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Men of Disordered Passions in the Belle Époque of Neurasthenia

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MEN OF DISORDERED PASSIONS IN THE BELLE ÉPOQUE OF NEURASTHENIA

Dimitra Vassiliadou

Abstract: Drawing on the surviving case notes of the neurologist-psychiatrist Simonidis Vlavianos from the first five years of his private practice (1903–1907), this article charts how a national variation of neurasthenia crystallised in early twentieth-century Greece. As documented by Vlavianos’ case records – texts that combine medical discourse with first-person accounts of illness – neurasthenia acquired masculine, albeit cross-class characteristics, and placed a strong emphasis on pathological sexual practices and disordered emotionality. It argues that the key to understanding the sexualisation of the ailment lies in the quest of neurologist-psychiatrists to be recognised as important public actors at a time of rapid transformation, both in Greek society and in their own profession. One of the ways to achieve this goal was to face and treat the challenges, frustrations and fears that the increasing visibility of sexuality imposed on public institutions, authorities and individuals.

In 1878, in a letter addressed to his wife, renowned Greek poet Aristotelis Valaoritis complained about a cold that was afflicting him, but also about his doctor’s diagnosis. The latter was confident that Aristotelis was suffering from a brand-new disease called “neuropathy”. As Valaoritis explained in his letter,

Alvanitis [his physician] has become unbearable, he is acting like anything but a doctor; he is even unwilling to place a poultice on me. He claims that this is predominantly nerves, and it will go away on its own. Ever since I made the mistake of giving him Bouchut’s monograph *Du nervosisme* to read,¹ he sees nothing else in front of him but nervosisms. Is it ophthalmia you are suffering from? It is nerves. Is it diarrhoea? Nerves. Is it rheumatism? Nerves. Is it chilblains? Nerves.²

With not a hint of irony, a few years later, Valaoritis would systematically employ the term “nerves” to describe his ongoing mental state. Yet, at the time, he still

¹ Valaoritis refers to one of the early works on the topic, written by the French physician Eugène Bouchut (1818–1891) a couple of decades before the popular publications of his American colleague George Miller Beard, the godfather of neurasthenia. Eugène Bouchut, *De l’État nerveux aigu et chronique, ou nervosisme* (Paris: J.B. Baillière, 1860).

² Aristotelis Valaoritis to his wife Eloiza, Lefkada, 9 April 1878, Valaoritis Family Archives, Hellenic Literary and Historical Archive/Cultural Foundation of the National Bank of Greece, 6.5.

jibed at neuropathy's broad nosology as it pieced together a number of diverse ailments, attributing them to some vague irregularity of the nervous system. He was not yet aware that neurasthenia would soon become epidemic in the Western world and identified as a serious medical condition that needed prevention, specialised treatment and cure. This article attempts to place the Greek case in the existing historiographies of the disorder, and examines what the specific diagnosis meant in the actual medical practice in early twentieth-century Greece, during neurasthenia's global heyday. In order to do so, it capitalises on the surviving case notes of 59 men diagnosed as neurasthenics by Simonidis Vlavianos during the first five years (1903–1907) of his long medical career.³ The material comes from the Maison de Santé Clinic of Nervous Disorders, which he owned at the time, as well as his private practice.

Patient notes can offer a rare glimpse into day-to-day clinical practices that differ from the medical theories proposed in professional publications. Sufferers' stories provide a unique opportunity to observe how the medical theory of each historical moment was practiced, since medical theories and actual practices – with the plural tense being more appropriate here – did not necessarily overlap. Case notes were, more or less, standardised texts, systematically produced by the medical bureaucracy as far back as the mid-nineteenth century. As tools of neurological-psychiatric practice, they documented each disorder while recording the patients' "abnormal" behaviours, physical reactions, mental and emotional states.⁴ Even so, case notes are texts produced through the encounter of physicians and their clients. The power relations and hierarchies between the two have been explored in various ways by a number of studies, with doctors being steadily seen as the strong pole of the relationship. Physicians formulated the questions asked, kept selective notes from their conversations with the patients – and occasionally paraphrased their answers – came up with the diagnoses

³ I am indebted to Professor Dimitris Ploumpidis, who out of genuine generosity gave me full access to this valuable material. This work would simply not exist without his constant support.

⁴ On medical case files and their uses, see Guenter B. Risse and John Harley Warner, "Reconstructing Clinical Activities: Patient Records in Medical History," *Social History of Medicine* 5, no. 2 (1992): 183–205; Jonathan Andrews, "Case Notes, Case Histories, and the Patient's Experience of Insanity at Gartnavel Royal Asylum, Glasgow, in the Nineteenth Century," *Social History of Medicine* 11, no. 2 (1998): 255–81; Hazel Morrison, "Constructing Patient Stories: 'Dynamic' Case Notes and Clinical Encounters at Glasgow's Gartnavel Mental Hospital, 1921–32," *Medical History* 60, no. 1 (2016): 67–86; Despo Kritsotaki, "Ψυχική ασθένεια και ψυχιατρική νοσηλεία: Κοινωνικές προσλήψεις και λειτουργίες της ψυχιατρικής και των ψυχιατρικών ιδρυμάτων στην Ελλάδα και τη Σκωτία των αρχών του 20ού αιώνα" (PhD diss., University of Crete, 2009), 33–35.

and suggested treatments. Still, even in these highly mediated documents, a trace of the patients themselves survives. Suffering, flesh-and-blood individuals emerge in the case files, providing information about their own emotional worlds and lives, explaining their ailments and the causes behind them, expressing assessments for their physicians and the therapies they prescribed. The material also testifies that the patients' voices and the doctors' views were sometimes distinct and even opposing, and therefore case notes contribute to the long-standing historical debate on the extent to which the existing medical categories formed the pathological experience of each historical period.⁵

Vlavianos' case notes are thus understood as texts that combine medical discourse and first-person accounts of illness, but also as documents that both echoed and affected the wider social and cultural dynamics of the time. In what follows, based on this material, I show how a national variation of neurasthenia crystallised in early twentieth-century Greece, acquired masculine, albeit cross-class characteristics, while placing a strong emphasis on pathological sexual practices. I argue that this specific version of neurasthenia was directly linked to the professional aspirations of Greek psychiatrists at the time, their readiness to recognise pathological sexuality as an important field of their individual and collective action, and as an opportunity to present themselves as regulators of important issues of social and family life. The first part of the article summarises the existing Western historiographies of neurasthenia, highlighting the analogies and discrepancies across different national cases. It then focuses on Vlavianos' patient notes, sketching what it meant to be a patient suffering from nerves in early twentieth-century Greece in actual medical practice. The final section analyses two important features of Vlavianos' neurasthenic patients: disordered emotionality and pathological sexuality; not only because both proved to be the most persistent symptoms that "nervous men" developed, but, even more so, because they were thought of as direct threats to basic components of the masculine identity of the time – men's sexual competence and the rational management of their emotions.

Historiographies of Neurasthenia

Thanks to the voluminous studies of medical historians, we are well aware that the concept of nerves underwent multiple reconceptualisations throughout its

⁵ For an anthropological approach to depression in modern Greece that challenges the intersection between medical and lay discourses, see Athena Peglidou, "Έν-σαρκώσεις του ψυχικού πόνου: Σώμα, ψυχή και νεύρα σε μια 'γυναικεία' διαταραχή," in *Ανθρωπολογικές και κοινωνιολογικές προσεγγίσεις της υγείας*, ed. Charalambos Ekonomou and Manos Spyridakis (Athens: I. Sideris, 2012), 265–84.

long history.⁶ The obscurity and fluidity of the term in the professional and lay imagination produced a set of shifting biological, physical, psychological, moral and social perceptions of the ailment. Early on, researchers admitted that nerves functioned as “an excellent barometer of social concerns and emotional styles” at different times and places.⁷ As for neurasthenia, the term the American physician and electrotherapist George Miller Beard initiated in 1869 to describe the causes, symptoms and effects that modern times inflicted on the nerves of his contemporary Americans, it was rather a neologism applied to an already known clinical entity; namely, a combination of symptoms that denoted the lack of nerve force. Apart from the term, Beard’s contribution to the medical concept was its popularisation and description as a psychosomatic, culture-related ailment.⁸ He portrayed nervelessness as a purely American disease of male brainworkers in the prime of life, between 25 and 50 years old, and associated nerves exhaustion to the frantic pace of urban everyday life.⁹ Neurasthenia was believed to be a disease of modern civilisation, and nerves a part of the body mechanics with a fixed load of energy. The most virile individuals ran the risk of nervous exhaustion, due to the hard, relentless, and competitive working habits, and the almost constant fear of financial failure.

Research has shown, however, that during the disorder’s global golden age – roughly between 1880 and the end of the First World War – neurasthenia and its gender, class and age correlations displayed many national variations. The diverse geographies of “shattered nerves” were attributed to the shifted realities of the fin-de-siècle Western world and the national specificities of the medical practice. Beyond what professional publications suggested about the class, gender and age ratio of neurasthenia, clinical practices often deviated from neurological theories. In Britain, for example, as far back as the mid-nineteenth century, the notion of a nervous man challenged the then masculine ideal, which combined good morals and physical strength. Weak nerves was also adding to the peril of the feminisation of the male, and testified to a man’s inability to perform his public and private

⁶ Dona L. Davis and SETHA LOW, *Gender, Health, and Illness: The Case of Nerves* (New York: Hemisphere, 1989).

⁷ Dona L. Davis, “George Beard and Lydia Pinkham: Gender, Class, and Nerves in Late 19th Century America,” *Health Care for Women International* 10, no. 2–3 (1989): 93–94.

⁸ Susan E. Cayleff, “‘Prisoners of Their Own Feebleness’: Women, Nerves and Western Medicine. A Historical Overview,” *Social Science & Medicine* 26, no. 12 (1988): 1203.

⁹ Beard further developed his medical theory the following years in two consecutive monographs: George M. Beard, *A Practical Treatise on Nervous Exhaustion (Neurasthenia)* (New York: William Wood, 1880), and Beard, *American Nervousness, Its Causes and Consequences; A Supplement to Nervous Exhaustion (Neurasthenia)* (New York: Putnam, 1881).

duties. By the end of the century, male neuropathy in Britain was equated to the lack of self-control and, for that reason, soon became totally unacceptable.¹⁰ Statistical data from a national hospital for poor patients revealed that neurasthenia, from 1870 up to 1932, afflicted both the upper and the working classes, men and women alike.¹¹ In Germany, where notions of degeneration were particularly intense, the diagnosis of neurasthenia applied to both genders and all social groups, although neurasthenic men with sexual deficiencies or problems formed the majority of the patients. German health professionals systematically dealt with male patients who confessed their sexual problems and/or pathologies – such as premature ejaculation, spermatorrhoea or masturbation – and gradually claimed an advisory role in the public sphere with regards to the management of “proper” sexuality in everyday life.¹² Contrary, in the US, the Netherlands and Britain degeneration theory played an insignificant role in the diagnosis of neurasthenia.¹³ The language of degeneration was, however, strong in France. During the Third Republic most sufferers were men and since the concept of national decline was crucial, national recovery – and that of nerves – was intensively associated with physical virility and the culture of sport.¹⁴ Dutch patients were mostly upper- and middle-class men, wealthy enough to face the costs of the specialised treatment. Finally, in Sweden, at the end of the nineteenth century, neurasthenia was already the most popular diagnosis among a number of neuroses and a cross-class disease, afflicting both urban and rural strata.¹⁵

In spite of these national specificities, some features of neurasthenia seem to overlap.¹⁶ Firstly, the disorder was everywhere associated with urbanisation and the erratic rhythms of modern life. Whereas it began as a disease of the educated elites, it was gradually and selectively democratised and desocialised. Secondly, at

¹⁰ Janet Oppenheim, “*Shattered Nerves*”: *Doctors, Patients, and Depression in Victorian England* (Oxford: Oxford University Press, 1991), 147–51.

¹¹ Ruth E. Taylor, “Death of Neurasthenia and Its Psychological Reincarnation: A Study of Neurasthenia at the National Hospital for the Relief and Cure of the Paralysed and Epileptic, Queen Square, London, 1870–1932,” *British Journal of Psychiatry* 179, no. 6 (2001): 550–57.

¹² Doris Kaufmann, “Neurasthenia in Wilhelmine Germany: Culture, Sexuality, and the Demands of Nature,” in *Cultures of Neurasthenia: From Beard to the First World War*, ed. Marijke Gijswijt-Hofstra and Roy Porter (Amsterdam: Rodopi, 2001), 161–76.

¹³ Marijke Gijswijt-Hofstra, “Introduction,” in Gijswijt-Hofstra and Porter, *Cultures of Neurasthenia*, 20–21.

¹⁴ Robert A. Nye, “Degeneration, Neurasthenia and the Culture of Sport in Belle Époque France,” *Journal of Contemporary History* 17, no. 1 (1982): 51–68.

¹⁵ Petteri Pietikainen, *Neurosis and Modernity: The Age of Nervousness in Sweden* (Boston: Brill, 2007), 101–5.

¹⁶ For all that follows, Gijswijt-Hofstra, “Introduction.”

the beginning of the twentieth century, a clear transition from somatic to psychic notions of the disease occurred, which eventually led to the replacement of the idiom of neurasthenia with the phraseology of neurosis and psychoneurosis. The third shift, during more or less the same period, concerned its nosology. Initially, neurasthenia was thought of as the outcome of nervous exhaustion, only to later be considered as the aftermath of over-stimulated nerves. Being unable to control oneself was no longer thought of as a consequence of neurosis, but as its main cause. The diagnostic popularity of the disease started to fade almost everywhere in the aftermath of the First World War, and eventually the term “neurasthenia” was restricted to the description of a specific ailment – namely abnormal fatigue – although the language of nerves remained strong in several national lay vocabularies. With the emergence of war neurosis and PTSD in shell-shocked soldiers,¹⁷ the large pool of neurasthenia’s symptoms, and especially its previous organic aetiology, were unfavoured by psychiatrists, who started to delve into psychodynamic theories. Neurasthenia was no longer in vogue.

But what do we actually know with regard to the popularity of neurasthenia in twentieth-century Greece? The few existing statistics sketch a rather diverse picture; thus, it remains unclear how often doctors officially diagnosed their clients as neurasthenics. For example, up to 1940 just one patient in “neurasthenic condition” was admitted to the Dromokaiteio Psychiatric Hospital, to be released 11 days after, since “his admission was not justified”.¹⁸ In the Corfu Asylum, established as early as 1838, the diagnosis was equally tardive and rare.¹⁹ In the Eginitieio Neurological and Psychiatric Hospital, on the contrary, which had a distinct neurological orientation, neurasthenia was

¹⁷ The enormous literature on shell shock includes Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge: Harvard University Press, 2001); Fiona Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain, 1914–1930* (London: Continuum, 2014). See also Vlavianos’ article on Greek neurasthenic soldiers after the bitter national defeat of the 1897 war with the Ottoman Empire. He links soldiers’ nervous breakdown with cases of desertion and disobedience to superior officers, Simonidis Vlavianos, “Νευρασθένεια και στρατιωτική θητεία,” *Ψυχιατρική και Νευρολογική Επιθεώρησης* 5, no. 5 (1907): 129–32.

¹⁸ According to my own research of the hospital’s archives. See Dromokaiteio Psychiatric Hospital, Patient’s Notes 1940, case no 51: 30. In a 20 percent sample of all admissions to the Dromokaiteio (1901–1985), neurasthenia appears only once (1941, male), Dimitrios Ploumpidis et al., “Εισαγωγές ασθενών στο Δρομοκαΐτειο Ψυχιατρικό Νοσοκομείο 1901–1985,” *Ψυχιατρική* 24, no. 3 (2013): 177.

¹⁹ Diagnosed in 22 out of the total 3,500 patients from 1939 to 1970, Ioannis Triantafylloudis, “Δημογραφική αποτύπωση των νοσηλευθέντων στο Ψυχιατρικό Νοσοκομείο Κέρκυρας (1838–2000)” (PhD diss., Ionian University, 2017).

more common during the first two decades of the twentieth century, diagnosed mainly in middle-class professionals.²⁰ Despo Kritsotaki has argued that in early twentieth-century Greece, psychiatric practice, as exercised in large institutions, could not serve the aspirations of the psychiatric profession “as a bearer and guardian of individual and national health, morality and progress, nor the opening of psychiatry to the nervous, mild and borderline disorders”. It still concerned mainly the neurologists, private practice and small private clinics.²¹ Vlavianos’ patient notes seem to confirm this hypothesis. Between 1903 and 1907, he diagnosed 59 individuals with neurasthenia: 50 men who visited his private office – some just once, others dozens of times²² – and another 9 male patients hospitalised for several months in his clinic.²³ In the early years of his career, he supported the idea that the “disease of the century” afflicted the body, emotions and actions of his male patients. The diagnosis of neurasthenia was critical, since it challenged wider medical and cultural assumptions of the period concerning masculine identity: men, the prime subjects of rationalism and action, could well be plagued by excess emotionality and severe loss of their energy. Besides middle-class professionals, which were more or less the Western norm, Vlavianos also diagnosed neurasthenia in other social strata, particularly in working-class and petit-bourgeois men, from both urban and rural areas. Moreover, he emphatically associated neurasthenia with sexuality. As the following will show, these three aspects of his diagnoses (the perception of neurasthenia as a male disorder, the cross-class notion and the linkage with disordered sexual practices) were interconnected, and the one steadily fed into the other. Echoing broader concerns about the social body in Greece in a historical moment of rapid transformation, as well as the uneasiness of the Greek psychiatric world with regard to the present and the future of its specialty, the early national version of neurasthenia was highly sexualised.

²⁰ Kritsotaki, “Ψυχική ασθένεια και ψυχιατρική νοσηλεία,” 223–33.

²¹ *Ibid.*, 253–54.

²² As was the case of 39-year-old Thrasylvoulos, who holds the record of 53 therapeutic sessions in Vlavianos’ office, Patients’ Notes, Simonidis Vlavianos’ Office (OPN) 3 (1903–4): 163–64.

²³ Out of the 271 patients (22 percent) of my sample, which includes “neurasthenic”, “hysteric” and melancholic” men and women that sought his advice across the five-year period. The case of Meletakou private clinic, albeit for a later period, does not confirm this pattern. The diagnosis of neurasthenia is marginal, with only four cases in the 1940s. See Nikolaos Balatsos, “Ιστορία της ψυχιατρικής στην Ελλάδα: Μια μελέτη των εισαγωγών των ασθενών στην ιδιωτική ψυχιατρική κλινική Μελετάκου (1940–1950)” (Undergraduate paper, University of Athens, 2013), 41. My thanks to Professor Dimitris Ploumpidis for this information.

Simonidis Vlavianos and his Practice

An over-zealous and highly active neurologist-psychiatrist – or phrenologist, as he sometimes preferred to call himself – Simonidis Vlavianos (1873–1946) completed his specialty training in Paris and his residency in two highly celebrated Parisian psychiatric-neurological clinics: the Sainte-Anne asylum and the Salpêtrière, at a time when the latter was marked by the recent legacy of the most famed French neurologist of the nineteenth century, Jean-Martin Charcot (1825–1893).²⁴ Upon his return to Greece, Vlavianos started to methodically build his medical career. In 1902, he published the *Ψυχιατρική και Νευρολογική Επιθεώρησις*, the first medical journal of its kind in Greece, and two years later he established the Maison de Santé, the very first Greek private neurological facility at Patisia, then remote area of Athens.²⁵ Vlavianos was also the publisher of the *Ιατρική Εφημερίδα* (1928–1940), the founder of the Association of Private Clinic Owners, and the president of the Athens Medical Association for a number of years.²⁶ He was clearly a man of action, who successfully met the challenges of his time and his profession, incorporated the existing European novelties of neurological-psychiatric clinical practice,²⁷ and assertively claimed recognition as a specialist in mild “disorders of the nervous system” within a medical field that had not yet crystallised. Vlavianos often named the physicians his clients first consulted, and their “mistaken” or “unsuitable” diagnoses and treatments, targeting those he considered his rivals, especially the biggest name of the period, Michael Katsaras, professor of neurology and psychiatry at the Athens Medical School.²⁸ In order to

²⁴ It is worth mentioning that other Greek psychiatrist-neurologists, such as Michael Katsaras, Panayiotis Kokkoris and Ioannis Foustanos, were trained in the same institutions.

²⁵ In 1907 the Maison de Santé relocated to new facilities at an even remoter location, on Kyprou Street (L. Libert, “Les aliénés en Grèce: Considérations générales,” *Les aliénés en orient (Grèce, Empire Ottoman, Egypte). L’Informateur des aliénistes et neurologistes (Supplément de l’Encéphale)*, vol. 7 (1912): 301–2). Vlavianos remained in charge of the hospital until 1918, whereupon he began renting his establishments to other psychiatrists. The medical records of Vlavianos’ practice after 1907 are, to this day, missing.

²⁶ For Vlavianos and his clinics, see Dimitris N. Ploumpidis, *Ιστορία της ψυχιατρικής στην Ελλάδα: Θεσμοί, ιδρύματα και κοινωνικό πλαίσιο, 1850–1920* (Thessaloniki: Synchrona Themata/Triapsis Logos, 1989), 211–17, here 217; “Οργανισμός του Νοσοκομείου Νευρικών Νοσημάτων Maison de Santé Σ.Γ. Βλαβιανού,” *Ψυχιατρική και Νευρολογική Επιθεώρησις* 3, no. 1 (1904): 29–32.

²⁷ Ploumpidis, *Ιστορία της ψυχιατρικής*, 216.

²⁸ Indicatively: Patients’ Notes, Simonidis Vlavianos’ Clinic (CPN) 1 (1904–5): 281; CPN 2 (1905–6): 354–55; CPN 3 (1906): 114.

realise his ambition, he repeatedly published flattering texts about his own medical skills, his clinic and private office, sometimes written anonymously by himself, but also by fellow physicians and journalists.²⁹

Vlavianos would use all possible means to make his expertise and the “pioneering” – as he claimed – medical approach of the conditions he treated known, publishing lengthy advertisements, first and foremost in his own journal. Although in these adverts he claimed he could cure a number of different diseases, the case files of his early practice reveal that he mainly diagnosed and treated three specific disorders, along with their variations: melancholia, hysteria and neurasthenia.³⁰ Equally clear were the engendered aspects of his diagnoses. The total of 271 cases of my sample testify that Vlavianos recognised melancholia as a disorder to which both genders were prone,³¹ hysteria as a female malady,³² and neurasthenia as a male affliction. In doing so, he was attuning himself to the norm. Despite contemporary treatises that allowed for the possibility of hysterical men³³ and neuropathic women,³⁴ Vlavianos’ medical practice confirmed what international scholarship has repeatedly testified for the nineteenth and early twentieth centuries: the methodical construction of hysterical women and

²⁹ Simonidis Vlavianos, “Η κλιματοθεραπεία,” *Ψυχιατρική και Νευρολογική Επιθεώρησις* 4, no. 2 (1905): 35–41; Vlavianos, “Το λαϊκόν ηλεκτροθεραπευτήριόν μου,” *Ψυχιατρική και Νευρολογική Επιθεώρησις* 3, no. 8 (1905): 225–31; Vlavianos, “Νοσοκομείον Νευρικών Νοσημάτων (Maison de Santé) εν Πατησίοις Αθηνών,” *Ημερολόγιον Σκόκου* (1906): 81–85; G.L. Zografos, “Μία επίσκεψις εις το Νοσοκομείον Νευρικών Νοσημάτων του κ. Σ.Γ. Βλαβιανού: Νευρασθένειαι και Ψυχασθένειαι,” *Ψυχιατρική και Νευρολογική Επιθεώρησις* 5, no. 4 (1906): 97–101; Antonios Th. Spiliotopoulos, “Ιστορία της ιατρικής: Πρόοδοι της επιστήμης εν Ελλάδι,” *Ψυχιατρική και Νευρολογική Επιθεώρησις* 7, no. 1 (1909): 27–29; Libert, “Les aliénés en Grèce,” 283–302.

³⁰ He regularly advertised a “special cure for neurasthenia and hystericism”. See for instance, *Ψυχιατρική και Νευρολογική Επιθεώρησις* 3, no 3 (1904): 97, back cover.

³¹ On first-person accounts of melancholic women in the final decades of the nineteenth century, see Dimitra Vassiliadou, “Auto/Pathographies in situ: ‘Dying of Melancholy’ in Nineteenth-Century Greece,” in *The Palgrave Handbook of Auto/Biography*, ed. Julie M. Parsons and Anne Chappell (Cham: Palgrave Macmillan, 2020), 207–27.

³² The feminisation of hysteria is also obvious in his article “Η ψυχολογία των υστερικών υπό κοινωνικήν και εγκλιματολογικήν έποψιν,” *Ψυχιατρική και Νευρολογική Επιθεώρησις* 5, no. 1 (1906): 1–9.

³³ Including some by Charcot himself, who was the initiator of female hysteria. Mark S. Micale, “Charcot and the Idea of Hysteria in the Male: Gender, Mental Science, and Medical Diagnosis in Late Nineteenth-Century France,” *Medical History* 34, no. 4 (1990): 363–411.

³⁴ Adrien Proust and Gilbert Ballet, *L’hygiène du neurasthénique* (Paris: Masson, 1897), 65–67, 158–70.

neurasthenic men by contemporary medical and lay discourses alike.³⁵ He diagnosed as neurasthenics exclusively men in their prime,³⁶ between the ages of 20 and 40, often unwed, both from urban and rural areas of Greece and the Ottoman Empire. The geographical diversity of his clientele probably echoed the relative lack of specialised neurologist-psychiatrists at the time, the poor reputation of public institutions as treatment facilities,³⁷ but also the effectiveness of Vlavianos' professional networking and name. He was already promoting himself as a new man of science, perfectly equipped to treat modernity's nervous disorders, strengthening, thus, the endeavours of Greek psychiatrists to enhance their public role at the beginning of the long road – as has been argued – towards establishing their discipline.³⁸

Nervous Men

Edward Shorter noted a few years ago that “nervous illness was like a bucket of water: it is pointless to draw lines in it or make sharp demarcations. All the domains flooded together.”³⁹ It is true that nerves, neurasthenia, melancholia and hysteria were not conceived at the time as entirely distinct illnesses by doctors, social commentators and sufferers themselves. This ambiguity affected the diagnostic accuracy of mental health professionals, whereas the symptoms the patients' reported and the treatment their doctors' suggested often overlapped in several different diagnoses.⁴⁰ For many Greek writers,

³⁵ Indicatively: Carroll Smith-Rosenberg, “The Hysterical Woman: Sex Roles and Role Conflict in 19th-Century America,” *Social Research* 39, no. 4 (1972): 652–78; Kaufmann, “Neurasthenia in Wilhelmine Germany.” In the following decades the concept of nerves would be “democratised” to include both men and women. Especially for Greece and the lay language of nerves in rural communities, see Mari H. Clark, “Nevra in a Greek Village: Idiom, Metaphor, Symptom or Disorder?” *Health Care for Women International* 10, no. 2–3 (1989): 195–218.

³⁶ Vlavianos' neurasthenic patients were all male, with the sole exemption of a female patient, he diagnosed with hystero-neurasthenia.

³⁷ Ploumpidis, *Ιστορία της ψυχιατρικής*, 209.

³⁸ Lena Atzina, *Η μακρά εισαγωγή της ψυχανάλυσης στην Ελλάδα: Ψυχαναλυτές, ιατρικοί θεσμοί και κοινωνικές προσλήψεις (1910–1990)* (Athens: Exandas, 2004), 98–134.

³⁹ Edward Shorter, *How Everyone Became Depressed: The Rise and Fall of the Nervous Breakdown* (Oxford: Oxford University Press, 2013), Kindle.

⁴⁰ An overview of the symptoms of nerves in nineteenth-century psychiatry includes *ibid.*, 11–12; Cayleff, “Prisoners of Their Own Feebleness,” 1203; Davis, “George Beard and Lydia Pinkham,” 101–3. In contemporary Greek medical texts: S. Zografidis, “Η ψυχική κατάσταση των νευρασθενικών,” *Ιατρική Πρόοδος* 30 (1900): 303; Simonidis Vlavianos, “Διαφορική διάγνωσης νευρασθενείας και γενικής παραλύσεως μετά πρωτοτύπων κλινικών

commentators or translators of foreign medical texts, neurasthenia was a modern disease that mainly affected active professionals and intellectuals, a condition worsened by somatic fatigue and extreme abuse.⁴¹ Michael Katsaras, head of the Eginiteio Hospital, acknowledged three main types of neurasthenia (hereditary, acquired and traumatic, with the last two being curable), considered to be the main causes of the disorder all physiological, moral and mental traumas, and prioritised male sufferers of productive age.⁴² Vlavianos, on the other hand, was confident that the whole nation was plagued by the “disease of the century”, listing a number of physical and mental characteristics of the Greek population, from nervous dyspepsia to their “querulous personality”, to prove the veracity of his claims.⁴³

Although the distinction between neurology and psychiatry in fin-de-siècle Greece was not yet clear,⁴⁴ nervous patients were not considered psychotic, but neurologically afflicted individuals, that exhibited milder or more serious mental, emotional and physical symptoms. These included fatigue, melancholy, anxiety, irritability and a myriad of diffused somatic manifestations without a reasonable cause. Psychiatric symptoms, such as mild anxiety and depression, were clustered with others, purely physiological, such as fatigue, dizziness, dyspepsia and constipation. There was no single case that combined everything and it was not unusual for someone to be considered a nervous patient without exhibiting any mental symptoms. Neurasthenia, a dysfunction or weakness of the nerves, was no exception to this rule. As an umbrella concept, feeble nerves brought together a set of heterogeneous, perplexing and slippery disorders, and formed a large pool of psychiatric and physiological symptoms. Vlavianos’ notes confirm the unlimited symptomatology of his nervous patients: they

παρατηρήσεων,” *Ψυχιατρική και Νευρολογική Επιθεώρησης* 2, no. 2 (1904–3): 132–35, 165–69, 199–204, 356–60; Michael K. Katsaras, *Παθολογία των νεύρων και ψυχιατρική: Νευρώσεις, νευρίτιδες, νευραλγία, περιφερικά παραλύσεις*, vol. 3 (Athens: Estia, 1903), 291–300.

⁴¹ Chr. Gardikas, “Η νευρασθένεια ή η ασθένεια του αιώνος (μετάφρασις εκ του ιταλικού),” *Η Φύσις* 10, no. 1 (1909): 17–18; Diavatis [Ioannis Kondylakis], “Η ασθένεια του αιώνος,” *Εμπρός*, 26 August 1908; Diavatis [Ioannis Kondylakis], “Υπερτροφία ζωής,” *Εμπρός*, 13 July 1901; “Η νευρασθένεια – Η εξήγησις της νόσου – Πόθεν προέρχεται,” *Η Νίκη* 1, no. 43 (1914): 11–12; Dimitrios N. Zorbas, “Η νευρασθένεια,” *Επιστημονική Ηχώ* 4 (1910): 6–7.

⁴² Katsaras, *Παθολογία των νεύρων και ψυχιατρική*, 3:297–300; Kritsotaki, “Ψυχική ασθένεια και ψυχιατρική νοσηλεία,” 230–33.

⁴³ Simonidis Vlavianos, “Η εθνική νευρασθένεια,” *Ψυχιατρική και Νευρολογική Επιθεώρησης* 6, no. 1 (1907): 3–5.

⁴⁴ In Greece, as elsewhere at the turn of the twentieth century, the boundaries between neurology and psychiatry were still blurred, Kritsotaki, “Ψυχική ασθένεια και ψυχιατρική νοσηλεία,” 40–43. Surprisingly enough, it remained a single medical specialty up to 1981.

often expressed disordered emotions, such as anxiety, melancholy, feelings of futility, agony of impending insanity, anger, fear, boredom, loathing; they also complained of somatic irritations, such as fatigue, insomnia, weakness, pains, dizziness, heart palpitations, dyspepsia, numbness and weight loss. The case of 25-year-old cigarette worker Stavros was quite typical. When he first visited Vlavianos' treatment room, in the spring of 1905, he was suffering from head numbness, insomnia, fear, anxiety, a slow heart rate, a tremor in his hands and feet, and constant nervous shaking. He worried that eventually he would go mad, and expressed acute agoraphobia, social isolation, melancholy and sorrow.⁴⁵ Another 25-year-old neurasthenic, a fruit seller this time, also exemplified a number of symptoms: unhappiness, ruthlessness, hypochondriasis, dizziness, insomnia, exhaustion, constipation, back pain and headaches. He was furious, short-tempered and aggressive, and although he acknowledged that his personality had changed, he questioned his physician and the treatment he proposed.⁴⁶ Neurasthenic men emerge in the primary sources as hesitant, indecisive, frightened, helpless, melancholic, gutless and misty. The pathological representations of the male body and soul openly challenged the masculine ideal of the period, as the opposite and effeminate version of the unyielding, rational and strong male that nature and God created.⁴⁷ There was no doubt that nerve exhaustion deprived men of their most crucial physical and mental qualities; not least, their notorious self-mastery and rationality.

Equally destructive to the nervous system were the abrupt and strong emotions. The prevailing ideas of the time underlined middle-class refinement and the ability of bourgeois men to tame extreme emotionality. This did not usually apply to the lower classes, who were thought to be deprived of self-control, and who tended to shamelessly express their emotions with loud laughter, cries and outbursts of anger. Yet, controlling one's inner feelings was not always possible, even for the most composed individuals.⁴⁸ All affective activities, severe emotional traumas, everyday sorrows of family life, as well as fear, excessive ambition and romantic love, could overwhelm the nervous system and turn men into nervous wrecks.⁴⁹

At times, neurasthenics surfaced in the source material as individuals with a stained genetic inheritance: a "hysterical" mother or sister,⁵⁰ a "nervous and

⁴⁵ OPN 4 (1905): 79.

⁴⁶ CPN 3 (1906): 264–65.

⁴⁷ Oppenheim, *Shattered Nerves*, 141.

⁴⁸ Davis, "George Beard and Lydia Pinkham," 104.

⁴⁹ Katsaras, *Παθολογία των νεύρων και ψυχιατρική*, 3:298.

⁵⁰ OPN 1 (1904): 295.

irritable” uncle,⁵¹ an “idiotic” brother,⁵² an “alcoholic and delirious” father⁵³ – such backgrounds appear time and again, echoing the silent influence of the biological, hereditary and neurological notions of degeneration theory, already popular among Greek physicians.⁵⁴ Thirty years later, when the idea of eugenics became widespread among the Greek medical world,⁵⁵ Vlavianos would extend the diagnosis of neurasthenia to women, and explicitly included degeneration in its main causes.⁵⁶

In both lay and professional health care beliefs, in international and Greek literature alike, the influence of Beard, who first systematised the aetiology of neurasthenia, was obvious. Many of his colleagues, while acknowledging the disorder as a cross-class and cross-gender ailment, also referred to professional men in the big cities as key sufferers. The statistics cited in the French bestseller *L'hygiène du neurasthénique*, first published in 1897 and translated into Greek

⁵¹ CPN 4 (1907): 231.

⁵² CPN 3 (1906): 264.

⁵³ CPN 2 (1905): 11.

⁵⁴ See his references to degeneration stigmas of hysterical patients, Vlavianos, “Η ψυχολογία των υστερικών”; On the theory and practice of degeneration in European and Greek psychiatry, see Thanasis Karavatos, “Ο έρωτας στα χρόνια της θεωρίας του εκφυλισμού,” *Oanagnostis.gr*, <https://bit.ly/3HD9Gtk>, accessed 29 May 2020; Vangelis Karamanolakis, “Το Δρομοκαϊτείο φρενοκομείο: 1887–1903: Όψεις της εγκατάστασης ενός ιδρυματικού θεσμού,” *Μνήμων* 20 (1998): 55–56; For proponents of the degeneration theory, degeneration could be a cause for all mental troubles as well, Kritsotaki, “Ψυχική ασθένεια και ψυχιατρική νοσηλεία,” 199–203, where “degenerate” patients, mainly “psychotics”, treated in the Dromokaiteio and Eginiteio hospitals are similarly explored.

⁵⁵ Sevasti Trubeta, “Η επίδραση της φυλετικής υγιεινής στην Ιατρική Σχολή του Πανεπιστημίου Αθηνών κατά τον Μεσοπόλεμο,” in *Φυλετικές θεωρίες στην Ελλάδα. Προσλήψεις και χρήσεις στις επιστήμες, την πολιτική, τη λογοτεχνία και την ιστορία της τέχνης κατά τον 19ο και τον 20ό αιώνα*, ed. Efi Avdela et al. (Heraklion: Crete University Press, 2017), 99–127. Unfortunately, I was unable to benefit from Giorgos Kokkinos’ novel findings in his recent book, “Άξια” και “ανάξια” ζωή: *Ευγονική, εκφυλισμός, βιοπολιτική. Ο γιατρός στο ρόλο του κοινωνικού θεραπευτή και του εθνικού αναμορφωτή* (Athens: Taxidestis, 2021), since it was published when this paper was already at its final proofreading stage. Kokkinos’ research expands on many themes that are mentioned here, including eugenics, degeneration, venereal diseases and “pathological” sexuality, across the late nineteenth and twentieth centuries.

⁵⁶ Th. Drakos, “Μέσα σε ελάχιστα χρόνια δεκαπλασιάσθηκαν οι νευροπαθείς, θύματα της σκληράς μεταπολεμικής βιοπάλης, των συγκινήσεων, των ναρκωτικών και του εκφυλισμού: Το μεγαλύτερο ποσοστόν μεταξύ των γυναικών. Τι λέει ο κ. Βλαβιανός,” *Ελεύθερος Άνθρωπος*, 24–25 August 1936.

in 1902,⁵⁷ speak for themselves. According to its authors, physicians Adrien Proust and Gilbert Ballet, the numbers showed “the extreme rarity of neurosis among the working classes, and its almost sole restriction to the advanced social strata, such to the world of affairs and to the liberal professions; in other words, to the social groups regularly subjected to routine mental activity.”⁵⁸ Katsaras also favoured taking mental, emotional and physical strain as the primary cause of neurasthenia, and admitted its frequency in brain workers, such as scientists, accountants, writers or students. He explicitly stated that it was those types of people who were plagued by the disorder, without however excluding hard-working manual workers as potential patients. In a racial wording, he attributed the increased rates of neurasthenia among Jews and Anglo-Saxons to the same cause: mental exhaustion.⁵⁹ In medical literature, thus, neurasthenia was mainly a disease of the wealthy and educated men, who were believed to be, evolutionarily speaking, far more developed and thus had sensitive nerves. Still, Vlavianos’ practice rather refuted this popular medical theory, revealing that the relation between medical theories and medical practices was far from straightforward.

*Traumatic and Sexual Neurasthenia*⁶⁰

Despite the above-mentioned beliefs in social Darwinism, and the promotion of the middle- and upper-class theory of neurasthenia, Greek patients appear to be much more diverse and inclusive. Along with the usual suspects, professionals, doctors, merchants, tutors, students, and civil servants, Vlavianos’ clients included a great number of men from the working-class and petty-bourgeois ranks, such as cigarette rollers, pitchmen, greengrocers, farmers, shoemakers, metalworkers, tailors and unskilled manual laborers. The cross-class aspect of his clientele in both his clinic and his private office is unmissable, since private

⁵⁷ Proust and Ballet, *L'hygiène du neurasthénique*. Adrien Proust (1834–1903), was General Inspector of Hygienic Services, professor at the Medical School of Paris, and father of the novelist Marcel Proust. His colleague, Gilbert Ballet, was Charcot’s clinical director at La Salpêtrière hospital (Deborah Jenson, “Adrien and Marcel Proust: Fathering Neurasthenic Memory,” in *Being Contemporary: French Literature, Culture, and Politics Today*, ed. Lia Nicole Brozgal and Sara Kippur (Liverpool University Press, 2016), 364.) The Greek edition appeared in 1902, translated by the don of the Athens Medical School, Orestis Dalezios. In his half-page introduction, Dalezios refers to the book’s usefulness for his neurasthenic fellow physicians, who, according to his own estimations, “were not few at all”. In the references that follow, I quote from the Greek edition.

⁵⁸ Proust and Ballet, *L'hygiène du neurasthénique*, 11.

⁵⁹ Katsaras, *Παθολογία των νεύρων και ψυχιατρική*, 3:297.

⁶⁰ Both traumatic and sexual neurasthenia are my own terms.

clinics and practices elsewhere had been mostly associated with middle and upper strata. The social characteristics of Vlavianos' patients seem to form the beginning of a pattern that continues to this day, whereby patients, even of limited means, turn to private doctors and clinics in their first attempt to deal with their illness, and continue to attend them until their family funds are exhausted.⁶¹ Be as it may, the firm devotion to the middle-class ideal of relentless mental work was for Vlavianos simply one of the causes of neurasthenia – it was explicitly mentioned in 6 out of the 59 patient stories. For example, 25-year-old greengrocer Thanasis was hospitalised in the summer of 1906 and fully recovered two months later. An immigrant in New York at the age of 19, he first worked in a hotel for 15 hours a day, and soon after in a tobacco factory. Upon his return to Athens, he started to trade groceries, but because of his labouring “greed” he ended up working 12 hours every day. Pretty fast, he felt he had a reduced ability to work and showed signs of general exhaustion, with pains all over his body, mental anguish and despair. Thanasis, although not a middle-class man, was certainly a workaholic.⁶² Similarly, 62-year-old priest and farmer Antonios from Amorgos island, some eight years earlier, felt unable to work due to physical exhaustion. After consulting the famous physicians Michael Katsaras and Antonios Mavrakakis, he overcame the pains, fears and melancholy that overwhelmed him. But later, he returned to his previous condition, and was admitted to Vlavianos' clinic for two weeks. He was unable to bear even the slightest inconvenience at work, and he could not read for more than a quarter of an hour without feeling immediately increased pressure on his stomach, major exhaustion and lethargy. Antonios attributed his illness to his professional strains and the devastating emotions he felt time and again since his early childhood. Vlavianos had the exact same opinion, and diagnosed “neurasthenia due to overwork”.⁶³

More frequent causes of neurasthenia spoke of the emotional traumas – “moral traumas” (*ηθικοί τραυματισμοί*) are the exact terms used by Vlavianos – linked to life events, as Antonios' story above suggests. The language of “shattered nerves” was attributed by many patients to their moral sufferings: illnesses and deaths of loved ones, unfortunate love affairs, failed matchmaking, and financial and professional hardships were also identified by health professionals as factors that brutally attacked the nervous system. A 52-year-old doctor from Kassos island, who suddenly lost his precious 20-year-old son, was admitted

⁶¹ My thanks to Dr Despo Kritsotaki for her suggestion on this point.

⁶² CPN 3 (1906): 264–65.

⁶³ CPN 1 (1904–5): 281–83.

to the clinic in tears, with stomach aches, expressing deep sadness, pain and unflinching melancholy. His moral suffering was so severe that he used to stare at his son's picture, reciting poems, weeping and grieving for his loss. Vlavianos acknowledged his acute trauma and mourning, and diagnosed "idiosyncratic neurasthenia".⁶⁴ The 39-year-old tinsmith Dimitris voluntarily admitted himself to the *Maison de Santé*. He was irritable, furious, angry, grumpy and experienced outbreaks of weeping. According to his own descriptions, his condition was due to his severe financial and emotional hardships, especially his broken engagement.⁶⁵ Similarly broken-hearted was the 25-year-old law graduate Manolis, who had been in love with an older woman for a number of years. Apart from his mother's constant nagging about his affair, he was also facing a number of other obstacles, all of which caused intense emotional reactions, palpitations, nervousness, etc.⁶⁶

Other patients, such as Georgios, a 35-year-old cooper from Crete, were prone to suicidal thoughts and tendencies. Georgios was suffering from chronic gloom, which he linked to the deep sorrows he experienced during the course of his life. Nearly a month into his treatment at the clinic, he stated that if he did not get well pretty soon, he would get himself killed. Soon after his refusal to go on with his treatment, and as he was about to leave the clinic, he escaped the attention of his nurse and drank a bottle of nitric acid, only to die four months later from a perforated stomach ulcer.⁶⁷ Neurasthenia was, in fact, noted in the contemporary forensic records as a cause of suicide. For instance, out of a total of 20 suicidal incidents that reached the Forensic Laboratory of the Athens Medical School in the late 1920s and were examined by medical professionals, three were attributed to "neurasthenia" and one to "melancholy".⁶⁸ Neurasthenia (or the more generic term "nerves") was also regularly recorded in the early-twentieth-century dailies as one of the most common reasons for attempted suicide. Ioannis Kondylakis, a famous contemporary writer, sneered at all the "neurasthenia dramas" that inundated the newspapers, noting that men prone to suicide were altogether "insane" and by no means simply "nervous".⁶⁹ Another neurasthenic,

⁶⁴ CPN 3 (1906): 112–14.

⁶⁵ CPN 2 (1905): 242–45.

⁶⁶ OPN 3 (1903–4): 88.

⁶⁷ CPN 3 (1906): 310–11.

⁶⁸ See "Ιατροδικαστικά εκθέσεις," vol. 4, 1927 and 1930, Forensic and Toxicology Laboratory Archive, Medical School of Athens.

⁶⁹ Diavatis [Kondylakis], "Η ασθένεια του αιώνας." In his recent PhD thesis on suicides in postwar Greece, the first systematic research on the subject, Christos Stefanopoulos uncovers a plethora of references to neurasthenia as a major cause of suicide in the newspapers of

the 24-year-old carpenter Michalis, was quite desperate. Convinced that he was suffering from a severe and incurable disease, he tried to kill himself twice – first by stabbing himself with a knife, and then by falling off the deck of a ship – but failed both times.⁷⁰ Manolis, a 35-year-old judge from Crete, deeply devoted to his professional career and, according to Vlavianos, a “typical neurasthenic”, had gone through myriad emotional turbulences in his life, including a traumatic war experience during his participation in the 1897 Cretan Revolution. He became a hypochondriac, oversensitive and desperate man, filled with fears of death and failure. Just as he was leaving Vlavianos’ clinic, after a month’s rest and treatment, he pointed a gun at his chest and committed suicide.⁷¹

Most neurasthenics thus appear to be men who worked harder than they could bear, broke under the pressure of professional and family duties, or were repeatedly exposed to devastating emotions and traumatic experiences. However, on the eve of the twentieth century, the most persistent symptom and/or cause linked to men’s nervous exhaustion – the boundaries between the two remain blurred – was what was then labelled as pathological or problematic sexuality. The following examples, out of the many similar patients’ stories, affirm the variety of sexual dysfunctions, which Vlavianos recognised as signs of “shattered nerves” under the generic diagnosis of neurasthenia.⁷² A 24-year-old carpenter, Michalis was treated at the clinic for four consecutive months. From a very young age he used to sexually satisfy himself, up until the day he became a devoted Christian and started restraining from the “corruptive act” of masturbation.

the 1950s, and also traces the transition from the vocabulary of nerves to the vocabulary of schizophrenia during the following decade. Christos Stefanopoulos, “Ερμηνείες θανάτου, αφηγήσεις ζωής: Η κοινωνική πρακτική της αυτοκτονίας στη μετεμφυλιακή Ελλάδα, 1949–1967” (PhD diss., Panteion University, 2020), 160–71. “Mental problems” were also recorded as a common cause for suicidal men in the dailies of nineteenth-century Ermoupoli: Yiannis Gonatidis, “Έλαβα υπ’ όψιν την αγάπην του θανάτου: Αυτόχειρες στην Ερμούπολη τον 19ο αιώνα,” *Μνήμων* 36 (2017–18): 177.

⁷⁰ CPN 2 (1905): 2–3.

⁷¹ CPN 3 (1906): 1–4b.

⁷² In a few cases he would add “spermatorrhoea” or “sexual [γενετήσια] incompetence” in his main diagnoses, but usually he was recording simply “neurasthenia”. Patients with intense symptomatology of “sexual” neurasthenia: OPN 1 (1904): 209–10; OPN 1 (1904): 248; OPN 1 (1904): 259–60; OPN 1 (1904): 269–70; OPN 1 (1904): 295–96; OPN 1 (1904): 313–14; OPN 1 (1904): 353; OPN 1 (1904): 363–64; OPN 3 (1903–4): 88; OPN 3 (1903–4): 152; OPN 3 (1903–4): 304; OPN 3 (1903–4): 403; OPN 4 (1905): 109–11; OPN 4 (1905): 149–50, 427–28; OPN 4 (1905): 314, 446, 956; CPN 2 (1905): 161–65; CPN 2 (1905–6): 242–45; CPN 2 (1905–6): 351–57; CPN 3 (1905–6): 1–7; CPN 3 (1905–6): 264–65; CPN 3 (1905–6): 310–11 recto; CPN 3 (1905–6): 372.

He was determined to remain a virgin until his wedding day, since according to his – and widely held – religious beliefs, extramarital sex was sinful. Vlavianos stated that, since Michalis was failing to release his sexual energy, frustrated by religious norms that were still strong, he had wet dreams at least twice a week, a dysfunction that was terribly exhausting on his nerves.⁷³ The 44-year-old farmer Panayiotis, also unmarried, a keen masturbator from a very young age and with chronic gonorrhoea, felt, as he said, no pleasure during intercourse. For the previous 15 years, he had been suffering from spermatorrhoea every single night, with or without an erection. He was “mentally exhausted. Unable, as he mentions, to think. Feels extremely weak.”⁷⁴ Alexandros, a 27-year-old philology graduate, combined all “bad” habits: he masturbated frequently, suffered from wet dreams and spermatorrhoea, was a regular client of brothels, where he often had sex twice a day, and he had repeatedly contracted gonorrhoea. He was no longer able to study, due to dizziness, vertigo and mental burnout. Apart from being a neurasthenic, Alexandros was also a typical male “nymphomaniac”, unable to control his excessive sexual drive.⁷⁵ Another student, of law this time, engaged in sexual play without full intercourse with the girl he loved, almost every day, for four years. Pathologically jealous, however, he ended up sexually impotent. Intercourse with his fiancée had been long impossible. His memory weakened, and so did his concentration and awareness.⁷⁶

Vlavianos’ diagnosis of “sexual” neurasthenia was not of course an original contribution to medical theory since it was already known as a subcategory of the disorder.⁷⁷ In Katsaras’ medical handbook, which drew heavily on the French literature,⁷⁸ it was briefly described as a form of neurasthenia based on a specific cluster of symptoms. Sexual disorders were common in the clinical picture of the ailment; for example, decreased sexual desire, incomplete or total lack of erection, or premature ejaculation. Spermatorrhoea also appeared at times. Katsaras, however, did not include sexual dysfunctions in the main symptoms of neurasthenia. He only proposed that sexual excesses, like all abuse, could harm the nervous system.⁷⁹

⁷³ CPN 3 (1905–6): 1–7.

⁷⁴ OPN 1 (1904): 259–60.

⁷⁵ OPN 3 (1903–4): 304.

⁷⁶ OPN 4 (1905): 149–50.

⁷⁷ Beard published an entire treatise on the subject: George M. Beard, *Sexual Neurasthenia [Nervous Exhaustion]: Its Hygiene, Causes, Symptoms and Treatment. With a Chapter on Diet for the Nervous*, ed. A.D. Rockwell, 5th ed. (New York: E.B. Treat, 1900).

⁷⁸ See, for instance, Proust and Ballet, *L’hygiène du neurasthénique*, 26, 61–62, 67–69, 170–74.

⁷⁹ Katsaras, *Παθολογία των νεύρων και ψυχιατρική*, 3:295, 298, 300.

Conclusions: A Self-Fulfilling Prophecy

Despite the rather minor position that sexual neurasthenia held in Greek professional publications, Vlavianos' actual practice gathered many cases of related symptomatology and often prioritised the specific version of the disorder, albeit without clearly naming it. The emphasis he placed on pathological sexuality as a firm backdrop to the clinical picture of "nervous" patients is unmissable, as it firmly placed neurologist-psychiatrists within the dominant social values, cultural norms and collective anxieties of their times. For their own part, neurologist-psychiatrists followed and fed the widespread idea that individuals who deviated from sexual norms would sooner or later suffer from a real or an imaginary disease. Neurasthenia was one of them. In this light, it was not just a diagnostic category, but a self-fulfilling prophecy.

The key to understanding the sexualisation of the ailment, documented by Vlavianos' case records, lies then in the quest of neurologist-psychiatrists for recognition as important public actors at a time of rapid transformation both within Greek society and in their own profession.⁸⁰ One of the ways to achieve this goal was to face and treat the challenges, frustrations and fears that the increasing visibility of sexuality imposed on public institutions, authorities and individuals. The escalated prominence of sexuality in early twentieth-century Greece is confirmed by the proliferation of the relevant private and public discourses, and the underlying expansion of sexual knowledge and experience, especially among men.⁸¹ Since all men were immersed in a culture that recognised their sexual energy as a persistent drive that required release, and celebrated the gendered double standard of sexual morality, it was socially acceptable for men to be initiated into the world of carnal knowledge and somatic pleasure long before their marriage.⁸² While sexuality was gradually becoming an arena of scientific observation and professional competition,⁸³ normative, prescriptive

⁸⁰ For the intersection of the scientific, ideological, and political orientations of Greek psychiatrists with the perceptions and concerns of their own time, and how these affected the medical theories and diagnostic practices, see Kritsotaki, "Ψυχική ασθένεια και ψυχιατρική νοσηλεία," 251–54.

⁸¹ Avdela et al., "From Virginité to Orgasm: Marriage and Sexuality in Twentieth-Century Greece," *Journal of Family History* 45, no. 3 (2020): 317–22.

⁸² Dimitra Vassiliadou, "Η σιωπή, ο φόβος, η σαγήνη: Γράφοντας τον σεξουαλικό εαυτό στα τέλη του 19ου αιώνα," in *Ανδρισμοί: Αναπαραστάσεις, υποκείμενα και πρακτικές από τη μεσαιωνική μέχρι τη σύγχρονη περίοδο*, ed. Dimitra Vassiliadou et al. (Athens: Gutenberg, 2019), 105–32.

⁸³ For a brief historiographical survey of the male body as a site of sexuality and pathology, see Dimitra Vassiliadou et al., "Ανδρισμοί και ιστορία: η ιστοριογραφία μιας σχέσης," in Vassiliadou, *Ανδρισμοί*, 93–97.

and medical literature was concerned with the sexual practices and the emotional and physical health of men who abstained from the sexual normality of conjugal life, but was also concerned about the sexual performance of married men. Contemporary commentators targeted especially one of the most “horrific” and “deviant” but also extremely prominent practices, masturbation. After all, many of the diseases that were thought to be the result of intense self-satisfaction practices overlapped with the clinical picture of neurasthenia.⁸⁴ The second domain of public interest with regard to morality and public health were venereal diseases, especially syphilis, which had been considered a sign of a “dangerous sexuality” since the nineteenth century.⁸⁵ Overstimulation and excessive sexuality were deemed to be absolutely immoral, dangerous, even abnormal, yet sexual impotency and total abstinence were equally unwelcome. Within this climate, neurologist-psychiatrists, in their private practices, started to actively engage in the mechanisms that studied and treated sexuality. It was an open and disputed field where many different medical specialties claimed expertise: beyond the physicians involved, such as general practitioners, dermatologists, venereologists, gynaecologists, obstetricians and endocrinologists, there were the long-established disciplinarians of sexual mores: clergymen, educators, social hygienists and moralists of all kinds.⁸⁶ The time was not yet ripe for sexologists, the new experts on “sexual science”. They would appear later, in the interwar period, and establish their distinct professional position in Greece only after the Second World War.⁸⁷

Neurasthenia increasingly became a strategic arena for psychiatrists, in which dysfunctional or abnormal versions of masculinity with a specific focus on sexuality emerged. And it was precisely the emphasis on sexuality that was responsible for the profound class diversity of neurasthenic patients in Greece. At a time of escalated urbanisation and industrialisation, sex, no matter by whom, when and how it was practiced, and regardless of what it meant to different social actors, was above all a common human experience that

⁸⁴ Kostis Gotsinas, “Μήπως γιατρέ είμαι ανώμαλος τύπος; Οι μεταβαλλόμενοι επιστημονικοί λόγοι για τον αυνανισμό και οι προσλήψεις τους στην Ελλάδα (1900–1970),” in *Ιστορίες για τη σεξουαλικότητα*, ed. Dimitra Vassiliadou and Glafki Gotsi (Athens: Themelio, 2020), 59–80.

⁸⁵ Vassiliki Theodorou and Christos Loukos, “Οικεία βουλήσει και καθ’ υπόδειξιν προσελθούσες: Από τα μητρώα ασθενών του Νοσοκομείου Συγγρού στις σεξουαλικές συμπεριφορές ανδρών και γυναικών τη δεκαετία του 1930,” in Vassiliadou and Gotsi, *Ιστορίες για τη σεξουαλικότητα*, 37–58. Kokkinos, “Αξία” και ανάξια” ζωή, 287–479.

⁸⁶ Avdela et al., “From Virginity to Orgasm,” 330, n. 33.

⁸⁷ Gotsinas, “Μήπως γιατρέ είμαι ανώμαλος τύπος;”

needed to be evaluated, classified and regulated. Extremely stigmatised sexual practices like masturbation, problems such as spermatorrhoea, wet dreams and decreased sexual satisfaction, or dysfunctions such as premature ejaculation and impotence, were already attributed to the overstimulation or exhaustion of the nerves. They were also considered capable of causing deep sadness, fear and insecurity. Besides, for several physicians, it was precisely the disordered emotional state of unruly sexuality that eventually led to neurasthenia.

The meeting and interaction of physicians and sufferers reaching out for medical help was crucial, as the patients' concept of themselves was changing through the patient–doctor encounter and the narration of their disorders. While describing their psychosomatic disturbances and anxieties, they were also prioritising their sexual “experiences”, “problems”, “anomalies” or “deficiencies” – all those terms regularly surface in the case notes. Their narrations were filled with details of their sexual practices since puberty, often with a heavy sense of sin and suffering, filled with shame, anxiety and fear.⁸⁸ Engaging in sexual practices was for these men equally an attraction and a trial, an act of pleasure and a vice.⁸⁹ For Vlavianos, it was evident that “nervous” men systematically violated their sexual economy, and failed to balance the production and consumption of their sexual energy: masturbators from their early years, they were prone to extreme sexual behaviour and hypersexuality, or, on the opposite scale, were sexually lymphatic, ailed by mild or serious venereal diseases, repeatedly exposed to the pseudo-disease of spermatorrhoea, doomed to impotency or frigidity. Neurasthenic men, no matter if they worked with their hands or their minds, regardless of whether they originated from the diversified middle and working classes or from the rural populations now flowing in massive numbers to the big cities, were all well-deserving of their neurasthenia.

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⁸⁸ The emphasis placed on sexuality by Vlavianos, in spite of his “French” medical training, bears a great resemblance to the practices of German physicians treating neurasthenia at more or less the same period. See Kaufmann, “Neurasthenia in Wilhelmine Germany”; Joachim Radkau, “The Neurasthenic Experience in Imperial Germany: Expeditions into Patient Records and Side-Looks Upon General History,” in Gijswijt-Hofstra and Porter, *Cultures of Neurasthenia*, 199–218.

⁸⁹ For subjective understandings of pleasure and shame with regard to male extramarital sexual practices, see Vassiliadou, “Η σιωπή, ο φόβος, η σαγήνη.”

