conversation with Ryan Bean, archivist at the Kautz Family YMCA archives at the University of Minnesota.

Neurasthenia became an important health concern for YMCA leadership when beloved Secretary McBurney fell ill in July 1879. The monthly newsletter featured his health story on the front page, prominently placed at the top:

After the Sunday's labors of the 6th of July, which were exceptionally heavy, he felt prostrated and unfit for work for several days, and was finally persuaded to go into the country for perfect rest.²³

The immediacy of his illness worried his friends. To recover from what appeared to be a bout of neurasthenia, McBurney left New York with two of his colleagues to Raquette Lake in the Adirondacks. They three men camped in a tent where they soaked up "life-giving...mountain air and a bed of aromatic spruce boughs."²⁴ Mc Burney's course of treatment resembled S. Weir Mitchell's West Cure, a popular remedy for neurasthenia that encouraged men to indulge in nature to eradicate the perils of overwork.²⁵ YMCA members likely knew about the West Cure from other sources because medical and popular publications routinely covered it. It also featured in the previous monthly newsletter, in a report from Colorado from Dr. Bennett. While traveling, Dr. Bennett reportedly had to rough it and "even roll up in my saddle blanket beside my camp fire solitary and alone when need required, and sleep on the ground under the stars. But it didn't seem to do me any harm. I rather have gained in flesh and my appetite is excellent."²⁶ The fresh air and rugged environment of Colorado rejuvenated his health. The West Cure succeeded for Dr. Bennett, and YMCA readers read all about it.

²³ "Association Notes," August 1879. University of Minnesota Libraries, Kautz Family YMCA Archives.

²⁴ Ibid.

²⁵ Literary scholars argue the West Cure was the male version of the rest cure. Barbara Will made a compelling argument that Mitchell's work inspired the genre of the Western. In Western dime novels published in the 1870s and 1880s, men imagined themselves as muscular heroes, invigorated by the fresh air and rugged landscape.

²⁶ Association Notes," August 1879. University of Minnesota Libraries, Kautz Family YMCA Archives.

Friends of Robert McBurney worried about his condition but hoped this West Cure would help him in the same way. The August monthly newsletter joyfully announced that due to his travels, “he was saved from a threatened sickness. We are all thankful that he seems now on the high road to recovery.”²⁷ McBurney’s neurasthenia and the prominent newsletter coverage it received demonstrated the YMCA recognized nervous illness as a grave and alarming threat to hard-working young men. This concern extended Comstock’s sexual purity crusade, which motivated Anthony Comstock to include men’s general health and well-being. By 1879, the YMCA had become a vehicle for spreading awareness about the causes and cures of neurasthenia and nervous diseases.

The disease posed a significant threat to a man’s ability to work hard. At the same time as McBurney suffered with nervousness, so did the Secretary of the Brooklyn Association, H. B. Chamberlin. The monthly newsletter described Chamberlin as “faithful and energetic.” His nervous prostration resulted from “over exertion and the cares of his work.” The reports about his recovery contained strained optimism that he would be able to recover. The newsletter reported: “His friends have been apprehensive for him and are praying that his visit to the Thousand Islands in the St. Lawrence, may be the means of saving him from what has been feared would prove a serious illness.”²⁸ In other words, neurasthenia bore severe consequences, and could take down even the most powerful, successful men. The New York YMCA needed to take the illness seriously because it seemed the fast pace of the modern American city had the potential to devastate any man.

²⁷ Ibid.

²⁸ Ibid.

Private correspondence among YMCA secretaries discussed the perils of overwork as well. In one letter, R. C. Morse bemoaned the frail health of secretaries who frequently buckled under the strain of their positions. In fact, many YMCA leaders wrote about suffering nervous breakdowns. John Donald Gustav-Wrathall's archival work using the letters sent among the early post-bellum organizers demonstrated they "bore abuse of their own bodies as a badge of honor."²⁹ Gustav-Wrathall analyzes the actions of McBurney, Robert Weidensall, and other secretaries who routinely wrote of overwork through the lens of Protestant ascetism. As a result, the analysis portrays these secretaries as if they were clinging to the Protestant origins of the YMCA, eager to retain the pietism of self-denial and grueling physical labor that characterized their evangelical beliefs.

However, the public discussion of McBurney and Chamberlin's bouts with nervous illness painted a much different picture. While the YMCA Association Notes publication respectfully credited the secretary's overwork for his illness, it did not frame the experience in terms of a spiritual ascetic obligation. Rather, it portrayed McBurney's experience with nervous illness within the broader cultural context of neurasthenia: modern life demanded extensive work hours indoors and the overstimulation eventually broke a man down. McBurney, who served as the face of the YMCA, waiting around the clock to meet with distressed young men off the streets of New York, prepared to counsel them about morality and Christian faith, certainly spent more time working than not working.

The newsletters recognized the double-edged sword of the intensity of the Secretary position. They valorized the commitment and dedication McBurney and Chamberlin offered to

²⁹ John Donald Gustav-Wrathall. *Take the Young Stranger by the Hand: Same-Sex Relations and the YMCA* (Chicago: University of Chicago, 1998): 16.

their vocation. However, they recognized the hard work required of Branch Secretaries had driven these men into nervous states. The threats to their health were so dire, they had to remove themselves completely from their work responsibilities and seek restoration in nature. The newsletter commented on the coincidence of both men's illnesses occurring at the same time:

Mr. McBurney and Mr. Chamberlin are not men who have recently taken up Association work; they have devoted their lives and energies to the work for young men. They have had an experience of years—in Mr. McBurney's case, over 16 years—in which to study the work and practically to get habituated to its peculiar phases and requirements. Yet in the midst of that work and in the best days of their lives, they both came dangerously near such an illness as might have permanently unfitted them for further usefulness. We desire to make remarks such as these: to be at the Rooms day and night seven days of the week, sympathizing with young men in their temporal and spiritual affairs, and to conduct the affairs of an Association, in an unremitting draught on a man's energies who has his heart enlisted: such labor cannot be maintained effectively and enduringly without timely and frequent and adequate rest; such rest should be an appointed part of a Secretary's program and should be religiously observed.³⁰

The secretary's illness served a cautionary purpose to encourage the YMCA to integrate healthy medical practices into the intellectual and spiritual pursuits of their members.

While Association Secretaries privately celebrated the sacrifices they made in their professional lives in service of their religion, the YMCA publicly treated nervous illness with a medical perspective. The piety remained in private and the public view fused the YMCA goals of health and well-being with contemporary medical treatment sanctioned by the leading physician of nervous illness: S. Weir Mitchell's West Cure. I argue that the lessons of McBurney and Chamberlin's neurasthenia directly influenced YMCA decisions about the importance of staving off nervous illness. That summer, the Association held five Open Air Meetings and encouraged men to breathe deeply and exercise the lungs by singing together

³⁰ "Association Notes," August 1879. University of Minnesota Libraries, Kautz Family YMCA Archives.

during the meeting. The New York branch scheduled a lecture series for December 5, 1879 by Tod Ford of Akron, Ohio entitled “Go West, Young Man.” The blurb about the claimed it would be instructional as well as humorous on the topic of what a man could find if he takes up the urge to venture westward. One reviewer, Mr. H. Thane Miller, former president of the National YMCA, who had seen the lecture before remarked: “his pathos is the natural outpouring of the heart in sympathy with his subject.”³¹ Ford toured widely promoting the value of Westward travel on the heartiness of the American man. The first official Medical talk was held on March 5, 1880. Additionally, the association facilitated a group of 34 medical students who met on Sundays for “interesting and profitable” camaraderie.³² Clearly, the YMCA viewed neurasthenia and related diseases as significant threats to men’s health—so much so they rallied around them with the intention to prevent men from becoming ill altogether. As subsequent sections of this chapter will show, their interest in sexual purity fused with medical information to help educate men about their sexual health. They believed proper information could adequately dissuade men from engaging in impure activities that would damage their health.

The Young Men’s Institute on 222 Bowery, which served mostly poor men, took a more direct approach to helping them gain access to medical care. The Institute opened a Medical Benefit Club in fall of 1887, and it drew 100 members in its first year. Members paid a membership fee of 50 cents per year, and received “free medical consultation and attendance.”³³ Furthermore, the Men’s Institute instated a Savings-fund to help supply healthcare to young men. Men could make small deposits at the Institute to accrue a savings account. When he reached a

³¹ Ibid.

³² “Association Notes,” December 1879. University of Minnesota Libraries, Kautz Family YMCA Archives.

³³ YMCA Of New York Annual Report, 1889. University of Minnesota Libraries, Kautz Family YMCA Archives. p. 84.

“certain amount,” the Institute would make a deposit on his behalf at the Dry Dock Savings Bank. By 1889, 100 men had taken advantage of this deal and opened accounts. Collectively they saved \$1400.³⁴ While not all YMCA branches kept trained physicians on staff, the New York Association’s actions signaled a growing emphasis on medical information. For the YMCA to ensure the moral standing of their young men, they also needed to bolster their physical health. In concert with leading neurological findings of the late 19th century, YMCA leaders believed a healthy body and a moral mind were mutually constitutive.

Both Secretaries eventually recovered. McBurney had not returned to his post by September, though the newsletter delighted in congratulating the Secretary on his improved health. The men who traveled with McBurney reported “enjoyment and invigorating rest.” Mr. Chamberlin was a bit slower to recover, but the September report contained optimism that he would be “fully recovered, if his vacation did not terminate too soon.”³⁵

As chapters three showed, media frenzy about the declining health of American men likely underpinned the concerns of the YMCA leadership, but the high profile of McBurney and Chamberlin’s illness and recovery demonstrated that the YMCA took neurasthenia seriously. I argue that the YMCA worked in concert with the dominant tenets of popular neurasthenia rhetoric: it operated under the assumption that too much work resulted in illness; and it valued times in the rugged outdoors as essential to men’s health and vitality. In its concern for men’s holistic well-being—as both mental and physical, with an emphasis on the choices and behavior of men--the discourse about the neurasthenic nation played an important part in the ways in which the YMCA approached health in the final two decades of the twentieth century.

³⁴ Ibid.

³⁵ “Association Notes,” September 1879. University of Minnesota Libraries, Kautz Family YMCA Archives.

The YMCA alleviated some of the psychic and social alienation endemic to city life in the Gilded Age. T.J. Jackson Lears coined the term “evasive banality” to describe the late 19th century listlessness and emotional vacancy that resulted from rationalization and mechanization of daily life. Evasiveness occurred in the “denial of inner conflict and an insensitivity to actual social conditions.”³⁶ Instead, an industrial economy spurred along, and men could choose to either spur along with it or be left behind. Lears believed this vacuous inner life caused neurasthenia. By the end of the 19th century, the industrialized economy transformed the workforce into a sea of faceless mechanized laborers. For men—specifically white, Protestant men who were or aspired to be middle class—feelings of disconnect from professional pride only exacerbated the problem. White American men in the Gilded Age felt increasingly isolated from his family and sense of individual value.³⁷ YMCA leaders believed these conditions led men to seek out troublesome company in gambling halls and boisterous saloons. Seduced by the instant gratification and bodily pleasure these spaces offered, men—many unmarried bachelors, congregated there.

For “Young Men Only”

YMCA leaders believed a man’s community could trap him into a vortex of vice and self-pollution or could positively compel him toward a life of virtue. This belief found wide support among a variety reformers in the late 19th century who believed poor behavior and immorality stemmed from environmental influence. Jane Addams and George Pullman, for example, structured environments in which workers could enjoy respectable living conditions,

³⁶ Jackson T.J. Lears, *No Place of Grace: Antimodernism and the Transformation of American Culture* (Pantheon Books: New York, 1981): 18.

³⁷ Rotundo, *American Manhood*, 170-175.

access to reading materials, and clean water and food. They believed environmental integrity inspired individual integrity.

YMCA rhetoric in the 1880s and 1890s celebrated a community that held men accountable to one another for high standards of manly purity. The YMCA set high standards for manliness including physical fitness, intellectual acuity, devotion to Christ, and sexual propriety. Boxing, gambling, drinking, and running with women could certainly bolster a white man's manhood in the eyes of his peers, but the YMCA model eschewed vice in favor of a steadfast, faithful manhood that demanded men respect women and themselves so much they refused to engage in sexual contact with them until marriage. This was a tall order because it asked men to withstand peer pressure and temptation, which for New Yorkers, was readily present and accessible, and opt for chastity instead.

Most of the YMCA social events welcomed women, so it was notable and deliberate when an event excluded them. Interestingly, the formal and regularly scheduled medical lectures—for “Young Men Only” was one of them. This series replaced the usual schedule of co-ed talks on various topics beginning in March 1880.³⁸ The New York Association circulated small pamphlets listing the titles and speakers of upcoming lectures. The front of a plain, single-fold card stated “Young Men Only” as if to suggest even knowledge of the titles and events should be kept secret from women. Inside, the pamphlet extended the invitation to all men, regardless of economic circumstance. They emphasized this using italicized text indicating all men were welcome to attend the medical talks *without charge*,” thus extending the invite to poor non-members. Some of the talks were pragmatic medical information, such as Dr. T. E.

³⁸ “Twenty-seventh Anniversary of the Young Men’s Christian Association” Jan 26 1880. University of Minnesota Libraries, Kautz Family YMCA Archives.

Satterthwaite's talk on "Drowning and Sunstroke: how to treat them." Others had a more ambiguous moral overtone, such as Dr. Lemuel Bolton Bangs' lecture on "Self Control." All of the lecturers possessed an M.D., granting an air of medical legitimacy to the talks. The fact that the Association only permitted men to attend appeared three times on the brief document, which signaled that whatever the important information was, it would be much different from the debates and literary discussions, or the social engagements, to which women were welcome.

The key reason the YMCA targeted men's only spaces was because they believed men's friendship with one another could be as harmful as helpful. In an 1889 speech sponsored by the Social Purity Branch of the Manchester YMCA, Reverend The Earl of Musgrave spoke about this to an audience of men of all ages. He explained that a real man might find himself alone in the pursuit of manhood because it was so difficult an endeavor that men may have to carve their own way to find it. For him, "true" manliness resulted from self-denial and suffering—but this may cost him. The fallout for doing the right thing could include losing personal friends and social capital, and maybe even having to carve out one's own path alone amid a sea of less-than-manly men who readily capitulated to their desires. However, the Reverend Earl of Musgrave assured the audience their role model for manly behavior was Jesus.³⁹ To embrace the way of Jesus, a man must disengage from the sexual opportunities society offered him, which the Earl described as "a hard way, the way of true manliness." This way "implies suffering, it implies maybe tears." Men achieved manliness only with God's guidance away from the lustful body.⁴⁰

While the talk portrayed manliness as a lonely pursuit, it ended with a rallying call to arms. According to the Reverend Earl of Musgrave, the endeavor to be manly was indeed, a

³⁹ Rev. the Earl of Musgrave, "Address on Manliness," 1889. P 4-7. University of Minnesota Libraries, Kautz Family YMCA Archives.

⁴⁰ Ibid.

battle—akin to the ways in which Napoleon’s soldiers fought for him. The Earl likened the quest for masculinity to the allegiance warriors pledged to Napoleon, despite the sacrifice to their life. It inspired fierce loyalty among men, dwelling in their shared experience of choosing the difficult path to victory. The conclusion of the “Address of Manliness” employed battle rhetoric to unify men in the struggle against peer pressure and social influence to remain pure. He concluded with ecumenical words of encouragement:

So let us, notwithstanding the hardness of the way, and perhaps the wounds we shall receive in the endeavor to be true, let us battle on, struggle on, trying to make our life manly by endeavor to keep our hearts pure, ‘looking unto Jesus,’ by whose grace and power we are able to go forth conquering and to conquer.⁴¹

The repetition of “us” and “we” pronounced manliness a collective pursuit. Perhaps men must shed their current friends in the saloons, and suffer the loss of certain social capital, but the YMCA provided a new group identity through which men became manly. This manliness viewed men as warriors against temptation, and united them on the battlefield of a vice-ridden society. It encouraged them to envision themselves as conquerors, even as it pressed them to reject the convention of sexual conquest. Together, as a group, men could sustain a manliness that did not rest on the sexual pursuit of women, and this idea resonated with YMCA men. The Earl never intended to publish this speech—its purpose was to address a live audience of men. This is significant because it meant that when men received his call to manly arms, they did not find themselves fighting the hard battle of manliness completely on their own. Instead, they could look around and glean others’ shared their interest in purity.

Other prominent YMCA events contained similar warnings about the importance of fellowship among men. At the 1890 State Convention of the Young Men’s Christian

⁴¹ Ibid.

Associations of Massachusetts and Rhode Island, Rev. Philip Moxom orated about the “Promotional of Personal Purity Among Young Men.” Moxom warned that “the lonely heart is visited by many an impure brood of temptations,” thus the YMCA must provide wholesome Christian community for American men.⁴² Moxom’s path to personal purity was a holistic endeavor, not confined to Sunday service or gospels, but active in all parts of his life, and in all locations: “gymnasium, reading-room, study classes, lectures, and social entertainments are all as important, in their place, as preaching the gospel.”⁴³ So many temptations assailed men daily, Moxom believed, that they required respite in the company of others who were similarly purity-oriented. He emphasized the importance of acquainting oneself with those who engaged in “chaste speech.”⁴⁴ Moxom’s proscriptions for manly community fostered a vice-free zone, gave men enough activities and intellectual stimulation to fill their time, and a group of other people with whom to share these pursuits.

The archetype of male camaraderie lay in the relationship between Robert McBurney and Richard C. Morse. The two dedicated their lives to the YMCA, and along the way, they developed a rich, intimate friendship. Both men derived intense spiritual gratification from the male-male love their friendship engendered. They even shared a residence for five years.⁴⁵ Neither married, but neither spoke of their friendship in terms of sexual partnership. Rather, their friendship, as John Donald Gustav-Wrathall argues, is best understood within the context of romantic friendship. As Anthony Rotundo shows, some male bonds in the 19th century were

⁴² Philip Moxom, “The Promotion of Personal Purity Among Young Men,” 1890, p 16. University of Minnesota Libraries, Kautz Family YMCA Archives.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Gustav-Wrathall. *Take the Young Stranger by the Hand*, 49.

“intimate attachments that verged on romance.”⁴⁶ Characterized by warm affection, shared interests, and abiding trust, male-male bonds in the 19th century formed a strong social basis for men’s lives.⁴⁷

The personal work between the pair involved aspiring to spiritual and sexual purity, and to holding one another accountable for this.⁴⁸ Implicitly, then, homosexual activity was prohibited. But, the YMCA did not explicitly address homosexuality as an issue until after the turn of the century, when medical conversations trended toward viewing homosexuality as a perversion and a disease. After 1900, YMCA publications instructed leaders to place prudent boundaries on their friendships with other men; they conceived of “normal” sexuality within the context of marriage; and they devalued the bachelor secretary figure that had been so crucial to the models of male-male love in the late 19th century.⁴⁹

The historiography on homosocial and homosexual life among men shows that in the early 20th century, men used the YMCA and other urban establishments to find sex. George Chauncey’s groundbreaking *Gay New York* illustrates a vibrant, mobile community of working-class men seeking sex with other men existed as early as the 1870s. It remained largely unmonitored until anti-vice activists raided some of the dancehalls and resorts in the Bowery

⁴⁶ Anthony Rotundo, “Romantic Friendship: Male Intimacy and Middle-Class Youth in the Northeastern United States, 1802-1900,” *Journal of Social History* 23 (1989): 1. For the seminal work on romantic friendship of women, see Carroll Smith-Rosenberg, “The Female World of Love and Ritual: Relations between Women in Nineteenth-Century America,” *Signs* 1 no. 1 (Autumn 1975).

⁴⁷ Perhaps men who associated marriage with imprisonment saw the marital tie as mutually exclusive to their intimate friendships with men. As companionate marriage emerged in the late 19th century, the importance of romantic friends—for women and men—declined. By the early 20th century, such friendships would be viewed suspiciously.

⁴⁸ Notably, “personal work” did not cross class lines. Most of those engaged in the work were white, middle-class men. Gustav-Wrathall, *Take the Young Stranger by the Hand*, 53.

⁴⁹ John Donald Gustav-Wrathall, *Take the Young Stranger by the Hand*, 45-69.

where men gathered.⁵⁰ Yet it was not a secret: middle class white women and men knew about it, and traveled to the Bowery to go “slumming” in the sexual underworld of the city. The Bowery placed sex on display, and its emblematic figure was the fairy, a male who wore make-up and feminine clothes. As Chauncey shows, sex between men was not only common, but it enjoyed a celebrated visibility in the Bowery nightlife. Clearly, the YMCA attempted to curtail this type of activity. But it also responded to the broader, national urgency neurasthenia presented to the U.S. in the late 19th century.

Hundreds of men attended YMCA medical lectures in New York City, which signaled they were thirsty for information about staving off nervous illness as best they could. The average attendance in 1884 for medical lectures was 900 attendees.⁵¹ Another report from 1885 stated the lectures attracted an average of 1000 attendees.⁵² In addition, testimonials reflected the fruitful benefits of YMCA membership to a man’s overall health. One man said that because of the YMCA, “I have the solution of how to avoid sickness and doctors’ bills as nearly as is possible in this world. I also find I can perform more and better work with greater ease than I could otherwise. My occupation is of a sedentary character, therefore I have derived inestimable benefit from the use of the Gymnasium.”⁵³ The YMCA also provided a viable alternative to the streets. Another testimonial stated: The YMCA ‘has kept me from going out nights with young men to theatres, saloons, to play billiards, pool, etc.; when I go out of a night now, I go to the

⁵⁰ George Chauncey, *Gay New York: Gender, Urban Culture, and the Making of the Gay Male World, 1890-1940* (New York: Basic Books, 1994): 34.

⁵¹ “What is the Young Men’s Christian Association Doing for the Young Men of New York?” 1885. P. 5. University of Minnesota Libraries, Kautz Family YMCA Archives.

⁵² *Ibid.*

⁵³ *Ibid.*, 11-12.

Library and peruse useful books, or magazines.”⁵⁴ Another man said the YMCA gave him “a place to go when I should otherwise have been idle, and thus does not give the devil a chance to find something for my idle hands to do.”⁵⁵ As these examples demonstrate, the YMCA had a lasting impact on the young men it helped. They strove to transform the character of young men by protecting them from overwork, especially in the types of professions that inspired nervous breakdowns and other ill health. They also supplied ample resources for filling the leisure time with virtuous activities. Overall, the YMCA shielded young men from exhaustion, idleness, and falling into the wrong crowd. Members felt the organization made them into a “better man in every sense of the word” and gave them their “truest friends.”⁵⁶

The bureaucratization of the YMCA caused branches to open in cities across the United States. Urban reformers welcomed the proliferation of the YMCA because it promised to share the burden of urban immorality with churches. As cities swelled with immigrants and laborers, poverty, filth and crime mounted. Churches failed to keep up with growing indigence and vice in city life. While some religious leaders balked at the non-denominational approach of the YMCA, others found a helpful ally in the shared work of securing safe, Christian havens in a sordid modern world.⁵⁷ Though much of the history of the YMCA remains to be written, existing scholarship agrees that the YMCA performed important cultural work to ease the intensity of urban life. It helped to blur the boundary between Protestant aestheticism and capitalist profit-making; it helped to recapitulate Christian self-discipline in terms of broader social order

⁵⁴ Ibid., 13.

⁵⁵ Ibid.

⁵⁶ Ibid., 14-15.

⁵⁷ Nina Mjagkij and Margaret Spratt, “Introduction,” *Men and Women Adrift: The YMCA and the YWCA in the City* (New York: New York University Press, 1997): 34.

in a modern world; and most importantly for this dissertation, it introduced the physician as a reliable source of information on morality. In fact, by the end of the 19th century, religious leaders endorsed scientific knowledge about sexuality as morally neutral and necessary for the pursuit of a chaste life. While scholars have recorded the cultural work the YMCA helped to do in assuaging the impact of modern life on young, especially in urban areas, it has not included the medical information they gave—specifically to men only. Medical talks simultaneously saddled them with worry about their sexual desires and behaviors and promised the knowledge and treatment of a physician could provide absolution. This chapter shows the YMCA was an important site for the transmission of manly ideas, and it did so through the lens of medical information. A manly man, by the end of the 19th century, found moral purity through scientifically accurate sexual knowledge he gained from a trained physician. Scientific explanations for his sexual behaviors, such as masturbation, helped a man to understand himself better, to envision himself as normal, to respect women as more similar to himself than different, and to lose interest in the widespread prurience that threatened to sully his mind with misinformation and temptation. As a result, the YMCA functioned as an important source of information about sexuality for men in the late 19th century. Primarily white, urban, and young, these men were likely candidates for lifelong bachelorhood, a lifestyle increasingly common for men of this demographic.⁵⁸ This lifestyle facilitated a manly ideal of vice: gambling, prostitution, drinking culture, and rejection of domestic life. For some, the unattached bachelor was a symbol of liberation from social obligation to provide and reproduce, but for others, the fact that men rejected marriage and babies reflected a moral devolution. The YMCA, like its

⁵⁸ Howard P. Chudacoff, *The Age of the Bachelor: Creating an American Subculture* (Princeton, N.J.: Princeton University Press, 1999).

conservative Christian counterparts, sought to repair the crumbling edifice of society by sustaining a moral, chaste, and productive manly ideal.

Dr. Ferguson believed self-control and self-denial would result in higher moral standing and better lives for all people. It is important to note that he did not mean denial or control of some sort of intrinsic quality of manhood, but a learned one. He believed chastity was a choice, just like promiscuity. And it was linked to the pulse of the broader society. Without the physical, emotional, and mental health of individual men secured, “society in a short time would be reduced to chaos.” Perhaps with an awareness of some kind of irony, Dr. Ferguson commanded men to “never once let go of your grasp on self.”⁵⁹

Contaminating the Minds and Health of Men

The debilitating effect of urban America occupied the attention of reformers across the country in the late-19th century. As chapter one summarized, historians believe that neurasthenia performed an important role in addressing the cultural impact modern life had on the health and well-being of young men in cities. YMCA organizers knew city life obscured familial connection and replaced it with isolated anonymity, which was precisely the reason community was so important. Hon. Chauncey M. Depew, president of the N.Y.C. & H.R. Railroad addressed this directly in an 1885 address: “The young stranger knew everybody in the country; here, nobody.” And as urban life availed a young man of all manners of temptation moral depravity, he had to ask himself “Does he strive for clean manliness?”⁶⁰ Two factors threatened

⁵⁹ John Ferguson, *Social Purity: A Lecture*, 1891. P 14. University of Minnesota Libraries, Kautz Family YMCA Archives.

⁶⁰ “What is the Young Men’s Christian Association Doing for the Young Men of New York?” 1885. P. 32. University of Minnesota Libraries, Kautz Family YMCA Archives.

to contaminate the path to clean manliness at the end of the 19th century: misinformation and bad influences.

In an 1891 address entitled “Social Purity,” Dr. John Ferguson argued that children became “dupes of evil companions or bad books” during their vulnerable years of puberty.⁶¹ People possessed natural desire to learn about sex, he believed, which made the knowledge about it not wrong. The secret was wrong because it made sex into a taboo, and therefore a “forbidden fruit.” Thus a young person’s sexual life began, fraught with a titillating sense of taboo.

The way he described information about sex was as if it, too, was a contagion, and it could be put to either positive or negative uses. Ignorance, of course, left a place in the mind open to contamination. But he held greater concern for the impact of erotic literature—he described a process by which reading erotica is like “the evil arising from the very objectionable manner in which sexual knowledge gains access to the mind”⁶²

Dr. Ferguson warned that close camaraderie among boys provided fertile ground for the spread of information about vice. One vice Dr. Ferguson found particularly ominous was masturbation. The cause of the masturbation epidemic came from poor instruction in youth—and both boys and girls participated, though boys did it more. They typically learned the habit due to “ignorance, carelessness, or dirty habits on the part of the mother, nurse, or guardian.” Then, they would introduce the habit to their friends at school, inducing a masturbation epidemic. As a result, “one tainted person” could inspire “many innocent persons” to engage in the evil practice of self-pollution. As a result, the discovery of masturbation was like a contagion, thrust into the curious minds into a population by one diseased child, and then quickly spread to

⁶¹ John Ferguson, *Social Purity: A Lecture*, 1891. P 10. University of Minnesota Libraries, Kautz Family YMCA Archives.

⁶² *Ibid.*

the other children. Thus, a male-only space was productive insofar as it was chaste—as soon as it became marked by salacious speech, it was a tainted community. This notion helps explain why the YMCA emphasized the individual’s responsibility to uphold standards of purity not only for himself, but to his peers and friends. Should he fall to his temptations, he would affect all the men around him.

Reverend The Earl of Musgrave sympathized with this plight, acknowledging in talk entitled “Address of Manliness,” that several alluring ideals of manliness ran concurrently at the end of the 19th century. For some, he noticed, the athlete, the successful gambler, or the capable drinker represented the manliest man. In one address, Dr. Ferguson bemoaned the messages these types of men promoted: “I wish some of those who have busied themselves circulating literature calculated to produce alarm on this matter, could be made to experience the misery they have been the agents of causing to others?”⁶³ For others, he said, “manliness is represented by being able to smoke the biggest cigar that can be bought for money.”⁶⁴ Dr. Ferguson addressed the pressure many white urban men felt to demonstrate their manhood. Historian John F. Kasson argues many men negotiated their gender identity on their body and idolized manly strength in physical muscular form. For example, Englishman Eugen Sandow rose to fame in the U.S. 1893 for performing amazing feats of strength. Sandow dazzled crowds across the U.S. by vaulting an enormous dumbbell over his head and forming a bridge with his body to bear the weight of three horses. According to Kasson, Sandow’s theatrics “literally embodied” the alternative to the broken, neurasthenic male body of the time.⁶⁵ When the YMCA presented its

⁶³ Ibid., 14.

⁶⁴ Rev. the Earl of Musgrave, “Address on Manliness,” 1889. P 2. University of Minnesota Libraries, Kautz Family YMCA Archives.

⁶⁵ John F. Houdini Kasson, *Tarzan, and the Perfect Man: The White Male Body and the Challenge of Modernity in America*. (New York: Hill and Wang, 2001): 29.

take on manhood, it did so amid a cacophony of competing models. The YMCA model of virtue and chastity must have seemed unattractive to many men, especially since alternatives offered pleasure, fame, and money.

Peer groups undoubtedly urged men to engage in vice behavior, and YMCA leaders acknowledged how difficult it could be to resist. For example, Depew warned young men that the decision to opt for his “clean manliness” invited ridicule from others, and the social pressure to cave was great. He said, the young man with “hay seeds and clover blossoms [that] still adorn his coat and mark his rusticity” easily fell prey to the looming pressures of peers who would reject his Christian piety and “sneer at his superstition.” The innocence of a Christian immigrant from a rural town contrasted with the logic of “broader freedom which breaks loose from servile creeds” the urban boys offer him. Unfortunately, “he learns often too late that liberty with his friends means only license, and indulgence ruin.”⁶⁶ Depew believed poor company sullied a man’s thoughts that ultimately led him to prurience. These views echoed broader calls for social order and reform in the late 19th century. It appeared to reformers that ruinous manhood acted as a contagion. As such, it threatened an entire community of men, and—as many believed—the future of the nation.

Dangerous Behavior and its Victims

Men’s Only Medical Talks at the YMCA borrowed two features of the neurasthenia rhetoric: first, they declared boundary between healthy and dangerous sexual behavior existed on a delicately thin line. Lectures proclaimed that some aspects of sexuality were common and

⁶⁶ “What is the Young Men’s Christian Association Doing for the Young Men of New York?” 1885. P. 32. University of Minnesota Libraries, Kautz Family YMCA Archives.

healthy, but any man who crossed that boundary risked severe health consequences. Secondly, YMCA talks, like neurasthenia rhetoric, did not blame men. Instead, they believed that men succumbed to the enormous pressure of modern society, as victims of miseducation about sex and the malevolence of their surroundings.

One inculpable figure in this narrative was the masturbating child. Unlike mid-19th century moralists like Sylvester Graham and John Harvey Kellogg Late, late-19th century medical models avoided moralizing sexuality but still cautioned against the obsessive potential for masturbation.⁶⁷ In his 1891 address on social purity, Dr. Ferguson spoke harshly about the masturbation. He remarked,

This is a most dangerous habit, because it is a very common one. The great danger lies in the facts that it can be practiced so often, that it fastens itself so firmly upon its victims, that it is so difficult of detection, and that, if continued, its results are so varied and disastrous. It would be difficult for the human imagination to think of a more abominable habit.⁶⁸

Ferguson attributed the masturbation craze primarily to ignorance: “young boys and girls know no better.”⁶⁹ Another culprit was “dirty habits,” by which Ferguson meant unclean living quarters. But he also intimated that some nurses or female caregivers exposed boys to sex, either on deliberately or accidentally, and frequently introduce the concept of masturbation to unknowing children. Finally, the most pernicious influences came from residential colleges where people slept in close quarters and the knowledge of masturbation quickly spread unbeknownst to authority figures.⁷⁰ Once again, the power of one bad influence destroyed the

⁶⁷ Thomas W. Laqueur, *Solitary Sex: A Cultural History of Masturbation*. (New York: Zone Books, 2003): 48-66.

⁶⁸ John Ferguson, Social Purity: A Lecture,” 1891. P 8. University of Minnesota Libraries, Kautz Family YMCA Archives.

⁶⁹ *Ibid.*, P 8-9.

⁷⁰ *Ibid.*

sexual function of a child before he (or she!) was old enough to know what he was doing. Ferguson never mentioned the child's will or recognized the potential for a child to experience sexual interest or pleasure. Instead, Dr. Ferguson leveraged his medical authority to stamp a masturbating boy with innocence and inculpability. From this perspective, the masturbating child succumbed to the powerful forces of poor parenting and naughty peer influence obscured his own ability to discern healthy and moral choices for himself. The masturbating boy was, medically speaking, a victim of "bad management and improper training." In a poorly educated, impure environment, Dr. Ferguson believed boys would inevitably fall to the temptation of sexual vice.

Reverend Marcus Dods employed a similar perspective in a medical talk on "Social Purity" he co-authored with a famous Irish physician Dr. John G. McKendrick.⁷¹ This was one example of the ways in which religious and medical figures rallied around the concept of "Social Purity" together. This speech epitomized the way the YMCA fused its evangelical Christian traditions with contemporary medical science. Like other similar pamphlets, the printed version of these speeches included a preface that affirmed its value. At the "urgent request" of the public, the YMCA released the text to help "diminish an evil which casts a dark shadow over our social life."⁷² In this speech, Rev. Dods provided the religious morality to impart the dangers of sexuality; Dr. Ferguson provided the scientific rationale to support it. Together, they preached a medical morality to a crowd of young men.

The "Social Purity" talk blended the caution of danger with the message of absolution: Dods simultaneously described how terrible sexual excess could affect one's health while he also

⁷¹ This document is undated, but based on the affiliations accorded each speaker on the pamphlet cover, the talk was likely given between 1893 and 1906.

⁷² Rev. Marcus Dods. "Social Purity." P 1. University of Minnesota Libraries, Kautz Family YMCA Archives.

excused the behavior as beyond the will of the individual man. Sexual indiscretion, he wrote, afflicted a body with “weakness and disease,” and few men possessed the fortitude to withstand the force of debility. Due to the fact the “nervous system is keenly sensitive to physical pleasure, sexual pleasure could be most dangerous.” He identified “every act of sexual indulgence [as] an expenditure of nervous energy” and thereby when misdirected, it detracted from the total sum of a man’s energetic force. Thus, self-abuse led inevitably to a “materially enfeebled” nervous system that destroyed a man’s ability to control his own behaviors and actions.⁷³ He listed typical characteristics of neurasthenia: indigestion, irritability, fatigue and loss of urgency, memory loss, and decreased mental acuity. In fact, “there is no organ of the body which acts as it ought” following impure sexual actions. As with other cautions about neurasthenia, the variety Dods described also gradually set in, so subtle, men hardly noticed “the destructive work” of the condition until a man was already in grave danger.

In the speech, Rev. Dods considered sexual indiscretion more broadly than Dr. Ferguson did, including masturbation but also non-marital sex with women. He taught that sexual activity bore emotional consequences, and when performed outside marriage, they could obliterate a man’s chances of ever knowing true love. Licentiousness could “blind utterly its wretched victim to the qualities that ought to excite love.”⁷⁴ Dods resisted casting firm blame on young men for their sexual indiscretion, calling them an “everlasting victim of nature’s relentless justice.”⁷⁵ He portrayed society as a looming trap, waiting to ensnare unassuming dupes into a

⁷³ Rev. Marcus Dods. “Social Purity.” P 11. 1891. University of Minnesota Libraries, Kautz Family YMCA Archives.

⁷⁴ *Ibid.*, 6.

⁷⁵ *Ibid.*, 5.

web of masturbatory obsession. Despite his vast arsenal of religious and spiritual work, Dods framed this issue largely in medical terms.

While Dods convinced men not to blame themselves for nervous illness, he also told them the true culprit of the symptoms lay beyond an individuals' comprehension. Within the broader context of a culture of neurasthenia, Dods' comments joined many other incendiary voices who portrayed nervous illness as a destructive foe with ever-elusive origins and ambiguous symptoms. This not-knowing quality drove men into the offices of physicians for a definitive diagnosis. Convinced they had robbed themselves of marital bliss, emotional fulfillment, and mental stability, men internalized the messages like these from Reverend Dods. They believed they had caused themselves irreparable harm, and sought medical care to alleviate not only their physical symptoms, but also the guilt and woe caused by the past. As chapter six will show, physicians routinely encountered the feeling of woeful victimhood Dods describes in his talk at the YMCA.

In the second segment of the "Social Purity" talk, renowned physician James G. McKendrick buttressed the message about victimized men put forth by Rev. Dods. He established himself as a credible man of science by opening with a long explanation of basic animal and human reproduction. Then, he went on to discuss more illicit aspects of human sexuality. Using euphemistic terms, he warned that non-marital sexual behavior not only violated moral codes, but he deemed it "the worst thing one can do for the body itself." He argued that sexual indulgence turned men into captives of an unyielding master. He declared that once a man tasted sexual pleasure "the new want to be satisfied will become a tyrant...indulgence of any kind will feed it and make it more uncontrollable, and each fresh act will forge the chain of habit." In his estimation, sexual health connected with other forms of

health; once damaged, alcohol, tobacco and gambling could trigger further sexual debility.⁷⁶ Ferguson's characterization added something new to the neurasthenic rhetoric: it presented men as victims of *themselves*, of an insatiable nature that they could not always control, and for which they could not be held accountable. This perspective stands out because the official purity platform of the YMCA decried the presumption that men should have greater social or sexual license than women should; it rejected biological determinist arguments about men's greater sexual prowess altogether. In *Medical Talks*, however, the rhetoric of neurasthenia powerfully superseded the critique of the double standard.

The image helpless, blameless captive of society and nature—the white, young, urban American man—motivated the efforts of the YMCA. Increasingly, the YMCA positioned itself as the bastion for men's well-being. For example, in 1895, Richard Morse, the general secretary of the International Committee, redefined the YMCA as not just a reform agency, but primarily engaged in remedial and preventative work---determined to prevent men from falling victim to a vice-ridden society.⁷⁷ That year, Morse delivered a state of the Association speech in Cincinnati, Ohio in which he described the successful efforts of the YMCA to alleviate homelessness, criminality, and destitution in young men. However, he pointed out, its primary focus was not rescue, but prevention. In the words of one of the most prominent leaders of the late 19th-century, the Association aimed to reach a young man “before he has been victimized and

⁷⁶ John G. McKendrick. “Social Purity.” p 21. 1891. University of Minnesota Libraries, Kautz Family YMCA Archives.

⁷⁷ Richard Morse, “Young Men United,” 1895. P3. University of Minnesota Libraries, Kautz Family YMCA Archives.

wrecked.”⁷⁸ The consistent image of men as victims cast them as in need of help. Thus, the YMCA charged itself with preventing society from ruining its men.

Neurasthenia as a National Emergency

If society could ruin men, men also could ruin society. Medical lectures reiterated the urgency of the issue by tying that men’s prevailing weakness to a weakness in the nation. Men learned their bouts of nervousness might conjure national peril. Just as news and medical literature suggested, YMCA Medical Talks for men warned the ‘national disease of America’ threatened the stability and future of the United States. These themes exacerbated men’s fears and anxieties about their own health and connected them to broader cultural panic about national security and American strength. A neurasthenic nation needed the intervention of the YMCA.

The YMCA framed its objectives in national, patriotic terms. Because maintaining healthy, vigorous men—a microcosm of a healthy, vigorous nation--seemed increasingly difficult in the age of neurasthenia, YMCA medical lectures articulated the pressure they felt to ensure this happened. In fact, as Dr. John Ferguson emphasized, the future of the nation depended in the well-being of young men. In an 1891 Social Purity Lecture, he reinforced the work of the YMCA with broader importance: “To individual morality we must therefore look for that power which is to save the nation.”⁷⁹ The YMCA community reinforced chastity in the individual, and therefore ensured the entire nation comprised healthy, stable, virtuous men.

The YMCA work aimed to save men from impure influences, but viewed itself as an antidote to the contagion that spread vice throughout communities and into larger society.

⁷⁸ Richard Morse, “Young Men United,” 1895. P7. University of Minnesota Libraries, Kautz Family YMCA Archives.

⁷⁹ John Ferguson, Social Purity: A Lecture,” 1891. P 5. University of Minnesota Libraries, Kautz Family YMCA Archives.

Reverend Dods believed masturbation, though a solitary act, had broader effects. In his social purity speech, he said, “It seems to injure no one but the subject of it; yet it carries in its train sorrows, anxieties and pains which fill the life with wretchedness and which must implicate others in many different ways.”⁸⁰ Immediately, a man’s sexual indiscretions afflicted his family. His key caution is that “marriage is blighted by previous sin.”⁸¹ As if that was not enough, Dods heightened the stakes. He said that not only would a man’s transgression affect his wife, but his children as well. Informed by popular regeneration theory, Dods believed children inherited their parents’ undesirable behaviors and traits. Thus, the most “crushing punishment” for a man’s sexual transgression lie in passing down the poor habits to his child.⁸² In other words one victim beget a brood of victims, which eventually would turn into a nation of degenerates. Men’s individual decisions *mattered*, and could serve the nation well or bring its destruction.

Dods words exemplify the prevailing late-19th century anxiety that the health and well-being of men—and therefore, the nation—was vulnerable. Thus, every individual comprised a key to the function of the larger social order. Depew argued a man who succumbed to licentiousness would “become a dangerous force in society, threatening all security for life and property.”⁸³ The course of direction one man followed did not only affect him, but stood to tarnish those around him.

⁸⁰ Rev. Marcus Dods. “Social Purity.” P 11. 1891. University of Minnesota Libraries, Kautz Family YMCA Archives.

⁸¹ *Ibid.*, P 6.

⁸² There may be something to be said here about the ways in which regeneration theory served as another reason to view men as victims and not wholly to blame. Dods does not go into it here.

⁸³ “What is the Young Men’s Christian Association Doing for the Young Men of New York?” 1885. P. 33. University of Minnesota Libraries, Kautz Family YMCA Archives.

In addition to private family consequences, the national economy also depended on keeping men out of the throngs of sexual vice. The Railroad Branch of the Association signaled to a clear example of the ways in which the healthy spiritual orientation of a single man reverberated to larger society: a healthy man worked harder, improved service, stimulated profit increases for the railroad company that became wage increases for the average worker. Men invest their salaries in their families and homestead, creating happy and sober environments in which to raise children. Directly, railroad workers ensure safe transportation for millions of travelers—so all workers need to remain clear-headed and focused, otherwise they could cause the deaths of millions. Depew viewed the YMCA work to have “marked and immediate” consequences and long-term societal-level effects. His example, the railroad, provides a template for how significant it was to secure the health of men. Between 1860 and 1880, the railroad industry tripled the miles of track in the United States. It formed the backbone of the economy and symbolized American prosperity and ingenuity. This industry lay in the hands of “the locomotive engineer, of the switchman at the crossing, of the flagman at the curve, of the signal man at the telegraph”—each of whom performed singular tasks that amounted to a sum greater than the parts.⁸⁴ If any of these men made an error, it would result in “unutterable horrors.” Thus, the YMCA sought to sustain the health of a nation the safety of its railroad passengers, the smooth delivery of goods across the country, and the growth and expansion into new territories via rail.⁸⁵ Once again, the morality of one man could sustain or destroy the entire nation.

⁸⁴ “What is the Young Men’s Christian Association Doing for the Young Men of New York?” 1885. P. 34 University of Minnesota Libraries, Kautz Family YMCA Archives.

⁸⁵ The YMCA had a special division dedicated specifically to railroad workers.

Depew reminded his audience that Association work served to “secure an equal measure of good for their city, their country and themselves.”⁸⁶ The stakes were high because one misguided man could destroy the entirety of society. The individual’s act of self-abuse or extra-marital intercourse was not as solitary as one might think. It reverberated into his conscience, his body, his marriage, his community, and eventually, his nation. Healthy men required proper sexual education and an affirming community of other men. The next two sections explain how the YMCA responded to the problems of sexual vice and neurasthenia by promoting candid medical information as well as encouraging men to fortress themselves within intimate, chaste bonds with one another.

The Role of the Physician

Even as early as 1871, YMCA officers promoted the physician as a reliable figure who might help a young man navigate his sexual health. The YMCA believed a physician’s guidance would alert a man to the dangers of masturbation and steer him back toward a healthful abstinence.⁸⁷ As the end of the century approached, published material about the subject continued to assert the authority of the physician as the most trusted voice on the matter. The medical information remained consistent with the YMCA’s moral mandate to remain pure, yet the medical information changed over time. First, physicians could not only provide a medical remedy for the physical ailments, his treatment of a man’s body served to also alleviate the emotional tax that sexual dysfunction wrought on them. Second, a growing suspicion that not all physicians aimed to cure men suggested a growing awareness that quacks and profit-motivated

⁸⁶ “What is the Young Men’s Christian Association Doing for the Young Men of New York?” 1885. P. 34. University of Minnesota Libraries, Kautz Family YMCA Archives.

⁸⁷ “Self-Abuse: It’s Evils and Their Remedy.” 1871. University of Minnesota Libraries, Kautz Family YMCA Archives.

medical remedies competed with the more reliable counsel of a physician. Though a physician's expertise granted him significant credibility, it could not be unquestioned.

Reverend Moxom spoke to an audience of young men about the role of the physician. He believed a physician's expertise could curtail the ignorance that often lay at the root of vice. Moxom advocated organizations invited physicians to come once or twice a year to speak plainly about moral hygiene and sexual purity.

To some the recognized physician will speak with an authority that even the minister of religion may not have. The course which I suggest is the more needful because, in every city, there are medical quacks whose advertisements beguile the ignorant, and whose pseudo-scientific pamphlets on the sexual functions are often as corrupt and corrupting as they are pretentious and false.⁸⁸

Parents tended to neglect boys' training in purity matters, and a scientific medical man would prevail over a small, convivial group of young men with effective moral authority. Reverend Moxom, a religious leader, handed over authority to educate young men to the scientifically-minded physician. Moxom's reverence for medicine indicated medicine and religion worked together to achieve social purity

Following the recognition of medical information as a valuable moral tool, education about sexual matters became more frank and less charged. In fact, men in the Association Hall gathered to hear messages about how common masturbation could be, and how readily men fell susceptible to its temptations. As the previous section showed, the knowledge of masturbation acted like a contagion and could quickly tarnish the integrity an entire group of men. However, medical perspectives by the end of the 19th century demonstrated a qualified perspective of that view: lascivious knowledge about sex could damage a man's health, but accurate, neutralized

⁸⁸Philip Moxom, "The Promotion of Personal Purity Among Young Men," 1890, p 18. University of Minnesota Libraries, Kautz Family YMCA Archives.

information could actually protect him. Thus, the medical talks offered by the YMCA counteracted the specter of a poisoned thought by speaking openly and frankly about the subject.

The ultimate message remained clear: chastity and purity of the individual man cemented a stable future for the nation. Masturbation and sexual impropriety violated men's call to purity, and so he must refuse to engage in it regardless of the social costs or the strength of the temptation.

The information, however, differed. In an 1871 tract on "Self-Abuse," the NY Association described symptoms of the habitual masturbator: at first, shame and bashfulness, but with practice, physical symptoms would emerge including "involuntary seminal emissions" and other symptoms. By 1890, men got a different message in the Association hall from Dr. Ferguson: Ferguson went on to assure men that "the mere fact that you have nighttime emissions is not bad. This is a perfectly natural thing, and would have taken place though self-abuse had never once been performed."⁸⁹ In his broad address, Dr. Ferguson offered relief to many men in the room who likely had experience with nighttime emissions and struggled to make sense of their cause. Ferguson's message transformed nighttime emissions into normal bodily function, divorced from one's sexual choices. As shown in Chapter 3(?), men regularly linked excessive sex with unhealthy nighttime emissions; the legacy of earlier medical knowledge weighed on the minds on young men, many of whom eventually sought the counsel of Drs. Beard or Mitchell, or who purchased mail-order remedies.

⁸⁹ John Ferguson, "Social Purity: A Lecture," 1891. P 11. University of Minnesota Libraries, Kautz Family YMCA Archives. Not all doctors at the time would have agreed with this statement, as many made their fortune by linking the two, or at least effectively scared people away from masturbating to generate a public perception that there indeed, was a medical connection between the act of masturbating and seminal emissions.

Dr. Ferguson acknowledged men's crippling worry and intervened. He told the young men:

do not worry over the occurrence of emissions from time to time. You have no cause to keep your mind in a state of anxiety on this score. . . . It is a perfectly natural condition for the adult male to lose a certain amount of seminal fluid; and there would be just as much sense in taking medication to stop the flow of saliva in the mouth as to take medication to stop the flow of seminal fluid.⁹⁰

Though seminal flow occurred naturally, Ferguson warned that which men encouraged intentionally was "most disastrous, both morally and physically."⁹¹ Ferguson's medical boundaries were clear: seminal emissions occurred naturally, but the emission compelled by one's own hand was a health risk.

Even as he began to condemn the practice, Ferguson retained a neutral, even-handed tone. He presented himself as reasonable and trustworthy even as he condemned what he believed was a common practice. He came right out and acknowledged its ubiquity, knowing his audience had a personally vested interest in learning how to cope with the worry that stemmed from masturbation. He approached his audience with pragmatic acknowledgement: "Grant that someone here has practiced the habit. After you have done what I have just indicated, and you still have some fear on your mind, then go and consult some physician of known integrity whom you know, and who will not make capital out of your anxiety."⁹²

Additionally, this example reinforced the belief that not all doctors warranted trust. Ferguson cautioned against the increasing market of so-called doctors who aimed their advertisements at vulnerable young men (as discussed in Chapter 2*). Medical knowledge could

⁹⁰ Ibid., 14.

⁹¹ Ibid.

⁹² Ibid., 11.

not be believed without qualification—especially not that which could be found in the advertisement pages of newspapers and magazines; professional prestige mattered. Ferguson reminded men to be savvy about their choice of physician. Compared to the unblinking authority of the 1871 lecture on “self-abuse” which portrayed a universal physician with an anti-masturbation message, Ferguson’s appeal appears more nuanced and modern. Just two decades later, medical marketing required proper investigation to separate the legitimate doctors from the profit-hungry charlatans.⁹³ Dr. Ferguson stressed the importance of learning about sex from a trusted source—a parent or teacher—who could channel adolescents’ desire productively into future reproductive channels. He promoted openness: “the more we enshroud a subject with the air of secrecy and mystery the more intensely engrossing does it become.”⁹⁴

One of the tenets of the YMCA was to fill men’s minds and leisure time with morally sound information and activities so they would not fall prey to salacious literature and the prurient ways of the saloons. This was evident in the proliferation of printed material the YMCA supplied and its organization of rooms that made reading and learning a core component of unstructured down time, and the formal informational lectures. YMCA organizers steadfastly believed impure information corrupted young men and the solution lie in ensuring men had ready access to valuable, moral information. This included information about sexual health. Despite the insistence on sexual purity, YMCA instructional material addressed topics about sexuality frankly. They believed open discussion of the reality of sexual life could effectively thwart the titillation of learning about sex through literature, peers, or first-hand experience.

⁹³ Chapter five argues these two groups had more in common than historians have recognized.

⁹⁴ John Ferguson, *Social Purity: A Lecture*, 1891. P 10. University of Minnesota Libraries, Kautz Family YMCA Archives.

Dr. Ferguson urged his audience to consider sexual knowledge as a medical issue rather than a religious or moral one. He prompted them to consider the “lower level” of the issue—the medical one—to both bolster those who employed a religious framework for their purity campaigns, but also to those who rejected the religious motives in favor of scientific ones. From the medical perspective, Ferguson discussed four prongs of the movement: immoral literature, the solitary vice, prostitution, and diseases.

On immoral literature, Ferguson spoke of the damaging effects that exposure to prurient literature wrecked upon both sexes. He believed adults should shield young people from the knowledge of sex until “the years of discretion have arrived.” He advocated state control of such literature and guidance by trusted parents and teachers.⁹⁵ The appropriate age for such instruction varied from child to child, and revealed itself naturally. Ferguson believed the appropriate time to instruct children about sex was when they started inquiring about it, usually around puberty. Parents and teachers must provide healthy information, which he believed would occupy the space where insidious sexual knowledge could root if left open.⁹⁶

In the early twentieth century, sex education became more central to public service. Historians often credit the scourge of syphilis among soldiers in World War I for sparking the social hygiene movement. Professionalized social workers, nurses, and educators worked to clean up the filthy habits of Americans in the early decades of the twentieth century. In the interwar period, public health emerged as a recognizable and legitimate field of work.⁹⁷ By 1940, public school physical education and biology courses included sex education in their

⁹⁵ Ibid., P 8.

⁹⁶ Ibid., 9.

⁹⁷ Elizabeth Fee. *Disease and Discovery: A history of the Johns Hopkins School of Hygiene and Public Health, 1916-1939* (Baltimore: Johns Hopkins University Press, 1987).

curricula.⁹⁸ The YMCA became very involved in the education of young people in the United States during the first half of the twentieth century.

Little is written about the sex education offered by the YMCA in the final three decades of the 19th century. In *Taking the Stranger by the Hand*, John Donald Gustav-Wrathall argues sex education remained shrouded in secrecy even into the 1890s as a result of the “general discomfort” of YMCA secretaries with the topic.⁹⁹ He notes they wrote about sex using euphemism, calling sexual vice “immorality” or “questionable habits.”¹⁰⁰ He argues the discomfort drew from a broader Victorian silence about prurience that resulted in a “special aura around sex” as the “worst—or at least most embarrassing—type of sin one could commit.”¹⁰¹ In fact, he points to an editorial from 1912 in *Association Men* that declared the knowledge about impurity bred impure thoughts and actions. The editorial claimed “it is better not to try to know so much about nastiness.”¹⁰² As a result, Gustav-Whitehall paints late 19th-century YMCA leadership as echoing a broader social and religious trend to remain silent about sex. However, historians have found that people in 19th-century America hardly kept quiet about matters regarding sex. As my research shows, newspapers, print media, medical advertisements, traveling medical shows, and physicians themselves discussed sexuality openly and regularly by the end of the century. They used the framework of neurasthenia to discuss the breakdown of

⁹⁸ Susan Kathleen Freeman. *Sex Goes to School: Girls and Sex Education Before the 1960s* (Urbana: University of Illinois Press, 2008).

⁹⁹ John Donald Gustav-Wrathall. *Take the Young Stranger by the Hand: Same-Sex Relations and the YMCA*. (Chicago: University of Chicago, 1998): 20.

¹⁰⁰ *Ibid.*, 20-21.

¹⁰¹ *Ibid.*, 22.

¹⁰² Cited in John Donald Gustav-Wrathall. *Take the Young Stranger by the Hand: Same-Sex Relations and the YMCA*. (Chicago: University of Chicago, 1998): 23

bodies—such as that of respected YMCA secretary Robert McBurney—and by the 1880s easily included the sexual dimensions of this national epidemic to lend legitimacy and a sense of distance from the subject matter. Through the lens of neurasthenia, discussions about sexuality could be framed as modern, medical, and morally neutral.

The YMCA, generally speaking, took interest in presenting itself as a modern institution and placing some distance between itself and its evangelical origins. This is reflected in its architecture and professional secretaries. I argue the YMCA also signaled its interest in secularization by promoting the authority of the physician on matters of physical and sexual health. My research shows that sex education talks, especially when given as men-only Medical Lectures, were surprisingly frank, medically focused, and aimed to create a comfortable space for men to learn about sex. The surviving lectures in the YMCA archives paint a picture of YMCA sex education before 1900 as a direct reaction to the more lascivious, and perhaps medically inaccurate, information young men received from classmates, novels, and older men and women.

Even as Gustav-Wrathall argues that YMCA leaders skirted the topic of sex. The central argument of his book, *Taking the Stranger by the Hand*, contends that between 1885 and 1920, the YMCA increased its focus on physical health as part of a mind-body-spirit paradigm. His evidence shows much of the formal organization of sex education happened after the YMCA International Committee began to distribute pamphlets about sex education in 1899. Prior to that, he stated, the publications focused only on purity.¹⁰³ But after that, his work focuses on the

¹⁰³ Cited in John Donald Gustav-Wrathall. *Take the Young Stranger by the Hand: Same-Sex Relations and the YMCA*. (Chicago: University of Chicago, 1998): 37

20th century, relying in 1899 as a significant turning point.¹⁰⁴ Historians often point to the social hygiene movements and the influence of Freud after World War I as the first time formal sex education truly took off.¹⁰⁵

To lump together the Gilded Age and Progressive era erases the significance of the 1880s and 1890s. Though source material about the twentieth century survived to a greater extent, the end of the 19th century witnessed the YMCA harness medical authority to promote sexual purity and good health among young men. In fact, I argue the process began as early as 1871, and blossomed in the 1880s and 1890s when it took on the framework of neurasthenia in the 1880s and 1890s. The rhetoric of nervous debility positioned men as both victims and empowered agents. They were victims because modern society overwhelmed them with stimulation, and specifically regarding sex, abundant misinformation. It empowered them, then, to reeducate themselves and affiliate themselves with better influences. As a result, the framework of neurasthenia—the so-called “national disease of America”—allowed men to take physical health seriously in the 1880s and 1890s, not only for themselves, but also for their nation. Furthermore, it provided a bridge between earlier Christian ascetism and the more secular direction the YMCA intended to move. The YMCA, as Gustav-Wrathall notes, served as a primary interlocutor of medical knowledge between the medical profession and ordinary people during this time. The

¹⁰⁴ At times, sources are cited out of chronological order, thereby collapsing three decades of ideas from YMCA publications into a single set of ideas.

¹⁰⁵ April R. Haynes’ recent publication discusses the informal traveling circuits of black and white women speaking about anti-masturbation even before the Civil War; April R. Haynes, *Riotous Flesh: Women, Physiology, and the solitary vice in nineteenth-century America*. (Chicago: University of Chicago Press, 2015). See also Mary Odem, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920*. (Chapel Hill, NC: University of North Carolina Press, 1995); and Christina Simmons, *Making Marriage Modern: Women's Sexuality from the Progressive Era to World War II* (Oxford: Oxford University Press, 2009).

final section will discuss some of the overlooked effort the YMCA made to emphasize accurate, detailed sexual education as part of its duty to create a healthful community of young, pure men.

CHAPTER 5
“HE LOST HIS GRIP:” NEWS AND MEDIA COVERAGE OF SEXUAL HEALTH AND
NEURASTHENIA

Introduction

In the fall of 1894, newspapers across the United States entertained readers with stories of Aaron Hershfield, a wealthy banker from Montana who hoped to win a divorce case by pleading insanity. While doctors evaluated Hershfield’s mental status to offer an official diagnosis to the court, the newspapers unofficially diagnosed him with neurasthenia. The *Associated Press* covered his attempt to annul his marriage, and the subsequent attempt he made to malign his wife’s reputation to receive a favorable outcome in a divorce trial. These stories permeated local newspapers across the country. They portrayed Hershfield as a vindictive villain who attempted to besmirch his wife to escape alimony obligations. While many marital scandals peppered newspapers, this one was particularly well-covered in the media because it involved a wealthy man who committed several acts of bribery to compel others to testify to false evidence. Through this case, the public imagined the consequences of neurasthenia. I argue Hershfield’s case of neurasthenia linked to his ability to perform well as a husband; furthermore, it not only explained but eventually *absolved* his erratic and criminal behavior—and echoed larger anxieties about late nineteenth-century masculinity.

Newspapers and magazines in the 1880s and 1890s were an important source of popular medical information about men’s experiences with neurasthenia, particularly as they related to sexual and marital issues. Daily local newspapers as well as more salacious publications like the *National Police Gazette* generated a wealth of information about the failing sexual health of American men. Men read these widely available sources and used them to assess their own sexual behaviors and bodily health. As chapter three showed, men seeking treatment from physicians for sexual neurasthenia already knew quite a bit about their condition. In some ways,

this proved helpful because patients and doctors shared a language with which to describe nervous symptoms. However, doctors believed reading about sexual neurasthenia led to self-misdiagnosis which amplified their anxiety and nervousness about their sexual health.¹ George Beard, the physician who led the campaign to educate doctors about the epidemic of sexual neurasthenia, asked his patients about what they read about their condition prior to consulting medical care. Because neurasthenia blurred the boundary between physical and mental illness, Beard believed ideas and information about sexual neurasthenia directly impacted the health of the patient. This chapter examines the information about sexual neurasthenia and related sexual health and nervous issues that men encountered during the 1880s and 1890s, the period in doctors most regularly diagnosed white men with sexual neurasthenia.

Men in the late 19th-century were inundated with instructions about how their bodies should look and function, and a lot of this information came from advertisements, newspapers, traveling medicine shows, and periodicals. Historians have paid attention to the ways in which different forms of media shaped a hegemonic masculinity which it characterized as white, muscular, aggressive, strong-willed, hard-working, and sexually active but morally restrained.²

¹ Beard, George M. *Sexual Neurasthenia (Nervous Exhaustion) Its Hygiene, Causes, Symptoms, and Treatment, With a Chapter on Diet for the Nervous*. (New York: Arno Press, 1884, 1972): 46.

² Gail Bederman. *Manliness & Civilization: A Cultural History of Gender and Race in the United States, 1880-1917*. Chicago: University of Chicago Press, 1995; Julian Carter, *The Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940* (Durham, NC: Duke University Press, 2007); Kristin L Hoganson, *Fighting for American Manhood: How Gender Politics Provoked the Spanish-American and Philippine-American Wars* (New Haven: Yale University Press, 1998); Jacobson, Matthew Frye. *Barbarian Virtues: The United States Encounters Foreign Peoples at Home and Abroad, 1876-1917* (New York: Hill and Wang, 2000); John F. Kasson, *Houdini, Tarzan, and the Perfect Man: The White Male Body and the Challenge of Modernity in America* (New York: Hill and Wang, 2001); E. Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993).

Many of the messages about how to embody ideal manhood came from the media, and as chapter three has shown, many late-19th-century men did not meet this standard—especially with regard to their sexual vitality. In fact, many men suffered crippling anxiety about it. The same sources that disseminated ideas about hegemonic masculinity also identified the source of anxiety about failing to attain it: advertisements, newspapers, and traveling medicine shows offered valuable information about causes, symptoms and cures. While the explicit reference of the diagnostic category of sexual neurasthenia was rare, discussion about it under other names was ubiquitous. Just like neurasthenia took on many names and served as cultural shorthand for diffuse physical and mental health problems, sexual neurasthenia entered into public discourse in spirit much more often than in name. Phrases like “sexual debility” and “loss of vitality” served as colloquial shorthand for the long list of symptoms doctors called sexual neurasthenia. Historians have often excluded these sources as medically insignificant or “quack” however, I argue they provide valuable insight into the ways in which men used them as reference when they decided to see a doctor for their sexual health. From this perspective, there is much greater continuity between the medicine practiced in S. Weir Mitchell’s Infirmary for Nervous Disease and the so-called “quack medicines” preying on the insecurities and pocketbooks of men. News coverage of the scandal surrounding Aaron Hershfield’s divorce provides a lens through which to view the collision of medical expertise and media marketing.

This chapter will show how the explosion of popular presses at the late-nineteenth century allowed for the messages about sexual neurasthenia to reach broad audiences, and this further bolstered the perception that neurasthenia affected nearly everyone. Newspapers and magazines delivered neurasthenia rhetoric to the hands of male readers and spoke to their anxieties; these same sources also provided the solutions: they promised readers a medical

solution was close at hand. As a result, popular medical knowledge about neurasthenia linked men's sexual health to anxieties over racial and gender hierarchies and provided a language through which men could express them without bearing any responsibility. This chapter highlights the role of popular presses and media sources in promoting sexual neurasthenia and bringing white men's sexual health—as a psychological and physiological health concern—into public view.

Neurasthenic Breakdown in the National News

Failed marriages, murder, and insanity: local newspapers headlined these spectacles on the front pages of local newspapers in the late 19th-century. In Philadelphia, admission of prominent figures into Blockley hospital for insanity was notable news. Tragic suicides prompted coverage of the mental instability which preceded them. Marital strife came out in stories of domestic violence and murder. Famous divorce cases also received coverage in the news. These topics are often considered the fodder of more salacious publications like popular tabloid, *The National Police Gazette*, however, they peppered the everyday newspaper headlines as well. While the tabloid stories of the *Police Gazette* magnified the sexual and violent elements of scandalous stories, it is crucial to first see how these themes played out in regular newspapers. Together, these sources worked in concert to address the perilous consequences of men's ailing sexual health. Divorce cases, in particular, reflected a pervasive anxiety that men were no longer interested in or capable of performing their duty as Good Provider. Neurasthenia rendered them unfit for the economic responsibility of being breadwinner of their family; sexual neurasthenia challenged the reproductive potential of a man. Overall, the forces that placed men in positions of power over women seemed to be deteriorating. Marriages failed and divorce rates increased. Many of the anxieties about men's well-being were addressed in the context of divorce cases such as that of Aaron Hershfield.

Aaron Hershfield met Miss Dell Hogan in their hometown of Helena, MO. Hershfield was a wealthy banker who operated a bank with his brother, J.D. Hershfield also profited from various investments, included a deal in 1882 when he joined several other men from Helena to incorporate the Yellowstone National Park Transportation company.³ Dell Hogan was a “beautiful Irish girl,” also from Helena. She was 26 years younger than Aaron. No record accounts for their courtship or romantic feelings toward one another, however Aaron had two wives prior to Dell. This was Dell’s first marriage. The couple decided to travel together to the Chicago World’s Fair in August 1893 where they married.

The media first took notice of the marriage a year later when shocking news of scandal surrounding the conditions of this marriage surfaced in newspapers across the country. The earliest account, published in September 1894, came from the *Associated Press* in an article about the Hershfield’s “world’s fair romance.”⁴ The AP reported Miss Hogan’s two brothers had surprised the couple at their room at the Great Northern Hotel in Chicago while they were seeing the World’s Fair. They allegedly held Aaron “at the muzzle of revolvers” and forced him to marry her.⁵ J.D. Hershfield and his wife testified this marriage was against Aaron’s will, and they advised him to go to North Dakota to seek annulment of the marriage right away. They claimed to be “horrified” by this situation.⁶ In response to these allegations, Dell Hershfield

³ *Red Lodge picket*. (Red Lodge, Mont.), 04 June 1892.

⁴ “Wants \$75,000 in Damages,” *The Indianapolis journal*. (Indianapolis [Ind.]), Sept. 5, 1894.

⁵ Ibid.

⁶ Title “World’s Fair Romance,” *The Salt Lake herald*. (Salt Lake City [Utah]), Sept. 5, 1894.

filed a \$75,000 law suit against J.D. and his wife, for what resulted in the “alienation of her husband’s affections.”⁷

This first wave of spicy news coverage of the Hershfield marriage privileged the husband’s perspective. Upon learning that Dell had launched a suit for such an exorbitant amount of money, Aaron Hershfield penned a letter to each lawyer, requesting he deny his counsel to his “so-called wife.” These letters portray a desperate, cunning side of Aaron Hershfield, who clearly felt no sympathy for the financial or emotional state of his estranged wife. In the letters, Aaron excoriated his wife. He called her a “harlot” who was not to be trusted. He wrote to Mr. Nolan, “this character is a strumpet, bold and wicked and dangerous, and seeks to vent her spite and hatred” onto his family. Aaron claimed “that it is impossible for her to tell the truth,” and that she fabricated all the charges against his family members.⁸ To Cullen O’Toole, Aaron described Dell as “the shameless creature calling herself my wife.”⁹ In contrast to his villainous wife, his brother and sister and law were “two innocent and good people” who did not deserve to be dragged into this legal battle.

In these private letters, Aaron Hershfield sought to clear his own name, too. He explained his side of the story to Mr. Nolan: “I never intended to live with this woman and so informed her....As there was no affection between us it was impossible for them to act in any way that might create an alienation of affection.”¹⁰ In fact, he described himself as a “free

⁷ “Wants \$75,000 in Damages,” *The Indianapolis journal*. (Indianapolis [Ind.]), Sept. 5, 1894.

⁸ Aaron Hershfield, letter to C. B. Nolan, 12 Fe. 1894, Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

⁹ Aaron Hershfield, letter to Cullen O’Toole, 10 Fe. 1894, Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

¹⁰ Aaron Hershfield, letter to C. B. Nolan, 12 Fe. 1894, Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

agent” and as such, able to move about without consulting anyone. He dismissed allegations that he had been “in collusion with other parties” and thus abruptly left his wife in Helena “through pressure” as “simply ridiculous.”¹¹ He was surprised to learn that Mr. O’Toole, who had known Aaron a long time, believed these accusations. Mrs. Dell Hershfield’s suggestion that Aaron had an illicit affair, and left abruptly, threatened to damage Aaron’s reputation. If proven, he would lose his divorce case, and perhaps his reputation. The stakes for Aaron Hershfield were high in this case—in fact, he called his wife’s actions “blackmail.” He felt strongly about it, too. He wrote of his decision to leave Helena, “It needed no outside influence to make me disgusted with my so-called wife and I hate her with a great hate.”¹² This He attempted to resolve the problem respectfully, and informed Mr. Nolan he offered her \$60 per month (about \$1600 today), a sum he believed would allow her to live “decently and quietly.”¹³ His letter intended to dissolve the legal fury Dell Hershfield attempted to launch at his family and his family’s wealth.¹⁴ Aaron’s attempts to derail the suit against his brother proved unsuccessful. Nolan and O’Toole took the case anyways.

Nonetheless, Aaron Hershfield contended he suffered from mental ill-health—the symptoms associated with sexual neurasthenia—which made him susceptible to the seduction and coercion of his so-called wife. Court records from May 1895 revealed the mental instability he suffered prior to and because of the intense pressure Dell Hogan placed on him to marry. Aaron believed he had been coerced into what he called his “pretend marriage” by threats of

¹¹ Aaron Hershfield, letter to Cullen O’Toole, 10 Fe. 1894, Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

¹² Ibid.

¹³ Aaron Hershfield, letter to C. B. Nolan, 12 Fe. 1894, Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

¹⁴ Ibid.

physical violence. He stated she “continually followed, harassed and annoyed” him, “threatening him with vexatious suits and public scandal,” and ultimately threatening to murder him if he did not comply. Aaron cowered “in great fear of his life.” This trauma taxed his emotional and mental well-being significantly. The deleterious impact included “causing [Aaron Hershfield] great mental anguish and suffering, weakening his mental powers and causing him to become sick in body and mind, and unable to resist the fraud, force and influence brought to bear on him by the defendant and her co-conspirators.”¹⁵ These symptoms fall squarely within the most common symptoms of sexual neurasthenia: a traumatic event paralyzed Aaron’s ability to withstand the overtures of Dell Hogan, and in this weakened mental state, he was unable to adjudicate a proper course of action. Instead, he fell prey to a mischievous money-grubber, and a year later, found himself deeply entrenched in a legal battle to prevent her from pilfering away his fortune.

It was not surprising the media coverage of the case sympathized with Aaron’s side. Witnesses attested to seeing Mrs. Hershfield promenade around town in lavish outfits that her salary at New York Dry Goods could not afford.¹⁶ His case fell in concert with many like it in the late 19th century: wealthy man seduced or coerced into marriage by young seductress, and then shackled by the conditions of the marriage. I will discuss the ways in which the *Police Gazette* exaggerated some of the themes about women and marriage in a later section of this chapter, but even regular newspapers bemoaned the constraints of marriage. In early September,

¹⁵ “Affidavit by Aaron Hershfield, 19 May 1894, Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

¹⁶ Henry Lobbe was Dell’s boss at the New York Dry Goods Company, and he went on record to confirm she made \$30 a month under his employ “Affidavit by Henry Lobbe,” 17 Aug. 1894. Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

1894,—around the time the Hershfield’s divorce surfaced in the news—*The Philadelphia Inquirer* ran a poem that epitomized the perspective of readers who would have readily sympathized with Aaron’s plight. It read:

“Ye Ballad of Ye Bachelor”

I will sing a jolly jingle
 On the joys of living single
 And the happy times that mingle
 With a solitary life;
How the fun is fast and faster
 Ere you’ve met the grand disaster
 That bestowed on you a master
 In a domineering wife.
You may travel round with Freddie
 Billie, Charlie, Jack and Teddie,
 And go home when you are ready
 Or perhaps not go at all.
You may tip the festive flagon,
 Get a Coney Island jag on,
 And there’ll be no female dragon
 To confront [sic] you in the hall.
If a little game of euchre,
 Should decrease your stock of lucre,
 There is no one to rebuke, or
 Set you shaking in your shoes.
You may follow up the races,
 Play them straight or for the places,
 Drop a half-a-hundred cases
 On a horse that couldn’t lose.
But when you once have blundered,
 With a mate you are incumbered.
 Why your sporting days are numbered
 When you’re fastened to a wife.
So I sing a jolly jingle,
 On the joys of living single,
 And the happy times that mingle
 With a solitary life.¹⁷

¹⁷ A.J. G. in Truth, “Ye Ballad of Ye Bachelor,” *The Philadelphia Inquirer*, Sept. 8, 1894.

This poem illustrated the thematic context within which the late-19th century newspaper reader would have read the Hershfield divorce story. Primarily, marriage handcuffed a man's time, money, and liberty. Wives kept careful watch over husbands, like an insidious platoon sergeant to whom one was bound for life. The critique of marriage in the late 19th-century was not confined to the homosocial environments of pubs and saloons where bachelors congregated. Rather, it was a well-known part of daily news media, and it was tied to men's well-being: economic and mental. In this way, men's resistance to the confines of marriage borrowed from the neurasthenia discourse. In both cases, men resisted the expectations they adhere to social scripts as duty-bound providers. As this poem illustrates, marriage and wives robbed men of "happy times," and "fun." The married man, deprived of the "joys of single life" by social standards which compelled him to wed, conjured images reminiscent of the neurasthenic: weak-willed and unable to withstand the discipline of his wife; worn-down by constant policing; defeated by the routine denial of whimsical card games and unscheduled free time with friends. The most compelling overlap this poem and the sexual neurasthenia rhetoric is the framing of men as hapless victims of circumstance. Afflicted men could not assume blame because they merely performed according to social expectation. Instead, they must be pitied and helped—and supported in their endeavor to shed the forces that oppressed them.

This context nestled the early accounts of the Hershfield divorce case in a larger public conversation about how men suffered tragically under the economic and social pressures of late 19th-century life. While Aaron Hershfield's sexual neurasthenia was not mentioned directly, its specter lurked beneath the early news coverage of his wife's alleged extortion of his wealthy brother and sister-in-law. Aaron took the advice of his brother and left for North Dakota to secure an annulment of his "pretend marriage." Dell's suit against his brother demonstrated she

sought after much more than her cost of living. Fellow residents of Helena verified she stayed in the classiest, most expensive Hotel in Helena, and donned expensive clothing while riding a carriage about town. Money was a key component to this divorce case—and this weighed heavily on Aaron, economically and mentally. At the time, the legal tradition of coverture required husbands to continue to bear financial responsibility for their wives after divorce. Hershfield understood this, and boarded the train to Fargo in hopes the judge would grant an annulment.

Fargo enjoyed a national reputation as the “mecca” for divorce. Like many other wealthy men in the late 19th century, Hershfield chose Fargo because of its relatively liberal divorce laws. One traveling lecturer of the period, L. Edmund Stover, mocked the many unhappily married “pilgrims” who trekked from New York and Boston. They were typically prestigious people who “journey[ed] to the frontier to wash their dirty linen.”¹⁸ One key reason for this was that North Dakota law required only three months residency before a person could be eligible for divorce. Other states required up to six months residency.¹⁹ Additionally, North Dakota courts granted divorces to non-citizens, attracting couples from all over the U.S. and abroad.²⁰ As a result, the Fargo economy thrived on the rising divorce rate of the late 19th century. Major newspapers advertised the ease with which people could obtain divorce in Fargo. New hotels and privately-owned boarding houses attracted divorce seekers from the East. Every

¹⁸ These terms were used in news coverage of Stover’s lecture circuit. “Fargo Divorce Mill: A flourishing industry fostered by North Dakota laws,” *The Sun* (Fargo, ND), 1894

¹⁹ While state laws determined varied grounds for divorce, adultery ranked the highest, accounting for over 16% of divorces between 1887 and 1906. Other common grounds for divorce included cruel treatment, desertion, having a felony conviction, excessive alcohol consumption, and at least one year of neglect. See Sauer, Michelle M. “North Dakota.” *Cultural Sociology of Divorce: An Encyclopedia*. Ed. Robert E. Emery. Vol. 3. (Thousand Oaks: SAGE Publications, Inc., 2013): 901-902.

²⁰ *Ibid.*

day at noon, the North Pacific Railroad unloaded unhappily married travelers who checked into hotels nearby—this established residency. Some stayed and integrated into the city, but others rented the room for the purpose of the residency requirement. These folks left the room vacant and returned home the same day.²¹ In addition, the local court profited from these cases. Judge McConnell, who presided over the Hershfield case, heard divorce cases between other proceedings.²² While economic motives encouraged the city of Fargo to attract couples seeking divorce, Fargo residents sometimes responded negatively to the morally questionable people who came to their town. Residents of Fargo did not seem to appreciate the abuse of their liberal divorce laws. As a result, some high-end hotels in the area denied residence to anyone who was not from the area.²³ At times, locals gathered outside the court to express their disapproval. In some cases, as eventually occurred with a witness in the Hershfield case, a Fargo crowd ran people out of town.

The ensuing trial in Fargo occupied not only the attention of affected locals, but of the national news. The *Associated Press* carried the story and it was reprinted in newspapers across the United States between September 1894 and April 1895. Despite the early portrait of Aaron as an innocent victim to the predatory nature of the Hogan family, new information surfaced over the course of 1894 that renamed Aaron the culprit. Most importantly, the couple had a daughter together after they married. In a court deposition in July 1894, Dell alleged that while she was pregnant, her husband deserted her on January 11 1894 at the Helena Hotel. Following the birth of their child, Dell suffered post-partum illness and incurred significant medical charges. She

²¹ Ibid.

²² “How Divorces are Granted at Fargo: The laws of North Dakota make it easy to secure release,” *New York Times*, 1896.

²³ Ibid.

also alleged that her husband's abandonment left her without means to pay for costs of living at the hotel. She testified to the court that in all the seven years she knew Aaron Hershfield in Helena, he was a man of sufficient means to cover these expenses. Therefore, she believed it reasonable to expect him to put for the funds. The couple lived in the Helena Hotel together. They rented two adjacent rooms with closets and bathrooms at a cost of \$200/month (equivalent to about \$5450 a month, or \$181 a night today). After Aaron left, Dell could not afford the lodging, and so she moved to a single room at \$100 a month until the baby was born. She solicited the services of a nurse after the baby was born, and once again boosted her rental to two rooms to accommodate the baby and nurse. Dell suffered a bad case of nervous prostration and required intensive medical care. These costs accumulated in Aaron's absence.²⁴ This deposition bolstered her claim that her husband deserted his responsibility to provide for her and her baby. In light of the pending divorce case, Dell needed to show that she was destitute and in need of financial assistance. She completed an application for Allowance for Counsel Fees to allow her to obtain legal counsel despite the fact she had no funds.²⁵ The court demanded Aaron pay his wife \$300 so she could obtain legal counsel for the trial.²⁶ W. F. Ball, Dell's attorney, agreed to the \$300 fee.²⁷ Clearly, Dell's story convinced the court and insisted Aaron fulfill his obligation to provide reasonable financial care for his wife. These details did not make news headlines and took place in a relatively quiet fashion.

²⁴ Affidavit. 25 July, 1894, Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

²⁵ "Application for Allowance for Counsel Fees." 27 Jul. 1894, Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

²⁶ Ibid.

²⁷ "Affidavit by W.F. Ball" 21 Jul. 1894, Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

Meanwhile, Aaron's legal team concocted a powerful response to Dell's allegations. First, Aaron denied ever entering the marriage willingly, and he argued no child resulted from the marriage. Furthermore, he launched a vicious campaign against her sexual propriety, accusing her of an illicit affair with a man named Max Stein while they were in Chicago for their wedding. The deposition of Max Stein, taken in late August of 1894, countered Dell's narrative of desertion with a new one: Dell's impropriety. Under oath, Stein readily described his meeting with Dell Hogan at the Palmer House on Monroe Street in Chicago in late September 1893—around the time the Hershfields wed. He arrived at the Palmer house and Dell immediately whisked him upstairs to her room—an unusual occurrence given women typically did not have their own room at the Palmer Hotel. As soon as the hotel room door closed, Billig “undress[ed] and [went] to bed right away.” He pledged that he had “slept with her and had sexual intercourse with her...about twice” during her stay. After the tryst, he offered payment, but she replied “she had plenty of money of her own; that she was just out for the fun of it.”²⁸ This testimony resonated with the caricature Hershfield drew of his wife in letters to her lawyers. In these accounts, Dell Hogan appeared a two-headed hydra: seducing some men for fun, and entwining others—a wealthy man, no less—into a marriage for money.

While the media spared readers the lurid details, the prevailing tone of news coverage of the case portrayed Dell as a predatory woman. The true indignity of the divorce case—and of Aaron Hershfield's mental state—would shock the public by November.

Public opinion swung in favor of Dell Hershfield as new details about the trial emerged on the final day of testimony. The court had denied an annulment, citing that both parties

²⁸ “Deposition of Max Stein,” 29 Aug. 1894. Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

entered into marriage good faith and sound mind. So, the stakes were high as the court's decision would assign fault for divorce, and if blamed, Aaron would assume hefty alimony costs. Dell's legal team of detectives from the Pinkerton Agency in Chicago checked up on Max Stein—and found the man did not exist. They suspected the man who proclaimed to be Max Stein in earlier depositions was an imposter. Suddenly, a divorce trial about a wife's impropriety transformed into a tale of a husband's treachery. The locals in Fargo learned that the climax of the trial involved witnesses who had been paid to perjure against the defendant, and they gathered outside the court before trial on the final day of testimony. Curious spectators cramped into the courtroom to see the story unfold. They certainly got a show. One newspaper reported "Sensations followed in rapid succession" that day.²⁹ The mental stability of Aaron Hershfield came under close scrutiny as testimony revealed he engaged in criminal behavior to circumvent his marital responsibilities.

In the final stages of the trial, onlookers learned Aaron Hershfield committed bribery and perjury—and they wondered whether he was insane. First, they heard testimony from the Pinkerton Detective Agency in Chicago. Detectives traced the steps allegedly taken by Stein and Dell Hogan during their affair; they found no evidence that Max Stein even existed. New evidence, including letters and telegrams, revealed Hershfield had bribed the person claiming to be Max Stein, along with others who had corroborated the affair. The court learned of a man named Jake Holzberg who allegedly assembled a coterie of witnesses who accepted payment to provide false testimony to dishonor Mrs. Dell Hershfield. One of these men, Joseph Bee, claimed to have been hired by Jake Holzberg to travel to Fargo and testify on behalf of Aaron Hershfield. Holzberg instructed Bee to take the stand and tell the court he had seen Mrs.

²⁹ *San Francisco Call*, Nov 27, 1894.

Hershfield engage with a strange man in public before she had married Aaron. He was to claim she cavorted with this man at Billy Dings' place in Chicago. The purpose was to damage her credibility and present her as a harlot, unworthy of alimony. The court viewed letters and telegrams from Holzberg to Bee, most of which included money. The correspondence also included specific details necessary for the testimony: the dates the then Miss Hogan supposedly stayed at Ding's place with this man were August 10-15—when the couple visited Chicago together to get married; the letters also included information about what Miss Hogan was wearing when he spotted her. Holzberg closed each letter to Bee with: "For God's sake, don't forget to burn these letters."³⁰ But Bee kept the letters, and indicated there were several others who had been similarly instructed to give the same testimony.

Outside the courtroom, an angry mob became involved in the trial. In a fit of rage, local protesters attempted to injure one of Holzberg's witnesses named Anderson. The mob action scared off another of Holzberg's witnesses, Harry Freeman, who abruptly left Fargo to escape retribution. Rather than go through with the testimony, Harry Freeman turned the incriminating correspondence with Holzberg over to Mrs. Hershfield's attorneys. Aaron Hershfield's case began to crumble. Finally, the defense was able to prove perjury by proving Stein was not even in Chicago when he supposedly had the affair; evidence also suggested Max Stein was a fictitious identity, crafted for the purposes of this trial. Additionally, the court learned that Hershfield tried to harangue Detective S. A. Billig into the scandal, requesting that he "swear to an intimacy with Mrs. Hershfield" while she was in Chicago to wed Aaron.³¹ Hershfield

³⁰ "Telegram from Jake Holzberg to Joseph Bee." Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

³¹ *San Francisco Call*, Nov 27, 1894

pretended to be a lawyer when he interacted with Billings, but to no avail. Eventually, Hershfield admitted his identity and that he wanted help nullifying his marriage. Though Billings refused, Hershfield was persistent, and even came to visit in person to persuade him to participate in this plan.

Additional evidence further swung the pendulum of public opinion against Aaron Hershfield. Superintendent Devereaux claimed to have overheard Anderson, a witness who had testified earlier in the trial, admit he had been paid \$400 to “swear away Mrs. Hirschfield’s honor (sic)” on the stand.³² Aaron Hershfield denied sending telegrams communicating with Anderson about falsifying testimony. In addition, Mrs. Hershfield’s attorneys supplied receipts for diamonds which Hershfield allegedly bought for his wife. He did admit to paying the bill for these diamonds, but denied buying them. Lastly, the court viewed letters he sent to his wife’s attorneys trying to bully them. The defense attempted to eliminate from the record all the testimony, such as that by Joseph Bee, which had been delivered to tarnish Mrs. Hershfield’s character. The court overruled the attempt, however Hershfield appeared criminal in the eyes of the public. To combat the mounting evidence against him, Hershfield claimed insanity.

Crowds in Fargo responded with vitriol: people “insulted and hooted at” Aaron as he walked about town.³³ Once news of perjury and bribery surfaced, Aaron’s favor with the public was almost nil. A Montana newspaper referred to him as “a dangerous man to be allowed to prey upon society and should be taken care of.”³⁴ It called this annulment case “by far the vilest that has polluted the courts by Montana people for many a day.” Hershfield no longer garnered

³² Affidavit. 25 July, 1894, Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

³³ “A disgraceful case.” *The Philipsburg Mail*. Nov 29, 1894.

³⁴ *Ibid*.

the sympathy from the public for his so-called “imbecility, idiocy or weak-mindedness on the part of himself.”³⁵ The public no longer sympathized with him, and they considered his deception to be a moral affront to honest women and men everywhere.

Now, Hershfield’s mental health became integral to his desertion and criminal actions. Public perception of Hershfield’s moral failings were tied directly to his insanity plea, and the public was faced with the question of whether his illegal behavior was excusable because of mental illness. Increasingly, insanity was a viable scapegoat for criminal behavior in the late-19th century, and physicians were solicited for expert testimony on the mental stability of the defendant.³⁶ Aaron’s plea suggested he suffered from mental health issues, but it was unclear whether that was truly the case. One witness, Mrs. Connors, testified that ““Aaron lost his grip in 1893 and has not found it yet.””³⁷ The final witness was Dr. Alexander Moore, who spoke before the court about the “enfeebled mental condition” of Aaron Hershfield.³⁸ The defense hoped to convince the court Hershfield was temporarily insane and could not be held financially accountable for alimony for his soon-to-be ex-wife.

Despite these attempts to rescue Hershfield’s case, the court denied him an insanity plea, and denied him an annulment. Judge McConnell ruled the “marriage of November 27th, 1893, was in all respects valid and binding contract of marriage, and the same was and is free from fraud and duress and that plaintiff was mentally sound at the time the same was solemnized.” Furthermore he decided “No cause whatever exists, under the evidence herein, for the annulment

³⁵ Ibid.

³⁶ See Charles Rosenberg, *The trial of the assassin Guiteau: psychiatry and law in the Gilded Age* (Chicago: University of Chicago, 1968).

³⁷ *The Anaconda standard*. (Anaconda, Mont.), Dec. 2, 1894.

³⁸ “The Hirschfield Case.” *Herald Democrat*, November 27, 1894.

of such marriage.”³⁹ The final decree of the court viewed the Hershfield marriage as legitimate. It upheld the chastity of Dell Hershfield, and addressed it directly, stating “the defendant did not, prior to said marriage, have sexual intercourse with any other person than the plaintiff in this action, nor did she prior to such marriage conduct herself in a lewd, lascivious, or improper manner.” Furthermore, Judge McConnell decided Aaron entered marriage freely, and the accusations of coercion were without merit.⁴⁰

It appeared the defense successfully convinced the court that Hershfield married, fabricated an affair, and conducted bribery with a sound mind; thus, the court found him liable for his role in the dissolution of marriage. Judge McConnell charged him to pay \$35,000 to his wife.⁴¹ In addition, Hershfield would be required to compensate his wife for \$1900 in legal fees.⁴² Mrs. Hershfield declined to settle for less, and Aaron and his brother J.D. Hershfield announced they would appeal the judge’s decision.⁴³

Newspaper headlines about the decision vilified Aaron Hershfield. One headline proclaimed “Miss Hogan was Sinned Against Rather than the Sinner.”⁴⁴ *The Philipsburg Mail* called it “A disgraceful case.” Dell Hershfield was declared “not so wicked” by *The San*

³⁹ “Findings of Fact, Conclusions of Law, and Order for Judgment.” 5 Dec. 1894. Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

⁴⁰ “Final Decree.” 19 Dec. 1894. Cass County Divorce Records, North Dakota State University Library, North Dakota State University, (Fargo, ND).

⁴¹ “Condensed Dispatches,” *The Washington Post*, Dec 4, 1894.

⁴² *Bismarck weekly tribune*. (Bismarck, Dakota [N.D.]), April 26, 1895.

⁴³ *The Philipsburg mail*, (Philipsburg, Mont.), Dec. 6, 1894.

⁴⁴ *San Francisco Call*, Nov 27, 1894.

*Francisco Call*⁴⁵ but Aaron Hershfield was clearly “sane enough to try to Intimidate Witnesses.”⁴⁶ Newspapers leveraged judgments about the outcome of the trial and easily depicted Aaron Hershfield as a morally unkempt individual. Void a confirmation of insanity, the mental health diagnosis was left up to the media--and they deemed him to be a neurasthenic.

In an article titled “Its what ails him,” *The Anaconda Standard* characterized neurasthenia as a common, longstanding affliction of “Tom cats” like Aaron Hershfield. Like many articles about nervousness, this one provided detailed background information about the disease, including its ambiguous designation as a definable disease. The article presented a lay version of the case history. It introduced Hershfield, who had been struck by this so-called “first cousin to the insanity plea.” The cause of his neurasthenia was injury: according to the news account, he suffered a blow to the head with an umbrella by a family member, which damaged his spinal cord. The newspaper determined Aaron also had cranial neurasthenia, believed to be housed in his brain cells. Spinal and cranial neurasthenia robbed Aaron of “his courage and manliness.” The article referred to itself as an “essay on neurasthenia” but did not want to “spoil” it by “making it too technical.” However, doctors’ medical writings were referenced by name and key information about neurasthenia found its way to the public through the lens of neurasthenia.⁴⁷

The explanation that neurasthenia, a common, treatable disease—rather than insanity, which was a life sentence—placed Hershfield’s marriage, divorce, and criminal behavior in a much less damning light. Whether he actually attempted to desert his wife and infant daughter is less important than the way the events unfolded in the media. Once placed within a discourse of

⁴⁵ Ibid.

⁴⁶ “The Hirschfield Case.” *Herald Democrat*, November 27, 1894.

⁴⁷ *The Anaconda standard*. (Anaconda, Mont.), Dec. 2 1894.

neurasthenia, Hershfield's behaviors became more recognizable. His weak-willed nature and susceptibility to a sexually robust women paralleled stories of many other men at the time. News media and other forms of popular medical information teemed with rhetoric about helpless, run-down men. Their physical and mental frailty made their sexual relationships particular particularly vulnerable to attack by the archetypal conniving woman.

One of the key features of the discourse of sexual neurasthenia is that it did not blame the victim. As subsequent analysis of the advertisements, medicine shows, and tabloid news will show, discussions about men's sexual health carefully removed culpability from a man himself. Instead, they characterized sufferers as victims of circumstance, and not to be condemned for the manifestation of their disease. This may explain why media criticism of Aaron Hershfield disappears after the trial ends, even though he refused to pay his ex-wife the court-mandated amount. In fact, on March 14, 1895, Mrs. Hershfield filed a motion against her husband for failing to pay the \$1923.40 she had been awarded by the Fargo court. Aaron evaded the fine, and Mrs. Hershfield responded by suing him in a court in their hometown of Helena. On Monday, April 24, 1895, District Court Judge Blake ruled on behalf of Dell Hershfield. Aaron's attorney secured a ten-day stay of execution following this ruling.⁴⁸ There is no evidence he ever paid. It was as if Aaron Hershfield's compromised state excused him from the obligations of coverture. Not only that, but he was no longer married.

By early 1896, the notoriety around Hershfield's name subsided and news of his second wedding made celebratory headlines. On February 17, the marriage of "Miles City's Money King" to "charming widow of good family" Marie Cluxton made headlines. The couple met in

⁴⁸ *Bismarck weekly tribune*. (Bismarck, Dakota [N.D.]), April 26, 1895.

St. Paul while both were receiving medical treatment there. The wedding was “unostentatiously planned” and carried out at the Aberdeen Hotel among a few close friends. Marie Cluxton was an attractive woman with brown hair and medium build. She was in her mid-thirties and hailed from an “excellent family” in Chicago. News coverage of Hershfield’s new wife mentioned his prior one: the *St Paul Daily Globe* recalled his previous marriage to Dell Hogan “A young woman of much beauty but less wealthy and not so high in the social firmament.”⁴⁹ The disastrous legal battle that befell Hershfield’s first marriage was portrayed as the fault of Aaron’s sister in law, who disapproved of the marriage and roused trouble for the couple. This article neglects to mention the annulment proceedings, his mental health, or his criminal acts. Instead, the story was reduced to basic facts: Hershfield sought divorce and the court granted it. However, Dell sued for damages to the “charges made against her purity.” She launched suits against her former husband and the courts in Fargo, and received a “handsome verdict.”⁵⁰

The Hershfield divorce story provides a strong example of the flexibility of the sexual neurasthenia diagnosis: it at once explained Hershfield’s immoral behavior and exonerated him from blame. Legally, he had to repent for his misgivings and pay his ex-wife a small fortune. But socially, he was absolved from his wrong-doings. The cultural context of neurasthenia cushioned his reputation. Subsequent reporting on Aaron Hershfield focused on his financial investments.⁵¹ In 1901, he came under scrutiny in a federal trial for forging signatures of two nonexistent bank employees.⁵² The case was dismissed due to insufficient evidence, and he

⁴⁹ *St. Paul daily globe*, (Saint Paul, Minn.), 17 Feb. 17, 1896.

⁵⁰ *Ibid.*

⁵¹ *The Philipsburg mail*, (Philipsburg, Mont.), March 19, 1896.

⁵² *The Kalispell bee*, (Kalispell, Mont.), Jan. 12, 1901.

faced no subsequent trial.⁵³ Despite the high-profile federal case, Hershfield's previous scandals were not even mentioned. His character, as a recovered neurasthenic who had repented and remarried, was restored. Viewed through the lens of neurasthenia discourse, a man's inordinate actions could be explained as a symptom of illness. It provided no permanent mar on a man's health or reputation; in fact, it could be used to obfuscate responsibility for his own actions.

These themes of the temporary nature of disease and denial of culpability featured centrally in any media that addressed men's sexual exploits, the trials of marriage, and sexual diseases. The next sections provide further historical context to show that the assumptions made about the interconnectedness of a man's sexual life, mental health, and financial well-being were not unique to the Hershfield case. Furthermore, it will illustrate that the official phrase "sexual neurasthenia" rarely featured in print outside of medical journals; general neurasthenia was more commonly identified in name, as in the Hershfield case. However, the sexual nature of these neurasthenic accounts—including Aaron Hershfield—was so strongly implied that readers could easily recognize them. As Chapter 3 showed, the connections between phrases like "loss of vitality," "mental weakness" and "sexual debility" to sexual neurasthenia were clear to patients who sought treatment for these symptoms from S. Weir Mitchell. Overall, Hershfield's divorce resonated with a larger conversation about men's sexual health occurring in the media, said it was tied to mental health, duty as a husband and father, the role of the provider, and sexual performance. One place where the sexual nature of these conversations was notoriously explicit was in *The National Police Gazette*.

⁵³ *The Billings gazette*, (Billings, Mont.), Jan. 18, 1901.

Sex and Scandal in *The National Police Gazette*

Sexuality and masculinity dominated the pages of *The National Police Gazette*, one of the most widely circulated men's magazines of the period. Its influence on shaping the boundary between appropriate expressions of masculinity and sexuality are well documented by historians. Within the context of several broader social forces—namely scientific evidence attesting to the immutable distinction between the sexes, the growing anxiety over the instability of social power for WASP men, and the shifting sexual mores allowing for delayed marriage and lifelong bachelorhood—the contestation over men's sexual health took place on the pages of the *Police Gazette*. According to extensive analysis of the magazine by Guy Reel, the *Police Gazette* showed “masculinities and their oppositional forms” through the “interplay of men, women, and their bodies.” This sold magazines but also represented a “cult of masculinity” in crisis, which he believed to be emblematic of the period.⁵⁴ The magazine served as a forum for “the wicked and weird while often championing the weak.”⁵⁵ Ultimately, the magazine circumscribed a boundary of healthy manhood and educated men on the causes and consequences of transgressing this boundary.

The National Police Gazette, published in New York City, circulated widely among men for over fifty years. First published in 1846, it initially covered police endeavors and crime, but by 1879, a new owner, Richard K. Fox, had changed the tenor of the publication. One scholar described the Gazette as the “chronicler of the mad, wicked world” of urban life in late-

⁵⁴ Guy Reel, *The National Police Gazette and the Making of the Modern Man, 1879-1906* (New York: Palgrave Macmillan, 2006): 9.

⁵⁵ *Ibid.*, 15.

nineteenth and early-twentieth century America.⁵⁶ Remembered by historians as a tabloid, the *Police Gazette* was the most popular men's magazine in the U.S. in the late-nineteenth century. It could be found lying around eating houses, saloons, and pool halls, where a growing subculture of young bachelors congregated. Historian Howard P. Chudacoff described these "men about town" as part of a system of homosocial camaraderie which rejected or delayed marriage but managed to create social stability and accountability among one another.⁵⁷ In these places, particularly saloons which served alcohol (and sometimes, the best lunches in town were offered for free!), men read copies of the *Police Gazette*. Its popularity and influence was so important, Chudacoff dubbed it "the unofficial scripture of the bachelor subculture."⁵⁸ He characterized it as a blend of *Playboy*, *The National Enquirer*, and *Sports Illustrated*. Subscriptions to the weekly publication topped 150,000 during the 1880s and 1890s; some special issues boasted 400,000 printings. Over half a million men read it weekly.⁵⁹ The popularity of the magazine caused it to join ranks with other notable publications of the period such as *Ladies Home Journal* and *Godey's Ladies Book*.⁶⁰ This made it a prominent force in shaping men's understanding about the topics it addressed.

Sex and the virile male body occupied many of the magazine's pages.⁶¹ It contained impressive wood-cut illustrations of sexual situations or violence. It featured images of

⁵⁶ Guy Reel, "Dudes, "Unnatural Crimes," and a "Curious Couple." *Journalism History* 41, no. 2 (Summer 2015): 85.

⁵⁷ Chudacoff, *Age of the Bachelor*, 103.

⁵⁸ *Ibid.*, 186.

⁵⁹ Chudacoff, *Age of the Bachelor*, 187.

⁶⁰ Each of these publications could charge one dollar per advertising line in a column. See Chudacoff, 191.

⁶¹ By 1879, Irish immigrant Richard K. Fox took over as publisher of the magazine and launched it into wide circulation and fame. He successfully promoted 16 pages of sports, scandal, sex, and sin.

prizefighters—giving these athletes more visibility than those from other sports---and showed off their muscular body to the audience of bachelor readers. In 1880, it added a new section called “Footlight Favorites” to the magazine which included wood-cut images of women showing bare ankles, feet, arms, and cleavage. Scholars have written sufficiently about the ways in which these images worked together with the text to reify sex differences and racial hierarchy, and to rouse suspicion of white women and non-white men. Stories of enraged wives murdering their husbands, mistresses in fits of jealousy, or coverage of violent crimes committed by young black men supported this suspicion. The theme of feminine weakness underlay many of the stories about women’s violence, yet the displays of female violence represented social turmoil.⁶² Chudacoff read these as examples of “role inversion of aggressor and victim” as similar to those found in burlesque, where working-class women used their sexuality to manipulate middle-class men. The *Gazette* presented these themes to both assuage anxiety about class tension as well as titillate readers who may have found such role reversals erotic.⁶³ The magazine successfully captured the attention of male readership which struggled to understand changes brought on by modern life. Some questioned the purpose of marriage; others pondered racial difference; and still others fanned over the increasingly popular muscular male body. The *Gazette* focused specifically on these themes, and reflected a profound interest and concern about them among men.

The muscular male body featured prominently on the pages of the magazine, presenting a picturesque image of the apex of the healthy male body. The *Gazette*’s publisher, Richard K. Fox sponsored boxing matches using belts and cash prizes to reward winners. These *Gazette*-

⁶² Guy Reel’s quantitative analysis of the *Police Gazette* shows the magazine portrayed women as victims of violence in a majority of the cases of violence.

⁶³ Chudacoff, *Age of the Bachelor*, 205-207

supported events served a reciprocal purpose of generating buzz around the newspaper. This was a time when spectator sports were rising as part of leisure culture. Fox supported less common sports as well. He awarded belts to people in a number of competitive activities, such as dancing, bridge jumping, and steeple climbing.⁶⁴

Sexual scandal figured prominently in the headlines of the *Police Gazette*, but it mostly focused on marriages gone awry or forbidden trysts in which one partner was previously engaged. These representations of the amorous and sexual encounters between women and men are well-documented by historians.⁶⁵ James Joyce famously referenced the “smutty yankee pictures” found in the *Gazette*⁶⁶. One historian, Mark Gabor, viewed the *Gazette* as the first “girlie magazine,” because it contained many intricate images of women baring shoulders and ankles, equipped with exaggerated breasts and buttocks.⁶⁷ Scholar Guy Reel called it “the ultimate in public presentation of naughty girls for a masculine audience” of men and boys in saloons and pool halls.⁶⁸ Not all women were portrayed as passive objects, however. Many portrayals of women blurred the conventional virgin-vamp dichotomy and flirted with the boundaries of feminist zeal: some danced, some exuded coquettishness, and some were athletic. Though many were shown in distress, as victims of violence, they also represented the potential to seduce or disempower men through their wives. Fox wrote about women in a cautionary

⁶⁴ Reel, *The National Police Gazette and the Making of the Modern Man*, 58.

⁶⁵ See Ellito J. Gorn, “The Wicked World: *The National Police Gazette* and Gilded-Age America,” *Media Studies Journal* 6 (Winter 1992): 1-15 and Guy Reel, *The National Police Gazette and the Making of the Modern American man*.

⁶⁶ James Joyce, *Ulysses*, (Oxford: Oxford University Press, 1998): 310.

⁶⁷ For more on girlie magazines, see Mark Gabor, *The Illustrated History of Girlie magazines: from National Police Gazette to Present*. New York: W.W. Norton Co., 1992.

⁶⁸ Reel, *The National Police Gazette and the Making of the Modern Man*, 155.

manner. He published against women drinking too much, for example. Fox believed the *Gazette* reported on the truth, and while it gained popularity because these stories were salacious, they ultimately served a greater good by telling the cautionary tales of women who acted badly.⁶⁹ These themes resonated with those found in more traditional newspapers, such as the poem about bachelorhood in *The Philadelphia Inquirer*, described earlier. Men encountered resounding messages that their financial independence and sexual liberty were under attack.

At the same time as the *Gazette* brandished sexual scandal and inspired distrust in women, it also besieged its readers with advertisements about weak men, lost virility, and sexual health concerns. My analysis of the rhetoric used in advertisements, images, and news stories shows a palpable concern that men's sexual health was unable to withstand the changing social landscape of modern American life. These ads provided a major source of popular health information which a half million men took in each week. Some of that rhetoric would eventually find its way into the physician's office, as men internalized these messages about virility and sought out medical care to remedy them.

The *Police Gazette* incorporated language about nervous illness into its lexicon more in the 1880s and 1890s than in other decades. In the 1870s, just four entries spoke of "nervousness" but that number jumped to 63 in the 1880s and 35 in the 1890s. Writers also commented on the "nerves" of individuals, and this grew more common into the first years of the twentieth century. In the 1880s, 258 items mentioned nerves; in the 1890s it was 125, and between 1900 and 1906, *Gazette* mentioned nerves 484 times. Terms about manliness corresponded with these trends, too. The 1880s witnessed a spike in coverage about "manly"

⁶⁹ Reel, *The National Police Gazette and the Making of the Modern Man*, 164-167.

things, often referring to “The Manly Art” of fighting.⁷⁰ “Manhood,” and “masculinity” also appear more frequently in the 1880s than any other decade.⁷¹

The term neurasthenia did not appear in the *Police Gazette* until June 4, 1904. Listed under the “medical” section of advertisements, the only one to mention neurasthenia was situated among a full page of ads claiming to “Save Weak Men” from their ailing sexuality. Large type included the term “syphilis” in bold to draw the reader’s attention to the “facts of vital importance.” They explicitly appealed to “Men Only” and the “Unhappy Homes Caused by Weakness in Men.” Advertisements pandered to “Men of Any Age,” to “Single Men and Boys,” and urged them to seek treatment for their potentially ruined manhood. Dr. C. S. Ferris promised “No Man is Lost,” and Professor George W. Howard offered to cure anyone’s “Lost Manhood”—for free! While neurasthenia was not mentioned in the other ads, the connection between nervous debility and sexual performance was clear: Perry Products Co. pitched their cactus cream to “men only” claiming it “enlarges small organs,” “restores sexual ability,” and “cures nervous debility.” Another ad attempted to catch readers’ attention with a large, bold word: Men!” and went on to ask “Are you Nervous, Weak, Debilitated?” The ad proceeded to sell their Nerve Restorer to help remedy the problem. The message from this single page in this June 1904 advertisement section was clear: men’s medical concerns were of utmost concern to the readership of the *Police Gazette*.

⁷⁰ “The Manly Art.” *The National Police Gazette* 38, no. 193 (Jun 04, 1881): 7. This article described “two burly bruisers” who were set for a “rough-and-tumble” match. Description of this match blended colloquial and carnal language. The fight concluded “in a close bull-dog tussle in which chunks of flesh were chewed out of one another in free and easy style.”

⁷¹ This is interesting because historians tend to think manhood and masculinity are different things. Anthony Rotundo wrote that the shift from manhood in the 19th century to masculinity in the 20th century marked a move toward modernity. Bederman argued in *Manliness and Civilization* that manhood and masculinity were distinct: “Manliness, in short, was precisely the sort of middle-class Victorian cultural formulation which grew shaky in the late nineteenth century. Thereafter, when men wished to invoke a different sort of male power, they would increasingly use the words “masculine” and “masculinity.” P. 18

A theme of injustice permeated these advertisements, that the ill-health and sexual impotence of men across the country were somehow not their fault. One ad for Vito Chips in February 1905 stated this explicitly: The headline encouraged “Be a Whole Man” and the subtitled prompted the reader to “get the health and vigor to which you are entitled.”⁷² This language of entitlement straddles both sides of the debate over whether sex differences were physiologically irrefutable or socially conferred. The rhetoric of nervous debility suggested that a man’s body was broken down, lessening his physical capacity to take charge and participate fully in his manhood. However, the prevailing context of the “neurasthenic nation,” in which neurasthenia was commonly considered a disease procured by behavioral factors as much, if not more than physiological inevitability, made men’s sexual failings similarly the outcome of their own doing. These ads provide a narrative through which culpability for emissions, loss of desire, and impotence could be exchanged for one about restoration and redressing an unfairness. The blame shifted away from men themselves, and toward a third party, making not only the discomfort and disease more palatable but the process of reaching a solution seem more reasonable and appropriate.

Advertisers took care to acknowledge the sensitive nature of the subject matter at hand. Because these products were mail-ordered, a potential customer had to send a letter with his name and address on it, requesting information or treatment. By writing in, he risked exposure for having some sort of sexual health problem. To counter this, advertisements often included an appeal to the customer’s privacy. For example, Dr. Yousouf promised “safe delivery” of his Turkish ointment. Pabst Chemical Co. assured customers their gonorrhoea treatment would arrive “plainly wrapped.” In bold letters, an ad for Allan G. Todd’s Patented Electric Manhood

⁷² Advertisement 8 -- no title. (1905, Feb 04). *The National Police Gazette (1845-1906)*, 86, 15.

Protector clearly stated the device would be sent in a “plain sealed envelope.” Dr. Fred made the most comforting appeal in his appeal for men to inquire about his product: “Letters to me are held secretly private.” Like some other ads, an attractive wood-cut image of a man’s face, presumably that of the featured doctor, humanized the sales pitch. Dr. Fred’s stood out on this page due to its detail. He was well-dressed and professional. He appeared to be looking at the reader, but the imposition of his gaze was disarmed by the coquettish sideways turn of his head. The image contrasted the one right below it, a portrait of an authoritative mustached man staring into the distance. Dr. Fred appeared friendly and trustworthy—someone whom readers may be inclined to trust with their deepest sexual worries.

Overall, these advertisements portrayed a representative example of the ways advertisements for men’s medical products attempted to overcome privacy concerns. This tells the historian that sexual virility was associated with feelings of shame, embarrassment, or impropriety, which may explain why advertisements went out of their way to make a case for confidentiality. At one dollar per line, advertising space in the *Gazette* was not cheap, so the inclusion of privacy meant that men felt their sexual health concerns were private matters---that even learning about sexual health would require discretion and confidence. The high cost of advertising space, coupled with the consistent appearance of these remedies for sexual neurasthenia, show the ads worked. This does not mean the remedies worked; in fact, the medical value of the proscriptions is of little consequence. The fact that it continued to be lucrative to place ads in the *Gazette* shows that men continued to buy them. Anxiety over sexual health featured prominently in the lives of late-19th century men.

Quackery and Men’s Fragile Sexual Health

Many of the medical treatments and “men’s institutes” offered in the *Police Gazette* roused suspicion and consternation among physicians. They readily dismissed these remedies as “quack medicines” promulgated by imposters seeking to make a quick profit. Doctors of the period worked tirelessly to maintain an oppositional and clearly defined distinction between legitimate doctors and fakers. Until recently, historians reified the denigration of “quacks” by describing them unilaterally as not real medicine.⁷³ However, I argue that sexual neurasthenia provided a rallying point which united so-called quacks with professional doctors sanctioned by the American Medical Association. Thus, the quack rhetoric around men’s sexuality deserves to be taken as seriously as that of their more institutionally reputable counterparts. Because print media blended information about the two without reliable discernment, men received information about sexuality in the same way.

This argument builds from Suzanne Fisher’s work on traveling medical institutes.⁷⁴ She showed that one of the most important sites of contestation over who would speak as medical authority over questions of men’s sexual health were clinics known as “advertising medical institutes.” Synonymous terms for these places included “health institutes,” “medical institutes” or clinics staffed by a “men’s specialist” or “men’s doctor.”⁷⁵ Critics of these medical institutes viewed the fact they needed to advertise as evidence of their illegitimacy; furthermore, their affiliation with sex-related issues earned them the easy label of “quack.”

⁷³ See James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation*. (Princeton, NJ: Princeton University Press, 1961). See also popular histories such as: David Armstrong and Elizabeth Metzger Armstrong, *The Great American Medicine Show: Being an Illustrated History of Hucksters, Healers, Health Evangelists, and Heroes from Plymouth Rock to the Present*. New York: Prentice Hall, 1991. Bob McCoy, *Quack! Tales of Medical Fraud from the Museum of Questionable Medical Devices*. Santa Monica, CA: Santa Monica Press, 2000.

⁷⁴ Fischer, Suzanne Michelle, *Diseases of Men: Sexual Health and Medical Expertise in Advertising Medical Institutes, 1900--1930*. Order No. 3371848 University of Minnesota, 2009 Ann Arbor ProQuest. 20 Feb. 2016 .

⁷⁵ *Ibid.*, 7.

James Harvey Young, who wrote the first history of quack medicines in the 1961, surveyed quack remedies “before federal regulation” and presupposed a single, definition of quackery with which all readers would agree.⁷⁶ The book had a mocking tone and neglected to consider any potentially helpful uses for the remedies he studied. In her dissertation on medical institutes, however, Fisher argues that traveling medical shows and institutes, though fraught with unethical profiteers, did bring medical information to the public. They reached people who otherwise may not have had access to important information about sexual health or venereal disease.⁷⁷ Overall, available information about the medical institutes themselves do not include the patients’ voice because patient records are not available. Much of what is known about them comes from the advertisements. Fischer’s study provided the doctor’s view of what happened inside one of the more infamous clinics, the Heidelberg Institute in St. Paul, Minnesota.⁷⁸ She argued that one factor which explained the popularity of these clinics was their willingness to treat diseases no one would. I depart from Fischer’s work here, because my dissertation shows some of the most prominent physicians in New York and Philadelphia were, in fact, readily treating these diseases. In this way, these camps were not as separate as historians have thought. I argue sexual neurasthenia engendered a collaborative effort between so-called quack medicine, and the professionals sanctioned by the AMA. Furthermore, both parties inherited the nature-based discourse of cures for neurasthenia: So-called quacks promoted plant-based remedies, and professional doctors encouraged healthy diet and restful time in nature.

⁷⁶ This is part of the subtitle of his first book, *Toadstool Millionaires*. See also James Harvey Young, *The Medical Messiahs: A Social History of Health Quackery in Twentieth Century America* (Princeton: Princeton University Press, 1966).

⁷⁷ Fischer, *Diseases of Men* 18-20.

⁷⁸ Interesting side note: Aaron Hershfield met his second wife while receiving medical treatment in St. Paul. I have not found evidence that he was treated at one of these institutes, but one must wonder.

The American tradition of patent medicines began in Great Britain in the 17th century. Medicines targeted civil War soldiers' common complaints of dysentery and diarrhea.⁷⁹ Most soldiers self-medicated for these problems. After the war, medical advertisements used war themes to sell products. For example, Morse's Indian Root Pills printed their advertisement on the back of a fake Confederate currency.⁸⁰ Medical professionals routinely lamented the breadth of available medicines which merely stimulated or numbed the patient through artificial intoxicants. To combat this, patent medicine advertisements emphasized the natural-ness of their products. The late-nineteenth century witnessed an explosion of patent medicines. In fact, historian Stewart H. Holbrook deemed the post-Civil War era to be the "golden age" of quack medicines.⁸¹

So-called quack medicines were available at local pharmacies and were produced widely. They were also made of organic ingredients, and this fact was promoted. The culture of natural remedies for neurasthenia—rest, wholesome food, fresh air—echoed in the presentation of quack medicines. According to Holbrook, after 1880, "sarsaparillas were legion."⁸² Two companies in Lowell, Massachusetts, Ayer's and Hood's produced popular sarsaparillas in the 1880s and 1890s. These companies boasted the purification qualities of their product, capitalizing on the natural healing properties of the sarsaparilla root. It wasn't until 1911 when the *Journal of American Medicine* questioned the potency of the treatment. In a published report, they found

⁷⁹ Charles Goodrum and Helen Dalrymple. *Advertising in America: The First 200 Years* (New York: Harry N. Abrams Inc., 1900): 24.

⁸⁰ James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation*. (Princeton, NJ: Princeton University Press, 1961).

⁸¹ Stewart H. Holbrook, *The Golden Age of Quackery* (New York: The Macmillan Company, 1959): 46.

⁸² Ibid.

sarsaparillas contained the advertised root, but it was so diluted by sugar, iron, alcohol and other additives that they could not reasonably attest to its medicinal effectiveness. The *Journal* concluded laymen imbued false faith in the treatment, and could potentially cause harm.⁸³ Another popular item was celery, believed to cure nervous diseases. Paine's Celery Compound, made from celery, hops, and coca. Advertisements emphasized the exotic coca component, leaning on examples of South Americans who chewed the leaves of the coca plant and immediately gained vitality. Wells & Richardson Company in Burlington, Vermont produced a celery-based "Nerve Tonic and Alternative Medicine" which presented itself as "one of the Great Things in the line of Aids to Health and Happiness. By the 1890s, the market exploded with replicas: Celery Bitters, Celery-Vesce, Celery Crackers, Celerena, and Celery- Cola.⁸⁴ One of the most notorious of these types of medicines was Mrs. Pinkham's Vegetable Compound. Aimed at women, this medicine alleviated "female complaints."⁸⁵ Newspaper accounts testified to its ability to cure nervousness and add "strength and weight" to women who were "all run down."⁸⁶ Just like sarsaparillas and celery roots, Mrs. Pinkham's Vegetable compound combined plants and roots to serve up a nutritious cure-all for afflicted women. The nurturing figure of Mrs. Lydia E. Pinkham added a degree of familiarity, invoking one's wise mother-figure who passed down family remedies. Late 19th-century quack medicines, as an aggregate, promoted medicinal remedies made from healthy foods. They provide evidence that Gilded-Age

⁸³ Ibid., 47-9.

⁸⁴ Ibid., 53.

⁸⁵ For more on this, see Sarah Stage, *Female Complaints: Lydia Pinkham and the Business of Women's Medicine*. New York: W. W. Norton and Co.: 1981; and JANE MARCELLUS, "Nervous Women and Noble Savages: The Romanticized "Other" in Nineteenth-Century US Patent Medicine Advertising." *The Journal of Popular Culture* 41.5 (2008): 784-808.

⁸⁶ GAINS STRENGTH AND WEIGHT." *The Washington Post (1923-1954)*, Oct 02, 1928.

Americans, despite all the trappings of modern society, clung to the belief that the best way to maintain health was by natural means.

Solutions aimed specifically at men's sexual vitality also circulated. Stewart E. Holbrook recounts one notable example of Dr. William M. Raphael of Cincinnati, Ohio who boasted he had drunk of the infamous Fountain of Youth in Florida. In 1858, he offered to share what he called "the Wonderful Prolongation of the Attributes of Manhood" to interested patrons. His own creation, "Dr. Raphael's Cordial Invigorant" promised even better effects than the infamous Fountain. He charged a steep price of three dollars for his treatment. To justify such high cost, he claimed international success stories. An Arabic sheik named Ben Hadad was one example, and Dr. Raphael described the man as not only still alive at 109 years, but still able to sire children. Hadad reportedly fathered 77 children by several wives.⁸⁷ By appealing to the virility of the sheik, regardless of age, this ad generates a sense that an active sexual life not only could be, but should be, characteristic of a healthy man's life. Furthermore, the rhetoric of Dr. Raphael's Cordial Invigorant parallels the medical records of Dr. Beard: marriage and children signaled a man was healthy.

The invigorant served its greatest purpose for men: "The Cordial stimulates the sluggish animal powers to healthy action, and with vigor comes *natural desire*. It brings the system up to the virile point and *keeps it there*."⁸⁸ Raphael developed another line of treatment in a similar vein: The Galvanic Love Powders which swore to reliably maintain sexual vitality.

⁸⁷ Ibid., 69-70.

⁸⁸ Ibid., 70, italics original.

Advertisements for the Love Powders stated ethics prevented the doctor from providing direct testimonial to their success; he must maintain the privacy of his patients.⁸⁹

One mail-order product available to “Weak Men” was the Orchis Extract. The name Orchis summoned a Greek reference to sexual aggressiveness. The Orchis Extract label was a photograph of the Chicago Union Stockyards, suggesting the meat packing industry housed there harnessed its sexual force from the genitals of cows and sheep.⁹⁰ Packers Product Company produced the Orchis Extract. One publication noted it contained “a substance from the testicles of rams” and it was advertised as “the Greatest Known Treatment for Weak Men.”⁹¹

Holbrook dubbed these trades as “the Lost-Manhood and Secret-Diseases-of-Men racket,” though I argue they participated in a more historically significant campaign to rouse awareness about men’s sexual troubles. While the debate over the medical accuracy of these medicines remains—many of the medicines deemed “quack” by Holbrook are considered vital homeopathic remedies today—what is most compelling for the study of neurasthenia is that an entire economy capitalized on the anxiety of men, exacerbated their fears, and sold them products they knew would fit their preference for natural remedies. Holbrook called this “the male debility trade.”⁹² While he dismissed them as viable medical treatments, I argue they provide a ripe rhetoric about masculinity. Most importantly, they show sexuality to be at the forefront of men’s concerns about their physical health. And once again—the ads successfully separated men from their money. In other words, they worked.

⁸⁹ Ibid., 71.

⁹⁰ Ibid., 72.

⁹¹ Ibid.

⁹² Ibid., 73.

These successful campaigns to sell men therapies for their sexual neurasthenia were not confined to print advertising. Street-side establishments with eye-catching window displays, known as “men’s institutes,” pandered to men’s sexual insecurities—as they passed by on the street. An institute functioned with a museum-like front, offering free admission to passersby. Located near railroads or waterfronts, they aimed to attract travelers. The first floor contained human images in various stages of disease. Further inside the museum, brightly colored wax models and papier mache bodies displayed the late stages of “Secret Diseases of Men.” Holbrook wrote dismissively about these museums, chalking them up to deceptive rackets designed to induce fear in its audience.

There was a chain of them led by the Reinhardt brothers, one of whom graduated medical school, the other of whom was called doctor, but never was officially trained. The system was set up to guide men through a fear-inducing museum. At the end, the patron came to a dark glass cabinet, drawing his attention closer. Then, before a captive audience, the cabinet would light up, and according to Holbrook’s explanation, “the fearsome face of an idiot boy leered out” at them. Above this display, the words “Lost Manhood” hung as a warning.⁹³ After this performance a “floor man” read the crowd to single out the most shocked members. He approached them and ushered them upstairs to the medical floor where they could purchase treatments for men’s diseases. According to Holbrook, men paid at least five dollars, but often paid up to twenty.⁹⁴

The Reinhardt brothers ran the most successful chain of “extra-powerful chamber of horrors” called The Dying Custer. In the museum window at the street, a wax Custer lay near-

⁹³ Ibid., 77.

⁹⁴ Ibid.

death. His chest heaved, beckoning the curious observer to come inside and find out more about the fatal mistake at Little Bighorn. Again, Holbrook fails to acknowledge the potential for insight into the men who paid exorbitant amounts to enter these institutes, or who purchased sarsaparillas in hopes of reinvigorating a dulled sexual spirit. These examples show how precarious men's sexuality seemed to be in the late 19th century, and particularly for consumers who could afford to purchase the cure. Many markers of ailing American masculinity were exemplified in the image of the Dying Custer. Whether the solutions offered inside the doors of the institute were medically sanctioned is less significant than the marketing strategy they used to lure men in: American manhood was under attack, perilously close to expiration, and in need of drastic and immediate care.

Advertisements for these medicines extended the reach of the neurasthenic discourse in urban spaces. Institutes brought men face-to-face with a reflection of their languishing gendered authority. They bombarded them with messages of manhood in peril, and presented them at the same time with culturally sanctioned natural solutions. Considered by some to be distinct medical discourses, so-called quack medicines coincide with messages propagated by physicians treating neurasthenia. In this view, sarsaparillas were not fundamentally different than milk diets proscribed by Dr. Mitchell; men's institutes served similar functions as the Infirmary for Nervous Diseases. All of these rest on the same assumption—that the virility of American men dwindled in modern civilizations—and promoted similar solutions: natural and deliberate attention to restoration.

Doctors Making News

Amid the cacophony of so-called quack medicine lay more subtle, yet notable affirmation of credentialed physicians who treated sexual neurasthenia. The media coverage of prominent doctors was more subdued, but it provided a link between the hype and the medical reality. This

link was clearly demonstrated in Philadelphia, where many men received treatment for sexual neurasthenia in Dr. S. Weir Mitchell's Infirmary for Nervous diseases. As the hub of American medical innovation, Philadelphia was the home of prominent physicians, hospitals, and professional meetings which handled sexual neurasthenia. Newspapers in Philadelphia but also throughout Pennsylvania contributed to the lauded reputation of Philadelphia's medical community, especially during the 1890s. The news coverage of Mitchell portrayed him as a quiet, esteemed physician with a penchant for literature. They spent little time on his background information, using his name without introduction. This suggests readers throughout the region knew Mitchell's name and the reputation associated with it.

An early example of Mitchell's esteem came from an 1870 issue of *The Petroleum Centre Daily Record*. S. Weir Mitchell was named a "leading director" of the Northern Pacific Railroad. The construction of this railroad was deemed "essentially a Pennsylvania enterprise."⁹⁵ In the early 1880s, the *Lancaster Daily Intelligencer* credited for the end-of-life care of Governor Israel Washburn Jr. The coverage of his death reported the governor had "been in Philadelphia since April 20...to obtain medical treatment for the ailments which the rigorous climate of Maine only seem to aggravate."⁹⁶ Mitchell's reputation for rest cure treatment remained unstated, invoking the reputation that clearly required no explanation.

Mitchell's prominence as a leading Philadelphian doctor became more explicit in the 1890s. *The Cambria Freeman* reported in 1894 that Dr. S. Weir Mitchell led one group of Philadelphians who recommended the building of another state hospital to take on some of the

⁹⁵ *The Petroleum Centre daily record*. (Petroleum Center, Pa.), 06 June 1870.

⁹⁶ "Governor Washburn's Death." *Lancaster daily intelligencer*. (Lancaster, Pa.), 14 May 1883.

indigent insane who were being treated at the overpopulated Blockley almshouse. Mitchell charged against the opposing group, led by a homeopath of lesser repute, who lobbied for the construction of a homeopathic hospital.⁹⁷ His growing influence as a novelist crept into news coverage as well, adding another dimension to Mitchell's public persona. In 1896, *The Evening Herald* reported "Dr. S. Weir Mitchell has for many months been gathering material for his romance, 'Hugh Wynn, Free Quaker,' which is to be the leading serial of *The Century* during the coming year."⁹⁸ A few years later, an article from *The Scranton Tribune* celebrated the high quality book store of Scranton and the locals who were hungry for the best modern fiction. Mitchell's *Hugh Wynn* was first mentioned as evidence of the things "worth reading" on the "bookshelves of the 'up-to-date' bookstore of today." News coverage boasted Mitchell's literature as an emblem of modern, must-read fiction.⁹⁹ In 1900, Mitchell's legacy was cemented among other literary giants such as Rudyard Kipling, Right Hon John Morley, Teddy Roosevelt, and Booker T. Washington. Mentioned second after Kipling, Mitchell shared an ethos of writing serious literature with some of those still considered prominent members of the canon today.

Not only was Mitchell's name recognizable, but he was regarded as famous by his contemporaries in the 1890s. An announcement of "esteemed guests" at the first dinner of University of Pennsylvania Alumni Association included Dr. John R. Mitchell of the medical school, son of the "famous Dr. S. Weir Mitchell." The article noted the accolades of the other diners, but the only family legacy to be invoked was Mitchell's. Weir attended another event

⁹⁷ "Meeting of State Board of Charities." *The Cambria freeman*. (Ebensburg, Pa.), 07 Dec. 1894.

⁹⁸ "Literary Note from *The Century* Co." *The evening herald*. (Shenandoah, Pa.), 07 Oct. 1896.

⁹⁹ "Popular Reading of the Day." *The Scranton tribune*. (Scranton, Pa.), 23 Aug. 1898. >

affiliated with the university, and delivered a key toast. *The Scranton Tribune* recorded the event with highest praise for him:

“The list of those who will respond to toasts contains the names of men whose names are famous throughout the country and in some instances on both sides of the Atlantic. Notable among these is Dr. S. Weir Mitchell, of Philadelphia, world-famous alike as a physician and as an author, besides being a member of the faculty of the university. The doctor is the author of ‘Hugh Wynn,’ that charming story of colonial times and the best selling book of the year 1897. He is famous alike as a nerve specialist and ‘Mitchell on Diseases of the Nervous system’ is a classic in the eyes of the medical profession. He will respond to the appropriate toast, ‘Medicine and Literature.’”¹⁰⁰

This form of reporting complemented the advertising for patent medicines because it was presented in much less gawkish format. It shows that Mitchell’s name was easily recognizable, and that his reputation as a physician and writer was widely understood by the public. When patients went to select a doctor in Philadelphia, the positive connotation of Dr. Weir Mitchell countered the bombastic tenor of advertisements about men’s weakness. Mitchell’s work was reflected into the public view as legitimate, and his fame traversed national boundaries. Interestingly, the rhetoric used by advertisements in magazines like *The Police Gazette* is consistent with that of medical writings by Mitchell and Beard. They are simply coming from sources with differing levels of professional esteem, and thus warrant different credence by newspaper readers and historians of medicine, alike.

While medical professionals in the late 19th century as well as historians who have studied them draw a clear boundary between legitimate and quack medicines, the shared rhetoric used among them deserves serious consideration. While certainly Mitchell spoke from the pedestal of medical authority, he delivered very similar messages as the men in medical institutes who hid behind the Dying Custer. Those messages were: modern men experienced nervous and sexual debility as a result of the unique pressures upon them as Americans and as men. They

¹⁰⁰ “The Sons of the U.P.” *The Scranton tribune*. (Scranton, Pa.), 27 Dec. 1899.

were in need of sympathetic medical care, and could utilize any number of healthful remedies to restore vigor. Chief to all the treatment was sustaining a safe environment, where patients received privacy and medical justification of their concerns.

Conclusion

Sexual neurasthenia captured the attention of men across the country in the 1880s and 1890s. Popular publications dispersed information about the disease, in its broad, generalized terms. Some sources invoked the reputation of neurasthenia by name, relying on its medical symptoms without casting blame on the ill individual. Others focused more on the sexual aspects, confirming that sexual illness was a medical condition free of shameful connotations. Together, this created a discourse of sexual neurasthenia that absolved the likes of Aaron Hershfield for failed marriages, criminal behavior, and mental weakness. It also opened a valuable avenue for men to connect their experience of anxiety and worry about their sexual health to a legitimate medical diagnosis—and seek treatment. While historians seem to disregard a genre of magic cure-alls with little historical value, I challenge the teleological presumption which undergirds this view. In fact, I propose that the most fruitful way to engage the historical record on medicines about men's sexual health and vigor is by detaching them from the conversations about medical efficacy. This is particularly important for health concerns under the neurasthenia umbrella, because as Chapter 1 pointed out, the legitimacy of neurasthenia faced harsh challenges from some members of the medical field. If medical legitimacy of neurasthenic discourse—either as a disease or a cure—is removed as a metric for interpreting the health, vitality, and attitudes of actual men, then we begin to see a medical economy fueled by anxiety and fear. In the end, men spent lots of money on sexual remedies, and they turned up in the offices of Drs. Beard and Mitchell, downtrodden with worry about their

sexual health. Sexual neurasthenia carried legitimate medical value in the doctor's office, and its broader rhetoric in the media was culturally significant in the late 19th century.

CHAPTER 6
MEDICAL ABSOLUTION: CONSTRUCTING AND TREATING SEXUAL AND
EMOTIONAL HEALTH PROBLEMS IN THE CLINIC

Introduction

In the late nineteenth century, men turned up in the clinics of the most acclaimed physicians in New York and Philadelphia, desperate for treatment for their neurasthenia. Many of them experienced sexual symptoms; many struggled with debilitating emotions; all believed the doctor was the right person to help them. Case studies and medical records show that doctors and patients mobilized the language of neurasthenia to articulate men's difficult, perhaps even shameful, health concerns. Doctors doled out diagnoses of general nervousness, neurasthenia, and sexual neurasthenia to describe a messy, varied set of experiences. This chapter relies on case studies from Dr. Beard's New York office and patient records from Dr. S. Weir Mitchell's Infirmary for Nervous Diseases to explain what happened *inside the clinic*.

So far, this dissertation has shown how pervasive sources of information about neurasthenia shaped men's perceptions of sexual and emotional health. It has also shown that lay medical literature, YMCA talks, medicine shows, and popular culture taught men to envision themselves as blameless victims of neurasthenia. Furthermore, these sources connoted neurasthenia with intelligence and civility; public portrayals of neurasthenia cloaked its three-page list of symptoms with an air of respectability. For all the white American men who felt unsettled by women's contestation of patriarchy, increasing examples of a "Perfect Man" having a muscular physique, or growing labor competition from immigrant and black workers: neurasthenia explained the struggle.¹ I have demonstrated that neurasthenia rhetoric

¹ For more on the iconic image of bodybuilder Eugene Sandow, see David L. Chapman, *Sandow the Magnificent: Eugen Sandow and the Beginnings of Bodybuilding*. (Urbana: University of Illinois Press, 2006); John F. Kasson,

encompassed men across class lines, including day laborers numbed by mechanized factory work and professionals whose intellectual agility vanished under pressure. Thus, I have shown how neurasthenia helped to collapse class differences and distill diverse experiences of nervous disease into a shared framework of neurasthenic manhood. Conspicuous by its absence, whiteness figured centrally in this calculus of healthy, able-bodied manhood. All of these cultural messages convinced men their condition needed medical attention.

I argue the clinic served as a space for doctors and patients to negotiate the racial and gendered boundaries of healthy white manhood. Furthermore, I argue sexual and emotional issues figured centrally for men and drove them into doctor's clinics for help. My findings show the diagnosis itself mattered far less—diagnoses of different symptoms followed no discernable pattern—than the process of disclosing and discussing the symptoms in the clinic.

Relying on clinical records, this chapter shows men invoked neurasthenia rhetoric to articulate their agonizing worry over sexual health and function.² The powerful cultural value of neurasthenia refracted into the clinic. It governed men's perceptions of themselves as healthy or sick and compelled them toward medical treatments (as opposed to religious or self-induced ones). In the clinic, doctors and patients negotiated a framework for recovery that emphasized the impermanence of physiological and behavioral symptoms. This provided a way to conceive of sexual dysfunction, though a bodily experience, as one that could be unmade and retrained to be healthy, productive, and even reproductive. I also argue that doctors attended to the emotional well-being of patients well before it was fashionable to do so. Medical diagnosis of

Houdini, Tarzan, and the Perfect Man: The White Male Body and the Challenge of Modernity in America. (New York: Hill and Wang, 2001).

² My use of medical records as a window into patients' lives builds upon others, notably Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883* (Cambridge [Cambridgeshire]: Cambridge University Press, 1984).

nervous illness, broadly defined, brought genital function and physical health under the broad umbrella of neurasthenia. As a result, men came to understand sexual dysfunction, histories of sexual indiscretion, and emotional strife as quotidian experiences of modern American manhood. In the clinic, neurasthenia (and its synonymous diagnoses) validated a man's anxiety, framed the patient as a sympathetic victim of circumstances, and provided tangible ways he could adjust his environment—abstinence, elixirs, diet changes--so his physical sexual problems could be transformed. This insight into the clinical treatment of neurasthenia demonstrates a mutually constitutive relationship between culture and medicine in the Gilded Age.

In this chapter, I will first show that men in Philadelphia selected their treatment carefully, choosing to enter Mitchell's Infirmary of Nervous Diseases over other local options. Then, I will explain the demographic data about the Philadelphia Infirmary of Nervous Diseases that shows the different types of white men who came into the clinic. They crossed age, ethnic, and class lines, making an archetypal neurasthenic a sort of Everyman (every *white* man, that is). I will use representative examples from medical records and published case studies to expand the major findings from these sources: first, men came to the clinic already well-read about neurasthenia; second, the prevailing symptom which drove them to the clinic was worry; and finally, that disclosure about sexual histories constituted a core part of the intake process. I argue that the experience of "confessing" one's emotional and sexual secrets to the doctor was not only part of the diagnostic process, but also part of the treatment. Doctors did prescribe elixirs, rest, and changes in lifestyle, but they also provided the patient with a medical lens through which to view themselves as men. This medical lens came without harsh judgment or shame; it cast masturbation and illicit sex in medically neutral terms; and it resolved the fear and anxiety that

men felt. In short, the clinic offered men medical absolution from sexual indiscretions or other behaviors unbecoming of men; and it reinstated their self-concepts of healthy, white manhood.

The Philadelphia Infirmary for Nervous Diseases: Men Who Sought Treatment from the Philadelphia Infirmary of Nervous Diseases, 1880s and 1890s

Dr. Mitchell's patients chose his clinic deliberately—they knew about its reputation and purposefully sought after the services available there. They had many other local options, given Philadelphia was a hub for medical innovation in the late 19th-century. Philadelphians seeking healthcare enjoyed first-rate medical facilities, which conjoined a rich medical history to the city's legacy of charity and "brotherly love." However, nervous men rarely went to the other hospitals. In the 1880s and 1890s, S. Weir Mitchell's notoriety drove nervous men to the famed promotor of the rest cure. When they arrived in his clinic, they did so with conviction.

Other options existed, yet only small number of patients turned to them for treatment. The most famous was the first hospital in the United States, founded in 1748: Pennsylvania Hospital. While privacy laws about mental illness prevent researchers from knowing the details of the patients' records, general intake data reveals the Outpatient Department of Mental Health and Nervous Diseases at Pennsylvania Hospital treated far fewer patients than Mitchell's hospital: they saw 254 patients between 1883 and 1894.³ All of these patients received treatment free of charge.⁴ It remains unclear how many of these patients were insane—which meant they would have been referred out for more long-term care, and how many were treated on site for nervous illnesses. What we do know is that doctors believed insanity was constitutional and

³ Thomas G. Morton and Frank Woodbury, *The History of the Pennsylvania Hospital, 1751-1895* (New York: Arno Press, 1973): 240.

⁴ Pennsylvania Hospital housed Dr. Thomas Kirkbride, who in 1840 added prestige to the hospital as the newly appointed medical superintendent of the Insane department. He earned international renown for his groundbreaking sympathetic treatment of mentally ill patients during his career.

inherited, therefore a patient could not be blamed for her own condition.⁵ But they granted no compassion to diseases they associated with vice: doctors handled alcoholics with disdain and approached ethnic minority groups, specifically the Irish, with negative preconceptions.⁶ It is likely the social conservatism of Pennsylvania Hospital informed a medical conservatism within the Outpatient Department of Mental Health and Nervous Diseases. Available Admissions and Discharges ledgers in the general hospital show very few uses of the popular diagnostic categories associated with neurasthenia. In fact, at Philadelphia's oldest hospital, only 19 nervous illnesses appeared on record between 1891 and 1899.⁷ Patients knew not to go here.

A few blocks to the northwest, Jefferson Medical College erected its large hospital building on Samson Street. Despite difficulty accessing adequate funding and competition with its neighbor, Jefferson Medical College Hospital "proved a positive blessing to the city of Philadelphia in affording speedy relief to the sick and injured of the crowded business district."⁸ Though it did not have a separate nervous ward like Pennsylvania Hospital, a small number patients at Jefferson received diagnoses and treatment for nervous illnesses. This was rare, but it does signal the physicians at the hospital understood and recognized nervous illnesses and could handle them when needed.

⁵ Led by Thomas Kirkbride who became Medical Superintendent in 1840, the Pennsylvania Hospital's treatment for the insane introduced "therapeutic treatment" into common practice and transformed the attitude toward mental health patients. Kirkbride is credited for treating mentally ill patients with sympathy and marked a transition away from isolated incarceration, violence, and neglect that characterized early 19th-century hospital treatment of the insane. See Nancy Tomes, *A Generous Confidence: Thomas Kirkbride and the Art of Asylum-Keeping*. (1984).

⁶ Conversation with Stacey Peeples about Pine Street Hospital for the Sick and Injured, March 6, 2015.

⁷ Pennsylvania Hospital Records, Admissions Discharge, 1891-1899. For more information about Pennsylvania Hospital, see Thomas G. Morton and Frank Woodbury, *The History of the Pennsylvania Hospital, 1751-1895*. New York: Arno Press, 1973.

⁸ Gould, George M. *The Jefferson Medical College of Philadelphia, Benefactors, Alumni, Hospital, Etc. ... 1826-1904; a History*. New York: Lewis, 1904. 328.

In 1873, S. Weir Mitchell founded the first and only facility that treated nervous illness in the United States. Aligning with the Philadelphia Orthopaedic Hospital, he established the Infirmary for Nervous Diseases on South Ninth Street. Initially two small rooms above Mr. Deitrich W. Koble's surgical instrument shop, the clinic quickly outgrew its space. Mitchell lobbied intensely to expand the clinic.⁹ He reorganized the governing board to give physicians more control, and facilitated the expansion of the treatment of nervous patients.

Mitchell's influence in Philadelphia expanded beyond his own clinic through the relationships he built with other physicians. In 1877, Dr. Charles Kasner Mills launched a department for nervous diseases at the Philadelphia General Hospital, and solicited S. Weir Mitchell's support. Mitchell's already established eminence in nervous diseases made him a likely co-captain for the project and the physician was drawn to the research conducted at hospital for some time. A former almshouse, and a generous charity hospital, it got saddled with unclaimed corpses and used them to for research and teaching. Motivated by the wealth of information available through autopsy, Mitchell offered his support to make sure the neurological material at the hospital would not go to waste. A political battle between Mills and Mitchell and conservative leaders in Philadelphia emerged, and turned into a debate over funding; ultimately, Mitchell resigned from his formal affiliation with the hospital. However, Mills and Mitchell enjoyed friendship and professional development together. Mills attended conversational clinics and conferences held at the Orthopaedic hospital. While Mitchell's clinic was the hub for research and innovation, his influenced patients at Philadelphia General Hospital as well.

⁹ E.J. Pappert, "The Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases: America's Original Institutional Model of Neurological Study." *Neurology* 46, no. 2, (1996): 56004-56004.

Additionally, Mitchell influenced medical students. He took his role as instructor seriously and encouraged medical students to learn through clinical experience. As chapter two showed, fellow physicians described Mitchell's instruction fondly. Mitchell's clinical practice deserves further attention in this chapter because it served as a platform for training not only other physicians about nervous illness, but it shaped the subsequent generation of medical practitioners.

While historians remember Mitchell for his famous rest cure, only some patients availed themselves of this treatment. The wealthier patients who could afford a lengthy stay often received the rest cure at the Philadelphia Infirmary for Nervous Disease over weeks or months. In the inpatient wing, private rooms housed nervous patients. Physicians kept a strict schedule, and they mandated silence, a regimented diet, and rest.¹⁰ Most rest cure patrons paid hefty fees during their stay; a bed in the nervous ward cost \$4.75 per week (\$122 today), and a private room cost \$19.50 a week (over \$500 today).¹¹ Hospital regulations reserved a few beds for "free" patients, but the demand exceeded the capacity of the ward. Much of Mitchell's writing and subsequent fame about the rest cure involved these in-patients. But in reality, these constituted only a minority of the cases. Historians have overlooked the outpatient ward, privileging the rest cure in their accounts.

Those who could not afford long-term care or whose cases did not require the rest cure were seen in the outpatient ward. As the hospital expanded, the treatment for nervous diseases separated from the orthopedic unit. In fact, outpatient treatment of nervous diseases took place

¹⁰ Ibid.

¹¹ These prices were recorded in 1905 and cited in E.J. Pappert, "The Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases: America's Original Institutional Model of Neurological Study." *Neurology* 46, no. 2, (1996): 56004-56004. The present-day conversions were calculated comparing 1905 with 2016 using <http://www.in2013dollars.com/>.

in separate areas of the hospital.¹² Records from the outpatient ward provide valuable insight into how many different kinds of men with various symptoms sought treatment from the clinic. They ended up in the outpatient ward, instead of the inpatient ward, for one of three reasons: 1) they did not want to be admitted to long-term care; 2) they could not afford an available bed or 3) there was no availability. While it is impossible to know exactly why a patient traversed the healthcare system as an outpatient, case histories and Admissions and Discharge Logs do offer important insight into the types of people sought treatment for neurasthenia in the 1880s and 1890s. Unlike rest cure patients, who shared socio-economic privilege to afford time away from daily demands as well as the cost of treatment, men treated in the outpatient ward represented all social classes, ages, and types. Of course, they were all white as the clinics rejected non-white patrons. The information gleaned from patient records shows among white men, a diverse group of people turned up for treatment.

The intake of a patient at Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases involved the primary physician, a resident, and then a nurse who scribed patient information. Four attending physicians regularly treated nervous patients: Dr. Wharton Sinkler, S. Weir Mitchell, Dr. Morris J. Lewis, and Dr. Francis X. Dercum. Each patient disclosed demographic information including name, address, age, occupation, nationality (in some cases, the absence of this information implied the patient was white and a Philadelphia native). The record book allotted a single-page form to each patient, with demographic data at the top. Doctors first inquired about family history. Unless pertinent family history existed, the record read “negative.” Next, patients gave “personal history.” Doctors asked women different

¹² E.J. Pappert, "The Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases: America's Original Institutional Model of Neurological Study." *Neurology* 46, no. 2, (1996): 56004-56004.

questions than men. This was the first inclination that medical attitudes about nervous illness had different scripts based on gender.

Women's personal history sections reflected conventional gender norms for women: any allusion to sexuality appeared in terms of reproduction, marital status, and overall health. One case exemplifies the types of information women's personal history records contained: Thirty-six-year old Christina Schellet was a widowed Danish Seamstress who lived in Philadelphia. Her personal history stated: "Patient has always been delicate. Married 13 years. Three children all living. No miscarriages. St. Vitus Dance during first pregnancy. Lost voice two weeks at a time."¹³ Another case provided more details about miscarriages and birth order. Philadelphia artist Rebecca Martin, age 52 "had 5 children. 3 miscarriages. 1 dead scarlet fever. Miscarriages were between the birth of living children." Martin's personal history includes bouts with rheumatism, grippe, and bronchitis. Both of these women were diagnosed with neurasthenia. These examples illustrate the ways in which women's medical histories emphasized their reproductive abilities. Even the health of a child after birth, as in the case of Rebecca Martin's child who died of scarlet fever indicates, reflected valuable information about a woman. Her role as a mother seemed to influence the medical assessment of her health. Her procreative ability seemed to provide clues to her current nervous state, and vice versa. In Philadelphia, women's records bore no evidence of sexual desire. In New York, George Beard saw three cases of masturbating women, but he dismissed it as rare, and as a function of youthful intimacy with servant girls.¹⁴ Women never developed sexual neurasthenia because doctors and patients perceived women's sexuality in terms of reproduction. These gendered perspectives

¹³ St. Vitus Dance was also called chorea, which described a neurological condition that involved impaired movement.

¹⁴ Beard, *Sexual Neurasthenia*, 201.

shaped the conversation in the clinic. A negotiation between doctor and patient--the meaning of health and illness--spawned from this interaction.

Women and men sought treatment for neurasthenia at the Infirmary for Nervous Diseases and the process of admission was gendered. This fit contemporary perspectives over gendered nature of nervous disease. As I showed in chapter two, some even argued neurasthenia was a woman's disease. In fact, more women received the diagnosis of neurasthenia at the Infirmary for Nervous Disease: 537 women compared to 374 men between 1890 and 1900 at Philadelphia Orthopaedic Hospital. I have shown, however, that men suffered neurasthenia—both medically and as a culturally significant reference point for flailing manhood. Medical records at the hospital show how intake procedure reinforced gendered expectations of the different experiences of nervous illness in the clinic.

For men, the personal history sections emphasized a much different set of gendered perspectives about men's sexual life: instead of discussing offspring, the opening line of questioning for male patients involved venereal disease, masturbation, and sexual habits.¹⁵ For example, James Patton, a 20-year-old Irish weaver, recounted, "No history of alcoholic excess or use of tobacco – self abuse during early puberty but not persisted in long. No other sexual excesses."¹⁶ James P. McPlosky's history was a bit spicier. He reported having a "soft chancre 11 years. Drinks and smokes a lot. Masturbation from 13-15 years old. None since. Used to have excessive intercourse with women."¹⁷ Both Patton and McPlosky were neurasthenic. These representative examples demonstrate the hospital valued information about men's sexual

¹⁵ Alcohol and tobacco use, too.

¹⁶ Philadelphia Orthopedic Hospital Case Histories, 1890.

¹⁷ Philadelphia Orthopedic Hospital Case Histories, 1890.

activity but remained ambivalent about reproduction. Some records indicate the patient had children, but many only discuss parents and siblings in the family history.¹⁸ Nonetheless, neither a man's procreative potential nor his social as a father determined much about his overall health. This shows that physicians viewed reproduction as distinct separately from sexual activity and the worry it induced. As chapters four and five argued, these messages circulated in wider popular culture. As chapter three showed, doctors exchanged urgent pleas with one another to encourage them to take men's sexual and emotional experiences with neurasthenia seriously.

There are important reasons for using Mitchell's hospital as a focal point for this analysis. First, Mitchell used his post to train new doctors, so his work set a tone for the profession. Thus, knowing how he handled patients in the clinic helps illuminate how the wider profession learned to treat male patients. Second, his clinic attracted the most neurasthenic patients; men knew about him, and they sought out his services on purpose. Third, along with George Beard, Mitchell's writing led the profession's thinking about neurasthenia and this information cascaded into less prestigious clinics across the country.

One limitation of these records lay in their specificity: not all hospital records survived. Some patients appear only on Admissions and Discharge ledgers, whereas others have full patient histories available; some appear in both places. Some years are missing altogether. In other words, the data from the two groups of sources, ledgers and patient records, sometimes overlapped, but were mostly extensions of one another. Some items in the patient records that were not listed in the ledgers, and vice versa. This source material provides demographic data of up to 428 patients seen at the clinic between 1890 and 1900. First, I will explain the demographic data and its implications. Then, I will use full records from the Infirmary for

¹⁸ This silence suggests either the patient did not have children, or the physician did not inquire about his children.

Nervous Diseases and case studies from Dr. Beard to bring the clinical treatment of men's nervous illnesses, innermost fears, and concerns about sexual health to life.

It is within the context of this demographic information that I analyze patient records from 1887-1892. I draw from 91 full medical records involving patients with nervous disease who were seen at the Infirmary for Nervous Disease. While only a small portion of the records survived for analysis, they can be viewed within the larger context of the demographic data described above. Additionally, and more importantly for this dissertation, individual patient records offer rich qualitative data about the patients' lives, the doctor-patient interaction, and the outcome of the clinical experience. Read together, the demographics from the Admissions and Discharges provides a broad overview of the patients and their diagnoses; the patient records offer more specific data and glimpses into narratives of men's struggles with sexual and emotional well-being.

The treatment of neurasthenia occurred in similar ways outside of Mitchell's and Beards' clinics. F.G. Gosling argued that medical professionals across the United States employed similar approaches to nervous illness: they defined, encountered, and treated it in ways consistent with Mitchell and Beard. So while Philadelphians opted to see Mitchell instead of a non-specialist at Jefferson Hospital a few blocks away, this does not mean that Mitchell's treatment was unique. In fact, patients in the South and West read and wrote similar case studies in medical journals as the urban professional elite in the North. Rural patients bore many resemblances to the nervous men in cities. In addition, small-time family physicians treated neurasthenia using the same (varied and vague) processes as their urban counterparts. It is likely, then, that physicians across the country treated sexual and emotional components of neurasthenia in a manner consistent with the findings of this dissertation. The patient records

and case studies analyzed here provide a representative sample of men's experience in the Gilded Age.

Overall, the men diagnosed with some form of nervous disease in the Infirmary for Nervous Diseases were native-born residents of Philadelphia in their twenties and thirties. As Table 5.1 shows, ages ranged widely. Two cases of nervous illness occurred in three-year-old boys; the oldest was 66. Medical and popular writing about neurasthenia often distinguished many varieties of neurasthenia, depending on the etiology of an individual's particular condition. However, in clinical practice, doctors used the general diagnosis of neurasthenia most often: 244 men were diagnosed with neurasthenia.¹⁹ Only two other forms of the disease appeared on record: sexual and cerebral neurasthenia. Only one person received a diagnosis of cerebral neurasthenia in ten years. But many—107 men—were diagnosed with sexual neurasthenia. At the most prestigious clinic treating nervous illnesses at the time, sexual neurasthenia was the most prominent subcategory of them all. This data affirms Beards' call to attend to the massive suffering among men.²⁰ They did, indeed, experience sexual health problems, and they turned to Mitchell's clinic for help.

Doctors often omitted the diagnosis on the patient record itself, so what stands out about these cases is not the doctor's final assessment, but the patients' circumstances. In fact 39 records contained no diagnosis.²¹ Only 12 listed the diagnosis as sexual neurasthenia and 8 as neurasthenia. Seven patients were diagnosed with hypochondriasis (including two with sexual

¹⁹ A few patients suffered general nervousness (17) and hypochondriasis (15). These terms described symptoms similar to neurasthenia. The patient records do not indicate substantial differences among them.

²⁰ In addition, this data intervenes in a historiographic conversation to highlight the significance of sexual and emotional health of neurasthenics.

²¹ When possible, I read the ledger against the patient records and noted the diagnosis listed in the ledger. If that data was not available, I counted the record as having omitted the diagnosis.

hypochondriasis), a broadly-defined disorder that often resembled neurasthenia.²² The remaining diagnoses varied widely to include nervous dyspepsia, vertigo, meningitis, two cases of insanity, and one “hopeless case.” Patient records correlate with the hospital ledger in that neurasthenia and sexual neurasthenia were the most common diagnostic categories for nervous illnesses.²³

As subsequent analysis of the individual patient records will show, sexual health concerns permeated neurasthenia cases; a general neurasthenic often discussed his sexual concerns with his doctor; and sometimes, sexual neurasthenia case records hardly mentioned sex. So, diagnosis with sexual neurasthenia alone does not reflect the significance of sexual matters to men’s health and treatment in the late 19th century. However, the prevalence of sexual neurasthenia as a distinct, recognizable diagnosis shows Mitchell took the symptoms and the disease seriously. He did not dismiss it as prurient but upheld it as a legitimate medical condition worthy of medical attention. His example influenced his patients, fellow colleagues, and the medical trends of the Gilded Age. The sexual and health histories of the men in the Infirmary for Nervous Diseases revealed men’s underlying concerns about shame, worry, and uncertainty. Luckily, their doctors offered treatment for these emotional health problems along with the physical ones. Through the lens of neurasthenia, physicians provided a holistic approach to men’s well-being.

The next sections explore surviving patient records from 1887 to 1900 at the Infirmary of Nervous Diseases. These are much more descriptive than the Admissions and Discharges logs

²² Vladan Starcevic and Don R. Lipsitt. *Hypochondriasis: Modern Perspectives on an Ancient Malady*. (New York: Oxford University Press, 2001): 6-16.

²³ While conducting research, I intentionally sorted out the cases that expressly resulted from injury or were designated otherwise physical manifestations of nervous disease, such as railway spine.

from which the demographic data was drawn. Through the lens of the clinic, we can see an individual suffering man negotiated meanings of race, gender, and health with his sympathetic doctor; we can see the social and professional paradigms about healthy manhood came to bear on their interactions. In the end, each side benefited from the clinic visit: the patient is absolved of his affliction and the doctor gets a salary (and, perhaps a compelling case study to present at the American Neurological Association): manhood redeemed.

The Informed Neurasthenic Patient

Patients waited a long time before coming to see the doctor. Many disclosed to their doctor they had been suffering a few months with their ailments, but most coped with symptoms for a matter of years before coming to see the doctor. Due to the popularity of less professionally sanctioned treatments, such as mail-order elixirs found in the pages of the *Police Gazette*, it seems men tried to self-medicate before resigning themselves to the doctor. Considering the length of suffering—ranging from three months to twenty years—I argue that men viewed the doctor as a last resort.

The length of suffering mattered for the medical record. Almost half of the men who received a neurasthenia or related diagnosis between 1887 and 1892 stated expressly the amount of time they had suffered prior to coming for treatment.²⁴ Most of them suffered significant amount of time, in fact. Nearly half of those who reported a timeframe stated they had symptoms for one to three years. One-fourth reported four to ten years of ill health. One man dealt with sickness for 20 long years. Some periods of illness were shorter: One in five men reported less than a year of symptoms. The shortest time period was three to four weeks. The

²⁴ Forty-one indicated specific time ranges in weeks, months, or years. Two more gave a vague indication they had been suffering for “years.” The total data set included 91 men’s patient records.

overwhelming majority of men, however, coped with their symptoms for over a year before turning up at the Infirmary for Nervous Diseases.

The reasons for this can be speculated. A private facility dedicated to assisting the indigent, the Infirmary for Nervous Diseases did not turn away patients who could not pay. So, what drove them to decide to seek help from a doctor? It was rare when a patient reported prior treatment for their nervousness. In each case, the prior treatment proved inadequate. Walter Holt traveled from Wilmington, Delaware with a desperate hope Dr. Mitchell could help him. The eighteen-year-old came from a family of nervous people, some of whom died from their conditions. Walter received treatment from a homeopathic doctor for two years prior to coming to Philadelphia. He even spent three weeks as an in-patient at Wilmington Homeopathic hospital, but to no avail. He came to the Infirmary for Nervous Diseases looking for effective treatment.²⁵ Another man, Stephen Ryan, a laborer from Philadelphia, overcame two rounds of unsuccessful treatment. First, he found temporary relief from his nervousness due to treatment at Erie Medicals Co. But after a month, symptoms returned. He then went to Marston Medical Co. and reported maltreatment. His symptoms recurred.²⁶ A third patient, Hugh Cole, had seen another Philadelphian physician ten years prior, Dr. Samuel Gross to address a stricture in his urethra.²⁷ Finally, Gaspar Arnaiz, a married salesman, age 55, had been committed to the Friends Asylum in Philadelphia “by friends whom he did not trust.”²⁸ Instead, he brought his

²⁵ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 10, p. 445.

²⁶ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 16, p. 510.

²⁷ *Ibid.*, 513.

²⁸ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 15, p. 111

worries to the team the Infirmary for Nervous Disease for treatment.²⁹ These patients stand out because they sought treatment elsewhere before coming to Mitchell's clinic; their prior courses of treatment failed them, and they now embarked on something new they hoped would help them.

Other patients who may not have sought prior treatment certainly knew a lot about neurasthenia. Some could readily identify the etiology of their illness. The case of Alfred W. Goft illustrates the degree to which patients applied medical language to their experiences and articulated their condition using terms affiliated with neurasthenia. Goft came from New Jersey, and brought a loaded history of nervousness in his family as well as a lifetime of weakness and injury. He reported to Dr. Lewis at the Infirmary for Nervous Disease that he had fallen and broken his jaw a year prior and "sustained nervous shock" as a result.³⁰ He reported bouts of nervousness for an entire year before that. He came to the doctor that September because of two weeks of "much worse" symptoms. Another man, John B. Sharp, attributed his nervous and sexual symptoms to a traumatic injury. A carpenter, Sharp "fell through a building...and broke [his] leg." He told Dr. Lewis at the Infirmary that three months after the accident, symptoms of nervous illness appeared. Sharp spoke about general problems like nervousness and indigestion. He also claimed to feel "sexually excited all the time." He experienced "trembling in privates after urination." While he continued working in carpentry, he felt "much depressed at times."

²⁹ One patient record indicated the patient had been treated at the Infirmary once before. He followed treatment and returned a year later with new symptoms. Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 10, p. 97

³⁰ Nervous shock became widely understood as an outcome of a traumatic event by the late-19th century. See Michael R. Trimble, *Post-Traumatic Neurosis: From Railway Spine to the Whiplash*. (Chichester [West Sussex]: Wiley, 1981).

Overall, Sharp acknowledged the root cause of his current state, and told his physician that he “regard[ed] the fall as cause of present trouble.”³¹

Another patient, James McPlosky, had been reading about nervousness attacks and then “broke down and had all sorts of symptoms as described in the paper.” Five years, later, he became alarmed by “having seminal emission every night for 10 successive nights,” so he came to the Infirmary for Nervous Diseases.³²

Finally, some men attributed their current conditions to their sexual pasts. A clergyman from Delaware named George E. Wood spoke with Dr. Mitchell about his sexual concerns. Wood explained, “about 12 years ago [he] began to have seminal emissions due to early masturbation. Has not been constant ever since—one to two a week sometimes more frequent than at other times.”³³ Reverend Wood clearly knew about the medical connections between a 22-year-old railroad brakeman named John Holzer came to the Infirmary in 1891 with a clear sense that his nervous symptoms connected to his sexual health. He discussed his nervousness, depression, and easy excitability with Dr. Lewis. He disclosed he had “indulged sexually to excess.” In fact, he “worried about past sexual indulgence and its effect on him. Thinks his trouble comes from that.” Holzer exemplified the informed patient. Young and working class, Holzer managed to accrue information about sexuality and nervousness, perhaps from the pages of the *Police Gazette* or a YMCA “men’s-only” medical lecture. Emboldened by this knowledge, Holzer concluded on his own his emotional instability resulted from illicit sexual activity.

³¹ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 16, p. 262.

³² *Ibid.*, p. 43.

³³ *Ibid.*, 291.

A few men reported self-medicating prior to seeking professional care for their nervous disease; two of the cases involved explicitly sexual concerns. Gas Furney, a 28-year-old weaver, claimed to use acid phosphate to successfully eliminate the occurrence of nighttime emissions.³⁴ A tinsmith named S. S. Craig reported taking bromide and valerian to help quell obsessive thinking about previous sexual exploits and ease him into his sleep.³⁵ Another case involved a 31-year-old clerk named W. H. Ebright who demonstrated a keen awareness of the various treatments available to him. Formerly treated by another doctor for typhoid and grippe, Ebright came to Mitchell's clinic following a breakdown that prevented him from going to work. Ebright informed the attending physician that he used to take bromides, but had stopped taking them recently. His record noted that he "uses milk," likely as a means to restore healthy fat to the body.³⁶ These examples show some patients entered the Infirmary for Nervous Diseases already familiar with neurasthenia rhetoric. Furney and Craig's cases show how readily men connected neurasthenia symptoms and treatments with their sexual health. Men curated information from other sources and arrived in the clinic with a clear idea of what ailed them and how to treat it. At the same time, their own estimations proved inadequate. They still needed the doctor to field their symptoms and assess their condition. So, even for men who demonstrated a strong handle on the information about sexual health and nervous diseases, they still felt it was necessary to seek professional treatment. For them, the clinic offered something they had not found on their own: a meaningful, empathic interaction with a doctor.

³⁴ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942., (#000108031). Vol. 15, p. 133.

³⁵ *Ibid.*, 276.

³⁶ Mitchell commonly recommended milk to help patients regain strength. Information about the rest cure and neurasthenia treatments regularly included milk as part of a healthy restorative diet. See Mitchell's *Fat and Blood and how to Make them*.

The allure of the sympathetic listening ear of a trained professional appealed to lots of patients who had spent months or years battling nervous disease. A small number of experienced a sharp increase in symptoms and hurried to the doctor for treatment. However, the majority suffered chronic symptoms for months or years and finally decided to show up at the doctor. What caused them to eventually recognize themselves as in need of a doctor's care? As previous chapters argued, these men absorbed the ubiquitous cultural information about rampant cases of nervous, fatigued men; and they internalized messages about the harms of youthful masturbation and persistent sexual excess. These messages—whether medically informed or merely advertisements for quacks—successfully convinced men to see themselves as ill and to seek medical treatment for their disease.

One of the key reasons neurasthenia required a doctor was because its obscure and lengthy list of symptoms made diagnosis difficult. Also, unlike injuries or tumors, nervous diseases required certain degree of self-reflection to identify. Dr. Francis Dercum, a physician at the Infirmary for Nervous Diseases, noted “how marked is the tendency in the various great neuroses to introspection—to analysis of symptoms, to self-examination.”³⁷ Nervous men often indicated they had been thinking about their symptoms extensively prior to visiting a doctor. Dr. George Beard believed this quality actually exacerbated the emotional turmoil of nervous diseases. By the time patients arrived in the clinic, their symptoms multiplied on themselves, and they had become the focus of intense obsessive personal scrutiny. Doctors found themselves pressed to negotiate sexual and emotional health questions that men had been mulling over for quite some time.

³⁷ Francis X. Dercum, *Rest, Mental Therapeutics, Suggestion* (P. Blakiston's son & co, Philadelphia, 1903): 256.

Patients' prevailing concern: Worry

The worry men felt was compounded by shame and uncertainty. A middle-aged man came “from a distant place in the country” to Beard’s office in New York City, afraid to reveal his name. He was a teacher and a part-time farmer and suffered “nervous troubles coming from his sexual debility had, so to speak, dislocated his whole life.” With swollen, red, watery eyes, the sullen man spoke to Dr. Beard timidly. He described serious memory loss and difficulty concentrating for long. He also indicated semen came away when he urinated. Dr. Beard asked about masturbation history and learned the habit had been “faithfully followed” in his youth. Though the patient claimed to discontinue masturbation, “the effects, true spermatorrhoea and neurasthenia, remained.”³⁸ This case epitomized the ways in which pervasive rhetoric about debilitated manhood weighed on individual men—it besieged them with information, clogging their ability to separate lies from medical truth.

George Beard wrote impassioned pleas to doctors about the nefarious impact of inaccurate medical information about nervousness. He found that medically inaccurate advertisements seduced men into thinking they were which leads them to “attribute all their nervous woes to their early indulgences, even when there is no clear proof of any connection between them.”³⁹ Most, with treatment, would recover entirely. The key is for the physician to provide comfort through diagnosis, to quell the anxiety regarding sexual questions, and to not to exacerbate nervousness with worry *about* the nervousness.

Patient records teemed with the cutting fears that men hoisted upon their doctors. As an aggregate, these sources reflected the worry, anxiety, and helplessness men felt. Sexual

³⁸ George Beard, “Nervous Disease Connected with the Male Genital Function” *New York Medical Record*, 15. No. 4. (Jan 25, 1879): 73.

³⁹ *Ibid.*, 74.

symptoms exacerbated their emotional turmoil. Because the sexual component of nervous illness afflicted only men, the conversations about sexual histories and concerns for the future reflected the attitudes men held about themselves as embodied individuals. In other words, men's worry about their bodies revealed a powerful awareness of embodiment, and a desire to know about sexual health so they could have it for themselves.

In the clinic, the special designation of sexual neurasthenia mattered in name only. Most men who came into the clinic mentioned their sexual lives in some way, and many drew clear connections between their present conditions and their sexual histories. That sexual neurasthenia did *not* stand out as a particularly distinct disease from neurasthenia is a compelling mirror to the larger cultural significance of the neurasthenic man. For leading physicians of neurasthenia, the distinction did not matter: sexual and emotional troubles occurred so commonly that the two diagnostic categories collapsed together.⁴⁰ This finding is significant because it refracts into the cultural representations of neurasthenia discussed in this dissertation: depictions of men's neurasthenic symptoms, including the euphemistic language about loss of vitality and weakness, *did* include sexual and emotional components. When patients came to discuss their health with their doctors, they relied on a broadly defined language of manly debility that conflated nervousness, weakness, and sexual dysfunction. All of these things comprised an aggregate of manly troubles white men faced at the end of the nineteenth century. The looming specter of neurasthenia instilled significant fear into men that their bodies were not fit for work, reproduction or marriage—and this made them very worried.

⁴⁰ This supports a claim that in popular culture and advertisements for lay medical treatments, neurasthenia necessarily included men's sexual issues.

Doctors dispersed the “neurasthenia” diagnosis about twice as often as the more specific “sexual neurasthenia” category. In theory, these two operated as distinct illnesses, sexual neurasthenia characterized by acute sexual symptoms. However, medical records show that in practice, sexual symptoms did not determine a diagnosis with sexual neurasthenia. In fact, many men with sexual symptoms received the general neurasthenia diagnosis. For example, Hugh Boyle, a twenty-two year-old wood sorter from Philadelphia told his doctor that he “began self-abuse at 10 years and stopped it 5 years ago but has been troubled in mind about it ever since.” As a teenager, Boyle masturbated, but stopped because he believed it was a harmful behavior. The potential consequences of his actions weighed on him for five years. He grew weak, lost all energy including sexual energy, and had “only feeble erections, and these only early in the morning.” Unmarried and dreary, Boyle hoped Dr. Mitchell would restore his health. After considering his case, Mitchell diagnosed Boyle with neurasthenia. He proscribed an elixir containing sulfur and strychnine, a common sedative used for nervous diseases.⁴¹ Though his worries centered on sexual behavior and functions, Boyle’s diagnosis and treatment reflected a more general neurasthenia.

Conversely, men with general, non-sexual symptoms got diagnosed with sexual neurasthenia. Alfred Goft, the Armenian printer from New Jersey discussed earlier, described his broken jaw, headaches, nervousness, and trembling. He mentioned nothing about sexual dysfunction. Even a history of masturbation or venereal disease—or lack thereof—is absent. Since more than half of the cases involve at some acknowledgement of a man’s sexual life, it is interesting that this is missing from this case. Furthermore, Dr. Lewis diagnosed Goft with

⁴¹ Hugh Boyle. Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942. (#000108031). Vol. 16, p. 42.

sexual neurasthenia, despite the fact his entire medical history contained no information about lascivious sex, masturbation, or current sexual difficulties. Instead, Goff's sexual neurasthenia developed from traumatic injury (not a history of illicit sexual behavior) and manifested in symptoms that prevented him from going to work (as opposed to symptoms that afflicted sexual health).

The prevailing concern among men at the Infirmary for Nervous Disease was worry. A 30-year-old stenographer reported feeling “much worried about himself.”⁴² Another man, fraught with a “desire to weep” who looked “very anxious and troubled” told Dr. Sinkler he had “been worried about [his symptoms] for 8 years.”⁴³ The compounding effect of introspection that doctors’ described in medical treatises showed up in clinical reports. A part-timer farmer, mostly unable to work because of nervous illness, told his doctor he “crie[d] much about his condition” and “worrie[d] a great deal. Dr. Sinkler recognized the power of overthinking, and prompted him to realize “that his ideas about himself are wrong. To get to work.”⁴⁴ Worry, nervousness, lost confidence, depression: these symptoms dominated the clinical assessment of men at the Infirmary. One man’s description characterized the sentiments: the onset of general nervousness caused him to “lose control over himself and...worry about trifles.” Men like this one feared the loss of agency—over their emotional and physical well-being. Nervous illness threatened the very qualities that constituted a healthy white patriarch in the Gilded Age—and men turned to doctors to air their frustrations.

⁴² Ibid., p. 98.

⁴³ Ibid., 100.

⁴⁴ Ibid., 114.

Emotional language dominated men's descriptions of their illness. Cumulatively, patient records portray the clinic as a place where physical and emotional struggles intertwined. For the ill, the mind-body debate between alienists and budding psychologists didn't matter: for them, physical and emotional sensations worked in tandem. A traumatic event caused injury, and the injury from the trauma caused nervousness; worry about both of these things perpetuated the nervousness and materialized in the form of sexual dysfunctions. Men explained their fears using the cultural framework of neurasthenia. In this process of sharing and listening to emotions, both parties—lay patient and trained professional—mutually applied the language of neurasthenia and manhood to the situation. Doctors listened with sympathy, and applied a form of medical exoneration for their struggling patients.

One area in particular that generated enormous concern for men was marriage. In New York City, Patient XX told Dr. George Beard he desired to marry but felt he needed medical advice and treatment to prepare himself. Similar to standard procedure at the Philadelphia Infirmary for Nervous Disease, intake at Beard's clinic involved a patient's sexual history. Like Mitchell, Beard recorded masturbatory habits and sexual experiences. Patient XX said he began masturbating at age 16, after which followed a period of sex with women. Since about age 20, however, the man abstained from sexual activity and lost his sexual appetite. Now 40 and in "fair and enviable health," the patient exhibited few symptoms of general nervousness. Beard's treatment focused on the genitals: he administered alternating treatment to the urethra including electric shock and sounds. The patient also took strychnia, zinc, and chloride of gold, a tincture commonly dispensed at the Philadelphia Orthopaedic Hospital. Beard concludes his report by

stating “the improvement was sufficient to warrant preparation for marriage.”⁴⁵ Sexual debility, for sexual neurasthenics, required appropriate treatment before marriage could be attained.

The anxiety over marriage eligibility affected younger men also. A twenty-two-year-old hard-working mechanic had been referred to Dr. Beard by a mutual acquaintance. The young man attempted to have sex with women but “there were no erections.” He hardly exhibited symptoms of ill-health; his body was strong and healthy. However, worry and fear of sexual failure tormented his thoughts. His anxiety heightened in moments of “experiments with women,” so much so that he felt he needed a medical consultation. In the case history, Beard makes an aside about traditional medical diagnosis of this case. This case would have been misdiagnosed as hypochondria if seen by another doctor: he would have mistaken the “unusual strength” and dismissed the anxiety. Beard affirmed the nervousness about sex as “real, genuine, objective, easily demonstrated, and clearly flowed from the irritation of the genitor-urinary system.”⁴⁶ Beard’s specific attention to the genitals and emotional well-being patient gave this man a more specific and accurate diagnosis. Worry about sexual performance and marital future proved pertinent medical information to guide Beard’s diagnosis of sexual neurasthenia.

Married men worried their marriage negatively impacted their sexual health. The case of Edward Thomas exemplified the emotional tax marriage took on men who came to the clinic. His worry centered on the inclination that marriage somehow polluted his sexual drive. Thomas traveled over thirty miles from Wilmington Delaware to seek treatment at the Infirmary for Nervous Diseases in July 1890. Though his “previous health [was] good,” he reported feeling “badly” for five or six years. His physical debilities included headache, backache, poor appetite,

⁴⁵ Beard, *Sexual Neurasthenia*, 167.

⁴⁶ *Ibid.*, 191-2.

and dreamful sleep. Despite these symptoms, he remained sexually active: he told Dr. Sinkler that he masturbated as a boy and contracted gonorrhoea a few years ago—all evidence of an engaged sexual appetite. Once he got married, however, his interest in sex plummeted. He told Dr. Sinkler he felt “no pleasure during intercourse” with his wife.⁴⁷ The medical report described him as someone who: “worries much, looks depressed and worried.” The repetition of worry suggests it was Thomas’s primary concern. He endured physical ailments for years, and yet found himself overcome by concerns that his marital bed had been afflicted by nervous disease. Thomas’s case signal shows sexual anxiety was not reserved for the unmarried bachelor; rather, even those who were, as Dr. George Beard described, “happily and healthily married may be great sufferers from sexual neurasthenia.”⁴⁸ Worry consumed men like Thomas and compelled them to seek medical help to deal with it.

The concerns about being ready for marriage echoed in the broader culture these patients engaged. As chapter four argued, popular culture teemed with metaphors equating marriage to enslavement and positive portrayals of rogue men who escaped the marital pincers of treacherous women. Modern marriage instilled fear in men—a fear in a loss of control and autonomy that white men wrote and read a lot about in the Gilded Age. They talked about it a lot, too. As chapter three discussed, the YMCA taught young, unmarried, white men that moral purity in the present promised marital happiness in the future. Medical talks fused religious and scientific evidence to support the psychic toll sexual vice, in particular, would take on their future selves. One speaker threatened that past vice would forever haunt a man because it meant he would never be able to know how truly happy he could have been had he remained morally pure. Men

⁴⁷ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942., (#000108031). Vol. 16, p. 65.

⁴⁸ Beard, *Sexual Neurasthenia*, 151.

struggled to make sense of the conflicting messages: did marriage diminish men's power over himself and his family? Did youthful masturbation habits bankrupt a man's chance at marital happiness? If so, what was the point of trying anyway? These questions, and the cacophony of answers attempting to answer them, left white men without a clear trajectory to happiness. They felt overcome by worry, debilitated by uncertainty, and physically incapable of harnessing control over their futures. The clinical experience offered men a way to regain control.

Patients' Sexual History as a Part Neurasthenia

The introspection that characterized men's compounding worry also led to feelings of isolation when it came to inadmissible topics about sexuality. Men for whom sexuality lay outside the boundaries of proper discussion or behavior, frank conversation about sexuality could have been difficult to access. Navigating the sea of advertisements preying on men's fears of impotence or erectile failures simultaneously alerted men to the ubiquity of the problem and placed their own experience amid many other confusing and potentially quack medical paradigms. How could a man know which messages to trust? There were so many messages vying for his attention and his dollar. The challenge to identify the appropriate diagnosis and treatment for men with sexual health concerns remained significant despite the popularity of public information about it. Neurasthenia famously contained multitudes: symptoms so common and so diffuse they could happen to anyone, yet they could not be diagnosed without careful assessment by a professional. Thus, the worry about sexual matters that preoccupied more than half of the patients in this study drove men to disclose sexual histories to their doctor. From these cases, I draw two important conclusions: first, men commonly struggled with insecurity about what constituted normal, healthy sexual behavior; second, the clinic served as a check to measure their own experience up against a doctor's expertise. The result is that men placed their

sexual indiscretions into a framework of neurasthenia and could use the disease framework to separate themselves from their previous indiscretions. I call this medical absolution.

Nineteenth-century attitudes about the perils of the masturbation on one's physical condition hovered in the stories of men's health histories. However, by the end of the century, some rejected the belief that the practice necessarily led to insanity or blindness, the medical community cautioned against the obsessive potential for masturbation.⁴⁹ It would not be until the early-twentieth century that scholars discovered masturbation across human populations and in animals, and therefore declared it a part of a universal sexuality.⁵⁰ Beard wrote that youthful masturbation could potentially "blast the whole life" if not monitored. Thus, he argued, the "unnatural excesses of youth is of interest, scientifically and practically, and should be understood by the profession."⁵¹ The morality of masturbation—and the health consequences tied to that morality—was still being sorted out in the 1880s and 1890s. Patient records show it individual consultations between doctors and patients figured centrally in this negotiation. In the clinic, doctors regarded the healthy boundaries of appropriate masturbation with ambivalence; the conversations in the clinic moved them from private, shameful matters, out into open, medical dialogue. More than half of men dealt with sexual concerns, most of which included some disclosure about a history of masturbation. As I argued earlier, this discussion of sexuality did not determine a particular diagnosis or treatment. Instead, it was a routine, common component of men's lives, and central to their health concerns. I argue the act of disclosing one's shameful sexual histories served a healing purpose much larger than the specific treatment

⁴⁹ Thomas W. Laqueur, *Solitary Sex: A Cultural History of Masturbation*. (New York: Zone Books, 2003): 64-66.

⁵⁰ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 16, p. 65.

⁵¹ George Beard, "Nervous Disease Connected with the Male Genital Function" *New York Medical Record*, 15. No. 4. (Jan 25, 1879): 73.

the clinic offered. That symptoms disappeared when doctors gave them a name—any name—and a treatment—any treatment—shows the relative insignificance of the precise diagnosis. Instead, the authoritative knowledge of the doctor lent credibility to what men already intended to do: reframe their sexual lives as healthy and normal.⁵²

Because of the historical significance of masturbation to overall health, one of the first “personal history” topics doctors broached was masturbation; notably, men felt compelled to discuss masturbation only in the past tense. Some described it as a childhood endeavor. For example, one record included “masturbation when a boy”⁵³ and another said “as a boy masturbated a great deal.”⁵⁴ Others may have continued the habit into adulthood, but still distanced themselves from their current condition and their sordid past. For example, Joshua Davis stated he “had abused himself a good deal previously; he says for two years. Denies self-abuse for two years.” David brought masturbation habits into the conversation to ensure his doctor would consider this matter while diagnosing him. Yet he also attempted to present his current condition as abuse-free, and to characterize masturbation as a function of a different version of himself, left in the past. (The use of the term “denies,” however, undermines Davis’s claim and suggests the doctor didn’t believe his recent stint of virtue). Men frequently described

⁵² The phrase authoritative knowledge is commonly used in scholarly and activist circles about birthing processes. For more on the concept, see Carolyn Fishel Sargent, Robbie Davis-Floyd, and Inc NetLibrary. *Childbirth and authoritative knowledge: Cross-cultural perspectives*. (Berkeley: University of California Press: 1997). It signals the relative power one knowledge body assumes over other, equally viable knowledge systems. In the case of birthing, the concept helps elucidate the rising status of medicine as a scientific practice which vaulted the physician into a position of authority over a midwife. See also: Leslie Reagan, *When Abortion was a Crime: Women, Medicine, and Law in the United States, 1867-1973*. (Berkeley, CA: University of California Press, 1997): Chapter 3.

⁵³ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 16, p. 65.

⁵⁴ *Ibid.*, 82.

their masturbatory habits as being part of their personal histories but no longer present conditions.

This distancing language indicated another way patients invoked broader popular medical wisdom in their clinical treatment. They wanted to apprise their doctor of their masturbation habits without having to claim any current responsibility to them. Popular rhetoric granted that childhood masturbation could be attributed to youthful excitability and left few permanent scars if discontinued into adulthood. When men promised, like James McPlosky did, that he masturbated “from 13 to 15 yrs old. None since,” he either dutifully ceased the practice at 15 or lied to his doctor about having continued.⁵⁵ Either way, McPlosky demonstrated his familiarity with the conventional medical wisdom. Furthermore, he presented himself as someone who, though unable to completely to resist the urge during his youth, found ways to restrain his sexual appetite in adulthood. The record of George Fox lacked chronological precision: it simply stated Fox “Has masturbated. Denies doing so now.”⁵⁶ The language of “admits” and “denies” showed doctors did not always accept patients’ word unequivocally. Also, the repeated use of distancing language from men’s sexual pasts raises some suspicion—was it really the case that men routinely ceased sexual behavior for several years before seeing their doctor? It is more likely they used this narrative device as a way to explain themselves to their doctor without making a full disclosure about present masturbation habits.

However, for others, masturbation lay at the center of their current health problem. Hugh Boyle, a neurasthenic patient discussed in the prior section, obsessed about the time he spent masturbating between the ages of 10 and 17. He used the negatively connoted word “self-

⁵⁵ Ibid., 43.

⁵⁶ Ibid., page unknown.

abuse” to describe it, and woefully declared how worried he was that his youthful indiscretions haunted him into adulthood.⁵⁷ Another patient named Gilbert Rooms also connected his sexual history with his current condition. He masturbated “2 or 3 times daily for 2 years—now for 2 years frequent nocturnal emissions weekly. General health otherwise excellent.”⁵⁸ His own reporting of the present condition linked his prior habits to his current symptoms.

Some men readily admitted their sexual habits continued into their present moment. Frank Parker said he “began 8 years ago to masturbate. This has kept up 3 years where he stopped then hadn’t for 6 months. Then began the habit anew which he has kept up since.”⁵⁹

While the discussion of masturbation overwhelmingly involved men distancing themselves from their pasts, their relationship to sex with women varied. Some men distanced themselves from non-marital sex with women, too, casting that behavior into a shadowed past divorced from their presentation of a more restrained and worried self to the doctor. For example, McPlosky reported that, in addition to his teenage masturbation, he “used to have excessive intercourse with women.”⁶⁰ Another man, though married, declared he participated in “excessive venery up to one year ago.”⁶¹ One person pinpointed their sexual life at a vague, but decidedly passed moment: “at that time [in the past] had desire for excessive sexual intercourse and indulged.”⁶² However, other men characterized their sexual activity with women in m

⁵⁷ Ibid., 42.

⁵⁸ Gilbert Rooms. Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 15, p. 294.

⁵⁹ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 16, p. 407.

⁶⁰ Ibid., 43.

⁶¹ Ibid., 231.

⁶² Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 15, p. 276

considerably less distance than masturbation. Christopher Broderick's declaration that despite his bachelorhood, he had "gone with women a great deal" reads as almost boastful.⁶³ A married man described himself as "sexually indulgent."⁶⁴ A teenager said "2 years ago [he] began to go with women. Still others lacked any experience with intercourse at all. Though they may have masturbated, some men didn't "go with women." When men disclosed these details about sex with women, doctors believed them. Patient records contained no suggestion the patients' sexual histories came under scrutiny—unlike masturbation cases, doctors did not accuse patients of denial. This suggests doctors expected men's sexual experiences to vary. More importantly, it demonstrates doctor's neutral stance on the matter: they neither condemned non-marital sex nor condoned it. They treated it as part of a man's personal history, and moved on with treatment. The stigma associated with masturbation, which still floated inside the clinics for nervous diseases, did not attach to intercourse. These records show that men, regardless of age, marital status, or social class, did and were expected to, engage in sexual activity.

The other most common bit of sexual information found on patient records was venereal disease. No patient in the infirmary sought care for venereal disease for it was considered a somatic condition, not a nervous one. Patients were aware of this, and did not expect to receive treatment for syphilis, gonorrhea, or chancres on their genitals. But they did mention it. The fact that most patients' discussed their history of venereal disease bears noting in this context because it mattered to physicians who assessed them. Doctors gleaned information about a man's sexual past based on his relationship to venereal disease. Some of the information appeared on the

⁶³ Ibid., 291.

⁶⁴ Ibid., 175.

record in a matter-of-fact tone: “has had gonorrhoea several times not lately”⁶⁵ or “had an ‘itch’ once—no other disease remembered. No syphilis”⁶⁶ or simply, “no venereal disease.”⁶⁷ Some patients’ self-reported disease history bore no sign of suspicion or questioning by the nurse recording the record. Others contained weighty language of “admits” or “denies” similar to that used to describe masturbation. For example, one patient “admits gonorrhoea” but “cannot say as to chancre.”⁶⁸ Another record described a man who “denies all venereal infections.”⁶⁹ Frequently, the record specified that men denied syphilis, specifically.⁷⁰ In the most telling case, the patient “denies venereal disease but admits loss of sexual appetite to some extent.”⁷¹ While we cannot know what motivated doctors to accept some personal histories at face value and coating others with suspicion, we do see how doctors brought their expectations to bear on the clinic visit.

The judgement-laden language used to describe masturbation and venereal disease demonstrated the degree to which a patient’s personal history was a collaborative effort between the patient and the doctor. When a patient declared he had no venereal disease history, the doctor interpreted this as denial. The language of “admits” and “denies” acknowledged the in-

⁶⁵ *Ibid.*, 291.

⁶⁶ Lewis Deihliuan. Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942., (#000108031). Vol. 16, p. 32.

⁶⁷ *Ibid.*, 19.

⁶⁸ *Ibid.*, 98.

⁶⁹ *Ibid.*, 513.

⁷⁰ The reason for this is unclear, though I speculate it may have to do with the affiliation of syphilis with insanity. For more on this see Deborah Hayden, *Pox, genius, madness, and the mysteries of syphilis*, (New York: Basic Books, 2003); and John Parascandola, *Sex, Sin, and Science: a History of Syphilis in America*: (Westport, Conn: Praeger, 2008).

⁷¹ Gas Furney. Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942., (#000108031). Vol. 15, p. 133.

take process brushed against moral issues. This challenged any propriety that may have inhibited a patient's candor on these sensitive issues. Most importantly, the records show that doctors' expected most men to have prior experience with sex that would expose him to venereal disease—and if they failed to “admit” it, they were “denying” the truth about themselves. Overall, non-marital sex and masturbation were typical behaviors among white men of middle- and working-classes in the 1880s and 1890s.⁷² Doctors knew this, and even when a patient could not muster the courage to talk about it, the way they took down the information implied that most men engaged in illicit sexual behavior.

The types of sexual behavior, and the challenges men encountered related to sex and reproduction frequently came up in the conversation. This typically involved part of a present condition or regular practice. Distinct from masturbation or previous illicit sex, which most men knew it would be appropriate to disavow, men's disclosure of sexual concerns in the present signified they did not have a clear understanding of the boundaries between healthy and unhealthy sex and body functions. For this reason, the clinic visit was so important. It offered a space for men to first demonstrate their knowledge of neurasthenia rhetoric and create safety in recognizing a shared knowledge with the doctor. Once in that safe, shared space, worried men exposed their uncertainties about sexual health.

The types of concerns men brought to the clinic varied.⁷³ One representative example was Henry Heritage. He described his history and symptoms to Dr. Mitchell: Heritage started masturbating when he was 12 or 13. He claimed to relinquish the habit at 17, and at age 20 he began experiencing seminal emissions. His “sexual power” weakened and he faced “difficulty in

⁷² Here I am reading the sex that causes a man to contract venereal disease as any form non-marital sex.

⁷³ However, they all involved solo sexual encounters or intercourse with women except one involving sodomy.

getting erection. Also, he felt “anxious to have [the] emissions stop.”⁷⁴ These symptoms lingered for several months before Henry decided to see a doctor. Panicked, Heritage told Dr. Mitchell “he does not know that he would be unable to have sexual intercourse.” At only 20 years old, and otherwise healthy and robust, Heritage confronted Mitchell with grave fear his sexual history obliterated any chance of a healthy sexual future. Echoing sentiments from the YMCA medical talks, Heritage hoped Mitchell could reframe his condition with the promise of a viral future.

Nocturnal emissions frequently appeared in patients’ records. This is an expected finding. Late-nineteenth-century physicians, such as those who gave Medical Talks at the YMCA, urged men to unlearn the association between masturbation and nighttime emissions. Earlier in the century, doctors believed nighttime emissions “spent” men’s finite reproductive resources and signaled illness. That view changed by the close of the century, and doctors began to view emissions as regular functions of the body. Physicians in the Infirmary for Nervous Disease embraced this modern view, and considered conditions of emissions as incidental and not concerning. The majority of men did not mention emissions as a symptom. However, men who experienced them gave specific details about their emissions—they paid attention to the frequency and circumstances to report to their doctor. An Austrian cigar maker had “3 emissions a week.”⁷⁵ An 18-year old had “emissions once or twice a week with continued ‘seminal’ discharge during the day.”⁷⁶ A married 55-year-old salesman routinely had emissions “about

⁷⁴ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942., (#000108031). Vol. 16, p. 19.

⁷⁵ *Ibid.*, 421.

⁷⁶ *Ibid.*, 455.

once a week.”⁷⁷ Another man quantified his “frequent nocturnal emissions” as happening “2-3 times weekly.” Finally, one man came to the clinic solely to discuss how he had “separated from [his] wife and has had emissions once a week which seems to weaken him.”⁷⁸ Men who cataloged their emission schedule typically also kept close count on their masturbation habits. They paid careful attention to frequency and often connected the two behaviors together. Clearly, they had not yet been convinced that emissions were normal, so they brought their concerns to the doctor for appraisal.

Married and single men talked with their doctors about their sexual experiences with women. Mostly, married men implied their health concerns affected their wives, though one alluded to having affairs. Following injury, a married carpenter felt “sexually excited all the time.”⁷⁹ One of Dr. Beard’s patients described symptoms occurring before and after marriage: A well-educated, the patient’s sexual history included childhood experiences of becoming aroused while tree-climbing. The hobby produced “pleasure with pain intermingled with pain. He practiced “mental masturbation” which he defined as “thinking over sexual matters and going through the act without the presence of a female or actual abuse.” He sought Dr. Beard’s advice on his emissions. He experienced a reprieve from emissions after marriage, but they soon returned, and at inconvenient times: at work while he was riding his horse, or during “the act of mental labor and mental excitement.”

⁷⁷ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942., (#000108031). Vol. 15, p. 192.

⁷⁸ *Ibid.*, 90.

⁷⁹ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942., (#000108031). Vol. 16, p. 119.

Single men talked about their sexual experiences also. A restaurant worker declared at his young age of 20 that he had “been considerably with women and has many bad habits” including sodomy.⁸⁰ A tinsmith named Joseph Bruner stated he had sex with 50 women (though the record indicated he denied syphilis, the underlined word highlighting the disbelief that a man who declared such prowess remained clear of the disease).⁸¹ S.S. Craig, discussed earlier, talked about his tendency to overthink sexual matters, a practice which fueled his desire to the point where, by his own estimation, it became excessive and difficult to control.⁸² Benjamin Harbach, a married working-class man from Camden, Massachusetts, shared that “has thought much over some prostitute he was interested in.”⁸³

Dr. Beard counseled a scientist who planned to marry a young woman with whom “dalliances led to an orgasm with ejaculations of semen.” For hours following the orgasm, the man felt “great and satisfactory relief” but the next day, restlessness and eye irritation descended upon him. The patient wanted to know if the orgasm produced by dalliances would affect his nervous system different than the “ordinary normal coitus” he intended in marriage. He wanted a medical perspective on “whether an engagement he had formed must be broken off” to save his health. While a previous physician Beard described as “able and eminent” told the patient marriage would provide a cure, Beard prescribed several months of “various sedative and strengthening treatment” before marrying. He would also need to indulge in “very moderate”

⁸⁰ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 15, p. 191.

⁸¹ The record may say 80—the first digit is a bit difficult to discern. To avoid risking exaggeration, I am going with 50. Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases. . : Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 15, p. 258.

⁸² *Ibid.*, 276.

⁸³ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 16, p. 112.

amounts of sex until his nervous system toned up. The patient took only half the medical advice: he married right after his visit. Weeks later, the man returned to Dr. Beard, distraught, reporting “normal sexual intercourse was even more injurious to him than the orgasms of dalliances.” After a mere week of coitus, the patient could not bear the suffering and was finally willing to follow the tonic treatment Beard recommended. He proscribed “ergotin, belladonna, and bromide of camphor” and promoted “living platonically, or almost so” until the patient’s sexual strength returned.⁸⁴ As Beard’s advice shows, sexual desire and activity, or even orgasm, did not conjure moral condemnation upon the patient. In fact, the neutrality with which he wrote about orgasmic dalliances indicated he found no medical reason to avoid them. That they caused the patient trouble seemed to be the only motive for restraint. Implicitly, Beard condoned orgasmic dalliances as long as a person was up for them. By publishing this case study, he amplified his normalization of pre- or non-marital sex, and modeled ways other physicians should handle their patients’ personal histories regarding sex.

The most powerfully illustrative case of the ways in which the clinical interactions between doctor and patient served to normalize a variety of sexual acts was forty-year-old Stephen Ryan. His sexual history monopolized his intake more than most. He reported bouts of gonorrhea 10 and 15 years prior. He described his “‘erectile power week.’ Indulges in coitus 3 or 4 times a month. Practices titillation with figure to induce erection at the time. History of masturbation and venereal excess.” The record left out Ryan’s marital status so it remains unclear whether his sexual activity occurred within marriage. However, the most compelling part of the story is the doctor’s proscription: Dr. Sinkler “advised no treatment” for Stephen Ryan. He dismissed the patient from the clinic, and, by implication, encouraged him to continue

⁸⁴ Beard, *Sexual Neurasthenia*, 187-8.

as before. He needed no vacation or sedatives, no remedy or treatment for his behavior. This case illustrates the ways doctors conferred tacit approval upon patients. In the case of Ryan, the lack of proscriptio showed the patient did not warrant any form of rehabilitation.

Some men's fears stemmed not from behaviors, but from functional problems they wished to discuss with their doctor. For example, despite the fact that he "never abused himself," and enjoyed many sexual partners, at 37, he found himself "unable to get an erection."⁸⁵ The function of the penis, or its potential malfunction, compelled men to tell the doctor all about it. In one particularly detailed account from Edward Smith, a married man of 14 years, he said he had "no emissions but...has seminal oozing when excited sexually. Erections are weak and short duration. Discharge is very slight in intercourse." Smith suffered no other health conditions and abstained from liquor and tobacco. His sole concern was that his genitals did not function properly—a fear he carried around for "5 or 10 years" before deciding to see a doctor.⁸⁶ A single working-class man described his genitals as "always cold and wet," and to think about them causes "cold sweat to come out all over him." In these cases, men described their physical conditions and expected the doctor to frame them in terms of nervous illness. This is significant, because as I have shown in this dissertation, nervous diseases affected the body but did not reflect any kind of fundamental or permanent problem with the body. As part of nervous illness, erectile troubles or discharge became bound up in the rhetoric of neurasthenia, thereby obviating any concerns that men's bodies were constitutionally weak or inferior. By bringing genital concerns to the doctors treating nervous illnesses, patients and doctors discussed these

⁸⁵ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942, (#000108031). Vol. 15, p. 291.

⁸⁶ *Ibid.*, 365.

symptoms through the lens of neurasthenia rhetoric, rendering their conditions impermanent, not one's own fault, and treatable.

By describing these physical ailments within the context of the Infirmary for Nervous Diseases, doctors and patients translated genital dysfunction into a fleeting nervous disease, for which a patient could not be blamed. In any case where previous masturbation or sexual excess could be at fault, the framework of neurasthenia removed culpability from the patient. In other words, diagnosis and treatment excised a man's past indiscretions from his future, healthy self.

Doctor's Treatment: Absolution through Medicine

In the clinic, diagnosis and treatment of emotional and sexual problems involved three tenets: emotional sympathy, sexual normalization, and listening. George Beard promoted these strategies in his book *Sexual Neurasthenia* and exercised them in his clinic. The power and influence of Dr. Beard's ability to assuage patients' worry about sexual health is evident in his case histories involving other physicians. F.G. Gosling's work shows that physicians outside medical epicenters like New York, Chicago, and Philadelphia generally shared similar understandings of neurasthenia.⁸⁷ And yet physicians failed to reckon with their own sexual and emotional problems; like ordinary people, they needed the definitive diagnosis from a physician. Unable to treat themselves, physicians turned up in Beard's office complaining of sexual dysfunction and anxieties. One young physician who had been married for a year told Beard he tried having sex with his bride three times; all of them resulted in premature emissions--which occurred "as soon as he touched his wife." He had a healthy history of emissions (which Beard

⁸⁷ F.G. Gosling, *Before Freud: Neurasthenia and the American Medical Community, 1870-1910*. (Urbana, IL: University of Illinois Press, 1987).

judged to be 2-3 times a week), was constitutionally strong, and was generally in good form. Beard applied local and general treatment to the patient who rapidly improved and “soon reported that his wife was pregnant.” This case illustrates the next level of renewed sexual health: reproduction! This case highlights the importance of the process of talking with a doctor. Even for a physician, to whom all medical information would have been available, self-treatment for neurasthenia could not happen. He needed Beard’s medical absolution. Due to the wide variety of symptoms, the doctor’s expertise to discern the proper course of treatment figured centrally in its success.

For some men, marriage stood as a desirable outcome of recovery, and provided evidence of the successful treatment of sexual trouble. Many of George Beard’s published case histories in *Sexual Neurasthenia* ended in marriage. A thirty-seven-year-old man “of immense size and vigor, capable of much physical endurance,” began masturbating at age 15 and proceeded to have occasional sex with women. He came to Dr. Beard to address the fact that none of these sexual encounters led to “full satisfaction; the emissions came too soon, and intercourse was possible only at long intervals.” Beard examined the patient to find this case of sexual neurasthenia to be a “local debility,” rooted in his irritated right testicle and elongated foreskin. Because his overall health was strong---he felt no pains, maintained a sharp memory, and had good digestive functions-- Beard treated this case locally.⁸⁸ He administered mineral acids, ergot alkaloids to improve circulation⁸⁹ and belladonna, which was considered⁹⁰ a prophylactic antibiotic by 19th-century physicians.⁹⁰ He gave the patient localized electric therapy using hot

⁸⁸ Beard, *Sexual Neurasthenia*, 176-7.

⁸⁹ Joseph R. Buchanan and R. S. Newton, *The Eclectic Medical Journal*, Series 3, Vol. 3, (Cincinnati, OH: George H Lawyer, Printer, 1854), 398. Ergot treatments were often given to women for issues related to reproductive health.

⁹⁰ *Ibid.*, 543.

and cold catheters—a therapy Beard promoted for many health issues. Beard encouraged the patient to abstain from sex “for a while” but the treatment paid off quickly. The concluding note of this case history stated: “the results in all respects were satisfactory, so that in a few weeks he was married.”⁹¹ Marriage proved the success of Beard’s treatment and of the patient’s triumph over sexual neurasthenia. The patient’s sexual dysfunction transformed into healthy function; this could be properly channeled into a reproductive marital pair.

By no means did marriage act as a panacea for men’s nervous diseases. Beard was clear that “marriage is not a cure [for sexual neurasthenia] any more than it is a cure for any other diseases.”⁹² Yet it was clear marriage represented a source of responsibility and manly gender role performance that many men rejected. To report to the doctor that treatment facilitated successful marital union, or even a pregnancy, indicated a man had overcome his nervous prostration—at symbolically.

The elixirs offered in the Infirmary for Nervous Diseases reflected widely accepted treatments for neurasthenia at the time: doctors commonly proscribed sedatives like potassium bromide and strychnine; some advised patients to go outside, rest, and abstain from coffee, tobacco, and alcohol; a few recommended Bland’s pills for iron enrichment,⁹³ a few proscribed marijuana.⁹⁴ Some cases warranted carefully crafted elixirs, such as a mixture of ferri quinine and strychnine, which combined iron therapies with sedative. There appears to be no discernable

⁹¹ Beard, *Sexual Neurasthenia*, 177.

⁹² *Ibid.*, 198.

⁹³ “The Best Preparations of Iron.” *Medical Record (1866-1922)* 44, no. 2 (Jul 08, 1893): 1.

⁹⁴ Some of the shorthand about the doctor’s proscriptions is difficult to discern, though based on what I can confidently read, my findings are consistent with other scholarship on treatment for neurasthenia.

trend that connects treatments to the specific conditions of the patient. Treatments varied widely, and as popular medical literature explained, no two cases of nervous illness were alike.

Therefore, it is likely that neither doctor nor patient sought consistency, but instead, they considered each clinical interaction to be a singular form of treatment.

Hence, the authority of the doctor to influence a patient's perspective on his health and well-being mattered significantly. Dr. Mitchel and his colleagues at the Philadelphia Infirmary physicians knew this well. In his 1903 manuscript, *Rest, Mental Therapeutics, Suggestion*, Dr. Francis X. Dercum—one of the physicians who worked at the Philadelphia Infirmary for Nervous Disease in the early 1890s—confirmed the significance of the suggestion on the treatment of a patient. He wrote, “the influence of the mind, both in the causation and on the course of disease, while not infrequently exaggerated in general literature and in pseudo-scientific writings, is real, and must be recognized by physicians.”⁹⁵ In fact, the purpose of the book was to educate physicians on their power to influence the mental state of a patient, and to use that power productively. Dercum noted that patients already succumbed to a broader pool of suggestions outside the clinic—a point that chapters three and four of this dissertation confirm. Inside the clinic, however, suggestion served as a powerful complement to treatments of the physical body.⁹⁶ Physicians needed to use it carefully, and well.

The patients at the Philadelphia Infirmary for Nervous Diseases needed subtle affirmation from a doctor to restore confidence in the healing power. Many battled emotional conditions which convinced them they had potentially destroyed their own health. Dercum argued that suggestion was most important for these types of patients. He described two methods: “indirect

⁹⁵ Francis X. Dercum, *Rest, Mental Therapeutics, Suggestion*, (P. Blakiston's son & co, Philadelphia, 1903): vi.

⁹⁶ *Ibid.*, 250.

and general suggestion” often occurred without a physician’s intention. Simply providing the treatment, or offering a routine treatment directed a patient toward his recovery and generated faith in its success. “Direct suggestion” was “the frank statement to the patient that he is improving or that he will get well.” Successful doctors used elementary, plain language, avoiding triggering any mental images that could alarm the patient and resists overstatement of the treatment’s success. After hearing a modest suggestion about recovery from the doctor, a patient “readily builds up on and adds to” it. For most neurasthenic patients, the use of general suggestion sufficed. Simply treating the disease provided affirmation of its existence and a hopeful route to a cure.⁹⁷

Beard was sympathetic to his patients’ plight. He believed the worry was both a cause and consequence of the sexual debility they experienced. To allow the worry to go unchecked would perpetuate and multiply the neurasthenic symptoms. Placebo tests showed patients who unknowingly took medicine of “no *real* value” would report relief at the exact day and time they were promised.⁹⁸ Beard was surprised to find the placebo not only improved patient’s condition, but maintained the improved condition—some recovered entirely. As a result of this study, he believed the power of the physician’s influence could inspire positive curative thinking in a patient; he called this strategy mental therapeutics. This was especially important because too many physicians who diminished the seriousness of men’s sexual concern. One of Beard’s patients suffered distressing numbers of nocturnal emissions—sometimes several times each night. The young man fell in love and went to doctors to find relief from this habit before he came to the marriage bed. To his dismay, the young man was “repelled by a number of

⁹⁷ Ibid., 253-4.

⁹⁸ Beard, *Sexual Neurasthenia*, 90.

physicians who made light of his history.” Beard argued for the importance of recognizing men’s illness and taking it seriously—to do otherwise only propelled men further into a nervous state. Mitchell encountered sexually distraught men with considerable sympathy as well, but described it using a religious framework. Patients arrived in his hospital worked up with anxiety over their health and sexual performance. Rather than provide a moral condemnation, Mitchell offered a medical ear. He wrote, “the priest hears the crime or folly of the hour, but to the physician are oftener told the long, sad tales of a whole life, its far-away mistakes, its failures, and its faults.”⁹⁹

The clinic offered men private space and a sympathetic, professional ear to unload the shadows of past indiscretions. In a moment when scientific information about manhood, bodies, race, and sexuality constantly refashioned definitions of health and morality, men struggled to hold onto any single paradigm. Furthermore, they existed amidst shifts in sexual mores, away from an era which condemned masturbation as physically harmful and morally reprehensible. Soon, Freud would argue that masturbation occurred naturally and should not be viewed with disdain. Men in the 1880s and 1890s stood at the crux of this shift, beginning to see glimpses of the coming paradigm shift that included sexual desire and orgasm as part of healthy sexual life. But, as the records show, the threats that masturbation ruined future sexual satisfaction loomed heavily on men. They required the gentle affirmation of a physician to abdicate their feelings of guilt, shame, or fear.

The most important treatment offered by physicians of nervous diseases was the unofficial medical absolution they provided. After listening intently, logging men’s sexual histories into official hospital ledgers, and declaring men the temporary sufferers of nervous

⁹⁹ Mitchell, *Doctor and Patient*, 10.

disease, doctors gave men the professionally-sanctioned framework of neurasthenia with which to interpret their lives, choices, and circumstances. While many men attempted to use this framework themselves—demonstrated by the vast knowledge they had about the subject of neurasthenia and sexual health—it proved insufficient to quell the haunting fears they had gotten it all wrong. By disclosing inadmissible truths about themselves to a famous, yet sympathetic physician, patients shared the burden of responsibility to interpret and assess the symptoms. They worked with the doctor using the shared language of neurasthenia to reinterpret men’s pasts as functions of temporary disease—a disease borne out of broader urban, industrial, and modern society, and of no fault of their own. This reinterpretation allowed a worried, fearful, sexually excessive man to reenvision himself as a neurasthenic.¹⁰⁰ A short visit to the clinic provided a flashpoint for this interpretation: exiting the hospital as a neurasthenic, a man could leave his past indiscretions behind and move forward, unburdened.

Most patients visited the clinic only once. Given the months or years they suffered prior to finally deciding to seek medical care, it seems as though patients took their clinic visit seriously. For some, it cost money; for others, it involved out-of-town travel. For all, it meant exposing deeply held shame about intimate sexual and emotional struggles. As I have argued in this chapter, men approached the clinic with a vocabulary about neurasthenia and a set of expectations about what doctors of nervous disease offered. They knew what they wanted, and they went to the doctor to get it. Because the most significant part of treatment for neurasthenia occurred in the interaction between doctor and patient, and the medical absolution they received from their doctors, most men found one session to be enough. They left with a clear sense that

¹⁰⁰ Neurasthenic, or using whatever diagnostic term they chose. They were mostly interchangeable, especially sexual neurasthenia and general neurasthenia.

their sexual habits and emotional struggles had passed before the careful scrutiny of a doctor—in this case, the most renowned doctors of nervous diseases in the country—and left with some mild medicines (sedatives, pain relievers, or vitamins, most likely). Nothing about the interaction had alarmed the doctor. Looking at the aggregate of the patient data, it is clear how doctors heard similar stories from men, year after year. While a patient may not have known specifics about others' medical histories, they remained confident that the doctor's expertise could confirm that their experiences were common—normal, even. Most importantly, the symptoms did not indicate grave constitutional inadequacy: rather, men came into the clinic worried their health was in peril, and left with confidence they could separate themselves from an unhealthy past and move on towards a healthy future. In this way, Mitchell's characterization of himself as a confessor can be interpreted to include the clinic as a confessional.

While most treatments succeeded, not every man overcame his nervous illness through clinical treatment. As Dercum, Beard, and Mitchell argued, effective therapies required participation from the patient. They needed to believe in, respond to, and follow the proscription in order for it to work. This is not to suggest the treatment plans relied wholly on the placebo effect. Rather, as the clinical visit itself served as the crucial site of negotiation between doctor and patient—both parties needed to participate in the cure. Some men failed to invest the effort into their own treatment and continued suffering their condition.

The case of Gilbert Rooms indicates the ways in which doctors expected patients to be agents of their own recovery. A twenty-year-old butcher, he came to the Infirmary for Nervous Diseases complaining he suffered two years of “frequent nocturnal emissions 2-3 times weekly.” He divulged a robust masturbation schedule: “2-3 times daily for 2 years.” Otherwise, his

estimated his overall health was “excellent.”¹⁰¹ The doctor proscribed him antipyrin, commonly used a pain reliever and fever reducer.¹⁰² A week later, Rooms returned, “no better.” The doctor adjusted his proscription, this time sending him home with an elixir of hydrombromic acid¹⁰³ and potassium bromide, a sedative. This reduced his emissions. He returned two months later and received a new prescription. But another two months passed, and the doctor declared Rooms “did not cure himself.” The record-keeper added the word “himself” above the main line of text, as if it was important to cast responsibility onto the patient for failing to recover. This is the only indication in the data set that blames a patient for his condition. By contrast, then, the lack of remonstrance in almost all of the records affirmed the doctors did not cast judgment on their patients. With the exception of Gilbert Rooms, doctors offered approval and support for their patients’ lives, and nurtured their pathways to healing emotional and sexual troubles. Only if treatment failed would a patient be blamed.

Doctors consciously participated in this process of medical absolution. In fact, as chapter two demonstrated, S. Weir Mitchell thought of himself as a confessor to his patients. He considered his services beyond the scope of a priest, who only heard “the sins and foibles of to-day.” The doctor, in contrast, would hear “the story of a life.”¹⁰⁴ Mitchell characterized the doctor-patient interaction as a comforting space that invited a patient to share “the long, sad tales

¹⁰¹ Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases: Case histories; ca. 1872 - ca. 1942., (#000108031). Vol. 15, p. 365.

¹⁰² Sir William Osler, *The Principles and Practice of Medicine, Designed for the use of Practitioners and Students of Medicine*, (United States, 1920): 60, 125, 352.

¹⁰³ Samuel Otway Lewis Potter. *Handbook of Materia Medica, Pharmacy, and Therapeutics*, (Philadelphia: B Plakinston, Son & Co., 1893): 738

¹⁰⁴ Mitchell, *Doctor and Patient*, 43.

of a whole life, its far-away mistakes, its failures, and its faults.”¹⁰⁵ As a confessor, physicians leveraged medical expertise in place of divine intervention. A faithful patient dutifully internalized the rhetoric of neurasthenia: what previously paralyzed men with fear they had permanently ruined their health, transformed into optimism. The framework of neurasthenia removed blame from an individual man—for vice, sexual excess, failure to go to work—and placed it onto industrial society. Together, the doctor and the patient morally neutralized the history of sexual indiscretion, and offered men a new chance to return to happy, productive, and healthy lives.

¹⁰⁵ Mitchell, *Doctor and Patient*, 10.

CHAPTER 7 CONCLUSIONS

Neurasthenia, its rhetoric and its popularity, changed shape after the turn of the century. Historians disagree about when the diagnosis fell out of favor in the United States.

Within the context of the YMCA, John Donald Gustav-Wrathall argued the YMCA began to formalize its sex education curriculum by 1899.¹ In 1918, the YMCA joined efforts with the U.S. Public Health Service to deliver sex education to young men. Rooted in the philosophy, “Keeping Fit,” this program taught boys to embrace a chivalric masculinity whereby their sexual purity would inoculate them from debility related to sex (such as syphilis).

Alexandra M. Lord argues this paradigm—much like neurasthenia did in the 1880s and 1890s--responded to fears of a “nation that saw itself being stalked by the specter of ill health and racial degeneration” in the post-war world.² Unlike neurasthenia rhetoric, which absolved men of their indiscretions and resulting poor health, the post-war curricula blamed men who failed to keep physically and morally fit. This marked a notable shift from late-nineteenth century model described in chapter four of this dissertation. Lord’s work contends that the Public Health service used these programs to “shift responsibility of the nation’s health onto men.”³

Scholars identify three important ways World War I reframed neurasthenia. First, WWI brought syphilis—and illicit sex-- into full view as a public health issue.⁴ In response, city

¹ John Donald Gustav-Wrathall. *Take the Young Stranger by the Hand: Same-Sex Relations and the YMCA*. (Chicago: University of Chicago, 1998): 37

² Alexandra M. Lord, “Models of masculinity: Sex education, the United States public health service, and the YMCA, 1919–1924. *Journal of the History of Medicine and Allied Sciences* 58 no. 2 (2003): 136.

³ *Ibid.*, 143.

⁴ The syphilis epidemic during and after World War I is widely understood by historians. For information on the American context see: E.H. Beardsley "Allied Against Sin: American and British Responses to Venereal Disease in World War I." *Medical History* 20 no. 2 (1976) 189-202; Toni P Miles and David McBride, "World War I Origins of the Syphilis Epidemic among 20th Century Black Americans: A Biohistorical Analysis." *Social Science & Medicine* 45 no. 1 (1997): 61-69; John Parascandola, *Sex, Sin, and Science: A History of Syphilis in America*

legislators mobilized public health services, trained hygienists, and funded programs aimed to clean up the sexual filth endemic to urban life. Second, the barbarity of modern warfare devastated the psyches of soldiers. On the front lines, soldiers experienced nervous breakdowns after witnessing traumatic events. Psychiatrists called this “shell shock” and while it was similar to neurasthenia, the use of the term validated the impact of trauma on one’s mental health. Finally, Paul Fussell’s *The Great War and Modern Memory* argues that the trenches created a panicked intimacy among men who served together. Fussell says these were “non-physical” though when sex between men occurred, men perceived it as something from which they “recovered” as they shifted from wartime youthfulness to adult manhood.”⁵ For these reasons, Rebecca Hyman argued that after the war, neurasthenia “suddenly disappeared.”⁶

Julian Carter argues neurasthenia survived World War I and doctors continued to use it into the 1920s as a way to describe the root of marital conflicts. Brad Campbell claims that neurasthenia enjoyed an important place among medical communities and the public in the first third of the twentieth century. He contends the legacy of neurasthenia—the neurotic American subject--it continued to perform substantial cultural work into the 1930s.⁷

Historians also consider the impact of Freudian psychoanalysis when determining the end of neurasthenia. As Freud offered new ways to interpret the self and, as Tom Lutz put it, to “account for a self-constructed through imaginative appropriation of others,” the usefulness of

(Westport, Conn: Praeger, 2008): Chapter 3; For European accounts, see Ruth Harris, "The "Child of the Barbarian": Rape, Race and Nationalism in France during the First World War." *Past and Present* 141, (1993) 170-206.

⁵ Fussell, *The Great War and Modern Memory* (Oxford University Press, New York, 1977): 272-274.

⁶ Rebecca Hyman, *Territories of the Self: Nervous Disease and the Social Logic of Pre-Freudian Subjectivity*. Unpublished dissertation, University of Virginia, 1998, 9.

⁷ Campbell, Brad. 2007. “The making of ‘American’: Race and nation in neurasthenic discourse.” *History of Psychiatry* 18, (2): 159.

neurasthenia declined.⁸ In its place, Freudian introduced concepts of the unconscious, the libido, and the naturalness of masturbation. These began to influence American psychiatry by 1915, and neurasthenia transformed.⁹ Edward Shorter's *History of Psychiatry* posits that Freud and his cohort brought the first wave of medical treatments to consider a person's life history when diagnosing their mental illness.¹⁰ Shorter views the primary contribution of psychoanalysis is that it drew treatment of mental illness out of the asylum and into private offices.¹¹ As this dissertation shows, neurologists in the 1880s and 1890s routinely heard the life stories of patients, and fielded a patchwork of emotional, mental, and physical symptoms. The private space of the office (or, in the YMCA rooms where men administered private "personal work" with one another) comforted men and facilitated trust. This work contributes to the knowledge about the predecessors to Freud's talking cure and psychoanalytic perspectives on sexuality.

The twentieth-century professional categorizations of neurasthenia varied. In fact, historian of neurasthenia in China, Liu Shixie, describes the medical attitude toward the disease in the U.S. as "inconsistent or 'flip-flopping.'" For example, in 1939, the American Psychiatric Association recognized neurasthenia, and in 1942 the American Medical Association followed suit. However, the first volume of *Diagnostic and Statistical Manual of Mental Disorders*, or *DSM-I*, published in 1952, excluded the diagnosis. The next volume, published in 1968,

⁸ Tom Lutz, *American Nervousness, 1903: An Anecdotal History* (Ithaca, NY: Cornell University Press, 1991): 285.

⁹ Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America*. Princeton, NJ: Princeton University Press, 1994): 22-26.

¹⁰ Shorter, Edward, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. (New York: John Wiley & Sons, Inc., 1997): 100.

¹¹ *Ibid.*, 145-160.

reintroduced neurasthenia. The DSM-III in 1980 left it out, and it has remained absent from subsequent volumes.¹²

Some scholars see the legacy of neurasthenia turning up in recent medical history. Susan Abbey and Paul Garfunkel link nineteenth-century instances of neurasthenia with contemporary diagnoses of chronic fatigue syndrome.¹³ Similarly opaque and possessing a variety of symptoms and etiologies, chronic fatigue syndrome performs similar cultural work in recent decades that neurasthenia did in the Gilded Age. Joseph Conner traces the legacy of war trauma, placing neurasthenia in a long lineage of diagnoses, preceded by soldier's heart during the Civil War, to battle fatigue and PTSD during and after World War II.¹⁴

Interestingly, rapid industrialization in China caused a revival of the old-fashioned term. In Chinese clinics, neurasthenia or *shenjing shuairuo*, experienced a resurgence in use in the 1980s and 1990s.¹⁵ Chinese neurasthenics reported stress—three different types: work-related, school-related, and personal—as the three main causes of their disease.¹⁶ Some reports indicated intrinsic personality traits made a person more inclined to suffer neurasthenia. Regardless, the symptoms resembled those Beard explained: headache, fatigue, and pain. Essentially, Chinese

¹² Liu Shixie, "Neurasthenia in China: Modern and traditional criteria for its diagnosis," *Culture, Medicine, and Psychiatry* 13 no. 2 (June 1989): 164.

¹³ Susan E. Abbey, and Paul E. Garfunkel, "Neurasthenia and Chronic Fatigue Syndrome: The Role of Culture in the Making of a Diagnosis," *American Journal of Psychiatry*, (vol 142, issue 12, 1991): 1638-46.

¹⁴ Joseph Connor, "Let there be light," *World War II* 31, Weider History Group, Inc, Leesburg, 2017.

¹⁵ Arthur Kleinman, *Social Origins of Distress and Disease: Depression, Neurasthenia, and Pain in Modern China*, (New Haven, Conn: Yale University Press, 1986); Sing Lee, and Arthur Kleinman. "Are Somatoform Disorders Changing with Time? The Case of Neurasthenia in China." *PSYCHOSOMATIC MEDICINE* 69 no. 9 (2007): 846-849; QIN, YH. "Neurasthenia in China." *PSYCHIATRIC ANNALS* 22, no. 4, (1992) 188-189. Wen-Ji Wang, "Neurasthenia and the Rise of Psy Disciplines in Republican China." *East Asian Science, Technology and Society* 10, no. 2 (2016): 141.

¹⁶ Liu Shixie, "Neurasthenia in China: Modern and traditional criteria for its diagnosis," *Culture, Medicine, and Psychiatry* 13 no. 2 (June 1989): 175

psychiatrists incorporated the Western concept into their medical practices, and in doing so, replicated the fact that “their clinical diagnosis has been confusing, unclear, and ambiguous.”¹⁷ Nonetheless, it provided a useful framework for doctors and patients to negotiate the psychic impact of rapid industrialization in China.

Clearly, neurasthenia does not have a clear beginning or clear endpoint, if any at all. What matters for this dissertation is how the diagnostic category in the Gilded Age provided a language for challenging questions about manly self-identity, power, and physicality for many white men. And its flexibility accommodated different kinds of men to help them address morally fraught concerns about sexual behavior and health using (relatively) neutral medical terminology. However, as this dissertation shows, medical language no longer appears neutral when viewed as a cultural agent rather than strictly an objective medical term.

The methodological and theoretical underpinnings of this dissertation present some opportunities for future historical research. One notable question left unanswered is: was neurasthenia rhetoric present in black newspapers, black and native YMCA branches, and in clinics non-whites visited? The findings of this dissertation would benefit from this kind of comparison. Another direction this work points to is a longitudinal history of medical diagnoses that similarly help white men reconcile white supremacy and patriarchy with their own experiences of weakness or failure. In unique political moment in which I write this dissertation, I am witnessing a culture try to explain its unnerving surge of young, white “alt-right” men. These men report feeling alienated and excluded by affirmative action practices, and they denounce the progressive ideologies that produce them. I wonder how (if?) they are talking to counselors and doctors about their emotional and psychological trauma. They certainly are

¹⁷ Ibid., 182.

talking about it on the internet, which seems to incubate a community of support for similarly afflicted men. Perhaps neurasthenics of the 1890s and the men of the alt-right have striking similarities and rely on the technologies of their era to engage in an analogous process of disclosure and mutual validation. Future research on how information technologies and medical knowledge work together since the Gilded Age might provide a fascinating window into ways white men simultaneously benefit from and are damaged by the intersection of white supremacy and patriarchy.

This dissertation may also offer insight into discussions about today's medical knowledge about healthy sexuality. The ubiquity of sexual content on the internet attracts moral and medical questions about healthy sex that are reminiscent of Mitchell's patients. In both cases, men wonder: am I normal? Is this healthy? I first made the connection between this research on neurasthenia in the Gilded Age and contemporary interventions in sexual health when my students started to write papers about it. I teach a college writing course, and students may choose their own topic for a paper in which they wrestle with an unsolved problem. To my surprise, several students (all men) elected to write about how porn negatively affected young men's lives. Convinced that viewing internet pornography caused unprecedented epidemic of erectile dysfunction and unhealthy expectations for sex with other people, these young men brought in the popular sources that shaped their view: *Men's Health* and *WebMD* ranked highest.

It turns out that the twenty-first century equivalent of the *Police Gazette* (*Men's Health* or websites like mensjournal.com) and *Wear and Tear* (*WebMD*) inundated men with intimidating warnings that unhealthy masturbation habits could have perilous effects on their health. For example, a panicked 2014 article from *Men's Health* about how viewing porn causes erectile dysfunction. Underneath an intimidating limp-looking "off-switch" meme, the article cited a

study that concluded 25% of young men suffer from ED, and the rate is up from 2% just 12 years prior.¹⁸ A WebMD page echoed similar themes in a 2009 article titled “Masturbation and Prostate Cancer Risk” citing data that links a person’s masturbation habits in their 20s with a greater likelihood they will develop early prostate cancer.¹⁹ Finally, a psychologist testifies on mensjournal.com, claiming that “the more porn you watch, the more—and harder and more graphic—porn you need in order to get it up. If the trend continues, men can find themselves physically unable to maintain an erection, much less enjoy sexual contact with another partner.”²⁰ Like their nineteenth-century counterparts, these sources harness the visibility of the media to excite fears about the impact of sexual activity on a man’s health.

Perhaps neurasthenia has changed names, and perhaps WebMD does not solicit the support of religious leaders to ingratiate itself with its audience. But, the legacy of neurasthenia, as Brad Campbell puts it, remains today. This dissertation answers questions about the value of the neurasthenia rhetoric, especially that which included sexuality, and its role in shaping men’s sense of themselves as gendered, racialized, and healthy Americans.

¹⁸ Markham Heid, “Could Porn Cause ED?” *Men’s Health*. Last updated March 3, 2014. <http://www.menshealth.com/sex-women/porn-erectile-dysfunction>

¹⁹ Daniel J. DeNoon, “Masturbation and Prostate Cancer Risk,” *WebMD*. Last updated January 27, 2009. <http://www.webmd.com/prostate-cancer/news/20090127/masturbation-and-prostate-cancer-risk#1>

²⁰ Jack deTar, “Are You Watching Too Much Porn?” *Men’s Journal*. Accessed February 17, 2017. <http://www.mensjournal.com/health-fitness/health/are-you-watching-too-much-porn-20130821>

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BIOGRAPHICAL SKETCH

Mallory Renee Szymanski was born in Parma, Ohio. She grew up outside Cleveland and moved to the Tampa Bay area as an adolescent. In 2006, Mallory graduated from the University of Florida with a Bachelor's of Arts in history and English. In 2008, she received a Master's of Arts in women's studies at UF. She was awarded a doctorate in history by the University of Florida in 2017.