

THE AGE OF NERVOUSNESS: THE NEUROSES IN THE LATE NINETEENTH AND THE EARLY TWENTIETH CENTURY FINNISH MEDICINE

Historical background

The expression in the first part of the title was used by Finnish doctor Theodor Löfström in a medical advice book, *On Nervous Weakness*, published in 1902. According to Löfström, the social and economic progress made by Finnish society was not without its drawbacks; it did not bring happiness to people, on the contrary people were becoming more and more nervous. The expression was not Löfström's own invention but one that was frequently (and internationally) used in contemporary texts on the subject matter. In turn-of-the-century Finland there was a flourishing genre of literature giving health advice through books and magazines. This genre included the hygiene of the nerves as one of its themes. Löfström's book, like most, instructed the reading public in how to maintain and to improve their health and avoid falling ill with neuroses (or so-called functional nervous illness) – neurasthenia or nervous weakness, hysteria, or hypochondria. Using the projected figure of a neurotic person, the health advice genre simulatenously dealt with the attributes of the ideal citizen. As such, the genre was closely linked to the larger framework of nation building.

Finland was annexed to the Russian Empire in 1809 after being under the Swedish Crown for centuries. The period from 1809 until 1917, when Finland gained its independence, was characterized by an autonomous status vis-à-vis Russia. In principle at least, Finland had its own legislative assembly, which became more active during 1860s. From the 1830s and 1840s onwards, a Hegelian-inspired national movement began to take shape amongst the educated middle orders (which formed an educated middle class towards the turn of the century). Common language and especially common culture became the new parameters of nationality and the basis of national unity. The vast majority of Finns spoke Finnish while the ruling elite was traditionally Swedish-speaking. This had to be changed, according to the nationalists. Projects were begun aimed at educating the people, in order to help them exercise their duties as citizens. Such projects included the development of the elementary and secondary school system and the founding of organizations for self-education like the temperance movement. Contrary to the fatalistic mentality associated with the traditional society of estates, personal agency and a willing albeit self-controlled citizenry was now required. The latter part of the nineteenth century also saw the beginnings of industrialization, along with legal reforms enabling even landless people to move as they wished and seek

employment of their choice. Despite industrialization and urbanization, Finland remained a country with a strong agrarian character well into the 20th century.

Health advice campaigns organized by doctors from around the 1880s onwards can also be seen as part of the more general campaign of folk education, designated by the Finnish term *kansanvalistus*, i.e. folk enlightenment. Another important term was *sivistys*, a noun with the double meaning of education and civilization and referring to both the intellectual and moral aspects of the educated/civilized state. In contrast to the civilized citizenry, the common people were depicted as ignorant, irrational and immoral. The hygienic campaign fitted well into this larger scheme. To spread rational knowledge concerning health and illness was deemed important, and its objective was not only to improve the living conditions and habits of the people, but also to provide guidelines for them to strengthen their stamina.

The use of the holistic term *vastustuskyky*, i.e. resistance to illness or other harmful influences, in turn-of-the-century medicine to refer to prevention of various pathological conditions from tuberculosis to hysteria and neurasthenia, testifies to a prevalent positivistic perspective. Every aspect of life was a potentially relevant issue for hygiene, and, on the other hand, from the hygienic point of view no qualitatively significant methodological demarcations were made between various fields of objects. Another aspect of positivism was the rigid distinction made between fact and value, with doctors representing rational, objective and factual knowledge -and yet medical discourse on nervous illness was thoroughly imbued with moral observations and statements.

I use the term medicine instead of psychiatry in my study to refer to the diagnostics of neuroses, because in Finland during the time period in question neuroses were not, for the most part, a domain of psychiatrists. Medical doctors of various fields could comment on the subject, and at the level of hospital practice hypochondria, hysteria and neurasthenia, along with other conditions defined as neurotic illness, were regularly being diagnosed, for example, at the medical clinic of Helsinki General Hospital (but not in mental hospitals). According to contemporary medical views, there existed a continuum of increasing seriousness from everyday nervousness potentially leading to neurosis and from that eventually to mental illness.

The Perspective

The focus of the present study is the diagnostic knowledge of neuroses in Finnish medicine from roughly the 1880s until the 1920s. For my source materials I use articles and case reports published in medical journals, health advice literature, and a sample of case records of patients diagnosed with nervous illness from the Helsinki General Hospital 1880–1920. The core question I examine deals with how the neuroses were distinguished and defined as diagnostic entities, while at the same time attending to similarities and

differences at the three levels of discourse (theories of nervous illness as presented in medical texts, health advice texts, diagnostic practice at the hospital). To refer to these overlapping networks of discursive practice I use the concept nervous discourse introduced by George Rousseau (1991) in his article on the semiotics of the nerve in eighteenth-century writings.

I carry out my analysis by paying systematic attention to three themes. Firstly, I examine how the mind/body distinction and relationship, which at the time held not only empirical but also ontological and moral significance, was articulated and played out in discourse on nervous conditions. Secondly, I investigate how sex(ual difference) was expressed, and to what extent and in what specific ways discourse on nerves also defined the proper spheres of womanhood and manhood. Thirdly, my object of investigation is to discern how diagnostic knowledge was linked to turn-of-the-century discussions on the requirements and ideals pertaining to citizenship.

A methodological starting-point for my study is a perspective whereby the diagnostic knowledge is viewed as embedded in socio-cultural discourses and practices. This does not imply viewing medical knowledge as mere ideology. In contrast to the constructivist approach as it is commonly and critically understood, the present study does not operate on the basis of either explicit or implicit differentiation between truth (real) and ideology (construction), but rather puts forth its questions with the hypothesis that it is impossible to discern an innermost core of medical knowledge, free from external or social influences (Wright&Treacher 1982, 11–13). Thus, the present study distances itself from an external approach to science and assumes a Foucauldian task of examining the political history of truth concerning fin-de-siècle neuroses in Finnish medicine (Foucault 1990, 60).

Elaine Showalter has criticized Foucault's notion of the nineteenth-century hysterization of women, briefly outlined in his introduction to the *History of Sexuality*, on the basis that it ignores women's agency. She has specified a type of hysteria, or hysterical discourse based on certain symptoms, which she characterizes as a "response to powerlessness" (Showalter 1993, 304). I take a somewhat different perspective and do not reserve any primary meaning for the diagnostic terms (or expect to find an essential neurasthenia or hysteria in the turn-of-the-century texts). Instead I make use of Ludwig Wittgenstein's notion of family resemblance to describe the overlapping, and socially produced, structures of meaning that constitute the diagnoses. Again, this is not meant to imply that the nervous discourse was just a play of words, that nothing real or important took place or was at stake between patients and doctors. On the contrary, to historically deconstruct and de-essentialize diagnostic categories does not as such weaken the agency or understate the hardships of the persons that were being diagnosed.

The puzzle of the patient

According to turn-of-the-century medical texts, a neurosis could manifest itself through physical and/or mental symptoms but it was not defined as psychosomatic in the modern sense. Although the physical symptoms were often seen as consequences of excessive introversion and egocentricity, the ultimate cause for such a state of mind was, in accordance with the prevailing positivism, found in the dysfunction of the nervous system. At the Helsinki General Hospital medical clinic, where the majority of the patients belonged to the agrarian or urban working-class, the diagnoses of neurosis were applied regularly, as I already mentioned. In most cases when nervous illness was diagnosed, the patients had come to the hospital for physical symptoms.

Hypochondria and hysteria were the two major categories of neurosis which had been in use since the eighteenth century. Neurasthenia, a diagnosis introduced by the New York neurologist George Beard in 1869, was adopted to Finnish medicine in the 1880s. Originally it was designed as a diagnosis for the over-worked upper class with, as the theory stressed, had a refined and sensitive nervous system, and who fell ill with inexplicable symptoms (headache, tiredness, indigestion, and in principle anything). Despite this kind of class perspective, at the 1896 Nordic conference for internal medicine it was reported that neurasthenia was found among the agrarian population all over Scandinavia. In Finland neurasthenia gained ground from the 1880s onwards as a standard diagnosis that remained in use well into the 1930s. One reason behind the swift spread of this diagnostic concept was its simple and straightforward etiological model that was in accordance with the latest theories of mechanical neurophysiology. According to it, electricity-like nervous energy circulated in the human nervous system and neurasthenia was caused by a disturbance in the quantitative equilibrium, or the lack, of the nerve force which for its part was usually a consequence of overexertion of some kind. Compared to existing categories of neurosis, neurasthenia had an aura of science and value-neutrality.

After the introduction of neurasthenia to the diagnostic practice at the Helsinki General Hospital, the cases of hypochondria gradually disappeared. The introduction of neurasthenia did not affect the diagnosing of hysteria, however. While the neurasthenic symptoms had common traits with those of hypochondria, such as lack of energy and low-spiritedness, hypochondria was more strongly associated with the negatively viewed mental/behavioral quality, unsocial introversion. This feature was often mentioned in the diagnostic notes when hypochondria was diagnosed, along with the observation that the patient seemed to have his/her own steadfast views on cause of his/her symptoms, such as indigestion, muscular pains, headache, etc., that conflicted with the medical opinion. In such cases also women were diagnosed as hypochondriacs. The contrary situation, men diagnosed as suffering from hysteria, was much rarer but especially after the redefinition of hysteria by the Salpêtrière school (as a primarily neurophysiological disturbance) had begun to have impact in Finnish

medicine during the 1880s, it became more common. In most male cases there were cramps or asthmatic symptoms.

Parallel to the mental signs of hypochondria, also the nineteenth-century theories of hysteria began to list mental/behavioral properties, which represented unsocial or even asocial attitude of the person in question, such as excessive egotism, willfulness, ego-centricity, theatricality and disingenuousness. In the case records these kinds of phenomena were not mentioned, however. But it can be assumed that they nonetheless directed the diagnostic process, although remaining unarticulated. While neurasthenia and hypochondria could be viewed, despite their differences, as more or less parallel, this was not the case with hysteria which, according some definitions at the turn of the century, was “a more serious form of neurosis”. Often the boundaries between the diagnoses were unclear, however, and similar symptoms were diagnosed as either neurasthenia or hysteria; as it was pointed out in a medical journal, a doctor often had to pay attention to the “general clinical picture” when determining whether the patient was suffering from hysteria or neurasthenia. It can be assumed that this clinical picture of hysteria, in the case of women, was often formed on the basis of observations and impressions having to do with the above-mentioned negative hysterical traits, that were not articulated in the diagnostic notes. (A comparable concept was the will; it was an integral part of the health advice texts, when the neuroses and their prevention were discussed, but was not part of the diagnostic phraseology at the hospital.) Among the patients diagnosed as suffering from a nervous disorder there was a regular 3/5-4/5 female majority from the 1890s to the 1920s.

Based on an analysis of early modern medical texts, Theodore Brown (1985) has challenged the widespread view of the effects of the so-called Cartesian dualism in medicine, according to which Descartes’ philosophy was responsible for the dualistic focus in early modern and modern medicine directed at the body-object with the consequent omission of the mind, i.e. the personality and agency of patient. According to Brown the holistic perspective of humoral pathology flourished in medicine until the late 19th century, when it was dismantled by various technical developments in diagnostic investigation. Through the analysis of Helsinki General Hospital case records I show that the interpretative perspective of humoral pathology lived on in the setting of hospital diagnostics into the 1920s. Emotions (such as sorrow or, very commonly, fright) were presented as the cause of one’s weak state of health by both doctors and patients. Moreover, a sudden excitation of the mind could also be taken as a sign of the patient’s character. As part of routine questioning, patients were asked about their personal characteristics, and the most common “finding” in this regard, made with the context of both hysteria and neurasthenia, was fearfulness.

In hospital practice, the persistent humoral pathological and holistic perspective was intertwined with the developments of clinical medicine that had taken place since the late 1700s. According to Professor Runeberg, the head

of the medical clinic at the Helsinki General Hospital, the diagnostic examination was analogous to a medico-scientific investigation, and for the diagnosing doctor the patient was just another research object. Thus, a dualism in the sense of the distance between the researcher and the research object, prevailed in hospital practice. During the nineteenth century, the distinction between so-called objective and subjective symptoms grew in significance. Whereas the former could be observed and established through various methods of investigation at the doctor's disposal, the existence of the latter relied on the patient's own account. This account was often taken by doctors with a grain of salt. Only the objective represented the real. At the hospital in question, which served mainly a working-class clientele, the hospital staff's suspicious attitude also contained institutional overtones. Was the patient really sick, or, was she just simply neurotic or trying to misuse the services? To sum up, in hospital practice the humoral pathological holism, and the moral etiology that could be spelled out through it, went hand-in-hand with the objective stance of the modern clinical medicine, and with the suspicious distance from the patient entailed by it.

Beyond good and evil?

What I also found significant in Finnish material is the way in which the medico-scientific sense of the subjective/objective -distinction overlapped with the moral (philosophical) meanings of the terms. An objective attitude was also necessary in the process of self-education, in which one's own thoughts and actions had to be scrutinized from a rational distance. This was one important aspect that connected the health advice literature to the larger campaign of civil education. In a psychiatric study published in 1910 the distinction of subjective and objective was used to mark the distinction between normal persons on one hand, and hysterics and psychopaths on the other; whereas the thought processes of the latter were characterized by emotion-driven subjective quality, the associations of normal persons functioned on a more disinterested level.

According to the doctor and health advice writer Max Oker-Blom (1903c) the moral quality of the individual, his ability to resist egotistical and immoral inner urges, depended to a large degree on how well developed his inhibitive nervous system was. The savage and the mentally or neurotically ill occupied analogous positions because their nervous system was less developed than that of the morally righteous individual. Whereas savagery was characterized by a lack of civilization (i.e. the process by which the nervous system and mental-cum-moral capacities of the Western man had developed to the present degree), pathological states were caused by arrested development of the nervous system. From this perspective, neuroses could be seen as analogous conditions to various states of immorality, characterized by a lack of willpower. With the metaphoric localization of will to the brain the development of inner fortitude could be defined as a hygienic project.

The Perfection of society

Turn-of-the-century Finnish hygienists and health educators pointed to the misdirected female emancipation as both a potential cause and symptom of nervous illness. Apart from the advice found in health manuals advice this subject matter was also taken up in the discussion concerning the school system. The advocates of special girls' schools emphasized the woman's natural telos as a mother, and from around the 1870s onwards also the relative weakness of her body which made intellectually focused schooling and studies impossible. The educational committee set up in 1906 asked for expert statements from the medical community concerning this question. According to the expert statements, a girl's puberty resulted in a condition of physiological weakness that left her physically and mentally susceptible to harmful influences of various sorts. Thus, girls were more prone to nervousness caused by overexertion at school. An extra year was added to the curriculum of state-sponsored girls' schools; a practice that prevailed until the 1970s. By the turn-of-the-century, as the committee report testifies, the interests of the nation assumed the rhetorical place of women's telos. The school committee, along with the experts, emphasized, on one hand, the specific physiological and mental qualities of the girl/woman and, on the other, motherhood as the primary civic duty of a woman (and the interest of the nation that such a duty be fulfilled).

The notion of the woman's weaker nervous system and its potential for breakdown that obeyed the logic of mechanistic neurophysiology was first borrowed into the Finnish school discussion from American and British debates on women's university education. This physico-moral narrative of female nervous breakdown reproduced the logic of vice and its punishment, evident f.ex. in the issue of onanism from 18th century onwards. The perspective of the Morelian degeneration theory added extra weight to this picture by pointing to the fact the health of future generations could be ruined, as a consequence of an unhealthy personal lifestyle.

In late 19th-and early 20th-century Britain and France, according to Elaine Showalter, hysteria served as a rhetorical strategy with which to confront the suffrage campaigns and the frightening figure of the new woman (Showalter 1993, 305–307). In Finland, women "won" the vote in 1906 when a parliamentary reform was passed; the old legislative assembly formed by the representatives of the four estates was transformed into a one-chamber parliament with universal suffrage. No significant debates concerning women's right to vote took place. The Finnish debates on the proper spheres of the sexes, such as the school question, revolved around the concept of nervous weakness. Whereas labelling "new women" as shrieking and shouting hysterics was a way to confront and nullify their political claims, the emphasis of the potential weakening nervous (and reproductive) system as a consequence of unfeminine action served as a foreshadowing of worse things to come.

In the Finnish context, the use of diagnostic knowledge as a label was more strongly associated with the social discourse focused on the perceived lack of development of the lower classes. At the beginning of the twentieth century, there was a tendency among the educated middle classes to view class difference not only in terms of economics, but also in terms of education (or civilization). Whereas poverty and other social problems were recognized, their politization was perceived as a threat, because it could divide the nation, aspiring towards unity and independence.

In 1889, a Doctor Hjelmman published an article in one of the medical journals in which he analyzed a certain religious hysteria that had taken place in a remote country-side village. Whereas in this phenomenon the hysterical ecstasy was transmitted from person to person because of their cultural “backwardness” and thus “uncivilized” state, in an analysis published in 1912 (by a non-doctor) about a wave of political hysteria, ie. mass suggestion, exemplified the evils of too rapid development. (Observations were also made concerning the secondary schools, where the children of the working-class families were in danger of ruining their health; demanding school-work weakened their nervous system and their “resistance”, because they had not received enough education and “mental exercise” at home.) The phenomenon of mass suggestion analyzed in 1912 had taken place some years earlier as the agrarian working class was converted into fanatic supporters of socialism - with the consequence that the social democratic party became the largest party in the new parliament. The tendency to diagnose working-class political action or claims as hysterical or as criminally insane, etc. reached its culmination during and after the brief but traumatic civil war that took place in 1918 immediately after the country achieved its independence.

The point Elaine Showalter emphasizes vis-à-vis hysteria and the turn-of-the-century “woman question” can be applied to the nervous discourse as a whole. With the advancement of democratic society, biological and diagnostic knowledge also grew in significance. It functioned as a way of marking out differences among individuals who were in principle becoming more equal. The rise of eugenics, or racial hygiene, can also be seen as part of this development. As a specific program, racial hygiene, which aimed through so-called positive means to promote the inheritance of good qualities and their individual carriers, and through so-called negative means to prevent the socially and/or biologically unfit from breeding, was introduced into Finnish medical discussions in the early 1910s. In 1935, a law on sterilization (according to which “idiots”, “imbeciles” and persons suffering from a hereditary mental illness could be sterilized without consent) was passed with a vast majority of the parliament behind it. (Mattila 1999.)

As I argue in my study, the racial hygienic discourse converged at many significant points with the larger project of public hygiene (known in Finnish as “national health”). One of the points of convergence was the perspective arising from the degeneration theory shared by the majority of both hygienists and racial hygienists. B.A. Morel’s theory was based on the Christian idea of the

Fall of Man as the original (and metaphorical) starting point for human deterioration; although the later degeneration theorists replaced this with evolutionary ideas, the logic of sin/social vice and its punishment did not vanish. In the health advice literature, appeals to the reader's conscience and a stress on her moral duty as a citizen formed a customary rhetoric. Still another shared aspect was the emphasis that the interests of the nation went ahead those of the individual; in this question the concept of sacrifice belonged to the terminology of the racial hygienists, the social hygienists, and the Christian-minded nationalists alike.

Discourse on nervous disorders was an integral part of these discussions and actions, firstly, because the nervous illness represented the potential first stage towards mental illness, and secondly, because the consequences of bad habits were, according to the degeneration theory, inherited in the form of a weakened nervous system. Nervous weakness was not entirely a private matter in a national discourse that stressed the importance of national unity and vitality, a concept that referred both to body and mind, and both to individuals and the nation as an organic whole.